Safeguarding Adults Strategy

2014 - 2017

BCHC Policy Reference Number

CH 451

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Title: Safeguarding Adults Strategy

Version number: Version 2

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Is this document new or a replacement for existing? If replacement state full title and version number: Safeguarding Adults in Receipt of Care Strategy CH 451 Version 1

Author/Document Lead: Wendy Badger – Safeguarding Adults Practitioner

Name of Executive Director Lead: Beverly Ingram – Director of Nursing & Therapies

Name of Approving Committee/Group & Date: Quality Governance & Risk Committee 12.02.15

Name of Ratifying Committee & Date: Trust Board 26.02.15

Review Date: 3 years after ratification

Date Issued: 04/03/2015

Date & Outcome of assessment for E&HRA: All staff

Target Audience: All staff

Subject category: Please delete all that do not apply (you can select more than one if appropriate):

Managerial (non-clinical)

Summary: The aim of this Strategy is to propose a model for the early identification of risk and vulnerability, the implementation of interventions to reduce or ameliorate (improve) risk and the prevention of abuse.

Commencement of Consultation

Consultation History:
The following Committees, groups or individuals have been consulted in the development of this policy:

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Version History

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<th>Version No.</th>
<th>Lead</th>
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<tr>
<td>Version 1</td>
<td>Wendy Badger</td>
<td>14/03/12</td>
<td>New for BCHC – part of harmonisation process</td>
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### Appendices

| 1 | Safeguarding Adults Strategy Implementation Plan |
1. Introduction

BCHC is committed to protecting adults who are vulnerable/at risk.

1. Aim of the Strategy

The aim of the Strategy is to maximise opportunities for protecting adults at risk and empowering them to help themselves. This will be achieved through the implementation of government and local authority guidance and concentration on issues uncovered through reflection and audit:

- improve the knowledge and competence of clinicians around the Mental Capacity Act,
- improve partnership working with other agencies
- build on staff support with an effective and robust clinical supervision programme,

Further embedding Dignity work and being at the forefront of learning from Serious Case Reviews and inquiries.

2. Objectives

Following from Trust values and priorities in addition to issues identified during audits, report writing and face – to- face meetings with clinicians, the Trust has identified the following objectives for 2014-2017:

- To carry out service-specific audits to identity the level of experience and understanding of the Mental Capacity Act
- To develop a series of competencies and one- to- one support and training to senior clinicians to develop and cultivate confidence and expertise in mental capacity assessments
- To work in partnership and share learning across all services involved in the safeguarding of adults at risk.
- To ensure an active safeguarding presence on a diversity of committees and groups to promote partnership working
- To be strong partners in the setting up and running of the dementia unit due to be opened June 2014
- Through the use of protected Professional Practice time, stay up to date with research, acts and events affecting the wider safeguarding agenda
- Through the use of a robust escalation system, ensure senior managers and Associate Directors are informed of serious incidents in a timely manner
- Roll out programme of clinical supervision to support staff members involved in safeguarding incidents.

3. Roles & Responsibilities

The chain of accountability for safeguarding adults is described in the flow chart:
HM Government
Identifies the priorities and trends for national safeguarding adults activities

Birmingham Safeguarding Adults Board (BSAB)
Promotes, informs and supports multi agency safeguarding adults work, taking its drivers from the government

Chief Executive Officer
The Chief Executive has overall accountability for corporate governance and discharges this responsibility through the BCHC Governance Structure

Director of Nursing and Therapies
The Director of Nursing and Therapies is responsible for providing professional leadership and strategic direction to all nursing and allied health professional staff, has responsibilities for patient experience and is the executive lead for safeguarding

Associate Director of Safeguarding
The Associate Director of Safeguarding is responsible for ensuring the trust has robust systems and processes on place for the identification, protection and ongoing support of adults at risk

Lead Nurse for Safeguarding Adults
The Lead Nurse for Safeguarding Adults has responsibility for the operational management and support of the Safeguarding Adults team

Lead Specialist Safeguarding Adults and the Mental Capacity Act
The Specialist Nurse is responsible for specialist / advanced practice in safeguarding adults, mental capacity and DoLS

Safeguarding Adults Team
The Safeguarding Adults team has responsibility for advice and support, including supporting investigations where necessary. The team also has responsibility for training and updating staff on new developments

All Staff
It is the responsibility of all staff to be aware of this strategy and to keep up to date with training as identified by the Training Needs Analysis. All staff are further required to contact the Safeguarding Adults team or their manager if they have identified gaps in their skills or knowledge
The Safeguarding Adults team will work with Patient Experience, the Carer Support Service, PALS and Complaints to identify where carers, informal and paid, are working under strain and without relevant training and support. Trends, themes and learning opportunities will be disseminated trust-wide as appropriate.

