



# **Annual Report**

**2013 – 2014**

working together for health & well-being



## Chair's Foreword

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

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

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

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

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

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

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

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

With huge thanks,

*Robin*

Robin Cowen. Independent Chair

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## Executive Summary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Section 1: Introduction

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

## Section 2: Background

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

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

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

and

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

- 2.4 **What is abuse?**

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



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

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

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

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

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

Regarding Safeguarding and Safety the report states:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

16 core benefits were identified:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.4 The Board has responsibility for:

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

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

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

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

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

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

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

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

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

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



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

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

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

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

#### **4.18 Financial arrangements**

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

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

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

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

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

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

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

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

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

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

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

- 5.4 The Director of Regulated Services at Freeways representing the Health and Wellbeing Partnership Network on the LSAB continued to chair the sub-group during 2013-14. The group are multi-agency, include service user representation and continued to be very active and productive.
- 5.5 The group has undertaken the following work:
- Developed the following multi-agency documents for the LSAB's consideration and approval:
    - (i) Approved the revised **LSAB Multi Agency Safeguarding Adults Policy** in line with the new procedures revised in the previous year. This was approved by the Board in June 2013.
    - (ii) Mid-way through revising the **LSAB Multi Agency Information Sharing Principles** as a result of learning from Serious Case Reviews to ensure key partners have the relevant information. The Board considered the revised document in December 2013; minor changes were requested which have been actioned and shared with all partners. Partners are now

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

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

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

5.8 The group has undertaken the following work:

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

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

## **5.9 Awareness, Engagement and Communication sub-group**

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

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

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

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

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

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

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

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

5.15 Other awareness raising activities that have taken place includes:

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

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

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

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

- 5.19 The Operations Director of Sirona Care and Health continued to chair this sub-group during 2013-14.

- 5.20 During 2013-14 the group has:

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

The summary report can be found following the link below:

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

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

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

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

All agencies to:-

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

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

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

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

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

That all relevant agencies:-

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

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

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

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

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

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

### 5.38 Other Work in Relation to Safeguarding Adults

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

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

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

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

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

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

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

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





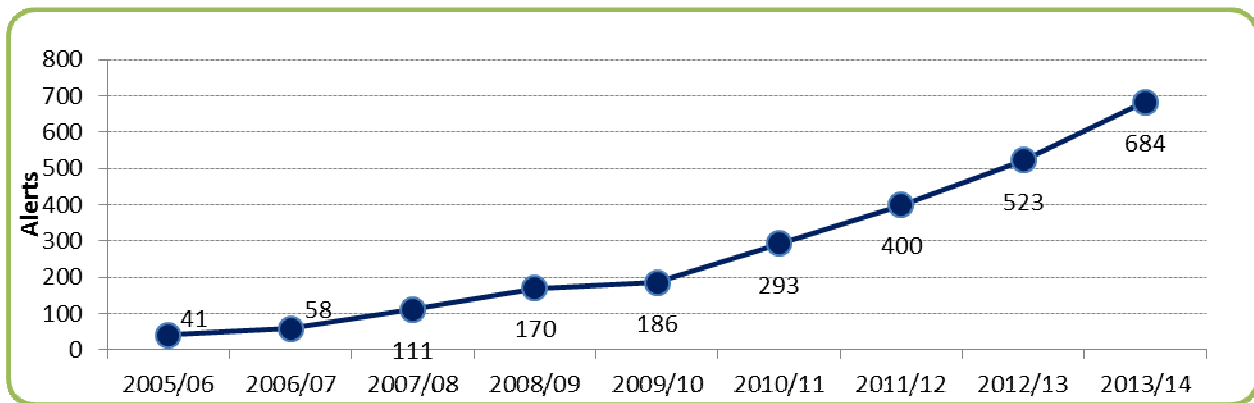
## Section 6: Analysis of Safeguarding Case Activity 2013-14

