Safeguarding Adults at Risk

Six Month Report
April – September 2015

Presented By:
Tracy Luckett
Director of Nursing and Allied Health Professions

Author:
Edwina Curtis
Safeguarding Adults Lead

Purpose:
To report to the Trust Board on progress against the delivery of the safeguarding children’s agenda in the Trust in line with national guidance

Report to Board of Directors:
28th January 2016

Previously considered:
Safeguarding Adults at Risk Group

Action for Board:
- For information ✓
- For consideration □
- For decision □
**Executive summary:**

This report provides the Trust Board an overview of the activity undertaken and progress against a number of specific elements of the Safeguarding Adults agenda within Moorfields Hospital NHS Foundation Trust around during the first six months of reporting year 2015 – 2016. It sets out details on the key developments and progress both internally and with external partners.

**Related Trust Objective:**

Improving patient safety and satisfaction.

**Risk and Assurance:**

Maintaining effective safeguarding arrangements increases the safety of our patients and the quality of the services we provide, supporting the achievement of objective.

**Legal implications / regulatory requirements:**

Safeguarding Adults is governed by a range of legal and regulatory requirements including: ‘the Care Quality Commission Regulation 13 on safeguarding service users from abuse and improper treatment’.

**Actions for the Trust Board:**

This report updates the Trust Board on progress following the 2014-2015 Annual Safeguarding Adult Board Report and is brought to the Board for information prior to dissemination to Islington CCG.

The Board is asked to receive this six month report as assurance that the trust is continuing to maintain effective systems and processes to safeguard adults.
<table>
<thead>
<tr>
<th>Section</th>
<th>Content</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>a) Key Messages and Quality Assurance for the Board</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>b) Key achievements during Quarter 1 and Quarter 2 (April – September 2015)</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>c) Challenges and Issues</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>d) Priorities for Quarter 3 and Quarter 4 (October 2015 – March 2016)</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>e) Safeguarding Adults Personnel</td>
<td>6</td>
</tr>
<tr>
<td>2.</td>
<td>Safeguarding Adults Activity Graphs Quarter 1 and Quarter 2 (April – September 2015)</td>
<td>7</td>
</tr>
<tr>
<td>3.</td>
<td>The Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)</td>
<td>10</td>
</tr>
<tr>
<td>4.</td>
<td>Dementia</td>
<td>11</td>
</tr>
<tr>
<td>5.</td>
<td>Learning Disabilities</td>
<td>12</td>
</tr>
<tr>
<td>6.</td>
<td>PREVENT</td>
<td>14</td>
</tr>
<tr>
<td>7.</td>
<td>Domestic Violence</td>
<td>15</td>
</tr>
<tr>
<td>8.</td>
<td>Clinical Governance, Monitoring, Audit and Performance</td>
<td>16</td>
</tr>
<tr>
<td>9.</td>
<td>Guidance Documents and Statutory Legislation</td>
<td>17</td>
</tr>
<tr>
<td>10.</td>
<td>Partnership working and Moorfields Representation in External Safeguarding Meetings</td>
<td>17</td>
</tr>
<tr>
<td>11.</td>
<td>Safeguarding Adults Reviews (SARS)</td>
<td>18</td>
</tr>
<tr>
<td>12.</td>
<td>Supervision and Support</td>
<td>18</td>
</tr>
<tr>
<td>13.</td>
<td>Summary</td>
<td>19</td>
</tr>
<tr>
<td><strong>Appendix 1:</strong></td>
<td>Glossary of Terms and Abbreviations</td>
<td>20</td>
</tr>
<tr>
<td><strong>Appendix 2:</strong></td>
<td>References</td>
<td>20</td>
</tr>
</tbody>
</table>
1. **Introduction**

Safeguarding vulnerable adults from abuse is everyone’s responsibility and requires strong partnership relationships to ensure that there are safeguards against harm, abuse, neglect and poor practice.

The aim of Safeguarding adults is to stop abuse or neglect wherever possible through ensuring that everyone is aware of their roles and responsibilities; prevent harm and reduce the risk of abuse or neglect to adults with care and support needs through strong creation of strong multi-agency partnerships supporting positive learning to break down risk-adverse cultures; safeguard adults in a way that supports them in making choices and having control about how they want to live; promote an approach that concentrates on improving life for the adults concerned; raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect; provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and address what has caused the abuse or neglect through clarifying how safeguarding concerns deriving from poor quality and inadequacy of care provision should be responded to.

