

## TOPIC ASSURANCE REPORT

REPORT DETAILS		ASSESSMENT	
<b>Topic</b>	Safeguarding Adults Annual Report	<b>Recommended levels</b>	<b>Safeguarding Service - Safeguarding Adults (SGA)</b>
<b>Topic Lead</b>	Heather Sparks, Named Professional Safeguarding Adults		<b>Blue</b>
<b>Exec Lead</b>	Hayley Peters		<p>Recommended Assessment Level for SGA has remained at blue, which is attributed to current non-compliance with meeting CCG SGA and MCA training rates. This is in part due to covid-19 pandemic restrictions initially impacting on training delivery, with the additional issues across the Trust regarding staff capacity to attend training. However, of note during this unprecedented year is:</p> <ul style="list-style-type: none"> <li>• Policy integration work is complete, including Safeguarding Adults at Risk, Domestic Abuse Patients and separate Domestic Abuse Colleagues Policy, and MAPPA. A new Prevent Policy is in development. It is anticipated that it will be ratified in Qtr.1 2021/22</li> <li>• the substantial innovative adaptations to the training offer by the Safeguarding Service regarding its training delivery, enabling more accessible training, including creation /development of dedicated domestic abuse and safeguarding CPD pages on OWL</li> <li>• domestic abuse awareness raising across the Trust, especially in support of our carer assessment service and mental health services</li> <li>• meeting the demands of an increase of 11% in safeguarding related contacts to the SPOC</li> <li>• continued representation at multi-agency meetings, SSAB, SSP, DHR</li> <li>• some duty team members redeployed for 6-8 weeks to support covid-19 vaccine roll-out</li> </ul>
<b>GS Link</b>	Lincoln Andrews		
<b>Meeting</b>	Integrated Quality Assurance Board		
<b>Date</b>	July 2020		
<b>Period Covered</b>	April 2020– March 2021		
<b>Previous Reporting</b>	<p>QAC July 2020  <b>B</b>  (in 2020 the QAC related to Sompar and TST as at the time of the report they were still two separate Trusts)</p>		

<b>COMPLIANCE REQUIREMENTS</b>	
<b>Objectives/goals</b>	<p>The purpose of this report is:</p> <ul style="list-style-type: none"> <li>• To provide both assurance and evidence to the Quality Governance Committee that Somerset NHS Foundation Trust (SomFT) is fulfilling its statutory responsibilities to adults at risk of abuse, set against the guidance within the Care and Support Statutory Guidance 2020 (available from: <a href="https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance">https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance</a>)</li> <li>• To inform the Quality Assurance Board of Safeguarding Adults related activities undertaken by the Trusts' Safeguarding Service (safeguarding adult related work) during the period of the financial year 1 April 2020 to 31 March 2021.</li> <li>• To ensure Somerset NHS FT Safeguarding Adult training continues to be in line with: Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate Document (2018); Prevent Training and Competencies Framework (2017) and expectations set out in the NHS England and Somerset Clinical Commissioning Group (CCG) contract.</li> <li>• To ensure the Trusts Multi-Agency Public Protection Arrangements (MAPPA) 'duty to cooperate' responsibilities are upheld (Criminal Justice Act, 2003).</li> <li>• To ensure compliance with the legislative framework of the Care Act (2014).</li> <li>• To increase staff awareness and knowledge of domestic violence and abuse in line with NICE guidelines (2016) <a href="http://www.nice.org.uk/guidance/qs116">www.nice.org.uk/guidance/qs116</a>.</li> </ul> <p>The Integrated Safeguarding Service has a clear governance structure. Assurance is monitored via the SSAB Safeguarding Adults Board Self-assessment, Safer Somerset Partnership Domestic Abuse (DA) self-assessments, CCG Combined Safeguarding Dashboard, the Trust's Quality Assurance Board and the Trust's Safeguarding Committee.</p>
<b>CQC Fundamental Standards</b>	<p>The CQC has five Fundamental Standards, these being Safe, Effective, Responsive, Caring, Well-led. Safeguarding Compliance Standards: Regulation 13: Safeguarding service users from abuse and improper treatment.</p> <p>Summary from the regulation:</p> <p>"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 includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical</p>

	<p>methods of restricting liberty to overcome a person's resistance to the treatment in question”.</p> <p>“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”.</p> <p>Mapping to the CQC Key Lines of Enquiry:          Safe (S3): Are there reliable systems, processes, and practices in place to keep people safe and safeguarding from abuse?          Safe (S4): How are the risks to people who use services assessed, and their safety monitored and maintained?          Responsive (R2): Do services take account of the needs of different people, including those in vulnerable circumstances?</p>
<p><b>Legislative Requirements</b></p>	<p>There is a plethora of legislation relating to the safeguarding of adults at risk (and indeed across the lifespan). Primary safeguarding adults related legislation is as follows:</p> <p><b>Safeguarding Adults – The Care Act (2014)</b></p> <p>The Trusts’ Safeguarding Service works in partnership with Somerset County Council’s Safeguarding Adults Team and Somerset Care Commissioning Group (CCG), to protect adults from abuse and neglect, and implement the Care Act (2014) in respect of Safeguarding.</p> <p>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.</p> <p>In respect of legislative requirements, Sections 42 to 47 of the Act places safeguarding on a statutory footing. Duties under the Act includes:</p> <ul style="list-style-type: none"> <li>• recognising and responding to abuse and neglect,</li> <li>• safeguarding referrals,</li> <li>• section 42 safeguarding enquiries and</li> <li>• safeguarding adult reviews (s44).</li> </ul> <p>The Safeguarding Service addresses these duties by:</p> <ul style="list-style-type: none"> <li>• advising on, and supporting process regarding safeguarding adult concerns / referrals, primarily via our Duty Team Single Point of Contact (SPOC)</li> <li>• its safeguarding adult training programme (e-learning and webinar)</li> <li>• the provision of safeguarding supervision</li> <li>• ensuring the patient voice is heard when there are safeguarding concerns (Making Safeguarding Personal)</li> </ul> <p><b>Mental Capacity Act (2005) / Mental Capacity Act Codes of Practice</b></p> <ul style="list-style-type: none"> <li>• To provide a framework for the application of the Mental Capacity</li> </ul>

Act (2005) into everyday practice when caring for patients with diminished capacity.

- To comply with legislative requirements of the Mental Capacity Act (2005).
- To provide MCA/Consent/DOLs training across the Trust to ensure compliance with the Act (2005)

### **Deprivation of Liberty Safeguards (DOLS)/ DOLs Codes of Practice**

- To provide a framework for the Deprivation of Liberty Safeguards into everyday practice when caring for patients with diminished capacity, whose care and treatment may amount to a deprivation of liberty.

### **Liberty Protection Safeguards (LPS)**

DoLs is scheduled to be replaced by the Liberty Protection Safeguards (LPS) (Amendment) Bill, pending the final code of practice in January 2022 for full implementation in April 2022.

The potential impact of LPS for the Trust will be related to the role of 'Responsible Body', which under the new LPS for NHS hospitals will be the hospital manager. There will be other significant changes that may have potential resource implications that will need to be addressed in 21/2022.

To ensure a smooth and robust transition from DoLs to LPS a Combined (SomFT and YDH) Business Case for LPS has been prepared and subsequently approved by the ICS Executive Group, and a Somerset LPS Joint Implementation Group has been established. The Somerset LPS Joint Implementation Group will be overseen by the LPS Board, which will comprise of Executive Leads for LPS. The Trust's Associate Director for Safeguarding will represent the Trust.

LPS process development work is reliant upon the publication of the draft Code of Practice (CoP). It is acknowledged that the current timeframe for launch of LPS in April 2022 gives very little time to build systems. It will therefore be necessary for initial systems development work to commence prior to the publication of the CoP, which can then be further developed post-publication of the CoP.

### **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:

- Ensuring the Trusts have a PREVENT Lead (the Associate Director for Safeguarding is the PREVENT lead for the Trust)
- Include in Policy and Procedure, and comply with, the principles contained in the Government Prevent Strategy
- Include in relevant Policy and Procedure a programme to raise awareness of the Government Prevent Strategy amongst staff and volunteers.

### **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 by—

- a person to whom he was related or with whom he was or had been in an intimate personal relationship, or
- a member of the same household as himself, .... and is held with a view to identifying the lessons to be learnt from the death.

The Trust's Safeguarding Service provides representation at DHR Panel meetings as a 'person or body' participating in the review under this legislation at subsection 9 (4) (a) of the Act (2004). The Associate Director for Safeguarding and Named Professional for Safeguarding Adults fulfil this role on behalf of the Trust.

