

**Democratic Services**

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Date: 11<sup>th</sup> September 2014

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**To: All Members of the Wellbeing Policy Development and Scrutiny Panel**

Councillor Vic Pritchard  
Councillor Katie Hall  
Councillor Sharon Ball  
Councillor Sarah Bevan  
Councillor Anthony Clarke  
Councillor Bryan Organ  
Councillor Kate Simmons  
Councillor Neil Butters  
Councillor Eleanor Jackson

Chief Executive and other appropriate officers  
Press and Public

Dear Member

**Wellbeing Policy Development and Scrutiny Panel: Friday, 19th September, 2014**

You are invited to attend a meeting of the **Wellbeing Policy Development and Scrutiny Panel**, to be held on **Friday, 19th September, 2014 at 10.00 am** in the **Kaposvar Room - Guildhall, Bath.**

The agenda is set out overleaf.

Yours sincerely

Jack Latkovic  
for Chief Executive

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*This Agenda and all accompanying reports are printed on recycled paper*

## NOTES:

- 1. Inspection of Papers:** Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact Jack Latkovic who is available by telephoning Bath 01225 394452 or by calling at the Guildhall Bath (during normal office hours).
- 2. Public Speaking at Meetings:** The Council has a scheme to encourage the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. They may also present a petition or a deputation on behalf of a group. Advance notice is required not less than two full working days before the meeting (this means that for meetings held on Wednesdays notice must be received in Democratic Services by 4.30pm the previous Friday)

The public may also ask a question to which a written answer will be given. Questions must be submitted in writing to Democratic Services at least two full working days in advance of the meeting (this means that for meetings held on Wednesdays, notice must be received in Democratic Services by 4.30pm the previous Friday). If an answer cannot be prepared in time for the meeting it will be sent out within five days afterwards. Further details of the scheme can be obtained by contacting Jack Latkovic as above.

- 3. Details of Decisions taken at this meeting** can be found in the minutes which will be published as soon as possible after the meeting, and also circulated with the agenda for the next meeting. In the meantime details can be obtained by contacting Jack Latkovic as above.

Appendices to reports are available for inspection as follows:-

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**For Councillors and Officers** papers may be inspected via Political Group Research Assistants and Group Rooms/Members' Rooms.

## **4. Recording at Meetings:-**

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

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- 5. Attendance Register:** Members should sign the Register which will be circulated at the meeting.

6. THE APPENDED SUPPORTING DOCUMENTS ARE IDENTIFIED BY AGENDA ITEM NUMBER.

**7. Emergency Evacuation Procedure**

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Arrangements are in place for the safe evacuation of disabled people.

## Wellbeing Policy Development and Scrutiny Panel - Friday, 19th September, 2014

at 10.00 am in the Kaposvar Room - Guildhall, Bath

### A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

The Chair will draw attention to the emergency evacuation procedure as set out under Note 6.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:

(a) The agenda item number in which they have an interest to declare.

(b) The nature of their interest.

(c) Whether their interest is **a disclosable pecuniary interest** or an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

6. ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

At the time of publication no notifications had been received.

7. MINUTES (Pages 7 - 14)

8. CABINET MEMBER UPDATE

The Cabinet Member will update the panel on any relevant issues. Panel members may ask questions

9. CLINICAL COMMISSIONING GROUP UPDATE

The Panel will receive an update from the Clinical Commissioning Group (CCG) on current issues.

10. HEALTHWATCH UPDATE (Pages 15 - 18)

Members are asked to consider the information presented within the report and note the key issues described.

11. ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES NHS FT - ORGANISATIONAL UPDATE (30 MINUTES) (Pages 19 - 24)

This paper is an organisational update from the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust (RNHRD) to the B&NES Wellbeing Policy and Development Scrutiny Panel (BWPDSP).

12. UPDATE ON - NHS 111 SERVICE (20 MINUTES) (Pages 25 - 32)

Panel members received briefings in September 2013 and March 2014. The last briefing reported on progress to improve performance, as well as a range of proposed developments. This briefing paper explains progress made and how service performance continues to be monitored closely to ensure that it meets the needs of local people.

Panel members are asked to note the latest performance of the NHS 111 service.

13. UPDATE ON - NON EMERGENCY PATIENT TRANSPORT SERVICE (30 MINUTES) (Pages 33 - 46)

Panel members received briefings in March 2014 and July 2014. The first report in March set out the challenges being experienced during the mobilisation of the new single provider of this service. The subsequent briefing set out the progress made within the service delivery of this contract. This report further explains the progress made and the actions being taken to ensure this service meets the needs of the patients of BaNES.

Panel members are asked to note the agreed actions and the latest performance of the Non-Emergency Patient Transport Service.

## **COFFEE BREAK (10 MINUTES)**

### **14. THE NEW PUBLIC HEALTH SYSTEM (30 MINUTES) (Pages 47 - 50)**

The Chairman of the panel has asked the Director of Public Health to brief the panel on the new public health system in England and locally, and to explain the roles and responsibilities of the different parts of that system. He particularly asked for information on Public Health England.

### **15. LOCAL SAFEGUARDING ADULTS BOARD ANNUAL REPORT FOR 2013-14 (20 MINUTES) (Pages 51 - 150)**

The Local Safeguarding Adults Board (LSAB) has produced an Annual Report which outlines the work its multi-agency partners carried out during 2013-2014 and includes the updated Business Plan. The report is brought to the attention of the Panel for its consideration with regard to the content of the Annual Report, its analysis and the on-going work of the LSAB.

The Panel are asked to note the Annual Report and Business Plan; raise any queries or concerns on safeguarding activity and recommend areas the LSAB would, in its view, benefit focusing on.

### **16. PANEL WORKPLAN (Pages 151 - 154)**

This report presents the latest workplan for the Panel.

The Committee Administrator for this meeting is Jack Latkovic who can be contacted on 01225 394452.

**BATH AND NORTH EAST SOMERSET**

**WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL**

Friday, 25th July, 2014

**Present:-** Councillors Vic Pritchard (Chair), Sharon Ball, Sarah Bevan, Anthony Clarke, Bryan Organ, Kate Simmons, Neil Butters and Eleanor Jackson

**18 WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting, particularly Councillor Neil Butters for whom this was his first meeting and Councillor Eleanor Jackson who had rejoined the Panel.

**19 EMERGENCY EVACUATION PROCEDURE**

The Chairman drew attention to the emergency evacuation procedure.

**20 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Councillor Lisa Brett had sent her apologies to the Panel.  
Councillor Simon Allen also sent apologies that he was unable to attend but he had submitted his Cabinet member report.

**21 DECLARATIONS OF INTEREST**

Councillor Vic Pritchard declared an “other” interest as a representative of the Council on Sirona Care & Health Community Interest Company.  
Councillor Eleanor Jackson declared an “other” interest as a representative of the Council on Sirona Care & Health Community Interest Company.

**22 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN**

There was none.

**23 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING**

Priscilla Elton made a statement on the subject of transport to appointments at Bath RUH. Although the delays getting patients to their appointments had been improved, there were still exceptionally long delays getting people back home. A copy of the statement can be found on the Panel’s Minute Book.

Susan Charles read a statement by Pamela Galloway on the subject of warm water swimming. A copy of the statement can be found on the Panel’s Minute Book.

Susan Charles read a statement by Alexander Jones-Grech, a young person, on the subject of warm water swimming. A copy of the statement can be found on the Panel's Minute Book.

Susan Charles read a statement by Simeon Wakely, a young person, on the subject of warm water swimming.

Jacqui Dodd read a statement on behalf of Susan Smith on the subject of warm water swimming. A copy of the statement can be found on the Panel's Minute Book.

Susan Charles read a statement by Sheila Hawken on the subject of warm water swimming.

Sue Jones made a statement on the subject of warm water swimming. A copy of the statement can be found on the Panel's Minute Book.

Susan Charles read a statement by Iain Pring on the subject of warm water swimming. A copy of the statement can be found on the Panel's Minute Book.

Susan Charles read a statement by Jenny Shrubsall on the subject of warm water swimming. A copy of the statement can be found on the Panel's Minute Book.

Susan Charles read a statement by Eamon McClelland on the subject of warm water swimming.

The Chair thanked all the speakers. He felt that collectively the statements were persuasive. He read a prepared statement a copy of which can be found on the Panel's Minute Book.

Councillor Sarah Bevan asked Susan Charles if she was aware that the current provider had responded that warm water swimming at 32°C is a danger to those with heart and blood pressure problems. Susan Charles replied that it was possible to provide swimming at 28°C in the large pool and 32°C in a pool for gentler swimming.

Councillor Bryan Organ asked Susan Charles whether she had been speaking to the Council's Planning department about plans in the pipeline for new leisure provision. Susan replied that she had been in conversation with Matthew Smith and Marc Higgins.

Councillor Sharon Ball observed that when she had swum in the RUH pool, it had been quite cold. She asked Susan Charles if she knew how often the temperature was monitored. Susan replied that she did not know how often it was monitored – but she was aware that there were long queues for use of that facility and the one at Bath Mineral Hospital.

Councillor Neil Butters asked Susan Charles if she was aware of warm water provision made by neighbouring authorities. Susan replied that a facility at Swindon provided hydrotherapy facilities 7 days a week and it was booked solid. Councillor Butters observed that he knew the facility in question and it was privately run - not part of the local authority provision.

Councillor Kate Simmonds observed that a neighbour with a medical condition had gone to swim in Keynsham on a Sunday but it was so crowded that she had been unable to move in the water. Susan Charles replied that Thursdays were not so busy but the temperature was unpredictable.

The Chair thanked all the contributors.

## **24 MINUTES**



The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman.

## **25 CABINET MEMBER UPDATE**

Councillor Simon Allen had sent his apologies to the Panel that he had not been able to attend. His update report, a copy of which can be found on the Panel's Minute Book, was read by Jane Shayler (Deputy Director - Adult Care, Health and Housing Strategy and Commissioning). Jane led the Panel through the report and drew out relevant points. She apologised that there was no update on rough sleepers but said that this would be included in Councillor Allen's next report to the Panel.

Councillor Eleanor Jackson disagreed with the description of Writhlington pool as "outdoor because it had a roof and was indoor. She was concerned that the estimated cost of repair was £500K – staff at the pool felt that the cost would be no more than £150K. Jane Shayler said that the figure of £500K had been provided by professionals in Property Services who were qualified to estimate the costs of turning the pool into a fit for purpose hydrotherapy pool.

Councillor Vic Pritchard was pleased that Carer Support Services were working well but he was apprehensive that the Care Act was about to increase the number of clients by lowering the threshold. He asked Jane Shayler whether there were any implications. Jane said that the Council welcomed the extension of the right for carers to have an assessment of their needs and confirmed that the Council does already commission carers assessments and fund Personal Budgets for carers. However, there might well be funding implications for the Council associated with an increased number of carers assessment and Personal Budgets.

## **26 CLINICAL COMMISSIONING GROUP UPDATE**

Dr Ian Orpen (Chair of the CCG) introduced the report by explaining some of the terms used. He was delighted to report that the Urgent Care Centre was operational since 1<sup>st</sup> April and was enabling prompt treatment while taking the strain off the emergency department. He pointed out that the latest GP Patient Survey showed that Bath & NE Somerset had the best access to GP services in the country. He promised the Panel a more detailed response in September to the transport issues raised by Priscilla Elton but in the meantime he introduced Derek Laird, National Director of Operations, Arriva, and asked the Chair if Derek could address the Panel.

Derek Laird explained that the transport contract had only been operating for 6 months and the demand for transport had been much greater than had been specified in the tender invitation. The contract had replaced 34 separate contracts, so the data had been difficult to Significant progress had been made but there was still much to do and this would have his full attention. An added complication was the need for different types of transport tailored to each patient's needs. He was working closely with the commissioners to resolve this. Dr Ian Orpen agreed that the resolution of this was also a priority for the RUH.

Councillor Eleanor Jackson reported that when she and Councillor Clarke had met with care providers, they had complained that their own appointments were being disrupted because they were not being advised when patients would be late home

from hospital. She asked whether some communication could be arranged to prevent this. Derek Laird agreed that this was important and he would report on it in September.

Councillor Sarah Bevan asked if parking at RUH was a problem for drivers and if they had been getting parking tickets. She was assured that this was not a problem because Arriva drivers worked well with the RUH on this.

Councillor Kate Simmons referred to the need to get the right balance of car and ambulance provision in the service. She asked whether information had been made available to Arriva about this. Derek Laird said that Arriva would not have had any advance information on this because the data was previously spread across 34 separate contracts and in fact the contract was started with all new vehicles.

Councillor Anthony Clarke asked Dr Ian Orpen whether the CCG had started preparations for the provision of GP services in Fox Hill following the new development. Dr Orpen reported that there had already been some discussions; although the CCG did not deliver primary care, it might have a view on some issues.

Councillor Eleanor Jackson observed that the Panel had in the past been critical of the failings of the 111 service, which she felt was now working much better. She was concerned however that when given a hospital appointment through 111, it was often the case that the hospital was not aware of the appointment when the patient arrived. This was obviously a common experience because she had seen signs in the hospital warning patients that this might happen. Dr Orpen asked Councillor Jackson to provide him with more information so that he could investigate. He reported however that 95% of patients were seen within 25 minutes.

Councillor Neil Butters said he was pleased that the Urgent Care Centre had been successful. He asked how the numbers had compared to the James Street West facility. Dr Orpen explained that the new facility was not intended to soak up existing demand so the figures could not be compared. In the first 3 months however, usage of the Urgent Care Centre rose from 750 in April to 950 in June. A “streaming” nurse immediately directed each patient to the appropriate service – in some cases to Emergency, in other cases to their GP – without the need to wait for triage.

Councillor Vic Pritchard referred to the previous meeting of the Panel at which Tracey Cox had agreed to take away the comments made by Councillor Clarke relating to military personnel and veterans. He asked whether this had been done. Tracey Cox apologised to the Panel that this had not been pursued but agreed to report back to the Panel at its next meeting.

The Chair thanked Dr Ian Orpen for his update.

## **27 HEALTHWATCH UPDATE**

Pat Foster (General Manager, The Care Forum) introduced the report. She distributed copies of the Healthwatch Bath and NE Somerset Annual Report 2013/14, a copy of which can be found on the Panel’s Minute Book. She explained that Healthwatch was currently working on an enquiry into unsafe discharge. In the autumn there would be an even for children and young people on obesity and self-image. She explained how Healthwatch worked closely with many services by raising issues.

Councillor Kate Simmons referred to the social media targets. She felt that Healthwatch had got these spot on.

The Chair thanked Pat Foster for her encouraging report.

## **28 SPECIALIST MENTAL HEALTH SERVICES UPDATE (20 MINUTES)**

Andrea Morland (Senior Commissioning Manager, Mental Health & Substance Misuse) introduced Bill Bruce-Jones, Clinical Director on AWP for Bath & NE Somerset. The Chair welcomed Bill to the meeting.

Andrea referred to the Wellbeing Festival held on 18<sup>th</sup> July which had been very successful. A member of the Panel asked for better advertising of the venues for future events since he had been unable to find out where it was being held. A member of the Panel asked how often it was intended to hold events such as this. Andrea said that the team was becoming more confident about the value of these events in the light of the success of the “What Works” conference and the recent Festival. Plans were therefore in hand to hold a future event on a Saturday in the school holidays.

Andrea referred to a number of areas mentioned in the report showing good progress. The LIFT Psychology Therapy Service had been very successful in its first year and steps were being taken to build on this.

She referred to the shortcomings identified by CQC in the Sycamore Ward building and said that an immediate action plan was in place to address all the issues identified by CQC. At the Panel’s next meeting she would report on plans for a longer term solution.

Councillor Vic Pritchard said that some of the options being considered seemed to be very ambitious and asked if they were viable (eg rebuild). Bill Bruce-Jones replied that the rebuild option is very real and was possibly the only option.

Andrea reported that recent demand for beds had been higher and there might be a need to increase bed capacity alongside the ability to use facilities outside the area short-term.

Councillor Eleanor Jackson asked whether women were still being sent to Salisbury. Andrea said that the Psychiatric Intensive Care Unit for women was in Bristol but any patients – men or women – might occasionally go to Salisbury short-term when no suitable bed was available locally. Patients from Salisbury occasionally come to Bath when they are short of beds.

Bill Bruce-Jones said that there was a debate about whether there was a national shortage of mental health beds. The flexible approach made that manageable but not ideal.

Councillor Sarah Bevan asked whether clients of the LIFT psychology service were keener on group or individual sessions. Andrea said that clients were initially wary and most asked for individual sessions. The approach was to encourage them to access “training courses” rather than “group sessions”. This way, many have found it less threatening.

Pat Foster asked whether LIFT was available for young people. Andrea confirmed that it was for over-16s but she was aware that Children’s Services made primary care provision for under-16s.

Councillor Bryan Organ asked whether the transition between youth and adult services has been improved. Andrea said that, particularly for those with complex needs, there had been progress but less so for those with less complex needs. She would be looking at this in the future.

The Chair thanked Andrea Morland for her update. He said that the issues raised would be the subject of another report in the autumn, particularly the issue of the inadequate building in which Sycamore Ward was housed.

## **29 CONNECTING FAMILIES UPDATE (20 MINUTES)**

Paula Bromley (Connecting Families Manager) gave a powerpoint presentation, a copy of which can be found on the Panel Minute Books. During her presentation she explained that 71% of families had a health issue.

Councillor Anthony Clarke asked whether this made any difference to the number of looked after children. Paula explained that the data looked only at families living in a household, so did not include looked after children.

Councillor Vic Pritchard asked whether the service was 100% government funded and wondered whether the funding was secure for at least 3 years. Paula said that except for a very small amount of additional income, the funds came entirely from government. There was an existing pledge from government to fund 2015-2020 – this took the form of committed funding for 2015-16 plus cross-party support to continue funding after the 2015 election.

Councillor Pritchard asked whether there would be increased funding when the government increased the number of clients, as seemed likely. Paula agreed that the criteria were set to widen, which would increase numbers of identified clients. In addition, Ofsted was working with social services to bring about earlier intervention. The Connecting Families team was also working with other agencies to identify ways to bring about earlier intervention.

The Chair thanked Paula Bromley for her presentation.

*[At this point Councillor Sharon Ball left the meeting]*

## **30 SEXUAL HEALTH (HIV) (20 MINUTES)**

Paul Sheehan (Public Health Development and Commissioning Manager) summarised the report. He gave particular emphasis to the major challenge presented by late diagnosis of HIV and explained the actions being taken to address this.

Councillor Tony Clarke said he felt that the authority dealt well with sexual health issues. He drew attention to the *Halve It* campaign relating to low CD4 blood cell counts and he proposed that the Panel should ask Council to sign up to the *Halve It* campaign.

Councillor Vic Pritchard seconded that proposal.

Councillor Sarah Bevan felt that targeting men who have male sexual partners (MSM), the authority was in danger of discrimination. Paul Sheehan understood Councillor Bevan's point but he observed that historically the MSM community had

been at highest risk. He acknowledged that HIV did not discriminate and that heterosexual people were also at risk; gay men however were greater risk takers.

Councillor Pritchard felt that the *Halve It* campaign was aimed at saving lives and should be encouraged.

Councillor Bryan Organ asked why HIV required a special blood test and wondered if the standard blood test could include HIV. Councillor Tony Clarke observed that to deliver a single blood test for every condition would be extremely expensive and would require very large blood samples.

Councillor Clarke felt that a powerful argument for targeting early intervention was that late diagnosis was very expensive and inevitably led to less positive outcomes.

Councillor Organ supported Councillor Clarke's proposal.

Councillor Kate Simmons observed that the symptoms of early HIV were often very similar to flu. Paul Sheehan agreed and added that only 70% would have any such symptoms at all. Of these, more than half were men. Less than 3% were under-18.

Samantha Jones (Corporate Policy Manager - Equalities) observed that men with HIV symptoms often present as heterosexual and this should not be a barrier to them receiving health care services.

The Chair thanked Paul Sheehan for his update.

On a motion from Councillor Tony Clarke, seconded by Councillor Bryan Organ, it was

**RESOLVED** (unanimously)

(1) That this Panel asks Council to sign up to the *Halve It* campaign to reduce the proportion of people undiagnosed, or diagnosed late with HIV, through policy reform and good practice.

## **31 PANEL WORKPLAN**

The Panel agreed the Workplan as circulated with the agenda.

The meeting ended at 1.00 pm

Chair(person) .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

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Bath & North East Somerset Council		
MEETING/ DECISION MAKER	Policy Development & Scrutiny Panel  Committee	
MEETING/ DECISION DATE:	19 <sup>th</sup> September 2014	
TITLE:	Healthwatch Bath and North East Somerset update	
WARD:	All	
AN OPEN PUBLIC ITEM LIKELY TO BE TAKEN IN EXEMPT SESSION		
<b>List of attachments to this report:</b>  Please list all the appendices here, clearly indicating any which are exempt and the reasons for exemption		

## **1 THE ISSUE**

- 1.1 Update report from Healthwatch Bath and North East Somerset

## **2 RECOMMENDATION**

## **3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

## **4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL**

## **5 THE REPORT**



## **Report to the Wellbeing Policy Development and Scrutiny Panel 19 September 2014**

### **Healthwatch Bath and North East Somerset: Report on meeting with Arriva 20 August 2014**

Healthwatch Wiltshire arranged a meeting with Arriva to discuss the patient transport contract that is covered by four CCG areas including Bath and North East Somerset. Healthwatch Bath and North East Somerset were represented at the meeting by Pat Foster Healthwatch General Manager and Ann Harding Healthwatch volunteer.

The Arriva contract began in December 2013 and Healthwatch have received several issues from the public about the service, the meeting was an opportunity to discuss these with Arriva. Ed Potter Head of Patient Transport Services in the South West of England explained that Arriva have been making firm progress but agreed there have been some examples of poor experience. Arriva have increased staff and provided full training and intend to be fully staffed by the end of September 2014. Ed Potter explained that Arriva were staffed appropriately that the beginning for the expected calls which were greater than the CCG predicted. Ed went on to say that it is an on going challenge to meet the needs of all patients and is particularly difficult in getting the right information about patients needs when travelling in their own wheelchair and staff should identify if the call requires one or two Arriva staff to attend when collecting a patient.

A question was asked about whether the NHS have a form for this information and it appears that all NHS Trusts have access to the online system but despite issuing leaflets to staff to alert them to getting mobility needs right, this is still not always happening. Arriva are continuing to support trusts to use the online system. There were issues around Arriva using contracted taxi's who did not know that a patient was visually impaired patient would be bringing a guide dog. Ed explained that 10% of the contract work is expected to be outsourced to taxi provision and volunteer drivers and these are advantageous for renal patients. Bookings for return journeys after appointments have a key performance indicator of getting a patient home within four hours, Arriva hope to achieve better than the target and get to the patient within 2 hours. It was queried why patients have not been told that they could expect a 4 hour wait, if patients know they could plan for this by bringing food, drinks, books etc. It was explained that Healthwatch Manchester have helped Arriva to produce information for the public and it was agreed that locally Healthwatch Bath and North East Somerset would be happy to work with Arriva on a version for the South west. Ed explained that there are a significant number of requests for return journeys in the late afternoon that can be challenging and on some occasions have exceeded capacity. Arriva are working closely with the CCG and the trusts to improve discharge journeys. A patient survey of 4000 patients across the four areas resulted in a 7% return response rate with a 43% male and 57% female response showed a 2.2% dissatisfaction response. This survey will be one of many ways that Arriva want to use to find out information from service users.

It was agreed that meetings with Healthwatch across the 4 areas should continue each quarter.

### **Safeguarding**

Lesley Hutchinson and Alan Mogg attended the Healthwatch Bath and North East Somerset Advisory Group meeting on 2 September to present the draft Local Safeguarding Adults Board Annual Report 2013. 2014.



The Healthwatch Advisory Group have agreed to comment on the report and to advertise the opportunity for the public to hear more at the Wellbeing Policy Development and Scrutiny panel on 19 September and the Health and Wellbeing Board meeting on 26 November 2014.

Healthwatch Bath and North East Somerset have recently received a phone call from a member of staff who works in a supported living site for people with learning disabilities, she explained that she has serious concerns about the welfare of people in the supported living site and that she has whistleblown to the CQC without a response. One resident was described as requiring support around hydration and care and that generally other residents were not cleaned or cared for properly. Healthwatch alerted the Local Authority and suggested that an enter and view visit could be arranged if required. The Local Authority have had reported back that further enquires have been made regarding the concerns raised and this will now be managed through the safeguarding process.

#### **Royal United Hospital**

Healthwatch have met with the Chair and CEO of the RUH and have agreed that quarterly meetings with the chair would be useful to share concerns and compliments raised by the public.

#### **Royal National Hospital for Rheumatic Diseases**

Healthwatch have been asked to be on the board of the Royal National Hospital for Rheumatic Diseases and are asking volunteers for a representative.

#### **Avon and Wiltshire Mental Health Partnership**

Avon and Wiltshire Mental Health Partnership (AWP) hold a quarterly Healthwatch Stakeholder meeting and each Healthwatch have had the opportunity to input into a joint Healthwatch partnership working agreement. At the next Healthwatch Stakeholder meeting on 8 September the joint Healthwatch partnership working agreement will be signed off by the AWP CEO.

Pat Foster  
General Manager - Healthwatch  
The Care Forum

## **6 RATIONALE**

## **7 OTHER OPTIONS CONSIDERED**

## **8 CONSULTATION**

## **9 RISK MANAGEMENT**

- 9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

<b>Contact person</b>	<b>Pat Foster – General Manager</b>
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	<p><b>The Care Forum</b></p> <p><b>Tel: 0117 9589344</b></p> <p><b>Email: <a href="mailto:patfoster@thecareforum.org.uk">patfoster@thecareforum.org.uk</a></b></p>
<b>Background papers</b>	<i>List here any background papers not included with this report because they are already in the public domain, and where/how they are available for inspection.</i>
<p><b>Please contact the report author if you need to access this report in an alternative format</b></p>	

# Royal National Hospital for Rheumatic Diseases

NHS Foundation Trust

T 01225 465941 F 01225 421202  
E [info@rnhrd.nhs.uk](mailto:info@rnhrd.nhs.uk) W [www.rnhrd.nhs.uk](http://www.rnhrd.nhs.uk)

Royal National Hospital for Rheumatic Diseases  
NHS Foundation Trust, Upper Borough Walls,  
Bath, BA1 1RL

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Meeting: **Bath and North East Somerset Council  
Wellbeing Policy and Development Scrutiny Panel**

Date: 19<sup>th</sup> September 2014

Title: **Royal National Hospital for Rheumatic Diseases NHS FT – Organisational Update**

Purpose: For information

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## 1. Introduction

- 1.1. This paper is an organisational update from the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust (RNHRD) to the B&NES Wellbeing Policy and Development Scrutiny Panel (BWPDSP).

## 2. Update on Quality

### 2.1. NHS Staff Survey

The 2013 NHS staff survey results, published in March this year, found the RNHRD to have one of the highest levels of job satisfaction amongst acute specialist trusts. Findings from the survey placed the Trust amongst the best scores nationally in seven of the 28 measures including: availability of handwashing materials, low levels of physical violence and low levels of staff experiencing discrimination at work. The Trust was also found to be above the national average for acute specialist trusts across 21 of the 28 key measures.

The Trust has seen an improvement in results across two thirds of the areas measured, including areas where the trust was already performing above average. These are positive results, particularly against a background of another challenging year for our organisation. The RNHRD had a 67% response rate, above the national average, to the survey. The full results are available at <http://www.nhsstaffsurveys.com>.

### 2.2. CQC Inspection Report

Following a routine, unannounced inspection at the RNHRD, the CQC have published a report confirming that the RNHRD is meeting all the standards inspected. The CQC visited the RNHRD in December 2013 to check that essential standards of quality and safety were being met in the following areas:

- Consent to care and treatment
- Co-operating with other providers
- Cleanliness and infection control
- Requirements relating to workers
- Staffing

- Assessing and monitoring the quality of service provision

The CQC reported that all of the patients they spoke to were “highly satisfied with the service they receive”. The CQC highlighted the Trust’s collaborative working with other providers to develop knowledge and skills and drew attention to the Trust’s involvement in research projects with universities and other healthcare providers. Patients told the CQC that co-operation between healthcare professionals within the hospital contributed towards a successful treatment plan. The report also noted that “at all times, despite the number of patients to assist, staff were patient, professional and caring” and confirmed that at all times “staffing numbers met the providers recommended levels”. Patients told the CQC they felt there were enough staff to meet their needs.

### **2.3. Care Quality Commission (CQC) Intelligent Monitoring Report:**

At the March RNHRD Trust Board it was reported that the CQC changed how one of the risks was rated so that any Trust with a red Monitor governance rating was assigned an ‘elevated risk’. As a result, the Trust’s overall risk rating moved from band 3 (as it was in October 2013) to band 2 out of 6 in March 2014 (with 2 being a higher risk than 3).

### **2.4. The risks noted in the CQC Intelligent Monitoring March 2014 report were:**

- One elevated risk which related to the Monitor Governance Risk Rating – as a consequence of the financial risks as detailed in the strategic plan.

This risk was in place at the time of the first CQC Intelligence Monitoring Report in October 2013, and this was originally rated as an amber risk.

This risk remains rated red, high, in the July 2014 CQC Intelligent Monitoring Report.

- One elevated risk which relates to staff turnover rate being higher than expected when compared to national data, due to the closure of neuro rehabilitation on 31.3.13.

This risk remains rated red, high in the July 2014 CQC Intelligent Monitoring Report.

### **2.5. Other changes to overall risk ratings in July 2014 Intelligent Monitoring Report**

There is no longer an amber risk relating to consistency of patient incident reporting to NRLS (National Reporting and Learning Service). To reduce this amber rated risk action has been taken since October 2013 to report incidents to the NRLS monthly.

The July 2014 report shows that the overall risk rating has improved to 4 out of 6.

### **2.6. CQC 2013 Survey of Adult Inpatients:**

The results of the 2013 CQC Survey of Adult Inpatients at the RNHRD, published April 2014, identified the hospital as one of the best performing trusts in the country across a wide range of measures.

The RNHRD was rated as one of the best performing trusts for 21 of the 57 relevant individual questions, and ‘about the same’ for the remaining questions. The Trust achieved the highest Trust score for 12 of the individual questions, including, help from staff to eat meals, availability of hand wash gels and staff explaining and answering questions about procedures.

The CQC report groups individual questions on a similar theme to provide an overall picture across key areas of the inpatient experience. The Trust was rated as one of the best performing trusts in four of the eight areas, including 'Overall views and experiences' as well as 'The hospital and ward' which covers factors that contribute to a clean, safe and welcoming environment.

## 2.7. **Patient experience:**

The Francis Report highlights the need to collect and use 'real-time' patient feedback as a key indicator of service standards. In response, we have developed a Patient Experience page for our website, providing information and feedback about patients' experiences of our services. Feedback has assisted us in improving our service delivery. Examples of feedback include:

- *"I was treated with respect and courtesy in each department. Appointment was prompt, an excellent hospital."*
- *"Hospital is amazingly clean, they even pull the beds out."*
- *"Food is A1!"*

More information is available on the Trust's website <http://www.rnhrd.nhs.uk/home/what-our-patients-say>

## 3. **Finance and Activity Update**

### 3.1. **Financial Position**

The Trust has published its 2013/14 Annual Report and Accounts and these illustrate the financial challenges that the Trust has faced during this period and outlines that these challenges are set to continue throughout 2014/15. Access to this document is available via the following link <http://www.rnhrd.nhs.uk/about-us/trust-documents>

At the end of the 2013/14 financial year the Trust's income and expenditure position was a £1,125k deficit, against a budget of £3,590k deficit. This variance was due to the Trusts total income being ahead of plan, as well as underspends in pay and non-pay expenditure. The Trust required £500k of financial support from the Department of Health during the year, which was a smaller amount than anticipated reflecting the improved financial position. Despite the improved year end position the underlying financial challenges remain and the Trust is not viable in the long-term if it remains in its current form.

The forecast income and expenditure year end position for 2014/15 as at 31 July 2014 is £2,263k deficit, against a budget of £2,205k deficit. As part of the agreed financial plan for 2014/15 the Trust has requested £500k of financial support from the Department of Health to be made available in September 2014, and anticipates further support will be required as the year progresses. A total of £2m support has been requested to be made available to the Trust for this financial year.

### 3.2. **Rheumatology follow-up activity:**

The Trust continues to manage the ongoing issue of delayed rheumatology follow-up appointments. The number of patients affected has remained broadly static over the previous 12 months. The Trust has seen no change in referral rates since 2013/14 and this,

combined with current issues leading to a reduction in medical capacity, continues to make this an important priority for the organisation.

The waiting time for a new rheumatology appointment is approximately 12 weeks, unless marked as urgent.

The Medical Director and the Director of Operations continually review risk to the patients and put in place actions to mitigate as required.

Actions in place to address this area include:

- New Consultant commenced in post in June 2014
- Recruitment of Locum Consultants to support activity requirements

### 3.3. **18 Week Referral to Treatment:**

The national target for Referral to Treatment (RTT) is for a minimum of 95% of non-admitted patients to be seen within 18 weeks of referral. The RNHRD reports on RTT to B&NES Clinical Commissioning Group (CCG) as part of its contract, and to Monitor as part of its quarterly monitoring returns on performance against target.

