

Safeguarding Adults Annual Report

2013/14

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Adult safeguarding is the term used for protecting adults from abuse or neglect

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Appendix 1 – Role of Learning Disability Champions

Executive summary

The Safeguarding Adult annual report 2013/14 outlines the work undertaken by the Trust during the past year. Adult Safeguarding is the term used for protecting adults from abuse or neglect.

Since 2012 the Trust has appointed a Lead Nurse for Adult Safeguarding and identified one of the Medical Consultants as the Lead Doctor for Adult Safeguarding. The Executive Director responsible for Adult Safeguarding is the Director of Nursing and Patient Experience.

Adult Safeguarding is a whole systems approach and the Trust is a partner agency of the Hertfordshire Safeguarding Adult Board (HSAB). The Trust is represented on the board by the Lead Nurse for Adult Safeguarding on behalf of the Director of Nursing and Patient Experience.

All Trust staff receive Adult Safeguarding training compliance at the end of March 2014 was 86.9% all staff, and 83.8% for staff requiring level 2 training. All Divisions have action plans in place to achieve 90% compliance for staff in 2014.

PREVENT HEALTHwrap training, which is part of the Government counter terrorism strategy, was introduced for staff in July 2013 and by March 2014 185 Trust staff in the priority groups had received training.

Between April 2013 and March 2014 the Trust 'Safeguarding adults at risk' database had 184 safeguarding concerns recorded, of which 27 were concerns raised against the Trust.

Notable achievements in this year include:

- The CQC Dementia themed inspection of the QEII Hospital in February 2014 demonstrated the Trust met the standards inspected by CQC
- Adult Safeguarding training is part of the statutory and mandatory training programme for all staff and compliance can be monitored through the Electronic Staff Record and achieved 86.9% of all staff
- Introduced *PREVENT* HEALTHwrap training as part of the Government anti-terrorism strategy – 'Building Partnerships, Staying Safe'
- Successful application for Research for Patient Benefit (RfPB) grant collaboratively with Cambridge University, Addenbrookes Hospital and the

- Hertfordshire Health Liaison team to undertake research on 'Hospital Experiences of Adults with Learning Disabilities' (HEALeD)
- Reduction in inpatient falls by 52% in 3 years
 - Reductions in hospital acquired pressure ulcers
 - Dementia Nurse role developed
 - Falls prevention nurse role developed
 - Progression of the strategy for care of people with Dementia
 - Lead Clinician for Care of people with Dementia in post
 - Improved support for patients and carers through the Carer's lead post
 - Continued to progress improvements in care of people with LD who use Trust services
 - The Trust Adult and Child safeguarding committee became a joint committee
 - Contributed to the work to update the Hertfordshire Adult Safeguarding Policy and Procedures
 - Contributed to the case reviews in the HSAB independent audit of the Serious Concerns process
 - Increasing the number of Dementia and Learning Disability Champions
 - Queen's Wing Day Surgery Unit adopted the 'Purple Promise' Hertfordshire e-Quality standard mark for supporting people with a Learning Disability

1 Introduction

This is the annual report for Adult Safeguarding for East and North Hertfordshire NHS Trust for 2013/14. The report outlines the work undertaken by the Trust since April 2013 to support the frameworks for safeguarding adults.

In March 2000, Government guidance in the form of the 'No Secrets' report set out a code of practice to protect vulnerable adults from abuse and neglect. The core agencies to ensure this include: NHS, Social Services and the Police.

The definition of a vulnerable adult is:

A person over 18 years 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. (No Secrets DH 2000)

The Association of Directors of Adult Social Services (ADASS) safeguarding guidance further defines a vulnerable adult as someone who is unable to retain independence, wellbeing and choice, and to access their human right to live a life that is free from abuse and neglect (Safeguarding Adults ADASS 2005).

The definition of abuse is

'A violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, sexual, verbal or psychological; it may be an act of neglect or an omission to act or it may occur when a vulnerable person is persuaded to enter into financial or sexual transaction to which he or she has not consented or cannot consent' (Department of Health 2000).

'Safeguarding Adults: The role of Health Service Practitioners' (Department of Health 2011) outlined the duty of Health Services to safeguard all patients, but that additional measures are required for those who are less able to protect themselves from harm or abuse. Adult Safeguarding is an integral part of patient care and is described as a spectrum of activity from prevention through to multi-agency responses where harm and abuse occurs. The NHS commissioning board reiterated this in 'Safeguarding Vulnerable People in the Reformed NHS' (March 2013) and emphasised the importance of working in partnership with other agencies to promote and improve Safeguarding practice, reinforced the NHS commitment to prevent and reduce the risk of abuse or neglect and confirmed that safeguarding adults is everybody's business.

Also, during 2013 three significant publications, the Francis report, the Keogh report and the Berwick report emphasised the importance of the provision of high quality, safe healthcare to ensure that people who use NHS services are safeguarded.

