



Annual Report 2015 – 2016

and

Business Plan 2015 - 2018



Bath & North East
Somerset Council



Chair's Foreword



I am delighted to present this, my first report as the Independent Chair of Bath and North East Somerset Local Safeguarding Adults Board. This has been a very busy year for all members of the Bath and North East Somerset Safeguarding Adults Board. Work has been completed on redrafting our multi agency procedures so that they are consistent with the Care Act, the Multi Agency Safeguarding Hub is due to commence work in September and we have developed clear guidance for professionals when dealing with self-neglect. These are merely the highlights of our activities, much, much more has been achieved, as evidenced within the pages of this report. More importantly, there is evidence that these efforts are making a positive difference in the lives of those whom we seek to safeguard, in the form of both quantitative data and direct feedback from service users.

In the face of increasing financial pressure on all of our member agencies, including those in the voluntary sector, it is commendable that full cooperation and commitment to the work of the Safeguarding Adults Board has been maintained. Such commitment should not be taken for granted and the Board continues to look for opportunities to improve the way we do things. To that end we are looking towards closer collaboration with the Local Safeguarding Children Board (LSCB) and have recently commenced a pilot joint sub group for training and workforce development. Our learning from this pilot will help us to determine other opportunities for future collaboration across both Boards. Similarly we are in discussion with colleagues from North Somerset to determine whether and by what means we might share resources and develop improved consistency in the guidance and information offered to professionals. I am personally hopeful that this will eventually lead to much closer collaboration between Boards across the south west region.

Underpinning everything that the Safeguarding Adults Board achieves is the work of our sub groups and I wish to thank all of those who take part. Being a member of a Safeguarding Board sub group is a demanding role, undertaken by already busy people in addition to their "day" job. It also offers a unique opportunity for personal development and I would encourage all of the organisations that our sub group members belong to, to ensure that their participation is recognised. Also I wish to acknowledge Dami Howard, who was appointed as the Business Support Manager for both Safeguarding Boards during the past year and is already making a significant improvement to the quality of our administration.

Earlier this year, the Government commissioned a review of the work of LSCBs and as a result, a number of fundamental changes are anticipated to their scope and structure. Whilst these changes are not explicitly intended to impact upon Safeguarding Adults Boards, there is much to be learned from them and I think, there will be unexpected opportunities to be considered. What is clear is that the next 12 months will be another challenging and - I hope - rewarding year for both Boards and one in which our aim to safeguard the vulnerable in our communities continues to be realised.

A handwritten signature in dark ink, appearing to read 'Reg Pengelly'.

Reg Pengelly
Independent Chair

Executive Summary

The LSAB has agreed an Executive Summary of the 2015-16 Annual Report. This has been published as a separate document covering the following areas:

- The role of the LSAB
- The Sub-Groups of the LSAB
- LSAB Stakeholder Day
- Outcomes and safeguarding activity
- Making Safeguarding Personal

The Executive summary is available on the LSCB website:

<http://www.bathnes.gov.uk/services/care-and-support-and-you/safeguarding-and-legal-information>

Contents

Page

Chair's Foreword.....	3
Executive Summary.....	4
Section 1: Local Context for 2015-16.....	7
Section 2: Background	8
Section 3: Overview of the National and Regional Context and Guidance	10
Section 4: Governance and Accountability	15
Section 5: LSCB Sub Group Achievements and Priorities	17
Section 6: Other Relevant Work and Achievements	26
Section 7: Analysis of Safeguarding Case Activity 2015-16	31
Section 8: Priorities for 2016 - 17 and Beyond	43
Section 9: Essential Information	44

Appendices

Appendix 1: LSAB Members and Attendance 2015 - 16	45
Appendix 2: Members of Local Safeguarding Adults Board Sub Groups	47
Appendix 3: Budget 2015 - 16	50
Appendix 4: Safeguarding Assurance Indicators	51
Appendix 5: Partner Reports	52
Appendix 6: B&NES LSAB / LSCB Joint Working 2015- 2016	91
Appendix 7: LSAB Business Plan outturn 2015 -16	95
Appendix 8: Keeping Yourself Safe Analysis	95

Tables

Table 1: Safeguarding concerns by Gender, April 2013 – March 2016	33
Table 2: Safeguarding concerns by Age, April 2013 – March 2016	33
Table 3: Number of Concerns by Service User Group 2013-16	34
Table 4: Percentage of Referrals by Abuse Types	37
Table 5: Referrals by Funding of Care and Support Needs	38
Table 6: Percentage of those at Risk Lacking Capacity and Receiving Support	38
Table 7: Source of Risk 2015-16	39
Table 8: SAR 2014/15 and B&NES Comparator Data on the Outcome of Closed Safeguarding Enquiries	40
Table 9: Source of Risk and Enquiry Conclusion	40
Table 10: Desired outcomes requested from the individual or their representative and whether these were achieved	41
Table 11: Outcome at Procedural Stage by Terminated Cases from Referral 2015/16	41
Table 12: Performance in Relation to Multi-Agency Procedural Timescales	42

Charts

Chart 1: Number of Safeguarding concerns received by year from 2005/6-2015/16	31
Chart 2: Monthly Safeguarding Concerns from April 2014 to March 2016	32
Chart 3: Number of Concerns and numbers of safeguarding enquiries by Type of Personal Budget	35
Chart 4: Abuse Type as Percentage of Safeguarding Referrals 2015-16	37

Section 1: Local Context for B&NES 2015-16

- 1.1 Bath and North East Somerset (B&NES) is a Unitary Authority with just under 185,000 residents. According to the 2015 ONS Mid-Year Population Estimates 81% (just over 150,000) of the population were over 18 years. Of whom, 76% were aged 18-64 (just over 115,000) and 23% (35,000) were aged 65+. Over 11% (Over 16,500) of the population are aged over 75.
- 1.2 The area is predominantly White and White British ethnic population, with 93% defining themselves as such. The largest minority ethnic groups in the area are those who define themselves as mixed heritage (4%) and Black (2%). 5% of people over the age of 18 are from BME communities.
- 1.3 Bath is the largest urban settlement in the area, acting as the commercial and recreational centre. It is home to approximately 50% of the population and is one of the few cities in the world to be named a UNESCO World Heritage Site. Keynsham lies to the west of Bath, a traditional market town with a population of almost 9% of the total population of B&NES. Midsomer Norton and Norton Radstock are small historic market towns, located in the south of the area with approximately 12% of the total population split between them. They both have a strong heritage of mining and industry stemming from the North Somerset Coalfield. The rest of the district consists of 69 diverse rural communities of varying sizes and characteristics, including a line of villages along the foothills of the Mendips, the Chew Valley and Cotswolds villages around Bath.
- 1.4 The area has a mix of affluent and deprived areas, with four small areas being in the most deprived 20% nationally according to the 2015 Indices of Deprivation.
- 1.5 As at 31st March 2016 there were 2,053 people in receipt of care and support in B&NES.



Section 2: Background

2.1 Safeguarding adults has continued to maintain a high profile during this period locally, regionally and nationally, both in terms of Government initiatives and in the media.

2.2 This report covers the first year of implementation of the Care Act 2014, as *No Secrets* was replaced by the duties outlined in the Act and Chapter 14 (Safeguarding) of the *Care and support statutory guidance* (Department of Health, March 2016 revised from 2014 version).

2.3 The Act introduced new statutory duties for adult safeguarding. These include duties on the Local Authority (LA) to:

- make safeguarding enquiries or cause them to be made
- establish a Safeguarding Adults Board in their area that contains as a minimum representatives from the local authority, Clinical Commissioning Group and the Police.

2.4 There are also duties for the Safeguarding Adults Board which include:

- arranging for Safeguarding Adult Reviews (SARs) to be undertaken
- the publication of an annual report and strategic plan.

Further details of the Act are included in section 3 of this report.

2.5 Who do the safeguarding duties apply to?

The term vulnerable adult is no longer used in adult safeguarding, instead LA's are asked to apply their duty to make safeguarding enquiries for an adult who:

- *has needs for care and support (whether or not the local authority is meeting any of those needs) and;*
- *is experiencing, or at risk of, abuse or neglect; and*
- *as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.*
(Care and support statutory guidance 2016, 14.2)

2.6 What is abuse?

In addition to the areas which constitute abuse or neglect which were outlined in *No Secrets* (financial, psychological, sexual, physical, discriminatory, neglect or acts of omission, organisational (formerly institutional)); the Guidance (section 14.6) broadens the areas to include modern slavery, domestic violence and self-neglect. LA's are required to consider these areas under their safeguarding responsibilities; whilst radicalisation is not listed in this section it also constitutes abuse when the person fits the criteria outlined in 2.5 and is at risk of radicalisation and the Guidance reminds us that whilst they include a list of areas the LA must not be limited by these.

2.7 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. The person responsible for abuse can be a paid worker, another service

user, a family member, a friend, a group or a stranger. An organisation can also be responsible.

2.8 What does Safeguarding mean?

Adult safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. (Care and support statutory guidance 2016, 14.7)

2.9 Six Key Principles of Adult Safeguarding

The Guidance describes six key principles of safeguarding. These principles are supported by “I” statements that describe how this principle should be experienced by the adult being supported by safeguarding.

Empowerment - People being supported and encouraged to make their own decisions and informed consent.

I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.

Prevention - It is better to take action before harm occurs.

I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.

Proportionality - The least intrusive response appropriate to the risk presented.

I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.

Protection - Support and representation for those in greatest need.

I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.

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

I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.

Accountability - Accountability and transparency in delivering safeguarding.

I understand the role of everyone involved in my life and so do they.

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

3.1 The **Care Act 2014** was implemented from the 1st April 2015 and B&NES have had new arrangements in place since then to ensure compliance. Sections 42 to 47 of the Act are specific to safeguarding adults at risk. However the LSAB is aware that there are other sections throughout the Act that it is required to be mindful of in order to ensure safe services and protection to people with care and support needs. The *Statutory Guidance* is provided to aid LA's and partners to interpret the Act. Section 14 of the Guidance is specific to safeguarding.

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

In addition to the six key principles outlined in section 2 above the Guidance emphasises the importance of Making Safeguarding Personal (MSP – is referred to throughout this report and has been prioritised by the LSAB). MSP is about understanding and recording the views and wishes of the person and ensuring they are central to the safeguarding response.

The Act and Guidance introduce a change to some of the safeguarding terminology; the most significant ones are as follows:

- Vulnerable adult has changed to adult with care and support needs at risk
- Perpetrator has changed to person alleged to be responsible
- Alert has changed to concern
- Safeguarding investigation has changed to Enquiry

3.2 The detail of the specific sections of the Care Act in relation to safeguarding are:

Section 42: Enquiry by Local Authority

This section requires the LA to undertake an Enquiry (or cause an Enquiry to be made) when it has 'reasonable' cause to suspect an adult in 'its' area (regardless of whether or not they are ordinary resident there). The Act states an Enquiry **MUST** be undertaken if the adult fits the criteria set out in 2.5 above. The LA **MUST** decide whether an action should be taken *and if so, what and by whom*.

Paragraph 14.5 of the Guidance makes it clear that where someone is 18 or over but is still receiving children's services and a safeguarding concern is raised the concern should be dealt with through adult safeguarding arrangements but where appropriate children's colleagues should be involved.

Paragraph 14.6 sets out that the safeguarding duty applies in all settings with the exception of prisons and approved premises where prison governors and National Offender Management Service (NOMS) have responsibility.

There is significant guidance on carers (paragraphs 14.45 – 14.50) and the way services should respond; describing intentional and unintentional harm or neglect it sets out a new way of working with carers.

Finally the March 2016 Guidance refers to *Allegations against people in positions of trust* (14.120). Whilst all concerns are reported and dealt with in accordance with the Multi-agency Safeguarding Adults Policy and Procedures the Guidance requires the

LSAB to establish and agree a framework and process whereby the LA is made aware of an incident about a person in a position of trust which does not involve '*an adult at risk, but indicate, nevertheless, that a risk may be posed to adults at risk.*' This is new and was not included in the previous Guidance; the LSAB is working on developing its own arrangements for this with other LA's.

Section 43: Safeguarding Adults Boards

As noted in 2.3 and 2.4 above the LA must set up a SAB. *The main objective for which is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area and who meet the criteria.* (Guidance 2016, 14.133)

The Guidance states that the SAB needs *intelligence on safeguarding in all providers of health and social care in its locality (not just those with whom its members commission or contract)* (Guidance 2016, 14.134)

The SAB MUST:

- Publish a strategic plan annually and consult Healthwatch (Healthwatch sit on the LSAB)
- Publish an annual report detailing what it has done over the year to achieve the main objective and strategic plan
- Conduct any safeguarding adult reviews in accordance with Section 44 below.

The SAB must also determine its arrangements for peer review and self-audit (the LSAB undertake a self-audit of the work of its partners and routinely monitor the business plan (strategic plan). The LSAB will start a discussion with other SABs regarding the potential for a peer review.

Core members of the SABs are set out and include the LA, local CCG and Chief Officer of the police in the LA area. In paragraph 14.146 it lists other organisations who can be part of the SAB but this is not definitive.

It refers to the partnerships the SAB should create – against whilst not definitive it is advisory as set out in the diagram below from paragraph 14.148 of the Guidance. 14.221 and 14.220 also set out how important it is for Members to understand and have ownership of safeguarding. B&NES LSAB shares its Annual Report and Plan with each of the partnerships outlined below.



Section 44: Safeguarding Adults Reviews

The Guidance sets out the criteria for a SAR to be undertaken and the LSAB have approved a Policy and Procedure in accordance with the Guidance. The Guidance acknowledges that there may be some cases which cross over into the remit of the Local Safeguarding Children Board (LSCB) and the Community Safety Partnership (B&NES Responsible Authorities Group (RAG) is the equivalent of this) eg, Serious Case Review involving a child and Domestic Homicide Reviews. The RAG, LSCB and LSAB area requested to work together and dovetail.

Section 45: Supply of Information

This sets out that the LSAB can require an organisation or a person to supply information in relation to a safeguarding Enquiry. The Guidance makes it explicit that records should be high quality and that common agreement relating to confidentiality (consistent with the Caldicott Review (2013) should be sought. The LSAB has a clear Information Sharing protocol in place. This takes account of what actions can be taken where an adult refuses to consent to information being disclosed and advisors practitioners and SABs to consider whether there is an overriding public interest. Where the adult has substantial difficulty and has no appropriate adult to support them an independent advocate must be made available by the LA. The Guidance refers to various levels of training staff require and requires the LSAB to monitor this.

Section 46: Abolition of local authority's power to remove persons in need of care

This section removes the right LA's had previously from the National Assistance Act 1948. The Government (following consultation) believed this power was not required and the Police had sufficient legal powers to intervene.

Section 47: Protecting property of adults being cared for away from home

This requires the LA to take reasonable steps to prevent the loss or damage of the adults property if they are unable to protect it for themselves and if no suitable arrangements have been made to protect it. The LA must have consent from the adult (or if they lack capacity and there is no suitable person to authorise, this the LA must act in the adult's best interest). The LA can recover from the adult expenses that have been incurred. The Social Care Institute for Excellence (SCiE) has been commissioned by the DH to produce a range of supportive documents to support LA's and SABs to implement the Care Act 2014. The link below takes the reader to the Safeguarding adults webpage.

<http://www.scie.org.uk/adults/safeguarding/>

- 3.3 In addition to the changes brought about by the Care Act 2014 the ***Serious Crime Act 2015*** brought in the new offence of controlling or coercive behaviour and carries a maximum sentence of five years' imprisonment. The Home Office issued guidance on this in December 2015 - ***Controlling or Coercive Behaviour in an Intimate or Family Relationship Statutory Guidance Framework***. The guidance states that *Controlling or coercive behaviour should be dealt with as part of adult and/or child safeguarding and public protection procedures.* (p2)
- 3.4 Following the ***Modern Slavery Act (2015)*** published in March 2015 which also brought in new powers, Government departments including the Home Office, Department of Health and UK Visas and Immigration have published a number of reports and guidance notes to support the work in relation to this, for example:
- ***Guidance on Slavery and Trafficking Prevention Orders and Slavery and Trafficking Risk Orders under Part 2 of the Modern Slavery Act 2015*** (Home Office July 2015). This is statutory guidance and sets out how the two new civil orders in the Act STPOs and STROs are implemented and what the police, National Crime Agency and Immigration Officers can do via the court to restrict 'behaviours and activities of a person who poses a risk of committing slavery or trafficking offences' (Home Office website).
 - ***Transparency in supply chains: a practical guide*** (Home Office October 2015). This is statutory guidance requires certain organisations to produce a statement setting out what they have done to ensure slavery and human trafficking is not happening in their business or supply chains.
 - ***Identifying and supporting victims of modern slavery: guidance for health staff*** (DH April 2013, updated November 2015). This guidance sets out what actions healthcare staff need to take if they suspect someone is a victim.
 - ***Victims of modern slavery: guidance for frontline staff*** (UK Visas and Immigration, October 2013 updated March 2016) revised guidance document setting out how this service can identify and support victims. This guidance sets out the legal framework for assisting where there are concerns about involvement in modern

slavery.

3.5 Following on from the House of Lords publishing its review of the implementation of the Mental Capacity Act (MCA) 2005 and the Law Commission publishing its proposed changes the following documents have been produced in relation to MCA and Deprivation of Liberty Safeguards (DoLS):

- ***Mental capacity Act including the Deprivation of Liberty Safeguards an Improvement Tool*** (LGA, ADASS and DH July 2015). This tool has been published to support LA's and partners to identify and promote good practice and highlight areas for development.
- ***Putting the Mental Capacity Act principles at the heart of adult social care commissioning: A guide to compliance*** (LGA, July 2015). This guide has been developed following the House of Lords scrutiny of the application of the MCA across England in 2014. The tool posts a series of questions which the LA and agencies are asked to reflect on; moreover Commissioners are required to ensure agencies are complaint with.
- ***Guidance on deprivation of liberty safeguards (DoLS) as a result of the Supreme Court judgments*** (DH April 2014 updated December 2015). The guidance goes some way to support LA's to clarify changes brought about by the judgment for example there is a note from the Coroner about the requirement to notify them of the death of an adult who is detained by the state and information of the changes to the Court of Protection. The DH also published its response to the Law Commission's consultation on the MCA and DoLS in December 2015 and we await the Law Commissions final position at the end of 2016.

3.6 There have also been a couple of publications in relation to Prevent and radicalisation:

- ***Councils' role in preventing extremism*** (LGA December 2015). The document provides a number of examples of how LA's and partner agencies work to reduce the risk from extremism. Safeguarding is mentioned in a number of the examples contained in the booklet.
- ***Prevent duty guidance: for England and Wales*** (Home Office issued March 2015, revised March 2016). The guidance sets out how specified authorities are to comply with the Prevent duty and was issued under Section 29 of the Counter Terrorism and Security Act 2015. The Home Office are promoting free e-learning at <https://www.elearning.prevent.homeoffice.gov.uk/>

3.7 Female Genital Mutilation has remained high on the agenda throughout the year and the Home Office produced *Mandatory reporting for female genital mutilation procedural information* (2015) which relate to children but have also revised the ***Multi-agency statutory guidance on female genital mutilation*** (April 2016) it makes it explicit that FGM is a form of abuse towards women.

3.8 The LGA have published two further documents specifically in relation to safeguarding adults:

- ***Making Safeguarding Personal 2014/15 evaluation report*** (LGA November 2015). The report evaluates the outcomes of MSP and identifies what support ins needed to ensure consistency across England and makes a number of

recommendations for the future.

- **Note for adult safeguarding boards on the Mental Health Concordat** (LGA and ADASS, June 2015). The note was to advise SABs of their responsibilities and included a checklist which SABs can use to assess their progress with the implementation of the Concordat.

Section 4: Governance and Accountability

- 4.1 B&NES LSAB is a statutory body established under the Care Act 2014. It is independently chaired and consists of senior representatives of all the principal stakeholders working together to safeguard adults with care and support needs across the area. The Terms of Reference are available on the LSAB website and will be reviewed in September 2016:

[LSAB TOR 2015](#)

The membership for the LSAB and sub-groups during 2015 - 16 is set out in Appendix 2.

