

TOPIC ASSURANCE REPORT

Quality and Governance Assurance Committee

REPORT DETAILS		ASSESSMENT	
Topic	Safeguarding Adults Annual Report	Recommended level (Separate levels - an interim measure)	
Topic Lead	Heather Sparks, Strategic Lead & Named Professional for Safeguarding Adults	Musgrove, Community, MH&LD services	
Exec Lead	Hayley Peters	Blue	
Governance Link support	Lincoln Andrews	Recommendation(s) for QAG follow-up <ul style="list-style-type: none"> Development of Transitional Safeguarding process and protocol Onward mitigation of the risk associated with multiple systems in the context of safeguarding review Re-mapping of band 6 frontline staff to increase safeguarding adult competency to a wider staffing group Audit of staff attendance at bespoke CPD workshops, looking at blocks to attending, how to address difficulties in attending and how best to facilitate workshops. 	
QAG meeting date			
Period covered	April 2023 – Mar 2024		
Previous level(s)	Blue		
Specialist / oversight group	Safeguarding Committee		

TOPIC SCOPE AND OVERSIGHT	
Scope of the topic	<p>What is covered</p> <p>The scope of safeguarding adults is broad and multi-faceted, covering a plethora of workstreams including Care Act s42 safeguarding referrals/enquiries, Safeguarding Adult Reviews, Modern Slavery, Domestic Abuse (this list is not exhaustive). Prevent is also covered under safeguarding – identifying and reducing the risk of radicalisation. The Strategic Lead & Named Professional for Safeguarding Adults is the Prevent Lead for the Trust. There are ten abuse types identified within the Care Act 2014, namely physical, psychological, financial/material, neglect/acts of omission, self-neglect, modern slavery, domestic abuse, discriminatory, organisational/institutional, sexual.</p> <p>Additionally, exploitation is a type of abuse that transgresses all of the afore mentioned abuse types with links to modern slavery, sexual exploitation and extra-familial harm regarding young people moving from child to adult services and which sits under the umbrella of Transitional Safeguarding.</p> <p>Limitations to what is covered</p> <p>Due to the broad aspect of safeguarding adults, and limits on capacity, the Safeguarding Advisory Service (SAS) is unable to undertake targeted work across the whole of the Trust, nor develop specific workshops for each abuse type. Instead,</p>

focus is prioritised to learning identified within Safeguarding Adult Reviews and Domestic Homicide Reviews /Domestic Abuse Related Death Reviews.

However, all topics are covered within the safeguarding adults' level 3 training to which all line managers and senior leads are mapped, as well as the e-learning for health safeguarding adults' level 1 & 2 training. The Strategic Lead & Named Professional for Safeguarding Adults will be undertaking a re-mapping review exercise in quarter 1 2024/25 regarding Band 6 staff following the CQC inspection of the Trust's maternity wards.

Specifics on which aspects of the organisation are covered (the default being all services throughout the whole organisation) including specific arrangements addressing individual areas.

All Trust colleagues have roles and responsibilities for safeguarding adults, and for patients in our care who are at risk of or suffering from abuse, which includes young people transitioning from our child to adult services as they approach their eighteenth birthdays. This is in line with the RCN Adult Safeguarding: Roles and Competencies for Health Care Staff (2018) to which all staff are mapped.

[Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk) . At the time of writing this report, the intercollegiate document was under review.

Safeguarding Adult Reviews (SAR) - Within the scope of this report, financial year 2023/24, the Trust's Safeguarding Advisory Service continued to respond to requests for information for statutory Safeguarding Adult Review (SAR) cases, providing chronologies and Internal Management Reviews, in addition to representing the Trust at SAR panel meetings.

The Safeguarding Advisory Service have contributed to and continue to participate in, a Safeguarding Adult Board thematic review for self-neglect, which includes 6 separate individuals, all of whom were known to the Trust. Key learning points and potential recommendations from the thematic review identified by the Safeguarding Advisory Service Strategic lead for Safeguarding Adults, include:

- How agencies can identify individuals who are 'hidden to organisations until they reach a critical point in their physical or mental health needs
- For NHS England to review its e-learning for health safeguarding adults training offer to ensure it adequately covers self-neglect and the interface with mental capacity and for them to consider developing an e-learning for health self-neglect module as part of their e-learning package
- For Somerset to consider implementing specialist multi-agency/multi-professional teams at local level (comparable to the children's family intervention service model - FIS), which would enable the more longitudinal and specialised interventions needed to work with people who self-neglect, as they may not all come under the Care Act 2014 criteria for s42 enquiry.
- Recommendation for multi-agency commitment to the MARM process (Multi-Agency Risk Management), which will sometimes be required dynamically e.g. little or short notice as part of care planning.
- Recommendation for agencies to utilise the SSAB Resolving Professional Differences (RPD) process if required.

Self-neglect is becoming more prominent within safeguarding enquiries to the Trust's Safeguarding Advisory Service. As a result of this learning the Trust's Safeguarding Advisory Service updated and relaunched its CPD Self-Neglect Workshop, which is available to Trust staff via the Safeguarding Advisory Service CPD training pages on Leap (now OWL). The workshop was delivered to the Trust's Mental Health Services

in quarters 2-4 2023/24. Self-Neglect is a key safeguarding adult priority within the new Safeguarding Advisory Service Strategy 2023-2026.

It is evident from enquires received into the Safeguarding Advisory Service (SAS) duty team single point of contact that some trust colleagues appear to struggle to grasp the concept of self-neglect and the need for a multi-agency approach to care and support and risk management. To try to address this, it is anticipated over the next financial year (qtrs. 3 and 4), the Trust's SAS learning and development lead and deputy named professional for safeguarding adults will undertake a series of information workshops in wards across the Trust.

Section s42 Safeguarding Adult Enquiries.

The Safeguarding Advisory Service continues to respond to and support staff with s42 Safeguarding Adult Enquiries tasked to trust staff to undertake.

During the scope of this report, the Trust were subject to sixteen s42 safeguarding enquiries raised against us. These enquiries, in addition to the safeguarding referrals we submit, are evidencing an emerging theme of increasing concerns about the neglect of patients in our care, including poor discharge where patients are discharged to unsafe environments. For example, where they are victims of domestic abuse, or self-neglect (see page 11 for further detail). A lack of legal literacy regarding the Mental Capacity Act is also a developing theme within s42 safeguarding enquiries and SARs. This highlights the need for the continuation of mandatory Mental Capacity Act training across the Trust (provided by the Trust's MCA/DoLs & Consent Lead / deputy lead).

Domestic Homicide Reviews (DHR) / Domestic Abuse Related Death Review (DARDR) - Within the scope of this report (financial year 2023/24) the Trust's Safeguarding Advisory Service received notification of 7 Domestic Homicide Reviews (DHR's). In 6 cases, victims and / or perpetrators of harm were known to the Trust for which Internal Management Reviews (IMR's) and chronologies were submitted. Primary learning for the Trust from current DHRs continues to relate to Domestic Abuse Routine Enquiry (DARE) and domestic abuse as an indicator for suicidal ideation in victims, plus a need for staff to have an understanding of how coercion and control of a victim can contribute to suicidal ideation / attempts.

The plan to deliver the DARE workshop to Minor Injuries Units (MIU) and Emergency Departments (ED) by quarter 3 2023/24 was unable to be facilitated due to competing demands and the capacity of Safeguarding Advisory Service, which was impacted by staff sickness, annual leave, and vacancies. It is anticipated that the DARE workshop will be disseminated to MIU's and ED's over quarters 2 & 3 2024/25 (dependant upon capacity to deliver the workshop and availability of staff to attend).

Sexual Safety – In 2023/24 colleagues within the Safeguarding Advisory Service contributed to a Sexual Safety Best Practice Group. This was in collaboration with the Risk Team, Associate Director for Patient Care for Mental Health and Learning Disability and ward sisters/matrons from across the Trust, with the aim of helping to address the issue of sexual safety of patients in our care, and of our colleagues. The Safeguarding Advisory Service completed an initial draft of a new Sexual Safety Policy and the Best Practice Group developed draft sexual safety information leaflets / posters for patients and colleagues.