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

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

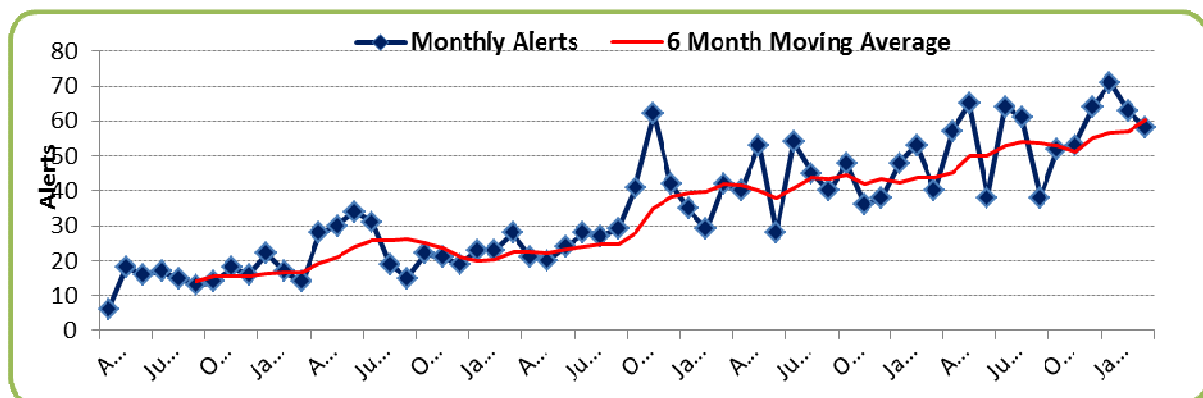
- 6.2 B&NES received 684 new alerts during 2013-14 and also supported 86 service users through the safeguarding procedure who had been referred during the previous year. At the end of the March 2014, 106 cases remained open and 664 had been closed. The increase in the number of alerts received from 2012-13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

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



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

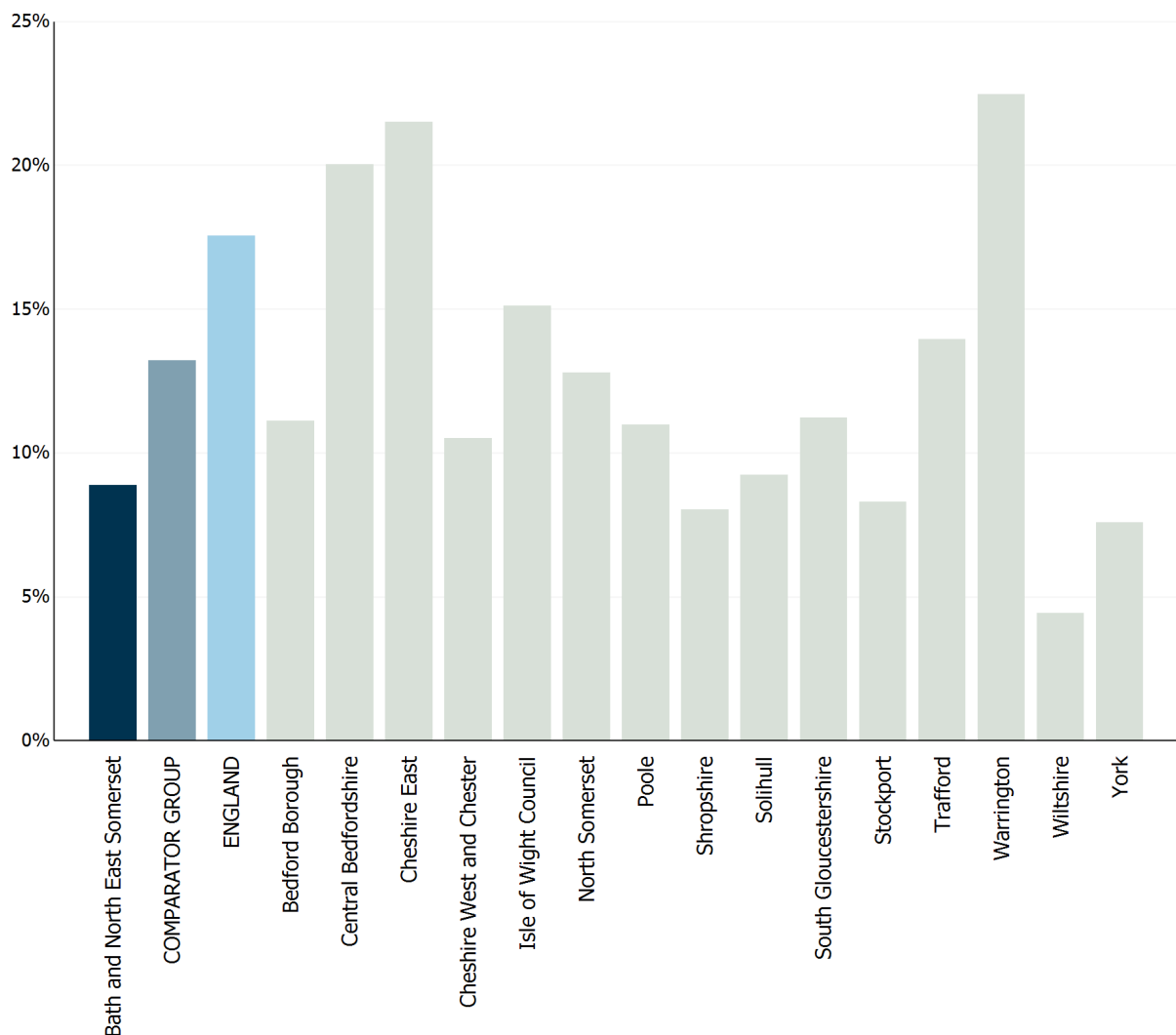
### 6.5 Chart 2: Monthly Safeguarding Alerts from April 2009 – 14



