

Agenda Item No:	Item 7
Date of Meeting:	30th October 2014

Board or Committee Name:	Governing Body Meeting in Public
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Paper Title:	Annual Adult Safeguarding Report
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Decision Discussion Information Follow up from last meeting

Report author:	Tracey Cooper
Report signed off by:	Sheilagh Reavey

Purpose of the paper:	To provide the committee with an overview of adult safeguarding for 2013-2014
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Conflicts of Interest involved:	
Recommendations to the Quality Committee	For information

Introduction

The purpose of this Annual Report is to outline the progress the CCG has made in relation to safeguarding adults and outline the priorities for 2014/15.

Structure

The post of Head of Adult Safeguarding (HAS) was established September 2013 as a joint post with HVCCG, following new investment into this important area by the CCG. The role of the HAS is to lead on adult safeguarding, domestic abuse, mental capacity, deprivation of liberty safeguards and Prevent, at times working in partnership with colleagues and organisations across the health and social care economy and other statutory and voluntary organisations.

The key areas of focus of the Adult Safeguarding work programme;

- Develop a CCG strategy, to set out the CCGs priorities and deliverables for adult safeguarding
- Provide General Practice adult safeguarding education
- Monitor and report on provider's safeguarding adult activity and performance
- Lead the health aspect of adult safeguarding investigations
- Lead the agenda on domestic abuse

Hertfordshire Safeguarding Adult Board (HSAB)

The CCG is a supportive and active participant in the Adult safeguarding Board and is represented through the Director of Nursing and Quality. In January 2014 the Hertfordshire Safeguarding Adult Board (HSAB) appointed an interim Independent Chair and agreed funding from statutory partners. The CCG Director of Nursing & Quality has worked with the HSAB chair to review and develop the HSAB strategic objectives for 2014/15

At the end of last year an external review of safeguarding practice was jointly commissioned by HVCCG, ENCCG and the Local Authority. This consisted of two stages:

- The first stage focused on individual cases and the referral made by a health professional and the safeguarding investigation led by the Local Authority.
- The second stage focused on the serious concerns process regarding establishments

The first review made 11 recommendations relating to the following areas:

- Thresholds and proportionate responses
- Management of safeguarding concerns relating to Health and Social care providers
- Mental Capacity; Best Interest Decision Making and Equality considerations
- Providing information to service users; carers and representatives
- Providing feedback on outcomes to referring agencies
- The Serious Case Review section of the multi-agency policy and procedure should be renamed safeguarding adults review and the criteria amended to that set out in the proposed legislation
- Revising the documentation and the HCS electronic record system
- Improving the quality of strategy meeting minutes

The review of the serious concerns process made recommendations in relation to:

- Holding regular de-brief sessions to reflect on the positive outcomes from the serious concerns process
- Setting up a project group to establish effective mechanisms for collating intelligence centrally
- Revising the serious concerns process
- Developing a tiered approach to managing care homes that have slipped below acceptable standards
- Extending the emerging practice of multi-disciplinary approaches to monitoring the quality of care and carrying out safeguarding investigations
- Developing a county wide strategic approach to care home sector development

The implications for the CCG regarding the first set of recommendations relate to monitoring provider organisations to ensure that appropriate and timely referrals are made so that patients are safe wherever they are receiving care.

The second set of recommendations relate to the whole health and social care system of monitoring care homes. Monitoring care homes has previously been undertaken by different organisations with very little sharing of intelligence or partnership working. However there has been greater clarity developed in relation to quality monitoring of care homes, as previously care homes were either compliant or the serious concerns process was used as a default mechanism when poor quality of care was identified, as well as when there were safeguarding issues.

For the CCG this impacts on capacity across the health system when placements are suspended whilst the serious concerns process is underway by preventing timely discharges.

The CCG has worked with the Local Authority and other partners to address this issue, to share intelligence and address quality concerns to prevent issues escalating and care delivered to residents deteriorating. The HAS and the Quality Lead for Independent Providers are part of the Care Act Group focussing on market oversight, provider failure and prevention and the HAS will lead on transforming the serious concerns process so that it is fit for purpose to respond to safeguarding concerns regarding establishments.

