

Partnership Board for Health and Wellbeing Report

Date: 15th June 2011

Report Title: Adult Safeguarding Performance

Agenda Item: 13

List of attachments to this report:

Summary

Purpose

- 1 To present an update on adult safeguarding performance and activity in B&NES and to draw the Board's attention to any new issues of concern. The performance and activity section is provided jointly by NHS and Bath Council Commissioning Services and Community Health and Social Care Services.

Recommendation

- 2 The Partnership Board for Health and Wellbeing is asked to note the following:
 - Update on adults safeguarding performance indicators from April 2010 to March 2011
 - Proposed new performance indicators for 2011 to 2012
 - Update from Local Safeguarding Adults Board March 2011 meeting
 - Government Policy Statement on Safeguarding Adults

Rationale

- 3 For the Partnership Board for Health and Wellbeing to be assured that adult safeguarding delivery arrangements in B&NES are developing and improving.

Other Options Considered

- 4 None

Financial Implications

- 5 None

Risk Management

- 6 As noted in each report the Balanced Scorecard indicators seek to assure the Board that the Local Authority (responsible for the coordination of safeguarding cases and the provision and commissioning of safe services) and the PCT (responsible for the provision and commissioning of safe services) has robust monitoring arrangements in place.

New indicators are proposed for 2011/12 to provide the Board with this assurance.

Equality issues

- 7 All Local Safeguarding Adults Board agencies are expected to review their safeguarding policies to ensure equality and diversity issues are incorporated. This is also a requirement from Care Quality Commission.

Legal Issues

- 8 None

Engagement & Involvement

- 9 The Local Safeguarding Adults Board and the sub groups reporting to it are made up of a wide range of commissioned services and partner agencies. Service users are involved in some aspects of the work and Board members recognise the need to develop further engagement and involvement in safeguarding.

The Board continues to look at ways to strengthen the engagement and involvement of service users; CH&SCS are supporting this with capacity from the Service User Involvement Facilitator. This report has been viewed by the Council monitoring officer and section 151 officer.

If you would like this document in a different format, please contact the author

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The Report

Background

1. As outlined in the summary report above the Partnership Board for Health & Well Being seek assurance at each meeting that adult safeguarding arrangements in B&NES are robust and that issues of concern are brought to its attention with plans to address these.

Key Points

2. The report highlights four key areas:

- Update on adults safeguarding performance indicators from April 2010 to March 2011 (note the final figures for 2010/11 will not be available until they have been quality checked in June 2011)
- Proposed new performance indicators for 2011 to 2012
- Update from Local Safeguarding Adults Board March 2011 meeting
- Government Policy Statement on Safeguarding Adults

2.1 Update and commentary on adult safeguarding performance and activity in B&NES

2.1.1 Indicator 1: Percentage of referrals that have recorded outcomes (April 10 – March 11)

The data reports for the full year need to be finalised and sent to the DH in July 2011, in the meantime the most up to date figures available show 293 new safeguarding referrals were received during April 2010 to March 2011. As noted in previous reports this is a significant increase on previous years; in 08/09 there were 165 referrals received and in 09/10 186. The increase in referrals demonstrates that adult safeguarding is understood more widely.

39 safeguarding cases were ongoing from the 31st March 2010, therefore up to and including existing March 2011 data 332 safeguarding cases have or are being coordinated by CH&SCS and AWP.

Of these 332 cases, 270 have been closed during April 2010 to March 2011.

(It is important to note that in April 11 the DH Information Centre have set out very prescriptive definitions of what a safeguarding 'alert' and 'referral' includes; once the existing safeguarding data has been quality checked the reported figures may be presented differently; however to date we have had 293 new cases that have been considered in terms of needing safeguarding intervention).

