

Safeguarding Adults Annual Report 2017/2018

Prepared by Linda Katte - Lead for Safeguarding Adults

Executive Summary

The purpose of this report is to provide the Trust Board and relevant stakeholders with an overview of safeguarding adults activities at Homerton University Foundation NHS Trust (HUHFT) undertaken during the period from 1st April 2017 to 31st March 2018. It will demonstrate and provide assurance to the Board that HUHFT is meeting the relevant statutory and regulatory requirements in relation to safeguarding adults.

Leadership, governance and regulatory standards

The Chief Nurse and Director of Governance is the Executive Lead for Safeguarding. Governance arrangements were reviewed and strengthened in 2017/2018. A Safeguarding Adults Operational Group reports to the Joint Safeguarding Committee which in turn reports to the Trust Board via the Improving Patient Safety Committee. HUHFT has a Safeguarding Adults Team.

Responsibilities towards adults at risk are clear for all staff

In 2017/2018, 326 safeguarding adults concerns were reported on Datix compared to 341 in 2016/2017. The Safeguarding Adults Team (SAT) provided support and advice to staff via face to face conversations, telephone calls, emails and attendance at Divisional CLIP meetings where all reported incidents are discussed and guidance provided as necessary. There are 196 documented case discussions provided by the SAT in 2017/2018. 262 safeguarding referrals were made to various Local Authorities.

207 mental capacity assessments were documented on the Mental Capacity Assessment form on EPR in 2017/2018. A total of 139 Deprivation of Liberty Safeguards (DoLS) applications were made Trust wide (Acute and Mary Seacole Nursing Home (MSNH) in 2017/2018. 123 DoLS applications were withdrawn, 13 granted and 3 declined.

Partnership working

The Chief Nurse or Head of Healthcare Compliance represented the Trust at City and Hackney Safeguarding Adults Board's (CHSAB) meetings and the Lead for Safeguarding Adults attended the four CHSAB subgroup meetings. HUHFT participated in all relevant Safeguarding Adults Reviews (SARs) commissioned by CHSAB. HUHFT also made a financial contribution to CHSAB.

Workforce and safeguarding adults training

HUHFT has an up to date Disclosure and Barring policy. Safeguarding adults level 1 training which is provided to all staff during Corporate Induction was maintained at 97%. Safeguarding adults level 3 training rose to 80% but was still below the target of 85%. By the end of 2017/2018, 971 staff had received Prevent level 3 (Workshop to Raise Awareness of Prevent – WRAP) training.

Learning Disability

The SAT in liaison with the Integrated Learning Disability Service provided support to staff in addressing the needs of patients with learning disability during this period. Learning disability awareness training was delivered to healthcare assistants via the Care Certificate programme.

Areas of good practice were:

- Review of the governance structure
- Promoting the principle of Making Safeguarding Personal
- Good partnership working with relevant agencies,
- Support for patients with learning disability,
- Review of the Mental Capacity Act (MCA) policy and increased use of the MCA assessment form on EPR
- Regular feedback to staff who reported safeguarding adults concerns via Datix

Areas for improvement are:

- To increase training compliance level for Safeguarding Adults Level 2 to 90% for 2018/2019.
- To strengthen safeguarding adults supervision practice across the Trust.
- To strengthen the links between serious incidents and safeguarding adults processes.
- To implement the actions agreed following the CQC inspection.

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1. Introduction

Safeguarding adults at risk is a statutory duty placed on all public bodies by the Care Act 2014. Safeguarding is about protecting an adult's right to live a life free from abuse and neglect. In order to achieve this, it is crucial that organisations, professionals and adults at risk work together to promote the wellbeing of vulnerable adults, stop and/or prevent abuse or the risk of abuse to adults at risk.

The Care Act 2014 stipulates that an adult at risk is someone who:

- a) Has needs for care and support
- b) Is experiencing, or is at risk of, abuse or neglect AND
- c) As a result of those needs is unable to protect himself or herself against abuse or neglect or the risk of it.

The purpose of this report is to provide the Trust Board and relevant stakeholders with an overview of safeguarding adults activities at Homerton University Foundation NHS Trust (HUHFT) undertaken during the period from 1st April 2017 to 31st March 2018. The report sets out how the trust is meeting each of the relevant regulations.

2. Leadership, governance and regulatory standards

Regulation 13: Safeguarding service users from abuse and improper treatment

13 (1) 'Safeguarding must have the right level of scrutiny and oversight, with overall responsibility held at board level or equivalent'.

2.1 Leadership

The Executive Lead for safeguarding (adults and children) is the Chief Nurse and Director of Governance. The Executive Lead for safeguarding is a member of the Trust board. The Homerton University Hospital NHS Foundation Trust Board scrutinises how the Trust helps to safeguard adults at risk in the communities it serves through a variety of mechanisms. These include the monthly Integrated Quality Report to the Trust Board which contains data relevant to adult safeguarding such as the NHS Safety Thermometer¹ for harm free care and levels of participation in Safeguarding Adults Level 1 training delivered to all staff at induction.

The Safeguarding Adults Team (SAT) is comprised of a Lead for Safeguarding Adults, and a Lead Practitioner for Adults Safeguarding and Learning Disability Acute Liaison. The team is managed by the Head of Healthcare Compliance. The post for the Lead Practitioner for Adults Safeguarding and Learning Disability Acute Liaison was vacant from 1st September 2017 to 22nd April 2018. Appendix 1 provides information on the reporting arrangements in the trust.

The main functions of the Safeguarding Adults Team are to:

- Ensure that there are policies on Safeguarding Adults, Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DoLS) and Prevent and that these policies are up to date in line with government legislation, case law, national and local guidelines.
- Provide expert advice to staff on matters relating to safeguarding adults concerns, Mental Capacity Act/Deprivation of Liberty Safeguards, Prevent and learning disability.
- Organise and/ or deliver training to staff on safeguarding adult's related subject matters, MCA/DoLS, Prevent and learning disability.

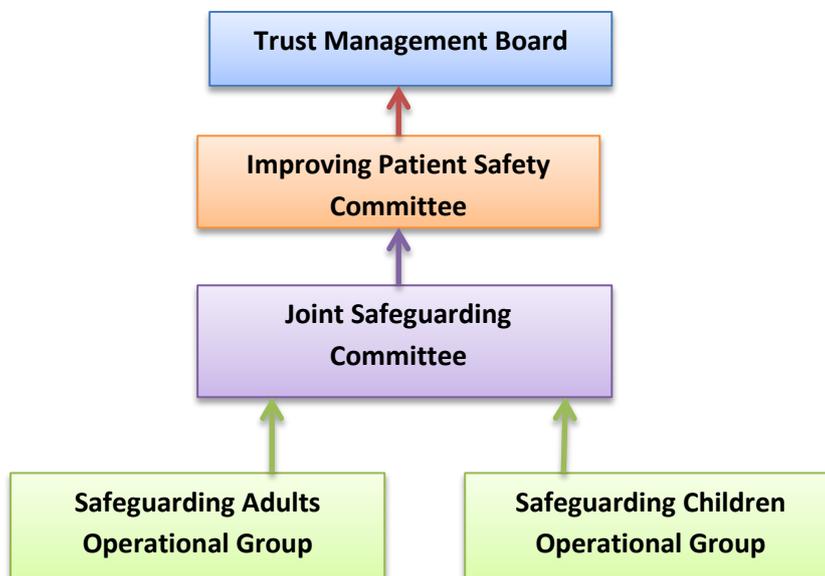
¹ NHS Safety Thermometer is a point of care survey carried out on a single day each month where teams measure the proportion of patients that are 'harm free' from **pressure ulcers, falls, urine infections** (in patients with a catheter) and **venous thromboembolism**.

- Ensure that staff have a clear understanding of their responsibilities towards adults at risk and that safeguarding referrals are raised appropriately.
- Lead on investigations of safeguarding adults concerns when an allegation has been made against Homerton University Hospital NHS Foundation Trust.
- Attend internal meetings with key groups to promote the safeguarding adults agenda.
- Represent Homerton University Hospital NHS Foundation Trust at external meetings to ensure that Homerton University Hospital NHS Foundation Trust's views are expressed. Any relevant feedback/recommendations from these meetings and forums are translated into guidelines or action plans as necessary.
- Ensure that Homerton University Hospital NHS Foundation Trust provides accountability on its safeguarding activities to relevant external and internal stakeholders.
- To ensure that Homerton University Hospital NHS Foundation Trust fully participates in any Safeguarding Adult reviews (SARs).
- To ensure learning from SARs is embedded into practice in the trust.

2.2 Governance

The safeguarding governance structure across the Trust was reviewed and strengthened in 2017/2018. Previously there was a Homerton Safeguarding Adults Committee (HSAC) which reported to the Improving Patient Safety Committee and a Children's Safeguarding and Regulation Committee (CSRC) which reported to the Trust Management Board. Quarterly joint meetings were held between HSAC and CSRS to share best practice and examine common areas such as Female Genital Mutilation, modern day slavery, radicalisation, and domestic violence.

The revised governance structure was endorsed on 10th January 2018 and became operational on 14th April 2018. The structure is shown below:



2.3 Internal Audit

Internal audit audited safeguarding adults activities in 2017/2018. The audit was reported to the Audit Committee and Executives. Areas covered by the review included: training, supervision, policies, referral processes and governance arrangements.

The table below shows the summary findings, proposed actions to address gaps and progress made on achieving the actions.

Domain	Findings	Action plan	Progress
Training	All but one training records reviewed showed that safeguarding adults level 2 training had been completed.	Controls and monitoring of training should be periodically reviewed to ensure they remain proportionate to the risk of poor attendance	Training levels are monitored quarterly and reported to the Safeguarding Adults operational Group and the Joint Safeguarding Committee. Level 2 compliance is at 80%
Supervision	Supervision should be improved across the Trust. A supervision policy was being drafted at time of audit.	Supervision policy should be completed and communicated to all staff	Supervision policy is in place and operational.
Policies	The Consent policy was out of date but under review.	Consent policy should be completed and circulated to staff.	Consent policy is in place and operational.
Safeguarding Adult Referral to Local Authority	In most cases, safeguarding adults referrals are appropriately made to the local authority. However some cases on Datix were closed before being reviewed by the Safeguarding Adults Team	The Safeguarding Adults Team will set up processes to carry out periodic reviews on Datix of the incidents where safeguarding adult's concerns were marked.	The Safeguarding Adults Team reviews Datix incidents on a weekly basis and provides feedback to the handler and reporter. An audit of all incidents that are closed is yet to be completed.
Governance	The Board does not receive direct updates from the Safeguarding committees which includes safeguarding activities directly in their remit (e.g. the Patient Safety Committee). There is a Safeguarding Adults Committee and although attendance was not always as high as expected, there were positives discussions and a good form of self-assessment. Internal audit is reported to the Audit Committee and Executives.	Reporting lines from Homerton Safeguarding Adults Committee to the Trust Board, is to be reviewed. Ensure regular Safeguarding Committee meetings occur The Terms of Reference for the committee to reflect any changes to the governance and reporting structure.	New safeguarding governance structure in place with clear lines of reporting. New Terms of Reference of Safeguarding Adults Operational Group in (SAOG) in place.