Due to the nature and gravitas of the sexual safety agenda, the responsibility for the continued development of sexual safety work was transferred to the People Services Associate Director for Patient Care in qtr. 4 2023/24.

	<p>Outline of topic-relevant links to strategy and other high-level Trust objectives.</p> <p>In line with the wider Trust mission our aim is to support the health and wellbeing of patients in our care through ensuring any risk of abuse or disclosure of abuse receives a robust and coordinated response.</p> <p>In line with Trust’s Safeguarding Strategy 2023-26, we aim to support our colleagues to deliver the best care and support through a compassionate, inclusive, and learning culture. We will do this by ensuring Trust colleagues have a working knowledge of safeguarding adults through mandatory training and through the support and guidance from our Safeguarding Duty Team, to ensure the safety of patients in our care.</p> <p>Key priority areas identified for safeguarding adults within our Safeguarding Service Strategy 2023-2026 are Domestic Abuse & Domestic Abuse Routine Enquiry, Self-neglect and Transitional Safeguarding. The aim of these key safeguarding strategies is to ensure we support the Trust’s strategic objective in developing a high performing organisation collectively delivering the vision of our Trust regarding patient care and wellbeing, reducing inequality, responding well to complex safeguarding needs.</p> <p>Transitional Safeguarding</p> <p>Transitional Safeguarding (TS) is an approach to safeguarding adolescents and young adults fluidly across developmental stages, which builds on the best available evidence, learns from both children’s and adult safeguarding practice and which prepares young people for their adult lives.</p> <p>As an ideal, transitional safeguarding would be a seamless, coordinated process that begins at age 16 – 17 (dependent upon need / service) and continues to the point where the young person feels settled and safe, and which includes them in decision making at each part of their journey into adulthood.</p> <p>Transitional Safeguarding is a key priority within the Safeguarding Advisory Service Safeguarding Strategy. The Safeguarding Advisory Service has in post, a transitional safeguarding, exploitation and modern slavery lead. The Trust has in post a Transitions Lead. Transitions is not to be confused with Transitional Safeguarding, however poor transitions from child to adult health services, could result in safeguarding concerns.</p> <p>Over the financial year 2024/25, it is anticipated the SAS will undertake a Transitional Safeguarding Needs Analysis in collaboration with the Transitions Lead. This will enable us to identify any potential ‘gaps’ in service which could pose a risk to young people in our care who are moving into our adult based services.</p>
<p>Reporting Structure/ Specialist Group oversight</p>	<p>For Safeguarding Service assurance framework and governance structure please see Appendix 1</p> <p>The Safeguarding Committee (SC) is a formally constituted Committee within the Trust’s integrated governance structure and reports to the Quality Assurance Group as part of the Trust’s assurance framework. The committee meets quarterly.</p> <p>The SC has delegated authority from the Trust Board to oversee and monitor the Safeguarding of Adults, Children and Young People, Domestic Abuse, Prevent, and MCA and DoLs arrangements for the Trust and to ensure all safeguarding functions are embedded in the governance structures of the organisation.</p>

	<p>The Committee has the authority to request information of relevance to its remit and to require the co-operation of all colleagues associated with achieving its purpose and responsibilities.</p> <p>Additional reporting / assurance mechanisms:</p> <ul style="list-style-type: none"> • Monthly to the Integrated Care Board (ICB) via their Safeguarding Dashboard • Quarterly to the Somerset Safeguarding Adults Board Performance and Quality Assurance Subgroup • Quarterly reporting to NHS Digital Prevent Submissions • Yearly to the Quality and Governance Assurance Committee <p>The Trust Safeguarding Service provides:</p> <ul style="list-style-type: none"> • Safeguarding adults and Prevent training data to the ICB, via their monthly ICB Dashboard (changing to quarterly reporting in 2024/25). • Prevent training and referral data quarterly to NHS Digital via their online portal, which is shared with the ICB and Trust Safeguarding Committee for assurance.
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COMPLIANCE REQUIREMENTS

<p>Regulation CQC Fundamental Standards</p>	<p>Health and Social Care Act 2008 (regulated Activities) Regulations 2014 Safeguarding Compliance Standards: Regulation 13: Safeguarding service users from abuse and improper treatment.</p> <p><i>“Providers must have robust procedures and processes to prevent people using the service, from being abused by staff or other people they may have contact with when using the service, including visitors. Abuse and improper treatment include care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint.”</i></p> <p><i>“Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider”.</i></p> <p>There are referral Pathways in place for Safeguarding Adults, Domestic Abuse, Prevent and MAPPA.</p> <p>The CQC has five Fundamental Standards, these being Safe, Effective, Responsive, Caring, Well-led. Mapping to the CQC Key Lines of Enquiry to safeguarding adults, the Trust has the following procedures and processes in place:</p> <ul style="list-style-type: none"> • Managing allegations against staff That Constitute Safeguarding Concerns for Patients Standard Operating Procedure (2024) • Safeguarding Adults Policy 2022 (updated 2024) • New Sexual Safety Policy (currently under development) • Domestic Abuse Policy (patients) 2023 (updated 2024, awaiting approval) • Supporting Colleagues who are experiencing Domestic Abuse Policy 2023 • Prevent: Safeguarding from Radicalisation Policy.2022 (due for review Nov 2024) <p>Safeguarding Adult training identifies risk indicators for abuse and neglect. The Trust’s Safeguarding Advisory Service Duty Team provide advice via their single</p>
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	<p>point of contact. Colleagues are advised to utilise the Safeguarding Adults Board Adult Safeguarding Risk Decision Making Toolkit and the Multi-Agency Risk Management process (MARM) where there are concerns about abuse that require multi-agency risk management. Colleagues are also advised to use the SSAB's Resolving Professional Differences process where there are cross-agency conflicting views which may be impacting patient care.</p> <p>Within the CQC Single Assessment Framework, the safeguarding quality statement features as part of the provider commitments under the Safe domain:</p> <p><i>'We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.'</i></p> <p>The work of the Safeguarding Advisory Service and the ethos for safeguarding throughout the Trust align with these core aims, under which the promotion and practice of Making Safeguarding Personal is supported.</p>
Legislation	<p>The primary legislation relating to safeguarding adults is as follows:</p> <p>The Care Act (2014) The Care Act 2014 sets out a clear legal framework for how local authorities and other agencies should protect adults at risk of abuse and/or neglect. In respect of legislative requirements, Sections 42 to 47 of the Care Act places safeguarding on a statutory footing. The Trust's Safeguarding Advisory Service addresses these duties by:</p> <ul style="list-style-type: none"> • Advice and support regarding safeguarding adult concerns / referrals, primarily via our Duty Team Single Point of Contact (SPOC) • support / advice on undertaking s42 safeguarding enquiries. • Representation at local Safeguarding Adult Reviews and Domestic Homicide Reviews / Domestic Abuse Related Death Reviews • Dissemination of learning from Safeguarding/Domestic Homicide Reviews and provision of Safeguarding Adult Training as per the Intercollegiate Document. • Identifies learning needs for staff/wards regarding safeguarding adult processes. <p>PREVENT (section 26 of the Counter Terrorism and Security Act (2015)) The NHS Standards Contract requires all NHS funded providers to demonstrate their compliance with the requirements of the Prevent duty. This includes:</p> <ul style="list-style-type: none"> • Ensuring the Trust has a Prevent Lead (the Strategic Lead & Named Professional for Safeguarding Adults is the Prevent Lead for the Trust), the Safeguarding Adult Mental Health Lead deputises when required, ensuring Prevent duties are adhered to. • The Associate Director for Mental Health and Learning Disabilities is the Prevent Clinical Lead • Included in Policy and Procedure, and comply with, the principles contained in the Government Prevent Strategy. • Trust representation at Channel Panel / Prevent Board • Quarterly submission of Prevent data submissions to NHS Digital <p>Domestic Abuse Act 2021 The Domestic Abuse Act came into force in April 2021. The Act places domestic abuse within statute for the first time, providing a statutory definition of domestic</p>

