

<b>TRUST BOARD IN PUBLIC</b>		Date: 30 October 2014 Agenda Item:	
<b>REPORT TITLE:</b>		Safeguarding Adults: Annual Report 2013/14	
<b>EXECUTIVE SPONSOR:</b>		Fiona Allsop, Chief Nurse	
<b>REPORT AUTHOR:</b>		Fiona Crimmins, Adult Safeguarding Lead Sally Brittain, Deputy Chief Nurse	
<b>REPORT DISCUSSED PREVIOUSLY:</b> (name of sub-committee/group & date)		Adult Safeguarding Committee – please insert meeting date	
<b>Action Required:</b>			
<b>Approval (✓)</b>	<b>Discussion (✓)</b>	<b>Assurance (✓)</b>	
<b>Summary of Key Issues</b>			
<p>The Annual Report for Adult Safeguarding enables the Board to review activity across the Trust in relation to the Boards Statutory compliance with the Mental Capacity Act 2005 and provides assurance that the Trust is adhering to the Act. Adult Safeguarding is not yet statute in law, however, the Trust is aligned with national drivers such as No Secrets and the Francis Report and therefore has no concerns regarding best practice in Adult Safeguarding. It is evident that there is a clear understanding of Adult Safeguarding throughout the Trust, this is reflected in the level of activity of reporting, which is detailed within the body of this report.</p> <p>Areas discussed include:</p> <ul style="list-style-type: none"> <li>• Enhancement of Adult Safeguarding Team reflective of the service needs Activity trends</li> <li>• An analysis of the data collected during this time period and compared to previous years</li> <li>• Evidence of actions as a result of national regulatory changes and safeguarding reviews</li> <li>• Key achievements and challenges throughout the year and future developments.</li> <li>• Changes to the DOLS as a result of the Cheshire Ruling</li> <li>• CQC Report August 2014 for Safeguarding Adults</li> <li>• Implementation of a new DBS</li> </ul> <p><i>Key issues to note are:</i></p> <ul style="list-style-type: none"> <li>• The number of alerts has risen for the third consecutive year</li> <li>• The anticipated increase in DoLs referrals following recent changes to legislation</li> <li>• 64.7% (1648) of staff have received training during the last 3 years.</li> </ul>			
<b>Relationship to Trust Strategic Objectives &amp; Assurance Framework:</b>			
<b>SO1:</b> Safe -Deliver safe services and be in the top 20% against our peers <b>SO3:</b> Caring – Ensure patients are cared for and feel cared about <b>SO4:</b> Responsive – Become the secondary care provider and employer of choice for the catchment populations of Surrey & Sussex			
<b>Corporate Impact Assessment:</b>			

<b>Legal and regulatory implications</b>	Yes
<b>Financial implications</b>	Yes
<b>Patient Experience/Engagement</b>	Yes
<b>Risk &amp; Performance Management</b>	Yes
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>	Yes
<b>Attachments:</b>	
Nil	

## Safeguarding Adults Annual Report 2013/14

### Executive Summary

Adult Safeguarding is not yet statute in law, however, the Trust is aligned with national drivers such as No Secrets and the Francis Report and therefore has no concerns regarding best practice in Adult Safeguarding. It is evident that there is a clear understanding of Adult Safeguarding throughout the Trust, this is reflected in the level of activity of reporting, which is detailed within the body of this report.

In 13/14 the Safeguarding Team a total of 251 Adult Safeguarding Alerts were raised. The number of alerts has risen for the third consecutive year, (2013:214 alerts and 2012:206 alerts). This demonstrates an increasing awareness and understanding of the Trust safeguarding processes and procedures and highlights the staff confidence in raising concerns in a transparent and open manner. This allows an environment where staff understand the importance of learning from incidents and alerts.

The Adult Safeguarding Team has undertaken a self-assessment of Trust services based on the recommendations of the Savile reviews of Leeds Royal Infirmary and Broadmoor. The self-assessment has detected no concerns to date.