Duties and Responsibilities of Committees

Quality Governance & Risk Committee (QGRC)

QGRC has the responsibility to approve this document.

Trust Board

Trust Board has the responsibility to ratify this document.

Safeguarding Adults Sub Committee (SASC)

SASC will ensure the implementation of this document as described in the monitoring table.

4. The National Context – National Drivers

In response to the recognition of adult abuse, the DH published ‘No Secrets’ in 2000. This outlined a national framework that required local authority social service departments to take the role of lead agency in the development and implementation of multi-agency policies, procedures and codes of practice for the protection of adults at risk.

The aim should be to create a framework for action within which all responsible agencies work together to ensure a coherent policy for the protection of adults at risk from abuse and a consistent and effective response to any circumstances giving ground for concerns, formal complaints or expressions of anxiety. Safeguarding Adults provides a framework of suggested standards to be adopted and implemented.

In January 2010, the Government stated that local authorities should consider establishing adult safeguarding boards (DH, 2010). There is an expectation that all agencies involved in safeguarding co-operate, however there is a lack of legislation that places a statutory duty requiring agencies to co-operate with each other.

4.1 High-profile cases

Cases such as the Winterbourne View, Mid-Staffordshire scandals and some Serious Case Reviews have focussed media and government attention on patient safety and protection of the vulnerable.

The Safeguarding Adults team has developed Action Plans in response to the subsequent enquiries and ensures that learning is disseminated to the divisions.

The government’s Prevent strategy which is designed to prevent people from becoming terrorists or supporting terrorism has been of particular importance to the Safeguarding Adults team which remains committed to rolling out Prevent training at Induction and at
ad-hoc sessions. The government’s own research indicates that of all people convicted of Islamist terrorism-related offences of the past 10 years, 13% were resident in the West Midlands (12% in Birmingham) (2011).

In 2011 it became law that certain organisations (including the NHS) should perform a Domestic Homicide Review (DHR) when an adult has died as a result of neglect or violence by a person to whom they were related, or in a relationship or a person living in the same household.

The purpose of a DHR is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.
- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result.
- Apply these lessons to service responses including changes to policies and procedures as appropriate and
- Identify what needs to change in order to reduce the risk of such tragedies happening in the future to:
  - prevent domestic violence homicide and
  - improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

5. The protection of adults at risk

A number of recent policies and initiatives have important implications for Safeguarding Adults and broaden the context for policy on Safeguarding Adults. These initiatives also support the shift from adult protection to safeguarding, which encompasses the broader issues of independence, well-being and choice, as well as safety and protection. These include:

- The DH National Strategy for Carers (1999)
- The Mental Capacity Act (2005)
- The DH Dignity Campaign (2006)
- The Personalisation and Choice Agenda (2008)
- The DH Productive Series (2009)
- The DH Clinical Governance and Adult Safeguarding (2010).

Among the factors that can predispose the adult at risk to greater risk of abuse include:

- previous evidence
- level of vulnerability including capacity and the degree of cognitive impairment
- complexity of need
• a range of service providers
• no overall case manager
• the vulnerable person being dependent on the care-giver for carrying out activities of daily living
• the display of problematic behaviours such as:
  ■ incontinence
  ■ nocturnal shouting
  ■ wandering
  ■ paranoia
• challenging behaviour such as:
  ■ aggressive outbursts
  ■ over and under-use of prescribed and un-prescribed medication
• evidence that the carer is under great stress and is having difficulty coping:
  ■ evidence of alcohol misuse
  ■ financial difficulties
• environmental factors such as:
  ■ a cold environment
  ■ lack of food despite sufficient finances/benefits,
  ■ social isolation
• evidence of mental illness, in particular depression.

