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Date	13.07.23	Agenda item	Bo.7.23.30

SAFEGUARDING ADULT ANNUAL REPORT 2022-2023

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Lead Director	Professor Karen Dawber, Chief Nurse		
Purpose of the paper	This paper is the Annual Safeguarding Adult Report		
Key control			
Action required	For information		
Previously discussed at/ informed by			
Previously approved at:	Committee/Group	Date	
	Quality and Patient Safety Academy QA.6.23.12	28.06.23	

Key Options, Issues and Risks

This annual report provides information regarding activity within adults safeguarding at Bradford Teaching Hospitals NHS Foundation Trust between April 2022 and March 2023.

Key risks are:

- The increase in patients with a mental health diagnosis attending the Trust and requiring support and detention under the Mental Health Act (MHA) has increased. The development and implementation of the Core 24 service standard, which is the standard for adult liaison mental health services has assisted with addressing some the challenges faced, however there remain ongoing concerns regarding the care of mentally unwell patients within the an acute medical hospital and delays in identification of appropriate mental health provision. Monitoring of 136 detentions attending the Trust has commenced during 2022/23, with work in progress to understand the impact of this and how we can ensure as a Trust we are more prepared to provide safer services for person who may require mental health support who access our services.
- During the period 2022/23, the frequency of MARAC meetings continued at the increased rate instigated during the previous years. Weekly meetings have been in place for a couple of years, due to the increase in referrals and recognition of the need for multi-agency discussion of cases to happen sooner. The addition of the HIDVA to the team was extremely beneficial and provided increased support to both patients and staff. The further training of a Safeguarding adult's specialist practitioner as an IDVA has strengthened the response we can provide to victims of domestic abuse; however the hosting of a HIDVA means there is a level of independence from the Trust which staff who disclose are finding beneficial. The funding for this post is external and is only in place until July 2024; consideration for how this post can continue to be funded is ongoing.
- The increase in activity in relation to DHR's/SAR's should be noted as there has been a significant increase in the requests for information and involvement in both these processes. This is a risk in relation to the identification of appropriately trained staff to undertake the necessary parts of the process, specifically the authoring of the Independent Management Reports (IMR's). It is recognised there is currently a very limited amount of staff who have had experience of these, and this is reflected across the District. There has been concerns raised that there has been no training offered regarding this for a number of years and a request made of the partnership to

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address this.

Analysis

The Trust also submits a self-declaration to the Clinical Commissioning Groups (CCGs) on an annual basis:

Key Achievements:

- Continued participation and attendance in multi-agency district wide safeguarding meetings.
- The development and hosting of the district wide Safeguarding conference in relation to coercion and control.
- Development of process relation to 136 detentions.

Recommendation

- Training review of all work streams relating to Safeguarding and vulnerable groups to ensure compliance with national guidance but also for opportunities to explore alternative methods of training delivery. The relevelling work is due to be finalised imminently and therefore the identification and roll out of a wider training offer and monitoring via self-declaration is underway.
- On-going training relating to the Mental Capacity Act and DoLs to ensure staff are aware of their responsibilities and the Trust is compliant with regulatory requirements. Development of further templates within EPR regarding this will ensure staff are more able to consistently record decision making and identify/record 'best interest' discussions, which we know from learning from serious incidents and investigations is a repeated feature of concern.
- Further development of the additional needs team, to ensure staff are clear and supported regarding their role.
- Ongoing development and support for staff regarding mental health and supporting patients in crisis/distress. Development of a training post for conflict resolution, de-escalation, and breakaway training to support the clinical response to restraint workstream.
- Presentation and participation in the District Safeguarding week. As in previous years the Safeguarding Adults' team will be actively promoting Safeguarding week in June and representing the Trust across the District. This is in conjunction with partner agencies.
- Ongoing and further development of the Trust response, in collaboration with partners, to 136 detentions and the implications of these attending the Trust with no medical requirement to do so and how although a 'place of safety' within the legislation the Trust is not necessarily a safe place for persons experiencing significant mental health distress. Work has started in relation to how we can utilise the skills of the newly qualified dual trained nurses.
- Development of specific learning relating to DHR's specifically in relation to Non-fatal strangulation.
- Development of a learning/awareness calendar to focus on specific areas of focus throughout the year.

Risk assessment

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			

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To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Regulation, Legislation and Compliance relevance	
NHS Improvement: (please tick those that are relevant)	
<input type="checkbox"/> Risk Assessment Framework	<input checked="" type="checkbox"/> Quality Governance Framework
<input type="checkbox"/> Code of Governance	<input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Safe	
Care Quality Commission Fundamental Standard: Safeguarding from abuse	
NHS Improvement Effective Use of Resources: People	
Other (please state):	

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Safeguarding Adult Annual Report 2022-2023

1 PURPOSE/ AIM

This Annual report provides information regarding activity within Safeguarding Adults in Bradford Teaching Hospitals NHS Foundation Trust between April 2022 and March 2023.

2 BACKGROUND/CONTEXT

All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998), to intervene proportionately to protect their right as citizens (ADASS 2005, Safeguarding Adults). The Care Act 2014 came into effect in April 2015; and was the first legislation specifically relating to the responsibilities to safeguard vulnerable adults. The Act not only addresses and recognises the importance of reducing risk, preventing harm and stopping abuse or neglect, but most significantly promotes involvement in the process of the adult concerned. Making safeguarding a collaborative process undertaken with someone rather than a process we do 'to' somebody.

