

**Safeguarding Adults
Inter-Agency Partnership**

**Annual
Report**

2009 – 2010

Logos of Statutory Agencies of the Safeguarding Adults Inter-Agency Partnership Board

Bath & North East Somerset Council

NHS
Bath and North East Somerset

Working together for health & wellbeing



Avon and Wiltshire **NHS**

Mental Health Partnership NHS Trust

Royal United Hospital Bath **NHS**
NHS Trust

Royal National Hospital **NHS**
for Rheumatic Diseases
NHS Foundation Trust

Logos of two of our partner Agencies, all partners listed in Appendix 1



Chair's Forward

During 2009/10 there has been demonstrable improvement in Bath and North East Somerset (B&NES) with regard to the arrangements in place for safeguarding vulnerable adults. The effective working of the Safeguarding Adults Inter-Agency Partnership has been instrumental in securing these improvements.

I would like to thank and acknowledge Rhona MacDonald (former Chief Executive of NHS BANES with Director of Adults Social Services responsibility and Chief Executive of the Health and Wellbeing Partnership) for her work and commitment to safeguarding adults. Rhona provided strong leadership, a clear vision and determination to improve safeguarding arrangements for vulnerable adults.

During the year the Partnership has agreed its first Safeguarding Strategic Plan (2009-11), this has focused the Partnership in its work and has brought about the reshaping of existing multi agency work streams and the establishment of a new Quality Assurance, Audit and Performance Management work stream and a Communication, Engagement and Involvement work stream. A significant amount of scrutiny and focus has been given to the timeliness of safeguarding work and on gaining better understanding of service users' experience.

This annual report highlights both accomplishments and lessons learned during 2009/10 and reflects on progress made against the lessons learnt in 2008/09. Improvements need to continue during 2010/11 to ensure we safeguard our population to the best of the Partnership's ability and I commit, as the new Chair, to continue to ensure that safeguarding vulnerable adults remains a priority and a focus of inter-agency work.

Janet Rowse
Acting Chief Executive
Health and Wellbeing Partnership

and

Chair
Safeguarding Adults Inter-Agency Partnership

	Page
Contents	
Chair's Forward	3
1. Introduction	5
2. Overview of National Context for Safeguarding Adults 2009/10	5
3. The B&NES Safeguarding Adults Inter-Agency Partnership: Arrangements and Accomplishments for 2009/10	7
4. Progress on Learning Points from Safeguarding Adults Work During 2008/09	21
5. Learning Points Identified for 2009/10	22
6. Safeguarding Adults Strategic Plan for 2009/11	23
Appendices	
1. Members of Safeguarding Adults Inter- Agency Partnership	24
2. Members of Safeguarding Adults Inter-Agency Partnership work streams	25
3. Breakdown of Referrals by Gender, Age and Ethnicity 2009/10	27
4. Safeguarding Reports from Partner Agencies	28
5. Safeguarding Strategic Plan Progress 2009/10	37
Tables	
1. Safeguarding Training Provided by CH&SCS During 2009/10	12
2. Percentage of Male and Female Referrals for 2008/09 and 2009/10	14
3. Safeguarding Adult Referrals 2005-2010 by Service User Group	15
4. Outcome at Procedural Stage for Terminated Cases 2009/10	16
5. Number of Referrals, Alleged Perpetrator and Outcome 2009/10	18
6. Outcome Determinant of the Alleged Abuse 2009/10	19
7. Terminated Cases and Procedural Timescales 2009/10	20
Charts	
1. Safeguarding Referrals 2005-2010	13
2. Monthly Safeguarding Referrals for April 2009 – June 2010	14
3. Referral Cases by Age 2009/10	15
4. Outcome of Terminated Cases 2009/10	17
5. Abuse Identified at Referral 2009/10	19

1 Introduction

- 1.1 The Safeguarding Adult Inter-Agency partnership (SAIAP) is the strategic body that oversees how organisations across B&NES work together to safeguarding adults from abuse.
- 1.2 The SAIAP work closely to ensure that safeguarding services across B&NES are robust and effective. This annual report summarises the safeguarding activities that have taken place from April 2009 to March 2010 and particularly highlights the commitment to multi agency working.

2 Overview of National Context for Safeguarding Adults 09/10

- 2.1 The profile of safeguarding adults continues to be raised nationally. Further reports have been produced highlighting the need for improvements to safeguarding service users. The report published by the Health Service and Local Government Ombudsmen on 24th March 2009 ***Six Lives: the provision of public services to people with learning disabilities***, is but one example of such a report and sets out the learning that organisations need to make to ensure vulnerable adults are safe from abuse.
- 2.2 In 2008, the government announced a formal review of 'No Secrets', including a consultation on how safeguarding of vulnerable adults should be organised for maximum effectiveness. On the 17th July 2009 the Department of Health produced ***Safeguarding Adults: Report on the Consultation of the review of No Secrets***. The report highlighted key messages including the need for Safeguarding arrangements to be built on empowerment; awareness that safeguarding adults work is not the same as child protection and that participation/representation of people who lack capacity is important to safeguarding.
- 2.3 In addition to the key messages, those who contributed to the consultation requested better leadership from: central and local government; the NHS; the Care Quality Commission (CQC); the Police Service and housing leaders and requested safeguarding Adults Boards/Partnerships be placed on a statutory footing and for safeguarding legislation to be introduced; for safeguarding terminology to be amended; to develop prevention work and to have appropriate balances between safeguarding and personalisation in place.
- 2.4 The Minister of State from the Department of Health (Phil Hope) responded to the consultation review of 'No Secrets' on the 19th Jan 2010. He stated *that 'safeguarding encompasses three key concepts: protection, justice and empowerment.'* He expanded on all three concepts, however he particularly focused on the concept of empowerment as the consultation finding did and stated,

'Government has a role in the empowerment of people at risk. To empower them to recognise, avoid and stop harm; to empower them to make decisions based on informed choices, to balance taking risks with quality of life decisions; and to empower people if they have been harmed, to heal and to live with self-confidence and self determination.'

2.5 He also made the following commitments and agreed to:-

- Establish an Inter-Departmental Ministerial Group (IDMG) on Safeguarding Vulnerable Adults.
- Introduce new legislation to strengthen the local governance of safeguarding by putting Safeguarding Adults Boards on a statutory footing. The Boards will be responsible for safeguarding arrangements and empowerment strategies.
- Launch a programme of work with representative agencies and stakeholders to support effective policy and practice in safeguarding vulnerable adults. The programme of work specifically mentioned new multi-agency guidance that was/is to be produced in Autumn 2010.

2.6 To date the new coalition government has not altered this commitment and it is anticipated that the above will still be forthcoming.

2.7 In November 2009 the Improvement and Development Agency (IDeA), Association of Directors of Adult Social Services (ADASS) and Research into Practice for Adults (RiPfa) published **Councillors' Briefing: Safeguarding Adults**; the document provides a set of "must know key questions" for lead Councillors for adult social care, in relation to safeguarding adults and highlights the fact that all Councillors share a responsibility in relation to safeguarding those adults whose circumstances make them vulnerable.

2.8 On the 10th February 2010 the Department of Health published one of its promised guidance documents **Clinical Governance and Adult Safeguarding: An Integrated process**. This guide encourages organisations to develop arrangements to ensure that adult safeguarding issues are appropriately addressed and provides a flow chart setting out how adult safeguarding and clinical governance process should be integrated. The aim of this is to avoid duplication of investigations and permit greater learning from adverse events.

2.9 On the 24th February 2010 the Law Commission published **Consultation Paper No. 192 into Adults Social Care**. Adults Social Care law governs how individuals' needs are assessed, who is eligible to receive help and what services are provided; it is currently spread over 38 separate Acts of Parliament and most services are still delivered under the National Assistance Act 1948. In addition to the Acts there is also a 'mass of policy guidance' of which 'No Secrets' is one. In order to make more effective arrangements the Law Commission has made provisional proposals and part 12 of the proposal is dedicated to Safeguarding Adults at Risk; it focuses on two issues:-

- The existing legal framework for safeguarding adults and how this could be expressed in proposed statute.
- The development of policy and how this could be facilitated in the proposed statute.
- The law commission consultation ended on 1st July 2010 and it has committed to publish final recommendations in 2011.

2.10 The Mental Capacity Act 2005 (MCA) was introduced in part in April 2007 and fully implemented in October 2007. The Mental Health Act 2007, which received Royal Assent in July 2007, included an amendment to the MCA to introduce additional **Deprivation of Liberty Safeguards (DoLS)** which came into force from 1st April

2009. The DoLS provides additional protection for the most vulnerable people living in residential and nursing homes or hospital environments. From 1st April 2009 it became the requirement that care will always be provided in a way which is consistent with the human rights of people lacking capacity that are not otherwise protected or safeguarded through the use of the Mental Health Act or Court of Protection powers. Local Authorities (in the case of residential/nursing homes) and Primary Care Trusts (in the case of hospitals) have statutory Supervisory Body responsibility to ensure DoLS are authorised correctly.

2.11 The **Safeguarding Vulnerable Groups Act 2006** passed as a result of the Bichard inquiry arising from the Soham murders in 2002 introduced the formation of the **Independent Safeguarding Authority (ISA)**. The ISA have responsibility for managing the **Vetting and Barring Scheme** which was launched in October 2009. Registration for the Scheme was due to start in July 2010; however, the Scheme has been halted since the new coalition government came into power whilst they review it. Despite this, the new safeguarding regulations introduced in October 2009 continue to apply and employers have the right to ask for an enhanced CRB disclosure for those engaged in 'Regulated Activity'. The ISA continues to maintain the barred lists.