2.4 City and Hackney Safeguarding Adults Board (CHSAB)

A Safeguarding Adults Self-Assessment Framework (SAAF) was also completed in 2017/2018 and submitted to City and Hackney Safeguarding Adults Board (CHSAB) who then challenged Homerton University Hospital NHS Foundation Trust on its assessment. CHSAB acknowledged that Homerton University Hospital NHS Foundation Trust (HUHFT) had developed an improvement plan for safeguarding adults, disseminated learning from Safeguarding Adults Reviews (SARs), and had made efforts to improve MCA compliance and understanding of safeguarding. Areas which the HSAB identified as requiring improvements were supervision, advocacy and availability of safeguarding information to patients adding for outpatient appointments.

The SAAF demonstrated that Homerton University Hospital NHS Foundation Trust (HUHFT) has an appropriate safeguarding adults governance structure in place to promote, support and monitor the safeguarding adults agenda in the organisation. There are systems and processes in place to protect 'adults at risk' from harm and/or take appropriate actions if an 'adult at risk' has experience abuse or is at risk of experiencing abuse.

Operationally, there are mechanisms in place to support staff to deliver harm-free care, take preventative actions to safeguard adults from abuse and to take the appropriate action if harm or abuse has occurred. The Trust has fully engaged with the CHSAB to promote safeguarding agenda with the local population. However, there are some areas which require improvements such as Making Safeguarding Personal, Staff training and ensuring that services that the Trust commissions are fully compliant with the safeguarding adults agenda. See Appendix 2 for the SAAF.

2.5 Regulation by Care Quality Commission (CQC)

CQC did not inspect the Trust in 2017/2018 but carried out an inspection in the first quarter of 2018/2019 in April and May 2018.

The findings of the inspection, action plans and progress on the actions plans will be elaborated upon in the 2018/2019 annual report. A summary of safeguarding adults related findings are noted below:

- Staff understanding of MCA and DoLS was variable across the Trust.
- Recording of capacity assessments and DoLS was not consistent or appropriately documented within medical services.
- The Safeguarding Adults Team and Learning Disability acute Liaison was not sufficiently resourced and there were concerns as to the effectiveness and sustainability of the service.
- Although the principles of the MCA and DoLS were covered in mandatory training, there was no specific MCA training.

The SAT has developed action plans to address the findings of the inspection which will be implemented over the rest of 2018/2019 and reported in the 2018/2019 annual report.

3. Responsibilities towards adults at risk are clear for all staff

Regulation 13 Safeguarding service users from abuse and improper treatment

13 (2) *Staff must be aware of their individual responsibilities to prevent, identify and report abuse when providing care and treatment. This includes referral to other providers. Providers should use incidents and complaints to identify potential abuse and should take preventative actions, including escalation, where appropriate.*

Safeguarding adults at risk from abuse and harm is directly linked to the quality of care agenda via the six principles of safeguarding adults. Thus Homerton University Hospital NHS Foundation Trust strives to ensure that the six principles of safeguarding adults which are Empowerment, Protection, Prevention, Proportionality, Partnership and Accountability are shared and embedded across the Trust. The Safeguarding Adults Team provided support to staff via face to face conversations, telephone calls and emails to offer advice and assistance with possible safeguarding cases, leading in investigating safeguarding cases where Homerton University Hospital NHS Foundation Trust is alleged to have caused harm and ensuring that improvement actions are implemented, providing relevant trainings and attendance at Divisional Complaints, Litigation Incidents and PALS (CLIP) meetings where all reported incidents are discussed and guidance provided as necessary. There are 196 documented case discussion provided by the SAT in 2017/2018.

An example of how the SAT supported staff to deliver a high standard of care to an adult at risk in order to promote her wellbeing and protect her from abuse is demonstrated in the case study below:

X was a vulnerable young pregnant lady who presented for her first antenatal visit very late during her pregnancy. The midwife who attended to X felt very concerned about her presentation. X appeared to be a very immature young adult, had poor eye contact and rambling speech patterns. She was inappropriately dressed and used inappropriate language. The midwife felt X might have been a victim of sexual exploitation. There were concerns about her mental health, the presence of learning disability and her capacity to make decisions around labour and any possible interventions that might be needed. From interactions with X, there were indications that she would like a normal delivery.

Actions taken:

- Midwife discussed concern with Safeguarding Adults Team (SAT).
- The SAT made a referral to the Integrated Learning Disability Service.
- Multi-agency meetings were held, and appropriate professionals identified to assess and provide interventions for X and a referral made to mental health services.
- Capacity assessment completed on specific issues.
- Several multi-agency meetings held to discussed X's case, make and agree a plan of care.
- A referral was made to children social care by the social worker safeguard X's baby.

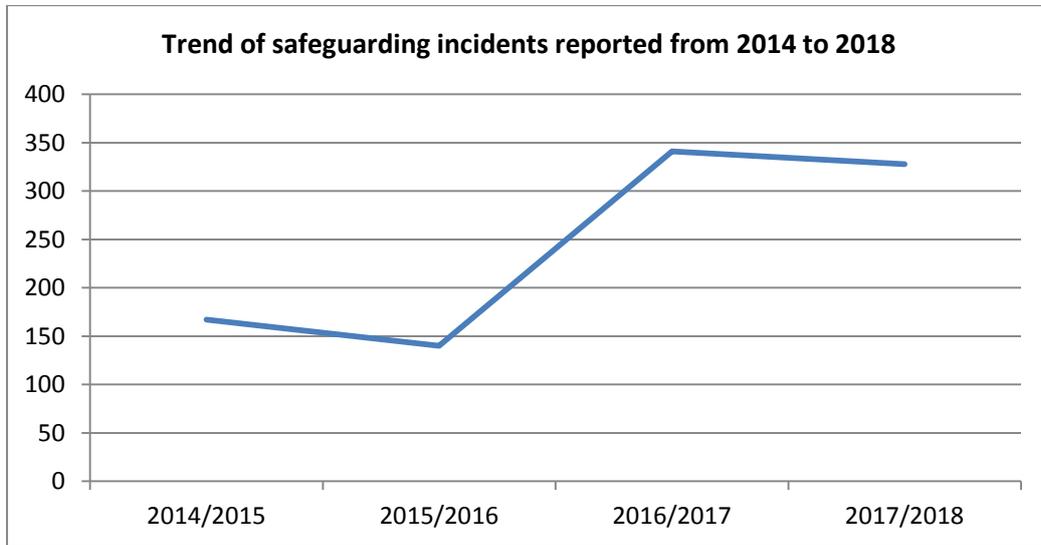
Outcome:

- X had capacity to make a decision on her sexual behaviour and practice.
- X lacked capacity to make decisions around her labour.
- X was diagnosed with a developmental disability and a social worker allocated to work with her. The social worker also supported her through court proceedings.
- X had a normal delivery and was supported by her family and professionals.
- X was supported to get a new appropriate accommodation.

3.1 Reporting of safeguarding adults concerns

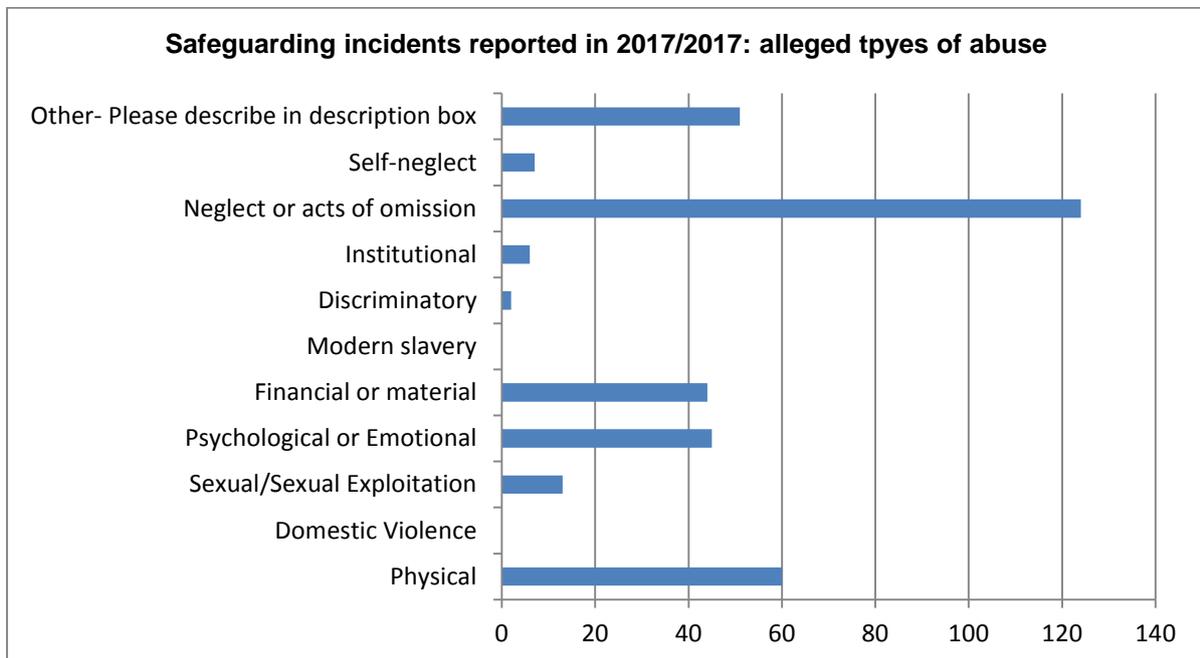
Safeguarding adults concerns are reported via Homerton University Hospital NHS Foundation Trust's incident reporting system (Datix) and where relevant a safeguarding adults referral is made to the local authority. The SAT monitors all safeguarding incidents reported on a weekly basis and provides feedback to the reported and handler. However, due to limited capacity within the team between September 2017 to January 2018 reviews occurred on a fortnight basis rather than a weekly basis.

In 2017/2018, a total of 326 safeguarding adults concerns were reported on Datix compared to 341 in 2016/2017. The graph below shows the trend of safeguarding incidents reported over the last four years.



