Belfast Trust
Local Adult Safeguarding Partnership (LASP)

Annual Report 2019-2020

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SECTION 1: Overview

The Belfast Health and Social Care Trust is committed to promoting the health, well-being and protection of all adults in receipt of its services across the spectrum of its universal and specialist provision including domicilliary and day care services, residential care, nursing home care, supported living and respite care provided by or commissioned on behalf of the Trust.

The LASPs are located within each of the Health and Social Care Trust areas. The role of LASPs is to implement Northern Ireland Adult Safeguarding Partnership (NIASP) guidance, policy and procedures at a local level. Membership is drawn from local statutory, voluntary, independent and community sectors, including representation from Criminal Justice Agencies, Local Commissioning Groups, Local Authorities and the Faith Community.

The annual LASP work plan is reviewed under the three core themes contained in Adult Safeguarding Prevention and Protection in Partnership (2015).

This report includes a progress update in relation to the implementation of the regional Policy & Procedures and Joint Protocol, an overview of activity returns and commentary relating to the challenges and achievements of each service area.

SECTION 2: Work plan for Reporting Period

Achievements and Challenges

The Belfast Trust and the Belfast LASP are fully committed to delivering on the:

- Adult Safeguarding Prevention and Protection in Partnership Policy (2015)
- Adult Safeguarding Operational Procedures: Adults at Risk of Harm and Adults in Need of Protection (September 2016)
- Protocol for Joint Investigation of Adult Safeguarding Cases (August 2016)

The Belfast Trust and the Belfast LASP have embraced the strategic direction, as set out in the regional Policy. The continuum of safeguarding detailed in the Policy reinforces the protection responsibilities placed on Trusts and outlines new responsibilities for both the statutory sector and partner organisations. The Report will focus on providing an update in terms of the implementation of the Policy, Procedures and Joint protocol. For the Trust and the LASP Partners there have been a number of challenges but also a number of positive developments. In September 2019, NIASP was put on hold. Nevertheless, the Belfast LASP continued to meet. However, there was no strategic direction and as a result there was no LASP action plan for the reporting year 2019/20. In December 2019 NIASP was officially stood down.

Adult Safeguarding Structures within the Trust

The Belfast Trust Adult Safeguarding Structures consist of the Trust Adult Safeguarding Champion (ASC), Adult Safeguarding Committee, Trust Adult Safeguarding Specialist (TASS) and specialist Adult Safeguarding staff across a number of service areas and divisions.

The following adult services divisions operate within the Belfast Trust:

- ✓ ACOPS (Adult Protection Gateway Team (APGT), Older Peoples Service, Acute Hospital and Physical Health & Sensory Disability.
- ✓ Mental Health
- ✓ Learning Disability

- **ACOPS Structure:**

The **Adult Protection Gateway Team** is now in its seventh operational year and continues to provide a gateway / protection response for the Older People (OP) service area and Physical and Sensory Disability (PSD) service area. The APGT operate a two tier function to provide a central point of contact for external referrals and facilitates all adult protection investigations for all referrals for OP and PSD meeting the 'Adult in Need of Protection' threshold. For referrals that require a protection response, cases are allocated to APGT DAPOs and IOs for investigation. To provide this service the APGT has the following compliment of staff: B8A Assistance Service Manager, B7 DAPOs, six B6 IOs and one B7 Nurse Specialist.

Physical Health & Sensory Disability and Older Peoples Service have a fundamental role in relation to managing 'adult at risk of harm' referrals through the provision of Alternative Safeguarding responses, professional assessment and risk assessment. The community teams within the two service areas employ specialist trained Adult Safeguarding staff as Designated Adult Protection Officers and Investigating Officers.

Acute Hospitals: Acute hospital settings within ACOPS have a multifaceted role in Adult Safeguarding. Acute Hospitals receive referrals from a range of Hospital departments, screen referrals and transfer referrals to the relevant service area, team or Trust. Like all Adult Safeguarding services, Acute Hospital Adult Safeguarding Staff assess referral in relation to thresholds and determine appropriate actions required this might include conducting adult safeguarding investigations that do not meet the Adult Protection Threshold. The Social Work Department for Acute Hospitals have specialist Trained Adult Safeguarding Staff as Designated Adult Protection Officers and Investigating Officers.

The model employed within ACOPS enables Acute Hospitals and community teams in OPS & PHSD to receive Adult Safeguarding Referrals and screen to determine the threshold met this includes Alternative Safeguarding Response, Adult at Risk of harm and transfer Adult Protection Referrals to APGT for investigation.

- **Mental Health and Learning Disability Adult Safeguarding Structures:**

Mental Health and Learning Disability adult safeguarding structures operate a model, which involves the aligned DAPO to the Team or Department to screen Adult Safeguarding referrals, determine the threshold of significant harm and implement a response. The community teams receive referrals within the keyworker capacity and screen adult safeguarding referrals according to the threshold of 'Alternative Safeguarding Response', 'Adult at risk of harm' and an 'Adult in need of Protection. Mental Health and Learning Disability Hospitals manage Adult Safeguarding referrals internally with allocated specialist Adult Safeguarding staff responsible for this function.

Adult Mental Health operated an adult safeguarding team, which consist of DAPO's who conduct complex Adult Protection investigations for teams who require DAPO involvement. Both Adult Mental Health and Learning Disability operate Joint Protocol consultations by Designated Adult Protection Officers within community and hospital settings.

Within all Adult Services, each service has a nominated Adult Safeguarding Lead who provides operational support and oversight within their service area in line with Belfast Trust Adult Safeguarding developments.

Across all services is there is a process for assuring an unbroken line of accountability through to the Executive Director of Social Work. Operationally the individual teams are accountable to their Adult Safeguarding Lead, Service Area Manager and Divisional Social Work lead.

Belfast Trust Update:

Over the twelve months of April 2019-March 2020, Adult Safeguarding Strategic responsibilities experienced a number of challenges in delivery of service.

In April 2019, the BHSCT Trust Adult Safeguarding Specialist took over operational responsibly for the management of the BHSCT APGT. This took priority due to the demands and needs of the service. This remained in place in March 2020 and into the new reporting period. Over this period, depleted staffing levels, high levels of referrals and complex investigations resulted in the APGT placed on the Corporate Risk Register.

Over this period, adult safeguarding was subject to significant interest from public agencies in the wake of an independent audit intro Adult Safeguarding within Northern Ireland. The release of the draft findings and recommendations from the CPEA Independent review of Adult Safeguarding investigations in care home was released to the Health and Social Care Trusts. These recommendations in addition to the recommendations from the COPNI report highlighted areas of immediate actions and long-term change. In April 2019, a band 8a Adult Safeguarding Development officer was successfully recruited for an interim period of 3 months; the person appointed subsequently went on maternity leave.

Following this in December 2019 the Regional Northern Ireland Adult Safeguarding Partnership group was stood down and any regional strategic work was officially put on hold. There has been no further direction in relation to the future of NIASP and regional action plans moving forward.

It was agreed as an interim measure that the LASP's should remain in place, although there was limited direction in relation to what work would be taken forward by the LASP. Belfast LASP remained operational over this reporting period until March 2020 when the scheduled LASP was postponed due to COVID-19.

The global pandemic had a major impact upon the delivery of strategic requirements and responsibilities; this has resulted in a delay on previous action plans and the need to strongly align operational and strategic roles under one service area.