2.12 The Care Quality Commission (CQC) announced earlier in 2010 they were ceasing to carry out their programme of Independence, Wellbeing and Choice Inspections which scrutinised safeguarding arrangements alongside two other delivery areas. However, CQC have clearly stated that safeguarding adults activity continues to be a priority area of focus and is one of the Outcome areas they will always assess and consider when formulating the annual performance rating for Councils Adult Social Care Departments.

3 **B&NES Safeguarding Adults Inter- Agency Partnership: Arrangements and Accomplishments for 2009/10**

3.1 **Aims and Principles**

3.2 The Safeguarding Adults Inter-Agency Partnership (SAIAP) has continued to meet on a quarterly basis during 2009/10 to deliver its aims and principles. It maintained the aim to achieve effective and consistent inter- agency working to ensure that Safeguarding Adults work is effective, responsive and co-ordinated.

3.3 The SAIAP works together to the following principles:-

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

3.4 **Governance Arrangements**

3.4 SAIAP members have remained at a senior level with representatives from the statutory, independent and voluntary sector from the following organisations:-

- Service Improvement and Performance Team (Health and Adult Social Care Services commissioning (which is part of the integrated Health & Wellbeing Partnership).
- Community Health and Social Care Services (the delivery arm of the integrated Health and Wellbeing Partnership)
- Hospital Trusts
- Avon and Somerset Police
- Care Quality Commission
- Representative for local nursing and residential homes
- Representative for voluntary, independent sector organisations including Advocacy Services
- Avon and Wiltshire Mental Health Partnership Trust
- Bath People First – representing the voice of services users
- The Care Network – representing the voice of carers
- Representative for Education establishments
- Avon Fire and Rescue Service

3.6 The membership list with contact details and attendance for 2009/10 is attached in Appendix 1.

3.7 Terms of Reference for the Partnership remained the same during 2009/10; however a paper was presented in March 2010 to review the membership and governance of the SAIAP in light of the Government response to the Department of Health document Safeguarding Adults: Report on the Consultation of the review of No Secrets (July 2009).

3.8 Throughout 2009/10 the B&NES Safeguarding Adults Inter-Agency Partnership (SAIAP) has been chaired by Rhona MacDonald Chief Executive of the Health and Wellbeing Partnership. The Health and Wellbeing Partnership comprises NHS Banes and the Social Care, Health and Housing Department of B&NES Council.

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

3.10 Safeguarding concerns are also raised with the Local Strategic Partnership through the Chief Executive of the Health and Wellbeing Partnership and Chief Executive of the Council.

3.11 **SAIAP Accomplishments during 2009/10**

3.12 From April 2009 to September 2009 the SAIAP continued to focus on the following areas:-

- Improving practice
- Increasing the profile of adult safeguarding
- Reviewing safeguarding adults training

- Strategic developments
- Improvements in performance management and monitoring
- Improving working relationships and links

3.13 However in September 2009 the SAIAP agreed its first Safeguarding Adults Strategic Plan. The SAIAP had in previous years worked to an action plan however during 2009/10 this was enhanced by the development of the Strategic Plan

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

Between September 2009 to March 2010 the SAIAP have continued to look at the above areas but have refocused the overarching areas of work and concentrated these into four work stream themes:-

Theme 1: Governance, Leadership and Delivery Arrangements

Theme 2: Awareness, Engagement and Communications

Theme 3: Quality Assurance, Audit and Performance Management

Theme 4: Training and Development

Each theme has a multi agency working group with Terms of Reference agreed by the SAIAP with the exception of Theme 1 which has two working groups: these are the Safeguarding Policy and Practice sub-group and the Safeguarding and Personal Budgets sub-group. The membership lists for the groups are set out in Appendix 2.

3.14 **Theme 1: Governance, Leadership and Delivery Arrangement Work Carried Out During 2009/10**

3.15 In March 10 the SAIAP agreed to review its governance arrangements in light of the Government response to Department of Health document Safeguarding Adults: Report on the Consultation of the review of No Secrets (July 2009). The Department of Work and Pensions and Probation have not previously been partners of the SAIAP and this is a gap which the SAIAP have committed to address. New governance arrangements were considered and agreed by the SAIAP in June 2010, the extent of the changes will be reporting in the 2010/11 Annual Report and the SAIAP will be known as the Local Safeguarding Adults Board.

3.16 Leadership has strengthened throughout 2009/10. The DASS continues to chair the Partnership and the Council have appointed an Assistant Director for Safeguarding and Personalisation.

3.17 The SAIAP reviewed its existing Safeguarding Adults Multi-Agency Policy and Procedure and commissioned new ones to be written including the recommendations from the review finding. The new Policy and Procedure was launched in April 2010.

3.18 The Policy and Procedure sub-group revised its Terms of Reference in relation to the safeguarding strategy themes and have finalised the Partnership Serious Case Review Protocol and Pressure Sores Protocol during 2009/10. It is also now responsible for reviewing multi agency safeguarding protocols and proposing a Thresholds and Triggers protocol.

3.19 The Safeguarding and Personal Budgets sub-group has succeeded in getting service user representation onto the group; has worked with a group of service users to look at mechanisms to support risk and empowerment whilst keeping them safe in the light of self directed support and has contributed (primarily through Bath People First) during 2009/10 to the South West Regional Safeguarding and Personalisation Framework which can be accessed at:

www.puttingpeoplefirst.org.uk//Personalisation/SouthWest/SPframeworkjan2010withlinks.doc

3.20 A Self Accreditation Application system has been developed for new provider agencies coming into the social care market to support people with self directed support packages, the accreditation includes safeguarding checks. Four workshops have been run for voluntary, independent and private sector providers during 2009/10 on personalisation and have included reference to safeguarding and dignity in care in relation to choice and control.

3.21 The Police continued to play a significant role in safeguarding vulnerable adults in B&NES during 2009/10 and there has been an increase in police involvement.

Year	% of total cases Police involved in
09/10	38%
08/09	36%
07/08	31%

3.22 The Police Community Safety Team have continued to lead the work on doorstep crime, which is specifically targeted at the vulnerable and through the Doorstep Crime Forum introduced No Cold Calling Zones around sheltered housing areas within Bath. In addition to this, safeguarding concerns are considered routinely by the Partnership Against Domestic Violence and Abuse (PADVA), at MARAC and MAPPA meetings, with additional work taking place with regard to Hate Crime through the Partnership Against Hate Crime (PAHC).

3.23 The Community Safety Plan 2009-2012 is cross cutting with most services and links to the Local Strategic Partnership, the Local Area Agreement, Safeguarding Adults and Children, Policing Plan, Fire safety, etc. The Council Community Safety Team has re-commissioned several services for a further 3 years from 2009-2012 including: an Independent Domestic Violence Adviser (IDVA) service, which from April 2009 was extended to support domestic violence victims of same sex couples; and a range of support services (SARI, EACH and Victim Support) for victims of hate crimes who are instrumental in the work of the B&NES Partnership Against Hate Crime (PAHC). A Responsible Authorities Group action plan is in place to focus on 'Increase protection of the most vulnerable victims of crime (domestic violence, sexual abuse and hate crime)' - this covers all victims (adults and children) of domestic violence, sexual abuse and hate crime.

3.24 In January 2010, the Norton Radstock Network for adults with learning difficulties launched its Community Safety Zone which means that anyone with a learning disability experiencing a hate incident or crime whilst out and about in the Radstock and Midsomer Norton area, will find a 'safe haven' not far away, with people willing (and trained) to offer the help and support they need to both report what has

happened to them to the Police, and to get home safely. This scheme is now being extended to other areas within Bath and North East Somerset.

3.25 Theme 2: Awareness Engagement and Communication Work Carried Out During 2009/10

3.26 A multi-agency working group has been established during 2009/10 to focus on this theme. The group has agreed its Terms of Reference and has scoped the work needed to be carried out to improve awareness, engagement and communication.

3.27 In addition to this the following things have been accomplished around this theme:-

- The SAIAP has adopted a Multi Agency Information Sharing Principles Agreement for Safeguarding Vulnerable Adults.
- Representatives from the SAIAP continued to sit on the Local Safeguarding Children's Board to ensure clear communication and information sharing took place from key agencies.
- The Police, Probation, AWP and the SAIAP delivered 2 workshops relating to safeguarding and community safety during 2009/10 and a further workshop in April 2010.
- The commissioner and Community Health and Social Care Services (CH&SCS) delivered a joint workshop with Children Services to Elected Members and the PCT Professional Executive Committee to raise the profile of children and adults safeguarding and the interface between them.
- The Commissioner and CH&SCS write a joint bi-monthly report to the Partnership Board for Health and Wellbeing on safeguarding delivery arrangements.
- The Safeguarding Adults Coordinator has made a number of visits in 2009/10 to raise awareness of safeguarding: for example, twice to the Provider Forum; to Bath Ethnic Minority Senior Citizens Association AGM, to Extra Care Tenants and MOSAIC service users.
- The Service User Involvement Facilitator (CH&SCS) is currently involved in a project finding out the experience of adults who have been through the safeguarding adults' procedure. The project is ongoing and the findings will be reported in July 2010

3.28 Theme 3: Quality Assurance, Audit and Performance Management Work Carried Out During 2009/10

3.29 A multi agency working group has agreed its Terms of Reference; revised a self assessment form for the SAIAP members and developed a common set of quality indicators which have been adopted by the SAIAP.