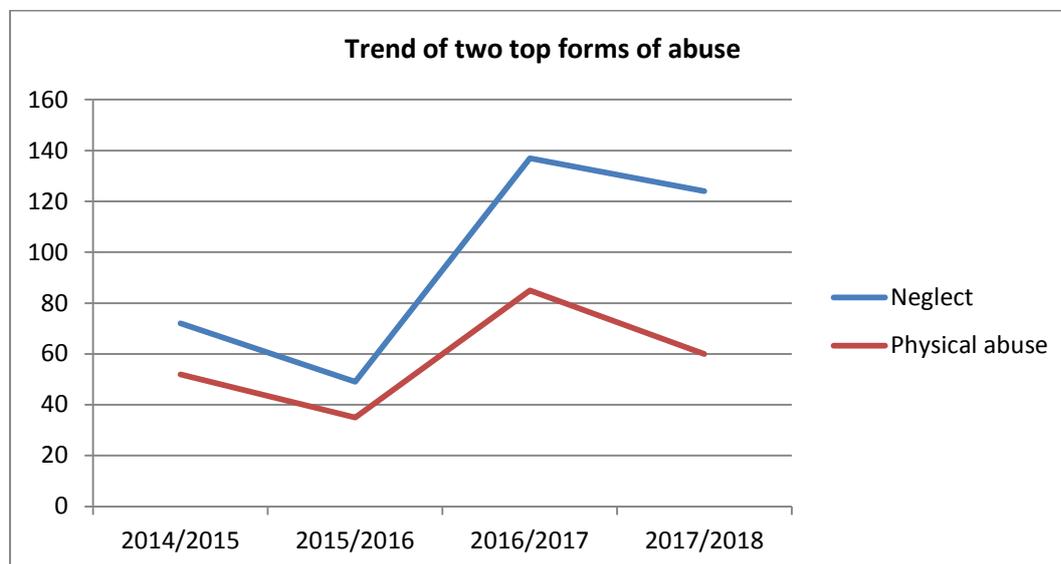
3.2 Types of abuse reported

Staff may report more than one form of abuse in an incident report. The chart below shows the types of abuse or harm raised in the 326 incidents.



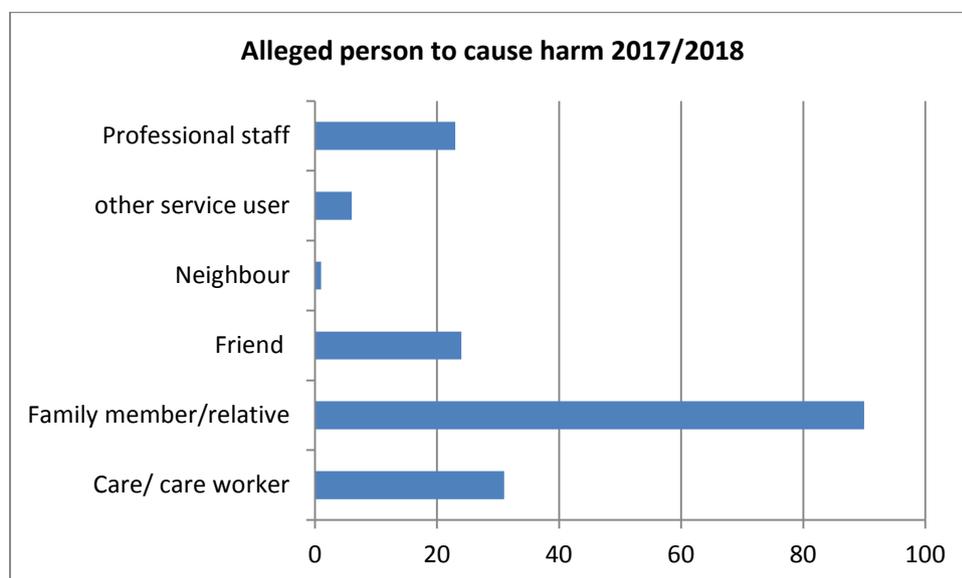
The 51 incidents reported as 'other', were cases in which no abuse or harm had occurred but staff were concerned about the safety and general wellbeing of patients or inadequate staffing which could result in poor service delivery if appropriate actions are not taken. This demonstrates that staff are applying the third principle of safeguarding adults: - Prevention – take action before harm occurs.

The top three harms reported in 2017/2018 were neglect, physical abuse and psychological or emotional abuse. As with the previous three years, neglect and physical abuse remains the most common form of abuse reported by staff. The graph below shows the two most reported forms of abuse over the last four years.



3.3 Person(s) alleged to cause harm

The chart below shows the type of person(s) alleged to cause harm in safeguarding adults incidents and disclosures made on Datix during 2017/2018.



In 23 of the reported cases, the alleged person to cause harm was a professional staff member. Twelve of the incidents were attributed to Homerton University Hospital NHS Foundation Trust's staff of which five safeguarding adults referrals were made to the Local Authority. Four of the referrals progressed to a Section 42 enquiry with three partially

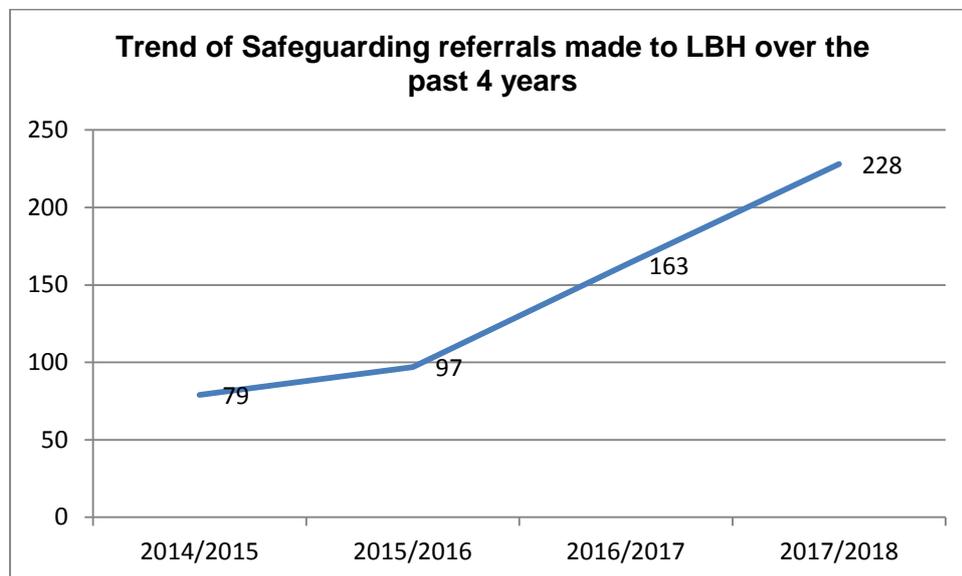
substantiated and one not substantiated. Actions were put in place by the relevant departments to prevent recurrence.

The Safeguarding Adults Team will work with the Quality and Risk Team to improve the specificity of recording and collecting the data which eventually will improve the accuracy of reporting and assurance HUHFT provides to its stakeholder.

3.4 Safeguarding adults referrals

In 2017/2018, a total of 262 safeguarding referrals were made to various Local Authorities. A majority of the safeguarding adults referral made by Homerton University Hospital NHS Foundation Trust staff are to the London Borough of Hackney (LBH). 228 safeguarding adults referrals were made to LBH in 2017/2018 compared to 163 made in 2016/2017 making a 40% rise in the amount of referrals made to LBH.

The trend of safeguarding adults referral made to LBH over the last four years is shown in the graph below.



The Safeguarding Adults Team (SAT) kept records of all referrals made and subsequent actions, where possible. Communication between the LBH and the SAT on safeguarding adults referrals made by HUHFT improved slightly in 2017/2018 but many challenges remained such as receiving feedback on whether or not cases had progressed to Section 42 Enquiry and the outcomes of cases. As of August 2018, the SAT will meet fortnightly with a senior practitioner from the Hospital Social Work Team to discuss all relevant cases.

3.5 Making Safeguarding Personal

Making safeguarding Personal (MSP) is a person-centred approach to safeguarding which focuses on the desired outcome the adult at risk wants from the safeguarding process.

During 2017/2018, Homerton University Hospital NHS Foundation Trust continued to embed the principle of Making Safeguarding Personal across the Trust via training and feedback from the SAT to those who had reported incidents and the handlers of the reported incidents. Of the 326 incidents reported as safeguarding adults incidents on Datix, 70% of these showed that the principle of MSP had been considered. However, when it came to making safeguarding adults referrals to Local Authorities, only 21% of the referrals made

demonstrated that MSP had been considered. The SAT will continue to work with staff to ensure that the improvements made on Datix with regards to MSP is translated to safeguarding referrals.

3.6 Compliance with Mental Capacity Act (MCA) 2005

Regulation 13 Safeguarding service users from abuse and improper treatment

13 (2) *Providers and their staff must understand and work within the requirements of the Mental Capacity Act 2005 whenever they work with people who may lack the mental capacity to make some decisions.*

13(4)(b) *Where a person lacks mental capacity to consent to the arrangements for their care or treatment, including depriving them of their liberty, providers must follow a best interest process in accordance with the Mental Capacity Act 2005, including the use of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards, where appropriate.*

13(5) *Providers must act at all times in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice and the Mental Capacity Act 2005 Code of Practice.*

Care Quality Commission (Registration) Regulations 2009 Part 4

Regulation 18(2) Notification of other incidents

Notification about an application to deprive a person of their liberty

The Mental Capacity Act 2005 is a statutory requirement with which a healthcare provider must comply. It provides a framework for supporting anyone 16 years and above to make decisions for themselves and in cases where they are unable to make the relevant decision how professionals can make those decisions in the best interest of the patient. In June 2017, a Mental Capacity Assessment form was launched on the Electronic Patient Record (EPR). A second cycle of the MCA quality improvement project which commenced in 2016/2017 was done in 2017/2018. The project audited 10 sets of notes for patients for whom a mental capacity assessment should have been completed and documented on the MCA EPR form. It found that 47% of patient's notes had used the MCA assessment form to document the patient's mental capacity compared to 10% in 2016/2017. See Appendix 3 for the Project report.

207 mental capacity assessments were documented on the Mental Capacity Assessment form on EPR in 2017/2018.

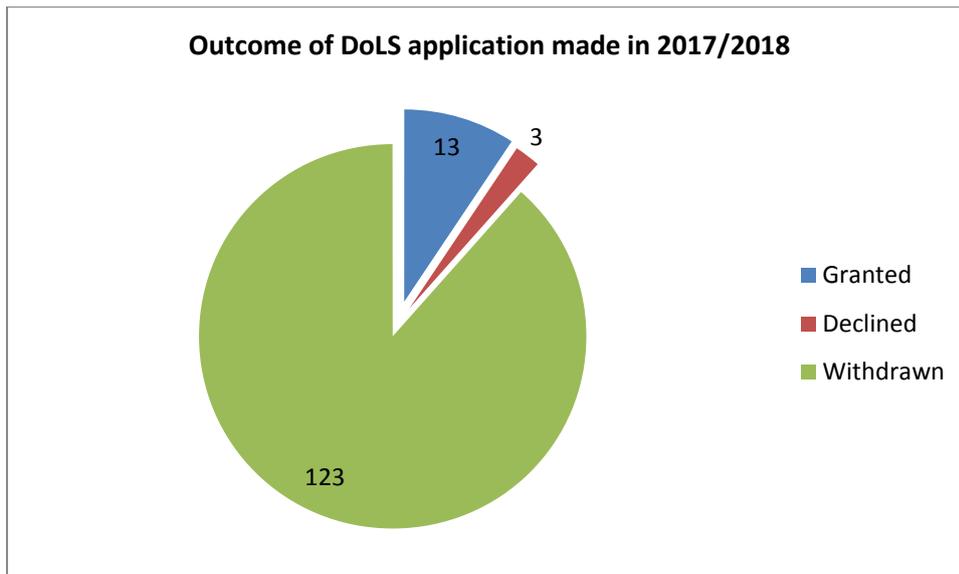
Homerton University Hospital NHS Foundation Trust has a Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) Steering Group chaired by the Lead for Safeguarding Adults. The Group met on 17th July 2017, 16th October 2017 and 26th February 2018. The Group discussed and recommended action on the following areas:

- The Mental Capacity Act and Deprivation of Liberty Safeguards Policy
- MCA Quality Improvement Project
- Use of the MCA form on EPR
- MCA Training

The Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DOLS) Policy was updated and published in November 2017.