Operational and Strategic challenges within the Belfast Trust include:

APP Module on Paris:

Belfast Trust continue to use ASP suite of forms on Paris, and work outside the regionally agreed documentation. Over the reporting period 2019/20, Belfast Trust undertook a significant piece of work in the development of the APP suite of forms on Paris. However, delays occurred due to programming and subsequently awaiting

confirmation from the HSCB regarding potential changes to the forms following feedback from pilots in the SHSCT and recommendations from COPNI and CPEA. As a result, BHSCT continues to operate the ASP Module on PARIS, while consideration was given to the manual recording of the APP suite of forms. Consideration was given to alternative models, however the risks associated with moving to a manual paper system outweighed the benefits; therefore, The Trust remained working from a technological platform via ASP to record all Adult Safeguarding referrals and investigations.

Monthly HSCB Board Returns:
Belfast Trust Adult Safeguarding DATA remains higher than other Trusts across the region. Data returns remain a manual count, requiring significant resource in the collation of Adult Safeguarding Data across the Belfast Trust. In December 2019, direction from Trade Unions resulted in a pause on providing statistical returns. This resulted in a delay of HSCB returns from the Belfast Trust. The adult safeguarding development officer progressing this and submitting the stats retrospectively for the BHSCT.

Development of a Trust wide adult protection gateway service:
As noted in the regional policy and procedures. There is a requirement for all HSCT's to have an Adult Protection Gateway Service. However, BHSCT remain operating an APGT for OPS &PHSD. A proposal paper and recommendations were previously submitted and a decision regarding the future of Adult Safeguarding Structures within the Belfast Trust remains outstanding.

Trust wide Application of Adult Protection/ Adult Safeguarding practices:
Through a series of DAPO and IO forums with practitioners, it had been identified that there is a variation in interpretation of thresholds and applications of decision making across the Belfast Trust. In response to this, a process mapping exercise was facilitated across the Adult Services Directorate to try to gain a fuller understanding of reporting arrangements and threshold application. It was further recognised that with the issuing of reports relating to adult safeguarding, practitioners voiced concern and apprehension of potentially missing adult safeguarding referrals leading to potential small pockets of over reporting within the Trust.

Domestic Abuse:
Domestic Abuse figures across the Region is prevalent. Ongoing concerns regarding rise in Domestic Abuse incidents in Belfast Trust Area are highlighted at a regional and local platform. The Belfast Trust note the increase in domestic abuse, however this is not reflected in the numbers of referrals from PSNI to the Belfast Trust or number of joint protocol referrals.

MARAC / Domestic Violence and Abuse Disclosure Scheme:
MARAC in the Belfast Trust is attended by representatives from Older People Services/APGT, Adult Mental Health, Physical & Sensory Disability and Learning Disability.

Domestic Abuse figures indicate a significant number of incidents have required a referral to the MARAC process. The MARAC lead role completed by safeguarding leads creates significant involvement in the MARAC process. The role of the MARAC leads requires that they undertake all checks for the fortnightly MARAC agenda, agree the risk threshold for referral to MARAC and that they share information and actions with key professionals. Additionally the representatives will attend MARAC for cases open to their respective service area outside of the Belfast Trust initiating the referral.

The Domestic Violence & Abuse Disclosure scheme was launched in March 2018. The DMF and information requests from PSNI focus on two key elements, which include 'Power to Tell' and 'Right to Ask'. The activity and volume of work associated with the Domestic Violence & Abuse Disclosure is an additional responsibility for MARAC leads. It requires the administrative and professional task of completing checks, responding to the information requests within the specified 3-day period and attendance at the Decision Making Forums. Within the Belfast Trust, there is the potential for duplication of workload, as information requests are forwarded to all MARAC representatives across all service areas. This results in each MARAC representative completing the check for the one request.

Adult Safeguarding Training Delivery:

The Learning and Development Team successfully deliver Adult Safeguarding Training to Social Work and Social Care staff within the Belfast Trust. However, there is the issue of Adult Safeguarding Training available to Nurses, AHP's and medics. Furthermore, the current structure of adult safeguarding within the Belfast Trust has resulted in fragmented training delivery due to the various adult safeguarding structures and teams within the Belfast Trust.

The Learning and Development team continue to offer a monthly Adult Safeguarding Awareness sessions and Refresher sessions. The demand for training has been sustained and there continues to be increased requests for Awareness training, Line Manager/ Adult Safeguarding Champion and Designated & Investigating Officers training. Additional courses have been agreed to facilitate demand for all levels of Adult Safeguarding Training.

There also continues to be requests for line managers/ Adult Safeguarding Champions who have increased responsibilities in making safeguarding decisions and consideration of 'alternative safeguarding responses'. The staff numbers requiring this training is significant and extends beyond the social care workforce. As highlighted in previous reports additional training resources will be required to enable the facilitation of additional courses to ensure these staff have the necessary training appropriate to their role and responsibilities. This will be a substantial demand on the training team's limited resources.

As a result of COVID-19, the Learning and Development Team moved from classroom setting to virtual platforms to enable the training delivery.

Delivery of IO/DAPO & ABE Forums:

DAPO/IO and ABE forums take place on a quarterly basis. Over the 2019/20 reporting period, attendance and updates provided at these forums were limited due to operational demands across services. Regional updates were limited due to the hold on NIASP. Specialist Adult Safeguarding staff value to the support groups/forums and there is the intention to refocus the forums to delivery shared learning, peer support in addition to strategic and operation updates. The March 2020 support groups/forums were cancelled as a result of COVID-19, they now take place on a virtual platform.

Joint Protocol:

Over the reporting period 2019/20, Joint Protocol remained under review at a regional level. Operationally the Belfast Trust noted ongoing concerns regarding reduced numbers of joint protocol investigations and interpretation of police definition of Joint agency/ Joint Protocol changing outside of Joint Protocol policy and procedures. Additionally, The Belfast Trust noted an increase in Police proceeding with PIA/ABES as police only and utilising a Registered Intermediary, rather than joint agency between specialist trained adult safeguarding Social Worker and PSNI. Statistics over this period compared to the previous reporting period 2018/2019 indicate a reduction of 70% in joint protocol investigations for APGT alone. The reduction in the joint protocol is a regional issue; it was being considered in the Regional review of Joint Protocol, however this was placed on hold. In the interim, issues were addressed on a case-by-case basis and, where necessary, escalated in line with the regional Joint Protocol policy and procedures.

Older People Service referral pathway:

In November 2019, the referral pathway changed from APGT screening all referrals to Core Team screening and referring Adult Protection referrals to APGT. This reduced the activity for APGT. However, within this reporting period there was no opportunity to conduct a review of the pathway or an internal audit of screening decisions by OPS /PHSD DAPO's in relation to incidents meeting the threshold of 'at risk of harm' or 'alternative safeguarding response'.

Adult Safeguarding/ Adult Protection Governance Arrangements:

Currently Adult Safeguarding Governance arrangements sit within each service area who take responsibility to uphold good governance arrangements. However, feedback from service areas through DAPO/IO Forums and Process Mapping exercises indicated a variation of governance provisions. There is consideration given to the need for a centralised governance system and arrangements within the Trust that will provide assurances and enable greater accountability and consistency across the Trust.

