



South Gloucestershire

# Safeguarding Adults Board

Annual report

2017-2018



## Foreword from the Independent Chair

Welcome to this, my first annual report of the South Gloucestershire Safeguarding Adults Board (SGSAB) which covers the period between April 2017 and March 2018.

It should be noted that I was appointed as the Boards Independent Chair in May 2018 and I therefore offer my thanks to my predecessors for the work they oversaw during that time ensuring that all partners are able to evidence progress towards achieving our strategic objectives and our objectives within the business plan.

The Board meets quarterly. This report provides readers with an insight into the work which the Board and its sub groups have undertaken since the last report in 2016 / 17. I trust readers will clearly see how the report evidences that progress and the openness and transparency under which our Safeguarding Adults Board operates.

The SGSAB continues to work in collaboration with the Safeguarding Children Board which helps to reduce duplication of work and provides a better understanding of the transition into adult services by those young people whose continuing needs transfer into adulthood.

Transitions, prevention and early intervention are personal interest areas which I wish to take forward into 2018 – 2019. All partners have a part to play in achieving progress in these areas of safeguarding and I look forward to the year ahead.

As the new Chair, I wish to thank everyone involved in Board and sub group business for their continued commitment and ongoing professional enthusiasm without which we would be unable to operate effectively.

Should readers wish to have further detailed information as to safeguarding within South Gloucestershire, I would encourage you to make use of our web site and the websites of our partners.



*Message from the Chair*

A handwritten signature in black ink, which appears to read 'Tony Oliver'. The signature is written in a cursive style and is positioned above a horizontal line.

Tony Oliver

Independent Chair

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The South Gloucestershire Safeguarding Adults Board's (SGSAB) Annual Report is designed to give an overview of the multi-agency work across South Gloucestershire in pursuit of the Government's aims to:

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguarding adults in a way that supports them in making choices and having control about how they want to live;
- Promote an approach that concentrates on improving life for the adults concerned;
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- Address what has caused the abuse or neglect.

The report provides information about South Gloucestershire generally, about the Board and what it does and then goes on to provide information about safeguarding activity. This information covers both the safeguarding activity to individuals and also the work of the Board and its sub-groups to monitor, support and improve the services available. At the end of the report is a statement of the plans for the year 2018 - 2019

In line with statutory requirements and best practice the SGSAB annual report and 2018-2020 business plan will be shared with:

- The Director of Children, Adults and Health
- The Chief Executive
- The Police and Crime Commissioner
- The Children, Adults and Health Cabinet
- The Health and Wellbeing Board
- The Safer and Stronger Communities Strategic Partnership
- The Safeguarding Children Board

This report has been authored by Sarah Taylor, Safeguarding Board Business Manager with the assistance of several contributors including sub group chairs, performance analysts and the independent chair.

The report was approved by SGSAB on 6<sup>th</sup> September 2018 and published on the SGSAB website on 11<sup>th</sup> October 2018

Should you require the report in any other format to support accessibility please contact Sarah Taylor with your request: [sarah.taylor2@southglos.gov.uk](mailto:sarah.taylor2@southglos.gov.uk)


**Glossary of Terms**

BNSSG	Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group
CPD	Continuing Professional Development
CQC	Care Quality Commission
DA	Domestic Abuse
DBS	Disclosure and Barring Service
DV	Domestic Violence
FGM	Female Genital Mutilation
GP	General Practitioner
LA	Local Authority
LSAB	Local Safeguarding Adults Board
LSCB	Local Safeguarding Children Board
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
MISPER	Missing person
PREVENT	A government programme aimed at preventing radicalisation
SAR	Safeguarding Adult Review
SGSAB	South Gloucestershire Safeguarding Adults Board
SGSCB	South Gloucestershire Safeguarding Children Board

## The Board

From April 2015 with the implementation of the Care Act 2014 the Safeguarding Adults Board (SAB) has been placed on a statutory basis. Prior to that it functioned as a multi-agency partnership following No Secrets Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (Dept. of Health 2000).

The overarching purpose of a SAB is to help and safeguard adults with care and support needs. It does this by:

- 
- Assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
  - Assuring itself that safeguarding practice is person-centred and outcome-focused
  - Working collaboratively to prevent abuse and neglect where possible
  - Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
  - Assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area

SABs have three core duties. They must:

- Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute
- Publish an annual report detailing how effective their work has been
- Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

The main objective of the Board is to improve local safeguarding arrangements and ensure partners act to help and protect adults experiencing, or at risk of neglect and/or abuse. The SGSAB is a multi-agency strategic Board that will coordinate the strategic development of adult safeguarding across South Gloucestershire, ensure the effectiveness of the work undertaken by partner agencies and organisations in the area and promote the safeguarding of adults within South Gloucestershire through working together. This involves raising awareness of adult safeguarding to reduce abuse and protect adults at risk. Where abuse is found to have occurred, agencies work together to support future protection and recovery.

The SGSAB has an independent chair – Tony Oliver. Tony is accountable to the Director of Children, Adults and Health at South Gloucestershire Council. The SAB structure can be seen in Appendix One. The Memorandum of Understanding for Board members is shown in Appendix Two. Board membership and attendance for the year 2017/18 can be seen in Appendix Three and a Financial Report is at Appendix Four.



The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. It gave local authorities new safeguarding duties and as a result of this Act, Safeguarding Adult Boards became statutory.

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*“Until now it’s been almost impossible for people who need care, carers, and even those who manage the care system, to understand how the previous law affecting them worked. Over nearly 70 years it has been added to again and again and is out of date and confusing. The Care Act has created a single, modern law that makes it clear what kind of care people should expect.”*

**Care Minister Norman Lamb**

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## The Six Safeguarding Principles

**Empowerment:** people being supported and encouraged to make their own decisions and give informed consent

**Prevention:** it is better to take action before harm occurs

**Proportionality:** the least intrusive response appropriate to the risk presented

**Protection:** support and representation for those in greatest need

**Partnership:** local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse

**Accountability** and transparency in safeguarding practice



## Living in South Gloucestershire

South Gloucestershire is a mix of long established urban communities, market towns, small villages and substantial new development. Characterised by very differing communities with individual needs and aspirations, the diversity of its landscapes and neighbourhoods contribute to a high quality of life.