During 2013/14, 11 Deprivations of Liberty Safeguards (DOLS) urgent authorisations were requested by the Trust. 7 applications were upheld when assessed by the DoLS teams. In the coming year 2014/2015, it is expected that the number of DoL applications will increase significantly; this is due to a Supreme Court judgement thus leading to the thresholds of what constitutes deprivation of liberty being lowered dramatically. The Trust has met with external partners to ensure implementation of this ruling with actions monitored via the adult safeguarding action plan.

Following the Trust's CQC inspection there were no concerns raised regarding safeguarding adults procedures within the Trust. However, the Trust were advised to review the Mental Capacity training provided for staff. The Safeguarding Team have added this to the action plan and plan to implement ward based MCA training in the coming months. With the recruitment of additional staff to support the safeguarding team and the additional capacity within the MAST training schedule it is expected that adherence to training will improve further in 14/15.

The CRB/ISA has now become the DBS. The Trust will be fully compliant with the new DBS guidelines upon final amendment to the Disciplinary Policy. This action remains on the Adult Safeguarding action plan to ensure completion.

## 1.0 Introduction

The purpose of this report is to provide assurance to the Board that there are robust arrangements in place to ensure Adult Safeguarding is fully integrated into the Trust's systems and meets the required regulations and standards.

'No Secrets' set out a code of practice to protect vulnerable adults from abuse and neglect. The term "Adult at risk" has now replaced the term "vulnerable adult"; this is defined by the Social Care Institute for Excellence as:

*An adult at risk is a person over the age of 18 who needs community care services because of mental health issues or other disability, age or illness and who is, or may be, unable to take care of themselves, when faced with significant harm or exploitation. The term replaces 'vulnerable adult'.*

Adult Safeguarding is the term used for protecting adults from abuse and or neglect. It is defined by The Social Care Institute for Excellence (SCIE) as:

*Safeguarding is a continuum, which captures notions of both 'promoting welfare' and 'protecting from harm or abuse'. Services should be provided in a caring, compassionate and professionally competent manner that promotes the person's wellbeing, by maximising their opportunities for choice and control, promoting their dignity and enhancing their quality of life.*

The information contained in this report comprises from the period from 01<sup>st</sup> April 2013 to the 31<sup>st</sup> March 2014 in respect of the following:

- Adult Safeguarding Team
- Activity
- An analysis of the data collected during this time period and compared to previous years
- Key achievements and challenges throughout the year and future developments.

The Safeguarding Adults Team continues to work closely with external agencies, in particular with both Sussex and Surrey Social Care Teams and police.

## 2. The Adult Safeguarding Team

### 2.1 The Adult Safeguarding Team Structure at Surrey & Sussex Healthcare NHS Trust

Role	Name & Job Title
Executive Lead	Fiona Allsop, Chief Nurse
Strategic Lead	Sally Brittain, Deputy Chief Nurse
Operational Lead	Fiona Crimmins, Adult Safeguarding Lead/Julie Chivers Adult Safeguarding Lead (commences 7 <sup>th</sup> September 2014)
Named Doctor	Virach Phongsathorn, Chief of Medicine
Administration Support	Laura Lewis, Administration Support

### 2.2 Executive Lead for Safeguarding Adults

Within the Trust, the Chief Nurse holds the overall responsibility for Safeguarding Adults. The Chief Nurse is responsible for providing professional support for initiatives concerned with the nursing practice in relation to Safeguarding Adults at risk of harm. She ensures the Trust is committed to the provision of high quality care and continuous improvement of standards through clinical governance and adherence to the National Frameworks and other nation policy initiatives relating to Safeguarding.

### 2.3 Strategic Lead for Safeguarding Adults

The Deputy Chief Nurse is the Strategic Lead for Safeguarding Adults. The Deputy Chief Nurse has Board Level responsibility for Safeguarding Adults and is responsible for ensuring that systems and processes are in place. She is an active member of both Surrey and Sussex Adult Safeguarding Boards.