The Safeguarding adults’ agenda has developed significantly over Quarter 1 and Quarter 2 of the 2015/2016 reporting year. Staff’s general awareness and recognition of safeguarding adults concerns has improved as well as staff’s awareness and understanding of the Mental Capacity Act and its role in practice. This has been achieved through ensuring that training is robust and in line with legislation and guidance but also through the use of practical Moorfields specific case examples as well as through clear trust wide policies and procedures.

a) **Key Messages and Quality Assurance for the Board**

This report demonstrates that:

- The trust has systems, policies and processes to Safeguard Adults from harm which are constantly reviewed to ensure that they comply with national and local guidance
- Risks which are identified are being managed and monitored by the Safeguarding Adults at Risk group
- A Safeguarding Adults work plan is in place and is regularly monitored by the Safeguarding Adults at Risk group. Progress against the work plan has been achieved during this reporting period
- During this reporting period there has been a total of 19 Safeguarding Adults concerns reported externally through Safeguarding Adults Multi-Agency procedures across the trust and a total of 19 incidents reported internally highlighting a variety of Safeguarding issues
- The report highlights the key themes identified including a high number of concerns of related to Neglect and Acts of Omission, Domestic Violence/Abuse and Psychological Abuse
- Training compliance for Safeguarding Adults Level 1 has increased to 80% at the end of Quarter 2, an increase from 70% at the beginning of Quarter 1
- A training strategy is in place for Safeguarding Adults which includes the roll out of additional training for staff based on their clinical role as well a strategy for Mental Capacity, Dementia, Learning Disabilities and Prevent training
- There were no Deprivation of Liberty Safeguards (DoLS) referrals made by the trust that were authorised during this period
There have been no complaints or serious incidents declared with significant Safeguarding concerns during this reporting period.

The Safeguarding Adults Annual Report 2014-2015 was presented to the Clinical Quality and Review Group (CQRG) in this reporting period.

Effective partnership working arrangements are in place with key agencies, including the Islington Safeguarding Adults Board and relevant subgroups.

The Safeguarding Adults agenda is immense and responsibilities are broad and far reaching.

b) Key achievements during Quarter 1 and Quarter 2 (April to September 2015)

- Trust Internal Safeguarding Snippets newsletter launched in Quarter 1
- The “Four Steps to Safeguarding” developed trust wide to enable staff to take 4 steps in the safeguarding of adults, children and young people.
- Awareness of Safeguarding adults issues continued to be raised within the trust through training, case discussion and the safeguarding snippets newsletter
- Three year training strategy agreed for Safeguarding adults which includes the roll out of training for staff based on their clinical role in safeguarding adults as well as the strategy for Mental Capacity, Dementia, Learning Disabilities and Prevent training
- Islington Safeguarding Adults Team awareness stall held at City Road in Quarter 1
- Roll out of Mental Capacity Act training (basic awareness within the trust) and general awareness of the Act in Quarter 1 and 2
- Trust made a public commitment to the Dementia Action Alliance - Dementia Friendly Hospital Charter
- Trust held Dementia awareness week including daily emails to staff and awareness stalls from external agencies in Quarter 1
- Dementia Friendly signage was implemented at City Road as a part of the Dementia Friendly Hospital Charter
- Fire safety awareness and Prevention pilot in partnership with London Fire Brigade and patient support services started in Quarter 2
- Mandatory training compliance for safeguarding adults has increased by 10% from the beginning of Quarter 1 to the end of Quarter 2
- Partnership working discussions commenced with other NHS trusts to improve pathways for patients requiring crisis Mental Health interventions
- Trust working group established to improve pathways and care for patients with Dementia and Learning Disabilities, which reports to the Safeguarding Adults at Risk group
- Staff to be Safeguarding champions identified and training package planned and for implementation in 2016
- Launched new trust Mental Capacity Assessments and Best Interests Decisions assessment templates (August 2015)
- Internal Intranet site for Safeguarding updated (including sections on Safeguarding Adults, The Mental Capacity Act/Dementia/Learning Disabilities/PREVENT) as a one stop shop for seeking information relating to safeguarding

c) Challenges and Issues

- Ongoing challenges as a tertiary service to robustly network, relationship build and develop partnership working with a variety of external agencies based on the geographical areas where our satellite sites are based which provides challenges
around understanding the support individual agencies can provide to vulnerable adults in their local area

- The ambulatory care model also reduces the time that vulnerable adults are in contact with the trust which reduces the time in which abuse can be identified and managed in combination with high volumes of adult outpatients which increases the risks
- The Mental Capacity Act and its consistent application across the trust continues to be challenging. The implementation and development of the Mental Capacity Act continues to be a key training and development need as well as a trust corporate priority
- Mandatory compliance for Safeguarding adults training improved during Quarter 1 and 2 of the year, however still remains a challenge. The introduction of training for staff within clinical roles is yet to be to be introduced, which creates risks around staff having adequate knowledge and skills based on their roles and responsibilities
- There is a concerted effort to improve the availability of training and attendance at other safeguarding related training including Dementia, Learning Disabilities and Domestic Violence however this continues to be a challenge, which creates risks around staff’s skills and knowledge to care for and respond to patients appropriately