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

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

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



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

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

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

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

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

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

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

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

\* % are rounded to the nearest whole

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

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

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

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

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

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

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

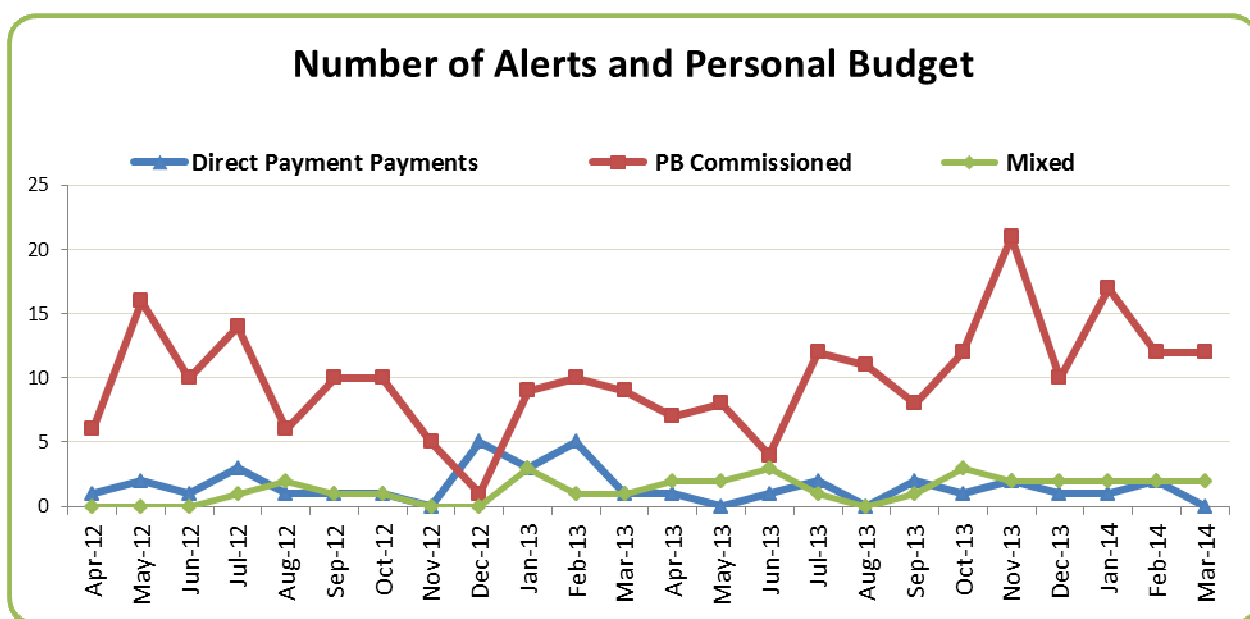
**6.24 Table 7:** below sets out the **level of police involvement** in safeguarding adults cases:

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

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

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

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



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



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

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

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

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

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

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

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

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



‘Not determined/inconclusive

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

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

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

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

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

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

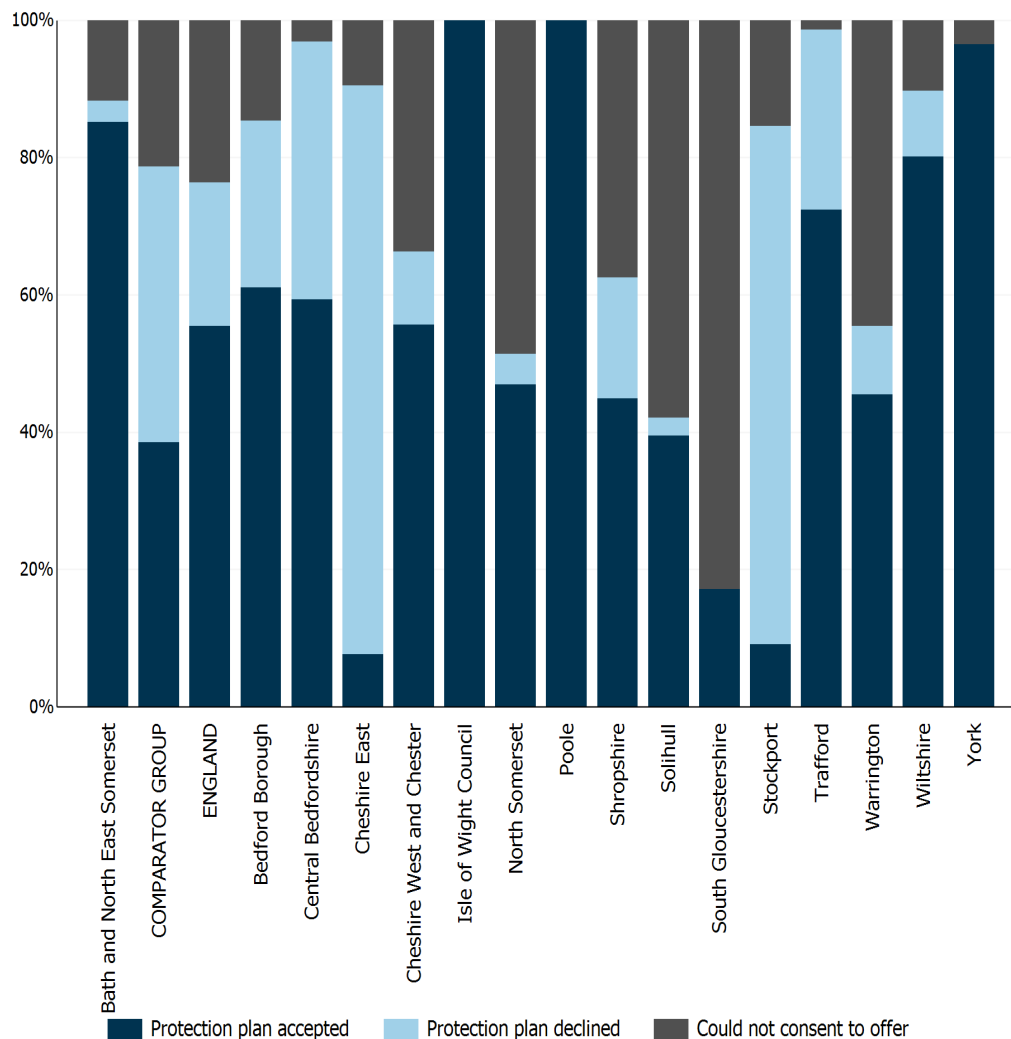
6.37 For cases where the alleged perpetrator was a professional worker, 25% were substantiated; where ‘other family members’ were identified as the alleged perpetrator, 21% were substantiated; where a neighbour / friend was the alleged abuser, 38% were substantiated. In cases where another vulnerable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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

