

Safeguarding Adults

Annual Report:

2015 / 2016

June 2016

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1. Introduction

1.1 Safeguarding is everybody's business.

- 1.1.1** NHS Haringey Clinical Commissioning Group (HCCG) is committed to working with partner agencies to ensure the safety, health and well-being of the local people in Haringey. Protecting the vulnerable is a key part of the CCG's approach to commissioning and, together with a focus on quality and patient experience, is integral to our working arrangements. Our approach to adult Safeguarding is underpinned by quality and contracting systems and processes that aim to reduce the risk of harm and respond quickly to any concerns.
- 1.1.2** Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It 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.
- 1.1.3** This is the third NHS Haringey CCG Safeguarding Adults Annual Report and will provide assurance on how HCCG is meeting its statutory requirements for Safeguarding Adults at Risk of abuse and neglect. The report will also provide an overview of the progress made during the year 2015-16, the key challenges to be addressed with the implementation of Care Act and future plans outlining how the Act will be implemented across Haringey.
- 1.1.4** The report will illustrate how HCCG has continued to improve outcomes for Adults at Risk through governance and assurance processes and moving forward how HCCG will fulfil its statutory duty to promote "the wellbeing principle"¹ through its safeguarding arrangements.
- 1.1.5** Key areas of priority for Safeguard Adults were established in the Safeguarding Annual Report 2015-16; and progress against these priorities is detailed in the Action Plan page 19.

2. Purpose

- 2.1** The purpose of this report is to inform NHS Haringey CCG's Governing Body on how HCCG is ensuring that statutory duties and requirements for Safeguarding Adults are being met through promoting the safety and welfare of adults in all of the services HCCG commissions. In addition to providing assurance of HCCG commitment to prevent and reduce the risk of abuse and neglect of adults and of continuing to improve Safeguarding practice in the NHS.
- 2.1.1** The report will:
- Set the context for Safeguarding Adults in Haringey
 - Demonstrate how HCCG is fulfilling its Safeguarding Adults statutory responsibilities
 - Report on governance and accountability arrangements within HCCG and the provider health organisations including representation to and involvement in the Haringey Safeguarding Adults Board (HSAB)

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

- Highlight service developments and significant issues and report on progress of the team's 2015/16 objectives
- Agree the Safeguarding Adults Team's objectives for 2016/17

3. Safeguarding Adults within the NHS

- 3.1** Safeguarding Adults is the responsibility of NHS funded organisations and all healthcare professionals working in the NHS have a duty to ensure that the principles underpinning adult Safeguarding are applied; by delivering safe and high quality care and support. Working with the principles of the Mental Capacity Act (2005) healthcare professionals need to respect the decision making of the individual who is experiencing or is at risk of being abused and neglected.
- 3.2** There is a distinction between provider responsibilities and those for commissioners who need to assure themselves of the safety and effectiveness of the services they have commissioned and that the Mental Capacity Act (2005) is embedded in the work of organisations. Good partnership working is important and healthcare commissioners and professionals should have developed relationships and collaborative working arrangements with colleagues across the Safeguarding system

4. Safeguarding Adults National Context

- 4.1** The statutory Safeguarding duties of CCGs have in this reporting period (April 2015 – March 2016) been clarified through a number of national documents and the impact of the Care Act requirements has generated a wide array of policy requirements and guidance in support of these new responsibilities. Whilst many of these were only in the early stages of development during 2015/16, they are referenced here as they are intrinsically linked to the ongoing developments required for 2015/16.

4.2 NHS Accountability and Assurance Framework 2015:

Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (NHS Commissioning Board 2013 and NHSE June 2015).

- 4.2.1** The framework describes the Safeguarding roles, duties and responsibilities of NHS England, Clinical Commissioning Groups, NHS providers and various other bodies in the health economy. During 2014, NHS England announced a set of revised arrangements within the framework; these were required in order to take account of:
- The wider context for Safeguarding which has changed in response to the findings of large scale inquiries, incidents and new legislation.
 - New and revised statutory and intercollegiate guidance.
 - The changes to the NHS commissioning system - with the introduction of co commissioning from April 2015 it was seen as important that Safeguarding roles were made clear.
 - Feedback from practitioners working across the health system.
 - The restructuring process in NHS England at regional and local levels.
- 4.2.2** The revised NHS Safeguarding Accountability and Assurance Framework was published in July 2015. The framework describes the relationships, legal frameworks, principles and attitudes that enable the health system to effectively safeguard adults, it also reinforces the shift from process driven policies and procedures to person centred outlined in "Making Safeguarding Personal" in its aim.

This shift reinforces all agency responsibilities in focussing adult Safeguarding work away from process and procedures to one of giving those people who are using Safeguarding services more engagement and control in the resolution of their circumstances.

4.3 Care Act (2014)

4.3.1 The Care Act (2014) has put Safeguarding on a statutory footing as such CCGs makes up one of the three statutory agencies on the Safeguarding Adult Board (SAB).

The Care Act (2014) has updated the definition in respect of an adult at risk:-

- has needs for care and support (whether or not the local authority is meeting any of those needs);
- is experiencing, or at risk of, abuse or neglect; and as a result of those needs is unable to protect her/himself against the abuse or neglect, or the risk of it.

4.3.2 The Care Act guidance lists the following possible forms of abuse and neglect. Additional categories have been added reflecting the shift in the understanding of Safeguarding Adults:-

- physical abuse
- domestic violence
- sexual abuse
- psychological abuse
- financial or material abuse
- modern slavery
- discriminatory abuse
- organisational abuse
- neglect and acts of omission
- self-neglect

4.3.3 Implementation of the Care Act legislation commenced in April 2015 and, whilst work was ongoing in Haringey to ensure that requirements in the Act were met, these obligations are now statutory. Local authorities are now required to promote integration with the NHS and other key providers. It places a statutory duty on agencies to cooperate to help and support adults in need and their carers; it fundamentally aims to place people at the centre of their care and support and to maximise their involvement.

4.3.4 The Care Act requires a local authority to make enquires, or cause others to make enquiries, if they believe an adult is, or is at risk of, being abused or neglected. This means that local authorities must cooperate with each other or their relevant partners as described in section 6 (7) of the Care Act and that those partners must also cooperate with the local authority in the exercise of their functions relevant to care and support, including those to protect adults.

4.3.5 In 2011 the Government issued a policy statement on adult Safeguarding which sets out six principles for Safeguarding adults. These principles are embedded in Section 42 of the Care Act (2014) and underpin all adult Safeguarding work. It should inform the ways in which professionals and other staff work with adults.

- **Empowerment** – people being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – it's better to take action before harm occurs.
- **Proportionality** – the least intrusive response appropriate the risk presented.
- **Protection** - support and representation for those in greatest need.
- **Partnership** - local solutions through services working with their Communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

4.4 Summary of the New Duties

4.4.1 The Care Act (2014)

The Care Act (2014) brings adult Safeguarding onto a statutory footing, CCGs and other NHS partners now need to take note and account of a range of new duties and responsibilities including:

- The need to cooperate in Safeguarding Adults Boards (SABs) in publishing a 3-5 year strategic plan addressing the short and long term actions for protecting people in its area, in publishing an annual report detailing the SAB's activity during the year including what it and each member has done to contribute to achieving the objectives and to conduct Safeguarding Adults Reviews (SARs).
- The Care Act also introduces: The role of Designated Adult Safeguarding Managers (DASMs) in organisations concerned with adult Safeguarding including CCGs.
- The key recommendations from the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Inquiry) saw the introduction of a statutory Duty of Candour which came in to force in November 2014 for the NHS. From 1st April 2015 this applied to all providers of health services and ensures openness, transparency and trust.
- The other new requirement is the Fit and Proper Persons Test for all directors or those acting in an equivalent role within any service provider.

