

## TOPIC ASSURANCE REPORT

REPORT DETAILS		ASSESSMENT	
<b>Topic</b>	Yeovil District Hospital Safeguarding Adults Annual Report	<b>Recommended levels</b>	Safeguarding Service - Safeguarding Adults (SGA)
<b>Topic Lead</b>	Glen Salisbury		<b>Blue</b>
<b>Exec Lead</b>	Hayley Peters	This report has been rated as blue, due to the merger of the teams and the transition of policies and processes and the alignment of training compliance.	
<b>GS Link</b>	Lincoln Andrews	However, of note during this reporting year there has been a successful merger of the 2 safeguarding teams (YDH and SFT) which took place in November 2022.	
<b>Meeting</b>	Integrated Quality Assurance Board		
<b>Date</b>			
<b>Period Covered</b>	April 2022– March 2023		

COMPLIANCE REQUIREMENTS	
<b>Objectives/goals</b>	<p>The purpose of this report is:</p> <ul style="list-style-type: none"> <li>To provide both assurance and evidence to the Quality Governance Committee that the newly merged Somerset NHS Foundation Trust (SomFT) is fulfilling its statutory responsibilities to adults at risk of abuse, set against the guidance within the Care and Support Statutory Guidance 2020 (available from: <a href="https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance">https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance</a>)</li> <li>To inform the Quality Assurance Board of Safeguarding Adults related activities undertaken by the Trusts' Safeguarding Service (safeguarding adult related work) during the period of the financial year 1 April 2022 to 31 March 2023.</li> <li>To ensure Somerset NHS FT Safeguarding Adult training continues to be in line with: Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate Document (2018); Prevent Training and Competencies Framework (2017) and expectations set out in the NHS England and Somerset integrated Care Board (ICB) contract.</li> <li>To ensure the Trusts Multi-Agency Public Protection Arrangements (MAPPA) 'duty to cooperate' responsibilities are upheld (Criminal Justice</li> </ul>

	<p>Act, 2003).</p> <ul style="list-style-type: none"> <li>• To ensure compliance with the legislative framework of the Care Act (2014).</li> <li>• To increase staff awareness and knowledge of domestic violence and abuse in line with NICE guidelines (2016) <a href="http://www.nice.org.uk/guidance/qs116">www.nice.org.uk/guidance/qs116</a>.</li> </ul> <p>The Trust's Safeguarding Service has a clear governance structure. Assurance is monitored via the Somerset Safeguarding Adults Board (SSAB) Self-assessment, Safer Somerset Partnership Domestic Abuse (DA) self-assessments, ICB Combined Safeguarding Dashboard, the Trust's Quality Assurance Board and the Trust's Safeguarding Operational Group and Safeguarding Committee.</p>
<p><b>CQC Fundamental Standards</b></p>	<p>The CQC has five Fundamental Standards, these being Safe, Effective, Responsive, Caring, Well-led.</p> <p>Health and Social Care Act 2008 (regulated activities) Safeguarding Compliance Standards: Regulation 13: Safeguarding service users from abuse and improper treatment.</p> <p>Summary from the regulation:</p> <p>“Providers must have robust procedures and processes to prevent people using the service, from being abused by staff or other people they may have contact with when using the service, including visitors. Abuse and improper treatment includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question”.</p> <p>“Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider”.</p> <p><b>Mapping to the CQC Key Lines of Enquiry:</b></p> <p>Safe (S3): Are there reliable systems, processes, and practices in place to keep people safe and safeguarding from abuse?</p> <p>Safe (S4): How are the risks to people who use services assessed, and their safety monitored and maintained?</p> <p>Responsive (R2): Do services take account of the needs of different people, including those in vulnerable circumstances?</p>

<p><b>Legislative Requirements</b></p>	<p>There is a vast amount of legislation relating to the safeguarding of adults at risk (and across the lifespan). Primary safeguarding adults related legislation is as follows:</p> <p><b>Safeguarding Adults – The Care Act (2014)</b></p> <p>The Trusts Safeguarding Service works in partnership with Somerset County Council’s Safeguarding Adults Team and Somerset Integrated Care Board (ICB), to protect adults from abuse and neglect, and implement the Care Act (2014) in respect of Safeguarding.</p> <p>The Care Act 2014 sets out a clear legal framework for how local authorities and other agencies should protect adults at risk of abuse and/or neglect.</p> <p>In respect of legislative requirements, Sections 42 to 47 of the Care Act places safeguarding on a statutory footing. Duties under the Act includes:</p> <p>The Trust’s Safeguarding Service addresses these duties by:</p> <ul style="list-style-type: none"> <li>• advising on, and supporting process regarding safeguarding adult concerns / referrals, primarily via our incident reporting system (Ulysses) or direct contact with team members</li> <li>• its safeguarding adult training programme (face to face training and /or webinar)</li> <li>• the provision of safeguarding supervision as required</li> <li>• ensuring the patient voice is heard when there are safeguarding concerns (Making Safeguarding Personal)</li> </ul> <p><b>Mental Capacity Act (2005) / Mental Capacity Act Codes of Practice</b></p> <ul style="list-style-type: none"> <li>• To provide a framework for the application of the Mental Capacity Act (2005) into everyday practice when caring for patients with diminished capacity.</li> <li>• To comply with legislative requirements of the Mental Capacity Act (2005).</li> </ul> <p>The trust meets the legislative objectives through accessing the knowledge and skills of the MCA lead for Somerset FT who provides</p> <ul style="list-style-type: none"> <li>• MCA/Consent/DoLS training programme across the Trust at a level appropriate to each staff member’s role. This is delivered via a range of e-learning, webinar and face to face training.</li> <li>• Providing advice guidance and support via a Single Point of Contact email address.</li> </ul> <p><b>Deprivation of Liberty Safeguards (DoLS)/ DsLS Codes of Practice</b></p> <p>To provide a framework for the Deprivation of Liberty Safeguards into everyday practice when caring for patients with diminished capacity, whose care and treatment may amount to a deprivation of liberty.</p> <p><b>Liberty Protection Safeguards (LPS)</b></p> <p>DoLS is scheduled to be replaced by the Liberty Protection Safeguards (LPS) under the Mental Capacity (Amendment) Act 2019. The exact timeline for this is not known and at the time of writing it is anticipated that an announcement in respect of the future planning for the implementation of the LPS project will be made by the end of March 2023.</p>
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On the 5<sup>th</sup> April 2023 (just after the reporting period for this report) the following announcement was made by the Government:

*'The Government has set out its plans for adult social care reform in its publication of the Next steps to put People at the Heart of Care.*

*To enable them to focus on these critical priorities, the Government has taken the difficult decision to delay the implementation of the Liberty Protection Safeguards beyond the life of this Parliament. This was one of a number of decisions taken as part of prioritising work on social care.'*

This will mean that the Deprivation of Liberty Safeguards will continue as the mechanism for overseeing care where patient care relies on a deprivation of their liberty.