6. Regional and local context

Bespoke audits undertaken by the safeguarding team have identified a number of issues with mental capacity, including staffs’ understanding of its application and importance and an anxiety around the level of associated responsibility.

BCHC lies within the boundary of Birmingham City Council (BCC). BCC is the local authority with overall responsibility for developing and implementing multi-agency policies and procedures to protect adults at risk from abuse. BCHC provides services to Dudley, Sandwell and Walsall, each area having its own Safeguarding Adults Board (Walsall’s is called Adult Safeguarding Unit). The local authorities are the lead agencies in these areas.

The BCHC representative on the Birmingham Safeguarding Adults Board (BSAB) is the Director of Nursing and Therapies. In addition, there are a number of subgroups which concentrate on:

• developing inter-agency policies and procedures
• training and workforce development
• communications
• Serious Case Reviews (SCRs)
• the Mental Capacity Act (MCA)
• Deprivation of Liberty Safeguards (DoLS)

These Subgroups have been working to develop joint policies, procedures and training packages. This has not been without its difficulties as each statutory service has their own performance indicators, policies, training requirements and budgetary constraints.
The Trust has representatives on each of these groups who in turn report to the BCHC local Safeguarding Adults Committee.

The annual report for 2012 / 13 demonstrated that the highest numbers of alerts across the city were made by the Adults and Communities division, the most common allegation being neglect. Interestingly in a time of great austerity, the second most common type of abuse raised was financial.