2 Adult Safeguarding

2.1 The Trust Adult Safeguarding Structure:

Role	Name and Job Title
Executive Director Safeguarding	Angela Thompson, Director of Nursing and Patient Experience
Deputy Director Safeguarding	Philippa Davies, Deputy Director of Nursing
Lead Nurse Adult Safeguarding	Bernadette Herbert, Lead Nurse Adult Safeguarding
Lead Doctor Adult Safeguarding	Dr Emma Lines, Consultant Physician

Within the Clinical Divisions the Divisional Director and Divisional Chairs are responsible for the implementation of and compliance with Trust policies and procedures and maintaining standards of practice and quality of care provision with clinical and non-clinical teams.

2.2 Trust policies and procedures which support the framework for Adult Safeguarding are:

- Safeguarding Adults from Abuse policy
- Hertfordshire procedures for Safeguarding Adults from abuse
- Mental Capacity Act policy
- Deprivation of Liberty policy
- Learning Disability policy
- Domestic Abuse policy
- Employment Checks Policy
- HR Checks - Professional Registration of Clinical Staff, Trust policy and procedure
- Disclosure and Barring checks and disclosure of information, Trust policy
- Raising Concerns at Work policy – ‘Whistleblowing’
- Statutory and Mandatory training policy
- Equality, Diversity and Human Rights Strategy

2.3 Lead Nurse Adult Safeguarding

The post of Lead Nurse for Adult Safeguarding was established in April 2012. The post holder has strategic and operational responsibility for Adult Safeguarding across all Trust sites. She works with all teams across the Clinical Divisions and Non-Clinical Services. Responsibility for Adult Safeguarding has been delegated to the Lead Nurse by the Director of Nursing. The post holder is line managed by the Deputy Director of Nursing.

The Lead Nurse receives Safeguarding clinical supervision from the Designated Nurse Adult Safeguarding for Hertfordshire.

2.4 Lead Doctor Adult Safeguarding

The medical director has nominated a Lead Doctor for Adult Safeguarding, who is also the Medical lead learning disability champion. The post holder works collaboratively with the Lead Nurse and provides medical advice when required for adult safeguarding cases. The post holder is the champion for adult safeguarding, and patients with a learning disability, to raise awareness and knowledge with medical colleagues and doctors in training.

2.5 Safeguarding liaison and Hospital Social work teams

Safeguarding referrals raised within the Trust are processed by the Adult Safeguarding Nurse and hospital social work teams. The investigation of a safeguarding referral is led by Hertfordshire Adult Services, as the local authority, following the Hertfordshire Safeguarding Adults from Abuse procedures. On occasions the investigation will be led by a different local authority dependant on the residency of the adult in need of safeguarding or the location of an alleged incident.

2.6 Hertfordshire Safeguarding Adults Board

The Trust is a member of the Hertfordshire Safeguarding Adults Board (HSAB), representation is provided on behalf of the Director of Nursing by the Lead Nurse Safeguarding Adults.

Meetings are held six times a year at County Hall. The HSAB members include Hertfordshire County Council, County Councillors, District Councils Safeguarding representative, Hertfordshire Clinical Commissioning Groups, Police, Fire and safety, NHS provider services - Community, Acute and Mental Health Trusts, Hertfordshire Designated Nurse Adult Safeguarding, Probation, Health and Community Services and POhWER, HCC Head of Child Protection.

In 2013 the HSAB made the decision to appoint an independent chair and an interim independent chair, with experience of Adult Safeguarding Boards, health and social care, is currently in post.

During 2014 the HSAB will prepare for implementation of the statutory requirements of the Care Act 2014 which come into place on 1 April 2015.

2.7 Trust Safeguarding Committee

During 2013/14 the Trust made the decision to trial the combination of the Child and Adult Safeguarding Committees as increasingly the processes, procedures and issues for Child and Adult safeguarding overlap. The Committee is chaired by the Director of Nursing, it is a sub-committee of the Risk and Quality Committee and meets every 6 weeks, membership includes: Children, Midwifery and Adult Safeguarding representatives, Consultants and Senior Nursing/Midwifery representatives from the Clinical Divisions, Hospital social worker, Tissue Viability Nurse, Discharge team, Assistant Director of Nursing – Education and research, CCG Head of Adult Safeguarding, Designated Nurse Child Protection, Designated Doctor Child Protection, Learning Disability Liaison Nurse (adult), Dementia Specialist Nurse. An evaluation of the new committee will be undertaken in September 2014.

2.8 Risk and Quality Committee (RAQC)

The Risk and Quality Committee is a sub-group of the Trust Board, chaired by a Non-Executive Director. The Director of Nursing provides a bi-monthly report to RAQC which includes an update on Adult Safeguarding issues and activity.

