

Safeguarding Adults Annual Report 2017-2018

Trust Board	Item: 17
Date: 11th July 2018	Enclosure: M
Purpose of the Report: The purpose of this annual report is to inform members of the Trust Board of the Safeguarding Adults activities within Kingston Hospital during the year 1st April 2017 to 31st March 2018, and priority areas for 2018/19.	
For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
Sponsor (Executive Lead):	Sally Brittain, Director of Nursing and Patient Experience
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Compliance with statutory requirements for safeguarding adults Fundamental standard (5) – safeguarding from abuse. Regulation 12; Safe care and treatment. Regulation 13; Safeguarding service users from abuse and improper treatment.
Legal / Regulatory / Reputation Implications:	Reputational - CQC Risk Profile Compliance with Care act 2014.
Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Corporate Objective:	To comply with Care Quality commission requirements to maintain license to practice
Document Previously Considered By:	Safeguarding Adult and Learning Disability Steering Group 21 May 2018 Quality Improvement Committee – 13 June 2018 Executive Management Committee – 27 June 2018
Recommendations: Trust Board members are requested to note the report, the improvements made during 2017/18 and those scheduled for implementation during 2018/19.	

Safeguarding Adults
Annual Report
April 2017 – March 2018

Report prepared by:

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Executive Summary

The purpose of this annual report is to inform members of the Trust Board of the Safeguarding Adult activities in Kingston Hospital during 1st April 2017 to 31st March 2018. It aims to provide assurance of compliance with the local multi-agency guidelines for safeguarding adults, compliance with the Care Quality Commission Registration standards; Regulation 13 (safeguarding service users from abuse and improper treatment), fundamental standard 5 (safeguarding from abuse) and Safe Domain (safeguarding arrangements).

1. Key Issues

There are a number of factors which continue to increase and affect the focus of safeguarding adults including:

- Growth in demand (with an increasing aged population/ greater awareness/ higher levels of scrutiny)
- The Making Safeguarding Personal (MSP) initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances.
- The extension of the categories of risk in 2016 to include acts of neglect and omission.
- A drive nationally to standardise information sharing practices.
- A requirement for staff to be alert to signs of and risks of radicalisation.
- An increase in the number of Deprivation of Liberty Safeguard applications that have been required to legally protect in-patients in the Trust.

2. Recommendations and Action required by the Trust Board

Trust Board members are requested to note the report, the improvements made during 2017/18 and those scheduled for implementation during 2018/19.

1. Introduction

The purpose of this annual report is to inform members of the Trust Board how Kingston Hospital meets its duties to safeguard adults by preventing and responding to concerns of abuse, harm or neglect of adults during 1st April 2017 to 31st March 2018.

All staff within health services have a responsibility for the safety and wellbeing of patients and colleagues. Living a life that is free from harm and abuse is a fundamental human right of every person and an essential requirement for health and wellbeing. This report outlines how the Trust remains responsive to national evidence and local need. It aims to provide assurance that the trust is compliant with; the London multi-agency guidelines for safeguarding adults, the Care Quality Commission Registration standards and the Care Act 2014.

This report highlights how the Trust manages allegations of abuse and neglect and how we ensure that safeguarding is integral to everyday practice. It also demonstrates how the trust performs in context with the borough of Kingston.

2. Background

The Care Act 2014 puts adult safeguarding on a statutory footing and in the statutory guidance states safeguarding "is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances".

Safeguarding practice that preserves the individual's wellbeing at its core should be underpinned by 6 principles; empowerment, prevention, proportionate, protection, partnerships and accountable; the outcome being that patients are:

- Safe and able to protect themselves from abuse and neglect
- Treated fairly and with dignity and respect
- Protected when they need to be
- Able to easily get the support, protection and services that they need.

According to the Multi-Agency Policy for Safeguarding Adults, Making Safeguarding Personal (MSP) is a personalised approach that enables safeguarding to be done with, not to, people. Principally the MSP approach is:

- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'
- An approach that utilises social work skills rather than just 'putting people through a process'
- An approach that enables practitioners, families, teams and Safeguarding Adults Boards (SAB's) to know what difference has been made.
- It is about engaging with people about the results they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end.

The NHS England Accountability and Assurance Framework clearly sets out the safeguarding roles, duties and responsibilities of all organisations commissioning and providing NHS healthcare, including the duty to ensure:

- staff are suitably skilled and supported
- there is safeguarding leadership and commitment at all levels of their organisation
- they are fully engaged and in support of local accountability and assurance structures, in particular via the SABs and their commissioners.
- they have effective arrangements in place to safeguard vulnerable adults and to assure themselves, regulators and their commissioners that these are working.
- there is a named lead for adult safeguarding.

Adult Safeguarding must be seen as “everyone’s responsibility” across the whole of the organisation. There is a commitment and a duty to safeguard adults at risk as stipulated in the Care Quality Commission Regulations.

In the context of the legislation, specific adult safeguarding duties apply to *any* adult who:

- Has care and support needs, and
- Is experiencing, or is at risk of, abuse or neglect, and
- Is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs.

Multi-agency information sharing is pivotal to successful risk management and safeguarding process. The types of abuse that must be reported to the Local Authority have been extended to total 18 types of abuse (for further information, see Appendix 1).

In addition, the Trust is required to consider the following when assessing and reporting risk and abuse;

- Radicalisation such as grooming is a serious concern. Prevent, as part of CONTEST; the Government's counter-terrorist strategy seeks to identify those at risk of being groomed into terrorist activity before crimes are committed.
- Cases of self-neglect and compulsive hoarding may require decisions based on the responses of a number of agencies. As detailed in the London Multiagency Safeguarding policy and procedures 2015 document “it is important to recognise that assessments of self-neglect and hoarding are grounded in and influenced by, personal, social and cultural values”. The document calls for staff to be aware of how their own values can influence assessments.
- Severe damage in the case of pressure ulcers indicated by multiple pressure ulcers of category/grade 2 or a single category/grade 3 or 4 (to include unstageable and suspected deep tissue injury).
- Applications requesting authorisation under the Deprivation of Liberty Safeguards (DoLS) as an indicator of the organisation's practice in line with the DoLS current legal framework and the Mental Capacity Act (MCA) and Best Interests practice.

3. Safeguarding Adults Policy and strategy

National and regional policy

Following the significant shift over recent years to bring safeguarding into the fore of NHS, social care, local authority and public health policy, there have been further changes to policies underpinning safeguarding practice during 2017/18.

Key changes are:

- All London multiagency partners were asked to sign up to the MARAC Information Sharing Agreement. This is an agreement to share information between MARAC partners about victims/survivors at high risk of harm from domestic violence and abuse.
- The Law Commission has delivered its final recommendations to ministers on replacing the Deprivation of Liberty Safeguards. The government asked the commission to review the DoLS amid concerns councils were failing to cope with a tenfold rise in deprivation of liberty cases triggered by the Supreme Court's landmark 'Cheshire West' ruling in March 2014. The Government's response to the recommendations was published on the 14th March 2018. There will be a focus in 2018/19 on how to adapt the DoLS process in the Trust to ensure compliance with the recommendations accepted by the Government.

Trust Policy

Following the adoption of the London Multiagency Adult Safeguarding Policy, a Trust standard operating procedure document has now been developed to localise guidance in context with those processes and terminology now standardised across London. This is awaiting final approval after which it will be widely distributed amongst staff in 2018/19.

The Trust policy named; The Mental Capacity Act (2005) Policy & Procedure Incorporating the Deprivation of Liberty Safeguards was reviewed in December 2017.

Table 1 shows the Policies and Guidelines relevant to adult safeguarding and pending review dates, all of which are revised and in date.