3.30 The Service Improvement and Performance Team (commissioning arm of the Health and Wellbeing Partnership) has also developed a Performance Management Framework for safeguarding. Through this framework areas for improvement in performance and assurance issues are identified.

3.31 In addition to the assurance work of the SAIAP the commissioner also holds quarterly quality performance meetings with the RUH and the RNHRD and safeguarding and MCA DoLS issues are routinely discussed at these.

3.32 The commissioner also holds monthly meetings with AWP and CH&SCS to monitor performance against a safeguarding balance scorecard and reports this to the Partnership Board for Health and Wellbeing and the SAIAP. Consequently significant scrutiny is given to safeguarding procedure.

3.33 During 09/10 B&NES has been involved in a Serious Case Review (SCR) regarding the death of service users in an out of area residential home. A SCR group was convened to digest the report findings and put in place an action plan to ensure lessons learned from the SCR would be incorporated into practice.

3.34 The Commissioning and Contract Team have revised the Care Homes of Concern Policy during 2009/10 in consultation with safeguarding leads.

3.35 Theme 4: Training and Development work carried out during 2009/10

3.36 The working group has spent a significant part of 09/10 collecting the information for a Safeguarding Training Strategy which is now in draft form and will be finalised in the Autumn 2010.

3.37 Community Health and Social Care Services (CH&SCS) offer safeguarding training to its employees and to independent and voluntary sector agencies. The Health and Wellbeing Partnership record the number of agencies and different type of agencies that attend safeguarding training each year and for 09/10 the following training has been provided and accessed: 32 Alerter's courses; 8 Investigators courses and 8 Coordinating Investigators courses

3.38 Table 1: Safeguarding Training Provided by CH&SCS During 2009/10

Course Title	Employer	Total
H&S Update Day (Adult) - Safeguarding Adults & Child Protection	AWP	1
	GP	3
	IND	27
	NHS	265
	Other	1
	SS	24
Total		321
Safeguarding Adults from Abuse - Alerters	AWP	2
	IND	191
	NHS	84
	Other	9
	SS	129
	Total	
Safeguarding Adults from Abuse - Co-ordinating Investigations	AWP	1
	NHS	3
	Other	4
	SS	19
	Total	
Safeguarding Adults from Abuse - Investigators	IND	50
	NHS	14
	Other	1

Course Title	Employer	Total
	SS	23
Total		88
Safeguarding Adults Update Training	NHS	35
	SS	22
Total		57
Grand Total		868

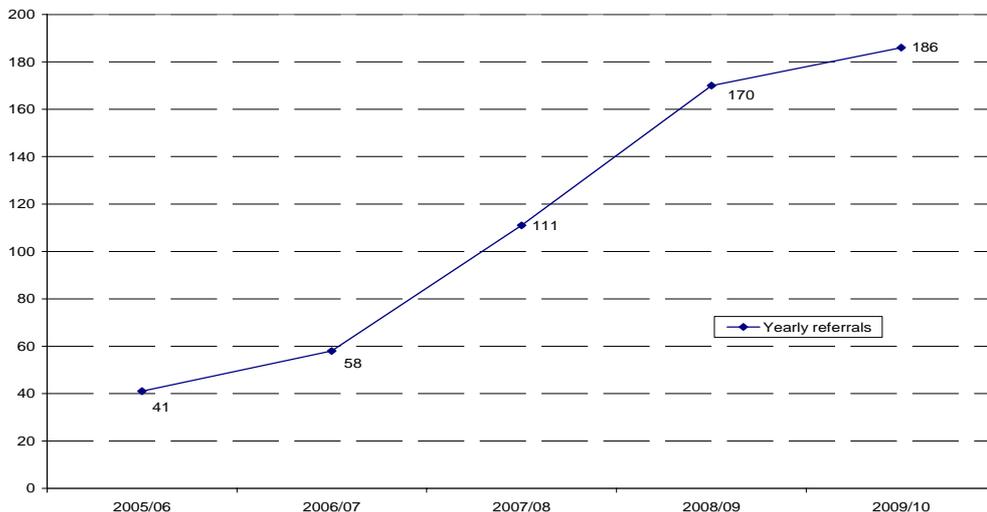
NB: safeguarding training is updated every two years and that all health and social care practitioner have to attend on a two yearly basis.

3.39 During 2009/10 agencies have accessed a range of other safeguarding training, such as e-learning and although CH&SCS anticipated that 40% of staff employed in the independent sector would take up their training only 17% did as they were accessing training from other sources. Focus will be given to this during 10/11(Learning point 1).

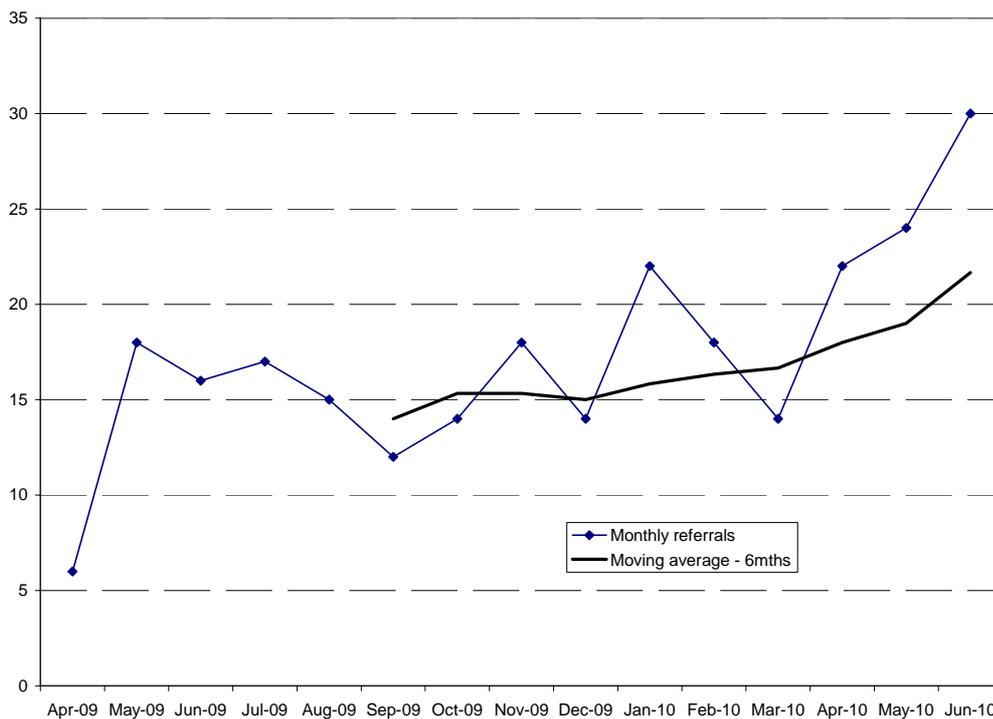
3.40 The Outcome of the Accomplishments for Service Users

3.41 There has been a year on year increase in safeguarding referrals and in 2009/10 186 referrals were received. The chart below shows the rise in referral rates from 2005; although the increase from 2008/09 to 2009/10 is lower than previous years there has still been an increase of 9% from 2008/09 and in the four years between 2005/06 and 2009/10 the number of referrals increased over four fold. In addition to this for Quarter 1 of 2010 – 11 we have already received 76 referrals, if this trend is to continue we would anticipate a total of 304 referrals for 2010-11.

3.42 Chart 1: Safeguarding Referrals 2005-2010



3.43 Chart 2: Monthly Safeguarding Referrals for April 2009 – June 2010

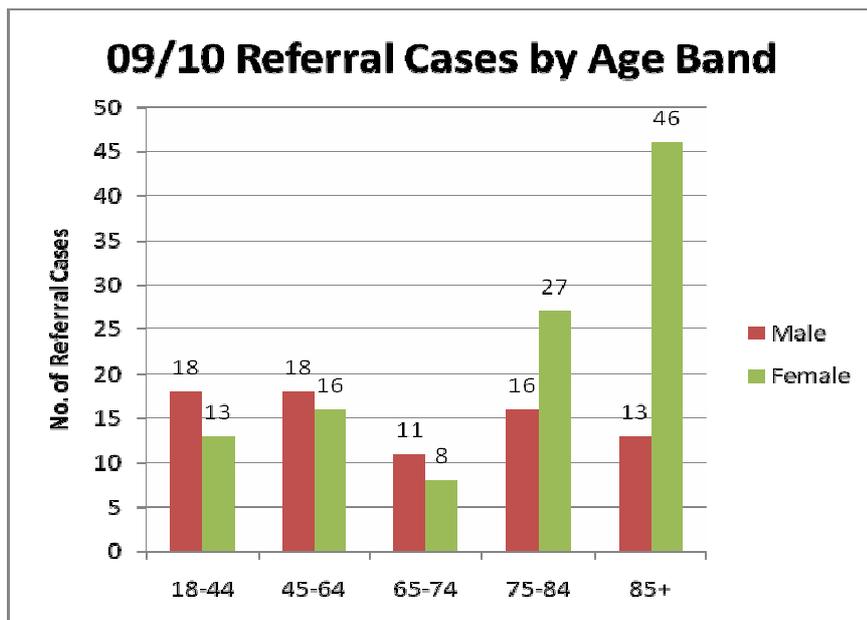


3.44 The chart above shows a month by month breakdown in the number of safeguarding referrals received and reflects an increasing monthly average since August 2009. Since August 2009 a significant amount of work has taken place in addition to usual routine activity to raise awareness of safeguarding.