Safeguarding is everyone's business; all staff have a responsibility to help prevent abuse and to act quickly and proportionately to protect people where abuse is suspected. Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) has a responsibility to ensure that arrangements are in place to ensure that staff are able to meet their obligations with regard to Safeguarding Adults. The principles and values as laid out in the Care Act are Empowerment, Protection, Prevention, Partnerships, Proportionality and Accountability

The Trust's policies and procedures are in line with the West Yorkshire, North Yorkshire and York Safeguarding Adults' Policy and Procedures. This policy was produced by Bradford Safeguarding Adults' Board in collaboration with:

- Calderdale Safeguarding Adults' Board
- Kirklees Safeguarding Adults' Board
- Leeds Safeguarding Adults' Board
- North Yorkshire Safeguarding Adults' Board
- Wakefield Safeguarding Adults' Board
- York Safeguarding Adults

Safeguarding adults within Bradford Teaching Hospitals NHS Foundation Trust remains a high priority. The Trust has seen a continued increase in the scope of safeguarding adult's activity throughout the past year within all areas.

Section 42 of the Care Act 2014 outlines when enquiries must be made and sets the definition of an Adult at Risk (AaR) and a Person alleged to have caused harm (Patch).

Section 42 is met if the person

- Has care and support needs (whether or not the local authority is meeting any of those needs).

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- Is experiencing, or is at risk of abuse or neglect.
- And
- As a result of these needs is unable to protect himself/herself against the abuse or neglect, or the risk of it.

Figure 1 outlines the areas of work included within the responsibility of the Safeguarding Adults' team.

Figure 1



2.1 To provide outstanding care

2.1.1 Safeguarding Adult Activity

For the year 2022/23, the safeguarding adult team received **429** referrals for support to the team. This is a decrease of **91** on the previous year.

The introduction of specific posts in relation to Learning Disabilities, Dementia and Mental Health have also contributed to the reduction in figures as these referrals were previously managed

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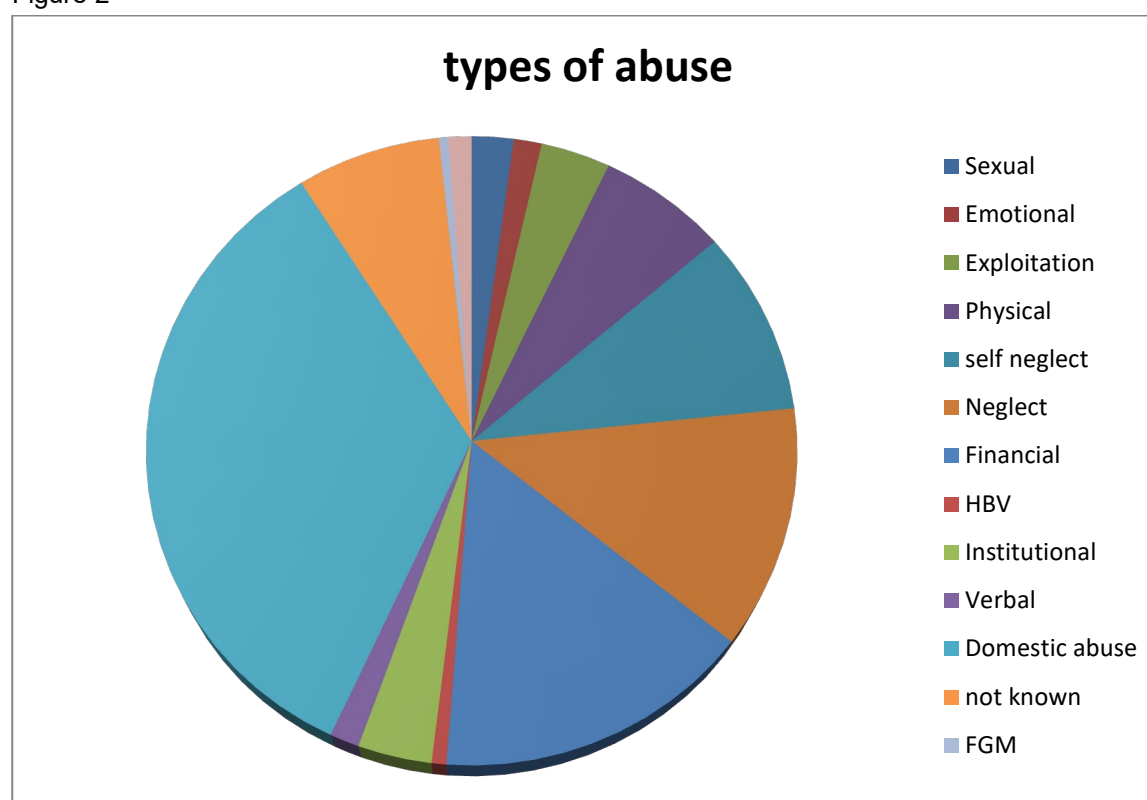
through the safeguarding team.. This more targeted referral approach has meant that the team are able to more quickly identify and establish risk and respond in a timely way.

Activity relating to Deprivation of liberty Safeguards (DoLS) has also been removed from the general data and is recorded separately, this has been previously included in the general reporting of figures and is discussed later in the report. This was done as preparatory work for the Liberty Protection Safeguards (LPS)

Making Safeguarding Personal (MSP) is contained within the Care Act. This outlines taking the views and wishes of the Adult at risk (Aar) in relation to the abuse. In line with MSP the Safeguarding Adults' team within BTHFT always discuss with the Aar what they wish to happen as a result of disclosing the abuse. Some patients do not wish any action to be taken and in cases where the Aar has capacity to make this decision and there is no risk to anybody else, this wish would be respected. This decision is revisited during an individual's stay and any change is acted upon in line with procedures.