### **PREVENT (section 26 of the Counter Terrorism and Security Act (2015))**

The NHS Standards Contract requires all NHS funded providers to demonstrate their compliance with the requirements of the PREVENT duty. This includes:

- Ensuring the Trusts have a PREVENT Lead (the Named Professional for Safeguarding Adults is the PREVENT Lead for the Trust)
- Include in Policy and Procedure, and comply with, the principles contained in the Government Prevent Strategy
- Include in relevant Policy and Procedure a programme to raise awareness of the Government Prevent Strategy amongst staff and volunteers.

### **Domestic Abuse Act 2021**

The Domestic Abuse Act came into force in April 2021. The Act places domestic abuse within the statutory arena and provides, for the first time, a statutory definition of domestic abuse. Domestic abuse is an abuse category under the Care Act 2014 and therefore sits within the safeguarding arena.

All trust policies have been aligned with Somerset FT.

### **Domestic Violence Crime and Victims Act (2004) – Part 1(9)**

Section 1 (9) of the Domestic Violence Crime and Victims Act sets in statute the requirement of the establishment and conduct of reviews (domestic homicide reviews). Domestic homicide review (DHR) means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect by—

- a person to whom he was related or with whom he was or had been in an intimate personal relationship, or
- a member of the same household as himself, .... and is held with a view to identifying the lessons to be learnt from the death.

The Trust's Safeguarding Team provided representation at DHR Panel meetings as a 'person or body' participating in the review under this legislation at subsection 9 (4) (a) of the Act (2004). The Head of Safeguarding attended in this role on behalf of the Trust.

### **Equality Act (2010)**

The Equality Act (2010) legally protects people from discrimination in the workplace and in wider society and is therefore relevant to safeguarding adults

	<p>work and intervention.</p> <p>The Act highlights the need to make reasonable adjustments for people with a Learning Disability or other disability and to ensure that the Trust is not acting in a way that could lead to discrimination. Discrimination is an abuse type as defined by the Care Act (2014), and therefore sits within the Safeguarding arena.</p> <p><b>Human Rights Act (1998)</b> Human Rights are intrinsic to all Safeguarding work. The Trust is responsible for recognising and adhering to its legal obligations as set out in the Human Rights Act 1998. All colleagues must raise any concerns through their line management arrangements, the Safeguarding Service or if this is not possible, through the Trust's Freedom to Speak Up Policy.</p> <p>The Trust's Safeguarding Service is responsible for ensuring that all safeguarding advice that they give to Trust colleagues does not breach an individual's human rights, unless that breach is lawful and proportionate, for example in line with the Mental Capacity Act (2005), Mental Health Act (1983, revised 2007), GDPR and the Data Protection Act (1998).</p> <p><b>Modern Slavery Act 2015</b> The Modern Slavery Act is legislation that consolidates previous slavery and human trafficking offences, by introducing new preventative measures, support systems and a regulatory body. Modern slavery is a category of abuse under the Care Act 2014, and therefore sits within the scope of the Safeguarding Service.</p>
<p><b>National Guidance / Assessment Frameworks</b></p>	<p><b>National Guidance and Assessment Frameworks:</b></p> <ul style="list-style-type: none"> <li>• Care and Support Statutory Guidance (last updated April 2021)</li> <li>• Domestic Violence and Abuse; multi-agency working – NICE 2014</li> <li>• Quality Standard 116 Domestic Violence and Abuse – NICE 2016</li> <li>• Safeguarding in Care Homes – NICE 189 (published Feb 2021)</li> <li>• Counter Terrorism Strategy (CONTEST) 2018</li> <li>• Prevent Training and Competencies Framework 2017</li> <li>• Adult Safeguarding: Roles and Competencies for Health Care Staff RCN 2018</li> </ul>
<p><b>Trust Policy – key requirements</b></p>	<p><b>Safeguarding Adults Policy:</b> Key requirements subject to monitoring:</p> <ul style="list-style-type: none"> <li>• To ensure that the safeguarding adult referral process is effective and timely</li> <li>• To establish if adult's views are considered/sought during the referral process and ensure that they are part of the safeguarding process</li> <li>• To establish if appropriate application of thresholds is being applied</li> </ul> <p><b>Domestic Abuse Policy:</b> Key requirements subject to monitoring:</p> <ul style="list-style-type: none"> <li>• Domestic Abuse referrals made to Somerset Independent Domestic Abuse Service (SIDAS)</li> <li>• Effectiveness of process</li> <li>• Quality of completion of referral form</li> <li>• Recording of incident and referrals on electronic patient records</li> </ul>

	<p><b>Prevent Policy: Key requirements subject to monitoring:</b></p> <ul style="list-style-type: none"> <li>• Safeguard and support those at most risk of radicalisation through early intervention, identifying them and offering support and onward referral as appropriate</li> <li>• Colleagues aware of their role in preventing vulnerable people from being exploited for terrorist purposes</li> <li>• Prevent Lead duty -Monitoring of Prevent referrals and Prevent inquiries from staff within the Trust - Ensuring Trust frontline colleagues are meeting their Prevent training competencies</li> <li>• Partnership working- Collaboration with external agencies, fulfilling Prevent duty to attend Channel Meetings</li> </ul> <p>All YDH policies have now been aligned with Somerset FT policies to take account of the merger with Somerset FT from April 2023.</p>
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**EXTERNAL ASSURANCE**

<b>External Reviews / Assessments</b>	During this reporting period there were no reviews/ assessments undertaken due to capacity of the team balanced with the incident reports/ work stream's that were being reported.
<b>External / Internal organisational Audits</b>	<p><b>The Trust Safeguarding Team provided the following data:</b> Safeguarding adults and mental capacity training data to the ICB in addition to DoLs applications, via their monthly ICB Dashboard.</p> <p>Prevent training and referral data quarterly to NHS Digital via their online portal, which is shared with the ICB and Trust Safeguarding Committee for assurance.</p> <p>Safer Somerset Partnership Bi-Annual Domestic Abuse Self-Audit</p> <p>Somerset Safeguarding Adults Board Bi-Annual Self-Audit</p>
<b>National Audits / Surveys</b>	There were no national audits/surveys contributed to during this this reporting period.