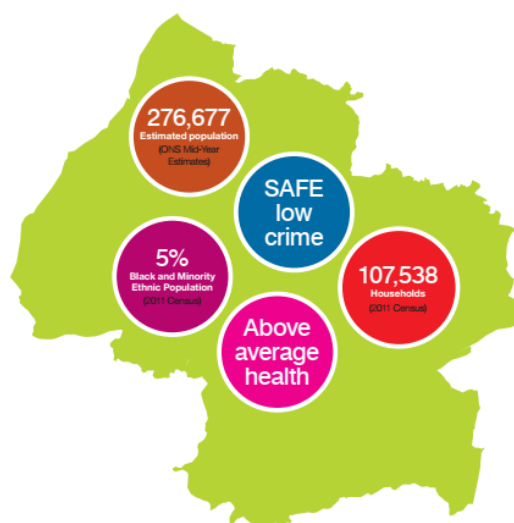
South Gloucestershire's location and its proximity to the city of Bristol present a number of cross boundary opportunities and challenges which are dealt with by working in partnership with the neighbouring authorities of Bristol City, Bath and North East Somerset and North Somerset.

South Gloucestershire has been one of the fastest growing areas in the country.

- 62% of the population lives in built up areas adjoining Bristol
- 18% live in the towns of Chipping Sodbury, Thornbury and Yate
- 20% live in more rural areas.

The most recent [Joint Strategic Needs Assessment](#) shows that South Gloucestershire is on the whole a relatively affluent area. Only 16% of local authority areas in England are estimated to be more affluent than South Gloucestershire. However there are pockets of deprivation where health outcomes are less good.

According to the 2011 census 18% of the population aged sixteen and over has day to day activities limited by a long term health problem or disability, which is lower than the England average of 21%. Based on the 2011 census figures it is estimated that there are currently approximately 22,500 people aged 65 or over with a limiting long term illness that limits their day to day activities, this figure is predicted to rise to 33,400 by 2030. Of those aged 18-64, it is estimated that there are approximately 16,800 with a moderate or severe physical disability, a figure set to rise to 18,000 by 2030. From a safeguarding perspective a proportion of people with disabilities or severe ill health will be perceived as at risk as a result of ill health or disability.



The area is served by Avon and Somerset Police Constabulary and a Police and Crime Commissioner.

Social Services are provided by South Gloucestershire Council Unitary Authority.

Health services are delivered by Bristol, North Somerset & South Gloucestershire Clinical Commissioning Group (BNSSG), Avon and Wiltshire Mental Health Trust, North Bristol Trust and other commissioned providers.

There are three custodial establishments in the area. HM Prison Ashfield and HM Prison Leyhill are both prisons for men and HM Prison Eastwood Park for is women.



Probation and Rehabilitation Services are provided by The National Probation Service and The Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company (BGSW CRC)

## Care in South Gloucestershire

Increasingly, people are being supported at home for longer periods. In general homes for people with learning difficulties or disabilities tend to be smaller than homes for older people. Homes for people with learning difficulties house 3 – 35 people and care homes, including nursing homes for older people house 23 – 80 people.

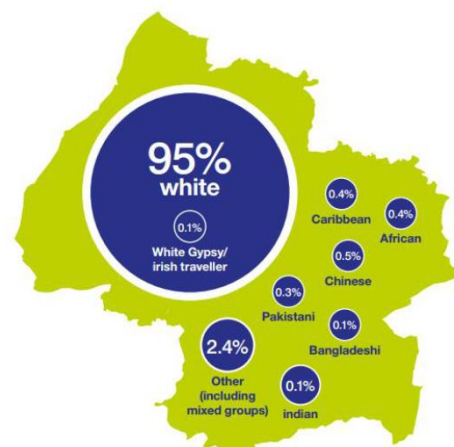
According to figures obtained from the last Census (2011) the growth in older people in South Gloucestershire is above the national average.

From a safeguarding perspective a higher proportion of older people will be perceived as at risk as a result of ill health or disability.



The statistics in this map diagram show the age group data for adults over 65 living in South Gloucestershire according to the mid-year estimates published by the Office for National Statistics.

This ethnicity data for people in South Gloucestershire is taken from the 2011 census information.



## Cathy's Safeguarding Story – told to the SGSAB in March 2018 by Sharon Prowse, Freeways

# Cathy's Safeguarding Story

Cathy\* is a lady in her early 40s with a diagnoses of mild – moderate learning disabilities, lives in a property on her own and is supported by a Floating Support Services. She has been supported by the team for many years.



At the end of 2017 she was sexually abused by a neighbour who after the act wouldn't leave her property. She managed to get the person to leave her home but later the person started to kick at her front door. She then contacted the police.



She remembered the conversations with her support worker about who to call when someone was trying to come into her flat uninvited. She remembered the number to call and phoned them.



When the police came to visit her she was consistent in her statement and they asked her some questions about right and wrong that she confidently answered correctly.

She understood what would happen next and she willingly gave them the clothes that she was wearing as evidence.



She was asked to attend a police interview and she asked her support worker to go with her. Before the interview the police told her what would happen and she repeated that she just needed to tell the truth. She was asked a



number of questions and answered them all without any prompting or support and even asked the person to repeat a question because she didn't hear them properly. Ultimately there was insufficient evidence to prosecute, but Cathy is happy with

the outcome. She feels safer now she has an alarm.

She engaged fully in the safeguarding process, was informed at each stage of the process and now has a panic alarm fitted in her home that she can also take out with her into the community. Her neighbour is still there, she knows he wants to move, she does feel safe and she doesn't want to leave her home.

\*Not her real name

## Summary of Safeguarding Activity in South Gloucestershire

The Safeguarding Adults Board oversees analysed performance data for safeguarding in South Gloucestershire via the Quality Assurance sub-group, and at the full Board.

When someone contacts the Council's Customer Service Desk about a situation which concerns them, a record is made of that contact. This is called a *Safeguarding Concern*. Trained staff make a decision based on the information they have been given as to whether the situation is one which requires further inquiries within the safeguarding process.

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### **Example of a Safeguarding Concern One:**

*Mary's mother was not given her medication this morning. When Mary speaks to the nursing home staff they check with a health colleague who said the medication can be given later. This would be recorded but not progressed as a safeguarding concern.*

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When a concern is raised, a *referral* is generated. The referral will be closed at the end of the safeguarding involvement whether this is after a few days of information gathering and analysis, or after several months of enquiry, including a risk assessment and the development and implementation of a safeguarding plan.