During August 2014 the RNHRD had 22 breaches of RTT giving an overall performance against this target of 94%. All of the breaches identified were classified as patient choice, with appointments having been offered within 18 weeks in all cases, but the patient choosing to cancel or electing to attend at a later date. The Executive team are working to resolve this issue and are reviewing policy to improve the position. Monitor, B&NES CCG, and the CQC have been informed.

## 4. **Future of Our Services**

### 4.1. **Strategic Plan Update**

The information provided through this paper demonstrates that the quality of the services at the RNHRD is rated highly. However the RNHRD continues to face significant and long-standing financial challenges that require on the delivery of a strategic solution to resolve the underlying issues. Following presentations made to the panel on this issue in March 2012, February 2013 and a submission of a report and update to the panel at its May 2013, and November 2013 meetings, a further update on the future of our services is outlined below.

Following a rigorous options appraisal exercise in 2012, the RNHRD identified its preferred strategic solution was to join with the Royal United Hospital NHS Trust (RUH).

In April 2013 under the new Foundation Trust Provider Licence regime, the healthcare regulator Monitor wrote to the RNHRD specifying enforcement undertakings on its provider licence. The principal actions were to submit by the end of June 2013 a strategic intent for resolving the financial issues, followed by the submission of a realistic and deliverable strategic plan by the end of September 2013. Both intent and plan *“must aim to deliver a solution that is in the best interests of patients and maintains high quality services, whilst addressing the financial issues that have led to the RNHRD NHS FT’s non-compliance with its Licence”*.

The strategic intent was reaffirmed in June 2013, with the route identified as acquisition, once the RUH had achieved foundation trust status and subject to all conditions being satisfied.

The Trust's strategic plan was submitted to Monitor for consideration in October 2013. Following a period of robust evaluation, key stakeholder engagement and consideration of the plan, it was confirmed that the RNHRD would continue to proceed with the RUH as its preferred strategic partner to ensure continuity of its high quality services through acquisition of the RNHRD once the RUH have achieved FT status, and subject to all conditions being satisfied. This was confirmed in writing to the Chair of the WPDSP in a letter dated April 2014.

High quality patient care remains our priority. Patients will continue to be seen and treated by the RNHRD, and receive a high standard of care, whilst it seeks to develop its new organisational form.

#### **4.2. Next steps**

Acquisition by the RUH continues to provide the best opportunity for future provision and continuity of the RNHRD's high quality clinical services. The RUH and the RNHRD are currently working together to agree key milestones and an indicative timeframe for delivery of the proposed acquisition. We will communicate further with our patients, relatives, employees and other key stakeholders once the next steps have been identified.

### **5. Changes to the RNHRD Board**

#### **5.1. Recent months have seen a number of changes to the Trust Board:**

Luke March was appointed Chair of the RNHRD and the Council of Governors in April 2014. Luke comes to the RNHRD from Salisbury NHS Foundation Trust, where he was Chairman for nine years.

Bernard Galton was appointed as a Non-Executive Director at the RNHRD in June 2014. Bernard is a Chartered Fellow of the Chartered Institute of Personnel and Development and has operated at executive board level for 15 years within the public sector. Bernard takes up this position following the completion of Niall Bowen's term of office.

Dr Ellie Korendowych has been appointed as Medical Director. Dr Korendowych was appointed as a Consultant at the RNHRD in 2005 and was the Trust's Rheumatology clinical lead; her clinical and research interests include Psoriatic Arthritis and Autoimmune Connective Tissues Diseases. Dr Korendowych takes over this position from Dr Bhalla following completion of his three year term. Dr Bhalla will remain with the Trust in a part time capacity as a Consultant in Rheumatology and Metabolic Bone Disease.

Kirsty Matthews  
RNHRD, NHS FT  
09/09/2014

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Bath & North East Somerset Council		
MEETING:	Well-being & Policy Development Panel	
MEETING DATE:	19 <sup>th</sup> September 2014	AGENDA ITEM NUMBER
TITLE:	Update on – NHS 111 Service	
WARD:	ALL	
AN OPEN PUBLIC ITEM		
<b>attachments to this report:</b> Appendix 1: Briefing Paper Appendix 2 : Table showing Summary of Performance for April – August 2014		

## 1. THE ISSUE

- 1.1. To update Well-being & Policy Development panel members on the performance of the NHS 111 Service in the Bath & North East Somerset area.
- 1.2. Panel members received briefings in September 2013 and March 2014. The last briefing reported on progress to improve performance, as well as a range of proposed developments. This briefing paper explains progress made and how service performance continues to be monitored closely to ensure that it meets the needs of local people.

## 2. RECOMMENDATION

- 2.1. Panel members are asked to note the latest performance of the NHS 111 service.

## 3. FINANCIAL IMPLICATIONS

- 3.1. None to note as part of this briefing paper.

## 4. THE REPORT

- 4.1. The attached report summarises performance and progress to date.

## 5. RISK MANAGEMENT

- 5.1. Risk management processes and systems remain in place as part of the NHS 111 governance arrangements to monitor the effectiveness of the service.

5.2. Information on complaints, incidents and feedback from healthcare professionals is collated and reviewed by Care UK (previously Harmoni) and shared with the CCG's Clinical Governance Lead for NHS 111, Dr Liz Hersch and with the CCG's Quality Team.

5.3. Commissioners across Avon, Gloucester and Wiltshire are reviewing processes for on-going monitoring of the service. This will facilitate service monitoring at a level that is appropriate for both commissioners and Care UK.

## **6. EQUALITIES**

6.1. An in-depth equality impact assessment was completed by BaNES PCT and commissioning team as part of the process to develop the specification for the 111 Service. The service will continue to be monitored in respect of its impact on different groups of patients.

## **7. CONSULTATION**

7.1. Care UK has been consulted on the presentation of this paper.

## **8. ISSUES TO CONSIDER IN REACHING THE DECISION**

8.1. Not applicable to this report.

## **9. ADVICE SOUGHT**

9.1. Not applicable to this report.

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<b>Background papers</b>	<i>None</i>
<b>Please contact the report author if you need to access this report in an alternative format</b>	

## **Appendix 1**

### **Briefing Paper – NHS 111 Services in B&NES**

#### **1.0 Introduction**

The objective of the NHS 111 service is to support the delivery of urgent and emergency care by directing patients to the right service first time with clinical assessment and referral taking place within the same telephone call.

The service also encourages different providers of urgent and emergency care to come together to consider ways to improve the patient's experience of care.

#### **2.0 NHS 111: Current position in B&NES**

Although the service experienced a challenging start in February 2013, the development of a rectification plan facilitated steady progress and ultimately, full service commencement in October 2013.

The service continues to experience challenges around recruitment and retention of call handlers and Clinical Advisers which contributes to:

- Delays in call handling
- Higher than necessary ambulance dispatch rate
- Delays in warm transfer (i.e. directly from the original call handler to a clinical advisor) and call back

Commissioners and Care UK recognise the importance of having experienced and skilled staff to be able to address many of these issues. Staffing levels need to be more accurately matched to call volume forecasting to ensure that the Key Performance Measures set within the contract are met at all times.

At the beginning of this year, Care UK made a decision to change staff shift patterns to better match with demand. Care UK entered a consultation period with staff. Owing to a higher rate of attrition than expected, coupled with the recruitment freeze necessitated by the consultation process, staffing levels (for both Health Advisers and Clinical Advisers) suffered during this time with a negative impact on performance.

Care UK has continued to revise the model of call forecasting and rota management which aims to better meet demand. In addition, revised modelling aims to offer staff a better work/life balance and will hopefully reduce absenteeism and improve retention. More room has also been made within the new modelling for areas such as professional development and training. Commissioners will continue to monitor the outcome of this programme closely.

## **2.1 NHS 111 monitoring in BaNES**

Weekly teleconferences currently take place between commissioners and Care UK to monitor progress, alongside monthly Contract Board Meetings and Clinical Governance Meetings.

Commissioners are currently reviewing processes to monitor the service appropriately into the future.

The CCG receives daily progress reports against the targets and **Appendix 2** shows performance for the period April – August 2014. The graphs demonstrate many of the difficulties the service has experienced over the last five months, although evident improvements in August. These will continue to be monitored for sustained and continued improvement in performance.

## **2.2 Clinical Governance**

The Quality Monitoring Review Group focuses on clinical effectiveness, patient safety and patient experience. The monthly quality report provides updates on call audits carried out, number of complaints and incidents, and feedback from health care professionals as well as other reports e.g. Safeguarding Adults and Children.

All front line staff has 5 of their calls audited each month and feedback is given individually with further training and support as required. There was a drop in the percentage of call audits executed in June and this was linked to sickness and issues with staffing levels.

A total of 14 complaints were received from April to the end of August 2014 (BaNES and Wiltshire combined). Within this period, 62,515 calls were answered by Care UK for BaNES and Wiltshire. Themes included inappropriate referrals, delays in calling back, patients unhappy with dental services during Out of Hours, poor triage, patients unhappy with lines of questioning and an issue with the tone of voice used by the call handler to the patient. There is evidence that the investigations of complaints and incidents are being managed and reported through the monthly quality reports and discussion at the clinical governance group. However action planning and the implementation of lessons learned from the complaints process are not evidenced and more assurance is required by commissioners in this area.

## **3.0 Developments**

Currently the service is commissioned locally but to a national specification to ensure a consistent approach to quality across the country. In order to support further transformation of urgent and emergency care, NHS England with the support of CCGs, has produced new NHS 111 commissioning standards (June 2014). Commissioners will work closely with Care UK to implement these standards within realistic time scales, recognising that recruitment of staff will continue to be the current priority.

3.1 In the last report, a number of developments were identified. Updates on progress are provided here:

**3.2 Special Patient Notes (SPNs)** provide specific information relevant to a patient with complex health and/or social care needs e.g. patients on the End of Life Care Register. They are visible to GPs in both in- and out- of hour's settings, as well as NHS 111, amongst others. Access to good quality SPNs is vital for NHS 111 and GP Out of Hours, to provide the call handler or clinician with knowledge and additional information specific to the patient to facilitate making an informed decision about treatment.

BaNES CCG is developing a proposal to improve the quality of SPNs by reviewing the current status and quality of SPNs and looking at options to increase the volume and completeness of SPNs.

### **3.4 Directory of Services (DoS)**

The DOS is the application which holds information that describes the services, care or referral available to the patient following an assessment by NHS 111.

Commissioners have agreed to provide additional project support to develop the DOS through the support of a small regional team. Development of the DOS is a priority for the CCG.

### **3.5 Audit of Minor Illness Unit (MIU)**

An audit of referrals to the Paulton MIU was carried out by Harmoni in January 2014 due to a number of referrals to the unit which MIU staff felt were inappropriate causing frustration to staff and poor patient experience.

The profile of Paulton MIU in the DOS was reviewed and referral numbers have now reduced.

### **3.6 Contingency Arrangements: Health Care Professionals Line**

In March 2013, a contingency process was put in place for health care professionals needing access to the NHS 111 service as part of managing a patient's care pathway.

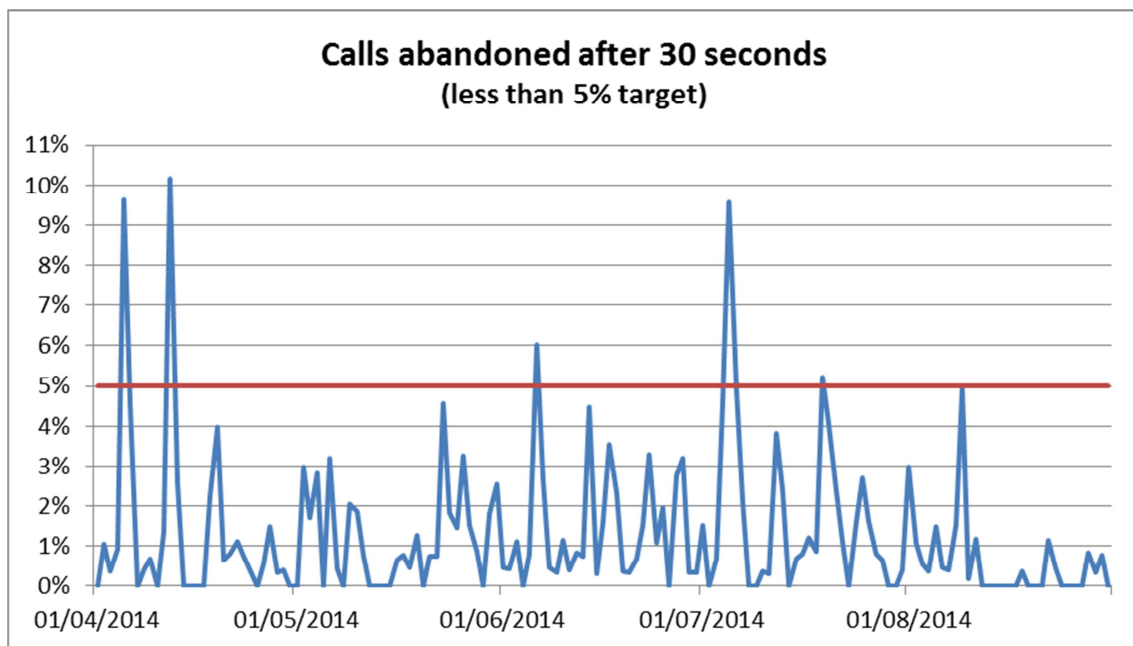
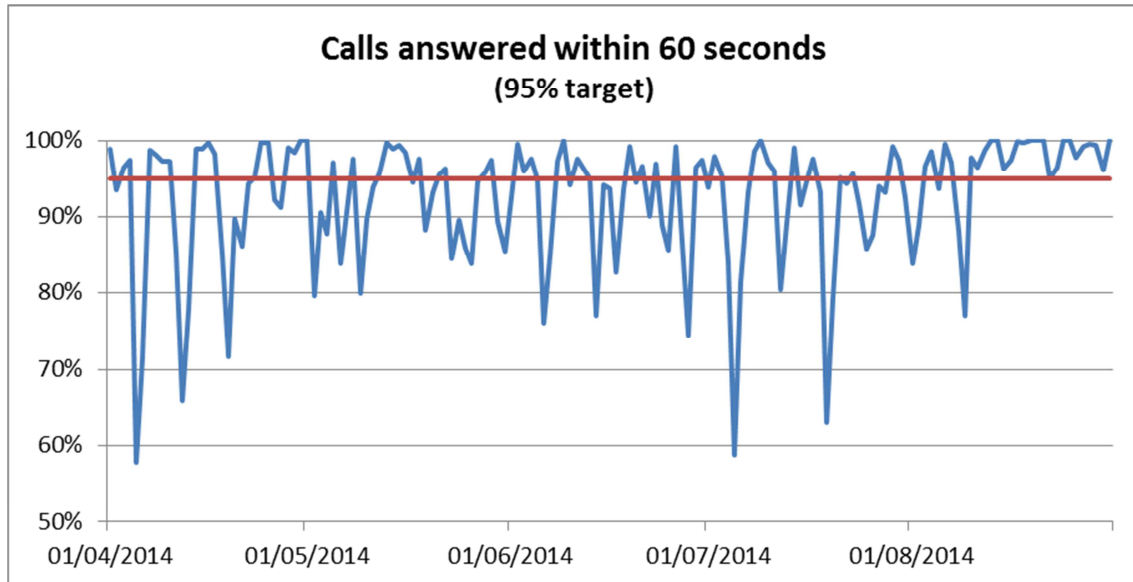
A contractual arrangement has been put in place with the GP Out of Hours service to provide the "HCP line" for this financial year, with opportunity to review and re-specify requirements from April 2015.

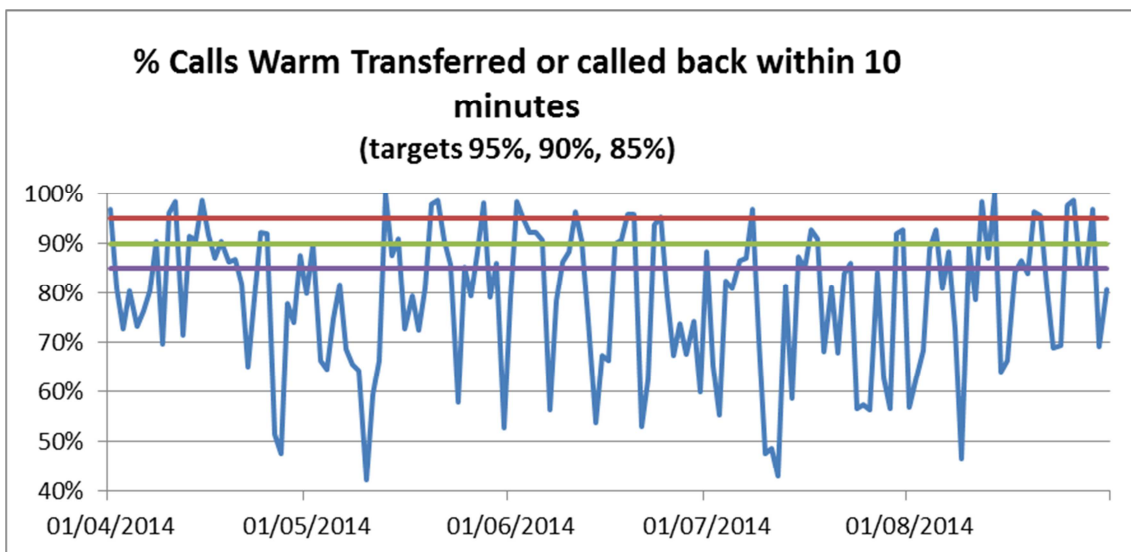
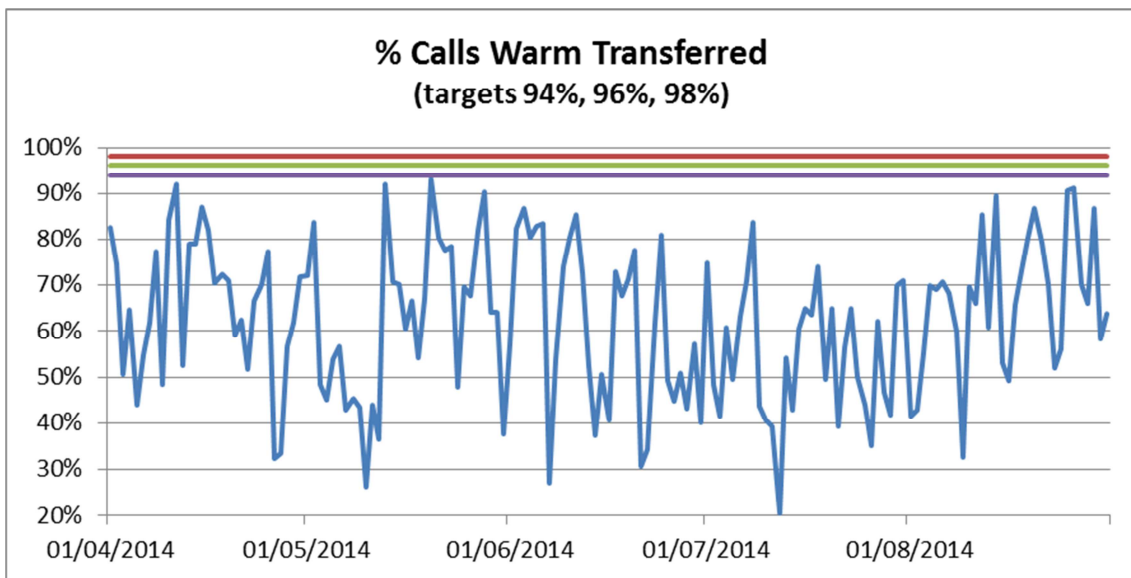
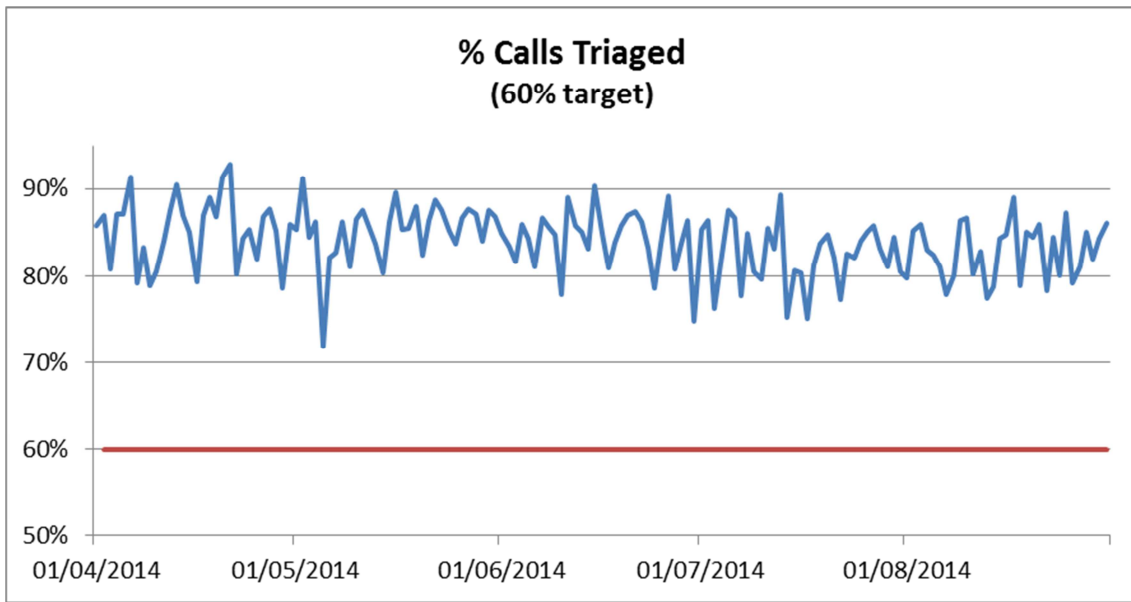
## **4. On-going reporting to the Well-being & Policy Development Panel**

Panel members are asked to confirm whether any further updates on the progress of the NHS 111 service are required at a future date.

## Appendix 2

Performance against targets for April – August 2014 (Source: NHS BaNES and NHS Wiltshire Dashboard, compiled from DailySitReps).





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Bath & North East Somerset Council		
MEETING:	Well-being Policy Development and Scrutiny Panel	
MEETING DATE:	19 <sup>th</sup> September 2014	AGENDA ITEM NUMBER
TITLE:	Update on – Non Emergency Patient Transport Service	
WARD:	ALL	
AN OPEN PUBLIC ITEM		
<b>attachments to this report:</b>  Appendix 1: Briefing Paper  Appendix 2: Tables showing Summaries of call volumes and performance for December 2013 to July 2014.  Appendix 3: Service User Survey Results		

## 1. THE ISSUE

- 1.1. To update Well-being Policy Development and Scrutiny Panel members on the performance of the Non-Emergency Patient Transport Service in the Bath & North East Somerset area.
- 1.2. Panel members received briefings in March 2014 and July 2014. The first report in March set out the challenges being experienced during the mobilisation of the new single provider of this service. The subsequent briefing set out the progress made within the service delivery of this contract. This report further explains the progress made and the actions being taken to ensure this service meets the needs of the patients of BaNES.

## 2. RECOMMENDATION

- 2.1. Panel members are asked to note the agreed actions and the latest performance of the Non-Emergency Patient Transport Service.

## 3. FINANCIAL IMPLICATIONS

- 3.1 The Non-Emergency Patient Transport Service contract allows for a review of activity and costs at the end of the end of the first year of operation or if activity reaches a specific level.

#### **4. THE REPORT**

4.1. The attached report summarises the ongoing issues, the actions taken and the performance to date.

#### **5. RISK MANAGEMENT**

5.1. Strong collective risk management processes are in place and monitored by the combined commissioners to support and improve the effectiveness of the service. The key risk to this service is delays in responding to and moving patients within the agreed timeframes.

5.2. Incidents, complaints and feedback from healthcare professionals are collated monthly and formally reviewed by the BaNES, Gloucester, Swindon and Wiltshire (BGSW) Clinical Quality Review Group meeting on a monthly basis.

#### **6. EQUALITIES**

6.1. Quality impact assessments have been completed within the collaborative commissioning approach to developing the new Non-Emergency Patient Transport Service Contract specification. The service continues to be monitored to review its impact on all groups of patients.

#### **7. CONSULTATION**

7.1. As stated within the report.

#### **8. ISSUES TO CONSIDER IN REACHING THE DECISION**

8.1. Not applicable to this report.

#### **9. ADVICE SOUGHT**

9.1. Not applicable to this report.

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<b>Background papers</b>	<i>None</i>
<b>Please contact the report author if you need to access this report in an alternative format</b>	

## **Appendix 1**

### **Report on Arriva Transport Solutions Ltd Non-Emergency Patient Services For The Wellbeing Policy Development & Scrutiny Panel, Friday 19th September 2014.**

#### **1.0 Introduction**

The Panel will recall that in February 2012 the former Primary Care Trusts (PCTs) for Bath and North East Somerset (BaNES) and Wiltshire approved a review of existing Non-Emergency Patient Transport Services. This review found that the provision of services across BaNES and the CCG areas of Wiltshire, Swindon and Gloucester was split over at least 32 different providers and that contractual arrangements were complex and did not always provide the information needed to best manage the resources available to meet patients' needs. The four PCTs also faced increasing charges from the Non-Emergency Patient Transport Service providers and were incurring significant expenditure outside the scope of the contracts.

Due to the differences in approach within each provider there was no central booking facility at a PCT level, nor was there any mechanism for capturing and recording all patient journey activity. This made it extremely difficult, almost impossible, to measure Non-Emergency Patient Transport Service performance, understand the volume of patient journeys, monitor standards, patient quality, safety and experience and understand costs of the service.

Following the review, the four PCT's approved a single joint procurement process in May 2013 across BaNES, Gloucestershire, Swindon and Wiltshire (BGSW) and a procurement process was undertaken which culminated in the appointment of a single provider of services in December 2013.

#### **2.0 Non-Emergency Patient Transport Service Current position in B&NES**

In December 2013, the delivery of Non-Emergency Patient Transport for BaNES patients and those served by the Royal United Hospital (RUH) within BaNES and other CCG areas, became the responsibility of Arriva Transport Solutions Ltd (ATSL). During December 2013, a significant number of problems were encountered during the initial mobilisation of the Non-Emergency Patient Transport Service and extensive work has been undertaken by the commissioners, the RUH and Arriva in an attempt to embed and improve the service since this time.

Building on the long list of improvements described in the previous reports, Arriva, commissioners, and acute trusts, have continued to work on service improvements. Typically these involve the interface between the acute trusts and Arriva. As a result, Transport Working Groups have been established and are operated at the acute trusts. These are attended by acute trust and Arriva staff, and they review activity and performance data; and identify and resolve operational issues, problems and trends. Progress is reviewed at monthly contract review meetings.

Although the service experienced a challenging start in December 2013, all parties have made good progress towards embedding the new service. The service is moving a high number of patients daily and some very good feedback has been received both individually from patients and through the Service Users Survey undertaken in May/June 2014 (Appendix 3).

The service does still experience some challenges with the level of overall activity and the individual activity in some mobility categories, which has continued to be higher assessments of predicted activity levels prior to tendering these services and is reflected within the key Performance Indicators (Detailed activity volumes and Key Performance Indicators - Appendix 2).

Feedback from patients' and provider organisations continues to highlight some adverse impact within the Non-Emergency Patient Transport Service and these can be divided into the following five areas:

1. Availability of resources within Arriva.

Both the commissioners and Arriva have acknowledged that resources available have not always met patients' requirements for non-emergency transport in its early months of operation. Commissioners have agreed a temporary arrangement to support the mobilisation of additional resources by Arriva. Both parties have agreed to use the first 12 months of activity data to support a contractual rebasing process as specified within the contract. In the early months Arriva has also experienced some challenges in relation to the call centre and this has led to some experiences of poor performance and patient experience.

2. Delay in transport for specific vulnerable patients.

There remain ongoing concerns about delays in transporting certain patients identified by the RUH as vulnerable, such as those patients who need transport within two hours (fast-track patients). Delays for these patients and their carers can cause anxiety due to the complexity of discharge planning and the need for coordination with other support services.

Patients with a series of appointments such as oncology/radiotherapy outpatients have also experienced delays to both inward and outbound journeys, patients find this particularly upsetting due to the frequency and the nature of their appointments.

There has been, and continue to be, some examples of poor performance as a result of the impact of the delays described (typically excessively long waits, sometimes resulting in overnight re-admissions or potentially detrimental impact on patients). All of these incidents are investigated and the learning action agreed with Arriva.

### 3. Patient experience of Arriva.

A small number of patients continued to report a poor customer experience when booking transport for their journey to the RUH. These experiences are centred on late collections by the crews. This poor initial experience often results in patients feeling frustrated on arrival at the hospital and with the service.

### 4. Working relationships between the providers, in particular the RUH and Arriva.

The initial working relationships between some provider operational staff and Arriva have been strained at times. For example, hospital staff have found it very difficult to manage the care of patient's when call handlers are unable to provide information on the expected arrival time of crews to discharge or transfer patients. Arriva have focused on improving the overall call handler's numbers and additional training within the call centre. Also the RUH has worked on improving communications and work has been carried out by RUH and Arriva to improve staff relationships and the way they work together.

### 5. Provider knowledge and use of the Arriva system.

The RUH acknowledges that there is a need for further training for Trust staff to improve booking processes and understand the booking system.

The RUH currently makes use of the main entrance Atrium for outpatients awaiting transport pick-ups. This causes issues when some patients are not suitable to be left unattended if their transport is delayed beyond the expected pick-up time.

Arriva are producing new staff information leaflets and the Trust intranet patient transport page has been re-written and will be launched shortly. The escalation procedure for reporting problems has been clarified and circulated throughout the hospital.

## 2.1 Monitoring

Routine contract governance takes the form of a series of meetings and supporting data reports.

- Monthly contract performance meeting (Arriva and CCGs)
- Bi-monthly clinical quality review meetings (Arriva and CCGs)
- Monthly transport working groups (Arriva and acute trusts)
- Monthly activity and performance reporting (at CCG contract level; and local trust-specific data analysis)

The RUH has also established internally an Arriva Operational Group (AOG) to replace previous internal strategic meetings. The AOG has worked with Arriva to improve dashboard reports to monitor performance. AOG meetings are supported by fortnightly meetings between the Trust Transport Officer and Arriva which focus

on operational issues, ongoing work, and issues to be escalated to the AOG. The Arriva Locality Manager for the RUH continues to attend the Trust twice weekly and visits areas of concern to help in training and building relations.

## **2.2 Clinical Governance**

The BGSW Clinical Quality Review Meeting comprising Quality leads from CCGs plus Arriva meets once every 2 months and addresses a wide range of issues. The CCG quality team feel assured about the quality of the service provided. Arriva provide monthly information on a range of quality measures that inform formal quality reports that are considered by this group which focuses on clinical effectiveness, patient safety and patient experience. These reports include a review of complaints and patient feedback as well as measures such as the timeliness of transport and outcome of audits of call-handling.

The Clinical Quality Review group have reported that Arriva have been receptive to constructive comments and willing to change and/or adapt their processes for quality monitoring and reporting accordingly. The BGSW Clinical Quality Review group have started an end- to-end walk through process to enable the sharing of learning across the group and with the provider.

At the August Clinical Quality Review meeting, the following topics were covered:

- Workforce and staffing
- Training
- Reportable incidents
- Quality management: safeguarding
- Patient experience: concerns, comments, complaints and compliments
- Infection prevention & control: annual programme
- Sustainable development management plan
- Sub-contractors: monitoring; action plan update
- Operational audit plan
- Agency staff induction checklist
- Quality schedule

A total of 64 complaints were received in June and July, there were 4627 patient journeys during that period. An increase in the number of complaints has been noted and this is reflective of the improved complaints management process that has been developed by Arriva. It is planned that a detailed analysis of a specific complaint and the process followed will take place at each Quality Monitoring Group from October 2014 for additional assurance.

To date there are no Serious Untoward Incidents for BaNES. 8 internal incidents have been logged from Sirona regarding Arriva from June –August 2014. These are discussed between Sirona and Arriva to learn from these incidents and improve operational procedures.

### **3.3 Operational Resilience & Capacity Planning (ORCP)**

B&NES commissioners are supporting an additional proposal from Arriva to create an Integrated Community Discharge process to provide greater coordination between discharge and onward community transfer to beds across the high demand period during the winter months of this year. This will allow patients to be transported to a bed becoming free with the same crew then transporting the patient in the community bed on to their next destination. This will be evaluated to test the benefit for the patient transport service going forward.

### **3.5 Conclusion**

It is clear that the introduction of a new Non-Emergency Patient Transport Service with a single provider supporting the needs of 4 CCGs has not been without its problems. Many of these are the result of the contract being based on inaccurate and incomplete data. Now that we have a single and comprehensive view of the data, we are much better placed to ensure the service is appropriate and is performing to required standards consistently across the CCG area.

## Appendix 2

Journey volumes and performance against Key Performance Indicators (KPIs) for December 2103 to July 2014April (Source: Central Southern Commissioning Support Unit – PTS Monthly Reports).