3.45 The percentage of male and female referrals for 2009/10 when compared to 2008/09 is very similar showing the gender profile to be almost identical for both years. **Table 2** below sets this out:

No. of Referrals by Gender			No. of Referrals by Age			
			18 - 64		65+	
	08/09	09/10	08/09	09/10	08/09	09/10
Male	65 (39.4%)	76 (40.9%)	34 (20.6%)	36 (19.4%)	31 (18.7%)	40 (21.5%)
Female	100 (60.6%)	110 (59.1%)	23 (13.9%)	29 (15.5%)	77 (46.6%)	81 (43.5%)
Total	165	186	57 (34.5%)	65 (34.9%)	108 (65.5%)	121 (65%)

3.46 A more detailed breakdown of referral ages is highlighted in **Chart 3** below:



3.47 A comparison of the referrals by ethnicity for the two periods is also the same, white British being the ethnicity of 93.5% of referrals. Though this is expected given the profile of the B&NES population further work and awareness raising will be focused on with Black and Minority Ethnic groups in 2010/11 to ensure safeguarding issues are highlighted (Learning Point 2). A full breakdown of referrals by gender, age and ethnicity for 09/10 can be found in Appendix 3.

3.48 Table 3: Safeguarding Adult Referrals 2005 - 2010 by Service User Group

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

3.49 The table above compares the referrals by service user group since 2005 and shows a relatively consistent pattern is presented in terms of older people being the most referred with people with learning disabilities following. Benchmarking information is needed to ascertain whether this pattern is usual, this will be available during

2010/11 as Local Authorities complete the Department of Health Abuse of Vulnerable Adults data set (Learning Point 3).

3.50 Of the 186 referrals received in 2009/10, 143 were terminated/closed during the period.

3.51 The Department of Health have increased the number of outcome determinants in 2009/10 from 2008/09 to include partly substantiated. Given this, the SAIAP are not able to compare the data exactly from 2008/09 and the decision has been made to include partly substantiated and substantiated case outcomes together to present a useful comparison figure. The table below describes the stage within the safeguarding procedure at which the case was terminated and the conclusion of the termination/closure.

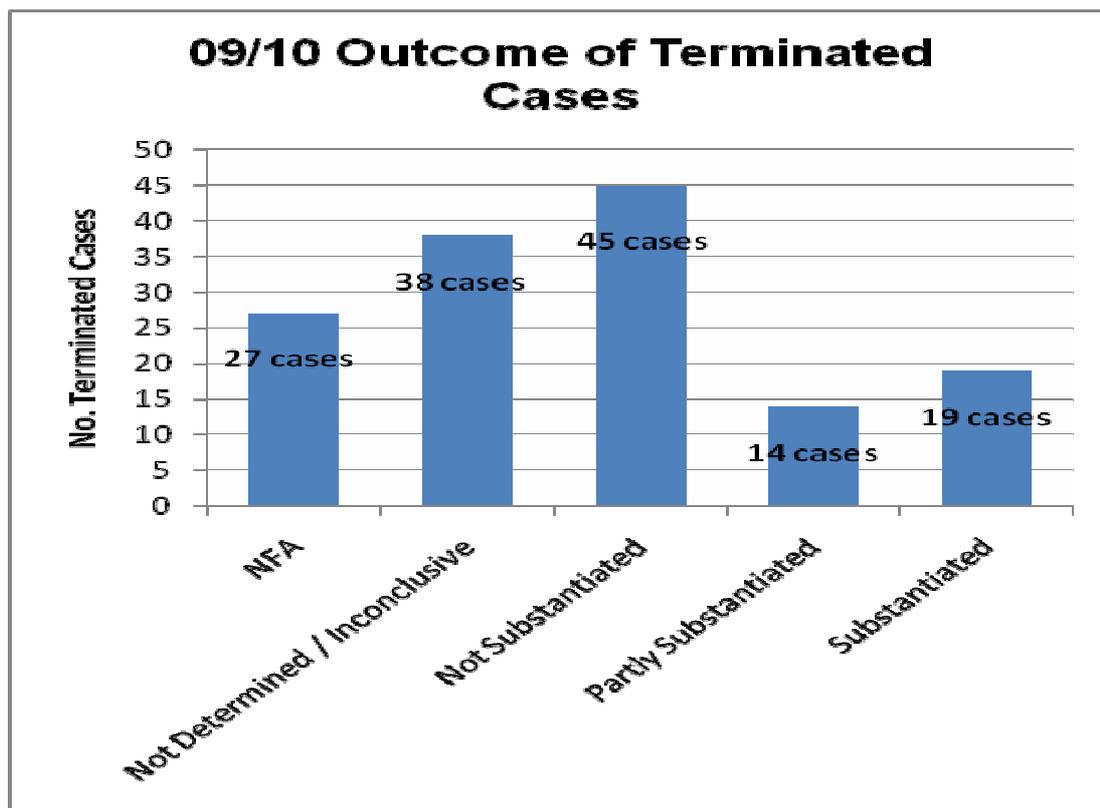
3.52 Table 4: Outcome at Procedural Stage for Terminated Cases 2009/10

Termination Stage	Outcome / Conclusion					Total
	NFA	Not Determined / Inconclusive	Not Substantiated	Partly Substantiated	Substantiated	
Decision	27					27
Strategy		7	23	3	6	39
Assessment		16	15	7	5	43
Planning		10	7	4	3	24
Review		5			5	10
Total	27	38	45	14	19	143

3.53 When comparing the point at which cases were terminated, in 2008/09, 50% of cases were closed at the decision stage and a strategy discussion/meeting was not convened whereas in 2009/10 only 19% of cases were closed at the decision stage (the decision that after preliminary referral information was collected no further action was needed). The suggestion being that more appropriate safeguarding referrals were being made in 2009/10.

3.54 The number of cases that were not substantiated has reduced this period in comparison to 2008/09 from 53% to 31.5% again indicating that relevant referrals are being made. In 2008/09 concern was expressed that 53% seemed relatively high so it is significant that this proportion has reduced. However it still remains the largest outcome as highlighted in the table below.

3.55 Chart 4: Outcome of Terminated Cases 2009/10



3.56 However in comparison the number of referrals that were Not Determined and Inconclusive has doubled since 2008/09 to 26.5%. The Partnership Board for Health and Wellbeing are particularly keen to understand this and have requested assurance from Community Health and Social Care Services (CH&SCS) and Avon and Wiltshire Mental Health Partnership Trust (AWP) that service users are safe. Exception reports have been compiled about these cases to gather that assurance and anecdotal evidence suggests that work is needed to correct the quality of the data recorded as some were recorded incorrectly. This is an area of focus for 2010/11 (Learning Point 4).

3.57 The level of police involvement has increased by 2% from last year; however the number of referrals received by the police in comparison from 2008/09 has reduced. Further work is needed to understand whether this is a recording issue or whether the number of referrals had unusually dropping in 2009/10 (Learning Point 5).

3.58 In 2009/10, 11 service users were referred on 2 separate occasions for safeguarding concerns and 2 service users were referred 3 times about safeguarding concerns during the period. Thus, a total of 13 service users were referred more than once over the year and safeguarding investigations were undertaken. This has increased from 9 service users in 2008/09. It is anticipated that some service users will be referred on more than 1 occasion, however each case will be looked at from a 'lessons learned' perspective to ensure that robust action took place and that the plans did not miss anything that could have prevented a second or third referral being made (Learning Point 6).

3.59 Table 5: Number of Referrals, Alleged Perpetrator and Outcome 2009/10

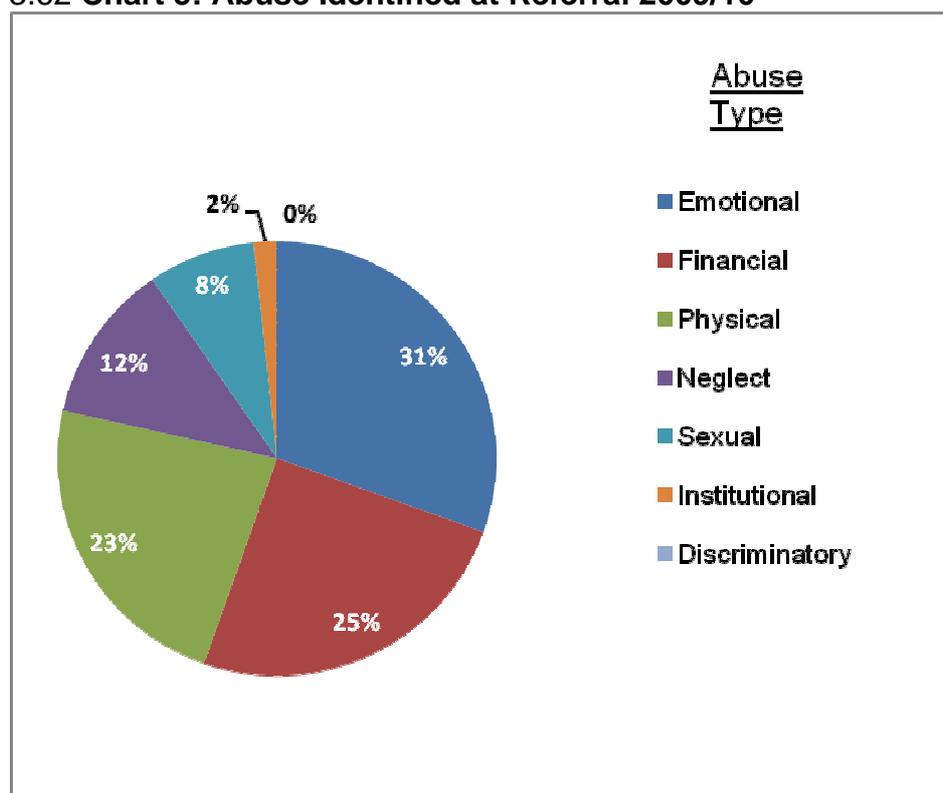
Alleged Perpetrator	NFA	Not Determined / Inconclusive	Not Substantiated	Partly Substantiated	Substantiated	Total	
Other Professional	10	11	11	8	6	46	32%
Other Family Member	5	11	12	2	1	31	22%
Self	3	2	8	1	3	17	12%
Other		5	4		4	13	9%
Neighbour / Friend	3	5	3			11	8%
Not Known	4	2	1		2	9	6%
Partner		1	3	1	2	7	5%
Other Vulnerable Adult			2	2	1	5	3%
Carer	2	1	1			4	3%
Total	27	38	45	14	19	143	

❖ Percentages have been rounded to the nearest whole

3.60 As for 2008/09, the largest group of alleged perpetrators was paid professionals including care staff with only a 1% reduction from 08/09. In 69% of these cases the allegation required no further action, was not determined / inconclusive or not substantiated in comparison to 61% for 2008/09. This leaves the remaining 31% as partially or fully substantiated for 2009/10 in comparison to 39% for 08/09. The percentages reflect a consistent pattern of alleged perpetrator and outcome.