- 4.2 B&NES Council is responsible for establishing the LSAB. The accountability of the LSAB and performance of the Independent Chair is delivered via a two stage process. The Annual Report is considered by a Scrutiny Panel made up of Chief Executives of member agencies and including the lead Local Authority Member for Adult Social Care and Health. This Panel convenes soon after publication of the Annual Report and will present challenges to the Chair regarding the effectiveness of the LSAB. In stage two, B&NES coordinates a 360 degree appraisal of the performance of the Independent Chair. Contributors to this process include all representative members of the LSAB. The appraisal includes a commentary from the Chair of the Scrutiny Panel at Stage 1. The process is completed at a meeting between the Independent Chair and LA Chief Executive at which performance and development goals are set for the following 12 months.
- 4.3 The Board's statutory objectives as set out in the Care Act 2014 are noted in section 2 and 3 above, its operational functions are specified under Schedule 2 of the Care Act 2014; these are included within the Terms of Reference.
- 4.4 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

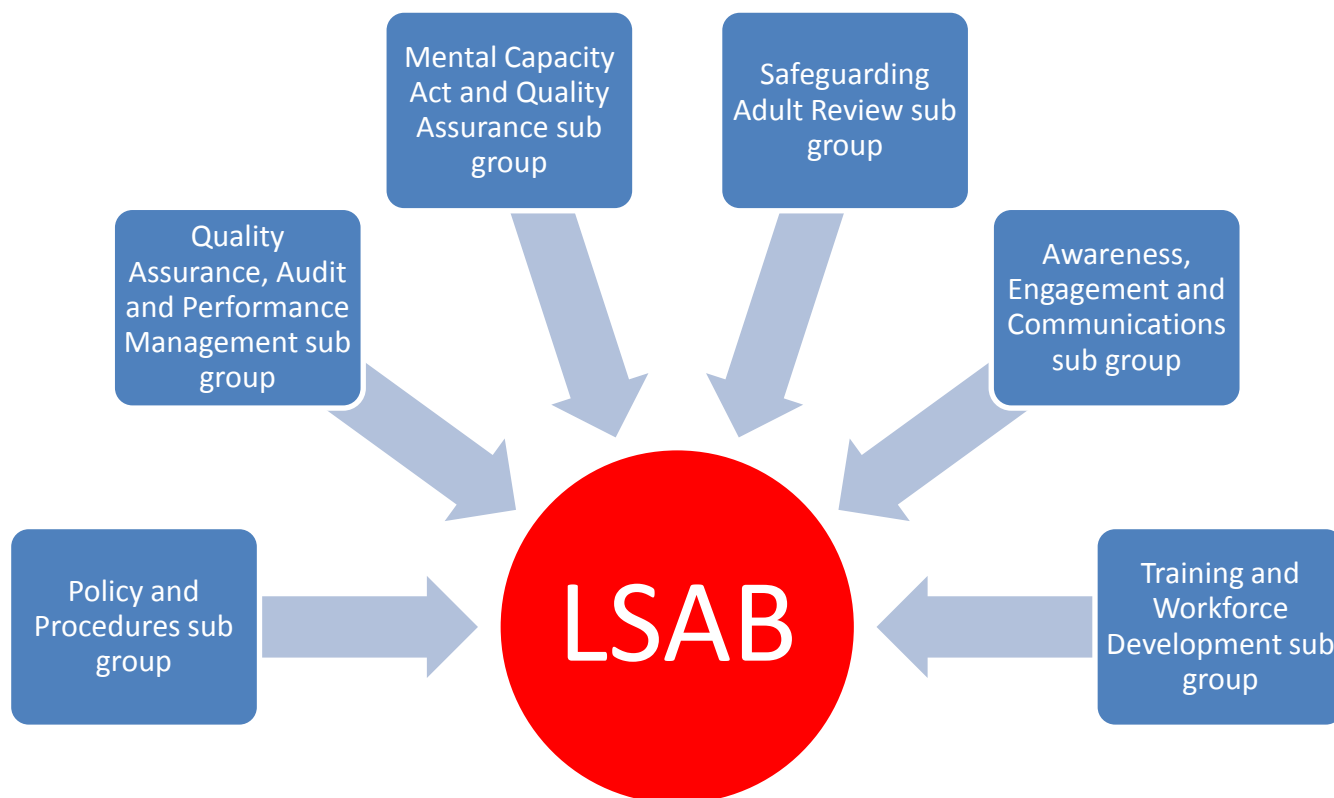
4.5 Functions of the Board

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

4.6 The LSAB structure is set out below and the work of the sub-groups is articulated in Section 5 of the report.



- 4.7 The LSAB have not undertaken any SARs during the period; one application was received however it did not meet the criteria for a SAR but was referred to the Responsible Authorities Group (RAG) and a Domestic Homicide Review (DHR) was undertaken. The findings and recommendations from the DHR will be shared with the LSAB.
- 4.8 During the period covered by this report, the LSAB has attempted to recruit Lay Members. Lay Members give a unique, independent and valuable perspective on safeguarding adults with care and support needs. Their work can positively influence the decisions of the Board. So far recruitment efforts have not been successful but the Board is currently seeking to recruit again.
- 4.9 The LSAB budget is monitored throughout the year and presented in the Annual Report in Appendix 3. Discussions will take place in 2016-17 to assess the contributions made by partner agencies both financially and in kind to ensure that the budget as well as participation and engagement are right for the needs of the LSAB. This will be developed into a Memorandum of Understanding for the Board in 2016-17.
- 4.10 In 2015-16, the LSAB has reviewed the Risk Register, identifying risks for the LSAB, and has undertaken work to develop a Board Assurance Framework which will be finalised in 2016-17.

Section 5: LSAB Sub Group Achievements and Priorities

5.1 The LSAB has six sub groups as set out in section 4.6 above. The Terms of Reference for each of the sub-groups is available on the LSAB web page:

<http://www.bathnes.gov.uk/services/care-and-support-and-you/safeguarding-and-legal-information>

Each sub group reports progress on the Board's Business Plan on a quarterly basis to the LSAB via the Business Plan and contributes to the Sub Group Chairs' quarterly meeting. Each sub group has a duty to challenge practice within the partnership where it identifies issues of concern.

Awareness, Engagement & Communications sub group (AEC)

The Awareness, Engagement and Communications sub group's purpose is:

- To ensure that initiatives commissioned by the Board in relation to service user engagement, involvement and feedback are developed, implemented and evaluated on a regular basis
- To develop and disseminate a range of accessible information in a variety of formats to raise awareness about adult safeguarding, targeting citizens, professionals, service users and carers.
- To develop and oversee engagement, involvement and feedback with/ from carers on behalf of the Board
- To ensure that the LSAB partners and sub groups are aware of the needs to promote awareness and that opportunities are taken to support the prevention of abuse.

Key achievements for 2015-16

- Running a successful awareness campaign involving all key partners of the Board for Stop Adult Abuse Week
- Collating, editing and sending out widely two Local Safeguarding Adults Board newsletters.
- Providing communications materials for partners of the Board, local organisations and people and updating in line with the Care Act.
- Mapping a new LSAB website
- Publishing articles with safeguarding messages in Council Connect which is delivered to every household in B&NES
- Service User engagement has been developed and progressed through *Making Safeguarding Personal*

Outcomes – What difference have achievements made?

- Stop Adult Abuse week provides consistent safeguarding messaging across the old Avon area
- Newsletters provide staff in B&NES with up to date information on safeguarding and the LSAB
- Communications materials enable organisations to provide service users and carers with information about safeguarding

- Sending communications through media that goes to every house reminds the public that safeguarding is everybody's business
- *Making Safeguarding Personal* has improved the process of service users and carers safety being at the centre of the safeguarding process

Challenges faced in delivering the agenda

- Two attempts to find a lay member have been unsuccessful despite advertising through the Council website, volunteering websites, local organisations and Health Watch.

Priorities for 2016-17

- Promote engagement with Stop Adult Abuse Week through social media and promoting events and a quiz.
- Create a pack for partners to engage in Stop Adult Abuse Week
- Create [#stopadultabuseweek](#) to co-ordinate and increase impact of social media
- Circulate updated leaflets and posters locally.
- Respond to service user feedback to improve the logo
- Launch the new website
- Improve the recruitment pack for a lay member and renew efforts to recruit
- Combine the Safeguarding Children and Safeguarding Adults newsletters

Mental Capacity Act & Quality Assurance sub group (MCA&QA)

The MCA/DoLS Quality & Practice Sub Group is a multi-agency group whose role is to provide assurance to the Safeguarding Board on member agencies' implementation of the Mental Capacity Act.

As part of this work the group has shared best practice and tools that are used to ensure that health and social care provider agencies across B&NES fully apply the Mental Capacity Act 2005 (including the Deprivation of Liberty Safeguards).

To monitor and improve DoLS referral rates, and to strive for on-going quality and consistency in the application of the MCA and DoLS within the Bath and North East Somerset locality.

Key achievements for 2015-16

- The MCA Group has continued to ensure that agencies are aware of developments in MCA case law, policy and practice.
- MCA staff training across B&NES has been re-visited and updated.
- Each agency has reconsidered their current methods of communication with the public in terms of ensuring that they know their rights under the MCA as research and the House of Lords MCA report highlighted this as a particular problem.
- The group have received positive feedback from all the agencies involved which have been able to revise their practice, drawing on the experience and tools that other agencies use.

Outcomes – What difference have achievements made?

- Supported multi-agency understanding across B&NES, which has led to a more co-ordinated response and hence maximised our resources.
- Monitored the use of advocacy services and fed findings back to the Commissioner

Challenges faced in delivering the agenda

- Lack of attendance from some partners has continued to be a cause for concern with the exception of some organisations who routinely attend to support the work programme of the group.
- Risk of losing focus of the wider Mental Capacity Act when there is so much attention on the Deprivation of Liberty Safeguards (both the scheme and for those in community settings).

Priorities for 2016-17

- To refresh the Group's Terms of Reference.
- To review & refresh the Group's Membership to ensure a wider and more consistent representation.
- Continue to regularly review and update multi-agency policies with regard to MCA.
- Continue to regularly seek assurance from partners on the implementation of MCA and gather findings.
- Request that each represented agency undertake an MCA audit with reference to the recently published ADASS improvement tool (work carried over from 2015).
- To look at monitoring the use of advocates in the safeguarding process.
- Deliver an event to promote and explain safeguarding re: MCA and DoLS.
- Provide progress reports/feedback on delivery of DoLS and community DoLS work (to jointly include health commissioned packages).
- Review the process of how providers notify CQC when they apply for authorisation to deprive someone of their liberty.

Policy and Procedures sub-group

Ensure that multi-agency policy and procedures commissioned by the Board are developed and reviewed on a regular basis.

Ensure that all multi-agency policies and procedures promote confidentiality, dignity and effective access to safeguarding for all communities in B&NES.

Key achievements for 2015-16

- Reviewed, amended and submitted Multi-Agency SA Consent Policy to LSAB
- Reviewed, updated and submitted the Multi-Agency SA Policy to LSAB
- Prepared for submission to LSAB the Multi-Agency Policy and Procedures to Support People who Self-Neglect
- Prepared for submission to LSAB the Protocol for Determining Neglect in the Development of a Pressure Ulcer
- Reviewed, updated and submitted to LSAB the Multi-Agency Protocol for Managing Large Scale Investigations
- Reviewed Mental Capacity Act Policy Statement
- Reviewed and updated Induction Pack for LSAB

- Reviewed and updated Terms of Reference and membership

Outcomes – What difference have achievements made?

- The new Self Neglect and 'Neglect in the development of pressure ulcer' policies will support the focus on prevention of harm
- The review and update of policies against emerging national requirements ensures that the LSAB works to national best practice at all times and is able to have in place the mechanisms and processes that it will use to gain assurance from members that performance is on track

Challenges in Delivering the Agenda

- Capacity of members to complete the work to timescale in addition to the delivery of their own substantive roles
- Ensuring that LSAB policies are disseminated and link to Provider's own policies.

Priorities for 2016-17

- Ensure remainder of policies and procedures are Care Act compliant
- Develop Dispute Resolution and Escalation policies.
- Use the detailed review sheet of all multi-agency policy and procedures and all LSAB and sub group Terms of References to ensure that all are updated in the agreed three yearly cycle unless legislative or practice changes mean this needs to happen sooner
- Consider closing the sub group and setting up short task and finish groups going forward should a new multi- agency policy need to be written.

Quality Assurance, Audit & Performance Management sub-group (QAAPM)

The group is responsible for identifying learning from the experiences of safeguarding adults at risk both locally and nationally and for ensuring that the lessons are used to inform and improve the practice of safeguarding adults.

The group is also responsible for developing robust mechanisms which assure the LSAB that good practice to safeguarding adults is delivered and there is consistency across partner agencies.

Key Achievements 2015-16

- Reviewed and revised the self-assessment tool and proposed a new model which was agreed by the LSAB.
- Produced two 'deep' dive analysis reports one in relation to care homes and safeguarding incidents and the other about other registered services. The information and assurance for the second report was difficult to gather and more work is required.
- Monitored the progress of the recommendations from the LGA Peer Review to ensure they are delivered. The final recommendation regarding being less bound by

the two day threshold decision making is being rolled out with the new Procedures in October 2016.

- Reviewed the learning from other areas SCR reports to inform practice in B&NES.
- Reviewed all repeat referrals and received reports from AWP and Sirona care and health on a 15% case file audit.
- Reviewed the multi-agency audit process with a new model being considered for 2016-17.

Outcomes – What difference have achievements made?

- Provided assurance on the effective arrangements within care homes and commissioning placements in B&NES.
- Ensured compliance with information governance on undertaking multi-agency audits (all partners are aware of their responsibilities).

Challenges faced in delivering the Agenda

- Another challenging year in terms of the limited membership and capacity of the group; however 2016-17 has seen an improved membership.
- Whilst appreciating and wanting to be fully compliant with data protection requirement the ability to undertake effective multi-agency audits has been challenging. Since 2016-17 new arrangements have been put in place which involves a separate sub group made up of the three core agencies (LA, CCG and Police) reporting back to the QAAPM group to enable the delivery of the Business Plan.

Priorities for 2016-17

- Deliver the actions identified in the Business Plan for the group for 2016-17.
- Implement the new Quality Assurance Framework including the development of a multi-agency dashboard.
- Ensure new multi-agency audits are effective.

Safeguarding Adults Review (SAR) Sub Group

The Safeguarding Adults Review Sub Group is a sub group of B&NES Local Safeguarding Adults Board. The Group's main purpose is to enable the LSAB to undertake reviews of cases that require lessons to be learned, including statutory Safeguarding Adults Reviews (SAR's) as detailed in the Care Act 2014. The group also provides a mechanism for the LSAB to deliver reviews of cases that do not meet the threshold for a statutory review but do meet the criteria for a review under the Boards Safeguarding Adults Review Policy. The group was approved in December 2015 by the LSAB and started in early 2016.

Key achievements for 2015-16

- Inaugural meeting held; terms of reference agreed and meeting plans set for 2016/17.
- Identification of key members and overlaps with other case review functions e.g. Domestic Homicide Reviews (DHRs) and Drug Related Death Reviews.

Outcomes – What difference have achievements made?

It is too soon to say, but it will provide a robust forum for discussing best practice / lessons learned from SARs as well as providing the local reviewing function for B&NES.

Challenges in delivering the Agenda

- Agency capacity for SARs, possible resource implications for independent chairs etc.
- New area of business, getting messages out there.

Priorities for 2016-17

- To ensure timely and robust consideration of any cases referred as a possible SAR.
- To stay abreast of good practice and lessons learned nationally and lead on the sharing of these lessons in agencies working in B&NES.
- To support the monitoring of the implementation of lessons learned.

Training & Workforce Development Sub Group (TWFD)

To maintain an overview of Safeguarding Adults training and development across B&NES and to ensure that high quality training is promoted across all of the organisations which work with adults at risk.

From April 2016, the group will work in partnership with LSCB colleagues to share training information and to work on developing a joint programme of training.

Key achievements for 2015-16

1. Stakeholder Event

- In November 2015, the group organised a very successful Stakeholder Event entitled **Safeguarding and Prevention: The Challenge of Providing Safe Services in Adult Care.**
- This event brought together about 80 stakeholders from many different backgrounds and discussions were stimulated by three excellent speakers:
 - Teresa Kippax, National Safeguarding Advisor, CQC: *Safeguarding and the Prevention Agenda*
 - Helen Wakeling, Deputy Head of Safeguarding Adults, B&NES Council: *Making Safeguarding Personal and the Care Act's Preventative Messages*
 - Helen Harris, Tissue Viability Nurse, Sirona Care and Health: *Tissue Viability: Good Preventative Practice*

In the afternoon, workshops covered a range of topics:

- 1: Suzanne McCutcheon and Kirsty Langford, Trading Standards: *Keeping People Safe from Financial Abuse*
- 2: Melissa Kendall: *Quality Assurance and the Care Certificate*
- 3: Dennis Little: *The Mental Capacity and DoLS: The Challenge for Providers*
- 4: Michaela Arrowsmith: *More Tissue Issues*

The Event concluded with delegates, grouped into 'sector groups', working on putting together initial ideas for an LSAB Prevention Strategy.

The event was very positively received by all delegates.

2. Updated Competency Framework

- The LSAB Competency Framework was updated in the light of changes brought about by the Care Act and this was signed off by the LSAB in September 2015.
- The purpose of the Competency Framework, which is based on a more detailed Bournemouth University framework approved by ADASS, is to provide a set of

standards against which training programmes can be measured - ie a set of minimum standards for the content of courses, based on a series of levels.

3. Self-Assessment Audit

- The Group completed work on designing a third LSAB Self-Assessment Audit, following those circulated in 2013 and 2014. This time, the audit was combined with a Quality audit proposed by the QAAPM Group and was based on an electronic 'Meridian' platform which aims to make analysis of the results a lot easier.
- The Self-Assessment Audit was expected to be circulated in May 2016.

4. Merger with LSCB Workforce Development Sub Group

- A considerable amount of work was done during 2015-16 to pave the way for a merger of the LSAB Learning & Development Sub Group and the LSCB Workforce Development Sub Group, which finally met as a joint group in April 2016 and which will be chaired jointly.
- The purpose of the merger is to share learning and development opportunities which will be of value to staff working in both Adult Services and Children and Families Services and to encourage joint learning at all levels, based on the 'Think Family' principle.

Outcomes – What difference have achievements made?

- The Stakeholder Event provided an opportunity for stakeholders from a wide range of organisations to consider how much more they could do singly and collectively to raise standards of care and prevent abuse and neglect occurring.
- This has also 'kick started' a wider discussion about the 'prevention agenda' which has continued in other forums into 2016-7, and which will lead eventually to the creation of an agreed 'Prevention Strategy'.
- The updated Competency Framework has made our Framework 'Care Act compliant' and clarified what topics should be covered in Safeguarding Adults training at all levels, which should ensure consistency for staff across the area.
- The Self – Assessment Audit exercise is due to take place in 2016-17 but the groundwork done during 2015-16 should ensure that this electronic approach is more effective and time-saving, and more easily accessible to a much wider group of services.
- The merger of the LSAB and LSCB sub-groups is aimed at encouraging joint learning at all levels, based on the 'Think Family' principle. The concrete outcomes of this 12-month pilot should become clear towards the end of 2016-17.

Challenges faced in delivering the agenda

- The difficulty in securing resources to ensure the provision of multi-agency training (eg Stakeholder Event).
- Variable attendance at meetings (eg lack of representation from key stakeholders).
- Inevitable challenges in ensuring that an agenda which encompasses Adult Safeguarding and Children's Safeguarding is equally relevant to all stakeholders.

Priorities for 2016-17

- To undertake a third Organisational Training Audit (May 2016), widening the scope of the audit to all care providers and basing it on an electronic platform in order to analyse the responses more easily.
- To work alongside LSCB colleagues to develop a joint Adult Care / Children and Families workforce development programme.
- To organise and deliver a half-day multi-agency event to launch the new LSAB Self Neglect Policy.
- To organise and deliver a third large-scale Stakeholder Event (if possible, jointly with LSCB).
- To refresh the Group's Terms of Reference in line with national ADASS guidance re the Care Act and in line with LSCB requirements.
- To refresh the Group's membership to ensure a wide and consistent representation.

Making Safeguarding Personal Task and Finish Group

Making Safeguarding Personal developed from a sector led initiative supported by the Local Government Association (LGA) and ADASS. It arose in response to findings from peer challenges, consultation and engagement, which identified the need to develop an outcomes focus to safeguarding work. Making Safeguarding Personal is about engaging with people throughout their safeguarding contact to confirm the outcomes they want to achieve and at the end of the safeguarding episode checking if these outcomes were achieved.

- The approach requires everyone working in safeguarding to focus on the outcomes the individual wants to achieve rather than those the professionals believe is appropriate. It's about a change of mind-set, a willingness (sometimes) to take greater risks and about developing a culture of listening carefully to the service user and letting them, where possible, lead the way.
- The Care Act 2014 provides a further commitment to the tenants of Making Safeguarding Personal with the Guidance to the Act repeating the need to "engage the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety." (Guidance 14.15.)

Key Achievement for 2015-16

- Multi-agency policy revised to provide a focus on the outcomes sought by the individual.
- Draft safeguarding procedure's produced that articulate B&NES commitment to Making Safeguarding Personal.
- LSAB performance indicators revised to reflect expectation that the person's views and wishes are sought before a safeguarding enquiry is undertaken.
- Advanced Training on Making Safeguarding Personal provided to staff in the Council, AWP and Sirona care and health.
- Audit of pilot teams completed and learning implemented across all agencies.
- Practice changed to support individuals and their advocates being involved in strategy meetings, so that their views can influence the enquiry approach taken.
- Case Study Presentation at the start of every Board Meeting to reflect on the way all of the agencies support Making Safeguarding Personal.
- Face to face feedback conversations with service users established as the key aspect of the feedback process.
- Development of a positive risk taking tool for use throughout the safeguarding process.

Outcomes – What difference have the achievements made?

- Increased participation of people throughout the safeguarding process.
- View of the individual regarding the outcomes they want to achieve recorded at the start and end of the safeguarding process.
- The voice of the service user captured in the safeguarding notes of meetings.
- Making Safeguarding Personal fully implemented across all agencies supporting individuals through the safeguarding process.
- Recognition of the role of Welfare Lasting Power of Attorney's within the safeguarding process
- Need to engage with the individual recognised in the timescales monitored by the Board.

Challenges faced in delivering the agenda

- Production of the public information leaflets has taken more time than anticipated, due to the changes in the procedures. Publication due in October 16
- Undertaking the number of face to face conversations initially anticipated, due to resource issues
- Balancing community concerns regarding an individual with their right to make decisions which others consider unwise.

Priorities for 2016-17

- Publication of information "leaflets" for individuals
- Publication of information "leaflets" for carers/family members
- Further development of the face to face conversations with individuals regarding their experience of safeguarding.
- Implementation of the revised enquiry reporting requirements which include information on the person's views and wishes
- Developing further training for agencies undertaking the safeguarding co-ordination role, based on the feedback provided in the MSP survey.
- Removing the need for this group to continue – as Making Safeguarding Personal becomes the golden thread that runs throughout our safeguarding approach.

Female Genital Mutilation (FGM) Task and Finish Group

This task and finish group was formed in January 2016 as the first joint group working across the LSCB and LSAB. The focus of the group is to raise the issue of FGM across both children's and adults services and the community.

Key Achievements for 2015-16

- Ensuring that all the right organisations are represented from children's and adult services.
- The group has developed a clear action plan.

Outcomes – What difference have the achievements made?

- Raised awareness amongst practitioners and agencies.

Challenges faced in delivering the agenda:

- None to date the actions identified in the plan are being achieved.

Priorities for 2016-17

- Awareness raising for children, parents and the community.
- Ensure skilled and competent workforce and understand mandatory reporting requirements / pathways.
- Robust needs analysis of local population at risk.
- Developed performance and reporting mechanisms to provide assurance.

Section 6: Other Relevant Work and Achievements

6.1 Board Development: the LSAB holds one or two Business Development sessions every year. The purpose of these half-day events is to explore the mechanisms by which the Board undertakes its business and to identify improvements to our effectiveness. In 2015, the Development Day took place in April jointly with the LSCB. The purpose was to have an overview of the roles of the LSCB/LSAB sub groups; identify common areas of work; and to consider and agree a Vision and Values Statement for the LSCB/LSAB. Progress on the areas of joint working is included in Appendix 6.

The second Board Development session took place in March 2016 and focused on agreeing the new safeguarding procedural timescales as part of the revision of the Multi-agency procedures to go live from September 2016; agreeing the safeguarding assurance indicators for 2016-17 for all Board members to report on annually (see Appendix 4); the annual review of the LSAB Risk Register, regarding potential risks to the Board and agreeing a new Board Assurance Framework, to ensure effective working and monitoring of safeguarding in B&NES.

6.2 Case Studies: At the start of each Board meeting, a case study is presented on the theme of 'Making Safeguarding Personal' (MSP) to ensure that the LSAB hears the Voice of the Adult with care and support needs and is assured that they are listened to and affect the outcomes of their individual safeguarding case. During 2015-16, the Board heard cases from Sirona care and health; Avon and Wiltshire Mental Health Partnership (AWP) and the Police on cases involving financial abuse by a family member, neglect leading to a pressure ulcer, complex issues around potential sexual and physical abuse linked to declining health needs and lack of engagement leading to neglect/self neglect, and the extreme threat of physical abuse. In all cases the Board was assured that the use of MSP had had an impact on the management and process of the safeguarding cases and their outcomes.