### Journey Volumes

#### Number of booked Journeys by direction of travel

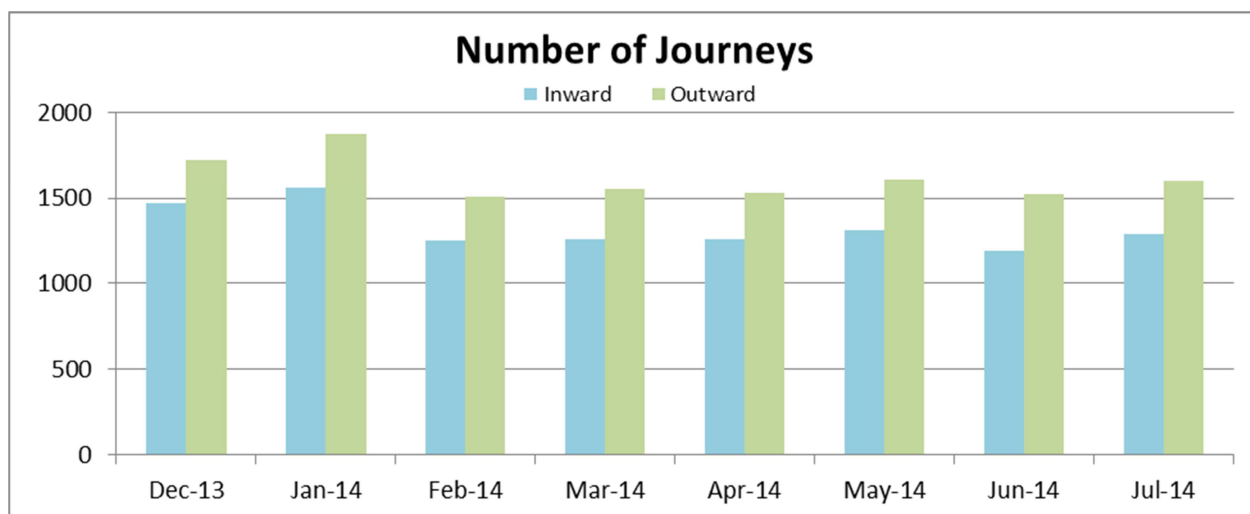
Direction	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	YTD
Inward	1468	1559	1254	1264	1258	1316	1195	1292	10606
Outward	1723	1872	1510	1554	1529	1615	1520	1604	12927
<b>Total</b>	<b>3191</b>	<b>3431</b>	<b>2764</b>	<b>2818</b>	<b>2787</b>	<b>2931</b>	<b>2715</b>	<b>2896</b>	<b>23533</b>

#### Planned bookings

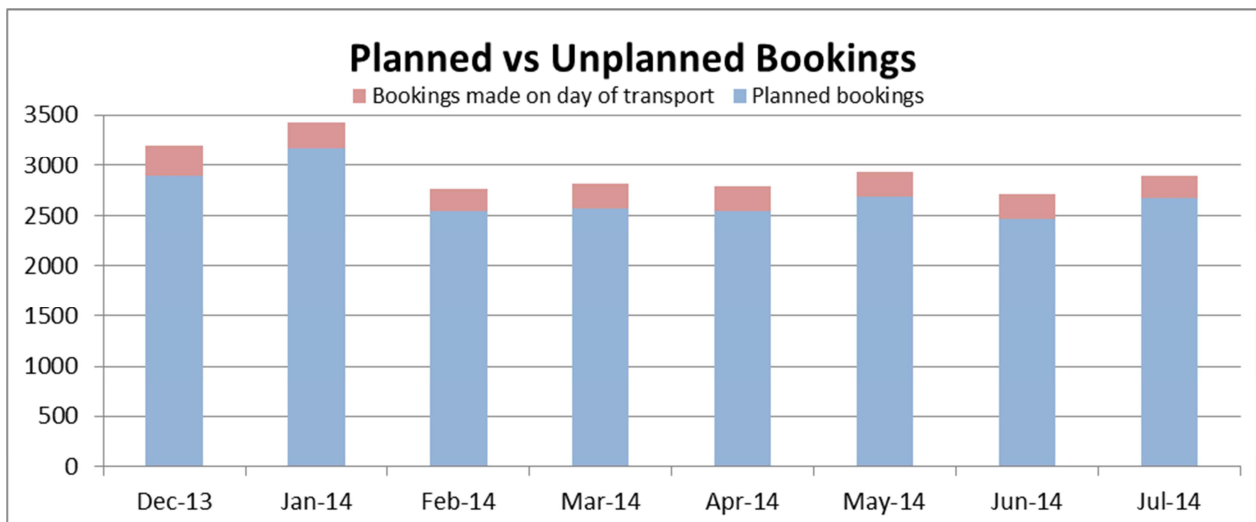
Direction	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	YTD
Inward	1411	1528	1228	1233	1228	1297	1171	1281	10377
Outward	1474	1639	1324	1339	1322	1390	1300	1387	11175
<b>Total</b>	<b>2885</b>	<b>3167</b>	<b>2552</b>	<b>2572</b>	<b>2550</b>	<b>2687</b>	<b>2471</b>	<b>2668</b>	<b>21552</b>

#### Bookings made on day of transport

Direction	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	YTD
Inward	57	31	26	31	30	19	24	11	229
Outward	249	233	186	215	207	225	220	217	1752
<b>Total</b>	<b>306</b>	<b>264</b>	<b>212</b>	<b>246</b>	<b>237</b>	<b>244</b>	<b>244</b>	<b>228</b>	<b>1981</b>

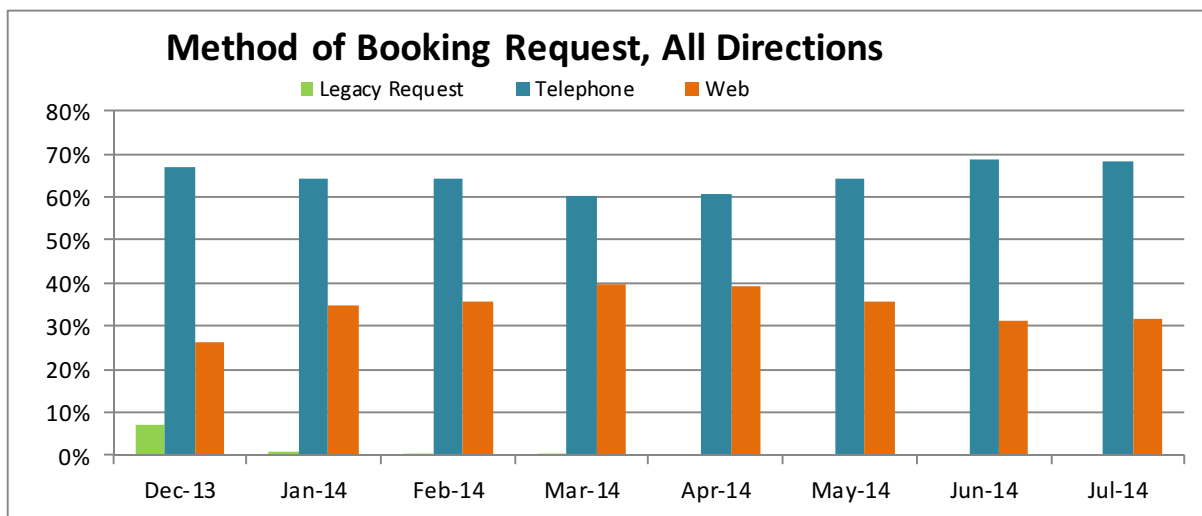






### Method of Booking Request - Proportion of All Bookings

All Directions	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14
Legacy Request	6.9%	1.0%	0.4%	0.1%	0.0%	0.0%	0.0%	0.0%
Telephone	66.9%	64.2%	64.0%	60.2%	60.9%	64.2%	68.7%	68.2%
Web	26.1%	34.8%	35.5%	39.7%	39.1%	35.8%	31.3%	31.8%



## Proportions of Inward and Outward Journeys: Monthly variance

Inward	Jun-14	Jul-14	Variance
Legacy Request	--	--	--
Telephone	68.9%	69.1%	0.2%
Web	31.1%	30.9%	-0.2%

Outward	Jun-14	Jul-14	Variance
Legacy Request	--	--	--
Telephone	68.6%	67.4%	-1.2%
Web	31.4%	32.6%	1.2%

## Category of Journey - Percentage of Total Journeys

Category	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	YTD
Dialysis	53.46%	40.86%	38.39%	44.68%	44.42%	44.39%	45.30%	45.44%	44.67%
Outpatient	32.62%	44.54%	47.50%	41.84%	39.15%	39.95%	40.00%	36.88%	40.27%
Discharge	6.58%	7.75%	7.34%	7.81%	7.71%	7.44%	8.77%	7.56%	7.60%
Transfer	2.41%	2.48%	2.53%	2.59%	2.01%	2.46%	2.32%	3.18%	2.50%
Oncology Patient	0.50%	1.89%	2.03%	0.75%	4.63%	3.75%	1.10%	4.18%	2.33%
H/H	0.50%	0.85%	0.62%	1.03%	0.72%	0.85%	0.52%	0.38%	0.68%
Out Patient	2.76%	0.70%	0.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.53%
Admission	0.47%	0.52%	0.40%	0.35%	0.47%	0.27%	0.26%	0.35%	0.39%
Social Care Package	0.00%	0.00%	0.00%	0.14%	0.32%	0.38%	0.66%	0.79%	0.28%
Outpatient Day Case	0.13%	0.17%	0.22%	0.28%	0.00%	0.27%	0.07%	0.35%	0.19%
Intermediate Discharge	0.00%	0.09%	0.18%	0.32%	0.25%	0.07%	0.18%	0.10%	0.14%
Intermediate Admission	0.00%	0.09%	0.18%	0.18%	0.25%	0.03%	0.15%	0.31%	0.14%
End of Life	0.00%	0.00%	0.00%	0.04%	0.00%	0.14%	0.44%	0.24%	0.10%
Day Patient	0.13%	0.06%	0.07%	0.00%	0.07%	0.00%	0.22%	0.17%	0.09%
Day Hospital	0.00%	0.00%	0.11%	0.00%	0.00%	0.00%	0.00%	0.07%	0.02%
After Treatment	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Social Care Transfers	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Home Visit	0.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Social Service Admission	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Home Assessment	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%
Private Transfer	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

## Key Performance Indicators

Detailed Key Performance Indicator (KPI) charts are shown below for:

- All B&NES CCG patients transported by Arriva
- All B&NES CCG dialysis patients transported by Arriva
- All B&NES patients attending the three acute trusts to which majority of our patients attend, transported by Arriva.

The main Key Performance Indicator (KPI) measures shown, look at three aspects of patient experience:

- Time spent on vehicle
- On-time inbound journeys
- On-time collection for outbound journeys

Time on vehicle - Overall, performance is being achieved in line with KPIs for time on vehicle. The dips in performance for the longer distance journeys generally reflect a small or very small number of journeys in these categories.

Inbound on time - Inbound on-time is an area where performance has improved but requires continuing improvement to get to, and be sustained at, KPI level.

Outbound on time - Outbound on time (for on-day bookings) is generally being achieved or exceeded. The response timeframe for these journeys is four hours from the time the patient is “made ready”. The area requiring greatest improvement is on-time collection for pre-booked outbound journeys. The response timeframe for these is one hour from the time the patient is “made ready”.

Performance for dialysis patients is significantly higher than for the full patient cohort, reflecting the routine nature of these journeys.

Despite the complexity of managing a different profile and volume of activity, through reliance upon third party providers, overall KPI performance has improved since contract start. Further improvement is required in order to achieve all KPI target levels. One year after contract start, December 2014, is the first contractual opportunity to revise the baseline activity and mobility requirements. This will ensure Arriva thereafter has the right resource in the right places to deliver the type, mix and volume of activity based on a full year’s data gathered since contract launch. This will reduce Arriva’s reliance on third party resources and consequently enable better overall performance.

Key performance indicators (KPIs) are as follows:

PTS01 – Patients travelling less than 10 miles should not spend more than 60 minutes on any one journey.

PTS02 – Patients travelling between 10 and 35 miles should not spend more than 90 minutes on any one journey.

PTS03 – Patients travelling between 35 and 50 miles should not spend more than 120 minutes on any one journey.

PTS04 – Arrival within 45 minutes before or within 15 minutes after scheduled appointment time.

PTS05 – Patients should not wait more than 60 minutes for their outbound journey (Where booked at least a day in advance) from the point of booked ready by the HCP.

PTS06 – Patients will be collected within four hours where booked on the day (within two hours for end of life).

PTS07 – Percentage of journeys cancelled by Arriva to be below an agreed %.

PTS08 – Percentage of journey collections missed (aborted journeys) to be below an agreed %.

PTS09 – Percentage of in-bound calls to Arriva call centre answered within 30 seconds to be above an agreed %.

PTS10 – Application of eligibility criteria.

PTS11 – Percentage of complaints acknowledged within one working day.

PTS12 – Compliance with agreed complaints procedure (full response within 25 days).

PTS16 – Availability of on-line booking system.

PTS17 – Availability of telephone booking system.

#### KPI's - by Month

"--" indicates no relevant data for that KPI in that month

		Target	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14
<10 miles < 60 minutes on vehicle	PTS01	95%	94.34%	92.64%	93.12%	94.87%	95.07%	95.66%	94.28%	95.01%
10 - 35 miles < 90 mins on vehicle	PTS02	90%	93.81%	89.02%	89.12%	93.93%	94.61%	92.15%	90.21%	93.67%
35 - 50 miles < 120 mins on vehicle	PTS03	85%	100.00%	80.00%	--	80.00%	--	50.00%	100.00%	100.00%
On time arrival -45 > + 15 mins	PTS04	95%	62.92%	57.28%	68.79%	82.32%	83.62%	78.57%	76.83%	80.11%
60 minute pick up (planned)	PTS05	85%	54.38%	40.61%	47.96%	50.30%	56.69%	57.70%	51.33%	55.94%
60 minute pick up (Arriva methodology)			64.23%	51.66%	65.24%	75.65%	77.43%	76.76%	71.88%	75.69%
Variation			9.85%	11.05%	17.28%	25.35%	20.74%	19.07%	20.55%	19.74%
60 minute pickup (incl. Early 60 mins allowance)			63.14%	50.55%	61.36%	74.45%	76.20%	75.37%	69.63%	73.67%
4 hour pick up (on the day)	PTS06	85%	73.24%	90.54%	88.07%	82.11%	85.37%	82.88%	81.88%	89.17%
4 hour pick up (Arriva Methodology)			79.75%	93.75%	90.83%	87.41%	89.19%	87.58%	84.71%	91.86%
Variation			6.51%	3.21%	2.76%	5.30%	3.82%	4.70%	2.83%	2.69%
4 hr pick up (incl. Early 60 minute allowance)			76.06%	91.89%	88.99%	84.55%	86.18%	84.93%	82.55%	91.08%

=

## Appendix 3

### Service User Survey

In May/June 2014 Arriva conducted a service user survey. 4,000 freepost survey cards were available to service users/their carers from across the 4 CCGs, in hospital waiting areas. It was also available online. 282 responses (7%) were received.

Patients were asked their views on three aspects of service quality and experience: was the journey comfortable; did the patient feel safe and cared for by Arriva staff; and was communication with/from Arriva satisfactory/did the patient feel listened to.

There was no specific question about timeliness, since CCGs were already fully aware of issues concerning timeliness that have occurred as described elsewhere in this report. Results were:

Question	Satisfied	Neither satisfied nor dissatisfied	Not satisfied
Vehicle comfortable	93%	3.5%	3.5%
Felt safe & cared for	96.5%	0%	3.5%
Communicated with & listened to	91.2%	3.5%	5.3%

Overall the results were positive. Many positive comments were received:

- Best transport ever received
- Transported safely and with utmost care from the driver
- Cheerful and reassuring staff
- Staff are fantastic, always courteous, efficient, caring and double checking father and I are secure
- Professional and good humoured
- They were very professional and efficient, thus giving me confidence
- The journey and care by staff, right to department, was exemplary

The main cause of dissatisfaction was related to timeliness. An action plan based on the raw feedback is being implemented by Arriva. A key component of this is how to improve the response rate.

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Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Policy Development & Scrutiny Panel  Committee	
MEETING/ DECISION DATE:	17 <sup>th</sup> September 2014	
TITLE:	The new public health system	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: Nil. Copies of presentation will be made available at meeting.		

## **1 THE ISSUE**

- 1.1 The chair of the panel has asked the Director of Public Health to brief the panel on the new public health system in England and locally, and to explain the roles and responsibilities of the different parts of that system. He particularly asked for information on Public Health England

## **2 RECOMMENDATION**

- 2.1 There are no recommendations other than that the panel hears to the presentation and asks questions.

## **3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

- 3.1 No specific implications other than giving the panel a fuller understanding of how the Council's public health budget and team relates to the wider system

## **4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL**

- 4.1 Some of the presentation covers statutory roles of director of public health and mandatory services commissioned by the public health team.

## **5 THE REPORT**

5.1 Presentation only

## 6 RATIONALE

6.1 N/A

## 7 OTHER OPTIONS CONSIDERED

7.1 N/A

## 8 CONSULTATION

8.1 N/A

## 9 RISK MANAGEMENT

9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

<b>Contact person</b>	Bruce Laurence: bruce_laurence@bathnes.gov.uk
<b>Background papers</b>	<ol style="list-style-type: none"><li>1. Role of Directors of public health in local government: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213007/DsPH-in-local-government-i-roles-and-responsibilities.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213007/DsPH-in-local-government-i-roles-and-responsibilities.pdf</a></li><li>2. Factsheets on public health in local government: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216708/dh_131904.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216708/dh_131904.pdf</a></li><li>3. DH diagrammatic representation of new health and care system: <a href="https://www.gov.uk/government/publications/the-health-and-care-system-explained/the-health-and-care-system-explained">https://www.gov.uk/government/publications/the-health-and-care-system-explained/the-health-and-care-system-explained</a></li><li>4. Public Health England priorities for 2013/4 <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192676/Our_priorities_final.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192676/Our_priorities_final.pdf</a></li></ol>
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Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	Wellbeing Policy Development & Scrutiny Panel  Committee	
MEETING/ DECISION DATE:	9th September 2014	
TITLE:	Local Safeguarding Adults Board Annual Report for 2013-14	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Appendix 1: Local Safeguarding Adult Board Annual Report 2013-2014 and Business Plan		

## **1 THE ISSUE**

- 1.1 The Local Safeguarding Adults Board (LSAB) has produced an Annual Report which outlines the work its multi-agency partners carried out during 2013-2014 and includes the updated Business Plan. The report is brought to the attention of the Panel for its consideration with regard to the content of the Annual Report, its analysis and the on-going work of the LSAB.

## **2 RECOMMENDATION**

- 2.1 Proposal 1: To note the Annual Report and Business Plan; raise any queries or concerns on safeguarding activity and recommend areas the LSAB would, in its view, benefit focusing on.

## **3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

- 3.1 None, however there remains capacity issues caused by the continued increase in safeguarding adults alerts and referrals, the implications for these are being considered.

## **4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL**

- 4.1 The Association of Directors of Adults Social Services recommends that LSABs present their Annual Reports to an adult care scrutiny panel for consideration. Last year's report was considered by the Panel and the LSAB welcomes its views.

- 4.2 From April 2015 the LSAB will be placed on a statutory footing in the same way as the Local Safeguarding Children's Board. The Council will have statutory responsibility to ensure the development of an LSAB.

## **5 THE REPORT**

5.1 The LSAB Annual Report 2013-2014 provides:

- an overview of changes to national and local policy
- confirms the Boards governance arrangements and changes made within year
- sets out the Boards activity during the year and safeguarding case activity
- compares safeguarding case activity with national data
- demonstrates the commitment of member agencies through their individual agency reports

5.2 Appendix 4 to the report is the Business Plan 2012-2015; a working document that is monitored at each LSAB meeting and new actions are added when required through-out the year. In February the LSAB will hold a development day and the focus of this will be the new business plan.

## **6 RATIONALE**

6.1 The LSAB would like the views of the panel to help inform its work in the future.

6.2 The Association of Directors of Adults Social Services recommends LSABs Annual Reports are considered by adult scrutiny panels.

## **7 OTHER OPTIONS CONSIDERED**

7.1 None

## **8 CONSULTATION**

8.1 The draft report has been considered by the LSAB on the 3<sup>rd</sup> September 2014 and by Healthwatch Bath and North East Somerset Advisory Group on the 2<sup>nd</sup> September 2014.

8.2 This report includes comments received from LSAB members.

## **9 RISK MANAGEMENT**

9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

<b>Contact person</b>	Lesley Hutchinson (Interim Head of Safeguarding and Quality Assurance) (01225 396339)
<b>Background papers</b>	None

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# **Annual Report**

## **2013 – 2014**

working together for health & well-being





## Chair's Foreword

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This has been a tough year for services, with significant national events, new legislation, implementing the recommendations of a serious case review, ever increasing demand for safeguarding, the changed approach to DOLS and many other demands, at a time when resources are under great strain.

The LSAB has to balance a degree of sensitivity to the pressures on services and on staff, while remaining firmly focused on the quality and effectiveness of safeguarding. This inevitably leads to consideration of which areas can be prioritised over others. My surprise has been that there remains a real drive to try to continue as before. While this is admirable in one sense, I remain concerned as to how practical this is and the extent to which this drive and enthusiasm needs to become more targeted.

Part of the evidence for this level of commitment is in the work that has been produced this year by the sub-groups, as shown in this report. There is a remarkable range and amount of work much of which has been turned into practical and tangible products aimed at supporting the delivery of safeguarding. I am enormously appreciative of the commitment and expertise that this work represents.

We know that there is much good practice in B&NES and the Board sees regular evidence of this. We have, though, had two serious case reviews in the last four years. We know that there are particular areas where risk is hard to quantify and we are aware that more work is needed to fully connect some agencies to safeguarding. Making practice more person-centred also remains a challenge. We should never be complacent but, at the same time, should recognise and celebrate good practice.

A challenge for the Board is the need to improve our understanding of how the many policies, protocols and guidelines are used and the difference that they make to lives of people at risk. This remains a focus of our work with commissioners and other partners.

B&NES Council is carrying out more structural changes, some of which will lead to closer alignment between adult and children's protection. This is to be welcomed and should produce the opportunity for shared business support for both Boards.

A major area of work is examining the need for improved multi-agency decision making through a hub arrangement. This work is gathering pace and the initial phase will be concluded shortly.

We have dealt with tragic situations, delivered a high volume of work and tried to make sense of complex issues. This has been possible through the skill, dedication, energy and character strengths of colleagues on all fronts. Board members have given unstinting support and the sub-group chairs have been brilliant colleagues. The B&NES commissioning team has given outstanding support – at the same time as being scrutinised for what they deliver.

With huge thanks,

*Robin*

Robin Cowen. Independent Chair

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## Executive Summary

The B&NES Local Safeguarding Adults Board (LSAB) is the strategic body that oversees multi-agency working to assure that vulnerable adults at risk from abuse are safeguarded effectively.

This report summarises the LSAB's activities that has taken place between April 2013 and March 2014. It highlights the commitment to multi-agency working; the robust performance management and quality assurance mechanisms in place and the achievements of the LSAB.

Safeguarding adults maintained a high profile during 2013-14 locally, regionally and nationally both in terms of Government initiatives and in the media. Multi-agency working to prevent abuse and safeguard adults at risk of abuse has continued to be scrutinised. 2013-14 saw a raft of new guidance notes and reports produced to help agencies work more effectively to prevent abuse. Section 3 of the report outlines the detail of these; of particular significance is the Care Bill receiving royal assent in May 2014 now the Care Act 2014. This places safeguarding adults on a statutory footing; it puts in place the legal requirement for a LSAB (clause 43) and what the responsibilities of the LSAB are (Schedule 2).

Another significant focus during the year has been given to '*Making Safeguarding Personal*'. In March 2014 the LGA and ADASS published, ***Making Safeguarding Personal 2013/14 Report of the Findings***, authored by Jane Lawson, Sue Lewis and Cathie Williams. This report outlines the findings of the second wave pilot study into agencies working in a personalised way when safeguarding. The safeguarding procedure has been seen by some as a bureaucratic procedure which doesn't take into account the needs and wishes of the individual and does not enable the individual to formulate their wishes in their own time as the procedures largely are timescale specific – this pilot challenges this approach. B&NES agencies were involved in the second wave pilot and the findings of this will be reported in next year's Annual Report. The Department of Health now expect all Councils and LSABs will be making safeguarding personal and this will be embedded no later than March 2017. The three year timescale is to enable Councils and Safeguarding Adults Boards to review their existing multi-agency and single agency procedures in light of this.

The LSAB membership is the same as the previous year however there remains a gap for a service user representative on the Board. Through-out the year the Awareness, Engagement and Communications sub-group have worked hard to get service user representation and the Board has approved a proposal for Healthwatch to recruit two lay members to carry out this role and represent the voice of service users. This is noted in the sub-group section of this report.

The Board has worked through the actions set out in the business plan and the recommendations of the Serious Case Review (SCR), set out on page 26. The LSAB acknowledge the significant learning that has taken place as a result of this SCR and the enormous undertaking that each agency involved committed to. The report has been shared with the LSCB and the Responsible Authorities Group to ensure they are aware of the learning identified.

Work has progressed with partners on whether a multi-agency safeguarding hub would be of benefit locally. A piece of work has been commissioned to scope this and to look at what is being delivered in other areas. A final report is expected in October 2014.

Sirona Care and Health has provided an increased number of staff from within their own agency and from the voluntary and independent sector with safeguarding adults training as set out on page 21. In addition to this, other agencies on the LSAB provide their own staff with safeguarding training in-house. The member agencies report the percentage of staff they have trained in section 7.

Single agencies have provided a significant amount of training in domestic abuse; organisations have offered their training out to other LSAB member agencies which has been increased the number of trained staff across the community.

The Council undertook its annual Social Care Survey which it reports to the Department of Health. The survey looks at many areas however domain 4 asks people to consider how safe they feel. The figures below set out the responses:

<b>ASCOF indicator</b>	<b>2011-12</b>	<b>2012-13</b>	<b>Provisional data 2013-14</b>
Proportion of people who use services who feel safe	68.3	65.1	70
Proportion of people who use services who say that those services have made them feel safe and secure	75.2	78.5	80

Those respondents who have stated they do not feel safe are contacted to see if they need any additional help or review of their situation. An improving picture is being reported for 2013-14. The questions do not relate directly to someone being supported through the safeguarding procedure; however the Department of Health are looking at a measure to put in place to collect this.

Links with community safety and the work of the Responsible Authorities Group (RAG) and sub groups has strengthened further through-out the year. Members of the LSAB sub groups are now also members of all the RAG sub groups. The Council in partnership with NHS Banes CCG and Avon and Somerset Police, has jointly funded a mapping exercise / gap analysis into the local understanding of domestic abuse services and Multi-Agency Risk Assessment Conference (MARAC). The results of this are intended to be shared with the RAG and LSAB in September 2014. The PCC and NHS Banes CCG have jointly funded the delivery of the "IRIS" programme; this programme will create a clear referral pathway for domestic violence for GP surgeries. It is initially funded for a period of three years and the IRIS approach is endorsed by the Royal College of Practitioners and by the Nice Guidelines on domestic abuse 2014.

B&NES received 684 new alerts during 2013-14 and continued to support 86 service users through the safeguarding procedure who had been referred during the previous year. At the end of the March 2014, 106 cases remained open and 664 had been closed. The increase in the number of alerts received from 2012-13 to 2013-14 was 31%, the same as the previous year.

664 cases were terminated/closed during the period; a 20% increase, demonstrating the increase in work taking place. Page 32 of this report sets out the information on the number of safeguarding alerts received showing the year on year increase since 2005.

Of the alerts received 57% met the threshold for progressing through the safeguarding procedure; the Health and Social Care Institute for Excellence report on average 50% of alerts meet that threshold. Although there is a higher number in B&NES, Sirona Care and Health and B&NES Council have worked closely together to look into this and during the year ran two workshops on threshold decision making; these workshops were attended by the majority of Team Managers and Assistant Team Manager. Staffs were largely consistent in the threshold applied demonstrating a consistent approach is taken. The B&NES Council Safeguarding and Quality Assurance team also audit all alerts that do not reach the threshold to give assurance it is being applied robustly.

The gender and age of the service users which alerts are received for, and those which meet the criteria for progressing through the safeguarding procedure are similar to previous years and to the national picture. However there are a low percentage of alerts for non-white service users – this is a concern and although focussed work took place during 2012-13 this will need revisiting to ensure we are meeting the needs of the community.

The number of referrals for physical abuse remains the highest; however referrals for neglect and acts of omission have increased for 2013-14 in comparison to 2012-13. This is thought to be as a result of continued awareness raising and staff and the community having a wider understanding of what they can refer.

Avon and Somerset Constabulary were involved in at least 34% of cases, (see page 36), this is an increase on previous years and triangulates with the Police data which shows a significant increase in demand for their involvement.

There has been an increase in the number of 'other family members' (not partners) and strangers that are suspected of causing significant harm to vulnerable adults at risk. This is of concern and the Quality Assurance, Audit and Performance Management sub group of the LSAB will see if this continues during April – October 2014.

The outcome of cases remains broadly similar to previous years with 33% of cases substantiated and 17% partly substantiated. A new outcome category of 'investigation ceased at individuals request' was included as part of the Safeguarding Adult Return the Department of Health require; 4% of closed cases had this outcome recorded. For cases where the alleged perpetrator was a professional worker, 25% were substantiated; where 'other family members' were identified as the alleged perpetrator, 21% were substantiated; where a neighbour / friend was the alleged abuser, 38% were substantiated. In cases where another vulnerable adult was the alleged abuser 5% were substantiated. The National comparator data available does not provide this information so it is unclear how this compares to other areas. B&NES Council is going to ask the sub-regional neighbours if they can share this data for next year's report.

The LSAB will continue to review the Business Plan during 2014-15 adding into it areas from this report that require further scrutiny and work. During 2014-15 it will draft a new 3 year plan which will be consulted upon.

## Section 1: Introduction

- 1.1 The B&NES Local Safeguarding Adults Board (LSAB) is the strategic body that oversees multi-agency working to assure that adults at risk from abuse are safeguarded effectively.
- 1.2 It is committed to ensuring that all agencies working in B&NES and the wider community work together to minimise and reduce the risk of abuse and neglect to adults and families.
- 1.3 This report summarises the LSAB's activities that has taken place between April 2013 and March 2014. It highlights the commitment to multi-agency working; the robust performance management and quality assurance mechanisms in place and the achievements of the LSAB.

## Section 2: Background

- 2.1 Safeguarding adults maintained a high profile during 2013-14 locally, regionally and nationally both in terms of Government initiatives and in the media. Multi-agency working to prevent abuse and safeguard adults at risk of abuse has continued to be scrutinised. 2013-14 saw a raft of new guidance notes and reports produced to help agencies work more effectively to prevent abuse.
- 2.2 ***No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse*** (DH 2000) continues to provide the framework for multi-agency working to safeguard adults at risk. The parliamentary process for making safeguarding a statutory duty started in July 2012. The Care Bill continued to progress through Parliament during 2013-14 and at the same time the Government published a second ***Statement of Government Policy on Adult Safeguarding***; this was provided to act as a bridge between No Secrets and the duties and powers contained in the draft Care Bill (May 2013). It builds on *No Secrets* which will remain as statutory guidance until the Bill is implemented in April 2015.
- 2.3 **Who is a vulnerable adult?**

An adult at risk (defined in 'No Secrets' as a vulnerable adult) is:

- a person aged 18 or over
- who is or may be in need of community care services by reason of mental or other disability, age or illness

and

- who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation. *No Secrets* (DH 2000)

- 2.4 **What is abuse?**

*"Abuse is a violation of an individual's human or civil rights by any other person or persons." No Secrets (DH 2000)*

Abuse may be behaviour that is intended or caused by lack of training and ignorance.

## 2.5 **Where does abuse happen?**

Abuse can happen anywhere, in someone's own home, in a public place, in a care home, in community care or in a hospital. Abusers or 'perpetrators' are often already known by the adult at risk. Perpetrators can be people such as a professional worker, another service user, a relative, a friend, a group or an organisation.