d) **Priorities for Quarter 3 and Quarter 4 (October 2015 – March 2016)**

- Ensure that Safeguarding Adults policies and procedures are reviewed and robust in line with updated local and national guidance
- Ensure that satellite sites have standard operating procedures which include local agency contact details
- Improve knowledge and application of the Mental Capacity Act in practice across the trust, which includes training/resources as a key priority
- Ensure Safeguarding Adults are considered in the review of service level agreements at satellite sites
- Implement Safeguarding Champions model within the trust
- Further develop the domestic violence/abuse agenda across the trust
- Continue to improve pathways for vulnerable adults within the trust
- Increase provision within the Safeguarding Adult’s team to include administrative support as well as specialist advisory roles (i.e. domestic violence, mental capacity, dementia, learning disabilities)
- Improve access to support and assessments for patients presenting to MEH in a Mental Health Crisis
- Develop the Prevent Agenda within the trust, including finalising the trust policy

e) **Safeguarding Adults Personnel**

<table>
<thead>
<tr>
<th>Executive Board Level</th>
<th>Director of Nursing and Allied Health Professions</th>
<th>Tracy Luckett</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding Lead</td>
<td>Safeguarding Adults Lead</td>
<td>Edwina Curtis</td>
</tr>
</tbody>
</table>
2. Safeguarding Adults Activity Graphs Quarter 1 and Quarter 2 (April – September 2015)

In Quarter 1 and Quarter 2 2015 enquiries relating to safeguarding adults including discussion about safeguarding concerns, have gradually increased across the trust. The number of enquiries to the Safeguarding Adults Lead has also increased from 41 enquiries in Quarter 4, to 52 enquires in Quarter 1, and 66 enquires in Quarter 2. See table 2.1 and 2.3 for a breakdown of the types of enquiries being made. Safeguarding adult's activity is reported quarterly to the Safeguarding adults at risk group and Islington CCG.

The increase in activity and advice sought from the Safeguarding Adults Lead is felt to be directly attributed to the increased number of staff attending Safeguarding adults training and the increased awareness of safeguarding issues across the trust, assisted by the implementation of the Safeguarding Snippets newsletter. Training has been revised to ensure that it is Care Act compliant and in line with relevant guidance, but also uses practical case examples that have been raised within Moorfields to support learning and best practice.

Table 2.1: Safeguarding Adults Activity Quarter 1; April – June 2015

<table>
<thead>
<tr>
<th>Safeguarding adults concerns raised</th>
<th>Mental Capacity Advice</th>
<th>Domestic Abuse cases reported</th>
<th>Mental Health Concerns advice given</th>
<th>Vulnerable patients advice given</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>15</td>
<td>8</td>
<td>5</td>
<td>17</td>
</tr>
</tbody>
</table>

During Quarter 1 there was a total of 52 enquiries to the Safeguarding Adults Lead. Seven of these concerns related to Safeguarding Adults concerns that were reported externally to the patients local authority; 17 contacts were related to staff seeking advice around the assessment of and process for assessing a patient’s capacity to consent to treatments being provided; eight contacts were related to disclosures of domestic violence; five related to advice being sought where there were concerns about a patient’s mental health and seeking appropriate support; and 15 related to general concerns about a vulnerable patient attending the trust.
During Quarter 1 the trust raised 7 Safeguarding adults’ concerns due to concerns of abuse or neglect either disclosed or raised within the trust. Table 2.2 gives a breakdown of the categories of abuse the concerns related to (as specified in the Care Act 2014) and also gives a profile of the boroughs in which these concerns were raised, based on the borough where the abuse took place. During Quarter 1 there were five safeguarding concerns raised in relation to neglect and acts of omission and two raised in regards to domestic violence. There were no safeguarding concerns raised relating to care at MEH during this period.

Table 2.3: Activity Quarter 2; July – September 2015
In Quarter 2, there were 66 enquiries to the Safeguarding Adults Lead, an increase from Quarter 1. 12 of these concerns related to Safeguarding Adults concerns that were reported externally to the patient’s local authority; 19 contacts were related to staff seeking advice around the assessment of and process for assessing a patient’s capacity to consent to treatments being provided; four contacts were related to disclosures of domestic violence; 13 related to advice being sought where there were concerns about a patient’s mental health and seeking appropriate support; 15 related to general concerns about a vulnerable patient attending the trust; and one related to concerns for a patient who was not an adult at risk.

Table 2.4: Safeguarding Adults Concerns Breakdown; Quarter 2 July - September 2015

During Quarter 2 the trust raised 12 Safeguarding adults concerns due to concerns of abuse or neglect either disclosed or raised within the trust. Table 2.4 gives a breakdown of the categories of abuse the concerns related to (as specified in the Care Act 2014) and also gives a profile of the boroughs in which these concerns were raised, based on the borough where the abuse took place. During Quarter 1 there were four safeguarding concerns raised in relation to neglect and acts of omission; two raised in regards to domestic violence; one relating to self-neglect; four relating to psychological abuse and one related to discriminatory abuse. There was one safeguarding concern raised which was witnessed whilst a patient was at an appointment at Moorfields as well as one concern which related to the care of a patient whilst in Accident and Emergency, which resulted in the development of an action plan to improve trust process’ and procedures.
Table 2.5: Safeguarding Adults Mandatory Training Compliance (Quarter 1 and Quarter 2)

