

Governing Body meeting (held in public)

DATE: 24 September 2015

Title	Safeguarding Adult Annual Report 2014/15	
This paper is for Decision		
Recommended action for the Governing Body	That the Governing Body: Approve 1. The report and note priorities for 2015/16.	
Potential areas for Conflicts of interest	None.	
Executive summary	Bexley Clinical Commissioning Group (CCG)) are required to receive an annual report on safeguarding adult arrangements as part of the local governance framework. This ensures accountability for safeguarding adults at all levels by ensuring the board are kept informed of the main issues, risks and key priorities to be considered over the coming year.	
How does this paper support the CCGs objectives?	Patients:	Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders.
	People:	Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London.
	Pounds:	
	Process:	Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience.
What are the Organisational implications	Key risks	This report provides assurance that the CCG ensures accountability for safeguarding adults across the Bexley health economy.
	Equality	Services are provided in a manner which acknowledge and take account of equality and diversity issues.
	Financial	
	Data	

Clinical Commissioning Group

	Legal issues	
	NHS constitution	Ensuring compliance with relevant legislation and policies.
Engagement		
Audit trail		
Comms plan		
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Date	3 September 2015	

Safeguarding Adults Annual Report

2014-2015

Prepared by Marino Latour, Safeguarding Adults & Quality Lead/ DASM
August 2015



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Introduction

NHS Bexley Clinical Commissioning Group (CCG) are required to receive an annual report on safeguarding adults arrangements as part of local and national governance framework. This report covers the period April 2014- July 2015.

The CCG is a statutory NHS body with a range of statutory duties, including safeguarding adults.

Summary of the key issues covered in this annual report

This report addresses the safeguarding responsibilities of the CCG.

This report is split into 9 sections:

1. Local context
2. The Care Act
3. Safeguarding in Bexley
4. Summary of progress
5. Governance and accountability
6. Safeguarding Monitoring with Provider Trusts
7. Safeguarding Adults Training in Bexley CCG
8. Priorities for 2015/16
9. Conclusion

1. National context

1.1. The Care Act

The Care Act received its royal assent on 14th May 2014. It was designed to reform the law relating to support for carers and to make provision about safeguarding adults.

Highlight from the Care Act includes:

- Making safeguarding adults boards statutory
- Making safeguarding enquiries a corporate duty for councils,
- Making serious case reviews mandatory when certain triggering situations have occurred and the parties believe that safeguarding failures have had a part to play;
- Placing duties to co-operate over the supply of information on relevant agencies;
- Placing a duty on councils to fund advocacy for assessment and safeguarding for people who do not have anyone else to speak up for them;
- Re-enacting existing duties to protect people's property when in residential care or hospital;
- Placing a duty of candour on providers about failings in hospital and care settings, and create a new offence for providers of supplying false or misleading information, in the case of information they are legally obliged to provide.

1.2. New Offences of ill treatment or wilful neglect

In November 2013 the government accepted the recommendation of the National Advisory Group that a new statutory criminal offence of ill treatment or wilful neglect of patients should be created. A public consultation ended on 31 March 2014. Following consultation feedback, the government has determined to develop the offences and legislate at the earliest opportunity. Clauses are to be added to the Criminal Justice and Courts Bill which is currently proceeding through Parliament.

1.3. Mental Capacity Act

Deprivation of liberty in “domestic” settings

The Supreme Court has held that a deprivation of liberty can occur in domestic settings where the state is responsible for imposing such arrangements. This will include a placement in a supported living arrangement in the community. Where there is, or is likely to be a deprivation of liberty in such placements it must be authorised by the Court of Protection.

The full judgement: *Cheshire West and Chester Council v P* (2014) UKSC 19, (2014)

Select Committee on the Mental Capacity Act 2005

The Select Committee on the Mental Capacity Act 2005 published their report in March 2014. The Committee recommended that an independent body should be given responsibility for oversight of the Act in order to drive forward vital changes in practice. The Committee also found that the Deprivation of Liberty Safeguards (DoLS), inserted into the Mental Capacity Act in 2007 are not fit for purpose. The Committee is recommending that the DoLS be replaced with legislation that is in keeping with the language and ethos of the Mental Capacity Act as a whole.

Key further recommendations were:

- Government works with regulators and professional bodies to ensure the Act is given a higher profile in training, standard setting and inspections.
- Government increases the staff resources at the Court of Protection to speed up handling of non-controversial cases.
- Government reconsiders the provision of non-means tested legal aid to those who lack capacity, especially in cases of deprivation of liberty.
- Local Authorities use their discretionary powers to appoint Independent Mental Capacity Advocates (IMCA) more widely than is currently the case.
- Government addresses the poor levels of awareness and understanding of Lasting Powers of Attorney and advance decisions to refuse treatment among professionals in the health and social care sectors.
- Government review the criminal law provision for ill-treatment or neglect of a person lacking capacity to ensure that it is fit for purpose.

1.4. PREVENT

Prevent is part of the government’s strategy for counter terrorism and seeks to reduce the risks and impact of terrorism on the UK. The CCG will work with health organisations to ensure staff are trained to identify vulnerable individuals, ensure Prevent is embedded in governance and systems, ensuring agencies are working in partnership to support the Prevent agenda.

The aim of Prevent is to ensure that there are preventative strategies in place across all agencies to support and divert people who may be susceptible to radicalization, before they become directly involved in any illegal activity relating to acts of violence or terrorism. The Counter Terrorism and Securities Act 2015 sets out key responsibilities for health agencies.

2. Local context

According to the Health profile Bexley 2015, Public Health England (June 2015) the population of Bexley is 237,000. The population of Bexley has increased by 6.3 % between 2001 and 2011. In Bexley, there is an anticipated growth in employment by 10.6 to 84,000 jobs by 2036 as the population rises to 275,000 in 2036. By 2033, it is projected that there will be 20,000 more people aged over 65 living in Bexley than there are currently (57,200). Of these, 10,000 will be over the age of 85 compared to just over 5,000 in 2011. Bexley Growth Strategy: Direction of travel (2015)

The population of Bexley is diverse. Bexley continues to be predominantly “White British” borough 77.3% with an overall white population of 81.9% and the BME group is at 8.4%. (Joint Strategic Needs Assessment for Bexley 2014). There is a strong evidence that people from ethnically diverse backgrounds, particularly those with low English language proficiency, can receive poorer quality services compared to others and are more likely to experience adverse events in their journey through the health care system.