## **Section 3: Overview of the National and Regional Context and Guidance**

- 3.1 The profile of safeguarding adults at risk continues to be raised. The Government, the Local Government Association (LGA), the NHS and Association of Directors of Adult Social Services (ADASS) to name but a few organisations have continued to give focus to safeguarding adults at risk through-out 2013-14.
- 3.2 The Care Bill received Royal Assent in May 2014, becoming the Care Act 2014. During 2013-14 a significant campaign was led by Action on Elder Abuse requesting the Government include three new areas into the Care Bill, including a Power of Entry. However, other organisations argued against such a power and the Government decided not to include this power in the legislation.
- 3.3 In June 2013 the Care Quality Commission (CQC) launched its consultation on the future of inspection and regulation and set out its plans to change the way health and social care is regulated. The changes were proposed in response to the findings of the **Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry** (Francis 2013) alongside comments from service users, the public and other reviews. The initial consultation focused on hospital care with a further consultation on adult social care later in the year. One of the key changes involved the move to specialist rather than generalist inspectors.
- 3.4 The CQC strategy '**Raising standards, putting people first - Our strategy for 2013 to 2016**' sets out its plan to raise standards in registered services. The strategy was implemented for NHS hospitals and mental health trusts in 2013 in the first instance. One of the reasons for this is the findings published in the State of Care report noted below. The plan is to extend the approach to other sectors in 2014-16.
- 3.5 In November 2013 CQC published **The State of Health Care and Adult Social Care in England 2012/13** which reported on the findings of 35,000 inspections it had undertaken during the year. The report stated 'In around 90% of cases, people were treated with dignity and respect and were receiving care, treatment and support that met their needs and was safe. But, despite improvements in each type of care setting, we are disappointed that in around 10% of cases people received poor quality care.' (p4)

Regarding Safeguarding and Safety the report states:

‘Our inspectors reported that all types of adult social care service improved the safety of their services in 2012/13. In particular, services showed a better awareness of their safeguarding responsibilities and the procedures for raising concerns and contacting the local authority safeguarding team. However, the results still leave a long way to go – particularly for nursing homes where almost one in five inspections found a problem to do with the safety of residents, and for residential homes, where the figure was one in eight. Common problems were: Failing to give out medicines safely, and not maintaining adequate records of who needs which medicine.’ (p 27).

The report also stated however that in NHS hospital settings there was no improvement in safeguarding and safety or in treating people with dignity and respect (p36). In independent health care settings and independent ambulance services, safeguarding and safety was a problem in one in eight inspections (p50 and 51). 93% of dental care settings were reported to be safe and understanding of what to do when someone at risk of abuse is identified.

- 3.6 The LGA continued to run its safeguarding adults programme which it has done for the past four years and has published a number of documents during the year including:

***Safeguarding Adult: Learning from Peer Challenges*** (April 2013) – this report looks at the findings from the Local Authorities and SABs who have been through a peer challenge (formerly known as reviews). One of the areas highlighted through the report is that service users are not routinely asked what outcome they would like from the safeguarding work. The report recommends ‘that people are asked at the beginning, during the information gathering stage, what outcome they want.’ (p12) It sets out a range of practice guidance that SABs, commissioners and agencies need to consider to improve practice. B&NES peer challenge is scheduled for December 2014.

- 3.7 The LGA continues to support the safeguarding community on the Knowledge Hub – the Hub has hosted a number of hotseat discussions and webinars to share good practice and discuss issues. For example in June 2013 a hotseat discussion was held on the Wirral System Based Review – looking at serious case reviews and the impact the Care Act will have on this.

<https://knowledgehub.local.gov.uk/group/adultsafeguardingcommunityofpractice>

- 3.8 The LGA jointly with ADASS published the following documents during the year including:

***Adult safeguarding and domestic abuse: A guide to support practitioners and managers*** (April 2013). The guide aims to:

- Improve recognition and understanding of the circumstances in which adult safeguarding and domestic abuse overlap and should be considered in tandem
- Contribute to the knowledge and confidence of professionals so that the complexities of working with people who need care and support, and who are also experiencing/reporting domestic abuse are better understood, and better outcomes for people can be achieved as a result



- Offer good, practical advice to staff and managers to ensure that older, disabled and mentally ill people in vulnerable circumstances have the best support, advice and potential remedies if they are harmed or abused by a partner or family member
- Identify some of the organisational developments which can support best practice in this area.' (p5)

The guide sets out what defensible decisions are and what legal frameworks are available to support action.

***Making effective use of data and information to improve safety and quality in adult safeguarding*** (July 2013). This document sets out tips for SABs to use to help them improve their effectiveness through managing the data and intelligence it receives; directs the SAB towards other bodies, Boards and agencies that have data which will be of use and confirms the need to ensure that information sharing protocols and data protection principles are in place, understood and adhered to.

***Making Safeguarding Personal*** (March 2013) written by Cathie Williams and Deborah Klee in partnership with the Social Care Institute for Excellence (SCIE). The report described what a number of 'test' Councils were doing in terms of focusing on outcomes for and the experiences of, people who use safeguarding services. The report set out some of the challenges the test Councils' found.. Significantly it started to link safeguarding practice with the transformation of adult social care that has been taking place since *Putting People First* (DH 2007). One of the outcome statements from the project was 'There is a need to move adult safeguarding from a process driven approach to one that is focused on improving outcomes for, and the experience of, people who are referred to the service.' (p21)

During the year a further pilot was undertaken and 43 Councils fully participated. B&NES Council in partnership with Sirona Care and Health and AWP completed the impact assessment for the pilot and verbally contributed to the final report. The outcomes of the pilot were published in March 2014 by the LGA and ADASS, ***Making Safeguarding Personal 2013/14 Report of the Findings***, authored by Jane Lawson, Sue Lewis and Cathie Williams.

The aims of the second wave of pilots stage are described in the Executive Summary as follows:

'The intention is to facilitate person-centred, outcomes-focused responses to adult safeguarding. The key focus is on developing and/or re-establishing the skills to facilitate effective conversations in order to gain a real understanding of what people wish to achieve. Then it is about recording those desired outcomes and seeing how far they have been realised. Making Safeguarding Personal 2013/14 also continues to explore how best to support people at risk of harm to resolve the circumstances that put them at risk.' (p2 of Executive Summary)

16 core benefits were identified:

1. People felt more empowered and in control of their safeguarding experience when they and / or their representative were involved from the start.
2. Benefits to social work practice
3. The majority of councils have begun to include outcomes discussion and

recording prior to and/or during key safeguarding meetings. Many have also put dedicated time, processes and supports in place to enable people to participate in safeguarding meetings about them, in a meaningful way.

4. A significant number of councils referred to the need to simplify the language used in conversations with people about safeguarding. Many of these councils have produced guides for people about what safeguarding is and what they can expect from the support offered.

5. The majority of councils have been able to gather and report on both quantitative and qualitative evidence to some extent, to demonstrate that good outcomes have been achieved for people.

6. A significant number of councils recognised the importance of reviewing outcomes and developed their understanding of the extent to which outcomes can change throughout safeguarding support.

7. A significant number of councils report that the project has helped key partners, such as the Police, NHS and providers, to understand and see the benefits of an outcomes-focused approach to safeguarding.

8. A number of councils reported that their MSP project led to activities to support prevention and awareness raising in their local areas, perhaps with specific groups of people who were under-represented or difficult to contact.

9. Involving the person and / or their representative from the start of safeguarding also increases consideration of involvement of an advocate, IMCA and/or significant others.

10. Sound practice in applying the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) in safeguarding adults is important.

11. Assessment and management of risk alongside the person is integral to MSP and practising a person-centred approach to working with risk can support risk enablement.

12. Existing recording systems need to be improved, or new ones created, in order to help record and measure outcomes, and support the change to person-centred practice in safeguarding.

13. Safeguarding policies and procedures need to be revised and changed to reflect MSP and remove potential barriers to person-centred safeguarding practice.

14. The development of core practice skills, and having the tools to support good practice, are essential to introducing MSP.

15. Supporting practitioners and front-line managers to achieve a shift in practice is a key component of introducing person-centred practice in safeguarding.

16. Introducing person-centred, outcomes-focused practice to safeguarding is a cultural change that needs wide ownership and feeds into a much broader context.

The Department of Health (DH) have recently announced that *Making Safeguarding Personal* is no longer optional and all Councils and partners will roll this out over the next three years.

- 3.9 The LGA, ADASS, Social Care Institute for Excellence (SCIE) and Solace published ***Towards excellence in adult social care - Progress with adult social care priorities England 2012/13*** (Aug 2013). The report looked at all aspects of councils social care performance through focusing on the Adult Social Care Outcomes Framework (ASCOF) measures. Included with in these measures are two which relate to how safe service users feel. The report stated:

‘The recorded increase in the number of people who said they felt safe is welcome, and improvement in the extent to which services make people feel safe is an even more positive change.

In respect of services making people feel safe, the picture is one of modest improvement, but it is a small rise and means that despite receiving services, over one in five service users still do not feel safe and secure. It points to the need for further improvement work with both providers and commissioners on how to identify, manage and prevent abuse to vulnerable adults.’ (p64)

B&NES performance in relation to these two indicators is noted later in the report.

- 3.10 The DH in ***The Adult Social Care Outcomes Framework 2013/14*** (November 2012) set out a new placeholder indicator for domain 4 which relates directly to safeguarding and safety. The indicators are surveyed annually and are reported on later in the report. However Domain 4 titled: Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm and the new placeholder (meaning the DH are working out how to collect the data), will gather information on the proportion of completed safeguarding referrals where people report they feel safe. The measure requires piloting before it is rolled out but if effective will provide more data.
- 3.11 Health and Social Care Information Centre produced the ***Abuse of Vulnerable Adults in England 2012-13 Final Report, Experimental Statistics*** (February 2014). This is the final report in this format as the AVA return changes in 2014-15 and is replaced by the Safeguarding Adult Return (SAR). This change has been brought about by a large-scale data collection change the DH has implemented called the Zero Based Review. Safeguarding data was one of the first to be formally changed. The local data provided in this report for 2013-14 meets the SAR criteria which is different in some part to that provided to AVA so not all areas can be compared like for like. This report has sought to make comparisons where possible.
- 3.12 The Department of Health (DH) continued to monitor the actions set out in ***Transforming care: A national response to Winterbourne View Hospital Department of Health Review: Final Report*** in December 2012. All actions are required to be completed by 2016 and are being robustly monitored. The LGA and NHS Commissioning Board, through the Winterbourne View Joint Improvement Programme, continue to ensure the lessons learned and recommendations are implemented.
- 3.13 The report ***Respect and Protect. The experience of older people and staff in care homes and hospitals*** (Nov 2013), written by Carol Lupton and Clare Croft-Wright, was published by Preventing Abuse and Neglect in Institutional Care of Older Adults (PANICOA). PANICOA is a research initiative funded by Comic Relief and the Department of Health – the report draws on 11 studies the initiative has undertaken during 2009 and 2013. It makes conclusions and recommendations to improve:
- the experience of residents and patients by getting their feedback, reducing systematic neglect and improving ‘performance on privacy and dignity in personal care (especially when using the toilet)’ (p8)

- the experience of care staff by improved communication and information; skills development; mindfulness of the real risk of burn out; improving support to staff from minority backgrounds
- the experience of care provider organisations suggests they would benefit from more support on safeguarding issues and a more consistent approach from the regulator and commissioner (p8)

The report sets out a series of next steps for all organisations and bodies to improve the experience of the patient / resident, staff and organisation.

- 3.14 In November 2013 the Home Office published ***Evaluation of the pilot of Domestic Violence Protection Orders***. The Home Office piloted Domestic Violence Protection Orders (DVPOs) in three police force areas (Wiltshire was one of these) in 2011/12. 'DVPOs are a new civil provision designed to provide immediate protection for victim-survivors of domestic violence where no other enforceable restrictions can be placed upon the perpetrator.' (Gov.uk website) The report findings were in the main positively received by both practitioners and victim-survivors and saw a reduction in re-victimisation. The report recommended wide scale roll out. In March 2014 DVPOs were implemented across England and Wales. The new power enables the police and magistrates to put in place protection immediately after a domestic violence incident such as the perpetrator being banned with immediate effect from returning the residence and having contact with the victim for up to 28 days. This new power is part of the Crime and Security Act 2010.
- 3.15 The new ***Enterprise and Regulatory Reform Act 2013*** received royal assent in March 2013. In the context of Whistleblowing this now
- ‘makes an explicit requirement that all disclosures must be in the public interest, in order to be protected by the Public Interest Disclosure Act 1998. Given this new public interest test, the previous legal requirement that a disclosure needed to be made in ‘good faith’ has been removed - although Tribunals can reduce compensation to employees where they find that they have not acted in good faith. These two provisions will be effective from 25 June.’ (Whistleblowing Helpline Newsletter June 2013)
- 3.16 In September 2013 the Law Commission opened a consultation into what the obstacles are to sharing data between public bodies, and whether those obstacles are desirable. The consultation looked at whether there is a problem with the law - does the law itself erect barriers that unduly restrict data sharing between public bodies?; is it too complex and hard to understand and is data sharing too difficult and is there a gap in education, guidance and advice. The report was expected in the Spring 2014.
- 3.17 **Silver Line Helpline** - a free, 24 hours a day, confidential advice and help line for older people - was launched in November 2013. The number is 0800 4 70 80 90. One of the four aims of the helpline is to protect and support those who are suffering abuse and neglect.

## **Section 4: Governance and Accountability**

### **4.1 Principles of the Board**

4.2 The Board is committed to ensuring the following principles are practised:

- Safeguarding is everybody's business and the Board will work together to prevent and minimise abuse as doing nothing is not an option
- Everyone has the right to live their life free from violence, fear and abuse
- All adults have the right to be protected from harm and exploitation
- All adults have the right to independence that involves a degree of risk

### **4.3 Functions of the Board**

4.4 The Board has responsibility for:

- Developing and monitoring the effectiveness and quality of safeguarding practice
- Involving service users and carers in the development of safeguarding arrangements
- Communicating to all stakeholders that safeguarding is 'everybody's business'
- Providing strategic leadership

### **4.5 Structures of the Board**

4.6 The Board meet on a quarterly basis to carry out its functions; in addition to this, six sub-groups work to deliver the Boards agenda. The sub-groups are:

- Policy and Procedures
- Quality Assurance, Audit and Performance Management
- Awareness, Engagement and Communication
- Training and Development
- Mental Capacity Act and Deprivation of Liberty Safeguards Quality and Practice
- Joint Interface Group of Local Safeguarding Children and Adults Boards

4.7 Terms of Reference for the LSAB and the sub-groups are available on the B&NES website. The LSAB Terms of Reference are due for review in September 2014.

<http://www.bathnes.gov.uk/services/adult-social-care-and-health/safeguarding-adults-risk-abuse/local-safeguarding-adults-board>

### **4.8 Membership of the Board and sub groups**

4.9 Members of the Board are at a senior level within their organisation and are from the Statutory, Voluntary and Independent sectors. Although there is a carers representative, there remains a gap for the service user representative place on the Board. Throughout the year the Awareness, Engagement and Communications sub-group have worked hard to get service user representation and the Board have approved a proposal for Healthwatch to recruit two lay members to carry out this

role and represent the voice of service users. This is noted in the sub-groups section of this report.

- 4.10 The sub-group members are from a variety of specialisms to ensure the group has relevant expertise in order to carry out its role. For example, the Quality Assurance, Audit and Performance Management group representative is the lead in quality and data for Avon Fire and Rescue; the Awareness, Engagement and Communications group has the Council's Information Officer; the Training and Development sub-group has a representative from the Police; the Mental Capacity Act and Quality Assurance Group has the voluntary sector agency SWAN Advocacy in attendance and the Policy and Procedure group has a newly recruited representative from the City of Bath College.
- 4.11 Members of the Board and sub-groups are listed in Appendix 1 and 2.
- 4.12 **Core members of the Board** represent the following:
- **Statutory organisations** including: the Local Authority; NHS B&NES Clinical Commission Group; NHS England; Royal United Hospital; Royal National Hospital for Rheumatic Diseases; Avon and Somerset Constabulary; Avon and Wiltshire Mental Health Partnership NHS Trust; B&NES Avon Fire & Rescue Service; Avon & Somerset Probation Trust
  - **User led and Carers organisations:** Vacancy for the voice of service users representative; the Carers Centre represents the voice of carers and carer organisations
  - **Private, Independent and Voluntary sector organisations** including: Freeways on behalf of Health and Wellbeing Partnership Network; Age UK on behalf of voluntary sector and housing related support providers; Curo on behalf of registered social landlords; Sirona Care and Health (a Community Interest Company); vacancy for residential and nursing homes and domiciliary care representative
  - **Education organisations:** Vacant
  - **Council Cabinet member:** portfolio holder for B&NES Council Social Care, Health and Housing
- 4.13 **Associate members of the Board** represent the following:
- Local Safeguarding Children's Board
  - Department of Work and Pensions
  - Divisional Director for Tourism, Leisure and Culture, B&NES Council
  - South West Ambulance Service
- 4.14 The Safeguarding Children's Board is represented through five statutory organisation members who sit on both the Children's and Adults Boards and the Responsible Authorities Group (RAG) (more commonly known as Community Safety Partnerships in other areas) is similarly represented through five statutory organisation members who sit on both groups.

#### **4.15 Role of the Chair and Board members**

4.16 The LSAB is chaired by Robin Cowen, an Independent Chair appointed early in 2011. The Chair's role includes:

- Providing strong leadership and an independent, objective voice for the Board
- Promoting the strategic development of the LSAB
- Ensuring the LSAB works effectively to achieve its vision, objectives, priorities and plans
- Representing the LSAB locally and nationally
- Ensuring the LSAB delivers its functions and responsibilities
- Ensuring that all local agencies are supported to work together to deliver high quality services that safeguard adults at risk
- Offering mediation, where required, in any dispute resolution in relation to safeguarding adults
- Ensuring that any Serious Case Reviews are undertaken rigorously; are consistent with guidance; that lessons are effectively communicated; and that associated action plans are delivered
- Leading the LSAB in ensuring that the views of service users and carers are incorporated in the Board's activities

4.17 The role of the Board Members is set out in the LSAB Terms of Reference which can be found following the link highlighted in 4.7 above. Each sub-group chair is a core member of the Board.

#### **4.18 Financial arrangements**

4.19 Each agency contributes to the resourcing of the Board and sub-groups through their time and capacity to deliver the work of the Board. This involves a significant amount of staff time and commitment from both Board members and other agency colleagues who are released from 'regular duties' to support the work of the Board.

4.20 Direct financial contributions are currently made by B&NES Council; NHS Banes, Avon and Somerset Police for the funding of the Independent Chair. The Chair continues to be funded to provide 20 days per year. Avon Fire and Rescue also make a financial contribution for the functioning of the Board and this commenced in 2013-14.

4.21 The LSAB published the Serious Case Review (SCR) Concerning PQ in July 2013. The report and its recommendations are discussed in detail later in the report. Financial contributions to the report were as follows: NHS B&NES and the Council shared the cost of the SCR report writer (though NHS Banes paid a significant proportion of this) and the Council funded the Independent Chair. Agencies involved in the SCR all dedicated resource and capacity through attendance at SCR panel meetings and the completion of very extensive Individual Management Review reports. One of the actions taken as part of the SCR action plan was the commissioning of a gap analysis report into agencies awareness of domestic abuse and the Multi-Agency Risk Assessment Conference (MARAC) process. Avon and Somerset Police, NHS Banes CCG and the Council funded and commissioned this report from Julian House. This report is expected in September 2014. Contributions have also been made from Sirona Care and Health, NHS Banes CCG and B&NES

Council who have commissioned research into the local need for a safeguarding multi-agency type hub and the outcomes and effectiveness of hubs in other areas. The final report is expected in October 2014.

- 4.22 B&NES Council coordinate the Board; finance media campaigns, stakeholder events and awareness raising materials. They commission Sirona Care and Health to deliver a range of safeguarding training to the voluntary, independent and private sectors.

#### **4.23 Onward reporting structures**

- 4.24 The Board has continued to report via B&NES Council commissioning to the Partnership Board for Health and Wellbeing (PBH&WB). The amount of reporting has been significantly reduced during 2013-14 at the request of the PBH&WB.
- 4.25 The Board has started to link with Healthwatch and this report will be discussed at a Healthwatch in September 2014.
- 4.26 Safeguarding activity during 2013-14 continued to be reported quarterly to B&NES Council and monthly to the NHS Banes Board. Each Board member retains their own existing lines of accountability for safeguarding and promoting the safety of adults at risk within their organisation.
- 4.27 The Cabinet are no longer required to sign off the report, this is done by the Cabinet Member for Wellbeing.

### **Section 5: Achievements of the LSAB during 2013-14**

#### **5.1 Achievements and Outcomes of LSAB and Sub-groups Work during 2013-14**

- 5.2 The Board and its sub-groups have been working to achieve the actions set out in the Business Plan; progress on each action is included in Appendix 5.

#### **5.3 Policy and Procedure sub-group**

- 5.4 The Director of Regulated Services at Freeways representing the Health and Wellbeing Partnership Network on the LSAB continued to chair the sub-group during 2013-14. The group are multi-agency, include service user representation and continued to be very active and productive.

- 5.5 The group has undertaken the following work:

- Developed the following multi-agency documents for the LSAB's consideration and approval:
  - (i) Approved the revised **LSAB Multi Agency Safeguarding Adults Policy** in line with the new procedures revised in the previous year. This was approved by the Board in June 2013.
  - (ii) Mid-way through revising the **LSAB Multi Agency Information Sharing Principles** as a result of learning from Serious Case Reviews to ensure key partners have the relevant information. The Board considered the revised document in December 2013; minor changes were requested which have been actioned and shared with all partners. Partners are now



- sharing it with their own organisations to ensure they can comply; the document was approved by the Board in June 2014.
- (iii) Devised at the request of the Board an **LSAB Induction Pack** which has since been used in the induction of all new LSAB and sub group members to ensure they understand the role of the Board or sub group and their own responsibilities within that role. The Induction Pack has been shared with the LSCB who intend to develop their own pack based on this.
- The group has prompted appropriate sub groups to review existing policies where review is due. To this end the Mental Capacity Act and Quality Assurance sub-group reviewed the **LSAB Multi Agency Safeguarding Adults Consent Guidance**.
  - The group has also had approval from the LSAB to move the review of policies to a three yearly cycle, unless exceptional circumstances require this to be sooner. This move from two to three years ensures that there is sufficient time to review not just the content but also the use and dissemination of the policy before it is reviewed again.
  - The group has also continued to try and progress the Multi-Agency Trigger Protocol and Guidance on Thresholds and are awaiting the outcome of work being done locally as a result of the SCR action plan and regionally before these pieces of work can be completed in 2014-15.
  - Another large piece of work being undertaken by the group is the LSAB Protocol for Managing Large Scale Investigations which will be completed in 2014. (This was also approved at the LSAB in June 2014).
  - Finally the group has supported events to promote the new LSAB Multi Agency Safeguarding Adults Policy and Procedures.

## 5.6 **Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) Quality and Practice sub-group**

5.7 The Head of Safeguarding and Quality Assurance at B&NES Council continued to chair the sub-group during 2013-14.

5.8 The group has undertaken the following work:

- Presented an annual report specifically to the LSAB on the ***Deprivation of Liberty Safeguards (DOLS) 2012-13*** in December 2013 which identified that applications had significantly increased on previous years from 59 to 80. The report demonstrated a much improved picture for B&NES though recognised that further work needed to be done.
- Routinely monitored the number of DOLS applications, the referral source and the compliance with application processing timescales.
- Discussed with the Independent Mental Capacity Advocacy Service provided by SWAN Advocacy how their service is progressing and number of referrals received.
- Monitored and reviewed the training programme provided to stakeholders by the Council by offering new courses during 2013-14; planning the 2014-15 programme based on training requests from sub-group members; amending the basic MCA awareness course to include more information on safeguarding as recommended in the SCR.
- Provided bespoke training session on MCA as requested.

- Continued the process of gathering information from agencies on the mechanisms they have in place for assuring themselves that the MCA is being delivered in practice within their agency. The RUH and Sirona Care and Health shared the audit reports they had undertaken regarding this.
- Convened a multi-agency task and finish group to develop a draft set of performance indicators for MCA and DOLS; the group met several times and worked through potential indicators however none were able to deliver a meaningful outcome for assurance. The group discussed this with the Board and will continue to try and develop this but will wait for regional support with it.
- Continued to share information on case law activity and the Court of Protection (CoP) newsletter, shared briefing papers on cases from a variety of Solicitors firms; discussed issues such as when to use the MCA or Mental Health Act?, when to use Guardianship or the MCA?, when to apply to the CoP if serious medical treatment is required and how quickly can this be done? and considered the issue of the incapacitated but compliant patient.
- Discussed the National DOLS report 2012-13 published by the Health and Social Care Intelligence Centre and the data collection requirements for 2013-14.
- Reviewed the **LSAB Multi-Agency Consent Guidance**.

## 5.9 Awareness, Engagement and Communication sub-group

5.10 The group was chaired by the Chief Executive of the Carers' Centre.

5.11 This group has continued to undertake a significant amount of work this year as set out below and has undertaken the following work:

- Reviewed a Human Rights DVD and Hate Crime training pack and made it available for people to borrow.
- Published an article in Council Connect magazine; continued to advertise on Council Connect TV – on the one hour loop series in B&NES Council offices, leisure centres and libraries to raise awareness.
- The group also collated local examples of anonymised safeguarding case studies to draw upon for future safeguarding articles.
- Sirona Care and Health Service User Panel reviewed the service user feedback report which was positive but the panel were keen to see numbers grow and that all service users and carers involved in safeguarding would be given a feedback questionnaire. The group implemented this recommendation by adding a box on the form and on CareFirst (client data record system) to ensure a prompt was made to all staff working through the safeguarding procedure. The report was also shared with social care teams.
- Sirona Care and Health Service User panel also reviewed a DVD on safer recruitment of Personal Assistants and were asked to consider whether this was a useful tool for the Council to purchase on behalf of the LSAB to share with stakeholder agencies; the service user panel feedback was negative and the DVD was not purchased taking into account the service users views.
- The Service User questionnaire 'Keeping You Safe' was reviewed by the panel and made simpler and an easy read version was developed.
- The group proposed to the Board that two lay members should be recruited to represent the voice of service users; it drafted a role descriptor and worked with Healthwatch to pull together this proposal. The Board approved the proposal and the sub-group are waiting for Healthwatch to recruit the two lay members.

- Existing safeguarding literature was reviewed and renewed.
- A new ***Awareness, Engagement and Communications Strategy*** was written and adopted by the Board in March 2014.
- Joint working with the Children's Safeguarding Board began with a regular agenda item added and members of the Children's Safeguarding Board attending the sub-group.
- The document ***Advocacy: a voice for our future***, Voluntary Organisations Disability Group (2012) was reviewed; in light of this sub-group members looked at their role as advocates and SWALLOW wrote a case study reflecting their position.

5.12 Analysis of 'Keeping You Safe' questionnaire was underway and reported to the Board outside this reporting period; findings to be included in next year's report.

5.13 All promotional material is available to print on the Council website via the hyperlink below:

[Safeguarding - leaflets, posters and articles | Bathnes](#)

5.14 The Council, Sirona Care and Health and AWP took part in the national pilot for *Making Safeguarding Personal*. The report from the pilot is discussed in Section 3 of the report; however the local analysis was discussed at the June 2014 Board and will be included in next year's Annual Report. The Board has requested that the agencies participate in the second wave of the pilot – this has been agreed however as stated in section 3, DH have now indicated this is no longer optional and all areas will engage in this programme.

5.15 Other awareness raising activities that have taken place includes:

- The Council was one of the sponsors for the Safeguarding conference ran by Care Learning in June 2013 and ran an information stall at the event.
- Representatives attended a safeguarding workshop held by Care and Support West in January 2014. Along with sub-regional safeguarding lead officers was a panel member answering queries from local and regional providers on safeguarding procedures and expectations of providers.
- Promoted safeguarding at the Learning Disability Partnership Conference in January 2014 through a brief presentation of last year's Home Office visit and which touched on 'Keeping You Safe' questionnaire.
- Ran a safeguarding stall at the Councils Market Play Day in February 2014 to promote the LSAB and how the Council and partners support agencies to safeguard adults at risk.
- Disseminated the work of the LSAB via the Chairs Key Messages through a range of mechanisms such as in the Interagency newsletter the Policy and Partnerships networks; Healthwatch e bulletin
- Routinely attend the forums to disseminate new information, answer questions and raise awareness such as the bi-monthly strategic domiciliary care agencies meeting.
- Presented at the MARAC awareness raising stakeholder event (this is referred to later in the report).

5.16 The Chairs of the Local Children Safeguarding Board and the Safeguarding Adults Board meet regularly to update each other on the progress and developing issues for both Boards.

- 5.17 The Chair is also linked with the National Chairs' network and routinely shares information with the Board and other agencies about safeguarding developments across the country.

#### **5.18 Training and Development sub-group**

- 5.19 The Operations Director of Sirona Care and Health continued to chair this sub-group during 201-14.

- 5.20 During 2013-14 the group has:

- Continued to develop a range of training opportunities in line with the LSAB business plan.
- Rolled out an extensive multi-agency training audit. A multi-agency audit of Safeguarding Adults training across the B&NES area was carried out in April / May 2013. All agencies affiliated to the LSAB and its sub-groups plus key domiciliary strategic partners and carers agencies of the Council were invited to respond and the responses were to be returned to the B&NES Council Safeguarding Adults and Quality Assurance Team. Considering that this was the first exercise of this kind in B&NES, the response was extremely good – a total of 23 agencies responded. The responses represented a wide range of organisations, from large services such as Sirona, AWP and the Police (over 1,000 staff each) to very small providers such as Crossroads (10 staff) and Shaw Trust (5).

Agencies were asked to state how many alerts they had raised over the past year, answers varied from 78 (Sirona) and 88 (RUH) to zero. Because of the variations between organisations, it was difficult to draw any direct conclusions about a direct link with the quality / quantity of training. A wide variety of training providers was reported, some agencies having in-house trainers while others relied on external providers. However, at least one third of the responders received some or all of their training from Sirona Care and Health.

Many of the answers were very reassuring and some of the responses were excellent, providing very full answers. There was a considerable range of responses to questions which related to the number of new staff who were trained within 3 months of starting work and the number of staff who were up-to-date with their training. These ranged between 100% (several organisations) for both questions to only 25%. Following the collation of responses a best practice guide was developed and shared with all participating agencies. The LSAB plan to repeat the exercise for the year 2014-15 to provide information on progress made in this area and to audit the extent and quality of training provided.

- Organised and delivered the LSAB's first stakeholder engagement day led by Michael Mandelstam; the event took place in October 2013. The event covered national topics (Francis Report and Winterbourne view), the impact of the Care Bill on Safeguarding systems and a workshop on thresholds for safeguarding. The event evaluated well as an

opportunity for over 80 practitioners from a wide range of agencies to meet to debate key safeguarding practice issues and will be repeated in 2014.

- 5.21 Sirona Care & Health continues to be commissioned to deliver core training programmes to a wide range of organisations from the Independent and Voluntary sectors. The table below outlines the numbers of staff trained over the last two years at various levels.

**5.22 Table 1: Number of Staff Trained by Sirona Care and Health and Organisation Type at Each Level**

Organisation/Sector	Level 1	Level 2	Level 3	2013-14 Level 2
AWP	0	7	6	5
Primary Care (GP's)	0	7	0	4
Independent and Voluntary sector	1	326	26	149
North Bristol Trust	3	0	0	0
NHS other	3	7	5	1
Other B&NES	0	13	1	3
NHS Banes Commissioning	0	4	1	2
Council Commissioning	0	6	5	0
Sirona Care and Health	614	1068	72	517
<b>Total</b>	<b>621</b>	<b>1438</b>	<b>116</b>	<b>681</b>
<b>Figures for 2012-13</b>	<b>31</b>	<b>845</b>	<b>61</b>	

**5.23 Table 2: Number of Staff Trained at Level 2 by Sirona Care and Health 2010-14**

Organisation /Sector	Staff Trained at Level 2			
	2010-11	2011-12	2012-13	2013-14
AWP	2	3	3	7
Primary Care (GP's)	12	12	1	7
Independent and Voluntary sector	331	160	150	326
NHS Other	22	4	4	7
North Bristol Trust	0	2	1	0
Other B&NES	0	3	0	13
NHS Banes Commissioning	6	10	2	4
Council Commissioning	8	10	7	6
Sirona Care and Health	380 (Health staff) 359 (Social care staff)	585	652	1068
<b>Total</b>	<b>1120</b>	<b>791</b>	<b>845</b>	<b>1438</b>

- 5.24 The tables above demonstrate a significant increase in the attendance of voluntary and independent sector staff at the training.

- 5.25 Organisations across B&NES also provide their own staff training and these figures are not captured in this report. For those agencies the Council have a contract with, training figures are reviewed as part of the review process. In addition to this Board member agencies report their training figures as part of the Annual Report in their agency updates.
- 5.26 A range of other bespoke training sessions / launches were provided during the period:
- Sirona Care and Health also delivered specialist training to GP's in this period via the GPert training forum.
  - One of the outcomes of the Serious Case Review Concerning PQ (noted later in the report) is that Sirona Care and Health facilitated a workshop with Police and Council representatives invited, on the impact of domestic violence on vulnerable adults; Curo also delivered training on this to their staff.
  - Sirona Care and Health commissioned four 1 day workshops on investigation and interviews training in partnership with Avon and Somerset Police and South Gloucestershire Council. The Police facilitated the day and the invitation extended to B&NES Council Safeguarding Adults and Quality Assurance team as well as Sirona staff working in B&NES.
  - Sirona Care and Health also provided two sessions on Safeguarding adults templates and note taking training. The sessions attracted 35 participants and were extended to AWP note takers.
  - Council staff provided training to staff at AWP working in their hospitals, and secondary mental health teams
  - NHS Banes CCG provided training to GP's and their staff in February 2014;
  - In April 2013 the Joint Commissioning Team of NHS Banes and the Council launched the Drug and Alcohol Treatment System. This launch was open to all stakeholders and a presentation on safeguarding and risk management was delivered during the afternoon by the Drug and Alcohol Commissioner.