Figure 1 Adult Safeguarding Structure

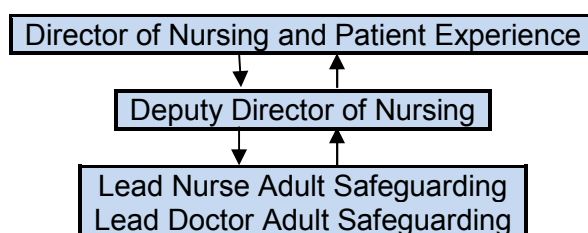
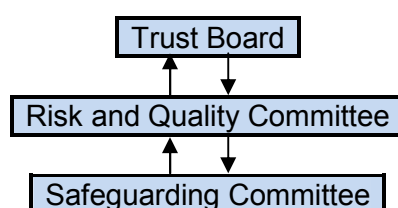


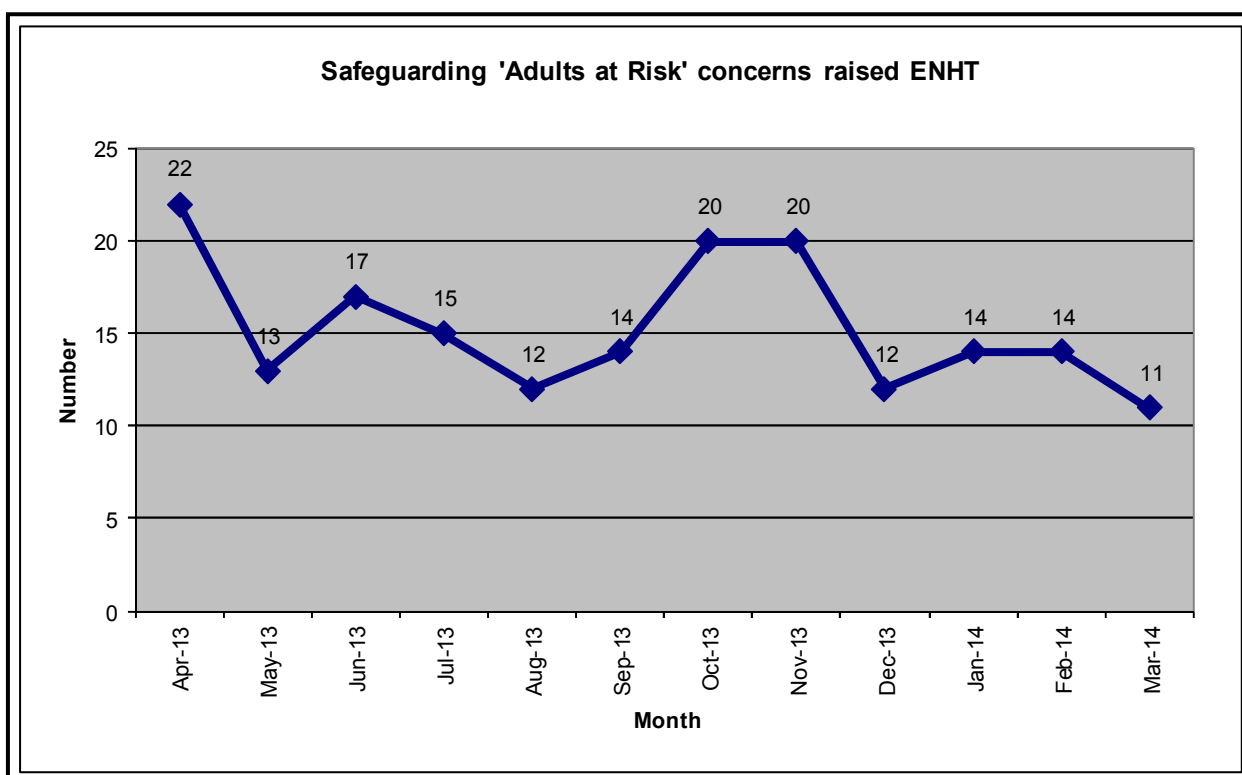
Figure 2 Trust Safeguarding Committee Structure



3 2013/14 Safeguarding 'Adults at Risk'

3.1 Safeguarding concern 'alerts'

From April 2013 to March 2014 the East and North Hertfordshire NHS Trust Safeguarding Adults at Risk database had 184 safeguarding concerns recorded, of which 27 safeguarding concerns were raised against the Trust.



The categories of alleged abuse for safeguarding adult from abuse referrals included: Neglect or omission to act in Community and Hospital, Financial abuse, Physical abuse in community and hospital, Domestic Violence, Sexual abuse, Psychological abuse and Institutional abuse. Safeguarding concerns were also raised for 'at risk' adults due to self-harm, self-neglect and for care needs review. The highest number of alerts raised was in April, October and November 2013, however, there were no specific reasons identified as to why these months had a higher number of alerts.

Of the 27 concerns raised against the Trust, 18 were not substantiated, 2 were inconclusive, 3 were partially substantiated and 3 substantiated. 1 investigation involving an allegation against a member of staff is not yet concluded.