Overall Bexley is not a deprived borough, but unemployment rate from July 2012-13 was 8.1% of the population aged over 16. There is evidence that higher rates of unemployment are concentrated in the north and north-east of the borough, such as Thamesmead, Erith, Belvedere and North End.

9% of households in South East London were categorized as “Vulnerable” and were living in non-decent private sector housing. Vulnerable households were those in receipt of a range of means tested benefits and benefits related to disability with high rates of over 40% in North Bexley and Thamesmead.

Life expectancy at the age of 65 years in Bexley is above the national average for both males and females. There is a significant gap in life expectancy for males and females between the most and least deprived wards in Bexley and the gap is widening for males but narrowing for females. The life expectancy gap for males between the most and least deprived wards in Bexley is 7.6 years and for females 3.1 years. There is a concentration of these risk factors in these deprived wards in Bexley and therefore a higher incidence of safeguarding concerns.

Falls are the Largest case of emergency hospital admissions for older people. In 2012, there were 10,361 adults over the age of 65 predicted to have had a fall it is predicted that this figure will rise by 11% by 2020.

The uptake of immunisation from influenza has remained consistently below the national target of 75%. The latest figures showed a 68.8% uptake compared to a national level of 74%.

A recent Care Quality Commission report highlighted that the health and social care system is struggling to care adequately for people with dementia. This is having an impact on hospital capacity and resources. People living with dementia living in a care home are more likely to go into hospital with avoidable conditions such as urinary infections, dehydration and pressure sores, than similar people without dementia.

3. Safeguarding in Bexley

There has been an increase of adults safeguarding as compared to previous years. Of those accepted safeguarding adults referrals by social services 68% referrals were female and 32% male. There is evidence that that safeguarding adults awareness of situations have increased in accordance of the Pan London Safeguarding Adults at Risk procedures has become increasingly embedded within services that support adults at risk.

The increasing level of public and care staff awareness, coupled with a number of high profile failures in care services in other parts of the country, have led to a continued increased in concerns being raised within Bexley.

In 2014/15, in total there were 952 safeguarding adults concerns were raised in Bexley over the year of which 724 were accepted as formal referrals requiring multi agency safeguarding adult interventions. This number compares with 840 concerns being raised in 2013/14 with 614 being managed under formal safeguarding procedures.

Some people may have experienced more than one form of abuse, such as physical harm as a result of neglect could also be considered to be both physical abuse and neglect.

There were 114 cases of neglect and acts of omission during that year (appendix 1 from LBB safeguarding performance)

There were 760 Deprivation of Liberty Safeguards cases during 2014/15 as compared to 99 in 2010/12.

NHS England has funded a conference on MCA/DoLs organised by LBB in June 2015 which was very well attended by most providers including some Care Homes.

3.1 Bexley Safeguarding Adults Partnership Board

The Bexley Safeguarding Adults Board meets four times during 2014/15. Membership of the Safeguarding Adults Board includes representatives from all partner agencies, including the Director of Adults Social Care as lead agency responsible for safeguarding adults within Bexley, the Metropolitan Police, NHS Bexley CCG, Community and Mental Health services, Learning Disability and Acute NHS providers. In addition Bexley Healthwatch, Voluntary and charitable organisations, London Fire Service, London Ambulance Service, User representation and Advocacy service are all represented on the Board.

The CCG contributes by attending the four subgroups as follows:-

- Best Practice and Learning
- Performance Management and Quality Assurance
- Publicity and Communication
- Training and Development

The Performance Management and Quality Assurance sub group is chaired by the Safeguarding Adults and Quality Lead from Bexley CCG.

4. Summary of progress

Challenges facing the Bexley health economy focus on continuing to improve practice and to demonstrate improved outcomes for adults.

NHS Bexley CCG has successfully recruited a Safeguarding Adults and Quality lead who has the responsibility of MCA/DoLs and PREVENT who is also the DASM (Designated Safeguarding Adults Manager).

4.1 Safeguarding adults performance metrics

- The CCG has worked with its main providers services (LGT, Oxleas MH & Community, PRUH and MCCH) and neighbouring CCGs (Bexley, Bromley, Lewisham and Greenwich) in reviewing and agreeing the Adult Safeguarding performance metrics, reporting framework and standards for inclusion in contract negotiation and the NHS Contract 2015/2016.

- This is accompanied by guidance notes to provide clarity on the performance metrics and standards expected of provider services.

4.2 Safeguarding adult's policy and annual work plan

The joint safeguarding adults and children policy was reviewed and aligned with the Safeguarding of Vulnerable People in the NHS: Accountability and Assurance framework 2015 and the draft Pan London Safeguarding Adults at Risk 2015. The Safeguarding Adults strategy is also updated.

- The PREVENT guidance together with the Channel Panel guidance have now been signed off by the safeguarding committee. These documents can be found on the intranet web page dedicated to Safeguarding adults and children.
- These documents are consistent with the principles and key priorities of the Care Act 2014 and will include the revised London Borough of Bexley (lead agency) Adult Safeguarding Policy and Business Plan.
- All documents will be discussed through consultation with key partners and prior to sign off by the CCG Safeguarding Committee

4.3 Safeguarding Adults alerts

- The CCG's Safeguarding Committee has started receiving regular updates outlining adult safeguarding concerns and quality alerts raised through the London Borough of Bexley's Contact Team relating to all CCG funded adults at risk residents.
- The update report identifies the top four care homes where adult safeguarding concerns and quality alerts were raised.

4.4 Care Act Implementation

- A briefing report introducing the CCG to some of the key aspects within the Care Act 2014 for adult safeguarding was presented and discussed at the CCG's Safeguarding Committee.
- The report makes recommendations and outlines actions required by the CCG as part of its implementation of the Act. The actions required by the CCG have been reflected within the CCG's draft adult safeguarding annual work plan.

4.5 Additional key Highlights are:

- There has been much progress since March 2014 in ensuring robust structures are in place.
- Data collection is now more robust but there is on-going improvement work
- Liaison with other teams such as complaints, risk management and legal is improving
- At the March meeting a work plan for the next 6 months was agreed. There has been progress in all areas although some of the time frames have not been met.
- Allegations against Kings had not historically been collected as a separate dataset. While there is data available there have been issues with recording and retrieval of this data so a breakdown has not been included, but will in future reports. Where there is an allegation Kings have caused harm, this would also be raised as a Serious Incident. The Head of Safeguarding Adults has met with patient Safety and Risk management to agree process for working together on shared cases. The types of allegation are about poor discharges, pressure ulcers and abuse by staff.