<table>
<thead>
<tr>
<th>Safeguarding Adults</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01/05/15</td>
<td>04/06/15</td>
</tr>
<tr>
<td>Level 1</td>
<td>70%</td>
<td>77%</td>
</tr>
<tr>
<td></td>
<td>01/07/15</td>
<td>10/07/15</td>
</tr>
<tr>
<td></td>
<td>78%</td>
<td>78%</td>
</tr>
<tr>
<td></td>
<td>13/8/2015</td>
<td>07/10/2015</td>
</tr>
<tr>
<td></td>
<td>81%</td>
<td>80%</td>
</tr>
<tr>
<td>Target</td>
<td></td>
<td>80%</td>
</tr>
</tbody>
</table>

Training compliance during Quarter 1 has increased by 10% and at the end of Quarter 2, was meeting the target percentage training rate of 80%. The low mandatory training compliance at the start of Quarter 1 was felt to be directly related to the transfer to a new learning and development system and mostly non-clinical staff not having this training requirement allocated to their profile. To address this deficit, it was agreed that a safeguarding adult leaflet would be developed and could be accessed via Insight, which would allow staff to gain compliance for one year to allow them to attend face-to-face safeguarding adults training. Training compliance is reported quarterly to the Safeguarding Adults at Risk group and the Islington Clinical Commissioning Group.

As a part of a three year training strategy, the rollout of Level 2 and Level 3 Safeguarding adults training has been proposed, levels of training for safeguarding adults which are specified for specified professionals within the National Competence Framework for Safeguarding Adults developed by Bournemouth University (2010). This guidance was produced to establish a more efficient and consistent approach to safeguarding practice and training across agencies and is endorsed by the Islington Safeguarding Adults Board. There have been delays in starting the roll-out of level 2 and 3 training due to technical challenges in the interface between the e-learning system and the trust’s Insight system. This is hoped to be resolved in Quarter 4, when training would be rolled out to appropriate staff.

3. The Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

During this period, the trust has made significant progress around the application of the Mental Capacity Act and Deprivation of Liberty (DoLS). This has been supported by the implementation of the “Mental Capacity Assessment” pocket prompt as well as increased training sessions for staff in regards to the Mental Capacity Act.

In Quarter 2 a significant achievement was the implementation and rollout of templates for staff to record their assessments of Mental Capacity and Best Interest decisions, which helped to improve the quality of recording assessments and governance of Mental Capacity throughout the trust in line with the Mental Capacity Act.

Specialist training for medical staff was also commissioned during this period to commence at the beginning of Quarter 3 (October 2015) through Edge Training, a highly experienced training provider using experts in their field to facilitate the training. The training ensures focused learning outcomes and the use of case law to ensure that medical staff who need to make decisions about serious medical treatment are aware of their statutory duties under the Mental Capacity Act.
Mental Capacity and the application of the act across the trust continues to be a key priority for the remainder of the 2015 – 2016 year, with a significant focus on training, awareness raising and improving pathways.

3.1 Mental Capacity Act Training:

The Safeguarding adults training strategy highlighted the proposal for all clinical staff to have Mental Capacity Act and DoLS training as a mandatory requirement in addition to the basic awareness of the act which is currently provided in Level 1 Safeguarding adults training, which was agreed in September 2015 by the mandatory training group.

During Quarter 1 and Quarter 2, 160 trust staff has received specific bespoke basic awareness training around the Mental Capacity Act and DoLS provided by the Safeguarding Adults Lead. There were also 36 enquiries/requests for advice to the Safeguarding adults’ lead in regards to Mental Capacity during this period (See table 1 and 3). During this period, the trust also made one Deprivation of Liberty authorisation referrals to local authorities. Mental Capacity Act training figures are reported quarterly to the Safeguarding Adults at Risk group.

4. Dementia

During Quarter 2, the trust made a public commitment to the Dementia Action Alliance - Dementia Friendly Hospital Charter as a part of the second phase of the Right Care initiative. This initiative provides high-level principles of what a dementia friendly hospital should look like and actions to be taken to achieve this and is also in line with the Prime Minster’s challenge on dementia 2020. The charter includes providing a trust commitment that;

- Patients receive care from Staff who are appropriately trained in dementia care and ensure that reasonable adjustments and effective staffing ratios are offered to provide effective care
- We work in partnership with other agencies and carers of patients to provide the best possible care
- Ensure that patients have access to appropriate assessments and advice from specialist dementia/mental health services and consider the holistic care of a patient
- Ensure that patients receive care that is person-centred and responsive to individual needs
- Ensure that the hospital environment enables patients to find their way around the hospital and supports independence and well-being
- Hospital managers ensure that the governance is managed effectively, including seeing improvements in quality of care for patients, their carers as well as support for staff who deliver dementia friendly care

Dementia friendly signage as per the King’s Fund recommendations were also rolled out on the ground floor at City Road as a part of our commitment to the charter as a pilot site, which was led by the estates department and has been extended to other floors.