The 3 partially substantiated concerns included: concerns raised about practice with a PEG feed for one patient, concerns about the care of a person with a Learning Disability in the Emergency Department and concerns related to mouth-care of a patient discharged to a nursing home. Actions taken from these concerns have been to:

- Review, update and re-launch of a Trust wide policy for patient mouth care
- Competency assessment and retraining for the staff member in use of PEG feeds
- Emergency Department reviewed practices in relation to support for vulnerable adults and implemented changes

The 3 substantiated concerns included: concerns raised about continence and dressing supplies not sent home with a patient, poor documentation by ward staff on a medical ward of how abrasions happened with a confused and agitated ambulant patient, a care home resident sent to wrong address on discharge from the Emergency Department. Actions taken from these concerns have been to:

- Remind ward staff that that sufficient dressing and continence supplies are to be provided to patient on discharge to cover until community supplies can be in place
- Matron for the Medical ward undertaking documentation and quality audits to monitor practice and additional training and support provided to the ward by the Nurse education team to support improvement in practice standards
- Emergency department matron took action to ensure staff update patient details on the Patient Administration System and that there is communication with care home, where the care worker is not present, before the patient leaves the department

3.2 Deprivation of Liberty Safeguards

Deprivation of Liberty Safeguards (DoLS) were created to provide legal protection for those vulnerable people aged 18 years and over who lack mental capacity to consent to the arrangements for their care, which are deprived of their liberty other than under the Mental Health Act 1983. The safeguards came into effect in April 2009.

During 2013/14 20 deprivations of liberty safeguards (DoLS) authorisations were requested for patients who were assessed by staff to lack mental capacity and were trying to leave hospital and were still in need of treatment or care, or required increasing restrictions to maintain their safety and wellbeing. 9 requests progressed to standard authorisation with the Supervising Authority, in most cases the patients who did not require standard authorisation had regained mental capacity during the 7 day period of the urgent authorisation and DoLS was no longer needed.

In March 2014 the Supreme court handed down it's judgement in the case of 'P v Cheshire West and Chester Council and P&Q v Surrey County Council'. The judgement marked a change in the law relating to DoLS. The implication of this judgement has been to add further definition to what may be considered a deprivation of liberty for a person requiring care and/or treatment who lacks mental capacity to consent to those arrangements. The DoLS code of practice whilst still relevant needs to be considered in the light of the Supreme court judgement and the following key questions – the 'acid test' - need to be asked:

- 'Is the person subject to continuous supervision and control?' **AND**
- 'Is the person free to leave?'

The revised ruling has significant implications for the number of DoLS requests which will go to the Supervising Authorities, and we have already seen the impact in Hertfordshire with thousands of applications being submitted for residents of care or nursing homes. There are implications for patients in the Trust. Initial guidance has been issued to care providers by the Department of Health and CQC, and the Department of Health are expected to issue further guidance in Summer 2014. The Trust has received legal advice from the Regional Medico-Legal advisor which indicates the ruling should not have significant impact on a change in Trust practice regarding application of DoLS. However, further information has been provided by NHS England who are guiding NHS providers and acute Trusts to utilise '39 Essex Street' good practice guidance briefings, and this does suggest that the law change will have significant impacts on use of DoLS in the Trust.

There are implications for patients with dementia on elderly care wards 'who are under continuous supervision and control and are not free to leave', implications for patients admitted from care or residential homes where a DoLS is already in place in their residential setting. Acute NHS Trusts are also having to consider whether a patient who is unconscious, who has not been able to consent to treatment or restrictions before they were put in place, would be considered to be Deprived of their Liberty. This may include: ventilated patients in ITU, unconscious patients in A&E, Stroke victims or patients in a persistent vegetative state. The guidance to Trusts has been to seek separate legal advice for these potential situations as there was no specific guidance provided for such situations by the Supreme Court although it was flagged to the court during the Cheshire West proceedings. In the light of the most recent information from NHS England the Trust will be seeking further legal advice from the Regional Legal Team.

The Hertfordshire Adult Safeguarding Board is closely monitoring the impact and financial and legal consequences of the change in DoLS across the county.

4 Adult safeguarding training

Adult Safeguarding training is provided for all Trust staff through the statutory training programme and new staff induction programme. As of May 2013 all staff receive mandatory updates every 2 years. Compliance with training attendance is recorded on the Electronic Staff Record and monitored through monthly reports to line managers, the statutory-mandatory training committee and the Safeguarding committee.

Level 1 training is provided for non-clinical staff to raise awareness of Adult Safeguarding.

Level 2 training is provided for clinical staff to enable recognition of abuse and to be able to make referrals, requirements of the mental capacity act and deprivation of liberty safeguards.

PALS and the complaints team also receive Level 2 training.

Adult safeguarding training compliance at the end March 2014 was 86.9% for all staff and 83.4% for staff requiring level 2 training. The target compliance for 2014/15 is 90% for all staff and training plans are in place to meet this requirement.

5 PREVENT – Building Partnerships, Staying Safe

PREVENT is one part of the four strands of a cross government counter terrorism strategy called CONTEST. PREVENT focuses on the prevention of vulnerable people being drawn into terrorist or extremist activities and safeguarding them from exploitation or radicalisation. The Healthcare contribution is to work collaboratively with other agencies to safeguard people, children and adults, who may be vulnerable. As part of the Government strategy Health services are required to provide awareness training to all their staff.