## Section 7: Partner Reports

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

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

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

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

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

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

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

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

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

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



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

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

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

In addition to the above:

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

The topics to be covered include:

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

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

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

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

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

<p>complete to refer cases to the Local Authority adult duty team.</p> <p>Safeguarding training is also delivered to all staff members within their first three months of joining.</p> <p>A central log is maintained of all cases which is updated and monitored by dedicated staff.</p> <p>Safeguarding is a standard agenda item at all team meetings for staff and managers alike to discuss cases or potential issues if the team are unsure of what action to take.</p>			
<p><b>Objectives for 2014-2015:</b></p> <ul style="list-style-type: none"> <li>All front line staff to be trained in Domestic Abuse training – a bespoke one day training course developed by Curo's Head of Tenancy Solutions in partnership with Southside.</li> <li>Colleagues participate in real time scenarios acted out by professional actors in a Curo property.</li> </ul>			
<p><b>Agency Name: FREEWAYS</b></p>			
<p><b>Brief outline of agency function:</b></p> <p>We are a voluntary organisation working across the old Avon area. We provide residential care and floating support for housing related and/or social care needs to adults with learning disabilities, physical and sensory impairments to lead independent and active lives.. We also support volunteering and employment opportunities as well as providing domiciliary care and hydrotherapy</p>			
<p><b>Achievements during 2013-2014:</b> (in bullet points)</p> <ul style="list-style-type: none"> <li>All floating support team have attended B&amp;NES Council Safeguarding Alerters training.</li> <li>Continued to keep MCA/ DOLS/ Safeguarding as a relevant topic in team meetings / Supervisions etc.</li> <li>All staff have had annual updates in safeguarding, MCA and DOLS (where applicable) training, both in house and by external agencies.</li> <li>All new staff have received MCA and DOL's training within 6 months of taking up their post as part of their induction process.</li> <li>Floating support service has 2 x Safeguarding Champions. Encouraged to bring new news to team meetings</li> <li>All services have a good reputation within B&amp;NES for raising safeguarding issues. Which has in turn prevented financial abuse occurring</li> <li>Ran 2 courses for service users around abuse awareness</li> </ul>			
<p><b>Performance to LSAB indicators 2013-2014:</b></p>			
<b>Indicator</b>	<b>Target</b>	<b>Outturn</b>	<b>Comment</b>
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment <b>(All)</b>	95%	100%	
Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter <b>(LA and CCG Commissioned members only)</b>	90%	90%	We provide annual refresher internally
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post <b>(LA and CCG Commissioned members only)</b>	80%	100%	Provided internally as well as accessing Council training

