



# South Gloucestershire Safeguarding Adults Board

Annual Report 2013 - 2014

# Contents

	Page
Foreword	3
Background	4
Governance and accountability	4
Summary of safeguarding activity	5
Spotlight	11
Activity of the SAB sub-groups	15
Partner reports	16
Quality Surveillance Group	16
Priorities for the coming year	17
Summary and conclusion	18
<b>Appendices</b>	
Appendix 1: Safeguarding Adults Board terms of reference	19
Appendix 2: Safeguarding Adults Board current membership	23
Appendix 3: Structure chart of Safeguarding Adults Board sub-groups	26
Appendix 4: Partner reports in full	27
Appendix 5: Multi-agency Training Attendance data	31
Appendix 6: The role of whistleblowing in preventing abuse	33

**Acknowledgements and thanks:** to all chairs of sub-groups and representatives of partner agencies who have contributed to this report.

## Foreword

### **I am delighted to introduce the annual report of South Gloucestershire's Safeguarding Adults Board for 2013-14.**

The report demonstrates the effective and productive work of the board during the year. The strong focus on institutional abuse is ensured by a specialist and highly expert team. This means that the council and its partners can not only react quickly to instances of harm to residents but can also spot and nip problems in the bud by working with providers to achieve improvements. The introduction of Quality Surveillance Groups, led by the NHS, further enhances our awareness of quality concerns in institutional settings by sharing intelligence across a number of organisations, and the wider geographical area.

Also pleasing is the increased level of co-operation with neighbouring boards; collaboration in areas of common interest makes sense and becomes increasingly important in terms of making best use of our resources.

The Care and Support Bill made its way through both Houses of Parliament last year, finally becoming the Care Act in May 2014. The Act is significant in placing safeguarding adults boards on a statutory footing for the first time, something which has been called for over many years. This change acknowledges the growing recognition of adult abuse as a matter of national concern that requires consistent leadership across local organisations to ensure effective operational procedures and practice.

Finally, I would like to take the opportunity to thank the board's membership, and in particular the sub-group chairs for their work during the year.



**Peter Murphy,**

Chair, South Gloucestershire Safeguarding Adults Board



## Background

The following national and local key documents support safeguarding policies and procedures, clarify roles and describe how adult protection should work in practice:

- “No Secrets” (HSC2000/007) Department of Health guidance, which requires local authorities to develop and implement multi-agency procedures to protect vulnerable adults from abuse.
- South Gloucestershire’s multi-agency safeguarding policy and procedures (launched in November 2001, last updated in May 2010)
- Safeguarding adults practice guidance for staff (last revised February 2012)
- Responding to institutional abuse practice guidance (last revised March 2012)
- Safeguarding adults additional guidance (last revised June 2012)
- Safeguarding adults: advice and guidance to directors of adult social services (March 2013).

The Care Act 2014 will lead to some significant developments which will be the focus of work during 2014/5 as the statutory guidance is finalised during autumn 2014 and implementation is set for April 2015.

## Governance and accountability

Adult protection work in South Gloucestershire is overseen by the Safeguarding Adults Board (SAB), which was set up in 2001. The SAB meets quarterly, with representation from a wide range of partner agencies and groups. Details of the organisations involved, relevant lines of accountability and attendance can be found in the SAB terms of reference in **appendix 1** and current membership in **appendix 2**.

There is one central number you can call to report a concern about a vulnerable adult in South Gloucestershire: **01454 868007**.

**Please call 01454 868007 if you are a service user, carer or a person with learning difficulties and you want to:**

- talk about any safeguarding issues, worries or questions you have
- make a complaint
- ask for advice or give us positive feedback.

There are four sub-groups to the SAB:

- **Quality monitoring**
- **Training and development**
- **Policy and procedure**
- **Communications and publicity**

The work of these sub-groups is covered in the ‘monitoring and quality assurance activity’ section. A diagram showing the multi-agency partnership can be found in **appendix 3**.

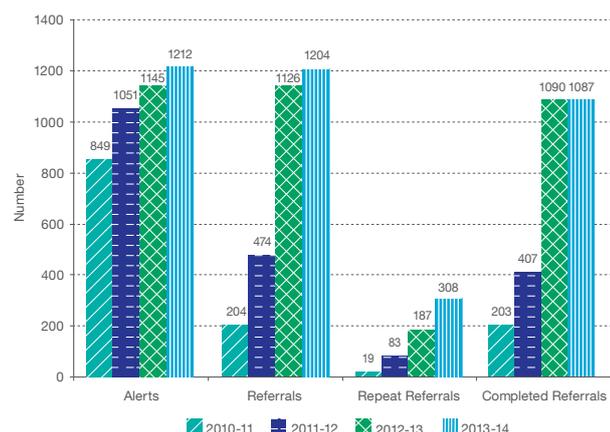
## Summary of safeguarding activity during 2013-14

Each time somebody contacts us to let us know about a situation that concerns them, a record is kept of that contact. This is called an **alert**. Trained staff within South Gloucestershire Council make a decision based on the information they have been given as to whether the situation is one which requires further investigation within the safeguarding process. If so, a **referral** is generated. Where the same alleged victim has more than one referral within the reporting period, this is called a **repeat referral**. A safeguarding referral is closed at the end of the safeguarding involvement whether this is after a few days of information gathering or after several months of investigation including a risk assessment and the development and implementation of a safeguarding plan.

This section covers the data we have for all safeguarding activity between April 2013 and March 2014 and what it means to us.

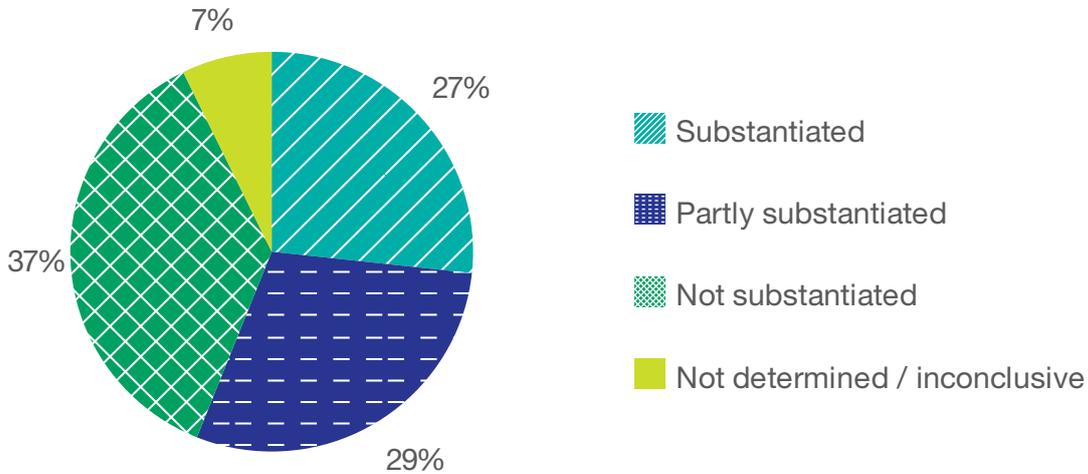
From 2007, there has been a consistent increase in alert rates and this has continued into 2013–14, with a rise from 1051 alerts in 2011-12 to 1094 alerts in 2012-13 and 1226 in 2013-14. Of the alerts received in 2013-14, 47 per cent were screened in as referrals compared to 63 per cent in 2012-13. This probably reflects increased work at the very start of the process to ensure that information is gathered quickly so only appropriate alerts progress through the system.