### 6.1 2012-2013 Achievements

<table>
<thead>
<tr>
<th>2012 – 2013 Strategy Goals</th>
<th>Achievements</th>
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| Action 1 BCHC to improve workforce understanding of what incidents should be considered as:  
  • Safeguarding  
  • Clinical practice concerns  
  • Incidents that require a multi-disciplinary case management review. | Safeguarding Adults data reports show that this goal was achieved. |
| Action 2 BCHC to improve communication and sharing of information to identify trends, detect multiple episodes and monitor safeguarding alerts and outcomes. | Safeguarding Adults data reports show that this goal was achieved. |
| Action 3 BCHC to introduce effective measures to assess/review clinical care for people where there is a complexity of needs, including mental capacity assessment, carers assessment of need and the carers assessment of strain and burden, the institutional care neglect and risk assessment tool and the electronic recording through DATIX of all pressure ulcers from Grades 2 to 4. | This goal was achieved via MCA training, Serious Case Review A2 sessions, Safeguarding Adults training; induction and online.  
  Pressure ulcer policy, pressure ulcer champions and Tissue Viability training events |
<p>| Action 4 BCHC to develop an assessment of vulnerability and risk which is integrated as part of a common assessment tool for all patients with a complexity of need. | This has been partially completed- new care plans and common assessments are being developed and uploaded to the new RiO database. |
| Action 5 BCHC to ensure that all patients with complex needs have a personalised care plan which identifies their needs, wishes and plans for the future (including crisis and contingency planning, advance decisions and Lasting Power of Attorney (LPA)). | This has been completed via personalised care planning, End of Life care, long term conditions care from community matrons and complex care procedures |</p>
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<tr>
<th>Action 6</th>
<th>BCHC to develop new ways of working that increase staffs’ competencies, improve capacity and flexibility to care for people with complexities of need.</th>
<th>Staff competencies are identified via the trust’s Training Needs Analysis. Safeguarding Adults have responded to this by providing bespoke training and training across a variety of platforms.</th>
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<tr>
<td>Action 7</td>
<td>BCHC will identify any safeguarding concerns that arise from complaints, medication errors, incident reports and disciplinary procedures.</td>
<td>This is achieved by utilising data reports, complaints and clinical effectiveness committees</td>
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<td>Action 8</td>
<td>BCHC will evaluate the effectiveness of the Dignity Campaign and its effect on staff and patients within in-patient settings.</td>
<td>Dignity training, Privacy and Dignity policy, Dignity Champions meetings and Dignity Champions network events, DVD, Dignity Charter, but remains a priority for Safeguarding Adults.</td>
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<td>Action 9</td>
<td>BCHC mental capacity assessment tool to be adopted by all professionals and integrated as part of a common assessment tool as required.</td>
<td>Mental Capacity assessment tools (for day-to-day and significant decisions) have been developed and are in the MCA policy.</td>
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<td>Action 10</td>
<td>BCHC should ensure that every carer dealing with a long-term condition or complex need is offered (and a referral made for) a carers assessment, including an assessment of strain and burden, which identifies their needs.</td>
<td>Safeguarding Adults promotes the importance of carer assessments in MCA training, Serious Case Review A2 sessions, Safeguarding Adults training; induction and online.</td>
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<td>Action 11</td>
<td>BCHC to identify opportunities for shared learning to improve inter-agency understanding of complex clinical and organisational factors that result in safeguarding concerns.</td>
<td>Winterbourne View- DVD viewing and workshop, complex case supervision, Safeguarding Adults supervision, bespoke reflective sessions and training</td>
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<td>Action 12</td>
<td>BCHC to ensure that all staff are trained in medication management commensurate to their role and informal carers are assessed and provided training where they are charged with the management of medication.</td>
<td>Safeguarding Adults promotes the Medicines Management competency framework, and post-incident bespoke medicines management training</td>
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<td>Action 13</td>
<td>BCHC to ensure that mandatory training is delivered to all staff who have contact with vulnerable adults, in addition to more advanced training for senior staff charged with making decisions on clinical practice concerns, safeguarding and mental capacity.</td>
<td>Safeguarding Adults delivers MCA and DoLS training; e-learning and taught sessions, mandatory and at induction. BCHC DVD and bespoke training</td>
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<td>Action 14</td>
<td>BCHC to ensure that clinical team leaders are equipped with the skills to develop appropriate responses to clinical practice concerns that may give rise to safeguarding.</td>
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<td></td>
<td>Safeguarding Adults has developed a divisional escalation procedure which ensures that clinical team leaders are equipped to deal with concerns as they arise.</td>
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<td>Action 15</td>
<td>BCHC to promote a culture of openness so staff feel supported in raising safeguarding concerns by introducing safeguarding into routine clinical practice.</td>
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<td>Safeguarding Adults clinical supervision, promotion of whistle-blowing by Chief Exec, Whistle-blowing policy, induction training, BCHC signed up to national Speak out Safely campaign.</td>
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<td>Action 16</td>
<td>BCHC incident reporting system (DATIX) should have an indicator for safeguarding.</td>
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<td>This is now in place.</td>
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<td>Action 17</td>
<td>BCHC to ensure that clinical governance arrangements, policies and procedures are integrated with adult safeguarding where they apply.</td>
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<td>Safeguarding Adults feedback on clinical policy writing, Safeguarding is all job descriptions and contracts.</td>
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<td>Action 18</td>
<td>BCHC will have robust procedures and monitoring in place for adult safeguarding.</td>
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<td>This is monitored via the Safeguarding Adults quarterly reports which are presented to the Safeguarding Adults subcommittee.</td>
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<td>Action 19</td>
<td>BCHC will monitor, review and audit the effectiveness of their safeguarding processes to keep abreast with the growing developments in this area.</td>
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<td>Audits: MCA &amp;DoLS- inpatient areas, MCA-Children and Families and clinical staff band 6 and above (Adults and Communities). Safeguarding Adults customer satisfaction audit and safeguarding adults response time audit.</td>
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The safeguarding Adults team continues to be a committed and enthusiastic partner in the delivery of Prevent sessions to BCHC. This has contributed to the West Midlands region having the highest number of sessions delivered.

A Customer Service Satisfaction Survey showed that 100% of respondents would use the service again, 97.6% found the team “extremely” or “very” responsive, 97.6% found the team “extremely” or “very” professional and 100% found the team “extremely” or “very” knowledgeable.

Safeguarding Adults has continued to be a regular contributor to the Trust e-news and Archway (staff magazine). This has ensured that the team’s profile remains visible and individual team members are able to ensure that they remain in close touch with clinical staff.