- The Self-Assessment audit was completed by Bromley and Southwark Safeguarding Adults Boards held challenged events. The priority area is around the Mental Capacity Act.

5. Governance and Accountability

Legal Framework

Responsibilities for safeguarding are enshrined in legislation. Adults have a legal right to make their own decisions, even if they are unwise, as long as they have capacity to make that decision (which must be free from coercion or undue influence). However, if an 'adult repeatedly makes unwise decisions that put them at significant risk of harm or exploitation, or makes a particular unwise decision that is obviously irrational or out of character'. There might be need for further investigation. Moreover, the wishes of victims of crime can be overridden in the public interest, which includes responding to suspected offences against them or the suspected abuse or neglect of others.

5.1 Clinical Commissioning Groups

CCGs are statutory NHS bodies with a range of statutory duties, including safeguarding adults and children. They are membership organisations that bring together general practices to commission services for their registered populations and for unregistered patients who live in their area. CCGs are responsible for commissioning most hospital and community healthcare services. Initially in the reformed NHS CCGs were not directly responsible for commissioning primary medical care (or other primary care services), but they have a duty to support improvements in the quality of primary medical care. Further to this, co-commissioning arrangements between CCGs and NHS England are being put in place from 2015/16 and the implications for safeguarding duties are set out below.

CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place. CCGs are responsible for securing the expertise of Designated Professionals on behalf of the local health system. It should be recognised that the Designated Professionals and Adult Safeguarding Leads undertake a whole health economy role. It is crucial that Designated Safeguarding Professionals play an integral role in all parts of the commissioning cycle, from procurement to quality assurance if appropriate services are to be commissioned that support adults at risk of abuse or neglect, and children, as well as effectively safeguard their well-being.

Safeguarding forms part of the NHS standard contract (service condition 32) and commissioners will need to agree with their providers, through local negotiation, what contract monitoring processes are used to demonstrate compliance with safeguarding duties.

CCGs must gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement. Assurance may consist of assurance visits and attendance at provider safeguarding committees.

CCGs are also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding.

NHS Bexley CCG has a clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements. Bexley CCG and NHS England are statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards adults at risk from abuse and neglect. NHS England is the policy lead for safeguarding and has safeguarding responsibilities for directly commissioned services (primary care- including GP's, dentists, pharmacies, specialised services –health visiting & family nurse partnership until 2015). NHS England has a statutory duty to be a member of the Safeguarding adults and provides oversight

and assurance of the CCG's safeguarding adults' arrangements and supports the CCG in meeting its responsibilities.

5.2 Reporting Structure

Safeguarding assurance continues to be monitored through the Governance and Quality Directorate with different functions, such as Governance, safeguarding, patient experience co-ordinating to ensure that data is discussed and triangulated. Further monitoring is conducted through the analysis of Serious Incidents within this Directorate facilitates which ensures early detection of safeguarding and or safeguarding related activities in provider services. Directorate meetings such as the Quality Intelligence Meetings also continue to take place.

The Chief Officer is the CCG accountable officer for Safeguarding. These responsibilities are delegated to the Executive Lead (Director of Governance and Quality).

All safeguarding posts in Bexley CCG are filled. The designated professionals provide strategic and professional leadership on all aspects of the health service contribution in Bexley to safeguard adults at risk.

CCG Executive Lead	Simon Evans-Evans
DASM/ Safeguarding Adults & Quality Lead	Marino Latour
Designated Safeguarding Children Lead	Jill May

5.3 Safeguarding Commissioning Standing Committee

The overall aim of the establishment of this group is to support the quality assurance and patient safety mechanism with the CCG and to ensure that systems are in place to monitor the quality and performance of commissioned services in relation to the safeguarding agenda and are functioning appropriately.

This group meet bi-monthly and is chaired by the Executive Director for Safeguarding. Issues are reported to the CCG Quality and Safety Committee.

6. Safeguarding Monitoring with Provider Trusts

Provider trusts are expected to report on their safeguarding adult's performance via their Clinical Quality Review Group on a quarterly basis. They are to submit annual reports in regard to their safeguarding adults work and to develop enhanced reporting in regard to this work with the CCG. They will receive feedback from NHS Bexley CCG's safeguarding adult's lead/DASM in terms of recommendations for improvements each quarter.

During the course of reporting year quarterly updates in regards provider progress has been submitted to Quality and Safety Sub Committees. Training seems to prove a challenge for providers during the year and will be strengthened within the contracts 2015/16.

Bexley CCG commissions Acute, Community and Mental Health Services from:

- Oxleas NHS Foundation Trust
- Darent Valley Hospital
- Princess Royal University Hospital (PRUH)
- Lewisham and Greenwich
- Kings College Hospital
- Guys & St Thomas Hospital
- Learning disabilities service from MCCH

6.1 Oxleas NHS Foundation Trust:

In this period there has been one substantiated SA investigation - financial abuse by family member who has been arrested and charged with five counts of fraud.

Training: level 2 and 3 safeguarding adults training is provided by Local Authorities, Oxleas are working with their training departments to obtain the data.

MCA & DoLS training - Oxleas have recently updated their e-learning and are reminding all staff that this new training is available to refresh their knowledge. Oxleas are commissioning face to face training for staff working in bedded services which will commence later in the summer.

Domestic violence training is incorporated into safeguarding training.

PREVENT data:

Oxleas has 5 staff members who are WRAP (*Workshop to Raise Awareness of Prevent*) facilitators. A total of 80 staff out of 2402 have had basic PREVENT Awareness training. A total of 259 staff out of 1631 had the full WRAP to date.

6.2 Darent Valley Hospital:

The safeguarding adults lead from Darent Valley has provided some data which can be used to inform the Dashboards, it remains difficult to give full and meaningful assurance about all aspects of the safeguarding arrangements.

Capacity issues continue to be a challenge for Darent Valley as they currently have 1 safeguarding lead covering the trust including Queen Marys Hospital. This challenge is further compounded by the fact that there is no separate designated trainer for either safeguarding adults or the MCA/DoLS. The Safeguarding adults lead has retired and there is an interim until fully recruited by end of October 2015.

Completion of a Datix incident form is a key part of the alerting process for safeguarding adults within the Trust. Datix highlights the concern and escalates it to the appropriate professionals within the Trust. This also requires feedback, actions and updated information to be recorded.

The majority of Datix activity is in relation to the reporting of pressure ulcers of grade three and four, whether they are community acquired or hospital acquired. Datix also reports on other areas of concern that are potential safeguarding issues.

