Annual Report

2012 – 2013

Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Avon and Somerset Probation Trust

AVON FIRE & RESCUE

Three Ways School

AVON & SOMERSET CONSTABULARY

Avon and Wiltshire NHS Mental Health Partnership NHS Trust

Royal United Hospital Bath NHS NHS Trust

curo

Carers' Centre Bath and North East Somerset

Freeways

Bath & North East Somerset ageUK

Royal National Hospital for Rheumatic Diseases NHS Foundation Trust

Sirona care & health

NHS Bath and North East Somerset Clinical Commissioning Group

Chair's Foreword

This has been a tough year and an extremely busy one. On behalf of the LSAB I would like to thank all those staff who are dealing with an increasing workload so professionally while there is such pressure on resources.

LSAB members have also been responding to the aftermath of Winterbourne View, of Mid-Staffordshire, to regulatory demands and to other enquiries while managing a serious case review. Despite all these pressures this Annual Report details a huge amount of work that continues to support and inform safeguarding practice in B&NES.

I would like to thank sub-group members for delivering this programme. I am very clear that the sub-groups drive the LSAB's work and that members do this over and above the 'day-job'. The commitment from partners in B&NES is outstanding and nowhere is this better illustrated than in the sub-groups. It is clear though that people are finding it hard to keep up the momentum and this is shown by falling numbers in some sub-groups. This is a challenge for the LSAB in the coming year.

Looking ahead there are a number of national and local agendas that need attention:

- The Care Bill, which is going through the parliamentary process, is moving LSABs towards statutory status. This is likely to be helpful but is not expected to make a substantial difference to the way in which we already operate.

- The LSAB needs to find better ways to listen to people who use services and to the wider community. We are working with Healthwatch to help us with this.

- One of the learning points arising from the serious case review was the need to improve intelligence sharing. One route towards this may be the development of a Multi-Agency Safeguarding Hub and this is being explored as a possibility. Another learning point was the need to improve links with Domestic Abuse processes and this is being actively pursued with the Responsible Authorities Group.

- The LSAB carried out a survey to see how the work was viewed by Board and sub-group members. This has been very helpful in highlighting areas such as the need to improve communication and to ensure that our work is not too reactive. This will inform our work in the coming year.

- The big task ahead, though, is how to manage increasing demand for safeguarding intervention against diminishing resources. The LSAB needs to take a lead in working with commissioners, providers and a wider audience to understand what this means in practice, how risk is prioritised and shared and how expectations can be managed in this difficult climate.

Robin Cowen. Independent Chair

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

1.3 This annual report summarises the LSAB's activities that has taken place from April 2012 to March 2013; it highlights the commitment to multi agency working including, the robust performance management and quality assurance mechanisms and achievements of the LSAB.

Section 2: Background

2.1 The LSAB have seen a continued increase during 2012-13 in the profile and scrutiny of multi-agency working to prevent and safeguard adults at risk of 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. In May 2011 the Coalition Government published the ***Statement Of Government Policy On Adult Safeguarding*** which set out the Governments legal position on safeguarding. In July 2012 it published the draft Care and Support Bill; clause 34 to 38 relate specifically to safeguarding adults at risk of abuse or neglect. Whilst the Bill moves through the parliamentary process the Government has published a second ***Statement of Government Policy on Adult Safeguarding;*** this 'acts as a bridge between No Secrets and the duties and powers contained in the draft Care and Support Bill.' (May 2013 p4). It builds on *No Secrets* which will remain as statutory guidance until at least 2014.

2.3 **Who is a vulnerable adult?**

- 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 2012-13.

3.2 A significant amount of focus has been placed on understanding what went wrong, the lessons learned and improving services following the BBC Panorama documentary aired in May 2011 **Undercover Care: The Abuse Exposed.** The abuse took place at **Winterbourne View Hospital** managed by Castlebeck – the response to the programme has led to a wealth of investigations, reports and actions being taken to try and ensure the abuse does not occur again, these included:

- A criminal investigation being undertaken by Avon and Somerset Police Constabulary
- South Gloucestershire LSAB commissioning a Serious Case Review
- The Care Quality Commission (CQC) initiating an investigation
- The Strategic Health Authority (SHA) requesting reviews and assurance of commissioning arrangements
- Paul Burstow (the then) Minister of State, Department of Health (DH) reporting to the House of Parliament that the DH would review reports of CQC's, South Gloucestershire LSAB Serious Case Review; the National Health Service (NHS) Serious Untoward Incident investigations and any other relevant documents
- The Association of Directors of Adult Social Services (ADASS) producing a guidance note for Local Authorities and Safeguarding Adults Boards recommending seeking local assurance and not waiting for findings and reports being published.

3.3 The criminal investigation was concluded in October 2012 and six people were sentenced to prison and a further five were given suspended sentences. The eleven defendants admitted to 38 charges of either neglect or ill treatment of five people with learning disabilities resident at Winterbourne View Hospital.

3.4 ***South Gloucestershire Safeguarding Adults Board Winterbourne View Hospital - A Serious Case Review*** was published in August 2012. The review was chaired and report written by Margaret Flynn. The report makes a large number of recommendations to be addressed to improve the safeguarding and commissioning arrangements and oversight.

3.5 The CQC published ***Learning Disability Services Inspection Programme - National Overview*** (June 2012). CQC inspected 150 settings of which 145 were included in the analysis for the report. 68 of the inspections were of NHS trusts providing assessment, treatment and secure services; the inspections focused on

Outcome 4: Care and welfare of people who use services and Outcome 7: Safeguarding people who use services from abuse of the Essential Standards. The report made recommendations for providers, commissioners and themselves.

3.6 The DH published ***Transforming care: A national response to Winterbourne View Hospital Department of Health Review: Final Report*** in December 2012 (this followed the interim report that had been published earlier in June 2012). The report sets out the governments final response to the events at Winterbourne View hospital. *'It sets out a programme of action to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging'.* (DH p2) The review drew on:

- *'a criminal investigation with 11 individuals prosecuted and sentenced;*
- *the Care Quality Commission review of all services operated by Castlebeck Care, the owners of Winterbourne View, and the programme of inspections of 150 learning disability hospitals and homes;*
- *the NHS South of England reviews of serious untoward incident reports and the commissioning of places at Winterbourne View hospital;*
- *an independent Serious Case Review commissioned by the South Gloucestershire Safeguarding Adults Board, published on 7 August 2012; and*
- *the experiences and views of people with learning disabilities or autism and mental health conditions or behaviours described as challenging, their families and carers, care staff, commissioners and care providers.'* (p9)

The report makes clear that fundamental change is expected and includes Annex A: Model of Care and Annex B: 63 actions that will be completed between June 2012 and summer 2016 to achieve the change.

3.7 The DH also published ***DH Winterbourne View Review Concordat: Programme of Action*** (December 2012). The concordat sets out the shared commitment to transform services with specific actions which individual partners will deliver to make changes to the care and support for people with learning disabilities. The concordat was agreed by a large range of organisation. Some of the commitments include:

- an end to all inappropriate placements by 2014
- adult who are in specialist autism or learning disability hospital setting will have their care reviewed by 1 June 2013 and if they would be better off supported in the community then they should be moved out of hospital as quickly as possible, and no later than 1 June 2014
- Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour which accords with the model of care by April 2014.

3.8 In addition to the activity resulting from Winterbourne View a range of other significant reports, legislative changes and guidance notes were produced during the year including ***Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*** Francis R (February 2013) The Stationary Office of the Government. This report outlines conditions of 'appalling care' delivered between 2005 and 2008; it identifies warning signs and makes a set of recommendations for change. Francis states '...*The extent of the failure of the system shown in this report suggests that a fundamental culture change is needed.* (p5)

3.9 The ***Health and Social Care Act 2012 chapter 7*** was passed changing the way health services are commissioned and making clinicians responsible, putting them

at the centre of commissioning. The Act allows the separation of NHS deliver and changes the focus of public health making it accountable within Local Authorities. Section 194 of the Act requires local authorities to establish a health and wellbeing board.

3.10 The ***Draft Care and Support Bill*** (now known as the Care Bill) was presented to Parliament in July 2012 the draft bill builds on the recommendations of the Law Commission's review report ***Law Commission No. 326 Adult Social Care*** and consolidates the large number of adult care legislation into one Bill; however it also sets out radical reform of the social care system and includes provisions to enable the recommendations of the Dilnot Commission to be included. Clauses 34 to 38 apply specifically to the safeguarding adults at risk of abuse or neglect.

- 34 Enquiry by local authority – '...*it must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case'* (34 (1)) (p51)
- 35 Safeguarding Adults Boards – placed on a statutory footing
- 36 Safeguarding adults reviews
- 37 Abolition of local authority's power to remove persons in need of care
- 38 Protecting property of adults being cared for away from home

3.11 In addition to the Bill the Government set out a radical agenda for reform in its White Paper, ***Caring for our future: reforming care and support*** (July 2012). The White Paper set out how different the social care system needs to be with a series of 'I' statements expressing what the service user will be saying. It sets out how it is going to keep people safe and links directly to the delivery of the Care Bill above.

3.12 The ***Domestic Violence, Crime and Victims (Amendment) Act 2012*** came into being with amendments to the 2004 Act, broadening the remit to section 5 relating to the *'...causing or allowing of a child or vulnerable adult to suffer serious physical harm.'*

3.13 The ***Welfare Reform Act 2012*** was approved, this comes into force in April 2013 bringing about a range of radical changes to welfare benefits and introducing a Universal Credit. It is not clear what the impact of these reforms will be on vulnerable people at the moment.

3.14 The **Disclosure and Barring Service (DBS)** became operational in December 2012. It was established under the **Protection of Freedoms Act 2012.** The DBS *helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).* The DBS are responsible for:

- processing requests for criminal records checks
- deciding whether it is appropriate for a person to be placed on or removed from a barred list
- placing or removing people from the DBS children's barred list and adults' barred list for England, Wales and Northern Ireland (from the DBS Website)

3.15 ADASS and the Local Government Association (LGA) have produced a range of guidance documents during the year for example:

- ***Safeguarding Adults: Advice and Guidance to Directors of Adult Social Services*** (March 2013)*;* this builds on the *Safeguarding Adults: Advice Note* published in April 2011. The document sets out the vision for adult safeguarding; provides evidence of what works; focuses on the requirement to achieve good outcomes and identifies Top Tips in Priority Areas (including tips for Safeguarding Adults Boards). It also draws attention to safeguarding adults reviews, personalisation, legal powers and workforce.
- ***Adult safeguarding: Standards and Performance Summary*** (July 2012); This document summarises the work of the LGA, ADASS and safeguarding leads in terms of performance monitoring. It states that... *'Safeguarding is a dominant theme in the overall performance of adult social care. It has a disproportionate significance in terms of impact. Addressing the safeguarding dimensions of improvement is therefore critical for sector based improvement itself.'* (p1) This is a summary document to the full report which sets out a suite of safeguarding standards and competencies, focuses on outcomes and the learning from peer reviews and challenges.

3.16 Other documents the LGA have been involved in developing include

- ***Safeguarding Adults Briefing from the LGA for Prospective Police and Crime Commissioners*** Williams C (April 2012). This briefing sets the context for adult safeguarding; poses questions for the Chief Constable and recommends ways for the PCC to engage with Councils.
- LGA and Research in Practice for Adults jointly produced the ***Councillor's Briefing – Adult Safeguarding*** (March 2013). This guide replaces the previous briefing and sets out the role of Councillor's in relation to adult safeguarding; poses key questions and actions and the legislative framework that supports this.
- LGA, NHS Confederation and Age UK produced ***Delivering Dignity Securing dignity in care for older people in hospitals and care homes*** (February 2012) which sets out 37 recommendations on how to improve dignity in care and highlights the importance of five 'Always' events for dignity in care: *'...1. Always treat those in your care as they wish to be treated – with respect, dignity and courtesy; 2. Always remember nutrition and hydration needs; 3. Always encourage formal and informal feedback from older people and their relatives, carers and advocates, to improve practice; 4. Always challenge poor practice at the time – and learn as a team from the error; 5. Always report poor practice where appropriate – the people in your care have rights and you have professional responsibility.'* (p12)

3.17 Other documents ADASS has been involved in or commissioned includes:

- ***Out-of-Area Safeguarding Adults Arrangements*** ADASS (December 2012).This document sets out the safeguarding responsibilities for both the host and placing authority for service users that are subject to safeguarding arrangements when placed out of area.
- ***Prisoners and Safeguarding*** (April 2012) author Robin Cowen. The report identifies that prisoners are not excluded from *No Secrets.* Her Majesty's Inspectorate of Prisons (HMIP) recognises the need to address this.

- ADASS, ADCS and The Children's Society collaborated to produce the following document: ***Working Together to Support Young Carers and Their Families - A Template for a Local Memorandum of Understanding [MoU] between Statutory Directors for Children's Services and Adult Social***

Services (August 2012). The MoU focuses on young carers and how the two directorates (including LSCB and LSAB) can work together.

3.18 Social Care Institute for Excellence (SCIE) has produced:

- ***Serious Safeguarding Abuts Reviews: Guidance note on options for London*** Bestjan S (April 2012). Although this is an options appraisal and proposal for London it sets out a range of different approaches to undertaking reviews to enable lessons to be learnt as it recognises that *'Traditional SCRs can be very costly, with some exceeding £15,000, while some practice learning models costing a fraction, of a few thousand pounds may achieve better outcomes. Thus, there is a clear case for change and alternative safeguarding review model options, which are both robust and more efficient than more traditional approaches.'* (p1)
- ***Managing the transfer of responsibilities under the Deprivation of Liberty Safeguards: a resource for local authorities and healthcare commissioners*** (November 2012). This sets out the new arrangements for DOLS from April 2013 primarily that the NHS commissioners will transfer their supervisory body responsibility to the Local Authority for hospitals.

3.19 The DH published the following document:

- ***The Adult Social Care Outcomes Framework 2013-14*** (November 2012) and also the Health and Social Care Information Centre produced the ***Abuse of Vulnerable Adults in England 2011-12 Final Report, Experimental Statistics*** (March 2013) used in the later section of the report and consulted on
- ***New Safeguarding Powers*** in October 2012.

3.20 Numerous articles of interest have been published in the Journal of Adult Protection however of specific interest is ***Adult Safeguarding and the role of housing*** Parry I Vol.15 No.1 2013. The paper identifies and encourages good practice in adult safeguarding by housing providers.

3.21 The Local Government Ombudsman published the following document in July 2012 ***Adult Social Care, LGO the Single Point of Contact for Complaints.*** The report highlights four key areas identified from investigations of complaints one of which specifically deals with protecting vulnerable adults. The report summarises two case studies it has investigated and its findings to help improve service delivery and share the lessons learned widely.

3.22 The Government published in October 2012 ***Channel: Protecting vulnerable people from being drawn into terrorism. A guide for local partnerships*** setting out the way it expects partners to work together and prevent vulnerable people being drawn into terrorism. ***The South West Channel Guidance for Multi Agency Statutory Partners A multi-agency approach to safeguarding those at risk of radicalisation*** written by NHS South of England (West and Central) Prevent Coordinator, Probation, Police Leads and the Regional Channel Coordinator (November 2012) puts the Government document into local procedures. It is a regional document which sets out the referral criteria, referral procedure to activate someone through the Channel procedure. Channel is the multi-agency procedure designed to safeguard individuals who may be vulnerable to being drawn into terrorism; **Channel** is a key strand of the Prevent Strategy and **Prevent** is one of the four strands of **CONTEST** the Strategy for Countering Terrorism

3.23 ***Advocacy: a voice for our future a case study report*** Voluntary Organisations Disability Group was published by VODG (October 2012). The report describes what independent advocacy looks like '*...how accessible it is, how it can be applied and how it contributes to the quality of life, rights and safeguarding of otherwise vulnerable people.'* (p6). Page 18 of the report showcases how KeyRing safeguarding and provide support in advocacy.

3.24 The NHS Commissioning Board in preparation for new governance structures produced ***Arrangements to secure children's and adult safeguarding in the future NHS - The new accountability and assurance framework – interim advice*** (September 2012). The framework states... '*Safeguarding Adults Boards already work effectively with health bodies. The draft Care and Support Bill proposes putting SABs on a stronger, statutory footing, better equipped both to prevent abuse and to respond when it occurs. It is intended that CCGs and the NHS CB will become statutory members of SABs.'* (p9)

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

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. There is a carers specific representative; however since the decommissioning of Bath People First the LSAB no longer have a service user representative. The Board has been discussing how the voice and involvement of service users can now be achieved and this issue is yet to be resolved.

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 from the Police is their Lead for the Investigations Team; the Awareness, Engagement and Communications group has the Service User Facilitator from Sirona Care and Health responsible for a service user panel and expert in engagement and the Training and Development sub-group has a representative from the domiciliary care providers to help identify the needs of this sector.

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; Primary Care Trust; Clinical Commission Group; 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; Care Quality Commission
- **User led and Carers organisations** currently there is not a provider representing the voice of service users; the Carers Centre represents the voice of carers and carer organisations
- **Private, Independent and Voluntary sector organisations** including: Four Seasons Health Care, representing local care homes; 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)
- **Education organisations**: Threeways School
- **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 and Avon and Somerset Police for the funding of the Independent Chair. The Chair is now funded to provide 20 days rather than 16 in line with the arrangements for the Independent Chair of the Local Safeguarding Children's Board.

4.21 The LSAB have agreed to commission a Serious Case Review (SCR) during this financial year. The SCR will not be completed until 2013-14 however the independent chair was funded by B&NES Council and the report writer was funded primarily by NHS Banes and partly by B&NES Council.

4.22 B&NES Council coordinate the Board; finance media campaigns and awareness raising materials and 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).