Three members of Trust staff have been trained to provide HEALTHwrap PREVENT training.

During 2013 priority was given to providing training for specific staff groups which included Emergency Department staff, Safeguarding staff, Matrons, On-call managers, Chaplains, Safety and Security staff.

Training sessions began in July 2013 and 185 Trust staff had received HEALTHwrap training up to the end March 2014. All Trust staff had been sent an awareness briefing through the weekly Trust bulletin and PC screensavers in January 2014.

The Trust is currently promoting a one off short HEALTHwrap training session for all Trust staff, however, a new training competency framework is being finalised by NHS England and this will promote an awareness briefing for all staff through the statutory child and adult safeguarding training provided at induction and regular updates. The short HEALTHwrap training will be targeted at specific staff groups in high risk clinical and geographical areas. We expect to receive this information by the end of June and will be able to revisit the PREVENT training strategy with a more pragmatic training plan.

In Hertfordshire referrals for PREVENT are channelled through the County Police Safeguarding unit and a multiagency PREVENT panel in Hertfordshire meets regularly to manage the support requirements of individuals.

The Trust has not identified any cases to date that require referral through the local PREVENT process.

The Lead Nurse for Adult Safeguarding provides the lead on behalf of the Director of Nursing for PREVENT within the Trust and attends the Regional NHS England PREVENT forums. The Trust also submits monthly reports to the Regional Prevent Lead.

6 Supporting Adults with a Learning Disability

The Acute Liaison Learning Disability Nurses (Hertfordshire Health and Community Services) are involved with supporting patients with LD and their carers when using hospital services. They will assist Trust staff in making reasonable adjustments for patients, advising staff about what reasonable adjustments might be required, using appropriate communication tools for people with LD, enabling appropriate discharge packages of care, end of life care and will provide training for staff around the needs of patients with a learning disability.

The activity reports for 2013/14 for the Learning Disability Nurses shows:

- 218 referrals were made for patients from ENHT
 - Of these 176 were for patients at the Lister Hospital site and 42 at the QEII site

- 1970 contacts were made, including telephone, face to face and contacts when service user not present; an average of 9 contacts per patient

The Learning Disability Nurses have provided training and briefings for staff across the Trust during 2013/14. This has included awareness sessions on the additional needs of people with a Learning Disability and use of the 'Purple folder' for Clinical Support Workers, Nurses and Midwives and Student Nurses. They have also participated in the development, implementation and delivery of the monthly Patient Safety Day, which is an update study day for clinical staff focusing on the acute care and safety needs of patients within the Trust, including harm free care.

In addition, the Consultant who leads on Adult Safeguarding has undertaken teaching sessions, with the LD nurses, on the use of DNACPR policy for the Community Learning Disability Services staff within Herts County Council

During 2013/14 the Lead Nurse Adult Safeguarding and the Learning Disability Liaison Nurses jointly presented the collaborative work of the Trust and Health Liaison Team for improving hospital care for people with Learning Disabilities – presentations were given in April 2013 at the Hertfordshire Learning Disability Partnership Board and at the May 2013 Eastern Region 'Sharing Good Practice' Conference.

Further collaborative work has been undertaken by the Trust during 2013/14 to develop and submit a research application to the Research for Patient Benefit programme with Cambridge University, Addenbrookes Hospital and the Hertfordshire Health Liaison team. The research application for 'Characterising the Hospital Experiences of Adults with Learning Disabilities' (HEALeD) was successful and positively supported by RfPB and is due to commence in July 2014.

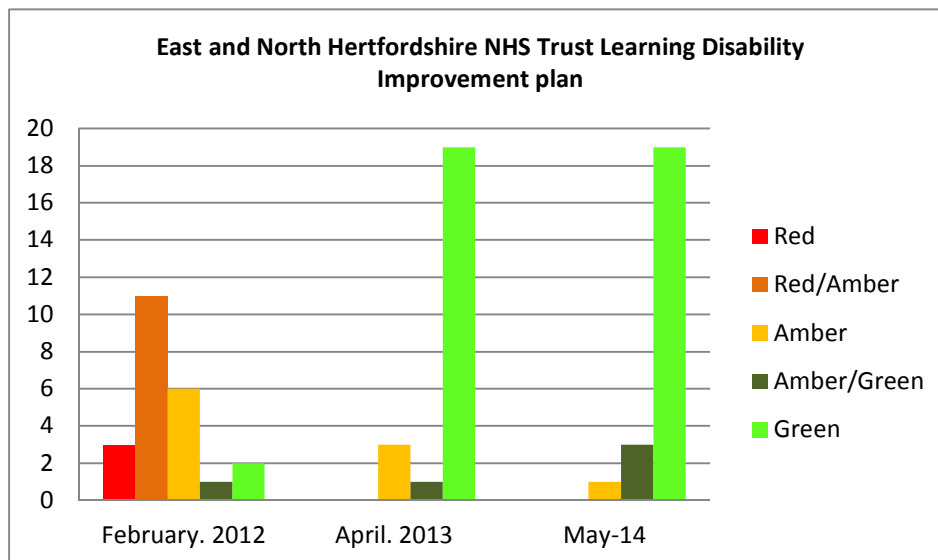
6.1 Acute Hospitals Learning Disability Improvement plan