### Alerts, referrals, repeat and completed referrals for 2010-11, 2011-12, 2012-13 and 2013-14

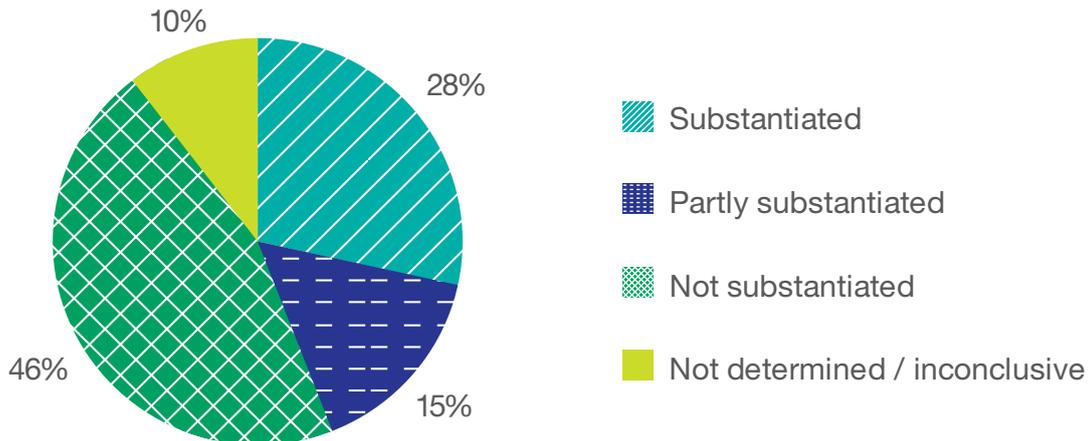


There has been a continuing increase in alerts over the years although the rate of increase appears to have slowed.

**Completed referrals by outcome 2012-13**

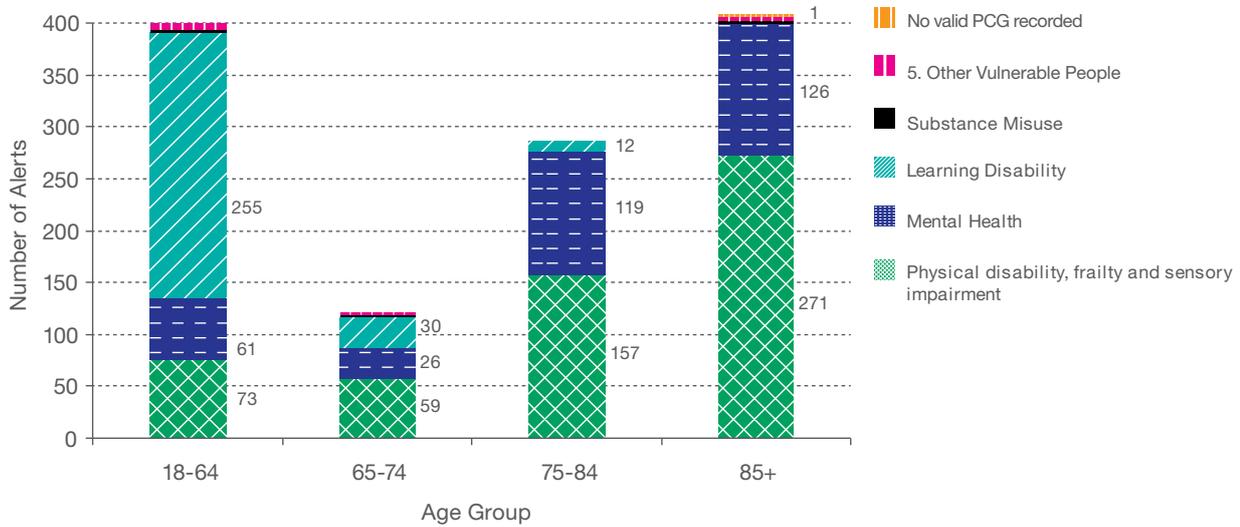


**Completed referrals by outcome 2013-14**



Of the referrals that were screened in for further action, for 44 per cent it was found that the alleged abuse was either wholly or partially substantiated. This compares with 56 per cent in the previous year and is therefore a significant decrease. This decrease is within the partially substantiated section and results from the managers who are screening being clearer about thresholds. This does mean that there is a consequent increase in the number of situations which have not been substantiated. This is very often because the incident has caused no significant harm rather than because it did not occur, for example where medication has been missed on one occasion this may not cause significant harm but it needs to be followed up because had it been a different type of medication it could have caused significant harm.

**Alerts by age and service user group 2013-14**

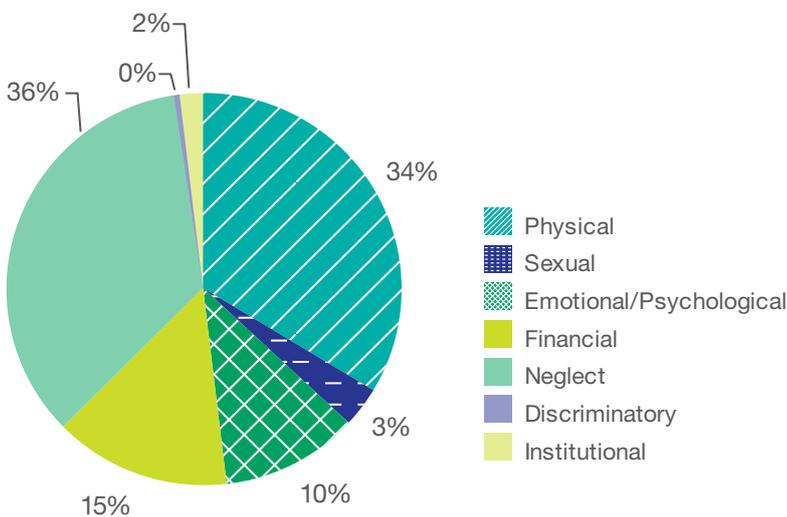


The majority of alerts for people under 65 continues to be for people with a learning disability (255) and this has remained fairly stable from last year. The number of alerts for people under 65 with mental health difficulties has risen from 20 last year to 61 this year, probably reflecting a significant amount of work with the Mental Health Trust to record these more accurately. The majority of alerts for people over 65 were for people with a physical disability. The next largest group were those with mental health needs including dementia.

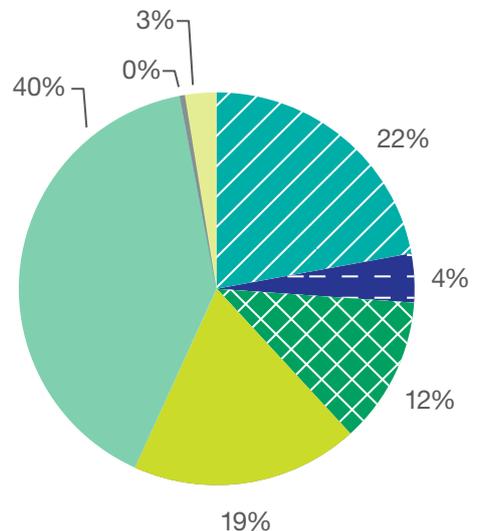
The diagrams below show the type of alleged abuse listed for alerts that were screened in as referrals, in line with the categories of abuse set out in the original “No Secrets” guidance.