Care Home Adult Safeguarding referrals/ Adult Safeguarding Champion:

BHSCT Adult Safeguarding facilitated three workshops/forums with ASC's over 2019/2020. The engagement by external agencies and nominated Adult Safeguarding Champions was positive and productive. This level of support was welcomed by ASC's within the Belfast Trust area. Areas of focus included the annual position reports,

which became effective this year in April 2020, in addition to referral pathways, thresholds and Belfast Trust Adult Safeguarding structures.

During the workshops discussion took place around the threshold for reporting to the Trust, it emerged that some Adult Safeguarding Champions had a lack of understanding regarding thresholds, while others were confident and autonomous in decision-making. It was concluded that more work was required to support ASCs in consistent application of thresholds, decision making and reporting to the Trust. The solution reached focused on the Belfast Trust committing to provide regular ASC forums.

Concerns at a Regional Level:

Recommendations from CPEA/COPNI:
These recommendations play a fundamental role in the future of Adult Safeguarding across the region. Although a number of recommendations can be progressed locally, there needs to be direction to all trusts to ensure consistency across the region and move forward with a significant change management process to implement the changes and recommendations noted by the COPNI Report and CPEA Report.

APP Policy and Procedures:
The Trust contributed to a review of the regional Adult Safeguarding Procedures however, this was put on hold in September 2019 in line with the hold put in place with NIASP. In keeping with the recommendations with CPEA and COPNI report, the Trust welcomes review of the policy and procedures in line with the recommendations from the CPEA review and COPNI. This will have significant impact on the delivery of Adult Safeguarding/Adult Protection across the region.

Host Trust/Cross Trust Working arrangements:
A review of the current arrangement is required to enable Trusts to take greater ownership and accountability of regulated facilities within their catchment area. The issue of Thresholds and safeguarding responses vary across Trusts, resulting in a variation of safeguarding practices received by care agencies outside of the HSCT's.

Joint Protocol Policy and Procedures:
The review of the Joint Protocol was paused following the hold placed on NIASP in September 2019. The working group carrying out the review of the joint protocol had a substantial piece of work completed when the review was put on hold. Given the importance of this piece of work, when the Transformation board is established, the Belfast Trust would welcome consideration is given to the review of Joint Protocol policy and procedures as a priority piece of work.

The practice issues surrounding Joint Protocol continues to be shared with the Trust Adult Safeguarding Specialist (TASS) who provides strategic support for specialist Adult Safeguarding trained staff. The TASS facilitates a joint working group between

Belfast Trust and PSNI in relation to the operational challenges experienced by both agencies. This group discuss both challenges and solutions, which are shared at a regional platform by the Trust Adult Safeguarding Specialist.

Pressure Damage referral pathways:
Previous LASP report highlighted the need for a regionally agreed approach to the management of pressure damage and consideration of Threshold for Adult Protection and an agreed regional process to support this. PHA and HSCB were leading on this piece of work and Belfast Trust, like other trusts, were contributing to the work undertaken. Within this reporting period, there has been no confirmation of a regional agreed process and pathway. As an interim measure, the Belfast Trust continue to deal with these on a case-by-case basis.

Adult Safeguarding Workforce:
It was agreed that the Belfast Trust would incorporate a phased approach to the implementation of the Regional Safeguarding Policy and Procedures. Under the regional policy and procedures, there is a need for DAPOs to be social work trained. This has been a significant impact in service areas such as Adult Mental Health
In April 2019, the Trust Adult Safeguarding Specialist (TASS) became operationally responsible for the management and functioning of the APGT. This lasted the duration of this reporting period. As a result, the TASS prioritised operational responsibilities and requirements over strategic development.
Nonetheless, the Belfast Trust's ability to apply required thresholds for adult safeguarding intervention and protection has not been affected by these challenges. The Trust continues to review its staffing complement at service level to ensure that safeguarding requirements are met.

BELFAST LASP:
In relation to the LASP Prevention group, the rollout of the Keeping You Safe training continues.

Over the reporting period 2019/20 LASP was affected by the hold placed on NIASP in September 2019 and confirmed standing down of NIASP in December 2019. As a result, no action plan was formulated. The Belfast LASP focused on Adult Safeguarding Champions. The Belfast LASP facilitated two workshops and an Adult Safeguarding Forum to support Adult Safeguarding Champions within the Belfast Trust. The Adult Safeguarding Champion workshops and forums focused on the understanding the role of the ASC, completing the data returns and thresholds for referrals to the Trust.

SECTION 3: Adult Safeguarding Data 2019-2020

This section on the Belfast Trust Adult Safeguarding Data accounts for the whole trust activity relating to Adult Safeguarding, while individual service area reports in the next section provide analysis at a service area level.

Over the reporting period 2019 – 2020 Adult Safeguarding Activity declined by 16% compared to previous annual reporting period. BHSCT recorded 2949 referrals within the year 2019/20, this was a reduction of 568 referrals from the previous year.

The table below outlines the annual Adult Safeguarding referrals by programme of care. April 2019-March 2020 evidences a significant increase in Adult Safeguarding referrals recorded by Mental Health services with 1051 referrals reported under Adult Safeguarding Policy and Procedures. This is an increase of 29% over a twelve-month period. It is important to note that Adult Mental Health service demonstrate a continuous increase in Adult Safeguarding referrals since the reporting period 2013/14, when comparing 2013/14 to 2019/20 Adult Mental Health experienced an increase of 1166% in referrals reported into Mental Health Adult Safeguarding.

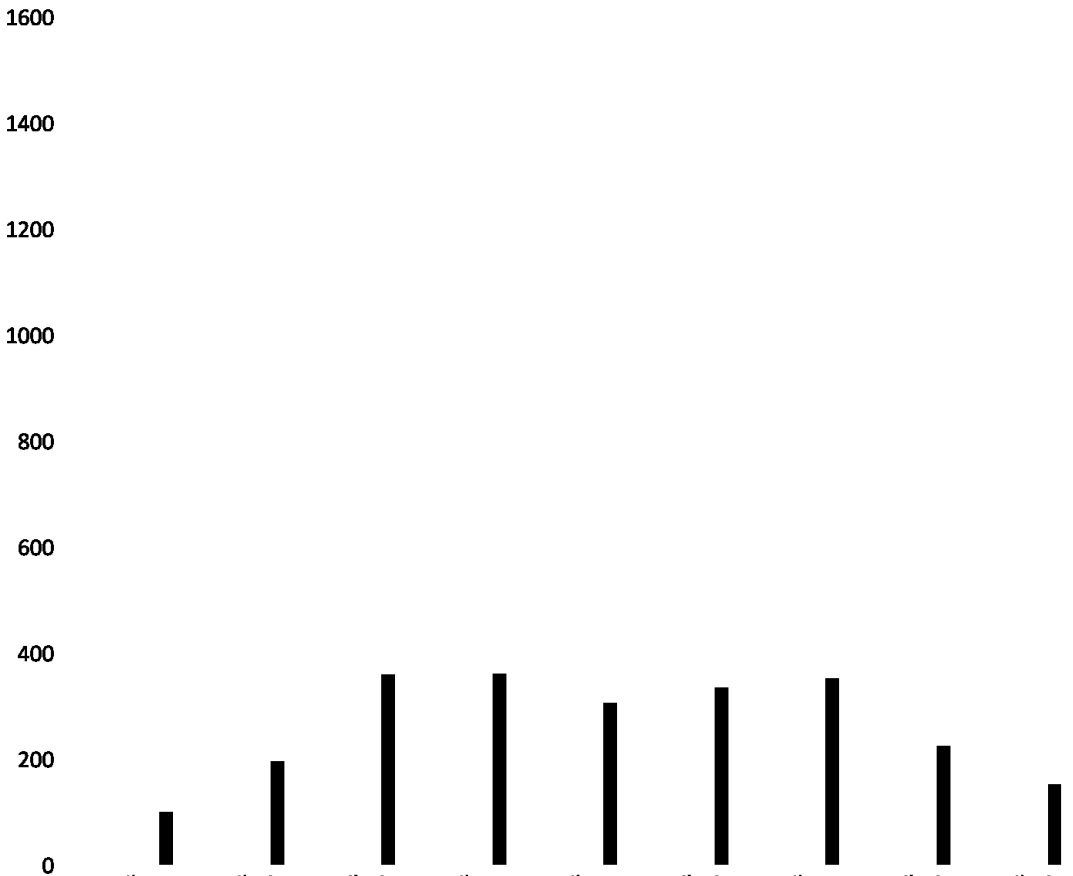
Notable, Physical Health and Sensory Disability, have recorded a reduction in Adult Safeguarding referrals of 32%. PHSD received 228 referrals in the reporting period 2018/19 and 155 referrals reported into Adult Safeguarding Policy and Procedures in the reporting period 2019/20.