Figure 2 shows referral rates by types of abuse.

Figure 2



The highest referral rate to the safeguarding team has been in relation to domestic abuse, second highest referral rate being for financial abuse. The increase rate in reported financial abuse is perhaps unsurprising given the current cost of living crisis.

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2.1.2 Referrals to the Local Authority Multi Agency Safeguarding Hub (MASH)

The Safeguarding Adults' Team within the Trust work closely with the Multi Agency Safeguarding Hub (MASH) within Bradford Metropolitan District Council, (formerly the Adult Protection Unit (APU)). As part of their remit they receive concerns regarding Adult Abuse and ensure that the appropriate measures are taken by sharing the information with the relevant people to enable an investigation to be undertaken. Anyone who suspects that abuse of an adult has occurred can raise a concern to the Local Authority Safeguarding Adults' Team/MASH who will make enquiries and co-ordinate the response.

The Safeguarding Team have responded to **8** delegated enquires from the MASH team within the period discussed.

Concerns involving staff members would always be reported and investigated in line with procedures, with primacy for investigation always being with the Police.

2.1.3 Domestic Abuse and Multi Agency Risk Assessment Conference (MARAC)

Domestic abuse is category of abuse as outlined in the Care Act 2014, however it is often not reported to the MASH as the victim does not have a care support need which is one of the requirements for a local authority referral this is often referred to as the Section 42 requirement (as outlined above). The Safeguarding Adults' team provide support to patients and staff who disclose domestic abuse and provide information for support services in the community. The Safeguarding Adult Team in conjunction with Safeguarding Children team and the Safeguarding Midwife gather and collate information in relation to patients who are discussed at the Multi Agency Risk Assessment Conference (MARAC). MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the district. Each case involves a minimum of 2 people but can often involve more including children.

The MARAC meetings are held weekly, and are attended by representatives from agencies across the Bradford District including, Police, Children's Trust, Probation, domestic abuse support services, health and adult social care. As well as providing information as to relevant attendances at BTHFT services, the Safeguarding Adults' Team are also responsible for ensuring appropriate flags are placed on and removed from patient records in a timely manner. The flags are placed on the Electronic Patient Record (EPR). This ensures staff are alerted to the potential risk these individuals are at and provides staff with an opportunity to broach the subject of domestic abuse and provide targeted enquiry and support.

In the period 2020/21 there was a total of **1198** cases referred to MARAC, this is an increase of **143** on the previous year. There has been a noticeable increase in domestic abuse incidents both across the District and nationally. There is believed to be a direct correlation between the lockdown restrictions imposed during the pandemic and the increase in incidents. Sadly the increase continues and is believed to be in part due to the willingness of victims to report and the ability of services to respond more effectively. (Domestic abuse in England and Wales overview: November 2022). As a direct result of this increase discussions were undertaken with partner agencies in exploring opportunities for further assistance. The domestic abuse manager within the

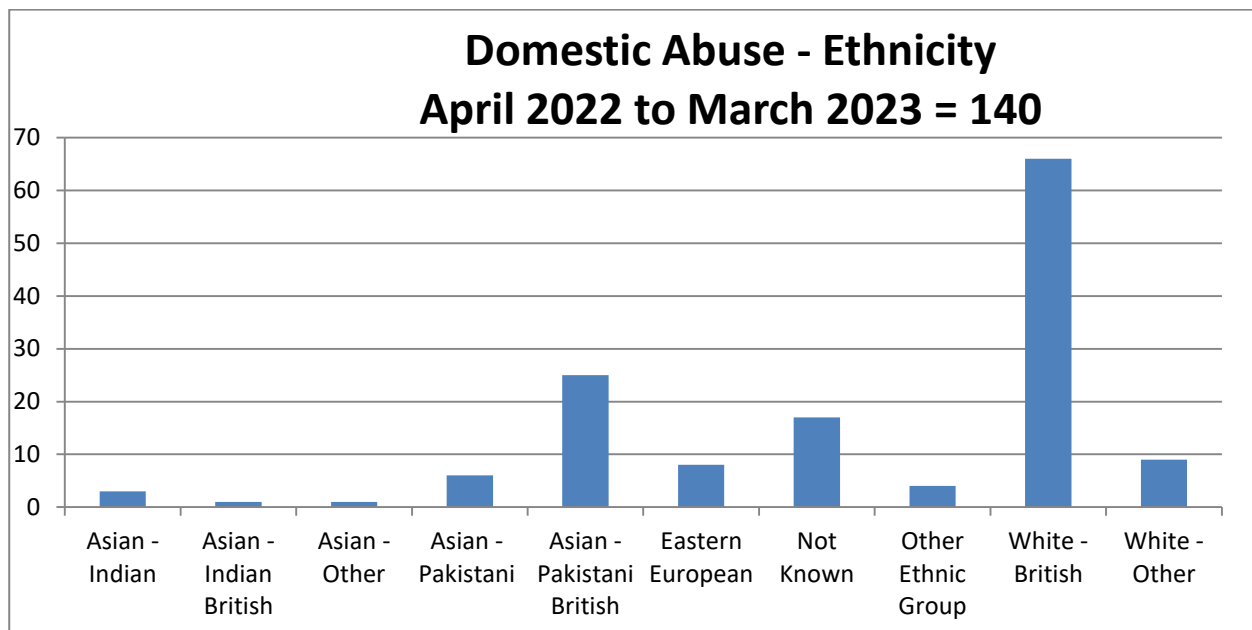
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Local authority secured funding for a fixed term post for a Hospital Independent Violence Advocate (HIDVA).