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

MAPPA is the framework of statutory arrangements operated by criminal justice and partner agencies that seek to manage and reduce risk presented by sexual and violent offenders, with the aim of reducing risk of re-offending and ensuring public protection.

The Trust is a 'Duty to Cooperate Agency' and is a member of the local MAPPA partnership.

Of note is that MAPPA does not specifically sit within the safeguarding domain, but as the Trust is a duty to cooperate agency, in the absence of another Trust service undertaking this role, the Trust's Safeguarding Service is ensuring this need is met by providing Trust representation as standing members at the local MAPPA meetings and Strategic Management Board.

The Associate Director of Safeguarding is in liaison with the Trust's Forensic Service regarding transfer of MAPPA duty to the Forensic Service. A task and finish group has been set up to plan and facilitate this change (Mental Health funding/resource capability dependant) which is anticipated in Qtr 2 2021/2022.

In a small number of cases where the offender is solely managed by the Trust's mental health services, the Trust will have the lead role in managing that person's risks under MAPPA. MAPPA legislation does not define the activities that the 'duty to cooperate' involves but does provide guidance.

The guidance specifies that 'duty to cooperate' agencies, co-operate only insofar as this is compatible with their existing statutory responsibilities. Trust responsibilities

- To attend and contribute to MAPPA meetings
- Where the Trust is the sole agency of a MAPPA (Level 1) subject, to ensure robust risk management plans are in place

- To represent the Trusts at MAPPA Strategic Management Board meetings and relative sub-group meeting
- To ensure staff (specifically in mental health services) understand MAPPA processes and responsibilities.

### **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 adults work and intervention.

The Act highlights the need to make reasonable adjustments for people with a Learning Disability or other disability and to ensure that the Trust is not acting in a way that could lead to discrimination. Reasonable adjustments aim to help people achieve an equality of outcome in line with the outcomes of other patients without a learning disability, or other disability.

Discrimination is an abuse as defined by the Care Act (2014), and therefore sits within the Safeguarding arena. The Safeguarding Service's role is to ensure that patients are safe from the abuse of discrimination (such as hate and mate crime) by ensuring that colleagues/ the Trust employs anti-discriminative practices.

### **Human Rights Act (1998)**

Human Rights are intrinsic to all Safeguarding work. The Trust is responsible for recognising and adhering to its legal obligation as set out in the Human Rights Act 1998. All colleagues must raise any concerns through their line management arrangements, Safeguarding Service or if this is not possible through the Trust's Whistleblowing Policy.

The Trust's Safeguarding Service is responsible for ensuring that all safeguarding advice that 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).

### **Modern Slavery Act 2015**

The Modern Slavery Act is a far-reaching piece of legislation that consolidates previous slavery and human trafficking offences, by introducing new preventative measures, support systems and a regulatory body. Modern slavery is a category of abuse under the Care Act 2014, and therefore sits within the safeguarding arena.

The Act (2015) gives law enforcement the tools to fight modern slavery, ensure perpetrators receive suitably severe punishments for their crimes, and enhance support and protection for victims. Offences under the Act includes slavery, servitude and forced or compulsory labour; human trafficking, meaning of exploitation.

One percent of contacts to the Safeguarding Duty Team were related to concerns about modern slavery.

	<p><b>Domestic Abuse (Bill) Act 2021</b></p> <p>The Domestic Abuse Bill was in development during this financial year and received Royal Assent in April 2021. Whilst this is outside of the scope of this annual report, it warrants mention as will give greater emphasis on the need for improving health’s response to domestic abuse for both victims and perpetrators of domestic abuse. Domestic abuse is an abuse category under the Care Act 2014 and therefore sits within the safeguarding arena.</p> <p>The Act will expand upon/support current NICE guidelines for domestic abuse <a href="http://www.nice.org.uk/guidance/qs116">www.nice.org.uk/guidance/qs116</a>. The Act will provide further protections to the millions of people who experience domestic abuse, as well as strengthen measures to tackle perpetrators.</p> <p>The Trust has two domestic abuse policies:</p> <ul style="list-style-type: none"> <li>• Supporting Colleagues who are Victims of Domestic Abuse</li> <li>• Domestic Abuse (patients) Policy.</li> </ul>
<p><b>National Guidance / Assessment Frameworks</b></p>	<p><b>National Guidance and Assessment Frameworks:</b></p> <ul style="list-style-type: none"> <li>• Care and Support Statutory Guidance (last updated April 2021)</li> <li>• Domestic Violence and Abuse; multi-agency working – NICE 2014</li> <li>• Quality Standard 116 Domestic Violence and Abuse – NICE 2016</li> <li>• Safeguarding in Care Homes – NICE 189 (published Feb 2021)</li> <li>• Counter Terrorism Strategy (CONTEST) 2018</li> <li>• Prevent Training and Competencies Framework 2017</li> <li>• Adult Safeguarding: Roles and Competencies for Health Care Staff RCN 2018</li> </ul>
<p><b>Trust Policy – key requirements</b></p>	<p><b>Safeguarding Adults at Risk Policy:</b> Key requirements subject to monitoring:</p> <ul style="list-style-type: none"> <li>• To ensure that the safeguarding adult referral process is effective and timely</li> <li>• To establish if adult’s views are considered/sought during the referral process and ensure that they are part of the safeguarding process</li> <li>• To establish if appropriate application of thresholds is being applied</li> </ul> <p><b>Domestic Abuse Policy:</b> Key requirements subject to monitoring:</p> <ul style="list-style-type: none"> <li>• Domestic Abuse referrals made to Somerset Independent Domestic Abuse Service (SIDAS)</li> <li>• effectiveness of process</li> <li>• quality of completion of referral form</li> <li>• recording of incident and referral on electronic patient records</li> </ul> <p><b>MAPPA Policy:</b> Key requirements subject to monitoring:</p> <ul style="list-style-type: none"> <li>• Appropriate referrals are made into the MAPPA/PDP process – eligibility criteria met</li> </ul>

	<ul style="list-style-type: none"> <li>• County Wide Quality Assurance of MAPPA referrals and MAPPA Process</li> <li>• Trust representation at Local MAPPA meetings and strategic management board</li> </ul> <p><b>Prevent Policy: Key requirements subject to monitoring:</b></p> <ul style="list-style-type: none"> <li>• Safeguard and support those at most risk of radicalisation through early intervention, identifying them and offering support and onward referral as appropriate</li> <li>• Colleagues aware of their role in preventing vulnerable people from being exploited for terrorist purposes.</li> <li>• Prevent Lead duty - Monitoring of Prevent referrals and Prevent inquiries from staff within the Trust - Ensuring Trust frontline colleagues are meeting their Prevent training competencies</li> <li>• Partnership working - Collaboration with external agencies, fulfilling Prevent duty to attend Channel Meetings</li> </ul>
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EXTERNAL ASSURANCE	
<b>External Reviews / Assessments</b>	<p>There were no external reviews for Som NHS FT during the scope of this annual report.</p> <p>Previous assessments undertaken by the CQC were in January 2020 (Acute Services in January 2020) and October 2018 (Community Services). The trust retained its Good overall rating on both occasions. The overall view on safeguarding processes was summarised positively:</p> <p style="text-align: center;"><i>‘Services we inspected followed the trust safeguarding policy. Staff understood how to protect patients from abuse and the teams worked well with external agencies to ensure good safeguarding practices.’</i></p>
<b>External / Internal organisational Audits</b>	<p><b>The Trust Safeguarding Service continues to provide:</b></p> <p>Safeguarding adults and mental capacity training data to the CCG, in addition to DoLs applications, via their monthly CCG Dashboard.</p> <p>Prevent training and referral data quarterly to NHS Digital via their online portal, which is shared with the CCG for assurance.</p> <p>Safer Somerset Partnership Annual Domestic Abuse Self-Audit (see internal assurance section below for detail).</p> <p>Somerset Safeguarding Adults Board Self-Audit. It was agreed at the SAB Quality Assurance Sub-Group that their SSAB self-audit would be changed to bi-annually. Therefore, there was no SSAB self-audit in 2021 but there are actions outstanding from the previous audit undertaken in 2019/2020.</p>
<b>National Audits / Surveys</b>	<p>There were no national audits/surveys contributed to during the scope of this report.</p>



## INTERNAL ASSURANCE

Self-  
Assessment  
(Gap  
analysis)

**The Somerset Safeguarding Adults Board Self-Audit** – (whilst this audit is outside the scope of this review, it is relevant to include to provide an update on actions from that review).