4.25 Safeguarding activity during 2012-13 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.

4.26 The Cabinet signed off the LSAB Annual Report for 2011-12 and Business Plan.

Section 5: Achievements During 2012-13 of the LSAB

5.1 Achievements and Outcomes of LSAB and Sub-groups Work during 2012-13

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

5.2 Policy and Procedure sub-group

5.3 The Director of Regulated Services at Freeways representing the Health and Wellbeing Partnership Network on the LSAB continued to chair the sub-group during 2012-13.

5.4 The group has undertaken the following work:

- Developed the following multi-agency documents for the LSAB's consideration and approval:
  (i) ***Protocol for Determining Neglect in the Development of a Pressure Ulcer*** – the existing protocol was rewritten and approved by the LSAB in June 2012
  (ii) ***LSAB Guidance on Service User Involvement*** - this was approved in September 2012
  (iii) Drafted a response on behalf of the LSAB regarding the proposed ***New Safeguarding Powers*** and sent this to the Department of Health in October 2012
  (iv) Reviewed the ADASS ***Inter-Authority Protocol for Safeguarding Adults*** (June 2012) and recommended a statement be added to clarify the arrangements in B&NES; this has since been superseded by a final version which ADASS circulated in December 2012 and the LSAB approved this.
  (v) Reviewed and finalise new ***Multi-Agency Safeguarding Adults Procedures*** which were approved by the LSAB in December 2012 for implementation in April 2013
- The group have also continued to try and progress the Multi-Agency Trigger Protocol; work has been slow on this and the LSAB have discussed it on several occasions. A workshop was held at the end of January 2013 with a good turn out from multi-agency partners including Children Services. The workshop

focused on what the current arrangement for sharing information and triggers for local agencies were; what needed to be developed to create a comprehensive multi-agency approach to this thus enhancing preventative responses and reviewed the barriers to developing this. The LSAB plan to hold another session in the autumn to progress this further.

- The group has prompted the LSAB to review its Terms of Reference which was completed in September 2012.

5.4 Safeguarding and Personalisation sub-group

5.5 The group disbanded in June 2012; it reviewed progress against the South West Regional ***Safeguarding and Personalisation Framework*** (revised January 2011). The group achieved all but two of the recommendations it hoped to achieve from the Framework. One area that continues to remain a gap is the establishment of Risk Enablement Panels; B&NES Council, AWP and Sirona do not currently offer these, however all are confident they could arrange a meeting with a specific service user and their advocate to discuss their 'support plan' if the service user wanted to make a challenge about not being enabling to take a risk which they felt they wanted to and were able to manage. The second area related to CRB checks for Personal Assistants working in households with children. Legal advice has been sought regarding this and although good practice to do so, it cannot be a mandatory requirement. Therefore to try and reduce / prevent risk, care managers and direct payment support agencies such as the Shaw Trust positively promote safer recruitment practices to all service users employing PA's and highlight the potential risks especially to households with children. CRB checks continued to be required for PA's to disabled children.

5.6 Mental Capacity Act and Deprivation of Liberty Safeguards Quality and Practice Group

5.7 The Assistant Director for Safeguarding and Personalisation at B&NES Council continued to chair the sub-group during 2012-13.

5.8 The group has undertaken the following work:

- Reviewed its Terms of Reference and moved from being known as an implementation group for the MCA to having a greater focus on quality assurance of practice. Children Services and the Police have been identified as key stakeholders and the group have requested representatives be identified. The objectives within the Terms of Reference are now in line with the actions identified in the Business Plan
- Presented an annual report specifically to the LSAB on the ***Deprivation of Liberty Safeguards (DOLS) 2011/12*** in September 2012; this identified that applications had significantly increased on previous years and were more in line with the numbers we would expect to see within the B&NES population. It also highlighted areas for improvement and noted the lack of applications from hospital settings with the exception of the RNHRD who had made appropriate applications to other placing authorities. RUH, Sirona and AWP agreed to look into this and provide assurance on staff awareness of DOLS
- Requested formal involvement and attendance from the Independent Mental Capacity Advocacy Service. SWAN Advocacy successfully won the tender for this service in February 2013 and began attended the group in March 2013;

SWAN Advocacy have been proactive and have highlighted areas they could usefully work with the group to provide assurance

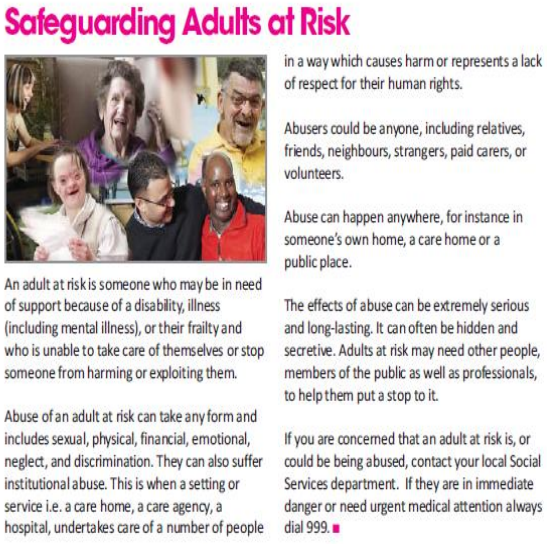
- Reviewed the Mental Capacity Act (MCA) and DOLS training programme offered to stakeholders by the Council for 2013-2014 and a new programme will be available with two new courses being offered.
- Provided bespoke training sessions on the MCA throughout the year for example two sessions at the RUH
- Started 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. Several agencies have undertaken audits which they will share with the group once reports are finalised
- Committed to developing a draft set of performance indicators that will enhance those on training already in place to provide assurance on the MCA and DOLS; these will be presented to the LSAB for discussion by December 2013
- Continued to share information on case law activity, discuss areas of good practice and raised awareness
- Continued to monitor the number of DOLS applications the Local Authority and PCT has received; 59 applications were received during 2012-13 and all have been completed within the required timescale. This is a significant increase on 2011-12 and a specific annual report will be discussed at the September 2013 LSAB meeting

5.9 Awareness, Engagement and Communication sub-group

5.10 The group was chaired for the first half of the year by the Deputy Director for Nursing (Medicine) at the RUH and passed to the Chief Executive of the Carers Centre for the second half.

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

- Written its Terms of Reference
- Reviewed and progressed the ***Carers and Safeguarding Adults – working together to improve outcomes (*ADASS, 2011)** Action Plan
- Reviewed and localised **Whistleblowing Guidance** (building on the guidance document Bristol providers and Council Safeguarding Team have produced). This was circulated to all stakeholders
- Identified that the ***Health and Community Guide Health and Community Information for Everyone*** did not reference safeguarding adults at risk; contacted the publisher and wrote the content (see above) for the national publication and also advertised in the specific publication for Bath; this was distributed to a number of local GP surgeries and is free to download
- Ran a specific adult safeguarding stall at Bath City Conference (May 12)
- Reviewed and recommended the ***NHS South of England Safeguarding Adults booklets*** to local health providers and commissioners
- Published a variety of adverts and statement on safeguarding adults throughout the year for example, in the RUH Insight magazine; Friends of the RUH Guide and B&NES Council Connect magazine which goes to every household in B&NES



Safeguarding Adults at Risk

An adult at risk is someone who may be in need of support because of a disability, illness (including mental illness), or their frailty and who is unable to take care of themselves or stop someone from harming or exploiting them.

Abuse of an adult at risk can take any form and includes sexual, physical, financial, emotional, neglect, and discrimination. They can also suffer institutional abuse. This is when a setting or service i.e. a care home, a care agency, a hospital, undertakes care of a number of people in a way which causes harm or represents a lack of respect for their human rights.

Abusers could be anyone, including relatives, friends, neighbours, strangers, paid carers, or volunteers.

Abuse can happen anywhere, for instance in someone's own home, a care home or a public place.

The effects of abuse can be extremely serious and long-lasting. It can often be hidden and secretive. Adults at risk may need other people, members of the public as well as professionals, to help them put a stop to it.

If you are concerned that an adult at risk is, or could be being abused, contact your local Social Services department. If they are in immediate danger or need urgent medical attention always dial 999. ■

- Continued to have safeguarding adults information on the one hour loop series on Council TV in B&NES Council offices, leisure centres and libraries to raise awareness
- Continued to discuss safeguarding adults at a variety of forums and groups for example the Domiciliary Care Services group
- Explored how to best engage service users in the strategic aspect of the work on safeguarding – the LSAB continue to consider this however did not reach a conclusion during 2012-13
- Held a workshop in January 2013 to develop a calendar of opportunities to routinely and strategically disseminate information for citizens, providers and publications. Additional organisation representatives attended and a large number of events, print and web opportunities were identified

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

Safeguarding - leaflets, posters and articles | Bathnes

5.13 The service user feedback questionnaire was rolled out to all service users that had been supported by Sirona Care and Health through stage 4 onwards of the safeguarding procedure. An easy read pictorial questionnaire was also designed with service user input and the Complex Health Needs Service of Sirona Care and Health. 12% (21) **Keeping You Safe** questionnaires were returned evidencing a positive response with:

- 81% of the respondents stated they were clear about the safeguarding process itself
- 86% of respondents felt able to express their views throughout the process
- 90% of respondents said that they did feel listened to
- 76% of respondents were happy with the outcome of the involvement
- 85% stated they were treated with dignity and respect

5.14 One respondent did not have a positive experience answering all questions negatively with No or Not Sure; in one of the comments boxes they stated *'No*

control of what was to happened to me'. This respondent did not leave their contact details.

5.15 Of the 21 returns, six service users completed the questionnaire themselves; three completed it with support; four were completed on the service users behalf by their support worker; four were completed by the service users son or daughter; three did not complete this section of the form and one ticked the box to say it had been completed by someone on their behalf but didn't say who that was.

5.16 Training and Development sub-group

5.17 The Operations Director of Sirona Care and Health continued to chair the sub-group during 2012-13.

5.18 The group has struggled for membership, however despite this has undertaken the following work:

- Rolled out the **Multi-Agency Staff Development Framework.** LSAB and sub-group member agencies; carers and domiciliary care agencies have been asked to audit arrangements in this area and were asked to return completed audits with fully year data for 2012-13; findings will be reported to the LSAB in the autumn of 2013
- Identified the need for additional MCA/DOLS courses and new sessions are now available
- Started discussion with the LSCB about developing a suite of level three workshops that stakeholders could attend, potential themes include:
    - Hate crime/Mate crime
    - Domestic abuse
    - Financial abuse

5.19 Sirona Care and Health continue to be commissioned to provide level 2 and 3 courses to the voluntary and independent sector. The figures in the table below set out the number of staff trained in level 2 and from which organisation they are from.

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

Agency	Course Title – Safeguarding Adults....			
	Level 2 (inc Children)	Level 2 – Awareness	Level 3 – Investigation	Total
AWP		3	4	7
GP Surgery	1	2		3
Voluntary / Independent	29	156	10	195
North Bristol Trust		7		7
NHS Other		6		6
Other B&NES	1	10		11
PCT Commissioning		2	1	3
Council Commissioning		5	4	9
Council Provider		2		2
Sirona Care and Health		652	42	694
Grand Total	**31**	**845**	**61**	**937**

5.21 Table 2: Agency Type and Number of Staff Trained at Level 2 by Sirona Care and Health by 2010-13

Organisation Type	No. Staff Trained 2010-11	No. Staff Trained 2011-12	No. Staff Trained 2012-13
AWP	2	3	3
Independent and Voluntary Sector Providers	331	160	150
General Practices	12	12	1
NHS Other	22	4	4
PCT Commissioning	6	10	2
PCT Provider other	0	2	0
Sirona Care and Health	380 (Health staff) 359 (Social care staff)	585	652
Council	8	10	7
North Bristol Trust	0	2	1
Other	0	3	0
Total	**1120**	**791**	**168**

5.22 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.

5.23 Bespoke workshops/training sessions were provided for staff employed by Independent Contractors (GPs, Optometrists, Pharmacists and Dentists). Three workshops were run for all four groups to attend and 47 staff attended; the sessions were run by NHS Banes and the Council. Feedback from these sessions was largely positive with some areas for improvement. A further workshop was held specifically for GPs. This was run by the NHS Banes, Council and BGPERT (B&NES GP Education, Research and Training Group). All courses covered the MCA and Safeguarding Adults. Feedback from this session was less good and the workshop would need to be changed significantly if the session were to be run again.

5.24 A bespoke workshop was also held for the Strategic Domiciliary Care providers at their request. It was well attended and had positive feedback. *'Thanks for the workshop today it was very informative'* (Care South).

5.25 Sirona Care and Health are in the process of designing investigation training in partnership with the Police; it is hoped this will be available in 2012-13.

5.26 The Council worked in partnership with other sub regional authorities to deliver a training / awareness raising session with Care and Support West members. Areas that were address included safeguarding threshold particularly medicine errors and pressure ulcers.

5.27 During the year Bath People First (ULO) members delivered safeguarding training to a range of organisations in B&NES including: SWALLOW; Greenhill House (Leonard Cheshire Homes); Carers Centre; local services provided by Dimensions (UK); Bath Mind; Lynwood House (Voyage Care); Shared Lives Scheme, Carrswood and Connections Day Centre (Sirona Care and Health). The training was bespoke to each organisations needs but largely covered the following areas:

- What is safeguarding and the safeguarding procedure?
- Different types of abuse and how it differs from being upset or unhappy?
- Different types of places abuse can happen
- What is a risk assessment?
- The Mental Capacity Act and making decisions
- Worries people sometimes have if they make an alert
- How the Human Rights Act can empower you
- Support planning - risk enablement
- Reporting and awareness of hate crime

Different methods of training and aids were used including PowerPoint Presentations, role play, a quiz and picture association to involve people.

5.28 Yoursay Advocacy Service also delivered bespoke training to a supported living provider and service users in receipt of the service; this was as a result of a high number of safeguarding alerts being received about the service users in one particular block of flats. The alerts related to a range of abuse that was occurring in the community and Yoursay focused on keeping safe and hate crime.

5.29 Quality Assurance, Audit and Performance Management sub-group

5.30 The group has continued to be chaired by the Assistant Director for Quality and Performance Management from NHS Banes.

5.31 The group has undertaken the following work this year in order to develop the work of the LSAB and provide assurance:

- Continued to undertake multi-agency case file audits. This process has highlighted both gaps and good practice, both have been fed back to relevant organisations (three cases were from the RNHRD; one from Fire and Rescue Services; one from Curo; one from Sirona Care and Health and one from the Police)
- Monitored the progress of the action plan developed in response to the Somerset LSAB ***Serious Case Review into Parkfields Care Home*** by Margaret Sheather (May 2011)
- Assessed the findings of the LSAB agencies responses to the ***South West Self-Assessment Quality and Performance Framework for Safeguarding Adults*** (ADASS SW 2010) dashboard and reported this to the Board
- Revised the groups Terms of Reference and these are now available on the public web site
- Reviewed safeguarding referral data sources to ensure there were no obvious gaps in providers making alerts and that information triangulated between agencies
- Commenced work on developing a risk register for the LSAB; reviewed a risk register from Wiltshire and present a draft to the LSAB in March 2013; this will be finalised in June 2013
- Reviews a report from Sirona Care and Health on **Safeguarding Adult Referral Audit** – this is a repeat snapshot audit of the alerters perceptions of the duty teams (at Sirona Care and Health) call handling skills. Findings were positive for example; 100% of respondents thought that that the call handler listened well to their alert. The snapshot is carried out on all alerts made in October 2012 and builds on the snapshot undertaken in October 2011; improvements were evident from the responses provided
- Considered the B&NES Council Children and Family Services Ofsted report and potential impact on adults safeguarding i.e: could this be said of adult safeguarding delivery? Areas identified for improvement are being addressed by the Joint Interface group of the LSCB and LSAB

- Undertook a **survey of LSAB and sub-group members views of 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:
  - There is a really good understanding of the role of the LSAB (39/40 gave positive responses)
  - The role of the LSAB and subgroups is clear to most respondents (33/40)
  - There was a mixed view in relation to the effectiveness of LSAB in working together to prevent and minimise abuse, the LSAB members reported more positively than the subgroup

- 49% of all respondents felt that service users and carers could be more involved in aspects of safeguarding planning
- Almost half of respondents didn't know whether lessons learnt from SCRs are shared effectively across B&NES

The LSAB has considered the findings and are looking at ways to improve in the areas that require this

- Routinely discussed and updated itself on new information regarding Winterbourne View
- Analysed responses to questions posed to LSAB agencies about their approach to **whistleblowing** to provide the Board with assurance that whistleblowing was taken seriously and responded to appropriately. Five questions were asked:
  - Have you got a Whistleblowing Policy in place?
  - When was your Whistleblowing Policy last reviewed?
  - How is the Whistleblowing Policy shared with staff and when was this last done?
  - In the last 24 months how often has the Whistleblowing Policy been invoked?
  - How do you learn from Whistleblowing incidents and what is the evidence that the learning has made a difference?

  11 of the LSAB member agencies returned responses. Each agency has a policy in place that relates to whistle blowing however a small number of agencies use a different name rather than calling it a whistleblowing policy, for example, Fire & Rescue Service have a Confidential Reporting Code, the RUH have a Raising Concerns Policy and Police have a Professional Standards Reporting Policy. Agencies report that the majority of policies have been reviewed within the last two years; one was reviewed over three years ago and two are under review at the moment. Most agencies include a focus on whistleblowing as part of new staffs' induction programmes and have the Policy and Procedures available on their intranets. Two agencies have whistleblowing posters in key locations and a small number of agencies discuss it at staff meetings, during supervision and include it in staff training. Agencies have a variety of mechanisms in place for evidencing that the learning from whistleblowing events has made a difference.