HCCG is compliant with all new duties.

4.4.2 The Criminal Justice and Courts Act 2015

The Criminal Justice and Courts Act 2015² came into force 13th April 2015 (applying to offences committed after this date) and includes both individual care workers and provider organisations in offences of ill treatment or wilful neglect. Section 20 of the Act makes it an offence for an individual to ill-treat or wilfully neglect another individual for whom they provide the care by virtue of being a care worker. A "care worker" is defined in the Act as anyone who, as paid work, provides social care for adults or health care for children or adults. The 'wilful' element of the neglect offence implies that the perpetrator has acted deliberately or recklessly. Similarly, 'ill-treatment' is a deliberate act, where the individual recognised that they was inexcusably ill-treating a person, or else was being reckless as to whether he/she was doing so. Genuine errors or accidents by an individual would therefore not be caught within the scope of this offence. This care provider offence can be applied to a range of organisations, care homes, hospitals, GP partnerships.

4.4.3 Counter-Terrorism and Security Act 2015

On the 1st of April 2015 the Counter-Terrorism and Security Act 2015³ came into force, section 26 of the Counter-Terrorism and Security Act 2015 places a duty on certain bodies ("specified authorities" listed in Schedule 6 to the Act), in the exercise of their functions, to

² <http://www.legislation.gov.uk/ukpga/2015/2/contents/enacted>

³ <http://www.legislation.gov.uk/ukpga/2015/6/contents/enacted>

have “due regard to the need to prevent people from being drawn into terrorism”. The Prevent guidance is issued under section 29 of the Act. The Act states that the authorities subject to the provisions must have regard to this guidance when carrying out the duty.

The Health specified authorities in Schedule 6 to the Act are as follows:

- NHS Trusts
- NHS Foundation Trusts

NHS England has incorporated *Prevent*⁴ into its Safeguarding arrangements, Key duties of the Act were also included in the 15/16 NHS Standard Contract.

As commissioners of health services HCCG would need to assure themselves that providers are compliant with the act.

As a minimum providers are expected to have the following in place:

- Policies that include the principles of the *Prevent* NHS guidance and toolkit, which are set out in *Building Partnerships, Staying Safe: guidance for healthcare organisations*, which can be found here:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215253/dh_131912.pdf
- A programme to deliver Prevent training, resourced with accredited facilitators;
- Processes in place to ensure that using the intercollegiate guidance, staff receive Prevent awareness training appropriate to their role; and
- Procedures to comply with the Prevent Training and Competencies Framework.

4.4.4 New duty for health and social care professionals and teachers to report female genital mutilation (FGM) to the police

On 31 October 2015 a new duty⁵ was introduced that requires health and social care professionals and teachers to report ‘known’ cases of FGM in girls aged under 18 to the police. For example, if a doctor sees that a girl aged under 18 has had FGM they will need to make a report to the police.

4.5 Department of Health Competency Guidance for NHS Staff

In order to support and enable healthcare agencies NHSE has developed a set of required competencies and roles within Adult Safeguarding. The intercollegiate guidance is due to be implemented during 2016. NHS Haringey CCG’s Designated Professional for Safeguarding Adults has had an opportunity to comment on the competency framework as it has developed. HCCG training competency framework will be reviewed in line with national and local guidance.

⁴https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance_England_Wales_V2-Interactive.pdf

⁵https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469448/FGM-Mandatory-Reporting-procedural-info-FINAL.pdf

5. Mental Capacity Act (2005) and Deprivation of Liberty Safeguards

5.1. Mental Capacity Act

5.1.1 The Mental Capacity Act 2005⁶ (MCA), covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

The MCA is supported by a Code of Practice and health staff members are specially highlighted as a category of professionals who are required to have regard to this code of practice. The interdependencies between MCA and Safeguarding can only be addressed if staff members are fully aware of their responsibilities.

All NHS funded providers are legally required to meet the requirements of the Act. HCCG must also be assured that the services they commission are compliant for all members of the population who are over 16 years of age.

5.2. Deprivation of Liberty safeguards

5.2.1 The Deprivation of Liberty Safeguards (DoLS) within the MCA provide a legal protective framework for those vulnerable/at risk people who are deprived of their liberty and not detained under the Mental Health Act 2005. The safeguards apply to people in hospitals and homes (whether privately or publicly funded) and their purpose is to prevent decisions being made which deprive vulnerable people of their liberty. In the event of it being necessary to deprive a person of their liberty, the safeguards give them rights to representation, appeal and for any authorisation to be monitored and reviewed.

5.2.2 Deprivation of Liberty in domestic settings

5.2.3 In 2014 the Supreme Court made a judgement that a Deprivation of Liberty can occur in domestic settings where it is imputable to the State. This could include supported living arrangements, own home etc. Therefore, where there is, or is likely to be, a deprivation of liberty in such placements an application must be made to the Court of Protection for authorisation.

The full judgement is: *Cheshire West and Chester Council v P* (2014) UKSC 19, (2014).⁷

⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

⁷ https://www.supremecourt.uk/decided-cases/docs/UKSC_2012_0068_Judgment.pdf

5.2.4 Deprivation of Liberty Consultation by the Law Commission

The Select Committee on the Mental Capacity Act 2005⁸ (MCA) published their report in March 2014. The Select Committees of both Houses of Parliament have criticised the Deprivation of Liberty Safeguards (DoLS) and called for the system to be reviewed. In addition, the Supreme Court's judgment in the case of Cheshire West has led to a 10 fold increase in DoLS applications.

The Law Commission is recommending that the DoLS be replaced with legislation that is in keeping with the language and ethos of the Mental Capacity Act as a whole by introducing 4 schemes:

- Protective Care
- Supportive care
- Restrictive care and treatment
- Protective care in hospital settings and palliative care

A summary of the proposal was published in May 2016 with draft legislation by December 2016. The full response can be read by clicking on the link below.

www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/.

6. NHS England

6.1.1 During 2014/15 the draft Care and Support Bill set out comparable requirements to those for children with respect to Safeguarding Adults, including membership of Safeguarding Adults Boards.

6.1.2 NHS England's role has been to ensure that robust processes are in place to learn lessons from cases where adults die or are seriously harmed and abuse or neglect is suspected.

6.1.3 NHSE held responsibility for ensuring that the health commissioning system as a whole was working effectively to safeguard and improve the outcomes for adults at risk and their carers. Its role has been to provide oversight and assurance of each CCG's Safeguarding arrangements and to support CCGs in meeting their responsibilities. It achieved this through working closely with CCGs and with the local authority.

6.1.4 In July 2015 NHSE implemented the revised Safeguarding Vulnerable People in the NHS –Accountability and Assurance Framework. The purpose of the document is to set out clearly the safeguarding roles, duties and responsibilities of all organisations commissioning NHS health and social care.

6.2 Lampard Report (2015)

6.2.1 In February 2015 Kate Lampard and Ed Marsden published their report into the themes and lessons learnt from the NHS investigations into matters relating to Jimmy Savile. This built on the findings from 44 NHS investigations into allegations of abuse by Savile on NHS premises. The report included 14 recommendations for the NHS, the Department of Health (DH) and wider government.