There have been 11 care homes within East and North Hertfordshire subject to serious concerns process since September 2013 and this breaks down into the following;

- 3 residential homes for older people
- 4 nursing homes for older people
- 1 residential home for people with physical disabilities
- 2 nursing homes for people with physical disabilities
- 1 residential home for people with learning disabilities

The table below outlines the type of issues that form the basis for the serious concerns investigation.

Type of service	Overview of concerns
Residential homes for older people	<ul style="list-style-type: none"> • Health and Safety issues • Environment • Care Planning • Dietary Needs • Activities
Nursing homes for older people	<ul style="list-style-type: none"> • Dignity and respect • Concerns regarding poor nursing care • Following whistleblowing to CQC, unannounced inspection • Poor moving and handling • Restraints with no DOLS • Unidentified bruising • Care plans not followed • Medicines management • Poor pressure ulcer equipment • Lack of food between meals
Residential homes for people with physical disabilities	<ul style="list-style-type: none"> • Lack of risk assessment • M&H assessment • Care plans not updated
Nursing homes for people with physical disabilities	<ul style="list-style-type: none"> • High amount of safeguarding concerns • Standards of staffing
Residential home for people with learning disabilities	<ul style="list-style-type: none"> • Concerns regarding multiple medication recording, administration and management

The HAS and the Quality Lead for Independent Providers work together in the serious concerns processes as there is often an overlap between quality issues and safeguarding adult issues. To ensure the safety of residents and provide support to HCC in relation to monitoring action plans.

There have been 12 safeguarding adult serious incidents reported by NHS Commissioned services in the past year. The serious incidents are monitored by the CCG Quality Team. The table below sets out the overview of the incident and the provider involved:

Provider	Overview of incidents
5 HCT	<ul style="list-style-type: none"> • 2 incidents of rough handling • Incorrect use of restraint • Bruising on patient's arm • Theft from a patient in their home

5 HPFT	<ul style="list-style-type: none"> • Incident of a patient absconding from a unit but found unharmed • Incident of a patient absconding resulting in death • Murder by service user • Practice concerns
1 E&NHT	<ul style="list-style-type: none"> • Allegation of poor clinical practice
1 CHC patient	<ul style="list-style-type: none"> • Inappropriate touching

GP training

As part of CCG responsibilities to support General Practice the HAS developed a programme of training and resource materials. These materials were developed in partnership with the Local Medical Council and reflect current legislation and guidance with links to the HSAB Policy and Procedures. The HAS will provide face to face training on adult safeguarding to each Locality. The training will be delivered to a number of clinical staff from each practice between May and October 2014. The Safeguarding Lead from each practice will then be able to implement a train the trainer approach within their practice.

CCG staff training

As part of mandatory training all CCG staff were required to complete the safeguarding adult training module by 31st March 2014.

Directorate Compliance Rate Tracker	March 2014
Commissioning	81%
Directors Office	100%
Finance	84%
IFR	100%
Nursing & Quality	100%
Overall CCG rate	87%

Prevent

The CCG identified the need for a Prevent Lead and this forms part of the Head of Adult Safeguarding's responsibilities. In the last quarter of 2013/14 as part of contract negotiation Prevent training indicators were added to provider organisations Quality Schedules as outlined by the Department of Health. The HAS is also a member of the CHANNEL Panel which operates to protect vulnerable adults from being radicalised.

Directorate Compliance Rate	March 2014
Nursing & Quality (including patient choice & IFT Team)	100%
Commissioning	77%
Directors Office	20%
GP Board members	100%
Finance	79%

Domestic Abuse

The HAS leads the domestic violence agenda on behalf of the CCG and is a member of the Domestic Violence Strategic Board which is chaired by the Assistant Chief Constable. The CCG has provided funding to the Victims Support Service for a Domestic Violence Independent Advocate for a year to support patients seen at East & North Herts Hospital Trust

This will enable high risk victims to be signposted to the most appropriate sources of long term support, educate staff within the A&E Department and develop pathways within the trust.