6.3 Presentations: the Board received the following presentations:

Anti-Slavery Partnership [www.aspartnership.org.uk]

Nicola Pender attended in June to discuss the work of the local Anti-Slavery Partnership.

- The Modern Slavery Act became law on 26th March 2015.

- Independent Anti-Slavery Commissioner appointed (this is an independent monitoring body of the Home Office). More information can be found at <https://www.gov.uk/government/organisations/independent-anti-slavery-commissioner>
- Another useful website discussed was: www.modernslavery.co.uk
- ‘Anti-Slavery Leads’ to be set up in the Police, Local Authority and Health. Primarily Police-led but also multi-agency input. Avon & Somerset Police have initially focused their anti-slavery work in Bristol but will extend to Bath next (checking out nail-bars, car-washes, brothels).

Trading Standards

Suzanne McCutcheon and Kirsty Langford attended LSAB in September to inform LSAB members of the work Trading Standards do and how this can link in with safeguarding. Trading Standards deal with fraudulent activity, doorstep crime, scams etc.

Doorstep Crime: This has increased over the last two-three years. For example, one individual had their driveway tarmacked by a fictitious company and another had garden landscaping, all costing in the region of £1,000 - £2,000. Both jobs were carried out by ‘cowboy’ contractors resulting in half-finished, low quality work. Bath & North East Somerset Council has a “Buy with Confidence” scheme/booklet which lists traders who have been approved. These traders are DBS and finance checked. There is also a booklet “Buy with Confidence plus Care” for those residents in B&NES who manage personal budgets (e.g. if they need a walker for their dog). Trading Standards are working closely with adult social care services regarding this.

Approved traders through the Buy with Confidence Scheme are available on:

<http://www.buywithconfidence.gov.uk/sitepages/bwchome.aspx>

“No Cold-Calling Zones”: Trading Standards work closely with the Police on this initiative.

Trading Standards is also in partnership with the National Scams Hub.

Telephone Scams: Trading Standards can issue and install “Blocker Units” which filter calls coming through (including international calls) – this system has proved to be very effective.

There is also the Telephone Preference and Mail Preference which can be used to prevent nuisance calls.

IRIS (Identification and Referral to Improve Safety)

Jo Cosgrove and Dr Helen Pauli attended the LSAB in December to share their work with IRIS. The IRIS Team are commissioned by B&NES CCG and the PCC (Police & Crime Commissioner) for Year 1 to offer a free training and advocacy package to all B&NES GP Practices; and then by the CCG for a further two years. The training is for all clinicians working within the practice: doctors, nurses, midwives, pharmacists and the Reception/Administration team as well, equipping the Practice team with the knowledge and skills to identify and respond to patients who are experiencing domestic abuse. Each participating Practice has access to a specialist domestic violence advocate who can offer patients emotional and practical support and provide risk assessments, safeguarding alerts and safety planning. Jo Cosgrove is the local Advocate Educator and is based at Southside, a charity based in Twerton, Bath which has been offering family support and support to victims of domestic abuse since 1997. Jo will be setting up training sessions in the 2016 and would like GP surgeries in the B&NES area to sign up.

IRIS also links with DHI (Developing Health & Independence), another partner charity located in Bath that works closely with people who have drug and alcohol problems, and can either be perpetrators or victims of abuse.

IRIS has received over 30 referrals thus far and out of those 8 were already known to other agencies.

Care Quality Commission (CQC) – The Board was due to receive a presentation in March 2016 from CQC but unfortunately they were unable to attend and this had to be postponed until later in the year.

- 6.4 **Information received from the LSCB:** As well as the joint working between the Boards as shown in Appendix 6, The Revised Early Help Strategy December 2015 was shared for information.

The Independent Chair has also kept the board abreast of the Government review on LSCBs that is due to report in summer 2016 as this may have implications for future joint working or the organisation of LSABs and Safeguarding Adult Reviews (SAR)

6.5 Publications:



Bath & North East Somerset Council. People who need care and support to live independently may be at greater risk of harm or abuse. If you or someone you know is experiencing abuse of any kind, please report your concerns to us. It is important that you know who to speak to; see page xx for contact details.

As well as the articles placed in Council Connect Magazine, the LSAB also placed the advertisement above in 'Smile!' the Friends of RUH Magazine, to raise awareness of safeguarding adults.

- 6.6 **LSAB Stakeholder Day:** This took place in November 2015 and focused on the theme of 'Prevention'. The agenda for the day is described in the Training and Workforce Development section; one of the outcomes of this is for the development of an LSAB 'Prevention Strategy' that is hoped to be approved by the LSAB in December 2016.

- 6.7 **'Stop Adult Abuse week' June 2015:** for the second year the LSAB supported this regional event across the old Avon area. The LSAB organised an event open to all providers on Raising Safeguarding Awareness. The event was well attended and focused on the new legislation following the implementation of the Care Act 2014. The participants took part in discussion and presentations on:

- New safeguarding Statutory Duties under the Care Act 2014
- New Multi-Agency Safeguarding Policy
- Making Safeguarding Personal and the work we are doing
- Revised approach to Self-Neglect and new Self-Neglect Protocol.

The LSAB organised an awareness-raising 'stand' in partnership with trading standards that was available to the public in locations such as local shops, supermarkets, libraries and town centres.

The RUH had a stand in the Atrium. Swallows and Sirona Care and Health arranged bespoke training on how to manage personal budgets and avoid financial abuse for service users. Avon and Wiltshire Mental Health Partnership held a tea for service users and carers to raise awareness.

- 6.8 **MAPPA Event:** The LSAB organised a training event on Multi Agency Public Protection Arrangements (MAPPA) which was attended by a variety of providers across the area. The event was supported by David Miners, Avon & Somerset MAPPA Coordinator, and achieved the following objectives:
- To ensure that attendees gain an understanding of categories and levels of MAPPA

- To explain to attendees the current risk management of sexual and violent Offenders
- To explain the responsibilities of “Duty to Cooperate” agencies
- To explain the MAPPA referral process

6.9 Work of the MASH Project Board: the Project Board has continued to develop the arrangements for implementing a MASH in B&NES. The MASH is expected to go live in September 2016 and covers adults and children safeguarding (domestic abuse will be included in 2017).

6.10 Other Annual Reports: The LSAB received the Deprivation of Liberty Safeguards (DoLS) Annual Report and identified a number of actions and priorities. These are monitored through the following year’s report, the LSAB Business Plan and the work of the Mental Capacity and Quality Assurance sub group.

6.11 Responsible Authorities Group: Activities to maximise joint working continue to be prioritised with community safety partners through the Responsible Authorities Group (RAG) and its sub groups, for example:

Training: IVASP (the sub group working specifically on domestic violence and abuse) is currently working up a training plan for the area and is bringing together all organisations that are delivering training in order to rationalise delivery and to recognise different levels of training need (from general awareness through to specialist knowledge). A training needs questionnaire (based on the NICE training needs template) has been developed and is being used as a basis for the co-ordinated approach. This is also linking with the LSCB and LSAB. This work will provide quality standards to manage all DVA training and continues to build on the findings of MARAC Gap Analysis 2014 commissioned by LSAB, NHS Banes CCG and Avon and Somerset Police Constabulary.

Independent Domestic Violence Advocacy– Royal United Hospital

The IDVA pilot was successful in demonstrating the need through the positive impact on staff confidence in dealing with victims of DVA, also using the skills of the IDVA to engage with victims who might previously have not even been recognised as such. The RUH is now, through the IDVA, fully integrated within the MARAC risk assessment and management process. Agreement has been reached between B&NES Council, CCG, Public Health and Wiltshire Council to fund the RUH IDVA for a further year.

Independent Domestic Violence Advocates - Lighthouse

The IDVA service co-located at the Lighthouse Victim Care (Avon and Somerset Police Constabulary service), ensures that more survivors of abuse get a timely service. It has seen an increase in the number of DVA victims that are assessed as potentially high or medium risk and in need of early support from an IDVA. The RAG prioritised a portion of the PCC community safety funding to extend the IDVA service to make provision for ‘low risk’ victims. A great deal of time and support has been dedicated to developing the buddy scheme at Southside as a response to the call from victims for more avenues of support but also survivors who want to ‘give something back’. The buddies each support the IDVAs in supporting individual victims, including young victims of DVA, where this intervention is appropriate. The buddy scheme has been instrumental in providing a service for victims living in rural areas.

Identification to Referral and Improved Safety Programme (IRIS)

The Identification to Referral and Improved Safety programme (IRIS) is in its second year. IRIS is the GP referral scheme supporting B&NES Council’s commitment to extend the IDVA Service to low and medium risk victims and bring primary care into the

pathway of services. The core team to deliver IRIS GP referral scheme have been recruited and trained and work is underway to provide bespoke locally specific and relevant IRIS training for GPs and GP practices. Feedback from GPs is that the training has been very positive and the IRIS project is being expanded to cover all GP practices. Progress in engaging all practices has been slow, we aim to address this during 2016/17.

During 2015/16 the Community Safety Fund provided Somerset and Avon Rape and Sexual Assault Service (SARSAS) core funding in B&NES. The Council has facilitated links with external funders and business support to enable SARSAS to be established on a more sustainable footing. RAG is considering further funding of SARSAS during 2016/17.

Hate Crime

The Stand Against Racism and Inequality Service (SARI) were commissioned to provide a service to enhance the core Avon and Somerset Police and Crime Commissioner funded race hate crime service to include all victims of hate crime. During the year SARI submitted a bid to the Big Lottery to secure funding to maintain the enhanced hate crime service. Bath and North East Somerset Council, together with partners across Avon and Somerset, are currently finalising the service delivery plan.

Prevent

The Prevent Steering Group has continued to meet during the year. B&NES is working closely with South Gloucestershire Council; the two authorities have appointed a joint project officer. A Prevent action plan including a training matrix (addressing the training needs of all Council staff, education establishments, voluntary and other sector partners) has been agreed and Home Office accredited training (workshops to raise awareness of Prevent) is already underway with monthly dates set up.

Domestic Homicide Review

During the year four deaths were referred to B&NES for consideration as a Domestic Homicide Review (DHR). A DHR may be required where the circumstances surrounding the death of an adult are associated with domestic abuse. The aim of the DHR is not to apportion blame but to identify areas where partners need to improve their work to identify where a death could have been predicted or prevented as well as to support victims, family and friends. Two referrals were returned to the Home Office (one not fitting the criteria of a DHR, the other not in our geographical boundary). Although only one death met the formal criteria for a DHR, the RAG was commended by the Home Office for its decision to conduct a 'Root Cause Analysis' (RCA) in respect of one case. As a result of both the DHR and the RCA, partnership action plans have been developed which will be endorsed by the RAG. Progress in delivering these plans will be reported on in 2016/17. It is worth noting that the family in the case of the DHR described a role which met the description of an IDVA; they felt such a role in the hospital would have helped their relative. They were encouraged to hear that the RUH IDVA had been appointed although this was subsequent to the death of their relative.



Section 7: Analysis of Safeguarding Case Activity 2015-16

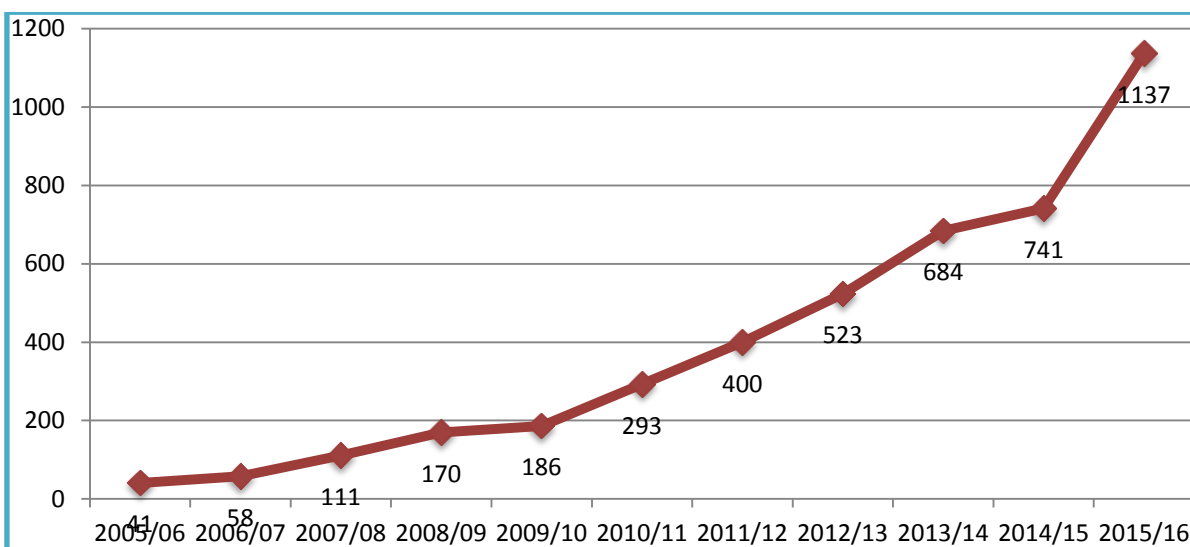
7.1 Benchmarking Data

- 7.1.1 In October 2015 the Health and Social Care Information Centre (HSCIC) published **Safeguarding Adults Return Annual Report, England 2014-15 Experimental Statistics** (SAR 2015) the report is available to the public as Experimental Statistics, which means the statistics are undergoing evaluation based on returns from all 152 Councils. This is the only benchmarking data available at present to help the LSAB compare its data and activity and is a year old.
- 7.1.2 The analysis undertaken in this section has used the information provided by B&NES for National Reporting for the year 2015/16. The reduction in data items collected for this return provided this year does, however, mean that some of the information required by the LSAB is not reported at a national level, so benchmarking is not always possible. It must also be noted that the national data used throughout this section is a year older than the information provided by B&NES.

7.2 Safeguarding Concerns received during 2015-16

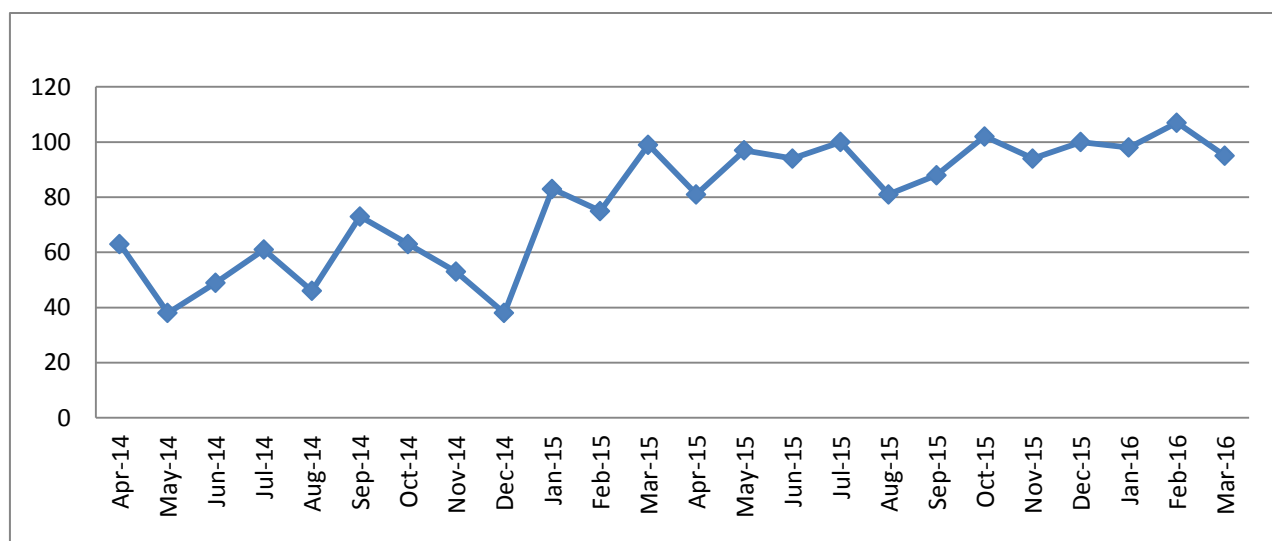
- 7.2.1 During the reporting period 2015-16 B&NES received 1,137 new alerts /referrals (now called concerns). In addition to these there were also 129 service users who had been referred to safeguarding during the previous year, but were still being supported through the safeguarding process at the start of April 2015. At the end of March 2016, 162 cases remained open and 1,104 had been closed. In comparison, in the last annual report it was noted that 707 cases were closed at the end of March 2015. During 2015-16 there has, therefore, been an increase of 56% in the number of cases closed during 2015-16 in comparison with 2014-15.
- 7.2.2 This year there has been the highest ever number of safeguarding concerns received. The 1,137 concerns received were an increase of 53% when compared with 2014-15.

Chart 1: Number of Safeguarding concerns received by year from 2005/6-2015/16



7.2.3 The increase in the volume of concerns can also be seen in the monthly recording shown in the chart below. Between April 2014 and March 2016 the monthly average was 78 concerns with the rise in the average caused by the overall increase in the level of concerns during 2015-16. Looking at 2015-16 in isolation the average number of concerns received was 96 month. The only months where the level of concerns dipped significantly below this average were April and August 2015. The reason for this dip in level of concerns raised is not clear but the April fall may be related to the arrival of the Care Act and a level of initial uncertainty about what issues should be raised as safeguarding.

Chart 2: Monthly Safeguarding Concerns from April 2014 to March 2016



7.2.4 As the HSCIC no longer collect information on the number of concerns which met the safeguarding threshold, it is not possible to compare B&NES performance with other areas. Historically HSCIC have reported that 50% of the concerns reported nationally met the safeguarding threshold and led into the safeguarding process. (HSCIC 2013).

7.3 Repeat Concerns

7.3.1 The number of people for whom a safeguarding concern was raised on more than one occasion has also increased in 15/16, along with the numbers of concerns and enquiries. During the year, more than one concern was raised for 183 people. This is in comparison to the previous year when repeat concerns were raised for 53 people.

7.3.2 Initially this appears to be a significant increase in repeat situations, however, further examination suggests that much of the increase may be related to people's understanding of the new Care Act threshold for safeguarding. Out of the 182 people for whom more than one concern was raised, 65 people had no further action taken for all of the contacts received. This indicates that a third of these repeat concerns did not require safeguarding support, as they related to: individuals who had no care and support needs; those who could protect themselves or individuals that needed an assessment or review of their social care needs. All the repeat concerns are currently being reviewed by lead professionals in Sirona care and health, AWP and the Council's Safeguarding and Quality Assurance Team. A report on their findings will be presented to the LSAB in December 2016.

7.4 Safeguarding Concerns by Gender and Age

Table 1: Safeguarding concerns by Gender, April 2013 – March 2016

No. of Concerns by Gender			
	13/14	14/15	15/16
Male	263 (38.4)	258 (34.8%)	420 (36.9%)
Female	421 (61.5%)	483 (65.1%)	717 (63.1%)
Total	684	741	1137

7.4.1 As can be noted from the table above, the age breakdown by gender for 2015-16 is largely similar to previous years. The percentage of females to males has, however, decreased slightly in this year's reporting, but there has been an increase in the number of female referrals in the 18-64 group.

Table 2: Safeguarding concerns by Age, April 2013 – March 2016

18-64			65+		
13/14	14/15	15/16	13/14	14/15	15/16
126 (18.4%)	109 (14.7%)	197 (17.4%)	137 (20%)	149 (20.1%)	223 (19.6%)
137 (20%)	144 (19.4%)	269 (23.7%)	284 (41.5)	339 (45.7%)	448 (39.4%)
263 (38.4%)	253 (34.1%)	466 (41.1%)	421 (61.5%)	488 (65.8%)	668 (59.0%)
13/14	14/15	15/16	13/14	14/15	15/16

7.4.2 The number of adults aged between 18-64 for whom safeguarding concerns have been raised, has increased this year rising from 34.1% of the total numbers of concerns received in 2014-15 to 41.1% in 2015-16. The number of concerns regarding adults 65 + has reduced from 65.8% to 59% of total concerns.

7.4.3 The last national report (SAR 2015 p.6) reported concern levels of 64% for adults aged 65+ and 36% for 18-64 year olds which was in line with B&NES figures for last year. It will be interesting to note, when the national data for 2015-16 becomes available, if other authorities have seen a similar change in the number of people under 65 being referred during 2015-16.

7.5 Safeguarding Concerns by Ethnic Breakdown

7.5.1 The ethnic breakdown of service users at point of concern is as follows: 87% were White British; 2% were Asian/Black/African/Caribbean British, 10% declined to provide information on their ethnicity or this information was not known. This compares with

the local census data which shows the population is 90% White British, 3% Asian/Black/African/Caribbean British and 7% from other ethnic groups.

- 7.5.2 The SAR (2015) national data reports 85% of referrals were accounted for as White; 6% were Asian/Asian British and Black/Caribbean/African/Black British and 7% were recorded as unknown. (p7). These figures are largely consistent with previous reports from HSCIC. The LSAB will need to continue to monitor the data collection to ensure this is recorded correctly.

7.6 Safeguarding Concerns by Service User Group

- 7.6.1 The table below shows the break down by service user group for 2013 to 2016. As has been seen in previous years the highest number of concerns are received regarding adults with a physical disability. For the second year there has been a higher number of alerts received regarding adults with a mental health issue (19%) that adults with a learning disability (18%). This year there has also been a substantial increase in the number of adults with substance misuse issues reported into safeguarding, increasing from 1% of referrals in 14/15 to 4% in 15/16.