A recent audit conducted by the Safeguarding Adults team into clinicians’ experience of MCA, revealed that 87.6% of respondents had found the SA developed assessment tool to be “very” or “slightly” useful. There were no respondents that thought it was of no use.
The Safeguarding Adults team delivered regular sessions where the BBC Winterbourne View documentary was shown in its entirety and a discussion held afterwards into the case. MCA and Whistleblowing were covered in detail during these sessions which were an open invite to any grade or job role. These sessions were over-attended from the first.

The Safeguarding Adults team has carried out an audit into the use and understanding of the MCA and DoLS across the bedded areas. This information will be used to develop new training packages and resources. These will be run alongside the bespoke DoLS and MCA training already offered.

The procedure of raising incidents and safeguarding alerts for pressure ulcers depending on their grade is firmly embedded across the trust. In addition the safeguarding adults team have developed a tool to be used when a patient develops a pressure ulcer through what is believed to be non-concordance. The tool aims to guide practitioners through the options available when a patient is non-concordant; maximises patient self-determination and reduces the likelihood of abuse through neglect.

The safeguarding adults team has been flexible in its approach to ways of working. A very successful Duty Practitioner system has been developed. Under this system, there is a dedicated practitioner who is available 9am-5pm to offer advice and support.

The Safeguarding Adults team continue to support the divisions through the direct support with complex cases at case conferences and assessments of significant complex issues relating to mental capacity, reflection sessions, complex case supervision and table-top discussions undertaken following safeguarding issues arising from complaints.


The challenge for the Safeguarding Adults team is to build on the achievements of the previous year whilst being flexible to respond to the inevitable challenges that will present in the coming financial year. The BCHC Safeguarding Adults implementation strategy for 2014-2017 then is as follows:

**Action 1**

Safeguarding Adults will pursue and support the mental capacity agenda through audits, bespoke training, workshops and the “Why MCA?” programme. This will empower adults to make their own decisions and provide staff with a statutory framework to underpin their assessments.

The team will design and deliver MCA workshops. These will be offered in addition to the mandatory and role-specific training already on offer. These workshops will consist of tailor-made scenarios with an emphasis on practical ways of assessing a person’s capacity, rather than knowledge of the act itself. Undertaking MCA awareness will be a pre-requisite of the workshops.

In addition, the team will play an integral part of BCHC and Worcester University’s dementia course, ensuring the MCA remains on the agenda, and will provide training and support for the new dementia unit.
Carers’ assessments continue to be discussed in the taught induction sessions for new starters to the trust, and are a key element in the mandatory Safeguarding Adults: Raising Awareness e-learning.

The lead for Safeguarding Adults training is Anne McGarry, Safeguarding Lead and Specialist for Mental Capacity. The training is evaluated annually.

This induction package consistently evaluates well (evaluation data available from BCHC Learning and Development department).

Safeguarding Adults actively promote carers’ assessments and encourage staff to make referrals when necessary. Carers’ assessments are discussed in all face to face and online training.

In addition, the Safeguarding Adults team meet regularly with the Patients and Carers Experience team to discuss and take forward any trends or issues arriving from being a carer.

### Action 2

Safeguarding Adults will work with Patient Experience, the Carer Support Service, PALS and Complaints to identify where carers, informal and paid, are working under strain and without relevant training and support.

### Action 3

Safeguarding Adults will develop competencies in safeguarding, abuse and mental capacity to improve the skills and confidence of clinicians.

Mental capacity continues to be an area of concern. A survey of the experiences of senior clinicians (band 6 and above) of the MCA revealed that 44.9% of respondents thought the responsibility for assessments should lie with doctors, psychiatrists or psychologists.

In free-text questions where respondents were asked to elaborate on their answers, there was a clear trend for people confusing MCA with screens for dementia and depression, and a general feeling that people are anxious about conducting assessments because of the associated responsibility.

Therefore, the Safeguarding team will develop a set of competencies to enable clinicians to feel more confident about conducting assessments. After assessment of the most senior clinical staff by the Safeguarding team, responsibility for assessing and updating the rest of the team will lie with the divisions to ensure complete ownership of the MCA process and stop it being seen by staff as a Safeguarding Adults-only issue.