Policy	Date reviewed	New review date
London Multi Agency Adult Safeguarding Policy and Procedure	02/12/2015	05/2019
The Mental Capacity Act (2005) Policy & Procedure Incorporating the Deprivation of Liberty Safeguards	12/2017	01/2021
Domestic Violence and Abuse Policy	09/07/2015	06/2018
Care of Women with Female Genital Mutilation (FGM) (Maternity)	28/04/2016	03/2019
Policy on Control and Restraint for Adult Patient	12/01/2016	12/2018

Table 1. Trust Policies and Guidelines relevant to adult safeguarding.

4. Safeguarding Adults Governance.

Adult safeguarding performance is governed and scrutinised externally and internally as follows:

Clinical Commissioning Groups (CCG)

The Trust is accountable to clinical commissioners and principally Kingston CCG as lead commissioner for the Trust. The Trust reports Safeguarding activity and performance to the Clinical Quality Review Group (CQRG) on a quarterly and annual basis.

Safeguarding Adult Boards (SAB)

Locality SABs include membership core from the local authority, Police and the NHS (CCG), and includes; providers, Safeguarding Adult leads, Healthwatch and London Ambulance Service.

As detailed in the London Multiagency Safeguarding Policy, "all Local Authorities must establish a SAB as set out in the Care Act. The Act (Schedule 2) gives the local SAB three specific duties it must do:

- Publish a strategic plan for each financial year that sets out how it will meet its main objective and what each member is to do to implement that strategy. In developing the plan it must consult the Local Healthwatch organisation and involve the community.
- Publish an annual report detailing what the SAB has done during the year to achieve its objective and what it and each member has done to implement its strategy as well as reporting the findings of any safeguarding adult reviews (SAR)s including any ongoing reviews
- Decide when a Safeguarding Adult Review (SAR) is required and arrange for it to be conducted and also to monitor that the actions from the SAR are implemented

The Deputy Director of Nursing and operational lead for Adult Safeguarding represents the Trust at the Kingston SAB. The Adult Safeguarding Lead Nurse will deputise ensuring representation at all quarterly board meetings.

The Trust reports quarterly into the SAB and contributes to the SAB annual report on performance and activity within the Trust.

The Trust works closely with the Kingston Safeguarding Adults Board, participating in a number of working groups including the Training and Communications subgroups.

The Trust Board

The Trust Board has a responsibility to ensure that there is an overall policy, procedure that details the processes, systems and workforce to protect adults at risk.

Quality Improvement Committee (QIC)

QIC receives highlight reports detailing recent activity, risks and associated mitigation on a quarterly basis from which members are assured of the measures in place to safeguard adults.

Safeguarding Adults and Learning Disabilities Steering Group

The purpose of the Safeguarding Adults and Learning Disabilities Steering Group is to provide the leadership and direction that ensures safe and effective safeguarding practice within the Trust. In 2017/2018 the Steering Group has supported the development of the Safeguarding Adults Guideline and the development of an ongoing work plan for the Safeguarding Adults Team in the Trust.

The group meets bi-monthly and is accountable to the Quality Improvement Committee and the Clinical Quality Review Group (partnership with local commissioners). The steering group reports quarterly and the most recent report was submitted in April 2018.

The group met on 5 occasions in 2017 / 2018 and attendance was in accordance with the terms of reference of the group.

Safeguarding Joint Adult and Children's Committee

The purpose of the Joint Adults and Children's committee is to ensure a joined up approach to Safeguarding in the Trust. The group meets bi annually and is chaired by the Director of Midwifery. The group has met twice during 2017/18. It has provided opportunities to discuss case studies which have involved both children and adults in the Trust and share learning.

Executive Leadership

The Safeguarding Children's and Adults Leads are responsible for producing the agenda for each meeting. This ensures that they meet regularly to discuss their joint cases, activities and areas in need of development.

The Director of Nursing and Quality as Trust Executive Lead for Safeguarding is responsible for reporting to the Board on matters relating to leadership across the organisation, strategic safeguarding objectives and outcomes, and ensuring partnership working with other agencies. The Deputy Director of Nursing, as Safeguarding Adults Operational Lead, is responsible for:

- Ensuring dissemination and implementation of the policy and procedure, thus ensuring that there is an effective safeguarding adult's process in the Trust.
- Ensuring that there are systems in place to monitor the process.
- Supporting staff involved in safeguarding adults.
- Giving advice and support and ensuring that the correct procedure for investigation is followed.

The Safeguarding Adults Lead Nurse is responsible for:

Managing Safeguarding Adults issues/ incidents and assisting in investigations and is the lead for communicating with the appropriate multi-agencies connected to Kingston Hospital NHS Trust Representing the Trust at Safeguarding Adult Reviews (SAR), relevant sub groups of the SAB, high risk case meetings as indicated on a case by case basis and Section 42 Safeguarding enquiries:

- Providing training, expert advice and support to staff on safeguarding adults and reporting cases where abuse is suspected to the Safeguarding Adults Lead.
- Attending Service Line Meetings to ensure that learning from events and incidents is embedded in the organisation.
- Audit and accurate record keeping in order to monitor safeguarding practices.
Overseeing and supervising the DoLS process and collecting and monitoring DoLS data.

5. Audit and Assurance

In Quarter 3 the Trust completed a 'Making Safeguarding Personal Mental Capacity Act and Deprivation of Liberty Safeguards Audit' in response to the latest CQC inspection. Its objective was; to determine if mental capacity assessment, best interests decision making and DoLS applications are being completed in accordance with legal requirements and local policy. To assess the quality of documentation associated with MCA, best interests decision making and DoLS and to assess staff awareness, knowledge and use of the MCA and DoLS. Key findings are as follows;

Assessment and documentation of mental capacity was compliant with policy and legal requirements in this audit sample. A recommended MCA pro forma within the clinical record system (CRS) was used in all but one case and this appears to facilitate clear documentation. In the majority of cases all reasonable steps were taken to facilitate a best interests decision making process, however documentation of best interests decisions and plans was below expectation in almost half of cases. DoLS authorisations were submitted in all cases where required.

Approximately three quarters of staff who participated in the survey reported having cared for a patient requiring an MCA assessment and/or DoLS application in the previous week and 97% reported that the MCA is relevant to their work some or all of the time. All participants reported that they understood the MCA at least to some extent, although five reported that they did not know what MCA stands for. More than one third of participants had not received training in MCA or DoLS in the previous year.

In recognition of the above result the Trust has put in place an additional training plan in which there will be a monthly face to face training session accessible to all staff on Adult Safeguarding, MCA and DoLS. The Trust is also establishing access to e learning modules on Safeguarding adults, MCA and DoLS from Health Education England into their training schedule.

To ensure ongoing monitoring of standards the Trust has embedded the 'Making Safeguarding Personal Mental Capacity Act and Deprivation of Liberty Safeguards Audit' into its annual audit schedule. The next Audit is planned for Quarter 2 2018. Additionally, the Safeguarding Adults Practitioner has begun preparation to undertake a mini version of this audit on a monthly basis to ensure the Trust maintains an overview of compliance throughout the year.

The Trust submitted a Safeguarding Adults at Risk Audit to both the Kingston and Richmond Safeguarding Adults Boards in Quarter 4 2016/17. The Safeguarding Adults at Risk Audit Tool, developed by the London Chairs of Safeguarding Adults Boards (SABs) network and NHS England London, reflects statutory guidance and best practice. The aim of this audit tool is to provide a consistent framework to assess monitor and/or improve Safeguarding Adults arrangements and to support the Safeguarding Adult Board (SAB) in ensuring effective safeguarding practice across the Borough.

The audit tool is a two-part Safeguarding Adults Assessment Framework (SAAF) process involving the completion of a self-assessment audit and a safeguarding adult board challenge and support event.