### 2.4 Operational Lead for Adult Safeguarding

This role has been in place 2009. In 2014 the role was expanded to cover five days a week to ensure that teams across all Clinical Divisions and Non-Clinical Services had access to expert safeguarding advice . The Safeguarding Adults Lead has responsibility to develop, monitor and enhance systems and structures to support Safeguarding process (e.g. procedures, monitoring activity & provide training). The role offers support and advice to individuals and departments in their engagement in safeguarding and works closely with external partner agencies namely, Social Services for both Surrey and Sussex. The Operational Lead receives external supervision from the Sussex Designated Nurse for Safeguarding Adults.

### 2.5 The Named Doctor for Safeguarding Adults

The Named Doctor for Safeguarding Adults is an advisory role held by the Chief of Medicine. He assists the Safeguarding Team during investigations on request and when required attends Strategy Meetings and Case Conferences as a Trust Representative.

### 2.6 Safeguarding Administration Support

The Safeguarding Team is delighted to report that the role of Administration Support has been in place since August 2013. This is a joint role between the Safeguarding Adults & Safeguarding Children's Team.

### 2.7 Adult Safeguarding Board Committee

The Adult Safeguarding Committee is held on a bi-monthly basis. This is chaired by the Executive Lead for Safeguarding, Fiona Allsop. The meeting is attended by representatives by Clinical Divisions, Surrey and Sussex Social Services, Surrey Police, Learning Disabilities, Tissue Viability Nurse and Matrons. This meeting reports to Patient Safety and Clinical Risk Committee.

### 2.8 Key Staff working with the Adult Safeguarding Team

Role	Name
Tissue Viability Nurse	Louise Evans
Learning Disability Liaison Nurse for Surrey	Lynne Ramnanansingh
Learning Disability Liaison Nurse for Sussex	Jackie Haffenden
Matrons	Surgical / Medical and WAC Divisions
Falls Prevention Lead	Meriel Flux
Dementia Consultant Nurse	Steven Adams
Compliments & Complaints Department	Nicola Murray
Named Nurse for Safeguarding Children	Sally Stimpson
Specialist Midwife for Safeguarding Children	Maureen Royds-Jones

## 3. Safeguarding Referrals at Surrey & Sussex Healthcare NHS Trust

### 3.1 Background

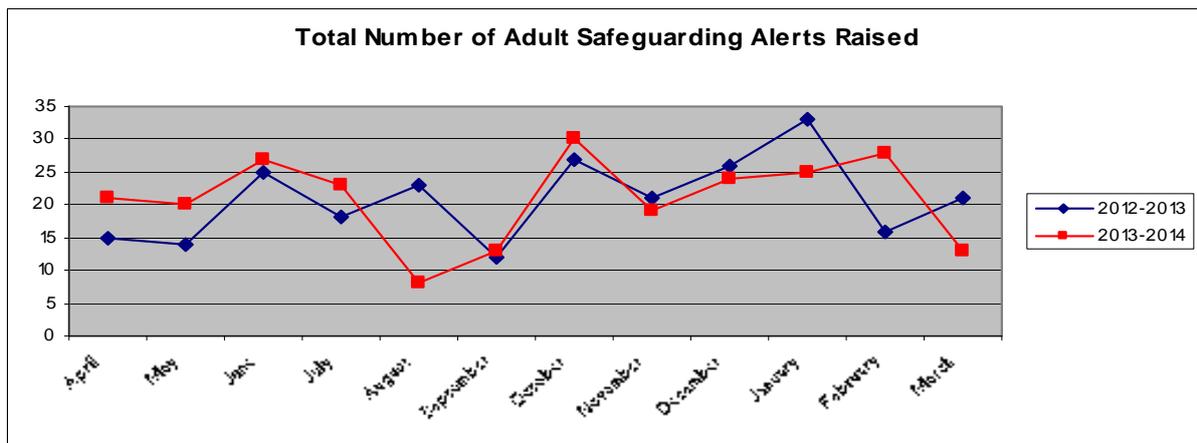
In 13/14 the Safeguarding Lead has, as a result of various reports such as Francis Review, Cavendish Review, Berwick Report and the Savile Review, focused on concerns and safeguarding alerts that have been raised either by the community or Trust regarding the care patients received under the care of Surrey & Sussex Healthcare NHS Trust.