The implications of this initiative for the CCG of this post will be to increase the safety of victims of domestic abuse and reduce the cost of domestic abuse on the health economy by:

- Reducing attendances at A&E departments
- Reducing referrals to mental health services
- Reducing the number of prescriptions for anti-depressants

The HAS is also a member of Domestic Homicide Review (DHR) panels and the role is to ensure that NHS provider organisations contribute to the process and implement recommendations. Currently there is one ongoing DHR relating to a recent murder of a Welwyn Garden City resident. There have been 3 previous DHRs in the CCG area that are with the Home Office for sign off. The recommendations from these reviews are monitored at the Domestic Violence Strategic Board. Once published the recommendations are monitored through the CCG quality review mechanisms if still outstanding.

Mental Capacity Act and Deprivation of Liberty Safeguards

A deprivation of liberty which safeguards a person lacking capacity must be authorised in accordance with one of the following legal regimes: a deprivation of liberty authorisation or Court of Protection order under the Deprivation of Liberty Safeguards (DoLS) in the Mental Capacity Act (2005), or(if applicable) under the Mental Health Act 1983.

In March, the Supreme Court handed down a judgement referred to as Cheshire West. The judgement is significant in lowering the threshold in the determination of whether arrangements made for the care and or/ treatment of an individual lacking capacity to consent to those arrangements amount to a deprivation of liberty.

The key points from the Supreme Court Judgement are:

- A Revised test for deprivation of liberty which is; the person is under continuous supervision and control **AND** is not free to leave, **AND** the person lacks capacity to consent to these arrangements.

The Implications / Actions for the CCG are to:

- Seek assurance from provider organisations that they have sought legal advice regarding the ruling and are aware of the implications for their organisation
- Ensure that the Continuing Health Care team seek legal advice in terms of commissioning care packages for the domestic setting which might constitute a deprivation of liberty

This has significantly increased the applications to the Local Authority Supervisory Body by Managing Authorities, such as hospitals, as they are required to make more applications for DoLS assessments. This has resulted in delays with processing applications and so this means that Managing Authorities will be depriving patients of their liberty without authorisation. To mitigate this HCC are recruiting an additional person to help deal with the additional work load. The CCG advised provider organisations to seek legal advice in relation to this judgement and the impact for their organisations.

As part of on-going quality assurance the CCG monitors the levels of MCA and DoLS training for each provider and through the Quality Review Meetings challenges the numbers of DoLS applications made if they appear low compared with national data.

Assurance

The HAS regularly attends Safeguarding Adult Committees of provider organisations as part of the quality assurance process. All concerns are escalated by the HAS to the Director of Nursing & Quality.

Provider performance

Trust	Quality requirement	Threshold	Year end
ENHT	% of relevant staff who have undertaken level 1 Safeguarding adult training at induction	95%	100%
	% of relevant staff who have undertaken level 1 Safeguarding adult training every 3 years	95%	87%
	% of relevant staff who have undertaken level 2 safeguarding adult training		
	For the year 2014/15 there are quality requirements relating to Mental Capacity and DoLS training	95%	84%
HCT	% of relevant staff who have undertaken level 1 Safeguarding adult training at induction	95%	96%
	% of relevant staff who have undertaken level 1 Safeguarding adult training every 3 years	90%	91%
	% of relevant staff who have undertaken level 2 safeguarding adult training	90%	90%
	% of relevant staff who have undertaken Mental Capacity Act training	85%	75.5%
HPFT	HPFT contract did not require the reporting of training figures for 2013/14. But this will in place from 2014/15.		

Priorities 2014-2015

- To develop and implement the safeguarding adult strategy
- Implementation of the safeguarding elements of the Care Act
- Develop and implement all elements of adult safeguarding including specific assurance visits to providers
 - To develop and implement a CCG training programme for Prevent and Domestic Abuse
- To deliver and evaluate the training programme for GPs
- Gather and review specific performance data from providers in relation to safeguarding adults

Conclusion

It has been a busy year implementing systems and processes to support adult safeguarding and strengthening partnership working.

Tracey Cooper
Head of Adult Safeguarding
August 2014