3.6.1 Deprivation of Liberty Safeguards (DoLS)

A total of 139 DoLS applications were made (Acute and Mary Seacole Nursing Home) in 2017/2018. The table below shows the outcome of all DoLS applications made.



Three DoLS applications were made by Mary Seacole Nursing Home and were all granted.

The reasons the DoLS in Homerton University Hospital NHS Foundation Trust were not granted or withdrawn are as follows:

Regained capacity	5
Discharged before assessment	112
Sectioned under MHA	1
Patient died	5
Total	123

Regular contact was made with all the relevant local authorities on a weekly or fortnightly basis requesting them to assess patients and to provide update on the DoLS applications. The MCA/DoLS policy provides guidance to staff as to what options to take in cases where DoLS were not granted or patients had not been assessed.

4. Partnership working

Regulation 13 Safeguarding service users from abuse and improper treatment
 13(2) Providers should work in partnership with other relevant bodies to contribute to individual risk assessments, developing plans for safeguarding children and safeguarding adults at risk, and when implementing these plans. This includes regularly reviewing outcomes for people using the service.
 13 (3) When required to, providers must participate in serious case reviews. Any changes to practice and/or recommendations relating to the provider must be implemented.

Safeguarding adults at risk in any local health economy adopts a multi-agency approach. Homerton University Hospital NHS Foundation Trust worked with all relevant partners to ensure that adults at risk within its locality and those that use its services are safeguarded. Homerton University Hospital NHS Foundation Trust made financial contributions to City and Hackney Safeguarding Adults Board (CHSAB).

The Chief Nurse or Head of Healthcare Compliance represented the Trust in CHSAB's Board meetings and the Lead for safeguarding adults attended the four CHSAB subgroup meetings (Safeguarding Adults Review subgroup, Quality Assurance Framework subgroup, Community and Engagement subgroup and Training and Development subgroup).

4.1 Safeguarding Adults Reviews (SARs)

The Care and Support Statutory Guidance 2014 states that Local Safeguarding Adults Boards must arrange a SAR if:

- i) *an adult in its area dies as a result of abuse or neglect and there is concern that partner agencies could have worked more effectively to protect the adult.*
- ii) *an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect.*

The primary purpose of a SAR is to promote learning such that actions could be put in place to prevent death or serious harm occurring in the future. HUHFT participated in one SAR commissioned by CHSAB in 2017/2018. The recommended action plan from this SAR is yet to be published. Homerton University Hospital NHS Foundation Trust has continued to ensure that the action plans from previous SARs in 2016/2017 are embedded in the organisation. The SAT shared the learning from SARs via the Safeguarding Adults Operational Group, Community Nursing Forum, Improving Patient Safety Committee, Trust Board and safeguarding adults training.

5. Workforce

5.1 Recruitment of staff and volunteers

Regulation 19 Fit and proper persons

19 (2) *Providers must have effective recruitment and selection procedures that comply with the requirements of this regulation and ensure that they make appropriate checks for both employees and directors.*

Homerton University Hospital NHS Foundation Trust has an up to date Disclosure and Barring (DBS) Policy. All staff are subjected to a DBS check prior to commencement of employment and as part of the continuing safeguarding practice; every staff member who is subjected to DBS completes a self- declaration during appraisal notifying the Trust that they have not acquired any criminal convictions, reprimand or caution in the previous year. Certain roles also complete a three yearly DBS check.

6 Safeguarding adults training

Regulation 13 Safeguarding service users from abuse and improper treatment

13 (2) *As part of their induction, staff must receive safeguarding training that is relevant, and at a suitable level for their role. Training should be updated at appropriate intervals and should keep staff up to date and enable them to recognise different types of abuse and the ways they can report concerns.*

Training compliance is monitored via the Safeguarding Adults Operational Group and the Joint Safeguarding Committee.

Level 1 is delivered during Corporate Induction. The compliance rate for this training was consistently high at approximately 97% throughout the year.

Level 2 is delivered via an e-learning module. The compliance rate for Level 2 remained below the CCG's required target of 85%. The Safeguarding Adults Team will continue to work with the Learning and Development Team to improve uptake of this training.

The table below shows the training compliance for 2017/2018:

Safeguarding Adults level 1 and 2 training rates 2017/2018

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Level 1	96%	97%	97%	97.05%	96.97%	96.19%	96.24%	96.80%	97.37%	96%	97%	97%
Level 2	74.82%	77.83%	79.45%	81.44%	82.39%	80.78%	80.85%	80.56%	80.69%	81.34%	80.89%	80.91%

The Safeguarding Adults Team also organised and in some cases provided training on specific topics such as Mental Capacity and Consent, Modern Day Slavery and Domestic Abuse.

7. Prevent

Prevent is part the government's counter terrorism strategy and as a public body, HUHFT must comply with the Prevent duty. To achieve this, HUHFT must ensure that;

- frontline staff are trained to understand radicalisation and the necessary actions to take,
- there is partnership working with the London Borough of Hackney, Prevent Coordinator, Local Authority and Multi-agency forums, and
- there are mechanisms to understand risk and capacity to deal with any risk.

Prevent is included in the Safeguarding Adults Policy. This provides guidance to staff. Basis Prevent awareness (Prevent level 1 and 2) is covered in Safeguarding adults Level 1 and 2 training. A Prevent delivery plan was developed in 2017/2018. A Prevent awareness week was launched in January 2017 and 480 staff received WRAP training during this week. From July 2017, Prevent Level 3 (Workshop to Raise Awareness of Prevent – WRAP) was incorporated in the corporate induction training programme hence it is delivered at least twice monthly on a regular basis. 1412 staff had been identified as been eligible to complete WRAP training. 866 staff received WRAP training in 2017/2018. A total of 971 staff had received WRAP training since the introduction of this requirement by NHS England. The Safeguarding Adults Team will review the eligibility criteria for WRAP to ensure it is in line with NHS England's guideline.

8. Learning Disability (LD)

The post of Lead Nurse for Adult Safeguarding and Learning Disability Acute Liaison was vacant for 8 months. The SAT in liaison with the Integrated Learning Disability Service provided support to staff in addressing the needs of patients with learning disability during this period. Learning disability awareness training was delivered to healthcare assistants via the Care Certificate programme. As of August 2018, Learning Disability awareness training is part of Trust induction and open to all staff to access. The trust participated the learning disability awareness week and highlighted the MENCAP campaign 'Treat me well' in early 2018.

Staff were also supported to ensure that reasonable adjustments are implemented to support patients with learning disability. The Learning Disability Death Review (LeDeR) programme has been notified of the deaths of all patients with learning disability who died in the Trust during 2017/2018.

In 2018/2019, The Safeguarding Adults Team will develop a Learning Disability policy, review the Learning Disability Strategy, relaunch the Learning Disability Working group and participate in the NHS Improvement Learning Disability Benchmark Project.

9. Conclusion

The Safeguarding Adults Team has worked to ensure that the Trust complies with its statutory and regulatory requirements to safeguard adults in its care. Areas of good practice were:

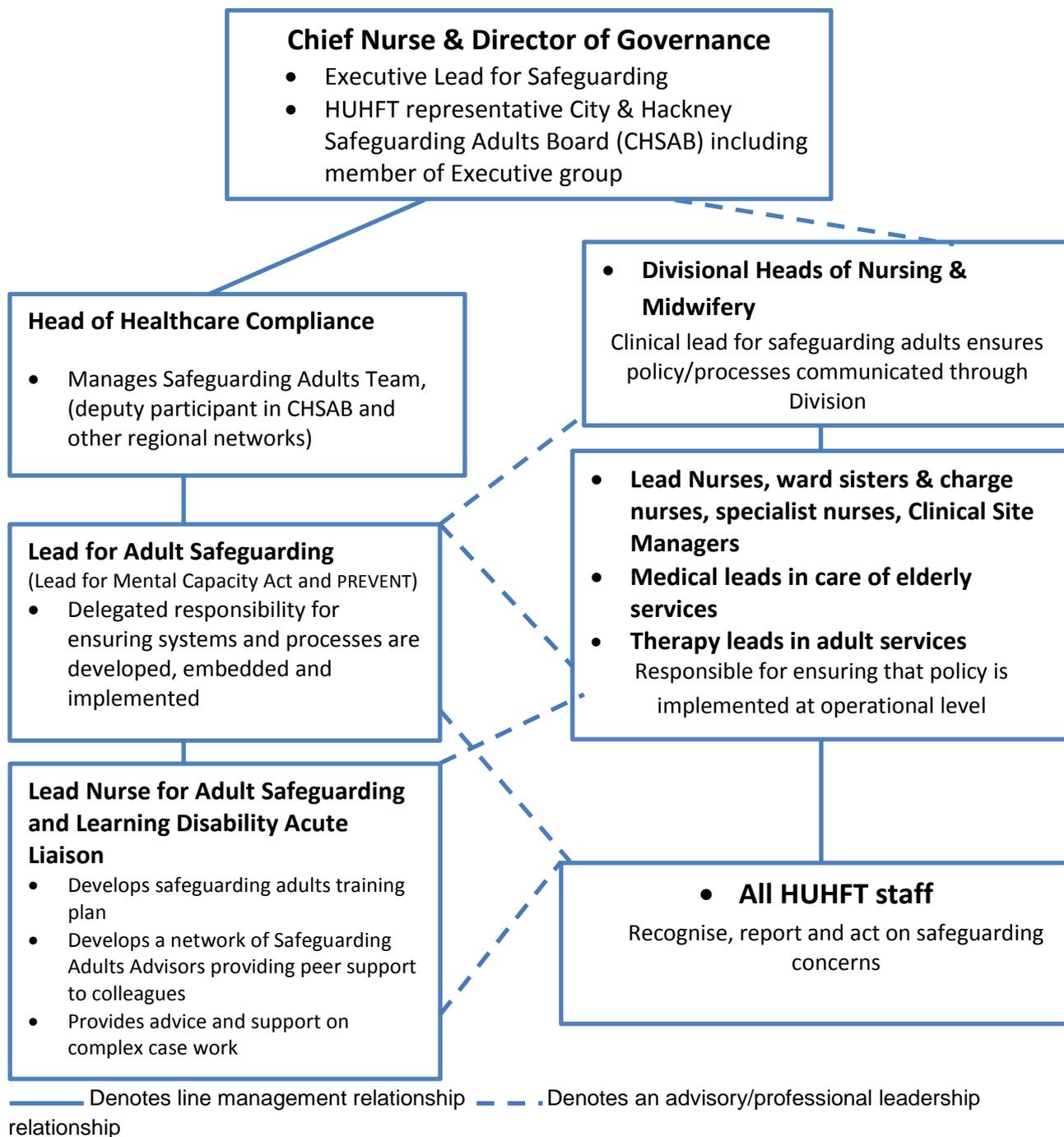
- Review of the governance structure
- Promoting the principle of Making Safeguarding Personal
- Good partnership working with relevant agencies,
- Support for patients with learning disability,
- Review of the MCA policy and increased use of the MCA assessment form on EPR
- Regular feedback to staff who reported safeguarding adults concerns via Datix

Areas for improvement

- To increase training compliance level for Safeguarding Adults Level 2 to 90% for 2018/2019.
- To strengthen safeguarding adults supervision practice across the Trust.
- To strengthen the links between serious incidents and safeguarding adults processes.
- To implement the actions agreed following the CQC inspection.