In terms of progressing compliance with the Trust Acute Learning Disability Improvement plan actions taken during 2013/14 have included:

- Updating the PAS alerts for people with Learning Disability from the Hertfordshire GP register so that patients with LD can be identified on admission to hospital and referred to the LD Nurses
- Implemented the Carers Policy and carers contract
- Provided additional support to carers of people with LD by the carers lead through the 'Carer Friendly Hospital' project
- Introduced benefits and discounts for carers through the 'Carer Friendly Hospital' project
- Developed care pathways to supplement the Learning Disability Policy
- Introduced the easy read discharge booklet
- The LD nurses developed a 'Welcome pack' which they give to the patients they see and it explains their role and has additional information for a person's stay in hospital in easy read formats
- Queen's wing day surgery unit have trialled the implementation of Hertfordshire eQuality standard mark within clinical areas
- Introduced an easy read version of the Trust patient experience postal survey
- Introduced with the Health Liaison team a post discharge service user evaluation
- Increased the number of learning disability champions across the Trust
- Continued with the Trust Learning Disability Group
- Include the Learning Disability Nurses on the Trust patient experience and Safeguarding committees

- The Learning Disability Nurses have held publicity and awareness raising activities for the Trust during LD awareness week 2013, at the Trust AGM in September 2013 and during International Nurses week 2013 and 2014
- The information team have been working on the introduction of elective admission and outpatient attendance lists and these are due to go into regular use in June 2014 and will enable the Trust to identify patients due to attend the Trust in the future who will need additional support or reasonable adjustments
- The appointments team have been working with the LD nurses to develop an easy read outpatient appointment letter – we plan to implement this into use later in 2014
- The HR team have made sure that advertising for job vacancies always includes the statement ‘ We are an equal opportunity employer and we welcome applications from all members of the community including people with disabilities’

The chart below shows the improvement for the Trust against the QIPP self-assessment framework since 2012. The one area which has remained amber is the use of easy read outpatient appointment letters, the Trust is working to progress this area and does expect to implement their use in the coming year.



6.2 Learning Disability Champions

Across the Trust there are 30 named Learning Disability Champions who range from clinical front line staff to Senior Managers and Executive Directors. A role description for the champions has been developed in conjunction with the LD nurses and this is accessible to all staff through the Trust knowledge centre (see Appendix 1). We will continue to recruit LD champions from across the Trust during 2014/15.

6.3 CIPOLD and unexpected/premature deaths of people with LD

CIPOLD (2013) is the Confidential Inquiry into deaths of people with Learning Disability which looked into the deaths of people with Learning Disabilities in 5 PCT areas of South West England between 2010 and 2012. The inquiry found that the age of death for men and women with LD in these areas was significantly less than the UK population. Men with LD died on average 13 years sooner than the general population and women with LD

20 years sooner. The most common underlying causes of death were heart and circulatory disorders and cancer, as with the general population. The inquiry also looked at unexpected and premature deaths and assessed 42% of the 238 deaths reviewed as premature. The most common reason for death being assessed as premature were: delays or problems with diagnosis or treatment; and problems with identifying needs and providing appropriate care in response to changing needs.

During 2013/14 there have been three Serious Incident reviews involving the unexpected deaths of patients with Learning Disability within the Trust. Detailed case reviews have been undertaken in all cases and although it was not possible to say that the patient deaths would have been avoidable there has been identified learning from all cases and improvement plans have been agreed for care of people with LD. The main issues identified in the reviews which contributed to poorer than expected outcomes were:

- delay in transfer to hospital from the community
- delay in recognising changes in vital signs and escalating changing condition
- communication difficulties, including patient inability to express severity of pain
- complexity and severity of medical conditions underestimated
- not having someone present at the time of a critical event who knows the person well enough to recognise significant changes in a person's normal behaviour or responses

The mortality risks and risk of premature deaths in people with Learning Disability is being incorporated into the Trust training programmes for all staff and opportunities to raise awareness of risks is utilised by the LD nurses, Safeguarding Nurse and Doctor, for example, in clinical governance programmes and activities, team time, ward briefings, Matron's and Sister's meetings.

6.4 Patient alerts and reasonable adjustments

In 2012 NHS Hertfordshire shared the GP registers of people with a learning disability with the Trust and this enabled the Trust to add an alert to the PAS records for the users of Trust services. Updates from the Hertfordshire GP register were added to PAS records in summer 2013. This enables Trust staff and the LD nurses to search for in-patients and emergency department attendees who have a learning disability. Information can also be added to the BIMS system (an electronic patient record) and the ward or emergency department staff can see a purple flag so can easily identify patients in their clinical area who need additional support. BIMS is not used at MVCC, the Treatment centre or maternity – these areas rely on the main patient administration systems to pick up the LD alert and record in the patient's/mother's records.