**Referrals by category of abuse 2012-13 and 2013-2014**

**2012-13**

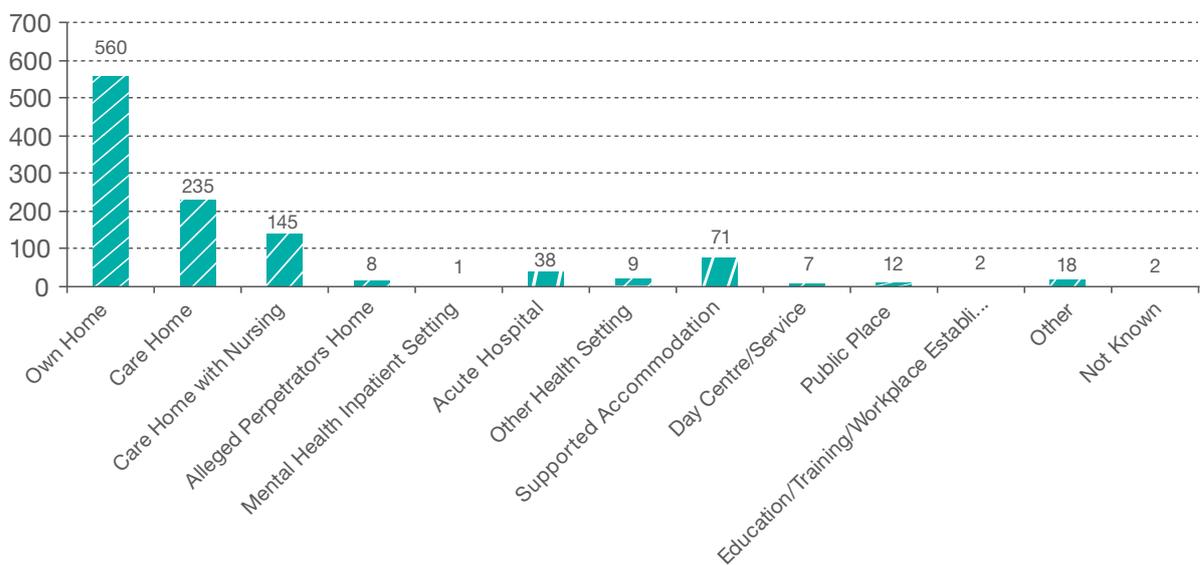


**2013-14 (new definition)**



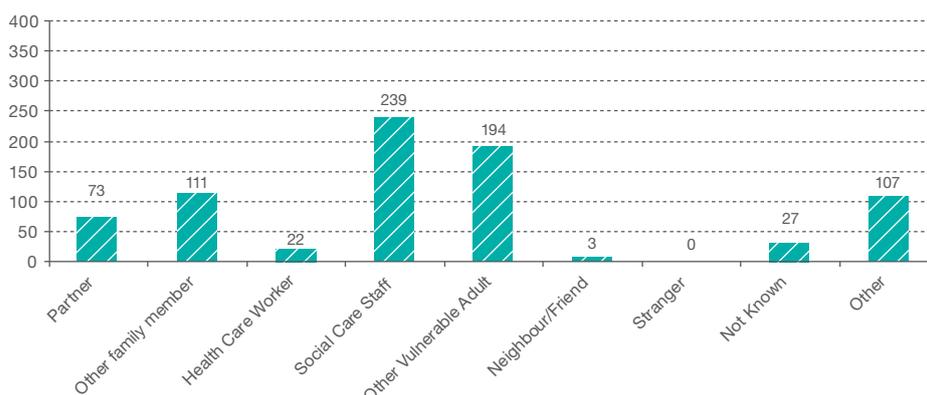
There has been a slight change in definitions for the collection of data centrally. Data will be collected based on the number of referrals (ie when an incident has been accepted into the safeguarding process). Up until now, this has been based on the number of alerts. This affects the overall number reported nationally and in South Gloucestershire appears to show that a significant number of physical abuse alerts are screened out. These are likely to be low level incidents within care homes where residents have for example pushed each other and which as a one off event would not meet the significant harm threshold.

### Location of alleged abuse 2013-14



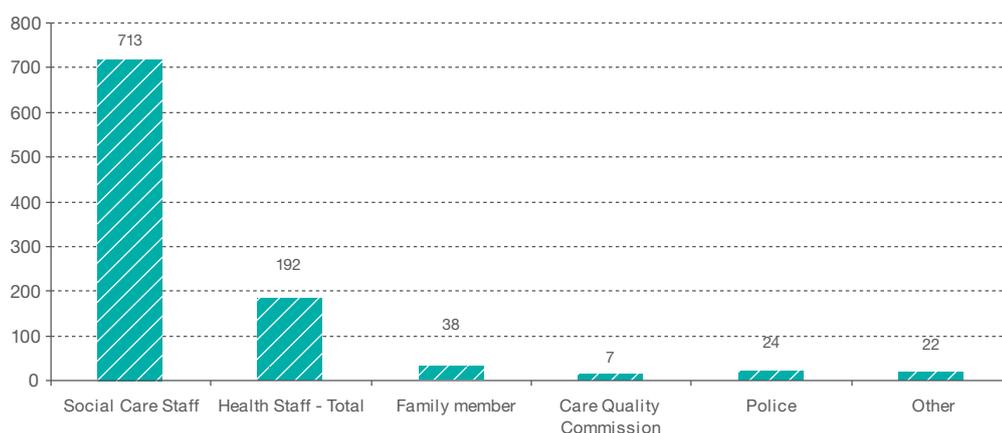
The most frequent location where alleged abuse took place remains people’s own homes (560 incidents) which is a decrease from last year. The next location is care homes – if the numbers for care homes and care homes with nursing are combined this makes 380 incidents which is a very slight decrease from last year. The areas where the increases have taken place are within ‘supported accommodation’ (from 44 to 71 alerts) which is probably due to a combination of an increase in the use of supported accommodation and improved reporting, and also within acute hospitals (from 24 to 38 alerts) which is likely to be because of improved reporting.

### Relationship of alleged perpetrator 2013-14



There are some changes from last year's data, for example the alerts for abuse by partners has risen from 18 to 73. There is a slight rise in abuse from another vulnerable adult (from 181 to 194) and a decrease in alerts by social care staff (from 367 to 239).

### Source of referral 2013–14



The majority of referrals continue to come from alerts made by social care staff and health staff.

### Protection plans

The restructuring of adult social care within the council in February 2012 means that all safeguarding alerts are managed through the same process, with as many situations as possible resolved at an early stage. As a consequence, the overall number of protection plans reduced at that point and has remained relatively low. The number of cases remaining open for longer than six months from the date of the alert has varied between 3 and 8 during the year but again remains relatively low. Virtually all of these cases are situations of abuse within families where longer term support with a protection plan and multi-agency oversight is seen as necessary.

The Safeguarding Adults Board and all partners will continue to use the data presented on local safeguarding activity and trends alongside improved information gathering and co-ordination to identify issues and set priorities for future safeguarding work.

### **Institutional investigations 2013-14**

There has been a significant number of full institutional investigations during the year. The level of involvement varied from a desk top review to a full investigation including follow up and lasting many months.

Building based services: There are 118 building based services in South Gloucestershire which are registered with the Care Quality Commission (CQC). Most of these primarily provide residential care or residential care with nursing, a few provide only day care and a few provide both. The 53 homes for people with learning difficulties tend to be fairly small with 3 to 15 beds whilst the care homes for older people and people with dementia tend to be larger (40 – 80 beds) although there are some much smaller homes.

Going into 2013-14 there were seven care home under investigation by the institutional safeguarding team. All of these investigations were closed during the first few months of the year, however during the year a further 13 investigations were carried out. Of these, two investigations involved health trusts. Of the remaining 11 investigations involving care homes, all but one involved homes providing care to older people – four of these have specialist sections for people with dementia within them.

A far larger number of care homes were reviewed through a process of looking at alerts, talking with other agencies, site visits by the safeguarding team, reviews of some service users and involvement with contracts and commissioning teams. The aim of such early intervention is to try and pre-empt the need for full safeguarding investigations by ensuring the need for change is recognised at an early stage by honest sharing of information with the provider agency and the multi-agency teams.

Community based support: There are 55 agencies based in South Gloucestershire providing community-based support, 79 in the Bristol City Council area and 37 in the Bath and North East Somerset area. South Gloucestershire does not contract with all of these but we do work closely with surrounding safeguarding adults teams where concerns cross over boundaries. There were seven cases open at the start of 2013 (four being managed by South Gloucestershire safeguarding team and three where we were working closely with Bristol City Council safeguarding team.) These four were all closed during the year and a further four were subject to full investigation during the year.

Once an investigation had been identified as being necessary, the work with the providers ranged from holding one meeting to share concerns with the provider and other relevant agencies to many months of work often involving not only the provider agency but also other concerned agencies such as CQC, the local authority, and health organisations.