### Action 4

Safeguarding Adults will continue to promote and support the role of Dignity Champions, ensuring each area has a signed-up champion who is fully aware of their role and responsibilities.
The Privacy, Dignity and Respect Steering Group (PDRSG) and the Dignity Champions Network continue to develop and support good practice within the organisation in order to reinforce the importance of good quality care across the organisation.

The recent Francis Report has highlighted that dignity and respect is everyone’s responsibility and individuals at all levels within an organisation need to take personal and professional responsibly to ensure dignity is paramount. This is especially the case within the challenge of the changes in healthcare, increased demand and limited resources.

The PDRSG have commissioned a dignity DVD which will be used as a training aid to support staff in the role of the Dignity Champion and also the benchmark for new staff on what is expected regarding standards of care.

It has been agreed that the PDRSG will meet as required in order to support the implementation of new pieces of work and action plan local or nation developments. A Task and Finish Group has been established with representatives from across the Organisation to develop the principles of the content of the DVD.

There has been strong interest from the divisions in moving this forward in order to produce a quality piece of work which represents our diverse organisation and the community and units which we serve. Joint working has taken place with BCHC Information Governance to develop the consent form for participation in the DVD.

The Dignity Champions meet on a quarterly basis, there is a good attendance rate and positive sharing of ideas. The Safeguarding Adults team monitor the membership of the Dignity Champions meetings and inform the divisions of areas with no representation so that this can be addressed.

**Action 5**

**Safeguarding Adults will respond promptly to all recommendations arising from high –profile cases, serious case reviews and inquiries and be proactive in initiating and monitoring change where it relates to safeguarding adults.**

The Safeguarding Adults team continue to support multi-agency working by attending and supporting the BSAB Sub-Groups, in particular the Training and Communications Sub-Group, the Operational Group and the SCR Sub-Group. More recently, the Safeguarding Adults team have supported the implementation of the new ‘Safeguarding Adults: Multi-Agency Policy and Procedures for the West Midlands’ and ‘Birmingham’s Local Practice Guidance’ with input into the BSAB Project Team and the multi-agency briefing sessions.

The Lead Specialist for Safeguarding Adults and the MCA has co-ordinated a joint review with the local authority of service users who are under Section 117 joint aftercare arrangements, the review is two-fold. Firstly, to establish those service users who
require this statutory provision under the Mental Health Act (MHA, 1983) and the removal of those who no longer require this provision and secondly, to undertake a joint review of service users who meet the criteria for use of the Care Programme Approach (CPA) for service users who have complex mental health needs.

The Lead Specialist for Safeguarding Adults and the MCA will contribute to a joint seminar with BSAB on learning from SCRs, with particular emphasis on the interface between the MCA and the MHA.

The Safeguarding Adults team runs regular complex case review meetings and ad-hoc sessions when serious renowned incidents occur (such as the Francis Review into Mid-Stiffs).

The Lead Nurse for Safeguarding Adults has rewritten the Safeguarding Adults statement that is present every job description issued by BCHC (including agency and part time workers). This makes the responsibility to whistle blow clearer.

The monitoring of safeguarding practices and procedures is conducted through BCHC’s Safeguarding Adults Committee underpinned by the clinical Operational and Implementation subgroup. The safeguarding database aggregates data on referral sources, nature of referrals and incidents and monitor trends on the location, number, types and frequency of referrals. The register also monitors actions undertaken following alerts and their outcomes. The safeguarding register also includes patients who are subject to a DoLS and monitors case reviews and expiry dates.

Individual organisations are required to monitor, review and audit the effectiveness of their safeguarding processes including the implementation of the MCA and an audit of dignity practices. The Safeguarding Adults team had lead in auditing MCA and supports BCHC’s Dignity Programme which increases awareness and improves standards.

The Safeguarding Adults team provided guidance and support to front line staff in dealing with ambiguous cases where there may be a risk of abuse and will continue to advise on monitoring and reviewing mechanisms to ensure continued safety.