The table below sets out the outcome for each case once terminated:

Case Terminated at the following Stage	Outcome						
	No Further Action	No Case to Answer	Not Determined/ Inconclusive	Not substantiated	Partly Substantiated	Substantiated	Total
Stage 3 Decision not to progress safeguarding process	69	5	1	1	1	0	77
Stage 4 Safeguarding Strategy discussion and / or meeting	0	22	12	17	15	23	89
Stage 5 Assessment/ investigation	0	0	6	12	10	9	37
Stage 6 Planning meeting	0	0	4	4	8	11	27
Stage 7 Review meeting	0	0	6	11	8	15	40
Total	69	27	29	45	42	58	270

The Board continues to seek assurance that the cases that have a recorded outcome of Not Determined and Inconclusive are safe. The Board can be assured that exception reports have been discussed between CH&SCS, AWP and the Commissioner for each of these cases. Following discussions about each case, three were found to have an incorrect outcome designated, and had met the criteria for partially substantiated; this has been corrected. All other cases were correctly designated and support has been, and / or continues to be, offered / provided, to the service users to ensure their safety; ongoing monitoring is in place. CH&SCS have developed a reporting template to ensure staffs provide consistent information in the exception reports.

2.1.2 Indicator 2 - Percentage of cases completed within procedural timescales

The table below sets out CH&SCS and AWP safeguarding case coordination performance in accordance with procedural timescales from April to March 2011. The target for 98% of all cases to be managed in accordance with timescales remains in place for this period. The final column of the table shows the direction of travel in performance from the last report in February 2011.

The following performance target ranges have been set:

Green >98%

Amber 80 – 97%

Red <80%

Procedural Descriptor	Data Source	Target	10/11 YTD % and actual number of cases			Since Feb 11
			April 10 - March 11			
			Total no. outside of timescale	Total no. that could be completed on time	% completed on time	
2a No. of decisions made within 2 days of referral	CH&SC Services	98%	6	216 (1 referral received March 31 st)	97%	↔
	AWP		10	57	82%	↑
	Both		16	273	94%	↑
2b No. of strategies discussion / meetings held within 5 days of referral	CH&SC Services	98%	15	135	89%	↑
	AWP		6	63	90%	↑
	Both		21	198	89%	↑
2c No. of assessments / investigations completed in 28 days of referral	CH&SC Services	98%	11	67	84%	↑
	AWP		12	39	69%	↑
	Both		23	106	78%	↑
2d No. of planning meetings held within 2 weeks of completed assessment	CH&SC Services	98%	1	41	98%	↑
	AWP		12	38	68%	↔
	Both		13	79	84%	↑

	t						
2e	No of reviews held within 12 weeks of planning meeting	CH&SC Services	98%	2	31	94%	↑
		AWP		3	18	83%	↑
		Both		5	49	90%	↑

CH&SCS and AWP Combined Performance Overview

The above data is the most accurate combined data set available to date, showing combined performance as amber in four areas and red in one. The direction of travel is improving in all areas except for two where it has remained the same from the previous report. 87% of all cases have been completed in accordance with procedural timescales; this is an improvement of 6% from the last report.

CH&SCS Case Activity

CH&SCS performance has improved considerably throughout the year and this is demonstrated in 2d being on target; 2a being 1% below target and 2e being very close to target also.

When taking all five stages into account CH&SCS currently report 92% of case activity taking place in accordance with procedural timescale.

AWP Case Activity

There remains on going issues with both the data entry for AWP safeguarding cases onto Care First and the performance against procedural timescales; this situation is not sustainable and provides a risk to the level of assurance the Board can be given regarding AWP's management of safeguarding cases. B&NES Commissioners are coordinating a workshop for AWP and the six Local Authorities that commission AWP services to look at a number of issues surrounding safeguarding case coordination; at the workshop a solution to the data entry problem will be sought as will a remedial action plan to address procedural timescale concerns.

AWPs performance has improved from the last report in four of the five areas. AWP are now amber in three of the five stages and remain red in the other two. When all five stages are taken into account, AWP currently report that 78% of case activity adheres to procedural timescale. The remedial action plan is crucial to ensure that adherence to timescales is improved.

AWP are currently looking into why they are recording a higher number of strategy discussions/meetings (2b) than decisions made (2a) as this is very unusual, a possible reason is that some of the information on decisions (2a) has not been provided. The quality of the data needs to be accurate before submission to the Department of Health, AWP are looking into this and have a deadline of the 2nd June 2011 to correct it by.