A HIDVA commenced in the Trust in April 2021, they responded to concerns regarding domestic abuse for both staff and patients and supported them with onward support in the community, delivered training and assisted with attendance at MARAC. Further funding was secured which has extended the pilot period till July 2024. During the period 2022/23 **140** referrals for domestic abuse were received by the safeguarding adults' team. The referrals were following disclosures from patients and also staff. In recognition of the increase and to ensure the Trust is able to provide a timely and specialist response one of the safeguarding adult specialist practitioners was supported to undertake their Independent Domestic Violence Advocate (IDVA) training.

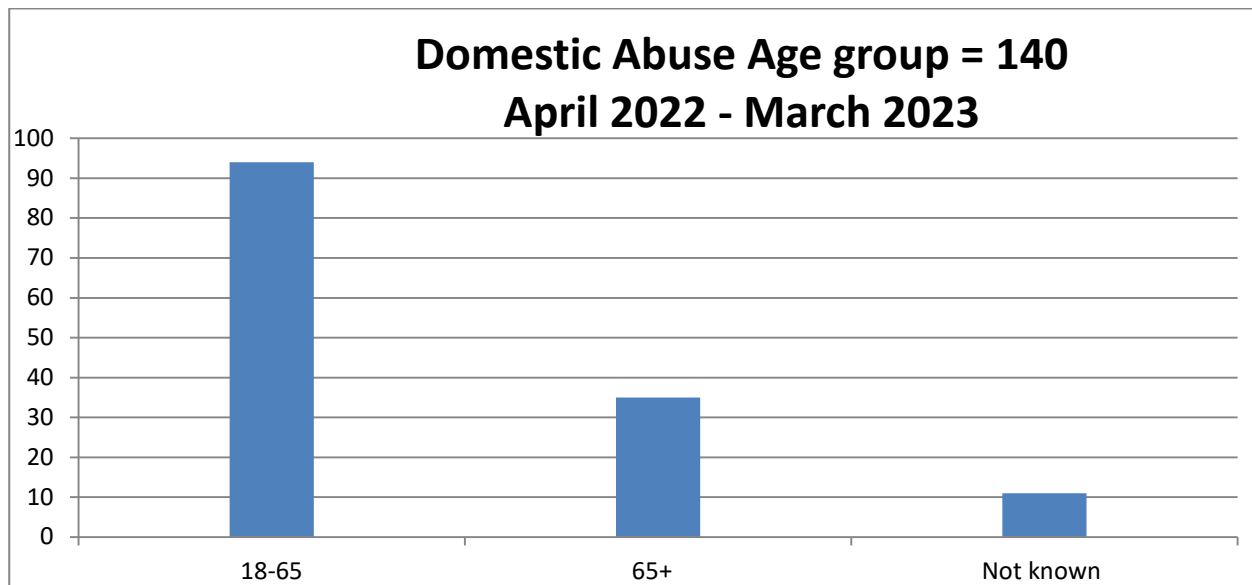
Figures 3 and 4 show the demographic data relating to domestic abuse.

Figure 3



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Figure 4



2.1.4 Mental Health Act compliance

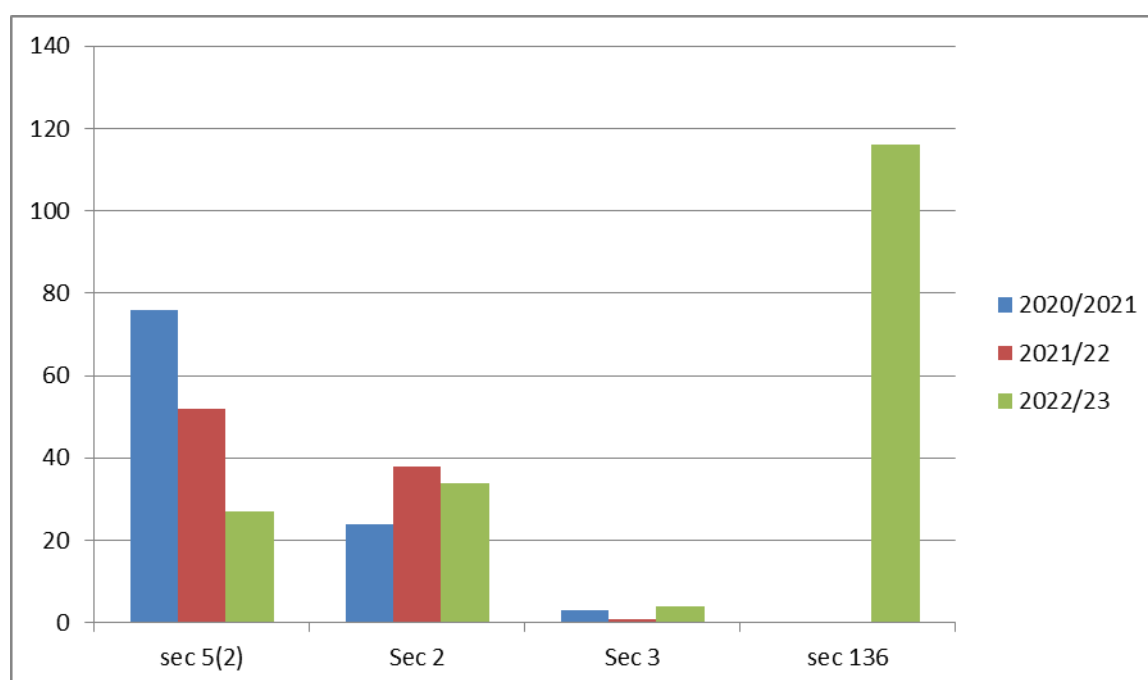
A service level agreement with Bradford District Care Foundation Trust continues to be in place to ensure that BTHFT is able to be compliant with all aspects of work in relation to the statutory responsibilities of the Mental Health Act. This includes scrutiny of documents, training and access to an appeals panel hosted by Bradford District Care Trust if patients wish to appeal their Mental Health Act section. The safeguarding adult's administrator meets monthly with the mental health act administrator from BDCFT to ensure that records are accurate and to feedback any areas of concern/change. The Mental Health Specialist Practitioner came into post on February 2021 and offers specific advice to staff, liaises with BDCFT in ensuring effective communication and handover of patients subject to the Act and supports the safeguarding adult's administrator with monitoring of compliance.