**INTERNAL ASSURANCE**

<b>Self-Assessment (Gap analysis)</b>	During this reporting period there were no self-assessments undertaken due to capacity of the team balanced with the incident reports/ work stream's that were being reported.
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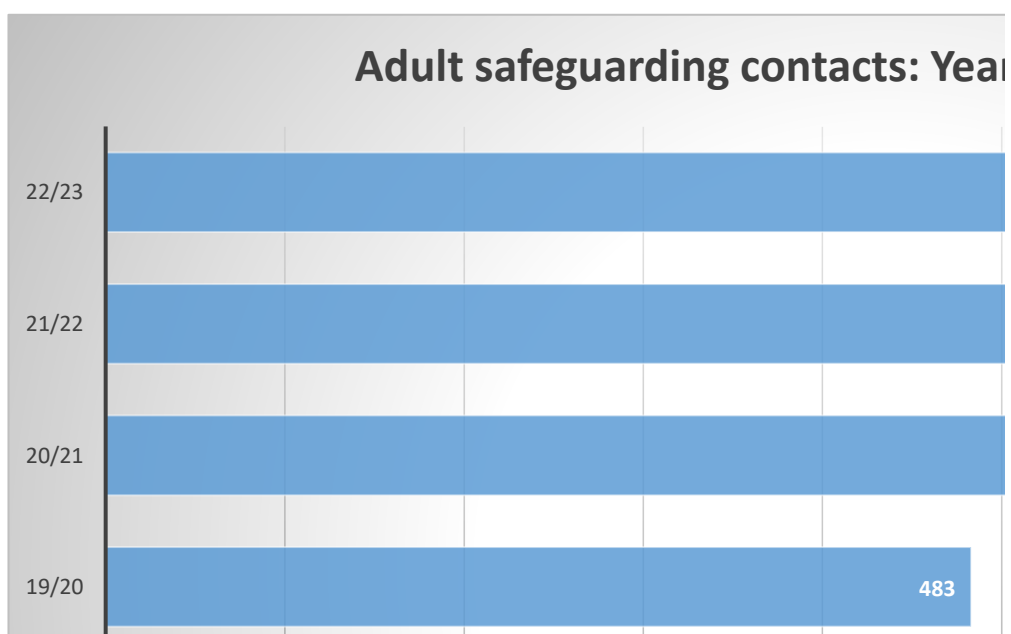
**SAFEGUARDING SERVICE, SAFEGUARDING ADULT CONTACT RATES**

In this reporting period the number of safeguarding adult related incidents made to the Safeguarding Team (made via the Ulysses incident reporting system or direct contact with team members) ) was 771, which is a slight increase of approximately 9.5% on last financial year’s figure of 705.

Of note is the continued year-on-year increase in safeguarding adult related contacts to the team which has resulted in a 60% increase in accepted referrals to the YDH team over the past 7 years of data collection. This consistent increase evidences how safeguarding adult training, ad hoc supervision and safeguarding awareness raising continues to increase staff awareness of safeguarding adults. It is anticipated that with the forthcoming merger and the extensive extended safeguarding training offer available for staff that the uptake of Safeguarding Adults training continues to increase across the acute services. It is recognised that this will then lead to contacts to the SPOC to continue to increase.

**Safeguarding Adult Contacts**

**Table 1: Safeguarding Adult Referrals; year on year comparison**

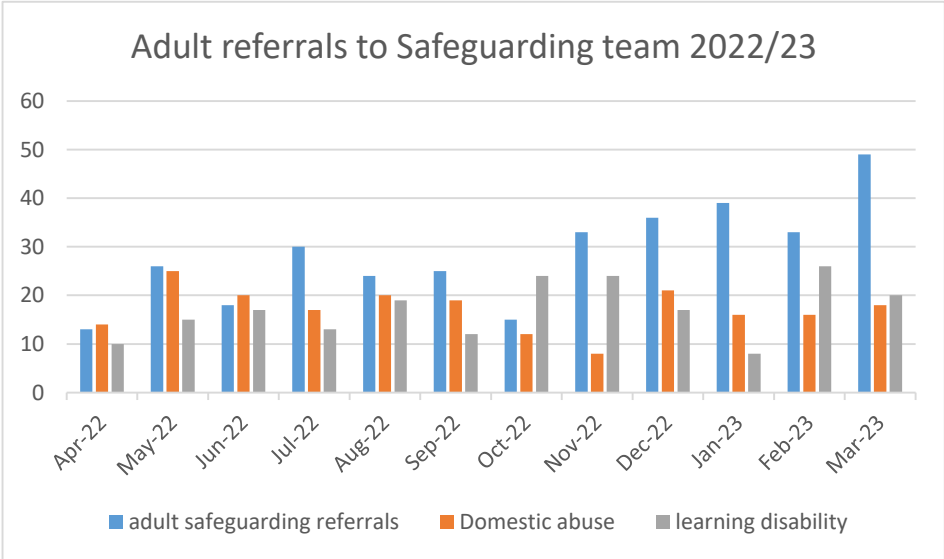


The number of safeguarding adult contacts to the safeguarding team made by trust staff showed a sustained increase with 771 contacts to the YDH safeguarding team. This data does include the data for the learning disability practitioner (205 contacts) as this has usually been included within the trust annual safeguarding reporting. From the 1st April 2023 the learning disability data will no longer be included in future safeguarding reports. The line management for the Learning Disability Practitioner will move to the Site Director for Nursing at YDH

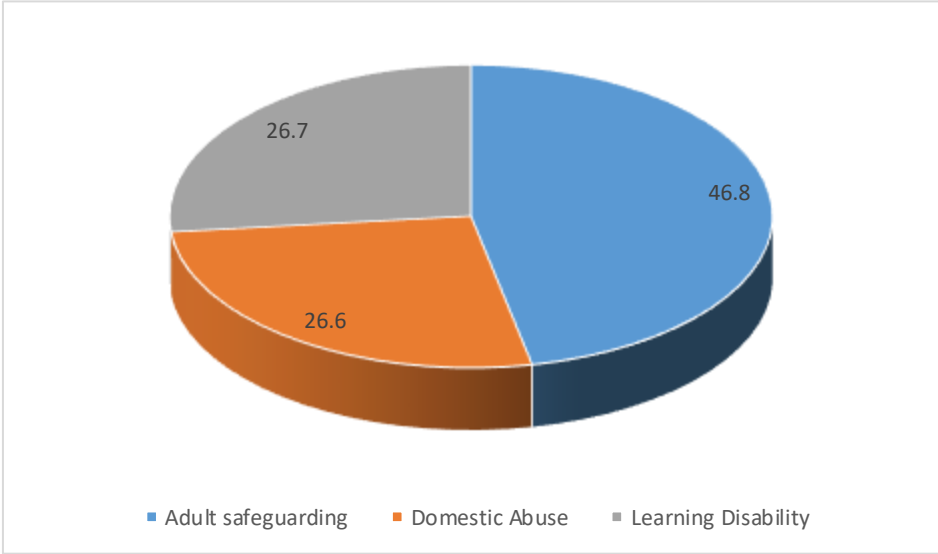
NB: YDH data reporting only captures the number of incident / Ulysses reports received, it does not include telephone or email contacts.