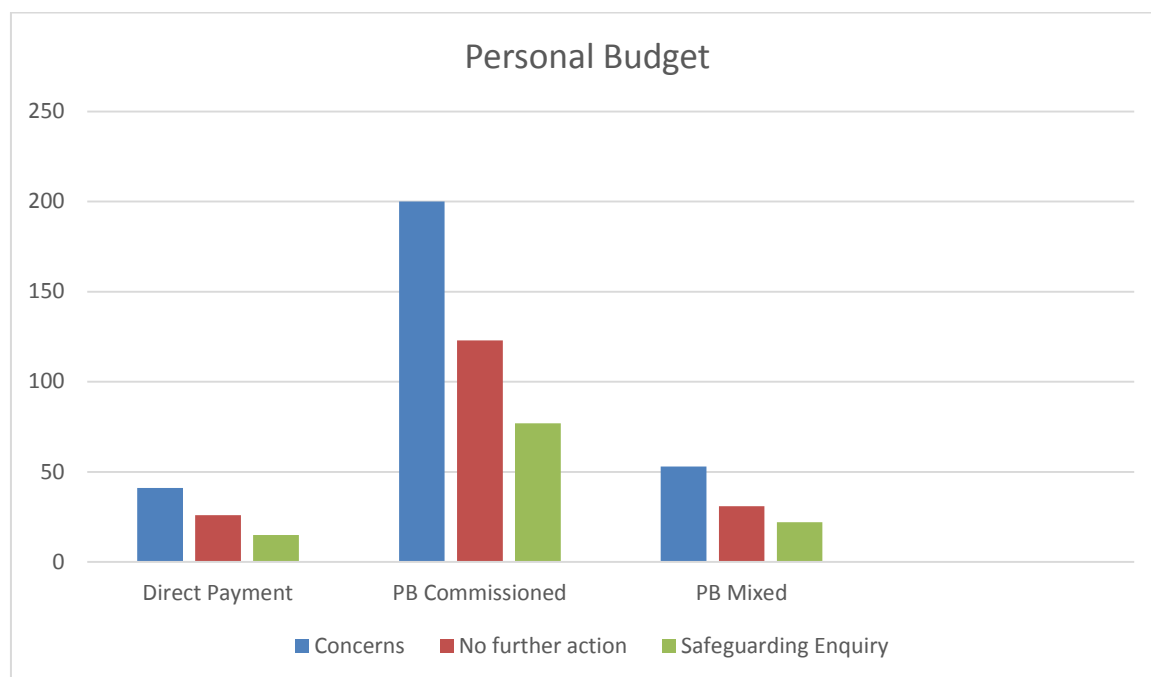
Table 3: Number of Concerns by Service User Group 2013-16

Service User Group	2013/14	2014/15	2015/16
Physical Disability	397 (60%)	433 (58%)	629 (55%)
Mental Health	111 (17%)	139 (19%)	215 (19%)
Vulnerable People	22 (3%)	23 (3%)	43(4%)
Learning Disability	124 (19%)	133 (18%)	201 (18%)
Substance Misuse	5 (0.8%)	5 (1%)	42 (4%)
Adult Carer	5 (0.8%)	8 (1%)	7 (0.6 %)
Total	664¹	741	1137

7.7 Concerns Raised for People funded by the Council

- 7.7.1 The majority of service users who live in the community and receive funding from the Council to access these services do this through a budget process known as a Personal Budget (PB). There are three types of PBs: a PB Direct Payment, where the service user manages their own budget and purchases their own social care to help them remain at home; a PB Commissioned package, where Sirona Care and Health or AWP organise the social care package and purchase this from agencies the Council has a contract with and thirdly a PB 'mixed package', which is a combination of the two above.
- 7.7.2 The chart below sets out how many safeguarding concerns alerts were received during the year and how many of these were not progressed or progressed into a safeguarding enquiry, in relation to the type of community package the service user is in receipt of.

Chart 3: Number of Concerns and numbers of safeguarding enquiries by Type of Personal Budget



7.7.3 The lowest number of concerns raised related to those in receipt of their Personal Budget through a Direct Payment. The LSAB will be considering how information regarding raising safeguarding concerns can be raised with Direct Payment recipients or the people that support them.

7.8 Moving from Concerns into a Safeguarding Enquiry

7.8.1 A total of 422 concerns moved into a Safeguarding Enquiry during 15/16. This is 37% of the concerns raised.

7.8.2 As the HSCIC no longer collect information on the number of concerns which met the safeguarding threshold it isn't possible, at present, to compare B&NES performance with other areas. Historically HSCIC have reported that 50% of the concerns reported nationally met the safeguarding threshold and led into the safeguarding process. (HSCIC 2013), and B&NES previous performance was in line with this national finding. It will be interesting to note when the national figures become available to see if all Authorities have seen this decrease in the percentage of situations moving from concerns into enquiry.

7.8.3 1,104 cases were closed during 2015-16 – this accounts for 87% of the total number of cases that were reported as concerns (1,137 new concerns and 129 open from the previous year). The number of cases that were open on the 31st March 2016 was 162, a 19% increase on last year. This increase can be accounted for by the rise in the level of concerns received and cases progressing into safeguarding that was seen throughout the year.

7.9 Safeguarding Enquiries

7.9.1 In previous reports we have referred to situations that have moved into the safeguarding process as a safeguarding referral. This was in line with the language used in National Reporting, where a referral was defined as being when “a concern is

raised about a risk of abuse and this instigates an investigation under the safeguarding process” (p4 Safeguarding Adults Annual Report, England 2014-15, HSCIC). With the introduction of the Care Act in April 2015 a new term has, however, been introduced - a Section 42 enquiry. This is defined as being “the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place”. (14.77 Care Act Guidance).

7.9.2 B&NES has previously noted that around 50% of concerns raised were progressed into safeguarding. This has changed this year with only 37% (422) of concerns meeting the threshold for a safeguarding enquiry as outlined in the Care Act 2014. The change in the percentage of concerns progressing into procedures could be related to: the threshold changes introduced by the Care Act with a larger number of concerns being raised as people “tested” out what would now be supported through safeguarding; or the stronger consideration of the person’s views and wishes at the concern stage, leading to other processes outside of safeguarding being used to support individuals who did not want the safeguarding process to be used for them.

7.9.3 In the national reporting for 2014-15 it is stated that 103,900 safeguarding referrals were raised. This is a small reduction (0.14%) on the previous year (13/14). In B&NES, for the same period (2014/15) there were 378 referrals that progressed into the strategy stage of the safeguarding procedures. In 2015-16, 422 concerns resulted in a Section 42 Safeguarding Enquiry and progressed into the strategy stage of the safeguarding process. This was a 12% increase on the previous year.

7.10 Safeguarding Enquiries by Abuse Type

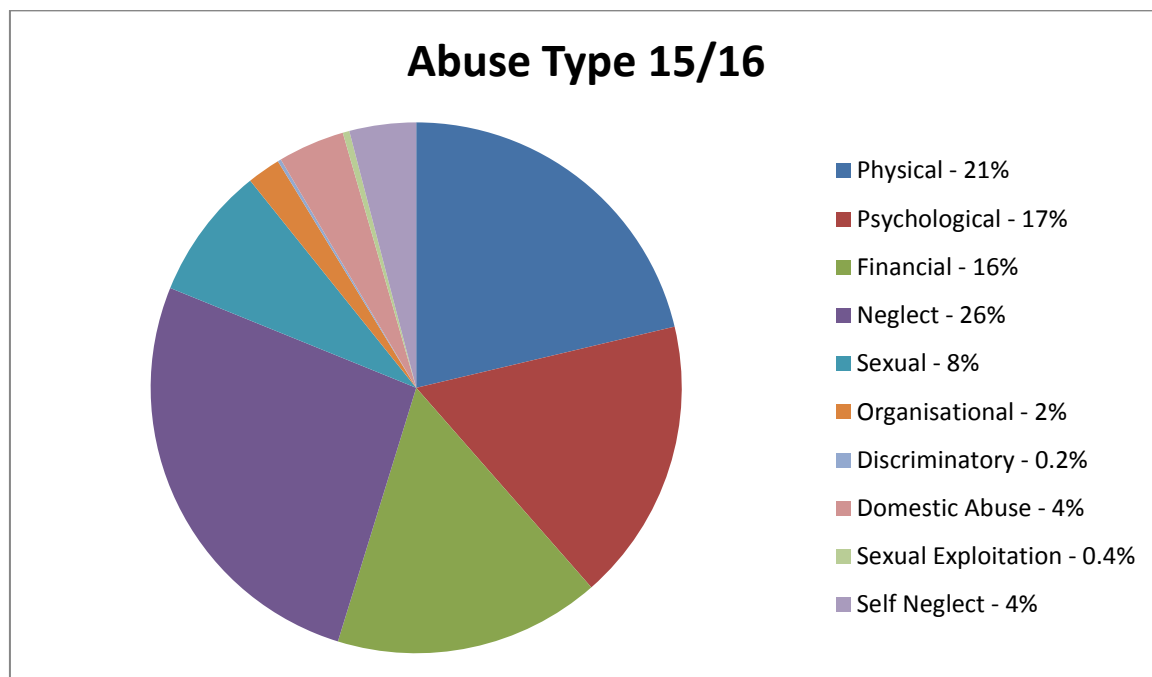
7.10.1 The following table sets out the ‘primary abuse type’. The introduction of the Care Act has introduced some new categories of abuse type into the national reporting requirements and changed the language used to describe existing types of abuse. Emotional abuse is now described as psychological abuse and institutional abuse as organisational abuse.

7.10.2 Domestic Abuse, Sexual Exploitation, Modern Slavery and Self-Neglect have now been included as abuse types reporting. The B&NES reporting for 2015-16 therefore includes these additional types. The national reporting for 15/16 will not be available until the autumn, therefore figures have been taken from the national report for 2014-15 but as this did not include the new types of abuse it is not possible to offer a comparison across the data.

Table 4: Percentage of Referrals by Abuse Types

Abuse Type	HSCIC National 2014/15	B&NES 2013/14	B&NES 2014/15	B&NES 15/16
Physical	27%	30%	32%	21%
Psychological	15%	14%	15%	17%
Financial	17%	19%	15%	16%
Neglect	32%	28%	29%	26%
Sexual	5%	7%	6%	8%
Organisational	3%	1%	3%	2%
Discriminatory	1%	0.5%	0	0.2%
Domestic Abuse				4%
Sexual Exploitation				0.4%
Self-Neglect				4%
Modern Slavery				0

Chart 4: Abuse Type as Percentage of Safeguarding Referrals 2015-16



7.10.3 There were no instances of Modern Slavery reported this year, but the LSAB will continue to monitor the number of concerns and enquiries undertaken.

7.11 Reported setting of alleged abuse

7.11.1 B&NES saw a further decrease in the number of safeguarding enquiries where the alleged abuse had taken place in the service user's own home (44% to 39%). The percentages of enquiries regarding alleged abuse in care homes (residential and nursing) was 30% and 9% for enquiries regarding hospital settings in B&NES. There has been an increase this year of the percentage of situations being defined as other (15%). This could relate to abuse that takes place on the street or in public places, including that experienced by people who are street homeless.

7.12 Safeguarding Enquiries for people funded by the Council.

7.12.1 In previous years the LSAB has reported on those that were supported through safeguarding and were already known to the Council. As this information is no longer reported nationally, it was felt that information detailing if the person received a funded service may be more informative for the LSAB.

7.12.2 40% of the safeguarding enquiries undertaken during the year were for service users with care and support needs funded by the Council. 14% of service users supported through the enquiry process were self-funders, whilst 35% were not in receipt of any care and support services.

Table 5: Number of Referrals by funding for Support Needs

Commissioned / Funded Care and Support by B&NES	Commissioned/Funded Care and Support by Other LA	Self-Funded Service	Health Funded Service	No Service
166	22	60	24	144

7.12.3 An individual who is defined as being “Not in receipt of service”, may be receiving support from agencies such as DHI, Housing Organisations and other agencies that provide support and advice. However, in this context, the service provided would not meet the definition of commissioned or funded care and support which is defined as a personal budget or self-funded services such as domiciliary care, residential care and day services.

7.13 Mental Capacity and Safeguarding Enquiries

7.13.1 An analysis of the service user’s mental capacity was included in this report for the first time last year. The table below sets out the percentage of those that went through the safeguarding process that lacked capacity. It also shows how many of them received support to articulate their views and wishes during the process. In comparison to the SAR 2015 (p30), B&NES reported 27% of service users lacked capacity whereas nationally the figure for 2014-15 was 25%. 60% of individuals supported through safeguarding in B&NES had capacity whereas nationally that figure was 14% lower at 46%. The numbers of “unknown” cases locally are shown as 13% whereas nationally the figure is higher at 16%. It would be expected that this number would continue to fall as steps are taken to consider capacity and involvement both before and during safeguarding procedures.

7.13.2 The number of service users who received support when they lacked capacity, in all age ranges, is significantly higher than the national picture where on average 61% of individuals identified as lacking capacity were provided with support whereas in B&NES the average was 98%. Support in this context is provided by an advocate, family or friends. (SAR 2015 p31). This increase is in line with the requirements of the Care Act, with its expectation that every Local Authority ensures that advocacy support is identified for anyone considered as having substantial difficulty in being involved in the safeguarding process.

Table 6: Percentage of those at Risk Lacking Capacity and Receiving Support

Was the individual lacking capacity	Percentage of Concluded Referrals					Total
	18-64	65-74	75-84	85-94	95+	
Yes	6%	4%	6%	9%	1%	27%
No	30%	7%	9%	12%	2%	60%
Don't know	3%	1%	3%	5%	1%	13%
Of those recorded yes how many were provided with support	91%	100%	100%	100%	100%	

7.14 Source of Risk

7.14.1 The table below sets out a breakdown by percentage of all completed cases by source of risk and abuse type. Other known to the individual includes, for example, other adults in need of care and support; family members and neighbours / friends. The percentage distribution of type of risk by source is outlined in the national SAR 2015 return. Nationally the majority of concerns (49%) are due to the actions of someone known to the, in B&NES this percentage is much higher with 66% of situations being reported as being undertaken by a person known to the individual.

Table 7: Source of Risk 2015-16

	Source of risk		
Type of risk	Social Care Support (paid, contracted or commissioned)	Other - Known to Individual	Other - Unknown to Individual
Physical	5%	15%	2%
Sexual	2%	5%	1%
Psychological and Emotional	4%	13%	1%
Financial and Material	2%	12%	1%
Discriminatory	0	0.2%	0
Organisational abuse	2%	0.3%	0
Neglect and Acts of Omission	13%	12%	0.4%
Domestic Abuse	0	4%	0
Sexual Exploitation	0.2%	0.2%	
Modern Slavery	0	0	0
Self-Neglect		4%	
Total	28%	66%	6%

7.15 Outcomes from Safeguarding Enquiries

7.15.1 The following outcomes were recorded for the 37% of concerns that were accepted as safeguarding enquiries. In the table they are shown in comparison with national data for 2014/15 and with local information from previous years.

Table 8: SAR 2014/15 and B&NES Comparator Data on the Outcome of Closed Safeguarding Enquiries

Outcome	SAR data 2014/15	B&NES 2013/14	B&NES 2014/15	B&NES 2015/16
Substantiated	31%	33%	33%	42%
Partly substantiated	10%	17%	9%	9%
Inconclusive	22%	14%	15%	16%
Not substantiated	33%	32%	37%	28%
Investigation ceased at individuals request	7%	4%	5%	4%

7.15.2 The source of risk data shows that the majority of cases which were substantiated were risks presented by someone known to the individual. These figures are broadly similar to the national picture reported in the SAR 20154 return as demonstrated in the table below.

Table 9: Source of Risk and Enquiry Conclusion

	Source of risk		
Conclusion	Social Care Support	Other - Known to Individual	Other - Unknown to Individual
Fully Substantiated	11%	18%	4%
Partially Substantiated	4%	4%	1%
Inconclusive	6%	7%	2%
Not Substantiated	19%	16%	3%
Investigation Ceased	1%	4%	0

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

- 22% of cases action was taken and risk removed (23% national figure)
- 61% of cases action was taken and risk was reduced (40% national figure)
- 10% of cases action was taken and risk remains (8% national figure)
- 7% of cases no action was taken (30% national figure)

7.16 Making Safeguarding Personal

7.16.1 This year, local authorities were asked to report for the first time on Making Safeguarding Personal outcomes. Information was requested on the number of people, who had been through the safeguarding process, who had been asked what outcomes they wanted from the safeguarding process and if at the conclusion these had been achieved. As this is the first year of reporting it is not possible to benchmark our performance in this area, but the table below indicates that where people expressed their outcomes these were achieved in the majority of cases. Further work

is however required on improving performance in recording this information and making sure that the individual or their representative is asked for their outcomes.

Table 10: Desired outcomes requested from the individual or their representative and whether these were achieved

Was the individual asked?	18-64	65 +	Not known
Yes and outcomes expressed	28% (108)	45% (174)	0.2% (1)
Yes but no outcomes expressed	0.4% (2)	0	0
No	2% (8)	4.6% (14)	0
Don't Know	5% (20)	2% (8)	0
Not recorded	3% (13)	10% (41)	0
Where outcomes were expressed were they			
Fully achieved	26%	44%	0
Partially Achieved	11%	16%	0.3%
Not Achieved	1%	1%	0

7.17 Closure of the Safeguarding Process

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

Table 11: Outcome at Procedural Stage by Terminated Cases from Referral 2015/16

Termination Stage	Investigation Ceased at Persons Request	Inconclusive	Not Substantiated	Partly Substantiated	Substantiated	Total of all stages
Strategy	7	20	44	6	36	29% (113)
Assessment	4	5	17	5	9	10% (40)
Planning	2	23	37	12	52	32% (126)
Review	1	16	13	14	65	28% (109)
Total of all outcomes	4% (14)	16% (64)	28% (111)	9% (37)	42% (165)	

7.18 Compliance with Local Safeguarding Procedural Timescales

7.18.1 Compliance with safeguarding procedural timescales continues to be monitored on a monthly basis by the Commissioner. The LSAB, CCG Board and Council Corporate Performance Team receive regular reports as well.

- 7.18.2 In the last year the timescales that are being reported and monitored on have changed, but it has not been possible to adjust the reports accordingly. Therefore for a six month period there have been new timescales in place, but the reporting requirements have not been able to fully record performance against the new LSAB expectations. The LSAB are aware of this issue and it is anticipated that the new reports will be in place from October 2016.
- 7.18.3 The timescale changes were put in place to reflect the need to engage with the individual and discuss the outcomes they would like to receive from the safeguarding process. In particular the timescale for the decision was extended to 4 days and the time for a strategy meeting increased to 10 days to support the individual's involvement in their safeguarding process.

Table 12: Performance in Relation to Multi-Agency Procedural Timescales

Indicator	Target	% Completed on time from April 15 – Mar 16	
1. % of decisions made in 48 working hours from the time of referral	95%	Sirona C&H	87%
		AWP	83%
		Combined	86%
2a. % of strategy meetings/discussions held within 5 working days from date of referral	90%	Sirona C&H	74%
		AWP	74%
		Combined	74%
2b. % of strategy meetings/discussions held with 8 working days from date of referral	100%	Sirona C&H	88%
		AWP	88%
		Combined	88%
3. % of overall activities/ events to timescale	90%	Sirona C&H	81%
		AWP	82%
		Combined	81%

- 7.18.4 The LSAB Quality and Performance sub group and the Council Commissioners for both Sirona care and health and AWP safeguarding work will continue to monitor future performance closely, ensuring that the LSAB and corporate performance requirements are met alongside the requirement to make the safeguarding process person centred and focused on the individual's outcomes.

Section 8: Priorities for 2016 - 17 and Beyond

8.1 The LSAB is now one year into its three year Business Plan and many actions have been completed or are well underway. The original plan was developed last year and included a set of activity already scheduled for 2016-17. These remain in place, and, during the year, additional actions have been identified as outlined below.

8.2 Key Priority 1:

Multi – Agency Responsibility and Accountability

Outcomes

- Core duties in relation to the Care Act 2014 are delivered; quality and outcome of this work is evidenced; service user and carer perspectives influence change in practice; MCA is embedded
- Service users and carers are at the centre - *Making Safeguarding Personal* is embedded in practice
- Service users and carers who are self-neglecting are supported appropriately
- The LSAB understand and are able to effectively respond to domestic abuse, radicalisation, modern slavery, self-neglect, adult sexual exploitation
- *Think Family* become more effective and efficient (continue to develop collaboration with LSCB to improve practice, share learning and reduced duplication of work)
- Improved understanding of the consequences and impact of adult abuse and neglect on social care and health services caused by the increase in safeguarding cases (links to key priority 3)
- Be forward thinking, predicting and responding to safeguarding issues
- Development mechanisms for getting feedback on the effectiveness of the Board

NEW Review Board performance indicators and procedures regarding the 2 day decision

NEW Initial 6 month report on new process to capture outcomes and service user and carer experiences

NEW Review the number of surveys done by the Board, identify where surveys can be joined and collate a calendar to spread when surveys are sent in order to prevent overloading people with surveys

8.3 Key Priority 2

Prevention and Early Intervention

Outcomes

- The LSAB are assured the stakeholders, community and citizens are aware that safeguarding adults is everybody's business
- Prevention and early intervention responses are embedded to reduce and remove the risk and impact of abuse
- Improved information sharing arrangements to reduce and prevent harm

NEW Facilitate and coordinate Adult Abuse Week
NEW Develop LSAB Prevention Strategy

8.4 Key Priority 3

Domain 3: Responding to and learning from abuse and neglect

Outcomes

- Service users and carers are at the centre - *Making Safeguarding Personal* is embedded in practice
- Service users and carers who are self-neglecting are supported appropriately
- The LSAB understand and are able to effectively respond to domestic abuse, radicalisation, modern slavery, self-neglect, and adult sexual exploitation.
- Ensure learning is effective and embedded from SARs
- Core duties in relation to the Care Act 2014 are delivered; quality and outcome of this work is evidenced; service user and carer perspectives influence change in practice; MCA is embedded – see also actions in Key priority 1

NEW Review the number of concerns raised for BME groups, ensure these are proportionate to the BME population

NEW Review the use of multi-agency safeguarding activity data at the LSAB

Section 9: Essential information

- 9.1 The Annual Report is published by the LSAB and has been contributed to and approved by all partner agencies.
- 9.2 The Report is shared with the Health and Wellbeing Board, LSCB, Responsible Authorities Group (RAG), CCG Board and Council Chief Executive.
- 9.3 The report can be made available in alternative formats as required and by contacting the Communications Coordinator by emailing Melanie_Hodgson@bathnes.gov.uk or ringing 01225 477983



Appendix 1: LSAB Members and Attendance 2015 - 16

Name	Agency	Role
Alex Francis	Healthwatch B&NES	Interim General Manager
Andrew Snee	Curo	Head of Tenancy Solutions
Ashley Ayre	B&NES Council	Director of People and Communities
Carolyn Belafonte (until December 2015)	Avon & Somerset Constabulary	Manager Safeguarding Co-ordination Unit
Charlotte Leason	Avon & Somerset Constabulary	Safeguarding Coordination Unit Manager (North)
Dami Howard	B&NES Council	LSCB/LSAB Business Support Manager
Dawn Clarke	Banes NHS CCG	Director of Nursing & Quality
Helen Wakeling	B&NES Council	Safeguarding Lead: Adults & QA
Jane Shayler	B&NES Council	Deputy Director Adult Care, Health, Housing
Janet Rowse	Sirona care and health	Chief Executive
Jenny Theed	Sirona care and health	Director of Operations
John Trevains	NHS England South	Assistant Director of Nursing, Safeguarding
Julie Evans	Curo	Director of Neighbourhoods
Karen Hunt	BUPA	Home Manager
Kevin Day	National Probation Service	Senior Probation Officer
Lisa Ring	National Probation Service	Senior Probation Officer & Team Manager CRC
Liz Richards	AWP (Avon and Wiltshire Mental Health	Managing Director BaNES
Lesley Hutchinson	B&NES Council	Head of Safeguarding and Quality Assurance
Dr Louise Leach	Banes NHS CCG	G.P. Safeguarding Lead
Mary Lewis	RUH	Deputy Director Nursing Quality & Patient Safety
Neil Liddington	Avon Fire & Rescue	Area Manager – Risk Reduction
Pam Bourton	Bridgemoor Care	Home Manager
Pam Dunn	Care Watch Bath	Operations Director
Phil Rhodes	AWP (Avon and Wiltshire Mental Health	Community Service Manager (B&NES)
Reg Pengelly	Independent Chair	Independent Chair
Richard Kelvey	Avon and Somerset Constabulary	Manage – Prevention & Protect
Roanne Wootten	Julian House	Partnerships Manager
Sarah Jeeves	Banes NHS CCG	Adult Safeguarding & Quality Assurance Nurse
Sarah Shatwell	DHI (Developing Health & Independence)	Director Housing and Communities
Sarah Thompson	SWAST	Safeguarding Manager
Sarah Warne	NHS England South	Safeguarding Lead Nurse
Simon Hester	SWAST	Named Professional for Safeguarding
Sonia Hutchison	B&NES Carers Centre	Chief Executive
(Cllr) Vic Pritchard	Independent	Cabinet Member for Adult Social Care & Health
Dr William Bruce-Jones	AWP (Avon and Wiltshire Mental Health	Clinical Director

LSAB Attendance by Agency				
Name	June 2015	Sept 2015	Dec 2015	March 2016
Avon Fire & Rescue				
Avon and Somerset Constabulary				
Avon and Wiltshire Mental Health Partnership Trust				
Banes NHS CCG				
B&NES Carers Centre				
B&NES Council				
Care Home Rep (From Dec 2015)				
Dom Care Rep (From June 2015)				
Executive Lead Member				
Lay Members (Vacant)				
Healthwatch Rep (from March 2016)				
Housing Rep				
Health & Wellbeing Network Rep (Vacant June-Dec)				
National Probation Service				
NHS England South				
Sirona care and health				
Royal United Hospital				
SWAST				

The above indicates representation only, which is not always from the designated lead from each agency, and not the numbers attending.