Reasonable adjustments may need to be made for patients with Learning Disability or Autism to achieve equitable access to services. During 2013/14 examples of reasonable adjustments made included:

- MDT discharge planning meetings with care workers, family carers, LD Nurses, carer's lead, social care, community services and continuing health services to manage the safe discharge of a patient with complex needs after a prolonged inpatient admission
- Training provision to family carers and care workers to support discharge plans
- Carer support, including sleeping and respite arrangements, and involvement of the carers lead, to enable the parents of a severely disabled patient to stay with him in hospital so that there was always someone with him whom he knew well
- Transfer planning with a specialist hospital to ensure they could meet the needs of the patient and the patient's carers when care was transferred for specialist treatment

- Introduction of carer's discounts for carers, including care home workers who need to stay with patients whilst they are in hospital
- Detailed admission planning to the day surgery unit for a patient who had severe hospital phobia, in order to facilitate dental treatment for dental abscesses in their best interest. The patient did not have the capacity to understand the consequences of their decisions and was in a lot of pain but did not want to go to hospital. This included working with an anaesthetist, the community dentist, home carers and community learning disability team to plan the day surgery admission so that there was minimal upset to the patient and that their time in hospital was made as pleasant as it was possible, which included organising post-operative recovery in a ward with a more homely environment
- Pre-operative assessment unit notifying of elective admissions of patients with LD so that wards and staff are ready with the additional requirements patients need, which may include additional or specialist equipment
- Notification to bed managers and admission teams of pending admissions to enable direct admission to the post-operative ward to minimise disruption to the patient
- Adjustments made to hospital appointments or attendance times to accommodate the needs of patients who have complex needs
- Pre-operative arrangements made with a person's care home and carers to enable pre-operative medication and preparation to be given at home to minimise the amount of time the person needed to stay in hospital
- LD Nurses working with patients and their care teams to prepare patients for hospital admissions or clinic attendances – which has worked particularly well for patients who have fears of coming to hospital

During 2013/14 the Trust information team have been working on the provision of admission and outpatient clinic datasets which will identify patients who have the LD alert and this will help the Trust to be able to forward plan for elective patients with LD coming into the Trust. Initial datasets have been provided for testing and the Trust is planning to introduce admission and outpatient datasets to the Divisions in June 2014.

We have not yet been able to progress the provision of the GP LD registers for patients who are resident outside of Hertfordshire, however, we will continue to work towards this objective. In the meantime we are reliant on GPs providing information about patient needs when they make a referral to the Trust or that Trust staff ask the question of a patient or carer 'do you have any disability or special needs that we need to be aware of?'

6.5 Audits

During 2013/14 audits of care for patients with a learning disability have been undertaken as part of the Matron and Senior Nurse Quality reviews of ward care, and by the Adult Safeguarding Nurse, LD Nurses, Director of Nursing and Deputy Director of Nursing. Care has also been audited through complaints, Serious Incident and clinical incident reviews and CCG quality visits to the Trust.

2013/14 quality audits showed the need for improvement in the following areas:

- Recognising the deteriorating patient and escalating to the appropriate teams a deteriorating condition
- Utilising the expertise of the LD Nurses to support making reasonable adjustments for patients
- Displaying information about the LD nurses in a prominent place on wards

- Increasing the utilisation of easy read information and pictures for communication with patients
- Ensuring mental capacity assessments completed and best interest decisions clearly documented
- Evidence of communication and with family carers or next of kin documented in patient records
- Ensuring patients who are admitted unaccompanied are asked who they would like to be contacted
- Involvement of next of kin or 'carer', as appropriate, in discussions about best interest decisions and care, treatment or DNAR CPR when the patient lacks mental capacity

Actions taken as a result of audits have been:

- Direct feedback to clinical teams about areas for improvement
- Introduction of intensive support to wards where concerns about standards of care have been identified
- Training and education needs of staff incorporated into Trust training plans
- Monthly inpatient audits
- Visibility of senior clinical and management staff in clinical areas to provide support to wards and clinical teams
- Back to the floor clinical days introduced by the Nursing Practice team
- LD nurses providing training to clinical staff

7.0 Adult Safeguarding Committee

The Adult Safeguarding committee met every two months during 2013, the Adult Committee merged with the Children's Safeguarding Committee in February 2014. The decision to merge the committees was made in the light of increasing overlap of the safeguarding strategies and agendas between children and adults and to enable more effective use of the involvement of Divisional teams with these committees. The Safeguarding committee is chaired by the Director of Nursing and Patient Experience who is the responsible Executive Director for Safeguarding within the Trust on behalf of the Chief Executive. The membership of the committee includes the Clinical Commissioning Groups designated Safeguarding nurses and the Children's safeguarding designated Doctor. The new working arrangements of the committee will be evaluated by September 2014.