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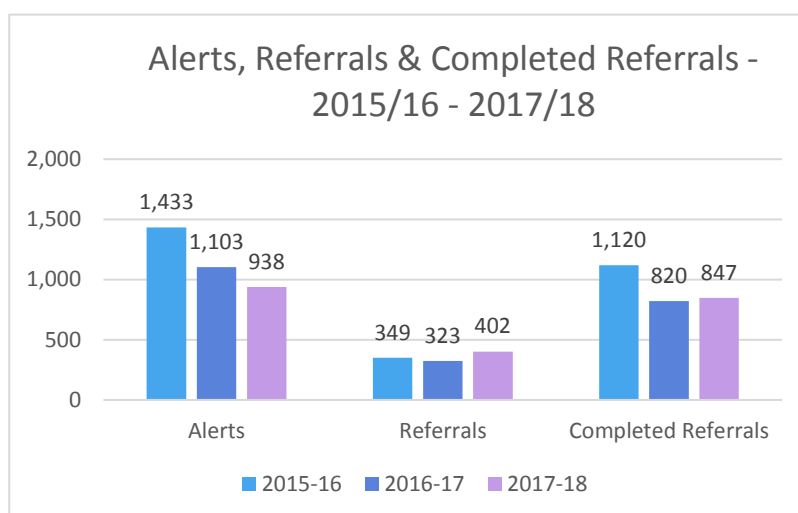
### **Example of a Safeguarding Concern Two:**

*Mary's mother was not given her medication this morning. This is medication for Parkinson's disease and is time specific. When Mary speaks to the nursing home staff they don't seem worried and say she will just get her next dose on time. This is likely to progress to a further enquiry.*

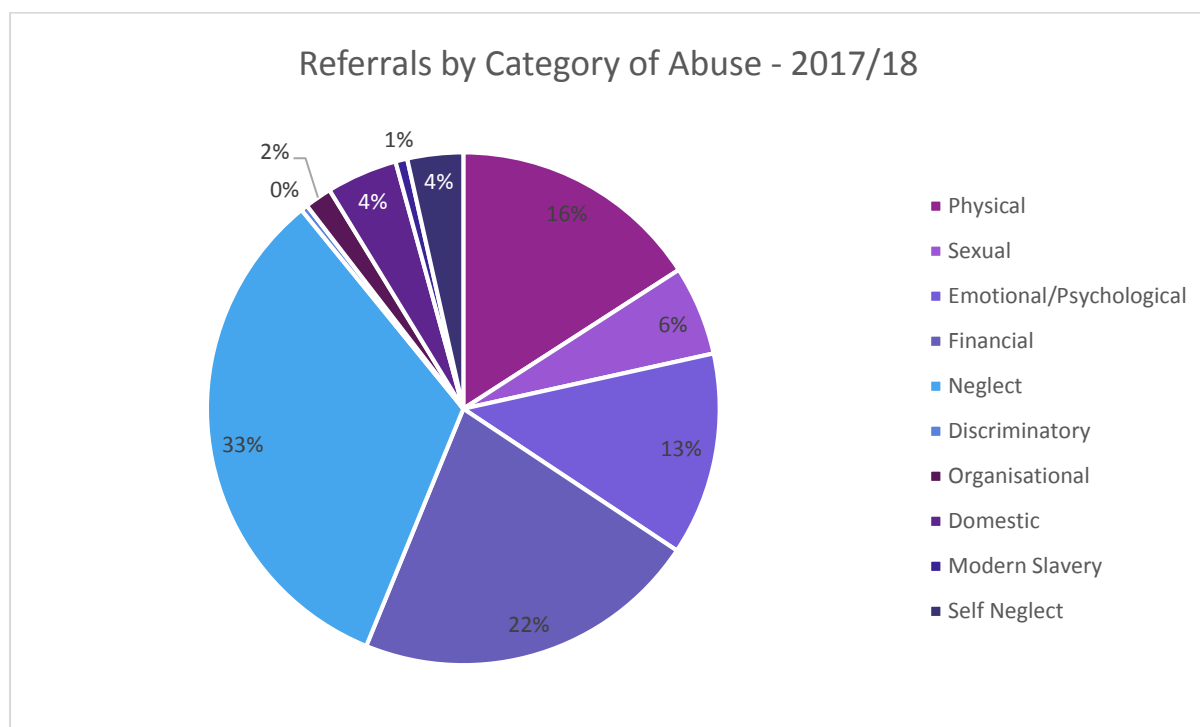
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This section of the report looks at data we have for safeguarding activity between April 2017 and March 2018.

The reason for an apparent drop, is that lower level concerns, such as the example given about medication being missed with no risk (Example One) are no longer counted as a safeguarding referral, but are recorded separately. If both sets of figures were to be combined, there would in fact be an increase in contacts.