2.1.3 Indicator 3 – Percentage of identified repeat referrals

During this 12 month period there have been 28 occurrences of service users being referred for safeguarding more than once. 20 of the 28 cases have been reviewed to date to ensure

the service user is in receipt of ongoing support and that plans are in place to try and ensure further repeat referrals are not made. The other eight cases will be reviewed and assurance provided in the Safeguarding Adults Annual Report.

2.1.4 Indicator 4 – Case file audits (2 per month)

Case file audits continue to be carried out each month and are proving a useful tool to improve the quality of the work delivered and the recording of it. CH&SCS recently undertook a larger scale audit and identified five areas for improvement:

- Staff did not consistently follow the safeguarding procedure as set out
- A number of cases appeared to have been closed prematurely despite on going support being provided
- Service user and carer engagement in the procedure was mixed; in some cases excellent involvement was seen and in other it was not clear
- Notes of meetings and finalised investigation reports were not always provided and observation recordings were not always clear. Again there is evidence of excellent practice, however this is not consistent in all cases

The larger scale audit has proved valuable to drive the delivery of consistent and good practice and has led to a set of improvement recommendations that will be rolled out during 2011/12.

2.1.5 Indicator 5 - for all 'relevant' staff to have CRB checks each LSAB agency will provide details of this for inclusion in the Annual Report. This indicator is expected to be achieved.

2.1.6 Indicator 6 - % of 'relevant' staff to have undertaken mandatory safeguarding training.

CH&SCS are responsible for providing and reporting training on the number of 'relevant' adult health and social care staff that have undertaken adult protection training and refresher training during the last two years.

In March 2011 the following was reported:

- 96% adult social care staff were trained against an end of year target of 97%.
- 67% of health staff have been trained against an end of year target of 80%.

CH&SCS are rolling out a new safeguarding e-learning tool. (Note: finalised end of year figures will be available in June 11)

2.1.7 Indicator 7 - safeguarding champions to be nominated for each team

CH&SCS and AWP have confirmed there are safeguarding champions in all services.

2.2 Proposed New Performance Indicators for 2011 to 2012

The proposed safeguarding indicators below have been drafted and were presented to the LSAB in March 2011. Several LSAB agencies have already commented on these and the final agreement is sought by the middle of June 2011. If accepted these will be the indicators used to assure the LSAB and the PBH&WB about safeguarding arrangements in B&NES. The indicators are separated out into qualitative and quantitative measures.

2.2.1 Proposed new procedural timescale indicators 11/12

Indicator	Target	Logic for Change and Actions
1. % of decisions made in 2 working days from the time of referral	95%	<ol style="list-style-type: none"> 1. Maintain a high target (reduce by 3%) as this is a crucial time for identifying when someone is at risk of abuse and stopping abuse from escalating 2. Allows for 5% of decisions not to be made in 48 working hours because further information is needed 3. Breach reports provided for cases outside of timescale which set out the evidence of work taking place to ensure service user is safe whilst decision being made
2a. % of strategy meetings/discussions held within 5 working days from date of referral	90%	<ol style="list-style-type: none"> 1. Maintain a high target (reduce by 8%) as this is also a crucial time for ensuring swift action is taken to ensure potential abuse is prevented from continuing 2. Allows 10% leeway as there are occasions when: <ul style="list-style-type: none"> - relevant partners are not able to meet within timescale but their presence is essential - additional time is needed to gather all the information to facilitate a meaningful discussion 3. Breach reports provided for cases outside of timescale
2b. % of strategy meetings/discussions held with 8 working days from date of referral	100%	<ol style="list-style-type: none"> 1. Provides assurance that all cases have a strategy meeting/discussion within an agreed timeframe
3. % of overall activities / events to timescale	90%	<ol style="list-style-type: none"> 1. 10% leeway allowed because: <ul style="list-style-type: none"> - there can be justifiable reasons that prevent CH&SCS and AWP from completing assessment/ investigation in timescale and for holding planning and review in accordance with timescale 2. Breach reports provided for cases outside of timescale

Monthly: AWP and CH&SC 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

Annually: AWP and CH&SC only

- Report on the experience and outcome for the service user (to include service user experience as well as involvement in safeguarding arrangements)

Quarterly: LSAB and Local Authority / PCT commissioned agencies who deliver Health and social care services

- 97% of relevant 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' is defined by CQC)
- 80% of relevant health 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 / PCT 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 check in place and / or be registered with the Independent Safeguarding Authority (the term relevant here applies to those staff that are required in law to have a CRB and or be registered with the ISA)
- 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 PCT 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).