Datix reporting is completed by all staff who have been involved with an incident.

February and March did see a drop in safeguarding alerts raised and reported; this coincided with the Safeguarding team experiencing a period of long term sickness.

All staff are reminded of their obligation to remain up to date with all mandatory training. All new employees attend a two day induction training that includes an introduction to safeguarding. The Safeguarding & LD Nurse has been supporting the wards with MCA & DOLs applications. Support has also been given to the wards and departments with regards to best interest meetings. The training figures were well above 97% across the directorate.

MCA and DOLS information is included in the core induction days thus giving all staff an awareness of when an MCA or DOLS is required along with their obligations to carry out assessments timely and appropriately and according to their role.

An MCA and DOLS trainer from Kent County Council has delivered training during Quarter 4; this has been made available to all qualified multi-disciplinary staff within the trust. In this quarter there has been one training day on MCA and two days on DOLS. This training will continue into the next quarter.

Capsicks (Solicitors) have also delivered five 3 hour training sessions on DOLS and the Supreme Court ruling during March 2015, these sessions will continue to be offered to all staff during the next quarter. The sessions have been well attended by a multi-professional audience with positive feedback given.

Pressure ulcer incidence Grade 3 and 4 pressure ulcers, unstageable and deep tissue injury continue to be investigated jointly between the local authorities and the hospital with safeguarding alerts raised where appropriate.

Root cause analyses are carried out in the ward/department and are reviewed with the Director of Nursing and Quality, the Tissue Viability Nurse and Safeguarding & LD Nurse with regards to avoidable and unavoidable hospital acquired pressure areas. This enables each ward or department to look at areas of good practice as well as areas where practice may need to be reviewed. The outcomes or findings are then added to the trust tissue viability action plan.

Pressure areas are reviewed by the Tissue Viability Nurses; the wards have link nurses, who support other ward staff with grading, prevention and management of pressure ulcers. The Tissue Viability Nurses hold regular training days that are mandatory for all registered nurses and nursing assistants.

PREVENT data: only 1 member of staff is trained to deliver full WRAP training and only 10 of the 2500 staff have had the full WRAP

6.3 Lewisham & Greenwich Trust:

A report submitted to the April L & G Safeguarding Committee noted that the Adult Safeguarding Team is now fully established. There is an Adult Safeguarding Advisor on both sites. The team acts as a single point for all safeguarding related enquiries.

Training

All adult safeguarding training programmes are reviewed yearly to reflect on Local or national changes to safeguarding adults at risk process and guidance. Adult Safeguarding Training for all staff was introduced into the Trust induction in April 2014 ensuring all staff are provided with adult safeguarding training when they join the Trust. Yearly updates are also sent out by email and via payslips to provide a level 1 update to staff. This can be tailored to cover any agenda items of concern. The update for 2014 – 2015 concentrated on abuse and social media sites, female genital mutilation and domestic violence. At the end of financial year 2014 – 2015 the Trust were reporting 80% compliance for clinical safeguarding training and 100% for non-clinical. This year we have returned to level 1, 2 and 3 training as per the guidance. The majority of staff remains mapped at level 1 or 2. The Safeguarding Team are mapped at level 3, with planned bespoke training. During April 2014 Lewisham and Greenwich NHS Trust introduced the WRAP programme into its induction training – Workshop for Raising the Awareness of Prevent. All staff received the full WRAP session when joining the Trust. At the end of this reporting period 1400 staff had received the training. The same mappings as adult Safeguarding have been used for the 'Workshop for Raising the Awareness of Prevent (now a statutory duty). The current safeguarding programmes include Domestic Violence, Mental Capacity, Deprivation of Liberty and basic Prevent awareness.

Deprivation of Liberty Safeguards (DOLS)

April 1st 2014 – March 31st 2015 saw a significant increase in the number of DOLS authorisations as a result of the Cheshire West Case. During this period 82 Urgent authorisations and Standard applications were made across both sites. Levels of authorisations across the two sites (QEH and UHL) were fairly equal with just a difference of an additional ten applications on the UHL site.

Achievements / successes

The Trust has successfully managed a significant Increase in the number of Deprivation of Liberty Safeguards.

Detailed preparation and promotion in preparation of the Care Act 2014

Provision of regular assurance to the Clinical Commissioning Groups

Achievement of 80% adult safeguarding training compliance

To date the Trust has successfully trained 1485 staff in the full Prevent programme.

Challenges

The challenges during this period have been:

- Balancing the expectations of 3 different Boroughs, CCG's and Safeguarding Boards
- Preparation for the Introduction of the Care Act 2014
- Managing the increased work load that resulted from the Cheshire West ruling
- Engagement of staff in the promotion of the Prevent agenda – difficult and emotive subject

Top priorities / objectives for 2015/16 for safeguarding adults

- To achieve full compliance in the 6 standards of the Healthcare for all (care and provision for patients with a learning disability when they access acute care).
- To achieve compliance to the requirements of the Care Act 2014 and the Prevent Statutory Duty.
- To review all safeguarding systems and policies following publication of the revised Pan London guidance.
- To ensure LGT develop their role as a key player within the safeguarding agenda with the three Boroughs of Lewisham, Greenwich and Bexley. Make our opinions count.
- Develop mental capacity act systems and knowledge within the Trust.

PREVENT data:

There are currently 2 staff who are trained in delivering the WRAP/PREVENT training for this organisation. To date a total of 250 staff have had the basic PREVENT Awareness training and a total of 1485 staff out of 4355 staff had the full WRAP training.

6.4 Kings College Hospital:

To date there have been no alerts raised or forwarded to Bexley.

Training Data from Kings:



There has been much work over the year to try and improve compliance. At the beginning of the financial year Safeguarding Adult Training was reported against Level 1 & Level 2. The training strategy was revised and approved in July 2014 and implemented in September 2014. Data from Quarter 1 and most of Quarter 2 is against Level 1 & 2 data and Quarters 3 & 4 includes Levels 1 – 5. For ease of reading they are listed in the tables as Level 1 and Levels 2 – 5.

Below is a table with overall compliance across the organisation for the year. The overall compliance is continuing to increase in Quarter 1 2015 – 2016 and on 11/6/15 Level 1 90.74% and Levels 2-5 66.88%.

There are a number of factors that have meant that overall compliance has not increased as anticipated. Staff turnover has contributed and there has been an increase in overall staff numbers (690 more in Quarter 3 from Quarter 2). The change in medical staff can also have an impact as even when the overall staff number has not changed the staff themselves may have.

