Annual Report

2010 – 2011

Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Avon and Somerset Probation Trust

Avon and Wiltshire NHS Mental Health Partnership NHS Trust

Royal United Hospital Bath NHS NHS Trust

Royal National Hospital for Rheumatic Diseases NHS Foundation Trust

Carers' Centre Bath and North East Somerset

Freeways

Chair's Forward

Safeguarding arrangements in Bath and North East Somerset (B&NES) have continued to be robustly monitored by the Local Safeguarding Adults Board (LSAB) during 2010/2011. The LSAB have been instrumental in securing improvements across organisations for adults at risk and have demonstrated a strong commitment to partnership working to facilitate this.

Highlights during the year include the launch of a new Multi-Agency Safeguarding Adults Policy and Procedure and a Multi-Agency Training Strategy; improved governance arrangements and a move from Partnership to Board; a mail shot to over 600 agencies and a sub-regional poster campaign; the piloting of a training course for service users in safeguarding and risk enablement and finally the securing of an Independent Chair for 2011/2012.

Multi-agency working has been maintained at each sub group despite this creating capacity issues for smaller organisations, this demonstrates the importance LSAB members place on safeguarding our vulnerable population.

This annual report highlights accomplishments and lessons learned during 2010/2011. It reflects on the progress made against lessons learnt in 2009/2010. Improvements need to continue during 2011/2012 to ensure we safeguard our population to the best of the Boards ability.

I will pass the chairing responsibility of the LSAB to the new Chair – Robin Cowen and wish him well in this, in the knowledge that safeguarding arrangements are strengthening year on year in B&NES.

Finally I would like to pay tribute to Chris Lester who sadly died in January 2011. Chris worked for Freeways and was an enthusiastic and dedicated member of the LSAB and its sub groups. Chris' energy and interest in safeguarding adults was always impressive and his contribution to our work in B&NES will not be forgotten.

Janet Rowse
Acting Chief Executive
Health and Wellbeing Partnership

and

Chair
Local Safeguarding Adults Board

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Section 1: Introduction

1.1 The B&NES Safeguarding Adults Inter-Agency Partnership revised and formally agreed new governance arrangements in June 2010 (these arrangements are discussed in detail in section 3). From June 2010 the new name of B&NES Local Safeguarding Adults Board (LSAB) was adopted.

1.2 The LSAB is the strategic body that oversees multi agency working to assure that adults at risk from abuse are safeguarded effectively.

1.3 The LSAB is committed to ensuring that all agencies in B&NES and the wider community work together to minimise the risk of abuse and neglect to vulnerable adults.

1.4 This annual report summarises the LSAB's activities that has taken place from April 2010 to March 2011 and highlights the commitment to multi agency working including robust performance management and quality assurance.

Section 2: Overview of National Context for Safeguarding Adults 2010/2011

2.1 The profile of safeguarding adults continues to be raised. Not only has the Government continued to increase the focus on safeguarding adults, the media has also focussed the wider communities attention on adult abuse via the BBC airing the Panorama documentary in May 2011 about Winterbourne View Hospital ran by Castlebeck, a large national health and social care provider.

2.2 As stated in last years' Annual Report; in 2008, the government announced a formal review of *'No Secrets',* including a consultation on how safeguarding of vulnerable adults should be organised for maximum effectiveness. On the 17th July 2009 the Department of Health produced ***Safeguarding Adults: Report on the Consultation of the review of No Secrets.*** The report highlighted key messages including the need for Safeguarding arrangements to be built on empowerment; awareness that safeguarding adults work is not the same as child protection and that participation/representation of people who lack capacity is important to safeguarding. The Government responded in Jan 2010 stating safeguarding adults boards were to be placed on a statutory footing; new safeguarding legislation would be produced and new multi-agency guidance was to be produced in Autumn 2010.

2.3 On the 24th February 2010 the Law Commission published ***Consultation Paper No. 192 into Adults Social Care.*** The Law Commission made provisional proposals for adult safeguarding in part 12 of the paper and focused on two issues:-

- The existing legal framework for safeguarding adults and how this could be expressed in proposed statute.
- The development of policy and how this could be facilitated in the proposed statute.

The law commission consultation ended on 1st July 2010 and the final report with recommendations was published as ***Law Commission No. 326 Adult Social Care*** (10th May 2011). Seven safeguarding recommendations are made in part 9 of the report, all are significant but the following three are highlighted for their specific impact on current arrangements:

Recommendation 39: The statute should:
(1) provide clearly that local social services authorities have the lead co-ordinating responsibility for safeguarding;
(2) place a duty on local social services authorities to investigate adult protection cases, or cause an investigation to be made by other agencies, in individual cases; and
(3) place a duty on the Secretary of State and Welsh Ministers to make regulations prescribing the process for adult protection investigations.(p113)

Recommendation 40: Adults at risk should be those who appear to:
(1) have health or social care needs, including carers (irrespective of whether or not those needs are being met by services);
(2) be at risk of harm; and
(3) be unable to safeguard themselves as a result of their health or social care needs.

In addition, the statute should provide that the duty to investigate should apply only in cases where the local authority believes it is necessary.

Harm should be defined as including but not limited to:
(1) ill treatment (including sexual abuse, exploitation and forms of ill treatment which are not physical);
(2) the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural);
(3) self-harm and neglect; or
(4) unlawful conduct which adversely affects property, rights or interests (for example, financial abuse). (p120)

Note: the definition of adult at risk proposes a change to the current definition and includes self harm (no identified perpetrator). Several recent Serious Case Reviews have requested self harm is included in safeguarding adults policies.

Recommendation 44: Adult safeguarding boards should be placed on a statutory footing. In order to achieve this, the statute should:
(1) give the local social services authority the lead role in establishing and maintaining adult safeguarding boards;

(2) specify the following functions for adult safeguarding boards:
(a) to keep under review the procedures and practices of public bodies which relate to safeguarding adults;
(b) to give information or advice, or make proposals, to any public body on the exercise of functions which relate to safeguarding adults;
(c) to improve the skills and knowledge of professionals who have responsibilities relating to safeguarding adults; and
(d) to produce a report every two years on the exercise of the board's functions;

(3) give the Secretary of State and the Welsh Ministers a regulation-making power to add to this list;

(4) To require each of the following to nominate a board member who has the appropriate skills and knowledge:
(a) local social service authority;

(b) the NHS; and
(c) the police;

(5) give the Secretary of State and the Welsh Ministers a regulation-making power to add to this list;

(6) give the Care Quality Commission, the Care and Social Services Inspectorate Wales and the Healthcare Inspectorate Wales a power to nominate an appropriate representative to attend meetings;

(7) give the local social services authority a power to appoint any other person with the necessary skills and knowledge relevant to the board, and responsibility for appointing the chair; and

(8) provide that adult safeguarding boards should commission serious case reviews and establish a duty to contribute to these reviews.

The code of practice should provide guidance on when information can and should be shared with adult safeguarding boards.(p137)

Recommendation 45: The enhanced duty to co-operate should include specific provision to promote co-operation between relevant organisations in adult protection cases. *(p138)*

2.4 Post the election the Coalition Government produced a ***Statement Of Government Policy On Adult Safeguarding*** (May 2011) this document builds on "No Secrets", which will remain as statutory guidance until at least 2013. It clearly sets out the Government intention to seek to legislate for Safeguarding Adults Boards (SABs), making existing Boards statutory. It also sets down six principles to govern the actions of adult safeguarding boards:

- Empowerment – taking a person-centred approach, whereby users feel involved and informed.
- Protection – delivering support to victims to allow them to take action.
- Prevention – responding quickly to suspected cases.
- Proportionality – ensuring outcomes are appropriate for the individual.
- Partnership – information is shared appropriately and the individual is involved.
- Accountability – all agencies have a clear role.

2.5 In November 2010 ***A vision for adult social care: Capable communities and active citizens*** (DH) was published, setting out a new direction for adult social care, putting personalised services and outcomes centre stage. Chapter six on Protection makes it clear that safeguarding is everybody's business and that safeguarding is central to personalisation. It makes it clear that services should protect people when they are unable to protect themselves, and that this should not be at the cost of people's right to make decisions about how they live their lives.

2.6 ***Practical approaches to safeguarding and personalisation*** (November 2010) published by the Department of Health highlights best practice on how self-directed support can help to prevent or reduce the risk of harm and abuse and shows how Councils are integrating safeguarding and personalisation. The South West Region has developed its own ***Safeguarding and Personalisation Framework*** (launched May 2010 and revised January 2011) identifying Bath People First as good practice.

2.7 In April 2011 the Association of Directors of Adult Social Services produced ***Safeguarding Adults 2011 Advice Note***, this note provides the ADASS view on outcomes; supports the Law Commission's proposal to amend the No Secrets definition of 'vulnerable adults' to 'adults at risk'; promotes the use of the terms 'harm' and 'significant harm'; emphasizes the role Local Government should play in providing strategic leadership for the *'safety for all agenda'*; supports the recommendation for Boards to be on a statutory footing and the duty of partners to co-operate (highlighting GP consortia now Clinical Commissioning Groups) and requests a clear link be made with Health and Wellbeing Boards described in NHS White Paper ***Equity and Excellence: Liberating the NHS*** (July 2010). The advice note suggests that whilst waiting for legislative changes the Boards could consider structural options and suggests

'...a Safeguarding Adults Board can operate across Council boundaries; the Safeguarding Adults Boards and Local Children's Safeguarding Board can merge; or linkages and consistency of approach can be achieved through joint Chairing.' (p5)

The note also addresses the safeguarding and personalisation agenda; states the need for a focus on achieving outcomes for individuals and evidencing these rather than processes; highlights the importance of preventive work; the promotion of harm across the wider community and the development of the workforce and offers the ***National Competence Framework for Safeguarding Adults*** developed by Learn to Care and Bournemouth University (September 2010).

2.8 In April 2010 the CfPS and I&DeA published ***Adult Safeguarding Scrutiny Guide***; a guide for Overview and Scrutiny Committees (OSCs) and Independent Chairs of Safeguarding Adults Boards. It sets out how OSCs can contribute to *'better safeguarding in this complex and sensitive area of public service'* (page 3).

2.9 In February 2011, the Parliamentary and Health Services Ombudsman publicised a report about primary and secondary care settings entitled ***Care and compassion? Report of the Health Service Ombudsman on ten investigations into NHS care of older people***. The report reviewed cases using the NHS Constitution (2009) as a baseline measure and re-emphasised the importance of treating users of the NHS with respect, dignity and compassion. The investigations revealed

"an attitude – both personal and institutional – which fails to recognise the humanity and individuality of the people concerned and to respond to them with sensitivity, compassion and professionalism". (p7)

The report presented a picture of NHS provision that was failing to meet even the most basic of standards of care. The failings were considered totally unacceptable and required organisations to review their core principles. Many of the concerns raised in these investigations should have been dealt with through safeguarding.

2.10 In addition to the Department of Health guidance document ***Clinical Governance and Adult Safeguarding: An Integrated process*** (February 2010) further guidance has been produced in March 2011 to support the health community develop and improve arrangements for safeguarding adults:

- ***Safeguarding Adults: The Role of Managers and Boards***
- ***Safeguarding Adults: The Role of the NHS Commissioner***

- ***Safeguarding Adults: The Role of Health Practitioners***

2.11 The Mental Capacity Act 2005 ***Deprivation of Liberty Safeguards (DoLS)*** came into force on the 1st April 2009. The most significant case in 2010/2011 that has influenced practice through case law was arguably one involving two sisters aged 17 and 18 (at the time of the original judgement) and known as Mig & Meg. In short, both sisters have profound learning disabilities; one is cared for in a foster care arrangement while the other is in a supported living placement. It was argued in the Court of Protection by the Official Solicitor that their care arrangements were so restrictive that they amounted to a deprivation of their liberty. This argument was rejected in both the initial judgement and in a subsequent Appeal judgement (although for slightly different reasons). Although neither sister was cared for in a care home or hospital setting the judgement is still highly relevant in terms of defining what is a 'deprivation of liberty'. A Department of Health (DH) Briefing from 7th March 2011 (gateway reference 15723) analysed the judgment as follows:

'An important distinction appears to be emerging in these judgments that people living in their own homes or tenancies, care homes or in "acute" hospitals will, whilst being restrained in their best interests, typically not be deprived of their liberty as those "normal" regimes will typically not achieve that threshold in delivering the treatment or care to which they are unable to consent. If however, their family or carers are indicating that they do not want the person to be there and more importantly, if the person himself is indicating that he doesn't wish to be there, then the question of their confinement arises and the question of deprivation of liberty is now engaged. Other factors to consider are the use of medication, social contact, and whether the person goes out of the home regularly to college, day centre or place of occupation'. ***Summary of two cases on the meaning of deprivation of liberty: the "MIG and MEG" case and the "A and C" case.*** (DH March 2011)

2.12 Manthorpe and Martineau published their research into 22 adult serious case review reports. The research analysis documented in ***Serious Case Reviews in Adult Safeguarding in England: An Analysis of a Sample of Reports*** (British Journal of Social Work, September 2010, p1–18) concluded that though the purpose of reviews was understood thresholds and activities for carrying out an SCR were not consistent; lessons learned were not effectively disseminated and there was often a lack of transparency about their purpose and activity. The report recommends a standardised approach be taken. In May 2011 Somerset County Council published the ***Parkfields Serious Case Review*** commissioned in 2010 by the local Safeguarding Adults Board and carried out by independent chair Margaret Sheather. The report of the multi-agency review into events surrounding the Parkfields care home makes 21 recommendations to further improve safeguarding arrangements. Similarly children safeguarding SCRs have essential learning which translates to Adults such as ***Serious Case Review Baby Peter*** (Local Safeguarding Childrens Board Haringey, February 2009).