The Safeguarding Lead meets with Surrey Social Services on a weekly basis to discuss the alerts received and what action has been taken as a result. This has proved to be an essential process as it fosters joint working with the Trust's partner agencies, thus ensuring working within, and meeting strict timescales for investigatory reports and actions that are given to the Trust following Safeguarding procedures. All investigations and required actions with timescales are added to a Safeguarding Action Plan which is reviewed regularly by the Safeguarding Lead. The Safeguarding Action Plan is also a standing item on the Trust's Adult Safeguarding Committee agenda which is chaired by the Chief Nurse.

### 3.2 Activity

From April 2013 to March 2014, a total of 251 Adult Safeguarding Alerts were raised. The number of alerts has risen for the third consecutive year, (2013:214 alerts and 2012:206 alerts). Neglect has been the main concern raised with a total of 130 alerts raised regarding this.

Below is a graph showing obvious comparisons over the last two years.



Broken down, 214 alerts were raised by Surrey & Sussex Healthcare NHS Trust regarding concerns in the Community. A further 37 alerts, (a decrease from 39 in 12/13), were raised regarding care patients received whilst being a patient in the Trust. Of these, 22 were raised internally; this has risen from last year's total of 15. The police were involved in 20 of all 251 alerts raised with 6 of these being cases involving the Trust. Of the six cases involving the Trust, one remains an open case with the police. Three cases were allegations made against substantive members of staff, one of which was substantiated and following the safeguarding investigation, disciplinary proceedings were put into place. After completing an investigation, the police believed there was no criminal case to answer regarding the concerns raised by Surrey University regarding one of medical wards. There is further detail below regarding this. The last case resulted in a court case earlier this year, this was regarding a patient being emotionally and physically assaulted by their carer which was witnessed by SaSH staff.

Mirroring the previous year, the alerts raised against the Trust are similar with 23 alerts being raised alleging neglect (21 12/13). Alerts raised regarding physical assault have decreased from 16 in 2012/2013 to 10 for this year. There were 2 allegations of sexual assault synonymous with last year. Both of these allegations were investigated by the police and the Trust and proven to be unsubstantiated. Lastly, there were 2 concerns raised regarding emotional abuse, one of which was substantiated.

The Trust carried out an investigation into one of the medical wards following safeguarding concerns raised via Surrey University. This was partially substantiated with recommendations made. The Safeguarding Lead worked with the Matron responsible for the ward ensuring that support was put into place for the ward team and that the recommendations were actioned. Following this, the Safeguarding Lead had the opportunity to meet with the University to discuss the support and actions that had been put into place.

16 of the 37 alerts raised met the criteria to hold a Strategy Meeting and investigated by the Trust under safeguarding, 2 were substantiated and 1 was partially substantiated as stated above. Of the two cases that were substantiated, one was raised by the Trust regarding a paid carer; the other was raised by the patients family. They were concerned regarding the care the patient received here at Surrey & Sussex Healthcare NHS Trust. Following the safeguarding investigation carried out by a senior member of the nursing team, recommendations were made regarding pressure care and referrals to the Safeguarding Team. Both of these recommendations were added to the Safeguarding database and have been actioned.

One case is still awaiting Case Conference which is booked for later this year. Due to the complexities of this case, the Trust requested the assistance of the Surrey Designated Nurse for Safeguarding Adults to carry out that investigation.

As expected, the Medical Directorate was the main referrer of the referrals with the Emergency Department being the highest referrer to the service.

### **3.3 Deprivation of Liberty Safeguards**

During 2013/14, 11 Deprivations of Liberty Safeguards (DOLS) urgent authorisations were requested by the Trust for patients who were assessed by staff to lack mental capacity and were trying to leave hospital while still in need of treatment or care. 7 of the 11 applications were upheld when assessed by the DoLS teams. This is an increase on the previous year of 7 applications of which only 3 were upheld.