Older Peoples service historically have the highest number of Adult Safeguarding referrals across all programmes of care. 2019/20 recorded the first occasion in 10 years whereby Older Peoples Adult Safeguarding was lower than an other service area which on this occasion was Mental Health services. Older people service also reported a reduction in Adult Safeguarding referrals, 2018/19 recorded 1408 while 2019/20 recorded 1035, this is a reduction of 26%.

Learning Disability Adult Safeguarding also recorded a decline in Adult Safeguarding referrals of 33%. Learning Disability saw its lowest number of referrals into Adult safeguarding since the reporting period 2012/13.

Overall, all programmes of case with the expectation of Mental Health services, experienced a reduction in Adult Safeguarding referrals in the reporting period 2019/20.

Annual Adult Safeguarding Referrals by programme of care. 2011-2020



	April 11-March 12	April 12-March 13	April 13-March14	April 14-March 15	April 15-March 16	April 16-March 17	April 17-March 18	April 18-March 19	April 19-March 20
Acute	0	0	44	109	140	85	110	92	56
Learning Disability	514	1010	1064	1059	863	990	781	979	652
Mental Health	152	180	83	318	545	564	682	810	1051
Older People	420	665	1264	1391	1180	1083	1103	1408	1035
PHSD	103	199	361	363	308	337	355	228	155

Acute Learning Disability Mental Health Older People PHSD

Types of Abuse referrals by POC
April 2019- March 2020

	Financial	Institutional	Neglect	Physical	Psychological/ Emotional	Sexual	Exploitation	Total
Acute	11	3	6	26	9	0	1	56
Older People	188	13	73	566	124	66	5	1035
Mental Health	71	2	6	381	165	418	8	1051
Learning Disability	10	9	138	417	44	31	3	652
Physical Disability	37	2	13	65	24	11	3	155

Acute Older People Mental Health Learning Disability Physical Disability

Over the reporting period 2019/20, the most frequent category of abuse reported to BHSCT adult safeguarding, was physical abuse accounting for 48% of the totals referrals received by the Belfast Health and Social Care Trust. The second most common category of abuse reported to BHSCT was sexual abuse. Sexual abuse accounts for 20% of referrals received by the BHSCT. It is interesting to note, that Adult Mental Health Services experienced the highest number of sexual abuse incidents with 418 referrals reported within 2019/20. This accounts for 39%of referrals into Mental Health Adult Safeguarding.

Table Of Percentage Increase/Decrease In Adult Safeguarding Activity Years2017- 2018, 2018-2019, & 2019-2020															
	Investigations			Protection Plans			Joint Protocol			PIAs			ABE Interviews		
Years	17/18	18/19	19/ 20	17/18	18/19	19/20	17/18	18/19	19/20	17/18	18/19	19/20	17/18	18/19	19/20
Acute Sector	6	10	11	4	10	9	0	0	0	0	0	0	0	0	0
Learning Disability	352	591	232	343	553	150	34	180	10	0	2	4	1	0	0
Mental Health	364	420	554	362	411	352	21	10	9	12	10	2	9	3	0
Older People	448	601	663	444	579	554	58	73	27	24	42	21	12	11	5
PSD	131	101	89	129	99	70	14	21	4	10	11	1	2	4	1

The table above outlines Adult Safeguarding activity over the three consecutive years reporting period.

Investigations: Learning Disability noted a significant decrease investigations commenced in 2019/20 compared to 2018/19.

Although older people's service saw a reduction in Adult Safeguarding referrals in 2019/20, 64% of referrals reached the criteria for investigation under Adult Safeguarding policy and procedures. 46% of those referrals were screened out of Adult Safeguarding.

Mental Health had the highest number of Adult Safeguarding referrals with 1051 referrals reported in 2019/20. However, only 34% of mental health Adult Safeguarding referrals met the threshold for an investigation under Adult Safeguarding policy and procedures.

Protection plans: implemented over the reporting period 2019/20 declined across all programmes of care compared to 2018/19.

Joint Protocol: activity has reduced significantly over the past three years. 2019/20 recorded a significant reduction in joint investigations, with a reduction of 82% compared to the 2018/19. The data recorded over the reporting period 2019/20 suggests approximately 3% of Adult Safeguarding received by BHSCT met the threshold for Joint Protocol investigation between Police and BHSCT Adult Safeguarding Teams.

Pre interview assessment and ABE interviews reduced significantly from 2018/19 – 2019/20. BHSCT recorded a total of 28 PIA's and 6 ABE interviews over the 12 month reporting period. APGT who conduction all joint protocol investigations for ACOPS completed the only ABE interviews in 2019/20, with 5 completed for Older Peoples Service and 1 for Physical Health and Sensory Disability. Learning disability commenced 10 Joint Protocol investigations and Mental Health commenced 9 Joint Protocol investigations, neither programme of care's completed ABE interview interviews over this reporting period.

SECTION 4: SERVICE AREA UPDATES

Adult Protection Gateway Team:
The Adult Protection Gateway Team continues to operate a dual system, which consists of a duty function, which screens and co-ordinates adult safeguarding referrals, and an investigatory function, which has operational responsibility for conducting all Adult Protection investigations for Older Peoples Programme of Care and Physical Health and Sensory Disability.

This reporting period has been particularly challenging for the APGT, as a number of key personnel from the team had been transferred to the Muckamore Abbey investigation. Given the loss of experienced personnel and due to challenges in backfilling staff, the team moved into a very high-risk position with the risks being reported on the Corporate Risk Register. The position has now stabilised with the return of key personnel to the team and the Team has now been removed from the Corporate Risk Register. Also community and hospital teams are taking more responsibility for screening and assessing all other adult safeguarding activity outside of Adult Protection referrals and investigations.