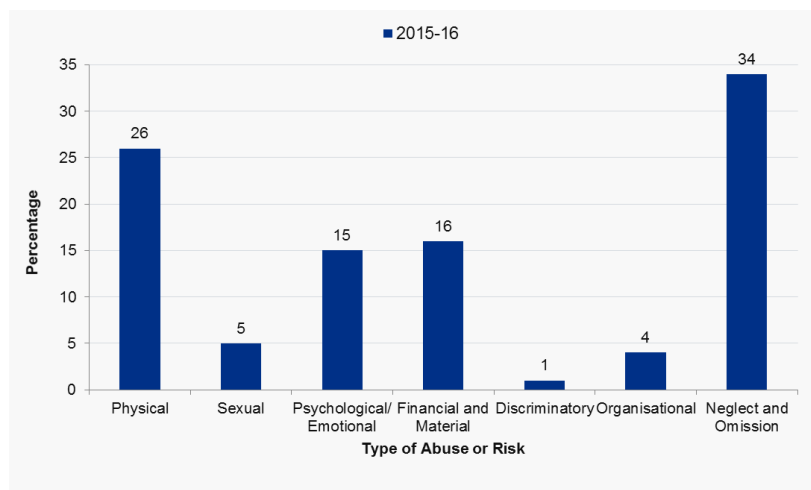


## Referrals by Category of Abuse



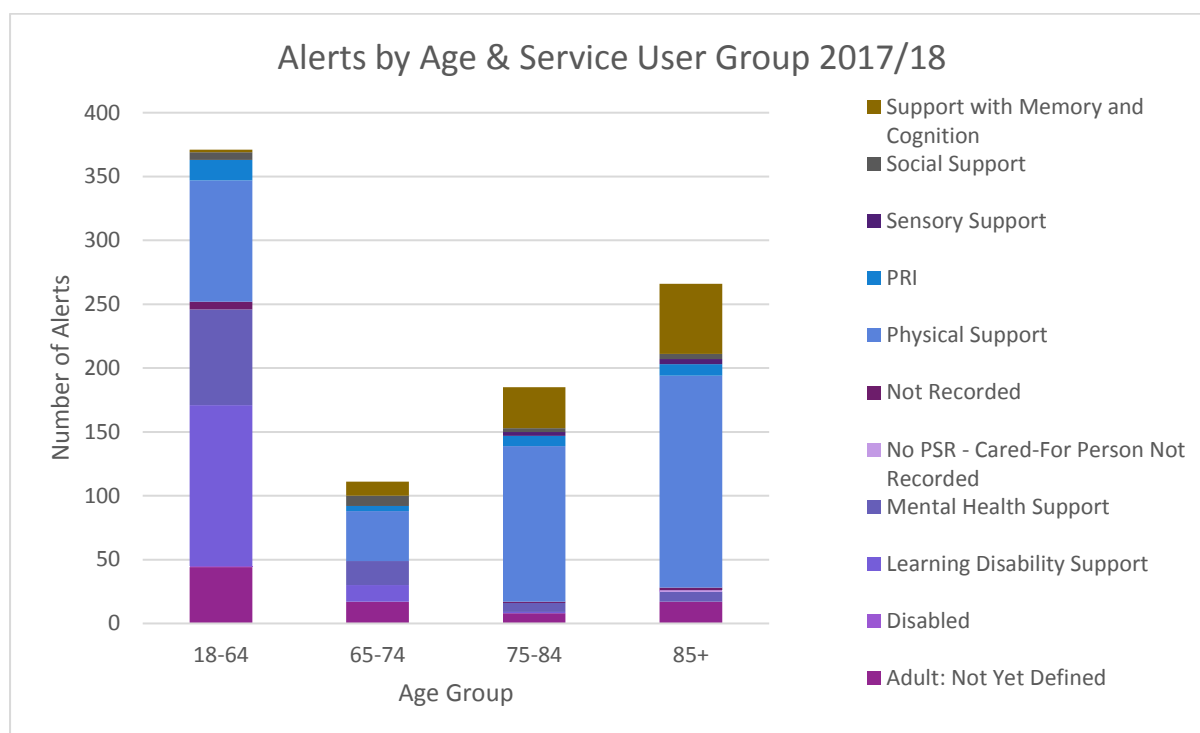
There have been changes to the categories of abuse that we record during this period, as the categories now include self-neglect, modern slavery and domestic abuse so it is harder to assess consistency with last year's figures. Referrals about Organisational Abuse have remained stable. We have improved our recording of categories during this period.

This chart demonstrates a comparator with the rest of England from the most recent statistics available (NHS Digital). Our proportion of Neglect cases are slightly higher than the national percentage, but overall our statistics are broadly in line with the rest of England.

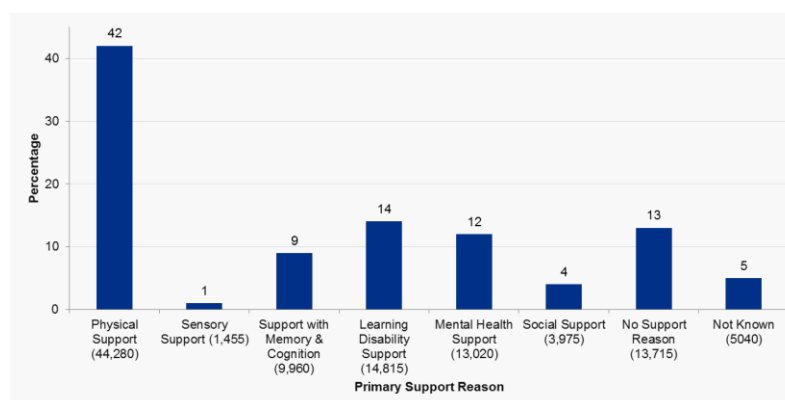


Safeguarding Activity

## Alerts by Age and Service User Group



For younger people, the majority of concerns relate to Mental Health and Learning Disability. These have a tendency to be lower level concerns. The number of all concerns reported for those over 65 is much greater, the majority of work happens with older members of the population.

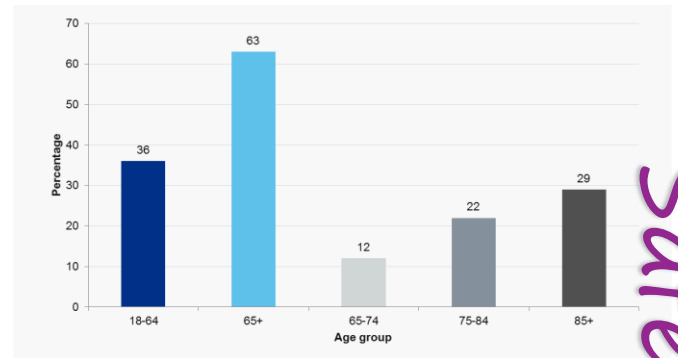


The most recent national comparators (England) show that South Gloucestershire statistics are in line with the rest of England in terms of the Primary Support Reason.

Physical Support is 42% for England and 44% for South Gloucestershire.