5.32 Joint Interface Group of Local Safeguarding Children and Adults Boards

5.33 The group was convened in September 2012 and is Chaired by the Assistant Director for Safeguarding and Personalisation at B&NES Council.

5.34 The group was formed following a joint LSAB/LSCB development day earlier in the year. The purpose of the group is to identify areas for streamlining joint working and sharing resource and expertise and strengthening any areas of service delivery to improve outcomes for households. The group has been progressing seven areas that the Boards approved joint working on:

- **Training and development** – sharing training programmes and extending the reach; developing a suite of sessions that meet the needs of both the LSCB and LSAB such as domestic abuse; IMR writing; Disability training and investigators training and merging the Training and Development sub-groups together

- **Learning opportunities** – Boards to routinely share learning and actions identified from management reviews, inspections, SCRs etc to develop practice
- **Trigger Protocol / Intelligence Gathering / Information Sharing** – improving current information sharing between children and adults services
- **Communications and Awareness Raising** – the LSCB do not have a group working on this are; they are planning to learn from the adults group and plan to develop a joint communication plan
- **Chairing arrangements** – LSCB and LSAB to look at the opportunity for a single chair. The LSAB have asked the LSCB to scope the interest and skills of those applying for the role of chair of the LSCB
- **Transition of Children to Adult Services** – review how safeguarding is considered during transitions and in the work of the Transitions Board
- **Safer Recruitment of Personal Assistants for Adults and Children** – the legal responsibilities for children and adults in terms of safer recruitment are different and awareness needs to be raised for households with children where the adult (not child) is in receipt of social care and employs a Personal Assistant.

5.35 Additional Work Carried Out by the LSAB During 2012-13

5.36 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 2011-12 and 2012-13 and Work Programme
- Received routine updates and information from the LSAB Chairs network via the Chair
- Reviewed and revised the LSAB Terms of Reference
- Approved the new LSAB Business Plan for 2013-15 (**Appendix 5 o**f the report)
- Received a progress update on the actions from the recent serious case review (SCR) and approved a new **Serious Case Review Protocol** which builds on the lessons learned from carrying out the SCR
- Commissioned a new SCR. The SCR report was discussed by the LSAB in April 2013 and recommendations will be included in 2013-14 Annual Report
- Received several briefing papers on adult safeguarding in NHS provision in B&NES highlighting issues and areas of focus and the changes that were being brought about from the PCT ceasing and the CCG forming in April 2013; CCG members joined the Board during 2012-13 to ensure continuity and understanding of the work of the Board. It also received an assurance update on the B&NES position in relation to the recommendations of the South Gloucestershire ***Winterbourne View Serious Case Review*** from NHS Banes and a briefing on the findings and recommendations of the ***Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009,*** Robert Francis QC (House of Commons report published February 2013). NHS Banes also held a conference on Dignity in November 2012 where the document ***Delivering Dignity Securing dignity in care for older people in hospitals and care homes*** (NHS Confederation, LGA and Age UK) was discussed. B&NES Council helped fund the event at which the guest speaker Michael Mandelstam (author and specialist in adult social care) did a though provoking presentation on ‘Daring to Fight for Dignity’; safeguarding adults was one of the topics discussed

- Agreed the LSAB safeguarding indicators for 2012-13 (each agencies has reported progress on these in section 7 of the report) and also approved the 2013-14 indicators
- Discussed the ***South West SAB Audit report*** which sites B&NES LSAB in several areas of good practice for others to look at
- Approved the **Deprivation of Liberty Safeguards Annual Report 11/12** noted in 5.8 of the report
- Considered the issues faced regarding **Forced Marriage / Honour Based Violence** a representative from Julian House presented the issues for the LSAB
- Received policy and legislative updates on the following:
  - ***Caring for our future: reforming care and support*** (DH July 2012)
  - Reforming the law for adult care and support: the Government's response to Law Commission report 326 on adult social care
  - ***Consultation on New Safeguarding Powers*** (DH July 2012)
  - **ADASS / LGA *Safeguarding Adults Advice and Guidance to DASS*** (March 2013)
- Received brief information on the ***Welfare Reform Act 2012*****,** this is being discussed in greater detail in June 2013 and ***Channel: Protecting vulnerable people from being drawn into terrorism:*** *A guide for local partnerships* (Home Office, Gov 2012), and on the changes to the Criminal Record Bureau checks and the **Disclosure and Barring Scheme**
- Received an update 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
- Received information on the **West Sussex Judicial Review**
- Discussed the most effective way to engage service users in the work of the LSAB. The Chair met with the Service User Panel of Sirona Care and Health to discuss this and the Board considered a paper from the Service User Facilitator at Sirona Care and Health and considered the views of Yoursay Advocacy Service; this is still in discussion and the LSAB approach has not been finalised. The current proposal is to approach Healthwatch to look at what they can offer by way of support with this
- Received routine safeguarding activity reports on the number of referrals and performance to procedural timescales; also received copies of the safeguarding reports presented to the Health and Wellbeing Board
- Were consulted on the draft **B&NES Suicide Prevention Strategy;** the Director for Public Health (interim PCT) presented the draft strategy and the LSAB made recommendations about the areas to be included from an adult safeguarding perspective
- Started to routinely agree 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
- Started a conversation on the boundaries and scope of the role of the LSAB in commissioning activity. The LSAB plan to take this work further and define its involvement more clearly in the commissioning cycle at its awayday in 2013
- Took part in a Home Office Safeguarding Project which took the form of a peer audit; the Home Office have commissioned a national audit into Force areas looking at the partnership working between the Police, Community Safety Partnership, LSCB and LSAB. B&NES was chosen as the area the Home Office team wanted to visit for the Avon and Somerset Constabulary area. A programme of visits was put together and the peer audit team attending part of

the LSAB meeting which discussed a case study which Fire and Rescue Services had identified a safeguarding alert and all partners worked together to reduce the risk to the service user and others in the multi-occupancy building. The team also met with B&NES Networks (CIC) who wrote the team a script about hate crime and three members of the Network showed the team around Community Safety Zones in Keynsham.

The Home Office lead for the visit wrote to us quickly after the visit to say, '...this is the first time that a Local Authority has allowed us to meet community members like Networks and arrange for them to talk to us and explain their experiences and thoughts. We felt thoroughly honoured to be with such lovely people and proud to share the time to visit a Safe Zone area and talk to the local shop keepers involved in the scheme- stamping out Hate Crime is a priority for us all. It was a very powerful experience and we would like to pass on our sincere thanks to everyone we met. Thank you Networks.' (April 2013)

- Held an Awayday in October 2012 which focused on two areas:
  - Prevention and working with Community Safety and the Responsible Authorities Group (RAG); the Group Manager for Policy and Partnerships (B&NES Council) gave a presentation on the work of the RAG and the work of the Council to enhance community safety and facilitated a session on the type of preventative work the LSAB could undertake and commit to as part of the Business Plan
  - The findings, lessons and recommendations from the reports into what happened at Winterbourne View Hospital. Presentations were given by a member of the SCR panel; CQC and health and social care commissioners

The away day was extended to LSAB sub-group members and key Council and PCT staff

5.38 Other Work in Relation to Safeguarding Adults

- B&NES Council adult care commissioners were asked to speak at a national conference **on Safeguarding adults in care homes and other residential settings: Promoting prevention through quality, dignity and collaborative working** and delivered a presentation on Incorporating Quality Assurance in the Commissioning Process; the presentation covered the positive impact on assurance the integration of health and social care has had on both commissioning, micro commissioning and delivery of services

- 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 it assessed as outlined below:

Assurance Summary **The key control objectives used to review the framework of internal control are recorded below. For each control objective we have considered the risks and internal controls in place and operating, based on audit review / testing.**	**Assessment of controls in place and operating to ensure achievement of control objectives**
An up to date Safeguarding Policy is in place with clear procedures documented and disseminated to the appropriate agencies/organisations.	Excellent
Assurance is obtained from organisations commissioned by the Council to support and protect vulnerable adults, which confirms appropriate safeguarding training is provided.	Excellent
The role and responsibilities of the Local Safeguarding Adults Board is clearly defined.	Excellent
Procedures are in place to ensure all alerts are correctly recorded and the 'Procedure for Safeguarding Adults' is effectively and accurately applied in all cases.	Good
Procedures are in place to identify reoccurring alerts/ themes by service user and agency/ organisation, and action taken where appropriate.	Excellent
Procedures are in place to monitor alerts in respect of clients who are receiving services commissioned outside the authority.	Excellent

Three areas of weakness were identified:

- Formalised and documented procedures for auditing of Stage 3 closed cases and Chairing arrangements for cases proceeding through the Safeguarding Adults procedures have not been agreed with AWP.
- Minutes from Strategy and Case Conference/Planning meetings, which clearly record actions and details of the investigations are not always attached in CareFirst prior to the case being closed
- The LSAB have yet to formally adopt the ADASS 'Out of Area Safeguarding Adult Arrangements' which came into effect in December 2012.
  All are being addressed and will no longer be weaknesses from June 2013.

- The Council undertake an 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 2011-2012 1073 people were surveyed (figures for 2012-13 are not available for oublic release until July 2013); 445 (41.5%) responded to the survey and the results are as follows:

  - Outcome 4a The proportion of people who use services who feel safe: 68%
  - Outcome 4b The proportion of people who use services who say that those services have made them feel safe and secure: 75%

  Those respondents who have stated they do not feel safe are contacted to see it they need any additional help or review of their situation.

- Sirona Care and Health, the RUH, B&NES Council and NHS Banes have commenced a piece of work to try and streamline safeguarding and root cause

analysis (RCA) investigations and reduce duplication of investigations and reports. All parties are working together closely on this as they recognise we need to reduce the demand on staff time and pressure on the system where 'we' can.

- B&NES Council have worked closely with NHS Banes to ensure safeguarding adults and children is monitored as part of the new NHS 111 contract delivered locally by Harmoni.
- B&NES Council, NHS Banes and CQC have worked 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 have proved useful and helped the early identification of concerns to help prevent abuse from occurring or potentially escalating.

- Community Safety and safeguarding prevention has continued to be a focus for the LSAB during the year and the following has taken place:
  - The LSAB has ensured routine attendance at MARAC and MAPPA meetings
  - The Councils Assistant Director for Safeguarding and Personalisation and members of the Safeguarding Adults and Quality Assurance team are represented on a range of RAG working groups such as: Interpersonal Violence and Abuse Strategic Partnership (IVASP); Partnership Against Hate Crime (PAHC); MARAC Steering Group; MARAC Provisions meeting; Door Step Crime forum; Prevent Steering Group. Specific presentations on adult safeguarding have also been made at the RAG.
  - The IVASP action plan 2012-2015 now explicitly makes the link between Safeguarding and domestic abuse. MARAC training is being delivered to practitioners to raise their awareness of the dynamics of domestic violence as it has been established that particularly older and the more vulnerable victims may not recognise that they are victims.
  - Safeguarding data has been shared with IVASP to be included in the new Domestic Violence Problem Profile which will be published in the autumn of 2013. Strong links have been made both through IVASP and within this document to Safeguarding. Discussions with and analysis of data supplied by Safeguarding underpin the analysis and findings relating to vulnerable people.
  - The Community Safety Plan has been extended to 2014. On behalf of B&NES the RAG has adopted the Police and Crime Commissioners, Crime Plan for B&NES 2013-2017 of the 4 priorities 3 are focused on work which impacts on safeguarding:
    - Anti-Social Behaviour – focusing on the risk to the most vulnerable and repeat victims
    - Domestic Violence and abuse – particularly amongst those most vulnerable to harm
    - Ensure victims are at the heart of the criminal justice system
  - The LSAB Chair has met with the Police and Crime Commissioner to discuss the interface with safeguarding
  - A successful bid was made to the Police and Crime Commissioner for funding for 2013/14 to :
    - Maintain the IDVA service and link with the range of services provided by Southside Family project, this includes the their 4 newly set up community hubs and the family support service

    - Develop a single victim support service in B&NES to provide a one stop shop and advocacy service for victim of crime including the most vulnerable
- Community Safety Zone in Radstock, Midsomer Norton and Keynsham continue to operate and a third party reporting process to facilitate and increase reporting of hate crime for people with learning disabilities experiencing Hate Crime incidents when out and about in their community has been developed. As well as offering further training to members of schemes in Radstock, Midsomer Norton and Keynsham a briefing pack was developed and delivered to the police to ensure that new staff can be briefed in house. Refresher training has been offered to all members of the existing schemes.
- The Village Agents provide a link between individuals and organisations that are able to provide help and support. This community run initiative continues to grow, for example the Village Agents for the Chew Valley have secured new funding that will enable a greater number of parishes to be covered.
- A monthly bulletin has been developed by the Stronger Communities Team to assist in the dissemination of community and information of community interest, it is distributed to the range of networks in Keynsham and the Chew Valley. Recent news items included details of the 'Stop Abuse' work in B&NES and the Sirona's new service to support victims who may be suffering mental illness. LSAB Key Messages are also shared through the bulletin

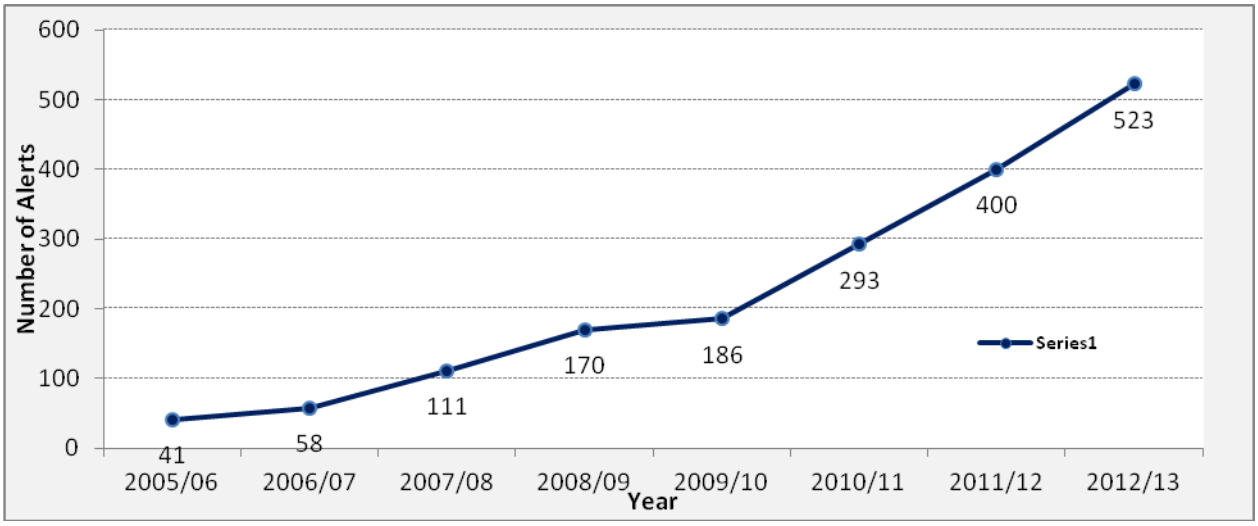
Section 6: Analysis of Safeguarding Case Activity (2012-13)

6.1 In March 2013 the NHS Information Centre (NHSIC) published ***Abuse of Vulnerable Adults in England 2011-12: Final Report, Experimental Statistics*** (the report is available to the public as Experimental Statistics, which means the statistics are undergoing evaluation and is based on returns from 152 Councils). Previously the South West Region ADASS group had commissioned benchmarking information however we are not aware this has been done for 2012-13. Therefore the NHSIC report is the only source of comparator data available to inform analysis of the B&NES position and this is a year old. The NHSIC data for 2012-13 will not be available until March 2014.

6.2 The NHSIC report shows there was a 44% (p9) increase in the number of alerts for 2010-11 and 2011-12 and reports an 11% increase on referrals (cases that are progressed through the Safeguarding Procedure i.e where the coordinator decides the person is a vulnerable adult and the threshold of significant harm has been met) for the same period with 108,000 new referrals made in England. When comparing B&NES data from 2010-11 and 2011-12 there was a 37% increase in the number of alerts (7% lower than the national increase) and there was an 18% increase in the number of referrals that progressed through the safeguarding procedure (7% higher than the national increase). This may indicate that the number of alerts are not all being identified and that the threshold applied in B&NES is lower than in other areas. LSAB agencies are looking at thresholds and a number of discussions have taken place better the Council and Sirona Care and Health regarding this. The LSAB has also discussed the difference between 'sub optimal care' and safeguarding.