	<p>abuse. Domestic abuse is an abuse category under the Care Act 2014 and therefore sits within the safeguarding scope for the Trust.</p> <p>Domestic Violence Crime and Victims Act (2004) – Part 1(9) Section 1 (9) of the Domestic Violence Crime and Victims Act sets in statute the requirement of the establishment and conduct of reviews (Domestic Homicide Reviews). Domestic Homicide Review means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect (including suicide). The Trust’s Strategic Lead & Named Professional for Safeguarding Adults ensures that it meets its statutory duties regarding Domestic Homicide Reviews/Domestic Abuse Related Death Reviews.</p> <p>Modern Slavery Act 2015 The Modern Slavery Act is a far-reaching piece of legislation that consolidates previous slavery and human trafficking offences. Modern slavery is a category of abuse under the Care Act 2014, and therefore sits within the scope of the Safeguarding Advisory Service. The Trust has a designated Modern Slavery Lead who sits within the Safeguarding Advisory Service.</p> <p>Human Rights Act (1998) Human rights are intrinsic to all safeguarding work. The Trust’s Safeguarding Service is responsible for ensuring that all safeguarding advice they give to Trust colleagues does not breach an individual’s human rights, unless that breach is lawful and proportionate, for example in line with the Mental Capacity Act (2005), Mental Health Act (1983, revised 2007), GDPR and the Data Protection Act (1998).</p> <p>Equality Act (2010) The Equality Act (2010) legally protects people from discrimination in the workplace and in wider society and is therefore relevant to safeguarding adult work and intervention. Discrimination is an abuse type as defined by the Care Act (2014), and therefore sits within the scope of Safeguarding for the Trust.</p> <p>Mental Capacity Act (2005) / Mental Capacity Act Codes of Practice The MCA and Code of Practice provides a framework for the application of the Mental Capacity Act (2005) into everyday practice when caring for patients with diminished capacity. The Trusts MCA & DoLS Lead is responsible for this area of work.</p>
<p>National Guidance</p> <p>Assessment or accreditation</p>	<p>DHSC Care Act 2014: Care and support statutory guidance (Updated March 2024) - This publication is currently under review. The Health and Care Act 2022 revoked Schedule 3 and amended Section 74 of the Care Act 2014 on 1 July 2022. This means certain parts of this guidance are out of date and in the process of being updated to reflect the relevant statutory changes.</p> <p>RCN (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff – this document is currently under review and may affect current staff mapping.</p> <p>DHSC (2022) NHS Prevent training and competencies framework guidance.</p> <p>NICE Domestic violence and abuse. Quality standard [QS116] Published: 29 February 2016 - This quality standard covers services for domestic violence and abuse in adults and young people (aged 16 and over). It includes identifying and supporting people experiencing domestic violence or abuse, as well as support for those who carry it out.</p>

	<p>Home Office (2024) Modern Slavery: Statutory Guidance for England and Wales (under s49 of the Modern Slavery Act 2015 – V3.10) and non-statutory guidance for Scotland and Northern Ireland.</p> <p>Modern+Slavery+Statutory+Guidance+ EW +and+Non-Statutory+Guidance+ SNI +v3.10.pdf (publishing.service.gov.uk)</p> <p>A requirement of the Act is for the Trust to have a Modern Slavery and Human Trafficking Statement; this is accessible via the public website via the search facility.</p>
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INTERNAL ASSURANCE – Summary information generated within the organisation

Assessing guidance and measuring the topic internally

<p>Self-Assessment of national guidance implementation</p>	<p>DHSC Care Act: Care and support statutory guidance (Updated 1 May 2024) <u>Assurance:</u></p> <ul style="list-style-type: none"> • Safeguarding Adult Policy • safeguarding adult training • safeguarding adults audit • Completion of bi-annual Somerset Safeguarding Adult Board self-assessment quarter 3 2023/24. <p>RCN (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff <u>Assurance:</u></p> <ul style="list-style-type: none"> • review of mapping/re-mapping • Training compliance data 2024 • Additional training sessions are being provided during 2024/25 to provide additional availability. Of note is sessions can facilitate 100 staff, but frequently are only at 50% - 70% capacity. <p>DHSC (2022) NHS Prevent training and competencies framework – <u>Assurance:</u></p> <ul style="list-style-type: none"> • Training compliance data. • Quarterly reporting to NHS Digital (all submissions for 2023/24 complete). <p>NICE Domestic violence and abuse. Quality standard [QS116] – <u>Assurance:</u></p> <ul style="list-style-type: none"> • Domestic Abuse Policy (patients) & • Internal Domestic Abuse Development plan scheduled for Qtr 4 2023/24; • continued review and dissemination of Domestic Abuse Routine Enquiry workshop, which is also now included in Safeguarding Adult Level 3 training • Bi-annual Safer Somerset Partnership Domestic Abuse self-assessment, undertaken in Qtr 1 2022/23. <p>Whilst domestic abuse training is not mandatory, it is covered within the safeguarding adults local processes e-learning, safeguarding adults and safeguarding children Level 3 (face to face webinar) training. It is anticipated the SAS will develop a domestic abuse (DA) Level 2 training module in qtr. 1 2024/25, which will be available to trust colleagues as a CPD session. There will be a caveat in place regarding an expectation that colleagues will first need to be compliant in their mandatory safeguarding training before being able to undertake the DA Level 2 module.</p>
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<p>Audit and Measurement – key findings</p>	<p>Clinical Audit Title: Safeguarding Adult Referrals: Process and Quality Audit Registered audit number: 1207 The Audit was undertaken in March 2024 (qtr. 4 of reporting period) and focused on the following sections of the policy monitoring table: “Safeguarding referral process, raising concerns and referrals and “Making safeguarding personal”.</p> <p>The previous audit undertaken in 2020 identified colleagues completing the referral as a word document did not always complete all sections of the referral form, nor provide sufficient information relating to the concern. This re-audit has shown the electronic referral form helps mitigate against information omissions (table 3).</p> <p>All clinical objectives were met to an acceptable standard. The audit process has identified areas where practice could be improved to potentially enhance the adult experience of the safeguarding referral process. For example, colleagues could undertake a more thorough approach to seeking the adult’s view of the colleague’s concerns about their risk of, or exposure to, abuse or neglect, and actions to mitigate or reduce those risks. As a result of this audit, the audit author developed a Safeguarding Adult Referral Best Practice Check List (Appendix 2). It is anticipated the check list will be disseminated to trust colleagues via a number of means including the Safeguarding Operational Group, Ward Leaders Week workshops, staff news, staff intranet, training, and the Safeguarding Advisory Service.</p>																																																				
<p>Audit and Measurement – key findings</p>	<p>Table 1: Data from Safeguarding Adult Referrals Audit</p> <table border="1"> <thead> <tr> <th>Standard</th> <th>Reference</th> <th>Relative to CQC quality statements</th> <th>exceptions</th> <th>Compliance % and numerators / denominators (2024)</th> <th>Compliance % and numerators / denominators are not available (2020)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>All immediate actions taken to mitigate risk should be documented</td> <td>Referral process flow diagram Section 4 of standard 4</td> <td>4, 7</td> <td>none</td> <td>90% (18/20)</td> <td>87%</td> </tr> <tr> <td>2</td> <td>All immediate actions taken to mitigate risk should be appropriate and sufficient</td> <td>Referral process flow diagram Section 4 of standard 4</td> <td>2, 4, 5, 6, 7, 8</td> <td>none</td> <td>90% (18/20)</td> <td>90%</td> </tr> <tr> <td rowspan="2">3</td> <td>a) A risk alerts must be made on Maxims following the safeguarding referral</td> <td>Referral process flow diagram</td> <td>3, 7</td> <td>none</td> <td>100% (20/20)</td> <td>89%</td> </tr> <tr> <td>b) A risk alerts must be made on RiO following the safeguarding referral</td> <td>Referral process flow diagram</td> <td>3, 7</td> <td>none</td> <td>100% (20/20)</td> <td>89%</td> </tr> <tr> <td>4</td> <td>The safeguarding referral form must be fully completed:</td> <td>Safeguarding referral form</td> <td>1, 2</td> <td>none</td> <td>100% (20/20)</td> <td>80%</td> </tr> <tr> <td>5</td> <td>The adult’s view/s of the concern must be sought</td> <td>Section 6 of standard 4</td> <td>2, 3, 4, 5, 6, 7, 8</td> <td>Client decline to engage or unable to</td> <td>95% (19/20)</td> <td>74%</td> </tr> </tbody> </table>						Standard	Reference	Relative to CQC quality statements	exceptions	Compliance % and numerators / denominators (2024)	Compliance % and numerators / denominators are not available (2020)	1	All immediate actions taken to mitigate risk should be documented	Referral process flow diagram Section 4 of standard 4	4, 7	none	90% (18/20)	87%	2	All immediate actions taken to mitigate risk should be appropriate and sufficient	Referral process flow diagram Section 4 of standard 4	2, 4, 5, 6, 7, 8	none	90% (18/20)	90%	3	a) A risk alerts must be made on Maxims following the safeguarding referral	Referral process flow diagram	3, 7	none	100% (20/20)	89%	b) A risk alerts must be made on RiO following the safeguarding referral	Referral process flow diagram	3, 7	none	100% (20/20)	89%	4	The safeguarding referral form must be fully completed:	Safeguarding referral form	1, 2	none	100% (20/20)	80%	5	The adult’s view/s of the concern must be sought	Section 6 of standard 4	2, 3, 4, 5, 6, 7, 8	Client decline to engage or unable to	95% (19/20)	74%
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	during the referral process documented within the notes			engage		
6	A copy of the referral form should be uploaded onto RiO	Referral process	3, 7	none	100% (20/20)	Not audited