In 2018/2019, the Safeguarding Adults Team will continue to build on the progress made to ensure that Homerton University Hospital NHS Foundation Trust fulfils its safeguarding adults responsibilities to all who use its services and to the local community. The Safeguarding Adults priorities and work plan for 2018/2019 is shown in Appendix 4.

Appendix 1: Chart denoting the reporting lines and professional accountability of staff with specific safeguarding adults' responsibilities.



Appendix 2: Safeguarding Adults Self-Assessment Framework

Section	Section reference	Summary of indicator	Evidence to support RAG rating	RAG rating February 2017
A: Leadership, strategy, organisational culture	<p>A1</p> <p>The organisation has a senior staff member that has the responsibility to 'champion' safeguarding (including mental capacity, prevent, domestic violence and other relevant policy areas) throughout the organisation.</p>	<p>a) They have received up to date training in Adult Safeguarding legislation, and where appropriate, the MCA and other policy areas.</p> <p>b) The senior staff member keeps Senior Managers informed of all issues relevant to safeguarding and promoting wellbeing.</p> <p>c) This person will have a job description reflecting this specific role.</p> <p>d) Relevant staff have received training in Modern Slavery</p> <p>e) Staff know what to do when they identify</p>	<p>HUHFT has a Safeguarding Adults Team (SAT) which comprises of a Lead for Safeguarding Adults (LSA) and a Lead Practitioner for Safeguarding Adults and Learning Disability Acute liaison. The Chief Nurse is the Executive Lead for Safeguarding. The Lead for Safeguarding Adults has received appropriate training relevant to the role. The job description for this role reflects the specificity of the role. The LSA is the Trust lead for Prevent and MCA. Senior managers are briefed via the Safeguarding Adults Committee, Patient Safety Committee, CLIP meetings. The Team also provides an annual report to the Trust Board.</p> <p>Safeguarding Adults policy highlights Modern Day Slavery as a form of abuse and guidance is provided on actions to take. HUHFT staff have accessed the Modern day slavery training provided by CHSAB.</p>	
	<p>A2</p> <p>The organisation is committed to safeguarding adults and promoting wellbeing and this is explicitly reflected in the organisation (whether by means of mission statement /guiding principles or into strategic documents)</p>	<p>a) The organisation is Care Act compliant</p> <p>b) Actively supports the SAB in taking actions in the context of its business plan.</p> <p>c) There is an organisational culture such that all staff are aware of their personal responsibility to report concerns and to ensure that poor practice is identified and tackled.</p>	<p>Safeguarding Adults policy in place which is in line with the Care Act 2014. The Trust Values include 'Safe'.</p> <p>HUHFT is represented at CHSAB and engages with CHSAB's strategy. The Executive Lead for Safeguarding is on the CHSAB's and attends the executive committee. HUHFT is also represented at various CHSAB subgroups. Safeguarding Adults responsibility for all staff is clearly explicit in the Safeguarding Adults policy. Safeguarding adults level 1 and 2 training is mandatory for all clinical staff. Reporting mechanisms is clear to all staff. Safeguarding concerns are reported via the Datix incident reporting system.</p>	

Section	Section reference	Summary of indicator	Evidence to support RAG rating	RAG rating February 2017
			<p>The SAT carries out weekly review of all safeguarding incidents and provides feedback to staff. Incidents are also reviewed in the divisional CLIP meetings weekly. Safeguarding Adults is also incorporated into staff supervision. Lessons learnt from safeguarding serious case reviews and safeguarding adults reviews in incorporated into the Corporate Nursing business plan</p> <p>Action: Increase compliance with Safeguarding Adults level 2 training to 85%</p>	
	<p>A3 There is demonstrable commitment at Internal Board level (or equivalent) to Safeguarding Adults. This includes senior management representation on the SAB (Board members need to be sufficiently senior to commit resources and make strategic decisions) as well as demonstrable commitment to participation in any Safeguarding Adult Review (SAR) undertaken by the Board.</p>	<p>a. The Service has a system for reviewing concerns and referrals which is integrated with complaints and serious incidents reporting process and policy.</p> <p>b. The organisation recognises safeguarding as integral to quality and best practice and the relevant connections are made at all levels between related issues such as dignity in care; equality; balancing choice and safety.</p> <p>c. Relevant connections are made across a range of reviews (Child Serious Case Review; Domestic Homicide Review).</p>	<p>See Point A2 above.</p> <p>Safeguarding Adults is also incorporated into staff supervision. Lessons learnt from safeguarding serious case reviews and safeguarding adults reviews is incorporated into the Corporate Nursing business plan, cascaded to staff via the Safeguarding Adults Operational Group (SAOG) and monitored via the Joint Safeguarding Committee. The SAOG and Joint Safeguarding Committee is made of senior staff members across the Trust. HUHFT produces an Annual Quality Account and safeguarding is incorporated in this. An up to date mental Capacity Policy is in place.</p> <p>Action: The integration of processes between safeguarding and patient safety and risk needs to be improved. This has been difficult to address due to staff turnover.</p>	

Section	Section reference	Summary of indicator	Evidence to support RAG rating	RAG rating February 2017
	<p>A4</p> <p>The organisation evidences candour and openness internally and in its relationship to the SAB.</p>	<ul style="list-style-type: none"> a. shares learning with partner organisations and internally. b. transparent about its mistakes when they occur and understands the importance of being open and transparent. c. identifies challenges to this open culture and puts plans in place to addresses these 	<p>HUHFT has a Duty of Candour policy in place. Duty of Candour is incorporated into the Datix Incident reporting system.</p> <p>HUHFT participates in external forums for partners where learning is shared. Lessons are shared internally via bespoke training to various staff group, internal forums and committees.</p> <p>An e-learning package on duty of candour has been developed to support staff.</p> <p>HUHFT participates in safeguarding adults enquiries and safeguarding adults reviews. Staff attended Learning from SAR workshops.</p> <p>The SAT now reports quarterly to the Patient Safety Committee on themes from SARS and progress on implementation of action plan.</p>	
	<p>A5</p> <p>Organisation ensures high quality legal advice is made available to staff on safeguarding adults, Mental Capacity Act/ DoLS.</p>	<ul style="list-style-type: none"> a. making available to managers and staff regular updates from the Court of Protection b. MCA designated lead is in place c. Practical training/ training on how to apply MCA 	<p>The Trust 'Head of Patient Response & Resolution' manages the legal aspects of the DoLS and MCA processes. The Lead for Adult Safeguarding is the designated lead for MCA /DoLS. The SAT offer advice to staff on DoLS.</p> <p>The Lead for Adult Safeguarding chairs the MCA/DoLS Steering group. This acts as an expert resource for queries arising about MCA and DoLS, e.g. arranging for the MCA assessment to be a template on the Electronic Patient Record, updating the MCA/DoLS policy and delivering training.</p> <p>MCA/DoLS policy is in place.</p>	

Section	Section reference	Summary of indicator	Evidence to support RAG rating	RAG rating February 2017
B. Responsibilities towards adults at risk are clear for all staff and for commissioned services	<p>B1</p> <p>Organisational policies make reference to Safeguarding Adults and all relevant legislation (including but not limited to MCA, Human Rights Act and so forth).</p>	<p>Organisational policies refer to Prevent, Mental Capacity Act and Human Rights.</p> <p>Procedures reflect Care and Support Guidance and London Multi-Agency Safeguarding Adults Policy and Procedures</p>	<p>HUHFT has a Safeguarding Adult policy and a mental Capacity Act Policy in place. These policies do make references to various legislations relevant to safeguarding adults such as the Human Rights Act 1998, Equality Act 2010, Data Protection Act, and Care Act 2014. These policies also reflect the procedure set out in the London Multi-agency Safeguarding Policy and show clear lines of responsibility and accountability for all staff.</p>	Green
	<p>B2</p> <p>Where services are commissioned, agreements reflect the requirement between commissioners and providers to have regard to the need to safeguard, and promote the wellbeing of people who use services, including compliance with MCA and DoLS.</p>	<p>a. Invitations to tender, contracts and contract monitoring reflect this and relevant standards and regulations.</p> <p>b. There are explicit clauses that hold providers to account for preventing and dealing promptly and appropriately with abuse and neglect, <i>including reporting to CQC</i>.</p> <p>c. Commissioners can demonstrate that they assure themselves that services are compliant.</p> <p>d. Contracts evidence how compliance with the MCA will be monitored.</p> <p>There is a strong advocate within the organisation for the MCA/DoLS</p>	<p>HUHFT carries out an audit of safeguarding arrangements for all commissioned services. This is then progressed and monitored through the Joint Safeguarding committee.</p> <p>Action: To complete audit of commissioned services by 30/03/2018</p>	

Section	Section reference	Summary of indicator	Evidence to support RAG rating	RAG rating February 2017
	<p>B3</p> <p>The organisation takes a broad view of what constitutes abuse and demonstrates awareness of statutory duty to report; evidence of learning and engagement with concerns/issues established as being included under the safeguarding remit in the Care and Support statutory guidance.B3</p>	<ul style="list-style-type: none"> a. Demonstrates awareness of where statutory duty exists to report, such as FGM, prevent, and modern slavery b. Types of abuse reflected in organisations policy or local practice guidance c. Organisation can demonstrate that it takes steps to prevent abuse and neglect taking place 	<p>HUHFT's Safeguarding Adults policy provides guidance to staff of what constitutes abuse and how to report abuses. Types of abuse and how to report abuse is also covered in safeguarding adults level 1 and 2 training. The SAT attends divisional CLIP meetings where Datix incidents are discussed and action plans to address safeguarding concerns or risk are addressed. Datix incident reports are also monitored in the SAOG and Joint safeguarding Committee. There is an FGM policy in place. FGM assessment is now incorporated in the Electronic Patient Records (FGM). There has been training provided to staff on FGM. Learning from SARs has been cascaded to staff.</p>	

