

REPORT TO THE TRUST BOARD December 2014

Paper Title:	Safeguarding Report April – September 2014
Sponsoring Director:	Jennie Hall, Chief Nurse
Author:	David Flood, Lead Nurse for Safeguarding Adults
Purpose:	To review the activity for adult safeguarding across the trust and to provide assurance that this is a significant part of the patient safety agenda.
Action required by the board:	For information
Document previously considered by:	Patient Safety Committee Dec 2014
Executive summary	
<p>1. Key messages</p> <ul style="list-style-type: none"> • Safeguarding vulnerable adults and promoting their welfare is a priority. • The trust is actively represented in the wider safeguarding arena and is committed to multi-agency working. • The implementation of the Care Bill is likely to have a significant impact on adult safeguarding practice through a probable widening of thresholds and scope. • The impact of the Supreme Court judgement relating to Deprivation of Liberty Safeguards (DOLS) has had a significant impact on the number of authorisations under the safeguards that need to be made and will continue to have significant resource implications. • A new Domestic Abuse practitioner is due to start in January 2015 • Resources are being reviewed as part of business planning in light of the increased activity. <p>2. Recommendation</p> <p>To note the report for information and to receive this as assurance that focus is given to safeguarding adults at risk</p>	
Key risks identified:	
<ul style="list-style-type: none"> • To ensure that the Trust continues to meet the compliance standards required by the Care Quality Commission, in particular those related to the Mental Capacity Act and the Deprivation of Liberty Safeguards. • To ensure that staff access the required level of training. 	
Related Corporate Objective:	Safeguarding is a fundamental component of the Quality Improvement Strategy.
Related CQC Standard:	3. Patients should expect to be safe - patients will be protected from abuse or the risk of abuse and staff will respect their human rights.
<p>Equality Impact Assessment (EIA): Has an EIA been carried out? (Yes / No) If yes, please provide a summary of the key findings</p> <p>If no, please explain you reasons for not undertaking and EIA.</p>	

Appendix A:

1. EQUALITY IMPACT ASSESSMENT FORM – INITIAL SCREENING

Headline outcomes for the Equality Delivery System (EDS)

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well-supported staff
- Inclusive leadership at all levels

Service/Function/Policy	Directorate / Department	Assessor(s)	New or Existing Service or Policy?	Date of Assessment
				15 Oct 2010
1.1 Who is responsible for this service / function / policy?				
1.2 Describe the purpose of the service / function / policy? <i>Who is it intended to benefit? What are the intended outcomes?</i>				
1.3 Are there any associated objectives? <i>E.g. National Service Frameworks, National Targets, Legislation , Trust strategic objectives</i>				
1.4 What factors contribute or detract from achieving intended outcomes?				
1.5 Does the service / policy / function / have a positive or negative impact in terms of the protected groups under the Equality Act 2010. These are Age, Disability (physical and mental), Gender-reassignment, Marriage and Civil partnership, Pregnancy and maternity, Sex /Gender, Race (inc nationality and ethnicity), Sexual orientation, Region or belief and Human Rights				
1.6 If yes, please describe current or planned activities to address the impact.				
1.7 Is there any scope for new measures which would promote equality?				
1.8 What are your monitoring arrangements for this policy/ service				
1.9 Equality Impact Rating [low, medium, high]				
2.0. Please give your reasons for this rating				