Audit and Measurement – key findings

BDO Internal Audit: Safeguarding Advisory Service Single Point of Contact (SPOC). December 2023

Due to the increasing numbers of contacts received into the SPOC year on year, the Safeguarding Advisory Service introduced changes to their process in August 2023 in order to manage increased capacity. These changes were assessed as part of the Audit. The Audit entailed interviews of SAS colleagues, review of new processes and a deep dive review of 20 contacts into the Safeguarding team, from June to September 2023, assessing the initial contact, SBAR, alerts, recommendations and outcomes. The sample was split evenly across the Trust and included both children and adult related contacts.

Areas of strength identified were:

- Policies and Procedures -including trust intranet, safeguarding procedural guidance
- Capacity – change in process to accommodate increasing demand on service
- *SBAR entries - including recording across systems
- Complex Cases – overview/management of SPOC inbox by duty manager and deputies
- Governance – Safeguarding Committee, Safeguarding Operational Group
- Lessons Learnt - lessons learnt are discussed at both the Safeguarding Committee and Safeguarding Operational Group. Additionally, case discussions are held following significant or near-fatal incidents as an opportunity to debrief and share amongst those involved in the case. Any learning and notes derived from these are shared up to the named professional to collate and disseminate.

*SBAR – a recording mechanism that includes situation, background, assessment/analysis, recommendation/plan

Areas of concern identified:

- The resolving professional differences process had not been accurately applied in two of our three sample cases (Medium, Finding 1)
- One of the 20 sampled enquiries (5%) was not responded to for eight working days (Low, Finding 2)
- In three of the 20 SBARs, samples did not have clear headings and points for each area, limiting the clarity of the recommendations (Low, Finding 3)
- There are some differences with the systems used across the Trust, the inconsistencies noted above could also be improved through the availability of further detailed guidance (Low, Finding 4).

Audit Conclusion:

- Our review highlighted a number of areas of good practice, including the communications across the Trust, management of complex cases and governance and oversight arrangements. Our testing identified findings relating to resolving professional differences, timeliness of responses and quality of SBARs.
- Overall, we have concluded a moderate opinion over both the design and

<p>Audit and Measurement – key findings</p>	<p>operational effectiveness of the controls in place.</p> <p>Actions undertaken as a result of the BDO Audit:</p> <ul style="list-style-type: none"> • Review of RPD processes for both child and adult concerns, • ensuring timeliness of response times by continuing to provide clinical ‘drop-in’ sessions and duty team / deputy oversight of SPOC inbox, • review of SBAR recording to ensure good standard across whole team, • data/ guidance crib sheet created to ensure advice provided is consistent, <p>Section 42 safeguarding</p> <p>Within the financial year covered by the scope of this annual report, 16 section 42 safeguarding enquiries were raised against the Trust. The concerns primarily related to neglect/acts of omission and alleged physical abuse. General themes included lack of capacity assessment, medical treatment without consent e.g. taking bloods (lack of mental capacity assessment/process / lack of reasonable adjustments), neglect and acts of omission (primarily relating to poor or unsafe discharge) plus lack of personal care on ward.</p> <p>This information clearly evidences the importance of the need for colleagues to prioritise and be compliant with their mandatory safeguarding training (and all mandatory training regarding patient care and clinical risk). Furthermore, staff across the Trust need to understand their roles and responsibilities regarding patient care, safeguarding and legal literacy around the Mental Capacity Act (2005) and Care Act (2014), plus recognise that safeguarding is everyone’s business, rather than something they recognise/suspect and pass on to someone else to deal with.</p> <p>Of note and concern in the last financial year, is ‘push back’ from trust colleagues who have been requested by the Local Authority to undertake a s42 safeguarding enquiry (as is the LA’s legal right under the Care Act). This is proving to be problematic in that they do not see it as their responsibility. To try to address this, the Safeguarding Advisory Service will develop a s42 workshop for delivery to wards and teams across the trust to help improve their knowledge and confidence in completing statutory s42 Safeguarding Enquiries and primarily to upskill them. It is anticipated that this will be rolled out from qtr. 4 2024/25.</p> <p>Domestic Abuse Audit</p> <p>No domestic abuse audit was undertaken in 2023/24. This was primarily due to team capacity and high volume of domestic abuse enquiries to the Safeguarding Advisory Service and the high volume of Domestic Homicide Reviews and MARAC.</p> <p>However, the Safeguarding Advisory Service has ensured the Trust is meeting its duties in respect of panel membership at Domestic Homicide Reviews, Domestic Abuse Board, Safer Somerset Partnership, and non-statutory participation at MARAC meetings.</p> <p>Additionally, the Safeguarding Advisory Service are seeing a growing number of delayed discharges due to domestic abuse related issues. As a result of this, in 2024/25 we will endeavour to capture this information with a view to identifying themes and/or learning for trust services regarding patient discharge. It is anticipated we will be able to provide an analysis of this data in next year’s annual report.</p> <p>Within the financial year 2024/25 the Safeguarding Advisory Service will undertake the Safer Somerset Partnership Domestic Abuse Self-Assessment. The findings of this self-assessment will be documented within that financial year’s annual report.</p>
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Audit and Measurement – key findings	<p>Safeguarding Advisory Service – Process Review.</p> <p>As stated above and reflected in the BDO Audit, during 2023/24 due to the year on year increasing demands on, and contacts into the SPOC, the Safeguarding Advisory Service undertook a process review which resulted in changes to how the service manages the SPOC. This included, in Quarter 3 2023/24, a review of processes regarding Safeguarding Adult Referrals. The Service recognised the performance and response times were impacted not only by the high volume of contacts, but also due to processes set up to review and quality assure all Safeguarding Adult Referrals prior to them being sent to Somerset Direct.</p> <p>The review of the internal SAS Safeguarding Adult Referral quality assurance process established at the introduction of the Care Act (2014) in April 2015 were no longer viable. Rather than improve patient and colleague experience, the process caused a delay in the submission of safeguarding adult referrals. Additionally, the increasingly high volume of contacts into the SAS duty inbox meant there was a greater risk of referrals being missed and/or a delay in them being quality assured and submitted to Somerset Direct, in addition to delays in response to staff queries.</p> <p>From October 2023, the SAS took the decision to cease quality assurance of Safeguarding Adult Referrals, cease the use of the word referral form that had been developed in collaboration with the Local Authority Safeguarding Service in 2015, and to solely utilise the Local Authority online referral form via the Somerset Council Professional Choices portal.</p> <p>Prevent</p> <p>No specific Prevent audit was undertaken in 2023/24, this was primarily due to the low number of Prevent referrals received into the SPOC, but also due to assurances provided to NHS Digital, ICB and Safeguarding Committee regarding training compliance, in addition to maintaining statutory attendance at monthly Channel Panel, quarterly Prevent Board meetings and (non-statutory) twice yearly Southwest Prevent Network Forum.</p>
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Policy and assurance of meeting policy standards