The Somerset Safeguarding Adults Board Self-Audit in 2019 produced local action plans for the Trust. Primarily the actions were focussed on communications i.e. accessibility of safeguarding information for the public accessing the Trust's public website; other actions related to audit of safeguarding adult referral processes.

The SSAB have now produced patient/public information documents regarding Abuse and Neglect and the Safeguarding Process, which have been made available via the Trust's Safeguarding Intranet pages and which partially completes that outstanding action for the Trust. Plans to add a link to these leaflets on the public facing page are in progress (anticipated completion July 2021)

An audit regarding the safeguarding adult's referral process was also completed and completes that action (see internal audit section).

#### **The Safer Somerset Partnership Domestic Abuse self-audit**



DA Board Self  
Assessment 2019-20 f

The Safer Somerset Partnership self-audit identified the need to develop and deliver domestic abuse specific training for Trust colleagues to access. Currently domestic abuse training is not mandatory within the Trust. Domestic abuse awareness is covered in Safeguarding Adults Level 2 & Level 3 training. A domestic abuse specific training module has been developed for the Safeguarding Children Level 3 training.

The Safeguarding Service have developed (with OWL) a dedicated Domestic Abuse training page, where domestic abuse e-learning can now be accessed by all Trust colleagues.

A 30-minute domestic abuse webinar about the DASH (domestic abuse stalking harassment risk assessment) has been developed and is available via the domestic abuse page on OWL, as are two e-learning for health domestic abuse modules (Level 1).

A Level 2 domestic abuse module is in development (to be delivered via Teams in the absence of face-to-face training). It is anticipated that this will be rolled out in Qtr. 2 2021/2022.

#### **Safeguarding in Care Homes: NICE Guidance 189 – self-assessment**

NICE issued the above clinical guideline in February 2021. The guidance identifies a set of recommendations regarding the safeguarding of adults in care homes; it is primarily aimed at care homes but also includes Safeguarding Adults Board and Multi-agency working.

The NICE Baseline Self-Assessment/Audit: Safeguarding adults in care homes NG189, was undertaken in Qtr 4 2020/2021 (action plan completed in Qtr 1 2021/2022) to determine whether the Trust is meeting the new NICE guidelines (where relevant to the Trust) and where recommendations are not currently met, to implement an action plan to meet those recommendations. Timescale for implementation of unmet recommendations (as set by NICE) is two years.

#### Methodology:

The Assessment was used in conjunction with safeguarding adults in care homes (NICE social care guideline NG189). In the first instance, consideration was given to each recommendation as to whether the guideline is relevant to the Trust and if so, the conclusion was recorded in the relevant box.

#### Outcome:

Of the 171 recommendations -

43 relevant

12 partially relevant

= total of 55 relevant recommendations. 54 of these recommendations are already met via Safeguarding Adult at Risk Policy, Mental Capacity Act (using the Act) Policy, Safeguarding Adult Training and Mental Capacity Act Training.

The one recommendation (at 1.4.1) that was unmet, was included in an action plan. All actions are now complete (see attached action plan).



Action Plan NICE  
NG189 v1 Apr 2021.c

Whilst the Action Plan sits outside of the scope of this review (April 2021), it has been included as it concludes the self-assessment audit commenced in Qtr 4 2020/21.

### **Safeguarding Adults Clinical Audit (0052) - Quarter 2 2020/21**

This audit was constructed to provide assurance that the Trust is meeting its Policy requirements regarding the safeguarding of adults at risk. The objectives of the audit were:

- To ensure that the safeguarding adult referral process is effective and timely
- To establish if adult's views are considered/sought during the referral process and ensure that they are part of the safeguarding process
- To establish if appropriate application of thresholds is being applied

**Audit and Measurement**

**Table 1. Summary of Results**

STANDARD	reference	exceptions	compliance
All immediate actions taken to mitigate risk should be documented	Referral process flow diagram	None	87%
All immediate actions taken to mitigate risk should be appropriate and sufficient			90%
Risk alerts must be made following a safeguarding adult referral			89%
The safeguarding adult referral form must be fully completed			80%
a) Section 1 completed			a) 99%
b) Section 2 completed			b) 98%
c) Section 3 completed			c) 92%
d) Section 4 completed			d) 91%
e) Section 5 completed			e) 92%
f) Section 6 completed			f) 92%
There should be evidence of a response from the Local Authority (LA) within 72 hours of receipt of referral			60%
Following local authority triage of Safeguarding adult referrals did the client meet threshold for referral (safeguarding referrals should only be made if eligibility criteria met)			51%
There should be evidence that the adult's view/s of the concern were taken into account during the referral process			Client decline to engage or unable to engage

RAG rating for the audit:

Red	Amber	Green
0 – 44%	45% - 89%	90% - 100%

Of note is the high standard set for compliance 90%; usual Trust clinical audit RAG rating would be 80% for green. The audit author set this high standard, as it was felt that this is the standard the Trust and Safeguarding Service should be meeting to ensure robust safeguarding adult referral processes are adhered to.

Key strengths identified in this audit include assurance that staff and the duty team were able to:

- Identifying adults at risk of, or suffering from abuse,
- Understand the Trust's safeguarding referral pathway/process
- Seek advice/support from the Trusts' Safeguarding Service SPOC when they have safeguarding concerns.
- Apply risk alert recording
- Apply risk mitigation.

Key areas for improvement include:

- Safeguarding Duty Team - quality assuring of safeguarding adult referrals
- Safeguarding Adult Training and Safeguarding Supervision to reiterate advice on the need to fully complete safeguarding referral forms
- Recording of patient view, including reason when view unable to be sought.
- Trust colleagues/ Safeguarding Duty Team - recording of Somerset Direct Triage response when notification received.
- Colleagues to contact Somerset Direct for outcome of their referral if response is not received within 2 working days (and to update duty team of response)

- Recording of actions to mitigate risk, including if action to mitigate risk is ongoing routine staff involvement / case work
- Somerset Direct (Local Authority) - ensure Trust's Safeguarding Duty Team SPOC are copied into all safeguarding adult referral responses.
- Ensure SSAB Adult Safeguarding Risk Decision Making Tool is utilised in the quality assurance process and evidenced accordingly.

A local action plan was completed to address the key areas for improvement. All actions have been met.



Safeguarding  
Adults Clinical Audit

### **BDO Internal Audit – Safeguarding Adults: Quarter 3 2020/2021**

This was an independent BDO audit conducted to review the governance processes and procedures in place within the Safeguarding Services Family Model for ensuring vulnerable individuals are suitable protected whilst under the care of Trust staff.

#### Key strengths identified:

There is an Adult Safeguarding Policy and associated detailed standard operating procedures (SOPs) in place. They are up to date, in line with relevant legislation and have been disseminated to staff. In our survey of a sample of staff, we found that 100% of staff were aware of the policy and SOPs and knew how to access them.

Level 3 training has continued to be attended even with Covid-19 restrictions as this has been offered via webinar.

When asked within the survey whether staff had the appropriate level of support from the Safeguarding Team when they contacted the SPOC with a referral in the last two months, 100% of staff replied yes.

#### Key areas for improvement include:

In 30% of cases reviewed the Think Family approach could not be evidenced. Use of the Situation, Background, Assessment & Recommendation (SBAR) was not used embedded by the safeguarding service duty team. This was addressed in an action plan and audited at a later date by the Safeguarding Service Duty Team Manager, who reports that the use of SBAR by the Safeguarding Duty Team is now at 95-100% (see below).

Mandatory training level of 90% is not being met – Training compliance is reportable to the CCG via their Dashboard. It has been accepted and acknowledged that training delivery and attendance was greatly impacted by Covid-19 restrictions in 2020/21. Adjustments have been made to help rectify this (see Training section of this report).

45 % of staff surveyed had not been offered nor received safeguarding supervision from the Safeguarding Service in the last six months. The provision and capacity to provide safeguarding supervision Trust wide has been impacted by Covid-19 restrictions and the Safeguarding Service

capacity as a whole to provide this.



BDO Audit ACTION BDO SGA internal  
PLAN v2 Mar 2021.pptx audit report.docx

All actions identified within the audit are now complete.

**Mental Capacity Act – Consent and Capacity (0053) – Quarter 2**

This was a re-audit of MCA assessment and consent that was completed during October 2019 (ref 458). It included all informal patients on all adult and older adult mental health (MH) wards and community hospitals (CH). Wards completed for all current informal patients on a date chosen by them during August-September 2020.