2.13 The ***Independent Safeguarding Authority*** (ISA) has responsibility for managing the ***Vetting and Barring Scheme*** which was launched in October 2009. The Scheme was due to start in July 2010 but was halted when the coalition government come into power and announced in June 2010 that it would be reviewed along with the Criminal Records regime. In February 2011, the review recommendations were published and include:

- to implement a barring function of a state body to help employers protect those at risk
  from people who seek to do them harm via work or volunteering roles
- the Criminal Records Bureau (CRB) and ISA to be merged
- a new barring regime to cover only those who may have regular or close contact with vulnerable groups applied to both paid and unpaid roles with automatic barring for those serious offences which provide a clear and direct indication of risk
- no requirement for people to register with the scheme and there will be no ongoing monitoring
- criminal records disclosures will continue to be available to employers and voluntary bodies but should be revised to become portable through the introduction of a system which allows for continuous updating
- the Government should raise awareness of safeguarding issues and should widely promote the part everyone has to play in ensuring proper safeguarding amongst employers, volunteer organisations, families and the wider community

2.14 The ***Health and Social Care Act 2008*** requires organisations to maintain registration with the Care Quality Commission (CQC) and in order to do this they are required to demonstrate compliance with the ***Guidance about Compliance: Essential Standards of Quality and Safety*** (March 2010). Safeguarding and safety is one of the key areas which require compliance, in particular, Outcome 7: Safeguarding people who use services from abuse. However, Outcomes 9, 10, 11, 12, 13, 14 and 17 also ensure service users safety. In July 2010 CQC produced ***Our safeguarding protocol. The Care Quality Commission's commitment to safeguarding.*** This protocol sets out CQCs core functions for safeguarding adults and children regarding registration, compliance and assessment of quality; the role of CQC in local safeguarding procedures and the management of safeguarding information received by CQC.

2.15 ***The Prevent Strategy 2011*** (a revision to the original Home Office Prevent Strategy published in 2007 and part of CONTEST, the governments counter terrorism strategy) sets out how agencies (led by the Home Office with Community Safety Partnerships) can focus on working with individuals and communities who may be vulnerable to the threat of violent extremism and terrorism. Safeguarding arrangements are identified as one mechanism to reduce the risk of terrorist acts by identifying people who may be at risk of radicalisation due to their 'vulnerability'. ***Building Partnerships, Staying Safe. The prevention of violent extremism – pilot programme: guidance for healthcare organisations*** (DH Dec 2009) advises health organisations how healthcare agencies can work together to address the Prevent agenda. The initial focus is on adults with mental health problems.

2.16 The Department of Health launched the new ***Adult Social Care Outcomes Framework*** (ASCOF), in March 2011. The framework has four domains with Domain four relating to safeguarding. Two outcomes have been proposed, however the most relevant one for adult safeguarding is yet to be finalised.

2.17 A significant amount of work has been commissioned via the South West region Association of Directors of Adult Social Services (ADASS) including but not exclusively:

- ADASS ***South West Safeguarding Adults Thresholds Guidance*** March 2011

- South West ***Out of Area Arrangements and Cross Border Issues*** arrangements August 2010
- South West ***Cross Boundary Information Sharing Protocol*** June 2011
- ADASS South West Region ***A Safeguarding and Personalisation Framework*** May 2010
- ADASS South West Region ***Safeguarding Self- Assessment Quality and Performance Framework*** Autumn 2011

Section 3: B&NES Local Safeguarding Adults Board Activity during 2010/2011

3.1 Aims and Principles

3.2 The Local Safeguarding Adults Board (LSAB) continued to meet on a quarterly basis during 2010/11 to deliver its aims and principles. One the LSAB aims is to achieve effective and consistent inter- agency working to ensure that Safeguarding Adults work is effective, responsive and co-ordinated.

3.3 Members of the LSAB during 2010 to 2011 are listed in Appendix 1.

3.3 The LSAB works together to the following principles which are outlined in the B&NES Safeguarding Adults Strategic Plan:-

- Every individual has a right to live a life free from abuse
- Safeguarding adults is a shared responsibility of all agencies
- High quality multi-agency working is essential to good safeguarding
- All adults have the right to independence that involves a degree of risk
- B&NES Council holds the lead responsibility for safeguarding adults

3.4 The Safeguarding Adults Strategic Plan has been operational since September 2009 and is available at the weblink below:

http://www.bathnes.gov.uk/SiteCollectionDocuments/HealthandSocialCare/SafeguardingAdultsStrategyinBANES2009-2011.pdf

3.5 The plan concentrates on four work stream themes:-

*Theme 1***:** Governance, Leadership and Delivery Arrangements
Theme 2: Awareness, Engagement and Communications
Theme 3: Quality Assurance, Audit and Performance Management
Theme 4: Training and Development

Each theme has a multi agency working group with Terms of Reference also available on the website. Theme 1 however is separated out into three working groups these are; Policy and Procedure sub-group, Safeguarding and Personalisation sub-group and the Mental Capacity Act Local Implementation Group (MCALIN). The membership lists for the groups are set out in Appendix 2.

3.6 Theme 1: Governance, Leadership and Delivery Arrangement Work Carried Out During 2010/11

3.7 Governance and Leadership

3.8 Revised Terms of Reference were discussed in March 2010 and finalised and adopted in June 2010. The revision included: changing the title from the Safeguarding Adults Inter-Agency Partnership to the Local Safeguarding Adults Board; broadening the membership (including Cabinet Member); agreement for an Independent Chair to be recruited; extension from two to three hour meetings to cover business; reporting lines; resourcing and a role description for Board members. The LSAB Terms of Reference are available on the B&NES Council website.

3.9 Throughout 2010/2011 the LSAB was chaired by Janet Rowse Acting Chief Executive Health and Wellbeing Partnership; recruitment for an Independent Chair was completed by March 2011. Robin Cowen was successfully appointed as the new Independent Chair of the LSAB.

3.10 Throughout 2010/2011 the LSAB through the Service Improvement and Development Team (the commissioning arm of the Health and Wellbeing Partnership) reports on a bi-monthly basis to the Partnership Board for Health and Wellbeing (PBH&WB). Membership of the PBH&WB includes the Chair of the PCT, Leader of the Council, Cabinet Members, PCT Non Executives, Chief Executive of Health and Wellbeing Partnership, Council Chief Executive, Chair of the Professional Executive Committee, PCT, Joint Director of Public Health and Strategic Director for Children's Services.

3.11 Safeguarding concerns continue to be raised with the Local Strategic Partnership through the Acting Chief Executive of the Health and Wellbeing Partnership and Chief Executive of the Council.

3.12 A new Multi-Agency Safeguarding Adults Policy and Procedure was launched in April 2010. The launch was successful with approximately 200 people attending, with a further 130 people attending agency specific launch events.

3.13 Progress of the Delivery arrangements sub groups during 2010/2011 is reported below.

3.14 **Policy and Procedure sub group progress**

- The group struggled with multi agency representation during the early part of 2010; the existing Chair stepped down due to capacity issues but remained an active member of the LSAB; an interim Chair was appointed and the work plan was revised
- The group considered Part 12 on Safeguarding Adults of the Law Commission Adult Social Care proposal and responded on behalf of the LSAB
- The group reviewed the South West Out of Area Arrangements protocol and recommended the LSAB adopt this
- The group reviewed the effectiveness of MARAC and MAPPA arrangements from a safeguarding perspective and agreed new arrangements with the Police in February 2011
- The Cornwall Trigger Protocol was considered and the LSAB agreed they would like to develop a local one for B&NES
- Work commenced on the development of a Threshold Statement; this work was superseded by South West Regional Threshold Guidance

- A new work plan for 2011/2012 was agreed to: finalise a multi-agency Trigger Protocol; revised SCR Protocol; develop local Thresholds guidance based on the work of the South West and develop guidance about service users consent.

3.18 **Safeguarding and Personalisation sub group progress**

3.19 The Safeguarding and Personalisation sub group (formerly Safeguarding and Personal Budgets sub group) completed the following work in 2010/2011:

- Continued to implement the recommendations set out in the South West Regional Safeguarding and Personalisation Framework (revised January 2011)
- Commissioned an independent trainer to deliver training sessions on innovative support planning and enabling risk taking. The training was delivered in May 2011
- Welcomed the training provided by Bath People First and the Shaw Trust for 15 service users on safeguarding and risk taking (piloted in January 2011)
- Developed guidance for service users, carers and voluntary /independent sector providers about personalisation and safeguarding
- Revised the safeguarding elements in the Personal Budgets Manual to ensure risk and empowerment are considered appropriately and throughout the process

3.20 **Mental Capacity Act Local Implementation (MCA LIN) group progress**

3.21 The LSAB agreed it would monitor the progress and work of the MCA LIN from October 2010; it agreed to report any issues to the Partnership Board for Health and Wellbeing. During 2010 to 2011 the MCA LIN have:

- Refreshed the Terms of Reference for the group and have strengthened the membership
- Ensured MCA and DOLS training was provided during a period of staff change
- Increased capacity to provide advice and support for MCA and DoLS queries and processing and successfully appointment a new post holder in January 2011
- Reviewed existing MCA and DoLS training provided and redesign this with a new plan ready for implementation in April 2011
- Shared recent case law and looked at how practice in B&NES needs to adapt to this
- Developed support for Mental Health Assessors and Best Interest Assessors
- Reviewed the information on B&NES Council and NHS Banes websites
- Produced a separate annual report of the Deprivation of Liberty Safeguarding for 2010/2011. Highlighting how the authority performs in comparison to other Local Authorities

3.22 The LSAB received an annual report (2010/2011) on DoLS in July 2011. The report highlighted concerns about the low number of DoLS referrals (15) in comparison to other LA areas in the South West with B&NES having received the lowest number of applications per 100,000 population. 15 applications is a considerable increase on the 3 applications received in 2009-2010. However further assurance is required that Care Homes and Hospitals are aware of their responsibilities in accordance with this.

3.24 **Theme 2: Awareness, Engagement and Communication Work Carried Out During 2010/2011**

3.25 The multi-agency **Awareness, Engagement and Communication sub group** have continued to progress its work plan for the LSAB during 2010/ 2011 and the following has been accomplished during this period:

- The LSAB launched a new Multi-Agency Safeguarding Adults Policy and set of Procedures. This was launched in April 2010; approximately 330 stakeholders attended a variety of events
- LSAB logo proposed and agreed
- Agreement with sub regional partners to use the same safeguarding posters with localised contact information. The posters are to be used as part of an advertising campaign to raise awareness across organisational boundaries
- A database of organisation's / agencies to send safeguarding promotional information to has been set up and a mail shot to over 600 organisations / agencies has taken place
- A review of the effectiveness of service user feedback mechanisms has taken place and a report shared with the LSAB; a new proposal to refine service user feedback is being discussed
- Bookmarks have been designed, printed and distributed with safeguarding information on one side and personal budgets information on the other
- A variety of safeguarding articles and adverts have been published throughout the year including an article in Council Connect magazine (delivered to every household in B&NES in September 2010); an advert in RUH Volunteer magazine; a briefing in Inside Out (B&NES Council staff magazine); an article in Primary Care Newsletter (distributed to all GP practices) and the posters have been included from September 2010 onwards on the Connect TV one hour loop series in B&NES Council offices, leisure centres and libraries to raise awareness
- A full colour pull up banner featuring one of the poster images has been made and is available for members to use at events and meetings to promote safeguarding
- A variety of forums have been attended and presentations on safeguarding given for example at the Carers Forum, the Mental Health Forum and Community Health and Social Care Services Service User Panel
- A specific workshop for BME providers on adult safeguarding has been held and all local agencies were represented
- Bath People First and the Shaw Trust ran pilot training and awareness raising programme for service users on safeguarding and risk enablement. This was successful with 15 service users attending four sessions. Funding was secured for additional programmes to be ran in 2011-2012. This training will be included in the Training Strategy (see 3.32)
- The second Elected Members Event on safeguarding was ran; it was attended by Councillors, PCT Executives and Board members and members of the GP consortium and was run in partnership with Local Safeguarding Children's Board members. The focus was on updating attendees on safeguarding development and policies; looking at shared issues for adults and children; and considering how whole community engagement in safeguarding [adults and children] can be achieved. The event was positively evaluated and further such events will be planned

- The Police, Probation and AWP delivered a safeguarding and community awareness workshop in April 2010
- A Multi-Agency Communication and Media Protocol has been proposed. However, it is anticipated to be finalised in 2011-2012

3.26 The LSAB agreed that the sub group move from a short life to a substantive sub group of the LSAB.

3.27 **Theme 3: Quality Assurance, Audit and Performance Management Work Carried Out During 2010/2011**

3.28 The multi-agency **Quality Assurance, Audit and Performance Management sub group** has undertaken the work outlined below during 2010/2011 and reported back to the LSAB its progress at each meeting:

- Reviewed the Self Assessment Assurance Framework returns provided by each agency that sits on the Board; self assessments were scrutinised and constructive criticism provided.
- Proposed and agreed (through the LSAB) a set of safeguarding assurance indicators; these have been included in all health and social care commissioned services contracts (Appendix 3)
- Agreed and implemented a monthly review of safeguarding alerts from the RUH and RNHRD to AWP and Community Health and Social Care Services to assure all alerts are received and recorded
- Reviewed progress against actions identified in the 2009/2010 Annual Report
- Developed and implemented a multi-agency safeguarding adults audit tool (based on that used by the LSCB) to assure multi agency practice and identify lessons to be learned
- Reviewed each LSAB members Safeguarding Adults Policy and Procedure to assure they dovetail with the overarching new LSAB Multi-Agency Policy and Procedure
- Reviewed a selection of cross department / agency strategies and work streams to ensure they include reference to safeguarding vulnerable adults for example the Carers Strategy

3.29 Theme 4: Training and Development Work Carried Out During 2010/2011

3.30 A complete review of Safeguarding Adults training was undertaken in 2010-2011 and a new Safeguarding Adults Training Strategy has been written to take into account competencies being developed at national and regional level. A comprehensive training programme has also been developed.