In the coming year 2014/2015, it is expected that the number of DoL applications will increase significantly. This is due to a Supreme Court judgement which was handed down on the 19<sup>th</sup> March 2014 regarding two cases, "P v Cheshire West and Chester Council" and "P and Q v Surrey County Council". Due to this, the thresholds of what constitutes deprivation of liberty have lowered dramatically.

It is difficult to predict the number of individuals who lack capacity whose arrangements should be assessed in light of the Supreme Court judgment and the number of additional individuals for whom deprivation of liberty will need to be authorised, but it is likely to have a very significant impact upon the Trust and the Local Authority. The Safeguarding Lead carried out a snap shot audit of the Medical Division. It found that if the new legislation was followed that on review of 303 inpatients, 78 patients would have needed a deprivation of liberty application made. The Trust Board have received regular papers related to this matter.

The deprivation of a person's liberty is a very serious matter and should not happen unless it is absolutely necessary, and in the best interests of the person concerned. That is why the safeguards have been created: to ensure that any decision to deprive someone of their liberty is made following defined processes and in consultation with specific authorities. There is no single definition or checklist of what constitutes a deprivation of a person's liberty. The reason for this is because (as with other aspects of care) individual circumstances can vary tremendously and each situation must be assessed on its own merits. A single definition would not cover all the potential circumstances that could arise.

### 3.3.1. Who does this new ruling apply to?

- The new threshold (see appendix 1 – the “acid test”) is for any inpatient who has:
  - A lack of capacity to make the relevant decision, and is
  - Unable to leave the place in which they are accommodated, and are
  - Under continuous supervision and control
- Professionals must remember that the deprivation of liberty authorisations and Court of Protection orders under the DoLS in the Mental Capacity Act 2005 are rooted in the principles of that Act. DoLS exists to provide protection to individuals – to safeguard these individuals when a deprivation of liberty is an unavoidable part of a best interests care plan. Individuals who are identified as potentially deprived of their liberty must be considered on a case-by-case basis and all appropriate steps taken to remove the risk of a deprivation of liberty where possible.
- Given the patient population that are served by the Trust, a significant proportion of patients now fulfil the criteria e.g.
  - *Patients who require continual 1:1 nursing care will require some form of safeguard where they lack capacity to consent to this regime. This will include those patients for instance with cognitive impairment who are at risk of falls (but who are not objecting as such at being in hospital). The hospital would need to apply to the local authority for a Deprivation of Liberty authorisation (unless the Mental Health Act was applicable)*
  - *Patients who, though compliant with their care and therefore have no restrictions in place, would not be allowed to leave the hospital without agreement from hospital teams (as they would be at significant risk) would also need a form of safeguard. As before the hospital would need to apply to the local authority for a Deprivation of Liberty authorisation (unless the Mental Health act was applicable)*
  - *Patients who are in ITU under constant 1:1 nursing and who have not “consented” to their care and treatment (e.g. planned operations where the patient has consented to the risk of ITU treatment) may well be judged to be deprived of their liberty. As before the hospital would need to apply to the local authority for a Deprivation of Liberty authorisation (unless the Mental Health Act was applicable).*
  - *There is a legal view that in the worst case scenario it could be that all patients not deemed free to leave the hospital would need some form of legal safeguard.*

### 3.4 The Savile Inquiry

In 2012, allegations of sexual abuse, carried out by Jimmy Savile (JS), were made public. Operation Yewtree was established by the Metropolitan Police to review the allegations which were brought to its attention relating to JS and others. In turn a number of NHS Trusts initiated investigations in relation to JS's association with them as a Trust. On 29th November 2013, the Department of Health announced that the Metropolitan Police had identified a further 19 hospitals where allegations about JS had been made. JS was associated with a total of 28 NHS Trusts nationwide. Two of the main reports related to Savile's association with Leeds Royal Infirmary and Broadmoor Hospital.