**Audit and Measurement**

**Table 2: Safeguarding Adult Contacts 2022/23**

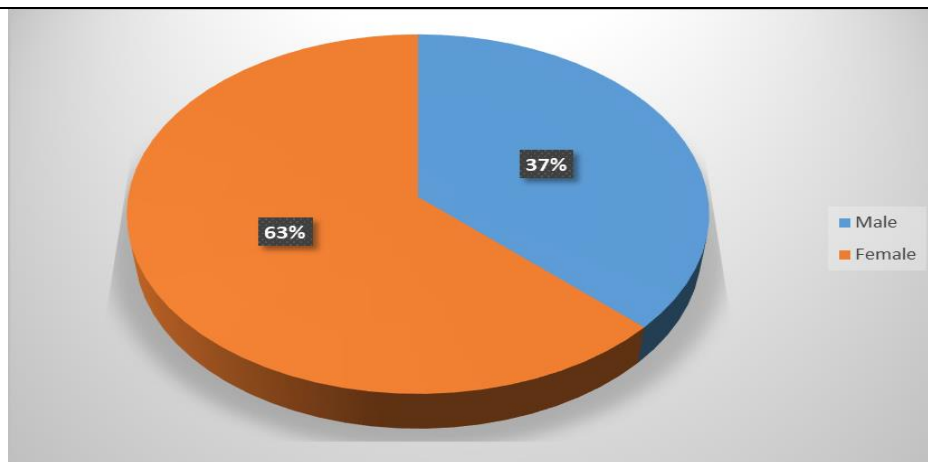


**Table 3 Percentage breakdown of adult referrals to YDH safeguarding team.**



**Table 4: Referrals to YDH Safeguarding Team by gender (excluding Learning disability).**

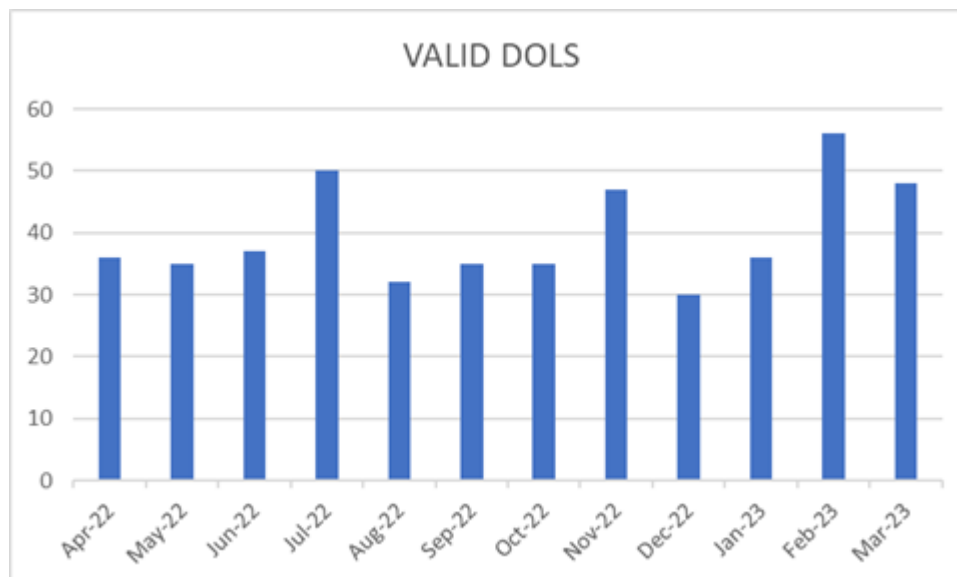




**MCA & LPS Service - Contacts from staff seeking advice/guidance**

Since the new combined trust service was introduced in March 2022 the following data for YDH valid Deprivation of Liberty requests have been recorded as follows

**Table 5: Monthly Breakdown of DOLs applications.**



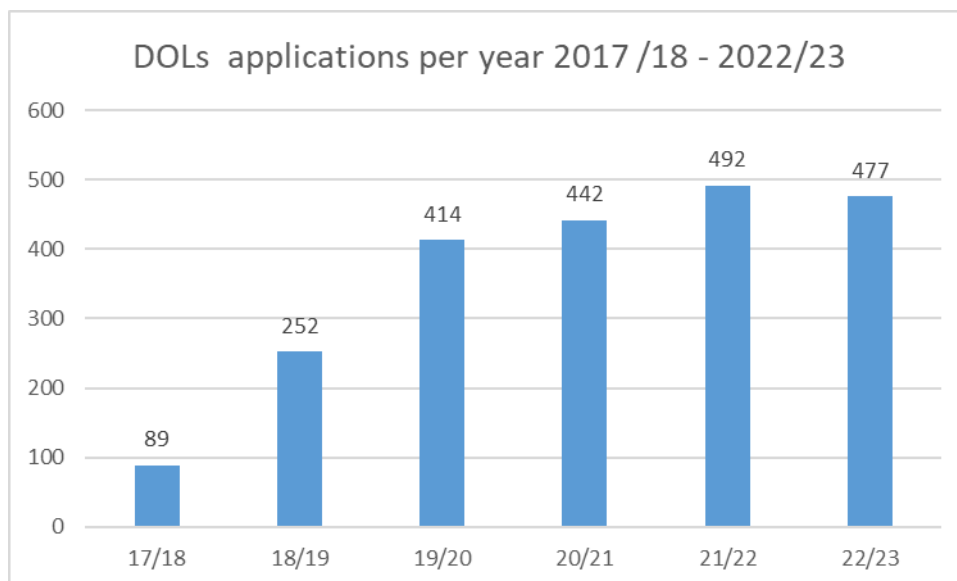
**Table 6 – DOLs applications by ward April 2022 – March 2023**

Ward	No applications
6A	25
6B	41
7A	30
7B	73
8A	42
8B	37
9A	41
9B	47
Jasmine	19
Kingston	20
EAU	97

AAU	14
ACCU/ CCU	9
CDU	12
FAU	3
ICU/ITU	8
FOPAS	0
WARD 10 (paediatrics)	0

Reassuringly this demonstrates a sustained compliance and understanding of the process by staff for the requirements of DoLS.