The trust also held Dementia Awareness week on the 18-22 May 2015 at City Road which included a daily newsletter to all members of staff about Dementia and caring for patients with dementia as well as stalls at City Road from agencies such as the Alzheimer’s society; Age UK Islington; Camden and Islington Dementia Navigator service and the Islington Carers Hub. Satellite sites also engaged in the awareness week and notably MEH at
Northwick Park also held an awareness staff with information being available for patients during the period.

A workgroup has also been established during this period to support the improvements of patient pathways and environments for patients with Dementia (and learning disabilities).

4.1 Dementia Awareness Training

At the end of Quarter 2, 48% of trust staff have completed basic Dementia Awareness Training.

As a result of the trust’s commitment to the Dementia Friendly Hospital Charter, it was agreed during this period that all appropriate staff would need to complete dementia basic awareness training as a part of their mandatory training compliance with a plan to roll this requirement out in Quarter 4. The roll out of this training is also a part of the Safeguarding Adults’ Training Strategy, which identifies the aim to further increase the number of staff trained in Dementia and also offer additional more advanced training for staff (level 2) over the next three years. Staff continue to be able to access Dementia Awareness training through e-learning.

5. Learning Disabilities

The trust continues to raise awareness of Learning Disabilities through basic awareness training for staff around working with patients with learning disabilities which included within Safeguarding Adults' Training which is mandatory for all staff which is refreshed every 3 years. There is also e-learning for all staff in regards to working with patients with learning disabilities available on Insight which all staff are encouraged to complete as part of local induction and/or professional development. Each clinical area also has an appointed Learning Disability Champion to act as a support and resource for their area.

Improving pathways for patients with Learning Disabilities has been identified that one of the key objectives for the 2015/2016 year. As a result a workgroup has been established to support improving the pathways for patients with Learning Disabilities (and dementia), which includes the review of easy read information available.

5.1 Learning Disabilities Monitor Requirements for NHS Foundation Trusts

As an NHS Foundation trust, the Board are required to certify that the trust meets the six requirements in the Risk Assessment Framework set out by Monitor for patients with learning disabilities. These requirements are;

1. Does the NHS foundation trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?

There are clear care pathways within the trust as a part of the Learning Disability Policy (2014) based on Recommendation 6 Healthcare for All (2009) report and the Care Quality Commission framework published in March 2010. There are specific pathways for different services within the trust for example; Outpatients, Accident & Emergency, Day Care, Theatres which all include the use of the Moorfields Eye Hospital passport to ensure reasonable adjustments are made to meet the needs of patients. These pathways are due for review in October 2016 as a part of the trust’s Learning Disabilities policy review.
2. Does the NHS foundation trust provide readily available and comprehensive information to patients with learning disabilities about the following criteria:

- Treatment options
- Complaints procedures and
- Appointments

Moorfields’ Easy Read Outpatient Visit and Surgery Visit leaflets are available. An Easy read appointment template is available for use in all areas. Condition specific easy read leaflets have been previously available by SeeAbility (Learning Disability charity for the visually impaired) which Moorfields helped to develop. As a part of our ongoing improvement of information and resources for patients with learning disabilities, it is recommended that the trust should also develop our own specific easy read leaflets, which is included as a part of the Safeguarding Adults and Learning Disabilities and Dementia Workgroup work plans and editorial committee agenda.

3. Does the NHS foundation trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?

There are clear provisions for the support of family and other carers within the Learning Disability policy (2014), including provision for support in case of accompanying overnight admissions. A trust Carers’ policy is also being developed which will also encompass providing suitable support for carers who support patients with learning disabilities.

4. Does the NHS foundation trust have protocols in place to routinely include training on providing health care to patients with learning disabilities for all staff?

Basic awareness training for staff around working with patients with learning disabilities is included within Safeguarding Adults Training which is mandatory for all staff and refreshed every three years. An e-learning package is also available on Insight for all staff in regards to working with patients with learning disabilities. All staff are encouraged to complete this e-learning as part of local induction and/or professional development. Each clinical area has an appointed Learning Disability Champion to act as a support and resource for their area.

5. Does the NHS foundation trust have protocols in place to encourage representation of people with learning disabilities and their family carers?

The Learning Disabilities policy (2014) has a protocol and provision which includes encouragement of representation of people with a learning disability and their family and carers within trust Boards, local groups and other relevant forums within the trust (e.g. the Equality and Diversity steering group).

6. Does the NHS foundation trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?

There are audit protocols in the policy including complaints monitoring, use of patient passports and patient experience questionnaires.
5.2 Review of enquiries and complaints for Learning Disability patients

During Quarter 1 and Quarter 2 there have been no recorded enquiries or complaints from patients identified as having a learning disability in regards to their experiences within the trust highlighted to the Safeguarding Adults Lead.

5.3 Learning Disabilities Training and Awareness

All staff are encouraged to complete the online e-learning for learning disability awareness with assessment as a part of a robust local induction or as part of their on-going professional development. Upon successful completion of the package, it is recorded on the learning and development training staff database.