3.61 Similarly other family members were the second largest group of alleged perpetrators and this is consistent with 2008/09 data with a 5% difference in the number. However there is a significant difference in the outcome of the alleged perpetrator for the two periods. In 2008/09, 42% of abuse by a family member was substantiated whereas in 09/10 this has reduced to under 10%. There is currently no explanation for this and the outcome data will be compared again with 2010/11 figures, however benchmarking data will be requested from the South West Region to compare figures (Learning Point 3).

3.62 Chart 5: Abuse Identified at Referral 2009/10



3.63 The chart above highlights that emotional abuse was the reason for the majority of referrals, this is again consistent with 2008/09 data. For both periods financial abuse was the second highest reason for a safeguarding referral. The third and fourth highest being physical abuse and neglect, however these change position in 2009/10 from 2008/09. However the pattern and percentages of referrals are similar. There have been no referrals regarding discriminatory abuse and further awareness raising is needed in respect of this (Learning Point 7).

3.64 When comparing the outcome of the abuse type and whether the abuse was partly or fully substantiated we find the following:

3.65 Table 6: Outcome Determinant of the Alleged Abuse 2009/10

Type of Abuse	NFA	Not Determined / Inconclusive	Not Substantiated	Partly Substantiated	Substantiated	Total	
Emotional	9	17	14	4	10	54	31%
Financial	12	11	13	4	4	44	25%
Physical	8	13	10	5	5	41	23%
Neglect	5	4	9	1	2	21	12%
Sexual	2	6	3	1	2	14	8%
Institutional	1		2			3	2%
Discriminatory							0%
Total	37	51	51	15	23	177	

NB: Note more than one abuse type can be recorded hence 177

3.66 36% of the emotional abuse allegations were partly or fully substantiated in 2009/10 in comparison to 30% in 2008/09. However, overall far fewer cases were partly or fully substantiated in 2009/10 (21%) than were substantiated in 2008/09 (33%). In

order to understand the reasons for this, CH&SCS and AWP will be asked to give a view and this will be discussed with the Safeguarding Adults Inter-Agency Partnership Quality Assurance, Audit and Performance Management work stream who in turn will report findings to the SAIAP (Learning Point 8).

3.67 Limited work has been conducted in 2009/10 to gather the views of service users about their experience of adult safeguarding, however, the Partnership have agreed to focus on this during 2010/11 and Community Health and Social Care Services (CH&SCS) have offered some capacity to support this through their Service User Involvement Facilitator. CH&SCS have also committed to gather service user feedback and the report on this is due in Summer 2010. It has been agreed with CH&SCS and AWP that service user feedback will be routinely gathered when a safeguarding case is concluded.

3.68 Each stage of the safeguarding procedure has specific timescales by which each part of the procedure should be completed in. The table below describes progress against the procedural timescales during the period.

3.69 **Table 7: Terminated Cases and Procedural Timescales 2009/10**

Procedural Descriptor		Data Source	Target	09/10 % and actual number of cases		
				09/10		
				Total no. that could be completed	No. outside timescale	%
2a	No. of decisions made within 2 days of referral	CH&SC Services	98%	114	18	84%
		AWP		27	3	89%
		Both		141	21	85%
2b	No. of strategies defined within 5 days of referral	CH&SC Services	98%	95	31	67%
		AWP		20	0	100%
		Both		115	31	73%
2c	No. of assessment completed in 28 days of referral	CH&SC Services	98%	62	14	77%
		AWP		15	3	80%
		Both		77	17	78%
2d	No. of planning meetings held	CH&SC Services	98%	30	5	83%
		AWP		4	0	100%
		Both		34	5	85%
2e	No. of reviews held within 12 weeks of planning meeting	CH&SC Services	98%	8	1	88%
		AWP		2	0	100%
		Both		10	1	90%

3.70 CH&SCS and AWP are charged with coordinating safeguarding cases and meeting these timescales. Significant management has been given to this throughout 2009/10, however it remains a challenge, and on some occasions timescales have not been achieved. In order to understand the reasons for this in more detail exception reports are being provided on each case during 2010/11 (Learning Point 9). However, anecdotal explanations include, for example, that it is not always possible to arrange for all agencies to meet within 5 days for a strategy meeting and that 28 days is not always long enough to gather all the investigation information needed to make a fully informed decision about the case.

3.71 AWP successfully managed to achieve procedural timescales in 3 (100%) of the 5 stages and had 6 situations in which the timescale was not complied with. CH&SCS performed less well, however significant focus is being given to ensure procedural timescales are improved in 2009/10 and great scrutiny is being given to those where a breach has occurred so the reason and themes can be understood.

4. Progress on Learning Points Identified in 2008/09

4.1 The following learning points were identified in the 2008/09 annual report and the SAIAP agreed to focus on these during 2009/10 to improve arrangements. A brief progress report has been provided for each point.

4.2 **Learning Point 1:** More detailed information is required to enable better analysis of data. Progress during 2009/10: the SAIAP through the Quality Assurance, Audit and Performance Management work stream has begun to look at the referral information and has concentrated on gathering the assurance that all referral data looks accurate. Work continues with this in 2010/11 as data identifies a reduction in referrals from some agencies when an increase would have been anticipated. That said, table 3 shows a largely consistent pattern in the number of referrals per service user group. Professional staff has been the name given to replace the 2008/09 category on paid care staff. We now report on the categories outlined by the Department of Health AVA data set and can see exactly who the alleged perpetrator is however, further work is needed to analyse this now the information is available. The categories for service user group and outcome have been expanded as needed.

4.3 **Learning Point 2:** Continue to raise the profile of safeguarding during 2009/10 and increase awareness and training of safeguarding issues. Progress during 2009/10 has been made and this is described in section 3 of the report.

4.4 **Learning Point 3:** Improved record keeping. Progress during 2009/10: significant focus has been given to this and monthly tracking of record keeping has been put in place to ensure all data is inputted. Audits have been put in place to assure that correct decisions are being made and exception reports continue to be received about cases that breach procedural timescales or which have been recorded as Not Determined / Inconclusive.

4.5 **Learning Point 4:** Review the safeguarding training courses available across B&NES and increase the take up of the Investigator training course. Progress during 2009/10: the update on work completed by the Training and Development work stream is highlighted in 3.35 of the report. There has been a year on year increase on the number attending the Investigator training course. In 2007/08, 53 people attended; in 2008/09, 65 attended and in 2009/10, 88 attended.

4.6 **Learning Point 5:** Include a definition of each outcome on the Safeguarding Adults Investigation Form and ensure all social care staff understand what the definitions mean and how the outcomes differ. Ensure the additional outcome of Partially Substantiated abuse is used and understood. Progress during 09/10: this has been completed and staff are now aware at both CH&SCS and AWP.

4.7 **Learning Point 6:** With the strategic shift to personalisation and the increase in the number of people moving through the self directed support process, continued focus needs to be given to risk assessments and management. Progress during 2009/10: significant work has taken place with this, the personal budgets programme has rolled out and new documentation has been put in place to ensure service users are supported to take risks.

5. **Leaning Points Identified for 2010/11**

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

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

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

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

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

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

5.7 **Learning Point 7:** Work with the Awareness, Engagement and Involvement work stream to plan mechanisms to raise awareness of discriminatory abuse.

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

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

6. **Safeguarding Strategic Plan 2009/11**

- 6.1 **Progress of Safeguarding Strategic Plan for 2009/10:** Appendix 5 provides details of progress against the 2008/09 Strategic Action Plan that the SAIAP agreed.
- 6.2 Most actions have been achieved in year however some are carried over and being progressed in 2010/11 for example the action to have a Training Tool Kit has been developed and a Training Strategy is now in the process of being completed; similarly the action to have a governance manual has been amended and in June 2010 the SAIAP were asked to agree a change to the governance arrangements the changes proposed included things such as a job description for SAIAP members etc. The new arrangements have been adopted by the SAIAP and finalised documentation is planned for sign off in October 2010.
- 6.3 **Safeguarding Strategic Plan for 2010/11** was considered by the SAIAP and final amendments are being made. This plan will be available once amendments have been made and it has been officially signed off.