⁸ <http://www.publications.parliament.uk/pa/ld201314/ldselect/ldmentalcap/139/139.pdf>

The common themes relevant to the wider NHS are as follows:

- Security and access arrangements (including celebrities/VIPs)
- Role and management of volunteers
- Safeguarding arrangements
- Raising complaints and concerns
- Fundraising and charity governance
- Observance of due process

There is still some concern that, although awareness amongst NHS staff of Safeguarding and of their obligations to protect patients has increased markedly in recent years, staff may not necessarily recognise the implications of these issues for themselves or their organisations.

HCCG has gained assurance from providers that recommendations set out in the Lampard enquiry have been actioned.

7. Safeguarding Adults Local Context

In meeting the national and local requirements for adult Safeguarding during 2015/16 NHS Haringey CCG has:

7.1 Key Professionals

7.1.1 During the period covered by this report the Haringey CCG Safeguarding Adult Team consisted of:

- Assistant Director Safeguarding / Designated Nurse Child Protection - Full-time
- Safeguarding Adult Lead – Full time
- Safeguarding Administrator - Full-time
- Manager of the Care Homes and Quality Matters in Care Homes Team –Full time
- Quality Assurance Nurse Care Homes and Quality Matters in Care Homes Team – Full time

7.1.2 Haringey CCG Safeguarding Team and Arrangements Restructure

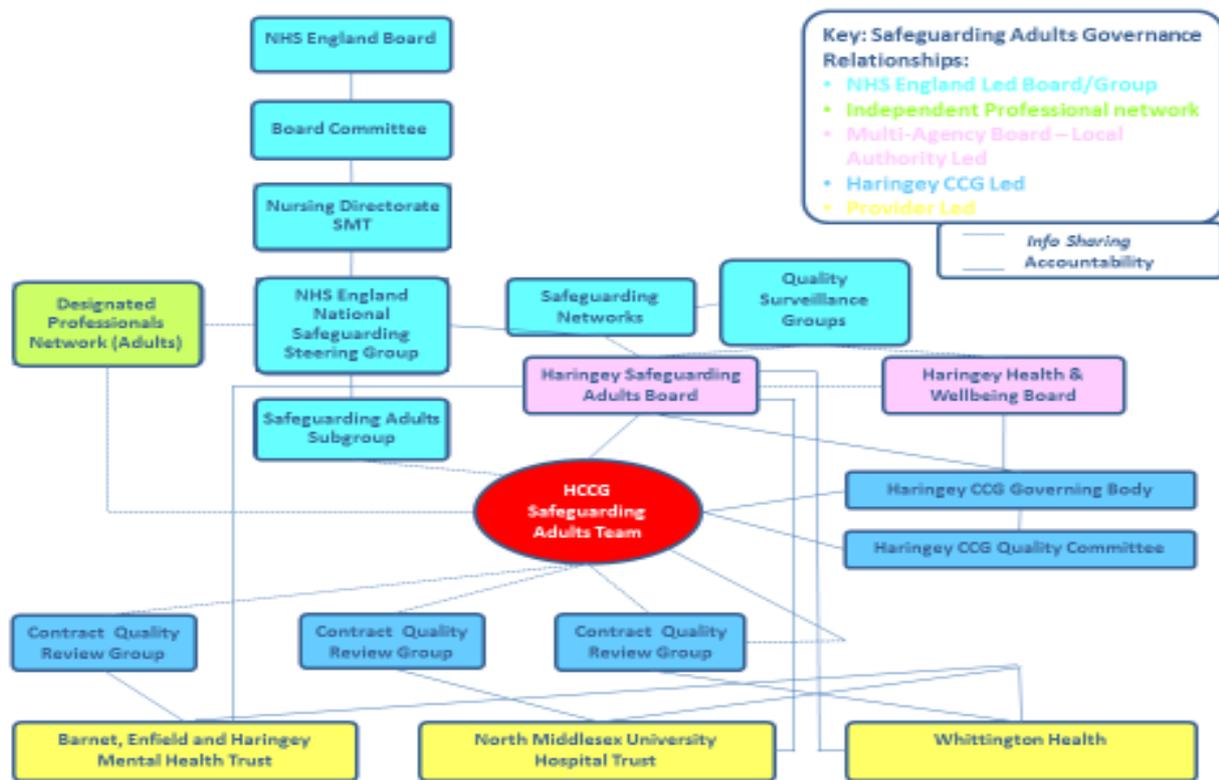
From 02/11/15 a restructure within the CCG's Quality Directorate saw the following changes to the structure:

- Assistant Director of Quality and Nursing (full-time)
- Designated Professional for Safeguarding Adults – Full time
- Manager of the Care Homes and Quality Matters in Care Homes Team –Full time
- Quality Assurance Nurse, Care Homes and Quality Matters in Care Homes Team – Full time
- Continuing Health Care Team

7.2. Safeguarding Leadership

- 7.2.1** Haringey CCG's Chief Officer is the executive lead for HCCG Safeguarding Adults' agenda and has the responsibility for ensuring the effective contribution by health services to Safeguarding and promoting the safety of adults at risk and vulnerable people. In addition, that Safeguarding Adult practice is strongly embedded across the whole local health economy. This is operationally delivered through local commissioning arrangements. The Chief Officer is a member of Haringey CCG Governing Body.
- 7.2.2** The Executive Nurse and Director of Quality and Integrated Governance (who reports to the Chief Officer) is responsible for ensuring that Safeguarding is embedded across the health community, operationally delivered through local commissioning arrangements. As part of the Quality Committee they are responsible for the monitoring of Safeguarding Adults Governance Processes, reporting any risks or achievements to the CCG Board and Chief Officer.
- 7.2.3** The Assistant Director of Quality and Nursing oversees the Safeguarding Adults at Risk agenda in HCCG and is responsible for reporting any Safeguarding risks to the Executive Nurse / Director of Quality and Integrated Governance. This role also ensures that all health organisations with whom HCCG has commissioning arrangements with have links with their SAB and is responsible for ensuring Safeguarding Adults systems are in place and monitored.
- 7.2.4** The Designated Professional for Safeguarding Adults reports to the Assistant Director of Quality and Nursing and provides expertise, a point of contact for advice, and intelligence regarding adult Safeguarding across the health economy. This role ensures that HCCG fulfils its statutory functions for Safeguarding as detailed in statutory and national guidance, providing assurance to executive leads for safeguarding, that there is a systematic approach to Safeguarding across HCCG.

7.3 Safeguarding Adults Governance Relationships



Haringey. It acts as a partnership forum for agreeing how agencies should co-operate to safeguard adults at risk and ensure that local arrangements work effectively to bring about positive outcomes for the people of Haringey.

8.0 Safeguarding Monitoring of Commissioned Services

8.1.1 HCCG as commissioners of local health services need to be assured that the organisations from which they commission have effective safeguarding arrangements in place.

8.1.2 HCCG largest health providers are:

- Whittington Health (community and hospital services),
- North Middlesex University Hospital
- Barnet Enfield & Haringey Mental Health Trust.

8.1.3 HCCG also commissions Continuing Health Care (CHC) services for Haringey residents who are eligible for CHC or Funded Nursing Care (FNC) via a number of smaller providers.

8.1.4 The effectiveness of the Safeguarding system is assured and regulated by a number of bodies and mechanisms. These include:

- Provider Safeguarding Adults Committees, internal assurance processes and Board accountability.
- The Safeguarding Adult Board.
- HCCG Quality Committee.
- Clinical Quality Review Group meetings (CQRG).
- External regulation and inspection – CQC.
- Effective commissioning, procurement and contract monitoring.