Monitoring of detentions under the Act has previously not included section 136 which is the section of the Mental Health Act 1983 used by the Police to take a person to a place of safety for assessment of a believed mental disorder. Section 136 data is now collected and monitored as there is recognition of the impact of persons subject to 136 being brought to AED as a place of safety without a medical need to attend hospital. The Police must stay with the person for the duration of the detention under 136. It must be highlighted that although AED is a 'place of safety' within the legislation, it is not necessarily a safe place for persons experiencing acute distress related to a mental health concern. This is because it is not a therapeutic environment (often busy, noisy and overstimulating) and does not have staff specifically trained in dealing with acute mental illness.

Figure 5 shows the numbers of application for detention over the last three years.

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Figure 5



Of the **65** applications made for detention under the Act, **27** were for Section 5(2), doctors holding power, which detains and holds patients for up to 72 hours whilst an assessment of their mental health by an Approved Mental Health Practitioner (AMHP) is undertaken, this is the most common section of the Mental Health Act used within acute care settings. Of the remaining detentions, **34** were a Section 2, which is a section for assessment of mental disorder and **4** were for a Section 3, which is a section for treatment of mental disorder.

The increase in Section 2 applications highlights the increase in the level of significant distress experienced by patients attending hospital, and may be in part due to the decrease in access to support services in the community due to the pandemic and restrictions in place. Meaning individuals may have been experiencing poor mental health for a longer period of time and unable to access services to support them with this. Usual support mechanisms such as friends and family were more difficult to maintain and isolation due to working at home all being widely acknowledged as having an impact on peoples general mental health and wellbeing, the current cost of living crisis may also be contributing to this with uncertainty relating to being able to meet basic living needs, such as food, heating etc.

In the last 12 months there were **116** attendances at BRI of a person subject to a section 136.

The Mental Health Specialist Practitioner joined the team in 2021 and has worked closely with ward staff to ensure training regarding mental Health as well as support for staff and patients has been offered. In early 2023 specific work in relation to 136 was undertaken by the Mental Health specialist practitioner with AED staff to ensure detentions were lawful and the Police had access to the necessary paperwork.

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2.1.5 Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) are intended to ensure that patients who lack mental capacity are kept safe and that any restrictions imposed are in their best interests, and are authorised through the appropriate process. The Mental Capacity Act and DoLS legislation was not intended to replace the Mental Health Act and there are often occasions when deciding which legal framework is most appropriate to deliver care can prove a challenge for staff. This is recognised nationally and the Safeguarding Adults' team provides assistance with this as required.

The Safeguarding Adults' team, Learning Disability Lead Nurse, Dementia Lead Nurse and Mental Health Specialist Practitioner have continued to work closely with all wards areas to ensure they have increased knowledge in relation to the MCA and DoLS. Paperwork is scrutinised for accuracy and liaison with the Local Authority DoLS team when escalation for assessment needs to occur. This ensures the Best Interests of the patient are maintained and any deprivations of their liberty are lawful. The outcomes of DoLS authorisations are audited and cases are discussed directly with Matrons should concerns arise. Cases are also discussed when there have been differences in opinion between whether a patient should have been detained under the Mental Health Act or an application for a DoLS authorisation.