Policy and review status	<ul style="list-style-type: none"> • Safeguarding Adult Policy – in date – review due July 2025 (update undertaken qtr. 4 2013/24) • Domestic Abuse Policy – in date (review due 2027) • Supporting Colleagues who are Experiencing Domestic Abuse – in date (minor updates 2022) – review due September 2025 • Safeguarding: Prevent Policy – review due May 2024: overdue – extension requested and granted (new due date November 2024). Delay due to an unforeseen period of long-term sickness of Policy author. • Sexual Assault Disclosures Protocol – in date – review due May 2025 • Disclosures of Alleged Non-Recent Abuse Standard Operating Procedure – in date – review due May 2025 – currently under review to incorporate learning from recent CQC inspection of maternity services • Modern Slavery Protocol (new) – review July 2027
Monitoring policy compliance	<p>Summary of policy compliance monitoring assurance, in line with the defined monitoring arrangements within the relevant policy or policies.</p>

Safeguarding Adults Policy

Element for Policy monitoring	Monitoring method – information source (eg audit)/ measure/ performance standard	Monitoring frequency/ reporting frequency	Arrangements for responding to Shortcomings and tracking delivery of planned actions	Comments / plan to address monitoring element / frequency not met
Safeguarding referral process, raising concerns and referrals	Audit: safeguarding referrals – effectiveness safeguarding referral process - criteria regarding s42 enquiries/ appropriate application of thresholds - check quality and appropriateness of referrals	Minimum three yearly	Development of action plan Reporting to safeguarding committee and IQAB Identification of training needs.	Safeguarding Adult Audit completed qtr. 4 2023/24 BDO audit qtr. 3 2023/24 Safeguarding referral process changed in qtr.3 2023/24. Completion of training needs analysis following merger with YDH
Making safeguarding personal (MSP)	Review of safeguarding adult referrals to determine client involvement in decision making process regarding safeguarding referrals (included as part of safeguarding referral audit).	Minimum bi-Annually (e.g. every 2 years)	To develop action plan if needed If shortcomings identified, to reinforce importance of client involvement via training, safeguarding supervision and staff newsletter. Reporting to safeguarding committee	Safeguarding Adult Audit qtr. 4 Evidence of MSP present. Planned development and dissemination of safeguarding adult referral best practice checklist in qtr.1 2024/25
Training competencies and requirements	Collation of data for mapped training compliance and competencies	Monthly, quarterly and annually	ICB Dashboard safeguarding committee Annually – Topic Assurance report	To provide additional training dates for SA L3 training. review of mapping in 2024/25

Safeguarding Adult Referral Pathways were reviewed in quarter 2 2023/24 due to the increasingly high volume of contacts to the SPOC and current process and pathways having instigated in 2018 following the merger between Somerset Partnership and Taunton and Somerset Foundation Trust, which are no longer robust and potentially puts patient safety at risk due to the delay in submitting safeguarding referrals caused by the old process.

Domestic Abuse Policy

Element for Policy monitoring	Monitoring method - Information source (e.g. audit)/ Measure / performance standard	Monitoring frequency	Arrangements for responding to shortcomings and tracking delivery of planned actions	Comments / plan to address monitoring element / frequency not met
Domestic abuse referral process	Audit: domestic abuse referrals	Minimum Bi-annually (every two years)	Development of action plan. Reporting to safeguarding committee Identification of training needs	DA development plan. Safeguarding Strategy. Review of referral process
training	Not mandated –	monthly	Monthly ICB	DA awareness incorporated

	however DA awareness can be monitored via safeguarding training compliance rates		Dashboard. Increase number of training sessions	into SGA e-learning modules levels 1-3 to ensure all staff have DA awareness training Development of DA Level 2 in qtr.1 2024/25
Domestic homicide review panel meetings	Trust representation at DHR panel meetings	As required	Reporting process in place via Trust's Safeguarding Committee	Continuing to provide Trust representation DHR's at panel meetings.
Marac meetings	Trust representation at MARAC meetings	Approx 4 per month	Reporting to Safeguarding Committee and Topic Report	Weekly attendance at MARAC meetings Contribution to MARAC development with safer somerset partnership Representation at DA Board.

Domestic Abuse referral process and pathways were reviewed in quarter 2 2023/24. This is to accommodate the newly proposed referral pathways being instigated by Somerset Integrated Domestic Abuse Service (SIDAS) and MARAC. Discussions with SIDAS and Safer Somerset Partnership colleagues were undertaken in quarter 1 2023/24.

Multi-Agency Risk Assessment Conference (MARAC) - Trust participation in weekly MARAC meetings resulted in multi-agency discussions for 715 high-risk victims of domestic abuse including 1321 children; and research being undertaken and shared for a total of 2751 individuals. 12% of cases discussed were referred by SFT – this is significantly above the national average (3.9%) for secondary care / acute trust services and mental health services, which evidences current trust process, guidance, advice and training regarding domestic abuse appears to have increased colleagues' knowledge regarding domestic abuse awareness and response.

Supporting Colleagues who are Experiencing Domestic Abuse

Element for Policy monitoring	Monitoring method	Monitoring frequency	Arrangements for responding to shortcomings and tracking delivery of planned actions	Comments / plan to address monitoring element / frequency not met
Support provision	Audit relating to colleague domestic abuse related contacts to HR to ensure correct process followed	Minimum 2 years - to People Governance Committee Responsibility for HR manager	If the People Governance Committee identifies a concern, they will oversee the development of an action plan or escalate as appropriate to the Director of People Services	It was anticipated that this Policy would be transferred to People Services / HR but this has not yet been possible, therefore no audit completed as this data is not collected by the safeguarding service.

Colleagues experiencing domestic abuse are supported by line managers, people services and can receive advice from the Trust's DA Lead. They will also receive signposting to local domestic abuse support services. Colleagues are unlikely to meet referral criteria for an adult safeguarding referral unless they have care and support needs and are unable to keep themselves safe because of those needs. Primarily this is why this Policy would be best placed with HR / People Services.

- Plan to liaise with HR/people services in 2024/25 to discuss viability of transfer of this Policy to their service.

Prevent (safeguarding from radicalisation) Policy				
Element for Policy monitoring	Monitoring method	Monitoring frequency	Arrangements for responding to shortcomings and tracking delivery of planned actions	Comments / plan to address monitoring element / frequency not met
Safeguard and support those at most risk of radicalisation through early intervention, identifying them and offering support and onward referral as appropriate	Audit: - Prevent enquiries to safeguarding Service SPOC - recording of concern EPR records - Appropriate onward referral	Minimum 3 yearly	<ul style="list-style-type: none"> • Development of action plan • Reporting to Safeguarding Committee • Identification of training needs 	No audit completed due to low level of Prevent referrals (see summary below). All Prevent referrals are QA by Prevent Lead, or duty team, MH safeguarding Lead (shared with Prevent Lead)
Colleagues aware of their role in preventing vulnerable people from being exploited for terrorist purposes. The Counter Terrorism and Security Act 2015	All colleagues to have completed the appropriate level of Training. Data received from training department regarding compliance.	Monthly/ quarterly	ICB DASHBOARD data reporting, NHS Digital Prevent Data reporting	End of year Prevent training compliance Level 1&2 – 92.9% Level 3 - 93.4%
Partnership working - Collaboration with external agencies, fulfilling Prevent duty to attend Channel Meetings	Providing Trust representation at Local Channel Panel Meetings	yearly	Reporting to IQAB through annual audit	Attendance at monthly Channel Panel, quarterly Prevent Board, twice yearly south west Prevent network meetings, quarterly attendance at Community Safety Partnership meetings
<p>During 2024/25 the Trust made four referrals to Prevent for consideration for Channel Panel. At time of writing this report, two referrals were accepted into Channel, two were declined as they did not meet the threshold at the point of referral. The Trust provides appropriate representation at all Channel Panels. In addition to the Prevent Lead, the Trust also has a Clinical Mental Health Prevent Lead.</p>				