Appendix 2: LSAB Sub group members

Awareness, Engagement & Communication sub group	
Member	Agency
Sonia Hutchison	Bath Carers Centre (Chair)
Maggie Hall (until July 2015)	Sirona care and health
Lucy Muchina (from December 2015)	Sirona care and health
Debra Harrison	RUH
Jenny Milsom	Curo
Karyn YeeKing	B&NES Council
Lee Rawlings	AWP
Martha Cox	Sirona care and health
Mel Hodgson	B&NES Council
Dami Howard (from Sept 15)	B&NES Council
Bev Craney	SWALLOW

Policy and Procedures sub group	
Member	Agency
Dami Howard (until July 2015)	Freeways (Chair)
Dawn Clarke	BaNES NHS CCG (Chair)
Alan Mogg	B&NES Council
Dami Howard (from Sept 15)	B&NES Council
Dawn Kingman	B&NES Council
Sue Tabberer	B&NES Council
Maggie Hall	Sirona care & health
Rachel Potter	B&NES Council
Rachel Jones	B&NES Council
Neil Boyland	RUH
Amanda Lloyd	Avon and Somerset Constabulary
Fran McGarrigle	Avon and Wiltshire Mental Health Partnership Trust

Mental Capacity & Quality Assurance sub group	
Member	Agency
Lesley Hutchinson (chair until Dec 2015)	B&NES Council (chair)
Sarah Jeeves (from January 2016)	Banes NHS CCG (chair)
Debra Harrison	RUH
Dennis Little	B&NES Council
Dr Louise Leach	Banes NHS CCG
Kate Purser (until Dec 2015)	Banes NHS CCG
Roger Tipping	Rep from Healthwatch
Kathryn Kambitis	RUH
Karen John	Four Seasons Healthcare
Benita Moore	SWAN Advocacy

Sally Cook	SWAN Advocacy
Pam Dunn	Carewatch Bath
Pete Campbell	CYP - B&NES Council
Philip Rhodes	AWP
Christine Somerset	B&NES Council
Tim Shearn	B&NES Council
Tom Lochhead	B&NES Council
Karen Gilroy	B&NES Council
Karyn Yee-King	B&NES Council

Quality Assurance, Audit & Performance Monitoring sub group

Member	Agency
Kate Purser (until December 2015)	BaNES NHS CCG chair)
Lesley Hutchinson (from Feb 2016)	B&NES Council (chair)
Charlotte Leason	Avon and Somerset Constabulary
Alan Mogg	B&NES Council
Geoff Watson	Sirona care and health
Karen John	Age UK
Andrew Snee	Curo
Dami Howard (from Sept 15)	B&NES Council
Sarah Jeeves (from Jan 2016)	Banes NHS CCG
Roger Tipping	Rep from Healthwatch
Rob Elliott	RUH
Dr Claire Williamson	AWP
Victoria Parker	Curo

Training and Workforce Development sub-group

Member	Agency
Jenny Theed	Sirona care & health (Chair)
Belinda Lock	WayAheadCare
David Trumper	B&NES Carers Centre
Dawn Kingman	B&NES Council
Dennis Little	B&NES Council
Nick Quine	Avon & Somerset Constabulary
Geoff Watson	Sirona care and health
Debra Harrison	Royal United Hospital
Roanne Wootten	Julian House
Philip Rhodes	Avon and Wiltshire Mental Health Partnership Trust
Debra Harrison	Royal United Hospital
Sarah Jeeves	Banes NHS CCG
Theresa Hallett	Bath College

Safeguarding Adult Review sub group	
Member	Agency
Charlotte Leason (from December 2015)	Avon & Somerset Constabulary (Chair)
Helen Wakeling	B&NES Council
Lesley Hutchinson	B&NES Council
Sarah Jeeves (from Jan 2016)	Banes NHS CCG

Note membership of the Task and Finish Group are not included.



Appendix 3: Budget 2015 - 16

2015-16	
Income	
BaNES NHS CCG	7,000
Avon Fire and Rescue	1,000
Avon and Somerset Constabulary	8,000
B&NES Council	38,969
Total	54,969
Expenditure	
Independent Chair	13,338
Business Support Manager	10,802
MASH Programme Board	5,000
Organisation and Administration	8,000
Room and Equipment Hire	2,133
Training	15,696
Total	54,969

The income for the LSAB is either an agreed contribution from the partner organisations or identified funds from B&NES Council to support the individual activities. The Council contribution fluctuates with actual spending.

Appendix 4: Safeguarding Assurance Indicators

The following indicators were approved by the Board in March 2016 for the following year. Partner Reports in Appendix 5 report on those indicators that were agreed by the Board in March 2015.

Board Performance Indicators 2016-17

Indicator 1: Procedural Timescales	Target	Frequency of Reporting	Owned By
1.1 Decisions to undertake Section 42 Enquiry in no more than 4 working days from date of referral	95%	Quarterly	Council, Sirona and AWP
1.2 Planning Meetings / Discussion within 10 days	95%	Quarterly	Council, Sirona and AWP
1.3 Section 42 Enquiry Reports within agreed Chairs timeframe	90%	Quarterly	Council, all agencies
1.4 Review meeting held within 5 working days of Enquiry Report being received	85%	Quarterly	Council, all agencies
1.5 Subsequent review meetings held within 3 months	85%	Quarterly	Council, Sirona and AWP
Indicator 2: Training	Target	Frequency of Reporting	Owned By
2.1 Safeguarding awareness included in induction	95%	Annual	All
2.2 Relevant staff to have completed SA level 2 training	90%	Annual	All
2.3 Relevant staff to have completed SA level 3 training	90%	Annual	All
2.4 Relevant staff to have completed MCA / DOLS training	90%	Annual	All
2.5 Relevant staff to have undertaken WRAP training	75%	Annual	All
Indicator 3: Safer Recruitment	Target	Frequency of Reporting	Owned By
3.1 Relevant staff to have an up to date DBS check	100%	Annual	All
3.2 Two written references to be provided before work commences with adults with care and support needs	100%	Annual	All

Appendix 5: Partner Reports

Agency Name: Avon Fire & Rescue

Brief outline of agency function: Fire and Rescue service responding to emergencies from Fire and entrapments.

Achievements during 2015/16: (bullet points)

- Safe Guarding policy and procedure reviewed and updated.
- Introduction of a training matrix
- Middle Managers level 2 training in safe guarding
- Introduction of a safe guarding team

Describe how you raise awareness of safeguarding in your agency:

- Training of staff
- Articles in service bulletins
- Feedback to fire crews following their raising of issues
- Procedural guidance

Describe how you supported service users and carers through the safeguarding adults' procedure:

Due to the nature of our agency functions our response are to raise concerns of abuse and/or neglect with local authority teams. Specifically supporting reducing fire risk to individuals, focusing on hording around self-neglect.

Objectives for 2016/17:

- Ensure all staff complete level 1 eLearning of the safe guarding module
- Middle managers completed level 2 training
- Named safe guarding leads completed level 3 training

Performance Indicators for LSAB

Indicator 5: Training	Target%	Outcome%	Comment
5.1 Relevant staff will have completed SA level 2 training within 6 months of taking up post and/or completed refresher training every 3 years thereafter (the term 'relevant' is defined by CQC)	90%	80%	Whilst not a commissioned agency we are committed to achieving 90%
5.2 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)	80%	N/A	Our core functions are not part of the key functions; however, we are aware and support the 5 key principles of the Mental Capacity Act.
5.3 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	95%	N/A	Our core functions are not part of the key functions, however, we are aware and support the 5 key principles of the mental capacity act

comparable to B&NES DOLS training)			
5.4 New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment	95%	95%	Safe Guarding level 1 eLearning is mandatory for all staff.
Indicator 6: Safer Recruitment			
6.1 Relevant staff to have an up to date DBS check	100%	100%	All relevant staff are checked. We also have safe recruitment procedures in place.
Indicator 7: Safe Practice			
7.1 Provide evidence of safeguarding discussions / raising awareness with the agency setting (eg, supervision arrangements to include this)	Sage guarding training and discussions Central safe guarding team who give advice to staff who raise concerns Where concerns are raised we follow up with relevant agencies to discuss any actions taken.		

Agency Name: Avon and Somerset Constabulary

Brief outline of agency function:

Avon and Somerset Constabulary provides professional policing services, working with partner agencies, including services to and for Adults at Risk, in order to keep them safe from harm. This includes working to prevent Adults at Risk from becoming victims of crime, investigating crimes against them, bringing perpetrators to justice and managing offenders.

Achievements during 2015/16: (bullet points)

- refreshed our training for first responders and specialist interviewers around responses to sexual assault - both of these courses relate directly to Adults at Risk themes - and also delivered this to new police recruits and PCSOs, all of whom have safeguarding (for adults and children) woven into their initial training
- secured funding to introduce a two year pilot Control Room Mental Health Triage Scheme. Mental Health nurses are based in the Police Control Room in Portishead, enabling the Constabulary to meet mental health needs at the first point of contact, ensuring that intervention takes place at the earliest possible moment. Access to both Police and Health information databases ensures that decisions made from that point onwards are fully informed and best placed to manage risk. The mental health professionals can advise officers on the appropriate course of action and importantly, provide timely access into services for people who need them
- appointed a Multi-Agency Safeguarding Hub (MASH) Development Manager, enabling the Constabulary to work with partners to embed MASH structures and/or processes within each local authority area - enabling us together to provide the best safeguarding response
- broadened the membership and scope of the Avon and Somerset Local Safeguarding Children Board Consortium to become a Safeguarding Consortium, comprised of all the chairs of both children's and adults safeguarding boards, providing a mechanism for improving the efficiency and effectiveness of partnership working to best meet the needs of children and Adults at Risk
- conducted a Crime Data Integrity Audit which highlighted an issue in relation to our recording of some safeguarding crimes - this was purely an administration issue and, once rectified, the numbers of recorded crimes relating to safeguarding will increase
- made effective use of our Continuous Improvement Boards to carry out assurance work in relation to our policing priorities - themes included Domestic Abuse, Mental Health and Adults at Risk
- made effective use of our daily review meetings, which have a strong focus on vulnerability and managing risk - ensuring we direct our resources in the most appropriate way

Describe how you raise awareness of safeguarding in your agency:

- D/Chief Supt Geoff Wessell, Head of Prevention & Protection, chairs the Force Safeguarding Theme Leads Group which coordinates activity across the various safeguarding themes, identifying common issues for consideration by the Force Vulnerability Coordinating Group, which is chaired by the Deputy Chief Constable
- Chief Inspector Kevan Rowlands is the Thematic Lead for Adults at Risk and is responsible for driving improvement in the protection and safeguarding of Adults at Risk, and the improvement of associated investigations, across the whole organisation
- the vulnerability thematic leads are subject matter experts and keep their knowledge up to date, for example through attendance at national conferences. They bring their expertise to bear in a variety of ways, including the commissioning of awareness campaigns and training, advising upon course content and delivering inputs to courses. The leads also participate in regional and/or national networks, both contributing to and learning from best practice
- an induction process is in place within the Force for all staff who have contact with Adults at Risk, and training is provided for all new officers as part of their initial police training, including familiarisation with safeguarding policy and procedures. Training provision regarding the initial response to rape and sexual assault, and the inclusion of a first response element through the Initial Police Learning and Development Programme (IPLDP), means that all new recruits arrive at their first operational posting with an appropriate awareness of safeguarding adults issues in relation to sexual assault
- basic training is covered in College of Policing e-learning modules, including Mental Health, Diversity, Domestic Abuse Awareness, Domestic Violence Protection Order, Stalking and Harassment, Honour Based Violence, Hate Crime, Missing Persons and Modern Slavery
- the Corporate Communications Department maintains and delivers the vulnerability communications strategy, using appropriate opportunities to promote awareness of Adults at Risk issues and the appropriate safeguarding responses
- resources are available through the Safeguarding Adults intranet page, making clear the Force's safeguarding duties, detailing the common types of abuse and neglect, the principles that underpin adult safeguarding, briefing materials and statutory and other guidance
- the Force Individual Performance Review (IDR) process provides a formal supervision mechanism for every employee. This includes objectives setting and recording of evidence and is supported by regular one-to-ones with supervisors and progress checks, providing a mechanism for ensuring that staff are familiar with their responsibilities. The Safeguarding Coordination Unit Managers each have a specific IDR objective relating to the supervision of their staff working in the safeguarding arena. Individual's training and development needs are identified through this process
- the supervision of individual investigations is carried out in line with the Force Management of Investigations Framework. This supervision ensures that staff are able to discuss concerns regarding specific cases and Adults at Risk. The Management of Investigations Framework places a responsibility for reviews and assurance work on every supervisory rank up to Superintendent. A Team Management pack is created each week which shows if reviews have been conducted on every live investigation and this can be refined to individual team and officer level if required. In addition, Sergeants are required to completed monthly workload reports on their teams to provide overarching supervision and management. These are then communicated through the chain of command

Describe how you supported service users and carers through the safeguarding adults' procedure:

- The Constabulary identified 261 "Safeguarding Adult flagged Crimes" and 188 "Safeguarding Adult flagged Incidents" in Bath and North East Somerset during 2015/16,

changes of +24% and -7% respectively on the previous 12 months

- Safeguarding concerns are reported to the Safeguarding Coordination Unit (SCU). The Crime & Intelligence Recording and Management System, Niche, provides the means for recording safeguarding concerns and a task sent to the SCU. The Police and Crime Commissioner's and Chief Constable's internal auditors, RSM Tenon, earlier this year audited the Northern and Southern safeguarding units and *"...found the Constabulary to have improved its processes around safeguarding... The role of the SCU is now more of coordination unit, taking referrals, undertaking the required research, multi-agency sharing and strategy discussions, and passing cases to the relevant teams in a timely manner, either internally or externally. We found consistent, well recorded notes and evidence of all actions taken"*
- Through our Lighthouse Victim and Witness Care Service, the Force provides enhanced support and guidance to our most the vulnerability victims and, on average, deals with some 200 referrals a day. All cases are allocated a Victim and Witness Care Officer (VWCO) and where possible repeat victims are allocated the same officer each time. Background checks are compiled to ensure safeguarding needs are met and to inform the support of the victim and appropriate means of contact. Contact is made with the victim via the phone to complete a needs assessment to establish any vulnerability they may have, and any support networks already in place. With their permission, referrals are coordinated to support services that may be of benefit to these vulnerable victims. Lighthouse acts as a single point of contact for any questions or queries victims may have. Follow up calls are scheduled to ensure support requested is being received. Victims are given the direct number of their allocated VWCO so they contact them directly. If the victim's case proceeds into the court process the VWCO remains with them throughout the Criminal Justice Process
- The Investigations Protect Team manages incidents involving vulnerable victims and/or high-risk offenders, and investigates offences requiring a public protection specialism, such as Adults at Risk. Significantly, the Force prioritises by victim vulnerability and the characteristics of the perpetrator, meaning that crimes involving Adults at Risk are invariably prioritised over those involving less vulnerable victims

Objectives for 2016/17:

In partnership with other agencies, Avon & Somerset Constabulary's objectives for the protection of Adults at Risk are:

- prevent Adults at Risk from becoming victims of abuse and crime
- where Adults at Risk do become victims, ensure they are recognised as such, are protected from further harm, and are given the support they need to help them remain safe and to deal with the physical, emotional and psychological consequences of the abuse
- bring perpetrators of abuse to justice and prevent them reoffending through robust offender management

Performance Indicators for LSAB

Indicator 5: Training	Target%	Outcome%	Comment
5.1 Relevant staff will have completed SA level 2 training within 6 months of taking up post and/or completed refresher training every 3 years thereafter (the term 'relevant' is defined by CQC)	90%		LA and CCG commissioned agencies
5.2 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)	80%		
5.3 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)	95%		

5.4 New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment	95%	100%*	
Indicator 6: Safer Recruitment			
6.1 Relevant staff to have an up to date DBS check	100 %	100%* *	
Indicator 7: Safe Practice			
7.2 Provide evidence of safeguarding discussions / raising awareness with the agency setting (eg, supervision arrangements to include this)	All staff are trained in Safeguarding practices and case specific reviews are conducted through the management structure as well as via supervision / one to ones and PDRs. Staff have access to Force policies and protocols to guide them on safeguarding as well as expert advice from Protect trained staff and the Safeguarding and Coordination Units. Teams are given regular training on safeguarding, with good practice examples shared – team meetings also provide an opportunity to review learning. Lessons from Serious Case Reviews and Investigations are disseminated force wide with action plans to deliver learning being implemented promptly and subject to regular review. The force intranet is embedded in daily work for all staff and officers and key messages / learning / good practice is shared and promoted through this. In addition, we use Aide Memoirs and screensaver prompts to keep safeguarding issues at the fore of staff and officer's minds and practice and conduct regular quality assurance audits to ensure practice is followed and opportunities for learning are identified.		

* an induction process is in place within the Force for all staff who have contact with Adults at Risk, and training is provided for all new officers as part of their initial police training, including familiarisation with safeguarding policy and procedures

** the Force has robust safer recruitment and vetting procedures in place. All new recruits to the Constabulary are vetted to the Constabulary vetting requirements (the Home Office, Ofsted and the Disclosure Barring Service have confirmed that the basic recruitment vetting level is more stringent than those of the DBS Enhanced Disclosure). References are always requested, identity and qualifications are verified, face-to-face interviews are carried out, previous employment history is checked, checks are made to ensure that all documentation is in order and any anomalies or discrepancies are followed up. Personal vetting files are maintained in accordance with the Constabulary's Vetting Management systems and are reviewed for weeding purposes. Vetting has a limited time period set and is revisited at the end of this period or where individuals change posts within their employee life-cycle

Agency Name: Avon and Wiltshire Mental Health Partnership NHS Trust

Brief outline of agency function:

Avon and Wiltshire Mental Health Partnership NHS Trust provides mental health services, including talking therapies, to adults of all ages, as well as B&NES Community Drug and Alcohol Services, in the B&NES area who have mental illness. These include inpatient services, community services, and a range of services working with primary care and acute hospitals to assess and support the care of people with mental health problems there.

Achievements during 2015/16: (bullet points)

2015/2016 has seen a significant amount of activity to improve adult safeguarding practice in the

Trust. This has included:

- Introducing modular guidance on adult safeguarding, incorporating the impact of the Care Act 2014 and Think Family principles.
- Delivering and recording regular supervision to all staff, including safeguarding supervision
- Developing and extending access to Health Places of Safety
- Deliver of a Trust wide action plan delivering the Lampard Report recommendations
- Improving training rates, and delivering extended safeguarding training on domestic abuse and Prevent to practitioners
- Reviewing the Trust policies to reflect DBS and Care Act 2014 changes in relation to allegations management
- Actively supporting the support development of a MASH in B&NES
- Undertaking a staff survey of adult safeguarding and MCA/DoLS
- Launching of the Trust wide Safeguarding Supervision Tool.

Describe how you raise awareness of safeguarding in your agency:

- Through Governance meetings especially Risk and Safety locality meeting.
- Through regular meetings held between AWP and Banes Council with any recommendations cascaded to teams and practitioners
- Any safeguarding issues or updates are shared with Senior Practitioners, Team Managers, Ward Managers and Service Managers at Team Managers meetings. In addition to these, any urgent information is disseminated via email for Team/Service Managers to discuss within their business meetings.
- Individual supervision
- Safeguarding training of staff is monitored through a rolling IQ quality improvement process which is shared within the organisation.
- Staff can access specialist advice and support from the Trust's Safeguarding team for all areas of safeguarding including MARAC , MAPPA and Prevent

Describe how you supported service users and carers through the safeguarding adults' procedure:

The work of the BANES Recovery and CITT teams in relation to Making Safeguarding Personal has been embedded across mental health and drug and alcohol services to ensure that service users and carers are actively involved in the Safeguarding Process. Their views, wishes and expected outcomes from the safeguarding process are elicited to ensure that they feel more empowered and in control of the safeguarding experience.

Examples of how this has been achieved have included; has the person that the safeguarding relates to consented to the referral being made and have they said what they wish to happen as a result of the safeguarding process.

If a service user is believed to lack capacity, this is assessed and if they are found to lack capacity, they can be supported by an advocate, family member or friends, depending upon their individual circumstances.

At the end of the safeguarding process they are asked if they feel safer as a result of the safeguarding process and whether the outcomes they specified at the beginning of the safeguarding process have been achieved. Service users are provided with a Feedback Form to ensure that both positive and negative points can be used to improve the safeguarding process.

Objectives for 2016/17:

- To further amend RiO electronic report to ensure effective safeguarding recording and reporting, and management oversight
- To develop a strategy for personalisation of adult safeguarding
- To develop guidance and support on sexual exploitation and modern day slavery
- To introduce an extended adult safeguarding and MCA service in the Trust, with locally focussed Named Professionals
- Start using Liquid Logic across services to input safeguarding referrals and reviews, as opposed to current manual system.