The audit covers:

- Leadership, strategy, governance, organisational culture
- The clarity of responsibilities to adults at risk
- The approach to workforce issues and the Commitment to safeguarding and promoting the wellbeing of adults at risk
- Effective interagency working to safeguarding adults
- Addressing issues of diversity
- How people who use services are informed about safeguarding and empowered.

The Safeguarding Adults Board rated Kingston Hospital as Good overall and acknowledged achievement of recommendations made by both Richmond and Kingston SAB 2016/7 SAAF. See Appendix 1 for a Kingston Borough comparison of performance.

The valuable challenge events approved the progress made and identified areas to develop further. All of which were integrated into the Trust Safeguarding Adult Steering Group action plan for 2017/18:

- Develop e-learning for safeguarding across Trust
- Deliver bespoke safeguarding adult training for Hospital Board and Trustees
- Develop MCA and DOLS decision making support guidance for staff
- Develop information for patients on their rights
- Prevent training is below target and will be a focus
- Improve understanding and response to self-neglect and self-harm
- Establish a Mental Health Forum to include CAMHS
- Revise policies and procedures

Throughout 2017/18 the Trust has addressed these recommendations. The main achievement has been the development of the KHFT Safeguarding Adult Guideline. This has been adapted from the London Multi Agency Safeguarding Adults Policy and Procedures. It provides all staff with clear information on their responsibilities to adults at risk and how to ensure they are using the Making Safeguarding Personal Approach when supporting Adults at Risk. It also provides guidance on how to manage investigations where the Trust is the 'person alleged to have caused harm', ensuring that as a Trust we are open and honest when mistakes happen and that we learn from these incidents. Additionally, the Trust has expanded its Safeguarding Adults Training availability to programme to ensure that staff receive the appropriate training to enable them to meet their responsibilities to Adults at Risk. Please see the section on Training for further information.

The Trust will be assessed again by Kingston SAB at their challenge event planned for June 2018.

6. Safeguarding Activity

Safeguarding Adult Reviews (SAR)

A SAR is an investigation into the circumstances where a person was not safeguarded from harm as a result of multi-agency failure. It is the responsibility of the Board to commission a SAR in certain circumstances, as set out on the Care Act. Each Board must consider the recommendations and outcomes from Safeguarding Adult Reviews, identify the learning and determine the necessary practice and interagency improvements that must be made to prevent similar incidents from happening again. Learning from SARs should always be proportionate and involve staff from various agencies in learning from the incident. The learning should not only deliver the actions, but build on how communication and interagency working must be improved.

The Trust has contributed to 2 SAR's with the Richmond and Merton SAB this year and both are still on-going. Key themes in both SAR's have been the importance of undertaking Mental Capacity Assessments and making Best Interest Decisions to ensure care is person centred. Although the SARs have not yet been finalised the preliminary learning has been shared with members of the Safeguarding Adults Steering Group.

Kingston Safeguarding Adults Board has commissioned 2 SARs to be completed during 2018/19. The Trust is due to contribute to one of these. The learning will be shared by the Kingston Safeguarding Adults Board Chair once completed.

High risk management meetings (MASH and MARAC):

A Multi Agency Safeguarding Hubs (MASH) is one model where concerns may be risk assessed and decisions made about how concerns are taken forward. The MASH is a partnership of agencies that have a duty to safeguard and have agreed to share information they hold on adults at risk. Their shared vision for safeguarding is to work in an integrated way to improve the outcomes for adults at risk.

The Trust has not been asked to contribute to any risk assessments led by the MASH in 2017/18.

A Multi-Agency Risk Assessment Conference (MARAC) is the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour' based violence. The safeguarding team regularly consult with lead agencies in support of MARAC cases.

7. Mental Capacity Act (MCA) 2007

Mental Capacity is the ability to make a decision. Capacity can vary over time and by the decision to be made. The inability to make a decision could be caused by a variety of permanent or temporary conditions, for example, a stroke or brain injury, dementia, a mental health problem, a learning disability, confusion, drowsiness or unconsciousness because of an illness or the treatment for it; or due to alcohol or drug use/ misuse.

The MCA introduced statutory responsibilities and applies to everyone who works in health and social care and is involved in the care, treatment or support of people over the age of 16 years, living in England or Wales, who are unable to make all or some decisions for themselves.

The MCA is underpinned by 5 fundamental principles:

- Assume Capacity: Every adult has the right to make their own decisions if they have capacity to do so. A person must therefore always be assumed to have capacity unless it is established otherwise.
- Practical steps to maximise decision making capacity: A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success.
- Unwise decisions: A person is not to be treated as unable to make a decision because he or she makes what others may consider to be an eccentric or unwise decision.
- Best Interest: Any act done, or decision made, under the Mental Capacity Act for or on behalf of a person who lacks capacity must be done or made in his/her best interests.
- Least Restrictive: Alternative Before an act is done, or a decision is made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive for the persons rights and freedom of action.

The Trust has this year updated and republished their 'Mental Capacity Act (2005) policy incorporating the Deprivation of Liberty Safeguarding (DoLS). This was an opportunity to ensure that guidance to staff was up to date and supports them in the practical application of the Act.

Additionally, efforts have been made to increase the pool of experts in the hospital available to support staff in the use of the Mental Capacity Act; this has included enhanced training for safeguarding adults link nurses to ensure there are experts available in each department to support their colleagues. The Trusts MCA lead clinician, Safeguarding Adults Lead Nurse and Practitioner are providing ongoing training to all staff on a regular basis. The Safeguarding Adults Practitioner undertakes regular ward rounds to provide opportunistic training to ward based staff on Safeguarding Adults, the Mental Capacity Act and the DoLS.

The MCA lead Consultant and the Elderly Care Consultants regularly take referrals and offer advice in complex MCA assessments.

In order to assess the Trusts compliance with the Mental Capacity Act an audit 'Making Safeguarding Personal Mental Capacity and Deprivation of Liberty Safeguards Audit' was undertaken during 2017/18. Please refer to Section 6 on Scrutiny for the findings of this audit and resultant action plan.

8. Deprivation of Liberty

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

The safeguards set out a process that hospitals and care homes must follow if they believe it is in the person's best interests to deprive them of their liberty, in order to provide a particular care plan. The safeguards ensure:

- that the arrangements are in the person's best interest
- the person is appointed someone to represent them
- the person is given a legal right of appeal over the arrangements
- the arrangements are reviewed and continue for no longer than necessary.

In March 2014, the Supreme Court's landmark 'Cheshire West' ruling identified the two part 'acid test' for making an application to deprive a patient of their liberty:

- a person is under continuous supervision and control in a care home or hospital, and is not free to leave, and
- the person lacks capacity to consent to these arrangements.

Whether someone is deprived of their liberty depends on the person's specific circumstances. A large restriction may sometimes in itself be a deprivation of liberty or sometimes a number of small restrictions added together will amount to a deprivation of liberty.

In 2016 the government asked the Law Commission to review the DoLS amid concerns that councils were failing to cope with a tenfold rise in DoLS cases triggered by the 'Cheshire West' ruling.

The commission has published its final report and draft legislation for a new system to authorise care placements involving deprivation of liberty for people lacking capacity in March 2017. The commission proposed a Liberty Protection Safeguards (LPS) scheme which it believes will be less onerous than the DoLS while still offering human rights protections.

The Government published its final response to the Law Commissions review in March 2018. In their statement the Government report that that they broadly agree with the proposed Liberty Protection Safeguards model. They have proposed that the model will be considered as part of their commissioned review into the Mental Health Act and its interface with the Mental Capacity Act. They will also be looking to ensure that the Liberty Protection Safeguards fit with the conditions and future direction of the health and social care sector. Therefore they will continue to work through the detail of the recommendations and engage further with stakeholders particularly on implementation. They intend to bring forward legislation to implement the model when parliamentary times allows.

As the Trust waits to see which of the recommendations will be approved into legislation it will continue to work closely with its peers in the sector to begin planning for what may be significant changes to the DoLS process in the acute care sector.