Authors:

*Lesley Hutchinson
Assistant Director Safeguarding and Personalisation
Health and Wellbeing Partnership*

*Janet Rowse
Acting Chief Executive Officer
Health and Wellbeing Partnership*

August 2010

Appendix 1

SAFEGUARDING ADULTS INTER-AGENCY PARTNERSHIP Membership as at 10th March 2010

NAME	ORGANISATION
ARAYAN Shirley	Principal, Norton/Radstock College
ASHBY Fran	Leonard Cheshire Homes
DABBS Janet	Chief Officer Age Concern B&NES
DEAN Mark	Head of Public Protection & Safeguard Avon & Wiltshire Partnership Mental Health NHS Trust
DESAI Minal	Proprietor Cedar Homes
EAST Chris	Joint Manager for LDs, B&NES Council
GRAY Jo	Managing Director Community, Health and Social Care Services, B&NES
HILLIS Alison	Acting Chief Officer The Care Network
HUTCHINSON Lesley	Assistant Director Safeguarding and Personalisation, B&NES
JUPP Hugh	Public Protection & Safeguarding Manager Avon & Wiltshire Partnership Mental Health NHS Trust
LESTER Chris	Executive Director Freeways Trust
LEWIS Mary	Executive Lead Nurse & Asst Director of Clinical Effectiveness, NHS B&NES
MacDONALD Rhona <i>[Chair]</i>	Chief Executive NHS B&NES and Director of Adult Health, Social Care & Housing
McCANN Denis	Unitary Manager Bath & North East Somerset Avon Fire & Rescue Service
PACEY Amanda	Acting Director of Clinical Practice, Nurse Advisor and DIPC Royal National Hospital for Rheumatic Diseases
RIZK Meri	Manager B&NES People First
TAYLOR Karen	Regulatory Officer Care Quality Commission
THOMPSON Francesca	Director of Nursing Royal United Hospital, NHS Trust, Bath
WARD Shirley	Safeguarding Adults Co-ordinator, B&NES Council
WILLIAMS Mike	Detective Inspector Public Protection Unit Avon & Somerset Constabulary

Appendix 2

Membership List of Safeguarding Adults Inter-Agency Partnership Work Streams (as at Aug 2010)

Safeguarding Adults Training and Development Work Stream

Meet approx: Monthly/6wkly

Meeting Organiser: Jenny Theed (Sec: Kath Holland – Tel: 01225 831530)

Chair: Jenny Theed

Jenny Theed (Community Health and Social Care Services)

Chquita Cusens (Community Health and Social Care Services)

Hugh Jupp (AWP)

Simon Ibbunson (RNHRD)

Patricia Mills (RUH)

Maria Wallen (Community Health and Social Care Services)

Shirley Arayan (Norton/Radstock College)

Policy & Procedures sub-group

Meet approx: Dates generally set at each meeting

Meeting Organiser: Mark Dean (Team Administrator: Donna Smith - Tel: 0117 378 4578)

Chair: Mark Dean

Mark Dean (Assistant Director - AWP)

Mike Williams (Avon & Somerset Police PPU)

Chiquita Cusens (Community Health and Social Care Services)

Rebecca Jones (B&NES Council)

James Stevenson (RUH)

Sue Leathers (RUH)

Hugh Jupp (AWP)

Sue Sherrin (Bath IMCA Service)

George Evans (Community Health and Social Care Services)

Lindsay Smith (Community Health and Social Care Services)

Rebecca Potter (Supporting People B&NES)

Awareness, Engagement and Communications Work Stream

Meet approx: Monthly at present (then bi-monthly when possible)

Meeting organiser: Mary Lewis (Sec: Clare Tozer - Tel: 01225 831319)

Chair: Mary Lewis

Mary Lewis (NHS B&NES)

Lesley Hutchinson (B&NES Council)

Stuart Ullathorne (Community Health and Social Care Services) – covering maternity leave

Shirley Arayan (Norton/Radstock College)

Sonia Hutchison (Carers Centre)

Helen Robinson-Gordon (RUH)

Meri Rizk (B&NES People First)

Chris Lester (Freeways Trust representing Care and Support West)

Simon Whitby (Avon & Somerset Constabulary)

Mary-Anne Darlow (RNHRD)

Quality Assurance, Audit & Performance Management Work Stream

Meet approx: Monthly/6wkly at present (then bi-monthly when possible)

Meeting organiser: Clare Tozer

Chair: Denis McCann (Avon Fire & Rescue)

Denis McCann (Avon Fire & Rescue)

Mary Lewis (NHS B&NES)

Lesley Hutchinson (B&NES Council)

Jenny Theed (Community Health and Social Care Services)

Mark Dean (AWP)

Mike Williams (Avon & Somerset PPU)

Amanda Pacey (RNHRD)

Rob Eliot (RUH)

Sue Smith (GWAS)

Voluntary Sector Rep (vacancy)

Safeguarding & Personal Budgets sub-group

Meet Quarterly

Meeting organiser: Lesley Hutchinson

Chair: Lesley Hutchinson

Lesley Hutchinson (B&NES Council)

Chris East (Community Health and Social Care Services)

Christine Campbell (B&NES Council)

Jeff Saffin (Community Health and Social Care Services)

Sandrine Humphreys (Community Health and Social Care Services)

Steve Meredith (Community Health and Social Care Services)

Clare Gray (Shaw Trust)

Meri Rizk (B&NES People First)

Jenny Shrubsall

Tissue Viability sub-group (short life group – now ceased)

Chiquita Cusens (PCT) and Lead on this

Tissue Viability Nurses at PCT

Shirley Ward

Appendix 3: Breakdown of Referrals by Gender, Age and Ethnicity 2009/10

Ethnicity	No. of referrals by Gender		No. of referrals by Age Band										No. by ethnicity		
			18-44		45-64		65-74		75-84		85+				
White British	Male	72	38.7%	15	48.4%	17	50.0%	11	57.9%	16	37.2%	13	22.0%	174	93.5%
	Female	102	54.8%	10	32.3%	16	47.1%	7	36.8%	27	62.8%	42	71.2%		
White Irish	Male													1	0.5%
	Female	1	0.5%									1	1.7%		
White Other	Male													2	1.1%
	Female	2	1.1%	1	3.2%							1	1.7%		
Black/Brit-Other Black	Male													1	0.5%
	Female	1	0.5%	1	3.2%										
Other Ethnic Group	Male													1	0.5%
	Female	1	0.5%					1	5.3%						
Info not yet obtained	Male	4	2.2%	3	9.7%	1	2.9%							7	3.8%
	Female	3	1.6%	1	3.2%							2	3.4%		
Total	Male	76	40.9%	18	58.1%	18	52.9%	11	57.9%	16	37.2%	13	22.0%		
	Female	110	59.1%	13	41.9%	16	47.1%	8	42.1%	27	62.8%	46	78.0%		
Total		186		31	16.7%	34	18.3%	19	10.2%	43	23.1%	59	31.7%		

Appendix 4: Safeguarding Reports from Partner Agencies

Police – Public Protection Unit (PPU)

According to BANES PPU records, between 01/04/2009 and 31/03.2010 the police received 69 Safeguarding Adults referrals. Of these 69 referrals, relating to physical abuse, sexual abuse, financial abuse as well as other safeguarding concerns, the police took the investigative lead on 10 investigations. As a result of the investigations carried out 2 perpetrators were charged with offences related to the abuse of vulnerable adults. The Public Protection Unit, located at Keynsham Police Station, continues to take the lead responsibility for Safeguarding Adults referrals to the police with Bath & North East Somerset. The Public Protection Unit is lead by a Detective Inspector who supervises three Detective Sergeants and a number of Police Officers and Police staff, who are responsible for investigations relating to Child Abuse; Domestic Violence, Vulnerable Adults and managing Dangerous Offenders in the community. On 28th March 2010 a dedicated Detective Sergeant – DS Simon Brickwood - was appointed as the Single Point of Contact for Vulnerable Adult referrals.

The Police have continued to give professional advice as part of the inter-agency protocol, have attended strategy meetings and have, where appropriate, formally investigated criminal offences that have been disclosed.

As a result of new procedures introduced every Safeguarding Adults referral to the Police will now generate a Guardian Crime report or a Guardian Intelligence report, enabling further intelligence research to be carried out in the future if there are further concerns raised relating to the identified parties.

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

On 2nd December 2009, Police, Probation, Social Services and AWP staff provided training on Safeguarding Adults matters in the form of a seminar at the Guildhall, Bath. Over 50 professional working with B&NES attended this training. The aim of the seminar was to highlight Safeguarding Adults matters in the community in order to raise awareness and encourage more referrals.

The Public Protection Unit has also looked to provide training, guidance and support to all Police Officers and Police Staff working within Bath & North East Somerset to highlight Vulnerable Adults issues and a number of CID Supervisors have attended joint agency training relating to managing and co-ordinating investigations. On 28th March 2009, renovation and refurbishment work commenced on the Achieving Best Evidence Suite located on a residential cul-de-sac within B&NES. The suite is used to obtain video evidence from Vulnerable Children and Adults of crimes committed against them. The suite had become dated and had not been refurbished for 20 years. It is anticipated that the renovation of the suite will make the building a more welcoming environment for adults and children, in order to encourage a greater opportunity for obtaining the best evidence possible, of crimes committed against them.