Performance Indicators for LSAB

Indicator 1: Compliance with Procedural Timescale	Target%	Outcome%	Comment
1. 1 % of decisions made in 2 working days from the time of referral	95%	83%	Lower figures due to some breaches and MSP reasons
1.2 % of strategy meetings/discussions held within 5 working days from date of referral	90%	74%	Lower figures due to some breaches and MSP reasons
1.3 % of strategy meetings/discussions held with 8 working days from date of referral	95%	87%	Lower figures due to some breaches and MSP reasons
1.4 % of overall activities / events to timescale	90%	82%	Lower figures due to some breaches and MSP reasons
Indicator 2: Exception and Breach Reports	Target%	Outcome%	Comment
2.1 Breach report on failure to comply with procedural timescale	100%		This is provided at regular intervals throughout the year for reviewing and reporting on reasons for any breaches.
2.2 Exception reports on repeat referrals	100%		Council: This is provided at regular intervals throughout the year for reviewing and reporting on reasons for any breaches.
2.3 Exception reports on cases which are Not Determined and Inconclusive	100%		Council: This is provided at regular intervals throughout the year for reviewing and reporting on reasons for any breaches.
Indicator 3: Quality Audits			
3.1 Report on the findings of case file audits	15% (total)	15%	Case file audits completed annually.
Indicator 4: Service users experience			
4.1 Report on the experience and outcome for the service user (to include involvement in safeguarding arrangements)	N/A		This indicator will be introduced within the review of RiO structure to record safeguarding as not captured in current configuration

Indicator 5: Training			
5.1 Relevant staff will have completed SA level 2 training within 6 months of taking up post and/or completed refresher training every 3 years thereafter (the term 'relevant' is defined by CQC)	90%	96%	We do not report specifically on new starters and their attendance at safeguarding training. However, new starters are either booked in for relevant training or advised to complete the eLearning as part of their induction programme
5.2 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)	80%	94%	We do not report specifically on new starters and their attendance at safeguarding training. However, new starters are either booked in for relevant training or advised to complete the eLearning as part of their induction programme.
5.3 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)	95%	97%	We do not report specifically on new starters and their attendance at safeguarding training. However, new starters are either booked in for relevant training or advised to complete the eLearning as part of their induction programme
5.4 New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment	95%	97%	We do not report specifically on new starters and their attendance at safeguarding training. However, new starters are either booked in for relevant training or advised to complete the eLearning as part of their induction programme. The safeguarding figures continue to remain high thanks to a lot of work from the locality, in encouraging staff to attend training. Level 1 and 2 is 97%
Indicator 6: Safer Recruitment			
6.1 Relevant staff to have an up to date DBS check	100%	100%	There is a continuous DBS checking system in place. We check monthly those roles that need a DBS. DBS needs to be renewed every 3 years.
Indicator 7: Safe Practice			
7.3 Provide evidence of safeguarding discussions / raising awareness with	Through Governance meetings especially Risk and Safety locality meeting.		

the agency setting (e.g., supervision arrangements to include this)	• Through regular meetings held between AWP and Banes Council with any recommendations cascaded to teams and practitioners • Any safeguarding issues or updates are shared with Senior Practitioners, Team Managers, Ward Managers and Service Managers at Team Managers meetings. In addition to these, any urgent information is disseminated via email for Team/Service Managers to discuss within their business meetings. • Monthly individual supervision. • Monthly case load presentation meeting that all staff in recovery attend and is chaired by the team manager along with a senior practitioner and one of the consultant psychiatrists. • Safeguarding training of staff is monitored through a rolling IQ quality improvement process which is shared within the organisation. • Staff can access specialist advice and support from the Trust's Safeguarding team for all areas of safeguarding including MARAC, MAPPA and Prevent. • Staff discuss safeguarding concerns with senior practitioners and team managers.
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Agency Name: Bath and North East Somerset Carers' Centre

Brief outline of agency function: Bath and North East Somerset Carers' Centre provides preventative services to 4,000 carers and their families under the Care Act. Services include support planning, connecting to carers to community assets, providing information and advice to carers in local community settings, providing a wellbeing services including breaks from caring, befriending and counselling.

Achievements during 2015/16: (bullet points)

- Sending out safeguarding information in the welcome pack to the 737 new carers referred to the carers in the year
- Sending out information on safeguarding in our newsletter with a distribution of 7000 and on our e:bulletin with a distribution of 2000.
- Supporting Stop Adult Abuse Week by taking the stand out into the community
- Leaflets and posters displayed in the Bath and Radstock Carers' Centres
- CEO chairing the Awareness, Engagement and Communications Sub-Group
- CEO being chosen as the Vice Chair of the Safeguarding Adults Board

Describe how you raise awareness of safeguarding in your agency:

- Staff must all receive adult safeguarding training regularly
- Safeguarding is a standing agenda item at supervision
- Monthly Clinical Supervision allows staff to discuss safeguarding and prevention to support carers and their families. Staff are able to develop their learning about how to identify and prevent abuse.
- Policies and procedures are kept in line with the Local Safeguarding Adults Board's

policies procedures and are made centrally available to staff. Changes to policies and procedures are emailed to all staff.

- Marketing materials are used such as leaflets, posters, articles in newsletters and e:bulletins

Describe how you supported service users and carers through the safeguarding adults' procedure:

We provide informal advocacy and support if we are requested to do so by the carer. If we refer a carer to safeguarding we ensure we explain the process carefully and gain their permission where possible before making the safeguarding referral.

Objectives for 2016/17:

- **Support Stop Adult Abuse Week through social media and promoting events and a quiz.**
- **Continue to send safeguarding information to carers and to have safeguarding messages in out literature.**
- **Continue to ensure staff learning around safeguarding develops.**

Performance Indicators for LSAB

Indicator 5: Training		Target%	Outcome%	Comment
5.1 Relevant staff will have completed SA level 2 training within 6 months of taking up post and/or completed refresher training every 3 years thereafter (the term 'relevant' is defined by CQC)	90%	100%		
5.2 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)	80%	100%		
5.3 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)	95%	100%		
5.4 New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment	95%	100%	LSAB agencies; LA and CCG commissioned agencies	
Indicator 6: Safer Recruitment				
6.1 Relevant staff to have an up to date DBS check	100%	100%	LSAB agencies; LA and CCG commissioned agencies	
Indicator 7: Safe Practice				
7.4 Provide evidence of safeguarding discussions / raising awareness with the agency setting (eg, supervision arrangements to include this)	There is a standing agenda item at supervisions where safeguarding items are recorded – this is useful for ongoing issues. Clinical supervision provides additional opportunities and facilitates shared learning and development. Concerns are brought to the CEO for discussion and are recorded on our case management system.			

Brief outline of agency function:

- The CCG works to the requirements of NHS England 'Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework' 2015. The document sets out clearly the safeguarding roles, duties and responsibilities of all organisations commissioning NHS Healthcare
- The CCG Director of Nursing and Quality is executive lead for Safeguarding, reporting to the CCG Chief Officer and CCG Board and attends the Local Safeguarding Adults Board (LSAB) meetings.
- The Adult Safeguarding & Quality Assurance Nurse for Funded Health Care is also CCG lead for Prevent and chairs the MCA & DOLS sub-group and contributes to the Audit / Performance Management and Training sub groups and attends the LSAB.
- The Adult Safeguarding & Quality Assurance Nurse for Funded Health Care also seeks to improve communication and joint working with the Local Authority Safeguarding Team, Avon & Somerset Constabulary & the Care Quality Commission to share intelligence and concerns.
- The Adult Safeguarding & Quality Assurance Nurse for Funded Health Care works to ensure that Adult Safeguarding is being effectively delivered in all commissioned services.
- NHS BaNES CCG commissions and performance manages all NHS funded care in Bath and North East Somerset.
- In 2015-2016 the CCG Adult Safeguarding team remained unchanged with the following:
 - Executive Lead: Dawn Clarke, Director of Nursing and Quality; 1.0 WTE
 - Named Nurse: Kate Purser, Lead for Quality & Adult Safeguarding; 0.8 -WTE (left February 2016. Sarah Jeeves- Adult Safeguarding & Quality Assurance Nurse for Funded Health Care took up post in February 2016
 - Named GP: Dr Louise Leach; 0.1 WTE (1 session a week)
 - Safeguarding Administrator: Anne Hodgkins

Achievements during 2015 – 2016:

Care Act 2014:

The CCG has worked with the LA to meet its responsibility to ensure enquiries (investigations) are made into cases of abuse and neglect. In practice, local authorities may now delegate actual investigations to other agencies, including the CCG.

Collaboration with the Local Authority (LA): This work included:

- Supporting significant health-related adult safeguarding investigations.
- Supporting the Council with large scale investigations.
- A small group of CCG staff support the council with their contract reviews of care homes which also looks at SA processes'. This helps support and demonstrate how adult safeguarding is embedded in provider services.
- Nursing Homes forum: This group was developed by the CCG in order to support care homes to deliver clinically effective, safe and evidence based care. Care homes managers are encouraged to contribute to the agenda which are broad and topical with presentations given by specialists in their fields and this has included safeguarding.
- *Alignment of Safeguarding and Serious Incident investigations:* these two clearly defined procedural investigations are difficult run alongside one another due to the timescales and objectives associated with each process. The Adult Safeguarding Lead developed a tool to align the two processes. This tool has helped avoid duplication of

effort, will enable timescales to be met and learning to be recorded and shared. The tool is currently being reviewed in line with the Care Act and following this will be shared with the Local Authority and providers

- A pressure ulcer matrix has been developed jointly with the local authority and was used to help identify themes and patterns from all pressure ulcers that lead to a safeguarding investigation. This matrix was used during a six month trial from April – September 2014. The CCG is supporting the Council safeguarding team analyse the finding from the project which will be shared with providers at a future pressure ulcer workshop.

Prevention

Prevention is essential to minimise the risk of harm resulting in safeguarding referrals. In 2015-2016 as a result of a successful bid for Quality Premium monies, the CCG team received funding to further develop the Care Home quality improvement programme. These projects include:

- **Quality Assurance Care Home Nurse.** This (fixed term) role introduced a patient survey and the NHS Safety Thermometer. The Safety Thermometer is a patient safety tool that promotes the reporting and recording of avoidable harm events i.e. pressure ulcer and Urinary Tract Infections (UTI's).
- The prevention and management of UTI's has been supported by an antibiotic prescribing project being led by the Medicines Management team.
- **Pressure ulcers:** work has been undertaken during the reporting period to help support providers to reduce new pressure ulcers. The CCG supported the funding of a 'Rapid Spread' pressure ulcer improvement programme in the RUH. Following the introduction of the programme, there was a significant reduction in the most serious 'Category 4' ulcers, and 'Category 3' ulcers. Funding was also given to Sirona to support a rapid spread programme in their residential care homes

Domestic Violence: Identification and Referral to Improve Safety (IRIS) was commissioned by the CCG and Avon Police to deliver Domestic Abuse training and support Primary Care (3-year contract). IRIS is a collaboration between primary care and third sector organisations specialising in DVA. An advocate educator is linked to general practices and based in a local specialist DVA service. The advocate educator works in partnership with a local clinical lead to co-deliver the training to practices.

A successful bid for CCG quality premium money secured funding to support the Interpersonal Violence and Abuse Strategic Partnership (IVASP) to prioritise its ambition to develop and roll-out a sustainable DVA partnership training plan. It is anticipated that this work will support, amongst other objectives:

- Develop and publish a set of minimum standards that will support best practice in all DVA training provided by agencies in B&NES and work to get them adopted as the 'Standard' in B&NES.
- CCG Funding was also secured to support the one year pilot (which has since been extended) 'Locating an Independent Domestic Violence Advisor (IDVA) in the Royal United Hospital Accident & Emergency Unit and Maternity Unit (& provide support/advice to the Hospital)'

Collaboration and Contract Management

- The CCG now attends and inputs into the MARAC steering Group.
- Adult Safeguarding is a regular agenda item on all provider contract Review Meetings which are always attended by one of the CCG Nursing & Quality Team. To support this, the Adult Safeguarding Schedule forms part of the provider contracts which was reviewed in 2015/2016.
 - Provider action plans are reviewed to ensure they incorporate learning from the safeguarding investigation. This work will continue to be developed during 2016-2017.
- **CCG Serious Incident, Complaints and Safeguarding committee:** Monthly reports are completed to demonstrate current activity. Further reports as required are presented to the Quality Committee and have included during this reporting period, reports on Pressure

ulcers, Deprivation of Liberty Safeguards (DoLS) and the Care Home review programme

Primary Care:

- The CCG website for primary care was developed to provide information and to obtain comments/feedback from the local community (both public and professional). The Adult Safeguarding page on this website was reviewed and updated and now contains a comprehensive range of relevant and up to date resources
- The named GP has:
 - Held discussions with GP colleagues to clarify training requirements and also around individual safeguarding concerns.
 - Liaised with the Coroner's Office and the LMC regarding death certificates where the patient is subject to a Deprivation of Liberty (DoLS) authorisation.
 - Established an adult safeguarding support meeting for the safeguarding lead GPs
 - Reviewed a Serious Case review from a primary care perspective and identifying learning points.
 - Reviewed information about a local care home and comparing with the SCR above.
 - Held informal lunchtime GP support sessions.
 - The Lead for Quality & Adult Safeguarding and the Named GP have reviewed the training strategy for primary care and this is now being delivered as per the planned programme. Incorporated into this training is the PREVENT agenda.
- **CCG induction training:** an Adult Safeguarding leaflet has been added to CCG induction pack and a regular face to face induction session is in place for all new CCG staff.

Performance to LSAB indicators 2015 – 2016:

Indicator	Target	Outturn	Comment
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment (All)	95%	83.3 %	2013/14 – 0% 2014/15 – 68% 2015/16 – 83.3% <i>Induction plan for 2016/2017 has been reviewed.</i>
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 CCG Commissioned members only)	90%	90 %	2013/14 – 54% 2014/15 – 73% 2015/16 – 90% <i>Level 2/3 Training dates for 2016/17 now in place.</i>
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 CCG Commissioned members only)	80%	n/a	-
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post (LA and CCG Commissioned members only)	95%	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	<i>CCG Adult Safeguarding Lead to attend DoLS training in June 2016</i>
Relevant staff to have an up to date DBS checks (All)	100%	100%	<i>Process has been reviewed.</i>

Describe how you raise awareness of safeguarding in your agency:

As a medium size CCG, the Adult Safeguarding & Quality Assurance Nurse for Funded Health Care is able to work closely with all CCG teams to raise awareness of Adult Safeguarding.

- Significant safeguarding concerns are taken to the CCG Confidential Board.
- The CCG Annual Adult Safeguarding Report is taken to the Public CCG Board
- Quarterly reporting to the CCG Quality Committee.
- When necessary, Adult Safeguarding matters are communicated via the CCG Communications team, the staff noticeboard and staff briefings.
- Regular supervision of staff within the CCG combined with monitoring of services with Staff, Managers and Training sessions.

Describe how the CCG supports the safeguarding adult's procedure:

BaNES Clinical Commissioning Group (CCG) has been strengthening its commissioning arrangements for adult safeguarding during 2015/16. The CCG is in the best position to ensure that NHS providers meet their responsibilities through its commissioning arrangements. BaNES CCG have a responsibility to ensure that service specifications, invitations to tender, service contracts and service level agreements promote dignity in care and adhere to local multi-agency safeguarding policies and procedures.

Objectives for 2016-2017:

1. Continue to develop/refine processes for monitoring safeguarding actions when these relate to health commissioned services.
2. Continue to deliver the Prevent agenda locally. The CCG regularly links with regional & local representatives to continue to take this forward.
3. Support clinical teams to improve practice: The LA & the CCG will develop a matrix to map out safeguarding referrals in order to allow identification of teams/areas with high numbers of safeguarding concerns. These teams will then be supported to improve the quality of their practice.
4. Continue to deliver the programme of supervisory visits for adult provider safeguarding leads.
5. Clinical Supervision policy: This will be developed in collaboration with the Designated Nurse for Children, alongside a programme of supervisory visits for provider safeguarding leads.
6. Review the NDTI Mental Capacity Act (MCA) report and continue work to support the recommendations of the review where relevant to BaNES CCG. This report will be raised & discussed within the remit of the LSAB MCA sub group.
7. NHS BaNES CCG is committed to monitor safeguarding training, development of our own staff and to ensuring that training is embedded in the commissioned services in Bath and North East Somerset.
8. Ensure all people in receipt of Continuing Health Care are considered against DoLS criteria as part of the annual review process regardless of care setting.
9. Develop mechanisms for feedback from people who use NHS Services who have been through a safeguarding process, as well as the ongoing feedback about satisfaction with services.

Agency Name: B&NES Council**Brief outline of agency function:**

Responsible for ensuring the statutory responsibilities for safeguarding adults with care and support needs are met. This is achieved by authorising actions relating to all safeguarding concerns raised; by quality assuring service delivery of external providers; by triangulating information with other agencies to ensure the early identification of risk.

The Council is also responsible for ensuring all DoLS applications are processed for service users who lack capacity and for presenting cases to the Court of Protection.

The Council administers and facilitates the work of the LSAB including development sessions and launch events of all types. It also provides a significant amount of Officer support to each of the sub groups.

Achievements during 2015/16:

2015-16 has seen been very busy not least implementing the new arrangements to enable to Council to consider all recommendations from Sirona care and health and AWP as to whether a case reaches the new threshold for a safeguarding Enquiry. To that end the Council have made the decisions on the 1137 concerns raised.

In addition the Council team has:

- Continued to ensure Making Safeguarding Personal is at the centre of its work
- Proposed the new Multi-agency procedure for the LSAB (this has been approved)
- Led the recruitment of a joint LSCB / LSAB Business Support Manager
- Monitored the impact of the new safeguarding statutory duties on the Council and other agencies
- Continued to review contract monitoring arrangements for all commissioned services
- Worked closely with the Council Contract and Commissioning team, the Complaints team, Banes NHS CCG and the CQC to ensure safeguarding risks with registered providers are identified at an early stage
- Co-chaired with colleagues in Children Services the MASH Board and ensured on going project support funding was available for this
- Worked closely with the RAG on ensuring prevent training is rolled out
- Strengthened both the Safeguarding Adults and Quality Assurance team and the MCA and Quality Assurance team to ensure statutory duties are delivered.
- Ensured safeguarding sits within the prime provider specification for Your Care Your Way
- Developed a toolkit for commissioners on minimum standards for safeguarding arrangements

Describe how you raise awareness of safeguarding in your agency:

- Through regular updates at team meetings and staff briefings
- Articles in Council Connect
- Through annual updates to commissioning leads across People and Communities to ensure they know what is required from commissioned services
- Through staff supervision, PDRs and training
- Through lunch and learn sessions
- Through the sharing and dissemination of the LSAB newsletter and key messages
- Through monthly performance reports to the CCG Board and quarterly updates to the Council Chief Executive
- Through working closely with Children's colleagues to look at areas of overlap for shared training and collaboration

Describe how you supported service users and carers through the safeguarding adults' procedure:

MSP is being led by the Council and is firmly embedded in safeguarding practice. If a service user is believed to lack capacity, this is assessed, if this is found to be the case, the team ensure they are either supported by an advocate, family member or friends, depending upon their individual circumstances. Service users and carers are asked to feedback on their experience.

The Council has received a small number of complaints about the safeguarding procedures and has amended the procedures as required to take account of these.

Objectives for 2016-17:

- To ensure the LSAB Business/Strategic Plan is delivered
- To continue to assure the LSAB that the Care Act 2014 in relation to safeguarding is implemented effectively
- To continue to focus on MSP and service user and carer involvement in safeguarding
- Implement the co-located MASH
- Continue to raise awareness of FGM
- Start using Liquid Logic across services to input safeguarding referrals and reviews, as opposed to current manual system
- Continue to monitor DoLS and community DoLS applications

Performance Indicators for LSAB

Indicator 1: Compliance with Procedural Timescale	Target%	Outcome%	Comment
1. 1 % of decisions made in 2 working days from the time of referral	95%	84%	Lower figures due to MSP
1.2 % of strategy meetings/discussions held within 5 working days from date of referral	90%	74%	Lower figures due to MSP
1.3 % of strategy meetings/discussions held with 8 working days from date of referral	95%	88%	Lower figures due to MSP
1.4 % of overall activities / events to timescale	90%	81%	Lower figures due to MSP
Indicator 2: Exception and Breach Reports	Target%	Outcome%	Comment
2.1 Breach report on failure to comply with procedural timescale	100%	100%	This is reported through Care First and is largely related to MSP.
2.2 Exception reports on repeat referrals	100%	100%	In progress and on schedule for presentation at the QAAPM sub group in Nov 2016
2.3 Exception reports on cases which are Not Determined and Inconclusive	100%	100%	This is provided at regular intervals throughout the year for reviewing and reporting on reasons for any breaches.
Indicator 3: Quality Audits			
3.1 Report on the findings of case file audits	15% (total)	15%	In progress and on schedule for presentation at the QAAPM sub group in Nov 2016

Indicator 4: Service users experience			
4.1 Report on the experience and outcome for the service user (to include involvement in safeguarding arrangements)	N/A		Safeguarding and Quality Assurance team manager presenting a report to the LSAB in September 2016
Indicator 5: Training			
5.1 Relevant staff will have completed SA level 2 training within 6 months of taking up post and/or completed refresher training every 3 years thereafter (the term 'relevant' is defined by CQC)	90%	90%	
5.2 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)	80%	90%	
5.3 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)	95%	100%	
5.4 New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment	95%	100%	Safeguarding policy and procedure included in induction programme and all new staff meet the safeguarding team
Indicator 6: Safer Recruitment			
6.1 Relevant staff to have an up to date DBS check	100%	100%	All posts which require a DBS have one in place before the employee commences work with adults with care and support needs
Indicator 7: Safe Practice			
7.5 Provide evidence of safeguarding discussions / raising awareness with the agency setting (e.g., supervision arrangements to include this)	• Monthly supervision • Share performance data on safeguarding with other commissioners • Write performance reports monthly • Articles in newsletters and Council Connect		

Agency Name: Bridgemean			
Brief outline of agency function: Care home with nursing			
Achievements during 2015/16: (bullet points) • More awareness of safeguarding, MCA and Dols			
Describe how you raise awareness of safeguarding in your agency: • Training by outside trainer • Workshops in house and discussions			
Describe how you supported service users and carers through the safeguarding adults' procedure: All staff to have a full understanding, being open and honest therefore All staff are able to respond and support residents and family.			
Objectives for 2016/17: • To continue to have updates and discussions for all grades of staff.			
Performance Indicators for LSAB			
Indicator 5: Training	Target%	Outcome%	Comment
5.1 Relevant staff will have completed SA level 2 training within 6 months of taking up post and/or completed refresher training every 3 years thereafter (the term 'relevant' is defined by CQC)	90%	98%	
5.2 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)	80%	98%	
5.3 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)	95%	98%	
5.4 New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment	95%	100%	
6.1 Relevant staff to have an up to date DBS check	100%	100%	
Indicator 7: Safe Practice			
7.6 Provide evidence of safeguarding discussions / raising awareness with the agency setting (eg, supervision arrangements to include this)	All staff have PDP and records kept of all training. Appraisals and supervisions include safeguarding.		