6. PREVENT

PREVENT is part of CONTEST, which is the abbreviated name for the UK Government’s counter terrorist strategy. The aim of PREVENT is to help identify vulnerable persons who are at risk of engaging in or supporting terrorism or terrorist activity. The trust’s Prevent lead is the Executive Lead for Safeguarding (Director of Nursing and Allied Health Professions).

Across the UK, Approximately 30 areas have been identified as priority areas, where according to intelligence sources, there is a greater danger that radicalisers and extremists will operate. The highest numbers of priority areas are within London and therefore London as a whole is considered a high priority area. Moorfields has 12 satellite sites within the priorities areas and therefore the agenda is key priority area for the trust.

During this period, the trust’s policy was drafted and considered initially for comments by the MEH Safeguarding adults at Risk Group in July 2015, however following feedback and further national developments the policy is continued to be developed with an aim to be ratified in Quarter 4. This is one of the key requirements as a specified authority and the trust’s new statutory duties under the Counter Terrorism and Security Act 2015.

6.1 PREVENT Training and Awareness

All NHS staff that are in contact with patients and the public are required to have basic Prevent awareness training. The aim of PREVENT (as a part of CONTEST) is to help identify vulnerable persons who are at risk of engaging in or supporting terrorism or terrorist activity. Basic awareness training is currently being provided to staff through face-to-face Safeguarding adults (Level 1) training. The Safeguarding adults’ training strategy also encompasses the introduction of WRAP (Workshop to Raise Awareness of Prevent) training for relevant staff within a three year period. This is also in line with the trust’s statutory duties under the PREVENT agenda. The training strategy and WRAP training matrix was also developed for the rollout of WRAP training which will commence in Quarter 3 for identified staff. PREVENT training figures are reported quarterly to the MEH Safeguarding adults at risk group; NHS England – London Region Prevent team and the Islington CCG.
Table 6.2: PREVENT Training Figures – Quarter 1 (April – June 2015)

<table>
<thead>
<tr>
<th>Total number of Staff that Require Level 1 (Basic PREVENT Awareness training)</th>
<th>Total number of staff trained in Level 1 (Basic PREVENT Awareness) in Quarter 1</th>
<th>Total Number of staff trained in Level 1 (Basic PREVENT Awareness) to Date</th>
<th>Total number of staff trained in Level 2 – Workshop to Raise Awareness of Prevent (WRAP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2335</td>
<td>461</td>
<td>1313</td>
<td>2</td>
</tr>
</tbody>
</table>

During Quarter 1, there were four hundred and sixty one (461) staff who received Basic PREVENT awareness training across the trust as well as two (2) staff who have received the WRAP training and are WRAP trainers. The basic awareness training is provided within Safeguarding Adults Level 1 training and gives an outline of the PREVENT in line with the NHS England - Prevent Training and Competencies Framework (2015). The safeguarding adults training strategy outlines the trust plan to continue the delivery of Basic PREVENT awareness training for all staff as well as the roll-out WRAP training to identified staff within a three year period, which is planned to commence in Quarter 4.

Table 6.3: PREVENT Training Figures – Quarter 2 (July – September 2015)

<table>
<thead>
<tr>
<th>Total number of Staff that Require Level 1 (Basic PREVENT Awareness training)</th>
<th>Total number of staff trained in Level 1 (Basic PREVENT awareness training) in Quarter 1 and Quarter 2</th>
<th>Total Number of staff trained in Level 1 (Basic PREVENT Awareness training) to Date</th>
<th>Total number of staff trained in Level 2 – Workshop to Raise Awareness of PREVENT (WRAP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2398</td>
<td>699</td>
<td>1551</td>
<td>2</td>
</tr>
</tbody>
</table>

During Quarter 2, there were six hundred and ninety nine (699) staff who received Basic PREVENT awareness training across the trust, meaning that a total of one thousand five hundred and fifty one (1551) staff have now received Basic PREVENT awareness training across the trust at the end of the Quarter 2.

7. Domestic Violence

Domestic Violence is a key area for development for the trust, especially in light of The Care Act 2014 which came into effect on the 1 April 2015 which now includes Domestic Violence as a recognised category of abuse. The Domestic Violence policy will be updated accordingly to reflect this legislative change.

During this reporting period improvements have been implemented across the trust, including ensuring that the trust is a safe environment to disclosure domestic violence through the use of awareness raising posters and leaflets across the trust.

During Quarter 1 and Quarter 2, the trust has started to establish a partnership working agreement with Solace Women’s Aid to improve pathways for survivors of Domestic Violence and to ensure that they get appropriate specialist advice and support. The aim of this partnership work is to improve our current pathways when a patient discloses domestic violence and ensure that they are signposted to domestic violence agencies for appropriate specialist intervention as soon as possible.
The priorities for Quarter 3 and Quarter 4 are to now review and update the Domestic Violence policy and procedures to include new pathways for gaining support. This may also include implementing drop in sessions with Solace Women’s Aid within Accident and Emergency and City Road.

7.1 Domestic Violence Training and Awareness

Basic awareness of domestic violence is included within the Safeguarding Adults and Safeguarding Children’s training. Bespoke Domestic Violence training sessions are also offered and provided by the Safeguarding leads which references relevant legislation and guidance as well as case examples and case studies.