Mike Williams, Detective Inspector
Public Protection Unit, Avon & Somerset Constabulary

Overview of Safeguarding Adults Infrastructure

The Royal United Hospital Safeguarding Adults multi agency group has been established for 4 years and consists of the following internal group members:-

Name	Title and area of Clinical Work
Francesca Thompson	Director of Nursing and Executive lead for Safeguarding Adults and Children
Neil Boyland	Matron of Critical Care and Operational Lead for Safeguarding Adults.
Sue Leathers	Matron for Older People and Operational Lead for Safeguarding Adults.
Tricia Mills	Head of Organisation Development. (Previous lead in Safeguarding Adults)
Dr Kate Peacock	Consultant Geriatrician and Operational Lead for Safeguarding Adults
Kate Purser	Tissue Viability Nurse Specialist and Operational Lead for Safeguarding Adults
Alison Flower	Matron, Acute Medicine and Operational Lead for Safeguarding Adults
Other agency members from social services and police	

Safeguarding Adults Team approach and progress

- Effective and workable Safeguarding Adults policy which was reviewed and ratified in March 2010 in line with National Guidance.
- Improved inter agency working by attendance at sub group safeguarding adults meetings.
- Represented the Royal United Hospital at Early Strategy meetings and case conferences with the relevant Social Services.
- Strong infrastructure of senior nursing staff to lead vulnerable adults work. This group meets every 2-3 months and has an agreed Terms of Reference.
- Weekly training for safeguarding adult awareness which is undertaken on the Trusts Mandatory Core Skills Training. From 1st April 2009 – 31st March 2010 a range of staff totalling 760 have undertaken training.
- Interagency/Partnership Board executive/deputy 100% attendance for Wiltshire and BANES during the year.
- Each tissue viability referral for grade 3 or 4 pressure ulcers are expert reviewed for safeguarding referral.

Safeguarding Adults Team main focus for 2010/11

- Setting up a robust system for quarterly reporting to internal governance committees and commissioners. It is envisaged that this will be linked in with the incident reporting system.
- Redefining and restructuring the approach to awareness training for all relevant hospital staff. This will be aimed at all staff on induction from early autumn 2010.
- Undertaking an audit to better understand the referral routes and the efficacy of the operational team in the appropriateness and timeliness of referrals and response.
- Collating and working upon the evidence for Care Quality Commission Safeguarding Adults Standard Outcome 7.
- Participating in the acute hospital peer review for learning disabilities
- Participating in the Department of Health Learning Disabilities Confidential Enquiry into deaths

Francesca Thompson, Director of Nursing, RUH Bath, NHS Trust

Royal National Hospital for Rheumatic Diseases

The RNHRD remains committed to and involved in, the Local Safeguarding Adults Inter-Agency Partnership (SAIAP), as recommended in the Department of Health Common Assessment Framework for Adults document of 2009. The Director of Clinical Practice (or deputy) will attend the meetings for engagement in local area policies and initiatives. The training co-ordinator attends the Safeguarding Training sub-group and the wound-care lead attends the Pressure Ulcer sub-group. The Head of Nursing attends the Safeguarding Adults Quality Assurance, Audit & Performance sub-group as well as the Safeguarding Adults Policy & Procedures sub-group.

The RNHRD Safeguarding Adults Policy has been revised in June 2009. It meets relevant criteria for both NHS regulatory bodies and the Bath & North East Somerset Safeguarding Adults Inter-Agency Partnership. The process for staff to follow has been made clearer with regard to how to report incidents and suspected incidents to both the RNHRD and BANES data collection systems. This will ensure that all incidents will be detected and dealt with in a sensitive and comprehensive manner, involving all relevant parties and stakeholders.

All staff at the RNHRD have to attend the Safeguarding Adults 'Alerters' course as stated in the RNHRD training guide and training needs analysis. Senior staffs are required to attend the Safeguarding Adults Investigator's course as run by the local partnership. Training activity is monitored via the Trusts educational executive and operated through the Operational Education Group.

The RNHRD has 4 coordinators/investigators in the Trust. The Trust is co-ordinating staff to attend the 'Alerters' course. Representatives from all specialities attended the re-launch day on 19th April 2010.

An e-learning package for all staff to maintain knowledge of safeguarding adults is in place and staffs are completing this.

A report is produced quarterly detailing all RNHRD training and presented to the Board.

Data regarding Safeguarding Adults incidents is collected by the RNHRD and communicated to the local Partnership.

The process is audited internally at the RNHRD to ensure staff awareness and compliance with local area guidelines. The data is analysed through the Clinical Effectiveness and Audit Committee, with any action plans and recommendations monitored there.

Rayna McDonald, Director of Clinical Practice and Professional Nursing Adviser/DIPC, Royal National Hospital for Rheumatic Diseases

Avon & Wilts Mental Health Partnership NHS Trust

2009/2010 has seen considerable and significant development in the way AWP seeks to meet its duties to safeguard adults.

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

- Introducing Trust wide documents and templates to ensure effective management of safeguarding adult alerts
- Introduction of guidance to staff in effective management of risk to vulnerable adults using both the Care Programme Approach and Safeguarding Adult alert processes
- Introducing Trust wide data collection and performance reporting of safeguarding adult activity
- Improvements to staff induction, supervision and training to increase understanding and practice in safeguarding adults
- Introducing changes to ensure that our workforce is checked and monitored on an ongoing basis to ensure that they are safe to work with vulnerable adults

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

AWP has taken an active role in the Bath and North East Somerset Safeguarding Adults Inter-Agency Partnership and its sub committees in 2009/2010, chairing the Policy and Practice sub group, and participating in the work to introduce the quality assurance and framework for the partnership and the work to develop the updated safeguarding adult policy and practitioner guidance.

In 2010/2011, AWP looks forward to playing a continuing role in working with the Bath and North East Somerset Local Safeguarding Adult Board in jointly performance managing the effective safeguarding of vulnerable people with mental illness from abuse, and to responding to the challenges and opportunities presented by the proposed new national guidance and legislation to safeguard adults anticipated in late 2010.

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

Bath & North East Somerset People First

Bath and North East Somerset People First and Equality B&NES – is a voice for disabled people and has been involved in Safeguarding Adults from a service user perspective. It has been vital to ensure that safeguarding is embedded in all decision making, but not by restricting people's choices. We have worked with disabled people to have an input into safeguarding issues, which has included producing two documents on views regarding Personal Budgets and offering ideas for good practice on keeping safe.

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

Meri Rizk, Manager, Bath & North East Somerset People First

Freeways Trust and representative for Care and Support West

I am encouraged by efforts being made by independent sector providers to engage with developments and practices aimed at safeguarding vulnerable adults. Sometimes providers get it wrong but more often we get it right and help turn potentially difficult situations around, with the result being improved outcomes for the vulnerable people we support.

No system or process will guarantee that people will always be protected. Indeed we are very much encouraged as providers to enable the people we support to take risks as they lead increasingly independent lives. Multi agency risk assessment should be used to empower individuals, and it is vital that providers, commissioners and practitioners develop a shared approach to risk taking and a shared responsibility when things go wrong. The onset of individualised funding arrangements and more personalised support options are certain to increase the need to assess risk in a more creative and meaningful way. As a consequence the work of the Safeguarding Adults' Partnership in BANES will become evermore relevant in encouraging and facilitating joined up working.

We should all be working together to ensure the public are better informed about the efforts that are made to safeguard vulnerable people. In my own organisation, which supports adults with learning disabilities, we have a long list of practices which contribute to that aim. We begin with safe recruitment, move on through training and development, encompass supervision and appraisal and back these processes up by effective 'whistle blowing' policies. We follow around 15 distinct procedures that directly contribute to our efforts to safeguard the vulnerable people we support. I imagine the majority of the general public do not know the efforts providers go to. Most media stories occur when things go wrong. That is understandable and it is right that we all learn from such situations but we could equally learn from each other by sharing good practice and focussing on positive solutions.

Chris Lester, Chief Executive, Freeways Trust

Safeguarding Adults and Children

Safeguarding is a crucial element of providing care for both vulnerable adults and children. The elements of safeguarding are subject to various and regular external assessment. The Trust takes its responsibilities in this area very seriously to ensure effective safeguarding across an entire patient journey.

A Trust wide policy for public protection and safeguarding is in place; approved by via the trust's governance arrangements.

Safeguarding is led by the clinical standards manager, the clinical director provides board level leadership championed by a non-executive director. The clinical effectiveness committee reviews provision for safeguarding on behalf of the board receiving twice yearly reports.

All appropriate staff have received enhanced Criminal Records Bureau (CRB) pre employment checks completed prior to commencing employment and these are all renewed on a 3 yearly basis.

All staff receive training upon commencing employment as part of their induction program and are required to complete refresher training via a mandatory work book updated every three years. Senior clinicians have attended multi-agency rapid response training in the event of unexpected child death.

The Trust has developed its own procedures to make sure that its rapid response process is initiated early and works collaboratively with all relevant agencies.

The Trust has established working arrangements with the child death review panels, all seven child safeguarding boards, taking its lead from the Gloucestershire safeguarding children board and the seven adult boards respectively and currently takes its lead from the Swindon vulnerable adults board and also works collaboratively with other agencies.

Referral rates have increased this year on previous years and this reflects the increased level of safeguarding knowledge amongst clinical staff. The increase in referrals and enquiries reflects early detection of potentially abusive situations for which the prognosis following intervention is significantly more positive

All Trust areas have been reissued with copies of the referral flowchart and safeguarding contact numbers. Guidance has been published in staff communications on a regular basis.

Effective safeguarding work relies on the ability to review practice and research and implement lessons learnt. This is established via serious case reviews and individual management reports defined and led by the local safeguarding board.

Sue Smith, Clinical Standards Manager, Great Western Ambulance Service

Norton Radstock College

Personnel have developed an employee explanatory leaflet, which all staff have received and signed as understood.