In February 2020, BHSCT Prevention, Protection & Partnership working group facilitated an Adult Safeguarding Champion Forum. The purpose of this meeting was to look at the purpose of the annual position report, and it was also utilised as an opportunity to refresh and remind all Adult Safeguarding Champions of the referral pathways and to discuss thresholds for 'Adult Protection, 'At Risk of Harm' or 'Alternative Safeguarding Response'. The feedback from this forum was positive and resulted in the request for regular Adult Safeguarding Champion Forums to be facilitated by the BHSCT.

The APGT continues to be the central point of referral for Human Trafficking and central point of contact for Police/Central Referral Unit. Over this reporting period, APGT continue to experience interface issues with the PSNI in relation to adherence with some aspects of the Joint Protocol, particularly around application of thresholds and challenges in relation to ABE interviews. It is noted that over this reporting period, APGT commenced 35 Joint Protocol investigations; this is a reduction of 60% from the previous year.

The Trust has been awaiting the implementation of APP forms onto the PARIS system, which has taken a number of years to develop. This was due to be operational by March 2020, however with factors beyond the control of the BHSCT, including COVID-19, this has not been achieved.

Whilst in the main COVID-19 has only affected the later part of this reporting period, it is important to highlight that COVID-19 has significantly impacted upon Adult Safeguarding, with a significant drop in referrals. This has been recorded on the Divisional Risk register.

Physical Health and Sensory Disability:
The APGT (APGT) continues to operate a dual system, which consists of a duty function, which screens and co-ordinates adult safeguarding referrals for the service area, and an investigatory function, which has operational responsibility for conducting all Adult Protection investigations for Physical Health and Sensory Disability.

Physical and Sensory Disability Service has worked in collaboration with the Belfast Area Domestic & Sexual Violence and Abuse Partnership to develop a Working Group specifically for Disability & Domestic Violence. The service area provided an awareness raising session for both statutory and voluntary sector staff in November 2019 as part of the 16 Days of Activism against Gender Based Violence Campaign.

Whilst in the main COVID-19 has only affected the later part of this reporting period, it is important to highlight that COVID-19 has significantly impacted upon Adult Safeguarding, with a significant drop in referrals. This has been recorded on the Divisional Risk register.

Adult Mental Health:
During the reporting period, the Division has experienced challenges in managing COVID-19. It was noted that adult safeguarding referrals from nursing homes had decreased and while safeguarding remained an essential service during COVID, how safeguarding was responded to changed, with less face to face contact for investigations, use of IT systems to undertake adult safeguarding meetings, strategy meetings etc., and the use of PPE. Measures were put in place during COVID with increased contact with care homes. Mental Health safeguarding is now moving towards a return to face-to-face contact with Service Users for safeguarding investigations as lockdown/social distancing measures ease.

Training of IO/DAPO's was initially stood down during COVID-19 lockdown. This is now being addressed through training being offered remotely using Microsoft teams.

The Division's ASG team continues to liaise with Service Managers with regard to workforce planning to ensure that there is adequate IO and DAPO provision in all service areas. As only 50 % of all services have adequate provision in their teams, the Adult Safeguarding team continue to do in reach to provide a DAPO service as required. This situation remains under review.

The Division continues to await PARIS implementation for adult safeguarding investigation. This will also require some additional training for IO/DAPO and admin staff in the use of the documentation, alerts, duty desk and inputting of ASG referrals

Learning Disability:

1. RQIA Safeguarding Improvement Notice in Muckamore Abbey Hospital

RQIA placed a safeguarding improvement notice on the Adult Hospital with the following recommendations-

- Ensure all staff are aware of and understand the procedures to be followed with respect to adult safeguarding; this includes requirements to make onward referrals and for notifications to other relevant stakeholders and organisations.
- Ensure that there is an effective system in place for assessing and managing adult safeguarding referrals, which is multidisciplinary in nature and which enables staff to deliver care and learn collaboratively.
- Ensures that protection plans are appropriate and that all relevant staff are aware of and understand the protection plans to be implemented for individual patients in their care.
- Ensures that the quality and timeliness of information provided to other relevant stakeholders and organisations with respect to adult safeguarding is improved.
- Implement an effective process for oversight and escalation of matters relating to adult safeguarding across the hospital site; this should include ward sisters, hospital managers, Trust Senior managers and or Executive Team as appropriate.
- Implement effective mechanisms to evidence and assure its compliance with good practice in respect of the adult safeguarding across the hospital.

As a result of these notices, a considerable amount of work has been competed to address these recommendations.

We are pleased to report that RQIA lifted this notice in April 2020.

Some of the work completed includes the following-

- More robust governance arrangements
- Additional training has been completed for DAPO/IO; Line manager/ Champion training; Talking mats for SW staff; completion of ASP1; DATIX; Medical staff training etc.
- ASG notice boards are now placed on all wards with relevant Adult Safeguarding (ASG) information.
- Aide memoires have been developed to assist staff in completion of ASG forms and Form 2 for RQIA.
- Clear escalation plans have been devised and now displayed, so everyone knows what to do if there is an ASG referral- who to contact, what documentation to complete and their responsibilities.
- Flow charts have been developed, which are now displayed which show everyone's role in safeguarding, how quickly action should be taken, who it should be escalated to and the responsibilities to make onward referrals to other relevant stakeholders and organisations.

- A flowchart showing the process and interface between frontline staff, line management, ASG, SMT etc. has been devised and has been disseminated to all MDT staff.
- ASG and Protection Planning (PP) is now a standing agenda item at the following meetings- Daily handovers, safety briefings, PIPA, Weekly ASG MDT meeting, live governance, ward managers meeting, monthly ASG Forum, Clinical governance meeting and SMT meetings.
- All templates for meetings have been revised to ensure ASG and PP are recorded.
- A new weekly ASG MDT meeting has been established in each ward to discuss new and review existing referrals.
- A Monthly ASG Forum has been established- to learn collaboratively in respect of ASG investigations through sharing outcomes, good practice, learning from CCTV viewing, sharing outcomes of audits etc.
- An extensive ASG database has been developed and the ASG Lead now analyses ASG data to establish trends/ patterns to inform MDT team, live governance, ward managers meeting, Safety Report for SMT.
- Regular audits are carried out to ensure compliance.
- Development of Immediate Protection Plan (IPP) Proforma including an aide memoire:- disseminated and now implemented
- Roll out of preventative work i.e. Keeping you Safe programme
- Pre and post ASG questionnaires to receive real time feedback from carers to understand better if intervention is improving outcomes for service users.

CCTV continues to be live across the hospital site. Contemporaneous viewing of CCTV also takes place- areas of good practice and areas for learning are fed back to the staff, and a new quality assurance process has been developed.

A PSNI Liaison Officer is now identified for the hospital site, which has been extremely beneficial. The PSNI officer is also a link person for single agency PSNI ASG referrals in relation to incidents of patient on patient, which have been reported to PSNI.

A flowchart has been developed outlining the process and how staff can access additional support and updates from the PSNI liaison officer in relation to incidents where they have been subject to an alleged assault from patients. A central email address has been established by the PSNI which staff can email to request input. A memorandum of understanding is also being developed between PSNI and MAH in relation to times when the PSNI are called to the wards to assist in de-escalation. This is on hold due to COVID.