The key findings of the report relating to both of these Trusts show that JS was an opportunistic abuser who sexually abused a number of patients and staff within Broadmoor and Leeds. At the time of the abuse, survivors ranged in age from 5-75 years old. Due to his celebrity status Staff tolerated JS and therefore he gained access to vulnerable patients (or deceased patients) without being challenged or supervised.

Following the publication of the reports, recommendations were made requesting all NHS organisations to carry out a review of safeguarding procedures in place within their individual organisations. On receipt of the published recommendations, Surrey & Sussex Healthcare NHS Trust carried out a self-assessment which will be submitted to the TDA, CCG's and Local Safeguarding Boards. From undertaking the self-assessment the Trust is assured that safeguarding has a robust system in place in relation to the recommendations made.

### 3.5 The Care Quality Commission Report August 2014

In May of this year, the CQC carried out an inspection of Surrey & Sussex Healthcare NHS Trust. The report was published in August 2014 with an overall rating as Good. There were no concerns raised regarding safeguarding adults procedures within the Trust. The report states that support for patients with Learning Disabilities or mental health problems is readily available. It also states that patients were observed to be treated with respect and their privacy and dignity were protected. There are robust systems in place for monitoring safety and reporting incidents.

The CQC have advised that the Trust should review the training provided to clinical staff on the Mental Capacity Act to ensure that all staff understand the relevance of this in relation to their role. The Safeguarding Team has added this to the safeguarding action plan with the view to facilitate further training across the clinical areas in the coming year.

## 4. Training

### 4.1 Overview

Training continues to be an essential factor of the safeguarding agenda as it allows the team to raise awareness, explore and evaluate practice within the Trust. The training session on the MAST programme continues to be well evaluated by both the clinical and non clinical teams. Involvement in Nurse Preceptorship Programme, the Doctors and Medical Students training also continues. Over the last year, the Safeguarding Lead has facilitated some ward based bespoke training in the medical directorate. This has proven to be an invaluable exercise as it has given small groups an opportunity to reflect on practice in their area. It has also provided the Safeguarding Team with an insight into what the training needs are

at ward level.

Winterbourne, the Francis Report and the Savile Enquiry, continue to shape the Safeguarding agenda. This is supported by Jeremy Hunt, Secretary of state for Health requesting a duty of candour throughout the NHS. The Safeguarding Team highlights the process of how to raise concerns being open and whistle blowing during each training session.

#### 4.2 Training Figures for April 2013- March 2014

All staff are required to attend adult safeguarding training every three years. Based on the figures received from the Training and Education Department, this gives an overall percentage of 64.7% of staff have received training during this 3 year period (April 2011 – March 2014).

With the recruitment of additional staff to support the safeguarding team and the additional capacity within the MAST training schedule it is expected that adherence to training will improve further in 14/15.

The annual figure for the last year is calculated on the total staff head count for March 2014 which was 3665. From the numbers received from the Training Department, it shows that overall 1648 members of staff have had Adult Safeguarding Training for this period. This equates to 47.06% of staff. Please see a further breakdown in the table below

Staff Group	Total Staff Trained	Trust Headcount	% Trained
Add Prof Scientific and Technical	22	49	44.90
Additional Clinical Services	451	657	68.65
Administrative and Clerical	258	708	36.44
Allied Health Professionals	91	167	54.49
Estates and Ancillary	68	334	20.36
Healthcare Scientists	49	115	42.61
Medical and Dental	56	498	11.24
Nursing and Midwifery Registered	653	1121	58.25
Students	0	6	0.00
<b>Grand Total</b>	1648	3655	

Safeguarding Adults Training from 01st April 2013 - 31 March 2014	1648
Trust Headcount March 2014	3655
<b>less</b> Excluded staff (Maternity and Long Term Sickness)	153
Actual Total	3502
<b>Total % of target completed</b>	47.06

Due to an extremely full programme for the Doctors training, it was decided that face to face safeguarding training was to be replaced by an e-learning module. Feedback and the figures show that this was not as successful as anticipated due to IT issues. As a result of this, face to face safeguarding

training has been reintroduced to the programme for the forth coming year.