The College do Criminal Records Bureau (CRB) checks on all staff and adult students who may be on young people's programmes or at risk themselves, in particular 18-25 year olds.

We exercise a Zero Tolerance Policy on all incidents of bullying. We were given a good grade by Ofsted for safeguarding generally

Shirley Arayan, Principal & Chief Executive, Norton Radstock College

Avon Fire & Rescue Service

Avon Fire & Rescue Service is actively involved in both Safeguarding Adults and Children within B&NES, and we work closely in support of all our partners in B&NES to deliver on these objectives on a number of levels both direct and indirect.

Our work in the community across B&NES provides interventions for safety in the home, which is targeted on at risk groups, and reduces risk to vulnerable people, as well as providing a supportive service which assists in increasing levels of trust and confidence.

Our work with our partners to reduce Anti Social Behaviour based activity further reduces risk to vulnerable individuals and also increases quality of life by the reduction of Anti Social Behaviour and the increase in Trust and Confidence.

Our work with partners has seen us take up a seat on the Safeguarding Inter-Agency Partnership, and to take an active part in B&NES Quality Assurance, Audit and Performance Management, a Safeguarding sub group which we have recently agreed to chair.

When we are called to incidents, and also our routine prevention activities provides the opportunity for us to recognise the issues and generate alerts, as we often gain unprecedented access to vulnerable individuals due to the levels of trust placed in Firefighters. Often we can provide a simple benchmark if there has been a gradual deterioration of conditions over time, something which can go unnoticed by those who are involved on an ongoing basis.

Our work with individual cases has seen us generate notifications to our partners were we have identified areas for concern, and asked for case reviews.

We are currently planning the rollout of safeguarding training to our front line crews across B&NES, which will formalise, and harmonise our current in service processes, with those of our partner agencies in B&NES.

We also maintain a centralised team based in Bristol within our Community Safety Team who can be brought into B&NES assist with specific cases.

Avon Fire & Rescue Service remains committed to working with our partners Safeguarding Adults and Children in B&NES during 2010/11.

**Denis McCann, Unitary Manager
Bath & North East Somerset, Avon Fire & Rescue Service**

Age Concern, Bath & North East Somerset

Age Concern B&NES is committed to delivering a high quality service for older people. We are always looking at new ways in which we can improve our services and develop our commitment to Safeguarding. A dedicated person has been appointed to take the lead in the Safeguarding of Adults.

We are currently looking at improving our safeguarding processes to enable staff and volunteers to have an easier process to follow. This will include a database of any alleged abuse, a flow chart which is clear and easy to follow, and a written process as to how referrals are recorded. We will continue to work alongside our partnership agencies and stakeholders to continue to build on our strengths and share valued information.

An updated training strategy is being developed to increase staff and volunteer awareness. As part of induction training for new staff and volunteers to the organisation safeguarding will be made mandatory.

Day Centre Organisers and other members of Age Concern will attend the alerter course in July 2010. Other staff and volunteers are booked to attend courses throughout the coming year. This will ensure that everyone will be able to identify and respond to any concerns, and be reassured that all incidents will be dealt with promptly and with understanding.

Protection of Vulnerable Adult issues will be raised internally in team meetings, supervisions and part of a set agenda.

A Whistle Blowing Policy will be introduced to maintain confidentiality.

Age Concern has attended Inter-Agency forums and working groups and recently the introductory training for the new B&NES Multi Agency Safeguarding Adults Policy & Procedure.

Further action needs to be taken in the coming year 2010-2011 to continue to improve the service delivery and to strengthen our commitment to the safeguarding process.

Karen John, Home Services Coordinator, Age Concern Bath & North East Somerset

Carers Centre (Bath & North East Somerset)

Bath and North East Somerset Carers Centre (formerly The Care Network) is an independent charity and company limited by guarantee working with Carers across Bath and North East Somerset. We work to identify hidden Carers and to provide time for carers to gain:

- Information and advice about Carers rights, assessments , benefits, respite and equipment
- Support with care planning or hospital discharge
- Emotional support including counselling
- Access to a dedicated Carers Line
- Information through quarterly newsletters
- A break through a variety of events and activities – opportunities to meet with other carers
- A voice in developing local services

We have also added safeguarding issues as an agenda item in team meetings and supervision to keep safeguarding high on the agenda. We have a dedicated worker to identify carers with Learning Disabilities, who is working closely with B&NES People First and Your Say, to meet this group's additional needs.

Sonia Hutchison, Chief Executive
Carers Centre, Bath & North East Somerset

Appendix 5: Safeguarding Strategic Plan Progress 2009/10

B&NES Safeguarding Adults Inter-Agency Partnership Action Plan 2009-10					
Agreed Sept 09. Reviewed June 2010					
WORK STREAM	DETAIL	START DATE	END/KEY DATE	WORKING GROUP LEADS	UPDATE JUNE 2010
Theme 1: Governance, Leadership and Service Delivery					
Develop Governance Manual	(1) Review membership (consider GP, Probation, Housing, Elected Members, User and Carer representation? and role of members - representing own or sector organisations?); detail Partnership formal reporting lines; review strengths and weaknesses of existing governance arrangements; reflect reporting arrangements for SA workstreams; (2) Consider independent Chair	(1) 01/09/2009 (2) 01/01/2010	(1) 01/01/2010 (2) 31/03/2010	Lesley Hutchinson	Existing governance arrangements discussed and initial changes discussed by SAIAP in March 2010; final documentation for new governance arrangements being considered in June 2010 and new members invited to this meeting; funding for independent chair secured.
Continuation of the Policy and Practice work stream	Review Terms of Reference and include actions identified above in governance and leadership section; review work stream action plan to detail how information is disseminated, delivered and monitored; ensure learning points from annual report are embedded in practice	Sep-09	Nov-09	Mark Dean	Terms of Reference revised; action plan reviewed; learning points from annual report are monitored through commissioning arm and through policy and practice group; finalisation of SCR and Pressure Sores protocol.

Operationalise Safeguarding Adults Strategy and action plan	Monitor and review progress against Strategy themes and action plan at SAIA Partnership meetings; include as standing item at Partnership meetings	Oct-09	Mar-11	Rhona MacDonald	Completed; standing item on SAIAP agenda. Overseen the commissioning of new safeguarding adults multi-agency policy and procedure.
---	--	--------	--------	-----------------	--

Theme 2: Awareness, Engagement and Communication

Develop local Safeguarding Adults Communication and Involvement Plan	(1) Develop scoping paper for work; (2) Produce Communication and Involvement Plan which sets out delivery and monitoring arrangements for the plan	(1) 01/10/2009 (2) 01/11/2009	(1) 31/10/2009 (2) 01/02/2010	Mary Lewis: with short life working group - members to be agreed. Meri Rizk, Shirley Ward, Chris Lester, Fran Ashby and Shirley Arayan to draft scoping paper.	Scoping paper completed; membership has widened and is reflective of wider community; Plan in progress with significant developments made to date including publication and launch of new policy and procedure, investment in advertisements and promotional materials due to be delivered in 2010.
--	--	--	--	---	---

Theme 3: Quality Assurance, Audit and Performance Management					
Convene Quality Assurance, Audit and Performance Management work stream	(1) Invite nominees to initial meeting and agree Terms of Reference; (2) Group to develop and implement Partnership approach to Quality Assurance, Audit and Performance Management (inc themes of operational learning and strategic direction)	(1) 01/09/2009 (2) 19/10/2009	(1) 16/10/2009 (2) Approach in draft to Partnership by Dec 09 meeting followed by quarterly update reports	Mark Dean	Group convened; chair changed to Lesley Hutchinson; Terms of Reference agreed; Self assessment agreed; generic quality indicators agreed and implemented in statutory contracts; further work continues to finalise the approach in full.
Ensure CQC and ADASS requirements and standards are achieved	Ensure above approach is compliant with CQC and ADASS requirements	Sep-09	Completion as above	Mark Dean	Completed.
Embed Learning Points from 08/09 Annual Report in work stream	Ensure monitoring includes information identified in Learning Points	Sep-09	As above	Mark Dean	To be reviewed in Annual Report 09/10 - due for completion by July 2010.
Develop set of common performance indicators for the Partnership	Propose indicators for SAIA partners to agree; set up monitoring arrangements for these	Sep-09	Jan-10	Mark Dean	Completed and agreed.
Theme 4: Training and Development					
Continuation of Training work stream	Review Terms of Reference to include the actions outlined below	Jun-09	Nov-09	Shirley Ward	Completed.

Develop training toolkit	Clarify standards and good practice; identify the range of materials available; provide examples of good practice; develop staff, public, service user and carer training packages; review training package in B&NES in light of other LA's	Sep-09	Mar-10	Shirley Ward	Safeguarding Training Strategy in progress to be finalised by the Autumn 2010.
Link with existing workforce development work streams	Ensure safeguarding awareness and procedures are promoted widely particularly with new staff and in light of personalisation agenda	Oct-09	Mar-10	Shirley Ward	Relevant personalisation and safeguarding policies and paperwork revised in accordance with SW Regional Safeguarding and Personalisation Framework; significant contribution from service users to Framework.
Work Stream 5: Capacity Arrangements (inc finance)					
Review staff capacity and the skills required to champion safeguarding and to raise and monitor standards across the Partnership	Review existing capacity and benchmark against other LA's	Oct-09	Feb-10	Lesley Hutchinson	Staff capacity for B&NES reviewed. All partners required to have safeguarding champions; set of quality indicators agreed by Partnership.