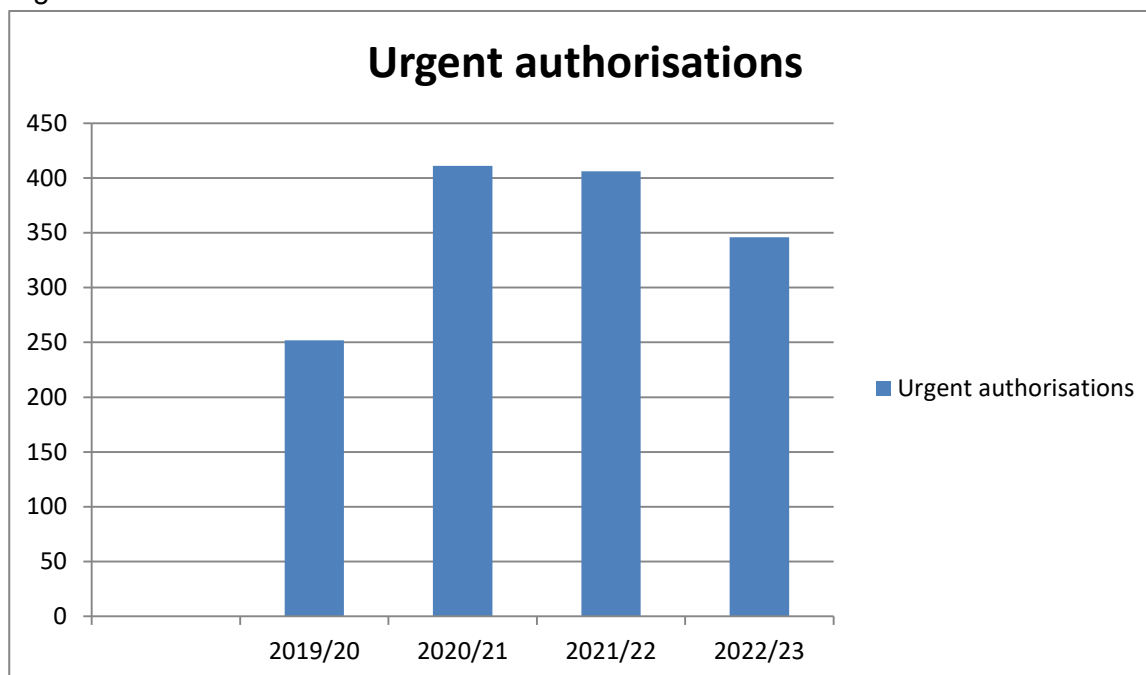
The threshold for a DoLS authorisation to be made is referred to as the 'Acid test' and was a result of the Supreme Court judgement on the 'Cheshire West Case', which since then has included patients:

- who lack capacity;
- are not allowed to leave hospital (even if they are not asking to leave);
- are subject to supervision and control (even if this is to enhance their freedom).

Figure 6 illustrates the number of DoLS applications each year since 2018.

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Figure 6



In 2022/23, 346 applications were made, a decrease of 60 on the previous year.

It is a statutory duty under the Mental Capacity Act (2005) that the Foundation Trust has a system in place to appoint and instruct Independent Mental Capacity Advocates (IMCAs). This applies for all patients who lack capacity to make important decisions about serious medical treatment, changes of accommodation or safeguarding concerns and who have no family or friends with whom it would be appropriate to consult.

There have been **20** referrals to IMCA services in the period 2022/23.

Deprivation of Liberty Safeguarding (DoLS) and Liberty Protection Safeguards (LPS)

The proposals regarding changes to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), received Royal assent in 2019, the transition to LPS was due to come into force in 2020, however this was delayed. Work has been undertaken both within the Trust and in conjunction with partners in the District to understand the implications of these changes. During the period 2022/23 the Assistant Chief Nurse Vulnerable Adults has represented the Trust at District meetings. An announcement was made in April 2023 that the proposed LPS implementation would be delayed “beyond the life of this government”. Therefore work has continued in relation to DoLS and ensuring the existing processes are robust. This includes plans to revisit the basics of the Mental Capacity Act with training planned from ICB lead and legal services, and work undertaken to further improve recording within EPR by the inclusion of a formal ‘Best Interest’ template.

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2.1.6 Learning Disabilities

The Safeguarding Adults were previously informed of all patients admitted to the Trust who have a learning disability. The purpose of which is to ensure staff have support, advice and access to specialist services and can make reasonable adjustments where necessary to ensure appropriate care is provided.

The introduction of the national Learning Disability Standards and national audit placed increased scrutiny on provision of services for patients with a learning disability. This resulted in the Trust appointing a Lead Nurse for Learning Disabilities. The Lead Nurse sits alongside the Safeguarding Adults' team.

The Learning Disability Lead Nurse has worked directly with patients and their carers, supporting staff to understand the needs of the patients by encouraging the use of the VIP passports, providing engagement and distraction activities, providing alternative communication methods such as picture boards and liaising with specialist services to ensure safety both in the Trust and when returning to their homes. They have also ensured where concerns are highlighted regarding the care of a patient with a Learning Disability, this was addressed in a timely manner, ensuring direct feedback to staff involved and escalation of any themes or trends to the Assistant Director of Nursing for the division or the Medical Director.

To support with this work, an additional needs healthcare post was established and recruited to this has facilitated a more consistent presence on wards supporting patients with additional needs such as a Learning Disability, Mental Health diagnosis or Dementia.

Work has been undertaken in response to complaints regarding patients with a learning disability in relation to identifying their needs and facilitating reasonable adjustments. Specifically a pilot project of VIP wristbands was commenced in AED, and the introduction of the VIP red rucksacks. The rucksacks are given to people with a learning disability so any relevant information i.e VIP passports, annual health check information etc and items of significance to them can be brought in to hospital and kept safe. This work was in direct response of engagement work undertaken with patients with a learning disability.

During 2022/23 the Health and Care Act 202 introduced a requirement that all regulated service providers must ensure their staff receive learning disability and autism training with the preferred training package being the Oliver McGowan training. The Lead Nurse for Learning Disabilities has been attending regional and district meetings regarding the development of this and how this can be implemented within the Trust. On a district level e learning was devised to ensure some training would be available whilst the final training package and code of practice was developed.

2.2 To deliver our financial plan and key performance targets

The Safeguarding Team staffing is within budget with no additional costs in staffing being incurred.

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Key performance targets of the Safeguarding Adult Team and Trust safeguarding adult activity is monitored by the Safeguarding adult subgroup. There are no highlighted areas of concern. The team KPIs are:-

- Trust safeguarding training levels.
- Attendance at BSAB meetings.