Table 2 below represents the DoLS activity from April 2017 – April 2018. The number of DoLS applications submitted by the Trust has remained steady. 210 applications were submitted this year compared to 214 in the previous year. This has illustrated the continued high level of applications required since the ‘Cheshire West’ Judgement’.

Supervisory Body	Total	Kingston	Merton	Richmond	Surrey	Sutton	Wandsworth	Outside area
Applications submitted	210	92	8	39	35	14	15	7
Applications authorised	53	32	1	13	2	0	5	0
Applications unauthorised	7	2	0	2	1	0	2	0
Patient died	24	8	3	5	6	0	2	0
Patient treated under Mental Health Act	4	3	0	0	0	0	1	0
Applications withdrawn	122	47	4	19	26	14	5	7

Table 2. DOLS Data 2018/19 by borough.

Of the 210 applications submitted in 2017/18, 53 were authorised. Only 7 applications were unauthorised. This has been the result of increased scrutiny of the applications by the Safeguarding Adults Practitioner and the additional training support provided to staff. The majority of those unauthorised were related to patients regaining capacity. The conversion rate from 'submitted' to 'approved' DOLS is approximately 1:4. This is reflective of the acute care environment. There is a high turnover of patients due to discharge which means that many patients have been discharged before the supervisory body arranges a Best Interest Assessor. This is reflected in the high numbers of applications withdrawn.

9. Pressure Ulcers

Pressure ulcers should be monitored, assessed and screened for cases where abuse or neglect through poor care is indicated. Severe avoidable damage in the case of pressure ulcers indicated by multiple pressure ulcers of category/grade 2 or a single category/grade 3 or 4 (to include unstageable and suspected deep tissue injury) should be considered for a Safeguarding Concern referral.

Those considered to be caused by abuse or neglect are reported as a safeguarding concern to the borough Safeguarding Team. There must, therefore, be sound decision making processes to support staff who are concerned that a pressure ulcer may have arisen as a result of poor practice or neglect/abuse before a safeguarding concern is raised.

To support staff in screening all pressure ulcers for cases of abuse and neglect the safeguarding lead nurse has developed a Standard Operating Procedure as part of the Safeguarding Adults Guideline which provides step by step instructions for staff on how to assess and report pressure ulcers which meet the threshold for a safeguarding concern. Once the Guideline has been approved it will be promoted via the Trusts Pressure Ulcer Management Panel (PUMP).

This year the Trust has acknowledged the Department for Health's (DoH) publication 'Safeguarding Adults Protocol: Pressure Ulcers and the interface with a Safeguarding Enquiry'. The protocol was discussed with the members of the Safeguarding Adults Steering Group and approved for use in the Trust. The purpose of this protocol is to guide the Trust on when hospital acquired pressure ulcers should be raised as a safeguarding concern to the local authority. The Trust already has a robust process for investigating hospital acquired grade 2 – 4 pressure ulcers, unstageable and deep tissue injuries. Investigations are undertaken by the relevant wards Senior Sister and resulting investigations are reviewed weekly at PUMP by the Trusts Tissue Viability Nurse and Head of Nursing. The Tissue Viability Nurse is now reviewing the investigation template completed by staff to ensure that it contains the questions set out in the DoH protocol to aide decision making on if these pressure ulcers also require a safeguarding concern referral to the local authority.

To ensure learning from pressure ulcer safeguarding concerns the Safeguarding Adults Lead Nurse regularly attends the monthly full PUMP meetings to discuss actions and share learning.

The Safeguarding Adults Lead Nurse is a member of a Delegated Enquiries Working Group which is a sub-group of Richmond and Kingston SABs. The purpose of this group is to consider common safeguarding adult themes and issues. The group are currently undertaking a piece of work to compare the protocol they have developed for safeguarding pressure ulcers to ensure it is also aligned with the DoH protocol.

10. Safeguarding People with Learning disabilities in hospital

The Trust recognises that due to their care and support needs patients with a learning disability are at risk of abuse and neglect from which they are unable to protect themselves.

Whilst in hospital patients with a learning disability and who reside in Richmond and Kingston are well supported by Your Healthcare Neuro developmental Services. Specialist Healthcare Teams including Learning disability nurses for Kingston and Richmond provide acute (in reach) liaison and support for patients with a learning disability from 9 – 5pm, Monday to Friday excluding public holidays.

Amongst their various responsibilities the role of the learning disability nurse liaison team is to:-

- Ensure that people with learning disabilities have access to all the information they need in relation to proposed treatment and admission.
- Ensure that all necessary reasonable adjustments are made.
- Advise staff on the use of the Mental Capacity Act and gaining consent.
- Work closely with the Trusts Safeguarding Adults team and highlight any safeguarding concerns in line with Trust Policy

Staff liaise with community learning disability services for with patients residing in other boroughs other than Richmond.

From April 2017 to March 2018 the learning disability nurse liaison team supported 102 patients at Kingston Hospital. A breakdown of activity demonstrates that the majority of patients are admitted as an emergency (chart 1) and many of those who are admitted are with respiratory conditions (chart 2)

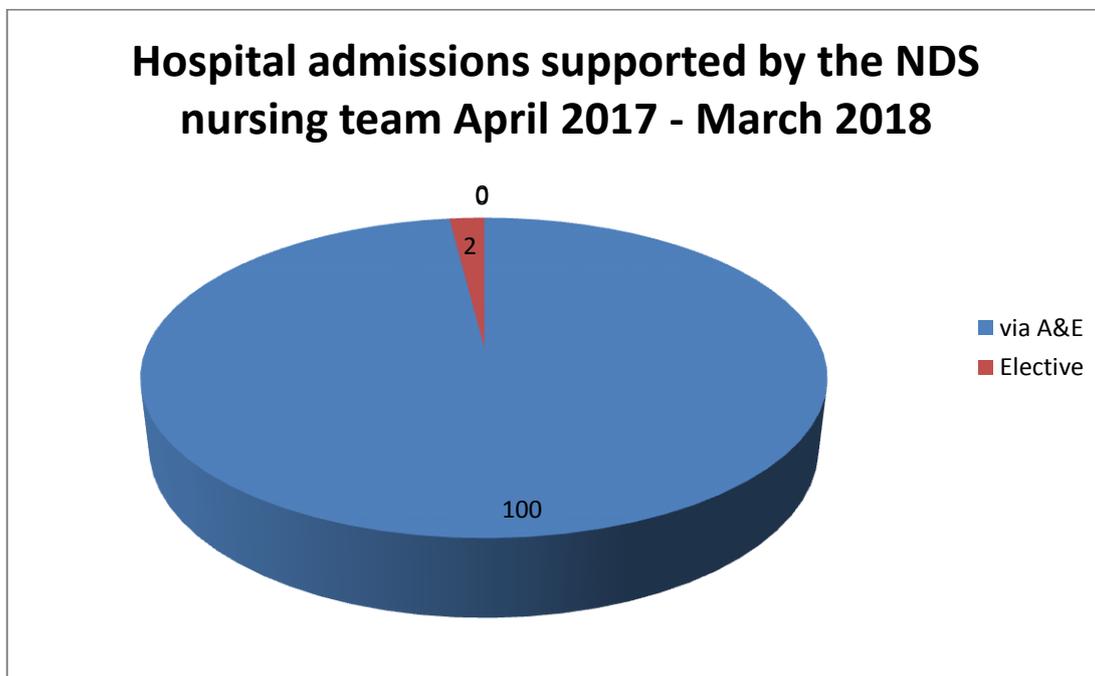


Chart 1 Admissions to Kingston hospital supported by the learning disability nurse liaison team – April 2017 – March 2018