## **5.27 Quality Assurance, Audit and Performance Management sub-group**

- 5.28 The group has continued to be chaired by the Assistant Director of Nursing and Quality from NHS Banes.
- 5.29 The group has undertaken the following work this year in order to develop the work of the LSAB and provide assurance:
- Reviewed the process for the multi-agency safeguarding adults audits and looked at methodology used elsewhere. The group adopted a new audit tool for these audits. The issue of identifying cases and data protection remains problematic. Throughout the year the group has undertaken six multi-agency case file audits. This process has highlighted both gaps and good practice; both have been fed back to relevant organisations.
  - At each meeting the group reviewed a published Serious Case Review with a view to ensuring that lessons learned are applied locally, the group has reviewed the following SCR's:
    - The Death of Mrs Gloria Foster by Surrey Safeguarding Adults Board.

- Serious case review in respect of female adult JT (died May 2012), Overview Report by Dorset Safeguarding Adults Board.
- Reviewed safeguarding referral data sources to ensure there were no obvious gaps in providers making alerts and that information triangulated between agencies, further work is required to check the robustness of reporting and representatives from the RUH and Sirona Care and Health have agreed to do this.
- Commenced work on developing a risk register for the LSAB; this work has been ongoing and an amended version will be presented to the LSAB in September 2014.
- Did further work on the survey report that looked at the effectiveness of the LSAB. All LSAB and sub-group members were asked to complete an on-line survey. The Survey Monkey questionnaire went to 66 people with 40 responses (60% response rate). There were a lot of positive comments and some areas for improvement identified for example: Further analysis and actions were presented to the LSAB in March 2013 and June 2013.
- Continued to review the plans agencies had in place in response to the Francis and Winterbourne View reports, all health and social care providers provided reports/ presentations on their internal actions in relation to these.
- Led the Self-assessment process; this involved collating self-assessment responses from 13 partners of the LSAB. This was presented to the LSAB in December 2013 and there are on-going actions for the group.

### **5.30 Joint Interface Group of Local Safeguarding Children and Adults Boards**

5.31 The group continues to be chaired by the Head of Safeguarding Adults and Quality Assurance at B&NES Council.

5.32 The group has been progressing the seven areas that the LSCB and LSAB approved joint working on:

- **Training and development** – the aim to merge the LSCB and LSAB training and development sub-groups is being put on hold during this period to enable the LSCB group to develop its training framework; this will be revisited during 2014-15.
- **Learning opportunities** – the group has shared its SCR reports and consider the relevance of the learning for adult and child care services; the LSAB has considered the recent Children Services inspection report to ensure it contributes to improving delivery and strategic planning where possible. The group has also considered the documentation on Child Sexual Exploitation to assess the relevance for adults; this is an important concern that is important for adult care to recognise. Finally the LSAB shared its newly developed Induction Programme which the LSCB are considering adopting.
- **Trigger Protocol / Intelligence Gathering / Information Sharing** – the Council and Police are working closely to consider the development of an intelligence sharing / multi-agency safeguarding hub type model. An update on this is included later in the report.
- **Communications and Awareness Raising** – the LSCB have nominated a representative to join the adults group.
- **Chairing arrangements** – the intention of a single chair for the LSCB and LSAB remains on the agenda. The LSCB appointed a new Independent Chair in

October 2013; the recruitment included scoping the Chairs interest of chairing the LSAB in the future and understanding of adult safeguarding.

- **Transition of Children to Adult Services** – work has been slow to take off in this area. A commitment has been made to move this forward during 2014-15.
- **Safer Recruitment of Personal Assistants for Adults and Children** – the Council took up the offer from the Disclosure and Barring Service to run two workshops for on the 'Duty to Refer' for providers, looking at the legal changes to safer recruitment and referral requirements when disciplinary matter occurs. 139 people attended the morning session and 67 attended the afternoon session from children and adult care services including schools and nurseries which took place in October 2013.

### 5.33 Additional Work Carried Out by the LSAB during 2013-14

5.34 In addition to the work the sub-groups have undertaken the following has also been carried out by the LSAB during its meetings through-out the period. The Board has:

- Received routine updates from the work being undertaken by the LSCB and received copies of the LSCB Annual Report and Work Programme
- Received routine updates and information from the LSAB Chairs network via the Chair
- Monitored the actions within the LSAB Business Plan for 2013-15 (**Appendix 4** of the report)
- Received up to date briefing on adult safeguarding information and documentation posted by the Government (DH), LGA and ADASS, for example:
  - **ADASS / LGA Safeguarding Adults Advice and Guidance to DASS** (March 2013)
  - **Government Statement on Adult Safeguarding** (March 2013)
- Invited a number of guest speakers to present current issues affecting adult safeguarding, for example on:
  - **Welfare Reform Act 2012**, both the Council and Curo presented the potential impact of this on vulnerable adults in B&NES
  - **Healthwatch** and discussed their roles and responsibilities and the contribution it can offer to the LSAB
  - The NHS Banes response to the Urgent Care system and the mechanisms put in place to assure that last year's winter pressures do not impact in the same way for the winter of 2013-14
  - **Prevent and Channel**; a presentation on the work that is taking place regarding this and the reminder to agencies to undertake WRAP training
  - The new inspection regime that CQC are piloting. CQC presented the inspection programme and the RUH shared their experience of this as one of the hospitals in the South West to be inspected under the new framework.
  - The new social care pathway being developed by Sirona Care and Health and the Council. In July 2014 Sirona Care and Health will launch a new ASIS Team which will handle all safeguarding referrals for service users not in receipt of social care or not known to services.
- Discussed the Care Bill and the implications for adult safeguarding.



- Received updates on the South West ADASS Safeguarding Programme at which a B&NES Council Team Manager has the roll as the representative for the South West Safeguarding Adults Leads Group and considered the proposed South West safeguarding indicators; these are yet to be approved by South West ADASS.
- Approved the Board performance indicators for 2013-14.
- Received assurance from NHS Banes on the mechanisms they have in place for monitoring progress with health providers about the recommendations of the Francis Report.
- Routinely agreed the key messages that the LSAB wanted to share with all local stakeholders and disseminate these after each meeting by way of a chairs report.
- Approved 2012-13 LSAB Annual Report and received constructive feedback from the Health and Wellbeing Board who requested an Executive Summary be included and the Wellbeing Policy Development and Scrutiny Panel who reminded B&NES Council Commissioner, AWP and Sirona Care and Health they must continue to ensure compliance with procedural timescales is adhered to.
- Held an away day in November 2013, the theme for which was 'Improving Collective Board Activity'. The away day focused on how the LSAB can most effectively fit with commissioning, what is its role, how can it influence, what are the barriers and tensions; how is the Council and NHS Banes CCG as commissioning organisations held to account? The afternoon session focused on managing risk at a time of resource constraint and pressure. The away day built on the work that had taken place in the previous year on the role of commissioning and later in the year NHS Banes CCG and the Council set out a joint report for the Board to discuss further.
- Held its first Board Induction session using the new Induction Pack for Board members who had joined within the last year.
- As well as approving a revised Multi-Agency Safeguarding Policy earlier in the year, also approved the development of a sub-regional policy. Work commenced on this during the year and is to be shared with all four sub-regional Boards in June / July 2014. Somerset SAB may also share this policy. It will offer consistency across the area.
- Board members have also been asked to participate into research carried out by Practitioner Alliance for Safeguarding Adults into their report on adult safeguarding and housing and into a forthcoming report into self – neglect.

5.35 Of particular note is the publication of the Board's second Serious Case Review. The Board held an extraordinary meeting in April 2013 to consider the findings of the SCR panel and Chair. The Chair, Margaret Sheather presented the report to the Board. The report was approved and the Executive Summary was published in June 2013. The LSAB also approved the action plan to address the concerns raised regarding PQ and the multi-agency actions taken.

The summary report can be found following the link below:

<http://www.bathnes.gov.uk/services/adult-social-care-and-health/safeguarding-adults-risk-abuse/local-safeguarding-adults-board>

In brief PQ is a woman in her 70's who became involved in a relationship with a man (RS) who became abusive to her and she was then the victim of rape in 2012 by another man (TU) who is now serving a prison sentence, having been found guilty of one offence of rape. RS introduced TU to PQ.

The report made 13 recommendations for which the LSAB has developed and action plan to ensure the recommendations are delivered. The recommendations are as follows:

- **Recommendation 1:** That the LSAB agrees the actions necessary to address the specific issues raised by this review about the application of the safeguarding procedures.
- **Recommendation 2:** That the LSAB continues its review of arrangements for training on Mental Capacity Act awareness and assessment for all agencies, including the links made to Safeguarding policy and procedures in that training, and makes recommendations for any improvements necessary.
- **Recommendation 3:** That the LSAB seeks assurances about arrangements for multi-agency identification of adults at risk as being at risk (and how they are at risk), the sharing of responsibility and knowledge, and proposes the changes necessary to strengthen those arrangements, including across service or authority boundaries.
- **Recommendation 4:** That the LSAB assures itself about arrangements for multi-agency identification of perpetrators, the sharing of responsibility and knowledge; and proposes the changes necessary to strengthen those arrangements.
- **Recommendation 5:** That the LSAB, in conjunction with the Community Safety Partnership, promotes strengthened awareness of domestic abuse and responses to it, including the functioning of the MARAC process. This would include:

All agencies to:-

- ensure that domestic abuse awareness forms part of mandatory training for all staff
- raise awareness amongst relevant staff of MARAC process
- identify the internal process for making MARAC referrals
- identify a senior member of staff to champion domestic abuse and lead on implementation of DASH/CAADA

LSAB to influence a review of MARAC membership to ensure that active membership is in place and that all member organisations are clear about their role and responsibilities. This may need to include the development of a role description

LSAB to consider asking B&NES Council to review its position regarding the administration of MARAC.

In the light of the significant resource implications for agencies to research and report information to MARAC, LSAB to promote appropriate action by Social Care and Health Commissioners to:-

- Identify resourcing of MARAC involvement by providers and their responsibilities.
- Consider how involvement from all health providers can best be co-ordinated and information collated on victims and perpetrators and how health services can be represented on MARAC
- **Recommendation 6:** That the LSAB requests that the MAPPA Strategic Management Board works with the LSAB to ensure MAPPA awareness-training takes place with relevant staff.

That all relevant agencies:-

- identify the internal process for making MAPPA referrals
- identify a senior member of staff with responsibility for MAPPA referrals
- **Recommendation 7:** That the LSAB considers what additional engagement may be possible and effective with the CPS and HM Prison Service in order to raise awareness and implementation of Safeguarding Adults processes, whether this should be local or regional work and takes appropriate action.
- **Recommendation 8:** That the LSAB establishes a task and finish group to consider whether multi-agency agreement can be reached on a system for identifying the triggers within all agencies for repeat contacts from either adults at risk or perpetrators. This might include:-

B&NES Council, Avon & Somerset Constabulary and B&NES CCG considering the development of a multi-agency soft intelligence system to bring together information on victims and perpetrators, if legally possible, within public protection safeguards.

Considering the potential of the healthcare IT system ("System One") to improve information sharing between a number of agencies.

- **Recommendation 9:** That the LSAB establishes and monitors an implementation programme for B&NES Self Neglect Policy.
- **Recommendation 10:** That the LSAB receives a report back on the implementation of all agencies' own action plans in response to their IMR recommendations.
- **Recommendation 11:** That the LSAB invites B&NES Council, Sirona and AWP to review their current approach to the commissioning and provision of care packages with reference to current best practice – based around achieving service users' chosen outcomes combined with effective resource management.
- **Recommendation 12:** Consideration to be given by Health Commissioners to a specialist nursing service for older people within primary care who would support those outside of the receipt of statutory social services provision.
- **Recommendation 13:** That the LSAB identifies any specific points from this review that it thinks should be raised with national agencies.

5.36 The LSAB acknowledge the significant learning that has taken place as a result of this SCR and the enormous undertaking that each agency involved committed to. The report has been shared with the LSCB and the Responsible Authorities Group to ensure they are aware of the learning identified.

5.37 The LSAB had already started conversations about developing a trigger protocol and trying to improve intelligence. The SCR gave sharp focus to this need with several recommendations requiring progress in this area. In October the LSAB Chair invited Sirona Care and Health, Avon and Somerset Police, AWP, Children and Adult Care services for both South Gloucestershire and B&NES Council and the CCG to scope the commitment to the development of a multi-agency safeguarding hub (MASH). (South Gloucestershire Council was invited as the SCU team of the Police work across both areas). Following this meeting the Police convened a conference in January 2014 to move things forward. Further work continues to take place across the Force area and in B&NES to try and establish the benefits of developing an intelligence sharing hub. The Community Safety Partnership are working closely in partnership with the development as consideration is given to sharing intelligence on incidents of domestic abuse.

### 5.38 Other Work in Relation to Safeguarding Adults

- As reported in last year's Annual Report, B&NES Council Risk and Assurance Service audited the mechanisms of control the Council Safeguarding Adults and Quality Assurance team have in place for safeguarding adults; the auditor found the team to have excellent mechanisms in five areas and good mechanisms in one area. Three areas of weakness were identified and these have been addressed during 2013-14.
- The Council undertake the required Annual Social Care Survey as part of the requirement for the Department of Health in accordance with the **NHS Outcomes Framework 12/13** (DH Dec 2011). In 2013-14, 1126 people were surveyed 490 (43.5%) responded to the survey and the results are as follows:

ASCOF indicator	2011-12	2012-13	Provisional data 2013-14
Proportion of people who use services who feel safe	68.3	65.1	70
Proportion of people who use services who say that those services have made them feel safe and secure	75.2	78.5	80

Those respondents who have stated they do not feel safe are contacted to see if they need any additional help or review of their situation. An improving picture is being reported for 2013-14.

- B&NES Council, NHS Banes and CQC have continued to work closely meeting on a bi monthly basis to discuss inspection and review findings of regulated services and triangulate this with any information received from reviews, safeguarding alerts and complaints to the Council and Serious Untoward Incident reporting and complaints to NHS Banes and whistleblowing to each agency. The meetings prove useful and helped the early identification of concerns to help prevent abuse from occurring or potentially escalating.
- The links between safeguarding, community safety and the Council's wider preventative agenda has been strengthened still further this year. As well as

ensuring routine attendance by the LSAB at MARAC and MAPPA meetings, the Council's Head of Safeguarding Adults and Quality Assurance has played a key role in the Community Safety Partnership through attendance at the Responsible Authorities Group. There has also been significant impact on Community Safety Partnership working groups such as the Interpersonal Violence and Abuse Strategic Partnership (IVASP) and its sub-groups; the Partnership Against Hate Crime (PAHC); the MARAC Steering Group; the Door Step Crime Forum and the Prevent Steering Group.

- These effective relationships have allowed for a number of new projects to be progressed aimed at providing more integrated and effective services. These include:
  - Through Bath & North East Somerset's membership of the Public Service Transformation Network, partners have been brought together in a series of service redesign workshops to map the process of tackling domestic abuse, with a view to ensuring more focused services for victims. This work has built on the highly-regarded Domestic Abuse Problem profile which contained high-quality data relating to Safeguarding and Domestic Abuse (highlighted in last year's report). The outcomes of this material have been refined into a Draft Business Case which focuses on earlier intervention and better data sharing. This has formed the basis for an Expression of Interest to the Government's Transformation Challenge Award which has now been progressed to "full bid" stage. A workshop facilitated by the Health and Wellbeing Network in January 2014 helped raise the profile of domestic abuse further in B&NES. Safeguarding data from the Domestic Abuse Problem profile was included in this.
  - The Council in partnership with NHS Banes CCG and Avon and Somerset Police, have jointly funded a mapping exercise / gap analysis into the local understanding of domestic abuse services and MARAC. The results of this are intended to be shared with the RAG and LSAB in September 2014.
  - The delivery of the "IRIS" programme to create a clear referral pathway for domestic violence for GP surgeries. Initially IRIS has been jointly funded by the PCC and CCG for a period of 3 years. The IRIS approach is endorsed by the Royal College of Practitioners and by the Nice Guidelines on domestic abuse 2014.
  - Membership of the short life advisory group for the newly commissioned Sulis Project provided by Bristol Rape Crisis.
- MARAC sub-group of Interpersonal Violence and Abuse Strategic Partnership (IVASP) which in turn is a sub-group of the Responsible Authorities Group, runs quarterly multi-agency domestic abuse awareness training. Issues covered during 2013/14 include honour based violence and forced marriage. The next session will run in October 2014. As a result of the SCR the Council funded a stakeholder event in November 2013 to raise awareness of domestic abuse and MARAC, a presentation on safeguarding was included as part of this.
- Following concerns raised at Hate Crime Case Review panel about the number of hate crime incidents involving taxi drivers either as victims or perpetrators working with the B&NES Equalities and the Taxi Forum training was developed and delivered to the Forum members supported by a specifically produced leaflet. This work has also led to improved communication with the Trading Standards Team at the Council and a raised awareness of other powers that can support and enhance safeguarding work.

- Show Racism (and homophobia) the Red Card, the Partnership Against Hate Crime is now working with Bath City Football Club, Somerset FA and local schools to deliver this programme during the 2014/15 football season its remit will be extended to include homophobia.
- A strategic-level meeting has been established of Safeguarding Leads/Chairs, the Police and Crime Commissioner and the Strategic Director to ensure alignment of these approaches.
- In addition, a range of projects had been developed or expanded which link safeguarding to community safety and to our wider “Connecting Communities” agenda to strengthen communities. These include:
  - The maintenance of our IDVA service linking with the range of services provided by Southside Family project, including a family support service, and support for volunteers.
  - The launch of the Avon and Somerset wide Safe Places scheme took place in February this scheme is an endorsement of the approach taken in B&NES and builds on the local Safe Zones previously set up in Midsomer Norton, Radstock, Keynsham and Central Bath. These local Safe Zones have now been reviewed and rebranded as Safe Places. Safe Places marks an increased focus and greater partnership involvement by the police who since the launch been involved in recruiting Safe Places across Twerton, Odd Down and Snow Hill as well as across the wider Avon and Somerset area.
  - The expansion of the Village Agents project, now operating in 20 parishes. As well as home visits, Village Agent “Roadshows” are held at local village halls and have covered subjects such as falls prevention. The Village Agents scheme contributes significantly to our overall strategy of tackling loneliness and isolation, as does the establishment by AgeUK of a pilot hub based at the Stoke Inn, Chew Stoke. This will be used as the base for a “Finding the lost voice of older people’ pilot project, funded by the Council’s Community Empowerment Fund.
  - The Campaign to End Loneliness has awarded Bath & North East Somerset its “Gold” standard for our Joint Health and Wellbeing Strategy. The Health and Wellbeing Board has established a task-and-finish group to further progress the strategy and this will fully involve Safeguarding services.
  - Avon and Somerset Police launched the This is not an excuse website; this site offers advice and information to people experiencing domestic abuse. The Police invited the Force area to localise a poster campaign to raise awareness and promote the site, B&NES have done this and the Policy and Partnership team have widely circulated the posters. Below is an example of one of the posters.

<http://www.thisisnotanexcuse.org/>



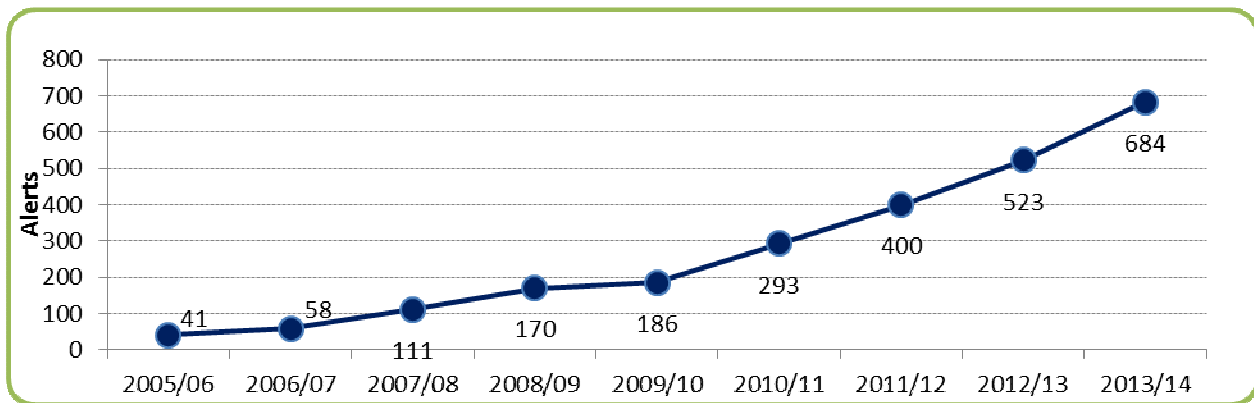
## Section 6: Analysis of Safeguarding Case Activity 2013-14

- 6.1 In February 2014 the Health and Social Care Information Centre (HSCIC) published ***Abuse of Vulnerable Adults in England 2012-13: Final Report, Experimental Statistics*** (the report is available to the public as Experimental Statistics, which means the statistics are undergoing evaluation based on returns from all 152 Councils). This is the only benchmarking data available at present to help the LSAB compare its data and activity and is a year old. The HSCIC data for 2013-14 has not yet been released and is expected later in the year. It is important to note the following two points:

‘2012-13 is the last year for collection of the AVA return. Information about adult safeguarding activity will still be collected through a new Safeguarding Adults Return (SAR). The SAR is one of the outcomes of a review of adult social care data collections... An *alert* is the first contact between a person concerned about alleged abuse and the council safeguarding team. Following receipt of a concern, an evaluation is made to determine the risk of harm. Where significant risk is present, the concern is said to meet the *safeguarding threshold* and this triggers a full safeguarding investigation. For the purpose of the AVA return, this trigger and subsequent investigation are known as a *referral*.’ (p5)

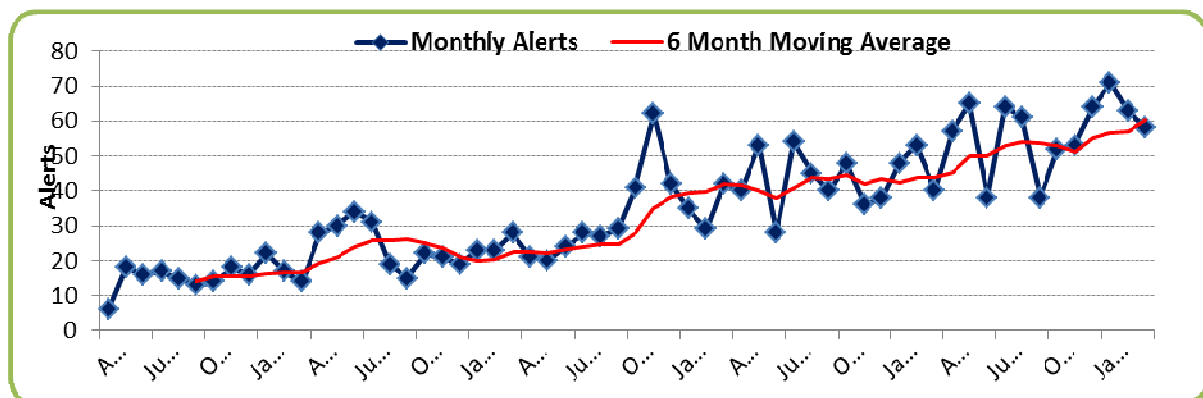
- 6.2 B&NES received 684 new alerts during 2013-14 and also supported 86 service users through the safeguarding procedure who had been referred during the previous year. At the end of the March 2014, 106 cases remained open and 664 had been closed. The increase in the number of alerts received from 2012-13 to 2013-14 was 31%, again the same as last year. Of the Councils that submitted data on the number of alerts to the Information Centre 78% recorded an increase in alerts during the period. (HSCIC 2014, p10) The Chart below shows the rise in alerts from 2005-14 for B&NES.

### 6.3 Chart 1: Number of Safeguarding Alerts 2005-14



6.4 The chart below shows the number of alerts from April 2009-14 by month. There was a significant drop in the number of alerts received in June and September 2013 compared to other months in the period. There was also a similar drop in June 2012, it remains unclear as to why this is the case.

### 6.5 Chart 2: Monthly Safeguarding Alerts from April 2009 – 14

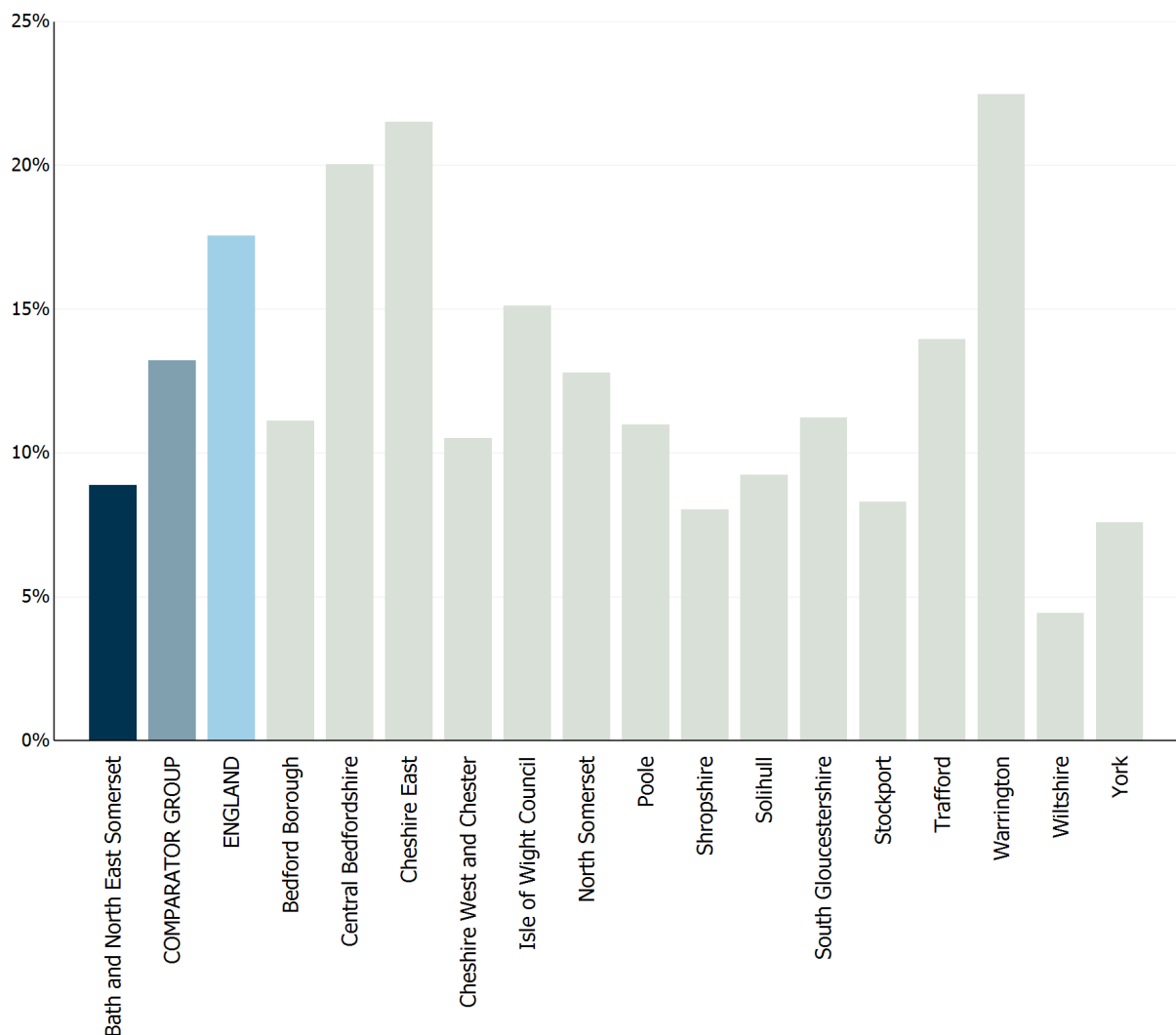


6.6 'For the 132 councils who provided information on both alerts and referrals, 50 per cent of the alerts reported met the safeguarding threshold and instigated a referral.' (HSCIC 2014, p13) In B&NES 57% met the threshold; Sirona Care and Health and B&NES Council have worked closely during the year to look at threshold decision making and ran two workshops which were attended by the majority of Team Managers and Assistant Team Manager; the staff were largely consistent in the threshold applied demonstrating a consistent approach is taken. Also the Council team audit all cases that do not reach the threshold and there has been a reduction in 2013-14 on the number of decisions challenged.



- 6.7 The NHSIC report a 2% increase in national referrals from last year (a reduction in the percentage increase) with 109, 000 new referrals accepted in England. When comparing B&NES data from 2012-13 there was a 20% increase in the number of referrals that progressed through the safeguarding procedure (2012-13 324 and 2013-14 389). Significantly higher than the national increase albeit a year earlier. The Council cannot explain this variation. The South West region however alongside Yorkshire and the Humber have the lowest number of referrals per 100,000 population in comparison to the rest of the country (HSCIC 2014, p2).
- 6.8 27 service users had more than one referral for safeguarding (alerts that met the threshold), these are known as repeats. Of these repeats; the majority of service users had two referrals, one service user had four referrals and three service users had three referrals. Sirona Care and Health and AWP analyse these cases annually to see if there are any trends. The reports are currently with the Commissioner to be discussed at the next performance meetings in September 2014.

**6.9 Chart 3: Repeat Referrals as a Percentage of all Referrals – B&NES and Comparator Group**



The above table is from the HSCIC ***Abuse of Vulnerable Adults Comparator Report 2012-13: Bath and North East Somerset***, (February 2014, p9)

- 6.10 The chart demonstrates we bench mark in the middle of all our comparator group Councils for repeat referrals and below the England average during 2012-13 and this figure is not dissimilar to the 2013-14 figure.
- 6.11 There has been two large scale investigations completed during the period; both are closed and the providers complied with comprehensive action plans that were monitored through the Council's commissioning and contract leads and CQC when required. Large scale investigations involve a significant amount of work for all parties and increase the pressure on the safeguarding system. The Policy and Procedures sub-group have developed Large Scale Protocol. It was intended to be considered by the Board in 2013-14, however it required a considerable amount of consultation and was instead approved in June 2014. A lessons learned meeting took place for one of the large scale investigations and the findings were used to develop the protocol.

**6.11 Table 3: below sets out the Safeguarding Alert by Gender and Age**

No. of Alerts by Gender				No. of Alerts by Age					
				18-64			65+		
	11-12	12/13	13/14	11-12	12/13	13/14	11-12	12/13	13/14
Male	148 (37.2%)	192 (36.2%)	<b>263</b> <b>(38.4)</b>	91 (22.9%)	107 (20.5%)	<b>126</b> <b>(18.4%)</b>	57 (14.3%)	83 (15.9%)	<b>137</b> <b>(20%)</b>
Female	250 (62.8%)	331 (63.1%)	<b>421</b> <b>(61.5%)</b>	81 (20.4%)	123 (23.6%)	<b>137</b> <b>(20%)</b>	169 (41.5%)	208 (39.9%)	<b>284</b> <b>(41.5)</b>
<b>Total</b>	<b>398</b>	<b>523</b>	<b>684</b>	172 (43.2%)	230 (44.1%)	<b>263</b> <b>(38.4%)</b>	226 (56.8%)	291 (55.9%)	<b>421</b> <b>(61.5%)</b>

- 6.12 The age breakdown by gender is similar to previous years though there is a decrease this year on the number of younger (18-64 years) adults' referrals and an increase in 65+ age; this is more consistent with the national picture with 62% of referrals being for those 65+ years. The percentage of females to males has slightly reduced but replicates the national picture which shows the number of female referrals is 61% and the number of males is 39%. Although the above reports on alerts rather than referrals the figures as expected are broadly similar. (HSCIC 2014, p16)
- 6.13 For 2013-14 of the people that disclosed their ethnicity (8% either refused or didn't declare it) 3% were non White. This is a reduction from last year and further focussed work is needed to ensure all groups are reached. The HSCIC reported that 6% of all referrals were for vulnerable adults were from non White groups (p21).
- 6.14 Table 4 below shows the break down by service user group for 2011-12, 2012-13 and 2013-14. It shows that the proportion of alerts for each service user group has remained relatively consistent with last year, with adults with a physical disability receiving the most alerts and adults with a learning disability receiving more alerts than for adults with a mental illness. The national report also indicates that adults with a physical disability receive the most referrals at 51%; however nationally

adults with a mental illness receive the second highest number of referrals. (HSCIC 2014, p16)

**6.15 Table 4: Number of Alerts by Service User Group 2011-14**

Service User group	2011-12	2012-13	2013-14*
Physical disability	221 (55%)	289 (55%)	397 (60%)
Mental health	65 (16%)	96 (18%)	111 (17%)
Learning disability	90 (23%)	117 (23%)	124 (19%)
Substance misuse	4 (1%)	8 (0.2%)	5 (1%)
Vulnerable people	17 (4%)	11 (0.2%)	22 (3%)
Adult carer	3 (1%)	2 (0%)	5 (1%)
<b>Total</b>	<b>400</b>	<b>523</b>	<b>684</b>

\* % are rounded to the nearest whole

- 6.16 Last year saw a 48% increase in the number of mental health alerts from the previous year; this year that increase has reduced to 16%. However percentage increase for people with a physical disability has increased by 6% on the last reporting period.
- 6.17 664 cases were terminated/closed during the period; a **20%** increase in cases.
- 6.18 56% of the referrals for safeguarding adults were for service users known to the Council. This is below the national the average of 66%. B&NES has a higher than average number of self funders who are not known to services.