**Action 6**

**The Safeguarding Adults team will provide continuing training and support to clinicians regarding the application of the new “acid test” to Deprivation of Liberty (DoLS) authorisation requests.**

In March 2014, two Supreme Court rulings (**P v Cheshire West & Chester Council** and **P & Q v Surrey County Council**) lowered the threshold for when a person could be considered to be being deprived of their liberty. The newly created “acid test” stated that a person was being deprived of their liberty if they were under continuous supervision and control, and were not free to leave. Thus for the first time since the creation of the Mental Capacity Act, a person’s compliance and the reason and normality of the placement are no longer relevant to Deprivation of Liberty proceedings.

The change to these guidelines has inevitably led to an increase in DoLS applications and an increase in requests from Safeguarding Adults for advice and support. The
Safeguarding Adults team will continue to provide up-to-date advice and support through one-to-one, e-learning and more formal channels.

**Action 7**

The Safeguarding Adults team will continue to promote awareness of hate and mate crimes.

A hate crime is one that is based on prejudice and the perception that the victim possesses certain attributes that the perpetrator holds prejudices against – for example homosexuality or disability. On 24 August 2012, the Independent newspaper stated that there were 65,000 hate crimes committed per year, and that this number was set to rise.

Subsequent crimes, such as the murder of Bijan Ebrahimi in July 2013, have had a large amount of media coverage and are typical of hate crimes.

Mate crimes are a type of hate crime where perpetrators befriend vulnerable people with learning disabilities and exploit them. This exploitation can be financial, physical, psychological or sexual. Some cases are extreme (such as the case of Steven Hoskin who was tortured and murdered by people who he thought of as friends) but even cases considered less severe can have a devastating impact on the life of the victim.

Safeguarding Adults is committed to raising awareness of both types of crime, both through formal training and a poster campaign.

**Action 8**

The Safeguarding Adults team will work with the local authority to ensure that safeguarding procedures are compliant with the Care Bill 2014.

Under the Care Bill 2014 it is now a statutory obligation for local authorities to have safeguarding adults’ boards, and there are additional statutory duties such as publication of an annual report.

The Safeguarding Adults team will work in partnership with our local authorities to collate and analyse safeguarding data as needed.

**Action 9**

The Safeguarding Adults team will develop and convert to a paperless system for raising alerts, updating records and storing patient information.
In February 2013, The Secretary of State for Health, Jeremy Hunt MP, announced his vision for a paperless NHS by the year 2018. This he stated, would save billions of pounds of money and improve patient care (DoH 2013)

In addition, the Nursing and Midwifery Council (NMC) has developed guidance for nurses around record keeping which lists a number of benefits of good documentation.

These include, but are not limited to:

- Helping to improve accountability
- Making continuity of care easier
- Promoting better communication and sharing of information between members of the multi-professional healthcare team
- Supporting clinical audit, research, allocation of resources and performance planning
- Helping to address complaints or legal processes (NMC 2009)

Additionally, the Trust is required to make savings from the corporate budget as part of its CRES performance targets (BCHC 2014)

8. References


Clark, Nicky 65,000 hate crimes against disabled people and rising. This has to stop. Independent 24 August 2012

Department of Health (2013) Making the NHS More Efficient and Less Bureaucratic


Department of Health (2000) No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse

Home Office (2011) Prevent Strategy


Nursing and Midwifery Council Record Keeping: Guidance for Nurses and Midwives Nursing and Midwifery Council August 2009
## 9. Monitoring