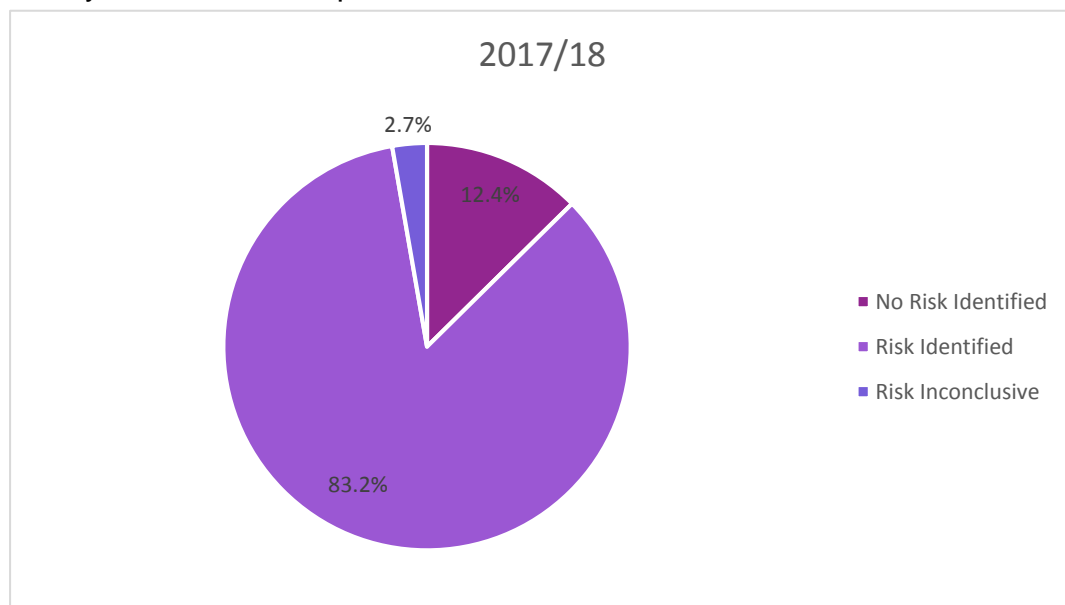
Learning Disability Support is 14% for England and 15.2% for South Gloucestershire and Mental Health Support is 12% for England, and 11% for South Gloucestershire.

The age statistics for England also show that South Gloucestershire's statistics are as expected. For England 36% of alerts are for the 18-64 age group and in South Gloucestershire 39%. The England statistic for those aged 65 and above is 63% and the South Gloucestershire statistic is 61%.

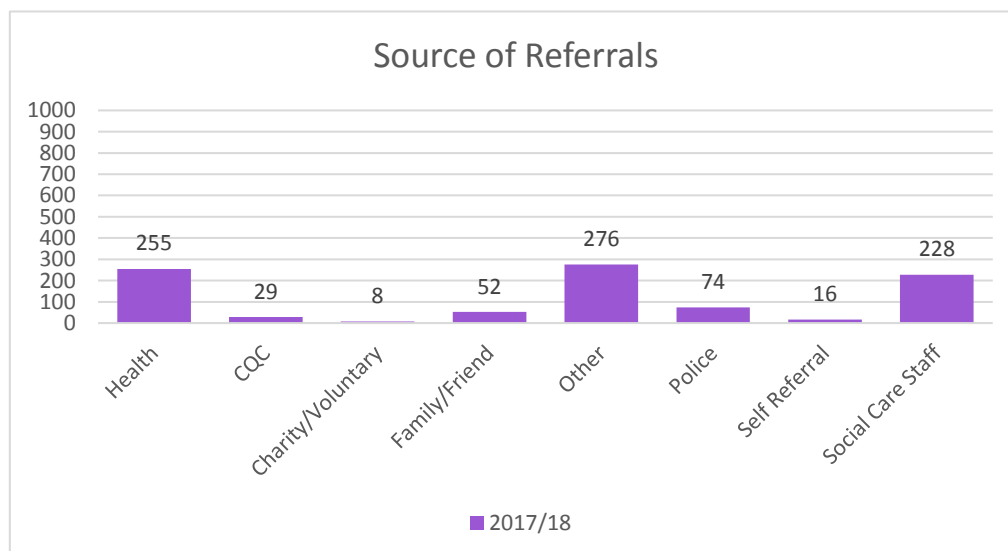


## Safeguarding Outcome

There has been a rise over this period in cases where risk has been identified. This has risen by 6.5% when compared to the data from 2016-17.



## Source of Referrals



The distribution of safeguarding concerns has spread more evenly this year than previously, with health, social care and 'other' being the largest proportions.

Safeguarding Activity



## Organisational Enquiries for 2017-18 (*previously institutional investigations*)

In December 2017 South Gloucestershire Safeguarding Adults Board adopted the Multi Agency Procedures developed across five local authority areas of Bath & North East Somerset, Bristol, South Gloucestershire, North Somerset and Somerset. In September 2016 supplementary practice guidance was adopted to accompany the procedures in relation to responding to organisational abuse.

There is a need for assessment and judgement in determining when poor practice becomes an adult safeguarding issue. Addressing four key questions will support the decision to initiate an organisational abuse investigation:

- 🔑 Is the incident of a **type** to indicate organisational abuse?
- 🔑 Is the incident of a **nature** to indicate organisational abuse?
- 🔑 Is the incident of a **degree** to indicate organisational abuse?
- 🔑 Relating to these 3 questions, is there a **pattern and prevalence** of concerns about the organisation?



Based on the number currently rated by the Care Quality Commission there are 23 care homes with nursing and 62 care homes without nursing in South Gloucestershire. There are 44 domiciliary care providers, 6 supported living services and 4 extra care housing services. There are 992 beds within the care homes with nursing and 1039 within the care homes.

This reflects the fact that the majority of nursing homes are for older people and have between 40 and 80 beds. The care homes will range from 4 to 50 beds with many being small homes in the 4 – 10 bed range providing services for people with learning difficulties.

There continue to be a number of full organisational enquiries. The level of enquiry is proportionate and varies from a desk top review to a full enquiry and follow up which can last for many months. These enquiries are triggered either when someone raises a concern about the whole service or the organisation, or where there are a pattern of concerns. Sometimes enquiries begin because *no* safeguarding concerns have ever been reported. This review involves examining the concerns to establish if there are any themes. If there are concerns, contact would be made with commissioning teams to determine next steps. The aim is to achieve the earliest intervention with providers in order that concerns are tackled effectively and promptly.

In 2017-18 there were nine open investigations at the start of the year, eight of these are now closed, one is still open and two further cases opened during the year. These are all occasions where situations progressed beyond the initial screening and went to a full review with other services within the multi-agency forum. In a small number of situations it was necessary to stop placing people with a service whilst action was taken to ensure a safe provision.