2.3 To be a continually learning organisation

2.3.1 Training

Safeguarding adult training compliance is a key performance indicator and monitored through the Safeguarding adults' Subgroup Group for assurance. These compliance figures are monitored monthly to ensure staff are identified and have access to training where there is a drop in compliance.

For the period 2022/23 compliance has remained over **95%** across levels 1 and 2 with level 3 reducing due to changes to the recording system within ESR and the movement of staff. The identification of the reduction enabled further examination of the detail of the levelling and this has been an ongoing piece of work to relevel staff and ensure more staff who require level 3 are identified. It was identified that in some circumstances there was duplicate levels applied to roles and in some circumstances the correct levels not assigned. The volume of referrals to the team highlights that staff are still aware of their responsibilities and who to access for support, there is an action plan in place to support rectification of the reduction. The opportunity to deliver training in ways other than face to face has ensured that the Safeguarding Adults' team has enabled the safeguarding team to deliver bespoke training in areas following specific concerns being identified. The implementation of a 'self-declaration' document for staff to complete to ensure and record compliance is being implemented. This will enable staff to use a wider and richer source of training to improve the compliance figures.

All staff must have Prevent basic awareness and staff identified as level 3 and 4 for safeguarding adults must also undertake the Workshops Raising Awareness of Prevent (WRAP) or Level 3 e learning current compliance is **94%**.

A conference was held within the Trust in December 2022 relating to coercive control. External speakers with lived experience kindly attended and presented along with legal services and support services. This evaluated very well and attendees were from across the District. The conference was delivered during the 16 days of action to end violence against women and a further event is planned for 2023.

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2.4 To collaborate effectively with local and regional partners

2.4.1 Multiagency working

2.4.1.1 Bradford Safeguarding Adults' Board (BSAB)

The introduction of the Care Act 2014 made the Local Authority Safeguarding Adults' Boards statutory. The Foundation Trust provides assurance to the Bradford Safeguarding Adults' Board through the membership and attendance of the Chief Nurse. During 2022-23, the Assistant Chief Nurse Vulnerable Adults attended the Safeguarding Adult Board's subgroups quarterly.

The current sub groups are:

- Performance, Quality and Assurance Group (PQAG)
- Communications and Engagement
- Training
- Safeguarding Adults Reviews (SAR)
- All age exploitation

As part of the commissioning standards for provider organisations, the Safeguarding Adult team previously had ensured a proportionate contribution to the delivery of local multi-agency training programmes, as required by the Safeguarding Adults' Board.

2.4.1.2 Serious Adult Reviews (SARs)

A SAR is a multi-agency review process that seeks to learn from the death of vulnerable adults where there has been concern of abuse or neglect. It is not to apportion blame. There is consistent representation at these meetings from the Safeguarding Adults' team and any actions for the Trust are monitored through the Safeguarding Adult subgroup. There have been **5** ongoing SARs during 2022/2023, with further referrals received and considered and **1** published

2.4.2 Domestic and Sexual Violence Board

The Assistant Chief Nurse Vulnerable Adults is a member of the Domestic and Sexual Violence Strategy Board with the Safeguarding Adult Specialist Practitioner attending a number of the subgroups. Work from these groups is discussed at the safeguarding adults' subgroup.

2.4.3 Transforming Lives Partnership

The Board oversees the Bradford Learning Disabilities Transformation Plan which is an all age change programme focusing on improving services for people with learning disabilities who may have autism, who display behaviour that challenges, including those with a mental health condition. Work from this Board is considered at the Safeguarding adults' subgroup.

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2.4.4 Community Safety Partnership

2.4.4.1 Domestic Homicide Reviews (DHRs)

In accordance with statutory guidance (the Domestic Crime and Victims Act 2004), the Foundation Trust is required to participate in the Domestic Homicide Review process if contact has been made with either the victim or the perpetrator. The adult safeguarding team receives initial notification and is required to provide information about any contact with named individuals, and where this has been the case, the relevant records are secured. Progress of the investigation is then determined by the Chair of the Domestic Homicide Review Overview Panel who is appointed by the Local Authority, as the timescale may be influenced by the police investigation and any court proceedings. Each partner organisation, who has had contact with the victim or perpetrator is required to undertake an independent management review (IMR), consisting of a chronology of contact and analysis of whether or not there were any indications of domestic abuse identified and appropriate measures put in place, as well as identifying if there are any lessons to learn. On completion of the IMR, the author and a senior manager is required to attend as a panel member on behalf of the Trust. This is currently the Assistant Chief Nurse for Vulnerable Adults.

In 2022, new guidance was introduced regarding the consideration of death by suicide where domestic abuse had been a feature of a person's life within the DHR scope. These are often referred to as Fatal Incident Reviews (FIRs)

Progress of any reviews is monitored by the Safeguarding Adult subgroup and any actions identified for the Trust are disseminated via the group. There have been **5** new DHR's instigated, and **13** FIR's scoped during this period with initial learning being shared,

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All Safeguarding adult activity in the Trust is monitored through the Safeguarding adult subgroup, which in turn reports to the Integrated Safeguarding Sub-committee. The overall governance is held by the Quality and Patient Safety Academy. The key aims of the Safeguarding adult subgroup for the forthcoming year are:

1. To continue to monitor and maintain training compliance across all levels through the safeguarding adult subgroup.
2. To further develop reporting data to highlight themes and trends relating to patient demographics and develop training relating to identified areas of development.
3. To continue to support the multi-agency partnership in the progression of key work areas in Bradford to ensure adults are effectively safeguarded. To include participation in Multi-agency training and consistent representation on all subgroups of the Board.
4. To ensure continued development and training in relation to the Mental Capacity Act and forthcoming changes from DoLS to LPS, in conjunction with Health and Social care colleagues in the District.