Section	Section reference	Summary of indicator	Evidence to support RAG rating	RAG rating February 2017
C. Organisational approach to workforce issues reflects commitment to safeguarding	<p>C1</p> <p>Organisation has robust and safe recruitment procedures and practices in line with guidance from the Adult Safeguarding Board and relevant learning from reviews.</p>	<ul style="list-style-type: none"> a. policies on when to undertake checks /DBS b. the responsibility for all staff in relation to safeguarding, and promoting wellbeing is stated within all job descriptions c. professional standards in relation to safeguarding are underlined. d. induction standards include the need to ensure new staff are made aware of their responsibilities to safeguard and promote wellbeing. 	<p>The Trust Recruitment and Selection Policy states that DBS checks must be carried out before an offer of employment is made. This is tested via regular audits</p> <p>Every Trust JD includes the phrase: 'It is the responsibility of each member of staff to be aware of, and work in accordance with, the Trust's safeguarding children and adults policies and procedures. This includes ensuring that they undertake statutory and mandatory safeguarding children and adult training appropriate for their role. In addition to acquiring safeguarding knowledge and skills, each member of staff must be competent and maintain their knowledge and skills in clinical practice to safeguard the health and wellbeing of children and adults.</p> <p>The Lampard recommendations are implemented by HUHFT, with particular regard to volunteers.</p> <p>Safeguarding Adults Level 1 is included in Trust Induction.</p>	Green
	<p>C2</p> <p>The organisation's staff supervision policy and reflective practice supports effective safeguarding. It recognises that skilled and knowledgeable supervision focused on outcomes for adults is</p>	<ul style="list-style-type: none"> a. There is a policy on frequency that employees in contact with adults at risk receive regular supervision and an appraisal. b. All staff has regular reviews of practice to ensure competence to carry out safeguarding c. Discussion on safeguarding issues is specifically facilitated in supervision so that staff feels able to raise concerns and are supported in their role. 	<p>HUHFT has a Supervision policy. The policy makes reference safeguarding supervision and signpost staff to a safeguarding supervision policy. However the safeguarding supervision policy is a safeguarding children supervision policy.</p> <p>It should be noted that discussions of safeguarding concerns are included in managerial supervision and clinical supervision.</p> <p>Action: Safeguarding Adults supervision policy to be developed. Safeguarding adults supervision training to be developed and rolled out.</p>	

Section	Section reference	Summary of indicator	Evidence to support RAG rating	RAG rating February 2017
	critical in safeguarding work and enable staff to work confidently and competently with difficult and sensitive situations	d. Evidence of reflective practice sessions or opportunities		
	C3 All staff working with adults at risk should receive training appropriate and work within an environment to enable them to competently respond to safeguarding concerns and meet the needs of adults at risk.	<ul style="list-style-type: none"> a. Training is mapped against staff levels so they understand what they need to attend b. Training updated regularly to reflect best practice c. Demonstrate subject areas of training are appropriate for your organisation (MCA, DoLS, Prevent, FGM, DV and so forth) d. Training links with safeguarding children and equality and diversity issues e. A framework to assess competency in Safeguarding and the MCA is integrated into existing supervision and appraisal systems. f. Work and caseloads allow practitioners to manage 	<p>Safeguarding Level 1 Training is mandatory for all staff. This covers all forms of abuse that constitute a Safeguarding issue, e.g. Prevent, FGM and DV.</p> <p>Safeguarding Level 2 Training is mandatory for all clinical staff. This covers MCA, DoLS and Level 2 Prevent training. It is competency based with an 80% pass mark.</p> <p>Safeguarding Level 3 Training is mandatory for all staff that may carry out safeguarding investigations.</p> <p>WRAP training has being rolled out across the Trust.</p> <p>The SAT oversees the content of all training and update as necessary. The SAT work with the Children's Safeguarding Team on subjects relevant to both areas, e.g. jointly running a Prevent Awareness Week 15th to 19th January 2018.</p> <p>There is a Safer Nursing Care Tool in the Acute Trust.</p> <p>Action: Increase % of staff that have completed level 2 training to 90% by end of March 2018.</p>	

Section	Section reference	Summary of indicator	Evidence to support RAG rating	RAG rating February 2017
	<p>C4</p> <p>Your organisation has written guidance & procedures for handling complaints and allegations against staff and this is clearly accessible to staff.</p>	<p>a. A whistle-blowing policy and a culture that supports staff in raising concerns regarding safeguarding issues.</p> <p>b. It includes appropriate referral to the Disclosure and Barring Service and Disclosure and Barring updates</p> <p>Your organisation has a code of conduct for staff working directly with adults at risk, concerning acceptable and unacceptable behaviour including discrimination and bullying.</p>	<p>Whistle Blowing Policy.</p> <p>The Trust has 'Freedom to Speak Up Guardians'.</p> <p>Safeguarding Adults Policy, Appendix 4 : Managing allegations of abuse against staff working with vulnerable adults</p> <p>Bullying, Harassment and Victimisation Policy and Procedure</p> <p>Patient Advice and Liaison Service signpost patients to appropriate staff when they have a complaint.</p>	
D. Effective interagency working to safeguard and promote the well-being of adults at risk	<p>D1</p> <p>Your organisation is represented and engaged at the SAB and/or its sub-groups.</p>	<p>a. Frequency and participation during attendance at SAB meetings and subgroup meetings is noted.</p> <p>b. The SAB representative reports back to the right level in the organisation ensuring that the broader organisation engages with the partnership and its objectives.</p> <p>c. Partners provide resources or funding to enable the Board to carry out its duties under the Care Act.</p>	<p>Frequency of participation in CHSAB is included in Safeguarding Adults Annual Report and CHSAB Annual Report.</p> <p>The HUHFT SAB representative reports to the HSAC and the Joint Children's and Adults Safeguarding Committee.</p> <p>Agreement has now been achieved for Homerton to make financial contribution to CHSAB.</p> <p>Summary is included in the Safeguarding Adults Annual Report which is discussed at the public meeting of the Trust Board</p>	
	<p>D2</p> <p>The organisation evidences its engagement</p>	<p>a. Organisation raises concerns appropriately</p> <p>b. Immediate steps taken to protect the adult where appropriate and protect forensic evidence</p>	<p>London Multi-agency Adult safeguarding Policy and Procedure is referred to in the Trust safeguarding Adults policy. Staff raised concern were appropriate and engages with the Local authority in Section 42 enquiries and strategy meeting. HUHFT has also participated in SARs</p>	

Section	Section reference	Summary of indicator	Evidence to support RAG rating	RAG rating February 2017
	and transparency with the partnership in safeguarding adults through compliance with London Multi Agency Adult Safeguarding Policy & Procedures 2016.	<ul style="list-style-type: none"> c. Organisation engages appropriately in multiagency efforts to prevent and intervene when caused to do so d. Attendance at safeguarding meetings as appropriate 	commissioned by CHSAB. The Trust also ensures that action plans from SARs and safeguarding enquires are implemented.	
	<p>D3</p> <p>The organisation evidences that action plans from Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs) nationally and locally drive improvement internally and across the partnership.</p>	<ul style="list-style-type: none"> a. There is evidence that internal action plans/learning (e.g. from Serious Incidents, SARs, DHRs and complaints) are shared with the SAB b. Learning is facilitate across partners c. There is triangulation of data that will inform decision making 	Learning from SARs and other reviews e.g. DHRs and SCRs is cascade through the safeguarding Adults committee, safeguarding Children and Regulation Committee, Community Nurses Forum, and Patient Safety Committee. HUHFT staff attended the Learning from SARs workshops delivered by CHSAB. Training sessions have been delivered to relevant areas e.g. Graham Stroke Unit. Action plans from SARS have been implemented and shared with CHSAB .	
	<p>D4</p> <p>Your organisation has policy/ procedure/guidance setting out clearly the process and principles relating to sharing information across</p>	<ul style="list-style-type: none"> a. This is in line with London Information Sharing Agreement 2017. b. It takes account of available protocols/guidance (local SAB, SCIE, Care Act and Safeguarding Children) c. All relevant staff are trained in applying this including in the context of Safeguarding Adults. 	Safeguarding Adults Policy, Section 4.5 - Information Sharing. HUHFT has an Information Governance Policy. Information Governance is a statutory mandatory training for all staff. Information sharing is covered in safeguarding adults training. HUHFT migrated to nhs.net in October 2017. There are still ongoing concerns about secure transmission of information as LBH's secure platform – cjsm.net , is not reliable and information transmitted through this platform is not always received by LBH.	

Section	Section reference	Summary of indicator	Evidence to support RAG rating	RAG rating February 2017
	relevant agencies.	d. Local and national learning from Safeguarding Adult reviews informs development and review of the policy/procedure/guidance		
	D5 Your organisation has a focus on the need for preventing abuse and neglect.	a. Measures are in place to minimise the circumstances which make adults vulnerable to abuse (i.e. isolation) b. Your organisation works together with other to implement quality assurance, robust risk identification and risk management processes in order to prevent concerns escalating to a point where intervention is required under safeguarding adult procedures. c. This includes commissioners working together to assure themselves of the quality and safety of the organisations they place contracts with	Recognising risk is covered in Level 1 Safeguarding Adults training, the compliance for which is high. Reporting risk is monitored via the SAT checking Safeguarding related incidents reported on Datix, on a weekly basis. A lack of reporting from certain departments is noted and addressed by the SAT. HUHFT is held to account by the CQRM. HUHFT has staff with specialist skills in: Dementia (for which there is also a strategy), Learning Disability, Falls, Tissue Viability and Psychological Medicine. All these staff offer guidance and support to staff dealing with these patient groups and they all attend the HSAC, to make sure their work is integrated with the safeguarding agenda.	
	D6 Your organisation works well with others, staff work in partnership to safeguard adults at risk of abuse or neglect	a. What inter-agency work is going well? b. Where are there blocks or barriers in interagency working? c. What could the SAB do to help improve inter-agency working?	HUHFT participates in inter-agency training and feedbacks from these training events have been positive. The Integrated Learning Disability Team is a module that works well to support patients with Learning Disability – wellbeing and prevention of abuse. This team also provide support to HUHFT staff in addressing concerns around LD patients. The Integrated Discharge Team is a joint service between HUHFT and LBH. Some of the blocks and barrier include:	