There has been a change of approach in the way in which the Organisational Safeguarding Team work with providers. The team now work more proactively with services to enable early identification of organisational concerns. This has meant that situations can be resolved more quickly and without the need for a formal organisational abuse enquiry.

We work closely with neighbouring local authorities, especially where residents are from outside South Gloucestershire or residents of South Gloucestershire are placed elsewhere.

## Equalities Impact Assessment

Each quarter the SGSAB receives a performance report which includes information related to equalities data.



### Analysis

Referrals into Social Care show that 84% of referrals are for people who describe themselves as White British. 5% of referrals are for people who describe themselves as 'other ethnic group'. This shows that our referrals received for people of other ethnic groups is lower than would be expected when compared to the population of South Gloucestershire (8.3% other). However, 3% of people refused to give ethnicity data and for 8% this data was not obtained.

For adults aged 18-64, 55% of referrals are for women, and 45% for men. This shows that males are underrepresented when compared to expectations based on population data for South Gloucestershire. For adults aged 65+, there are twice as many referrals for women than men, again this shows that males are underrepresented when compared to expectations based on population data for this age group in South Gloucestershire.

44% of referrals received are for adults where the primary support need is a physical disability and 15.2% where the primary support need is a Learning Disability. This is in-line with national data which shows a similar rate of referrals in respect of the Protected Characteristic of 'Disability' (England: 40% physical disability; 15% Learning Disability).

### Action

As a Board we will monitor on an ongoing basis throughout 2018-19 to look for any emerging trends. We will do this by examining the performance data on a quarterly basis. Should trends emerge we will formulate a plan to address this. In particular we will

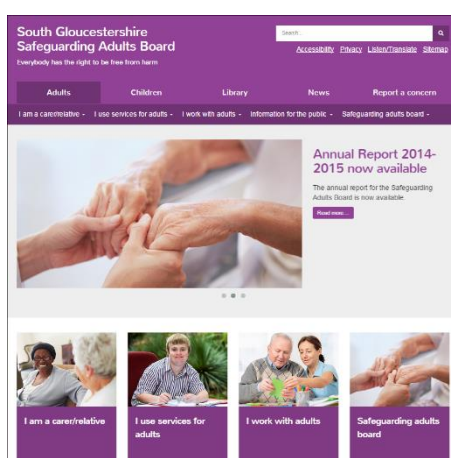
- investigate why referral for people of 'other' ethnic groups is lower than would be expected;
- investigate why males are underrepresented when compared to expectations;
- With respect to Physical and Learning Disability, to conduct an in-depth analysis of actions that may be taken that would have a positive impact on the referral rate in respect of the Protected Characteristic of 'Disability'.

*Safeguarding Activity*

## Communication

A multi-agency communication and engagement sub group, that includes representatives from both the Safeguarding Children and Safeguarding Adults Boards, meets quarterly. The group is accountable to the boards and works to an agreed annual communications plan, supporting the board's objectives and planning and delivering effective communications to:

- Ensure that safeguarding is everybody's business
- Deliver the common message of "if in doubt – speak out" across all safeguarding services
- Proactively raise awareness of safeguarding issues and the role members of the public can play to create a safer community and enable them to be more likely to recognise and report abuse
- Promote creative and engaging safeguarding campaigns that address the issues identified within our community
- Promote the welfare of vulnerable people whether they are children, young people or adults, and their rights to be free from abuse.
- Reassure vulnerable children, young people, adults and their families and the general public that they will be listened to and to give details of what happens if a safeguarding concern is reported



Significant work has been undertaken by the SGSAB to develop its digital capabilities to communicate with all stakeholders. The website is central to this work.

The SGSAB website is accessible, mobile device friendly, easy to navigate and well used. The SGSAB website has received 40,202 page views over the last year.



40,202  
page views

### Stop Adult Abuse Week

The SGSAB participated in the 'Stop Adult Abuse Week' campaign to raise public awareness of safeguarding and supporting the public to report any concerns, alongside our neighbouring safeguarding adults boards. The leading message was 'If in any doubt, speak out'. The group feels this is a valuable and powerful message.

This was promoted through the website and social media across our partners.