- Haringey information sharing panel.
- Establishment Concerns process.

8.1.5 All provider services, are required to comply with the Care Quality Commission Essential Standards for Quality and Safety which include safeguarding standards (Standard 7).

NHS Haringey CCG performance manages each provider organisation via formal contract review meetings led at Director level. In addition the following arrangements are in place to strengthen the CCG's assurance processes:

- Safeguarding Leads are members of each Provider Trust's internal Safeguarding Committees.
- Joint commissioner/provider quality contract meetings always considers safeguarding issues/priorities and receive updates on action plans from Serious Case/Domestic Homicide Reviews.
- Systematic reviews of serious untoward incident reports are routinely received from NCL Commissioning Support Unit.

8.2 NHS Trust Providers

8.2.1 All NHS Acute providers have a Safeguarding Adult lead within their organisation. All NHS providers follow their own internal governance structures with regards to the reporting of Safeguarding activity; there is a variation across providers in these governance arrangements. All organisations have Adult Safeguarding processes and performance monitored by their own trust boards and by representation on the HSAB.

8.2.2 Improvements in the way in which trusts collect data have improved. The introduction of the NCL quarterly dashboard has provided a consistent approach to data collection.

8.2.3 Additionally, all NHS providers are responsible for ensuring that all Serious Incidents, including those with Safeguarding elements, are reported to the Strategic Executive Information System (STEIS), which reports to the Department of Health via NHS England.

8.2.4 Haringey CCG the Designated Professional for Safeguarding Adults attends all providers' Safeguarding Adults Committees. The Designated Professional for Safeguarding Adults utilises attendance at the committees as one way of gaining assurance that Provider Trusts are ensuring high quality Safeguarding Adults practice is embedded within their organisations and providing supportive challenge where required. The Designated Professional for Safeguarding Adults monitors compliance with the Trusts respective Safeguarding Adult training strategies through representation on the committees and takes action as required. Information obtained from these meetings is included in the Quality Committee Safeguarding Briefings.

8.2.5 The Safeguarding Adults Committees (which have representation from Inter-professional and inter agency groups) provide that strategic direction to Safeguarding Adult activities within the Trusts and monitor that Safeguarding commitments are met. One of the purposes of the committees is to promote engagement with departments internally and all agencies and to gain assurance that standards set out in the Pan-London guidance *'Protecting adults at risk'*

*London multi agency policy and procedures to safeguard adults from abuse*⁹ are met.

8.2.6 In all three Trusts, the Safeguarding Committees are chaired by either the Deputy Director of Nursing or the Director of Nursing and report to the Trust Risk and Quality Committee. This ensures that scrutiny can be achieved at several levels that also involve Trust Non-Executive Directors. The Safeguarding Adults Committees also maintain an organisational overview of the implementation of the legal provisions in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards (DoLS) and Prevent duty.

8.2.7 The three Trust Boards receive an Annual Safeguarding Adults Report and Work plans and these are shared with HCCG.

8.2.8 North Middlesex University Hospital NHS Trust (NMUH)

8.2.9 NMUH has an established Safeguarding Adults Committee which has representation from inter professional and inter agency groups. It provides the strategic direction to Safeguarding adult activities across the Trust and ensures that all Safeguarding commitments and responsibilities are met. Its purpose is to promote engagement with all agencies and to gain assurance that standards set out in Care Act 2014 are met.

8.2.10 The Safeguarding Adults Committee is chaired by the Assistant Director of Nursing and reports to the Trust Risk and Quality Committee. This ensures that scrutiny can be achieved at several levels which also involve Trust Non-Executive Directors. The Trust Board receives an Annual Report and work plan on the Trust’s Safeguarding Adults arrangements.

8.2.11 The Trust Safeguarding Adults Committee meets Bi Monthly to provide strategic direction to Safeguarding activities across the Trust and to ensure that the Trust meets its legal requirements. A Bi monthly report is tabled at Safeguarding Adults Committee which summarises progress relating to training, activity, policy, updates and learning from Serious Case Reviews and Serious Incidents relating to Safeguarding.

8.2.12 Level one and two training is provided via e learning and face to face training sessions and is delivered as part of the induction program and at 3 yearly intervals.

NMUH were compliant with level one Safeguarding Adults training but not compliant with level 2 training by the end of quarter 4. The Trust Safeguarding Adult Lead has implemented the following to improve compliance:

- 6 training sessions for Safeguarding Adult level 2 core skills training.
- 4 training sessions for Safeguarding Adult level 2 at the Clinical Skills update training for nursing staff.

Table 1 NMUH Safeguarding Adult Training Data.

Level	Quarter 1	Quarter 2	Quarter 3	Quarter 4

⁹ <http://www.scie.org.uk/publications/reports/report39.pdf?res=true>

Level 1	85%	86%	88%	88%
Level 2	71%	72%	73%	74%

8.2.13 Barnet, Enfield and Haringey Mental Health Trust (BEH-MHT)

8.2.14 The Trust has an internal Safeguarding Adults Committee which meets on a quarterly basis which reports to the Trust's Governance and Risk Management Committee. The Committee is chaired by the Executive Director of Nursing, Quality and Governance who is the Board Lead for Safeguarding Adults. Members of the committee consist of service managers from each Service line, Local Authority partners and commissioning colleagues from the 3 boroughs the Trust provides services for.

8.2.15 The Board receives an Annual Report and work plan on the Trust's Safeguarding Adults activities. At each public Board meeting the Trust Board receives an update on training compliance, alerts, investigations and their outcomes.

8.2.16 Level one and two training is provided via e learning and face to face training sessions and is delivered as part of the induction program and at 3 yearly intervals.

BEH-MHT was compliant with level one and level two Safeguarding Adult training.

Table 2 BEH Safeguarding Adult Training Data.

Level	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Level 1	85%	83%	89%	86%
Level 2	-	-	89%	86%

8.2.17 Whittington Hospital NHS Trust (Whittington Health) (WH)

8.2.18 The Director of Nursing and Patient Experience is responsible for Adult Safeguarding. The Trust has a Safeguarding Adult Lead and a Lead Doctor for Safeguarding Adults.

Whittington Health has a Safeguarding Adults Committee which meets Bi Monthly and is chaired by the Assistant Director of Nursing and Patient Experience. It is attended by internal divisions and external partner agencies and commissioners. The Safeguarding Adult Lead produces a Bi monthly progress report in line with the Safeguarding Adult Assessment Framework and action tracker. The Trust Provides a Safeguarding Adults Annual Report to its Trust Board and quarterly reports to its Quality and Safety Committee.

8.2.19 Level one and two training is provided via e learning and face to face training sessions and is

delivered as part of the induction program and at 3 yearly intervals.

Whittington Health was compliant with level one and level two Safeguarding Adult training.

Table 3 Whittington Safeguarding Adult Training Data.

Level	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Level 1	79%	84%	85%	88%
Level 2	79%	79%	85%	85%

8.3 Independent Providers: Nursing/Residential Care Homes, Private Hospitals and Domiliary Care.

8.3.1 Safeguarding activity within Independent Providers is monitored through a variety of means including:

- Safeguarding Adult Board
- London Borough Haringey (LBH) Safeguarding Adult Team
- Quarterly Safety & Quality Information Panels with CQC and LBH Commissioning Team.
- Monthly care homes meetings with London Borough of Haringey and Quality Matters in Care Homes Team.
- Monthly meetings with Continuing Health Care (CHC) team.
- Quality-Matters-in-care-homes team monthly dash board.
- CHC annual reviews.