Colleagues: Training and competencies

Training and competency requirements	<p>The Trust’s Safeguarding Adult training competency requirements are aligned to the RCN (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff and the Prevent training is aligned to the DHSC (2022) NHS Prevent training and competencies framework (document is undergoing review).</p> <p>Compliance rates vary. The Trust’s own required compliance rates are 90%, the ICB required compliance rates are 85%.</p> <p>The compliance rates for Prevent reporting to NHS digital is 85%. Of note is NHS Digital compliance rates includes bank staff, which is why compliance rates will vary between Trust figures (who don’t include bank staff) and NHS Digital submissions.</p>
Training Compliance	<p>Training compliance for Safeguarding Adults and Prevent at the end of financial year 2022-23 are shown in the tables below:</p>

Table 2: Safeguarding Adults Training Compliance Rates

Course name	Number to be trained	Certified	Percentage trained March 2024	Percentage trained March 2023
Safeguarding Adults Level 1	3634	3390	95.7%	94.6%
Safeguarding Adults Level 2	7453	6604	92.0%	91.7%
Safeguarding Adults Level 3	1696	1277	77.0%	74.8%

Table 3: Prevent Training Compliance Rates

Course Name	Number to be Trained	Certified	Percentage trained March 2024	Percentage trained March 2023
Prevent Level 1 & Level 2	5199	4721	93.5%	94.9%
Prevent Level 3	7583	6879	93.6%	92.7%

Whilst compliance rates have shown a slight increase on the previous year end, Level 3 has again been impacted over the last year 2023/24 due to remapping of maternity staff and ongoing colleague turnover (leavers and new starters). The continued impact of workplace pressures, together with strikes and staff sickness have also contributed to increased training non-attendance during this timeframe. Of note is the scoping and remapping of Yeovil District Hospital staff in quarter 4 2022/23 continues to have an impact on compliance due to additional number of colleagues to be trained.

To help address the non-compliance rates for Safeguarding Adults Level 3 the Safeguarding Learning and Development Lead will continue to provide additional sessions for the whole day Level 3 safeguarding adult training from quarter 1 2024/25, including face-to-face sessions. The current offer consists of 100 places per session; however, these are rarely at capacity, but average out at between 40 - 70 attendees per session. In order to help meet compliance rates, colleagues need to be released from clinical duties to undertake the training, as simply adding more dates does not address the issue of colleagues not booking on to training or not attending on the day. There is quite a high number of non-attenders on the day of training.

During this financial year, as best practice, we introduced the Preventing Radicalisation (Mental Health) Level 3 e-learning module for all mental health colleagues across the Trust mapped to Prevent Level 3. The Preventing Radicalisation (Mental Health) module has been specifically developed for this professional group and offers an introduction to the Prevent duty for mental health practitioners and explains how it aims to safeguard vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves.

From Quarter 1 2023/24 all YDH colleagues were correctly mapped to Prevent training. To help avoid drop off in training compliance, colleagues who have been re-mapped were only required to undertake the new level once their current compliance is due for renewal.

Domestic Abuse – Currently domestic abuse is not mandated as a stand-alone training module. However, learning from numerous Domestic Homicide Reviews has identified a key learning need for the Trust regarding domestic abuse awareness, recognition, and response. Domestic Abuse is included within the

	<p>Safeguarding Adults level 3, Safeguarding Children Level 3 and as a basic awareness e-learning via the Safeguarding Adults mandated training.</p> <p>Oliver McGowan training – whilst this training does not sit within the remit of the Safeguarding Advisory Service, the Trust’s Learning and Development Team have implemented and are rolling out the mandatory Oliver McGowan training to all trust colleagues. Whilst this training is not specifically safeguarding training, the elements it covers does promote best practice, patient centred care, seeking patient views and carer views and their involvement in decision making and decision-making capacity. All of which support the six principles of the Care Act (2014) of Empowerment, Protection, Prevention, Proportionality, Partnership and Accountability which promotes safe practice.</p>
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EXTERNAL ASSURANCE – Summary of topic-relevant feedback

External Reviews / Assessments	<p>In 2023 the CQC undertook an assessment of the trust’s maternity services. Whilst learning primarily related to children, there were questions about mapping to safeguarding adults level 3. As a result of the inspection, maternity colleagues (as appropriate to role) have been mapped to level 3. Additionally, as a result of this inspection, the Strategic Lead/Named Professional for Safeguarding Adults is considering re-mapping all band 6 patient facing colleagues to safeguarding adults level 3 training. An exceptions report will be submitted to the Learning Committee Leads in quarter 2 2024/25 and to the Safeguarding Committee in qtr.3 2024/25. This will however, greatly impact L3 compliance rates.</p>
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	<p>A Somerset Safeguarding Adults Board (SSAB) Organisational Self-Assessment was undertaken in qtr. 2 2023/24. The self-assessment revealed us to be complaint (rag rating green) in 17 of the 21 questions/assessment measurements, with the remaining level assessed as amber.</p>
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Table 4: Som FT SSAB self-assessment:

SOMERSET	Leadership			Policy in practice					Safer Recruitment		Learning from SARs			Making Safeguarding Personal					Exploitation		Transition
Organisation Name	A1	A2	A3	B1	B2	B3	B4	B5	C1	C2	D1	D2	D3	E1	E2	E3	E4	E5	F1	F2	G1
Somerset NHS Trust																					

Areas for monitoring and further improvement:

- Safeguarding included in induction and supervision of staff
- Ensuring the workforce is receiving appropriate training
- Ensuring the workforce know about the signs of adult exploitation / mechanisms in place to recognise, manage, and escalate risk
- Identifying and responding to individuals who are at risk of being cuckooed

Actions planned to improve confidence levels are:

- Safeguarding Operational Group to promote safer recruitment and connection with the safeguarding strategy
- Training: Safeguarding L&D Lead sends reminders to individuals overdue and cc line manager. This is in addition to auto generated electronic reminders to individuals and managers from the learning system (LEAP).
- Trust Quality and Performance meetings ensure compliance and oversight across all service groups
- Promotion of recently revised process / guidance documents and continual reminders to managers and staff to utilise the risk reporting mechanism for the Trust.
- Cuckooing/exploitation: Ongoing work to raise awareness.

External / Internal organisational Audits	
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National Audits / Surveys	There were no national audits/ surveys during the scope of this annual report.
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ENGAGEMENT AND INVOLVEMENT

Colleague engagement	<p>Feedback is sought from colleagues attending the safeguarding adults' level 3 training, most of which is positive with colleagues telling us they will take what they've learnt into practice and utilise the resources shared during the training.</p> <p>During the scope of this report the Safeguarding Advisory Service has not had the capacity to undertake an internal staff survey regarding the Trusts safeguarding adult systems and processes in place. However, we do listen to feedback via emails and calls, direct feedback during SOG discussions, which all help to inform service delivery and improvement.</p>
Patient and public involvement	<p>The Trust's Safeguarding Advisory Service is not a patient facing service therefore we currently aren't engaged with focus groups.</p> <p>Within the Trust the PALs service facilitates feedback from public / patients. PALS forms part of the Patient and Public Involvement agenda (PPI) and will liaise with the Safeguarding Advisory Service as required.</p>