3.31 The Strategy is based on the model of Children's Services safeguarding training and content and competencies at each level have been designed to avoid duplication.

3.32 The Training Strategy is based on the following levels as set out in table 1 below

3.33 **Table 1: Safeguarding Adults Training Levels**

Level	Course	Target Group
Core Induction	Introduction to Adult Safeguarding Issues	All new staff
Level 1	**Preparatory Training** (eg, through e-learning packages	
Level 2a	**Safeguarding Adults Awareness Training** to include: Policy and Procedures, MCA & DOLS awareness, Dignity in Care etc	All 'relevant' frontline staff
Level 2b	**Update Safeguarding Adults / Refresher Training** to include: updated procedures and developments	All 'relevant' staff who require a 2-year update
Level 3a	**Carrying out Safeguarding Investigation Training**	Practitioners likely to carry out investigations and those who co-ordinate investigations
Level 3b	**Managing Safeguarding Processes (Role of Co-ordinator)**	
	Effective Minute Taking	Administrative staff supporting the Safeguarding Adults procedures
Proposed development of:		
Level 4	**Strategic Managers Safeguarding Adults Training**	Chief Executives, Directors, Non-Executive Directors, Independent Chair and Operation Managers, Elected Members (not exhaustive)
Level 5	**Service User Training in Safeguarding and Risk Enablement ***	Service users

3.34 The Training Strategy was adopted by the LSAB in December 2010.

3.35 Multi-agency attendance at the Training and Development group has been limited and the LSAB have been asked to address to ensure commitment for 2011-2012 **(Learning point 1)**

3.36 Safeguarding adults training courses have been provided by CH&SCS throughout the period and 1134 staff have been trained from a range of organisations as listed below in table two below. Appendix 4 provides the detail of the course provided and the number of attendees by organisation type.

3.37 **Table 2: Number of Staff Trained by CH&SCS and Organisation Type**

Organisation Type	**No. Staff Trained**
AWP	2
Independent and Voluntary Sector Providers	331
General Practices	12
NHS Other	22
PCT Commissioning	6
CH&SCS (PCT provider)	380
Council Commissioning	8
CH&SCS (Council provider)	359
Total	**1134**

Note: Organisations also provide their own staff training and these figures are not captured in this report.

3.38 **Additional Work Carried Out by the LSAB during 2010/2011**

3.39 The LSAB considered a review report commissioned by B&NES Council Chief Executive Officer into B&NES Council's Safeguarding Arrangements; the report was commissioned to assure the Council that safeguarding activity was managed effectively by the Health & Wellbeing Partnership (i.e. the integration of B&NES Council Adult Social Services & Housing with B&NES Primary Care Trust). It was a follow up review to one carried out in 2009 and made recommendations for improvements. An action plan was put in place to address the recommendations.

3.40 A number of LSAB members routinely attended the Local Safeguarding Children's Board and continue to provide feedback to the LSAB on issues that arise which are relevant for working with vulnerable adults.

3.41 B&NES Council participated in a serious case review carried out by North Somerset Council. The case involved a North Somerset's residential home for adults with learning disability, in which residents from neighbouring authorities were placed – hence the involvement of B&NES. A serious case review report was issued at beginning of 2010 and the findings of that report required B&NES Council to develop and implement and action plan. The report findings and action plan were discussed with the LSAB to provide assurance that lessons learned had been implemented.

3.42 A serious case review application was made to the LSAB in October 2010. The application was approved and the serious case review commenced. The outcome will be reported is expected in 2011 and will be reported in 2011/2012 annual report.

3.43 The ***Airedale Enquiry*** report for the Yorkshire and Humber Strategic Health Authority in June 2010 was considered by the LSAB. The LSAB requested the RUH and police work together to consider the recommendations for any improvements required to local practice.

3.44 The Head of the Public Protection Unit for Avon and Somerset Police outlined proposals brought about by the coalition Government's spending review. The Police assured the LSAB that the changes would in no way compromise safeguarding the public in this area. The LSAB await the draft proposal documentation from the Police regarding these changes in order to assess the impact.

3.45 The LSAB considered the Care Quality Commissions inspection report findings in relation to the management of safeguarding adults for B&NES Councils during 2009 – 2010 as part of the ***Performance Assessment of Adult Social Services***. The Care Quality Commission reported that safeguarding arrangements were seen to be 'performing well' and above the requirements laid down by them. CQC did identify some areas for improvement, which B&NES Council were already aware of such as the recommendation to appoint an Independent Chair to the LSAB. The LSAB reviewed the current arrangements and how it could move from being rated as 'performing well' to 'excellent'. Although annual inspections are no longer carried out in the same way by the Care Quality Commission the LSAB agreed that the Care Quality Commission standards were a good target and should be progressed. An action plan to achieve this was agreed. An Independent Chair for the LSAB was successfully appointed and attending / part chaired the March 2011 meeting (see 3.9).

3.46 The ***PREVENT Strategy 2011*** (see 2.15) was considered by the LSAB and members were tasked with considering local arrangements to ensure that local systems are in place to meet B&NES Council and NHS Banes responsibilities with this. Local arrangements are to be finalised.

3.47 The LSAB considered a briefing on an independent review into the management of a whole home safeguarding investigation carried out by Community Health and Social Care Services. The review made five recommendations for improvements which the LSAB discussed; the LSAB requested that the progress of the recommendations be reported back at its meeting in the Autumn of 2011.

3.48 Freeways (LSAB voluntary sector provider representative) presented a report of a safeguarding mapping research project they had undertaken in Bristol to share the learning and findings with B&NES LSAB. The LSAB identified areas that echoed for B&NES and agreed to consider ways to improve services as a response to this.

3.49 The LSAB considered ***Care and compassion? Report of the Health Service Ombudsman on ten investigations into NHS care of older people*** (February 2011) (see 2.9) and members have been asked to consider the implications for their agencies.

3.50 LSAB members have attended, participated and represented the LSAB at a range of workshops and events to develop their understanding of safeguarding issues that relate to LSAB activity such as the following regional events: Safer Communities and Adult Safeguarding (March 2011); PREVENT and Safeguarding (March 2011); Service User Involvement (April 2011).

3.51 B&NES Council along with three South West Authorities have helped develop and facilitate the South West Safeguarding Adults 'Community of Practice' a dedicated

web based resource for sharing experience and knowledge across the region with safeguarding leads from a variety of organisations.

3.52 **Community Safety** in B&NES remain on the LSAB agenda and it continues to ensure safeguarding vulnerable adults is consider in strategic planning and operational decisions. For example, the Police Community Safety Team have continued to lead the work on doorstep crime, which is specifically targeted at the vulnerable and through the Doorstep Crime Forum and have maintained the No Cold Calling Zones around sheltered housing areas within Bath. Safeguarding concerns are routinely raised by the Partnership Against Domestic Violence and Abuse (PADVA), at MARAC and MAPPA meetings and at the Partnership Against Hate Crime (PAHC). Representatives from the LSAB are members of each Community Safety forum / meeting.

3.53 The Community Safety Plan 2009-2012 is cross cutting with most services and links to the Local Strategic Partnership, the Local Area Agreement, Safeguarding Adults and Children, Policing Plan, Fire safety, etc. The Council Community Safety Team have continued to monitor the progress and delivery of the Independent Domestic Violence Adviser (IDVA) service, which from April 2009 was extended to support domestic violence victims of same sex couples; and a range of support services (SARI, EACH and Victim Support) for victims of hate crimes who are instrumental in the work of the B&NES Partnership Against Hate Crime (PAHC). A Responsible Authorities Group action plan is in place to focus on 'increased protection of the most vulnerable victims of crime (domestic violence, sexual abuse and hate crime)' - this covers all victims (adults and children) of domestic violence, sexual abuse and hate crime. Domestic homicide is also being considered and the overlap with the serious case review protocol.

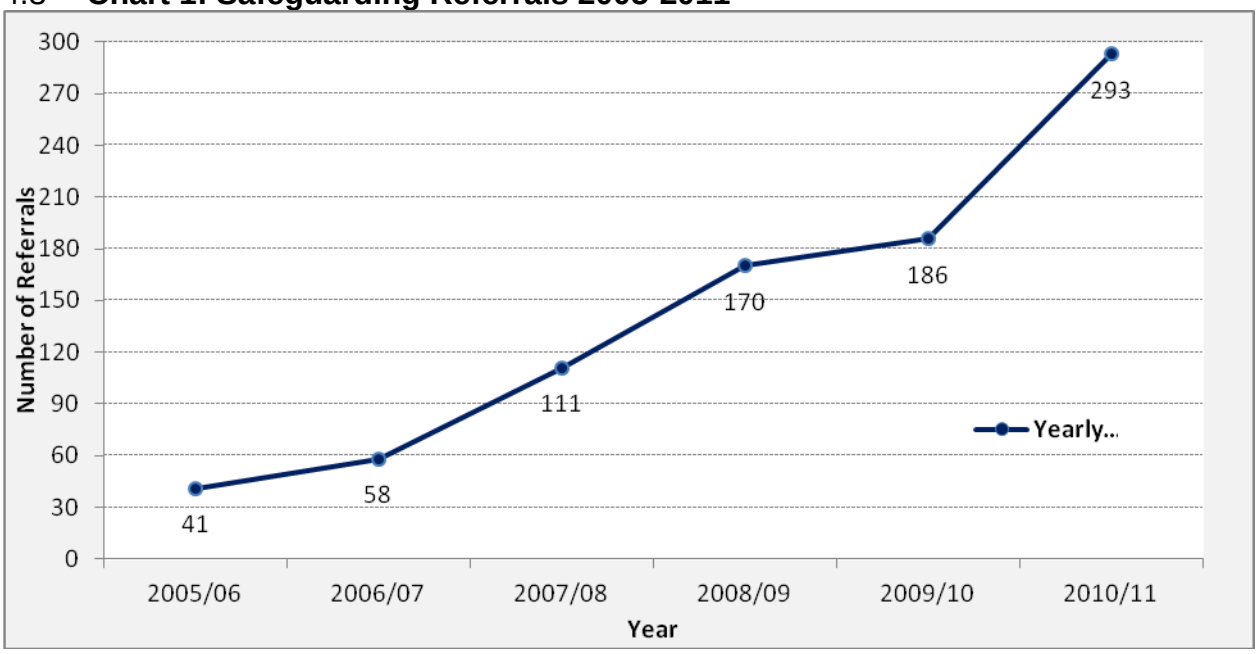
3.54 The Community Safety Zone in Radstock and Midsomer Norton continues to offer safe places for people with learning disabilities experiencing Hate Crime incidents when out and about in their community. The Community Safety Zone project which was led by the Norton Radstock Network for people with learning disabilities, has now been extended to Keynsham and is being introduced into Bath. Working with the Police and community safety agencies the format of the Community Safety Zones has now changed a little, with Easy Read/Accessible reporting forms being handed straight to the Police, however, the essence of the Zones remain: that being a safe place with trained staff who can offer reassurance and support at a time when someone with a learning disability experiences a Hate incident or crime. Safe havens are places where disabled people can go if they need support, reassurance or assistance while they are travelling independently. Bath People First ensure that any business offering a safe haven is given training and monitored regularly and work in partnership with local Police Community Support Officers to provide this.