**SUMMARY OF RESULTS**

The Audit Proposer set the following target compliance per standard prior to data collection: 00-44% (not compliance), 45%-79% (partial compliance), 80%-100% (full compliance)

**Table 2: Summary of results**

STANDARD	REFERENCE	COMPLIANCE			
		2019		2020	
		MH	CH	MH	CH
<b>1</b> Quantitative audit- Valid consent for admission to hospital will be sought and recorded on admission to hospital. Capacity must be considered, and a capacity assessment completed as appropriate	MCA Policy	92% (N=22/24)	74% (N=122/164)	48% (N=10/21)	57% (N=89/156)
<b>2</b> Quantitative audit - Valid consent to treatment will be sought and recorded at the initial clinical review/assessment. Capacity must be considered, and a capacity assessment completed as appropriate	10.5-7	87% (N=20/23)	81% (N=132/162)	43% (N=9/21)	55% (N=84/152)



Mental Capacity Act  
2020 Clinical Audit F

**SAFEGUARDING SERVICE, SAFEGUARDING ADULT CONTACT RATES**

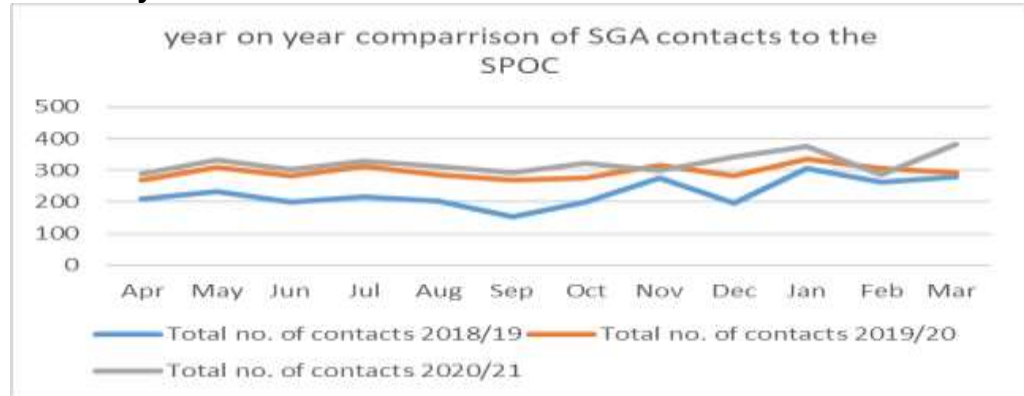
Since the integration of the legacy TST/Sompar Safeguarding Services in October 2018, contact data to the SPOC has been collated to enable a like for like year on year comparison.

In financial year 2020/21 the number of safeguarding adult related contacts into the Trust’s Safeguarding Service (made utilising the Single Point of Contact telephone number or email) was 3868, which is an increase of approximately 11% on last financial year’s figure of 3538.

**Table 2. safeguarding adult contacts for financial year 2020/21**



**Table 3: Safeguarding Adult related contacts comparative data from financial years 2018/19 – 2020/21**



Of note is the year-on-year increase in safeguarding adult related contacts to the SPOC. Based on these figures, projections for the next financial year is that this growth in adult related safeguarding contacts into the Safeguarding Service will continue to grow by at least 10%. In support of this projection, whilst not within the scope of this review, figures for Qtr. 1 2021/22 are currently at 1139 compared to Qtr. 1 2020/21 of 927.

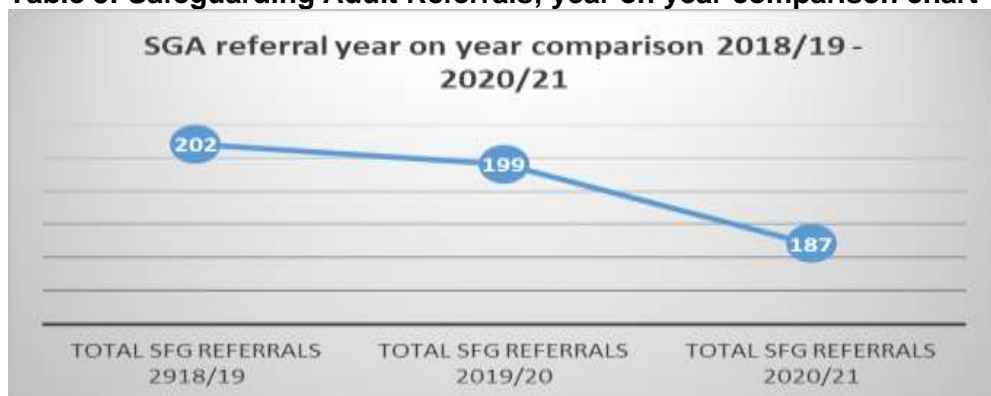
**Table 4: Acute Services Safeguarding Adult related contacts from Oct 2018 – Mar 2021 (plus Qtr.1 2021/22)**



The acute services data has been included to demonstrate that contacts by the acute services into the SPOC are showing a steady increase. Whilst contacts from the Acute services into SPOC are considerably lower than contacts from community services, there is still evidence of an overall year on year increase.

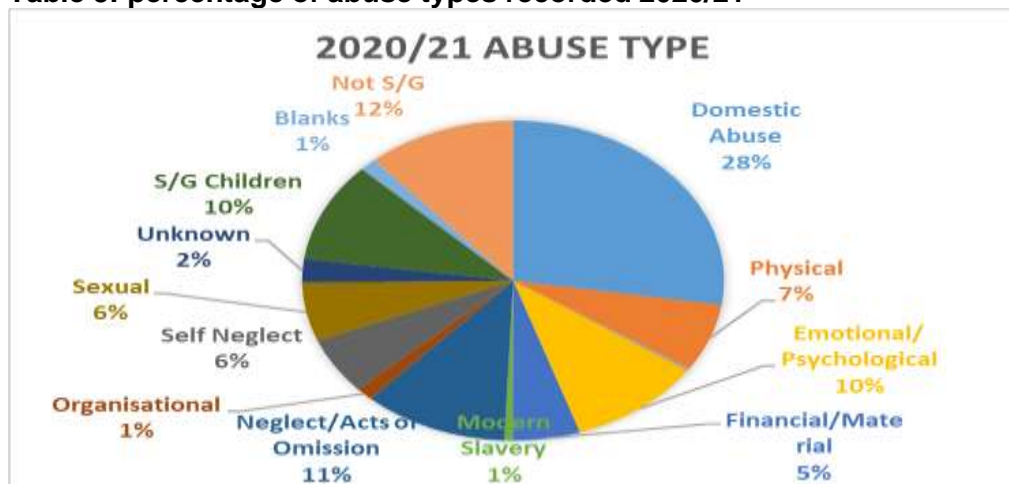
The year-on-year increase evidences how safeguarding adult training, supervision and safeguarding awareness raising is increasing colleague awareness of safeguarding adults. It is anticipated that as the uptake of SGA training increases across acute services, the contacts to the SPOC will continue to grow.

**Table 5: Safeguarding Adult Referrals; year on year comparison chart**



The number of safeguarding adult referrals made by the Trust is reducing in number year on year. This is to be seen in a positive light, as it means that the work being done via safeguarding adult training, supervision and advice from the duty team, around raising awareness of the safeguarding eligibility criteria by utilising the SSAB Adult At Risk Threshold Tool, is proving successful. In 2018 colleagues were less familiar with the safeguarding referral criteria and would make referrals that were essentially risk/care management issues that did not meet the criteria for safeguarding adult enquiry (s42). This also evidences that the Duty Team’s quality assurance of the safeguarding referrals into the SPOC is also improved, which was a learning point identified within the SGA s42 audit and addressed via a local action plan.

**Table 5: percentage of abuse types recorded 2020/21**



The highest proportion of contacts for safeguarding adults, into the SPOC relate to concerns about domestic abuse (equating to 995 adult related DA contacts). Of all of the safeguarding adult contacts, 63% of contacts related to concerns about females, with 36% of contacts relating to males (some entries not completed =1%). 73% of contacts related to concerns about abuse occurring within the person’s own home.

**Safeguarding Adult Reviews (SAR)**

The Associate Director of Safeguarding currently leads on SARs for the Trust. It is anticipated that in 2021/22 the Named Professional for Safeguarding Adults will assume this responsibility (with the ADS maintaining oversight). In 2020/21, the Trust’s Safeguarding service contributed to the investigation of 8 SAR’s. Learning from the SARs has been disseminated via safeguarding training, staff news and via safeguarding supervision. Assurance of learning / actions from SARs is via the Safeguarding Adult Board and Safeguarding Committee.