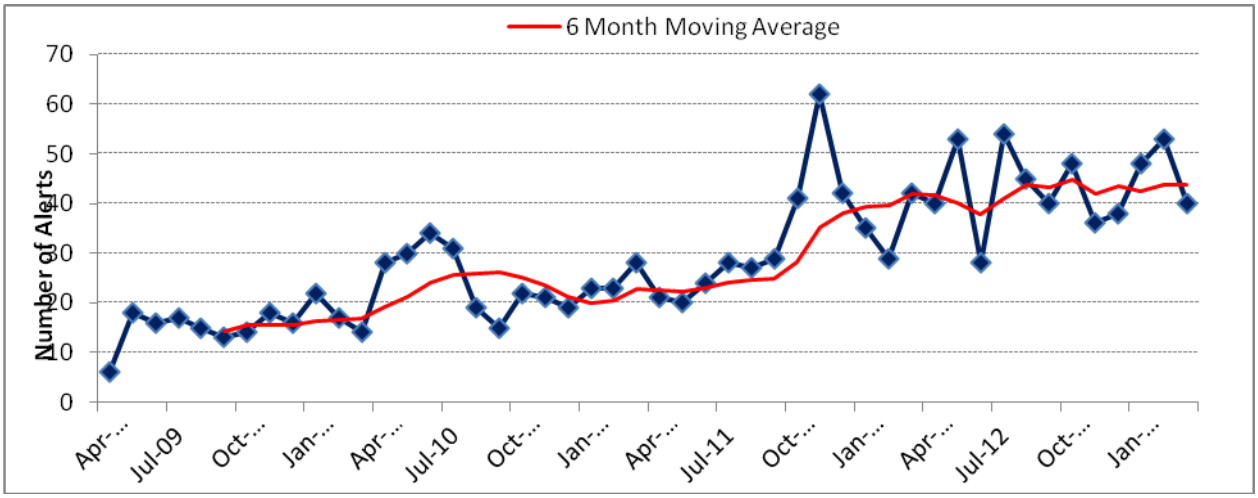
6.3 B&NES received 523 new alerts during 2012-13 and also supporting 51 service users through the safeguarding procedure who had been referred during the previous year. At the end if the March 2013, 110 cases remained open and 464 had been closed. This is a significant increase in the number of cases remaining open from previous years. The increase in the number of alerts received from 2011-12 to 2012-13 was 31%. The Chart below shows the rise in alerts from 2005-13.

6.4 Chart 1: Number of Safeguarding Alerts 2005-13



6.5 The chart below shows the number of alerts from April 2009-13 by month. There was a significant drop in the number of alerts received in June 12 compared to other months in the period. It is not clear why that is.

6.6 Chart 2: Monthly Safeguarding Alerts from April 2009 – 13



6.7 Alerts that were received more than once for an individual service users were at 23% of the total number of alerts during 2012-13 – these are known as 'repeats'. The repeats are for service users who were previously subject to safeguarding in the reporting period. 54 service users had more than one alert; of these service users 82% had two; 16% had three and one service user had four alerts. Adults with learning disabilities were the group with the highest number of repeats (46%) followed by adults with a physical disability (39%) and then adults with a mental health need (13%). The figure for learning disabled service users is significantly

higher than the national picture, the NHSIC report 30% repeats for adults with a learning disability (less than B&NES); 40% of repeats are for adults with a physical disability (similar to B&NES) and 25% for adults with mental health needs (higher than for B&NES) (p22). 34% of the cases for adults with a learning disability were in the age group 18-64 and were substantiated. It is likely that these relate largely to a large scale investigation being undertaken by B&NES Council and Sirona Care and Health and also relate to work identified through the current serious case review.

6.8 There have been three large scale investigations carried out during the period; two have been closed and the providers complied with comprehensive action plans that were monitored through the Councils commissioning and contract leads and CQC and the other is on-going. Large scale investigations involve a significant amount of work for all parties and increase the pressure on the safeguarding system. The Council and Sirona Care and Health have been mindful of the West Sussex Review when undertaking these. Two different models have been tested to carrying out a large scale investigation and the Policy and Procedures sub-group are developing a Large Scale Protocol which will be considered by the Board in 2013-14.

6.9 Table 3 below shows the gender and age of the service user referred for consideration under the Safeguarding Policy and Procedures. The percentage of male and female for 2012-13 is very similar to previous years however we can see a slight increase year on year of more females than males; this gender profile is also similar to the national picture for 2011-12 which shows 61% of women and 39% of men are referred.

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

No. of Alerts by Gender				**No. of Alerts by Age**					
				18-64			**65+**		
	10-11	11-12	**12/13**	10-11	11-12	**12/13**	10-11	11-12	**12/13**
Male	113 (38.6%)	148 (37.2%)	**192 (36.2%)**	57 (19.5%)	91 (22.9%)	**107 (20.5%)**	56 (19.1%)	57 (14.3%)	**83 (15.9%)**
Female	180 (61.4%)	250 (62.8%)	**331 (63.1%)**	54 (18.4%)	81 (20.4%)	**123 (23.6%)**	126 (43%)	169 (41.5%)	**208 (39.9%)**
Total	293	398	**523**	111 (37.9%)	172 (43.2%)	**230* (44.1%)**	182 (62.1%)	226 (56.8%)	**291* (55.9%)**

Note: the date of birth is missing from two service users records, these are open cases.

6.11 The age breakdown by gender is similar to previous years though there is a slight increase in the number of younger (18-64 years) females to males and a slightly reduced number of older age (65+) female to male referrals. The national picture shows that the number of female referrals is rising in each age group: *'The number of referrals for females was higher than males in every age group and the proportion of females increases as age increases'* (NHSIC 2013 p13).

6.12 For 2012-13, 85% of the alerts that were for men were from the white British ethnic group and 91% of alerts for women were from that group. Overall 7% of service

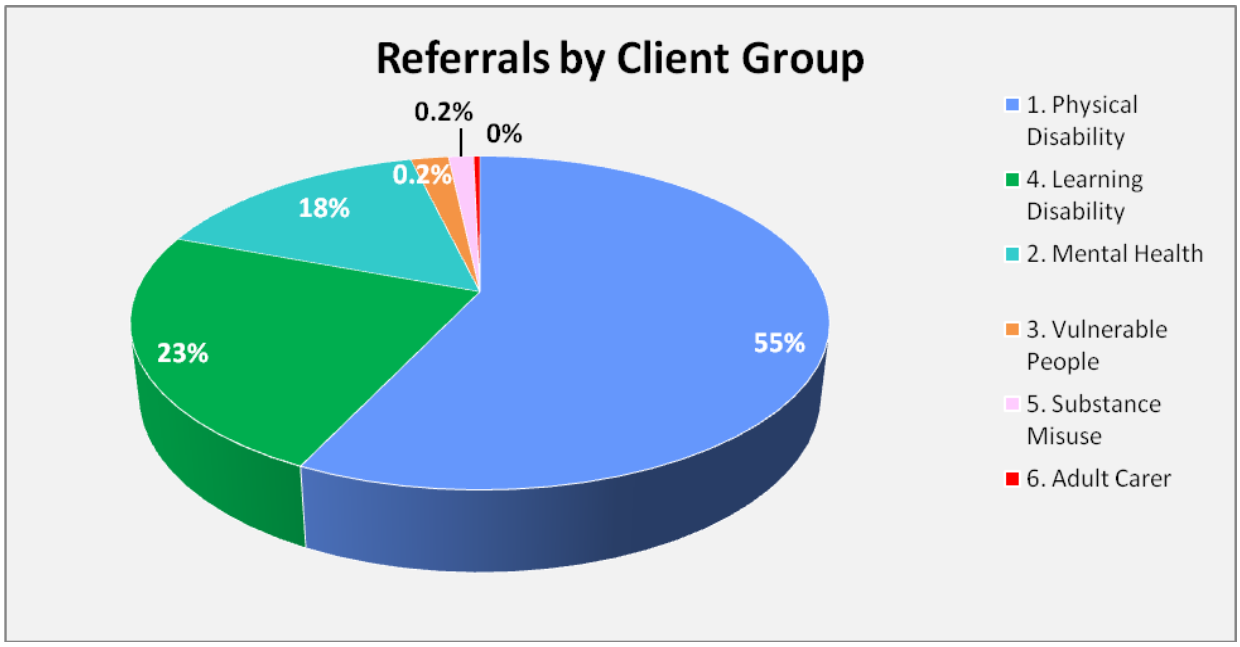
users were of non white British ethnicity. A full breakdown of alerts by gender, age and ethnicity for 2012-13 can be found in **Appendix 4**. The NHSIC reported that 89% of all referrals were for vulnerable adults belonging to the white ethnic group. (p17).

6.13 Table 4 below shows the break down for 2010-11; 2011-12 and 2012-13. It shows that the proportion of alerts for each service user group has remained consistent with last year and that adults with a learning disability continue to receive more alerts than for adults with a mental illness. B&NES has improved the categorisation of adults from last year and identified more service users with a specific group rather than categorising them as 'vulnerable people'.

6.14 Table 4: Number of Referrals by Service User Group 2010-13

Service User group	2010-11	2011-12	2012-13
Physical disability	151 (51%)	221 (55%)	289 (55%)
Mental health	83 (28%)	65 (16%)	96 (18%)
Learning disability	55 (19%)	90 (23%)	117 (23%)
Substance misuse	2 (1%)	4 (1%)	8 (0.2%)
Vulnerable people	1 (0%)	17 (4%)	11 (0.2%)
Adult carer	1 (0%)	3 (1%)	2 (0%)
Total	**293**	**400**	**523**

6.15 Chart 3: 2012-13 Referral Breakdown by Service User Group



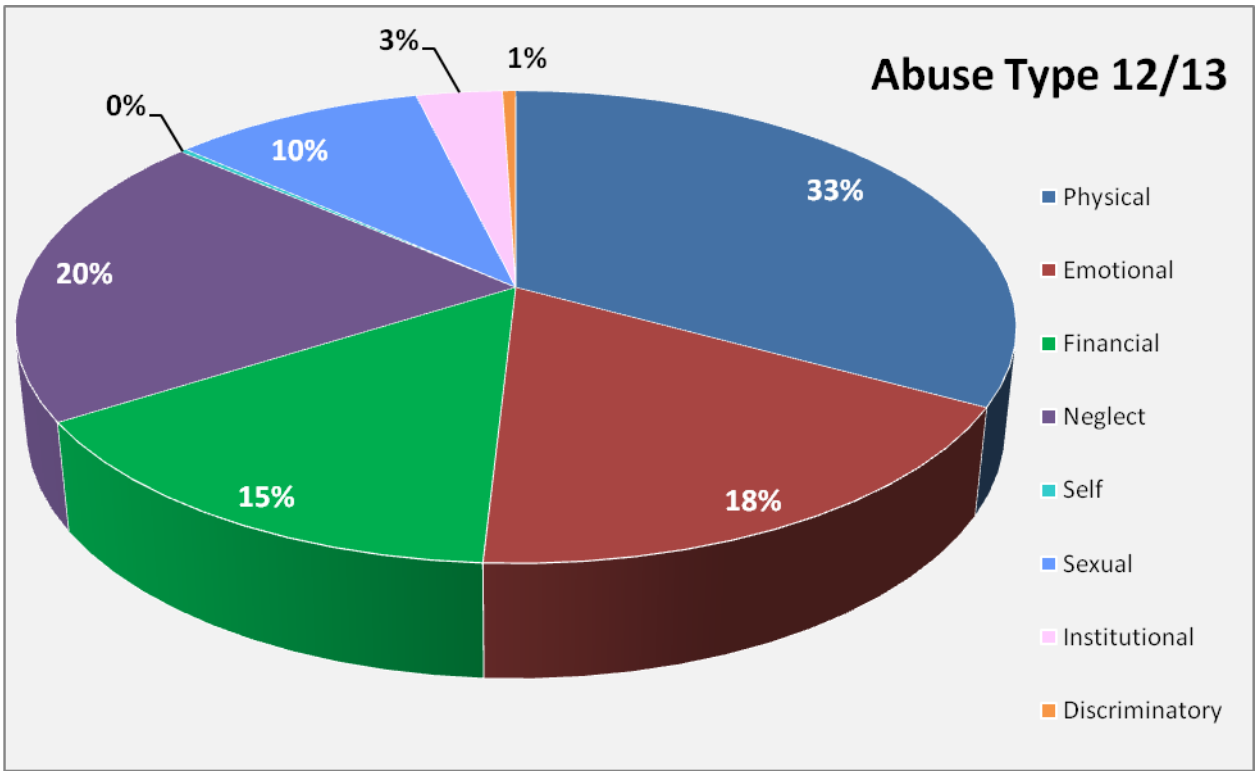
6.16 The data indicates a proportionate increase in the number of mental health referrals, this was predicted as the percentage increase in the actual number of mental health cases in 2011-12 (65) to 2012-13 (96) is a significant increase of 48% from 2011-12. When compared to NHSIC data the client group referrals as a percentage of all referrals are slightly different from the national average which shows physical disability being 49%, lower than B&NES but still the highest group; mental health being 24%, higher than B&NES (18%) and second highest and learning disability being 21%, slightly lower than B&NES (23%) and third highest

nationally. There has been a large scale investigation of a learning disabled provider which will have impacted on this figure.

6.17 464 cases were terminated/closed during the period; a **31%** increase.

6.18 55% of the referrals for safeguarding adults were for service users known to the Council. This is below the national average. 9% of cases being for service users that are placed in B&NES from out of area. However, when this is compared to the number of service users that were funded by health, social care or another authority the figure is 67% with 12% being self funders and 21% not in receipt of a service at the time of the referral made. The data needs to be analysed further to ensure the a correct understanding of what it is indicating.

6.19 Chart 4: Nature of Abuse at Referral Stage 2012-13



6.20 Physical abuse has remained the highest alleged abuse type. Neglect is the second highest; this is the first time neglect has come above emotional abuse (third highest) and financial abuse (fourth highest). The percentage of neglect cases has however remained the same as last year at 20% as indicated in the chart above. There has been a large rise in the proportion of physical abuse (10% increase). This is largely in line with the national picture for 2011-12. The NHSIC reported proportions are included in the table below.

6.21 Table 5: B&NES and NHSIC Abuse Types

Abuse Type	NHSIC National	B&NES
Physical	29%	33%
Emotional	16%	18%
Financial	19%	15%
Neglect	26%	20%
Sexual	5%	10%
Institutional	4%	3%
Discriminatory	1%	1%

6.22 The national picture also shows neglect as being the second abuse type in 26% of cases. This was the case in 2010-11 as well. The increase in neglect is thought to be down to the impact of Winterbourne View and the Mid Staffs with people being much more aware.

6.23 Table 6: below sets out the **Source of Alert** for B&NES for 2012-13 and compares this with the NHSIC data for 2011-12

Alert Source	B&NES 2011-12	NHSIC 2011-12 Average	B&NES 2012-13
Social care staff (all)	41%	44%	49%
Health staff	31%	22%	23%
Family Member/ Friend/ Neighbour/ Self Referral	8%	11%	9%
Police	3%	5%	4%
Other (including housing, CQC, education)	17%	18%	15%
Total	**100%**	**100%**	**100%**

6.24 The table demonstrates a high number of social care referrals than the previous year and a lower number of health staff referrals however the figure is in line with the national picture for health.

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

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

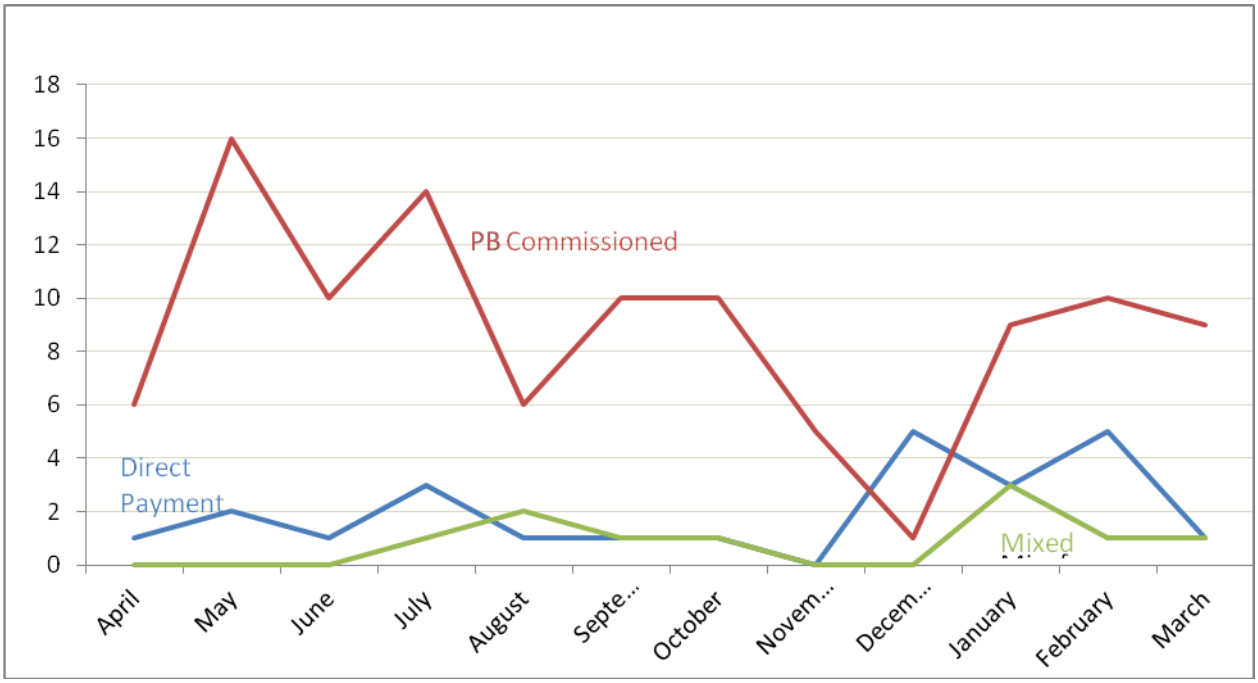
6.26 There has been a 5% increase in the police involvement in cases during the year. Three cases have resulted in criminal prosecutions, this is more reassuring as the figure dropped for 2011-12; 16 have required police action and two resulted in a referral to MAPPA for the perpetrators. Avon and Somerset Police have restructured during the period and have implemented a new process to manage alerts within their organisation.

6.27 In B&NES, 36% of alerts were for abuse that is alleged to have taken place in the service user's own home, this is a significant decrease on last year. In contrast there has been an increase in the number of cases that are alleged to have taken place in care homes (residential and nursing both permanent and temporary placements included) at 38%. This is a new picture for B&NES and is also different to the NHSIC data report showing 40% of referrals were for people in their own home and 36% were for people living in care home settings. The LSAB is not overly concerned by this as the percentages are not too dissimilar. Analysis of the alerts shows that some care home providers are very proactive in raising safeguarding alerts in their own setting. For all other locations such as the perpetrators own home, hospital settings, supported living settings and so on, B&NES figures are similar to those provided on average in the NHSIC 2011-12 report.