**6.19 Table 5: Percentage of Referrals by Abuse Types**

Abuse Type	HSCIC National 2012-13	B&NES 2012-13	B&NES 2013-14
Physical	28%	33%	30%
Emotional	16%	18%	14%
Financial	18%	15%	19%
Neglect	27%	20%	28%
Sexual	5%	10%	7%
Institutional	4%	3%	1%
Discriminatory	1%	1%	0.5%

- 6.20 In comparison to national figures the percentage split of abuse type is broadly similar though locally neglect and acts of omission have increased for 2013-14 in comparison to 2012-13 and institutional abuse has reduced and is lower than the national percentage. This is thought to be as a result of increased awareness, large scale investigations that have been carried out and contract monitoring and governance.
- 6.21 The continued increase in neglect referrals is thought to be down to the impact of Winterbourne View, Ash House and the Mid Staffs with people being much more aware.

**6.22 Table 6:** below sets out the **Source of Alert** for B&NES for **2013-14** and compares this with the HSCIC data for 2012-13

<b>Alert Source</b>	<b>HSCIC 2012-13</b>	<b>B&amp;NES 2012-13</b>	<b>B&amp;NES 2013-14</b>
Social care staff (all)	44%	49%	51%
Health staff	22%	23%	21%
Family Member/ Friend/ Neighbour/ Self Referral	11%	9%	3%
Police	9%	4%	4%
Other (including housing, CQC, education)	14%	15%	21%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

6.23 The table demonstrates a continued increase in social care staff referrals than the previous year and a slight decrease in health staff referrals; however they are broadly in line with the national picture for health.

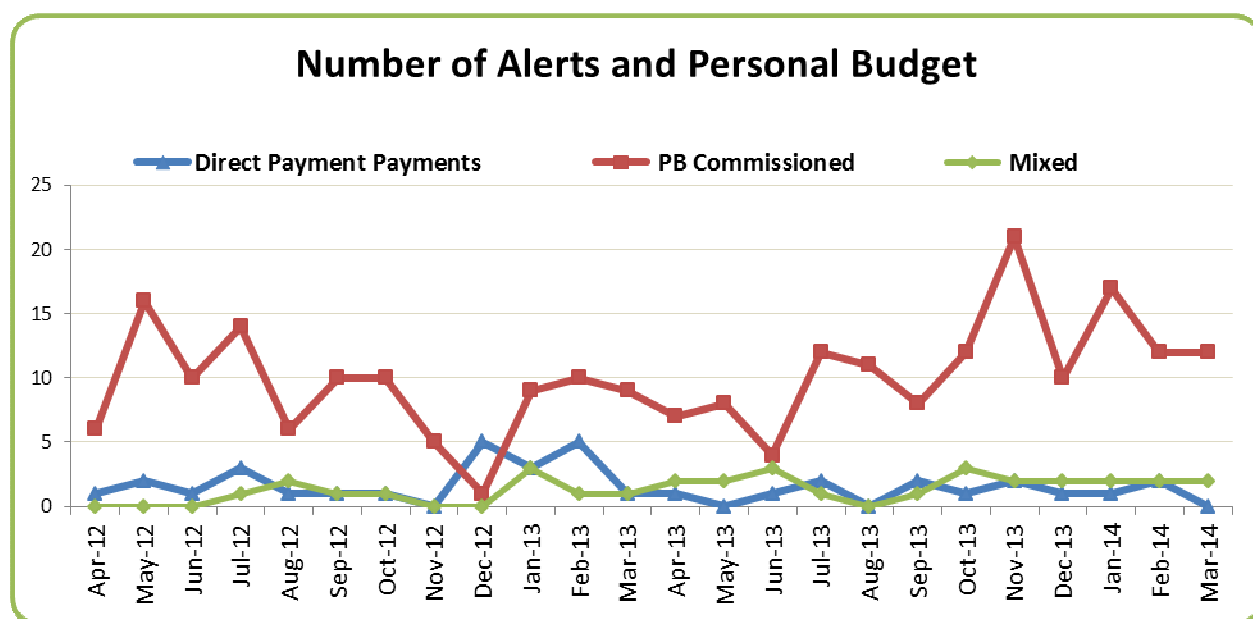
**6.24 Table 7:** below sets out the **level of police involvement** in safeguarding adults cases:

<b>Year</b>	<b>% of total cases Police involved in</b>
<b>2013-14</b>	<b>38%</b>
2012-13	27%
2011-12	22%
2010-11	32%
2009-10	38%
2008-09	36%
2007-08	31%

6.25 Avon and Somerset Police are reported to have been involved in 38% of cases that had completed the data field. However there were 345 cases where the field has not been completed. It is unlikely that the Police would be involved in cases that did not progress to Strategy – taking this into account it is possible that even with the blank fields they were involved in at least 34% of cases. The Police are certainly reporting an increase in activity in adult safeguarding. Sirona Care and Health and AWP ensure that all mandatory data fields are completed before a case is signed off. It is recommended that the LSAB, Council Commissioner and Avon and Somerset Police request that the recording of Police involvement become a mandatory reporting field to enable a clearer position to be established. Five cases are recorded as resulting in criminal prosecutions this is an increase from three last year and 15 have required other police action and one referral to MAPPA was made. During the year Sirona Care and Health, AWP, Avon and Somerset Police and B&NES Council have held a workshop afternoon looking at interface issues and learning about changes within their organisations. The workshops looked at lines of accountability and the evidence needed for the Crown Prosecution Service. The session was a success and is to be repeated on a six monthly basis.

- 6.26 B&NES saw an increase on last year on the number of alerts that are alleged to have taken place in the service user's own home 42%, this figure is more in line with previous years with the national statistic being 39% for 2012-13. The percentages of cases that are alleged to have taken place in care homes (residential and nursing both permanent and temporary placements included) is very similar 39% rather than 38% for last year. The national picture reports 36%. (HSCIC 2014, p38).
- 6.27 The majority of service users who live in the community and receive funding from the Council to access these services do this through a budget process (PB). There are three types of PBs: a PB Direct Payment, where the service user manages their own budget and purchases their own social care to help them remain at home; a PB Commissioned package, where Sirona Care and Health or AWP organise the social care package and purchase this from agencies the Council has a contract with and the third is a PB mixed package, which is a combination of each of the two above.
- 6.28 The chart below sets out how many safeguarding alerts were received each month in relation to the type of community package the service user is in receipt of. Of these 22% (the same as 2011-12) are either a Direct Payment (14%) or a Mixed Package (8%).

**6.29 Chart 4: Number of Alerts and Personal Budget**



- 6.30 The number of people in receipt of a DP increases year on year. The chart above demonstrates that people who manage their own budget are not at increased risk of abuse, neither are those who have a mixed package. This is reassuring as during the implementation of PBs there was a concern that vulnerable adults would be more at risk particularly as there is no legal requirement for personal assistants to have CRB checks in place. That said a number of the cases involving personal assistants have been complicated to manage as the service user – a vulnerable adult has to engage the same employer investigation as other providers which they can sometimes find a challenge. Social care staffs from the Council, Sirona Care and Health and AWP support the service user in this role as much as possible. However, a safeguarding

investigation is easier to manage when the service user has sufficient insurance to cover a company's fees to support them in employee investigations and disciplinary procedures but some service users may choose not to take out this cover due to the cost implication. The Council, Sirona Care and Health and AWP would support service users who did not have the resource to do this themselves as an employer.

- 6.31 The relationship between the alleged perpetrator and the vulnerable adult is set out in the table below. The percentage split is different in many cases to those reported last year and to the HSCIC figures, with the exception of the other professional section, which is similar. Of note is the significant increase in other family members being the alleged perpetrator and strangers. The Quality Assurance, Audit and Performance Management group will review the relationship information for the first six months of 2014-15 to see if there is a change in the data for the forthcoming periods.

**6.32 Table 8: Relationship between Alleged Perpetrator and Vulnerable Adult**

<b>Alleged Perpetrator</b>	<b>HSCIC 2012-13 (p40)</b>	<b>B&amp;NES 2012-13</b>	<b>B&amp;NES 2013-14</b>
Other professional (incs: health and social care and other profs)	43%	34%	45%
Other family member	16%	14%	27%
Other	7%	10%	10%
Not known	12%	7%	
Partner	7%	11%	4%
Other vulnerable adult	12%	12%	10%
Neighbour/friend	6%	10%	3%
Stranger	2%	2%	10%

- 6.33 664 safeguarding alerts were terminated/closed during the reporting period. As reported earlier 41% of these were terminated at alert stage and did not meet the threshold for referral to safeguarding investigation. Of the cases that did progress the following outcomes were decided:

**6.34 Table 9: HSCIC Average Outcomes 2012-13 Compared to B&NES 2012-13 and 2013-14**

<b>Outcome</b>	<b>HSCIC 2012-13</b>	<b>B&amp;NES 2012-13</b>	<b>B&amp;NES 2013-14</b>
Substantiated	32%	33%	33%
Partly substantiated	11%	16%	17%
Not determined and inconclusive	27%	14%	14%
Not substantiated	30%	38%	32%
Investigation ceased at individuals request	N/A	N/A	4%

- 6.35 Sirona Care and Health, AWP and the Council staff took on board the request from the Health and Wellbeing Board several years ago to look carefully at the outcome of cases that met the criteria for not determined and inconclusive. The definitions from the HSCIC are below:

‘Not determined/inconclusive

If an investigation could not reach a conclusion as to whether the allegations are true or false on the balance of probabilities then the case should be recorded as Not Determined / Inconclusive. Referrals should also be recorded as Not Determined / Inconclusive where the investigation is stopped before it is fully completed.

Example: If there is not enough reliable evidence to show whether the allegations are true or false then the referral should be recorded as Not Determined / Inconclusive. (2014, p93)

There is routine challenge from the commissioner about cases that fall into this category to ensure one of the others is not a better fit.

6.36 Staff are asked to compare the risk of harm to the person at the outset of safeguarding procedures and at the point it has been concluded. Although not all cases were rated, the following statistics represent the cases where it has been recorded:

- 74% cases were rated as the risk being reduced
- 13% of cases confirmed the risk was removed
- 13% of cases stated the risk remained.

The LSAB acknowledges that there will always be a number of vulnerable adults who have mental capacity about their care and treatment and who will make/take risky decisions. Agencies work closely with these service users to support them to minimise risks in the most effective way possible.

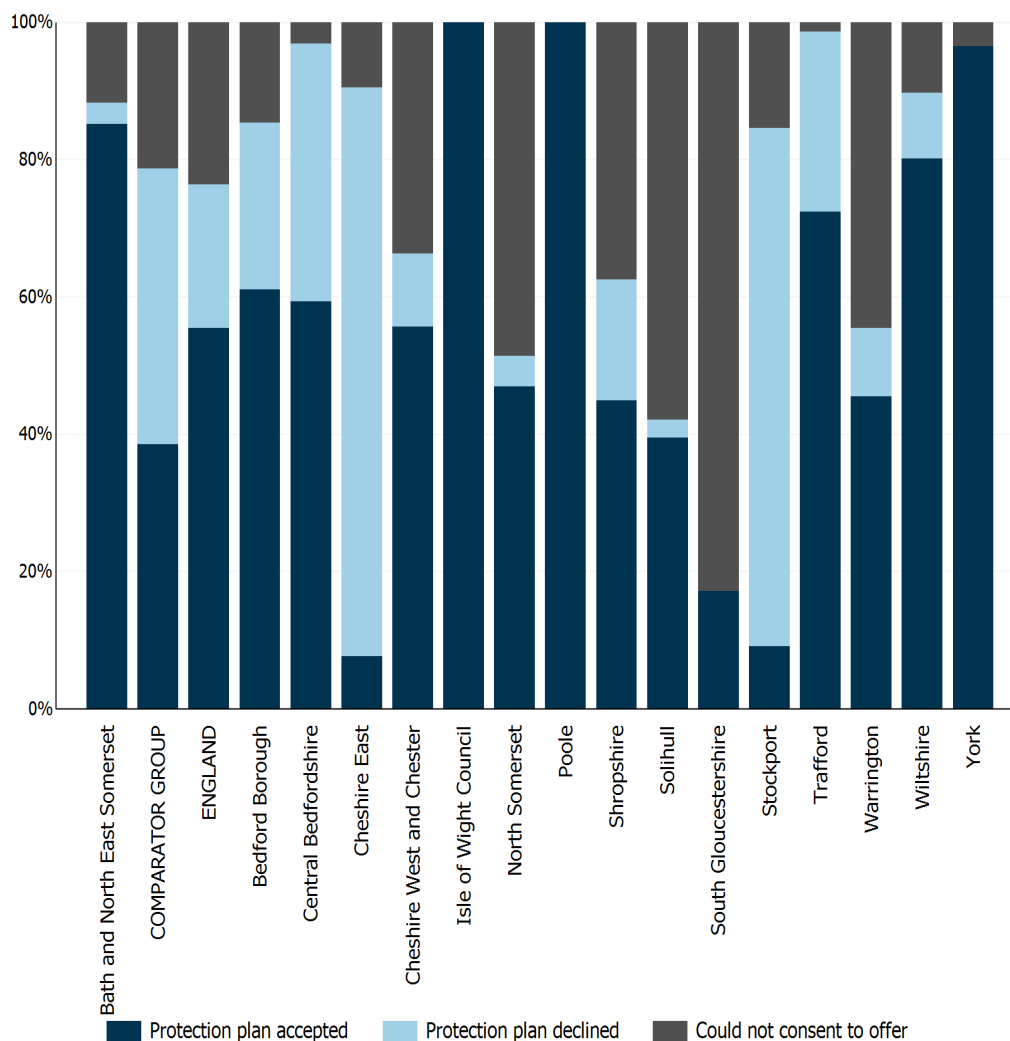
6.37 For cases where the alleged perpetrator was a professional worker, 25% were substantiated; where ‘other family members’ were identified as the alleged perpetrator, 21% were substantiated; where a neighbour / friend was the alleged abuser, 38% were substantiated. In cases where another vulnerable adult was the alleged abuser 5% were substantiated. National data available did not provide a comparator for this specific information.

6.38 The following outcomes have been recorded for victims: increased monitoring; no further action; referral for community care assessment and/or other social care and health services; referral to MARAC; civil action; removed from property; referral to court and so on. More than one action is sometimes undertaken for service users.

6.39 **Advocacy** support through specialist advocacy services was provided in 6% of cases during the procedure, an increase on last year’s figures. The **Independent Mental Capacity Act Service** supported 3% of the service users.

6.40 All service users that require a **Protection Plan** are offered one; the table below sets out the percentage of protection plans accepted and declined in B&NES in comparison to its statistical neighbours for 2012-13; the percentage of protection plans accepted in 2013-14 remains consistently high.

#### 6.41 Chart 5: Protection Plans in Comparison to Comparator Group



6.42 The above data is from HSCIC (2014, p 18) ***Abuse of Vulnerable Adults Comparator Report 2012-13 Bath and North East Somerset***

6.43 There are 18 types of **actions** listed in the AVA return **for the perpetrator**; these include things such as criminal prosecution/formal caution; community care assessment; removal from the property or service; referral to Protection of Vulnerable Adults list/Independent Safeguarding Authority; disciplinary action; continued monitoring; exoneration and no further action.

6.44 There can be more than one action recorded for the perpetrator. 'No action' was 39% of all actions taken for the perpetrators, the national figure is 35%; 20% of the actions were taken 'to continue to monitor the perpetrator and the situation,' this is the same as the national figure. 1% of cases resulted in criminal prosecution/formal cautions and a further 5% in police action; this is consistent with national data. Disciplinary action accounted for 4% of actions in B&NES; the national picture at 5%. B&NES figures are almost identical to national ones with the exception of the no further actions reported. HSCIC figures are reported on page p58.



6.45 The table below describes the stage within the safeguarding procedure at which the case was terminated and the conclusion of the termination/closure.

**6.46 Table 10: Outcome at Procedural Stage by Terminated Cases from Referral 2013-14**

Termination Stage	Investigation Ceased at Persons Request	Not Determined / Inconclusive	Not Substantiated	Partly Substantiated	Substantiated	Total of all stages
Strategy	5	13	50	10	18	25% (96)
Assessment	2	4	13	1	13	9% (33)
Planning	5	18	36	31	54	38% (144)
Review	2	17	22	23	44	28% (108)
Total of all outcomes	4% (14)	14% (52)	32% (121)	17% (65)	34% (129)	

6.47 The teams are committed to trying to undertake more strategy discussions rather than strategy meetings. This is to reduce the pressure on all providers attending meetings – it does not mean the work is less robust; strategy discussion notes are taken and distributed in the same way as strategy meeting notes. More cases are progressing through to review stage before closure and anecdotal evidence from Sirona Care and Health, AWP and the Council would suggest cases are becoming more complex and so consequently longer term involvement is required to address presenting risks.

6.48 Compliance with safeguarding procedural timescales continues to be monitored on a monthly basis by the Commissioner. The LSAB, CCG Board and Council Corporate Performance Team receive regular reports on this. The table below describes progress against the procedural timescales during the period. Sirona Care and Health, AWP and the Council performance has improved from the previous year, this is despite no additional resource in the Sirona Care and Health and AWP social work teams. However of particular concern is 2b and % of strategy meetings held within eight days from the referral where 13 cases breached this timescale. Sirona Care and Health have looked into each of the 12 cases it is responsible for and have plans in place to try and prevent this occurring again; AWP are also aware of the reason for the breach on the one case they coordinated and the relevant team has considered why this occurred and is taking steps to try and ensure this does not happen in the future.

**6.49 Table 11: Performance in Relation to Multi-Agency Procedural Timescales**

Indicator	Target	% Completed on time from April 13 – Mar 14		RAG	Direction of travel from last year
1. % of decisions made in 48 working hours from the time of referral	95%	Sirona C&H	97% 544/559		↔
		AWP	95% 109/115		↑
		<b>Combined</b>	<b>97% 653/674</b>		↑
2a. % of strategy meetings/discussions held within 5 working days from date of referral	90%	Sirona C&H	87% 266/307		↓
		AWP	91% 75/82		↓
		<b>Combined</b>	<b>88% 341/389</b>		↓
2b. % of strategy meetings/discussions held with 8 working days from date of referral	100%	Sirona C&H	96% 295/307		↔
		AWP	99% 81/82		↔
		<b>Combined</b>	<b>97% 376/389</b>		↑
3. % of overall activities/ events to timescale	90%	Sirona C&H	87% 1212/1396		↑
		AWP	89% 302/339		↓
		<b>Combined</b>	<b>87% 1514/1735</b>		↓

6.50 Sirona Care and Health and AWP have been vigilant in working with the Commissioner to examine each breach. There is a lot of evidence from the breach reports to indicate that there can be practical and best practice reasons for timescales to be breached, for example when all parties are not able to attend a strategy meeting within five days or when an investigation report cannot be completed within 28 days as information is outstanding. In over 90% of cases where Sirona Care and Health were identified as breaching a 'valid' reason was presented.

6.51 The new arrangement for Council staff chairing all AWP safeguarding cases in the same way it does for Sirona Care and Health came into effect from April 2013 – delivering a consistent approach across the sector. The Council lead implementing this change has worked very closely with AWP staff to ensure a smooth transition by meeting regularly to iron out initial teething problems and through setting up a new arrangement for inputting AWP safeguarding cases onto CareFirst (the client record system) to ensure all safeguarding alerts regardless as to whether they progress to referral stage are monitored.

## Section 7: Partner Reports

- 7.1 LSAB partner organisations have provided information outlining the specific safeguarding adults activity they have undertaken in 2013-14 and their achievements on the LSAB indicators.

<b>Agency Name: AGE UK (B&amp;NES)</b>			
<b>Brief outline of agency function:</b>			
<b>Achievements during 2013-2014:</b> (in bullet points) <ul style="list-style-type: none"> <li>• 4 safeguarding training sessions. 2 Held in February, 2 planned for November. Mandatory training for all staff and volunteers</li> <li>• 6 cases identified during 2013 to present. All reported to Safeguarding BANES. 3 gone to safeguarding strategy meeting.</li> </ul>			
<b>Performance to LSAB indicators 2013-2014:</b>			
<b>Indicator</b>	<b>Target</b>	<b>Outturn</b>	<b>Comment</b>
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment <b>(All)</b>	95%	95%	Induction process/ Supervisions & probation process, regular reviews
Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter <b>(LA and CCG Commissioned members only)</b>	90%	100%	Now mandatory. All Staff, volunteers, bank staff to attend training. 4 Training sessions held twice a year for refresher training or new employees.
Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter <b>(Non - LA and CCG Commissioned members only)</b>	80%	N/A	See above
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post <b>(LA and CCG Commissioned members only)</b>	80%		Not happening at present. To introduce in the coming year. Possibly elearning
Relevant staff to have undertaken DOLS training within 6 months of taking up post <b>(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP)</b>	95%	N/A	

<b>only)</b>			
Relevant staff to have an up to date DBS checks <b>(All)</b>	100%	100%	Yes
Safeguarding champions identified for each team <b>(All)</b> Describe arrangements for champions in your agency if not in each team in comments	Safeguarding lead for Organisation identified. Arranges training, record keeping, notifying Safeguarding Team.		
<b>Describe how you raise awareness of safeguarding in your agency:</b> <ul style="list-style-type: none"><li>• Through regular Supervisions</li><li>• Set item on Team Meeting Agenda,</li><li>• Regular reviews, feedback and contact with Staff and Service Users.</li><li>• Regular monitoring of services with staff, Managers. Training sessions</li></ul>			
<b>Describe how you have supported service users and carers through the safeguarding adults procedure:</b> <ul style="list-style-type: none"><li>• Service users have been visited or phoned and regular updates given.</li><li>• Reassurance also given, and information passed to them on ongoing regular basis.</li><li>• Notifying SW team of any concerns.</li><li>• Staff are given reassurance and support at meetings.</li><li>• Procedures explained to them and every effort to support them through training, supervisions, meetings given.</li></ul>			
<b>Objectives for 2014-2015:</b> <ul style="list-style-type: none"><li>• Continue to raise awareness of Safeguarding and procedures.</li><li>• Continue with training.</li><li>• Keep raising the Profile with regards to Safeguarding</li><li>• To arrange for relevant staff to undertake the Mental Capacity Act training</li></ul>			

<b>Agency Name: Avon Fire and Rescue Service</b>			
<b>Brief outline of agency function:</b> Our mission statement is to “improve public safety through preventing, protecting and responding”. Preventing and protecting is done through proactive education and interventions programmes. Our role has widen to include shaping communities rather than just managing the effects which is our response aspect.			
<b>Achievements during 2013-2014:</b> (in bullet points) <ul style="list-style-type: none"> <li>• Introduced and consolidated safeguarding within the Service through e-learning and other training,</li> <li>• Providing regular updates to the Combined Fire Authority.</li> <li>• Now provided a number of alerts from crews.</li> </ul>			
<b>Performance to LSAB indicators 2013-2014:</b>			
Indicator	Target	Outturn	Comment
New staff to undertake safeguarding learning as part of Induction within 3 months	95%	100%	All new staff as part of their

of starting employment <b>(All)</b>			induction complete level 1.
Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter	90%	95%	Although not LA/CCG we will re-visit training for relevant staff.
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post <b>(LA and CCG Commissioned members only)</b>	80%	N/A	
Relevant staff to have undertaken DOLS training within 6 months of taking up post <b>(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)</b>	95%	N/A	
Relevant staff to have an up to date DBS check <b>(All)</b>	100%	100%	Currently under review.
Safeguarding champions identified for each team <b>(All)</b> Describe arrangements for champions in your agency if not in each team in comments			
<b>Describe how you raise awareness of safeguarding in your agency:</b> <ul style="list-style-type: none"> <li>• Training,</li> <li>• Feedback to staff from alerts (but this requires strengthening),</li> <li>• CFA papers</li> <li>• Posters</li> </ul>			
<b>Objectives for 2014-2015:</b> <ul style="list-style-type: none"> <li>• Refresh the Service Policy E05 taking account of changes to legislation or local procedures.</li> <li>• Introduce a risk assessment process as identified via audit.</li> </ul>			
<b>Agency Name: Avon and Somerset Constabulary</b>			
<b>Brief outline of agency function:</b>  Public Protection, Safeguarding people and investigating and detecting crime through policing			
<b>Achievements during 2013-2014:</b> (in bullet points)  During 2013/14 Avon and Somerset Constabulary made significant inroads into improving the operational and strategic response to dealing with incidents involving vulnerable adults, and the safeguarding of adults who are potentially vulnerable. <ul style="list-style-type: none"> <li>• 'Integrated Victim Care' is a joint project between the Constabulary and the Office of the Police and Crime Commissioner. The aim is to bring together all the key roles and organisations involved in providing services to victims, including crucial third sector partners, to create a more cohesive end-to-end approach. The new model will reduce complexity and duplication within our systems, and provide victims with a single-point of contact to ensure they are engaged and supported during their journey</li> </ul>			

The programme involves a number of detailed work packages, with complex interdependencies, and challenging timescales. The ultimate goal is to place the voice of the victim at the heart of our service, through effective collaboration, cohesion and innovation amongst service providers that ensures victims feel engaged and supported.

Within our organisation, we want everyone to know and understand their role and responsibility for victim care and be able to identify vulnerability and recognise the part they play can impact on the victim's journey through the criminal justice system.

- In Feb 2014 we launched the Safe Places scheme across Avon and Somerset to help people feel safe and supported when they are out and about in the community. Locations such as local shops, cafes or libraries that are signed up to the scheme, provide a recognisable safe place for people to seek advice, reassurance and help.

The scheme will help people get out and about in their community but with the reassurance that there is help available should they need to deal with difficult situations. This could be anything from getting lost, losing a mobile phone or feeling harassed or bullied.

Indicator	Target	Outturn	Comment
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment <b>(All)</b>	95%		Safeguarding Vulnerable Adults training is being developed for the force area. An input is given to student police officers during initial training and an e-learning awareness package has been produced which is aimed at all staff who may come into contact with SA issues
Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter <b>(LA and CCG Commissioned members only)</b>	90%		N/A
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post <b>(LA and CCG Commissioned members only)</b>	80%		N/A
Relevant staff to have undertaken DOLS training within 6 months of taking up post <b>(LSAB Members that manage Care)</b>	95%		N/A

<b>Homes and Hospitals, Sirona and AWP only)</b>			
Relevant staff to have an up to date DBS check <b>(All)</b>	100%	100%	All staff are CRB checked prior to employment with the Constabulary
Safeguarding champions identified for each team <b>(All)</b> Describe arrangements for champions in your agency if not in each team in comments			Safeguarding Champions established across the force area - Front-line PCs and PCSOs who help and support the PPU to identify and protect vulnerable people

**Describe how you raise awareness of safeguarding in your agency:**

- An initial e-learning awareness package has been produced which is aimed at all staff who may come into contact with SA issues and further in-depth specialist training for PPU and other appropriate staff is in progress.
- A PPU monthly newsletter is published which includes national perspectives and 'lessons learned'.
- A Safeguarding Champions network of front-line staff has been established and these Champions are a specialist point of contact for all district staff and have regular inputs and contact with their local SCUs.
- The flagging of all 'vulnerable persons' premises highlights incidents and crimes within our recording systems and will enable us to develop processes around pattern identification and analysis and also inform response protocols
- A separate project has also been completed enabling any reported incident or crime with a vulnerable adult as a victim or suspect to be flagged. This ensures that SCUs undertake the correct referrals and interventions, as well as maintain an overview of the investigations

In addition to the above:

- In Conjunction with SARI we have developed 2 conferences entitled 'Policing for Disabled People' which will take place in September and November 2014. The purpose of the conference is to improve the awareness and confidence of police officers to recognise disability hate crime and advise on how they can be more effective when investigating it, as well as providing them with a general understanding and appreciation of issues impacting the lives of disabled people.

The topics to be covered include:

- Autism & the Criminal Justice System
- Alzheimer's & Dementia
- Being A Wheelchair User – Impacts & Barriers & how Police can be accessible
- Mental Health
- Sensory Impairments
- Input from Disability Advisory Group (DIAG)
- Panel discussions with Service Users.

<b>Objectives for 2014-2015:</b> <ul style="list-style-type: none"> <li>• Moves to establish co-location of multi-agencies to provide a more holistic approach to all safeguarding issues are still underway and are at different stages across the force areas.</li> <li>• A recent co-creation day was hosted by police where all agencies indicated that they are keen to progress this.</li> <li>• Plans are being progressed to achieve better information and intelligence exchanges and access by partner agencies to police intelligence systems is being developed</li> <li>• Improve and increase training opportunities for front-line staff in respect of dealing with vulnerable adults and safeguarding adult's issues. Initial training in the form of two autumn conferences (as detailed above) will aim to target as many officers as possible.</li> </ul>			
<b>Agency Name: Avon &amp; Wiltshire Mental Health Trust – B&amp;NES Locality</b>			
<b>Brief outline of agency function:</b> Providing primary and secondary mental health services within Bath and North East Somerset			
<b>Achievements during 2013-2014:</b> (in bullet points) <ul style="list-style-type: none"> <li>• Good levels of training.</li> <li>• Good inter-agency working and collaboration.</li> <li>• Improved communications.</li> </ul>			
<b>Performance to LSAB indicators 2013-2014:</b>			
<b>Indicator</b>	<b>Target</b>	<b>Outturn</b>	<b>Comment</b>
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment <b>(All)</b>	95%		We do not report specifically on new starters and their attendance at safeguarding training. However, new starters are either booked in for relevant training or advised to complete the eLearning as part of their induction programme. The safeguarding figures are at an all-time high thanks to a lot of work from the localities, in encouraging staff to attend training. Safeguarding 1 & 2 including prevent = 86% Level 3 = 92%
Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter <b>(LA and CCG Commissioned members only)</b>	90%	86%	
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post <b>(LA and CCG Commissioned members only)</b>	80%	89%	This figure includes DoLS training.
Relevant staff to have undertaken DOLS training within 6 months of taking up post <b>(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)</b>	95%		



Relevant staff to have an up to date DBS check <b>(All)</b>	100%		There is a continuous DBS checking system in place. We check monthly those roles that need a DBS. DBS needs to be renewed every 3 years.
Safeguarding champions identified for each team <b>(All)</b> Describe arrangements for champions in your agency if not in each team in comments			A MARAC and a MAPPA representative have been identified for the locality we have also a Safeguarding lead for the locality.
<b>Describe how you raise awareness of safeguarding in your agency:</b> <ul style="list-style-type: none"> <li>Through Governance meetings especially Risk and Safety locality meeting.</li> <li>Through Monthly team meetings</li> <li>Individual supervision</li> </ul>			
<b>Objectives for 2014-2015:</b> <ul style="list-style-type: none"> <li>To ensure high levels of training and awareness.</li> <li>To participate fully in LSAB and priority sub-groups.</li> <li>To collaborate in potential development of MASH.</li> </ul>			
<b>Agency Name: Carers Centre</b>			
<b>Brief outline of agency function:</b> Provide support to unpaid carers in Bath and North East Somerset to keep carers and their families safe and to improve their health and well-being.			
<b>Achievements during 2013-2014:</b> (in bullet points) <ul style="list-style-type: none"> <li>Sent safeguarding information to over 3000 carers in hard copy and e:versions</li> <li>Sent safeguarding to over 1000 new referrals in their welcome packs</li> <li>Safeguarding was considered in every support intervention with over 1500 carers</li> <li>New referral pathway set up with Chairs of safeguarding meetings to ensure carers are recognised as being in a safeguarding process and highlighted as being in crisis leading to intensive support.</li> </ul>			
<b>Performance to LSAB indicators 2013-2014:</b>			
<b>Indicator</b>	<b>Target</b>	<b>Outturn</b>	<b>Comment</b>
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment <b>(All)</b>	95%	100%	As part of induction documents
Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter <b>(LA and CCG Commissioned members only)</b>	90%	100%	Training is compulsory for all staff
Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up	80%	NA	

post and/or completed refresher training every 2 years thereafter <b>(Non - LA and CCG Commissioned members only)</b>			
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post <b>(LA and CCG Commissioned members only)</b>	80%	Not currently in place	Plans are in place to provide this training
Relevant staff to have undertaken DOLS training within 6 months of taking up post <b>(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)</b>	95%	NA	
Relevant staff to have an up to date DBS checks <b>(All)</b>	100%	100%	Mapping process has been undertaken to ensure the Carers' Centre is using DBS checks in compliance with the law.
Safeguarding champions identified for each team <b>(All)</b> Describe arrangements for champions in your agency if not in each team in comments	The Chief Executive is the Safeguarding Champion and ensures safeguarding is a standing item in every supervision. All safeguarding issues get discussed with the Chief Executive and in her absence the Deputy Chief Executive.		
<b>Describe how you raise awareness of safeguarding in your agency:</b> Safeguarding is regularly mentioned in E-bulletins and newsletters, leaflets are available at each office for carers and their families to collect. Every new carer has a leaflet included in their welcome pack.			
<b>Describe how you have supported service users and carers through the safeguarding adults procedure:</b> Alerts are made when there are safeguarding concerns, these are discussed with the Chief Executive and the safeguarding policy and procedure is followed. Alerts are discussed with carers and if relevant alerts are discussed with referring agencies. Occasionally the Carers' Centre provides low level advocacy at safeguarding meetings when required. A referral process has been set up with the Chairs of safeguarding meetings and these referrals are treated as Carers in Crisis enabling a more intensive service to be provided to carers who are referred.			
<b>Objectives for 2014-2015:</b> Monitor referrals from Chairs of safeguarding meetings and identify if improvements can be made to the referral processes. Continue to raise awareness through publications Raise awareness of safeguarding through a safeguarding week run in partnership with the old Avon area LSABs.			
<b>Agency Name: Curo</b>			
<b>Brief outline of agency function:</b> Provider of social housing for people in housing need; provider of support to older and younger people.			
<b>Achievements during 2013-2014:</b> (in bullet points) <ul style="list-style-type: none"><li>• 39 potential safeguarding cases referred to Local Authority in 2013/14</li><li>• Supporting People assessment within B&amp;NES scored the Retirement Living Service an 'A' grade with the evidence provided in the 'Safeguarding and protection from abuse' section of the Quality Assessment Framework.</li></ul>			