8.3.2 The sharing of information through meetings, forums and the collection of data enables HCCG to triangulate information to ensure that early on, concerns or issues are identified and prevention of avoidable harm is seen as a priority and measures are put in place to support this.

8.4 NHS HCCG Safeguarding Adults Training Compliance

8.4.1 HCCG training strategy is currently based on the Bournemouth competencies¹⁰ this will be reviewed in 2016 in line with the changes in the Care Act 2014, the revised Bournemouth competencies framework and the Safeguarding Adults: roles and competences for health care staff intercollegiate guidance 2016.

Table 5 HCCG Safeguarding training data

¹⁰ <http://www.scie.org.uk/publications/guides/guide45/files/Bournemouth.pdf?res=true>

Level	Total required	Compliance %
Level 1	78	83%
Level 2	8	100%
Level 3	8	100%
Level 4	2	100%

Bespoke training was arranged for the CHC and Care Homes team to ensure compliance with Safeguarding and Care Act 2014. All CHC and Care Home staff have achieved level 3 training. In addition to this both the CHC team Manager and Clinical Lead have both attended leadership and chairing safeguarding meetings training provided by LB Haringey.

9.0 Reviews, Inspections, Audits

9.1. Safeguarding Adults Reviews (SAR)

9.1.1 There have been two SARs during 2015-2016. Both reviews will be led by an Independent Panel Chair and Independent Review Author. The terms of reference for the SAR have been agreed. The output will be an overview report which will address the Terms of Reference and which include the specific concerns raised in the referral and includes findings and recommendations focused on lessons learned.

The Panel will report to the Board for agreement to the report and action plan. There will also be a SAB response and an action plan and dissemination of learning following the review.

9.2 Domestic Homicide Review (DHR)

9.2.1 There have been three DHR in progress Haringey during 2015-2016. The professional Designate for Safeguarding Adults is a core member of the review group.

9.3 Inspections

9.3.1 NHS Deep Dive

9.3.2 An internal Safeguarding Adult audit was completed in December 2016 by NHSE.

Table 6 HCCG Safeguarding Deep Dive Overall Findings.

Safeguarding Deep Dive Review Components	Outcome
Governance /Systems/ Processes	Assured as Good

Workforce	Assured as Good
Capacity levels in CCG	Assured as Good
Assurance	Assured as Good

9.3.3 Limited assurance was in the following areas:

- Adult Named G.P, there is no GP in this post. HCCG will need to review whether given future co-commissioning arrangements whether a GP Lead employed on a sessional basis will strengthen Safeguarding arrangements within Primary Care.

9.4 HSAB Safeguarding Adult Audit Tool

9.4.1 Haringey Safeguarding Adults Board adopted the NHS England Safeguarding Adult Audit Tool and participated in a North, Central London (NCL) 'Challenge and Support' event in January 2016. The event was hosted by LB Haringey and included the NCL 5 boards. The events aim was to identify best practice and areas for improvement within each partner organisation.

9.4.2 The use of the audit tool provides the opportunity to: benchmark; identify themes and improvements needed; and share best practice across sector level. The audits also support the Adult Safeguarding Boards to ensure that there is effective and consistent Safeguarding practice across the 5 boroughs.

9.5 Establishment Concerns Haringey (EC)

9.5.1 The Joint Establishment Concerns joint policy was reviewed in line with the Care Act 2014 and ratified at the SAB in Oct 2015. A copy of the policy can be found at; http://www.haringey.gov.uk/sites/haringeygovuk/files/joint_establishment_concerns_procedure_and_guidance_july_2015.pdf

9.5.2 There have been two EC process put in place by LBH in 2015/2016 one domiciliary care agency and one specialist care home for people with Learning Disabilities. Both had received poor CQC inspection ratings requiring action and improvement. The Local Authority is the lead in the EC process, HCCG I Designated Professional for Safeguarding Adults is a core member of EC Panel and provides expertise from Health.

9.5.3 Establishment Concerns Enfield (EC)

There have been two EC processes in Enfield during 2015-2016 affecting HCCG CHC patients. One home was a nursing homes and one specialist care home for people with learning disabilities both had received poor CQC inspection ratings requiring action and improvement.

9.5.4 This has had a significant impact on resources in Haringey for the Continuing Health Care team requiring repeated early reviews of placements.

9.5.5 HCCG Quality Matters in Care Home Team (QMCHT) and the Designated Professional for Safeguarding for Adults contribute to the work of the EC process by working collaboratively

with commissioners and provider organisations to monitor compliance through improvement plans and drive up quality and safety within the organisations.

10. Service Developments

10.1 Key Progress Made in 2015/16

There has been significant progress against the 2015/2016 objectives in addition to maximising opportunities to develop localised policies and protocols across North Central London CCGs, providers, commissioners and with partner agencies including LBH. Below are some of the developments achieved during 2015-2016. A full summary of progress can be found in section 10.

- Mental Capacity Act (MCA) project funds secured to deliver a programme of training and awareness raising.
- Patient engagement and awareness raising events on Lasting Power of Attorney and Advance Decisions for patients and carers.
- Patient information leaflets developed on Advance Decisions, Preferred Priorities for Care and Lasting Power of Attorney developed for GP practices and acute trusts.
- Provider MCA compliance audit designed and rolled out to trusts.
- Four bespoke GP training events with FAQ produced.
- GP audit rolled out to measure MCA compliance.
- GP MCA assessment template and guidance developed.
- MCA and DoLS quarterly provider peer support group rolled out.
- HCCG MCA and DoLS policy and assessment template developed for CHC.
- Barnet, Enfield and Haringey CCGs MCA Care Homes Policy developed and ratified at NHSE MCA and DoLS pan London Network.
- MCA and DoLS learning conference May 2015.
- HCCG Safeguarding Adults Supervision Policy developed and implemented.
- HCCG Prevent strategy developed and implemented.
- HCCG Prevent policy developed and implemented.
- HCCG Prevent e learning awareness training developed.
- Joint Establishment Concerns Policy developed and implemented.
- Initiation of the multi-agency MCA and DoLS SAB sub group.
- Updated and implemented interim HCCGs Safeguarding Adults Policy.
- Implemented Key Performance Indicator, annual audit and quarterly dashboard for providers.
- Safeguarding Adults audit and recommendations have been completed as part of the Safeguarding Adults' boards peer challenge.
- Reviewed the CHC Safeguarding referral pathway.
- Initiation of a Safeguarding Adults Lead peer supervision group.
- The Designated Professional for Safeguarding for Adults attends all provider Safeguarding committees.
- The Designated Professional for Safeguarding for Adults attends quarterly NHSE CCG Safeguarding forum. The Designated Professional for Safeguarding Adults has attended all 4 meetings. The forums as a conduit to disseminate good practice, learning and provides updates on policy both local and national.
- S42 training commissioned and delivered to CHC Team via LBH.
- Care Act (Safeguarding) updates delivered to CHC Team.
- Chairing strategy meetings training delivered to CHC team manager and clinical lead via LBH.
- Bespoke MCA and DoLS training commissioned and rolled out to CHC team.

- Contracts and Independent Placement Agreement reviewed and now contain Safeguarding requirements, MCA and DoLS and quarterly dashboard has been created.
- HCCG Designated Professional for Safeguarding for Adults has provided commentary on the Law Commission Proposals for DoLS.
- HCCG Designated Professional for Safeguarding for Adults has been involved in the review of the Pan London Safeguarding Adults Multi Agency Policy and Procedure.
- HCCG Designated Professional for Safeguarding for Adults Lead is a member of the MCA and DoLS London NHS Steering Group which has developed the commissioners MCA toolkit.
- HCCG Designated Professional in conjunction with Quality Assurance Nurse have implemented and rolled out the joint Pressure Ulcer Protocol.