6.28 The majority of service users who live in the community and are supported by adult social care receive the funding for the social care through the Councils personal budget process (PB). There are three types of PBs: a PB Direct Payment, where the service user purchases their own social care to help them remain at home with; 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.

6.29 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) were either the Direct Payment (14%) type or Mixed Package (8%) type.

6.30 Chart 5: Number of Alerts and Personal Budget



6.31 The relationship between the alleged perpetrator and the vulnerable adult is set out in Table 8 below. The findings are similar to those reported last year with 'other professionals' being the highest number of alleged perpetrators and 'other family member' being the second highest. B&NES reporting shows a lower number of cases where the alleged perpetrator is unknown than the national average.

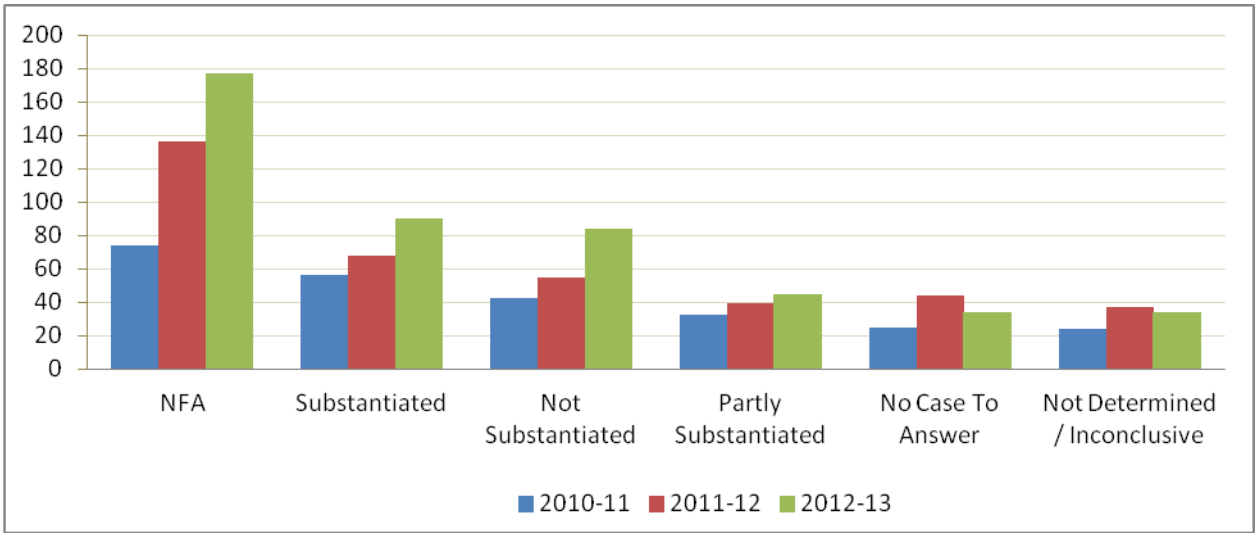
6.32 Table 8: Relationship of Victim with Alleged Perpetrator at Alert

Alleged Perpetrator	B&NES 2011-12	NHSIC 2011-12	B&NES 2012-13
Other professional	28%	36%	34%
Other family member	24%	16%	14%
Other	8%	7%	10%
Self abuse	9%	-	-
Not known	7%	13%	7%
Partner	8%	6%	11%
Other vulnerable adult	5%	13%	12%
Neighbour/friend	9%	6%	10%
Stranger	1%	2%	2%

6.33 21% of alleged perpetrators were residential care staff; 5% were health care staff and 4% were domiciliary care staff.

6.34 464 safeguarding alerts were terminated/closed during the reporting period. Of these 19% were substantiated (same as 2011-12) and 10% were partly substantiated. In 7% of cases there was not enough evidence to confirm whether or not the abuse had taken place and the outcome was not determined and inconclusive. This is reflected in chart 6 below.

6.35 Chart 6: Outcome of Safeguarding Cases 2010-13



6.36 The Abuse of Vulnerable Adult (AVA) return for the Information Centre takes a different cut of information for terminated/closed cases from that above and looks at the cases with one of the following four outcomes: substantiated, not substantiated, partly substantiated and not determined. It excludes cases that were alerted to the local authorities but that did not meet the threshold of meeting the criteria of a vulnerable adults thought to be at risk of significant harm. The category No Further Action in the chart above refers to those cases that largely did not meet the threshold of significant harm and do not progress through the safeguarding procedure beyond stage 3; however the outcome of No Case To Answer needs more unpicking as to what is measured and how far through the procedure this case progresses. This was a recurring problem from last year, however for the 2013-14 collections the outcome definitions have changed again so the issue will be resolved.

6.37 Table 9: NHSIC Average Outcomes 2011-12 Compared to B&NES 2012-13

Outcome	NHSIC 2011-12	B&NES 2012-13*
Substantiated	31%	33%
Partly substantiated	11%	16%
Not determined and inconclusive	31%	14%
Not substantiated	28%	38%

*Includes only cases that have met the threshold of vulnerable adult and at risk of significant harm; thus excludes the outcome of No Further Action.

6.38 NHSIC data shows that learning disabled service users have the highest number of substantiated cases (p39) this is also the case in B&NES with 33% of substantiated cases being for adults with a learning disability; this also echo's the information on repeat referrals and learning disability. Commissioners are aware of the pressure on the Sirona Care and Health team supporting adults with learning disabilities and the resource required in these safeguarding cases.

6.39 There were more cases of physical abuse substantiated than any other category; followed by financial abuse, neglect and then emotional abuse. However when you compare the percentage of alerts by abuse type, rather than by total number of

alerts; financial abuse has the highest number of substantiated cases for example 40% of financial abuse cases were substantiated and 33% of physical abuse cases were substantiated; 28% of emotional abuse cases and 28% of neglect cases were substantiated during 2012-13.

6.40 For cases where the alleged perpetrator was a professional worker, 17% were substantiated; where 'other family members' were identified as the alleged perpetrator, 13% were substantiated; where partners were identified, 19% of cases were substantiated and where a neighbour / friend was the alleged abuser, 33% were substantiated. In 50% of cases where another vulnerable adult was the alleged abuser the case was substantiated. National data available did not provide a comparator for this specific information.

6.41 There are 16 types of **actions** listed in the AVA return that can be **taken to support the victim**, these include things such as referral to MARAC; increased monitoring; no further action; civil action; removed from property; referral to court and so on. More than one action can be undertaken.

6.42 27% of all actions taken were to increase monitoring of the victim, this is identical to that reported in the NHSIC 2011-12 report (p41). The NHSIC also report that in 30% of cases no further action was taken to ensure the victims was safeguarded; however this is the action in 39% of cases in B&NES. The NHSIC reports that in 3% of cases there was an action to change management of finances, this occurred in 2% of B&NES cases. In 4% of cases it was reported nationally that the action was to move to 'increased or different care' whereas in B&NES this was 8% of the actions undertaken. This is lower than the recorded level from 2011-12 when in 10% of cases this action was taken.

6.43 **Advocacy** support through specialist advocacy services was provided in 4% of cases during the procedure. The **Independent Mental Capacity Act Service** supported 3% of the service users.

6.44 The LSAB commissioned a **Serious Case Review** in May 2012; the review is progressing and the outcome will be reported in the Annual Report for 2013-14.

6.45 The DH and B&NES monitor the number of **protection plans** in place during the period.

The term protection plan is used to refer to the agreed actions placed on the care plan of a vulnerable adult following an investigation into an allegation of abuse. The plan should document:

- *what steps are to be taken to assure the future safety of the vulnerable adult;*
- *what treatment or therapy the vulnerable adult can access;*
- *modifications in the way services are provided (for example moving to same gender care or placement);*
- *how best to support the individual through any action they take to seek justice or redress; and*
- *any on-going risk management strategy required where this is deemed appropriate.* (NHSIC 2013 p44)

6.46 From the number of protection plans that were offered / required, 86% were accepted; 12% could not be accepted due to the vulnerable adult being unable to

consent and 2% were declined. This is a very different picture to that reported nationally where '*Of all protection plans that were offered in 2011-12, 57 per cent were accepted, 22 per cent were declined and for 21 per cent of plans, the vulnerable adult was unable to consent.'* (NHSIC 2013 p45)

6.47 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.

6.48 There can be more than one action recorded for the perpetrator. 'No action' was 44% of all actions taken for the perpetrators, the national figure is 36%; 19% of the actions were taken 'to continue to monitor the perpetrator and the situation,' the national figure for this is similar at 18%. 1% of cases resulted in criminal prosecution/formal cautions and a further 6% in police action this is consistent with the NHSIC report which shows 5% and 1% respectively (p47). Disciplinary action accounted for 5% of actions in B&NES and this is the same as the national picture at 5%. 2% of alleged perpetrators were exonerated in B&NES and nationally (p47). B&NES figures are almost identical to national ones with the exception of the no further actions reported.

6.49 The findings of the 'Keeping You Safe' questionnaire (5.13 above) describes the service user experience of the Safeguarding Procedure.

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

6.51 Table 10: Outcome at Procedural Stage for Terminated Cases 2012-13

Termination stage			Outcome				Total
	NFA	No Case to Answer	Not Determined/ Inconclusive	Not Substan-tiated	Partly Substan-tiated	Substan-tiated	
Decision	177	6	0	7	0	2	192 (41%)
Strategy	0	22	6	35	10	15	88 (19%)
Assessment	0	1	4	15	2	17	39 (8%)
Planning meeting	0	5	11	16	18	23	73 (16%)
Review	0	0	13	11	15	33	72 (16%)
Total	177	34	34	84	45	90	464

6.52 The percentage of cases closed at the decision stage remains the same as the last period at 41%; however there are fewer cases closed at Strategy and Assessment stage than the previous year with more closed at review and planning. Therefore a greater number of investigations are being carried out in comparison to the previous year. This is also impacting on the whole systems ability to maintain and manage

the safeguarding procedure; the Police, RUH, Council, Sirona Care and Health and AWP have all particularly reported the impact of this during 2012-13.

6.53 Compliance with safeguarding procedural timescales continues to be monitored on a monthly basis by the Commissioner. The LSAB, Health and Wellbeing Partnership Board, PCT 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 have performed less well than last year, however still well given the increase in alerts and those cases progressing through the safeguarding procedure with no additional resource. Of particular concern however is 2b and % of strategy meetings held within eight days from the referral. Sirona Care and Health have looked into each of the seven cases it is responsible for and have plans in place to try and prevent this occurring again and have contacted multi-agency partners when necessary to ensure cooperation. The two breaches for AWP are being looked into to understand what happened.

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

Indicator	Target	% Completed on time from April 12 – Mar 13		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% 414/427		↓
		AWP	91% 87/96		↓*
		Combined	**96% 501/523**		↓
2a. % of strategy meetings/discussions held within 5 working days from date of referral	90%	Sirona C&H	91% 215/237		↓
		AWP	98% 85/87		↓
		Combined	**93% 300/324**		↓
2b. % of strategy meetings/discussions held with 8 working days from date of referral	100%	Sirona C&H	96% 226/237		↓
		AWP	99% 86/87		↓**
		Combined	**96% 312/324**		↓
3. % of overall activities/ events to timescale	90%	Sirona C&H	88% 910/1035		↓
		AWP	90% 257/285		↓
		Combined	**88% 1167/1320**		↓

* The data above was correct at the time of writing however each breach has now been reviewed and all were data inputting errors and should show as 100% and green.
** The case has been examined and the dates of the meeting have been incorrectly input. Performance was correct at the time of reporting however the dates have been corrected and should show as 100% and green.

6.55 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. The agencies are looking into a different way to present the data above and express those which are considered (by the Commissioner and either Sirona Care and Health or AWP) to be a 'valid' breach. This will provide greater assurance to the LSAB and Council.

6.56 The new arrangements with Sirona Care and Health and the Council have been in place for 18 months in March 2013. Both agencies have worked closely to try and ensure a consistent approach is applied and operational staff have met on a quarterly basis to do this. Safeguarding performance meetings are also held monthly to keep abreast of the latest position.

6.57 The same chairing arrangement is being rolled out to AWP from April 2013 so that one system is in place. AWP and the Council have worked closely during the year to ensure the smooth transition for this. Safeguarding performance meetings are also held with AWP on a monthly basis to keep abreast of the latest position.

6.58 All partner agencies have felt capacity pressures brought about by the increase in the number of cases alerted and the number that progress through the procedure having reached the threshold of a vulnerable adult being at risk of significant harm. Partners are working together to try and streamline processes so as not to duplicate reporting and investigations. The LSAB recognise the need to finalise the risk register in relation to the capacity pressures.

Section 7: Partner Reports

7.1 LSAB partner organisations have provided information outlining the specific safeguarding adults activity they have undertaken in 2012-13 and their achievements on the LSAB indicators.

Agency Name: Avon & Somerset Probation Trust (ASPT)

Brief outline of agency function:

To protect the public and reduce reoffending by contributing to a fair and effective criminal justice system
- To provide justice for victims of crime and local communities
- To provide punishment and reform for offenders
- To develop our business and professional skills to be a provider of choice in a competitive market
- To provide value for money for the taxpayer

Achievements during 2012-2013: (in bullet points)

Avon and Somerset Probation Board are constantly working to improve on the services we deliver and the Business Plans and Annual Reports are available on our website which provide evidence of our future plans and achievements during 2012/13.

Performance to LSAB indicators 2012-2013:

Indicator	Target	Outturn	Comment
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment ***(All)***	95%	95%	Mandatory

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 ***(LA and PCT Commissioned members only)***	85%	85%	Mandatory and included in PPDAs
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 ***(Non - LA and PCT Commissioned members only)***	80%	80%	As above
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post ***(LA and PCT Commissioned members only)***	80%		N/A
Relevant staff to have undertaken DOLS training within 6 months of taking up post ***(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)***	95%		N/A
Relevant staff to have an up to date CRB check ***(All)***	100%	100%	Enhanced CRBs completed on all staff
Safeguarding champions identified for each team ***(All)*** **Describe arrangements for champions in your agency if not in each team in comments**			Save Guarding Leads held at ACO/or Team Leader Roles
Describe how you raise awareness of safeguarding in your agency: Policy, Practice and Training			
Objectives for 2013-2014: Under review due to The MOJs Transforming rehabilitation agenda.			
Agency Name: Age UK Banes			
Brief outline of agency function: To provide services and activities for older people to help remain independent in their own homes and give them a voice in the community. To provide day services, Information &Advice, Home from Hospital, Home Response, Befriending, Wellbeing services ie. Fit as a Fiddle, Tai Chi, Trading, Toe nail cutting service.			
Achievements during 2012-2013: (in bullet points) • 7 recorded safeguarding incidents reported • 1 safeguarding case referred on to the safeguarding strategy meeting with positive outcome.			
Performance to LSAB indicators 2012-2013:			
Indicator	**Target**	**Outturn**	**Comment**
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment ***(All)***	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 ***(LA and PCT Commissioned members only)***	85%		N/A
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 ***(Non - LA and PCT Commissioned members only)***	80%	90%	
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post ***(LA and PCT Commissioned members only)***	80%	90%	
Relevant staff to have undertaken DOLS training within 6 months of taking up post ***(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)***	95%		N/A
Relevant staff to have an up to date CRB check ***(All)***	100%	100%	
Safeguarding champions identified for each team ***(All)*** **Describe arrangements for champions in your agency if not in each team in comments**		Yes	Safeguarding champion identified for the organisation, recording and reporting procedures in place.

Describe how you raise awareness of safeguarding in your agency:

- Team Meetings
- Regular supervisions and appraisals
- On induction of new members to the organisation
- Training for staff and volunteers
- Working in partnership with other agencies

Objectives for 2013-2014:

- Continue to raise awareness, and make sure that Safeguarding is on the agenda at every team meeting, and highlight at every appraisal.
- Increase our training to 100% target

Agency Name: NHS B&NES Clinical Commissioning Group

Brief outline of agency function:

From April 2013, clinical commissioning groups (CCGs), led by GPs and other clinicians, are responsible for commissioning most local healthcare services. The focus remains on improving outcomes and driving up standards of care for the population as a whole, but with an emphasis on tackling health inequalities. As a commissioner, the duty of NHS Bath and North East Somerset CCG is to promote and enable greater choice for patients which may result in a greater range of providers in some areas of healthcare, where commissioners consider that this will improve quality of care.