At the end of the year, there were two care homes and two community-based services in South Gloucestershire being investigated and/or monitored within the safeguarding system.

## Spotlight

This year we have decided to highlight three key areas of development across adult safeguarding in South Gloucestershire:

- **prevention**
- **raising the profile of adult safeguarding**
- **providing an improved and more person-centred safeguarding response**

## Spotlight on prevention

**South Gloucestershire Care Home Working Group** – the Section 256 Care Home Working Group was set up in October 2012 as a joint project between the Primary Care Trust (PCT) (now the Clinical Commissioning Group (CCG)) and the council to run initially for two years. The PCT had successfully secured Department of Health funding for £585,000 to enhance the capability within the care home sector in South Gloucestershire. The aims of the project can be summarised as:

- **working in partnership with care homes to**
  - improve the experience of residents
  - build and enhance the skills of care home staff
  - reduce unnecessary admissions to hospital
  - shorten hospital stays.

It is based on multi agency working especially between health and social care. A number of projects have been through an evaluation process and received funding:

**Clinical Skills Competency Support for nursing homes under SG Care Home Partnership Group** – identified a number of issues facing nurses in care homes and has resulted in the new Sirona contract including support to nursing homes. A new clustering system is in the process of being set up for the GP practices and the District Nurse teams and we hope to see this improving the support and working relationships with the nursing homes. This project is very relevant to preventing safeguarding through getting the correct support into homes and enhancing the skills of their staff.

**Infection Control Link Practitioner system** – this was offered to all homes. 15 took up the offer and 11 completed the programme.

**Focus on Food in 14 Milestones homes** – this has been a huge success for Milestones. A joint project with Milestones and the NBT Dietician, the initial stage of

the project was to look at the MUST (Malnutrition Universal Screening Tool) scores for the residents in the homes and recommend actions where required. This moved on to improving the diet in the homes and has linked with the “Growing support project” (see below). As nutrition and weight loss have been a significant cause for concern in some homes, this is also very relevant to preventing the need for safeguarding.

**Active Care** – South Gloucestershire – this is a training programme for Activity co-ordinators or any other members of staff involved in activities with their residents around activities and reminiscence and using iPads. It is run by a local charity Alive! An Active Care Forum is also developing to help improve and provide a greater variety of activities for residents giving ongoing help and encouragement.

**Care Home Support Programme offered to 15 homes** – this is a professional leadership, community and practice development programme to support improvements in the quality of life for the residents in our care homes.

**Growing Support for older people with dementia** – Growing Support is a Community Interest Company (CIC) and is providing therapeutic horticultural activities for people with dementia. Growing Support has recruited volunteers and given them training and support to run gardening activities in five homes based in South Gloucestershire.

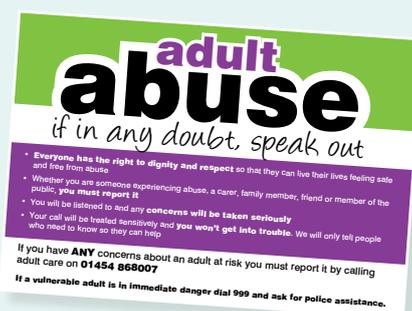
**Hearing Impairment Support Scheme** – this is a volunteer run group which goes into care homes and runs short training sessions on hearing impairment, how to identify it and simple daily/weekly maintenance of hearing aids. They offer to provide a ‘hearing aid care plan’ to help raise the awareness of the importance of hearing aid maintenance and to improve the use of hearing aids which could help reduce some of the loneliness issues in care homes.

**Telecare Solutions for South Gloucestershire Care Homes** – this is an offer to provide telecare equipment for up to 20 homes, with the aim of improving monitoring of people's care needs eg. falls prevention, along with training and support.

## Spotlight on raising the profile of adult safeguarding

The **Communications sub-group** has produced new posters and information cards for staff to raise the profile of adult safeguarding. These were developed in association with Bristol, Bath and North East Somerset and North Somerset to ensure some consistency across the local area.

The cards are to ensure that all staff who have safeguarding training are reminded of key issues and the phone number they need to use to raise an alert.



The group also worked to develop a simple guide to explain the role of whistleblowing in adult abuse (**see Appendix 6**). Towards the end of the year the group focussed on planning for a 'South Gloucestershire Stop Adult Abuse Week' to be held in June 2014 - linking with Bath and North East Somerset, Bristol and North Somerset to raise awareness and encourage reporting.



## Spotlight on providing an improved and more person-centred safeguarding response

**The Making Safeguarding Personal Outcomes Project** is a national development commissioned by the Local Government Association (LGA) and the Association of Directors of Social Services (ADASS). Its aim is to ensure that the person remains at the centre of any safeguarding activity and that procedures do not drive the process to the detriment of achieving the right outcome for the person. South Gloucestershire engaged in this process by running a pilot which ensured that anyone whose safeguarding went as far as a Strategy Discussion was clearly asked what outcomes they would like and these outcomes were recorded. The results were fed back to the national pilot.

The key issues that were identified were that social workers were normally asking what people wanted from their safeguarding, however it was not being recorded in a way it could easily be identified. It also stressed the importance of going back and checking whether the person felt the outcome had been achieved. By making these questions part of the agenda for our safeguarding meetings, it was easier for everyone to ensure the individual was kept at the heart of the safeguarding.

This work is being followed up next year with a questionnaire to find out what people who have been through the safeguarding process think of it.

## Activity of the SAB sub-groups

The SAB and its four subgroups are responsible for the monitoring and quality assurance aspects of safeguarding, together with training and development, policy and procedure and communication and publicity.

All the sub-groups have representation from the partners on the board ie South Gloucestershire Council, Avon and Somerset Constabulary, Health Services, Avon and Wiltshire Mental Health Partnership Trust and the independent, voluntary and private sectors. For full board membership please see **appendix 2**.

The activity of each sub-group during 2013-14 is summarised below.

### Quality monitoring sub-group

This group continues to monitor the data about individual safeguarding events which is collected within the local authority. It monitors trends around types of abuse, consistency of managing safeguarding and who abuse is being reported by. The group also studies the information about institutional safeguarding investigations.

**Audits** The audit multi agency group reports to the QM sub-group and has continued to meet bi-monthly and has audited 10 cases. These cases have been categorised by theme and during the year examples of themes have included neglect, financial abuse and cases open over six months. This group is able to look at front line practice across the agencies in depth. It is also able to look at key issues such as decision-making at critical points.

In addition, agencies run their own internal audits, for example within the council there are regular audits of the decision-making at the early stages of alerts within the Access (duty) team. These are the decisions on whether to screen out an alert either immediately on receipt or following some initial information gathering.

### Policy and procedure sub-group

This group has not met during the year, however preliminary work has taken place to develop an Adult Safeguarding Policy across South Gloucestershire, North Somerset, Bristol and Bath and North East Somerset. It is planned for this to go to the respective Safeguarding Adults Boards in June 2014. If this is agreed by all the boards then work will begin to write the procedures behind the policy to meet the requirements of the Care Act 2014.

### Communications and publicity sub-group

The group has continued under an independent chair to meet regularly and focus on raising awareness of safeguarding adults among service users, carers, providers and the public.

The group is running and working effectively with the support of South Gloucestershire Council's strategic communications team and the following actions have been achieved:

- Development of simple materials for SAB members and agencies to use to promote safeguarding and raising concerns both for staff and members of the public - see Spotlight section for further details
- Producing clear guidance on the role of whistleblowing within adult safeguarding for provider agency staff to sign up to and display
- Assisting in the production and publicity of the full SAB annual report 2012-13 and an easy read version
- Developing a service user feedback questionnaire to be used in 2014-15 to gain feedback on the safeguarding process

### Training and development sub-group

The training sub-group has representation from South Gloucestershire Council, Avon and Somerset Constabulary, South Gloucestershire Community Health Services (Sirona), Avon and Wiltshire Mental Health Partnership (AWP) and the independent, voluntary and private (IVP) sectors.