Agency Name: Bupa, Shockerwick House			
Brief outline of agency function:			
Nursing Home registered 35 beds.			
Achievements during 2015/16: (bullet points)			
Describe how you raise awareness of safeguarding in your agency: - All staff before they are able to work in the home whatever their position have an induction period in the classroom of 4-5 days. Included in that induction is Safeguarding and MCA. - All staff are given small safeguarding pocket cards. - We have a safeguarding champion to mentor staff. - We have a large Notice Board dedicated to Safeguarding.			
Describe how you supported service users and carers through the safeguarding adults' procedure:			
Objectives for 2016/17:			
Performance Indicators for LSAB			
Indicator 5: Training	Target%	Outcome%	Comment
5.1 Relevant staff will have completed SA level 2 training within 6 months of taking up post and/or completed refresher training every 3 years thereafter (the term 'relevant' is defined by CQC)	100%	100%	
5.2 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)	100%	100%	
5.3 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)	95%	100%	
5.4 New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment	100%	100%	
Indicator 6: Safer Recruitment			
6.1 Relevant staff to have an up to date DBS check	100%	100%	
Indicator 7: Safe Practice			
7.7 Provide evidence of safeguarding discussions / raising awareness with the agency setting (eg, supervision arrangements to include this)	All staff to have had supervision on safeguarding		

Agency Name: CareWatch Bath

Brief outline of agency function: Carewatch Bath is a domiciliary care provider. We are regulated by CQC to provide Personal Care. Along this, we provide domestic support, social support and overnight care. Our aim is to keep people as independent as possible, and to remain living at home for as long as possible. We are part of the BaNES Strategic Partnership which provides commissioned services on behalf of BaNES council. We are also partners in the Bath Integrated Reablement Service, working alongside Sirona Care and Health.

Achievements during 2015/16: (bullet points)

- Obtained overall 'Good' CQC rating, and the service was rated 'Good' for each of the 5 key lines of enquiry, including 'safe'.
- Operations Director was asked to sit on the LSAB in addition to the MCA and DoLS QA sub group, which she has been domiciliary care lead on for 5 years.
- Registered Manager renewed Level 3 Safeguarding Training in June.
- All staff are now to have annual Safeguarding and MCA refresher training.
- Safeguarding Auditing Tool introduced to help with identifying possible 'themes'. Similar tools are being used for auditing complaints, accident/incidents, and Daily Notes/MAR/Financial Transaction Records.

Describe how you raise awareness of safeguarding in your agency:

- Inductions
- Refresher training
- Regular Supervisions
- Team meetings
- Regular reviews and contact with staff and service users
- Regular monitoring of services with Staff, Managers, Training sessions
- Newsletters
- Staff Handbook
- Policies and Procedures

Describe how you supported service users and carers through the safeguarding adults' procedure:

In line with MSP we discuss the Safeguarding process with Service Users and/or their family (where appropriate). Depending on the nature of the alerts raised, we as an agency may or may not have any further involvement in the process. We do ask Sirona for updates and whether or not alerts have proceeded to Safeguarding, and we will always attend Safeguarding Meetings when requested to do so, along with providing evidence and reports as needed. We will communicate with the Service Users during the process to offer support as needed.

Objectives for 2016/17:

- Make sure that the remaining 5 staff members are refresher trained in SA, and the remaining 13 staff members are MCA refreshed.
- Safeguarding and MCA training has been added to the annual training schedule, so this work should be completed by the end of the year.
- Be involved as an agency with Stop Abuse Week – and get as much information out to Care Workers, Service Users and families as possible.
- Embed the principals of MSP into all aspects of the Safeguarding process and being more vigilant with checking outcomes for Service Users.
- Make sure that the prevention message is well imbedded in all training
- Roll out pressure ulcer prevention training (as a result of the Tissue viability project resources) All care staff to be given pocket guides and all Service Users to be given passports.

Performance Indicators for LSAB			
Indicator 5: Training	Target%	Outcome%	Comment
5.1 Relevant staff will have completed SA level 2 training within 6 months of taking up post and/or completed refresher training every 3 years thereafter (the term 'relevant' is defined by CQC)	90%	93%	All front line staff are trained during induction and do not work unsupervised until this is completed. 7% are due refresher training.
5.2 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)	80%	81%	All new front line staff are trained during induction and do not work unsupervised until this is completed. 19% are due refresher training.
5.3 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)	95%		N/A – No staff are responsible in law for making DoLS applications. The Registered Manager will refer any 'community DoLS' to BaNES Social Services.
5.4 New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment	95%	100%	All front line staff are trained during induction and do not work unsupervised until this is completed.
Indicator 6: Safer Recruitment			
6.1 Relevant staff to have an up to date DBS check	100%	100%	All staff must have a DBS check before starting work unsupervised. Annual Convictions Declarations are completed by all staff and new DBS applications are made where relevant.
Indicator 7: Safe Practice			
7.8 Provide evidence of safeguarding discussions / raising awareness with the agency setting (eg, supervision arrangements to include this)	• Interviews and job descriptions (Working Knowledge of the Safeguarding Process?) • Induction (full training given) • Refresher training (now annually for SA and MCA) • Regular Supervisions (asked about client concerns/do you know how to report concerns?) • Team meetings (asked about client concerns/do you know how to report concerns?) • Regular reviews and contact with service users (Ask do you feel confident and safe?) • Regular monitoring of services with Staff, Managers (Spot checks/field observations) • Newsletters (Various SA topics) • Staff Handbook (5.6 Protecting our Service Users from harm or abuse) • Policies and Procedures (1008 Safeguarding Policy and Procedure)		

Agency Name: Curo
Brief outline of agency function Curo is a not-for-profit housing and support organisation based in Bath, providing affordable homes and high quality care and support services across the West of England. We manage nearly 13,000 homes and are building hundreds of new homes every year. Our enablement and independent lives service provides support up to 3,000 vulnerable adults each week. We provide a diverse range of services including Step-down from Hospital, a Wellbeing House and national-award-winning Independent Living Service. We offer housing and support to young people through a variety of services.
Achievements We have worked in partnership with Sirona and partner agencies to improve both our training and POVA reporting form Curo participate in a multitude of LSAB meetings for information-sharing and for the safety of our customers In 2016 we rolled out safeguarding e-learning across our organisation including to all our customer-facing Response Team colleagues We won a national award in recognition for our approach to Domestic Abuse.
Describe how you raise awareness of safeguarding in your agency Every colleague is made aware of Safeguarding as part of their induction An annual programme of training is delivered to colleagues, tailored to the roles they undertake E-learning is an annual compulsory course which every colleague must undertake Safeguarding is discussed in all Team Meetings & Supervisions Learning from cases is captured and shared across teams Safeguarding Leads meet regularly with organisation development to ensure training plans on track
Describe how you supported service users and carers through the safeguarding adults' procedure: We take a multi-agency approach to ensure the needs of customers are met to mitigate the need for Safeguarding Customers are reminded of confidentiality and our duty of care
Objectives for 16-17 Working with our organisational development team to update our organisational E-Learning programmes for cross Curo learning Improve information sharing for the safety of all our customers

Specialist training for relevant colleagues on DOLs & Mental Capacity

Capture % of colleagues who have attended the above training, working to the Targets as set by the LSAB

We are setting up an internal Committee for senior colleagues to review cases and learning and ensure our approach is consistent across all areas of the business

Performance Indicators for LSAB

Indicator 5: Training	Target%	Outcome%	Comment
5.1 Relevant staff will have completed SA level 2 training within 6 months of taking up post and/or completed refresher training every 3 years thereafter (the term 'relevant' is defined by CQC)	90%	100%	
5.2 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)	80%	% not captured at this time	
5.3 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)	95%	% not captured at this time	
5.4 New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment	95%	100%	
Indicator 6: Safer Recruitment			
6.1 Relevant staff to have an up to date DBS check	100%	100%	
Indicator 7: Safe Practice			
7.9 Provide evidence of safeguarding discussions / raising awareness with the agency setting (eg, supervision arrangements to include this)	Shared formats for supervision and Foyer Meeting Minutes as evidence of discussion around safeguarding.		

Agency Name: Developing Health & Independence

Brief outline of agency function:

DHI provides drug/alcohol treatment services, supported housing, detox beds, floating support services, direct payment support services, family & carer services, domestic abuse services, outreach services and social prescribing services in the south west region.

Achievements during 2015/16: (bullet points)

- Review and revision of adult safeguarding policies & procedures
- Review and revision of service safeguarding registers
- Production of guidance for staff on adult social care eligibility and how this links to

safeguarding i.e. guidance on 'care & support needs' • Review and revision of Level 1 adult safeguarding training • Production of adult safeguarding postcards as quick reference guide for staff • Completion of annual safeguarding audit and audit report • Set up of clinical governance and safeguarding working group • Production of safeguarding guidelines and joint protocol for staff working within the integrated drug & alcohol treatment service which is jointly delivered with AWP			
Describe how you raise awareness of safeguarding in your agency: • Annual review and dissemination of policy & procedure • Updates disseminated from LSAB • Production of briefings and guidance documents • Working groups and meetings • Discussions at team meetings and 1-2-1 • Via safeguarding leads within each individual service			
Describe how you supported service users and carers through the safeguarding adults' procedure: We have extended the role of a volunteer to monitor a client where there were safeguarding concerns, building a trusting relationship to further explore the extent of potential financial abuse, with the support of a paid member of staff who liaised with statutory services 'behind the scenes'. In this way we were able to 'make safeguarding personal' ensuring the client's needs and wishes were respected whilst at the same time gaining assurance that we were acting in the client's best interests.			
Objectives for 2016/17: • Progress actions from 2015/16 adult safeguarding audit • Review Level 2 training needs • Progress work of clinical governance and safeguarding working group			
Performance Indicators for LSAB			
Indicator 5: Training	Target%	Outcome%	Comment
5.1 Relevant staff will have completed SA level 2 training within 6 months of taking up post and/or completed refresher training every 3 years thereafter (the term 'relevant' is defined by CQC)	90%	85%	LA and CCG commissioned agencies
5.2 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)	80%	N/A	LA and CCG commissioned agencies
5.3 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)	95%	N/A	LA and CCG commissioned agencies
5.4 New staff to undertake safeguarding	95%	100%	LSAB agencies; LA and CCG

learning as part of Induction within 3 months of starting employment			commissioned agencies
Indicator 6: Safer Recruitment			
6.1 Relevant staff to have an up to date DBS check	100%	100%	LSAB agencies; LA and CCG commissioned agencies
Indicator 7: Safe Practice			
7.10 Provide evidence of safeguarding discussions / raising awareness with the agency setting (eg, supervision arrangements to include this)			

Agency Name: Healthwatch Bath & North East Somerset - The Care Forum			
Brief outline of agency function: The Care Forum is an independent voluntary and community sector infrastructure organisation working across Bath and North East Somerset, Bristol, North Somerset, South Gloucestershire. We work to promote health and wellbeing, challenge inequalities and enable organisations and individuals to have choice, influence and engagement around health and social care. Healthwatch B&NES is an independent watchdog for health and social care services. We engage with B&NES residents to understand their experiences of using local the health and social care system, with a particular focus on identifying and sharing best practice in order to make improvements to services based on public need. Healthwatch has a particular focus on engaging with seldom heard groups and communities in order to help tackle health inequalities and ensure equity of access.			
Achievements during 2015/16: (bullet points) • Revised Safeguarding Adults policy and procedure and ran briefings for staff to ensure they were up to date • Ran safeguarding training for staff and volunteers (new and existing) • Carried out a training review across The Care Forum, which identified the need for enhanced training for safeguarding leads • Set up a working group to develop a safeguarding policy and procedure for children and young people to complement the adult work • Revised the administrative process in place to make The Care Forum's safeguarding log easier to use			
Describe how you raise awareness of safeguarding in your agency: • Staff and volunteer induction • Policies and procedures • Annual training programme • Sharing literature from the LSAB, including key messages, details of local/national campaigns and events, newsletter • Regular discussion and learning between staff and managers			
Describe how you supported service users and carers through the safeguarding adults' procedure: • Helping service users to understand the safeguarding process, including confidentiality, what happens if a disclosure is reported and keeping them informed • Supporting service users to make complaints about the safeguarding process if they wish to do so via The Care Forum's complaints procedure advocacy service • Sharing information with partner organisations and stakeholders via LSAB newsletter, key messages, e-bulletins, social media and website			

Ensured that staff are up to date with the safeguarding adults policy and procedure through lunchtime briefings			
Objectives for 2016/17: - Bringing policies and procedures 'to life' by engaging with staff during supervisions. This will include talking through scenarios and drawing on the relevant policies and procedures to ensure that staff are aware, confident and understand what to do in various circumstances, including if a safeguarding concern is raised. - Safeguarding training will continue to be provided to all new and existing staff and volunteers. - Enhanced safeguarding training to be provided to safeguarding leads. - Bringing together The Care Forum's LSAB representatives for Bristol, B&NES, South Gloucestershire, Somerset and Swindon to share information, guidance and best practice across the organisation and staff group.			
Performance Indicators for LSAB			
Indicator 5: Training	Target%	Outcome%	Comment
5.1 Relevant staff will have completed SA level 2 training within 6 months of taking up post and/or completed refresher training every 3 years thereafter (the term 'relevant' is defined by CQC)	90%	100%	
5.2 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)	80%	100%	
5.3 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)	95%	100%	
5.4 New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment	95%	100%	Safeguarding policy and procedure included in staff induction (first two weeks in post). Safeguarding training is compulsory for all new staff and volunteers.
Indicator 6: Safer Recruitment			
6.1 Relevant staff to have an up to date DBS check	100%	100%	

Agency Name: Julian House

Brief outline of agency function: Julian House operates more than 20 different projects, accommodation sites and social enterprises in Bath, Bristol and Wiltshire. These include: a range of homeless services, support for those suffering domestic violence, addiction recovery, individuals with learning difficulties, work experience and training. Not just changing lives – often saving lives. The charity also helps to coordinate a rough sleeper reporting helpline in B&NES, Wiltshire, Swindon, Somerset and North Somerset. This allows members of the public to alert local services about anyone they see in a vulnerable situation outside.

Achievements during 2015/16: (bullet points)

- Re training all existing and new staff with Sirona including Board Members
- Representation at LSAB Policies and Procedures sub-group
- Contributed to the Self Neglect Policy consultation and Steering Group
- Contributed to the Self neglect conference including provision of Client Case Studies
- Sue Tabberer and Karen Yea King attended our organisation meeting to talk directly to front-line staff
- Representation at the Training sub group which enabled increased promotion of the Community Safety Domestic Abuse training survey which is highly likely to result in multi-agency training and ensure budgets are spent in a targeted way, avoiding duplication
- Internal policies and procedures reviewed and shared with staff – both Children and Adults Safeguarding
- Attending annual LSAB and other events including LSAB Development sessions
- Involvement in STOP Adult abuse week through using the resource pack
- Completed LSAB on-line questionnaires
- Sharing LSAB newsletter with all staff
- Reviewed clients' induction into projects to include Safeguarding

Describe how you raise awareness of safeguarding in your agency:

Through organisation meetings, staff supervision, Performance and Development reviews, team meetings and regular training

Stop Adult Abuse week – communication with staff using the resource pack (very helpful!)
Use of social media

Describe how you supported service users and carers through the safeguarding adults' procedure:

We work within our Policies and Procedures as well as 'going the extra mile'. We make sure service users and their carers feel well communicated with and ensure there is appropriate independent advocacy offered. We review the process with the service user and their carer following an Alert and make improvements where possible.

Objectives for 2016/17:

- Care Act Training for staff including new starters
- Continued involvement in LSAB sub groups
- Attendance at appropriate conferences
- Ongoing review of policies and procedures
- Collating feedback from service users following Safeguarding alerts
- Ensuring student social workers placed with Julian House leave their placements with thorough knowledge around Safeguarding

Performance Indicators for LSAB			
Indicator 5: Training	Target%	Outcome%	Comment
5.1 Relevant staff will have completed SA level 2 training within 6 months of taking up post and/or completed refresher training every 3 years thereafter (the term 'relevant' is defined by CQC)	90%	80%	
5.2 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)	80%	80%	
5.3 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)	95%	100%	
5.4 New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment	95%	90%	
6.1 Relevant staff to have an up to date DBS check	100%	100%	
Indicator 7: Safe Practice			
7.11 Provide evidence of safeguarding discussions / raising awareness with the agency setting (eg, supervision arrangements to include this)	Please see above, Safeguarding is a standard supervision Agenda item for frontline staff as well as at the quarterly organisation meeting and weekly/monthly Team meetings and P&DR's.		

Agency Name: National Probation Service (Avon and Somerset)
Brief outline of agency function: Within the framework provided by the National Probation Service (NPS) principles and values, the NPS is committed to: Making sure there is senior management recognition of the importance of safeguarding adults. To help achieve this, there should be a designated senior manager within each NPS Division who acts as a strategic lead for safeguarding adults work. The senior manager should make sure there is a clear line of accountability within their Division for safeguarding adult work and that safeguarding is embedded within relevant local practices and processes. Promoting the duty to co-operate as a relevant partner under section 6 of the Care Act 2014, at both the strategic and operational level, in the exercise of functions relating to offenders in the community who have care and support needs or who are carers. Making sure that all NPS staff are clear about their roles and responsibilities and how to raise safeguarding concerns. Staff should also be aware of the routes for escalation where they feel a manager or another agency has not responded appropriately to a safeguarding concern. Practice guidance has been developed to support this policy. It gives clarity on roles and responsibilities and the action to be taken in response to adult safeguarding concerns. The guidance also

supports staff in the early identification of offenders in the community with care and support needs. Safeguarding adult processes will be mapped on to EQuIP (Excellence and Quality in Processes), and the practice guidance, together with other relevant guidance, will be attached to the maps. Staff should be supported in fulfilling their roles and responsibilities through effective supervision and management oversight.

Sharing information appropriately and lawfully within agreed local protocols, in order to improve the speed and quality of responses to safeguarding concerns and to care and support needs.

Supporting the creation of strong local partnerships that provide timely and effective prevention of and responses to abuses and neglect at the strategic and operational levels. A National Partnership Strategy has been issued that clarifies the NPS contribution to Safeguarding Adults Boards and other adult multi-agency fora.

Supporting the development of a positive learning environment within the NPS and across local partnerships. Evidence of what works, examples of good practice, and key learning from safeguarding adults reviews, serious further offence reviews, MAPPA serious case reviews and other multi-agency serious case reviews, will be disseminated and used to inform practice development and improvement at a national and local level, as appropriate.

Achievements during 2015/16: (bullet points)

- National E3 programme and prison reform agenda launched

Describe how you raise awareness of safeguarding in your agency:

- NPS new approach to Safeguarding adults includes a new policy and practice guidance (January 2016).
- QA being undertaken on our key risk assessment tools used.
- NPS /Prisons Inspections
- Staff Induction and Training programme developed in support of policy and practice.

Describe how you supported service users and carers through the safeguarding adults' procedure:
Not directly involved.

Objectives for 2016/17:

- will be in support /designed around E3 / Prison reform implementation

Performance Indicators for LSAB

Indicator 5: Training	Target%	Outcome%	Comment
5.1 Relevant staff will have completed SA level 2 training within 6 months of taking up post and/or completed refresher training every 3 years thereafter (the term 'relevant' is defined by CQC)	90%	TBC	NPS Training Programme
5.2 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)	80%	N/A	
5.3 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)	95%	N/A	
5.4 New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment	95%	TBC	NPS Training Programme
Indicator 6: Safer Recruitment			
6.1 Relevant staff to have an up to date DBS	100%	100%	NPS enhanced

check			
Indicator 7: Safe Practice			
7.12 Provide evidence of safeguarding discussions / raising awareness with the agency setting (eg, supervision arrangements to include this)	Safeguarding champions in place across teams and LDUs as per policy and NPS practice guidance. Making sure staff have the role-specific knowledge and skills to recognise and respond appropriately to safeguarding concerns and to care and support needs. A national NPS safeguarding adults training package has been developed. This is in addition to any local training provision associated with Safeguarding Adults Boards.		

Agency Name: NHS England South (South Central)

Describe how your organisation has worked with and contributed to the WSAB

NHS England (NHSE), as with all other NHS bodies has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children, young people, and vulnerable adults. From a safeguarding assurance responsibility perspective, NHSE South Central team ensures it is appropriately engaged in the Local Safeguarding Boards and any local arrangements for safeguarding both adults and children, including effective mechanisms for LSCBs, SABs and health and wellbeing boards to raise concerns about the engagement and leadership of the local NHS if indicated. This work is in line with the duties and approach set out within the NHS England Safeguarding Policy (2015).

The key challenge for the NHSE South Central Nursing team is satisfactorily servicing our geographical area with a limited resource of personnel. The South Central Area consists of 14 CCGs from Gloucestershire to Buckinghamshire. This effectively equates to eight SABs (and twelve LSCBs) to meaningfully engage with. This is currently done via an informed risk approach based on regulatory ratings and CCG/Health representation, alongside any location specific issues such as CSE or FGM concerns.

Provide brief general information about the structure and approach to safeguarding adults work within your organisation.

The NHSE Safeguarding function for both adults and children is placed within the Nursing Directorate which holds an oversight role for Safeguarding, Quality and Safety and for Patient Experience across the South Central Clinical Commissioning Group (CCG) NHS System. During 2015/16 the team faced capacity restrictions due to an organisational restructure and delays in recruiting into key posts. In December 2015 a new Assistant Director of Nursing responsible for safeguarding was appointed and with the safeguarding lead gives increased capacity to deliver the required organisational functions.

Highlight achievements within the financial year

NHSE has during 2015, updated and published a new edition of Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, and updated guidance on Managing Allegations against Staff.

Our work contributes to public assurance that safeguarding services within the health system are subject to due oversight and direction. The dissemination of key learning, best practice directives and the benefits of professional networking and support contribute to the quality of health service safeguarding within the region.

Breakdown of figures for safeguarding adults staff training within the year

NHS England is not a patient facing organisation but has introduced a mandatory training requirement for all staff to complete a basic awareness course in safeguarding both adults and children. Safeguarding staff have trained at the appropriate level according to guidance which includes safeguarding adults, MCA and Prevent training.