Section 4: Analysis of Safeguarding Case Activity (2010/2011)

4.1 There has been a year on year increase in safeguarding referrals and this pattern has continued for 2010/2011.

4.2 During 2010/2011 293 safeguarding referrals have been made an increase of 58% from the 186 received in the previous year.

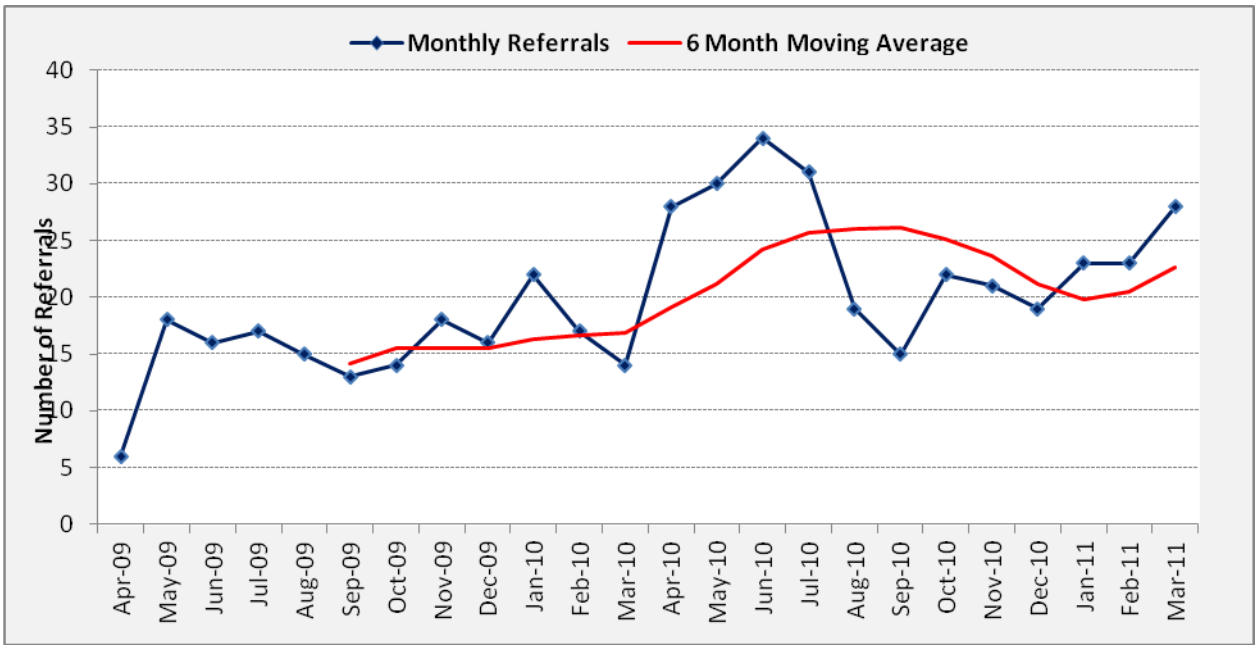
4.3 **Chart 1: Safeguarding Referrals 2005-2011**



4.4 B&NES Council participated in a six month pilot of the Abuse of Vulnerable Adults (AVA) data collection administered by the NHS Information Centre from October 2009 to March 2010 in order to prepare for the mandatory collection in 2010/2011. All South West authorities have submitted a full years AVA return for 2010/2011. Where possible the information gathered from returns will be included as benchmarking information for analysis in the annual report.

4.5 When compared to other South West Local Authorities referrals rates per 100,000 populations for 18+ years the average is 17.7 referrals, and B&NES receives 14.1; although B&NES remains lower than the average, out of 15 authorities B&NES is ninth and the average is skewed by one authority that has a very high rate in comparison to all other South West authorities. Were this authorities data removed from the comparison the average would be reduced and B&NES would be closer to it.

4.6 **Chart 2: Monthly Safeguarding Referrals from April 2009 – March 2011**



4.7 The chart above shows a month by month breakdown of the number of safeguarding referrals received and reflects an increasing monthly average since August 2009. A spike in referrals was received in April – July 2010 and this relates to a specific residential home for adults with Learning Difficulties. A significant amount of work has been undertaken in relation to this to assure the service users safety and an independent review has been carried out and reported to the LSAB.

4.8 Repeat referrals for B&NES during 2010/2011 were 7% of the actual number of referrals which is less than the South West authorities average of 11%. B&NES is working to further reduce the number of repeat referrals and has audited all repeat referrals during 2010/2011 to ensure that service users were safe, to try and identify any lessons learned to reduce the number. As stated in 4.7 the CH&SCS Learning Difficulties Service received a number of repeat referrals for service users at one particular residential home. However, as stated above, a significant amount of work has been undertaken to ensure service user safety. The Health and Wellbeing Partnership Board also pay close attention to this.

4.9 The percentage of male and female referrals for 2010/2011when compared to 2009/2010 and 2008/2009 is very similar showing the gender profile to be almost identical for the three years with a slight increase in the number of females being referred. **Table 3** below sets this out:

No. of Referrals by Gender			
Gender	**08/09**	**09/10**	**10/11**
Male	65 (39.4%)	76 (40.9%)	113 (38.6%)
Female	100 (60.6%)	110 (59.1%)	180 (61.4%)
Total	**165***	**186**	**293**

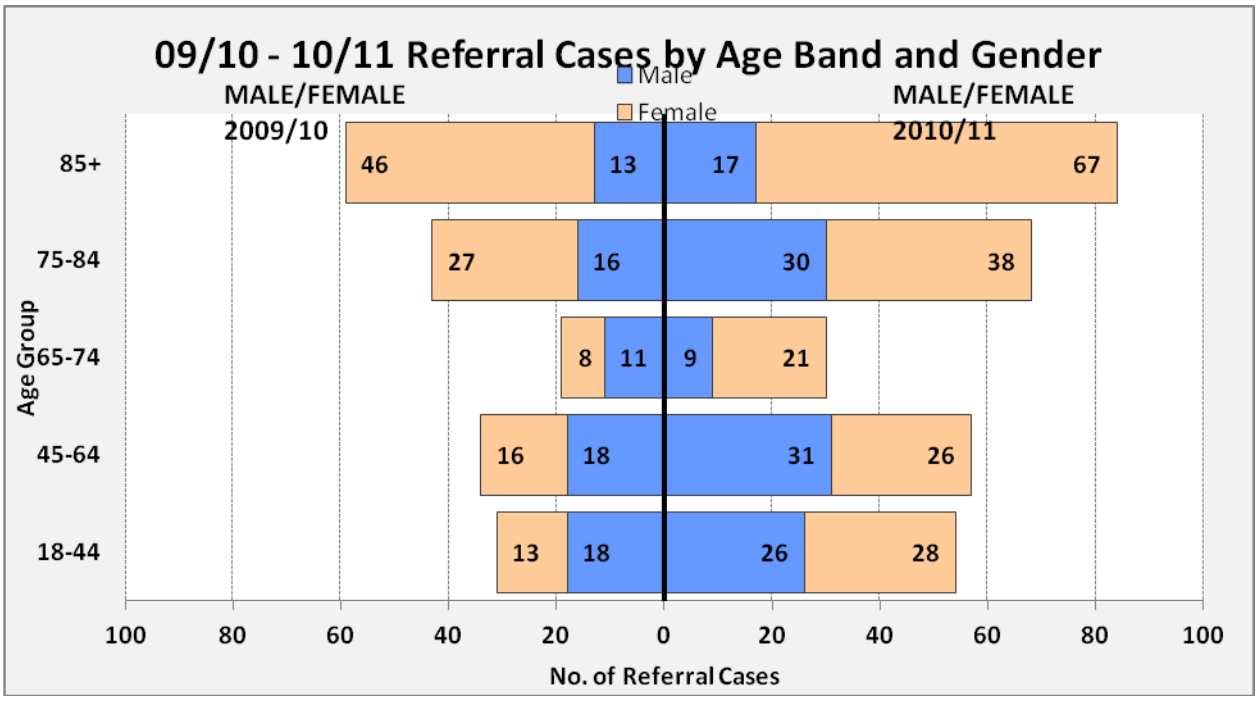
* Note: the 2008/2009 figure of 165 reflected above indicates there were five fewer safeguarding adults' cases than reported in 4.3 above. The 165 figure was reported prior to a significant data cleansing exercise being undertaken which found a further five cases which required including. The LSAB have not gone back retrospectively to amend the 2008/2009 report as it was correct at the time of publication.

4.8 A more detailed breakdown of referral ages and gender is highlighted in table and chart below and indicates a rise in the number of females aged 18-64 years being referred, however the male referral rate has remained similar.

4.9 **Table 4: Referral by Age and Gender**

Gender	**No. of Referrals by Age**					
	18-64			**65+**		
	08/09	**09/10**	**10/11**	**08/09**	**09/10**	**10/11**
Male	34 (20.6%)	36 (19.4%)	57 (19.5%)	31 (18.7%)	40 (21.5%)	56 (19.1%)
Female	23 (13.9%)	29 (15.6%)	54 (18.4%)	77 (46.6%)	81 (43.5%)	126 (43%)
Total	**57 (34.5%)**	**65 (34.9%)**	**111 (37.9%)**	**108 (65.5%)**	**121 (65%)**	**182 (62.1%)**

4.10 **Chart 3: 2009/2010 - 2010/2011 Referral Cases by Age Band and Gender**



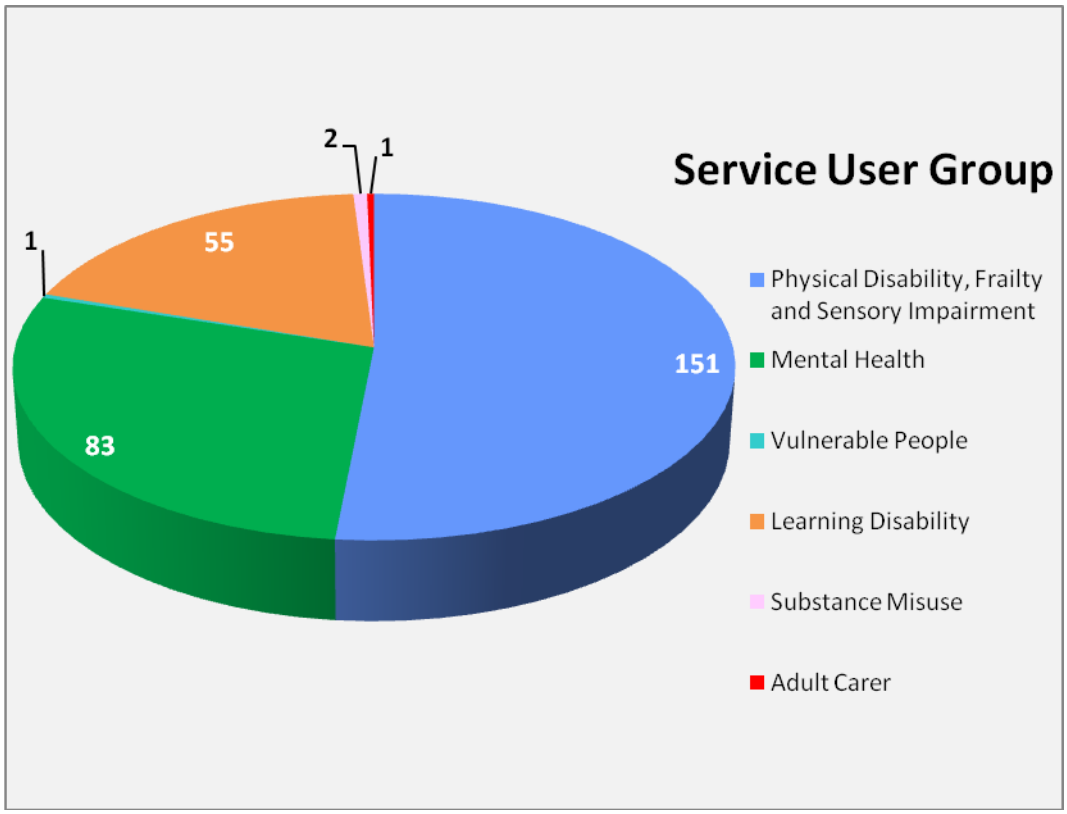
4.11 A comparison of the referrals by ethnicity for the last three years is also very similar white British being the ethnicity of 93.2% of referrals. Additional work has been undertaken to raise awareness amongst BME groups during 2010-2011. However specific focus was not given until January 2011 and figures for the following year may show an increase as a result of this. A full breakdown of referrals by gender, age and ethnicity for 09/10 can be found in Appendix 4.

4.12 **Table 5: Safeguarding Adult Referrals 2005 - 2010 by Service User Group**

	2005/6	2006/7	2007/8	2008/9	2009/10
Older people	23	33	53	119	121
People with learning disabilities	11	12	33	21	34
People with physical and/or sensory disabilities	2	9	14	15	19
People who use mental health services	5	4	11	7	9
People who use HIV /AIDS services	0	0	0	0	0
People who use drug services	0	0	0	3	3
Carers	0	0	0	5	0
Total of above	41	58	111	170	186
Year on year % change		41%	91%	53%	9%

4.13 Reporting in relation to service user groups changed to fit the AVA categories and the Chart below shows the break down for 2010/2011.