Section	Section reference	Summary of indicator	Evidence to support RAG rating	RAG rating February 2017
			<ol style="list-style-type: none"> 1. Information sharing – timeliness, IT systems that do not communicate with each other, staff fear of breaching confidentiality, absent of feedback on safeguarding cases. 2. Lack of case coordination or shared responsibility for cases and particularly high risk cases. 3. Different organisation cultures across partner agencies <p>Measures the SAB can help to improve inter-agency working</p> <ol style="list-style-type: none"> 1. Develop a safeguarding case coordination module which should be adopted by all partners. 2. Hold partners to account on creating an organisation culture that 	
E. Addressing issues of diversity	<p>E1</p> <p>Your organisation delivers in accordance the public sector Equality Duty. This is used to inform safeguarding strategy, including taking measures to promote equality and reduce inequalities in access to and outcomes from services.</p>	<ol style="list-style-type: none"> a. Equality duty is used to inform safeguarding actions, including strategies/ frameworks and any policy or procedures b. Measures taken to promote equality and reduce inequalities in access to service and the outcomes from services. c. Staff are aware of and complaint with the equalities duty 	<p>HUHFT produces an Equality Report .Discriminatory abuse is covered in all Safeguarding Adults Training. It is possible to note discriminatory abuse on Datix.</p> <p>HUHFT has an Equality scheme and an Equality Strategy. Equality and Diversity is part of the mandatory training for all staff. All safeguarding adults related policies undergo an equality impact assessment to ensure that it does not discriminate against any patient with regards to the protected characteristics. Staff are aware and implement reasonable adjustment for patients with learning disability to facilitate to access services. Staff are aware of the need to refer patients for advocacy where necessary – IMCA, interpreter services and care act advocacy. There is accessible and easy read patient information available.</p>	

Section	Section reference	Summary of indicator	Evidence to support RAG rating	RAG rating February 2017
	<p>E2 Your organisation takes steps to ensure that information is obtained from individuals who use your service about what outcomes they wish from the safeguarding process and whether they have received this.</p>	<p>a. Their experience is recorded and the organisation learns from it. b. Individuals who use services and their carers/families also influence and inform more broadly the development of the organisation's strategic approach to safeguarding and related agendas.</p>	<p>The safeguarding adult Datix incident reporting module contains a section on the desired outcome of the patient. Patients are asked about their desired outcome, however this is not consistent. Making safeguarding person is included in safeguarding adults level 1 and 2 training. Working groups that involve organisations that work with and advocate for 'adults at risk' participate in topic focused working groups and activities, e.g. Dementia Steering Group, Learning Disability Working Group. Non-Executive Director membership of the joint HSAC and CSRC meeting A service user was included in the interview panel for the role of the Lead Practitioner for Adult safeguarding and Learning Disability Acute Liaison. HUHFT has a Service User engagement group and the Lead for Safeguarding Adults is a member of this group.</p>	
<p>F. Service users are informed and empowered about safeguarding adults</p>	<p>F1 The principles of Making Safeguarding Personal are at the heart of the organisation's safeguarding practice.</p>	<p>a. The organisation has expressed a commitment to MSP at a strategic/senior level b. Person-led and outcome-focused practice in safeguarding is demonstrated. c. Adults give consent to raising safeguarding concerns and their views inform next steps, processes and actions d. Outcomes are identified to steer an enquiry e. Outcomes are reviewed and the extent to which they have been achieved is recorded f. Strong patient/service user outcome focus within organisations quality assurance process and practice g. Training for staff and</p>	<p>MSP was included in the Trust quality account priority for 2015/2016 and 2016/2017 with a target of 25%. The safeguarding adult Datix incident reporting module contains a section on the desired outcome of the patient. Patients are asked about their desired outcome, however this is not consistent. Providing feedback to staff on the aspect of MSP is on the SAT standard Operating Procedure. Making safeguarding person is included in safeguarding adults level 1 and 2 training.</p>	

Section	Section reference	Summary of indicator	Evidence to support RAG rating	RAG rating February 2017
		<i>volunteers on safeguarding adults adopts the MSP approach</i>		
	<p>F2</p> <p>Your organisation has written information available to adults at risk and their families about safeguarding adults including who to contact if they are concerned about an Adult at Risk.</p>	<p>a. Arrangements are in place to support those for whom English is not their first language.</p> <p>b. Information is provided in a range of formats and languages.</p> <p>c. Information contained is plain English and accessible</p>	<p>Information about abuse and who to contact is included in patient information packs. HUHFT has an advocacy/interpreter service. HUHFT provides accessible information to patients. There is an e-learning Accessible Information Standard training. Developing accessible patient information is part of the Trust equality scheme. The core languages that the Trust tries to translate information into are Turkish, Somali, Polish, Spanish and Vietnamese.</p>	
	<p>F3</p> <p>Your organisation supports individuals to access their right to an independent advocate <i>where an adult has substantial difficulty in being involved in the safeguarding process</i> and they have no suitable representation or support. (Care and support statutory guidance 14.43)</p>	<p>a. Staff are clear how to access advocacy for safeguarding</p> <p>b. There is information for adults and their families</p> <p>c. Consideration if given as to the appropriateness of types of advocacy</p>	<p>d. Staff are clear how to access advocacy for safeguarding</p> <p>e. There is information for adults and their families</p> <p>Consideration if given as to the appropriateness of types of advocacy</p>	

Section	Section reference	Summary of indicator	Evidence to support RAG rating	RAG rating February 2017
g. The service can demonstrate that they have applied the learning from safeguarding adults reviews to practice	<p>G1 Your Organisation is aware of the SARs, the recommendations from the SARs and the resulting action plans and has translated these into changes in the organisation's processes to prevent repeat of similar concerns (This expands on Section D3)</p>	<ul style="list-style-type: none"> a. The organisation has completed all actions in SAR action plans b. The organisation has made changes to its processes to reflect the requirements in the action plans c. The organisation is assured that these processes are effective 	<p>Learning from SARs and other reviews e.g. DHRs and SCRs is cascade through the Safeguarding Adults Committee, Safeguarding Children and Regulation Committee, Community Nurses Forum, and Patient Safety Committee. HUHFT staff attended the Learning from SARs workshops delivered by CHSAB. Training sessions have been delivered to relevant areas e.g. Graham Stroke Unit. Action plans from SARS have been implemented and shared with CHSAB . Monitoring of SAR action plan is included in the Safeguarding Adults Operational Group and Joint Safeguarding Committee.</p> <p>Examples of action plans implemented include: Key code access for all district nurses. Changes to RiO system to alert when patients miss visit and accurate documentation of visit outcome. Escalation process 'No access policy' Updated Consent policy Safeguarding element include in transfer summaries.</p>	
	<p>G2 Your organisation is assured that the learning from the SARs has been disseminated to staff</p>	<ul style="list-style-type: none"> a. All staff know about the SARs and the findings b. All staff know about the improvements that have been made to services as a result c. All staff know how to make a referral for a SAR d. All staff are trained so as to meet their responsibilities to prevent repeat of the concerns highlighted in the SARs 	<p>Learning from SARs and other reviews e.g. DHRs and SCRs is cascade through the Safeguarding Adults Committee, Safeguarding Children and Regulation Committee, Community Nurses Forum, and Patient Safety Committee. HUHFT staff attended the Learning from SARs workshops delivered by CHSAB. Training sessions have been delivered to relevant areas e.g. Graham Stroke Unit. Action plans from SARS have been implemented and shared with CHSAB . Monitoring of SAR action plan is included in the Safeguarding Adults Operational Group and Joint Safeguarding Committee. Action: Lessons learnt from SARs to be included in Safeguarding Adults Training.</p>	

Section	Section reference	Summary of indicator	Evidence to support RAG rating	RAG rating February 2017
	<p>G3 Your organisation can assure the Board that the key findings from the SARs have been effectively incorporated into your organisation's culture</p>	<ul style="list-style-type: none"> a. Staff highlight complex cases and/or where several agencies are involved and are supported in such cases to acquire case coordination and/or multiagency approach to managing need and risk b. They are fully versed in risk assessment and risk management and positive risk taking c. Staff are aware of the legal avenues open to them to manage risk d. They are fully compliant with the Mental Capacity Act and know how to apply it in practice e. They are aware that they have a duty to share information about risks f. They are empowered to escalate concerns 	<p>HUHFT has various risk assessments procedures and processes aim at protecting patients from harm. Safeguarding Adult Policy provides guidance on risk assessment to staff. Staff are aware and use the SafeLives risk assessment in cases of domestic violence. There is a weekly meeting between community staff and hospital staff to discuss complex cases. The Head of patient Response and Resolution provides legal advice to staff.</p>	
	<p>G4 Your organisation in a commissioning role is assured that providers are meeting their responsibilities in relation to the SARs</p>	<ul style="list-style-type: none"> a. Provider services are demonstrating cooperation with the SARs b. Providers are implementing the recommendations c. Providers are integrating the key findings into the processes of the organisation to ensure that there are no repeats of the same type of concern 	<p>HUHFT has participated in two SARs. Learning from SARs and other reviews e.g. DHRs and SCRs is cascade through the Safeguarding Adults Committee, Safeguarding Children and Regulation Committee, Community Nurses Forum, and Patient Safety Committee. HUHFT staff attended the Learning from SARs workshops delivered by CHSAB. Training sessions have been delivered to relevant areas e.g. Graham Stroke Unit. Action plans from SARS have been implemented and shared with CHSAB. Monitoring of SAR action plan is included in the Safeguarding Adults Operational Group and Joint Safeguarding Committee. High risk panel</p>	

Section	Section reference	Summary of indicator	Evidence to support RAG rating	RAG rating February 2017
		<p>d. They are training their staff to improve competences in line with findings of the SARs</p>	<p>referral information has been sent to members of the safeguarding Adults Committee to cascade to their departments and teams.</p> <p>Examples of action plans implemented include: Key code access for all district nurses. Changes to RiO system to alert when patients miss visit and accurate documentation of visit outcome. Escalation process 'No access policy' Updated Consent policy Safeguarding element include in transfer summaries.</p>	

Appendix 3: Mental Capacity Assessment Quality Improvement Project



Re-audit: Investigating the impact of a new Mental Capacity Act (MCA) assessment form

Dr Alice Copley (FY2), Dr James Goadsby (F1), Anne Bisset-Smith (quality improvement lead), Dr Chloe Beale (consultant psychiatrist)

Background
 During Cycle 1 of Quality Improvement a new electronic form to aid assessment and documentation of mental capacity was introduced in the electronic patient record (EPR). There are four domains that must be assessed to establish mental capacity. The patient must demonstrate that they are able to 1) understand, 2) retain, 3) weigh up and 4) communicate relevant information. All four domains must be fulfilled for a patient to have capacity.
 "The results from cycle 1 showed that introduction of an Mental Capacity Assessment Form improved documentation by 50%. However this still demonstrated a lack of adherence to best practice.
 Following the recommendations of cycle 1 the use of the form was promoted through the trust and two teaching sessions on the Mental Capacity Act and its assessment were delivered to the incoming F1 cohort."

Aims and Method
 To assess whether the new form: a) increased the number of documented MCA assessments and b) increased the number of assessments covering all four domains.
 Data was collected from 20 patients after the teaching intervention (1 patient data couldn't be used due to replication of records). A cohort of patients where DoLS applications had been made was used, therefore all should have had a documented mental capacity assessment. Documentation and forms' sections from within 2 weeks of DoLS application were analysed for presence of assessment and number of domains evidenced.

Discussion
 The results from this cycle show that adherence to best practice in documentation of mental capacity assessment improved.
 One positive finding was that in 100% of forms completed all four domains used to assess mental capacity were considered and justified. This shows the success of the form when used.
 However there is still some way to go to achieve 100% adherence to best practice. There is a clear need to continue teaching around how to assess capacity and further promote the use of the form. The clear success of the teaching should justify its continued inclusion in the induction programme and junior doctor teaching.