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
<th>Acting on recommendations and Lead(s)</th>
<th>Change in practice and lessons to be shared</th>
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<tbody>
<tr>
<td>1. <strong>Pursue and support the mental capacity agenda through audits, bespoke training, workshops and the “Why MCA?” programme.</strong> This will empower adults to make their own decisions and provide staff with a statutory framework to underpin their assessments.</td>
<td>Mary Partridge Lead Nurse for Safeguarding Adults</td>
<td>Annual audits of clinical records to ascertain if mental capacity is being considered and assessed appropriately</td>
<td>Audits are conducted, reported and shared annually</td>
<td>Safeguarding Adults subcommittee</td>
<td>The Safeguarding Adults team under the leadership of Mary Partridge-Lead Nurse for Safeguarding Adults</td>
<td>Lessons will be shared across all platforms that are available to safeguarding; e-news, mandatory and bespoke training, dignity meetings; clinical effectiveness and patient experience committees.</td>
</tr>
<tr>
<td>2. <strong>Work with Patient Experience, the Carer Support Service, PALS and Complaints to identify where carers, informal and paid, are working under strain and without relevant training and support.</strong></td>
<td>Mary Partridge Lead Nurse for Safeguarding Adults</td>
<td>Observation and report reviewing</td>
<td>Monthly</td>
<td>Patient Experience Committee</td>
<td>Clinical Team Leaders and Practice Teachers will be supported by the Safeguarding Adults team to lead on the recommendations made</td>
<td>Lessons will be shared across all platforms that are available to safeguarding; e-news, mandatory and bespoke training, dignity meetings; clinical effectiveness and patient experience committees.</td>
</tr>
</tbody>
</table>
| 3. Develop competencies in safeguarding, abuse and mental capacity to improve the skills and confidence of clinicians. | Anne McGarry  
Lead Nurse for Safeguarding Adults and the Mental Capacity Act | Clinical records audits. | Annually, shared at Safeguarding Adults subcommittee and clinical effectiveness committees and with team leaders via trust intranet | Annually:  
Safeguarding Adults subcommittee and commissioners | Clinical Team Leaders and Practice Teachers will be supported by the Safeguarding Adults team to lead on the recommendations made | Lessons will be shared across all platforms that are available to safeguarding; e-news, mandatory and bespoke training, dignity meetings; clinical effectiveness and patient experience committees. |
|---|---|---|---|---|---|---|
| 4. Promote and support the role of Dignity Champions, ensuring each area has a signed-up champion who is fully aware of their role and responsibilities. | Mary Partridge  
Lead Nurse for Safeguarding Adults | Dignity audits will be conducted alongside clinical records reviews and observation of face to face contact as needed | Annually | Safeguarding Adults subcommittee | Clinical team leaders will be supported by Val Connolly- Safeguarding Adults Practitioner- to implement recommendations | Via Dignity meeting and Dignity Champions Network |
| 5. Respond promptly to all recommendations arising from high – profile cases, serious case reviews and inquiries and be proactive in initiating and monitoring change where it relates to safeguarding | Anne McGarry  
Lead Nurse for Safeguarding Adults | Action plans will be developed where necessary after the completion of report or SCR following high-profile event. Action plans will pertain to BCHC | As needed | Safeguarding Adults subcommittee | Safeguarding Adults will lead on dissemination of action plan details to clinical teams | Via e-newsletter and direct, targeted emails |

Anne McGarry  
Lead Nurse for Safeguarding Adults and the Mental Capacity Act

Mary Partridge  
Lead Nurse for Safeguarding Adults

Anne McGarry  
Lead Nurse for Safeguarding Adults

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6. Provide continuing training and support to clinicians regarding the application of the new "acid test" to Deprivation of Liberty (DoLS) authorisation requests.

| Anne McGarry | Audits of DoLS applications made and clinical records audit | Annually | Safeguarding Adults subcommittee | Clinical Team Leaders under the support of the Safeguarding Adults team | Via e-newsletter and direct, targeted emails |
| Lead Nurse for Safeguarding Adults and Specialist Mental Capacity Act lead |

7. Continue to promote awareness of hate and mate crimes.

| Mary Partridge | Inclusion in mandatory safeguarding training | Annually | Quiz / test following training | Clinical Team Leaders under the support of the Safeguarding Adults team | Via e-newsletter and direct, targeted emails |
| Lead Nurse for Safeguarding Adults |

8. Work with the local authority to ensure that safeguarding procedures are compliant with the Care Bill 2014.

| Safeguarding team | Audit | Annually | Safeguarding Adults subcommittee | Clinical Team Leaders under the support of the Safeguarding Adults team | Via e-newsletter and direct, targeted emails |
| | | | | | |
| 9. The Safeguarding Adults team will develop and convert to a paperless system for raising alerts, updating records and storing patient information. | Wendy Badger-Safeguarding Adults Practitioner | Audit following complete implementation of paperless system | Once only for paperless system. Accessibility will then continue to be monitored in the annual audit | Safeguarding Adults subcommittee | Clinical Team Leaders under the support of the Safeguarding Adults team | Via e-newsletter and direct, targeted emails |