10.2 Transforming Care

10.2.1 After the Winterbourne View scandal, the Government and a large number of partners signed a Concordat pledging action on care for people with learning disabilities and/or autism who present behaviour that challenges and/or complex mental health problems. The Concordat promised: health and care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community-based support as quickly as possible and no later than 1 June 2014”. It envisaged a “rapid reduction in hospital placements for this group of people”, and “the closure of large-scale inpatient services”¹¹. But that pledge was missed.

10.2.2 Following the failure to meet that pledge, NHS England developed a programme plan and asked Sir Stephen Bubb, chief executive of charity leaders body ACEVO (Association of Chief Executives of Voluntary Organisations), to make recommendations for a national commissioning framework under which local commissioners would secure community-based support for people with learning disabilities and/or autism.

10.2.3 Since Sir Stephen’s report was published, NHS England, the Department of Health (DH), the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS), the Care Quality Commission (CQC) and Health Education England (HEE) have committed to strengthen the Transforming Care delivery programme¹², building on the work of the last few years and accelerating progress where it has been slow.¹³

10.2.4 The Transforming Care programme focuses on the five key areas of:

1. empowering individuals
2. right care, right place
3. workforce
4. regulation
5. data

10.2.5 The national plan, Building the Right Support¹⁴ that has been developed jointly by NHS England, the LGA and ADASS, is the next key milestone in the cross-system Transforming Care programme, and includes 48 Transforming Care Partnerships¹⁵ across England to re-

¹¹ <https://www.england.nhs.uk/learningdisabilities/care/>

¹³ <https://www.england.nhs.uk/learningdisabilities/care/>

¹⁴ <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

¹⁵ <https://www.england.nhs.uk/learningdisabilities/tcp/>

shape local services, to meet individual's needs. This is supported by a new Service Model¹⁶ for commissioners across health and care that defines what good services should look like.

The plan builds on other transforming care work to strengthen individuals' rights; roll out care and treatment reviews across England, to reduce unnecessary hospital admissions and lengthy hospital stays; and test a new competency framework for staff, to ensure we have the right skills in the right place.

10.2.6 The Transforming Care programme is focusing on addressing long-standing issues to ensure sustainable change that will see:

- more choice for people and their families, and more say in their care;
- providing more care in the community, with personalised support provided by multi-disciplinary health and care teams;
- more innovative services to give people a range of care options, with personal budgets, so that care meets individuals' needs;
- providing early more intensive support for those who need it, so that people can stay in the community, close to home;
- but for those that do need in-patient care, ensuring it is only for as long as they need it.

10.2.7 HCCG have complied with NHS England requirements to report quarterly on the number of patients remaining in hospital settings. Some HCCG patients remained in hospital settings post June 2015 however commissioners report that work is progressing to ensure that they are safely transferred at the earliest opportunity to a more suitable placement.

10.3 Haringey Safeguarding Adults Board (SAB) Sub groups

10.3.1 Haringey Prevent Delivery Group (HPDG)

10.3.2 HCCG Designated Professional for Safeguarding Adults attends LBH quarterly Prevent delivery group to provide assurances to LBH in respect of the Prevent agenda and HCCG Prevent arrangements. The Designated Professional for Safeguarding Adults completed a gap analysis for HCCG and an action plan to mitigate risk. The report was submitted to the Quality Committee in June 2015 and was later ratified at the Prevent delivery group in September 2015. Prevent e learning awareness training was rolled out to HCCG employees during 2015/2016 HCCG aim to have 100% compliance by April 2017, compliance level currently stands at 85%. A small number of front line staff are required to undertake the full Workshop to Raise Awareness on Prevent (WRAP) training HCCG staff have been identified and a training session will be provided by LBH Prevent coordinator during 2016.

10.3.3 On the 1st July 2015 Section 21 of the Counter-Terrorism and Security Act 2015¹⁷ came in to force which placed a duty on certain bodies including the health sector, health trusts and mental health trusts to have "due regard to the need to prevent people from being drawn into terrorism." In line with the new duty all commissioned services have been asked to complete a gaps analysis and Prevent Strategy.

10.3.4 Currently all HCCG providers trusts have as a minimum a Prevent Lead or interim Lead who acts as a single point of contact for the health regional Prevent co-ordinators, and is

¹⁶<https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf>

¹⁷https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417941/Prevent_Duty_Guidance_for_Scotland.pdf

responsible for implementing Prevent within their organisation. This includes a training needs analysis, access to appropriate training, policies and procedures.

10.3.5 Each CCG and acute trust are required by the home office to submit a quarterly dashboard outlining numbers of staff WRAP trained and number of referrals to Channel Panel. Safeguarding arrangements are monitored through Trust internal safeguarding committees.

10.3.6 HCCG Designated Professional for Safeguarding Adults is a member of the fortnightly Haringey Channel Panel. Channel is an early intervention multi-agency process designed to safeguard vulnerable people from being drawn into violent extremist or terrorist behaviour. Channel works in a similar way to existing safeguarding partnerships aimed at protecting vulnerable people.

10.4 Multi-agency Mental Capacity Act and Deprivation of Liberty Safeguards SAB Subgroup

10.4.1 A Multi-agency Mental Capacity Act and Deprivation of Liberty Safeguards SAB Subgroup has now been established in Haringey the HCCG Designated Professional for Safeguarding Adults is the co-chair of the quarterly SAB sub group.

10.4.2 The purpose of the subgroup is to strengthen inter agency relationships and facilitate the ongoing implementation of the MCA including the Safeguards in addition to providing assurances around governance and quality, sharing practice and improving DoLS compliance. It supports the aim of Government to embed rights and responsibilities of the MCA in mainstream work. A multi-agency MCA and DoLS operational policy has been developed through this group.

10.5 Prevention/Training and development SAB sub group

10.5.1 The Haringey Safeguarding Adults Prevention & Training and Development Subgroup is a sub-group of the Safeguarding Adults Board (SAB). The Prevention and Training SAB subgroup is responsible for taking a strategic overview of the planning, delivery and evaluation of inter-agency training that is required in order to promote effective practice to safeguard the welfare of adults in addition to promoting awareness of Safeguarding Adults work in Haringey.

HCCG Designated Professional for Safeguarding Adults is a member of the quarterly Subgroup.

10.6 Multi Agency SAB Quality Assurance Subgroup

10.6.1 The Multi Agency SAB Quality Assurance (QA) Subgroup Coordinates and supports the development of Safeguarding Adults work in Haringey with particular emphasis on developing best practice in Safeguarding Adults work and learning from experience. HCCG Professional Designate for Safeguarding Adults has been involved in the development of the Quality Assurance Framework which will act as the mechanism by which the SAB will hold local agencies to account for their Safeguarding work, including prevention and early intervention.

The Designated Professional for Safeguarding Adults is a member of the quarterly QA Subgroup.