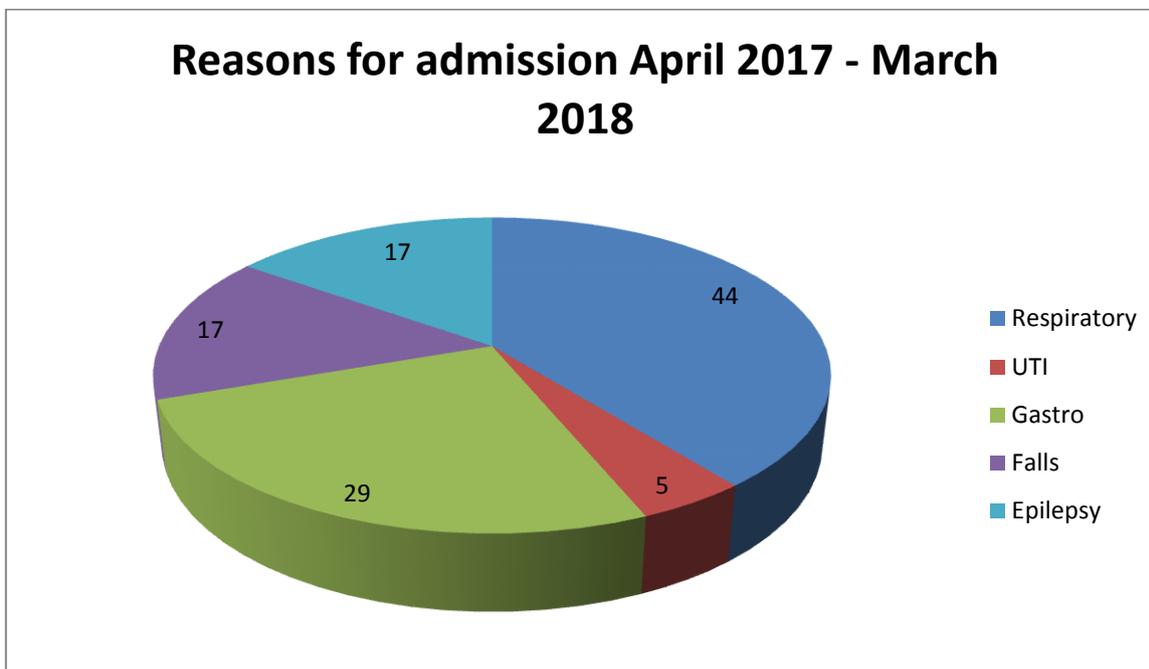


Chart 2. Admissions by diagnosis for patient with a learning disability – April 2017 – March 2018

A bespoke Learning Disability awareness session was jointly facilitated by the Learning Disability nurses and the Safeguarding Adults Lead Nurse in response to an incident form raising concerns about the care and treatment of a man with a learning disability in A&E. It prompted discussions on how to support patients with a learning disability and challenging behaviours in A&E and recognising the increased vulnerabilities of patients with a Learning Disability.

The Safeguarding Adults Steering Group is attended by members of the Learning Disability Nurses team. They contribute data on the number of patients with a learning disability seen in the Trust and discuss case studies with the group to highlight learning.

The Safeguarding Adults Lead Nurse attends the Learning Disability Steering Group meeting. This is an opportunity to share learning from Safeguarding Enquiries and share resources with colleagues.

11. Learning Disabilities Mortality Review (LeDeR) programme

The Care Quality Commission report 'Learning, Candour and Accountability' published in December 2016 examined how acute, community and mental health trusts across the country review and learn from deaths of people who have been in their care. The findings failed to identify any trust that demonstrated good practice across all aspects of identifying, reviewing and investigating deaths, and ensuring that learning is implemented.

The report recommends that Provider organisations and commissioners must work together to review and improve their local approach following the death of people receiving care from their services. Provider boards should ensure that national guidance is implemented at a local level, so that deaths are identified, screened and investigated, when appropriate and that learning from deaths is shared and acted on.

In support of this recommendation the London Learning Disability Mortality Review are requesting that all health and social care organisations in London report all deaths of people with learning disabilities to the LeDeR Programme from 20th March 2017. This includes the deaths of both children and adults with learning disabilities.

The Trust has signed up to support any investigations that are required under the LeDeR programme.

Four patients with a learning disability who have died at KHFT during 2017/18 have been reported to LeDer this year. Of these, one review has been completed. The care provided by Kingston hospital was KHFT was commended and no untoward concerns found. The support provided to patients and staff by the Community Learning Disabilities Team was highly praised.

The learning that evolved from the investigation is as follows:-

- Ensuring there is considerate, appropriate timely communication with parents/NOK/carers when discussing management plans with regard to hospital healthcare. The investigation revealed that during the patient's early admission, family views were not responded to quickly enough.
- to ensuring when required Ensuring that conversations are held in private. The investigation identified a concern with regard to one conversation where sensitive information was discussed at the end of the patient's bed rather than in a private room which is where most conversations took place.
- The importance of sensitive care at the end of life in ITU. The review revealed how much the family valued the continuity of care, comforting actions and time given to the family to grieve privately.
- The importance of timely communication to GP following the death of a patient.

These recommendations have been addressed and shared during training for staff delivered by CLDT and by improving and automating the discharge summary process where communication is sent to GPs following discharge or the death of a patient.

LeDer has established guidance that all patients referred for a LeDeR review are also subject to a Structured Judgement Review (SJR) led by the Trusts Mortality Review Group. One SJR to support a LeDeR review has been completed in 2017/18. It found that all care was appropriate and there were no recommendations for further action.

The Safeguarding Adult Lead Nurse shares learning from LeDeR to the Mortality review group.

A Kingston CCG LeDeR Steering Group has been established in 2017/18 and is chaired by the CCG Safeguarding Adults Lead Nurse. The group meets quarterly and the Trust is part of the core membership.

12. Prevent Duty

The Prevent Duty is effective as of 1st July 2015. The Prevent Duty provides definitions and context regarding Prevent, details regarding monitoring and enforcement and sector specific guidance. One of the specified authorities mentioned under these guidelines are NHS Foundation Trusts.

The key responsibilities applicable to all specified authorities are:

- Leadership: develop mechanisms to understand the risk, ensure staff understand the risk and have capacity to deal with it, promote the duty and ensure staff implement the duty.
- Partnership: demonstrate partnership working particularly with Prevent Co-ordinators, Local Authorities and Police, via multi-agency forums already in place, such as the Community Safety Partnerships.
- Capability: ensure front line staff are trained to understand radicalisation and vulnerabilities, know the supports available and how people can access these supports.

The key responsibilities specific to health are:

- Partnership: Regional Safeguarding Forums should have oversight of compliance with the duty. Issues should be reported to the National Prevent sub board and Prevent leads should have networks in place for advice and support to make referrals to Channel. Contractual requirements should be bolstered by the statutory duty.
- Risk Assessment: all Trusts should have a Prevent lead who acts as a single point of contact for Prevent co-ordinators and are responsible for implementing Prevent within their organisation. Within the Trust this post is held by the Operations Manager in Facilities. To comply with the duty staff are expected to be able to recognise and refer people who are at risk.
- Staff Training: Ensure the correct identification of staff who require the different levels of PREVENT training and facilitate its delivery. The Trust currently delivers basic PREVENT awareness to all new starters and during mandatory update training and WRAP training to identified staff groups.
- Monitoring and enforcement: the duty stated that Monitor, TDA and CQC as the sector regulators will provide monitoring arrangements; however the robustness of these arrangements is being reviewed.

Healthcare professionals have a key role in PREVENT. PREVENT focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity. PREVENT does not require staff to do anything in addition to their normal duties. What is important is that if they are concerned that a vulnerable individual is being exploited in this way, they can raise these concerns in accordance with the local procedures (through the Safeguarding Adults referral process).