It is the responsibility of the CCG and every healthcare professional to ensure that

people in vulnerable circumstances are not only safe but also receive the highest possible standard of 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 Senior Manager for Quality chairs the Quality and Assurance sub-group
The Adult Safeguarding Lead attends sub-group meetings as required

Achievements during 2012-2013: (in bullet points)

- The PCT and CCG safely maintained and progressed their safeguarding responsibilities and activities during the transition from PCT to CCG
- The CCG became a fully authorised CCG on 1st April 2013 with no conditions imposed for safeguarding
- Appointment of CCG Director of Nursing and Quality with executive responsibility for Adult Safeguarding- post commenced 11th February 2013
- Recruitment of substantive Adult Safeguarding Lead who took up post in March 2013
- CCG Quality Committee established with reports on safeguarding a standing agenda item
- Updating relevant Safeguarding Adults policies and procedures in line with the new Clinical Commissioning Groups and recent NHS England guidance
- The review of Serious Incident reports and working with providers to improve practice based on 'lessons learnt'
- Delivery of three Primary Care safeguarding adults awareness events Jan-March 2013
- Attendance at bi-monthly CQC Cause for concern meetings. This is an opportunity to share intelligence and raise flags on services which cause concern.
- Joint workings with B&NES Council Safeguarding Team to ensure concerns relating to NHS providers are managed in a responsive and efficient manner.
- Review of Serious Case Reviews, both local and national.
- Adult safeguarding indicators for all providers agreed at LSAB in March 2012 and now form part of all contracts. These indicators provide assurance, through evidenced reporting, of compliance with the multi-agency safeguarding adults policy and procedures and are monitored by the Quality & Safeguarding Team
- Bi-monthly meetings with BANES Council Safeguarding Team

Performance to LSAB indicators 2012-2013: The CCG is a newly formed statutory organisation. PCT training indicators for 2012-2013 are not applicable

Indicator	**Target**	**Outturn**	**Comment**
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment ***(All)***	95%		
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 ***(LA and PCT Commissioned members only)***	85%		
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	80%		

(Non - LA and PCT Commissioned members only)			
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post ***(LA and PCT Commissioned members only)***	80%		
Relevant staff to have undertaken DOLS training within 6 months of taking up post ***(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)***	95%		
Relevant staff to have an up to date CRB check ***(All)***	100%		
Safeguarding champions identified for each team ***(All)*** **Describe arrangements for champions in your agency if not in each team in comments**	B&NES CCG has a substantive Adult Safeguarding Lead		

Describe how you raise awareness of safeguarding in your agency:

- Ensure appropriate safeguarding performance indicators are included within commissioning for health contracts
- Working jointly with the Local Authority to support safeguarding activity relating to healthcare
- There is a clear line of accountability for safeguarding which is reflected in CCG governance arrangements, and the CCG has arrangements in place to co-operate with the local authority in the operation of the Local Safeguarding Children Board and the Safeguarding Adults Board
- There is a monthly Quality Committee, which is a sub-Committee of the Board, receives Adult Safeguarding reports
- There is senior management commitment (including Board level lead) and a clear line of accountability within the CCG ensuring that awareness at all levels is raised

Objectives for 2013-2014:

- Ensure the CCG Board is fully appraised of safeguarding priorities and that Board members and CCG staff receive appropriate training
- Further strengthen partnership arrangements to promote cross-boundary / multi-professional working
- Safeguarding procedures will be aligned to other core aspects of quality and governance structures. A clear statement of the CCG's responsibilities will be available to staff
- To establish, in collaboration with the Local Area team, a Safeguarding training programme for Primary Care
- To develop a Safeguarding Network for Primary Care to improve knowledge and disseminate learning and best practice
- To continue to contribute to the work of the LSAB and its sub-groups
- To promote awareness of Safeguarding issues throughout the organisation
- Monitor the progress of the LSAB Business Plan 2013/14 and ensure actions are completed as requested and in a timely manner
- Consider arrangements for user involvement; obtain specialist advice to scope how this may be developed
- Implement process to receive quarterly reports on all clinical incidents raised within NHS provider services and screen for safeguarding concerns

- Establish a process for updating the CCG on safeguarding adults activity.
- Develop mechanisms to monitor FNC/CHC. The Rosewell SCR recommended that joint monitoring of nursing homes should take place.
- Plan and deliver programme of supervisory visits for provider safeguarding leads
- Develop CCG intranet & internet safeguarding page
- Obtain & disseminate/distribute NHS England leaflets for LD & Adult Safeguarding
- Develop Adult Safeguarding measures for quality dashboard
- Develop thematic appraisal for results of pressure ulcer RCA's & implement action plan accordingly
- Review Francis report in line with adult safeguarding
- Consultation & implementation of MCA & DOLS indicators
- Develop matrix to monitor outcomes of safeguarding interventions when relating to health
- Monitor implementation of agreed actions following safeguarding interventions
- Develop community-wide pressure ulcer project

Agency Name: Avon and Somerset Constabulary

Brief outline of agency function:

Public Protection, Safeguarding people and investigating and detecting crime through policing

Achievements during 2012-2013: (in bullet points)

- Setting up of three geographically based Safeguarding Co-ordination Units (SCUs) with centralised management and overview including one on the Northern area located at Keynsham
- Formation of a Safeguarding Vulnerable Adults strategic and working group led by an Assistant Chief Constable and the Head of Public Protection
- Identification of all premises across the force area where vulnerable people reside (including vulnerable children) and the introduction of appropriate flagging markers to identify them within crime recording systems
- Establishment of a network of Safeguarding Champions across the force area made up of front-line Constables and Police Community Support Officers who help and support the Public Protection Unit to identify and protect vulnerable people

Performance to LSAB indicators 2012-2013:

Indicator	Target	Outturn	Comment
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment ***(All)***	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	85%		N/A

Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter ***(LA and PCT Commissioned members only)***			
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 ***(Non - LA and PCT Commissioned members only)***	80%		Further in-depth specialist training for PPU and other appropriate staff is in progress
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post ***(LA and PCT Commissioned members only)***	80%		N/A
Relevant staff to have undertaken DOLS training within 6 months of taking up post ***(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)***	95%		N/A
Relevant staff to have an up to date CRB check ***(All)***	100%		All staff are CRB checked prior to employment with the Constabulary
Safeguarding champions identified for each team ***(All)*** **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

Objectives for 2013-2014:

- Co-location of multi-agency services within SCUs –

1. Bristol SCU currently multi-agency in police premises although still developing

with the aim to include Health and Adult Social Care and to move more towards joint investigations
2. Southern SCU co-location planned for beginning of September 2013 in Council offices at County Hall, Taunton
3. Aim to develop a co-located multi-agency Northern SCU during 2013/14

- Finalise and implement level 2 SA training for specialist PPU investigations officers

- Continue to build relationships between SCUs and Mental Health services and develop work with the National Autistic Society to improve the understanding and awareness of staff when dealing with Adults within the Autistic Spectrum. Similar relationships are also being formed with the National Dementia Society

Agency Name: Freeways

Brief outline of agency function:
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. We also support volunteering and employment opportunities as well as providing domiciliary care and hydrotherapy.

Achievements during 2012-2013: (in bullet points)

- We have worked with a group of service users to replace our previous safeguarding policy with an accessible version – 'Keeping Safe in Freeways'
- In our floating support service 9 of 14 alerts have been investigated and this has prevented sexual abuse, domestic abuse and financial abuse. In 4 cases the police were involved with the perpetrators of the financial abuse.
- 1 service user disclosed an alleged rape from 15years ago. This was found to have been dealt with appropriately at the time but the service user was offered counselling and psychology support as a result
- 1 service user made an allegation against a member of staff for how they were spoken to and supported which resulted, after investigation, in the termination of their contract
- 1 member of staff whistleblew internally about a colleague for the way they behaved towards service users, after suspension and investigation the case was unfounded
- Worked with NHS Bristol and a group of our service users to support the production of an awareness pack for people with learning disability to have greater understanding of abuse and especially domestic violence and abuse.

Performance to LSAB indicators 2012-2013:

Indicator	Target	Outturn	Comment
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment ***(All)***	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 ***(LA and PCT Commissioned members only)***	85%	100%	It is an organisational requirement that all staff in the services are updated annually

			in safeguarding
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 ***(Non - LA and PCT Commissioned members only)***	80%	90%	
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post ***(LA and PCT Commissioned members only)***	80%	95%	
Relevant staff to have undertaken DOLS training within 6 months of taking up post ***(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)***	95%	95%	
Relevant staff to have an up to date CRB check ***(All)***	100%	100%	All staff have a CRB check every 3 years
Safeguarding champions identified for each team ***(All)*** **Describe arrangements for champions in your agency if not in each team in comments**			Each service is prioritising the development of champions that will be chosen by their manager to promote safeguarding. At present senior managers lead on safeguarding within the organisation

Describe how you raise awareness of safeguarding in your agency:

Induction: CIS, observation, probation period

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.

Worked with NHS Bristol to support the production of an awareness pack for people with learning disability to have greater understanding of abuse and especially domestic violence and abuse.

Objectives for 2013-2014:

Management to ensure all staff have annual updates in safeguarding, MCA and DOLS (where applicable) training, both in house and by external agencies.

All new staff to continue to receive MCA and DOL's training within 6 months of taking

up their post as part of their induction process.

Safeguarding champions to be selected and recognised in each service by the end of June 2013 and link to existing selected dignity champions.

Develop safeguarding training for our service users and promoting staff supporting service users to report their concerns directly to LA or others with the aim of empowerment and independence.

Agency Name: Carers Centre

Brief outline of agency function:
The Carers' Centre is the leading agency for carers in Bath and North East Somerset working with over 2000 carers providing information, advice and support to carers. Each carer is offered a Carers' Assessment with an individual support plan and an emergency plan and card. A regular breaks programme is provided to refresh and renew carers to improve their well-being to be healthy in their caring role. Training is provided to ensure carers are safe in their caring role and to gain new skills to have a life of their own. Counselling and befriending is available to support carers to stay mentally well.

Achievements during 2012-2013: (in bullet points)

- Took over chair of the Local Safeguarding Adults Board Awareness, Engagement and Communications Sub-Group
- Article in Newsletter 5000 copies circulated to over 2000 carers in public venues and to local professionals.
- Article sent via E:bulletin to over 600 people
- All safeguarding alerts have been recorded and the progress has been recorded from the perspective of the carer
- Training has been provided to carers about safeguarding
- 622 Carers' Assessments were carried out providing carers with a support plan to increase resilience and ensure safeguarding issues are considered routinely and areas are planned to ensure carers are safe including an emergency planning.
- Regular training provided to all staff and volunteers at the Carers' Centre
- Safeguarding is a standing agenda on staff and volunteer supervision

Performance to LSAB indicators 2012-2013:

Indicator	Target	Outturn	Comment
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment ***(All)***	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 ***(LA and PCT Commissioned members only)***	85%	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 ***(Non - LA and PCT Commissioned***	80%	100%	

members only)			
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post ***(LA and PCT Commissioned members only)***	80%	N/A	
Relevant staff to have undertaken DOLS training within 6 months of taking up post ***(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)***	95%	N/A	
Relevant staff to have an up to date CRB check ***(All)***	100%	100%	Now DBS
Safeguarding champions identified for each team ***(All)*** **Describe arrangements for champions in your agency if not in each team in comments**			CEO at the Carers' Centre is the champion and encourages on-going awareness raising in the organisation

Describe how you raise awareness of safeguarding in your agency:
At the Carers' Centre safeguarding is a standing agenda item at supervision. New updates are shared through team meetings and Management Committee meetings. Articles are shared through the newsletter and e:newsletter at least annually which all carers registered received and has a circulation of 5000.

Objectives for 2013-2014:
Continue to action and monitor the Carers and Adult Safeguarding Plan

Agency Name: Sirona Care and Health

Brief outline of agency function:

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.

Achievements during 2012-2013: (in bullet points)

- Total of 438 referrals (Sirona cases) received and investigated - an increase of 30% over last year. An additional 104 cases received and referred on to AWP (grand total of 542 cases)
- A small number of 'whole service' investigations were carried out, including a large series of investigations involving a care home where a total of 18 separate strategy meetings have taken place so far
- Sirona played a key role in undertaking a Serious Case Review, initiated in June 2012
- 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
- Targets relating to timescales for investigations, although not quite on target, were close to target despite the significant increase in cases
- Figures for 'staff up-to-date with Safeguarding training' were significantly improved over last year's figures

- Feedback received from service users who have been subject to the Safeguarding procedures was largely positive and outcomes from Safeguarding cases were mainly good
- An audit of referring agencies revealed a high level of satisfaction with the way referrals were managed
- We provided Safeguarding Adults training to 241 non-Sirona staff, mainly from the independent sector.

Performance to LSAB indicators 2012-2013:

Indicator	**Target**	**Outturn**	**Comment**
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment ***(All)***	95%	60%	
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 ***(LA and PCT Commissioned members only)***	85%	78%	
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 ***(Non – LA and PCT Commissioned members only)***	80%	N/A	
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post ***(LA and PCT Commissioned members only)***	80%	35%	
Relevant staff to have undertaken DOLS training within 6 months of taking up post ***(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)***	95%	76%	
Relevant staff to have an up to date CRB check ***(All)***	100%	100%	
Safeguarding champions identified for each team ***(All)*** **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 total of 36 Champions across the organisation. While this does not equate to a Champion in every team, it is a widely representative group.

Describe how you raise awareness of safeguarding in your agency:

- It is expected that Safeguarding issues are raised at all team meetings and in the course of all supervision sessions involving front-line staff
- Safeguarding Adults issues are routinely reported on at Quality Committee and at Board level
- Safeguarding training is mandatory for all front-line staff
- Good links are in place between the Complaints process, the Adverse Event

reporting system and safeguarding
- Our Safeguarding Adults Co-ordinator provides advice and support to staff and attends MARAC meetings etc
- Our Professional Lead for Social Work monitors outcomes and co-ordinates issues relating to performance and training; also attends MAPPA meetings

Objectives for 2013-2014:

WORKPLAN FOR 2013/14

The key workstreams planned for 2013/14 are:

- To update all our Safeguarding Adults policies and procedures in line with the new, revised multi-agency policies and procedures
- To launch the newly-updated Mental Capacity Act guidelines and ensure that all front-line staff are fully aware of their responsibilities under the MCA.
- To continue to support the Safeguarding Champions Group
- To amend the Safeguarding Adults input into the Sirona induction programme to ensure that it is more closely aligned with Safeguarding Children training
- To update the Level 2 Safeguarding Adults training programme in line with national and local developments and align it more closely with Safeguarding Children training
- To extend the Safeguarding Adults training programme with a new one-day course on undertaking investigations with the police
- To ensure that all front-line staff are up-to-date with their Safeguarding training
- To continue to contribute fully to the work of the LSAB and its sub-groups
- To contribute fully to the work of MAPPA and MARAC within B&NES
- To continue a dialogue with B&NES Council colleagues around reaching a better consensus on 'risk' and 'thresholds' and to 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

Agency Name: Royal National Hospital For Rheumatic Disease

Brief outline of agency function:

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.

Achievements during 2012-2013: (in bullet points)

- Improvement and maintenance in compliance with training targets
- Reorganisation of Safe guarding structure following the loss of specialist staff.
- Introduction of new specialities groups within the Trust with vulnerable adults.
- Development of supervision policy
- Reorganisation of the meeting structure to include safeguarding children and the psychosocial group.
- New links with the deputy designated nurse from commencement of new post.
- Completion of the DNA audit.

Performance to LSAB indicators 2012-2013:

Indicator	**Target**	**Outturn**	**Comment**
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment ***(All)***	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 ***(LA and PCT Commissioned members only)***	85%	82%	Changes in the orientation programme to allow time for staff to complete induction and e-learning on safe guarding 2a and b to improve compliance. Refresher is set every 3 years
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 ***(Non - LA and PCT Commissioned members only)***	80%	N/A	N/A
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post ***(LA and PCT Commissioned members only)***	80%	100%	This training takes place as part of induction and covers safeguarding Children, Safeguarding Adults, Mental Capacity Act, DOLS. It refers to the legislation, the signs of abuse, the action required of an employee who has concerns, and the requirements of the MCA and DOLS
Relevant staff to have undertaken DOLS training within 6 months of taking up post ***(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)***	95%	79%	79% of relevant staff have undertaken level 2 DOLS training at end of quarter 4, this equates to 16 out of a possible 19. 1 member of this group has left the Trust; the remaining 3 members of staff are

			booked to complete this training by the end of May. Due to the closure of the Neuro rehabilitation service the number of staff requiring this training will decrease from April 2013.
Relevant staff to have an up to date CRB check ***(All)***	100%	100%	
Safeguarding champions identified for each team ***(All)*** **Describe arrangements for champions in your agency if not in each team in comments**	Yes	10 champions	A Safeguarding co-ordinator has been developed to support safeguarding in the Trust. This role will cover adults and children as the named nurse. The Director of Clinical Practice and Operations is the executive with responsibility for safeguarding.

Describe how you raise awareness of safeguarding in your agency:
The Clinical Supervision Policy has been ratified and includes explicit reference to the discussion of safeguarding DoLs issues in addition discussions take place during regular patient MDT meetings within all services.
There is disseminating of lessons learnt and change practice accordingly through the Safeguarding Committee for Adults and Children.
There is high priority on achieving compliance with training among the staff.
There is an awareness week being organised by the named nurse for October 2013.
Plan to raise profile of CCG safeguarding representatives by holding Q&A sessions.

Objectives for 2013-2014:

1. Achieve compliance in the training targets for safe guarding.
2. Review training guidelines for all safeguarding across all professional groups
3. Increase reporting of all safeguarding discussions/concerns
4. Develop Q&A sessions for staff with CCG safeguarding representatives
5. Organise an awareness week in Oct 2013.
6. Review and update the policy on Safeguarding adults.

Agency Name: Curo

Brief outline of agency function:

- We are the largest social landlord in the Bath area providing 12,000 homes.
- We are a major local provider of older people's services.
- We provide homes and support services to general social housing residents, young people and teenage parents, older people in sheltered housing, homeless people, shared owners and leaseholders.
- We provide services to other housing associations.
- We let private market-rented properties.
- We have developed more than 1,700 homes since 2002 and are due to complete 1,473 homes by 2016.
- We have a foyer where, in addition to accommodation, we provide training for young people.

Achievements during 2012-2013: (in bullet points)

We have had some serious cases and have played a full part in the progression of the cases and have also taken a close look at the details of the case so that colleagues can learn from these.

We have taken the lead in a serious case which has involved us obtaining an injunction against a perpetrator which protects out 1900(approx.) sheltered residents.