Relevant staff to have undertaken DOLS training within 6 months of taking up post <b>(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)</b>	95%	100%	Provided internally as well as accessing Council training
Relevant staff to have an up to date DBS check <b>(All)</b>	100%	100%	
Safeguarding champions identified for each team <b>(All)</b> Describe arrangements for champions in your agency if not in each team in comments		2 in place in floating support	2 to be prioritised in residential service
<b>Describe how you raise awareness of safeguarding in your agency:</b> Ongoing continuous professional development: Annual training (various methods- team training sessions, supervision discussions, staff meetings, coaching, reflection sheet on safeguarding concern form. Attendance on forums and updates disseminated through the organisation. Accredited qualification pathway: Diplomas levels 3-5. Occasion/incident reports and the follow up actions. Annual complaints audit. Annual safeguarding audit; recording the number of safeguarding referrals made by each service. Bi-monthly visit/report by senior managers; discuss safeguarding issues. Discussed with service users using our accessible policy, training and resident meetings			
<b>Objectives for 2014-2015:</b> <ul style="list-style-type: none"> <li>• Get relevant training completed for staff member who has returned from Maternity leave.</li> <li>• Maintain yearly refresher training for all staff in safeguarding, MCA and DOLS</li> <li>• Keep abreast of relevant external training to supplement internal training</li> <li>• Continue to raise Safeguarding / DOLS/ Mental Capacity within team meetings and supervisions.</li> <li>• Continue to encourage staff to participate in Safeguarding</li> <li>• Support service users to report concerns themselves to safeguarding</li> <li>• Run a specific training course for service users in B&amp;NES on abuse awareness</li> <li>• Safeguarding champions to be selected and recognised in residential service and link to existing selected dignity champions.</li> </ul>			
<b>Agency Name: NHS B&amp;NES Clinical Commissioning Group</b>			
<b>Brief outline of agency function:</b> NHS B&NES CCG commissions and performance manages NHS funded care.  The Director of Nursing and Quality in NHS B&NES is executive lead for Safeguarding and attends the Local Safeguarding Adults Board meetings. The Quality & Adult Safeguarding Lead now chairs the Quality and Assurance sub-group; sits on the Policy & procedures and MCA & DOLS groups and will attend future board meetings.			
<b>Achievements during 2013-2014:</b> (in bullet points) <ul style="list-style-type: none"> <li>• Care Home forum which supports the delivery of clinically effective, safe and evidence based care. A one day meeting was held in October and a second day is planned for September.</li> </ul>			

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



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

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

## **NHS England**

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

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

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

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

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

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

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

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

The outcomes we are aiming for are:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

referral process.

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

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

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

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

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



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

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

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

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

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

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

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

➤ **Domain 2: Responsibility & Accountability**

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

➤ **Domain 3: Access & Involvement**

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

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

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

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

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

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

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

Author:

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

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

## Appendix 1

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

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

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

## **Appendix 2**

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

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

**Meet: Bi-monthly**

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

Sue Tabberer (B&NES Council)

Dennis Little (B&NES Council)

Geoff Watson (Sirona Care & Health)

D Heaton (Agincare Domiciliary Care)

Jackie Cooke (RNHRD)

Amanda Pacey (RNHRD)

Jane Davies (RUH)

Belinda Lock (Way Ahead)

David Trumper (B&NES Carers Centre)

Helen Ponting (Avon & Somerset Constabulary)

Nick Quine (Avon & Somerset Constabulary)

Sonya Stocker (Avon & Somerset Constabulary)

Sophie Cousins (AWP)

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

**Meet: Bi-monthly**

**Chair: Damaris Howard (Freeways)**

Alan Mogg (B&NES Council)

Sue Tabberer (B&NES Council)

Rebecca Jones (B&NES Council)

Rebecca Potter (B&NES Council)

Maggie Hall (Sirona Care & Health)

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

Amanda Lloyd (Avon & Somerset Constabulary)

Sally Eaton (City of Bath College)

Roanne Wootten (Julian House)

Jenny Shrubsall (Service User)

Kate Purser (NHS BaNES CCG)

Deborah Janes (AWP) *for info only*

Huge Jupp (AWP)

Jo Green (AWP)

Gemma Box (RUH)

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

**Meet approx: Bi-monthly**

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

Lesley Hutchinson (B&NES Council)

Karyn Yee-King (B&NES Council)

Melanie Hodgson (B&NES Council)

Sarah McCluskey (B&NES Council – Children)

Maggie Hall (Sirona Care & Health)

Martha Cox (Sirona Care & Health)

Kirstie Mann (Your Say Advocacy)

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

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

**Meet approx: Bi-monthly**

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

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

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

**Meet: Quarterly**

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

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

**Joint Interface Group LSCB/LSAB**

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

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

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

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

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

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

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

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

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

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

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

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

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

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





## **Business Plan**

**April 2012- March 2015**

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## **Chair's foreword**

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

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

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

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

Robin Cowen

Independent Chair

LSAB 2012

## **1. Introduction**

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

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

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

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

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

## **3. Terms of Reference**

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

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

## **4. Monitoring Arrangements**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### Key

**Red:** Not to timescale

**Amber:** In progress

**Green:** To target

**Blank:** No action to date

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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