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4 BENCHMARKING IMPLICATIONS

There is no model hospital data relevant to this paper.

5 RISK ASSESSMENT

- Changes to the Mental Capacity Act legislation in relation to the Deprivation of Liberty Safeguards (DoLS) were approved in July 2019 and work has been underway in planning for the implementation of these changes both internally within the Trust and across the District. DoLS were to be replaced by Liberty Protection Safeguards (LPS). However, the Government issued a statement in April 2023 stating the work regarding LPS would be delayed beyond the 'life of the current Parliament'. Work therefore has now re focussed in to strengthening the current arrangements. Conversations and attendance at relevant meetings is still occurring to ensure participation and oversight of developing plans.
- The increase in patients with a mental health diagnosis attending the Trust and requiring support and detention under the MHA has increased. The Mental Health Strategy was launched in 2021 with the focus being on partnership working and addressing barriers to service, in line with Act as One. The development and implementation of the Core 24 service standard, which is the standard for adult liaison mental health services has assisted with addressing some the challenges faced, however there remain ongoing concerns regarding the care of mentally unwell patients within the an acute medical hospital and delays in identification of appropriate mental health provision. There has been work undertaken to look at what as a Trust we can develop to ensure we are not neglecting or causing harm to patients with a mental health diagnosis through lack of provision or delayed access to appropriate services. Monitoring of 136 detentions attending the Trust has commenced during 2022/23, with work in progress to understand the impact of this and how we can ensure as a Trust we are more prepared to provide safer services for person who may require mental health support who access our services.
- There is often a belief that patients with a Learning Disability or Mental Health diagnosis need 'safeguarding'. In its widest sense this is true, however they often don't require a statutory safeguarding response. The work of the Safeguarding team has similarities and shared responsibilities in some key areas with the Lead Nurses for Learning Disabilities and dementia and the Specialists Practitioner for Mental Health. The Lead Nurses for Dementia and Learning Disabilities and the Mental Health Specialist practitioner are currently within the wider safeguarding team, however the plans for 2023-24 are to establish a separate Additional needs team to provide a more clear boundary between the two teams which will provide some clarity re roles for ward staff and ensure appropriate referrals are made to services.
- During the period 2022/23, the frequency of MARAC meetings continued at the increased rate instigated during the previous years. Weekly meetings have been in place for a couple

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of years, due to the increase in referrals and recognition of the need for multi-agency discussion of cases to happen sooner. This over time has meant that the number of cases discussed has also increased with, on occasions, there being two meetings per week. This is an increased expectation on the team regarding the activity in relation to this and if continues will need to be reviewed and potentially resourced differently. The addition of the HIDVA to the team was extremely beneficial and provided increased support to both patients and staff. The further training of a Safeguarding adult's specialist practitioner as an IDVA has strengthened the response we can provide to victims of domestic abuse; however the hosting of a HIDVA means there is a level of independence from the Trust which staff who disclose are finding beneficial. The funding for this post is external and is only in place until July 2024; consideration for how this post can continue to be funded is ongoing.

- The increase in activity in relation to DHR's/SAR's should be noted as there has been a significant increase in the requests for information and involvement in both these processes. This is a risk in relation to the identification of appropriately trained staff to undertake the necessary parts of the process, specifically the authoring of the Independent Management Reports (IMR's). It is recognised there is currently a very limited amount of staff who have had experience of these, and this is reflected across the District. There has been concerns raised that there has been no training offered regarding this for a number of years and a request made of the partnership to address this.

6	RECOMMENDATIONS/FUTURE WORK
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- Training review of all work streams relating to Safeguarding and vulnerable groups to ensure compliance with national guidance but also for opportunities to explore alternative methods of training delivery. The relevelling work is due to be finalised imminently and therefore the identification and roll out of a wider training offer and monitoring via self-declaration is underway.
- On-going training relating to the Mental Capacity Act and DoLs to ensure staff are aware of their responsibilities and the Trust is compliant with regulatory requirements. Development of further templates within EPR regarding this will ensure staff are more able to consistently record decision making and identify/ record 'best interest' discussions, which we know from learning from serious incidents and investigations is a repeated feature of concern.
- Further development of the additional needs team, to ensure staff are clear and supported regarding their role.
- Ongoing development and support for staff regarding mental health and supporting patients in crisis/distress. Development of a training post for conflict resolution, de-escalation, and breakaway training to support the clinical response to restraint workstream.

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- Presentation and participation in the District Safeguarding week. As in previous years the Safeguarding Adults' team will be actively promoting Safeguarding week in June and representing the Trust across the District. This is in conjunction with partner agencies.
- Ongoing and further development of the Trust response, in collaboration with partners, to 136 detentions and the implications of these attending the Trust with no medical requirement to do so and how although a 'place of safety' within the legislation the Trust is not necessarily a safe place for persons experiencing significant mental health distress. Work has started in relation to how we can utilise the skills of the newly qualified dual trained nurses.
- Development of specific learning relating to DHR's specifically in relation to Non-fatal strangulation.
- Development of a learning/awareness calendar to focus on specific areas of focus throughout the year.

7	Appendices
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Appendix 1 - Self-assessment of commissioning standards.