**Table 7: Comparison of DOLs applications over previous 6 years.**



The work undertaken by the joint service to raise awareness through increased training provision and regular Mental Capacity Newsletters does appear to be resulting in a sustained approach and recognition of deprivation of liberty cases by staff and it is anticipated that this will continue.

**SAFEGUARDING ADULT REVIEWS (SAR)**

The Head of Safeguarding leads on SARs for the Trust. In this reporting period the Trust’s Safeguarding team have not been requested to be involved in the investigation of any Somerset SAR’s.

Any final SAR reports (both local and national) have been written/published and recommendations confirmed, learning from the SARs will be disseminated via safeguarding training, 7 minute briefings, staff news and via safeguarding supervision. Assurance of learning / actions from SARs is via the Safeguarding Adult Board and Trust’s Safeguarding Operational Group and the Trust Safeguarding Committee.

There has been 4 Serious Adult reviews published by the Somerset Safeguarding Adult Board in this reporting period. ( Robert, Susan, Mrs L and Kathleen) Full publications can be accessed via:

<https://ssab.safeguardingsomerset.org.uk/about-us/publications/learning->

[fromserious-cases/](#)

An initial review of a complex case that did not meet the criteria for a SAR (Request submitted June 2021) is being undertaken in April, in respect of a patient who was identified as self-neglecting although deemed to have mental capacity to decision make who subsequently died (March 2020). The purpose of the review is to determine what, if anything the professionals involved in the care of the individual might have done differently. This review is being led by the ICB Designated nurse for safeguarding adults. It is anticipated that from this review a practice briefing will be developed and shared with trust staff.

### **Section 42 Enquiry Requests**

Under section.42 of the Care Act 2014 The local authority must make enquiries, or cause others to do so, if it reasonably suspects an adult in its area:

- Has care and support needs (whether the authority is meeting them or not) AND
- Is experiencing or at risk of abuse or neglect AND
- As a result of these needs is unable to protect themselves against the abuse or neglect or the risk of it.

An enquiry is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place.

During the reporting period the organisation had received 5 requests for section 42 review to be undertaken in respect of patient care whilst in this hospital.

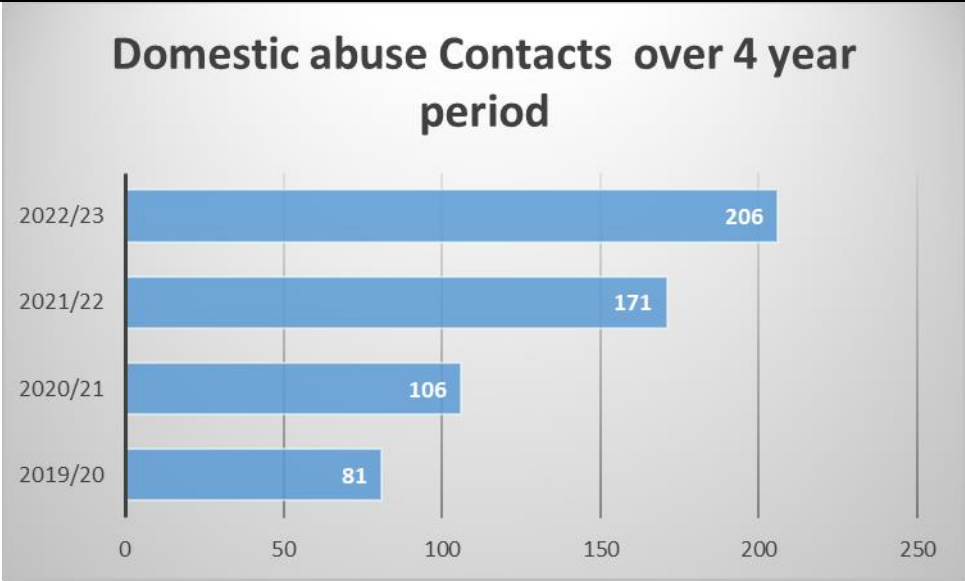
The common theme for all of the reviews undertaken was in respect of poor communication both verbal and written between trust staff, families and care agencies. Lack of robust information particularly at point of discharge appears to be a primary concern.

### **DOMESTIC ABUSE (DA)**

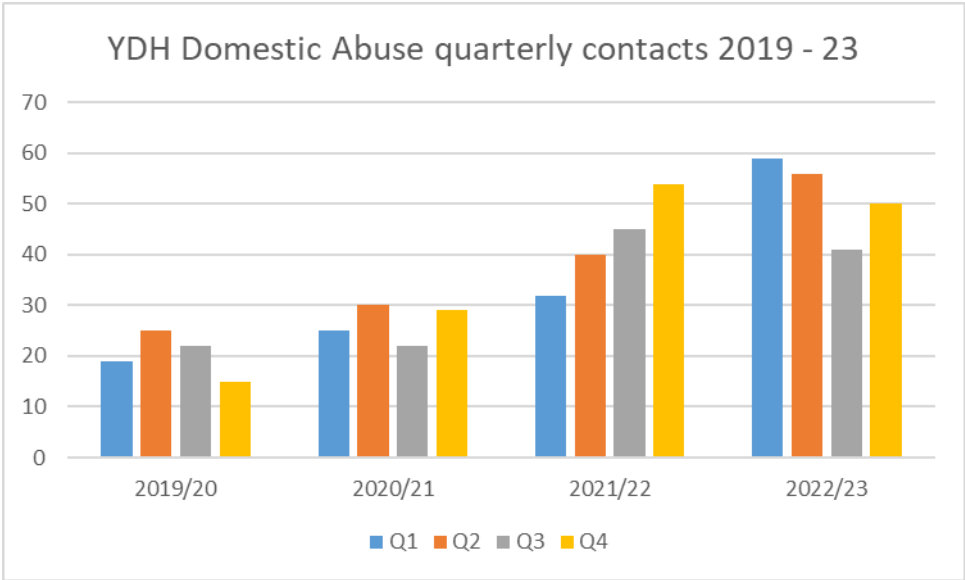
DA contacts to the Trust's Safeguarding Team continue to increase year on year, which evidences the success of ongoing domestic abuse awareness raising undertaken by the Domestic Abuse Coordinator (DAC) and continued drive by the Safeguarding Team to raise DA awareness across the Trust to improve the trust wide response to DA. Overall there has been a steady increase in the number of contacts made to the team with this reporting period having the highest number.

This is a 61% increase of contacts to the team over a 4 year period.