Improving attendance at and access to Prevent Training for staff was identified as a strategic objective by the Safeguarding Adults Steering group for 2017/18. Following assessment of the challenges faced by Trusts, the target date for nationwide PREVENT training compliance (of 85% or higher) has been extended until 31.03.19. The Trust Lead has submitted a training proposal to achieve this which is currently being reviewed by the Executive Management Committee. The following activity has improved the Trust position;

The release of an e learning training module (and refresher) by the Home Office will support the rapid delivery of training for the staff groups identified as requiring training (utilising the same training analysis matrix developed for Safeguarding Adults training). It is estimated that around 700 staff will require WRAP training.

The Trust Prevent Lead will continue to develop and implement the Trust training plan during 2018/19 with the aim of the identified staff having received the training by Dec 2018. The Trust continues to support the quarterly data reporting to NHS England (London).

In January 2018 the Trust hosted its second PREVENT conference, this was held in conjunction with the CCG and included colleagues from the Department of Health, Counter-Terrorist Command and Community Healthcare partners. The conference saw strong attendance from GPs and community partners and was again positively received. The Trust will be reviewing the options for a third meeting in 2018/19 to allow interaction between local partners and a forum for raising challenges faced and good practice.

Prevent Referrals are monitored by the Operations Manager in Facilities.

The Trust's most recent PREVENT referral remains the previously reported incident at the end of 2016. Discussions have however taken place with senior Emergency Department staff to ensure that they would know how to escalate concerns if they encountered any. The Trust's WRAP training continues to be delivered to a range of nursing staff ensuring that these staff receive the training and have the opportunity to discuss it in a classroom setting.

13. Domestic Violence

The support of adults subject to domestic violence is complex and demands an assessment of risk based on capacity, consent to act, level of risk and the risk to children in the care of adults experiencing domestic violence. Not all adults who experience domestic violence meet the threshold for safeguarding.

The Trust works closely with an Independent Domestic Violence Advocate (IDVA), based in the Trust Monday to Friday (office hours).

Evidence has shown that the co-location of Independent Domestic Violence Advocates (IDVA) in hospital is an extremely effective model for reaching victims who may have not previously engaged with support services, or reported to the police.

The role of an IDVA is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children.

The Mayor's Office for Policing and Crime (MOPAC) and Victim Support are working together with the Trust and have funded an IDVA to work within the hospital.

Co-location of IDVA services in hospitals provides easier access to on-site services which benefit these vulnerable victims, for example drug and alcohol, mental health and safeguarding services.

During 2017/18 the Trust has made 46 referrals to the IDVA.

The IDVA also provides training to staff in the Trust on recognising victims of domestic abuse and how to support them. During 2017/18 they have provided 22 training sessions.

14. Domestic Homicide Reviews (DHR)

A 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.

The Trust has contributed to 2 DHR's in 2017/18. The Safeguarding Adults Lead Nurse and Deputy Director of Nursing were a panel member on both.

As a result of recommendations from these reviews KHFT has undertaken a number of actions. This has included working with Refugee Action Kingston to develop a training film which illustrates for staff the importance of requesting a North Korean interpreter versus a South Korean interpreter. The film highlights the significant issues in terms of trust which some in the North Korean community face. Additionally the Trusts Domestic Violence Policy has been updated to reflect issues arising from the reviews including the relationship between alcohol and Domestic Violence.

15. Safeguarding Adult Activity data

Chart 3 illustrates formal and informal safeguarding adult concerns raised by the Trust throughout the year and compares the Royal Borough of Kingston (host borough) with other boroughs (grouped).

‘Formal alerts’ are those that have been submitted to a local borough safeguarding team as a formal ‘safeguarding concern’ for consideration for a section 42 enquiry.

‘Informal concerns’ are those raised by KHFT staff internally that required triage and referral for a care management assessment and or further follow up however did not meet the criteria to raise a formal safeguarding concern.

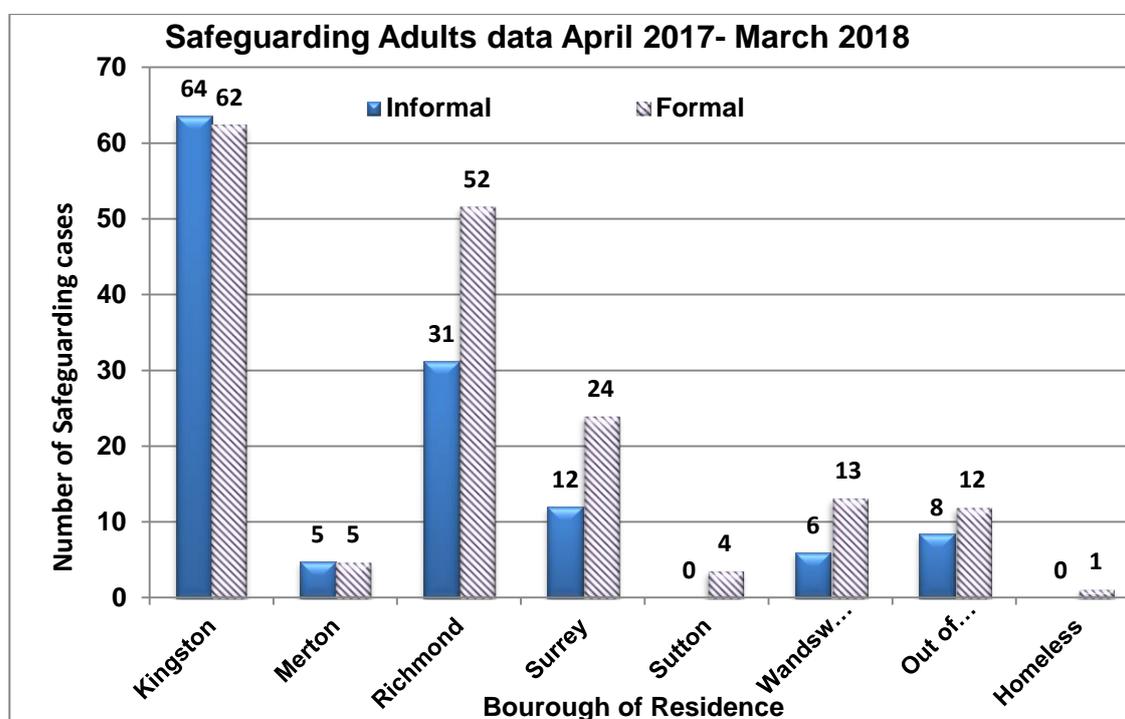


Chart 3. Safeguarding concerns raised by the Trust during 2017 – 2018.

In total 299 concerns, both formal and informal were raised by staff. Table 3 shows the number of safeguarding concerns raised of the year.

Safeguarding Activity [All Boroughs]	Q1 April- June	Q2 Jul- Sept	Q3 Oct - Dec	Q4 Jan-Mar
Total	80	98	49	72

Table 3. Safeguarding concerns (formal and informal) by quarter 2017/18

In addition to the above, the Trust may raise concerns against itself or alternatively external agencies may raise a concern against the Trust, in the case of incidents in which KHFT has allegedly caused harm either as a single organisation or jointly with an external organisation.

There have been 34 concerns raised against the Trust. Of these 23 were investigated as patient safety incidents and resolved. 11 of these incidents met the threshold for a Section 42 Safeguarding Enquiry.

The two main themes in this category are pressure ulcers, and the breakdown in discharge communication / documentation. Information and actions from these cases are discussed and shared with staff involved, at service-line meetings and at the Safeguarding and Learning Disabilities Steering Group.

The actions are also shared with the service line to monitor. They are then responsible for responding to the Enquiry Officer by the set deadline to show compliance.