4.14 **Chart 4: 2010-2011 Referral Breakdown by Service User Group**



4.15 The chart indicates that the number of mental health service users referred for safeguarding has significantly increased. This is indeed the case, however it must be noted that the figure of 83 includes both adults of working age and older adults with mental health problems, whereas older adults with mental health problems are instead included in the category for older people in table 5 above. However, a significant amount of focus has been given to safeguarding adults work within Avon and Wilshire Mental Health Partnership Trust and this is reflected in the figures. CQC had commented that the mental health figures were out of kilter with other areas and needed addressing which is what has taken place.

4.16 Of significant note is the increase in referrals for adults with learning difficulties. This figure is expected to rise further into 2011/2012 with the impact of the BBC Panorama programme raising awareness.

4.17 Of further note is the number of substance misuse referrals. A recommendation is made to work with the Drug and Alcohol Services to raise awareness during 2011/2012. **(Learning point 2)**

4.18 Although the number of adult carer referrals is small there is consistently good engagement with carers' organisations and a number of awareness raising activities have taken place during 2010-2011, such as the dissemination of the bookmark to carers, a presentation to the Carers Forum and an article in a local magazine specifically about carers. A recommendation is for the LSAB to keep a watching brief on this. **(Learning point 3)**

4.19 When compared to other South West authorities the proportion of referrals for service user groups is not out of kilter; however, of note mental health referrals are higher than the average across the South West.

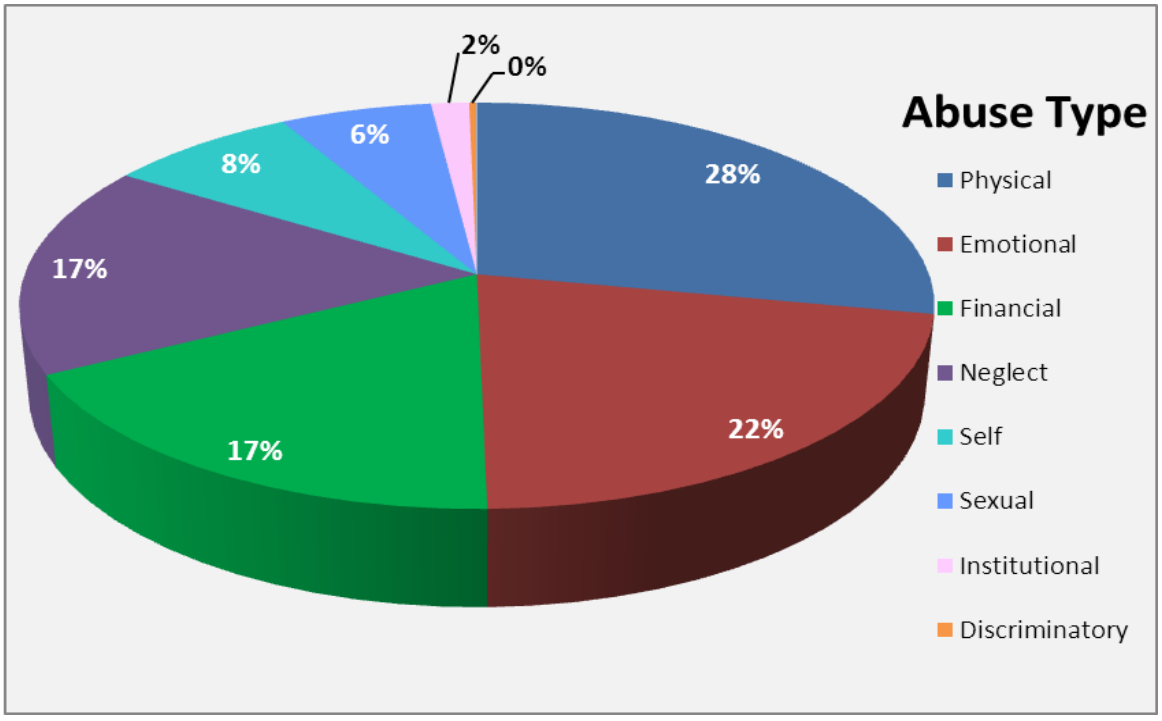
4.20 From the 293 referrals, 28 (10%) were for service users that were in receipt of a direct payment. A rise in the take up of direct payments from the Council is anticipated and it would be useful for the LSAB to analyse safeguarding direct payment cases that occur during 2011-2012 to ascertain whether any additional preventative work is required. **(Learning point 4).** 31 (11%) out of the 293 referrals were for service users that are fund their care themselves.

4.21 39 safeguarding cases were open on 1st April 2010, a further 293 referrals were received during the financial year. Therefore CH&SCS and AWP supported a total of 332 service users during the period.

4.22 281 cases were terminated/closed during the period (99% more that in 2009-2010).

4.23 Of the terminated cases this year, there has been a change from the last two years in the type of abuse that is most frequently reported. Previously emotional abuse was most frequently reported with financial abuse and then physical abuse being the second and third most reported reasons. In 2010/2011 referral concerns were highest for physical abuse. Of note is also the significant rise proportionately in neglect referrals. The chart below shows the distribution of type of abuse at referral stage. Other South West authorities are broadly similar in the distribution of abuse type.

4.24 **Chart 5**: **Distribution of Type of Abuse at Referral Stage**



4.25 Table 6 below sets out the outcome of the referral by abuse type. When comparing the outcome of the abuse type and whether the abuse was partly or fully substantiated the following was concluded.

4.26 **Table 6: Outcome Determinate of Alleged Abuse 2010/2011**

Type of Abuse	NFA	No Case To Answer	Not Determined / Inconclusive	Not Substantiated	Partly Substantiated	Substantiated	Total
Physical	24	10	9	14	10	23	90
Emotional	21	7	9	12	12	8	69
Financial	10	4	11	12	6	13	56
Neglect	11	5	5	6	10	17	54
Self	5	1	3	5	3	8	25
Sexual	3	3	2	6	3	3	20
Institutional	2			1	2		5
Discriminatory	1						1
Total	**77**	**30**	**39**	**56**	**46**	**72**	**320**

Note: more than one type of abuse can be reported as part of the referral for the service user.

4.27 10% of cases with physical abuse concerns were fully or partly substantiated. This is similar to last year where 11% of cases identified that physical abuse had occurred. The percentage of cases partly or fully substantiated for other types of abuse is also broadly similar to 2009/2010.

4.28 The following locations indicated where the alleged abuse took place with the service users own home being the place where the majority of concerns were reported:

I. Service users own home
II. Residential and nursing care homes (temporary and permanent placements)
III. Health settings
IV. Supported accommodation
V. Alleged perpetrators home

4.29 As was the case in 2008/2009 and 2009/2010, the largest group of alleged perpetrators were paid staff with 27% of the allegations being about a paid workers in 2010/2011. In 37% of these cases the allegation required no further action / there was no case to answer; 6% had an outcome of Not Determined / Inconclusive and 20% were Not Substantiated. This leaves the remaining 20% as partially or fully substantiated for 2010/2011. The table below identifies the perpetrator for cases with the outcome of partly or fully substantiated cases.

4.30 **Table 7: Alleged Perpetrator and Outcome (Partly or Fully Substantiated) 2010/2011**

Perpetrator and % of all closed cases 2010/2011		Closed Cases with the Outcome of Partly or Fully Substantiated	
		2009/2010	2010/2011
Partner	7%	2%	3%
Other family member	20%	2%	6%
Neighbour/friend	8%	0%	1%
Paid staff (including care home, day care, domiciliary care, other social and health professionals)	27%	10%	10%
Other vulnerable people	7%	2%	2%
Self	9%	3%	3%
Other	15%	3%	5%
Not known	7%	1%	2%
Total	**100%**	**23%**	**32%**

Note: Self relates to service users that have neglected themselves. B&NES have historically sometimes included cases of self neglect within safeguarding procedures. The decision to invoke the safeguarding procedure in these cases is done on a case by case basis. **(Learning point 5)**

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

4.32 **Table 8: Outcome at Procedural Stage for Terminated Cases 2010/2011**

Termination stage	Outcome						Total
	NFA	No Case to Answer	Not Determined / Inconclusive	Not Substantiated	Partly Substantiated	Substantiated	
Decision	73	5	1	1	1	0	81 (29%)
Strategy	0	22	12	18	15	23	90 (32%)
Assessment	0	0	6	12	10	9	37 (13%)
Planning meeting	0	0	4	5	8	12	29 (10%)
Review	0	0	6	11	10	17	44 (16%)
Total	**73**	**27**	**29**	**47**	**44**	**61**	**281**

4.33 When comparing the point at which cases were terminated, in 2008/2009, 50% of cases were closed at the decision stage, whereas in 2009/2010, 19% of cases were closed at the decision stage, this figure rose again this period to 29%. There is no benchmarking data available to compare whether B&NES is low or high regarding this. Given the significant amount of awareness raising undertaken in 2010/2011 the increase in referrals was expected and it provides assurance that safeguarding procedures are being considered and activated by referrers; the LSAB would rather

referrals be received and a safeguarding threshold decision be made not to proceed rather than safeguarding referrals not being made.

4.34 The number of cases that were not substantiated has further reduced this period; in 2008/2009, 53% of cases had this outcome; in 2009/2010 it was 31.5% of cases, and in 2010/2011 this has reduced further to 17%. When compared to approximately 50 local authorities across the country the average is 30%. B&NES is clearly below this, however when you include those cases with the outcome of No Further Action and No Case to Answer this increases to 45%. The next available AVA benchmarking data will help provide further comparison and will determine whether any analysis needs to be undertaken.

4.35 Proportionately adults with learning difficulties had the highest number of cases with the outcome of substantiated. This was also true for a significant number of other South West authorities, however full analysis of this is not available. **(Learning point 6)**

4.36 The Health and Wellbeing Partnership seek regular assurance that cases with the outcome of Not Determined and Inconclusive are being monitored; AWP and CH&SCS provide reports on each of these cases on a monthly basis to the B&NES Commissioner in order to provide that assurance. As table 8 indicates 10% of cases had this outcome during 2010/2011. Upon auditing the reason for the case outcome, in the majority of cases, these were coded correctly. In a small number of cases it was the Commissioners view that the case would have been more appropriately coded as Partly Substantiated; recoding has not taken place, however the auditing of these cases will continue in 2011/2012.

4.37 The Police continued to play a significant role in safeguarding vulnerable adults in B&NES during 2010-2011 and although there has been a decrease in police involvement, the number of police referrals has increased from last year and the police have submitted referral information to B&NES Council on a monthly basis. They have been regular participants of the LSAB, the Policy and Procedure sub group and the Quality Assurance, Audit and Performance Management sub group. No regional data was available to compare the level of police involvement with.

Year	% of total cases Police involved in
2010/2011	32%
2009/2010	38%
2008/2009	36%
2007/2008	31%

4.38 The types of actions listed below are those that have resulted from the safeguarding adult's procedures being followed in relation to protection for the service users:

- action taken by the Council to protect the service user via the court
- service user supported through the provision of community care services
- increased monitoring from health and social care (including financial monitoring)
- move to a different care setting

4.39 The following types of actions have been taken regarding the perpetrator:

- assessment under the NHS and Community Care Act 1990

- continued monitoring
- referral for counselling / treatment
- criminal proceedings or other police action
- disciplinary action
- action by CQC

4.40 A multi-agency Pressure Ulcers Protocol is in place; when a grade 3 or 4 pressure ulcer occurs safeguarding procedures must be considered. In 2010-2011 there were 19 in patient pressure ulcers at grade 3 or 4 reported. New arrangements are in place for reporting these as Serious Incidents to the Strategic Health Authority. Analysis of the reported pressure ulcers is required to understand the local position and whether focussed work with community and acute providers is required. **(Learning point 7)**

4.41 CH&SCS and AWP have routinely been asking service users whether they feel safe after they have been through the safeguarding procedure. However responses to this have been limited and further work is needed to assure the LSAB that service user feedback is part of the procedure. CH&SCS have approached a small number of service users that have be through the safeguarding procedure to try and gather further feedback however the response was limited for a number of reasons. CH&SCS provided a report to the Awareness, Engagement and Communications group on this with recommendations on what could be done differently. **(Learning point 8)**

4.42 Compliance with safeguarding procedural timescales continues to be monitored on a monthly basis by the Commissioner. The LSAB and Health and Wellbeing Partnership Board receive regular reports on this. The table below describes progress against the procedural timescales during the period.