10.7 Objectives 2015/16

Objectives for 2015/16	Progress	Status of completion
<p>Develop processes with adult commissioners to ensure that adult care placements (such as in care homes, nursing homes or independent hospitals) are based on knowledge of standards of care and Safeguarding concerns.</p> <p>Individual placements agreements now contain information regarding providers reporting and service standard pertaining to Safeguarding adults.</p> <p>Commissioning and contract monitoring has a clear focus on Safeguarding and dignity and any shortfalls in standards are addressed.</p>	<p>IPA Individual Placement Agreements, Standard Contracts now include safeguarding and quality monitoring however further work is required to roll out contracts to existing providers during 2016/2017</p> <p>Commissioning Team have devised a contract roll out time table to be completed 2016/2017.</p>	<p>Largely completed.</p> <p>Agree program of audit roll out to existing providers with CHC commissioning team.</p> <p>Process for quality checking providers to be agreed including analysis of dashboard data.</p> <p>Annual quality audit tool to be devised and based on CQC quality standards.</p> <p>Objective carried forward for 2016-2019 strategy.</p>
<p>Alignment of Safeguarding and Serious Incident (SI) investigations: The Adult Safeguarding Lead and the Local Authority (LA) Safeguarding team to align the two processes so that duplication of effort is avoided and to enable timescales to be met and learning recorded/shared as required.</p>	<p>HCCG SI policy and Safeguarding policy reviewed neither contain relevant pathway.</p> <p>NHSE Serious Incident and Never Event Policy was updated April 2015.</p> <p>The NHS London Operating Model for Serious Incidents is being updated in line with the new SI Framework this will include a framework which will align SI and Safeguarding investigations where appropriate.</p> <p>Haringey SAB agreed alignment of investigation process to ensure duplication is reduced.</p> <p>HCCG Safeguarding Adult Policy updated to reflect changes to S.I policy and pathway.</p>	<p>Largely completed.</p> <p>Haringey SAB has agreed to incorporate the SI and safeguarding pathway into local multiagency policies.</p> <p>The piece of work is yet to be completed with LBH, is due for completion in 2016.</p> <p>Objective carried forward for 2016-2019 strategy.</p>
<p>Health-related adult Safeguarding risks: It is not currently known (other</p>	<p>North Central London (NCL) CCG Safeguarding adults</p>	<p>Largely completed.</p>

Objectives for 2015/16	Progress	Status of completion
<p>than pressure ulcers), what the most significant clinical risk indicators associated with adult Safeguarding are in Haringey. The LA & the CCG plan to develop a matrix that identifies the high-risk areas. This will then allow for action to be taken to address the risks with providers.</p>	<p>leads have developed a KPI for 2015/16 contracts. The KPI is “completion of the annual Safeguarding audit and a quarterly metrics.”</p> <p>The metrics will support organisations to gather intelligent Safeguarding data which can be used to identify areas of risk and develop preventative strategies that aim to reduce instances of abuse and neglect within their organisation.</p> <p>Additional work is required 2016 to support providers to implement the audit and metrics and produce action plan in line with findings.</p> <p>Quality SAB sub group has devised a quality assurance framework that will map agencies and providers the framework is based on the six principles of Safeguarding. The purpose of the framework is to gain a better understanding of how safe adults at risk are in individual services.</p>	<p>Annual audit and quarterly dashboard has been submitted and agreed with NMUH trust Safeguarding Adult Lead.</p> <p>Additional work is required 2016 to support providers to implement the audit and dashboard and produce action plan in line with findings via the Safeguarding Adult Committee.</p> <p>The quality assurance framework is due for ratification at the SAB on the 25th April 2016. The framework will then be rolled out to each organisation.</p>
<p>Support clinical teams to improve practice: The LA & the CCG will develop a matrix to map Safeguarding referrals in order to allow identification of teams/areas with high numbers of Safeguarding concerns. These teams will then be supported and encouraged to improve the quality of their practice.</p>	<p>See above</p>	
<p>Clinical Supervision policy: This will be developed in collaboration with the Continuing Health Care Team to ensure Safeguarding specific supervision is included.</p>	<p>A stand-alone Safeguarding adults at risk supervision policy has been developed. This will be shared with CHC team for comments then submitted to SMT in June 2016 for ratification.</p>	<p>Largely completed.</p> <p>Policy written by CHC Team Manager requires formal HCCG ratification via the Quality Committee (QC).</p> <p>Presentation at Spet QC</p>

Objectives for 2015/16	Progress	Status of completion
		2016. Carried forward 2016/2017
<p>Safeguarding Adults Policy and Procedure: This will be updated to reflect new legislation and national guidance and include a section with regards to the management of Safeguarding allegations against staff employed by the CCG (2014/15 objective from SG adult Annual report)</p> <p>The policy will be updated to include a reporting structure chart both internally and externally.</p>	<p>HCCG Safeguarding adults at risk policy has been updated to reflect the changes in line with the Care Act 2014. The policy has been ratified at Aprils Quality Committee.</p> <p>The policy has been updated to include an internal and external linkage reporting structure.</p> <p>The policy has now been reviewed and updated in line with the revised NHSE Safeguarding Accountability and Assurance Framework 2015 and the London Multi agency Procedures for Safeguarding.</p>	<p>Refreshed 2015 will require updating post launch of London Multi Agency Safeguarding Adult Policy and Procedure 2016 and NHSE safeguarding adult intercollegiate guidance.</p> <p>Audit required to monitor compliance.</p>
<p>CCG Adult Safeguarding Forum: The CCG will need to consider establishing a Safeguarding Adults group to further Strengthen Safeguarding adults</p>	<p>NCL CCG Safeguarding leads have initiated a peer supervision group. The Group meet every 6 weeks to provide peer support and to establish a collaborative approach to work across the NCL foot print.</p>	<p>Completed 2015.</p>
<p>Develop a Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) operational policy, competency framework, assessment tool and audit for the Continuing Health Care Team (CHC) to ensure the CHC team are compliant with MCA legislation.</p>	<p>MCA and DoLS policy ratified at Oct 2015 Quality Committee.</p>	<p>Largely completed.</p> <p>Policy to be embedded in practice in CHC team 2015/2016. Audit Cycle agreed with CHC Team Manager.</p> <p>Objective 2016/2017 Policy to be reviewed 2016 following publication of intercollegiate guidance.</p> <p>Training competency framework to be updated following intercollegiate guidance.</p>
<p>Strengthen governance arrangements with provider</p>	<p>It is not mandatory for 1-1 supervision to be taken up</p>	<p>Will be carried forward 2016-2019 objectives to</p>