*'If In Any Doubt, Speak Out'*



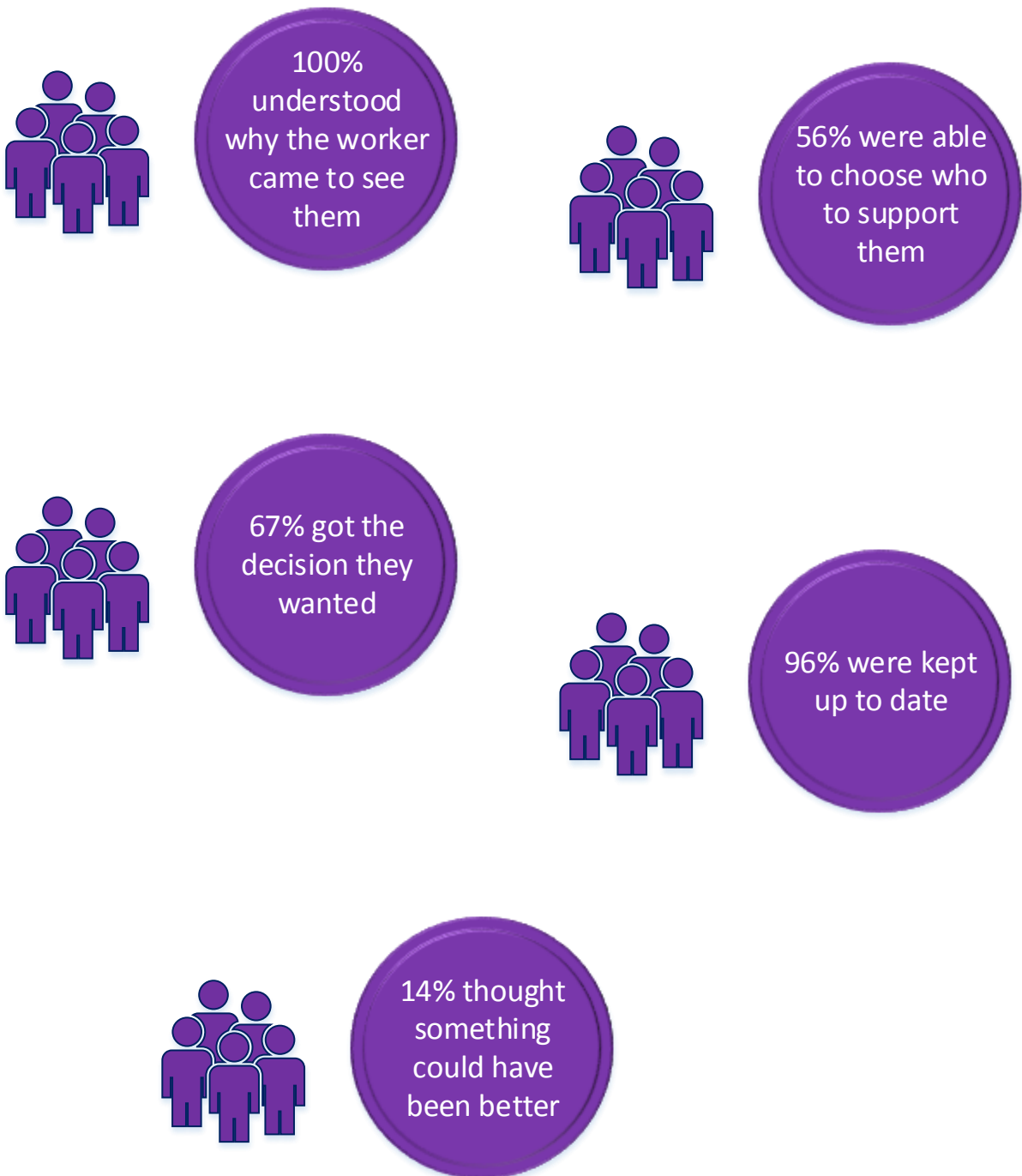
Communication

## Making Safeguarding Personal

Making safeguarding personal Questionnaires are given to service users after their involvement in the safeguarding process.

This helps us to hear the views of people we work with and change practice where themes emerge. We are engaging with the teams who issue these questionnaires to increase the number we receive. Outcomes are fed back to individual practitioners where possible and themes shared with teams.

In 2017-18 we learned the following:





## Richard's Safeguarding Story

Published in our newsletter September 2017

Richard\* is a seventy year old man with poor mobility and a history of anxiety. His District Nurse contacted Adult Safeguarding as she was concerned about the way he was living and thought he might be self-neglecting.



Richard owns his own house and was found to be living in one room, which was very dirty and cluttered. He had small bites over his body which looked like flea bites.

Richard was visited by a social worker, and as a result of this a care package was put in place. As part of this a deep clean was carried out in Richards's home, something he was happy to agree to.

A number of different agencies worked together to support Richard – including District Nurses, his GP and mental health services, as well as social workers from the council and a home care agency. They worked well together, sharing information and agreeing with Richard who would do what to support him.

Richard now has carers visiting him at home regularly. They support him to keep his home clean and help him with his own personal care when he finds this difficult.

\*Not his real name

During 2017-18 Avon Fire and Rescue gave a presentation to the SGSAB board and as a result we adopted their [Clutter Image Rating Scale](#) and use this alongside our newly published [Self Neglect Practice Guidance](#)

Richard's Story



## Ensure Effective Leadership, Roles and Responsibilities within the Safeguarding Board



### What has been Achieved?

Following the end of tenure of the independent chair, the recruitment process began to recruit a replacement independent chair, successful interim arrangements bridged the gap until the arrival of the new chair

The sub group chairs meet together quarterly to agree the Safeguarding Board work planning and agree agenda items.

Agency representation at the Board remains good, and the right people attend to represent their organisations. Attendance at sub groups however, has not always been consistent and a new minutes template has been agreed for sub group chairs to use in order to make it easy to identify where there are gaps.

The multi-agency safeguarding policy written jointly with Bath and North East Somerset, Bristol, North Somerset and Somerset has been reviewed and rewritten to take into account feedback from partner agencies.

In particular the information about reporting lower level concerns such as falls and medication errors has been rewritten to make it clearer when these should be reported.

The Safeguarding Adults Review sub group has been effectively established under the direction of a new chair. The procedures for making a SAR referral were rewritten and published [here](#).

A new Chair joined the Quality Assurance Subgroup in September 2017 from Bristol, North Somerset and South Gloucestershire CCG. A review of the multiagency audit questions was undertaken by the sub group to ensure that the six key principles of adult safeguarding and making safeguarding personal are included. A revised audit template was presented and accepted by SGSAB and is now in use. To provide context pen portraits of anonymised cases are provided to the agencies in advance. Within the last year members of the subgroup have submitted case audits to demonstrate practice from which learning could be achieved. Completed themed audits included: Complex Mental Health, Self-neglect, Sexual Abuse and Domestic Abuse.

## Actively Seek to Capture and Act Upon the Voice of those Affected by Safeguarding Concerns



### What Has Been Achieved?

It has been identified that as a board we need to develop Making Safeguarding Personal. Two members of the Communications and Engagement sub group attended a best practice conference in London, where boards shared the work they have done. This has helped to shape our business plan for 2018-2020. The board aims to engage better with members of the community and people who access our services to ensure their voices are heard and can shape the work of the board in the future.

Members of the sub group plan to visit forums to talk to them about the work of the board and also to invite participants in a sub group or as a representative on the full board.

The promoting of feedback questionnaires has been explored with the safeguarding teams to make sure everyone is aware of them and promote them being given out when a safeguarding is closed. Each quarter the data received via the feedback questionnaires is reviewed. In order to try and increase numbers returned an electronic version of the form has also been uploaded to the website.

There has been a change in approach when thinking about families who are 'hard to reach'. At the London Making Safeguarding Personal Conference, one of the boards shared a quote from a service user:

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*'You keep saying I am hard to reach, but you always manage to reach me with my council tax bill.'*

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This has caused us to think about the ways we describe people, and in South Gloucestershire now prefer to think about listening to people who are 'seldom heard'. We have begun exploring innovative ways of sharing safeguarding messages. Part of this has involved the use of the reverse of prescriptions, which we aim to bring to fruition in 2018-19. We have also begun using social media more effectively, both through our own twitter account and through the council Facebook page.