<b>Performance to LSAB indicators 2013-2014:</b>			
<b>Indicator</b>	<b>Target</b>	<b>Outturn</b>	<b>Comment</b>
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment <b>(All)</b>	95%	100%	Within first month of joining all staff as part of induction are given safeguarding learning
Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter <b>(LA and CCG Commissioned members only)</b>	90%	98%	All staff are given review training every two years. The 98% figure represents the fact that 1 member of staff is on long term absence so has not been available to complete this refresher training when due.
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post <b>(LA and CCG Commissioned members only)</b>	80%	N/A	N/A for Curo
Relevant staff to have undertaken DOLS training within 6 months of taking up post <b>(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)</b>	95%	N/A	Not applicable as no care home management
Relevant staff to have an up to date DBS check <b>(All)</b>	100%	100%	All staff are DBS checked prior to engagement and take up of role and then every 2 years via HR
Safeguarding champions identified for each team <b>(All)</b> Describe arrangements for champions in your agency if not in each team in comments			Safeguarding champion identified for Retirement Living; one Team leader takes the lead and is the named contact for the local authority to contact.
<b>Describe how you raise awareness of safeguarding in your agency:</b> Safeguarding is covered at induction by managers with all new staff. Each person is given an overview of the safeguarding procedure, insight and access to the safeguarding policy and familiarised with the reporting procedure and forms to			

<p>complete to refer cases to the Local Authority adult duty team.</p> <p>Safeguarding training is also delivered to all staff members within their first three months of joining.</p> <p>A central log is maintained of all cases which is updated and monitored by dedicated staff.</p> <p>Safeguarding is a standard agenda item at all team meetings for staff and managers alike to discuss cases or potential issues if the team are unsure of what action to take.</p>																			
<p><b>Objectives for 2014-2015:</b></p> <ul style="list-style-type: none"> <li>All front line staff to be trained in Domestic Abuse training – a bespoke one day training course developed by Curo's Head of Tenancy Solutions in partnership with Southside.</li> <li>Colleagues participate in real time scenarios acted out by professional actors in a Curo property.</li> </ul>																			
<p><b>Agency Name: FREEWAYS</b></p>																			
<p><b>Brief outline of agency function:</b></p> <p>We are a voluntary organisation working across the old Avon area. We provide residential care and floating support for housing related and/or social care needs to adults with learning disabilities, physical and sensory impairments to lead independent and active lives.. We also support volunteering and employment opportunities as well as providing domiciliary care and hydrotherapy</p>																			
<p><b>Achievements during 2013-2014:</b> (in bullet points)</p> <ul style="list-style-type: none"> <li>All floating support team have attended B&amp;NES Council Safeguarding Alerters training.</li> <li>Continued to keep MCA/ DOLS/ Safeguarding as a relevant topic in team meetings / Supervisions etc.</li> <li>All staff have had annual updates in safeguarding, MCA and DOLS (where applicable) training, both in house and by external agencies.</li> <li>All new staff have received MCA and DOL's training within 6 months of taking up their post as part of their induction process.</li> <li>Floating support service has 2 x Safeguarding Champions. Encouraged to bring new news to team meetings</li> <li>All services have a good reputation within B&amp;NES for raising safeguarding issues. Which has in turn prevented financial abuse occurring</li> <li>Ran 2 courses for service users around abuse awareness</li> </ul>																			
<p><b>Performance to LSAB indicators 2013-2014:</b></p> <table> <tr> <th>Indicator</th><th>Target</th><th>Outturn</th><th>Comment</th></tr> <tr> <td>New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment <b>(All)</b></td><td>95%</td><td>100%</td><td></td></tr> <tr> <td>Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter <b>(LA and CCG Commissioned members only)</b></td><td>90%</td><td>90%</td><td>We provide annual refresher internally</td></tr> <tr> <td>Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post <b>(LA and CCG Commissioned members only)</b></td><td>80%</td><td>100%</td><td>Provided internally as well as accessing Council training</td></tr> </table>				Indicator	Target	Outturn	Comment	New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment <b>(All)</b>	95%	100%		Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter <b>(LA and CCG Commissioned members only)</b>	90%	90%	We provide annual refresher internally	Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post <b>(LA and CCG Commissioned members only)</b>	80%	100%	Provided internally as well as accessing Council training
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Relevant staff to have undertaken DOLS training within 6 months of taking up post <b>(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)</b>	95%	100%	Provided internally as well as accessing Council training
Relevant staff to have an up to date DBS check <b>(All)</b>	100%	100%	
Safeguarding champions identified for each team <b>(All)</b> Describe arrangements for champions in your agency if not in each team in comments		2 in place in floating support	2 to be prioritised in residential service
<b>Describe how you raise awareness of safeguarding in your agency:</b> Ongoing continuous professional development: Annual training (various methods- team training sessions, supervision discussions, staff meetings, coaching, reflection sheet on safeguarding concern form. Attendance on forums and updates disseminated through the organisation. Accredited qualification pathway: Diplomas levels 3-5. Occasion/incident reports and the follow up actions. Annual complaints audit. Annual safeguarding audit; recording the number of safeguarding referrals made by each service. Bi-monthly visit/report by senior managers; discuss safeguarding issues. Discussed with service users using our accessible policy, training and resident meetings			
<b>Objectives for 2014-2015:</b> <ul style="list-style-type: none"> <li>• Get relevant training completed for staff member who has returned from Maternity leave.</li> <li>• Maintain yearly refresher training for all staff in safeguarding, MCA and DOLS</li> <li>• Keep abreast of relevant external training to supplement internal training</li> <li>• Continue to raise Safeguarding / DOLS/ Mental Capacity within team meetings and supervisions.</li> <li>• Continue to encourage staff to participate in Safeguarding</li> <li>• Support service users to report concerns themselves to safeguarding</li> <li>• Run a specific training course for service users in B&amp;NES on abuse awareness</li> <li>• Safeguarding champions to be selected and recognised in residential service and link to existing selected dignity champions.</li> </ul>			
<b>Agency Name: NHS B&amp;NES Clinical Commissioning Group</b>			
<b>Brief outline of agency function:</b> NHS B&NES CCG commissions and performance manages NHS funded care.  The Director of Nursing and Quality in NHS B&NES is executive lead for Safeguarding and attends the Local Safeguarding Adults Board meetings. The Quality & Adult Safeguarding Lead now chairs the Quality and Assurance sub-group; sits on the Policy & procedures and MCA & DOLS groups and will attend future board meetings.			
<b>Achievements during 2013-2014:</b> (in bullet points) <ul style="list-style-type: none"> <li>• Care Home forum which supports the delivery of clinically effective, safe and evidence based care. A one day meeting was held in October and a second day is planned for September.</li> </ul>			

- The CCG supported the Local Authority with their care home review programme and undertook a series of joint visits.
- A pressure ulcer thematic review was completed in October 2013 in collaboration with RUH and Sirona. The results demonstrated key themes associated with the development of pressure ulcers and will be used to inform further cross-boundary prevention work.
- Work with Care Homes to encourage investigations of pressure ulcers
- Joint working with B&NES Council Safeguarding Team to ensure concerns relating to NHS providers are managed in a responsive and efficient manner.
- Development of a provider dashboard which is a monitoring tool that allows an over-view of concerns relating to quality and safety. It includes areas such as CQC, Safeguarding, and Serious Incidents etc.
- The CCG has been working with Providers to ensure they all recruit named Prevent leads.
- Prevent has been added to all Provider contracts and a pack containing literature and guidance has been distributed to all larger providers.
- Member of working group to develop training indicators for Prevent – theses have now been adopted nationally
- Development and delivery of a programme of supervisory visits for provider safeguarding leads
- NHS England guidance on Adult Safeguarding and Profound and Multiple Learning Disabilities was been distributed to primary care and providers.
- The Standard Adult Safeguarding schedule was comprehensively reviewed and now includes 6 standards, an annual audit return and 7 Key Performance Indicators (KPI's). Following negotiation with providers, these were included within 2014/5 contracts.
- Collaboration between CCG Children's and Adults Designated and Named Leads Development of CCG intranet & internet safeguarding resources
- All 27 GP practices in B&NES were sent a letter of introduction when the Adult Safeguarding Lead took up post in April 2013 and by the GP Adult Safeguarding lead who took up post in November 2013.
- Whilst the Primary Care training programme was in development, GP's were encouraged to access e-learning training to ensure they were able to identify and safeguard adults at risk.
- A questionnaire was created and distributed to all GP practices to explore the engagement of practices with adult and child safeguarding investigations and identify barriers to participation. Learning from this survey is being used to inform CCG training and strategy.
- An update including learning from the Tinker's Lane and B&NES 2013 SCR's was sent to Practices; these were also presented at the GP forum in February.
- An Adult Safeguarding training session was delivered to the CCG Board in 2013
- A training session to GP's and Nurse Practitioners at the Walk in Centre was given in February 2014.
- Active contribution to the LSAB and its sub-groups
- The review of Serious Incident reports and working with providers to improve practice based on 'lessons learnt'
- Attendance at bi-monthly CQC Cause for concern meetings. This is an opportunity to share intelligence and raise flags on services which cause concern.
- Review of Serious Case Reviews, both local and national.

<ul style="list-style-type: none"><li>• Attendance at bi-monthly meetings with BANES Council Safeguarding Team</li><li>• Attendance at the NHS England quarterly regional Adult Safeguarding forum</li><li>• Membership and attendance at the South West regional Adult Safeguarding network</li><li>• Following a recommendation from the 2013 SCR, the CCG has supported the recruitment of a Health Visitor for the Elderly who is now in post</li><li>• Winterbourne View: The CCG worked to ensure an effective commissioning process was in place for services for people with LD. There was also engagement with Public Health to ensure the JSNA appropriately identified the needs of the whole population and that these needs were incorporated into the commission strategy. Separate, more detailed reports are made to the CCG Board and Quality Committee.</li></ul>			
<b>Performance to LSAB indicators 2013-2014:</b>			
<b>Indicator</b>	<b>Target</b>	<b>Outturn</b>	<b>Comment</b>
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment <b>(All)</b>	95%		A process is now in place for 2014/15
Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter <b>(LA and CCG Commissioned members only)</b>	90%	54%	This figure is not accurate due to an IT problem with Skills for Health – they are currently addressing this
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post <b>(LA and CCG Commissioned members only)</b>	80%		
Relevant staff to have undertaken DOLS training within 6 months of taking up post <b>(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)</b>	95%		
Relevant staff to have an up to date DBS check <b>(All)</b>	100%	92%	Improved process in place since Apr. 2014
Safeguarding champions identified for each team <b>(All) Describe arrangements for champions in your agency if not in each team in comments</b>		The CCG has an Adult Safeguarding Lead	
<b>Describe how you raise awareness of safeguarding in your agency:</b> <ul style="list-style-type: none"><li>▪ Ensure appropriate safeguarding performance indicators are included within commissioning for health contracts</li><li>▪ Working jointly with the Local Authority to support safeguarding activity relating to healthcare</li></ul>			
<b>Objectives for 2014-2015:</b> <ul style="list-style-type: none"><li>• The challenges for safeguarding over the coming year is to continue to develop, expand and embed safeguarding practice within the core work of the CCG; and to further develop partnership working with the local authority, local health providers, the CQC and NHS England.</li></ul>			

- *Alignment of Safeguarding and Serious Incident investigations:* The CCG and Local Authority safeguarding team are working to align the two processes so that duplication of effort is avoided and to enable timescales to be met and learning recorded/shared a.
- *Health-related adult safeguarding risks:* The LA & the CCG plan to develop a matrix that identifies the high risk areas which will allow for action to be taken to address the risks with providers.
- *Health-related adult safeguarding actions:* Develop a process for monitoring safeguarding actions when these relate to health commissioned services.
- *Support clinical teams to improve practice:* The LA & the CCG will develop a matrix to map out safeguarding referrals in order to allow identification of teams/areas with high numbers of safeguarding concerns. These teams will then be supported/encouraged to improve the quality of their practice.
- *CCG Adult Safeguarding action plan:* This was developed following completion of an LSAB self-assessment in 2013. The action plan is comprehensive and addresses areas where improvement is required by the CCG to enable it to fully meet its Adult Safeguarding obligations.
- *Clinical Supervision policy:* This will be developed in collaboration with the Designated Nurse for Children, alongside a programme of supervisory visits for provider safeguarding leads.
- *Adult Safeguarding Forum:* Scope the possibility of establishing a group to support primary care and providers to improve their skills, knowledge and practice in relation to adult safeguarding.
- *Pressure Ulcers:* Continue the community-wide pressure ulcer prevention work that was commenced in 2013.

## **NHS England**

NHS England is an executive non-departmental public body. It works under its Mandate from the Government to improve the quality of NHS care and health outcomes, reduce health inequalities, empower patients and the public and promote innovation. Its key responsibilities include:

- Authorisation and oversight of CCGs and support for their on-going development
- The direct commissioning of primary care, specialised health services, prison healthcare and some public health services (including, for a transitional period, health visiting and family nurse partnerships)
- Developing and sustaining effective partnerships across the health and care system.

NHS England has a single operating model and is largely organised into three functional areas, i.e. nationally, regionally and locally. Its Safeguarding Policy is due for publication July 2014 and will provide guidance of the expectation of its entire staff in relation to Safeguarding. There is senior clinical leadership at all levels, including those with responsibility and expertise in safeguarding. The NHS England Local Area Team will each have a Director of Nursing who is responsible for supporting and providing assurance on the safeguarding of children and adults at risk of abuse or neglect. The Area Team have the responsibility to ensure the assurance of the safeguarding system is working across Primary Care and CCGs.

For 2014/15, NHS England Bath, Gloucestershire Swindon & Wiltshire Area Team will be focusing on gaining assurance on safeguarding competences across all staff groups with in Primary Care, ensuring information and resources are available for staff to achieve the



appropriate level of competence for their role. A system for providing salient Safeguarding updates across Primary Care and embedding lessons learnt in practice across the whole range of vulnerable adult groups will be implemented.

In November 2013, NHS England was required to give evidence at the House of Lords inquiry into the implementation of the Mental Capacity Act 2005(MCA). Whilst gathering evidence for the inquiry, NHS England found a number of emerging themes relating to inconsistent application of the Act including training, patient/family and carer experience and access to advocacy. The findings of this inquiry have been published

<http://www.publications.parliament.uk/pa/ld201314/ldselect/ldmentalcap/139/13902.htm>

In anticipation of this report NHS England BGSW Area Team submitted a bid for a MCA/DoLS (Deprivation of Liberty) project was approved and implemented.

The outcomes we are aiming for are:

- To arrange patient/carers experience events to ascertain real time feedback;
- To identify with CCG colleagues, provider organisations and local authority partners specific local requirements and consider short term secondments/pump prime initiatives; and
- To establish a development programme for MCA leaders across the system to understand their local issues and explore best practice.

The project started in April 2014 and will be reporting findings in September 2014.

Following the report the Area Team will develop and implement an action plan based on the findings.

<b>Agency Name: Royal National Hospital for Rheumatic Diseases (RNHRD)</b>			
<b>Brief outline of agency function:</b> Founded in 1738 the Royal National Hospital for Rheumatic Diseases (RNHRD), also known as 'The Min' a reference to its original name 'The Mineral Water Hospital', is a specialist hospital in central Bath with an international reputation for research, and expertise in specialist rehabilitation for complex long-term conditions. The core services the hospital provides are in rheumatology, pain management, Chronic Fatigue Syndrome/ME (CFS/ME). The Trust has a small but internationally known Clinical Measurement department with access to advanced equipment and technology, and a diagnostic endoscopy service.			
<b>Achievements during 2013-2014:</b> (in bullet points) Objectives set for 2013-2014: <ol style="list-style-type: none"> <li>1. Achieve compliance in the training targets for safe guarding: see below- training compliance improved during 2013-14.</li> <li>2. Review training guidelines for all safeguarding across all professional groups- completed with Learning and development team.</li> <li>3. Increase reporting of all safeguarding discussions/concerns-completed with setting standards for putting all safeguarding concerns on to the hospital data base. Monthly reports set up.</li> <li>4. Develop Q&amp;A sessions for staff with CCG safeguarding representatives</li> <li>5. Organise an awareness week in Oct 2013-completed, information in the main reception area for 'Elderly abuse'.</li> <li>6. Review and update the policy on Safeguarding adults-completed-both safeguarding adults, and safeguarding children policies reviewed in 2013-14. A new policy for MCA created in 2014 (supporting safeguarding adults' policy section on MCA).</li> </ol>			
<b>Performance to LSAB indicators 2013-2014:</b>			
Indicator	Target	Outturn	Comment
New staff to undertake safeguarding	95%	99.5%	Trust policy states

learning as part of Induction within 3 months of starting employment <b>(All)</b>			that all staff should attend induction prior to commencing work
Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter <b>(LA and CCG Commissioned members only)</b>	90%	95.5%	Specific focus on increasing training compliance in 2013-14, with extra sessions, monthly reports, managers' support, working with learning and development team and generally awareness among staff.
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post <b>(LA and CCG Commissioned members only)</b>	80%	95.5%	As above
Relevant staff to have undertaken DOLS training within 6 months of taking up post <b>(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)</b>	95%	95.5%	As above
Relevant staff to have an up to date DBS check <b>(All)</b>	100%	94%	Due to service needs 6% staffs commenced while the DBs in progress. A risk assessment was completed on 6%, worked with supervision and completed DBs received.
Safeguarding champions identified for each team <b>(All)</b> Describe arrangements for champions in your agency if not in each team in comments		100% in all clinical areas	Improved structure for safeguarding link person in clinical areas with link person for both children and adult safeguarding groups.
<b>Describe how you raise awareness of safeguarding in your agency:</b> <ul style="list-style-type: none"> <li>• Improved structure for safeguarding link person in clinical areas with link person for both children and adult safeguarding groups.</li> <li>• Committee meeting held every 2 months and managers from all areas attend</li> <li>• Information sent out to the link staff from the leads</li> <li>• Link person discusses new information within their team at meetings, notice boards or to individual staff members.</li> <li>• Improved training structure</li> <li>• Poster presentation on awareness weeks.</li> </ul>			

- Gap analysis on new NICE guidelines and national guidelines, and action plans implemented.
- Appropriate external training /study days attended by specific staff across the Trust. Information shared to committee members, link persons.
- Information communicated from individuals, specialist teams and learning from clinical cases to leads and committee members for safeguarding.
- Supervision sessions for all clinical staff.

### **Objectives for 2014-2015:**

#### **Recommendations for 2014-15**

- Review training requirements by specific roles within each team
- Review quarter and annual report structure in line with new requirements
- Ensure the Supervision structure is embed for the ward nursing
- Annual audit plan-priority for completion of the supervision audit, and need for case note reviews
- Devise Datix guidelines for Safeguarding incidents
- Identify National Safeguarding Awareness days/weeks appropriate to the Trust
- Review committee meeting structure to include more time for lessons learnt
- Review alert systems for clinical notes, such as new log sheets for safeguarding concerns: look at Notes from RUH, AWP, Sirona
- Involvement in external training to demonstrate our expertise
- Achieve the Trust targets for Dementia, Prevent and MCA / DoLS
- Completion of Dementia action plan for the Trust

### **Agency Name: Royal United Hospital**

#### **Brief outline of agency function:**

The Royal United Hospital Bath NHS Trust provides acute treatment and care for a catchment population of around 500,000 people in Bath, and the surrounding towns and villages in North East Somerset and Western Wiltshire.

The Trust provides 565 beds and a comprehensive range of acute services including medicine and surgery, services for women and children, accident and emergency services, and diagnostic and clinical support services

#### **Achievements during 2013-2014: (in bullet points)**

The RUH is constantly working to improve the adult safeguarding service that it delivers.

- The RUH continues to play a key role within the multi-agency framework, with representatives at the LSAB and all of its sub-groups, covering Training and Development, Quality Assurance, Policy and Procedures and Awareness, Engagement and Communications.
- Development of links with the RUH's newly appointed Named Nurse for Child Protection.
- Recruitment of a Senior Nurse for Adult Safeguarding who took up post in September 2013, and a team administrator who commenced employment in December 2013.
- The Trust has continued to seek to improve its delivery of safeguarding in practice, with revision of the policy and guidance to staff and a change of

referral process.

- Awareness of adult abuse and protection continues to increase across the organisation.
- Figures for staff with safeguarding training were significantly improved over last year's figures
- Successfully run "Deprivation of Liberty Safeguards" (DoLS) workshops for senior staff.
- Following CQC inspection in December 2013, the RUH is compliant with outcome 7.
- Successfully aligned the Serious Incident and Datix incident reporting systems with the safeguarding process.

**Performance to LSAB indicators 2013-2014:**

Indicator	Target	Outturn	Comment
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment <b>(All)</b>	95%	Level 1 83.5% Level 2 72.6%	
Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter <b>(LA and CCG Commissioned members only)</b>	90%	72.6%	
Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter <b>(Non - LA and CCG Commissioned members only)</b>	80%	N/A	
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post <b>(LA and CCG Commissioned members only)</b>	80%	72.6%	
Relevant staff to have undertaken DOLS training within 6 months of taking up post <b>(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)</b>	95%	72.6%	
Relevant staff to have an up to date CRB/DBS check <b>(All)</b>	100%	100%	100% of new staff that have started employment within the organisation have been CRB/DBS checked & 100% of relevant employment rechecks have been completed.
Safeguarding champions identified for each team <b>(All)</b> Describe arrangements for	We do not have safeguarding champions across the organisation. There are		

<b>champions in your agency if not in each team in comments</b>	Operational Safeguarding Leads who are senior nurses who work across the Trust, promoting, training and supporting staff within the safeguarding arena, and representing the Trust where required.
<b>Describe how you raise awareness of safeguarding in your agency:</b> <ul style="list-style-type: none"> <li>• Adult Safeguarding Policy</li> <li>• Trust intranet web pages for DoLS, MCA and Safeguarding Adults.</li> <li>• Adult safeguarding on Trust internet for public to access</li> <li>• Safeguarding Adults, DoLS, MCA leaflets.</li> <li>• BANES Abuse posters are displayed in outpatient and inpatient areas, PALS and in the corridors</li> <li>• Awareness raising through training, induction, refresher and ad hoc training.</li> <li>• Governor Induction</li> <li>• Working with partnership agencies</li> </ul>	
<b>Objectives for 2014-2015:</b> <ul style="list-style-type: none"> <li>• Continue to raise awareness</li> <li>• Continue to improve on training targets</li> <li>• To continue to contribute to the work of the LSAB and its sub-groups</li> <li>• Develop Adult Safeguarding quality dashboard</li> <li>• Development of the Matrons role within the safeguarding arena</li> <li>• To launch and monitor implementation of Deprivation of Liberty Safeguards in line with the new guidance following the Cheshire West judgment.</li> </ul>	
<b>Agency Name: Sirona Care and Health</b>	
<b>Brief outline of agency function:</b> Sirona Care and Health provides a wide range of services covering community health, adult social care and some children's services. It also employs social workers who undertake the majority of Safeguarding Adults investigations.	
<b>Achievements during 2013-2014:</b> (in bullet points) <ul style="list-style-type: none"> <li>• A total of 567 alerts (Sirona cases) were received and investigated - an increase of 28% over last year. An additional 102 alerts were received on behalf of AWP (grand total of 669 cases)</li> <li>• A very complex 'whole service' investigation was carried out, which included a large series of individual investigations</li> <li>• An Action Plan was completed and implemented as a result of the Serious Case Review undertaken in 2012</li> <li>• Workshops were held with commissioner colleagues to ensure greater consistency over thresholds</li> <li>• Training was organised for all social workers and CSCs around domestic violence and safeguarding</li> <li>• Sirona continued to play a key role within the multi-agency framework, with representatives playing an important part in the work of the LSAB and all of its sub groups, covering Training and Development, Quality Assurance, Policy and Procedures and Awareness, Engagement and Communications</li> <li>• Feedback received from service users (through the Making Safeguarding Personal pilot and previous system) was largely positive and outcomes from Safeguarding cases were mainly good</li> <li>• Initial planning was undertaken to reorganise the social care teams with the aim (in part) of making the service more responsive and consistent in its response to Safeguarding alerts.</li> </ul>	

<b>Performance to LSAB indicators 2013-2014:</b>			
<b>Indicator</b>	<b>Target</b>	<b>Outturn</b>	<b>Comment</b>
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment <b>(All)</b>	95%	71%	
Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter <b>(LA and CCG Commissioned members only)</b>	90%	66%	Further work is needed to ensure that these figures are accurate.
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post <b>(LA and CCG Commissioned members only)</b>	80%	41%	Further work is needed to ensure that these figures are accurate.
Relevant staff to have undertaken DOLS training within 6 months of taking up post <b>(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)</b>	95%	88.4%	
Relevant staff to have an up to date DBS check <b>(All)</b>	100%	100%	
Safeguarding champions identified for each team <b>(All)</b> Describe arrangements for champions in your agency if not in each team in comments		Champions meet quarterly with Maggie Hall, Safeguarding Adults Co-ordinator	We have a large number of Champions across the organisation. While this does not equate to a Champion in every team, it is a widely representative group.
<b>Describe how you raise awareness of safeguarding in your agency:</b> <ul style="list-style-type: none"> <li>• It is expected that Safeguarding issues are raised at all team meetings and in the course of all supervision sessions involving front-line staff</li> <li>• Safeguarding Adults issues are routinely reported on at Quality Committee and at Board level</li> <li>• Safeguarding training (Level 2) is mandatory for all front-line staff and Safeguarding Adults input has been more closely aligned with Safeguarding Children training in the induction programme</li> <li>• A new one-day course on undertaking investigations with the police was rolled out, plus courses on Safeguarding Adults and Domestic Violence</li> <li>• Good links are in place between the Complaints process, the Adverse Event reporting system and Safeguarding</li> <li>• Our Safeguarding Adults Co-ordinator provides advice and support to staff and attends MARAC meetings etc</li> <li>• Our Professional Lead for Social Work monitors outcomes and co-ordinates issues relating to performance and training; also attends MAPPA meetings</li> </ul>			
<b>Objectives for 2014-2015:</b> The key workstreams planned for 2014/15 are: <ul style="list-style-type: none"> <li>• To reorganise the social care teams with the aim of making the service more</li> </ul>			

responsive and consistent in its response to Safeguarding alerts (new dedicated ASIST team to go live on 1<sup>st</sup> July)

- To complete work on our updated Safeguarding Adults policies and procedures in line with the new, revised multi-agency policies and procedures, and to re-launch them early in the financial year
- To review the approach to delivery of Safeguarding training, redoubling our efforts to ensure that all front-line staff are up-to-date with the appropriate level of mandatory Safeguarding Adults training
- To continue to contribute fully to the work of the LSAB and its sub groups
- To continue to contribute fully to the work of MAPPA and MARAC within B&NES
- To continue a dialogue with B&NES Council colleagues around reaching consensus on 'risk' and 'thresholds'
- Continually improve our practice based on 'lessons learnt' from the recent SCR and other cases
- To ensure that awareness of Safeguarding issues permeates the organisation from senior managers and Board level through to front line staff in every area and setting
- To continue to support and develop the Safeguarding Champions Group
- To organise a number of evening Safeguarding training sessions for B&NES GPs
- To raise staff awareness through a Stop Adult Abuse Week (June 2014)

## **Section 8: Priorities for the Coming Year 2014-15**

8.1 The LSAB is in the final year of the three year business plan 2012-15. Progresses on the actions within the plan have been monitored through –out the year and new actions included when identified by the sub-groups or Board itself.

8.2 The business plan follows the template recommended by ADASS South West region. It is separated out into five domain areas and six outcome areas:

➤ **Domain 1: Prevention & Early Intervention**

Outcome 1: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.

➤ **Domain 2: Responsibility & Accountability**

Outcome 2: There is a multi-agency approach for people who need safeguarding support

➤ **Domain 3: Access & Involvement**

Outcome 3: People are aware of what to do if they suspect or experience abuse

Outcome 4: Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process

➤ **Domain 4: Responding to Abuse & Neglect**

Outcome 5: People in need of safeguarding support feel safer and further harm is prevented

➤ **Domain 5: Training and Professional Development**

Outcome 6: Staff are aware of policies & procedures, their practice safeguards adults and promotes understanding of harm

- 8.3 The local objectives and actions proposed by the LSAB to fulfil the domains and outcomes are set out in Appendix 4.

Author:

Lesley Hutchinson  
Head of Safeguarding Adults, Assurance and Personalisation  
B&NES Council  
Health and Wellbeing Partnership  
June 2014

The content of the report are approved by the LSAB. The report is accessible formats on request to B&NES Council. Telephone (01225) 477000 and ask for the Safeguarding Adults and Quality Assurance team who will be able to help with this.