Objectives for 2015/16	Progress	Status of completion
organisations by holding 1:1 meetings on a Quarterly basis with the lead for safeguarding adults in provider organisations.	<p>by providers. 1-1 support is offered to those leads whom want it.</p> <p>The intercollegiate guidance is due to be published where there will be reference to safeguarding supervision for safeguarding leads.</p>	be reviewed in line with intercollegiate document.
<p>Deliver the following key projects within 2015; General Practitioner (GP) MCA and DoLS bespoke training, shared learning event for acute providers, GP, MCA and DoLS audit, Lasting Power of Attorney (LPA), Advanced Directive (AD) and Mental Capacity public awareness sessions. Develop and roll out MCA, LPA and AD Leaflets to General Practitioners and acute providers. Develop and roll out MCA and DoLS operational policy for care homes, develop and provide MCA and DoLS flash cards for the acute.</p>	<p>General Practitioner (GP) MCA and DoLS bespoke training commissioned and rolled out in May and June 2015.</p> <p>GP, MCA and DoLS audit rolled out in July and August 2015.</p> <p>Shared learning event for acute providers in May 2015.</p> <p>6 Lasting Power of Attorney (LPA), Advanced Directive (AD) and Mental Capacity public awareness sessions ran in May and June 2015.</p> <p>MCA, LPA and AD Leaflets designed and distributed to GP Practitioners and Acute providers.</p> <p>MCA and DoLS operational policy for care homes has been ratified at the August 2015 QC meeting. The policy has since been adopted pan London by CCGs.</p> <p>The MCA and DoLS CHC policy has been ratified at October 2015 QC.</p>	<p>Completed</p> <p>MCA project report to be presented at April 2016 QC.</p> <p>MCA and DoLS policy rolled out to CHC team in Oct 2015.</p> <p>Audit Cycle agreed with CHC Team Manager.</p> <p>MCA and DoLS operational policy for care homes launched at the LBH Care Home forum in February 2016.</p> <p>GP MCA tool and guidance available to GP practices.</p>
Develop and implement Safeguarding Adults at Risk Supervision Policy.	Safeguarding Adult supervision policy ratified at QC Oct 2015.	<p>Completed</p> <p>Policy launched at CHC team meeting January 2015.</p> <p>Audit Cycle agreed with CHC Team Manager for 2016/2017</p>
Develop localised Multi Agency Safeguarding Adults Pressure Ulcer Protocol in line with NHSE Safeguarding Adults Pressure Ulcer Protocol.	Safeguarding Adult Lead and the Quality Nurse have reviewed the Safeguarding Adults Pressure Ulcer protocol with the LA, PU working group and harm free care group and aligned it to	<p>Largely completed</p> <p>Revised policy to be ratified by Haringey SAB April 2016.</p> <p>Audit of compliance to be</p>

Objectives for 2015/16	Progress	Status of completion
	<p>local PU protocol. Safeguarding pressure ulcer protocol ratified at April 2015 SAB and distributed through the provider network.</p> <p>PU policy further revised following publication of S.I revised NHSE policy.</p>	completed 2016-2017
Review and update the Safeguarding Adults Internet page to reflect changes in legislation, local and national policy.	Internet page reviewed and some changes made to ensure care act compliance.	Carried over 2016/2019 objectives. Meeting required with HCCG communications team to update web page April 2016 following launch of HCCG Safeguarding Adults Policy and Procedure and The London Multiagency agency policy and procedure for safeguarding.
Develop a PREVENT strategy in line with The Counter Terrorism and Security Act 2015 and NHSE PREVENT duty guidance.	Prevent strategy ratified at June 2015 QC and at LBH Prevent delivery group in September 2015. Prevent policy ratified at October quality committee 2015.	Largely Completed. Objective 2016/2017 Review the training strategy in line with the revised NHSE PREVENT competency framework and the Safeguarding Adults intercollegiate guidance April 2016.
Conduct a baseline assessment of HCCG's position against the Revised NHSE Accountability and Assurance Framework: To be completed by the Safeguarding adults lead in 2015/2016 with actions to progress the goals identified through HCCG Safeguarding adults work plan.	All actions from gap analysis transferred to 2016 -2019 work plan.	Largely completed All gaps have been addressed or on current work plan.

11. Key Objectives for April 2016 –March 2017

11.1 The challenges for Safeguarding over the coming year are to continue to develop, expand and embed Safeguarding practice within the core work of the CCG; and to build up partnership working with the local authority, local health providers and NHS England (London).

11.2 Implement and monitor Safeguarding Adult KPI, yearly and quarterly audit to ensure compliance with safeguarding arrangements. Support Safeguarding Adults Leads in

provider organisations to implement the requirements of the KPI. Monitor progress of the KPI through adult Safeguarding committees and provide this information in the Quality Committee Briefing and Annual Report.

- 11.3 Review the effectiveness of the newly implemented Mental Capacity (MCA) and Deprivation of Liberty Safeguards (DoLS) Operational Policy to ensure HCCG legal compliance:** Effectiveness of policy to be reviewed through program of audit.
- 11.4 Alignment of Safeguarding and Serious Incident pathway across Haringey and NCL so that duplication of effort is avoided and to enable timescales to be met and learning recorded/shared as required:** Set up a task and finish group to review the revised multiagency safeguarding adults policy and procedure and S.I framework agree pathway and include in all local Safeguarding Adults Operational Policies.
- 11.5 Develop processes with adult commissioners to ensure that adult care placements (such as in care homes, nursing homes or independent hospitals) are based on knowledge of standards of care and Safeguarding concerns: Agree rollout of IPA and standard contract with commissioning:** Agree program of audit roll out to existing providers with CHC commissioning team. Agree roll out of revised IPA and standard contracts with commissioning team. Annual quality audit tool to be devised and based on CQC quality standards.
- 11.6 Strengthen governance arrangements with provider organisations by holding 1:1 meetings on a Bi Monthly basis with the lead for Safeguarding adults in provider organisations.** Review recommendations for safeguarding supervision in intercollegiate document, agree with leads and implement supervision cycle.
- 11.7 Review the effectiveness of the newly implemented Safeguarding Adults at Risk Supervision Policy:** Effectiveness of policy to be reviewed through program of audit.
- 11.8 Develop localised Multi Agency Safeguarding Adults Pressure Ulcer Protocol:** To localise NHSE pressure ulcer protocol to ensure a proportionate response to the investigation of pressure ulcer care.
- 11.9 Update the HCCG Safeguarding Adults Internet page to ensure, HCCG staff and GPs Have access to latest information on local/national policy and legislation.** Work with HCCG communications Team to refresh the safeguarding adult's page, consider quarterly updates in the staff email circulation.
- 11.10 Develop a HCCG PREVENT training strategy in line with The Counter Terrorism and Security Act 2015 and NHSE PREVENT duty guidance to ensure HCCG are compliant with the guidance:** Review the revised NHSE Prevent competency framework, The Counter Terrorism and Security Act 2015 and the NHSE intercollegiate guidance with the Designated Nurse for Children. Develop a local trainings strategy and implement in 2016. All HCCG staff to receive training in line with the strategy by end of 2016.
- 11.11 Review and update Safeguarding Adults Policy, Procedure and training competency framework to reflect changes in legislation, national and intercollegiate guidance:** Review the NHSE Intercollegiate Guidance and updated Bournemouth Competency Framework. Apply changes to HCCG Training and Competency Framework roll out in 2016.
- 11.12 Strengthen internal assurance process by identifying a GP board member with lead responsibility for safeguarding adults:** Safeguarding will be appropriately represented at the governing body meeting. Systems and processes in place to drive the work of the Board are effective and efficient.

- 11.13 Strengthen safeguarding arrangements within primary care by recruiting a named GP.** Safeguarding leadership within primary care which promotes a culture of improvement and learning.
- 11.14 HCCG has a system for identifying, analysing and referring complaints which raise safeguarding concerns, including potential neglect.** Early identification of quality issues/safeguarding concerns with providers enabling actions to put in place to mitigate risk.
- 11.15 Where a patient under the responsibility of HCCG is in a private sector hospital or care home there are effective systems for recording and monitoring of Deprivation of liberty application.** HCCG will commission care that is responsive, person centred and that promotes the rights of the patient.
- 11.16 Actions from Safeguarding Adult Review (SAR) and Domestic Homicide reviews (DHR) are implemented, monitored and lessons shared across the all organisations including provider services.** HCCG will provide person centred quality safe care. HCCG will ensure the effectiveness of safeguarding arrangements with commissioned services. Good practice shared across the health economy.
- 11.17 Develop a PREVENT strategy in line with The Counter Terrorism and Security Act 2015 and NHSE PREVENT duty guidance.** Providers are able to demonstrate that they are compliant with PREVENT duty. Strengthen practice and outcomes for vulnerable adults.

End of Report.