Safeguarding concern referrals are closely monitored throughout the year at the Safeguarding Adults Steering Group. It was noted that there was a dip in the number of referrals in Quarter 3 as illustrated in table 3. Therefore, action was taken to promote safeguarding adults responsibilities throughout the Trust. This included a stronger ward presence by the Safeguarding Adults team, promotion of key resources including a NHS England Safeguarding Adults App and the Trusts Safeguarding Adults Decision Flow Chart. The success of these efforts can be seen in the increase in number of referrals in Quarter 4.

The Trust has also been working with Kingston SAB to reduce the complexity of sending a Safeguarding Concern form for staff. Currently staff have to be familiar with 6 different referral forms as each local authority has their own form. KHFT has amalgamated detail required by all six boroughs into a template to be integrated into the Trust electronic clinical record system. It is hoped this will be accepted by all boroughs to expedite the process from recognition of risk of abuse to safeguarding intervention. The Trust is awaiting confirmation that this can be utilised.

The type of abuse seen at the Trust is categorised in Chart 4 below. The data demonstrates that, in line with national statistics, physical abuse and neglect and omissions of care are the higher categories of reported abuse.

The Trust notes that in line with national statistics physical abuse and neglect and omission of care continue to be the most reported categories of abuse.

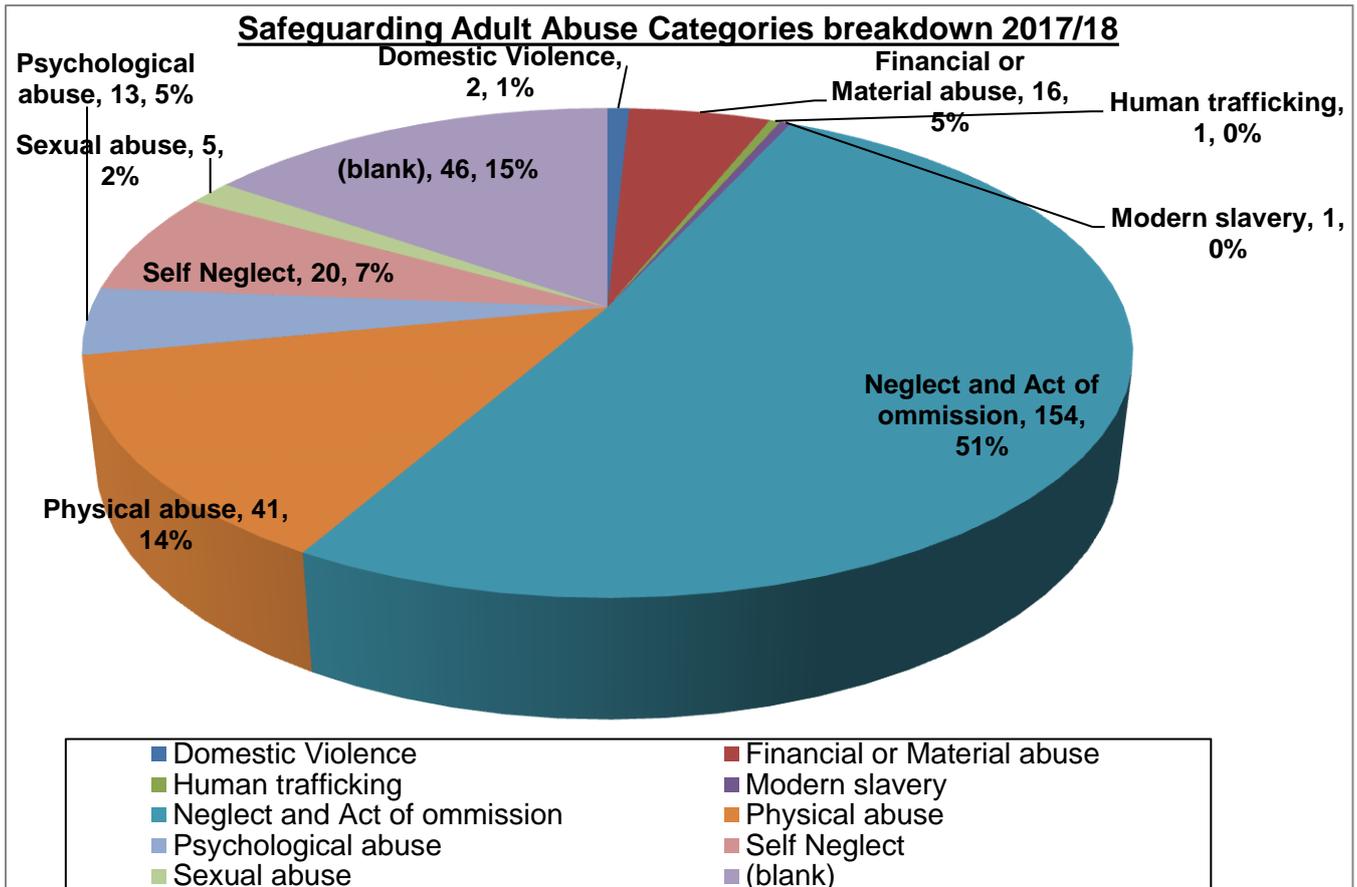


Chart 4. Safeguarding adults; abuse types presented during 2017-2018.

16. Training

The Trust provides safeguarding adults training for every member of staff with a mandatory requirement for a three yearly update. The intention of the training is to:

- Raise awareness throughout the organisation.
- Embed the aspects of the multi-agency Safeguarding Adults Policy in the practice of staff.
- Ensure that every member of staff employed by the organisation has a basic awareness of the requirements and their responsibilities in relation to safeguarding adults at risk.
- Awareness of the Mental Capacity Act and Deprivation of Liberty.

A revised schedule and format to deliver Safeguarding Adults Training has been developed this year and roll out will begin in Quarter 1 of 2018. This will include; classroom based at corporate induction and mandatory training via e learning with an option to also attend monthly dates for classroom based sessions. Additionally the rolling monthly programme directed at Band 2 and Band 5 staff will continue as before. In addition to mandatory training; enhanced MCA and DoLS training is provided at bespoke sessions.

Bespoke sessions have included:

- Medical Grand Rounds to Consultants and Junior Doctors.
- Occupational Therapists

- Physiotherapists
- Palliative Care Team
- Intensive Care Unit and anaesthetics
- Healthcare Assistant forums
- Hospital Volunteers

Table 4 shows that Trust attendance at safeguarding adult mandatory training, was below the 85% target; compared to that reached in 2016/17. This is not unique to safeguarding and in response the Trust has changed the way that statutory and mandatory training can be accessed by staff, including a new on line branded induction programme and access to E-learning for health.

Safeguard Adults Statutory mandatory training data [2017/18]		
Quarter 1	Apr-17	87%
	May-17	86%
	Jun-17	85%
Quarter 2	Jul-17	80%
	Aug-17	76%
	Sep-17	79%
Quarter 3	Oct-17	78%
	Nov-17	81%
	Dec-17	80%
Quarter 4	Jan-18	84%
	Feb-18	86%
	Mar-18	
Cumulative		82.04%
2016-17		86.03%

Table 4 2017 – 2018 mandatory training Safeguarding data.

17. Strategic Objectives

The Trust strives to maintain and improve the current level of performance in response to the changing landscape and the needs of the community in safeguarding and protecting adults.

Table 5 illustrates the Trusts priorities for 2017/18 and how these were achieved.