We have looked at the use of concern cards for trade staff so that safeguarding concerns can be highlighted

We have looked at our pre tenancy process and made changes so that the full picture and needs of a prospective tenant is captured and looked at so that services can be tailored to the individual person.

We have started regular meetings across the business looking at individual safeguarding cases and concerns that are highlighted are raised and discussed.

Increased training for staff which included adults children and domestic violence as a result staff are much more confident in their approach to best practise in safeguarding

By staff being more observant to potential safeguarding issues we have been able respond more rapidly to reduce risk

Extremely proactive partnership relationship between safeguarding team and OPS, which has enabled us to challenge two safeguarding decisions made by social workers last year (social workers not considering referrals as safeguarding decisions overturned)

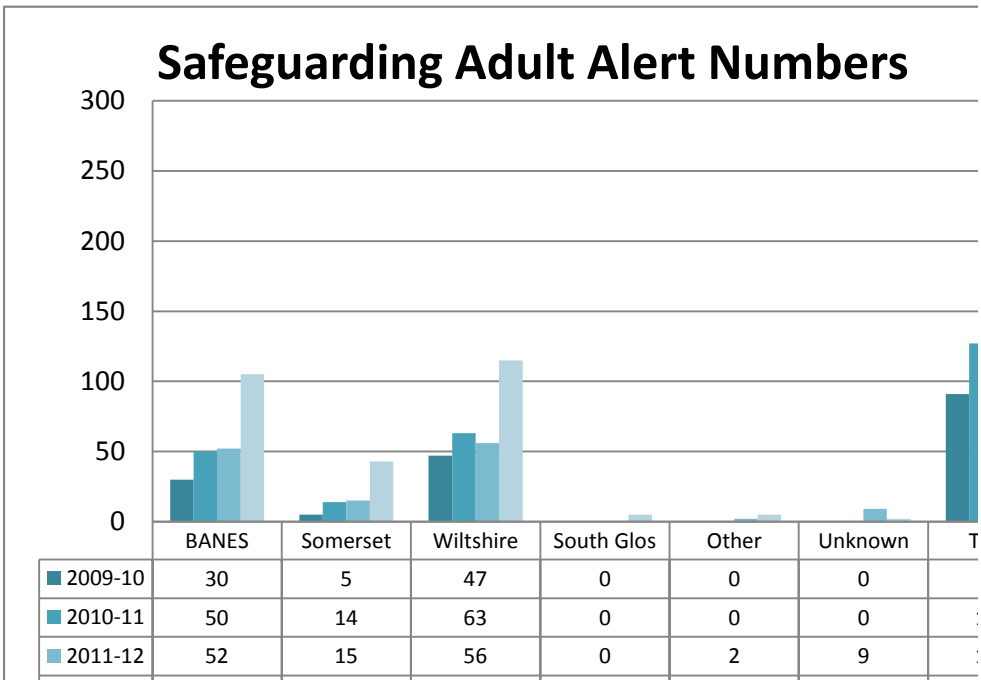
Performance to LSAB indicators 2012-2013:

Indicator	**Target**	**Outturn**	**Comment**
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment ***(All)***	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 ***(LA and PCT Commissioned members only)***	85%	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 ***(Non - LA and PCT Commissioned members only)***	80%	n/a	
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post ***(LA and PCT Commissioned members only)***	80%	100%	Time taken to access course is a concern
Relevant staff to have undertaken DOLS training within 6 months of taking up post	95%	n/a	

(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)			
Relevant staff to have an up to date CRB check ***(All)***	100%	100%	
Safeguarding champions identified for each team ***(All)*** **Describe arrangements for champions in your agency if not in each team in comments**		yes	Champions identified. All cases of a safeguarding nature are highlighted to the champion for quality assurance etc.
Describe how you raise awareness of safeguarding in your agency: Safeguarding awareness is discussed at every 1:1 and every team meeting. It is a permanent agenda item. Safeguarding awareness is also discussed at wider team meetings and briefings across the business.			
Objectives for 2013-2014: More joined up approach across Curo for safeguarding (Shared information). This process has already begun. To continue to develop staff skills and knowledge in safeguarding For Curo to become recognised as an organisation for identifying and working with appropriate multi disciplinary agencies to reduce risk of safeguarding Play a full part in the delivery of cross agency safeguarding training. Full roll out of concern cards for trade staff so that safeguarding queries can be highlighted at an early stage. Pre tenancy process pilot to be continued as business as usual so that safeguarding situations can be identified at an early stage.			
Agency Name: South West Ambulance Service			
Submitted their annual report for assurance purposes but were unable to complete the annual report pro-forma for inclusion			
Agency Name: Royal United Hospital			
Brief outline of agency function: Acute Care Provider			
Achievements during 2012-2013: (in bullet points) • Awareness of adult abuse and protection continues to increase across the organisation. • Successfully run “Deprivation of Liberty Safeguards” (DoLS) workshops for senior staff. • Compliant with training targets for the delivery of Adult safeguarding Level 1 • Development and delivery of Adult Safeguarding “refresher” training at Level 2 • Half day induction training for all registered staff aligned to BANES /Sirona			

training matrix level 2

- Following CQC inspection in September 2012, the RUH is compliant with outcome 7.
- Positive outcome from the South West Partnership Dementia Peer Review in January 2012. The Trust was highly commended for being Dementia friendly.
- CRB checks compliance is 100% for all new staff.
- Root cause analysis undertaken on 100% of the most serious pressure ulcers at grade 3 and 4.
- Further development and growth of the existing Safeguarding "database"
- Establishment of a DoLS "database".
- Development of and work against the Safeguarding Adults Work plan for 2012-13. This was written in alignment with the Self-Assessment Quality & Performance Framework for Adult Safeguarding, CQC essential standards for quality and safety, Training Matrix - BANES LSAB and RUH
- Over the past 4 years there has been a consistent rise in the number of alerts made to the Operational safeguarding leads.



Performance to LSAB indicators 2012-2013:

Indicator	Target	Outturn	Comment
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment ***(All)***	95%	Level 1 83.7% Level 2 70.3%	We do not separate out induction and refresher compliance for non-clinical staff
Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed	85%	Induction 70.3% Refresher	Working towards RUH target trajectory which

refresher training every 2 years thereafter ***(LA and PCT Commissioned members only)***		8.4% Overall 33.1%	was shared with PCT at quarterly meeting.
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 ***(Non - LA and PCT Commissioned members only)***	80%	As above	
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post ***(LA and PCT Commissioned members only)***	80%	70.3%	
Relevant staff to have undertaken DOLS training within 6 months of taking up post ***(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)***	95%	Enhance DoLS training 30.3%	Further training has taken place since March 2013 aim to be compliant by Q.1
Relevant staff to have an up to date CRB check ***(All)***	100%	100%	100% of new staff that have started employment within the organisation have been CRB checked
Safeguarding champions identified for each team ***(All)*** **Describe arrangements for champions in your agency if not in each team in comments**			We do not have safeguarding champions across the organisation. There are 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.

Describe how you raise awareness of safeguarding in your agency:

- Trust intranet web pages for DoLS, MCA and Safeguarding Adults.
- Adult safeguarding on Trust internet for public to access
- Safeguarding Adults, DoLS, MCA leaflets.
- BANES Abuse posters are displayed in outpatient and inpatient areas, PALS and in the corridors.
- BANES Adult safeguarding information article run in Summer 2012 & Spring 2013 INSIGHT Magazine (Quarterly staff and public magazine)
- Awareness raising through training, induction, refresher and ad hoc.
- Governor Induction

Objectives for 2013-2014:

- To meet our training objectives for levels 2 and 3 as per our internal trajectory.
- Improved utilisation and interrogation of the safeguarding adults and DoLs "data bases", which will report into the Trusts Safeguarding Adults Forum.
- Randomised case note review to be undertaken quarterly and reported into Trusts Safeguarding Adults Forum
- Update Safeguarding Adults work plan for 2013-14 and work towards completing these objectives.

Agency Name: Avon and Wiltshire Mental Health Partnership NHS Trust

Brief outline of agency function:

Avon and Wiltshire Mental Health Partnership NHS Trust ('AWP') are the organisation that provides services for people with mental health needs, with needs relating to drug or alcohol dependency and mental health services for people with learning disabilities in the B&NES area. They also provide secure mental health services and work with the criminal justice system.

It also has the specific responsibility for providing services relating to safeguarding for adults at risk who meet the relevant criteria, and includes safeguarding adults at risk from avoidable harm; ensuring effective preventative mechanism are in place and providing a good quality local safeguarding service.

Achievements during 2012-2013:

This was a year of significant change and development in the roles undertaken by AWP to safeguard adults throughout 2012/13 in B&NES.

AWP continued to play an active role in the Safeguarding Adults Board and its work. AWP attended the Board on a regular basis. AWP also has a variety of staff involved in some of the Board's sub groups.

The Trust has continued to seek to improve its delivery of safeguarding in practice, with revision of the policy and guidance to practitioners, revised documentation to support safeguarding alerts and referrals, better access to information for staff on the intranet and service users and the public on the Trust Website, and significant updates to the training of practitioners.

AWP has reviewed its services in light of the Winterbourne View Hospital reviews and developed an action plan against the relevant recommendations. It is also considered and is developing actions arising out of the recommendations from the Francis Report on Mid-Staffordshire.

The Trust has maintained compliance with Outcome 7 (Safeguarding) of the CQC Essential Standards in all CQC inspections of teams in B&NES during 2012/2013.

The Trust was continued to ensure that its staff is trained in their role to safeguard adults, with the target of 80% of staff being trained on a 2 year cycle at Alerter level (level 2) being maintained during 2012/2013.

AWP has maintained a good level of performance in management of alerts during 2012/2013, and has undertaken audits of the quality of the management of

safeguarding alerts in B&NES and other local authority areas, that have contributed to the development of the policies and systems to support effective safeguarding by practitioners.

Performance to LSAB indicators 2012-2013:

Indicator	Target	Outturn	Comment
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment ***(All)***	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 ***(LA and PCT Commissioned members only)***	85%	85%	
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 ***(Non – LA and PCT Commissioned members only)***	80%	N/A	
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post ***(LA and PCT Commissioned members only)***	80%	63%	This is a combined training with DOLS
Relevant staff to have undertaken DOLS training within 6 months of taking up post ***(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)***	95%	63%	
Relevant staff to have an up to date CRB check ***(All)***	100%	100%	
Safeguarding champions identified for each team ***(All)***			We have LA safeguarding leads

Describe how you raise awareness of safeguarding in your agency:

- It is expected that Safeguarding issues are raised at all team /workstream and ward clinical meetings and in the course of all supervision sessions involving front-line staff
- Safeguarding training is mandatory for all front-line staff
- all staff have awareness of safeguarding via policy procedure and training

Objectives 2013-2014

AWP will use the current changes in its organisational structure from the 1/4/2013 to improve the direct relationship between its local services and the safeguarding adult partnership and Board in 2013/2014., and will be taking forward a number of key actions, including:

- Moving to a revised contracted system to manage safeguarding alerts, with all safeguarding referrals being chaired by the Local Authority's Safeguarding Team

- Developing systems capturing risks and concerns, to assist triangulation and identify risks, and themes.
- The Trust is implementing the Francis report action plans
- Demonstrating compliance with the safeguarding adult requirements set out in the new NHS contact for 2013/2014
- Developing joint understanding of application of clinical management and safeguarding thresholds with key partners in differing mental health inpatient units
- Rolling out and implementing changes within the revised multi agency safeguarding procedures due in 2013/2014, particularly in relation to the active involvement of the person in their own safeguarding.

Agency Name: Avon Fire and Rescue

Brief outline of agency function:

Avon Fire and Rescue provides an emergency response to a wide variety of adverse events such as fires, road traffic collisions, chemical spillages and rescues from water and lifts. This list is not exhaustive. In addition we also undertake a huge amount of education within the community. This ranges from visiting homes to provide safety advice and assist with escape plans in the event of fire to going into schools and colleges across all age ranges to deliver bespoke education on fire, road and water safety.

Achievements during 2012-2013:

Completed all the items contained within the improvement plan following the self-assessment and writing of an IMR for a serious case review.

Reviewed service policy on child protection which culminated in Service policy and guidance on safeguarding children, young people and vulnerable adults.

Provided e-learning (level 1) to over 70% of current staff. Level 2 and 3 training delivered to 10% of appropriate staff / managers as detailed within the Policy and Guidance. Senior officers have received and in-depth briefing around expectations, role and responsibilities and the associated risks for dealing with safeguarding.

Staff are more proactive and aware of safeguarding and are more readily alerting other agencies to safeguarding issues.

We have identified a lead senior officer to attend all safeguarding boards across the Service area. This has ensured consistency in approach, and safeguarding is very much at the forefront of our thoughts when crossing thresholds of homes and schools and colleges.

Performance to LSAB indicators 2012-2013:

Indicator	Target	Outturn	Comment
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment ***(All)***	95%	100%	All new staff have completed level 1.
Relevant staff to have completed	85%	100%	Service managers

Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 2 years thereafter ***(LA and PCT Commissioned members only)***			and people with increased contact with vulnerable people have received level 2 and 3.
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 ***(Non - LA and PCT Commissioned members only)***	80%		Not available
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post ***(LA and PCT Commissioned members only)***	80%		N/A
Relevant staff to have undertaken DOLS training within 6 months of taking up post ***(LSAB Members that manage Care Homes and Hospitals, Sirona and AWP only)***	95%		N/A
Relevant staff to have an up to date CRB check ***(All)***	100%		Not available
Safeguarding champions identified for each team ***(All)***			

Describe how you raise awareness of safeguarding in your agency:

Following the publication of a new standard operating procedure all staff will be undertaking e-learning programme at level 1. Other appropriate managers and staff (firesetters) have undertaken level 2 and 3. The Area Managers is designated as the Service lead and while a steep learning curve has been able to redesign a proportion of that role recognising the importance of safeguarding to a Fire and Rescue Service. Assign officers to follow up on alerts and where necessary advise other officers to attend meetings such as the MARAC.

Report on a regular basis to the Fire Authority, the number of alerts and actions taken with partner agencies.

Objectives for 2013-2014:

1. Following the roll-out of the initial training we will strive to increase staff awareness of local practises by working with all LSB's.
2. Deliver local training to station personnel and managers.
3. Continue to learn and to contribute to the agenda and priorities of the LSAB.
4. Want to be fully embedded in to all LSAB's across the Service area and to be recognised as a partner of choice.

Section 8: Priorities for the Coming Year 2013-14

8.1 The LSAB have developed a three year business plan 2012-15 outlined in six of this report. The business plan follows the template recommended by ADASS South West region. The plan includes objectives and actions previously agreed by the LSAB and also new actions identified from this report also agreed by the LSAB.

8.2 The business plan 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 plan has taken into account actions recommended from national guidance including those specified following Winterbourne View and Mid Staffs; LGA / ADASS advice and guidance note and the findings of the Serious Case Review and prioritised its work in relation to these.

8.5 The local objectives and actions proposed by the LSAB to fulfil the domains and outcomes are set out in Appendix 5 and will be monitored by the LSAB and sub-groups routinely to ensure they are achieved. The details of the plan will be reviewed annually.