### **Table 8 : Year on year comparison of safeguarding adult DA related contacts**



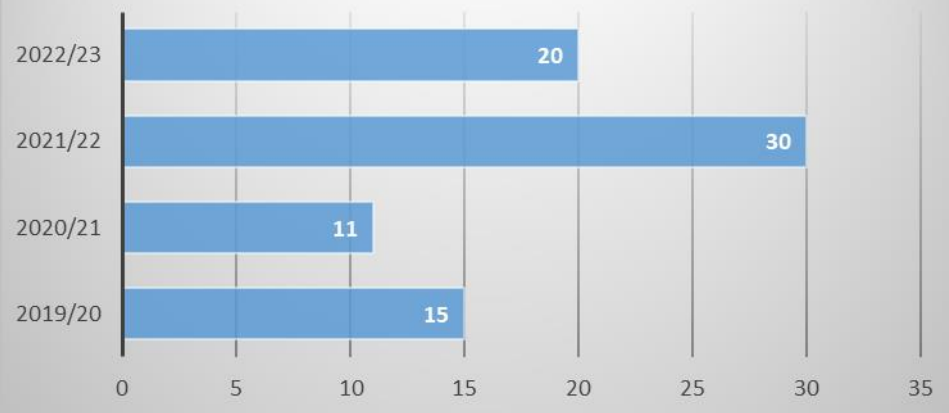
**Table 9: Quarterly contacts**



Over the 4 year period a total of 76 domestic abuse referrals were made to the Community Safety Partnership, 26% of this figure was done in the current reporting period of this report.

**Table 10: YDH referrals to community safety partnership.**

### YDH referrals to community safety partnership.



#### **MARAC (Multi-Agency Risk Management Conference)**

The Domestic Abuse Coordinator or a member of the safeguarding team represents the Trust at local Multi-Agency Risk Management Conference (MARAC) meetings. The safeguarding administrator undertakes all the background research of individuals who were identified on the trust Trakcare patient record system, to contribute to the safeguarding of victims and children. The domestic abuse coordinator would only attend the South Somerset MARAC meetings. On average each MARAC meeting discussed 20+ cases (families). Each meeting can take up to 5 hours duration, then the coordinator is required to document the discussion and outcome for each family member and place appropriate domestic abuse alert flags onto the Trakcare system when required. MARAC is one facet of the domestic abuse agenda.

#### **Domestic Homicide Reviews (DHR)**

Domestic Homicide Reviews (DHR) are part of the Domestic Violence, Crime and Victims Act 2004 (section 9) and became Law from the 13th April 2011. The purpose of a DHR is to establish lessons, which can be learned from the domestic homicide, in order to prevent future similar deaths and to improve service responses for all domestic violence victims and their children through improved intra and inter-agency working. The Act states that a DHR should be a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by-

- a) A person to whom she was related or with whom she was or had been in an intimate personal relationship or
- b) A member of the same household as herself; held with a view to identifying the lessons to be learnt from the death.

This also includes domestic abuse related suicides.

A multi-agency review panel, with an independent Chair, is given the responsibility for carrying out the commissioned review.

Locally, the Safer Somerset Partnership is responsible for determining whether such a review should take place in the event of a death, establishing a review and overseeing subsequent reports and actions.

The trust is currently represented at the group by the Head of Safeguarding.

During this reporting period 7 information gathering requests were received. There were no cases where the trust had any significant contact with either the victim or perpetrator, therefore our involvement has been minimal.

The Head of Safeguarding has continued to represent the trust at an ongoing DHR (37) that was commenced in June 2021, in respect of an individual who had committed suicide. All identified actions to date have been completed. Due to the complexity of this review the report is still at the draft stage. The findings and learning from this DHR will be made available to staff once it has all been fully agreed.



DHR action plan.docx

**PREVENT**

The Government’s Prevent strategy aims to reduce the threat to the UK from terrorism by stopping people becoming radicalised or supporting terrorism. The Counter Terrorism and Security Act (2015), includes a duty which places a general requirement on specified authorities to ‘have due regard to the need to prevent people from being drawn into terrorism’. This applies to NHS Trusts and NHS Foundation Trusts. The Head of Safeguarding is the Prevent Lead for the Trust and represented the Trust at the quarterly countywide Prevent Forum until the beginning of November 2022 when the 2 safeguarding teams merged and it was agreed that only 1 person would be required to represent the trusts at these meetings. Following the merger the role will be undertaken by the Strategic Lead and Named Professional for Safeguarding Adults (SomersetFT)

The Trust is required to submit quarterly Prevent data to the NHSE Prevent Data Collections Team via NHS Digital. As a means of assurance, the NPSA shares this quarterly data with the ICB via the Combined ICB Dashboard and Trust Safeguarding Committee. The data includes training statistics and number of Prevent referrals.

Due to the forthcoming merger of the trusts the Prevent training matrix has been remapped, this now aligns the trust with SomersetFT.

The in-house prevent training programme for Basic Prevent Awareness Training (BPAT) has continued through E-Learning via trust moodle platform available for all staff to access. The Workshop Raising Awareness of Prevent (WRAP) was incorporated into the level 3 safeguarding adult’s modular training programme. Since the integration of the 2 safeguarding teams’ staff are now able to access the training programme as offered by SomersetFT.

**Table 11: Prevent training compliance figures as of 31.03.2023**

2022/23	Q1	Q2	Q3	Q4
Prevent BPAT	89%	88%	85%	84%
Prevent WRAP	69%	70%	70%	69%

<b>Reporting Structure/</b>	<b>Safeguarding Operational Group</b>
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<p><b>Specialist Committee</b></p>	<p>The aim of this group was to provide the necessary assurance to demonstrate that the trust is meeting its obligations for regulation with the Care quality Commission in relation to safeguarding including those with a learning disability. The group consisted of leads from various wards and departments from the hospital who aimed to meet bi-monthly. This group fed into and received back any actions from the safeguarding Committee. This Group will be replaced by a joint post-merger safeguarding Operational Group.</p> <p><b>Safeguarding Committee</b> The Trusts Safeguarding Committee met quarterly and worked to a defined reporting schedule. The Committee functioned with an integrated membership and provides an oversight to all areas of work covered by the Integrated Safeguarding Service.</p> <p>The Trust Head of Safeguarding represented the trust at the following:</p> <ul style="list-style-type: none"> <li>• Somerset Safeguarding Adults Board and associated sub-groups</li> <li>• Somerset Domestic Abuse Board</li> <li>• Southwest Safeguarding in Health Network Meeting</li> <li>• Southwest Prevent Network Meetings</li> <li>• Safer Somerset Partnership Board</li> </ul> <p>Methodology to be used for Monitoring:</p> <ul style="list-style-type: none"> <li>• periodic reports to the Somerset Safeguarding Adults Board for inclusion in the Safeguarding Adults Board annual report</li> <li>• statistical quantitative and qualitative data to the Somerset Safeguarding Adults Board Quality Assurance sub-group</li> <li>• serious incidents requiring investigations review group reporting</li> </ul> <p>Safeguarding Adults Board and sub-groups</p>
<p><b>Directorate-level assurance</b></p>	<p>Governance and Quality Assurance Committee - Safeguarding Quality Report</p> <p>Integrated Safeguarding Adults, Children and Young People. Annual Report, Including the Mental Capacity Annual Report.</p>