ONGOING ISSUES & ACTIONS

Current Issues	<p>Salient issues identified within this annual report are:</p> <ul style="list-style-type: none"> • The ongoing issue regarding training compliance levels for Safeguarding Adults Level 3 which continues to be at non-compliance. Primarily this is due to the competing demands of colleagues needing to provide and prioritise front-line patient care with needing to be released from rota's to undertake a whole day mandatory training. Within the previous year's annual report, it was identified that the merger with YDH in April 2023 would impact on L3 training figures as it had been identified that YDH colleagues had not been mapped to Safeguarding Adults Level 3 training. Evidentially this has proven to be correct. • Recording across multiple systems across the Trust has been identified as a risk, due to not all services having access to each other's recording systems (see topic related risks below).
Integration status	<p>Policy – All safeguarding adult related Policies for both Somerset NHS Foundation Trust and Yeovil District Hospital were reviewed and aligned to be in place post-merger in April 2023.</p> <p>Group / committee structure, membership and reporting – Post merger the safeguarding committee membership includes YDH colleagues as appropriate to ensure equity across the new Trust.</p> <p>Operational systems and processes (such as documentation in use) As previously stated, safeguarding adult referral process and Safeguarding Advisory Service processes were reviewed, and changes implemented in qtr. 3 2023/24</p> <p>Internal assurance process, including audit and measurement – No change to internal assurance processes. The Safeguarding Advisory Service continues to report to the ICB, Somerset Safeguarding Adult Board, NHS Digital, in addition to governance and an integrated safeguarding committee.</p>

	<p>All applicable training requirements – All staff are mapped in accordance with the Royal College of Nursing: Roles and Competencies Intercollegiate document and the Prevent Competencies Framework.</p>
<p>Topic-related Risks</p>	<p>Current risk facing the Trusts Safeguarding Advisory Service and relevant to safeguarding adults is the risk related to recording across numerous recording systems. Relative to this is trust colleagues also having to work across multiple systems. This risk was identified within the previous year’s annual report and continues to be an issue. Whilst there is work underway outside of the SAS to migrate to one electronic patient record system, it is anticipated this will not occur within the next 2-3 financial years and is outside of the control of the SAS.</p> <p>The Safeguarding Advisory Service have to work with numerous IT systems employed by the Trust to ensure the recording of safeguarding concerns, risks, alerts and actions are completed across said systems. The pending merger with YDH in April 2023 introduced additional IT systems.</p> <p>There is an ongoing risk to patient safety and wellbeing due to non-compliance with safeguarding adult L3 training. The training ensures staff have the skills, knowledge and competence to know how to identify abuse and how to respond in addition to knowing how to respond to disclosures of abuse. This is particularly pertinent to registered professionals who are required by codes of conduct to ensure training is up to date. This has been raised at board level.</p>
<p>Action plan delivery</p>	<p>Action Plans for Safeguarding Adults relates largely to Domestic Homicide Reviews (DHRs), Safeguarding Adult Reviews (SAR) and Somerset Safeguarding Adults Board (SSAB) Self-Assessment actions.</p> <p>Key themes regarding the DHR’s recommendations continue to be domestic abuse routine enquiry, professional curiosity, confirmation bias and Coercion and control. During the scope of this report there were 3 actions outstanding. It is anticipated these will be finalised by end of qtr. 3 2024/25.</p> <p>Key themes regarding SARs continue to be self-neglect, legal literacy regarding the Mental Capacity Act 2005, referral pathways and familial domestic abuse.</p> <p>Regarding SAR recommendations, SAR TM Trust action plan is complete and signed off by safeguarding committee in qtr. 1 2023/24. Some SAR actions are multi-agency and are being coordinated via the SSAB learning and development sub-group.</p> <p>Key themes regarding SSAB self-assessment action plan are:</p> <p>Actions planned to improve confidence levels are:</p> <ul style="list-style-type: none"> • Safeguarding Operational Group to promote safer recruitment and connection with the safeguarding strategy • Training: Safeguarding L&D Lead sends reminders to individuals overdue and cc line manager. This is in addition to auto generated electronic reminders to individuals and managers from the learning system (LEAP). • Trust Quality and Performance meetings ensure compliance and oversight across all service groups • Promotion of recently revised process / guidance documents and continual reminders to managers and staff to utilise the risk reporting mechanism for the Trust.

- Cuckooing: Ongoing work to raise awareness. It would be encouraging to see more adult at risk meetings being convened in the absence of the adult MASH process which was removed earlier this year.

Actions planned to be undertaken in 2024/25 as a result of learning from DHR's, SAR's and s42 enquiries, internal/external assessment and Safeguarding Strategy include:

1. Trust - Training re-mapping – plan to undertake a remapping exercise of band 6 colleagues during the next financial year.
2. Role out of Domestic Abuse Routine Enquiry Workshops to trust Emergency Departments and Minor Injuries Units (this will largely be dependent upon capacity for SAS to deliver workshops and staff capacity to attend).
3. Safeguarding Adult Referral Audit to ensure patient voice captured within referrals (making safeguarding personal)
4. Service development regarding Transitional Safeguarding process and protocol
5. To explore how best to engage with people who have lived experience.
6. To consider undertaking staff survey regarding their experience and views of the Safeguarding Advisory Service
7. To continue to explore avenues of service development which will help upskill staff regarding safeguarding, domestic abuse, exploitation

Other Supporting Information

This financial year 2023/24 saw a further increase in the safeguarding adult related contacts into the Safeguarding Advisory Service Duty Team single point of contact (SPOC), increasing by 5.3% (n=5017) see table 5 and table 6 for data/comparison.

Table 5: year on year safeguarding adults related contacts to the Trusts' single point of contact



It is anticipated that the upward trajectory of contacts to the Duty Team SPOC will continue as training continues to increase knowledge and awareness of adult safeguarding. This presents a concern for the safeguarding advisory service who are struggling to continually meet the demands placed upon us both internally and externally.

Since capturing safeguarding adult contacts to the SPOC in 2017 (when the SAS sat solely within Somerset Partnership Mental Health and Community Health Trust, prior to merger with Musgrove Park Hospital) to end of qtr.4 2023/24, safeguarding adult related contacts to the SPOC have increased by 45.18%. Of note is that child safeguarding related contacts also continue to increase year on year, adding to and reflecting the figures above.

Table 6 year on year comparison chart

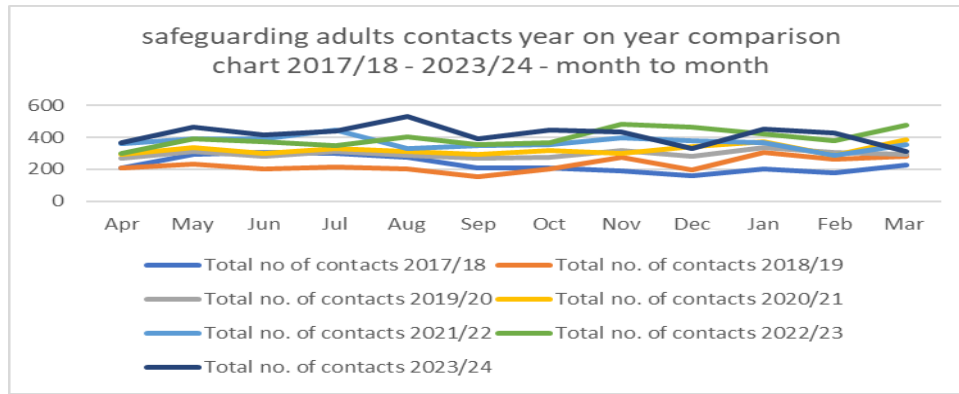
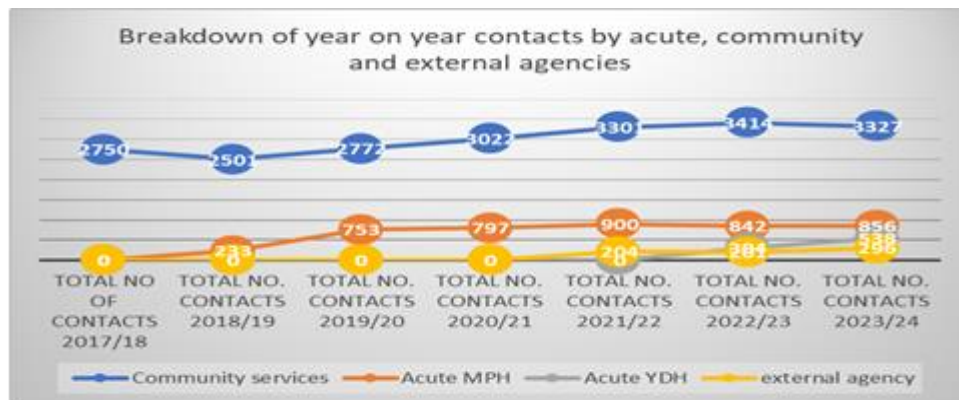


Table 7: Breakdown of year-on-year contacts by community, acutes and external agencies



Over the past financial year, contacts from the Trust’s Community Services has remained steady, but with a slight drop of 2.54% (last year saw an increase of around 3% so this seems to have balanced out). Contacts from Musgrove Hospital have increased slightly (increase of 1.6%). We have only been able to collate data from YDH contacts since mid-2022/23, however current figures show a 76.9% increase in safeguarding adult related contacts to the SPOC. Contacts from external agencies (primarily adult social care) have also increased by 47.2% from 201 to 296 (see table 7).