4.43 **Table 9: Terminated Cases and Procedural Timescales 2010/2011**

Procedural Descriptor		Data Source	Target	10/11 YTD % and actual number of cases Mar 11			2009 / 2010 Performance
				Total no. outside of timescale	Total no. that could be completed on time	% completed on time	
2a	No. of decisions made within 2 days of referral	CH&SC Services	**98%**	6	215 (1 referral received March 31st)	97%	84%
		AWP		9 (1 case in Jan 11)	55	84%	89%
		Both		**15**	**270**	**91% ↑**	85%
2b	No. of strategies discussions/ meetings held within 5 days of referral	CH&SC Services	**98%**	15	134	89%	67%
		AWP		6	59	90%	100 %
		Both		**21**	**193**	**90% ↑**	73%
2c	No. of assessment / investigations completed in 28 days of referral	CH&SC Services	**98%**	11	66	83%	77%
		AWP		11	37	70%	80%
		Both		**22**	**103**	**77% ↓**	78%
2d	No. of planning meetings held within 2 weeks of completed assessment	CH&SC Services	**98%**	1	41	98%	83%
		AWP		11	35	69%	100 %
		Both		**12**	**69**	**84% ↓**	85%
2e	No of reviews held within 12 weeks of planning meeting	CH&SC Services	**98%**	2	31	94%	88%
		AWP		3	17	82%	100 %
		Both		**5**	**48**	**88% ↓**	90%

Note: Amber 80-98%
Red 80%>

4.44 CH&SCS and AWP continue to be charged with coordinating safeguarding cases and meeting procedural timescale targets. Significant management time has been given to this throughout 2010/2011, however it remains a challenge, and on some occasions timescales have not been achieved. Detail exception reports have been provided on each procedural breach during 2010/11. Evidence from these cases

indicated that there can be practicable 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 light of the above the LSAB will consider reducing the targets for 2011/2012.

Section 5: Progress on Learning Points Identified in 2009/2010

5.1 **Learning Point 1:** CH&SC Services and the Partnership are developing a Safeguarding Training Strategy. The strategy will consider engagement of the independent and voluntary sector in training and other types of learning packages.

Progress: Complete - The LSAB have agreed a Multi-Agency Safeguarding Adults Training Strategy

5.2 **Learning Point 2:** Continue to raise awareness of safeguarding issues with B&OME communities.

Progress: Complete – A workshop with BME community groups was held in January 2011 and actions agreed to facilitate awareness raising.

5.3 **Learning Point 3:** Request and analyse benchmarking information from other South West Authorities on referral patterns and outcomes.

Progress: Complete – Benchmarking information has been received and analysed. Benchmarking information will be more robust for the 2011/2012 annual report as all LA's are required to submit AVA data.

5.4 **Learning Point 4:** Exception reports to be monitored and themes understood regarding breaches to procedural timescales.

Progress: Complete – breach reports monitored on a monthly basis. From the information provided some of the breaches are valid and for good practice reasons. The procedural timescales will be adjusted to reflect this.

5.5 **Learning Point 5:** Compare referral data for 2008/09 and 2009/10 and monitor progress for 2010/11 throughout the year to identify agencies where proportion of referrals are lower than would be expected and intervene.

Progress: Complete – this has taken place through the Quality Assurance, Audit and Performance Management work group.

5.6 **Learning Point 6**: Repeat referrals for 2009/10 to be audited and any learning shared with the SAIAP.

Progress: Complete – learning has been shared with the LSAB and the Partnership Board for Health and Wellbeing

5.7 **Learning Point 7:** Work with the Awareness, Engagement and Communication sub group to plan mechanisms to raise awareness of discriminatory abuse.

Progress: Not Complete – work has not progressed in this area and will be carried over for 2010/2011 **(Learning point 9)**

5.8 **Learning Point 8:** Request from CH&SCS and AWP a view on the decrease in number of cases recorded as partly or fully substantiated. The Safeguarding Adults Inter-Agency Partnership Quality Assurance, Audit and Performance Management work stream will consider the explanation and report back to the SAIAP.

Progress: Partially Complete – CH&SCS and AWP have looked into this but it is not clear why the numbers have decreased. Benchmarking information will be available for 2010/2011 from the South West and further analysis will be undertaken when data is available.

5.9 **Learning Point 9**: Learning will continue about the reasons for breaches to procedural timescales, CH&SCS and AWP will continue to provide exception reports on each breach. The learning will be shared with the SAIAP via the Quality Assurance, Audit and Performance Management work stream.

Progress: Complete – feedback has been provided to the QAAPM group, however it has also routinely been discussed with the Commissioner and with Health and Wellbeing Partnership Board as well.

Section 6: Learning Points Identified for 2010/2011

6.1 **Learning point 1:** Review Training and Development sub group membership and engagement.

6.2 **Learning point 2:** Work with Drug and Alcohol services to raise awareness and ensure appropriate referrals are being made. Understand the interface with community safety arrangements.

6.3 **Learning point 3:** Raise awareness of safeguarding amongst carers through Carer organisations and the carers forum.

6.4 **Learning point 4:** 10% of referrals were for service users that were in receipt of a direct payment. A rise in the take up of direct payments from the Council is anticipated and it would be useful for the LSAB to analyse safeguarding direct payment cases that occur during 2011-2012 to ascertain whether there are any trends in safeguarding activity; particularly whether there is an increase in financial abuse cases.

6.5 **Learning point 5:** LSAB to discuss the relationship between self neglect and Safeguarding and develop local policy.

6.5 **Learning point 6:** Undertake detailed analysis of referrals and outcome by service user group.

6.6 **Learning point 7:** Analyse pressure ulcer cases both in patient and community cases that have resulted in safeguarding procedures being invoked.

6.7 **Learning point 8:** Awareness, Engagement and Communications group to propose a strategy for gathering service user feedback and improve the current position.

6.8 **Learning point 9:** Raise awareness of discriminatory abuse.

Section 7: Progress of Safeguarding Strategic Plan for 2010/11

7.1 Each sub group has a revised work plan that has been reviewed at each LSAB meeting throughout 2010/2011 ensuring the LSAB work plan is on track and the direction of travel maintained.

7.2 The Strategic Plan is due to be reviewed in 2011 and a draft will be prepared and ready for LSAB discussion no later than March 2012.

Author:

Lesley Hutchinson
Assistant Director Safeguarding and Personalisation
Health and Wellbeing Partnership
Dec 2011

Appendix 1

SAFEGUARDING ADULTS INTER-AGENCY PARTNERSHIP
Membership as at 22nd March 2011

NAME	ORGANISATION
ARAYAN Shirley	Principal Norton/Radstock College
COWEN Robin	Independent Chair designate (appointed March 2011)
DAY Kevin	Senior Probation Officer Avon & Somerset Wiltshire Probation Service
DEAN Mark	Head of Public Protection & Safeguard Avon & Wiltshire Partnership Mental Health NHS Trust
EADE Rachael	Practice Manager B&NES GP consortia
EVANS Julie	Director of Customer Services (Housing & Support) Somer Community Housing Trust
GILL Dave	DCI B&NES CID Avon & Somerset Constabulary
GRAY Jo	Managing Director Community, Health and Social Care Services, B&NES
HILLIS Alison	Acting Chief Officer The Care Network
HUTCHISON Sonia	Chief Executive Officer Carers Centre (B&NES)
HUTCHINSON Lesley	Assistant Director Safeguarding and Personalisation, B&NES Council
HOWARD Damaris	Operational Director Freeways Trust
KNIVETON Myriam	Area Business Manager Stonham West Regional Office
LESTER Chris (until January 2011)	Executive Director Freeways Trust
LEWIS Mary	Executive Lead Nurse & Asst Director of Clinical Effectiveness, NHS B&NES
LOOSLEY David	PCT non-Executive Director NHS BANES (Associate Member of LSAB)
McDONALD Rayna	Director of Operations & Clinical Practice RNHRD
McCANN Denis	Unitary Manager Bath & North East Somerset Avon Fire & Rescue Service
MEEK Isla	Regional Manager Four Seasons Health Care
PRITCHARD Vic Cllr	Cabinet Member for Adult Social Services & Housing B&NES Council
RIZK Meri	Manager B&NES People First

ROWSE Janet [Chair]	Acting Chief Executive NHS B&NES and Director of Adult Health, Social Care & Housing (B&NES Council and NHS Banes)
SMITH Sue	Clinical Standards Manager GWAS (Associate Member of LSAB)
THEED Jenny	Divisional Director CH&SC Services NHS BANES
THOMPSON Francesca	Director of Nursing Royal United Hospital, NHS Trust, Bath
TOZER Clare	Personal Assistant to Lesley Hutchinson & note-taker for LSAB B&NES Council
TRETHEWEY David	Divisional Director Policy & Partnerships, B&NES Council
WESSELL Geoff	Det Superintendent PPU Avon & Somerset Constabulary

Appendix 2

Membership List of Local Safeguarding Adults Board sub groups (as at March 2011)

Safeguarding Adults Training and Development sub group
Meet approx: Monthly/6wkly
Chair: Jenny Theed
Jenny Theed (CH&SCS)
Chiquita Cusens (CH&SCS)
Hugh Jupp (AWP)
Simon Ibbunson (RNHRD)
Patricia Mills (RUH)
Maria Wallen (CH&SCS)
Shirley Arayan (Norton/Radstock College)
Myriam Kniveton (Stonham West Regional Offices)

Policy & Procedures sub-group
Meet: bi monthly
Chair: Lesley Hutchinson
Lesley Hutchinson (B&NES Council)
Mark Dean (Assistant Director - AWP)
Simon Brickwood (Avon & Somerset Police PPU)
Chiquita Cusens (CH&SCS)
Rebecca Jones (B&NES Council)
Sue Leathers (RUH)
Hugh Jupp (AWP)
Sue Sherrin (Bath IMCA Service)
George Evans (CH&SCS)
Lindsay Smith (CH&SCS)
Rebecca Potter (B&NES Council)
Sally Cook (Bath Mind)
Lynne Scragg (Bath College)

Awareness, Engagement and Communications Work Stream
Meet approx: bi-monthly
Chair: Mary Lewis
Mary Lewis (NHS B&NES)
Lesley Hutchinson (B&NES Council)
Stuart Ullathorne (CH&SCS)
Shirley Arayan (Norton/Radstock College)
Sonia Hutchison (Carers Centre)
Helen Robinson-Gordon (RUH)
Meri Rizk (B&NES People First)
Chris Lester (Freeways Trust representing Care and Support West until January 2011)
Simon Whitby (Avon & Somerset Constabulary)
Mary-Anne Darlow (RNHRD)
Mel Hodgson (B&NES Council)
Martha Cox (NHS Banes)
Helen Robinson-Gordon (RUH)

Quality Assurance, Audit & Performance Management Work Stream
Meet approx: bi-monthly
Chair: Denis McCann (Avon Fire & Rescue)
Denis McCann (Avon Fire & Rescue)
Mary Lewis (NHS B&NES)
Lesley Hutchinson (B&NES Council)
Jenny Theed (Community Health and Social Care Services)
Mark Dean (AWP)
Mike Williams (Avon & Somerset PPU)
Amanda Pacey (RNHRD)
Rob Eliot (RUH)
Julie Evans (Somer Community Housing Trust)
Geoff Watson (CH&SCS)

Mental Capacity Act Local Implementation Group
Meet: Quarterly
Chair: Lesley Hutchinson
Tom Lochhead (B&NES Council)
Sally-Ann Parry (CH&SCS)
Louise Russell (RNHRD)
Pam Dunn (Carewatch)
Debbie Incledon (B&NES Council Legal)
Steve Knight (CH&SCS)
Rosemary Carol (CH&SCS)
Gemma Box (RUH)
Karen Webb (Four Seasons)
Maria Wallen (NHS BaNES)
Dr Rajpal (CH&SCS)
Dr Harrison (AWP)

Safeguarding & Personal Budgets sub-group
Meet: Quarterly
Chair: Lesley Hutchinson
Lesley Hutchinson (B&NES Council)
Chris East (Community Health and Social Care Services)
Christine Campbell (B&NES Council)
Jeff Saffin (Community Health and Social Care Services)
Sandrine Humphreys (Community Health and Social Care Services)
Steve Meredew (Community Health and Social Care Services)
Clare Gray (Shaw Trust)
Meri Rizk (B&NES People First)
Jenny Shrubsall

Appendix 3: LSAB SAFEGUARDING INDICATORS 2010/2011

1. CRB checks for all relevant staff (target 100%)

2. All public facing staff have safeguarding alerters training and refresher training (target varies depending on the agency

3. Safeguarding adults included as part of new staff induction programme

4. Sufficient staff have undertaken safeguarding investigators training

5. Raising awareness and communicating with all stakeholders about adult abuse

6. Safeguarding discussed routinely in supervision

7. Participation in work of the Safeguarding Adults Inter-Agency Partnership

8. Procedural Timescale Indicators (CH&SCS and AWP only)
    - No. of decisions made within 2 days of referral (target 98%)
    - No. of strategies discussions/ meetings held within 5 days of referral (target 98%)
    - No. of assessment / investigations completed in 28 days of referral (target 98%)
    - No. of planning meetings held within 2 weeks of completed assessment (target 98%)
    - No of reviews held within 12 weeks of planning meeting (target 98%)

Appendix 4: Training Courses Provided, Number of Attendees and Organisation Type 01/04/2010 to 31/03/2011