We listen to the main safeguarding messages that the board and other sub-groups (particularly the quality monitoring group) pass onto us and make us aware of. Key influences are the SAB Business Plan, external audit/review processes, national and regional projects and guidance, any serious case reviews and messages from the workforce itself. We then translate the main priorities into appropriate training opportunities.

Multi-agency training programmes are driven by the SAB's Business Plan 2014-16 Priorities and in particular its Workforce Development Plan, which can be found here: [www.southglos.gov.uk/SABworkforcedevplan](http://www.southglos.gov.uk/SABworkforcedevplan). This is being updated later in 2014.

There are currently five core multi-agency programmes available to a wide range of local organisations. Delegate numbers overall in 2013-14 show a slight increase on the previous year (up 9%), though this is largely because 182 people attended the four Duty To Refer workshops run in October 2013. 60% of all delegates work for local adult social care independent, voluntary and private (IVP) agencies (a 12% decrease on 2012-13, though the actual number of employees involved is about the same). There was a 6% rise in the number of NHS employees accessing training, mainly due to three GP Practices using the available courses.

Training is also arranged by the council for individual agencies. Attendance data is monitored and the core courses are adapted as there are changes to national and local contexts, policies and agreed ways of working. A number of agencies across all sectors purchase or organise their own single-agency training as well as or instead of accessing the council-arranged multi-agency courses – hence the need for the Staff Development Audit process (see below).

Delegate feedback on the core multi-agency courses has remained positive overall in terms of the levels of quality and the degree to which managers and employees in a wide range of agencies report that they are getting the information they need. Responses to follow-up surveys conducted around three months after the training show encouraging results in terms of the extent to which the training programmes are increasing confidence and changing practice across workforces. Full details of the multi-agency courses and a breakdown of attendance by sector/agency is in Appendix 5.

In addition to the “core” activity, the sub-group has this year:

- achieved a completed return from all relevant statutory and IVP sector employers to its first ever Safeguarding Adults Staff Development Audit (140 responses)
- commissioned four well-attended “Duty To Refer” workshops from the Disclosure & Barring Service, offered to both adults and children’s services providers locally

- enabled robust engagement with safeguarding adults training, in key agencies such as the CCG, Police, Sirona, South West Ambulance Service and local GP Practices
- explored, with IVP sector reps, new approaches to assessing employee knowledge and competence around safeguarding adults issues
- ensured the council takes a lead role in the establishment and consolidation of a “Top South West” Safeguarding Adults Trainers Network
- reshaped and rescheduled the half-day CPD Update sessions aimed at experienced practitioners, for delivery in 2014.

## Partner reports

Reports have been received from the following partners:

- **Avon and Somerset Police**
- **Avon and Wiltshire Mental Health Partnership Trust**
- **NHS South Gloucestershire Clinical Commissioning Group (CCG) - previously PCT**
- **Safeguarding links to commissioning reports**

The reports are included in **appendix 4**.

All agencies have and still are experiencing periods of significant change and restructuring. Despite this, the commitment to working together on safeguarding both at a strategic and operational level has remained steady. There is still work to be done across all the membership organisations that make up the board. However, there is sound evidence from the audit group of improved joint working at the frontline operations level.

## Quality Surveillance Group

April 2013 saw the launch of a Quality Surveillance Group (QSG) across the Bristol, North Somerset, Somerset and South Gloucestershire region. Led by NHS England, the QSG brings together leaders across the health and care system with the intention of making different parts of the system work together, as part of a culture of open and honest cooperation, to identify potential or actual serious quality failures and take corrective action in the interests of protecting patients/service users.

In the context of the QSG there are three dimensions to quality, all three of which must be present in order to provide a high quality service:

- Clinical effectiveness – high quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes
- Safety – high quality care is care which is delivered so as to prevent all avoidable harm and risks to the individual's safety
- Patient experience – high quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect.

QSGs operate at two levels: locally, on the footprint of the NHS Commissioning Board's 27 area teams; and regionally, on the footprint of the NHS Commissioning Board, Care Quality Commission (CQC), Monitor, Public Health England (PHE) and the NHS Trust Development Authority's (NHS TDA) four regional teams.

The QSG acts as a virtual team across the health sector, bringing together organisations and their respective information and intelligence gathered through performance monitoring, commissioning, safeguarding and regulatory activities. By collectively considering and triangulating information (ie comparing information from different sources) and intelligence, QSGs will work to safeguard the quality of care that people receive.

## Priorities for the coming year

### Key priorities for the SAB next year will be:

- Responding to developments from the Care Act 2014 and the statutory guidance which is following.
- Continuing work across the South Gloucestershire, Bath and North East Somerset, Bristol and North Somerset areas to improve consistency. Once the Joint Policy is agreed, work will start on developing linked procedures.
- Improving the quality of the service provided through the work of the Communications sub-group looking at service user feedback and improving knowledge of adult safeguarding across the partnership and within the wider community.
- Continuing to ensure that high quality, multi agency training is available to all staff who require it.
- To make best use of the shared experience and knowledge that has come from restructuring within the council to create one strategic safeguarding team across children's and adults services.

As the board's action plan (2014-16) is currently in draft it is not being included in full but once agreed by the full SAB it will be published on the South Gloucestershire Council website.

## Summary and conclusion

Despite continuing change across all member organisations of the Safeguarding Adults partnership as represented by the Safeguarding Adults Board, there has continued to be robust multi-agency working both at front-line and strategic levels.

The work of the SAB has continued to build on these partnerships and the members are looking forward to the changes which will be brought by the arrival of an independent Chair and the Care Act 2014.

# Appendix 1

## Safeguarding Adults Board terms of reference MARCH 2010

The South Gloucestershire Safeguarding Adults Board (SAB) is a multi-agency board set up to promote the safeguarding of adults within South Gloucestershire. The board meets on a quarterly basis, but can convene in urgent situations, such as the need for a serious case review (see below). The SAB believes that all people have the right to live their lives free from abuse and exploitation.

### The board aims to:

- provide the lead in promoting safeguarding adults work in South Gloucestershire
- work together to promote the prevention of, investigation of, protection from, and recovery from abuse
- promote the principles of safeguarding adults work; namely respect for human rights, choice, dignity and freedom from abuse and neglect
- promote the end of discrimination against disabled people and older people
- ensure that safeguarding services are available to all people covered by the safeguarding adults policy, regardless of race, ethnic origin, nationality, religion, cultural background, gender, sexual orientation, household/domestic circumstances, age, disability or illness
- ensure that adults in South Gloucestershire are better safeguarded against abuse, including domestic abuse
- work in partnership with other relevant bodies to create a safer community for all.

### Objectives

- To ensure there is an effective multi-agency system to respond to and investigate allegations of adult abuse and neglect.
- To ensure those at risk of abuse have access to effective safeguarding plans.
- To support the development of services that provide protection and support to those at risk of adult abuse.
- To support the development of services that enable those who have experienced adult abuse to access services which enable their recovery from that experience and that promote positive outcomes during and after the recovery period.
- To support the development of services which enable people who have caused adult abuse to change their behaviour.

- To monitor the quantity and quality of safeguarding adults work in South Gloucestershire including access to safeguarding services by those who are harder to reach.
- To review the policy and procedures and update them in the light of experience and changes in legislation or government policy.
- To ensure that the policy includes a “Serious Case” review protocol, to be triggered in respect of any adult covered by the procedures who has died or come to serious harm as a result of abuse, including neglect.
- To support organisations to inform and train staff members to confidently carry out their responsibilities under the policy and procedures.
- To develop and promote a comprehensive multi-agency training programme and to support organisations to inform and train staff members to provide quality services to adults at risk of abuse.
- To support organisations to provide services that promote prevention of abuse.
- To enable adults who may be experiencing abuse to access information about safeguarding adults and the routes by which they can access support and protection
- To raise public awareness of adult abuse and safeguarding adults work.
- To promote the work of the board including the publication of an annual report.