Strategic objective	Lead	Measures of Success	Achievements
To improve awareness of MCA and DoLS policy and procedure including the safe and appropriate application of mechanical restraints through improved access to MCA and DOLS training for all staff	Safeguarding adult lead nurse	Training schedule, evaluation and attendance data.	<p>Safeguarding Adults Link nurses provided with enhanced training to ensure all departments have a pool of experts.</p> <p>Recruitment of the Safeguarding Adults Practitioner who has provided an increased schedule of training on request for all departments.</p> <p>Ongoing provision of training by The Trusts MCA Lead at Grand Round and on request.</p> <p>Provision of subject expert guidance to Training and Development in the implementation of the new E Learning platform and classroom based modules on MCA and DoLS</p>
To improve the appropriate delivery of the MCA and DoLS policies and procedures, including accurate documentation, across the organisation	Safeguarding adult lead nurse	<p>The number of DOLS applications and authorisations.</p> <p>Audit of MCA assessments in all aspects of treatment and care.</p>	<p>MCA Audit completed in September 2017. Action plan developed and underway.</p> <p>MCA Policy updated and published on Trust intranet.</p> <p>Continued promotion of the MCA and Best Interest templates on CRS to improve documentation.</p> <p>Safeguarding Adults Practitioner focus on provision of training and monitoring DoLS applications in the Trust and data collection of Safeguarding Concern referrals.</p>

		Collect data from CRS to robustly report % of Safeguarding triage cases and formal Section 42 enquiries to all Boroughs	
To Increase the resilience and capacity within the team to lead a robust assured process for adult safeguarding, DOLS and MCA processes.	Deputy Director of Nursing (Safeguarding adult lead)	Recruitment to new post holder. Revised and agreed data capture and reporting process	A Safeguarding Adults Practitioner was recruited and began in post in April 2017.
To align children's and adult safeguarding teams (policy application and shared learning)	Deputy Director of Nursing (Safeguarding adult lead)	Meeting restructure Number of transitional/shared concern case studies discussed	The Trust has established a joint Safeguarding Adults and Children committee. Shared cases are discussed at these meetings and learning shared.
Increase delivery of Prevent training across the organisation to target	Prevent Lead	Training schedule.	E-learning training module agreed. The release in 2018 will support increased delivery of training to staff.

Table 5. Strategic objectives 2017/18

The strategic objectives for safeguarding adults during 2018/19 are detailed below in table 6. The objectives are in line with the strategic aims of the Trust and the borough Safeguarding Adult Board.

Strategic Objective	Lead	Measure of success	Timeframe
To build confidence in front line staff to safeguard by enhancing the Safeguarding Adults training programme To bring the training programme in line with the requirements of a new National intercollegiate document 'Safeguarding for Adults: Roles and competencies (Once approved by the SAB)	Safeguarding Adults Lead Nurse	Training schedule	December2018
To embed consistent documentation of Bests interest meetings and plans in decision making for patients without capacity	Safeguarding Adults Lead Nurse	Targets achieved in annual audit	July 2018
To continue to build on the collaborative working of the children's and adult safeguarding teams (policy, application and shared learning)	Deputy Director of Nursing (Safeguarding adult lead)	Number of transitional/shared concern case studies discussed	December 2018
Increase delivery of Prevent training across the organisation via the new e learning platform	Prevent Lead	Number of staff trained	March 2019

Table 6. Strategic objectives 2018/19

18. Conclusion

This Annual Report for 2017/18 details a year of significant activity and improvement. The Trust has demonstrated that there are robust mechanisms in place to safeguard adults at risk and to investigate and learn from concerns raised about the Trust through safeguarding processes. As the approach to safeguarding evolves and the complexity of decision making increases in context of newly recognised forms of harm and abuse, the current structures and process must continue to develop in response.

Key areas for improvement drawn from audit, assessments and review, are the need for continued enhanced training to support Prevent awareness, MCA and DoLS applications, training aligned embed the Making Safeguarding Personal agenda, and a continued focus on improving data sharing across all boroughs. The planned programme of activity for 2018/19 will see these improvements met.

Appendix 1. Royal Borough of Kingston Safeguarding Adults Assessment Framework report 2017/18



Kingston upon Thames Safeguarding
Adults Partnership Board

Title of Paper	Report of the Quality Assurance & Audit Sub-Group on the application of Audit tool across partners
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SAAF Audit:

A review of the Safeguarding Adults Assessment Framework was completed with support of SAB members and partners.

A summary of the review is attached to this paper outlining the overall ratings are attached overleaf.

All organisations have areas of development and improvement and it is proposed that partners provide an update to the SAB on their activities over the last year to strengthen their evidence of current practice. (Proposed for the next scheduled SAB). Common areas of focus for all partners are as follows:

- A4
- B4
- B5
- C5
- E2
- F2
- F3

The process itself has been considered by the chairs networks and consideration of a different audit tool going forward is to be decided.

Quality Group:

An initial meeting took place with key partners present, and it was agreed that the Quality Group overseen by commissioning remit would be widened to cover quality around safeguarding. Existing arrangements are being further developed with a view to enhancing links to the safeguarding agenda of the Quality Group.

Since the time when consideration of this approach was agreed, the Kingston Joint Commissioning Service has been developed and brings both LA/ CCG and PH staff under one management framework and the opportunity for monitoring and intelligence sharing has changed considerably. Further discussion outside of the SAB with the Chair and respective Directors of ASC and CCG is required to reflect on the adequacy of existing controls.

Action required/recommendation

1. For the board to note the report and to raise any points for discussion relating to the SAAF audits undertaken.
2. Partners are asked to provide updates on amber/ red areas identified within the SAAF review for the next SAB.
3. The Board is asked to consider if any changes to the SAAF audit process for 2016/17/18 are required

Report from	Quality Assurance & Audit Sub-Group
Presented by	Fergus Keegan, Director of Quality & Governance, Kingston CCG
Author	Fergus Keegan, Director of Quality & Governance & Julie Phillips, Head of Safeguarding, Adult Social Care
Date of Board	12 th January 2017

Summary of SAAF audit results

Organisations	Section A: Leadership, Strategy, Governance, Organisational Culture				
	A1	A2	A3	A4	A5
Kingston Hospital	G	G	G	A	G
Met Police	G	G	G	G	G
Your Health Care	G	G	G	G	G
Kingston CCG	G	G	G	G	G
Kingston Social Services	G	G	G	A	G
LAS	G	G	G	A	G

Section B: Organisation's Responsibilities to Adults at Risk Are Clear For All Staff And Commissioned Services						
	B1	B2	B3	B4	B5	B6
Kingston Hospital	G	G	G	G	A	G
Met Police	G	G	G	G	G	G
Your Health Care	A	G	A	A	G	G
Kingston CCG	G	G	G	A	A	G
Kingston Social Services	G	G	G	A	G	G
LAS	G	G	G	A	R	G

Section C: Organisational approach To Workforce Issues Reflects A Commitment To Safeguarding And Promoting The Wellbeing Of Adults At Risk							
	C1	C2	C3	C4	C5	C6	C7
Kingston Hospital	G	G	G	G	G	G	G
Met Police	R	G	G	G	G	G	G
Your Health Care	G	G	A	G	A	G	A
Kingston CCG	G	G	G	G	G	G	G
Kingston Social Services	G	G	G	G	A	G	G
LAS	G	R	G	G	R	G	A

	Section D - Effective Interagency Working To safeguard & Promote Adults at Risk						Addressing Issues Of Diversity	
	D1	D2	D3	D4	D5	D6	E1	E2
Kingston Hospital	G	G	G	G	G	G	G	A
Met Police	G	G	G	G	G	G	G	G
Your Health Care	G	G	G	A	G	G	G	G
Kingston CCG	G	G	G	G	G	G	G	A
Kingston Social Services	G	G	G	G	R	G	G	A
LAS	G	G	G	A	G	G	A	R

	The Service Can Demonstrate That People Who Use Services Are Informed About Safeguarding & Empowered Within Organisation's Response To It					
	F1	F2	F3	F4	F5	F6
Kingston Hospital	G	G	G	G	G	G
Met Police	A	A	A	G	G	G
Your Health Care	G	A	A	G	G	A
Kingston CCG	G	G	A	G	G	G
Kingston Social Services	A	G	A	G	G	G
LAS	A	A	A	A	A	A