CourseTitle	CourseDate	Employer	Total
Core Induction	06/04/2010	NHS Other	1
		PCT PROVIDER	11
		SS PROVIDER	1
Core Induction Total			13
Core Induction - Day Two	05/05/2010	PCT PROVIDER	8
		SS PROVIDER	1
	02/06/2010	NHS Other	1
		PCT PROVIDER	8
		SS PROVIDER	2
	06/07/2010	IND	1
		NHS Other	1
		PCT PROVIDER	6
		SS PROVIDER	4
	03/08/2010	IND	1
		Other B&NES	1
		PCT PROVIDER	13
		SS PROVIDER	3
	07/09/2010	NHS Other	1
		PCT PROVIDER	8
		SS PROVIDER	1
	05/10/2010	NHS Other	1
		PCT COMMISSIONING	1
		PCT PROVIDER	14
		SS PROVIDER	2
	02/11/2010	NHS Other	1
		PCT PROVIDER	13
		SS PROVIDER	2
	07/12/2010	NHS Other	1
		PCT PROVIDER	7
		SS PROVIDER	1
		Vol	2
	11/01/2011	GP	1
		PCT COMMISSIONING	1
		PCT PROVIDER	13
		SS PROVIDER	4
	15/02/2011	NHS Other	2
		PCT PROVIDER	6
		SS PROVIDER	1
	15/03/2011	NHS Other	1
		PCT COMMISSIONING	1
		PCT PROVIDER	8
		SS PROVIDER	1
Core Induction - Day Two Total			144
Deprivation of Liberty Safeguards Part 1	16/07/2010	IND	5
		PCT PROVIDER	2
		SS PROVIDER	11
	03/09/2010	IND	8
		Other B&NES	1
		PCT PROVIDER	2
		SS PROVIDER	5

	25/02/2011	SS PROVIDER	11
	21/03/2011	IND	3
		Other B&NES	1
		PCT PROVIDER	2
		SS PROVIDER	5
Deprivation of Liberty Safeguards Part 1 Total			56
H&S Update Day (Adult) (A) - Safeguarding Adults and Child Protection	12/04/2010	PCT PROVIDER	4
	29/04/2010	IND	1
		NHS Other	1
		PCT PROVIDER	6
		SS PROVIDER	2
	27/05/2010	PCT PROVIDER	6
	14/06/2010	PCT PROVIDER	11
	07/07/2010	NHS Other	1
		PCT PROVIDER	11
	11/08/2010	IND	2
		Other B&NES	1
		PCT PROVIDER	11
	30/09/2010	PCT PROVIDER	9
H&S Update Day (Adult) (A) - Safeguarding Adults and Child Protection Total			66
Mental Capacity Act Part 1	16/07/2010	IND	4
		SS PROVIDER	6
	03/09/2010	IND	4
		PCT PROVIDER	1
		SS COMMISSIONING	2
		SS PROVIDER	9
	25/02/2011	PCT PROVIDER	3
		SS PROVIDER	13
	21/03/2011	PCT PROVIDER	2
		SS PROVIDER	12
Mental Capacity Act Part 1 Total			56
Safeguarding Adults & Children Update Training (Level 2B)	10/01/2011	IND	8
		PCT PROVIDER	6
		SS PROVIDER	9
	14/02/2011	IND	4
		PCT PROVIDER	7
		SS PROVIDER	11
	07/03/2011	IND	14
		PCT PROVIDER	5
		SS PROVIDER	3
		Vol	1
Safeguarding Adults & Children Update Training (Level 2B) Total			68
Safeguarding Adults Awareness Training (Alerter, Policies & Procedures) (Level 2A)	29/11/2010	IND	14
		Other B&NES	1
		PCT PROVIDER	3
	09/12/2010	IND	7
		PCT PROVIDER	4
		SS PROVIDER	4
	10/01/2011	GP	9
		IND	5

		PCT COMMISSIONING	1
		PCT PROVIDER	3
		SS PROVIDER	2
	14/02/2011	IND	6
		PCT PROVIDER	4
		SS COMMISSIONING	1
		SS PROVIDER	5
		Vol	2
	07/03/2011	GP	1
		IND	6
		PCT PROVIDER	3
		SS PROVIDER	6
Safeguarding Adults Awareness Training (Alerter, Policies & Procedures) (Level 2A) Total			87
Safeguarding Adults from Abuse - Alerters	15/04/2010	IND	8
		PCT PROVIDER	10
		SS PROVIDER	13
	19/04/2010	IND	6
		PCT COMMISSIONING	1
		PCT PROVIDER	4
		SS PROVIDER	13
		Vol	1
	20/04/2010	IND	4
		PCT PROVIDER	2
		SS PROVIDER	4
		Vol	1
	19/05/2010	SS PROVIDER	32
	24/05/2010	IND	13
		NHS Other	1
		PCT PROVIDER	9
		SS COMMISSIONING	1
		SS PROVIDER	10
	21/06/2010	IND	13
		PCT PROVIDER	2
		SS PROVIDER	18
		Vol	1
	23/06/2010	IND	11
		PCT PROVIDER	8
		SS PROVIDER	8
		Vol	1
	28/06/2010	IND	9
		Other B&NES	1
		PCT PROVIDER	2
		SS PROVIDER	12
	02/07/2010	IND	10
		Other B&NES	1
		PCT PROVIDER	3
		SS PROVIDER	6
	15/07/2010	IND	11
		Other B&NES	1
		PCT PROVIDER	8
		SS PROVIDER	7
	28/07/2010	AWP	1
		IND	21

		Other B&NES	2
		PCT PROVIDER	5
		SS PROVIDER	2
		Vol	1
	04/08/2010	IND	33
		Other B&NES	2
		PCT PROVIDER	7
		SS COMMISSIONING	2
		SS PROVIDER	12
		Vol	2
	24/08/2010	IND	10
		PCT PROVIDER	5
		SS PROVIDER	11
	13/09/2010	IND	15
		PCT COMMISSIONING	1
		PCT PROVIDER	10
		SS PROVIDER	4
	17/09/2010	IND	10
		Other B&NES	2
		PCT PROVIDER	4
		SS PROVIDER	6
		Vol	1
	01/10/2010	IND	14
		PCT PROVIDER	4
		SS PROVIDER	8
Safeguarding Adults from Abuse - Alerters Total			461
Safeguarding Adults from Abuse - Investigators	30/06/2010	IND	7
		SS PROVIDER	8
	09/08/2010	AWP	1
		IND	4
		SS COMMISSIONING	1
		SS PROVIDER	7
	16/09/2010	IND	7
		SS COMMISSIONING	1
		SS PROVIDER	6
Safeguarding Adults from Abuse - Investigators Total			42
Safeguarding Adults from Abuse -Investigators & Coordinators (Level 3A&3B)	13/12/2010	PCT PROVIDER	1
		SS PROVIDER	9
	25/03/2011	IND	3
		PCT PROVIDER	1
		SS PROVIDER	4
Safeguarding Adults from Abuse -Investigators & Coordinators (Level 3A&3B) Total			18
Safeguarding Adults Level (2B)	29/11/2010	IND	7
	09/12/2010	GP	1
		IND	7
		PCT PROVIDER	3
		SS PROVIDER	4
Safeguarding Adults Level (2B) Total			22
Safeguarding Children (Level 3) & Adults (Level 2A)	22/07/2010	PCT PROVIDER	24

Safeguarding Children (Level 3) & Adults (Level 2A) Total			24
Safeguarding Children Level 2 Advanced	15/07/2010	PCT PROVIDER	2
	16/07/2010	PCT PROVIDER	3
Safeguarding Children Level 2 Advanced Total			5
Safeguarding Minute Taking	17/11/2010	PCT PROVIDER	6
		SS PROVIDER	6
	11/01/2011	PCT PROVIDER	10
		SS PROVIDER	3
	24/02/2011	PCT PROVIDER	1
		SS PROVIDER	9
Safeguarding Minute Taking Total			35
Safeguarding Update (School Nurses)	12/10/2010	PCT PROVIDER	25
Safeguarding Update (School Nurses) Total			25
Student Nurse Induction	14/03/2011	IND	2
		NHS Other	9
		PCT PROVIDER	1
Student Nurse Induction Total			12
Grand Total			**1134**

Appendix 5: Breakdown of Referrals by Gender, Age and Ethnicity 2010/2011

Ethnicity	No. of referrals by Gender			No. of referrals by Age Band										No. by ethnicity	
				18-44		45-64		65-74		75-84		85+			
White British	Male	106	*36.2%*	24	*44.4%*	30	*52.6%*	9	*30.0%*	27	*39.7%*	16	*19.0%*	273	93.2%
	Female	167	*57.0%*	22	*40.7%*	25	*43.9%*	21	*70.0%*	35	*51.5%*	64	*76.2%*		
White Other	Male	2	*0.7%*			1	*1.8%*					1	*1.2%*	4	1.4%
	Female	2	*0.7%*	1	*1.9%*							1	*1.2%*		
Black/Brit-African	Male													1	0.3%
	Female	1	*0.3%*			1	*1.8%*								
Black/Brit-Carib	Male													1	0.3%
	Female	1	*0.3%*							1	*1.5%*				
Asian/Brit-Indian	Male													2	0.7%
	Female	2	*0.7%*	1	*1.9%*					1	*1.5%*				
Mix White/Black-Carib	Male	1	*0.3%*							1	*1.5%*			1	0.3%
	Female														
Info not yet obtained	Male	4	*1.4%*	2	*3.7%*					2	*2.9%*			11	3.8%
	Female	7	*2.4%*	4	*7.4%*					1	*1.5%*	2	*2.4%*		
Total	Male	**113**	***38.6%***	**26**	***48.1%***	**31**	***54.4%***	**9**	***30.0%***	**30**	***44.1%***	**17**	***20.2%***		
	Female	**180**	***61.4%***	**28**	***51.9%***	**26**	***45.6%***	**21**	***70.0%***	**38**	***55.9%***	**67**	***79.8%***		
	Total	**293**		**54**	***18.4%***	**57**	***19.5%***	**30**	***10.2%***	**68**	***23.2%***	**84**	***28.7%***		

Appendix 6: Safeguarding Reports from Partner Agencies

Carers' Centre (Bath & North East Somerset)

The Carers' Centre Bath and North East Somerset represents carers and voluntary carers' organisations on the Safeguarding Adults Partnership Board. This has been achieved more effectively this year by communicating safeguarding updates at the Voluntary Sector Carers Provider Forum through a presentation and regular updates and gaining feedback from carers provider services. This medium was used to ensure all carers organisations had information about the new Bath and North East Somerset policies and procedures and were made aware of their duty to update their organisations policies and procedures in line with Bath and North East Somerset's policies and procedures which the Carers' Centre has done.

The Carers' Centre Bath and North East Somerset has represented carers views on the Safeguarding Adults Awareness, Engagement & Communications Sub-Group. This has led to the improved communications of safeguarding to carers using our regular newsletter which goes to over a thousand carers and over 2000 copies are distributed to other professionals, agencies and public spaces. Literature is available at the Centre on safeguarding and staff and volunteers have a rolling programme of safeguarding training. The safeguarding banner and literature has been taken to events with carers. This has been encouraged to be done by all organisations providing services to carers through the Voluntary Sector Carers Provider Forum and literature has been made available to these providers to disseminate.

Sonia Hutchison
Chief Executive Carers Centre
Bath & North East Somerset

Avon & Somerset Constabulary (PPU)

According to BANES PPU records, between 01/04/2010 and 31/03/2011 the police received 73 Safeguarding Adults referrals. Of these 73 referrals, relating to physical abuse, sexual abuse, financial abuse as well as other safeguarding concerns, the police took the investigative lead on 8 investigations.
The Public Protection Unit continues to take the lead responsibility for Safeguarding Adults referrals to the police within Bath & North East Somerset. The Public Protection Unit is lead by a Detective Inspector who supervises three Detective Sergeants and a number of Police Officers and Police staff, who are responsible for investigations relating to Child Abuse; Domestic Violence, Vulnerable Adults and managing Dangerous Offenders in the community.

The Police have continued to give professional advice as part of the inter-agency protocol, have increased attendance at strategy meetings and have, where appropriate, formally investigated criminal offences that have been disclosed.
As a result of new procedures introduced every Safeguarding Adults referral to the Police continues to generate a Guardian Crime report or a Guardian Intelligence report, enabling further intelligence research to be carried out in the future if there are further concerns raised relating to the identified parties.

Ds Simon Brickwood (Police Single Point of Contact for Safeguarding Adults concerns) has continued to increase awareness of Vulnerable Adults concerns to all BANES Police

Staff. Work has also commenced aimed at increasing the number of police referrals of vulnerable adults concerns.

All BANES Police Staff are subject to CRB checks at the time of employment and BANES Police Staff have during the year, completed a number of Safeguarding Training E learning packages, in relation to Domestic Violence, Child abuse and Hate crime. There is cross over within this training of a number of aspects of Vulnerable Adult abuse in relation to age, mental illness and physical disability.