### **Remit**

The SAB will operate within the definitions of abuse and neglect outlined in “No Secrets” (DoH & Home Office 2000). The SAB’s remit will be to encourage the development of policy and procedures consistent with the ADSS National Standards (2005) and any subsequent relevant legislation and national policy guidance.

### **Lines of accountability**

Members of the SAB are accountable to their respective management bodies. The SAB is accountable to South Gloucestershire Children, Adults and Health Department as the lead co-ordinating agency for safeguarding adults. As the lead authority, South Gloucestershire maintains an internal governance and scrutiny structure.

Within the council’s structures the work of the SAB falls within the remit of the Safer and Stronger Communities Partnership together with engagement by the Health and Wellbeing Strategic Partnership.

---

## Membership

Membership of the SAB will comprise the designated lead officers (or their nominated delegate) of the key agencies:

Children, Adults & Health - lead role and chair of SAB

NHS South Gloucestershire – commissioning and provider services

NHS South Gloucestershire – community health service

Avon & Somerset Constabulary

Avon & Wiltshire Partnership Mental Health Trust

North Bristol NHS Trust

Avon & Somerset Probation

HM Prisons

Avon Fire & Rescue

Voluntary service providers – by invitation

Independent sector providers (including housing, Supporting People, day services, domiciliary care and care home providers) – by invitation

Strong, Safer Communities Manager, Environment and Community Services, South Gloucestershire Council

Team Leader, Workforce Development – Chief Executive & Corporate Resources, South Gloucestershire Council

CQC – by invitation

By invitation of the SAB, representative(s) of other relevant agencies providing services to or advocating on behalf of adult service users or acting on behalf of carers.

By invitation of the SAB, senior practitioners from relevant professions and managers with responsibility for work in adult abuse.

**Minimum attendance**

The minimum attendance for quarterly SAB meetings must include the Chair (or nominated delegate) and two non-South Gloucestershire Council agencies who are full members of the SAB.

**Sub groups**

To facilitate the effective discharge of its aims and objectives, the SAB maintains a number of multi-agency sub-groups. Currently these are

- Training and workforce development
- Quality monitoring
- Communications and publicity
- Policy and procedures

**Working groups**

The SAB may commission short term working groups. These groups will assist the SAB in specific areas of its remit. Recommendations from such groups will be submitted to the SAB for endorsement.

Membership of these groups will be determined by the SAB and may include persons who are not members of the SAB where this is considered to be appropriate and/or necessary.

**Annual report**

The SAB will approve and then submit an annual report to the Senior Officers Group of the Safer and Stronger Communities Partnership. The Senior Officer Group is made up of senior representatives of the wide range of agencies represented on the Safer and Stronger Communities Partnership.

This report will outline the work of the SAB and state objectives and priorities for the coming year in the form of a work plan, which is the responsibility of all agencies to implement. Information gained from the monitoring of safeguarding activity in South Gloucestershire over the previous year will be included in the report. The annual report will also be presented to the Council's Adult Care and Housing Committee and the Health and Wellbeing Board.

It is expected that all SAB partner organisations ensure that the annual report is received and considered within their own governance arrangements. An 'easy read' version of the report will be produced and presented to the Health and Wellbeing Board.

## Appendix 2

### South Gloucestershire Safeguarding Adults Board current membership

Name	Position	Partner Organisation	Representing
<b>Peter Murphy</b>	Director	South Gloucestershire Council	Department for Children, Adults and Health Chair of SAB
<b>Ali Mann</b>	Safeguarding Named Professional	South Western Ambulance Service	
<b>Alison Robinson</b>	Nurse Director Head of Quality and Safeguarding	NHS South Gloucestershire	Commissioning and Provider Services
<b>Bernadette Hanney</b>	Compliance Manager	Care Quality Commission	
<b>Catherine Boyce</b>	Strategic Safeguarding Services Manager	South Gloucestershire Council	Department for Children, Adults and Health
<b>Damaris Howard</b>	Director of Regulated Services	Freeways	Independent - Care Home Sector Chair - Communication sub-group
<b>Denise Porter</b>	Head of Adult Social Care	South Gloucestershire Council	Department for Children, Adults and Health
<b>Diane Lee</b>	Volunteer	The Care Forum	Independent – Voluntary Sector
<b>Gary Fagg</b>	Team Manager	Knightstone Housing Association	Independent – Housing Related Support Providers Forum
<b>Jan Gresham</b>	Director of Operations	Milestones Trust	Independent - Voluntary Sector
<b>Janet Rowse</b>	Chief Executive	Sirona Care & Health (from April 2014)	
<b>John Owen</b>	Clinical Director	AWP	
<b>Lisa Ring</b>	LDU Team Leader for South Gloucestershire	Avon and Somerset Probation Trust	Avon and Somerset Probation
<b>Lynfa Vater</b>	Service Manager	South Gloucestershire Council	Department for Children, Adults and Health
<b>Mark Pullin</b>	<b>Strong, Safer Communities Manager</b>	<b>South Gloucestershire Council</b>	Department for Children Adults and Health

<b>Michael Hewitt</b>	Group Manager, Legal Team	South Gloucestershire Council	Chief Executive & Corporate Resources Department
<b>Michelle Mansfield</b>	<b>Community Services Manager</b>	<b>Brunel Care - Independent Sector</b>	<b>Community Provider</b>
<b>Mick Dixon</b>	Head of Risk Reduction	Avon Fire & Rescue	Avon Fire & Rescue
<b>Murie England</b>		Stepping Stones to Independence	Representative – Day Services
<b>Nick Thorne</b>	Team Leader, Workforce Development	South Gloucestershire Council	Chief Executive & Corpo- rate Resources Depart- ment Chair - Training sub-group
<b>Nicola Caldecoat</b>	NHS England Patient Experience Manager	BNSSSG	NHS
<b>Peter Bagshaw</b>	Adults Safeguarding Lead	South Glos. CCG	NHS
<b>Sean Collins</b>	Safeguarding Manager	North Bristol NHS Trust	NBT NHS
<b>Sheila Turner</b>	Team Manager Safeguarding Adults	South Gloucestershire Council	Department for Children, Adults and Health Chair - Quality Monitoring sub-group
<b>Simon Smith</b>	<b>Director</b>	3 Trees Community Support Ltd	Independent - Day Services and Supported Living
<b>Steve Peacock</b>	Service Manager, Commissioning & Contracts	South Gloucestershire Council	Department for Children, Adults and Health
<b>Sue Parris</b>	Clinical Lead for Governance and Partnership	South Gloucestershire Community Health Service	South Gloucestershire Community Health Service

### Associate Members

(receive agendas and meeting notes, but do not generally attend)

Name	Position	Partner Organisation	Representing
<b>Angela Stillwell</b>	Information Governance Manager	NHS & Bristol PCT	NHS & PCT
<b>Mike Bessant</b>	Regional Mental Health Lead	NHS Direct	NHS
<b>Sue Smith</b>	Safeguarding Lead	Great Western Ambulance	Ambulance