The work plan of the Safeguarding committee and the Adult Safeguarding Nurse during 2013/14 has included:

- Updated the Adult Safeguarding policy
- Participated in the Multi-agency review and update of the Hertfordshire Safeguarding Adults policy and procedures
- Attended the Hertfordshire Adult Safeguarding Board meetings and participation in HSAB activities as a partner agency
- Presented the Trust response to the Francis Report to the HSAB
- The Trust joined the Dementia alliance and pledged it's contribution to care of people with Dementia
- Dementia Specialist Nurse in post
- Trust dementia group refocused with clear work plans agreed
- Lead Clinician for Dementia care (Consultant Elderly Care Medicine) in post
- Lead Matron for Dementia care in post
- Falls prevention Nurse in post
- Pilot project of a 'Carer's Lead' with Herts County Council and Carers in Herts for the Carer Friendly Hospital and development of the Carer's policy and contract
- Continued to develop and implement the Trust Dementia Strategy
- Attend and contribute to the County Dementia Strategy Group, providing regular updates on Trust activities
- Review of membership and terms of reference of the new safeguarding committees completed
- Attend and contribute to the HSAB Learning and Development and Public Engagement sub groups
- Maintain the Trust safeguarding database
- Participate in Adult Safeguarding case conferences, representing the Trust and providing clinical advice or liaison with clinical teams
- Provide liaison between Social care and Trust staff and services
- Agree improvement plans with clinical teams and provide feedback on areas for improvement related to Safeguarding Adults
- Contributed to a MASIR review (multi-agency serious incident review)
- Provide advice and guidance to clinical and managerial staff on safeguarding issues, Deprivation of Liberty Safeguards and Mental Capacity Act requirements
- Provide support to patients, carers and families in relation to safeguarding and protection
- Deliver Safeguarding Adults and PREVENT training
- Contributed to the internal audit of Safeguarding processes
- Increased the number of LD and Dementia Champions across the Trust
- Learning from Safeguarding concerns shared at Nursing and Midwifery Committee and Matrons and Ward Sisters meetings, and through RAQC reports

- Participate in safeguarding investigations and Serious Incidents
- Participated in work with the East of England Managed Clinical Network for LD – and as part of the Transitions from Child to Adult services group and by working with carers developed a best practice standards framework for services to utilise for self-assessment – which was published at the Managed Clinical Network conference in December 2013

Work plans and priorities for 2014/15 in addition to regular and continuing adult safeguarding work:

- Achieve 90% for staff mandatory training for Adult Safeguarding in 2014
- Review the DoLS and MCA policies and frameworks in light of Cheshire West ruling, including resource/financial implications
- Review the Trust Adult Safeguarding policy on publication of the updated Hertfordshire guidance and changes as a consequence of the Care Act 2014
- Pursue with CCGs in Bedfordshire the feasibility of Bedfordshire GP LD register being shared with the Trust
- Implement the use of the LD alert datasets for elective admissions and outpatient appointments across the Trust
- Ensure the Treatment Centre PAS is enabled to use the LD alert
- Participate in the recruitment of patients for the HEALeD research project
- Continue to network and represent the Trust at regional forums and good practice events
- Presentation to the grand round regarding risks associated with premature death of people with LD
- Continue to implement improvement plans for LD, Dementia care and Adult Safeguarding
- Work with the newly appointed IDVA (Independent Domestic Violence Advisor) to support adults and children at risk through Domestic Violence
- LD Nurses to work with Trust staff to put in place the Hertfordshire e-Quality standard mark for all services

8 Notable achievements in Adult Safeguarding in 2013/14

- The CQC Dementia themed inspection of the QEII Hospital in February 2014 demonstrated the Trust met the standards inspected by CQC
- Adult Safeguarding training is part of the statutory and mandatory training programme for all staff and compliance can be monitored through the Electronic Staff Record and achieved 86.9% of all staff
- Introduced PREVENT HEALTHwrap training as part of the Government anti-terrorism strategy – ‘Building Partnerships, Staying Safe’
- Successful application for RfPB grant for research into the Hospital Experiences of People with Learning Disabilities
- Reduction in inpatient falls by 52% in 3 years
- Reductions in hospital acquired pressure ulcers
- Dementia Nurse role developed
- Falls prevention nurse role developed
- Progression of the strategy for care of people with Dementia
- Lead Clinician for Care of people with Dementia in post
- Improved support for patients and carers through the Carer’s lead post
- Continued to progress improvements in care of people with LD who use Trust services
- The Trust Adult and Child safeguarding committee became a joint committee
- Contributed to the work to update the Hertfordshire Adult Safeguarding Policy and Procedures

- Contributed to the case reviews in the HSAB independent audit of the Serious Concerns process
- Increased the number of Dementia and Learning Disability Champions across the Trust
- Queen's Wing Day Surgery Unit adopted the 'Purple Promise' Hertfordshire e-Quality standard mark for supporting people with a Learning Disability