The majority of Detective Sergeants within BANES have completed Investigators training. Further training opportunities are always considered when staff are aligned to different roles.

Police supervision of safeguarding is robust and a hierarchical review process for all vulnerable adults' crimes exists, to ensure appropriate supervision of the investigations takes place.

There are nominated Police Representatives on the Local Safeguarding Adults Board as well as the identified sub groups. The work completed on the Q/A sub group has been particularly enlightening, in respect of a multi agency quality review process of safeguarding referrals, which has identified some opportunities to improve working practice.

The dedicated Duty Desk Referral system continues to provide a more professional response to referrals from other agencies similar to procedures relating to Child Abuse Investigations. This continues to provide a timelier sharing of information between the professional agencies.

Mike Williams
Detective Inspector
Public Protection Unit
Avon & Somerset Constabulary

Royal United Hospital (RUH) NHS Trust, Bath

The Royal United Hospital Safeguarding Adults multi agency group has been established for 5 years and consists of the following internal group members:-

Francesca Thompson
Director of Nursing Executive Lead for Safeguarding Adults

Sue Leathers
Matron for Older Persons and Operational Lead for Safeguarding Adults

Neil Boyland
Matron for Critical Care and Operational Lead for Safeguarding Adults

Kate Purser
Tissue Viability Nurse and Operational Lead for Safeguarding adults

Gemma Box
Sister in Quality Improvement Lead for mental health and Learning Disabilities

Safeguarding Adults2010/11 programme of work:-

- Training at staff induction compliance is currently being validated at 86.96%
- Staff refresher training via mandatory core skills compliance is currently 58.2%
- CRB checks compliance is 100% at year end
- Attendance at LSAB 100%
- 100% root cause analysis undertaken of the most serious pressure ulcers at grade 3 and 4 and 100% screened for safeguarding referral
- Supervision in place for operational leads

Safeguarding Adults progress and areas of focus for 2011/12:-

- Collating evidence of CQC Outcome 7 linked into the clinical audit programme. Evidence is monitored via the internal governance assurance systems in place
- Highly satisfactory outcome to learning disabilities acute hospital peer review
- CQC responsive visit with regard to patients with learning disability and dementia highlighted 2 minor concerns in outcomes 1and 4
- Appointment of a Sister in Quality improvement with a lead in mental health and Learning disabilities
- 2011/12 will see an increased investment in dedicated safeguarding roles for both adults and children
- 2011/12 dementia action plan in preparation for acute hospital peer review and addressing CQC visit
- Continued pilot participation in the Department of Health Confidential inquiry into deaths with learning disabilities
- Highlight the Nursing and Midwifery Council materials in relation to the safeguarding of adults
- Mandatory training review underway which will include a training needs analysis for safeguarding adults. This has been completed for children
- Active RUH participation in the communications group enabling a community wide strategy and associated materials to be adopted

Francesca Thompson
Director of Nursing
RUH

Royal National Hospital for Rheumatic Diseases (RNHRD) Bath

- **Compliance re CRB checks for all staff** 100% achieved

- **All public facing staff have safeguarding alerters training and refresher training:** As at end of quarter 4 62% of staff have received training. The target set by BANES is 80%

- **Safeguarding adults included as part of new staff induction programme:** We have included a Safeguarding DVD at induction for all new starters.

- **Sufficient staff have undertaken safeguarding investigators training:**

Currently 4 members of staff have been trained as investigators for safeguarding this includes Matrons and Head of Nursing. This has been agreed as an adequate number to meet the needs of the organisation.

- **Raising awareness and communicating with all stakeholders about adult abuse:** Recent actions include
  - Access to Safeguarding information on the Mintranet has been updated and a separate link being set up on the front page to ensure easy access.
  - Review of intranet to increase accessibility of information re safeguarding internally
  - NMC DVD circulated to clinical areas and shown at ward meetings etc.
  - The BANES poster and awareness material has been distributed to staff and all clinical areas, certain notice boards are being targeted in clinical areas for poster display.
  - A link to the via the Stop Abuse logo to BANES site is proposed to be added to the new website.

  - **Safeguarding discussed routinely in supervision:**

  All supervisors aware of the need to routinely discuss safeguarding in supervision.

- **Participation in work of the Safeguarding Adults Inter-Agency Partnership:** The Director of Operations and Clinical Practice is the executive on the board with responsibility for safeguarding and attends the local Inter-Agency Partnership Board.

- The trust has representation on 3 of the 4 the sub-committees of the partnership board.
  - Simon Ibbunson Patient Safety co-ordinator – Training sub –committee
  - Amanda Pacey, Head of Nursing – Quality and Audit committee
  - Mary-Anne Darlow, Clinical Pathway Manager – Public Awareness and Communications

  - Partnership and sub committees all attended regularly by the Trust and actions feedback as required to clinical areas and the Trust Safeguarding committee.

Rayna McDonald
Director of Operations and Clinical Practice and DIPC
RNHRD

Avon Fire & Rescue Service

Avon Fire & Rescue Service continues to actively engage in the Safeguarding Adults agenda, both from an operational perspective where we generate alerts, and also the management perspective where we are represented on the Local Safeguarding Adults Board.

We also provide a degree of independence from the care professions as we chair the Quality Assurance Audit and Performance Management Group which reports directly to the LSAB on associated issues.

Whist still a relative newcomer to this discipline Avon Fire & Rescue Service have taken the individual unitary perspectives, including BaNES and we are using this to define and prescribe the holistic corporate agenda.

As we are not a care provider there will always remain some aspects of Safeguarding Adults that we do not get involved with on a regular basis, and our emergency response and community safety activities are the most likely route where we will contact vulnerable individuals. The focus of Avon Fire & Rescue in safeguarding activity is on generating alerts, and following up on these.

Every Avon Fire & Rescue Service work group in BaNES has received direct briefing on Safeguarding Adults, along with reference and publicity materials, while the delivery of formal 'Alerter' Training has yet to be completed by our People Development Department.

In considering the specific QA Indicators:-

- **100% CRB checks in place for staff requiring them -** *Key intervention staff from the central teams have been identified and appropriate CRB Checks are in place for them*.

- **Safeguarding adults included as part of new staff induction program –** *This has yet to be completed, as we are not care providers front line staff will not normally work unsupervised with vulnerable individuals, their input will be via awareness and any alerter training until this can be adopted.*

- **Public facing staff to undertake Alerter's Training and refresher training every 2 years –** *Refresher training will be scheduled on completion of training interventions for 'Alerter Training'*

- **'Relevant' staff to undertake Investigators Training –** *As we are not care providers, and don't manage vulnerable individuals, then this would normally not apply to the Fire & Rescue Service as we would refer and Alert rather than investigate.*

- **Participation in investigation/strategy discussions –** *whilst we are generating Alerts this has not been required of us to date, and is unlikely as we aren't in a carer/client relationship with vulnerable individuals.*

- **Safeguarding discussed routinely in supervision –** *this is not applicable to our operations as we don't supervise vulnerable persons*

- **Participation in Safeguarding Adults Inter-Agency Partnership Work –** *this is in place as we attend the LSAB the LSCB and we chair the QAAPM.*

- **Raising awareness and communicating with all stakeholders about adult abuse** – *information has been provided to every work group in BaNES along with publicity materials.*

During the next year we are looking to complete the provision of Alerter training to our front line staff by our People Development department, and to continue with developing policy

and procedures, to ensure Safeguarding of both Adults and Children is understood and is effective.

Denis McCann
Unitary Manager (B&NES)
Avon Fire & Rescue Service

Freeways and Representative for Voluntary Organisations (Care Forum)

This year has seen the very sudden and sad death of Chris Lester, our executive director, who is a great loss to the Board, Freeways and voluntary organisations as a champion and loud voice for safeguarding adults in B&NES and the old Avon area.
As Acting Director for Freeways I have now joined the Board to carry on that commitment.

Recently the media has been full of the terrible abuse that took place at Winterbourne View and as a provider I feel it is very important that some clear messages come out quickly to reassure carers, the public and service users. The Panorama programme sadly made no mention of 'safeguarding' or 'safeguarding boards' and no reference to staff training. One positive solution is to see this as an opportunity to raise the profile of safeguarding and protecting adults at risk through awareness raising on how carers, individuals and the public report concerns and the need to believe and report all concerns raised by service users until an investigation proves otherwise. Within my own organisation we ensure that all staff are aware of 'whistle blowing' policies, a group of our service users have written our 'Anti – Bullying' Policy in an accessible format, and we meet all of the B&NES QA indicators:

1. All staff are CRB checked and all staff are now rechecked every 5 years(rather than 3) subject to risk assessment
2. All new staff undertake a robust induction programme within the first 6 months and this includes safeguarding.
3. All support staff undertake annual refresher training, this exceeds the indicator of every 2 years
4. We do not undertake any Investigator training as this is not relevant
5. We have participated in 3 investigations/strategy meetings this year in safeguarding alerts/concerns that we have raised.
6. Safeguarding is discussed with all staff in supervisions, team meetings and Freeways own Quality Audit visits.
7. We participate in interagency work and take part in 2 sub groups of the Board.
8. We discuss safeguarding with all stakeholders and are involved in 3 of the 4 local Safeguarding Adults Boards, local forums etc.

With the increase in personal budgets, independent living and risk enablement it is vital that providers, individuals, their carers, commissioners and practitioners all continue to work in partnership and take a shared responsibility when things go wrong, whilst campaigning to ensure that all appropriate measures are in place and monitored to safeguard adults at risk. From our experience B&NES have been very consistent in their response to alerts and worked holistically and creatively in their solution.

Damaris Howard
Acting Director Residential Services
Freeways

Bath & North East Somerset People First

Bath and North East Somerset People First - a voice for disabled people is involved in Safeguarding Adults from a service user perspective. It has been vital to ensure that safeguarding is embedded in all decision making, but not by restricting people's choices. We have worked with disabled people to produce documents on Personal Budgets and offering ideas for good practice on keeping safe. We have run training courses in partnership with Shaw Trust to ensure disabled people have an awareness of what abuse is and understand the procedure that would happen once an alert is made. We have produced an easy read safeguarding booklet and leaflet for the Council.

We have had an input into the terms of reference for the LSAB to ensure adults at risk have the **right** to feel empowered within the safeguarding procedure and be offered support if needed. Also to

- ensure service users are involved in all aspects of safeguarding planning, training, quality and monitoring
- ensure barriers to inclusion are overcome
- ensure adults at risk are given the opportunity to look at options even if they differ from a professional's choice
- involvement in levels of risk taking and decisions
- ensure there is enough time for service users to make informed decisions and not be rushed.

We have an accessible safeguarding policy and continue to be involved in meeting both individuals and organisations of disabled people to hear their views and needs on keeping safe. We are involved in two sub-groups: Safeguarding and Personalisation, and the Awareness, Engagement & Communications group.

Our main focus will continue to be about empowering disabled people to be included and understand how to recognise early signs of possible abuse as prevention is our top priority.

QA Indicators for ALL services:

- 100% CRB checks in place for staff requiring them: Yes
- Safeguarding adults included as part of new staff induction programme: Yes
- Public facing staff to undertake Alerters Training and refresher training every 2 years: Yes, manager to cascade to staff
- 'Relevant' staff to undertake Investigators Training: n/a
- Participation in investigation/strategy discussions: when required
- Safeguarding discussed routinely in supervision: Yes
- Participation in Safeguarding Adults Inter-Agency Partnership Work: Yes
- Raising awareness and communicating with all stakeholders about adult abuse: Yes

Meri Rizk
Manager
Bath & North East Somerset People First

Avon& Wiltshire Mental Health NHS Trust

2010/2011 has seen further development work as AWP continues to seek to meet its duties to safeguard adults

As an organisation working with adults and older people with mental illness, many of which are very vulnerable, AWP has implemented major changes this year, including:

- Continued development of Trust wide documents, templates and intranet based information to ensure effective management of safeguarding adult alerts
- Maintaining trust wide data collection and performance reporting of safeguarding adult activity, both internally and to local safeguarding adult Boards.
- Improvements to rates of staff training to increase understanding and practice in safeguarding adults
- Developing monitoring to ensure that our workforce is checked and monitored on an on going basis to ensure that they are safe to work with vulnerable adults
- Updating the Trust Policies to Safeguard Adults to reflect local and national policy and guidance changes, and regulatory requirements

These changes have raised the profile of adult safeguarding in the trust, and this has been supported by the continued work of a dedicated safeguarding team, working to support and advise practitioners in their safeguarding practice in Bath and North East Somerset

AWP has taken an active role in the Bath and North East Somerset Safeguarding Adults Board and its work, including relevant reviews of practice and performance.

In 2011/2012, AWP looks forward to playing a continuing role in working with the Bath and North East Somerset Safeguarding Adult Board to improve the performance management and assurance of the effective safeguarding of vulnerable people with mental illness from abuse, and to responding to the challenges and opportunities presented by the proposed new national guidance and legislation to safeguard adults.

Mark Dean
Assistant Director and Head of Safeguarding
Avon and Wiltshire Mental Health Partnership NHS Trust