The Safeguarding Adults team have delivered a significant amount of training this financial year, 184 sessions to 3655 staff.

PREVENT data:

There is only 1 member of staff trained to deliver the WRAP/PREVENT training. A total of 6745 staff out of 11492 staff have had the Basis Prevent Awareness Training to date. Only 8 staff received the full WRAP training.

6.5 Guys & St Thomas:

To date there have been no alerts raised or forwarded to Bexley. Requests have also been made for minutes of safeguarding committee meetings to be shared with Bexley CCG. To date no minutes and no data or annual reports have been received.

The Trust was represented at the Safeguarding Adults Health Forum.

PREVENT data:

3 staff have been trained to deliver the WRAP/PREVENT training. A total of 429 staff out of 8186 have had the full WRAP/PREVENT training.

6.6 MCCH Learning Disability Service

Within MCCH LD services, there were a total of 50 alerts raised in Q4 compared with 46 in previous quarter. There were 4 alerts raised within the Bexley, Bromley and Greenwich directorate. Of these 1 was raised against an agency staff member. No permanent MCCH staff were involved.

The most common types of abuse reported were neglect, Physical and Financial abuse across MCCH. Over the past 12 months there were 12 alerts of neglect, 7 for physical and 2 alerts of financial abuse in the Bexley, Bromley and Greenwich Directorate. One of the alerts led to a MARAC being instigated.

Implementation and evidence of improvements and lessons learnt MCCH safeguarding training programme is mentioned in the “Raising Concerns at Work Guidance” as good practice which they have put on their intranet.

Following the Supreme Court Ruling on DoLs, MCCH has followed each Local Authorities strategy for dealing with MCA and DoLs.

MCCH level 1 safeguarding training is aimed at all staff within the organisation and delivered on an annual basis. All staff attends the one-day safeguarding course as part of the one week course based induction. This year’s (April 2014 to March 2015) training consists of classroom based training. The information represents the percentage of staff that are due their refresher in each quarter.

Quarter 4 statistics show that 94% of the Bexley, Bromley and Greenwich directorate staff whose annual refresher was due between January and April 2015 attended.

The level 2 training is a three yearly programme that is delivered to Directors, Senior and Team managers and was completed last year. Although, the Corporate Safeguarding Specialist (CSS) also, gives managers regular updates at directorate meetings held on a quarterly basis, along with delivering specialist training when required. In this quarter CSS gave directorate quarterly meetings a presentation on the Care Act (highlighting chapter 14 Safeguarding) and the new Care Certificate. The CSS has programmed quarterly level 2 sessions for new managers and/or staff promoted to a management role.

The Safeguarding level 3 training session for Directors and Board members is scheduled to be delivered in October 2015, highlighting the impact of the Care act and other changes proposed to legislation.

All staff have now attended a half-day MCA training courses. We have rolled out our MCA and DoLS level 2 and 3 training sessions for Senior Managers, Managers and Team Leaders. Team Leader will deliver a further 2 hour training / briefing to their teams on MCA and DoLS. The CSS is currently developing an eLearning module on safeguarding and MCA, it is hoped that this will be up and running by Sept 2015. Prevent training was included in our Induction and refresher training as from March 2015. As from April 2015 all our safeguarding training courses will include information on Organisational abuse, Self-neglect, Domestic Violence and Modern Slavery in line with the Care Act. We have included Self-neglect information in our safeguarding training for the past 12 months.

All MCCH HR staff have completed safer recruitment as part of their CIPD training. All staff who are part of the interview panel are advised to read our Policy on Recruitment with all panels involving at least one experienced HR staff member. We also include service users on our interview panels, where appropriate they are shown our recruitment pack and given informal training.

All our managers have recently undertaken an ILM management programme, this includes a half-day workshop on good / safer recruitment and resourcing practice.

6.7 Independent Providers (e.g. Nursing/Care Homes and Domiciliary Agencies)

At the moment there are 2 nursing homes with CHC funded in which safeguarding concerns have been raised. The LBB administrator sends the Safeguarding adults on a weekly basis so that the CCG can also monitor any concerns from providers and care homes across Bexley.

Bexley CCG continues to be represented at joint meetings with the Local Authority looking at care provision in care homes.

There is partnership meetings held at both LBB and CCG offices on Quality, Commissioning and Safeguarding meetings usually divided into three categories such as Residential care, Themes and Domiciliary Care, where issues around care homes are discussed and actions are planned and reviewed.

The new Safeguarding and Quality Lead is leading on all the care homes and quality assurances working jointly with LBB colleagues.

Following an event early this year with the care homes, both LBB and the CCG is working collaboratively to look at a Provider Forum for managers where quality and safeguarding is at the heart to ensure that residents in care homes are safe and receive high quality care with good outcomes and good experience.

6.8 Care Homes Quality assurance/ Quality Alert Management System



To further strengthen quality monitoring systems and processes as part of the quality and patient safety agenda by ensuring the Safeguarding Commissioning Standing Committee delivers its full potential by including evidence from different CCG functions e.g. commissioning, patient experience to enable triangulation with performance and contract monitoring.

The Quality Alerts Management System (QAMS) is an innovative online tool to raise quality and safety concerns about our main service providers commissioned by NHS Bexley CCG. The tool was originally developed for general practice to raise quality and safety issues with NHS Bexley CCG about its main hospitals and other health service providers commissioned by the CCG. The CCG has a responsibility for the health and safety of Bexley residents when they use services the CCG commissions. The CCG strives to ensure that services are safe, effective and give satisfaction to service users.

QAMS was developed so that GPs- and now staff in care home can – tell the CCG about any lapses in care experienced. QAMS is used to communicate with the CCG's main hospitals and work with them to ensure that any issues raised are resolved. The system has proved to be an effective tool and the CCG is now making QAMS available to care homes. The CCG wants to ensure that the voice of care homes is heard and acted on.

Three care homes in Bexley have volunteered to pilot QAMS for a 3 months period with a view to roll it out to all care homes within Bexley.

6.9 Mental Health Rehabilitation

NHS Bexley CCG and London Borough of Bexley, through the Integrated Commissioning Unit commissions MCCH to deliver mental health services at Chapel Hill.

This is a service for adults with mental health support needs that have (usually) been discharged from inpatient MH services. The aim of the service is to provide rehabilitation support for patients for up to a two year (average) period, laying the foundations for their move on to more independent living in the community.