The BHSCT have also commissioned a service from the Association for Real Change (ARC) to:

- Carry out a baseline assessment in Muckamore Abbey Hospital utilizing a number of different approaches and techniques, including group work and 1:1 support, to explore how safe and happy patients feel in Muckamore. It is planned to pilot this in Ardmore Ward and then roll this out across the hospital site. The end result of this work will culminate in a report followed up with a conversation regarding how this information will support future planning for patients.

- Carry out post incident ASG investigations with patients, to explore the impact of response, support offered and aftercare. This will include the completion of the questionnaire the service area has drafted which will be amended by ARC.
- Deliver the Keeping You Safe Programme to all the remaining patients within the hospital, who the social work team have been unable to deliver the programme to, including those with communication needs.

Unfortunately, due to COVID these three actions are temporarily on hold.

2. Adult Safeguarding workforce issues

- Most of the DAPO's in the service area are also SW Team leaders and this puts additional pressure on them as they are also undertaking other keys functions e.g. managing a MDT, chairing PQC meetings, undertaking ASW roles etc. The Team Leader posts are not designated SW posts so if recruited by other professions this could add significant pressure on the service area in terms of discharging this statutory function.
- Funding for four DAPO posts has been secured. One DAPO position is filled and the recruitment for the other three vacancies will take priority. It is anticipated that this post will be a Band 7 Senior Practitioner role along with DAPO responsibility.
- There is a lack of business support to aid the safeguarding staff to represent data in a meaningful way to show trends and patterns. The service area is currently considering a business case in relation to this.
- The Service area has worked very closely with the Training Department in the Trust who have been extremely flexible and responsive in terms of providing additional training for all staff in the hospital. This has included bespoke training for DAPO and IO staff, for medical staff, for contemporaneous CCTV viewers etc. This has ensured all staff are sufficiently trained and upskilled in relation to specific aspects of safeguarding.

3. Challenges in the provision of Safeguarding services that have arisen during the reporting period and actions taken to mitigate any difficulties.

- **PARIS**

  - The service area continues to use the ASG forms from the previous policy and await PARIS implementation to ensure staff move to using the new documentation. Additional PARIS training will also be required to train up DAPO/IO staff and referral agents when this is being introduced. A significant amount of documentation, flowcharts and aide memoires will also have to be amended to reflect the new documentation.

- **COVID-19**

  - COVID has had a number of implications for the service area with COVID ASG contingency plans being developed for the community and hospital.
  - In the hospital, the number of staff on patient referrals remained largely unchanged. Whilst patient on patient incidents initially decreased, they then rose again, probably due to the impact of lockdown, new routines, and having to move patients to allow for the development of COVID isolation areas.

- As a result of COVID new developments also took place within the hospital which included: the development of a new flow chart in the hospital to advise of the new process; there was a move from face to face to virtual weekly ASG MDT meetings; patients were seen on the ward using PPE; CCTV was viewed as quickly as possible when required; and staff on patient allegations in the hospital were initial screened by Assistant Service Manager and DAPO.
- As a result of COVID, Day Centres and short break units closed in March and therefore there was a decrease in the number of adult safeguarding referrals. However, since then there has been a slight increase over time in referrals coming from services users' homes /supported housing. There has also been a rise in incidents of domestic violence. The referrals made to community DAPOs reflect more complex incidents.
- As a result of COVID, all external providers were contacted with contact details, thresholds for ASG referrals etc. The service area established an ASG Data base to identify priority cases. All ASG referrals for the service area were directed through the central point of the Gateway Service so that all data could be captured for the entire directorate.
- Other actions taken as result of COVID included: liaison with PSNI re Domestic Violence cases; alerts sent to RESWS; daily contact with high risk service users was maintained; Community ASG strategy meetings were conducted via Microsoft Teams; there was collaboration with wider MDT colleagues (community midwives etc.) to provide information and support to service users; and information was published on the Trust Hub and Twitter regarding safe spaces, silent solution initiative etc.

➢ **Hospital**

- Over the reporting period, the vast majority of referrals in the hospital continued to be of a physical nature. Many of these referrals relate to patient on patient incidents and a high proportion relate to the same patients who have either allegedly caused harm or have been harmed. Referrals are screened by a DAPO and if accepted for investigation (threshold met), allocated to an Investigating Officer, who will be one of the ward social workers. The DAPO and IO will support the multi-disciplinary team in the development of either an alternative safeguarding response (where a referral has been "screened out") or a protection plan.
- The use of CCTV on the hospital site has been of great assistance as the adult safeguarding staff can quickly access the relevant CCTV, which enables them to either screen out the referral or instigate an investigation. However, the viewing of CCTV can also be very time consuming especially if the exact time/ date of the alleged incident is not known. Although many of the referrals are screened out, as there is no evidence of an incident of a safeguarding nature viewed on CCTV, this still involves a considerable amount of work and so the term 'screened out' does not reflect the amount of work involved.
- Within the hospital, there are ongoing difficulties relating to the physical environment and the mix of patients in the wards, many of whom have complex needs, present with behaviours that challenge and whose discharge has been delayed due to a lack of suitable community placement. A number of patients would not have the skills to protect themselves or to understand risks. Staffing

levels can also often affect the patient's ability to avail of opportunities to be off the ward and this can increase the number of incidents on the ward.

- To mitigate these issues-
  Each patient has an individualised activity plan. The activity co-ordinator left post this year and discussions are in place for this post to be replaced.
  There has also been additional staff recruited to assist in the resettlement of patients and to explore further options with independent and private providers. The ASG team have now developed a robust database and are able to look at trends and patterns. This information is presented at our newly established monthly ASG Forum, which is attended by the MDT team. From the data, we can identify themes in relation to a wide range of factors which may impact of safeguarding e.g. the location and time of incidents on the ward. This information has greatly assisted the ASG team to work with the MDT team to ensure protection plans are robust. For example, steps have been taken which have reduced the number of incidents between certain patients; there have been environmental changes and meals, etc. have been staggered as required.
- Despite good multidisciplinary working, including robust risk assessment and risk management plans, there can be difficulties implementing suitable protective plans to reduce the likelihood of further incidents. All ASG incidents are now reviewed on a weekly basis at the newly established Adult Safeguarding MDT meeting which the DAPO chairs. Risks are identified, analysed and protection plans reviewed in relation to new and existing ASG referrals.
- There is ongoing Contemporaneous CCTV viewing across the hospital site. It has also provided reassurance to the families, senior management team, Trust Board and Department of Health. The CCTV viewers have recently received further training on adult safeguarding. The Contemporaneous CCTV documentation and processes have also been revised and a new quality assurance process is in place so that ASG and hospital management review all contemporaneous CCTV viewing sheets. Further viewing of CCTV can take place as required. Areas of good practice and areas for development are identified and taken forward

➢ **Community**

- The service has continued to investigate concerns raised in nursing homes, residential homes and supported living units. The referrals cover a range of abuse including alleged physical abuse, psychological abuse, financial abuse of service users and institutional practices.
- The service remains concerned about quality issues which, while they do not meet the threshold for safeguarding, may have significant impact on the quality of life for service users. Many of these facilities continue to experience high turnover of staff, low staff morale and poor resilience. The Trust continues to work with providers to build their capability and improve their resilience.
- Within community facilities, referrals mostly relate to low-level physical incidents, where one individual has hit out at another. This reflects the reality of group care for individuals who may have communication difficulties and can display behaviours which challenge. All group living services are aware of the need to review care plans, environments and the mix of service users in order

to promote a safe living environment for all. Other preventative measures are also required to address these issues such as good quality staff recruitment, retention, support and training.