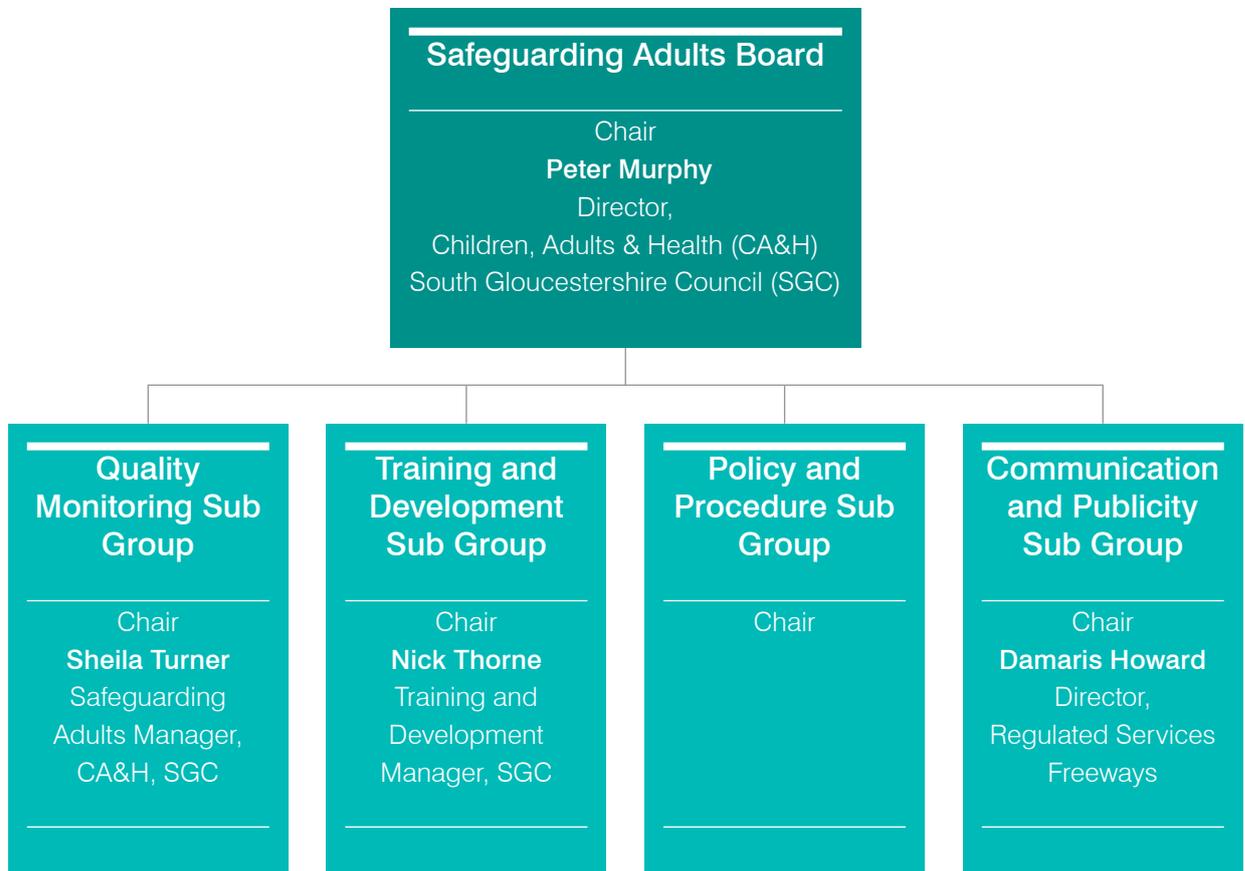
## SAB attendance by partner organisation April 2013 - March 2014

4 meetings held during the year

Partner Organisation	Representing	Attendance
3 Trees Community Support Ltd	Day Services and Supported Living	3
Avon & Somerset Police	Police	3
Avon & Somerset Probation	Probation	4
Avon & Wilts Mental Health	AWP	4
Avon Fire & Rescue	Fire & Rescue	2
Brunel Care	Community Provider	2
Care Quality Commission	CQC	4
Freeways	Care Homes	4
Healthwatch (new member March 2014)	Voluntary Sector	1
HMPS Eastwood	Prisons	2
Knightstone Housing Association	Supporting People	3
Milestones Trust	Voluntary Sector	3
North Bristol Trust	NHS	4
NHS England	NHS England	4
Sirona Care & Health (new member March 2014)	Care & Health	
South Glos. Community Health (now Sirona)	Community Health	4
South Glos. Clinical Commissioning Group	NHS	3
South Gloucestershire Council	Local Authority	4
South Western Ambulance Service	Ambulance	3

This table clearly represent the attendance of the organisation so there may be more than one person attending each meeting but this will count as one attendance.

## Appendix 3



## Appendix 4

### Partner reports

#### Avon and Somerset Police

During 2012-13 Avon and Somerset Constabulary has made significant inroads into improving the operational and strategic response to dealing with incidents involving vulnerable adults, and the safeguarding of adults who are potentially vulnerable.

A working group led by an Assistant Chief Constable has been established to pull together a cohesive response towards safeguarding adults and to ensure that lessons are learnt from serious case reviews and other national agendas. The group's action plan is divided into seven key business areas:

- Policing response
- Dealing with detained persons
- Recording and investigation
- Pattern identification and pattern analysis
- Communication and training
- Partnership engagement
- Environmental scanning

Furthermore a network of Safeguarding Champions has been established across the force made up of front- line Constables and Police Community Support Officers who help and support the Public Protection Unit to identify and protect vulnerable people across the force area. Their role is to:

- improve the quality of safeguarding to protect vulnerable people
- increase the trust and confidence of 'vulnerable people'
- liaise both internally and externally, actively developing links with locally based services or groups who support or who can be engaged in supporting
- promote awareness of safeguarding matters
- promote the role of the local policing safeguarding champion internally and externally

- highlight safeguarding issues for consideration in developing local crime and disorder strategies.

Through the working group, safeguarding vulnerable adults training is being developed for the force area. An initial e-learning awareness package has already been produced which is aimed at all staff who may come into contact with safeguarding adults issues and further in-depth specialist training for the Public Protection Unit and other appropriate staff is in progress.

Specifically in South Gloucestershire, the Northern Safeguarding Co-ordination Unit has held team building events with South Gloucestershire Mental Health services to ensure clearer understanding of roles and responsibilities, and Safeguarding Co-ordination Unit staff and Public Protection Unit Investigation teams have also attended bespoke training sessions they have delivered.

The Safeguarding Co-ordination Unit has also been building relationships with the National Autistic Society to improve the understanding and awareness of officers when dealing with adults within the autistic spectrum. Similar relationships are also being formed with the National Dementia Society.

Other significant achievements in relation to safeguarding adults include the identification of all premises in the constabulary area where vulnerable people reside (including vulnerable children) and the introduction of appropriate flagging markers to identify them within crime recording systems. This will enable us to develop processes around pattern identification and analysis and also inform response protocols.

A separate project has also been completed enabling any reported incident or crime with a vulnerable adult as a victim or suspect to be flagged. This ensures that Safeguarding Co-ordination Units undertake the correct referrals and interventions, as well as maintaining an overview of the investigations.

## Avon and Wiltshire Mental Health Partnership Trust

### Structure and approach to safeguarding adults work

Avon and Wiltshire Mental Health Partnership NHS Trust is a specialist mental health NHS provider delivering a wide range of primary and secondary services across the geographical areas of Wiltshire, Swindon, South Gloucestershire, Bristol, North Somerset and Bath and North East Somerset and tertiary services on a regional level. As of the beginning of 2013-14, the organisation moved to a locality based structure. There is now a senior management team working within South Gloucestershire and relating to the respective safeguarding boards.

The Trust has an executive director lead (Director of Nursing and Quality) and a Head of Safeguarding with responsibility for both adult and children's safeguarding. The South Gloucestershire Clinical Director is the senior manager holding responsibility for delivering and developing safeguarding practice within the locality.

## Local governance arrangements

- Monthly Quality and Standards Meetings chaired by the Head of Professions and Practice (HoPP).
- Monthly Operational Managers Meetings chaired by the Managing Director
- Any safeguarding issues or updates are shared with Team Managers, Service Managers and clinicians at these meetings. In addition to these, any urgent information is disseminated via email for Service Managers to discuss within their business meetings.
- Safeguarding training of staff is monitored through a rolling IQ quality improvement process which is shared within the organisation.

## Training and practice development

In house training is provided for Level 1 and Level 2 safeguarding through learning and development. The April 2014 figures for Level 2 safeguarding adult training, show 366 staff were trained (86%) with a new additional e-learning course being introduced in Q1 2014/2015 to improve this rate further.

Sheila Turner, LA Safeguarding Lead has provided additional training for key staff and has produced a flow chart for reporting safeguarding issues / alerts. This has been incorporated into day to day practice.