Within this 21 bedded service, there are 3 beds set aside for crisis and respite. These beds are made available to adults with mental health needs on and as and when required basis (the service is staffed appropriately to ensure accessibility of support).

The most prevalent use of these beds is either where patients have moved on from Chapel Hill and are experiencing or are expected to experience a short term relapse in their MH wellbeing. Admissions to inpatient hospital settings are avoided by accessing the crisis care beds on a short term basis until the patient has stabilised and can return to their usual place of residence. The Chapel Hill service also offers outreach support for individuals who have recently left the service to support them during transition to more independent settings and works in partnership with Oxleas mental health community teams.

Transforming Care

The CCG receives information every two weeks from commissioned providers who are supporting / treating patients with a diagnosed learning disability and who are placed in a hospital setting. This is sent to NHS England every two weeks.

The CCG also receives a monthly report from each Provider which is sent to HSCIC.

Currently the CCG only commissions 2 x beds from Oxleas NHS FT at Atlas House – this is reduction of 0.5 x beds for 2015/16. The CCG also has one service user placed with Sequence Care who will be moving in September to a residential setting.

7. Safeguarding Adults Training- NHS Bexley CCG

The Safeguarding Adults Lead did a Full WRAP (Workshop to Raise Awareness of Prevent) to the CCG staff which was very well attended. 30 staff attended and this number was sent to NHS England for submission to the Home Office.

30 GPs within Bexley have had Safeguarding adults training including Mental Capacity Act/ Deprivation of Liberty Safeguards and PREVENT which was delivered by the Safeguarding lead in July 2015

8. Priorities for 2015/16

1. Continue the work (carried out toward the end of 2014/15) to ensure Provider Trusts return their assurance reports
2. Develop Joint Provider Concerns Policy between CCGs and London Borough of Bexley
3. Implement additional monitoring of MCA compliance by commissioned Provider trust- to include DoLs, Restraint and Advocacy and PREVENT.
4. Safeguarding committee to strengthen intelligence sharing and reporting across the multi-agency networks with regards to quality and safety.
5. NHS Bexley CCG safeguarding lead to work with Safeguarding Adults Board to develop frameworks in which learning from Safeguarding Adults Reviews are shared across.
6. To continue working in partnership with LBB to facilitate high quality care in Homes through the provider Forum, Joint working and the use of Quality Alerts Management System.

9. Conclusions

This is the first Safeguarding Adults annual report from NHS Bexley CCG. It has been difficult to obtain full information or annual reports from commissioned providers. Health care providers continue to experience challenges determined by the complex health economy in Bexley. Provider trusts are expected to report on their safeguarding adult's performance via their Clinical Quality Group on a quarterly basis. They are to submit annual reports in regard to their safeguarding adults work and to develop enhanced reporting in regard to this work with the CCG. They will receive feedback from NHS Bexley CCG's safeguarding adult's lead/DASM in terms of recommendations for improvements each quarter.

With partnership working with partner agencies and by Making Safeguarding Personal, we can all make a difference by reducing the risks that vulnerable adults in the community may be faced with. Healthcare providers are delivering effective care and there are good outcomes for service users within Bexley.

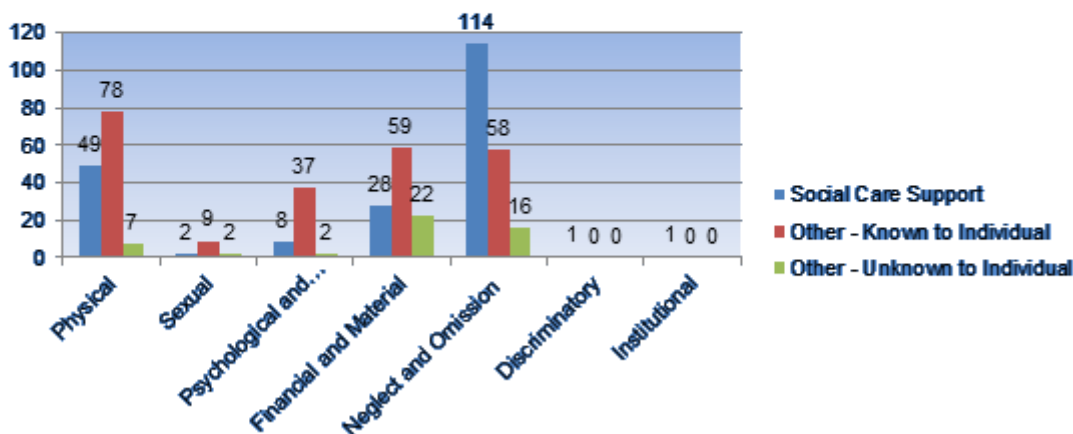
Partner agencies must also ensure that learning from Safeguarding Adults Reviews is shared and outcomes monitored closely.

*Marino Latour- Safeguarding Adults & Quality Lead/DASM
August 2015*

Types of concern reported

Some people may have experienced more than one form of abuse, for example physical harm as a result of neglect could be considered to be both physical abuse and neglect.