#### **4.3 Prevent and CHANNEL**

Due to recent incidents, including Soldier Lee Rigby who sustained fatal injuries following an attack and the release of three women who were held captive for over 30 years, Prevent and CHANNEL are high on the national agenda. The Trust has the HEALTHWRAP workshop in place which runs on a monthly basis for small groups of staff. The workshop is facilitated by two Trust HEALTHWRAP trainers, it has been well received with excellent feedback.

The Home Office and the Department of Health provided strict guidelines on how Prevent training should be facilitated. This has recently changed, allowing the Safeguarding Lead to include Prevent awareness to the Safeguarding Adults training on the MAST programme, thus highlighting the importance of Prevent to wider audience throughout the Trust.

#### **4.4 Policies**

##### **4.1 Safeguarding Policies**

The Safeguarding Adults, Management of Allegations and Intimate Care policies are in place. These policies are discussed at all training sessions, to ensure staff know how to access and use them in practice.

##### **4.2 Supporting Policies**

Over the last year, the Safeguarding Team have assisted with the Domestic Abuse Policy, Mittens Policy and the Safer Holding Policy.

##### **4.3 Future Policies**

The Safeguarding Lead has met with the HR Business Partners regarding the Disciplinary Policy and has requested that the DBS referral guidance is incorporated into the policy which will be reviewed in the near future.

#### **5. IMCA**

There were 27 referrals to KAG (Kingston Advocacy Group) during this year. The service continues to be used regularly throughout the Trust, in particular in the Medical Division and the Special Dentistry Unit. Whenever possible the Safeguarding Team attends any Best Interests meetings with IMCA involvement.

#### **6. Learning Disabilities**

The LDLN (Learning Disability Liaison Nurses) play a vital role within the Trust, ensuring that both patients and staff are supported when challenging situations arise. Their assistance facilitates better experiences for patients with learning disabilities (LD). There were a total number of 23 Safeguarding alerts raised that involved a patient that had a learning disability, this has also increased on last year's figure of 18. Of these 23 alerts, 8 were raised against the Trust, with the Trust raising 4 alerts.

As a result of a safeguarding investigation, the Safeguarding Lead was requested to work in partnership with several agencies to ensure that a pathway was put in place for a patient to ensure their future journeys through the Trust would run smoothly. Following discussions with external agencies, the Safeguarding Lead and the Learning Disability Liaison Nurse met with the Clinical Site Matrons to ensure that this patient's pathway was in place.

## 7. External Meetings

### 7.1 Surrey

The Surrey Adult Safeguarding Board invites the Trust to send a representative from the Adult Safeguarding Team to attend the quarterly meetings. The Strategic attends this meeting with the Operational Lead as a representative in her absence.

### 7.2 Sussex

The Sussex Adult Safeguarding Board invites the Trust to send a representative from the Adult Safeguarding Team to attend the quarterly meetings. The Strategic attends this meeting with the Operational Lead as a representative in her absence.

## 8. Serious Case Review

### 8.1 Sussex

Earlier this year, the Trust was invited to assist with gathering information for a serious case review for Sussex during the high profile investigation into Orchid View Nursing Home.

## 9. Audit

### 9.1

The Adult Safeguarding Team has an audit plan in place. This will be rolled out in the coming year.

## 10. DBS

### 10.1 Changes to the DBS

The DBS came into effect in 2012 following the joining of the CRB and the ISA. Under the Safeguarding Vulnerable Adults Groups Act 2006, the Trust is placed with the legal requirement to refer any person who has:

- Harmed or poses a risk of harm to the a child or vulnerable adult
- Satisfied the harm test: or
- Received a caution or conviction for a relevant offence.

Following any safeguarding investigation involving a member of Trust staff, the Safeguarding Adults Lead works in partnership with the Trusts HR Business Partners to ensure that any member of staff or volunteer who falls within any of the above criteria is referred to the DBS.