Multi-Agency Public Protection Arrangements - MAPPA - (Criminal Justice Act, 2003)

The Trust has a responsibility to meet its statutory duties as a ‘Duty to Cooperate Agency’ and is a member of the local Multi Agency Public Protection Arrangements Strategic Board. Previously this responsibility sat within the Safeguarding Advisory Service. In 2022/23 this responsibility was transferred to the Trust’s Forensic Services with the Director of Safeguarding maintaining oversight and Trust representation at the MAPPA Strategic Management Board.

In January 2024, the Trust appointed a MAPPA coordinator to manage its statutory responsibilities under MAPPA as a duty to cooperate agency. This role sits now within the Corporate Services directorate within the resilience team. In development, the coordinator is seeking to ensure that effective links and processes are forged between the Safeguarding service and associated health services. This is in the context of managing our statutory responsibilities in responding to the risk of serious harm a service user may present.

Reference – Assurance level definitions

Green	Blue	Amber	Red
Definition – assurance / concern characteristics			
<p>Good systems of assurance</p> <p>High confidence in the quality of the evidence available.</p> <p>Positive findings from measurement / assessment / monitoring sources, minimal variability.</p> <p>No significant concerns in the period covered.</p>	<p>Assurance systems in place – adequately functioning.</p> <p>Sufficient confidence in the quality of the evidence available.</p> <p>Acceptable findings from measurement / assessment / monitoring sources, acceptable variability.</p> <p>No evidence of any significant issues in the period. Any issues / concerns are well-managed via clear, monitored plans.</p>	<p>Assurance systems in place – issues evident with functioning.</p> <p>Lower confidence in the quality of evidence / due to gaps in information available</p> <p>Findings from measurement / assessment / monitoring sources indicate concerns / variability.</p> <p>Issues of concern are not accompanied by assurance of clear, monitored plans to address.</p>	<p>Assurance systems are not adequately designed and/or not all functioning well.</p> <p>Concerning low quality of evidence, significant gaps.</p> <p>Findings from measurement / assessment / monitoring sources indicate concerns warranting escalation.</p> <p>Serious issues identified that present risks to the Trust and in the absence of an effective plan to address.</p>
Application of the level – guidance and conventions			
The level applies when..			
<p>There is agreement that there is overall high confidence that all is well.</p> <p>Minor issues only.</p> <p>An external review today would likely find no issues.</p>	<p>There is agreement that sufficient confidence that all is well.</p> <p>Issues can be left with the Lead to take forward.</p> <p>An external review today likely to find issues are managed.</p>	<p>The consensus is that improvements are required before there can be fuller confidence.</p> <p>Issues may require support to resolve.</p> <p>An external review today may find concerns and weaknesses in managing them.</p>	<p>It is evident that all is not well.</p> <p>Issues warrant escalation to achieve resolution.</p> <p>An external review today would find concerns and would likely take action.</p>
Onward reporting conventions			
<p>At one year - Light-touch update report</p>	<p>At one year – Update briefing with focus on actions progress – targeting the issues previously reported and any new issues arising since</p>	<p>On consensus from QAG review:</p> <p>At six months - An update on areas of concern and position update on improvement planning</p> <p>At one year – An update as above accompanied by an updated assurance report</p>	<p>On consensus from QAG review:</p> <p>Within 1 month - Specific briefing provided to accountable Executive and other relevant leads or stakeholders.</p> <p>Topic review meeting held 1-6 months. Aim – to support development and improvement to address issues / concerns</p> <p>At one year – Full updated assurance report reflecting progress and plans</p>
Templates			
<p>Simple update briefing</p>	<p>Issue-specific briefing / progress briefing</p>	<p>Issue-specific briefing / progress briefing Assurance report (update)</p>	<p>Escalation briefing / progress briefing and SMART plan Assurance report</p>

APPENDIX 1

Safeguarding Service Assurance Framework**Governance Structure**

Trust Board - annual

Quality & Governance Assurance Committee - annual (on behalf of the board)

Quality Assurance Group - annual

Key Specific Committee

Integrated Safeguarding Committee - quarterly
(includes ICB membership)

Operational Oversight

Safeguarding Senior Leadership Team - fortnightly

Named Professionals Meeting - weekly

Whole Service Meetings - monthly

Daily triage of Safeguarding SPOC

Safeguarding Adult Referral Best Practice Checklist

Brief introduction to checklist - You have identified a concern that an adult in our care may be at risk of, or is suffering from, abuse or neglect (including self-neglect). You think that you may need to make a Safeguarding Adult Referral. Please follow these steps when you are considering making a safeguarding adult referral.

Please note: contacting the Trust's Safeguarding Advisory Service does NOT constitute a Safeguarding Adult Referral. Safeguarding Adult Referrals must be made to Somerset Council Adult Social Care via electronic referral form via [Safeguarding alert form - Somerset Council](#)

Safeguarding concern identified	Action / recording	tick when action complete
<p>ALWAYS speak to the adult at risk about the concerns you have for their safety and wellbeing to ascertain their views. ALWAYS ensure these views are included in the safeguarding adult referral and entered into electronic patient records. It may be appropriate to speak to a family member / carer.</p>	Seek their views about the concern you have	
	Ascertain what they would like to happen (views and wishes) as a result of any intervention to keep them safe	
<p>Review the SSAB (Somerset Safeguarding Adult Board) risk decision making tool to help determine level of risk. The tool will help provide clarity as to whether the concern meets the criteria for safeguarding adult referral.</p>	<p>Include rationale, within safeguarding referral, for level of risk identified. Can quote the risk decision making tool.</p>	
<p>Does the patient meet the criteria for safeguarding adult referral (s42 enquiry)</p> <ul style="list-style-type: none"> Do they have care and support needs Are they at risk of, or suffering from abuse or neglect They are unable to keep themselves safe because of their care and support needs <p>ADASS 'What constitutes a safeguarding concern' guidance says a referral should be made if the first 2 criteria are met. Local Authority triage process should make the decision about if the criteria are met and s42 enquiry is needed.</p>	<p>Ensure when you complete the online referral form that you answer all 3 questions (they will be worded slightly differently)</p>	
<p>Risk mitigation –take action to reduce / mitigate the identified risk. Ideally in discussion with the patient.</p> <p>MARM – Multi-Agency Risk Management meeting</p>	<p>Record on electronic patient records the actions taken to reduce / mitigate the risk of harm.</p> <p>Add this information to the safeguarding adult referral form.</p>	
<p>Complete safeguarding referral via online referral form (DO NOT use old word document). Ensure you provide a comprehensive, factual and succinct account of the concerns and include patient views and wishes.</p>	<p>Ensure all sections of the form are completed.</p>	
<p>Record on electronic patient records that a safeguarding adult referral has been made.</p>	<p>Using the SBAR model of recording is recommended (situation, background, assessment, recommendation)</p>	
<p>Notification received from Somerset Direct with outcome of referral (this will be sent to the referrer)</p>	<p>Copy the response/outcome into the electronic patient record</p>	
<p>Notification of referral outcome not received within 2 working days, contact Somerset Direct 0300 123 2224 to ask for an update.</p>	<p>Record this detail/information within electronic patient records</p>	
<p>Consider multi-agency risk management (MARM) meeting</p> <p>At the very least a MDT meeting will be required.</p>	<p>Please also consider undertaking a MARM meeting. Please refer to MARM guidance. SSAB-MARM-v1-2023-1.docx (live.com)</p>	