2.3 Update from the Local Safeguarding Adults Board (LSAB)

The LSAB met in March 2011, outlined below are the key items for noting:

- An Independent Chair was successfully recruited and chaired the latter half of the meeting.
- The Policy and Procedure sub group are developing a range of guidance documents for practitioners including one on Thresholds, Consent and Neglect.

- Two workshops on Risk Enablement, Safeguarding and Support Planning ran in May 11 for CH&SCS and AWP staff and LSAB members. .
- A five week course for service users has been ran by the Shaw Trust and Bath People First to discuss safeguarding, risk assessment and enablement, choice and control. The course is currently being evaluated and the evaluation will be shared with the LSAB in July 11.
- 19 Deprivation of Liberty Safeguards (DoLS) applications were received during April 2010 to March 2011, in comparison to 3 for 2009/2010. The DoLS process and quality of assessments has been reviewed. The findings are that the quality of assessments is to a high standard and that processes are understood locally through they need to be published for transparency. Full analysis of the DoLS applications is being presented to the LSAB in July 2011.
- The Quality Assurance, Audit and Performance Management group: proposed that the LSAB adopt the South West Quality Audit Framework, which they did and this will be used during 2011/12; proposed a set of new performance indicators which are outlined above and undertook its third multi-agency case file audit and feedback the findings of this to the LSAB. This is proving a useful exercise and lessons learned are being shared with managers to improve practice.
- The Awareness, Engagement and Communication group presented a proposal for improving involvement and gathering feedback from service users, this is being considered more widely with regard to the impact on practice and will be reconsidered in July 2011.
- The Multi Agency Safeguarding Training group reported progress on the implementation of the training Strategy and requested Partner agencies consider pooling training funding. LSAB members have been asked to provide a view on this by July 2011.

2.3 Government Policy Statement on Safeguarding Adults

On the 16th May 2011 the Government produced a statement of policy on Safeguarding Adults.

‘The Government’s policy objective is to prevent and reduce the risk of significant harm to vulnerable adults from abuse or other types of exploitation, whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion. The Government believes that safeguarding is everybody’s business with communities playing a part in preventing, detecting and reporting neglect and abuse. Measures need to be in place locally to protect those least able to protect themselves. Safeguards against poor practice, harm and abuse need to be an integral part of care and support. We should achieve this through partnerships between local organisations, communities and individuals. The State’s role in safeguarding is to provide the vision and direction and ensure that the legal framework, including powers and duties, is clear, and proportionate whilst maximising local flexibility. This framework should be sufficient to enable professionals and others to take appropriate and timely safeguarding action locally while not prescribing how local agencies and partnerships undertake their safeguarding duties.’ (DH Gateway Reference 16072 16.05.11)

They have set out the following principles:

Empowerment - Presumption of person led decisions and informed consent.
 Protection - Support and representation for those in greatest need.
 Prevention - It is better to take action before harm occurs.
 Proportionality – Proportionate and least intrusive response appropriate to the risk presented.

Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability - Accountability and transparency in delivering safeguarding (DH 16.05.11)

The Government have confirmed that 'No Secrets' (DH 2000) will remain as the statutory guidance for safeguarding adults until 2013 and intends to legislate for Local Safeguarding Adults Boards, making existing Boards statutory. We await further guidance on this, however have been preparing the B&NES LSAB for this. In addition to the recently published Law Commission report of its review of adult social care law recommends making LSAB's statutory.

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Background papers	<i>None</i>