Action Plan
 1. Introduce MCA as part of incoming F1 induction programme
 This will continue due to positive impact of induction
 2. Keep MCA Teaching as topic in F1 Weekly Teaching
 Our data that this is an effective way to educate F1 doctors, who are most commonly responsible for filling out DoLS paperwork, in best practice around MCA assessment and documentation
 3. Plan next intervention and handover
 ?culture change ?increase accountability
 As the results we have collected from this years audit cycle are positive plan to carry on QIPs with additional intervention next year. Plan to handover to new intake F1 to follow-up QIPs.
 Plan additional intervention in improving the recording of "how the person was supported in making their decision" according to principles of capacity assessment discussed at random day.
 Consider how culture change can be integrated to increase rates of MCA form use.

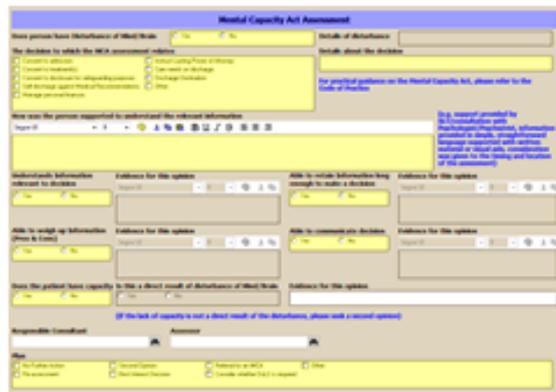
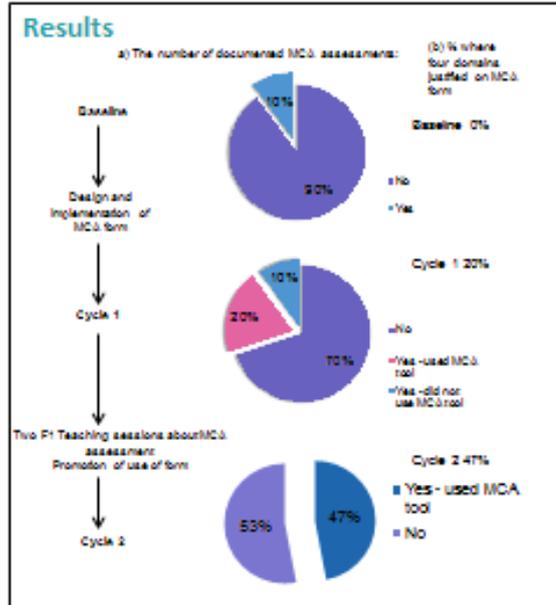


Figure 1. MCA assessment form



References: 1) Mentalhealth.org.uk (2017) The Mental Capacity Act 2005 [online]. Available at: <http://www.mentalhealth.org.uk/haly-information/mental-health-iv/mental-capacity-act-2005> [Accessed 17 Aug 2017].

Appendix 4: Safeguarding Adults Priorities and Work Plan 2018 2019

<p>Our commitment: The Homerton University Hospital NHS Foundation Trust (HUHFT) a provider of acute and community services is committed to safeguarding adults at risk and promoting their health and wellbeing. This plan outlines the activities HUHFT will undertake over the next year to continue to improve and strengthen adult safeguarding arrangements and ensure a whole organisation approach to safeguarding adults. The Work Plan is informed by:</p> <ul style="list-style-type: none"> • Legislation: Care Act 2018 and Statutory Guidance to the Care Act 2014 • National statutory guidance i.e. Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015). London Multi-agency Adult Safeguarding Policy and Procedure 2016 • Learning from national and local Safeguarding Adults Reviews, Domestic Homicide Reviews and Multi-Agency Case Audits • HUHFT Safeguarding Adults Priorities • City and Hackney Safeguarding Adults Board Priorities: <ul style="list-style-type: none"> ○ Principle 1: We will raise awareness of adult safeguarding and together will learn from experience ○ Principle 2: We will Promote a fair and open culture ○ Principle 3: We want to improve the competency of all those involved in adult safeguarding activities ○ Principle 4: We will understand how effective adults safeguarding is across the communities we work with 				
<p>Partnership Principle 1: We will raise awareness of adult safeguarding and together will learn from experience</p>				
<p>Homerton Priority 1</p> <p>We will ensure that all staff receives safeguarding adults training commensurate to their roles. This includes mandatory training and other bespoke training relevant to role e.g. Self-neglect, modern day slavery, domestic abuse, consent, etc.</p>	<p>Actions</p> <ul style="list-style-type: none"> • Coordinate, deliver and monitor mandatory safeguarding adults training, MCA and DoLS training. <ul style="list-style-type: none"> ○ Safeguarding adults Level 1 ○ Safeguarding adults level 2 training e-learning ○ Safeguarding adults /SAR reviews ○ A&E mandatory Training update ○ Junior doctors training ○ WRAP ○ MCA/DoLS – Simulation training ○ Safeguarding adults training for Care Certificate ○ Bespoke training to Adult Community Nurses 	<p>Who</p> <p>Linda Katte and Queen Nyirenda</p>	<p>Timescale</p> <p>Completed by March 2019</p>	<p>Outcome</p> <p>Achieved a target of: 85% for safeguarding adults level 2 training</p> <p>85% for WRAP</p> <p>3 Simulation MCA workshop</p>

	<ul style="list-style-type: none"> ○ Safeguarding adults training for Volunteers ○ Learning Disability Awareness Training to be part of the Trust's induction. And Care certificate ○ Learning Disability Awareness training to be part of the Sisters' meeting. ○ Learning Disability training for Band 7 nurses (Acute and Community) ○ LeDeR Programme Awareness as part of Doctors' Business meetings and Team meetings.. <p>Send out monthly reminder emails to all departmental heads to requesting that they ensure their staff are compliant with safeguarding adults level 2 training.</p>	Queen Nyirenda	September 2018	2 workshops for ACN
Homerton Priority 2	Action	Who	Timescale	Outcome
Staff are competent to deal with safeguarding adults concerns.	Ensure adult safeguarding is embedded into current supervision policy and practice across all departments.	Linda Katte	March 2019	4 group safeguarding adults supervision
We will ensure that staff are supported through supervision.	Ensure that HUHFT supervision process for safeguarding adults aligns with that of CHSAB.			
	Complete quarterly audit of safeguarding adults supervision practice.			
	Perform group supervision with departments/wards whenever a complex case has occurred.			

Partnership Principle 2: We will Promote a fair and open culture

Homerton Priority 3	Action	Who	Timescale	Outcome
<p>Continue to embed the principle of 'Making Safeguarding Personal (MSP) across the Trust.</p> <p>5. Ensure that all cases where HUHFT is the alleged person to cause harm are investigated promptly and any lessons learnt are disseminated across the Trust.</p>	<ul style="list-style-type: none"> • Provide training on MSP • Provide feedback to staff via Datix in relation to MSP • Ensure patients' desired outcome is clearly documented on Datix, safeguarding referrals and serious incident process where there is also a safeguarding concern. • Patients are supported where possible to achieve their desired outcome. • Quarterly feedback on MSP is provided to the CHSAB via the QA subgroup • Develop an integrated pathway of Serious Incident (SIs) and safeguarding process. • Incorporate learning from cases e.g. SARs, SCRs, and DHRs into training sessions. 	<p>Linda Katte and Queen Nyirenda</p>	<p>March 2019</p>	<p>85% of all Safeguarding concerns on Datix demonstrate MSP.</p> <p>50% of all safeguarding referrals demonstrate</p>

Partnership Principle 3: We want to improve the competency of all those involved in adult safeguarding activities

Homerton Priority 4	Action	Who	Timescale	Outcome
<p>1. Provide training commensurate with role</p> <p>2. Provide expert advice and support to staff on safeguarding adults related matters</p>	<p>See Priority 1</p> <ul style="list-style-type: none"> • Carry out twice weekly ward rounds • Carry out weekly visit to each relevant Community Services to provide support and discuss cases. • Carry out monthly visits to St Leonard and MSNH. <p>Provide advice via telephone/emails and document on case notes/EPR/RiO</p>			

Partnership Principle 4: We will understand how effective adults safeguarding is across the communities we work with

Homerton Priority 5	Action	Who	Timescale	Outcome
<p>Partnership working</p> <p>We will ensure that partnership working with other relevant agencies is nurtured in order promote the health and wellbeing of our patients and service users.</p>	<ul style="list-style-type: none"> • Participate and contribute to relevant SARs. • Participate and contribute to City and Hackney Safeguarding Adults Board meetings. • Participate and contribute to relevant multi-agency meetings e.g. MARAC, High Risk Panel, Prevent Partnership Meeting, MCA forum, NHS London Safeguarding Adults Network • Information and learning from these interactions are shared across the Trust as necessary – quarterly safeguarding adults newsletter (Children’s team who already produce a quarter newsletter liaise with them to incorporate adults agenda into it), training, team meetings. • Work with Children’s team to create safeguarding champions. 	<p>Linda Katte</p>	<p>March 2019</p>	<p>100% participation in relevant SARs.</p> <p>85% attendance at all CHSAB meetings</p> <p>Audit of cases to determine if investigation was completed within set time frame.</p>
<p>We will ensure that information is shared lawfully and in a timely fashion with relevant partners.</p>	<ul style="list-style-type: none"> • All cases for which HUHFT is the enquiry officer will be investigated within agreed time frame. • All information requests to support safeguarding enquiry will be responded to within agreed time frame. 			

<p>Ensure all services commissioned by HUHFT have systems and processes in place to safeguard adults at risk</p>	<ul style="list-style-type: none"> • Carry out annual audit check compliance using appropriate framework. • Quarterly audit to ensure any safeguarding concerns and action plans stemming from concerns have been implemented. 			
<p>Homerton Priority 6 Learning Disability Patients with learning disabilities are support to access services</p>	<ul style="list-style-type: none"> • Review and update LD strategy • Relaunch LD Working Group • Set up flagging system for LD patients on EPR • Create a library of communication aids which staff could use to support LD patients • Set up process for notifying all deaths for patients with learning disability to the LeDeR process. 			

	Monitor safeguarding activities:			
	<p>The SAT will report quarterly on :</p> <ul style="list-style-type: none"> • Safeguarding concerns raised on Datix • Safeguarding adults referral made • MCA assessment • DoLS referral, • Independent Mental Capacity Advocates referrals, • Safeguarding Adults training. • Notification to LeDeR program 	SAT	Quarterly	
	<p>Audits</p> <p>Are appropriate actions taken by incident handlers when closing safeguarding concerns?</p> <p>MCA assessment and DoLS: Quality of MCA assessment done for patients who have had a DoLS application. This will be done as part of MCA QI project usually undertaken by FY1.</p>	<p>Queen Nyirenda</p> <p>Linda Katte to work with FY1</p>	<p>September 2018 and December 2018</p> <p>December 2018</p>	