Type of risk reported from each source - concluded cases

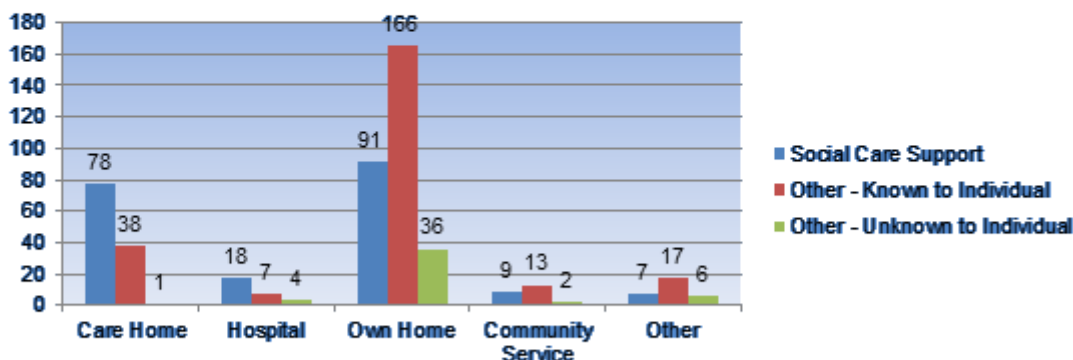


Location of alleged abuse

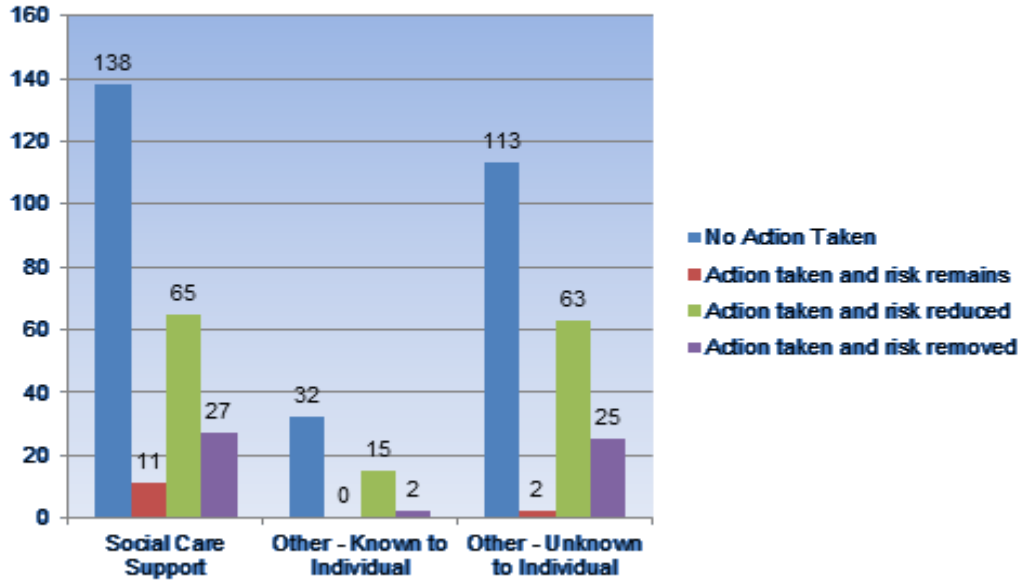
The location of alleged abuse in the past year is shown below.

Care settings for the first time no longer are the most likely place for abuse to be reported, which in part reflect the high level of training and reporting necessitated by contract compliance, and regulation in these environments.

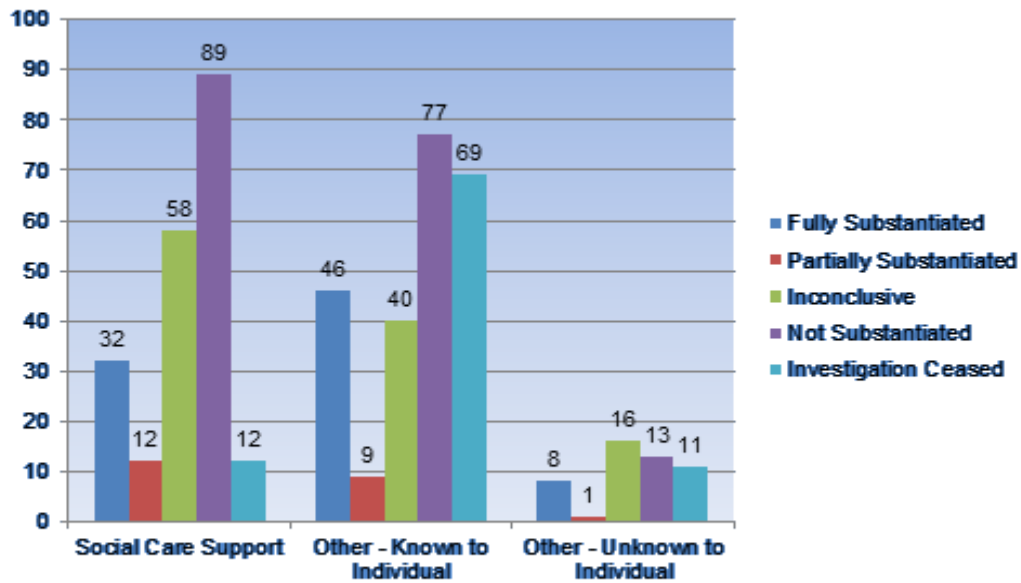
Location of risk reported from each source - concluded cases



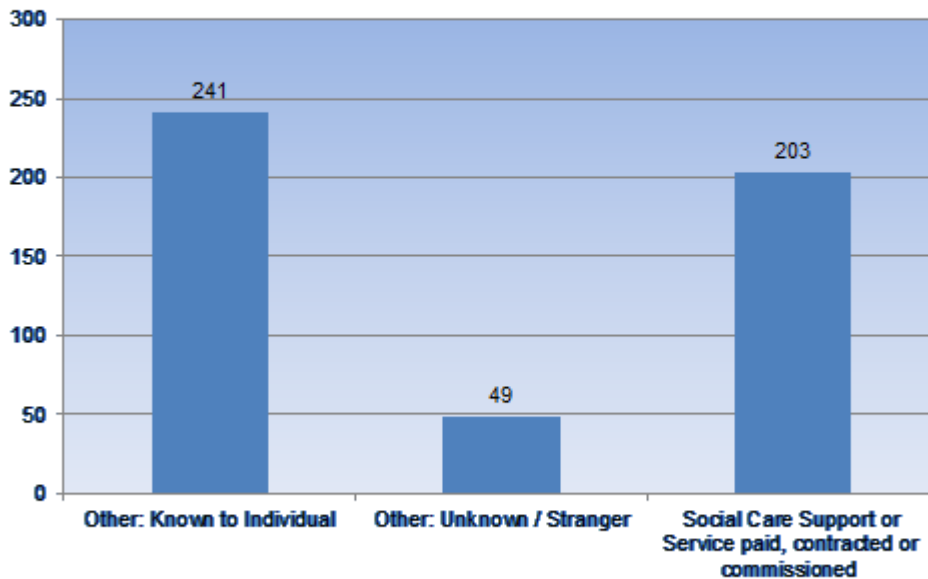
Action taken from each source - concluded cases