**DOMESTIC ABUSE**

In March 2020, at the start of the global pandemic, the Safer Somerset Partnership set up a Domestic Abuse (DA) Covid-19 Task Force. The purpose of this group was to enable agencies across Somerset to collect and share their DA contact data to ascertain whether Somerset mirrored the national increase in domestic abuse contacts. This group continues to meet. Trust representation is either via the Named Professional for Safeguarding Adults, the Domestic Abuse Coordinator (DAC) or Associate Director of Safeguarding.

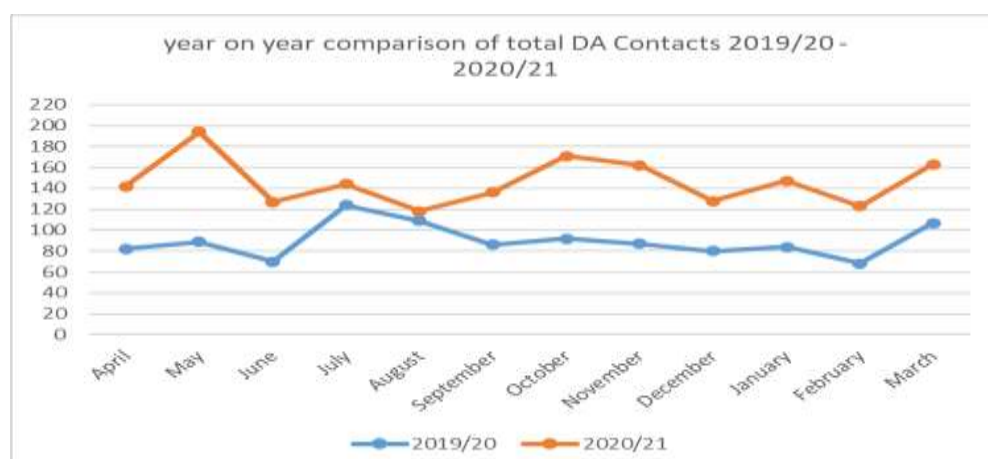
Generally, across Somerset DA contacts did not mirror the national picture, seeing little increase. However, when undertaking a year on year comparison, it can be evidenced that DA contacts to the Trust’s Safeguarding Duty Team SPOC have almost doubled. This could be due to the impact of Covid-19, but of note it that this increase coincided with the recruitment of the Domestic Abuse Coordinator (DAC) to the Safeguarding Service, combined with a planned drive by the Safeguarding Service to raise DA awareness across the Trust and improve health’s response to DA. In this financial year, 28% of the safeguarding adult related contacts to the duty team related to domestic abuse, compared to 17% in 2019/20.

**Table 6a: Year on year comparison of safeguarding adult DA related contacts**





**Table 6b: total DA adult and child contacts, year on year comparison**



**Table 6c: Total number of DA contacts in 2019/20 and 2020/21**

	2019/20	2020/21
<b>Overall Total</b>	<b>1078</b>	<b>1756</b>

It is pertinent to show the combined safeguarding adult and safeguarding children domestic abuse related contacts, as it evidences a significant 61.5% increase in domestic abuse related contacts to the Safeguarding Service overall, and the additional pressures this creates for the Safeguarding Service. The Trust also made a total of 149 domestic abuse referrals to the Somerset Integrated Domestic Abuse Service, all of which were quality assured by either the DAC or the Safeguarding Duty Team.

**Domestic Homicide Reviews (DHR)**

The Named Professional for Safeguarding Adults leads on DHR enquiries on behalf of the Trust (the Associate Director of Safeguarding maintains oversight).

Of note in this financial year is the increase in DHR’s in Somerset from 3 in 2018/19 (Jan – Dec), to 9 in 2019/20 (Jan – Dec) and to date in 2021 there have been 4 DHR’s. This increase in DHR impacts on the volume of work undertaken by the Safeguarding Service, which as this report evidences, is seeing a year on year increase in contacts and on team resource / capacity.

**MARAC (Multi-Agency Risk Management Conference)**

The Trusts’ Safeguarding Service continues to represent the Trust at MARAC meetings. The level of work involved in contributing to the MARAC process is vast. It involves attendance at 4 x monthly MARAC meetings covering the four localities across Somerset (totalling 48 meetings).

During Covid-19 restrictions and duty team capacity, our Domestic Abuse Coordinator (DAC) solely attended MARAC meetings. Moving into Qtr. 1 2021/22 it is anticipated that MARAC meeting representation will be shared amongst the Safeguarding Duty Team and DAC to ensure a more robust provision. Cases (families) referred into MARAC in 2020/21 equated to 453, which resulted in the safeguarding duty team / DAC having to research 1335 client records to contribute to the safeguarding of victims and children.

**PREVENT**

The Trust is required to submit quarterly Prevent data to the NHSE Prevent Data Collections Team via NHS Digital. The Trust shares this quarterly data with the CCG as a means of assurance and reports on this via the SGA CCG Dashboard. The data includes training statistics and number of Prevent referrals. Quarter 4 data submission below.



Qtr 4 2020-2021  
Prevent V16 SomNH:

All Prevent training is currently provided via e-learning and is dependent upon colleagues checking their OWL account to see if they are in date with training. Going forward, it is the intention to remind colleagues via staff news, supervision, and training to check their Prevent training status. Of note is that Prevent training was remapped in 2020/21, which increased the number of colleagues needing to receive training and impacted on compliance rates.

**Table 7: Prevent training compliance figures as of 31.03.2021.**

No of staff requiring WRAP L3 training	No of staff trained	Percentage	No of staff requiring BPAT training	No of staff trained	Percentage
8019	5946	74.1%	10,919	8,261	75.7%

The Trust Prevent Lead attends monthly Channel panel meetings and represents the Trusts at the quarterly countywide Prevent Forum. The Trust's Named Professional for Safeguarding Adults deputises for the Prevent Lead at Channel Panel when she is unable to attend, to ensure that the Trust maintains its statutory obligations.

**MAPPA**

There are two level 2 MAPPA meetings per month in Somerset (total 24 per year), one each for the East and West of the county. Meetings can be for up to five hours in duration, equating to a maximum of 120 hours per year.

**Table 8: breakdown of numerical data for MAPPA related work**

No of overall duty team contacts	No of MAPPA related contacts	No of MAPPA meetings attended	No of MAPPA cases researched/ discussed	Average total no of MAPPA related hours of work (including meeting attendance)
3538	26 (4% of total contacts)	24	102	160 per annum

The Safeguarding SPOC serves as the point of contact for Trust teams raising MAPPA related concerns / enquiries. Representation is provided by the Named Professional for SGA, Named Doctor for SGA and SG MH Lead.

<p><b>Reporting Structure/ Specialist Committee</b></p>	<p>The Trusts Safeguarding Committee meets quarterly and works to a defined reporting schedule. The model of reporting to the committee functions largely using SBAR-structured briefings and exceptions reporting, providing a focussed discussion around the most important issues. The Committee functions with an integrated membership and provides an oversight to all strands of the Integrated Safeguarding Service remit.</p> <p>Areas the Committee continues to work towards include:</p> <ul style="list-style-type: none"> <li>• Safeguarding risk register</li> <li>• Outcomes auditing</li> <li>• Dashboard use and reporting</li> </ul> <p>Monitoring Compliance and effectiveness The Trust Safeguarding Service (adults) have regular attendance at:</p> <ul style="list-style-type: none"> <li>• Somerset Safeguarding Adults Board and associated sub-groups</li> <li>• MAPPA Strategic Management Board (SMB)</li> <li>• Somerset Domestic Abuse Board</li> <li>• Somerset Prevent Board</li> <li>• South West Safeguarding in Health Network Meeting</li> <li>• Somerset MASH Management Board</li> <li>• CQC / Local Authority Whole Service Concern Meetings</li> </ul> <p>Methodology to be used for Monitoring:</p> <ul style="list-style-type: none"> <li>• periodic reports to the Somerset Safeguarding Adults Board for inclusion in the Safeguarding Adults Board annual report (see Appendix A)</li> <li>• statistical quantitative and qualitative data to the Somerset Safeguarding Adults Board Quality Assurance sub-group</li> <li>• serious incidents requiring investigations review group reporting</li> <li>• Safeguarding Adults Board and sub-groups</li> </ul>
<p><b>Directorate-level assurance</b></p>	<p>None specific.</p>