- **Historical CCTV Adult safeguarding investigation**

  - This has continued to be a very challenging year as the large-scale historical CCTV adult safeguarding investigation into Muckamore continues. It remains extremely time consuming and complex.
  - Within the reporting year, there has been a change in the personnel of the team including the 8b manager and the 8a staff.
  - The processes and documentation have recently been significantly revised to ensure there is better communication and smoother interfaces between ASG, HR, Management, PSNI and Senior Management.
  - An Operational Group comprising of representatives from ASG team, HR, Management, RQIA and the PSNI now take place every three weeks to review the management decisions in relation to the safeguarding referrals and provide assurance.
  - A significant amount of CCTV has been viewed although there is still some outstanding. PSNI and the Trust are separately viewing the CCTV footage.
  - A software solution is currently under development with testing taking slightly longer than anticipated to ensure it is working as required. The completion date for this work is now end of July 2020.
  - The PSNI are actively involved in viewing CCTV and interviewing possible suspects.
  - A large number of both registrants and non-registrants have been placed on precautionary suspension or on supervised practice.
  - The ongoing investigation continues to cause our service users and carers a significant amount of distress and stress. Unfortunately, given the size of the investigation and the complexity of it, it will not be completed for some time. As some of the CCTV is still to be viewed, this continues to leave service users and carers with feelings of anxiety and fear in relation to what is still unknown. All the affected families have a nominated DAPO attached to them and they are provided with regular updates and ongoing support, including emotional support.
  - It is hoped the work commissioned from ARC will enable us to understand better the views of service users about what makes them feel safe/ happy. This is temporarily on hold because of COVID.
  - Similarly, the ongoing investigation has had a significant impact on the stability of the hospital workforce and the welfare of staff. Whilst the CCTV remains outstanding, there is also a feeling of uncertainty across the staff group at the hospital. Staff across the site have been supported through a counsellor who provides 1:1 emotional support, reflective practice sessions, workshops with staff and support sessions with HR and OH. The Service Area has continued to work within the Adult safeguarding Regional Policy, the HR disciplinary processes and Joint protocol. This has resulted in many challenges balancing the requirements of each process and being proportionate in relation to staff but at the same time protecting patients.

SECTION 5: PARTNER AGENCY UPDATES:

Lisburn & Castlereagh City Council (LCCC)

Outline the reporting structure within the organisation/service.

- Incident – line manager/Appointed Person
- Incident documented and reported to ASC
- Advice sought from Gateway Team
- Reported to Director if appropriate

Has the ASC delegated adult safeguarding responsibilities to other staff/volunteers?

If yes, please detail arrangements.

- yes- to the members of the Safeguarding Working Group who have been nominated as Appointed Persons

Overview of adult safeguarding activity in the reporting period to include prevention, protection and partnership activity where appropriate (note 1)

- -Sit on SEHSCT LASP and BHSCT LASP
- -ASCs have been trained in Mental Health First Aid
- -Devised an internal procedure for Dealing with Persons in Crisis to give advice to staff dealing with acute situations
- -Have guidance for dealing with Domestic Violence and Abuse for staff- line managers and front of house staff have received training. LCCC awarded the ONUS Platinum Workplace Charter for its work on Domestic Violence.
- -Incidents/Concerns are discussed at the regular Safeguarding Working Group meetings
- -Summer 2019 reminders to staff to report incidents
- -ASC attended ASC training in June 2019 with Belfast HSCT.

Outline of key challenges and achievements in relation to adult safeguarding in the reporting period to include prevention, protection and partnership activity where appropriate.

- Challenges- the time taken to record all the adults at risk concerns raised from the various departments throughout the Council.

Achievements- Internal work of the Safeguarding Working Group

-Dealing with Person in Crisis Procedure drawn up

- Reporting of Adults at risk concerns

-SG now on the agenda of facility Departmental meetings

Detail how the organisation/service intends to ensure compliance with regional and organisational policy in the coming year. Continue to hold regular Internal SG Working Group meetings

- Continue to have SG on facility agendas
- Continue to attend the Regional SG network of Councils and LASPs meetings.

Northern Ireland Fire & Rescue Service (NIFRS) (April 2019 – March 2020)

- Safeguarding awareness sessions are being rolled out to all crews across Northern Ireland. This training highlights the different types of abuse to be vigilant for and how to report a safeguarding issue. Once the initial training roll out phase is complete, crews will receive the training every three years.
- Designated Officer Training continues to be rolled out for personnel within the remit of Prevention & Protection ensuring a 24/7 cover of Designated Officers.
- Identified, key personnel have completed the Adult Safeguarding Champion & Appointed Person training with Volunteer Now.
- An Adult Safeguarding Statement has been developed and quality assured by external partners. A revised internal reporting form has also been developed and is in circulation within the organisation.
- As an organisation, NIFRS have a publically facing statement regarding their responsibility in respect to Safeguarding on its website – ww.nifrs.org – and both the Adult Safeguarding Statement and Child Protection Policy are downloadable from this page.
- The theme of 2019/20 was to focus on Domestic Abuse and this was supported by a partnership with Women's Aid and Men's Advisory Service. Key personnel received training and acted as 'champions' and posters were issued across the Fire Service to bring attention to this type of abuse. The aim is to rotate the theme each year and invite key partners in to bring more knowledge to the different types of abuse.
- Work is underway to identify pathways into the Trust when the issue highlighted by crews falls within the welfare category rather than a protection issue.

AMH New Horizons

Outline the reporting structure within the organisation/service.

AMH adheres to the requirements of Adult Safeguarding: Prevention and Protection in Partnership (DoH, 2015) which sets out the requirement for organisations to have an Adult Safeguarding Champion (ASC). AMH is defined as a "targeted service" in that we have staff or volunteers who are subject to vetting under the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007': we are required to have an ASC and an adult safeguarding policy which demonstrates a zero tolerance of harm to adults. Governance responsibilities are met by the ASC reporting through the Chief Executive to the AMH Board on all safeguarding matters; safeguarding is detailed within Risk 4 of the Risk Register, which is reviewed at each AMH Board meeting.

The structure for reporting concerns/allegations of abuse is outlined in AMH/OP/F062 Adult Safeguarding Reporting Concerns Procedure Flowchart.

All staff/volunteers are trained and aware of their responsibilities to report safeguarding concerns. The line manager to whom the concern is reported liaises with the ASC or Appointed Safeguarding Manager (ASM). The ASM or ASC determines the appropriate response.

Has the ASC delegated adult safeguarding responsibilities to other staff/volunteers?

If yes, please detail arrangements.

The ASC retains full organisational responsibility but delegates operational responsibilities to three Appointed Safeguarding Managers: two Operations Managers and the HR Manager. This ensures that there is always at least one senior manager available to respond to any safeguarding matters within the organisation. The names and contact details of all four managers are available on a staff notice published on staff notice boards and on the AMH intranet.

Overview of adult safeguarding activity in the reporting period to include prevention, protection and partnership activity where appropriate (note 1)

AMH undertakes a range of adult safeguarding activities to support prevention:

 Clients joining AMH Services receive a comprehensive induction, which includes awareness of safeguarding principles, policy and procedure. AMH values and behaviours are displayed in services.