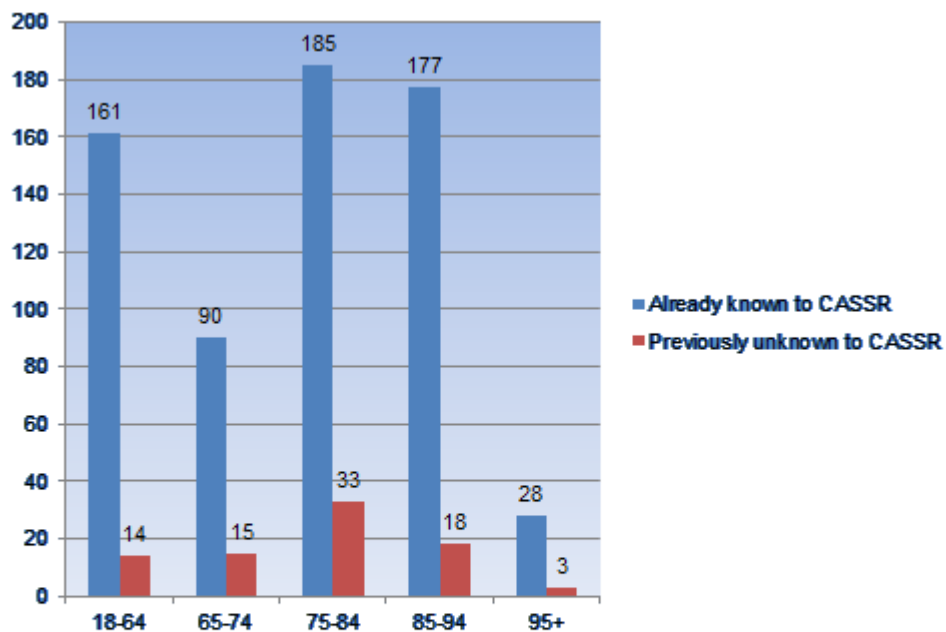
Conclusions from each source - concluded cases



Relationship of alleged person causing harm - concluded cases

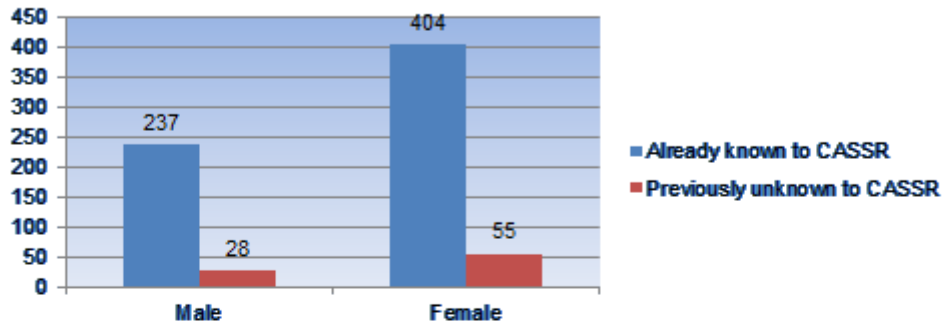


Individuals by age - referrals opened

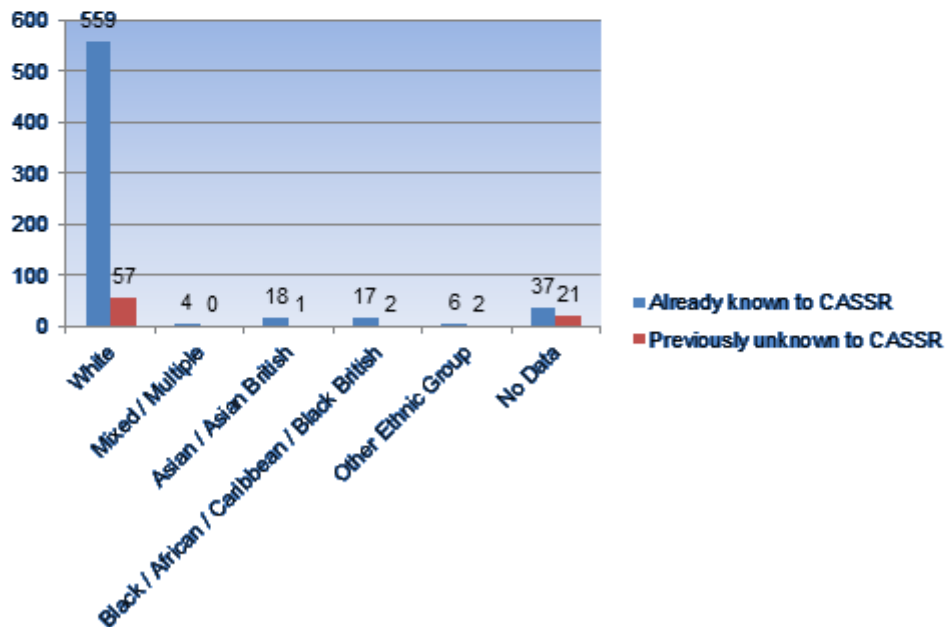


Women continue to be the subject of adult safeguarding concerns by a significant amount. These figures can largely be explained by demographic differences in longevity and the prevalence of disability.

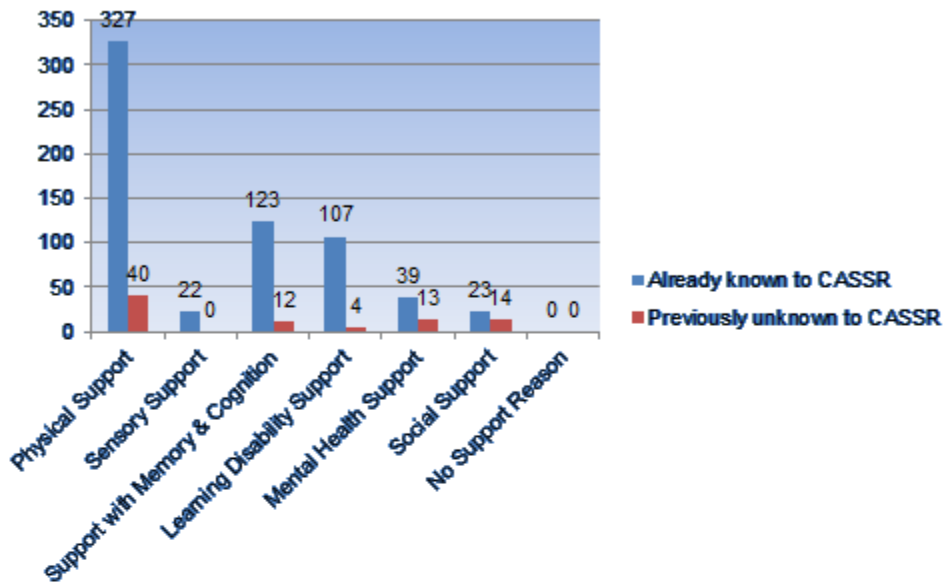
Individuals by gender - referrals opened



Individuals by ethnicity - referrals opened



Individuals by Primary Support Reason - referrals opened



Was the individual lacking capacity? - concluded referrals