Author:

Lesley Hutchinson
Head of Safeguarding Adults, Assurance and Personalisation
B&NES Council
Health and Wellbeing Partnership
June 2013

Appendix 1

LOCAL SAFEGUARDING ADULTS BOARD
Membership as at March 2013

NAME	ORGANISATION
Cllr ALLEN Simon	Cabinet Member for Wellbeing (B&NES)
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
DEAN Mark + Fran McGarrigle as sub	Head of Public Protection & Safeguard, Avon & Wiltshire Partnership Mental Health NHS Trust
EVANS Julie	Director of Customer Services (Housing & Support), CURO (formerly Somer Community Housing Trust)
GOODFELLOW Janet	Regional Manager, Four Seasons Health Care
HOWARD Damaris	Director, Regulated Services, Freeways
HUTCHISON Sonia	Chief Executive Officer, Carers Centre (B&NES)
HUTCHINSON Lesley	Assistant Director Safeguarding and Personalisation B&NES Council
JANSON Val	Assistant Director of Performance and Quality (Commissioning) NHS B&NES
KENT-LEGER Sophie	Assistant Head Teacher Threeways Special School, B&NES Council
Dr LEACH Louise	B&NES Clinical Commissioning Group Representative
LEWIS Mary	Assistant Director of Nursing (Medicine), RUH
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 (formerly Community Health and Social Care Services)
SHAYLER Jane	Programme Director for Non-Acute Health, Social Care & Housing B&NES Council
SMITH Sue	Clinical Standards Manager, GWAS (Associate Member of LSAB)
TAYLOR Karen	Compliance Manager, CQC South West Region
THEED Jenny	Director of Operations, Sirona Care & Health
TOZER Clare	Personal Assistant to Lesley Hutchinson & Notetaker for LSAB B&NES Council
TRETHEWEY David	Divisional Director Policy & Partnerships, B&NES Council
WESSELL Geoff + DCI Philip Polet as sub	Det Superintendent PPU Avon & Somerset Constabulary

Appendix 2

Membership List of Local Safeguarding Adults Board sub-groups (at March 2013)

Safeguarding Adults Training and Development sub-group
Meet: Bi-monthly
Chair: Jenny Theed
Sue Tabberer (B&NES Council)
Dennis Little (B&NES Council)
Karyn Yee-King (B&NES Council)
Geoff Watson (Sirona Care & Health)
Maggie Hall (Sirona Care & Health)
Manager (Agincare Domiciliary Care)
Amanda Pacey (RNHRD)
Simon Ibbunson (RNHRD)
Jane Davies (RUH)
Belinda Lock (Way Ahead)
Clare Gray (Shaw Trust)

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)
Caroline Latham (Sirona Care & Health) sub for Maggie Hall
Amanda Lloyd (Avon& Somerset Constabulary)
Lynne Scragg or Mark Pennington (City of Bath College)
Sally Cook or Hana Kennedy (Bath MIND)
Roanne Wootten (Julian House, Bath)
Helen Jenkins (Specialist Drug & Alcohol Service, Bath)
Jenny Shrubsall (Service User)
Fran McGarrigle (AWP)
Neil Boyland (RUH)
Jane Davies (RUH)

Awareness, Engagement and Communications sub-group
Meet approx: Bi-monthly
Chair: Sonia Hutchison (Carers' Centre, Bath & NE Somerset)
Lesley Hutchinson (B&NES Council)
Camilla Freeth (B&NES Council)
Melanie Hodgson (B&NES Council)
Maggie Hall (Sirona Care & Health)
Martha Cox (Sirona Care & Health)
Damaris Howard (Freeways)
Kirstie Mann (Your Say Advocacy)
Helen Robinson-Gordon (RUH)
Mary Lewis (RUH)
Gareth Sharman (AWP)
Bev Craney (Swallows Charity)

Quality Assurance, Audit & Performance Management sub-group
Meet approx: Bi-monthly
Chair: Mary Monnington/Val Janson
Lesley Hutchinson (B&NES Council)
Alan Mogg (B&NES Council)
Geoff Watson (Sirona Care & Health)
Marc Anderson (Avon Fire & Rescue)
Mike Williams (Avon & Somerset Constabulary PPU)
Janet Dabbs (Age UK, Bath & NE Somerset)
Amanda Pacey (RNHRD)
Fran McGarrigle (AWP)
Sarah Seeger (Curo Group)
Rob Elliot or Sue Leathers (RUH)

Mental Capacity Act Local Implementation 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)
Teresa Kippax (Interim Safeguarding Adults Lead, NHS BANES Cluster)
Dr Louise Leach (B&NES CCG)
Jenny Theed (Sirona Care & Health)
Louise Russell (RNHRD)
Amanda Pacey (RNHRD)
Pam Dunn (Carewatch)
Alan Metherall (AWP)
Gemma Box (RUH)
Karen Webb (Four Seasons)

Safeguarding & Personalisation sub-group
[This sub-group was disbanded June 2012 – last meeting was 29th May 2012]
Meet: Quarterly
Chair: Lesley Hutchinson (B&NES Council)
Alan Mogg (B&NES council)
Dennis Little (B&NES Council)
Dave Mehew (B&NES Council, Audit)
Karyn Yee King (AWP / B&NES Council)
Geoff Watson (Sirona Care and Health)
Jenny Shrubsall (Independent Service User)
Clare Gray (Shaw Trust)
Meri Rizk (B&NES People First)
Roanne Wootten (Julian House)

Joint Interface Group LSCB/LSAB
Chair: Lesley Hutchinson (B&NES Council)
Jenny Theed (Sirona Care and Health)
Sonia Hutchison (Carers Centre)
Mark Dean (AWP)
Maurice Lindsey (B&NES Council)
Sophia Swatton (B&NES CCG)

Appendix 3: LSAB SAFEGUARDING INDICATORS 2012-13

Indicator	Target	Logic for Change and Actions
1. % of decisions made in 2 working days from the time of referral	95%	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%	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: - 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 %	1. Provides assurance that all cases have a strategy meeting/discussion within an agreed timeframe
3. % of overall activities / events to timescale	90%	1. 10% leeway allowed because: - 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

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 (CH&SCS) 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 SIRONA CARE AND HEALTH (CH&SCS) 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

- 85% 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 / 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).

Appendix 4 Breakdown of Alert by Gender, Age Band and Ethnicity 2012/13 (All Cases)

Gender	Ethnicity	18-44	45-64	45-65	65-74	75-84	85+	Grand Total	% of Female / Male Alerts
Female	Asian/Brit-Indian					1		1	0.3%
	Asian/Brit-Pakistan					1		1	0.3%
	Black/Brit-Carib					2		2	0.6%
	Black/Brit-Other Black					1		1	0.3%
	Chinese						1	1	0.3%
	Info not yet obtained		1			11	2	14	4.2%
	Mix Other					1		1	0.3%
	Mix White/Black Carib					4		4	1.2%
	Other Ethnic group					1		1	0.3%
	White British	11	5		8	240	36	300	90.9%
	White Irish					2		2	0.6%
	White Other					2		2	0.6%
Female Total		**11**	**6**		**8**	**266**	**39**	**330**	**100.0%**
Male	Asian/Brit-Other Asian					3		3	**2%**
	Black/Brit-Carib						1	1	**1%**
	Declined to say					1		1	**1%**
	Info not yet obtained	1			1	12	1	15	**8%**
	Mix White/Asian					1		1	**1%**
	Mix White/Black Carib		2					2	**1%**
	Other Ethnic group					1		1	**1%**
	White British	10	11	1	6	126	10	164	**85%**
	White Irish					1		1	**1%**
	White Other					3		3	**2%**
Male Total		11	13	1	7	148	12	192	**100%**
Grand Total		22	19	1	15	415	51	523	

Appendix 5

Business Plan

April 2012- March 2015

Contents Page

Chair's foreword

I welcome this business plan as an opportunity to be clear and explicit about the LSAB's workplan 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 art 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

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.

Domain 1. Prevention & Early Intervention Outcome 1: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.					
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Agency / Officer**	**Progress**	**Status** RAG Score
1.1 Assure that information is shared appropriately and in a timely manner within and across partner agencies	A. Review LSAB and single agency information sharing protocols (relate to Trigger Protocol). Identify key areas for information sharing	03/13	P&P group / LSAB agencies	**June 13:** Following SCR this needs to be a priority. We hope to prepare a simple protocol based on work done to date to share patterns of concern and soft intelligence, and bring this to the LSAB in Oct. Request move timescale to 10/13	A
	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	**June 13:** Adopted new methodology for audit process in May meeting, discussed 2 cases. Learning points identified. Safeguarding lead for Sirona and LA to work together to agree methodology for future meetings.	G
	C. Develop and implement an effective Triggers Protocol (including both Commissioners and Providers triggers)	03/13	P&P group	**June 13:** Slow progress to date; needs LSAB focus Risk is the lack of capacity to develop and implement across key agencies. Plan to prepare a process linked to Sharing info protocol and bring to Oct Board. Request move timescale to 10/13 LSAB need to agree how to take this forward as now part of a wider	A

				discussion following SCR recommendations – this will impact on work of the group	
1.2 Ensure Carers needs are supported	A. Implementation and review of Carers Action Plan	12/12	AEC group	**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	Carers Centre has met with Sirona, Curo and AWP and has begun discussions on how to work more effectively together.	A
1.3 Support service users to identify risks and to reduce and prevent abuse occurring	A. Monitor service user feedback from safeguarding process	06/13	AEC group	**June 13:** Report completed, LSAB agenda item for June 13. **Apr 13:** 6 month review requested. Review report has been prepared by Sirona and is being considered at the April 13 Meeting	G
	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	Update required	
	C. Develop further service user feedback opportunities	09/14	AEC group	**June 13:** Work is ongoing and meeting with Healthwatch to discuss. Discussion took place at January 13 meeting and being brought to March	A

				13 LSAB meeting for decision of the way forward	
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	Completed	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	Completed **June 13:** working group continue to meet and progress recommendations approved by LSAB and LSCB **Mar 13:** Working group met at the beginning of Sept and have agreed a set of recommendations which will be proposed to the LSAB and LSCB at December meetings for consideration	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	**June 13:** No agencies submitted lessons learned guidance for discussion. Continue to add national safeguarding reviews to agenda for discussion locally	A
	B. Draft multi-agency lessons learned guidance	12/13	P&P group	**June 13:** No progress as not a current priority. Request timescale extended to 12/14	R
	C. Ensure recommendations	12/12	QAAPM	**June 13:** Commissioning Team action	G

	from Winterbourne View and Francis Report are being considered and actioned and risks fully understood; ensure included in contract monitoring		group	plan in place to ensure that local actions relating to Winterbourne View are completed. Francis report presented to QAAPM at last meeting.	

Domain 2. Responsibility & Accountability 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**	**Status** 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	Update required	
	B. Monitor CCG actions from SCR recommendations and lessons learned	On going	QAAPM group	**June 13:** Early engagement with CCG and Medical Director involved; Commissioner attended CCC with report on SCR and involvement required; report to LSAB on allocation of resources in June 2012	G
	C. Provide training for independent contractors	03/13	Council and PCT	**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 commissioned	A. Draft guidance note as required setting out the Commissioner and LSAB responsibilities	12/12	Council to draft for LSAB discussion	**June 13:** LH and RC finalising details of session on this – considering LSAB Away day **March 13:** Discussion paper presented to the LSAB and workshop planned **Dec 13:** Initial discussion with LSAB Chair and Dept People and	A

Domain 2. Responsibility & Accountability 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**	**Status** RAG Score
services				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 progress	
2.3 LSAB agencies to complete self - assessment annually to demonstrate continuous development	A. Identify areas for improvement from partner agencies and LSAB through annual self-assessment and include progress in annual report	06/12	QAAPM group	**June 13:** Self-assessments completed and analysed by June 12, further self-assessment to be completed in next year's business plan	G
	B. Incorporate areas for improvement into LSAB Business Plan annually	12/12	QAAPM group	**June 13:** On-going action for next business plan	G
2.4 Assure LSAB sub-groups are meeting the strategic objectives of the LSAB	A. Review sub-group Terms of Reference	06/12	All sub-groups	Completed	G
2.5 Assure that learning	A. Monitoring of progress on addressing action points in	09/12	QAAPM group	Completed	G

Domain 2. Responsibility & Accountability 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**	**Status** RAG Score
identified in SA annual reports are addressed	annual report 10/11				
	B. Incorporate and monitor learning from 11/12 annual report into Business plan	10/12	Council Commissioning Lead	Completed	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	**June 13:** Statement now in new policy which is to be presented to LSAB in June for approval	A
	B. Review LSAB and sub-group agencies whistle blowing policies and procedures and report back to LSAB	12/12	QAAPM	**June 13:** No further action required at this stage **Dec 12:** reviewed feedback from agencies on whistle blowing questions posed by LSAB – assurance provided	G
	C. Disseminate Whistle blowing best practice guidance widely	09/12	AEC group	Completed Request for good practice example to balance the bad practice example – to be included when document reviewed	G

Domain 2. Responsibility & Accountability 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**	**Status** RAG Score
2.7 Assurance that the work of the LSAB is incorporated into commissioned	A. Confirmation of how safeguarding and MCA/DOLS indicators are monitored in commissioned services contracts	12/12	Council and PCT Commissioning	Complete – LSAB indicators in contracts and reviewed in accordance with contract review frameworks ie, quality meetings or review visits	G
	B. Propose mechanisms to improve reporting and monitoring arrangements	03/13	Council and PCT Commissioning	**June 13:** Work is in progress on this. Request move timescale to 03/14 **Dec 12:** Initial conversation taken place about the development of an overarching health and social care assurance framework (including children services for safeguarding) building on adults assurance framework that currently exists.	A
	C. Monitor implementation of above mechanism	09/13	QAAPM group	**June 13:** action not yet due will slip to accommodate above if LSAB agree	
	D. Develop / review assurance arrangements regarding MCA practice (5.1 ToR)	12/12	MCA group	**June 13:** Group have reviewed arrangement in place and are now receiving agencies assurance reports for evidence – report back to LSAB in	A

Domain 2. Responsibility & Accountability 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**	**Status** RAG Score
				Oct on review findings Request move timescale to 10/13 to report the review of the arrangements and 03/14 to develop / propose any new arrangements that might improve position **Mar 13:** New IMCA provider in place and attending group to provide assurance **Dec 12:** Gather MCA figures on annual basis; new tender for IMCA	
	E. Propose MCA / DOLS indicators for LSAB	03/13	MCA group	**June 13:** Group developing new assurance measure – draft proposals being taken to agencies. Request move timescale to 03/14 **Mar 13:** Early discussion has taken place, initial thoughts include: no. of IMCA referrals, DOLS application and process to timescale; safeguarding cases where formal capacity assessments have been undertaken	A

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					
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Agency / Officer**	**Progress**	**Status** RAG Score
3.1 Ensure service users and alerters have a positive response from professionals through-out the Safeguarding procedure	A. Monitor and review service user experience questionnaire responses (linked to outcome 1)	12/12	AEC group	**June 13:** paper to LSAB; completed	G
	B. Review audit of 'front door' response to safeguarding alerts	12/12	Sirona report to QAAPM	**June 13:** Audit received, positive results noted and shared with LSAB; will be repeated in Oct 2014	G
3.2 Assure a systematic approach to providing safeguarding and MCA information and updates to all people / communities is in place ***(disseminating)***	A. Develop a calendar of opportunities to routinely and strategically disseminate information for i) citizens ii) providers iii) publications	06/13	AEC and MCA group	**June 13:** draft calendar developed. To be finalised by next LSAB. Request timescale be changed to 10/13 **Mar 13:** Workshop held in Jan 13 with additional organisations invited. A thorough list of all communication opportunities at events, in print and web links were collated.	A

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					
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Agency / Officer**	**Progress**	**Status RAG Score**
3.3 Assure that mechanisms are in place for service user and carers feedback to inform improvements to policy, practice, commissioning and service development ***(personalised; sharing)***	A. Monitor effectiveness of service user feedback questionnaire process and responses	12/12	AEC group	**June 13:** paper to LSAB in June 13 completed	G
	B. Evidence of continual improvement in response to feedback and involvement of service users *(requested from AEC group)*	03/13	QAAPM group	**June 13:** report being discussed with LSAB in June 13; QAAPM group to consider report and agree how they will achieve this. Request timescale change to 10/13 due to slip in AEC group reporting	

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. Not due until 06/15	A
3.5 Raise awareness of discriminatory abuse	A. Agree awareness raising activities specifically for this type of abuse	03/13	AEC group	**June 13:** linked to 3.2a draft calendar developed. To be finalised by next LSAB. Request timescale be changed to 10/13 **Mar 13:** Will be considered in setting calendar of events at April 13 meeting.	A

Domain 4: Responding to Abuse & Neglect 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**	**Status** RAG Score
4.1 Assure that service users and carers where appropriate, are fully involved and participate at every stage of the safeguarding process and robust evidence that best interests decisions are made where necessary and clearly recorded *(personalised; sharing)*	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	**Dec 12:** completed service user involvement policy approved	G
	B. Implement and monitor guidance	12/12	QAAPM group	**June 13:** will be discussed at next meeting Request timescale be changed to 03/14	R
	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	**June 13:** Audits not presented to May 13 meeting however both AWP and Sirona have presented reports to commissioner in June QAAPM group to consider at next meeting	A
	D. Include this in the Carers Action plan in Domain 1.	09/12	AEC group	Complete	G

Domain 4: Responding to Abuse & Neglect 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**	**Status** RAG Score
4.2 Assure that multi-agency policies and procedures are reviewed and best practice guidance is developed (including responses to vulnerable perpetrators) *(personalised; sharing)*	A. Ensure multi-agency policy and procedure review dates are set and list is reviewed on an annual basis	03/13	P&P group	Completed 06/12	G
	B. Ensure each multi-agency documents are reviewed on a bi-annual basis	06/12 – 03/15	P&P group	**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.	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	**June 13:** QAAPM group routinely do and is now regular agenda item	G
				June 13: Ongoing dependant on SCR action plan and work around improved information sharing/triggers	A

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	12/12	P &P group	**June 13:** Overdue - Work being undertaken. Request timescale be changed to 12/13	A
Domain 5: Training and Professional Development 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**	**Status** 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	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	Not due by June 13	
	C. Report audit findings to LSAB	09/13	T&D group	Not due by June 13	
	D. Propose further roll out to other commissioned services	12/13	T&D group	Not due by June 13	
	E. Develop requirements for Chief Executives, Elected Members and Board members	12/12	T&D group	**June 13:** Poor attendance at the group and work not progressed. Request timescale move to 12/13	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	**June 13:** Annual report on the agenda for June meeting and training performance included for 12-13 **Mar 13:** LSAB Annual Report proforma includes training target reporting **Dec 12:** Discussed by LSAB however difficult to implement	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	**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 *however this is not commissioned against a service spec and the agency is currently reviewing its viability and there may be a future gap*	G

Domain 5: Training and Professional Development 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**	**Status** RAG Score
5.4 Assure that training meets LSAB standards and competencies set out in the Staff Development Framework are delivered and that service users and carers are involved in delivery where possible	A. Review training provided by Sirona Care and Health and all LSAB agencies	12/12	T&D group	**June 13:** Analysing findings from the training audit – will report to the LSAB in Oct 13. Request timescale extend to this for section on all LSAB agencies **Mar 13:** Completed review of Sirona's training	A
	B. Work with the carers centre and support carers to deliver safeguarding training	03/14	T&D group	**June 13:** This objective has not been progressed by the training subgroup and will be picked up as a priority for 2013/14 to work with the Carers' Centre to support service users to participate in SA training delivery.	
	C. Work with service user representative to support service users to participate in SA training delivery	To be agreed	T&D group	As above	
	D. Propose level 4 training in Staff Development framework to LSAB	03/13	T&D group	See 5.1 response above	R

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

Core Business Item	**Responsible Team**	**Monitoring Route**
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 been carried out for B&NES service users living outside B&NES geographical boundary	B&NES Council Safeguarding Adults and Practice Development Team	Monitored by People and Communities Department
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