<p style="text-align: center;"><b>POLICY COMPLIANCE</b></p>	
<p><b>Policy Status</b></p>	<p><b>Safeguarding Adults at Risk Policy</b> – issue date December 2019, review date December 2022.</p> <p><b>Domestic Abuse Policy (Patients)</b> –Issue date November 2020, review date 2023.</p> <p><b>Supporting Colleagues who are Victims of Domestic Abuse Policy</b> –issue date: 28 November 2019, review date July 2022.</p> <p><b>Using the Mental Capacity Act Policy</b> – issue date: 15 January 2020, review date August 2022.</p> <p><b>Deprivation of Liberty Safeguards Policy</b> – issue date 09 August 2019, review date August 2022.</p> <p><b>MAPPA Policy</b>, Multi-Agency Public Protection Arrangements</p>

	<p>(MAPPA) – issued October 2020, Next review date October 2024.</p> <p><b>Prevent Policy</b> – this Policy is due for completion Qtr. 1 2021 and will be a new Policy in line with national and regional standards.</p>
<p><b>Policy Compliance</b></p>	<p><b>Safeguarding Adults</b></p> <p>The Safeguarding Service Duty Team acts as a reviewing body for Safeguarding adult referrals. The Duty Team quality assures the referrals and forwards them to the Local Authority (LA) for their threshold decision regarding whether criteria for statutory s42 safeguarding enquiry has been met (which is a LA duty under the Care Act 2014).</p> <p>Som FT currently have an average conversion rate of around 31% regarding referrals being accepted as requiring a statutory s42 safeguarding enquiry. Of note is that referrals declined for not meeting the s42 threshold, are generally passed to the Adult Social Care Locality Teams for further triage in relation to assessment of need, review of care package etc.</p> <p>It is acknowledged that in the process of protecting adults from the risk of abuse and neglect, Som FT colleagues implement risk management, safety planning and safe discharge planning, but it is recognised that there will be occasions when Trust colleagues and Safeguarding Duty Team, feel that the risk is such, that a safeguarding referral needs to be made. In cases where there is a difference of opinion, the Somerset Safeguarding Adults Board escalation process is followed.</p> <p>Training compliance in line with safeguarding adult policy - Review of training figures in line with staff mapping to ensure safeguarding adult competencies are met; reporting to CCG via Dashboard and to Trusts’ Safeguarding Committee.</p> <p>A Safeguarding Adults Clinical Audit was undertaken in Qtr. 2 2020/2021 (see Internal Audit section pp 11-13) to ensure the trust is meeting its policy requirements regarding the safeguarding of adults at risk.</p> <p><b>Domestic Abuse</b></p> <p>The Trusts’ Safeguarding Service has a Domestic Abuse Coordinator (DAC). The DAC and the Duty Team act as a reviewing body for Domestic Abuse referrals, which they quality assure and forward via secure send to the Somerset Integrated Domestic Abuse Service (SIDAS) for domestic abuse support as applicable, and/or referral to MARAC (multi-agency risk assessment conference).</p> <p>Domestic Abuse referrals data is shared with the CCG via the Safeguarding Children’s Dashboard. Frequency of Monitoring (for financial year 2020/21 monitoring was as follows):</p> <ul style="list-style-type: none"> <li>• annual reports to Somerset Safeguarding Adults Board</li> <li>• annual report to Trust Board</li> <li>• quarterly reports to the Trusts’ Safeguarding Committee</li> </ul>

	<p><b>Mental Capacity Act &amp; Deprivation of Liberty Safeguards.</b></p> <p>The Trusts' Mental Capacity Act, DoLS and Consent Lead is situated within the Trusts' Safeguarding Service. The MCA, DoLS and Consent Lead is responsible for responding to MCA/DoLS concerns raised by Trust colleagues via the Safeguarding SPOC and MCA, DoLS and Consent specific SPOC email address.</p> <p>Review of training figures in line with staff mapping to ensure Mental Capacity Act 2005 competencies are met, reporting to CCG via Dashboard, and to Trusts' Safeguarding Committee.</p> <p><b>MAPPA</b></p> <p>Contextually, MAPPA does not sit within the Safeguarding arena as it relates to the public protection and risk management of violent, dangerous and sex offenders within the community. However, to ensure the Trust's 'duty to cooperate' responsibility is upheld, the Safeguarding Service continues to represent the Trust as standing members at MAPPA meetings.</p> <p>Currently all MAPPA referrals are sent to the Safeguarding Service SPOC for quality assurance by either Named Professional for Safeguarding Adults (NPSA), Named Doctor for Safeguarding Adults (NDSA) and the Safeguarding Service Mental Health Lead (MHL).</p> <p>Patient MAPPA eligibility/status is recorded in electronic patient record Alerts and, on RIO, risk information under Core Assessments.</p> <p>Standing members from the Safeguarding Service contribute to the bi-annual MAPPA audit facilitated by the MAPPA coordinator. However, due to covid-19 restrictions this has not occurred within this financial year.</p>
<p><b>Policy / process development</b></p>	<p><b>Prevent: Protecting Adults, Children and Young People from the Risk of Radicalisation Policy</b> – Completed, ratification anticipated Qtr1 2021/22.</p> <p><b>Safeguarding Clinical Supervision Policy</b> – issued January 2019, review date January 2022. This Policy is currently under review with a view to an integrated Safeguarding Supervision Policy being developed. The review is being led by the Named Nurse for Safeguarding Children. The Named Professional for Safeguarding Adults will contribute.</p>

**TRAINING AND COMPETENCIES**

<p><b>Learning Framework</b></p>	<p><b>Safeguarding Learning and Development Lead (SL&amp;DL)</b></p> <p>The Safeguarding Service recruited a Safeguarding Learning and Development Lead in Qtr.1 2020/21. A Safeguarding Training Strategy is now in place. SL&amp;DL Annual report, Safeguarding Children and Adults: measuring the impact of training (April 2020 – March 2021).</p>
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Safeguarding  
Service Annual Train

The attached report was produced by our Safeguarding Learning and Development Lead. The aim of the report is to consider how the underpinning principles of the Adult Safeguarding: Roles and Competencies for Health Care Staff First edition: August 2018 (and the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019 regarding safeguarding children) have been met.

The report also considers the unprecedented challenges not only of the impact of the Covid-19 pandemic upon training delivery/participate, but also in establishing the new role of Safeguarding Learning and Development Lead within the service and the vision for re-modelling the safeguarding adults (and children) training programme.

### **Safeguarding Adults Training (SGA)**

Safeguarding Adults Mandatory Training is in line with the Adult Safeguarding: Roles and Competencies for Health Care Staff (2018), Prevent training and Competencies Framework (2017), as well as expectations set out in the NHS England and Somerset Clinical Commissioning Group contract. Training Summaries for Safeguarding Adult's Level's 1, 2 and 3, plus accompanying E-learning modules at Level's 1 and 2 have been developed and are accessible via OWL.

In quarter 4, the Safeguarding Service were pleased to have been able to roll-out a new whole day SGA Level 3 training programme that will enable us to meet the Intercollegiate Document guidance of colleagues mapped to L3 needing to have 8 hours training over three years. To further support this, it is planned for there to be an accompanying e-learning SGA Level 3 module to bring us in line with the Safeguarding Children Level 3 training provision.

### **Mental Capacity Act & DoLs training**

Whilst not mandatory training, the MCA training package for Levels 1 & 2 training is now available for all Trust colleagues and is bookable via OWL. It is envisioned that this training will be subject to three yearly renewal unless a competency test is completed and passed.

### **PREVENT Training**

The Prevent training was re-mapped in line with the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019, and removed from the Level 3 Safeguarding Adult module and made available to all staff as an eLearning option at both Levels 1 and 2 and Level 3.