## Achievements within the year

In addition to embedding the new management structures, we have forged improved relationships with our safeguarding boards. Supervision, training and governance processes have been strengthened, as has communication within the organisation and with our partner agencies.

The Trust has undertaken significant work within one of its units where safeguarding issues in relation to the dignity and respect of service users were raised. These issues have now been resolved and have led to sustainable plans for the unit.

## Future challenges

Attendance at meetings and involvement with all safeguarding matters has created a tension within the locality as we continue to balance all our priorities. Attendance at safeguarding boards has been prioritised, but sub-group attendance has been more patchy. This issue has been escalated within Avon and Wiltshire Mental Health Partnership Trust in order to try to gain a Trustwide position regarding safeguarding resourcing and priorities.

The locality will continue to improve training and performance around safeguarding issues.

## **NHS South Gloucestershire Clinical Commissioning Group (CCG)**

The Nurse Director and Head of Quality and Safeguarding is the Executive lead for safeguarding for adults and children for South Gloucestershire CCG and is a member of the South Gloucestershire Safeguarding Adults Board (SAB).

As part of this role, the Nurse Director is also a member of the multi-agency Quality subgroup of the SAB that, as part of the SAB work plan, audits records for assurance that process and screening of safeguarding cases has been followed appropriately. This group reports to the SAB. The CCG is a co-signatory of the South Gloucestershire Safeguarding policy.

The Deputy Nurse Director / Designated Senior nurse for Child Safeguarding or the named GP for adult safeguarding deputise at the SAB in the Nurse Director's absence. The named GP for adult safeguarding is a relatively new role for the CCG and the GP in question has a wealth of experience with mental health and is the CCG GP dementia lead.

The named GP for child safeguarding also has a responsibility for domestic violence in the CCG funded by Public Health. The administration for the Multi-Agency Risk Assessment Conference (MARAC) that has been held by the CCG has transferred back to Public Health within the local authority from September 2014.

The first year for the CCG has been a busy one in setting up robust processes to manage safeguarding in general. The Nurse Director has established a Safeguarding Forum within the CCG that meets quarterly. This provides an opportunity for all professional working within adult and child safeguarding, including the Looked After Children (LAC) named doctor and nurse to meet and share knowledge and practice.

Following the allegations and subsequent investigations into Jimmy Savile, the CCG has gained assurance that all local providers are compliant with the themed recommendations of the enquiry and a paper was taken to the CCG governing body.

The CCG continues to work collaboratively with the local authority safeguarding access team in managing and monitoring safeguarding and quality concerns in the community related to nursing and care homes.

### **Safeguarding links to commissioning**

The commissioning of services by SAB partners is strongly influenced by safeguarding intelligence and actions. Where services are subject to safeguarding activity, commissioners are informed and engaged in improvement. Commissioners of social care services such as Care Homes, Domiciliary Care and Day Care need information about safeguarding to inform their decisions. This may impact on their temporary or permanent contracting arrangements in order to ensure that service users receive good quality, safe services.

## Appendix 5

### Multi-agency Training Attendance data 2013 -14.

	Safeguarding Adults course (number delivered)	Total Attendance	Breakdown by sector/agency
1	<b>Safeguarding Adults Alerter (33)</b>	<b>486</b>	<b>Independent, Voluntary &amp; Private sector 63%</b> <b>NHS agencies (including x3 GP practices) 26%</b> <b>South Glos Council 10%</b> <b>Other agencies 1%</b>
2	Managing Good Practice in SGA Issues (8)	97	Independent, Voluntary & Private sector 63% NHS agencies 17% South Glos Council 20%
3	<b>Managing and Preventing Institutional Abuse (4)</b>	<b>44</b>	<b>Independent, Voluntary &amp; Private sector 89%</b> <b>NHS agencies 9%</b> <b>Prisons 2%</b>
4	Safer Recruitment (2) – includes children's services	22	Independent, Voluntary & Private sector (adult care) 54.5% South Glos Council 32%, NHS agencies 4.5% Pre-school 9%
5	Safeguarding Adults CPD Update: not run in 2013-14. See Business Plan priorities, 2014-16		
	Duty To Refer (4) – inc children's services	182	Independent, Voluntary & Private sector (adult care) 48% School/Pre-school 31%, Early Years 12% South Glos Council 3%, IVP sector (children's services) 1% NHS agencies 0.5%, Other agencies 4.5%

### Multi-agency Training Attendance data 2013 -14.

These figures are very similar to those collated in 2012-13.

Measure	2013-14 Performance
% reporting SGA training as either Excellent or Good	98.5% - 63% excellent - 35.5% good
<b>% who feel their knowledge &amp; understanding has increased significantly compared to the level they were at pre-course</b>	<b>76%</b>

### Measuring Impact on Workforce Practice:

Data gained by contacting managers of employees who have attended multi-agency training, 3-5 months after that training.

Measure	2013-14 Performance
<b>Managers training:</b> % reporting increased confidence and changed practice following training	88% Increased Confidence 75.5% Changed Practice
<b>Alerter training:</b> % of managers reporting that their employees have high/very high levels of knowledge post-training, compared to pre-training	<b>89.5% (an increase of 53.5%, from 36% pre-training)</b>

## Appendix 6

**The role of whistleblowing in preventing abuse:** the following information was produced by the communications sub-group and is available to download from the Safeguarding Adults pages on the council's website: [www.southglos.gov.uk](http://www.southglos.gov.uk)



### The role of whistleblowing in preventing abuse

Everyone working in adult health and social care in South Gloucestershire has a duty and responsibility for safeguarding adults who are vulnerable or at risk.

Your organisation's policies for safeguarding and complaining should be part of a no-blame open culture and continually reinforced in your training, development and day to day work.

This guidance is to raise awareness of the importance of whistleblowing and what should happen when all else fails, to protect adults at risk and empower staff to raise concerns. You, your colleagues and managers will know what to do as an alerter if you suspect or witness adult abuse.

You can stop serious malpractice and wrongdoing by speaking out. It can be a tough ride but the Safeguarding Adults Board and all its member organisations are committed to supporting you, minimising any risk to you and maximising the opportunity for any wrongdoing to be addressed. We all need to keep the safety of adults who are vulnerable or at risk at the heart of any dilemma, and focus on what they're going through above any professional risk to ourselves or our colleagues.

### What this guidance isn't...

- It is not a replacement for the multi-agency safeguarding adults policies and procedures
- It is not a whistleblowing policy and is not intended to replace care providers' own whistleblowing policies

### Key principles for organisations:

**Whistleblowing policy should be clear and visible.** All providers of health and social care services must have a clear, visible whistleblowing policy, which is understood by all care staff and under regular review.

**Organisations should encourage staff to feel confident about reporting concerns internally in line with other policies.** You should emphasise that staff only need to whistleblow externally if insufficient action is taken.

**Send out the right messages about whistleblowing.** Good whistleblowing practice is an indication of a high quality provider and demonstrates management support for care staff.

**Confidential information should be handled with care.** Organisations should ensure that during a concern or investigation, information is handled sensitively and appropriately, so that confidentiality is maintained where possible.

### Key principles for staff:

**Only use external whistleblowing if you have exhausted every other option.** You should feel encouraged and confident to report concerns internally in line with other policies. You only need to whistleblow externally if insufficient action is taken.

**Whistleblowers must feel protected and supported.** Organisations should work to create and encourage a no-blame, open culture on raising concerns, where whistleblowers are aware of the support and protection available to them. Raising a concern can be difficult and emotional step for staff to take; therefore it's essential that they know they have support available as well as the protection of a robust policy.

**Capturing information early is the key.** Staff must feel confident to identify any concerns at the earliest opportunity and know how to record and report concerns appropriately .

**Details make all the difference.** If you are reporting a concern, provide as much specific information as possible to ensure the matter can be investigated thoroughly.



If you would like this information in a different format or language, please contact **01454 868009**