 Procedures and topics related to safeguarding are regularly discussed during client and CLAG groups/Client Clubs meetings as well as at service planning, ICC and staff meetings. Safeguarding procedures are displayed in services with the ASC, ASM and local managers' contact information clearly displayed.

 Procedures for reporting compliments, suggestions and complaints are discussed at induction and displayed prominently in all services. The Client Handbook, which includes a full copy of the complaints procedure, is issued to all clients.

 Scamwise and safeguarding posters including 'See Something, Say Something' are prominently placed on notice boards throughout all services. Ulster Bank and Danske Bank have also delivered 'Scam Awareness Training' covering topics such as internet security and fraud.

 #MakeYourselfHeard campaign was launched to raise awareness of the #SilentSolution system and how to get police help when someone is cannot speak. Posters are displayed in services.

 Over 60s 'I'm not falling for that one' financial abuse leaflet displayed and circulated and Parcel Delivery Scam warning displayed on noticeboards.

 AMH is a member of all five LASPs providing a local contribution to adult safeguarding activity as well as the ASC being a member of the NIASP. Local LASP publications and shared and displayed in the relevant services.

 Managers and staff attend local safeguarding conferences/safeguarding training and awareness raising events.

 Engagement with local Policing Community Safety Partnerships who have informed clients on a range of topics including keeping ourselves safe at home, in public and online as well as how to recognise antisocial behaviours within our community. Staff and clients also attended a Lisburn & Castlereagh networking event and met the local policing team.

 Our staff discuss and agree awareness and responsibilities for safeguarding with all employers who provide training and voluntary placements for AMH clients.

 Strong links are established with HSCT teams in all areas to facilitate client support and appropriate safeguarding interventions, when required.

 Risk Management Plans are developed in partnership with the client and Trust key worker to provide appropriate measures for those clients with identified risks.

 Subjects relevant to safeguarding are routinely covered with clients as an integral part of accredited training delivery e.g. Internet safety included as part of BCS ECDL; OCN Level 1 Understanding Cyber Bullying delivered as part of the Personal Success & Wellbeing award; OCN Principles of Safeguarding in Health and Social Care; 'Health for life' Safeguarding session; NVQ Health & Social Care and NVQ Retail includes online safety; and "Exploring Social Media" and "IT Security Modules". Where appropriate, non-accredited sessions to support online safety are delivered to clients. External organisations are invited to deliver information and awareness sessions to clients e.g. PSNI provided an information session as part of the OCN level 2 Drug Awareness.

 AMH was very mindful of the enhanced safeguarding risks due to the impact of COVID-19 and the need to move to remote delivery of services. AMH key workers have been very alert to safeguarding risks during this period, particularly the heightened risk of domestic violence. In addition, the introduction of online group training required the implementation of online safety protocols and security.

Outline of key challenges and achievements in relation to adult safeguarding in the reporting period to include prevention, protection and partnership activity where appropriate.

AMH consider our greatest challenge and our greatest achievements to be in:

 raising awareness of safeguarding among our client group so that they can recognise abuse, where it happens to themselves or others;

 creating an environment where clients feel confident and empowered enough to make disclosures to us; and

 equipping clients with the necessary knowledge and skills to help them avoid potential abuse and this has been particularly relevant during the lockdown period.

This has been successfully achieved through the activities outlined above. Positive partnerships with LASPs, HSCTs and PCSPs have been particularly beneficial in promoting best practice.

Detail how the organisation/service intends to ensure compliance with regional and organisational policy in the coming year.

AMH adopts a proactive approach to safeguarding and will continue to implement established procedures for raising awareness within our client group. AMH will utilise Quality Improvement Plans, which are in place at local and regional level, to identify and track implementation of initiatives to ensure compliance and evidence best practice

Inspire Wellbeing

Outline the reporting structure within the organisation/service.

The reporting structure in Mental Health, Disability Services and Addiction NI during the reporting period was Manager reporting to an Assistant Director who reports to the Director of Mental Health Services.

Has the ASC delegated adult safeguarding responsibilities to other staff/volunteers?

If yes, please detail arrangements. Yes. In the above organisation structure Assistant Directors, Managers and their Deputy Managers have all been delegated the Safeguarding responsibilities as Appointed Persons.

Overview of adult safeguarding activity in the reporting period to include prevention, protection and partnership activity where appropriate (note 1)

Safeguarding concerns/activity have been managed and included in monthly reports which facilitate quarterly reporting to the Senior Management Team and the Board.

Outline of key challenges and achievements in relation to adult safeguarding in the reporting period to include prevention, protection and partnership activity where appropriate.

The preparatory work over the years 2016-17 – 2018-19 in Mental Health Services have helped to prepare for reporting live with this Position Report 2019-20. Key Achievements include:

- Safeguarding structures have been reviewed to give a consistent approach across the Inspire Group between the Northern and Southern jurisdictions in Ireland.

- The Regional Policy and Operation Procedure has been implemented and well consolidated across services.

-Adult Safeguarding Procedure has been updated to reflect changes in the reporting year particularly the Deprivation of Liberty Safeguards (Dec 2019).

--Keeping Myself Safe preventative programme has been consolidated with now over 400 service users receiving programmes in Mental Health Services.

- Places consolidated in key Safeguarding Forums (ARC Adult Safeguarding Champion Network, Belfast and Northern Trust LASP) and participation in Belfast, Southern and Southern Trust Provider events.

-Adult Safeguarding training delivered and positively evaluated. In Mental Health services this has been informed using our own safeguarding data over a 4-year period 2015-19.

This includes Level 1 for Support Services and Level 2 for direct service staff and Level 3 for Appointed Persons (See Table below 1.5).

The main challenge for the Mental Health Service across the five Trust's areas remains the lack of consistency across Trusts in a number of key areas including:

-thresholds for screening concerns/referrals out

-feedback on investigations to inform protection plans

The events with Dunmurry Manor & Muckamore Abbey still appear to have resulted in a change of practice in our interface with Trusts. The requirement for virtually all safeguarding matters to be formally referred in writing has eased in Mental Health Services and Schemes protective measures (Alternative Safeguarding Responses) have been accepted without written referral to the Trust. This is because there was a delay responding to formal referrals during 2018-19 resulting in delays with investigation where necessary.

Detail how the organisation/service intends to ensure compliance with regional and organisational policy in the coming year. -Policies and Procedures will be reviewed.

-Directors and Trustees will receive bespoke training.

-Training content and scheduling will be reviewed to ensure compliance with Regional requirements.

-Managers Training (Level 3) will be reviewed and targeted to ensure all Appointed Persons are trained.

-Systems for the collection of safeguarding data across all NI Services/Inspire Group will be reviewed to facilitate comprehensive ASC reporting.

-Keeping Myself Safe will be revisited to give it a new impetus and cover COVID-19 concerns.

-We will maintain participation in the ASC Network and if possible increase representation in LASP's and other forums.

-Review of Financial Procedures to strengthen Safeguarding will be finalised. This was not completed in the reporting year as planned due to the onset of the COVID-19 pandemic. This is to ensure an open and transparent approach. This relates to issues arising in both Disability & Mental Health Services relating to service user contributions, fundraising etc.

-Scheme charges in services to be reviewed consistent with the legal and policy framework and good practice. Any repayments to be quickly reconciled.