**POLICY COMPLIANCE**

<p><b>Policy Status</b></p>	<p>All relevant safeguarding policies have been aligned to Somerset FT policies</p>
<p><b>Policy Compliance</b></p>	<p><b>SAFEGUARDING ADULTS</b> The YDH Safeguarding Team reviewed any contacts to the team that came via the Ulysses incident reporting system or via email contact. Team members would then action the referrals through contact with the patient (if an inpatient) or staff member and provide support through advice guidance and where necessary action any referrals and forward them to the Local Authority (LA) for their threshold decision regarding whether criteria for statutory s42 safeguarding enquiry has been met (which is a LA duty under the Care Act 2014). In cases where there is a difference of opinion as to whether a referral meets the criteria for s42 safeguarding enquiry, the Somerset Safeguarding Adults Board escalation process is followed.</p> <p><b>Training compliance in line with Safeguarding Adult Policy</b> Review of staff mapping in line with the RCN Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate Document was undertaken in</p>



	<p>Qtr. 4. to ensure safeguarding adult competencies are met and we are aligned with the mapping of Somerset FT reporting to ICB via Dashboard and to Trusts' Safeguarding Committee. It is acknowledged that prior to this recent mapping exercise staff had not been mapped to Level 3 competencies, therefore there is no qualitative data available for retrospective review.</p> <p><b>DOMESTIC ABUSE</b>          The Domestic Abuse Coordinator DAC and team members would review any of the Domestic Abuse contacts /incidents. When available (Mon- Thurs office hours) the DAC would liaise with the patient if they were still in a hospital department and help facilitate a response appropriate to their needs. This would include referrals to Somerset Integrated Domestic Abuse Service (SIDAS) and or referral to Multi-Agency Risk Assessment Conference (MARAC)</p> <p>Domestic Abuse referrals data is shared with the ICB via the Safeguarding Children's Dashboard. Frequency of Monitoring (for financial year 2022/23 monitoring was as follows):</p> <ul style="list-style-type: none"> <li>• Annual reports to Somerset Safeguarding Adults Board</li> <li>• Annual report to Trust Board</li> <li>• Quarterly reports to the Trusts' Safeguarding Committee</li> </ul> <p><b>MENTAL CAPACITY ACT &amp; DEPRIVATION OF LIBERTY SAFEGUARDS.</b>          Mental Capacity Act and DoLS is now managed jointly across YDH and SFT. This ensures that approaches and standards are benchmarked across Trusts and allows for shared learning.          A new Mental Capacity Act &amp; DoLS Lead is now in post since the last report. A Deputy Lead has also joined the service. This ensures that specialist advice and guidance is available to all staff and that has resulted in the training offer being enhanced and extended.          Advice &amp; guidance is available to all staff via a generic email address <a href="mailto:MCADoLSandConsent@ydh.nhs.uk">MCADoLSandConsent@ydh.nhs.uk</a></p>
<p><b>Policy / process development</b></p>	<p>All relevant policies have now been aligned with Somerset FT policies and future development will be as per new trust requirements.</p>

<p style="text-align: center;"><b>TRAINING AND COMPETENCIES</b></p>	
<p><b>Learning Framework</b></p>	<p>Safeguarding Learning and Development Lead (SL&amp;DL)</p> <p>With the merger of the 2 safeguarding teams in November 2022 the trust has benefitted from guidance and expertise of the Safeguarding Learning and Development Lead (who was part of the SomersetFT Safeguarding Service) who is responsible for the provision, facilitation, promotion and dissemination of safeguarding adult training. The post holder has been instrumental in the advancement of the combined training offer for trust staff.          The training report will be included in the SomersetFT Safeguarding adults report for this reporting period</p> <p><b>Safeguarding Adults Training</b></p> <p>Safeguarding Adults Mandatory Training is in line with the Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate Document (2018),</p>



Prevent training and Competencies Framework (2017), as well as expectations set out in the NHS England and Somerset Integrated Care Board (ICB) contract. Training Summaries for Safeguarding Adult's Level's 1, 2 and 3, plus accompanying E-learning modules at Level's 1 and 2 have been developed and now following the merger are accessible via LEAP for all trust staff

Safeguarding Adults training within YDH had previously been available through a rolling modular programme. This was mostly classroom based face to face training, however during the reporting period there were a number of training sessions cancelled due to lack of availability of staff being able to attend or members of the safeguarding team unavailability due to capacity of the team balanced with the incident reports/ work stream's that were being reported. Staff were also signposted to E learning opportunities where appropriate. With the merger of the 2 teams the following training opportunities is provided as follows:

Levels 1 and 2 – E-learning for Health modules with accompanying Somerset NHS FT 'local processes / domestic abuse awareness interactive PDF module'. This Trust produced additional module ensures that colleagues are aware of local safeguarding processes and gain domestic abuse awareness.

Level 3 is provided via a whole day training session (delivered via Teams) and accompanying e-learning module.

- A re-mapping exercise has taken place for safeguarding adults training to reflect the intercollegiate guidance. This will adversely effect compliance rates for the merged Trust and will require remedial action following the merger.

### **Mental Capacity Act & DoLS training**

MCA training became mandatory at YDH at the start of October 2022. This followed:

- Development of a training package that aligned with the Somerset MCA competency framework
- A mapping exercise being undertaken to identify the appropriate level of MCA training for each role within the trust.

No figures for MCA training compliance exist prior to October 2022.

Level 1 training is e-learning package openly accessible to staff via the ESR platform and requiring refresher every 3 years. 426 staff from YDH are mapped to complete this level of training currently.

Level 2 training is a 3 hour live interactive webinar with case examples and discussion. This is bookable via the L&D learning platform. 1330 staff from YDH are mapped to complete this level of training currently.

The Level 2 webinar offer runs weekly. A mix of days/times are available to facilitate staff to attend regardless of their working patterns. 100 spaces are available to book on each webinar across the newly merged trust.

MCA training compliance is reported via the safeguarding committee and a plan is in place to ensure that the trajectory of compliance levels for both MCA L1 and L2 training continues in an upwards direction.

Whilst not mandatory training, the MCA training package for Levels 1 & 2 training is available for all Trust colleagues and is bookable via OWL.