Up to the end of the end of Quarter 2, 148 staff across the trust has received bespoke Domestic Violence training.

8. Clinical Governance, Monitoring, Audit and Performance

a) MEH Safeguarding Adults At Risk Group

The Safeguarding adult at risk group continues to be well attended by clinical and managerial staff from across the trust (including the Satellite directorates) and is also attended by the Head of Safeguarding Adults at Islington Council and Designated Professional for Safeguarding Adults from Islington CCG. The group meets bi-monthly and reviews all safeguarding referrals and discusses safeguarding activity within the trust across all sites. The group also monitors progress against the objectives set against the yearly work plan, which included key areas for Safeguarding Adults for Quarter 1 and Quarter 2 such as improving awareness and training compliance; becoming Care Act compliant; application of the Mental Capacity Act; and implementation of the Prevent agenda following recent statutory changes.

b) Mental Capacity Act Audit

During this reporting period an audit was completed around the “A review of the application of the Mental Capacity Act in practice at Moorfields Eye Hospital NHS Foundation Trust” and an action plan was devised. The report and action plan were reported to the Safeguarding Adults at Risk Group who will monitor progress against the action plan.

The audit highlighted significant areas for improvement across the trust in regards to the Mental Capacity Act and as a result, is now a key corporate priority for the trust. The action plan from the audit included the raising awareness and the implementation of training for clinical staff; launch of Mental Capacity Act and Deprivation of Liberty Safeguards trust policy; developing standardised trust recording tools for Mental Capacity assessments and Best interest decisions and the launch of the trust Mental Capacity Act pocket prompt. The actions plan from this audit is monitored and reviewed by the Safeguarding Adults at Risk group and a re-audit is proposed to within Quarter 4.

c) Incident Reporting and Serious Incidents (SI’s):

During this reporting period there were 8 incidents in Quarter 1 and 11 incidents raised in Quarter 2 highlight a variety of safeguarding issues. Appropriate review and action have been taken as a result of learning from the incidents.
During this reporting period, there have been no serious incidents relating to Safeguarding Adults concerns raised.

9. Guidance Documents and Statutory Legislation

The Care Act 2015 became statutory legislation at the beginning of Quarter 1 on the 1 April 2015 following receiving royal accent and for the first time, has given a statutory basis to Safeguarding Adults. The Act specifies the need for NHS organisations to work with local authorities to safeguard adults from abuse; engage in safeguarding adults’ partnership boards which are now a requirement and to implement the duty of candour. The Act also identified three additional categories of abuse including, Domestic Violence, Modern Slavery; and Self-Neglect. The Safeguarding adults’ training has been updated to reflect the new categories of abuse and changes under the care to become Care Act compliant. The Safeguarding adults’ policy and procedures is planned to be updated to become Care Act compliant and reflect the statutory changes and will be further updated once the “London Multi-Agency Adult Safeguarding Policy and Procedures” is updated and issued by January 2016.

Lessons learnt from enquiries such as the Themes and lessons learnt from NHS investigations into matters relating to Jimmy Saville; Independent Report for the Secretary of State for Health (February 2015) have highlighted the need to make safeguarding integral to care and the culture of an organisation. The themes and learning highlighted across NHS trusts included security and access arrangements, including celebrity and VIP access, the role and management of volunteers, safeguarding, raising complaints and concerns (by staff and patients), fundraising and charity governance and observance of due process and good governance.

The Counter Terrorism and Security Act 2015 received Royal Assent in February 2015 and became an Act which includes legal duty to NHS and specifies certain actions that the trust must now take. The Act states that MEH as a specified authority must: Assess risk of radicalisation in their area or institution; Develop an action plan to reduce this risk, Train staff to recognise radicalisation and extremism, Work in partnership with other partners, Establish referral mechanisms and refer people to Channel, maintain records and reports to show compliance.

The department of health also updated guidance for professionals for Female Genital Mutilation Risk and Safeguarding (March 2015) explaining new legislative requirements under the Serious Crime Act 2015, including mandatory reporting around FGM.


10. Partnership Working and Moorfields Representation in External Safeguarding Meetings

The trust is committed to partnership working and has good working relationships with partner agencies. Moorfields Eye Hospital (MEH) NHS Foundation trust is represented on the appropriate external safeguarding committees as well as within internal meetings and can demonstrate full engagement and commitment to multi-agency working.
a) London Borough of Islington Safeguarding Adults Board participation and membership

The trust is an active member of the Islington Safeguarding Adults’ Partnership Board (ISAB), which is attended by The Executive Lead for Safeguarding and the Safeguarding Adults Lead. The trust has engaged with the ISAB’s strategic plan based on the six key principles of Safeguarding, specifically in regards to a commitment for “protection” and responding to new types of abuse including domestic violence and modern slavery and “partnership” working with other partner agencies to identify and appropriately report concerns of abuse and neglect which includes the development of a carers’ policy.