### **Domestic Abuse Awareness training / Domestic Abuse specialist training**

Domestic Abuse training is not mandatory, yet its inclusion in the Safeguarding Service training programme is imperative to meet 'Lessons

	<p>Learnt' from local and national Domestic Homicide Reviews, and Safeguarding Adult / Safeguarding Children Reviews, in addition to addressing the need to improve Health's response to domestic abuse.</p> <p>Domestic Abuse Awareness is covered in the Safeguarding Adults Level 2 e-learning and Safeguarding Adults Level 3 face-to-face (webinar) training. The Service has utilised pre-existing Domestic Abuse Level 1 training produced by E-Learning for Health (NHSEI). This training consists of two separate e-learning modules, which is available to book via OWL. The Safeguarding Service has also produced a 30-minute recorded webinar that advises on how to use the domestic abuse risk assessment tool (DASH).</p> <p>Domestic Abuse Level 2 face-to-face (webinar) training is in development. It is anticipated that this will be a half-day (3-hour) session that will be available from Qtr.2 2021/22. Level 3 specialist domestic abuse training is anticipated to be available to Trust colleagues who have registered to be DALs (domestic abuse links). However, competing demands on the Safeguarding Service may see a delay in the development of this.</p> <p>The domestic abuse training programme is under review. It is anticipated that a Domestic Abuse Development and Training Strategy will be developed in the next financial year. Going forward, whilst domestic abuse training is not mandatory for the Trust, it is anticipated that training data for domestic abuse will be available for sharing and monitoring purposes.</p>																							
<p style="text-align: center;"><b>Training Compliance</b></p>	<p><b>CCG training compliance rates:</b></p> <table border="1" data-bbox="422 1097 1388 1176"> <tr> <td style="background-color: red; color: white;">&lt;76% = red</td> <td style="background-color: yellow;">76% - 85% = amber</td> <td style="background-color: green; color: white;">90% = green (compliant)</td> </tr> </table> <p>During the last financial year 2019/20 the CCG reduced the compliance rate to 85% to allow for the merger of the two Trusts and to account for the Acute Trust being significantly below compliance rates (Sompar was within compliance at that time). However, clarity needs to be sought to establish if this has been extended.</p> <p>Of note is that whilst the Safeguarding Service has adapted its training programme to online delivery to enable continuity throughout the pandemic, colleague availability to attend the online training (due to capacity and resource constraints) has been impacted. This is reflected in this year's figures.</p> <p><b>Table 8: year-end safeguarding adult training statistics</b></p> <table border="1" data-bbox="422 1635 1388 2024"> <thead> <tr> <th>Year-end data March 2021</th> <th>Safeguarding Adults Level 1</th> <th>Safeguarding Adults Level 2</th> <th>Safeguarding Adults Level 3</th> <th>Safeguarding Adults Level 4</th> </tr> </thead> <tbody> <tr> <td>Number of staff to be trained</td> <td>2556</td> <td>5184</td> <td>908</td> <td>9</td> </tr> <tr> <td>Number of staff trained</td> <td>2299</td> <td>4405</td> <td>626</td> <td>9</td> </tr> <tr> <td>Percentage of staff trained</td> <td style="background-color: green; color: white;">90%</td> <td style="background-color: yellow;">85%</td> <td style="background-color: red; color: white;">69%</td> <td style="background-color: green; color: white;">100%</td> </tr> </tbody> </table>	<76% = red	76% - 85% = amber	90% = green (compliant)	Year-end data March 2021	Safeguarding Adults Level 1	Safeguarding Adults Level 2	Safeguarding Adults Level 3	Safeguarding Adults Level 4	Number of staff to be trained	2556	5184	908	9	Number of staff trained	2299	4405	626	9	Percentage of staff trained	90%	85%	69%	100%
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Year-end data March 2021	Safeguarding Adults Level 1	Safeguarding Adults Level 2	Safeguarding Adults Level 3	Safeguarding Adults Level 4																				
Number of staff to be trained	2556	5184	908	9																				
Number of staff trained	2299	4405	626	9																				
Percentage of staff trained	90%	85%	69%	100%																				

Table 9: Mental Capacity Act (MCA) Training Statistics		
Year-end data March 2021	MCA Level 1	MCA Level 2
Number of staff to be trained	1859	4312
Number of staff trained	1678	3203
Percentage of staff trained	90.2%	74.3%

Table 10: Prevent Training Compliance Rates year end 2020/21					
Course Name	Number to be Trained	Certified	Expiring	Mar-21 Percentage Trained	Training Required
Prevent Level 1 & Level 2	2450	2168	12	89.0%	270
Prevent Level 3	6198	5267	49	85.8%	882

**ONGOING ISSUES & ACTIONS**

<b>Current Issues</b>	<p>Current notable issues are the safeguarding adults training compliance rates. Whilst every effort has been made by our Safeguarding L&amp;D Lead to promote the training (and actively contact colleagues to remind them that their training is out of date), the impact of the pandemic on availability and capacity for colleagues to attend training is apparent.</p> <p>In the next financial year, the Safeguarding L&amp;D Lead and the Named Professional for Safeguarding Adults will be considering how best to highlight to Trust colleagues the importance of the need for safeguarding adult training and the statutory responsibilities colleagues have regarding safeguarding adults. It is anticipated that continued promotion of the importance of the training will be publicised through OWL, staff news and safeguarding supervision.</p>
<b>Integration status</b>	<p>The Integrated Safeguarding Service is now fully established and has continued to evolve to meet increasing demands on the Service.</p> <p>During financial year 2020/21 the Safeguarding Service consisted of:</p> <ul style="list-style-type: none"> <li>• Director for Safeguarding</li> <li>• Associate Director for Safeguarding</li> <li>• Named Doctor and Deputy Named Doctor for Safeguarding Children</li> <li>• Named Doctor for Safeguarding Adults</li> <li>• Named Professional for Safeguarding Adults</li> <li>• Named Nurse for Safeguarding Children</li> <li>• Duty Team Manager</li> <li>• Named Midwife for Safeguarding Children</li> <li>• Deputy Named Nurse for Safeguarding Children</li> <li>• Deputy Named Professional for Safeguarding Adults</li> <li>• Deputy Midwife for safeguarding</li> <li>• Senior Professional for Safeguarding Adults/deputy duty team</li> </ul>



	<p>manager</p> <ul style="list-style-type: none"> <li>• Senior Professional for Safeguarding Children/deputy duty team manager</li> <li>• Mental Health Lead</li> <li>• Mental Capacity Act/Consent/ DoLs Lead</li> <li>• Mental Capacity Act/Consent/Dols Deputy</li> <li>• Domestic Abuse Coordinator</li> <li>• Safeguarding professional dental lead</li> <li>• 5 x Safeguarding Professionals (one post is a job share)</li> <li>• Office manager / PA to Director of Safeguarding</li> <li>• 4 x administrators (1 x full-time, 3 x part-time)</li> </ul> <p>The Associate Director of Safeguarding also has responsibility for the separately commissioned Safeguarding Children Public Health Nurses Safeguarding Team. The PHN safeguarding team consists of a Named Nurse for Safeguarding Children and 2 x safeguarding children nurses.</p> <p>There will be anticipated changes to the Safeguarding team in 2021/2022 as the merger with YDH commences.</p>
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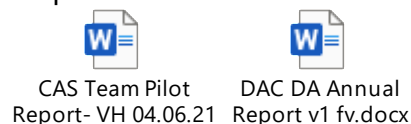
<b>Link to Risk Register</b>	None current	<b>Risk Score</b>	0
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**SIGNIFICANT ACHIEVEMENTS**

**SAFEGUARDING ADULT DEVELOPMENTS**

**Domestic Abuse**

The Domestic Abuse Coordinator was commissioned by the Trust’s Mental Health Services/Carers Assessment Service to provide one day per week domestic abuse advice and support to increase colleague awareness of domestic abuse awareness, recognition, and response.



**Local Domestic Homicide Reviews** have identified an emerging theme of the correlation between domestic abuse and suicide. To address this issue, the Safeguarding Service liaised with the Trust’s providers of Clinical Risk Management training, to incorporate this learning into the clinical risk management training. E.G. mental health (and other) colleagues to embed routine enquiry about domestic abuse in their assessment of risk when a client presents with suicidal ideation or act.

**Safeguarding Supervision**

2020/21 saw the Safeguarding Service further build on its commitment to provide safeguarding supervision to staff groups across the Trust. The Safeguarding Duty Team primarily provides this supervision. Safeguarding Adult Supervision is not currently a CCG reporting requirement for the Trust.

**Self-Neglect process/flow chart**

Development of a Trust self-neglect process/flow chart to provide colleagues with a step-by-step guide to responding to self-neglect. This was an action from the SSAB SAR ‘Luke’.

Currently in development is a 30 min recorded webinar about self-neglect that all Trust colleagues will be able to access via OWL.

Through liaison with the clinical risk management training team, this training now includes a slide about considering the risk of self-neglect on physical and mental health.

### **Modern Slavery Checklist**

NHS England Improvement (NHSEI) fully supports the Government's objectives to eradicate modern slavery and human trafficking and recognises the significant role the NHS must play in both combatting it and supporting victims (NHS England 2021).

Som FT Safeguarding Service offered support and advice on 24 potential cases of Modern Slavery/Human Trafficking in 2020-2021.