The MCA Training currently comprises two levels and is mapped to ensure that staff receive training at a level appropriate to their role. This training is mandatory for those staff whose roles have been identified as requiring knowledge of the MCA.

Following feedback received by the Learning and Development Team the training has recently been revamped to include more scenario-based content so that learners can apply the knowledge to situations they might encounter in their day-to-day work.

Training is now available equitably across both SomFT and YDH to reflect the combined trust approach of the MCA & DoLS service. It is anticipated that a suite of higher-level bespoke training sessions aimed at those staff involved in supporting patients with more significant decisions will be developed over the coming year.

**PREVENT Training**  
 The Prevent training was re-mapped in line with the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019

Domestic Abuse Awareness training / Domestic Abuse specialist training  
 Domestic Abuse training is not mandatory, yet its inclusion in the Safeguarding Service training programme is imperative to meet ‘Lessons Learnt’ from local and national Domestic Homicide Reviews, and Safeguarding Adult / Safeguarding Children Reviews, in addition to addressing the need to improve Health’s response to domestic abuse. To address this, as mentioned above, domestic abuse awareness has now been incorporated into safeguarding adults e-learning levels 1&2 (it is already incorporated into L3).

Additionally, we have utilised pre-existing Domestic Abuse Level 1 training produced by E-Learning for Health (NHSEI). This training consists of two separate e-learning modules, which is available to book via OWL. The Safeguarding Service has also produced a 30-minute recorded webinar that advises on how to use the domestic abuse risk assessment tool (DASH).

**Training Compliance**

**CCG training compliance rates:**

<76% = red	76% - 84% = amber	85% - 100% = green (compliant)
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The Safeguarding Service adapted its training programme to online delivery in 2020 to enable continuity throughout the pandemic. Online delivery has continued throughout 2021/22 and has been further enhanced following the integration of the two Trusts Safeguarding Service in November 2022. Colleague capacity to undertake the training continues to be impacted by demands resultant of the pandemic. This continues to be reflected in this year’s figures.

**Table 11 : year-end safeguarding adult training statistics**

Year-end data	Safeguarding Adults Level 1	Safeguarding Adults Level 2	Safeguarding Adults Level 3
March 2022	1	2	3
Percentage of staff	89% (previous year)	89% (previous year)	98% (previous year)

trained	94%)	94%	data not recorded.N>B this data was produced prior to the remapping against the intercollegiate guidance and will be much lower following this going forward into the merged Trust)
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**Table 12 : Mental Capacity Act (MCA) Training Statistics**

The following table gives % compliance figures as end of each calendar month. Figures for March 2023 have not yet been received from the trust Learning & Development team. It is anticipated that this will be provided as a trust wide figure reflecting training compliance levels across the newly merged trust.

	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
MCA Level 1	30.6	34.1	38.4	39.4	54.2	62.4
MCA Level 2	16.6	26.0	31.4	35.4	40.5	44.6

**Table 13: Prevent Training Compliance Rates year end 2022/23**

2022/23	Q1	Q2	Q3	Q4
Prevent BPAT	89%	88%	85%	84%
Prevent WRAP	69%	70%	70%	69%

2021/22	Q1	Q2	Q3	Q4
Prevent BPAT	85%	84%	89%	91%
Prevent WRAP	67%	64%	72%	69%

**ONGOING ISSUES & ACTIONS**

**Current Issues**

The safeguarding adults training compliance rates are an ongoing issue, and this maybe of significant concern once compliance data and remapping has been finalised.The capacity for colleagues to be released to attend training continues to be an issue.

In the next financial year, the Safeguarding L&D Lead and the Named Professional for Safeguarding Adults will be considering how best to highlight to Trust colleagues

	the importance of the need for safeguarding adult training and the statutory responsibilities colleagues have regarding safeguarding adults. It is anticipated that continued promotion of the importance of the training will be publicised through LEAP, staff news and safeguarding supervision.		
<b>Integration status</b>	<p>The target date for the merger of the 2 trusts was achieved from the 1<sup>st</sup> November 2022. The anticipated changes to the service had been widely advertised to trust staff, with the most noticeable change being that there is a single point of contact to a Duty Team rather than staff contacting individual team members.</p> <p>Part of the process of preparation for the merger was a review of respective processes, policy and training that had been undertaken by the Head of Safeguarding (YDH) and the Lead for Safeguarding Adults (SFT) alongside the SFT Safeguarding Learning and Development lead and where applicable changes to the mapped training matrix to ensure that there is unified approach to safeguarding.</p>		
<b>Link to Risk Register</b>	None current	<b>Risk Score</b>	0
<b>SIGNIFICANT ACHIEVEMENTS</b>			
<p><b>Safeguarding Supervision</b>            During the reporting period ad hoc supervision was offered by the safeguarding team to trust staff members as required.</p> <p>From November 2022 the newly combined Safeguarding Service has extended its commitment to provide safeguarding supervision to staff groups across the Trust. The Safeguarding Duty Team primarily provides this supervision. Safeguarding Adult Supervision is not a statutory requirement and following a review by SFT leads an offer of a tier system for safeguarding adults was agreed. Services mapped to Tier one received regular quarterly supervision, services mapped to Tier 2 can book on to safeguarding supervision via a weekly supervision slot. This relies on Trust colleagues taking the responsibility to seek and book onto the relevant offer of safeguarding supervision.</p> <p><b>Modern Slavery Protocol</b>            NHS England Improvement (NHSEI) fully supports the Government’s objectives to stop modern slavery and human trafficking and recognises the significant role the NHS must play in both opposing and identifying it and provide support to victims (NHS England 2021).</p> <p>Prior to the merger of the teams YDH staff were able to access a classroom based training module in respect of raising awareness of modern slavery and the protocol.</p> <p>The Modern Slavery Protocol and check list sets out a clear process for escalating and reporting concerns of Modern Slavery/Human Trafficking. The purpose of the checklist is to provide guidance about the indicators of Modern Slavery/Human trafficking, how to record these indicators, and when/how to then share the concerns, if required, with other agencies and the Safeguarding Service</p>			

Reference Level

Green	Blue	Amber	Red
<p>Good systems of assurance that clearly provide evidence that there were no significant issues in the period covered.</p>	<p>Assurance systems in place AND No evidence of any significant issues in the period. Any issues evident are well-managed via clear, monitored plans.</p>	<p>Assurance systems are not adequate to ensure that there were no significant issues in period OR Issues of concern identified. Issues of concern are not accompanied by assurance of clear, monitored plans to address.</p>	<p>No relevant assurance in place OR Serious issues identified that present risks to the Trust and in the absence of an effective plan to address.</p>