The trust has also made a commitment to the ISAB’s “Prevention” strategy, which is a key aspect of Safeguarding Adults work under the Care Act 2014. As part of this strategy, the trust has pledged support to “prevent fire deaths” through our partnership working with the London Fire Brigade and referrals for Fire Safety checks through Moorfields’ patient support services.

The safeguarding adults’ lead also is an active member of two ISAB subgroups including the Learning and Development Subgroup and the Communications and policy subgroup which both contribute and provide assurance that staff are trained and good at working with adults at risk and that we learn from local experiences and national policy and also that we communicate well with patients around safeguarding issues.

b) Membership of and participation in other groups

The safeguarding adults lead routinely attends the NHS England, London Region Safeguarding adults’ network meetings and PREVENT network meetings, to share good practice and gain updates and contribute to national, regional and local changes and developments relating to safeguarding. Attendance at these meetings also assists to strengthen partnership working with other key trusts, especially those where Moorfields has a satellite site.

Internally to the trust, the safeguarding adults’ lead is a member of the Privacy and Dignity Group, the Safeguarding Children’s group and Clinical Governance Committee.

11. Safeguarding Adults Review (SARS)

The trust has not been directly involved in area serious adult reviews (SARs) during the reporting period. As a member of the Islington Safeguarding Adults Board (ISAB), the trust however needs to ensure learning is taken and shared from SARS led by the safeguarding board.

12. Supervision and Support

The safeguarding adults lead continues to receive safeguarding adults’ supervision from the Islington Clinical Commissioning group (CCG), designated professional for Safeguarding Adults.
13. **Summary**

This report outlines the work that has been carried out in relation to Safeguarding adults’ across the trust from the 1 April 2015 – 30 September 2015 (Quarter 1 and Quarter 2 of the 2015/2016 financial year). This report demonstrates the breadth of activity and the variation of safeguarding issues that may arise for the people who access our services.

Safeguarding is everyone’s responsibility. The Safeguarding adults’ agenda has continued to develop significantly over the reporting period within the trust, particularly through raising awareness of Safeguarding and ensuring that staff feel able and equipped to recognise and respond to concerns of abuse and to ensure that individuals are safe and free from harm. This is reflected in the increase in safeguarding adults concerns being raised externally as well as the number of enquiries for advice to the Safeguarding adults lead.

The trust has also successfully evidenced this through the increased training compliance for and Safeguarding adults mandatory training, Mental Capacity Act training, as well as PREVENT, domestic violence, and dementia training.

The key priorities for Quarter 3 and Quarter 4 identify the key actions to continue to guide and develop the practice of Safeguarding adults within the trust during the remainder of the 2015/2016 financial year.

**The Board is asked to note this report**
### Glossary of Terms and Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CQC</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
</tr>
<tr>
<td>ASC</td>
<td>Adult Social Care</td>
</tr>
<tr>
<td>ISAB</td>
<td>Islington Safeguarding Adults Partnership Board</td>
</tr>
<tr>
<td>CONTEST</td>
<td>Sits under the home office and its national strategy or long-term plan of action designed to reduce the risk of terrorism, by stopping people becoming terrorists, preventing terrorist attacks, strengthening the UK's resilience to terrorism and facilitating emergency preparedness procedures in the event of attack</td>
</tr>
<tr>
<td>PREVENT</td>
<td>Challenging terrorist ideologies, supporting those who are vulnerable to these ideologies and working with institutions where radicalisation may occur (including internet and social media)</td>
</tr>
<tr>
<td>WRAP</td>
<td>Workshop to Raise Awareness of Prevent</td>
</tr>
<tr>
<td>DoLS</td>
<td>The Deprivation of Liberty Safeguards (DoLS) are an amendment to the Mental Capacity Act 2005. The Safeguards can only be used if the person will be deprived of their liberty in a care home or hospital</td>
</tr>
<tr>
<td>SAR</td>
<td>Safeguarding Adults Review</td>
</tr>
</tbody>
</table>

### References

The Care Act 2014 (HM Government)

Bedfordshire and Luton Multi-Agency protocol for safeguarding vulnerable adults (March 2008)

Multi-agency safeguarding adults policy, protocols and guidance for Kent and Medway (updated 1 April 2015)

Safeguarding Adults at Risk; The multi-agency policy, procedure and practice for working with adults at risk of abuse or neglect in Hertfordshire (March 2015)

Care Quality Commission Regulation 13 Safeguarding service users from abuse and improper treatment.

Counter Terrorism Strategy (CONTEST) (HM Government)

PREVENT Strategy (2011) (HM Government)

The Counter Terrorism and Security Act 2015 (HM Government)


Female Genital Mutilation Risk and Safeguarding; A Guide for Professionals (March 2015)

National Competence Framework for Safeguarding Adults developed by Bournemouth University (2010)

The Mental Capacity Act 2005 (HM Government)

Themes and lessons learnt from NHS investigations into matters relating to Jimmy Saville; Independent Report for the Secretary of State for Health (February 2015)

Dementia Action Alliance - Dementia Friendly Hospital Charter