Outline key plans or objectives for safeguarding adults in the coming year

National Priorities:

- FGM

- Embedding MCA
- PREVENT
- Care Act 2014
- Modern Slavery
- Care in Care homes
- Quality and Safety of learning disability services

Local Priorities:

- Learning from SCRs & DHRs
- Safeguarding Boards presence
- Learning from the Primary Care Safeguarding Assurance audit

Agency Name: Royal United Hospitals Bath NHS Foundation Trust (RUH)

Brief outline of agency function:

The Director of Nursing and Midwifery is the Executive Lead for Adult Safeguarding within the RUH, supported by the Deputy Director of Nursing, Quality and Patient Safety. The adult safeguarding team has continued to develop the support for clinical staff raising safeguarding concerns.

Assurance relating to adult safeguarding, Mental Capacity and Deprivation of Liberty Safeguards is provided to the Trust Board by the Safeguarding Adults Committee via the Operational Governance route. The Safeguarding Adults Committee is a multi-agency forum chaired by the Deputy Director of Nursing, Quality and Patient Safety.

The RUH has representation on the Local Safeguarding Adults Board (LSAB) with Executive representation from either the Director of Nursing and Midwifery or the Deputy Director of Nursing, Quality and Patient Safety. There is RUH representation at the following LSAB subgroups, Policy & Procedure, Quality Assurance, Training, Communications, MCA/DoLS and Making Safeguarding Personal.

Safeguarding Adults Team

The Safeguarding Adult team consists of 1.8 WTE registered nurses with the support of a 0.8 WTE administrator. When the team receives a safeguarding concern they review the patient and their medical records on the ward and gather the initial information as requested by the Local Authority safeguarding teams. The RUH team provide an immediate response for advice and support to all staff by being available via the bleep system. Each operational safeguarding lead maintains a patient caseload. The Safeguarding Adult team regularly undertake case reviews and prepare reports to support safeguarding processes that have been convened in the community. This would be following an episode of care in the RUH to provide the Chair with information to supplement the process. The team represent the RUH at safeguarding strategy and planning meetings held at the RUH and on occasions at external meetings.

Achievements during 2015-2016: (in bullet points)

The RUH is constantly working to improve the adult safeguarding service that it delivers. Achievements during 2015-16 have been:

Safeguarding

- Adults and children's safeguarding teams are now co-located and provide a single point of contact for all safeguarding enquiries.
- Developed support material for clinical staff in preparation for CQC inspection.
- Implementation of feedback form to the wards following a safeguarding concern being raised by the ward.
- Stop Adult Abuse Week – team had information stand for staff the theme being domestic violence and abuse.

IDVA

- Supported the Independent Domestic Abuse Advisor (IDVA) project within Trust.
- Domestic Violence Awareness Week – supported IDVA with information stand for staff and visitors.

Mental Health Co-ordinator

- Supported the Mental Health Co-Ordinator project within the Trust. Key objectives of this project are to support the wards managing patients with challenging behaviour and developing training programmes for RUH staff.

Prevent

- Established and launched 'PREVENT' training programme in conjunction with Prevent lead with information published "In the Week" and information stand in the hospital.

Training

- Achieved 90% compliance for Level 1 training.
- Increased Level 2 training compliance to 84%, on target to achieve 90% trajectory target by August 2016.
- Achieved 100% compliance for Level 3 training.
- Developed Level 1 and Level 2 eLearning safeguarding adult programmes.
- Developed Safeguarding Induction and update training day to include Safeguarding Adults and Children's Level 2, Mental Health Awareness, Mental Capacity & DoLS Awareness, Learning Disabilities Awareness, Domestic Violence Awareness and PREVENT for clinical staff who have face to face contact with patients.
- Provided ward based training for Deprivation of Liberty Safeguards Process.

Policies

- Developed and published the following policies/guidelines:
 - Covert Medication (incorporated into Non Concordance with Treatment and Care Policy)
 - PREVENT Policy
- Revised and published:
 - Safeguarding Adults Policy in line with Care Act Guidance.

Electronic Forms & Documentation

- Developed and implemented electronic version of Deprivation of Liberty Safeguards authorisation forms.
- Refreshed Trust safeguarding adult's webpage.
- Introduced a Specific Needs document for patients with a learning disability.

Performance to LSAB indicators 2015-2016:

Indicator	Target	Outturn	Comment
New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment (All)	90%	90%	
Relevant staff to have completed Safeguarding Adults 2a training within 6 months of taking up post and/or completed refresher training every 3	90%	84%	

years thereafter (LA and CCG 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 3 years thereafter (Non - LA and CCG Commissioned members only)	90%	N/A	
Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post (LA and CCG Commissioned members only)	90%	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)	90%	84%	
Relevant staff to have an up to date DBS checks (All)	100%	100%	100% of new staff that have started employment within the organisation have been DBS checked & 100% of relevant employment rechecks have been completed.
Safeguarding champions identified for each team (All) Describe arrangements for champions in your agency if not in each team in comments	The RUH has a Safeguarding Adults Practitioners Network. This meets quarterly with a guest speaker, sharing lessons learned and LSAB key messages		
On Risk Register is Prevent training compliance			
Describe how you raise awareness of safeguarding in your agency:			
• Adult Safeguarding Policy • Trust intranet web pages for DoLS, MCA and Safeguarding Adults. • Adult safeguarding on Trust internet for public to access • Poster displaying contact details of Safeguarding Adults team and staff leaflet • Awareness raising through training at induction and update days. • Working with partnership agencies • Awareness raising through Adult Abuse Week Event • Safeguarding Adults Network – cascade information			
Describe how you have supported service users and carers through the safeguarding adults procedure:			
• Engaging and involvement when appropriate in relation to Making Safeguarding Personal • Operational safeguarding nurses are visible in practice areas both inpatient and outpatient.			

This visibility encourages robust communication between carers, patients and staff. We encourage a multi-agency/disciplinary approach as part of the safeguarding process.

- Periodically learning and sharing from case studies when the Safeguarding Adults team have been involved.

Objectives for 2016-2017:

- To meet training targets for level 2 Safeguarding Adults as per our agreed trajectory.
- To review and build evidence for Care Quality Commission Fundamental Standards Outcome 13.
- Work with Trust Head of Security in regards to restrictive practices Trust wide ongoing NICE Guidance.
- Working closer with Named Nurse for Children and Named Midwife particularly in relation to Domestic Violence and Abuse, sexual exploitation, FGM & Human Trafficking.
- Contribute to Making Safeguarding Personal initiatives in partnership with the BaNES Local Authority.
- Map current position against recently published NHS England Intercollegiate Document (competency framework for healthcare staff).
- Make recommendations following above mapping process.
- Establish flagging system on Millennium for identifying patients with high risk associated with safeguarding eg. on a safeguarding adult protection plan
- Develop electronic version for Independent Mental Capacity Advocate (IMCA) referral.
- Develop electronic version for staff to raise Safeguarding Adults concerns.
- Share learning from Domestic Homicide Reviews.
- Develop and publish Allegations Against Staff Policy.
- Provide training to support above policy for managers & HR business partners
- Further development of the Safeguarding Adults Practitioner Network to include a workshop day with the Children's Safeguarding Network.
- Implement learning from Learning Disabilities Quality Check Programme.

Agency Name: Sirona Care and Health

Brief outline of agency function:

Not-for-profit community health and social care provider, providing a wide range of services on behalf of the Council and the CCG, employing a range of health and social care staff.

Achievements during 2015-2016: (in bullet points)

- Sirona Care and Health has continued to play a key role within the multi-agency framework set by the B&NES Local Safeguarding Adults Board. Representatives play an important part in the work of the LSAB and all of its sub groups, covering Training and Development; Quality Assurance; Policy and Procedures; Awareness, Engagement and Communications; and *Making Safeguarding Personal*.
- In its role as an organisation with statutory delegated powers to undertake s.42 enquiries under the Care Act, Sirona Care and Health managed a total of 800 Safeguarding Adults referrals in 2015-16 and referred others on to appropriate teams in AWPT.
- In its role as a provider of services, Sirona Care and Health staff raised a large number of Safeguarding referrals, including 60 which took place within a Sirona setting. All of these were carefully investigated.

- Managers carried out a detailed audit of 48 cases in order to analyse trends and patterns, and we also undertook an audit of Repeat Referrals.
- We took the lead role in organising a very successful Stakeholder Event entitled *Safeguarding and Prevention: The Challenge of Providing Safe Services in Adult Care* in September 2015.
- We took a lead role in planning and hosting the annual Safeguarding Self-Assessment Audit, due to be circulated in May 2016.
- In November / December 2015 we organised a series of training days for social workers on the topic of *Making Safeguarding Personal: The Next Steps* in conjunction with colleague in B&NES Council.
- We continued to run level 1, Level 2 and Level 3 Safeguarding Adults courses and to offer a significant number of places to the voluntary and independent sector – 272 staff attended a Level 2 course and 20 staff attended a Level 3 course. Most of the Safeguarding Adults courses were joint safeguarding Adults / Safeguarding Children courses and included content on MCA and Prevent.
- In addition, a total of 229 non-Sirona staff attended Safeguarding Adults training organised by Sirona. These included staff from the CCG, NHS, AWP and the independent and voluntary sector, who took up 184 of the 229 places. We also facilitated a series of courses on MCA and DoLS.
- Took a lead role in development of MASH model and chairing Operational delivery group for MASH
- We appointed a new Safeguarding Lead, Lucy Muchina, in October 2015.

Describe how you raise awareness of safeguarding in your agency:

- Sirona Care and Health runs regular training courses which are mandatory for all frontline staff
- We have also commissioned specialised training on *Making Safeguarding Personal*
- We are involved in all LSAB and sub group meetings, and therefore involved in organising Safeguarding stakeholder events, organising events for Stop Adult Abuse Week etc
- Regular Champions' meetings are held
- The Adverse Events process is linked with Safeguarding processes
- Safeguarding is regularly on the agenda in team meetings, senior leadership meetings and at SLT and Board level

Social work staff and managers have attended specialised training on legislative and practice changes resulting from implementation of the Care Act – e.g. regarding Self Neglect and Hoarding

Describe how you have supported service users and carers through the Safeguarding Adults procedure:

- Sirona Care and Health employs all the Adult Care and Learning Disabilities social workers and they play a key role in investigating concerns under s42 of the Care Act
- We have fully implemented MSP principles through training and practice discussions
- There is a gradual increase in the use of advocates

Objectives for 2016-2017:

- Safeguarding Adults training will be re-focused to ensure that all new staff attend and that there is compliance with the 3-year mandatory update.
- 'Prevent' and MCA training will be better integrated into the Level 2 training
- Staff training levels (against the 3 – year refresher measure) have improved over the past year but are still not as good as we want so there will be a renew initiative to ensure that relevant staff book places on the half-day level 2 course.
- Sirona Safeguarding Adults policies and procedures to be updated again in line with the Care Act 2014 and with the new LSAB Procedures due to be launched in June 2016.

- We will continue to audit individual cases and learn lessons
- Sirona Care and Health will continue to contribute fully to the work of the B&NES LSAB and its sub groups
- Continue with development of MASH model and chairing operational delivery group for MASH

Lucy Muchina, our Safeguarding Lead, will continue to offer expert advice and information to individuals and team throughout the organisation

Performance to LSAB indicators 2015-2016:

Indicator 1: Compliance with Procedural Timescale	Target	Outcome	Comment
1. 1 % of decisions made in 2 working days from the time of referral	95%	87%	
1.2 % of strategy meetings/discussions held within 5 working days from date of referral	90%	76%	
1.3 % of strategy meetings/discussions held with 8 working days from date of referral	95%	91%	
1.4 % of overall activities / events to timescale	90%	83%	
Indicator 2: Exception and Breach Reports	Target	Outcome	Comment
2.1 Breach report on failure to comply with procedural timescale	100%	100%	
Indicator 3: Quality Audits			
3.1 Report on the findings of case file audits	15% (total)	16%	Report due to be completed June 2016.
Indicator 4: Service users' experience			
4.1 Report on the experience and outcome for the service user	N/A	Awaited	Report being completed by Karyn Yee-King on behalf of all agencies
Indicator 5: Training			
5.1 Relevant staff will have completed SA level 2 training within 6 months of taking up	90%	72%	
5.2 Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post	80%	68%	
5.3 Relevant staff to have undertaken DOLS training within 6 months of taking up post	95%	90%	
5.4 New staff to undertake safeguarding learning as part of Induction within 3 months	95%	90%	
Indicator 6: Safer Recruitment			
6.1 Relevant staff to have an up to date DBS	100%	100%	
Indicator 7: Safe Practice			
7.1 Provide evidence of safeguarding discussions / raising awareness with the agency setting (eg, supervision arrangements to include this)	Sirona has delegated responsibility to undertake s42 enquiries so we are very closely involved with the whole process.		

Agency Name: South West Ambulance Service FoundationTrust (SWASfT)**Brief outline of agency function:**

SWASfT is an emergency and urgent pre-hospital care provider.

Achievements during 2015/16: (bullet points)

- Analysis and Review of Referral Process for efficiency and Demand Management.
- Development of a standardised audit tool to review 40 randomised cases.
- Risk assessment of the referral process.
- Delegation of whole team to triage role due to long term absence of the Triager.
- Positive letter of support from Safeguarding Board for 111 CQC inspection
- Positive verbal feedback from 111 CQC inspection.
- IMR/SAR/DHR completed despite capacity issues.
- Recruitment to the administration position – referral triage processor to commence June 2016.
- First module of the NHS England Safeguarding Leadership course at Taunton completed by Named Professional North.
- TOR and Workplan for NASG (National Ambulance Safeguarding Group) agreed March 2016.
- Managing Allegations Policy updated and approved.
- Prevent Policy approved
- SOP 034 approved – Child Death procedure
- PTS training quality assured and completed for all PTS (patient transport staff).
- Quality Assurance of CFR Safeguarding Training
- Positive action from North CDOP meetings including facilitating SWASfT Macmillan Nurses under the Palliative Care Response Times
- Facilitated OO abstraction to join Glos Safeguarding Fire Subgroup to look at joint working on hoarding
- Named Professional East achieved The Award in Education & Training enhancing the Service Training portfolio
- All team members received half day Emotional Resilience Training
- Quality Audit of Referrals with the 111 Service
- Production of an 'OO pack' for use by all Operational Officers related to Safeguarding by West Named Professional.
- SOP (Standard Operating Procedure) agreed for all frontline staff in relation to Child Death produced by Named Professional West.
- Update to training level 2 training and delivery of this to over 1100 staff
- Made progress on the safeguarding training figures per directorate.
- 8 fire checks in Dorset alone were undertaken as a result of referrals by SWAST staff
- Input to the Alan Wood Review

Describe how you raise awareness of safeguarding in your agency:

- We provide level 1 and level 2 training to staff. Courses are taught either by our Named Professionals or by designated Learning Development Officers from our Education team.
- We provide feedback and advice to staff on a case-by-case basis.
- We distribute learning from material sent to us by external partners on a regional basis through our operations teams.
- We provide regular safeguarding awareness updates in the form of short bulletin articles in the 'Chief's Brief' Trust information bulletin which is sent to staff weekly.
- In 2016/17 we will be launching a Trust safeguarding newsletter.

Describe how you supported service users and carers through the safeguarding adults' procedure:

- Trust clinicians are primarily referrers rather than case-managers so we do not have a

role supporting service users through safeguarding processes.

Objectives for 2016/17:

- Assess internal safeguarding referral system against recent external audit.
- A supervision strategy for staff.
- Audit regional differences,
- Local Area safeguarding strategy for operational staff
- Reinforce the importance of feedback with partner agencies.
- Continue to ensure the completion of a centralised recording system for safeguarding training across all departments.
- Review the current referral system to promote a more efficient system with input from IT
- Further Business case to secure the secondment positions
- Work plan to be guided by forthcoming CQC inspection
- Consider a more resilient team by integrating more with the Governance Structure
- Escalation Policy to be approved
- Strengthen the CSE agenda

Performance Indicators for LSAB

Indicator 5: Training		Target%	Outcome%	Comment
5.1 Relevant staff will have completed SA level 2 training within 6 months of taking up post and/or completed refresher training every 3 years thereafter (the term 'relevant' is defined by CQC)		90%	98%	
5.2 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)		80%	tbc	
5.3 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)		95%	n/a	
5.4 New staff to undertake safeguarding learning as part of Induction within 3 months of starting employment		95%	Numbers to be confirmed but SG level 2 is a standard component of the induction package for clinicians	
Indicator 6: Safer Recruitment				
6.1 Relevant staff to have an up to date DBS check		100%	100%	
Indicator 7: Safe Practice				
7.2 Provide evidence of safeguarding discussions / raising awareness with the agency setting (eg. supervision		Our safeguarding professionals receive regular safeguarding supervision from external supervisors.		

arrangements to include this)	The Named Professionals provide ad-hoc safeguarding supervision and advice to individual clinicians on a case-by-case basis. All clinicians receive robust planned clinical supervision at present but not specific planned safeguarding supervision. An objective of 2016/17 is to extend planned safeguarding supervision to a wider staff group.
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Appendix 6: B&NES LSAB / LSCB JOINT WORKING 2015- 2016

Theme	Opportunity	Relevance	Progress in 2015/16	Work needed to progress in 2016/17
Communications	- Joint safeguarding advice to public / professionals e.g. via media/ newsletters - Joint conferences / workshops - Develop opportunities for joint participation activity - Smarter use of budget	Relevant to “Think Family”, Young carers, DVA, disabled children and adults, carers.	- LSCB has adopted Key Messages from the Chair to disseminate information from Board meeting. - Collaboration on joint LSCB/LSAB website - LSCB/LSAB adopted same process for producing a six monthly Newsletter, directed by the Board and edited by Comms group and Council Communications lead.	- Launching new website - Coordinated publicity of website launch 2017-18 have joint Newsletter and Chair’s Key Messages - Sharing sub group minutes across the Boards eg Policy/QA/Training/Communications

Theme	Opportunity	Relevance	Progress in 2015/16	Work needed to progress in 2016/17
Quality Assurance	Shared audits where VA and Children are relevant	- Relevant to DVA, Substance / alcohol abuse, mental health (adult and child) - Voice of adult/child - Evidencing quality	- One multi agency joint case review has taken place - Council Commissioning have developed a streamlined safeguarding toolkit for adults and children. - Both Boards adopting same format for Board Assurance Framework, Risk Register and Challenge Log	- Opportunity to collaborate more effectively - Shared learning on process of QA - Joint audits on occasion using a range of methodology's to audit cases where there might be shared learning - Quality audits and information governance

Theme	Opportunity	Relevance	Progress in 2015/16	Work needed to progress in 2016/17
Policy and Procedures	- Assure guidance for adults does not bring conflict with guidance for children (&vice versa) - Assure guidance is consistent across both Boards and service type	Assurance and QA exercise to be undertaken	- Policy and Procedure lists held for both LSCB/LSAB by Business Support Manager - LSCB has developed a Risk Register in same format as LSAB - Information Sharing Protocols now in place for both Boards (legislation made it too difficult to share a protocol) - Both have same dissemination process in place.	- Development of joint Sexual Exploitation Policy - Development of Joint MCA Policy Statement - Development of joint FGM policy - Consider Joint Consent Policy - Develop joint Dispute Resolution Policy for LSCB/LSAB
Training	Actively look for opportunities for bring appropriate aspects of training together (i.e. convergence)	'Think Family' approach - Challenge generic perceptions of safeguarding	- Both Boards approved joint T&WFD sub group for 1 year - Joint sub group to be piloted from April 2016 - Looking at opportunities for shared learning/training - Signs of Concern/ vulnerability - Information sharing	- MCA/DOLS Coordinator to train Children's Services staff - LSCB trainers to support LSAB level 2 training re 'Think Family' - Continue joint training at Level 2 - Joint work would help to disseminate info on specialist training. - Look at developing easier routes to specialist training - Use of champions to promote knowledge and learning - Engagement with professionals who need to be made aware of relevance to their area of work - Linking training to relevant services. - Joint training on DV and substance misuse

Theme	Opportunity	Relevance	Progress in 2015/16	Work needed to progress in 2016/17
Exchanging Information	- Improved early identification of risk and referral - Joint Planning -- Annual Joint Business Development Session	Joint development of MASH for this	- Joint working group in operation and MASH due to operate from Sept 2016 - Formation of a joint FGM task and finish group - Joint Development Session in April 2015 looking at opportunities for collaboration.	Joint MASH to go live in September 2016 IRIS CPIS system to be implemented across health services Culture change in terms of how agencies share information. Perpetrators – information and how we share it Feedback from referrals Strategy minutes Next Joint Development Session planned for October 2016

Across all themes:

- Less confusing for the public and professionals if there is more shared work
- Better use of resources, less duplication
- Improve knowledge and skills across sub groups of both Boards

Appendix 7: LSAB Business Plan outturn 2015 -16

The LSAB adopted a three year Business Plan from September 2015 to March 2018. This is monitored by the Sub Group Chairs prior to the Board and reported on at each Board meeting. The updated LSAB Business Plan and the end of its first year is available on B&NES public website:

http://www.bathnes.gov.uk/sites/default/files/siteimages/lsab_business_plan_updated_23_march_16.pdf

The Board's priorities for 2016-17 have been described in Section 8 of this Annual Report.

Appendix 8: Keeping Yourself Safe Analysis

- The Care Act 2014 introduced Making Safeguarding Personal (MSP) on a formal and statutory footing. The intention is for MSP to enable Service Users to be put at the centre of their own safeguarding and to generate a more person-centred set of outcomes. The key focus is to develop a real understanding of what the service user wishes to achieve, recording desired outcomes and evaluating how well these have been met. As part of that process it was becoming increasingly clear that in order for service users to be in a position to actively contribute to their own safeguarding and provide feedback they needed to be fully informed.
- Responses from staff in the 2015 and 2016 'Safeguarding Attitudes' questionnaire identified one of the barriers to their work within safeguarding as lack of information to give to service users to help inform their discussions with them and prepare them for any safeguarding interventions.
- Fact sheets have been developed with MSP sub-group, Awareness, Engagement and Communications Sub-Group and Sirona Team Managers. The publication of these factsheets has been delayed to coincide with the new multi-agency Safeguarding Procedures in September 2016. An Easy Read version is also being developed with a service user focus group. All 7 leaflets will be available on the LSAB website when completed and hard copies should be sent to providers.
- The 'Keeping You Safe Questionnaire' which was previously sent out to a service user after the completion of a safeguarding process, proved to provide limited qualitative information to help inform improvements in the Safeguarding Process. When asking Service Users for their experience of safeguarding it became apparent that they did not have a benchmark against which to measure their experience.
- The LSAB in December 2015 agreed to a 6-month trial of the proposed face to face Service User Feedback interview process to begin in January 2016. This was extended as the project was unable to start until March 2016. In summary, two Safeguarding Chairs from the Council Safeguarding and Quality Assurance Team would seek to undertake 6 interviews per month from a random sample of cases closed to Safeguarding in the previous month. This work is planned to be undertaken in 2016-17 to ensure that qualitative information is received from those going through the safeguarding process to inform the development of that process in line with Making Safeguarding Personal.

END