Through feedback from Trust colleagues and the Trust Safeguarding duty team, it was recognised that staff were not always familiar with the process for escalating concerns relating to Modern Slavery/Human Trafficking. To address this issue a Modern Slavery Process and check list was developed which sets out a clear process for escalating and reporting concerns a Modern Slavery/Human Trafficking. The purpose of the checklist is to provide guidance about the indicators of Modern Slavery/Human trafficking, how to record these indicators, and when/how to then share the concerns, if required, with other agencies and the Safeguarding Service.

The process was shared widely with Trust colleagues via supervision, the Trust newsletter and training. A training video has been developed to accompany the check list and process. The video is available to all trust Staff via the newly created Safeguarding CPD page on OWL.

### **Additional Training / CPD availability – development of:**

Dedicated Domestic Abuse training page on OWL  
Dedicated safeguarding CPD training page on OWL

### **SAFEGUARDING SERVICE FEEDBACK.**

The Safeguarding Service continues to receive positive feedback from staff and external agencies for the support, advice and supervision offered. An example can be seen below:

Safeguarding Supervision for staff teams - Feedback from Taunton and West Somerset Neighbourhood Team operational manager regarding supervision –

*"It's great to have these sessions for staff for reassurance and advice."*

Safeguarding Adults training - From Community mental health team manager –

*"Hi, I just wanted to say Thank you for the great training today, I really found it informative"*

Feedback regarding Modern slavery Protocol and Check list -

*"Really interested in the documents you have produced can I please have copies to share with other health settings?"*

Reference – levels

<b>Green</b>	<b>Blue</b>	<b>Amber</b>	<b>Red</b>
<p>Good systems of assurance that clearly provide evidence that there were no significant issues in the period covered.</p>	<p>Assurance systems in place</p> <p>AND</p> <p>No evidence of any significant issues in the period. Any issues evident are well-managed via clear, monitored plans.</p>	<p>Assurance systems are not adequate to ensure that there were no significant issues in period</p> <p>OR</p> <p>Issues of concern identified. Issues of concern are not accompanied by assurance of clear, monitored plans to address.</p>	<p>No relevant assurance in place</p> <p>OR</p> <p>Serious issues identified that present risks to the Trust and in the absence of an effective plan to address.</p>

## APPENDIX A

Somerset NHS Foundation Trust was created from the merger of Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust



**The merger of the two trusts:** In April 2020 Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust merged to create Somerset NHS Foundation Trust. The Trust Safeguarding Service had merged in 2018, creating an integrated Safeguarding Service that amalgamated both adult and children safeguarding. The Safeguarding Service is supported by a colleague structure that encompasses a wide range of experience, knowledge, and professional backgrounds, which has greatly enhanced the safeguarding support service that we offer to all Trust colleagues. This service embraces the Think Family approach through the provision of a core Safeguarding Duty Team Service. Safeguarding Professionals within the Duty Team are trained to provide advice and support across the lifespan. The duty team provide a single point of advice to colleagues on all elements of both adult and child related safeguarding concerns.

**Impact of service:** Throughout the year we have supported staff with 3869 internal safeguarding contacts/enquiries and made 183 safeguarding referrals covering all elements of safeguarding adults related work.

**Safeguarding Training:** The Trust Safeguarding Service has a statutory duty to ensure arrangements are made to safeguard and promote the wellbeing of adults with care and support needs, who are at risk of, or experiencing abuse. All Trust colleagues are mapped to a level of training commensurate to their roles and responsibilities and in line with the Royal College of Nursing, Adult Safeguarding: Roles and Competencies for Health Care Staff (First edition: August 2018): intercollegiate document and Prevent Training and Competencies Framework 2017. As part of our work within the Trust, the Safeguarding Service has a co-ordinated approach to training, which has enabled us to launch the higher levels of safeguarding training required within the Trust to meet the Intercollegiate Document Competency Framework. In 2020 funding was approved for the creation of a new Learning and Development Lead within the Safeguarding Service with the aim of the support and further development in this area: the successful applicant began in post in April 2020.

Training delivery and attendance has been impacted by the constraints of the Covid-19 pandemic in 2020, which has meant that all face-to-face safeguarding training had to be migrated to online training delivery via 'Teams'. Despite the impact of Covid-19 affecting colleagues' ability to prioritise their training, the compliance figures for safeguarding training over the past financial year has still shown a steady increase. Furthermore, to better meet with Intercollegiate Document Competencies, safeguarding adult Level 3 training has seen further development into a full-day training offer.

**Safeguarding Supervision** continues to be offered quarterly to key frontline services this year, with further expansion of this provision across the wider Trust services. Due to the national pandemic, this provision has moved to facilitation via 'Teams', which has proved successful in enabling greater availability to colleagues as it does not require travel to a venue. The supervision enables discussion and learning from ongoing cases plus feedback on local / national trends in relation to all aspects of Safeguarding Adults. The Integrated Safeguarding Service Duty team also receives safeguarding supervision every two months (six per year) from the Trust's Named Professional for Safeguarding Adults and Named Nurse for Safeguarding Children.

**The Mental Capacity Act (MCA) / Deprivation of Liberty Safeguards (DoLS) and Consent Lead** has continued to expand the provision of Mental Capacity Act training in line with the Somerset Safeguarding Adults Board Mental Capacity Act Competency Framework. The Trust continues to work towards developing MCA awareness and competencies throughout the Trust. Preparation work is underway for the implementation of the Liberty Protection Safeguards, which is anticipated for implementation in April 2021.

**The Domestic Abuse Coordinator (DAC)** has been in post for a year and sits within the Integrated Safeguarding Service. The DAC has been leading on the work relating to Domestic Abuse Link-workers across the organisation, raising the profile of domestic abuse across all frontline services and improving the organisation response to Domestic Abuse. During 2020 the Covid-19 pandemic has significantly impacted on how much time could be given to the main business of the role and has meant that the majority of the DAC's time has been utilised for Trust representation at MARAC meetings. This enabled the Safeguarding Duty Team to remain focussed on responding to enquiries into our Single Point of Contact.

**Multi-Agency Risk Assessment Conference (MARAC):** The Trust's Integrated Safeguarding Service continues to represent the Trust at the Somerset MARAC.

**Domestic Abuse – Safer Somerset Partnership:** The Safeguarding Service provides Trust representation at the Somerset Domestic Abuse Board and in 2020 has also been involved with, and continues to contribute to, the Safer Somerset Partnership Domestic Abuse Covid-19 task group. The domestic abuse task group is a multi-agency group set-up to collate domestic abuse participating agency numerical data regarding domestic abuse referrals and contacts and to discuss and agree a County Wide domestic abuse initiative that could respond to any increase in domestic abuse identified across the region as required.

**Prevent:** The Trust continues to provide safeguarding representation at all Channel panel and Prevent related meetings and ensure frontline service representation when clients are open to our services. The Trust Prevent lead has recently stepped down from their role as deputy Channel chair following updated guidance stipulating chairs must be Local authority employees.

**Somerset Safeguarding Adults Board:** We continue to play an active role on the Somerset Safeguarding Adults Board. This has included membership of the Board and a number of the Boards sub-groups.

**Safeguarding related enquiries:** The Safeguarding Service has continued to participate in Care Act (2014) S42 Safeguarding Enquiries, Safeguarding Adult Reviews and Domestic Homicide Reviews as required; the learning from which we disseminate to Trust colleagues via several means.

**The Trust Safeguarding Committee:** The Trust Safeguarding Committee holds the Safeguarding Service to account in relation to our duties and responsibilities in all areas of Safeguarding, including our Safeguarding Plan, Policy requirements, review and development, and ensures that we are compliant with SSAB policy, learning and guidance. It continues to meet quarterly and has external representation and challenge provided by the CCG.

**Collaborative working with external Safeguarding Agencies:** Through the Integrated Safeguarding Service we are an active member of the weekly Adult Multi-Agency Safeguarding Hub (MASH). The MASH meetings are attended by Adult Social Care, the Police and Trust Safeguarding Service Duty Team. We have maintained our close collaborative working with external agencies such as the Police, Somerset County Council

Safeguarding Colleagues and the CCG.

**Policy:** Since the merger of the two Trusts, we have revised and merged the Safeguarding Adults at Risk Policy, Domestic Abuse Policy, Using the Mental Capacity Act Policy. We have developed a new standalone Prevent Policy. We currently maintain ownership of the Supporting Colleagues who are Victims of Domestic Abuse Policy; it is anticipated that this will be transferred to HR in the near future as it is a staff related policy.