The Trust will be fully compliant with the new DBS guidelines upon final amendment to the Disciplinary Policy. This action remains on the Adult Safeguarding action plan to ensure completion.

## 11. Priorities for 2013-2014

### 11.1 The following are the priorities for the coming year:

- Safeguarding Training – This is an ongoing priority for the Trust. Over the last year, the Safeguarding Team have worked closely with their Midwifery colleagues; Adult Safeguarding training will be included on the mandatory training for the Midwifery Department in April 2014.
- To continue to work closely with our partner agencies across both Surrey and Sussex.

- The Safeguarding Team will continue to use the Safeguarding Action Plan. This will ensure that a robust system is in place for actions or reports to be completed in a timely manner regarding any investigations that are carried out by the Trust.
- A further action plan to be put in place for recommendations for the Trust from the CQC / Francis Report / Savile investigation / Orchid View and Winterbourne.
- To role out a robust audit programme for the Adult Safeguarding Team.
- High light and promote the importance of the Mental Capacity Assessments and Best Interests Process and ensure clear guidance is in place and accessible for all staff.
- Due to the recent change in the threshold for Deprivation of Liberty Safeguards applications, the Safeguarding Team must ensure that there is a robust reporting system in place and support for staff completing the application. This will include clear guidance and support for staff. The creation and publication of an information leaflet for patients and their carers regarding DoLS.
- The Safeguarding Team to assist the HR Business Partners in ensuring that DBS referrals become part of the disciplinary process.
- The Safeguarding Team will continue to work closely with the Tissue Viability Nurse to raise awareness regarding pressure area care.
- The Safeguarding Team to continue to raise awareness around Domestic Abuse.
- The Safeguarding Team to continue to raise awareness around Female Genital Mutilation and assist to ensure that a robust reporting system is in place.
- Continue with ward based training and being visible in the clinical areas.

## 12. Conclusion

The Safeguarding Team will continue to work towards ensuring that across the Trust safeguarding adults is everyone's business. The level of activity and referrals made to the Safeguarding Team indicates that more people are concerned about real or potential abuse of adults and are aware of how to report this.

However, there will be new challenges over the coming year for the team, with the introduction the new Care Bill and the change to Deprivation of Liberty Safeguards threshold. The Team will continue to raise awareness across the Trust so that all staff recognises the signs of abuse or potential abuse. Work will continue with both internal and external agencies to create a climate in which abuse of adults is not tolerated.

The Trust Board is asked to receive this report and to continue to give its full support to the Safeguarding Adults agenda.

## Appendix 1 BRIEFING SHEET FOR HOSPITALS – The “Acid Test”

Deprivation of Liberty after Cheshire West

How to decide whether it is likely that a deprivation of liberty is occurring and when to make a referral to the DoLS Team

The requirement for the Deprivation of Liberty Safeguards remain the same

There are still 6 requirements which need to be met

1. 18 and over
2. Suffering from a mental disorder
3. Lacking capacity for the decision to be accommodated in the hospital or care home
4. No decision previously made to refuse treatment or care, or conflict relating to this such as LPA
5. Not ineligible for DoLS
6. The person needs to be deprived of liberty, in their best interests.

The difficulty comes in working out whether a situation in a hospital or care home amounts to a deprivation of liberty.

The Supreme Court has now confirmed that here are two key questions to ask – the ‘acid test’:

(1) Is the person subject to continuous supervision and control? (All three aspects are necessary)

AND

(2) Is the person free to leave? (The person may not be saying this or acting on it but the issue is about how staff would react if the person did try to leave).

***So this now means that if a person is subject both to continuous supervision and control and not free to leave they are deprived of their liberty.***

The following factors are no longer relevant to this:

- (1) the person’s compliance or lack of objection;
- (2) the relative normality of the placement and
- (3) the reason or purpose behind a particular placement.

REMEMBER

The Deprivation of Liberty Safeguards applies in hospitals and care homes but this criteria to decide what a deprivation of liberty is applies in any setting.