## Appendix 1

### LOCAL SAFEGUARDING ADULTS BOARD Membership as at March 2014

NAME	ORGANISATION
Cllr ALLEN Simon	Cabinet Member for Wellbeing B&NES Council
BLANCHARD Helen <i>Mary Lewis = sub</i>	Director of Nursing Royal United Hospital, NHS Trust
BRUCE-JONES Bill	Clinical Director Avon & Wilts Mental Health NHS Trust
<i>Liz Richards (= sub)</i>	<i>Manager (B&amp;NES), AWP MH Trust</i>
CLARKE Dawn	Director of Nursing & Quality (Designate) NHS B&NES CCG
COWEN Robin	Independent Chair B&NES LSAB
DABBS Janet	Rep for Provider Forum Age UK, Bath & North East Somerset
DAY Kevin	Senior Probation Officer Avon & Somerset Wiltshire Probation Service
DIXON Mick	Head of Risk Reduction and Operational Training Avon Fire & Rescue
ELLIOT, Kevin	Patient Experience Manager Area Team: Bath, Gloucestershire, Swindon & Wiltshire NHS England
EVANS Julie	Director of Customer Services (Housing & Support), CURO Housing Group
HOWARD Damaris	Director, Regulated Services Freeways
HUTCHINSON Lesley	Head of Safeguarding Adults, Assurance & Personalisation B&NES Council
HUTCHISON Sonia	Chief Executive Officer Carers Centre (B&NES)
JANSON Val	Assistant Director of Performance and Quality (Commissioning) NHS B&NES CCG
LEACH Louise (Dr)	GP responsible for Safeguarding NHS B&NES CCG
LEWIS Mary	Associate Director of Nursing, Quality and Patient Safety Royal United Hospital NHS Trust
McDONALD Rayna	Director of Operations & Clinical Practice Royal National Hospital for Rheumatic Diseases
MANN Kirstie	Manager Your Say Advocacy
ROWSE Janet	Chief Executive Sirona Care and Health
SHAYLER Jane	Deputy Director - Adult Care, Health & Housing Strategy and Commissioning, B&NES Council
THEED Jenny	Director of Operations Sirona Care & Health

TOZER Clare	Personal Assistant to Lesley Hutchinson Administrator/Notetaker for B&NES LSAB
TRETHEWEY David	Divisional Director Policy & Partnerships B&NES Council
WILLIAMS Rachel <i>DCI Simon Crisp = sub</i>	Acting Det Superintendent PPU Avon & Somerset Constabulary
Vacant	Representatives for Education
Vacant	Representative for Care Home and Domiciliary Care
<b>ASSOCIATE MEMBERS</b>	
DEAN Mark	Head of Public Protection & Safeguard, Avon & Wiltshire Partnership Mental Health NHS Trust
BUTTON Justine	CQC Compliance Manager
SWASFT (new person tbc)	Clinical Standards Manager South Western Ambulance Service NHS Foundation Trust (SWASFT)
Job Centre Plus Manager	Representing the Dept Work & Pensions
B&NES LSCB	Members of the Local Safeguarding Adults Board sit on the Local Safeguarding Children's Board and have responsibility for reporting activity and sharing information between the two.
B&NES Council	Divisional Director for Tourism, Leisure & Culture B&NES Council

## Appendix 2

### Membership List of Local Safeguarding Adults Board sub-groups (at March 2014)

#### **Safeguarding Adults Training and Development sub-group**

**Meet: Bi-monthly**

**Chair: Jenny Theed (Sirona Care and Health)**

Sue Tabberer (B&NES Council)

Dennis Little (B&NES Council)

Geoff Watson (Sirona Care & Health)

D Heaton (Agincare Domiciliary Care)

Jackie Cooke (RNHRD)

Amanda Pacey (RNHRD)

Jane Davies (RUH)

Belinda Lock (Way Ahead)

David Trumper (B&NES Carers Centre)

Helen Ponting (Avon & Somerset Constabulary)

Nick Quine (Avon & Somerset Constabulary)

Sonya Stocker (Avon & Somerset Constabulary)

Sophie Cousins (AWP)

#### **Policy & Procedures sub-group**

**Meet: Bi-monthly**

**Chair: Damaris Howard (Freeways)**

Alan Mogg (B&NES Council)

Sue Tabberer (B&NES Council)

Rebecca Jones (B&NES Council)

Rebecca Potter (B&NES Council)

Maggie Hall (Sirona Care & Health)

Lindsay Smith (Sirona Care & Health) *for info only*

Amanda Lloyd (Avon & Somerset Constabulary)

Sally Eaton (City of Bath College)

Roanne Wootten (Julian House)

Jenny Shrubsall (Service User)

Kate Purser (NHS BaNES CCG)

Deborah Janes (AWP) *for info only*

Huge Jupp (AWP)

Jo Green (AWP)

Gemma Box (RUH)

#### **Awareness, Engagement and Communications sub-group**

**Meet approx: Bi-monthly**

**Chair: Sonia Hutchison (Carers' Centre, Bath & NE Somerset)**

Lesley Hutchinson (B&NES Council)

Karyn Yee-King (B&NES Council)

Melanie Hodgson (B&NES Council)

Sarah McCluskey (B&NES Council – Children)

Maggie Hall (Sirona Care & Health)

Martha Cox (Sirona Care & Health)

Kirstie Mann (Your Say Advocacy)

Dr Hannah Connell (RNHRD) *for info*  
Debra Harrison (RUH)  
Lilianna Rawlings (AWP)  
Bev Craney (SWALLOWS)

**Quality Assurance, Audit & Performance Management sub-group**

**Meet approx: Bi-monthly**

**Chair: Val Janson (NHS BaNES CCG)**

Lesley Hutchinson (B&NES Council)  
Alan Mogg (B&NES Council)  
Geoff Watson (Sirona Care & Health)  
Russ Bennett (Avon Fire & Rescue)  
Mike Williams (Avon & Somerset Constabulary)  
Janet Dabbs (Age UK)  
Amanda Pacey (RNHRD)  
Jackie Cooke (RNHRD)  
Dr Claire Williamson (AWP)  
Fran McGarrigle (AWP) *for info*  
Andrew Snee (Curo Group)  
Rob Elliot or Sue Leathers (RUH)

**Mental Capacity Act and Quality & Practice Group**

**Meet: Quarterly**

**Chair: Lesley Hutchinson (B&NES Council)**

Dennis Little (B&NES Council)  
Karyn Yee-King (B&NES Council)  
Tom Lochhead (B&NES Council)  
Christine Somerset (B&NES Council)  
Pete Campbell (B&NES Council)  
Kate Purser (NHS BaNES CCG)  
Maggie Hall (Sirona Care & Health)  
Polly Compton-Dart (SWAN Advocacy)  
Karen Webb (Four Seasons)  
Jackie Cooke (RNHRD)  
Pam Dunn (Carewatch)  
Philip Rhodes (AWP)  
Gemma Box (RUH)

**Joint Interface Group LSCB/LSAB**

**Chair: Lesley Hutchinson (B&NES Council)**

Richard Baldwin (B&NES Council)  
Sarah McCluskey (B&NES Council)  
Jenny Theed (Sirona Care and Health)  
Sonia Hutchison (Carers Centre)  
Sophia Swatton (NHS BaNES CCG)  
Kate Purser (NHS BaNES CCG)

### Appendix 3: LSAB SAFEGUARDING INDICATORS 2013-14

Indicator	Target
1. % of decisions made in 2 working days from the time of referral	95%
2a. % of strategy meetings/discussions held within 5 working days from date of referral	90%
2b. % of strategy meetings/discussions held with 8 working days from date of referral	100%
3. % of overall activities / events to timescale	90%

#### **Other Mechanisms for Assurance:**

In addition to the above the following mix of targets and quality measures will remain/be put in place to provide assurance about safeguarding practice:

#### **Monthly: AWP and SIRONA CARE AND HEALTH ONLY**

- Exception reports required and reported for each breach of procedural timescale
- Exception reports on repeat referrals
- Exception reports on cases with the outcome of Not Determined and Inconclusive
- Evidence that 15% of safeguarding case file audits are undertaken per annum (proportionate across all service areas) and reported bi-annually

#### **Quarterly: LSAB and Local Authority / CCG Commissioned Agencies who Deliver Health and Social Care Services**

- 90% of relevant health and social care staff will have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter (the term relevant here excludes staff without direct contact with patients / service users and certain other categories – eg support staff, Children's Health staff)
- 80% of relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post (relevant staff includes people that directly provide health and social care or are in a position to make decisions about the service users care - training to include DOLS awareness)
- 95% of relevant staff to have undertaken DOLS training within 6 months of taking up post (the term relevant here includes those staff responsible in law for making a DOLS application - training must be comparable to B&NES DOLS training)

#### **Annually: ALL LSAB Members and LA / CCG Commissioned Services**

- 95% new staff to undertake safeguarding learning as part of Induction within 3 months of starting employment
- 100% relevant staff to have an up to date CRB/DBS check in place
- Evidence of safeguarding discussions / raising awareness (eg, supervision arrangements to include this)
- Safeguarding champions identified for each team

**Annually: LSAB Agencies / Non Local Authority and CCG Commissioned Services Whose Primary Role is not Health and Social Care Delivery**

- 80% of relevant staff to have undertaken Safeguarding Adults 2a training within 6 months of taking up post (the term relevant here includes staff that have direct contact with vulnerable people).



## **Business Plan**

**April 2012- March 2015**

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## Chair's foreword

I welcome this business plan as an opportunity to be clear and explicit about the LSAB's work plan and to measure the impact of that work. In these pressured times, responding to plans can feel like an additional burden. My view is that this will actually help us to be more effective through targeting scarce resources on the most urgent and important areas over the next three years.

In addition to the work that has been taking place this plan provides opportunities to develop the preventive agenda, to respond to the lessons from Winterbourne View and other serious cases, to seek ways to improve our intelligence gathering, to work more closely with the Responsible Authorities Group and to ensure that our work focuses on and engages with the people who are most at risk and their carers.

The people who use safeguarding services, their carers and the population of Bath and North East Somerset should be in a position to hold the LSAB and partners to account for a lack of progress and to recognise improvements. This plan provides that opportunity.

I would like to take this opportunity to thank LSAB and sub-group members for helping to develop this plan and for their continuing commitment to the safeguarding agenda.

Robin Cowen

Independent Chair

LSAB 2012

## **1. Introduction**

This Business Plan is prepared by B&NES Local Safeguarding Adults Board (LSAB) to outline and explain its strategic goals and business during the next three years. The Business Plan will be made widely available to all those with an interest in Safeguarding Adults and be uploaded on to B&NES Council website. The plan represents an agreement between each of the agencies represented on the LSAB about the activities to be undertaken and the priority afforded to each of them over the next three years. The Business Plan sets out the work of the LSAB sub-groups. Each sub-group will provide regular updates on progress to the LSAB.

## **2. Aims & Objectives of the LSAB**

The aims and objectives of B&NES Local Safeguarding Adults Board are set out in both the Multi-Agency Safeguarding Policy and the LSAB Terms of Reference below.

The LSAB is responsible for overseeing strategic planning that promotes inter-agency cooperation at all levels of safeguarding adults at risk work. In order to protect vulnerable people at risk from harm and abuse; it is essential that all partners and stakeholders work closely together to develop policies and effective processes that result in timely and robust inter-agency responses. The LSAB oversees this partnership approach by working strategically to consider, direct, assure quality and monitor actions and initiatives which enhance and improve practice across all partner agencies.

The method by which the LSAB aim to achieve their objectives are set out within their agreed terms of reference which are:

## **3. Terms of Reference**

The Terms of Reference for the LSAB are available on the B&NES Council website on the safeguarding adults pages or can be found via the hyperlink below:

[http://www.bathnes.gov.uk/sites/default/files/siteimages/Social-Care-and-Health/Safeguarding Adults at Risk of abuse/lsab terms of reference sept 2012.pdf](http://www.bathnes.gov.uk/sites/default/files/siteimages/Social-Care-and-Health/Safeguarding%20Adults%20at%20Risk%20of%20abuse/lsab%20terms%20of%20reference%20sept%202012.pdf)

## **4. Monitoring Arrangements**

The LSAB will monitor progress of the plan and will report progress in the Annual Report. The Report will be shared with the Health and Wellbeing Partnership Board and will require approval from the B&NES Council Cabinet.

## **5. Business Planning and Strategic Goals for 2012 - 2015**

Building on the Safeguarding Strategic Plan 2009-2011 and moving to a business planning model; the LSAB have set out below the strategic goals they will focus on during 2012 – 2015. The goals are:

- Strengthen arrangements to ensure the **prevention** of abuse is given greater focus and includes a particular emphasis on service users and citizen awareness.
- Ensure the voice of the service user is heard; that service users are treated with dignity and respect; that they have choice and control and are empowered during the safeguarding procedure and supported appropriately to take informed risks. Ensuring responses are **personalised**
- Improve the **accessibility** of services and information provided regarding adult protection
- Improve the safeguarding system through **learning, sharing and disseminating** best practices

The above goals were agreed by the LSAB at a workshop in September 2011 and have been woven into the five domains and associated outcome measures prescribed within the South West Self-Assessment Quality & Performance Framework for Adult Safeguarding.

This framework has been developed in partnership with the Strategic Health Authority and approved by the South West Association of Directors of Adult Social Services Safeguarding Adults (SW ADASS) Advisory Group which has health, social care, CQC and police representation. The request and recommendation from SW ADASS is that LSABs use the framework to self assess progress against the five domains which are presented as areas that LSABs should focus adult safeguarding work on. The five domains and outcome measure are:

### **Domain 1: Prevention & Early Intervention**

Outcome 1: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.

### **Domain 2: Responsibility & Accountability**

Outcome 2: There is a multi-agency approach for people who need safeguarding support

### **Domain 3: Access & Involvement**

Outcome 3: People are aware of what to do if they suspect or experience abuse

Outcome 4: Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process

#### **Domain 4: Responding to Abuse & Neglect**

Outcome 5: People in need of safeguarding support feel safer and further harm is prevented

#### **Domain 5: Training and Professional Development**

Outcome 6: Staff are aware of policies & procedures, their practice safeguards adults and promotes understanding of harm

The LSAB believe the goals it has are a good fit and compliment the above domains and will serve to strengthen the safeguarding system in B&NES by keeping a local focus whilst addressing the key domains the SHA and South West ADASS have set out.

The business plan will assist the LSAB to support, monitor and review what partner agencies do individually and collectively to fulfil their safeguarding duties.

The LSAB have agreed the appropriate actions within these domains which best address local goals, needs and priorities and have set out the priority areas for the coming three years below:

## 6. Actions, Timescales, Lead Agency Responsible, Progress

### Key

**Red:** Not to timescale

**Amber:** In progress

**Green:** To target

**Blank:** No action to date

**QAAPM:** Quality Assurance, Audit and Performance Management sub-group

**P&P:** Policy and Procedures sub-group

**T&D:** Training and Development sub-group

**AEC:** Awareness, Engagement and Communications sub-group

**MCA:** Mental Capacity Act Practice Development sub-group

Note: the Business Plan is a working document and updated at each LSAB meeting via sub-group chairs and lead officers.

<b>Domain 1. Prevention &amp; Early Intervention</b> Outcome 1: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.					
Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	RAG Score
1.1 Assure that information is shared appropriately and in a timely manner within and across partner agencies	A. Review LSAB and single agency information sharing protocols (relate to Trigger Protocol). Identify key areas for information sharing	12/13	P&P group / LSAB agencies	Complete (Dec 13: on agenda for LSAB approval; awaiting final version for authorisation in June 14)	G
	B. Carry out multi-agency audits routinely and report gaps and good practice to LSAB to help improve and shape future practice	Quarterly on going	QAAPM group	Complete (Mar 14: new audit tool piloted in Nov 13 and audits carried out)	G
	C. Develop and implement an effective Triggers Protocol (including both Commissioners and Providers triggers)	To be confirmed	P&P group	Dec13: currently awaiting outcome of SCR action plan re MASH before continuing this work  <b>Mar 14: as above</b>	A
1.2 Ensure Carers needs are supported	A. Implementation and review of Carers Action Plan	12/12	AEC group	Complete (June 13: Action plan reviewed in June. Carers Centre updating plan)	G
	B. LSAB partners to support and promote joint working with carers centre	12/12	AEC group	Complete (Carers Centre has met with Sirona, Curo and AWP and has begun discussions on how to work more effectively together)	G
1.3 Support service users to identify risks and	A. Monitor service user feedback from safeguarding process	06/13	AEC group	Complete (Oct 13: Reviewed feedback questionnaires with Sirona and Yoursay and service users edited)	G

to reduce and prevent abuse occurring	B. Promote through training, development and effective supervision, an ethos of choice and control by achieving the right balance between safeguarding action and proactive risk enablement	12/12	T&D group	<b>March 14:</b> 'Joint Thresholds Workshops x2 for Sirona and B&NES Managers facilitated by GW and LH in Jan 14  Positive feedback from senior managers re both events –felt would aid supervision standards	G
	C. Develop further service user feedback opportunities	09/14	AEC group	Complete (Dec 13: Agreed and now awaiting Healthwatch to recruit lay members)	G
1.4 Work more closely with the LSCB to ensure areas of cross over are addressed; eg Transitions and Mental Health	A. Establishment joint LSAB / LSCB working group	9/12	LSCB and LSAB working group	Complete	G
	B. LSCB/LSAB chairs and B&NES Council Strategic Director for People and Communities to make proposals to both Boards	03/13	LSAB / LSCB	Complete (Dec 13: work on going)	G
1.5 Assurance that robust lessons learned arrangements are in place (including learning from SCRs, case law and other review documents)	A. Review lessons learned guidance that LSAB agencies and sub groups have in place	06/13	QAAPM group	Complete (July 13: agreed with LSAB Chair in Subgroup : No further action required)	G
	B. Draft multi-agency lessons learned guidance	12/14	P&P group	Oct/Dec 13: Oct LSAB approved request timescale extended to 12/14 request that it is lined to SCR protocol review due June 2014 and do both by Dec 2014  <b>Mar 14: Not due</b>	A
	C. Ensure recommendations from	12/12	QAAPM	Complete (Oct 13: All providers (RUH,	G

	Winterbourne View and Francis Report are actioned and risks fully understood; ensure included in contract monitoring		group	RNHRD, AWP & CCG/ LA presented an update at the Sept QAAPM)	
<b>NEW</b> <b>Assurance that IMCAs are appropriately used in adult safeguarding</b>	A. Monitor use of IMCAs for Safeguarding cases and report back to the LSAB (currently use of IMCAs is low for B&NES and we are an outlier regionally)	09/14	MCA group	<b>Mar 14:</b> The group is aware of this and is working with Sirona Care and Health, AWP and Council staff to promote the use. SWAN Advocacy – the IMCA provider is also monitoring the applications and referral routes	A
<b>Domain 2. Responsibility &amp; Accountability</b> Outcome 2: There is a multi-agency approach for people who need safeguarding support					
Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	RAG Score
2.1 Develop and improve links with Clinical Commissioning Groups (CCGS)	A. Provide joint training events for Practice and District Nurses	12/12	Sirona Care and Health and CCG	<b>Mar 14:</b> CCG rep developing primary care training strategy for 2014/15 to include joint training opportunities	A
	B. Monitor CCG actions from SCR recommendations and lessons learned	On going	QAAPM group	Complete (Dec 13: Actions for CCG are being implemented)	G
	C. Provide training for independent contractors	03/13	Council and CCG	Complete (June 13: Four workshop were provided to independent contractors during quarter 4 2012-13)	G
2.2 Formalise accountability arrangements between the LSAB, commissioner and	A. Draft guidance note as required setting out the Commissioner and LSAB responsibilities	12/12	Council to draft for LSAB discussion	Dec 12: Initial discussion with LSAB Chair and Dept People and Communities taken place; P&C leadership team agreed to develop draft for 01/13; timescale of 12/12 will slip until Jan 13 though work is in	A



commissioned services				<p>progress</p> <p>March 13: Discussion paper presented to the LSAB and workshop planned</p> <p>June 13: LH and RC finalising details of session on this – considering LSAB Away day</p> <p>Oct 13: Awayday planned for Nov at which this will be discussed</p> <p>Dec 13: Considered at LSAB awayday and Commissioners to bring paper to LSAB in March 14 in terms of commissioner accountability</p> <p><b>Mar 14: paper to LSAB</b></p>	
<p>2.3 LSAB agencies to complete self - assessment annually to demonstrate continuous development</p> <p><b>NEW ACTION</b></p>	A. Identify areas for improvement from partner agencies and LSAB through annual self-assessment and include progress in annual report	06/12	QAAPM group	<b>Mar 14: Updated paper to Feb QAAPM then to LSAB based on feedback from last LSAB – expected June 14</b>	A
	B. Incorporate areas for improvement into LSAB Business Plan annually	12/12	QAAPM group	<b>Mar 14: areas for business plan to be included once LSAB has approved final report</b>	A
	C. As a follow on from the Feedback questionnaire on the effectiveness of the LSAB it has been agreed that a survey will be undertaken to obtain feedback from LSAB partners and wider groups involved in safeguarding eg. Care Forum, Strategic Dom Care Partners on the performance of the LSAB Chair	06/14	QAAPM group	<b>June 14:</b> <i>provide outline proposal for undertaking this survey</i>	

2.4 Assure sub-groups are meeting strategic objectives of the LSAB	A. Review sub group Terms of Reference	06/12	All sub groups	Complete	G
2.5 Assure that learning identified in SA annual reports are addressed	A. Monitoring of progress on addressing action points in annual report 10/11	09/12	QAAPM group	Complete	G
	B. Incorporate and monitor learning from annual reports into Business plan	annual	Council Commissioning Lead	Complete	G
2.6 Assure that Whistle blowing arrangements are robust	A. Whistle blowing statement to be included in revised multi-agency policy	12/12	P&P group	Complete (June 13 statement in SA Policy)	G
	B. Review LSAB and sub group agencies whistle blowing policies and procedures and report back to LSAB	12/12	QAAPM	Complete (Dec 12)	G
	C. Disseminate Whistle blowing best practice guidance widely	09/12	AEC group	Complete (Request for good practice example to balance the bad practice example – to be included when document reviewed)	G
2.7 Assurance that the work of the LSAB is incorporated into contracts and embedded in the work of partner agencies	A. Confirmation of how safeguarding and MCA/DOLS indicators are monitored in commissioned services contracts	12/12	Council and CCG Commissioning	Complete	G
	B. Propose mechanisms to improve reporting and monitoring arrangements	03/14	Council and CCG Commissioning	Dec 12: Initial conversation taken place about the development of an overarching health and social care assurance framework (including children services for	A

				<p>safeguarding) building on adults assurance framework that currently exists.</p> <p>June 13: Work is in progress on this.</p> <p>Oct 13: Work is slow and request move timescale to 03/14</p> <p>Dec 13: Meeting scheduled for 9<sup>th</sup> Dec for commissioners to agree assurance and monitoring arrangements</p> <p><b>Mar 14: paper presented to LSAB</b></p>	
	C. Monitor implementation of above mechanism	09/13	QAAPM group	<b>Mar 14: Meeting held in Dec. Proposal to LSAB in Mar 14</b>	A
	D. Develop / review assurance arrangements regarding MCA practice (5.1 ToR)	03/14	MCA group	<b>Mar 14: multi-agency task and finish group have met three times but have been unable to develop indicators and assurance. Next step is to look at North Somersets assurance model for MCA</b>	A
	E. Propose MCA / DOLS indicators for LSAB	03/14	MCA group	<b>Mar 14: As above</b>	A
<b>Domain 3. Access &amp; Involvement</b> Outcome 3: People are aware of what to do if they suspect or experience abuse Outcome 4: Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process					
Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	RAG Score
3.1 Ensure service users and alerters have a positive	A. Monitor and review service user experience questionnaire responses (linked to outcome 1)	12/12	AEC group	Complete (June 13)	G

response from professionals through-out the Safeguarding procedure	B. Review audit of 'front door' response to safeguarding alerts	12/12	Sirona report to QAAPM	Complete (June 13; to be repeated Oct 14)	G
3.2 Assure a systematic approach to providing SA and MCA information/ updates to all people /agencies is in place <b>(disseminating)</b>	A. Develop a calendar of opportunities to routinely and strategically disseminate information for i) citizens ii) providers iii) publications	12/13	AEC and MCA group	<b>Mar 14: Draft Strategy is being presented to LSAB in Mar 14; calendar of opportunities is underway</b>	A
3.3 Assure that mechanisms are in place for service user and carers feedback to inform improvements to policy, practice, commissioning and service development <b>(personalised; sharing)</b>	A. Monitor effectiveness of service user feedback questionnaire process and responses	12/12	AEC group	Complete (paper to LSAB in June 13)	G
	B. Evidence of continual improvement in response to feedback and involvement of service users <i>(requested from AEC group)</i>	03/13  <b>New 09/14</b>	QAAPM group	June 13: report being discussed with LSAB in June 13; QAAPM group to consider report and agree how they will achieve this. Oct 13 : Discussion at Sept QAAPM Dec 13: QAAPM member reminded of the recommendation and will take account of these in the next survey <b>Mar 14: Request change of date for completion to Sept 14 as next service user survey is due June 14 LSAB</b>	G

3.4 Service users and carers who have been through the safeguarding process to provide peer and mentoring support to other service users and carers	A. Develop a work programme to progress this objective including reviewing the support available  Consider Advocacy and Adult Safeguarding document from ADASS	06/15	AEC group	June 13: Advocacy and Adult Safeguarding document from ADASS was considered at June 13 meeting  Will look at the review of current feedback and consider future needs and opportunities. A new IMCA provider is starting and the group will introduce themselves to identify professional support available.  <b>Mar 14: Not due until 06/15</b>	A
3.5 Raise awareness of discriminatory abuse	A. Agree awareness raising activities specifically for this type of abuse	12/13	AEC group	<b>Mar 14: Additional work is taking place to co-ordinate activity with Avon wide Comms Adult Safeguarding Sub Groups including an Adult Safeguarding Week</b>	A
<b>Domain 4: Responding to Abuse &amp; Neglect</b>					
Outcome 5: People in need of safeguarding support feel safer and further harm is prevented					
Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	RAG Score
4.1 Assure that service users and carers where appropriate, are fully involved and	A. Develop person centred procedures on service user involvement to be available and used by all LSAB partners ensuring service users and carers are treated with dignity	09/12	P&P group	Complete (Dec 12)	G

participate at every stage of the safeguarding process and robust evidence that best interests decisions are made where necessary and clearly recorded ( <i>personalised; sharing</i> )	B. Implement and monitor guidance	03/14	QAAPM group	Complete (Mar 14: Group has asked that the policy is updated in line with revised multi-agency procedures. It was also agreed that as we are already looking at service user involvement as part of each case audit and other audits are carried out, that no additional surveys will be undertaken)	G
	C. Request 15% sample audit of cases undertaken by AWP and Sirona Care and Health include a section on compliance with this and demonstrate it is achieved	05/13 for report	QAAPM group to consider audit report	Complete (Mar 14: In process of revising the audit tool to include standards that both AWP and Sirona can adhere to)	G
	D. Include this in the Carers Action plan in Domain 1.	09/12	AEC group	Complete	G
<b>Domain 4: Responding to Abuse &amp; Neglect</b>					
Outcome 5: People in need of safeguarding support feel safer and further harm is prevented					
Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	RAG Score

4.2 Assure that multi-agency policies and procedures are reviewed and best practice guidance is developed (including responses to	A. Ensure multi-agency policy and procedure review dates are set and list is reviewed on an annual basis	03/13	P&P group	Complete (June 12)	G
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vulnerable perpetrators) (personalised; sharing)	B. Ensure each multi-agency documents are reviewed on a bi-annual basis	06/12 – 03/15	P&P group	<p>June 13: In progress. We have 3 due for review by the end of the year – consent, thresholds and media/comms – need to identify lead reviewers for these.</p> <p>Oct 13: Raised at June 13 LSAB in progress</p> <p>Dec13: Comms and consent being reviewed by relevant subgroups and threshold by 12/14</p> <p><b>Mar 14: policies being reviewed are on the agenda for approval. We would like to ask that policies are reviewed on a tri annual basis unless major changes are needed. Time delay between approval and use means that reviewing quickly with less than 2 year's use. We would like to ask that P&amp;P monitor policy review list but policies are reviewed by appropriate sub group eg MCA policy or staff framework.</b></p> <p><b>TORs are due for review by each subgroup and LSAB this year – please inform via LSAB that these have been updated</b></p>	A
	C. Recommend good practice guidance, policies and procedures be written resulting from new information provided nationally, locally from SCRs, quality assurance information from audits and lessons learned information	06/12 – 03/15	QAAPM and P&P group	<p>Complete (June 13: QAAPM group routinely do and is now regular agenda item)</p> <p><b>Mar 14: P&amp;P group - Lessons learned guidance to be developed</b></p>	G



4.3 Ensuring a robust process for the management of large scale investigations	A. Develop large scale investigation guidance and procedures with a clear definition	03/14	P & P group	<b>Mar 14: draft written in Dec 13; consultation has been extended request extension to June 14 LSAB</b>	A
<b>Domain 5: Training and Professional Development</b> Outcome 6: Staff are aware of policies and procedures, their practice safeguards adults and promotes understanding of harm					
Key Objective	Actions required to address / meet the objective	By When	Lead Agency / Officer	Progress	RAG Score
5.1 Ensure organisational commitment to support the development of safeguarding adults and MCA competence in the workforce	A. Roll out audit to LSAB and sub group agencies, carers organisations and Dom Care partners	09/12	T&D group	Complete (Audit tool has been circulated with new framework document to all partnership agencies)	G
	B. Review Audit Tool (Multi-agency Staff Development Framework) to include MCA	09/13	T&D group	<b>Mar 2014:</b> Original audit tool to be circulated to 2013-14 non responders to get further baseline across wider range of partner agencies  Audit tool to be amended to include questions to review standard of content of each level of training in each partner organisation to be used with agencies that submit response to audit in 2013-14	A
	C. Report audit findings to LSAB	12/13	T&D group	Complete	G
	D. Propose further roll out to other commissioned services	12/13	T&D group	<b>Mar 14:</b> As per update in section B	A

	E. Develop requirements for Chief Executives, Elected Members and Board members	12/13	T&D group	<b>Mar 14:</b> Option to consider use of MACIE approach by providing event in 2014-15 for safeguarding adults leads from partner agencies	A
5.2 Assure that LSAB training targets are achieved	A. Set up a system for LSAB training target reporting (including MCA, DOLS and SA training)	06/12	LSAB	Complete	G
5.3 Ensure safeguarding and risk assessment training is delivered and available to service users and carers	A. Ensure training request is included in Carers Centre service specification	09/12	Council Carers Lead Commissioner	Completed	G
	B. Ensure service user training is provided through appropriate agency	09/12	Council Commissioner	Complete (Mar 13: Delivery of training is included in LD specification for Your Say and for direct payment users through Shaw Trust; Bath People First have funding to deliver this for all service user groups as well <i>however this is not commissioned against a service spec and the agency is currently reviewing its viability and there may be a future gap</i> )	G
5.4 Assure that training meets LSAB standards and competencies set out in the Staff Development	A. Review training provided by Sirona Care and Health and all LSAB agencies	12/12	T&D group	<b>Mar 14:</b> Standards of training to be reviewed as part of framework audit in 2014	A
	B. Work with the carers centre and support carers to deliver safeguarding training	03/14	T&D group	<b>Mar 2014 :</b> No progress to date	R

Framework are delivered and that service users and carers are involved in delivery where possible	C. Work with service user representative to support service users to participate in SA training delivery	To be agreed	T&D group	<b>Mar 2014</b> : No progress to date	R
	D. Propose level 4 training in Staff Development framework to LSAB	03/13	T&D group	<b>Mar 14:</b> See 5.2 E update	R

The following items are **Core Business** and specific B&NES Council or CCG Responsibilities and not included in the Business Plan; exception reports will be provided to the LSAB when there is a concern:

<b>Core Business Item</b>	<b>Responsible Team</b>	<b>Monitoring Route</b>
1. Compliance with safeguarding adults procedures timescales	B&NES Council Safeguarding Adults and Practice Development Team	Monthly performance reports; exception reports for breaches; reports to PCT Board; CCG and Partnership Board for Health and Wellbeing.
2. Identify and develop the areas of cross over for safeguarding adults and community safety eg, prevention, village agents, domestic violence problem profile review	Joint working between B&NES Council Safeguarding Adults and Practice Development Team and Policy and Partnerships Team	(Work has already commenced in this area however it needs to be formalised.  Attendance at MAPPA, MARAC, IVASP; PAHC and RAG (when required); discussed DHR and SCR links).  Meeting in place to enable plan to be ready for Dec meeting  Monitored by People and Communities Department
3. Ensure JSNA informs and influences work of LSAB and other commissioners and agencies	B&NES Council Safeguarding Adults and Practice Development Team and Research and Development Team	High level safeguarding information in JSNA; agreement to commence further work; Monitored by People and Communities Department
4. Ensure that information about adult safeguarding and MCA be available in a variety of formats	B&NES Council Safeguarding Adults and Practice Development Team	Recently reviewed translation is available if requested; Monitored by People and Communities Department
5. Monitor service specification and contract indicators	B&NES Council Commissioning	Performance to each contract is monitored in scheduled compliance meetings by NHS Banes; CCG and People and Communities Department
6. Monitor LSAB safeguarding indicators	B&NES Council Commissioning	New process being implemented during 2012/13; Monitored by People and Communities Department
7. Review and monitor arrangements with Emergency Duty Team	B&NES Council Non Acute Contract and Commissioning Team	In discussion; Monitored by People and Communities Department
8. Review the monitoring and recording arrangements for safeguarding procedures that have	B&NES Council Safeguarding Adults and Practice Development Team	Monitored by People and Communities Department

been carried out for B&NES service users living outside B&NES geographical boundary		
9. Secure support from B&NES Council Research and Development Team to ascertain whether B&NES referral rates are within an expected range	B&NES Commissioning	Monitored by People and Communities Department

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## WELLBEING PDS FORWARD PLAN

This Forward Plan lists all the items coming to the Panel over the next few months.

Inevitably, some of the published information may change; Government guidance recognises that the plan is a best assessment, at the time of publication, of anticipated decision making. The online Forward Plan is updated regularly and can be seen on the Council's website at:

<http://democracy.bathnes.gov.uk/mgPlansHome.aspx?bcr=1>

The Forward Plan demonstrates the Council's commitment to openness and participation in decision making. It assists the Panel in planning their input to policy formulation and development, and in reviewing the work of the Cabinet.

*Should you wish to make representations, please contact the report author or Jack Latkovic, Democratic Services (01225 394452). A formal agenda will be issued 5 clear working days before the meeting.*

*Agenda papers can be inspected on the Council's website and at the Guildhall (Bath), Hollies (Midsomer Norton), Riverside (Keynsham) and at Bath Central, Keynsham and Midsomer Norton public libraries.*

# Wellbeing PDS Forward Plan

## Bath & North East Somerset Council

Anticipated business at future Panel meetings

Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
<b>WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL; 19TH SEPTEMBER 2014</b>				
19 Sep 2014	Wellbeing PDS	Update from the RNHRD	Kirsty Matthews and James Scott	
19 Sep 2014	Wellbeing PDS	NHS 111 update	Clinical Commissioning Group	
19 Sep 2014	Wellbeing PDS	Non-Emergency Patient Services update	Clinical Commissioning Group	
19 Sep 2014	Wellbeing PDS	Roles and responsibilities in the new public health system	Bruce Laurence Tel: 01225 39 4075	Bruce Laurence
19 Sep 2014	Wellbeing PDS	The Local Safeguarding Adults Board Annual Report for 2013-14	Lesley Hutchinson Tel: 01225 396339	
<b>WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL; 28TH NOVEMBER 2014</b>				
28 Nov 2014	Wellbeing PDS	Update on Dementia		



Ref Date	Decision Maker/s	Title	Report Author Contact	Strategic Director Lead
28 Nov 2014	Wellbeing PDS	Teenage pregnancy	Paul Sheehan	Bruce Laurence
28 Nov 2014	Wellbeing PDS	Medium Term Service and Resource Plan update	Jane Shayler Tel: 01225 396120	Ashley Ayre
<b>FUTURE ITEMS</b>				
	Wellbeing PDS	Dentistry	To be confirmed	
Page 153	Wellbeing PDS	CQC update (not before March 2015)		
	Wellbeing PDS	NHS Healthchecks		
	Wellbeing PDS	Homecare Review update (for May 2017)		
The Forward Plan is administered by <b>DEMOCRATIC SERVICES</b> : Jack Latkovic 01225 394452 Democratic_Services@bathnes.gov.uk				

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