The quality assurance sub group have amended the terms of reference of the group to include the board manager approaching adults when an audit is about to take place to invite them to share their views of the agency involvement in their lives, and to incorporate this feedback within the audits.



### What Has Been Achieved?

All board members receive a bulletin from the board manager on a fortnightly basis. This enables the board to give clear, regular messages about the work of the Safeguarding Adults Board and the Safeguarding Children board. The bulletin is designed so that it can be easily shared with practitioners across the workforce. Board members are reminded to share information included widely within their organisations. Feedback has shown that this is a valued resource. In addition to the bulletin, the board provides a quarterly newsletter for practitioners and publish these on the website [here](#).

Details of each board meeting have traditionally been found in the minutes, which are published each quarter once they have been agreed by the chair. There is also a single page summary of each board meeting that can be shared with practitioners to give a snapshot of each meeting and helps to promote the work of the board in a n accessible format. These are circulated to board members and are also published [here](#).

The findings from each of the multi-agency audits undertaken by the Quality Assurance sub group are presented to Board members for discussion and their contributions to agreeing recommendations are recorded as part of the Board Minutes, board members take responsibility for disseminating the learning from these.

Board members completed a survey with practitioners from their organisations to check whether key messages are being received. This survey showed that two thirds of practitioners have not seen a copy of the newsletter, only a third know who their board representative is and half have not seen the new self-neglect guidance. This information, although disappointing gives the board information to build on, and the 2018-20 board work includes creation of a practitioner forum, beginning in September 2018, with the aim of engaging better with the workforce and ensuring the board is known as a listening board, and that messages are more effectively communicated.

## Assuring the Quality of Safeguarding Practice in South Gloucestershire and Prioritising and Sharing Best Practice



### What Has Been Achieved?

As part of its wider QA role, the Learning and Development sub-group was asked to produce advice on what should be covered in an initial safeguarding training package for front-line staff. This would help employers check their training meets this expectation - for each worker's level of responsibility in safeguarding – and be an informed purchaser or provider of safeguarding training. The Training Standards document 2018-21 (covering BNSSG) was agreed by the board and has been made available to all relevant agencies via normal communication methods and is published [here](#). In addition, given concerns about training in the Community-based Support Provider sector, we surveyed around 50 agencies to find out what their safeguarding training is. We had a 50% response rate and have written back to them all with examples of good practice and outcomes quoted by respondents. Along with the Training Standards document this will help agencies in the sector ensure the training they provide/arrange is in line with board expectations.

The Policy and Procedure sub group has produced practice guidance relating to [self-neglect](#). It is currently finalising similar guidance for practitioners working with people experiencing domestic abuse, and this should be published on the board website in the autumn of 2018.

Each board meeting begins with a safeguarding story presented by different board members. This is a reminder of why each and every person is present. A campaign calendar has been created by the Communications and Engagement sub group to ensure safeguarding messages are consistent and the board takes advantage of national campaigns.

The Quality Assurance sub group have historically received single agency audits, although it is recognised that most of these have come from the local authority. It was identified that wider organisations needed to submit audits to give assurance about quality of safeguarding practice. The subgroup have devised a single agency audit calendar template for board members to complete and the quality assurance sub group are now seeing a larger number of audits being reported each quarter from organisations. Audit findings are published in the performance report each quarter.

## Promote a Learning and Improvement Culture which Responds to Identified Developments and Actions



### What Has Been Achieved?

The SAB's multi-agency programme of training courses has continued to be in place, offering all employers in South Gloucestershire access to a "core" pathway of safeguarding adults training for their workforces.

All courses have been attended by significant numbers of staff from agencies across the statutory and independent sectors. We also offer agencies the opportunity to buy in single-agency safeguarding training, via the council.



122 Attended the  
Joint Annual  
Conference

Together with Bristol Safeguarding Adults Board we held a Safeguarding Adults Conference in June 2017 on the theme of Self Neglect attended by over 122 delegates.

The Safeguarding Adults Trained Trainer Network launched in spring 2017, to assist employers to deliver single-agency "Alerter-level" training in line with the board expectations and content, this also helps with quality assurance. Seven agencies joined the network in Phase 1 (12 trainers).



701 Professionals  
Trained

We have also continued to coordinate a programme of Mental Capacity Act training for all local organisations to access; this consists of four different half-day training modules. Over 293 staff attended these in 2017-18.



293 attended  
MCA Training



Feedback from employees who attend all the main safeguarding training is very positive.

Typically, around 96% of course delegates report that they feel confident about applying what they have learnt in the workplace. Course attendees are contacted approximately six weeks after attending a course, asking them to describe what they are doing differently as a result of the training, including any changes in their practice and confidence-levels. We now get increased (approx. 10%) returns and higher quality impact data via this method.

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*"I am more aware of the pressure my tenant feels when he needs to clear out his house or garage. I understand why he gets stressed and I understand how to talk to him about trying to tidy."*

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The Work of the Board

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*"I have put in place a safeguarding file where all concerns raised are now in one place rather than in service users file. I send all my staff on to the Alerter course. Staff meetings are going to have an open discussion on safeguarding so everyone is on the same page."*

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*"I am now in a position to give fuller information and advice to staff members around Safeguarding Adults".*

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## Safeguarding Adults Board Multi Agency Training Offer

COURSE TITLE	Attendance 2017-18	BREAKDOWN BY SECTOR / AGENCY
Raising Safeguarding Concerns (prev. "SGA Alerter") (2016-17: 432)	459	Residential Care 32%, Voluntary sector 16%, South Glos Council 14%, Housing-related Support 14%, Day Services 7%, Health Agencies 6%, Domiciliary Care 5%, Prison 4%, FE Sector 1%, Direct Payment PA's 1%
Managing Good Practice in Safeguarding Adults Issues (2016-17: 93)	106	Residential Care 35.5%, South Glos Council 22.5%, Health Agencies 20%, Domiciliary Care 10.5%, Voluntary sector 5.5%, Day Services 4%, Housing-related Support 2%
Managing and Preventing Organisational Abuse (2016-17: 41)	37	Residential Care 73%, Domiciliary Care 14%, Day Services 5%, Housing-related Support 5%, South Glos Council 3%
Hoarding & Self-Neglect (2016-17: 47)	36	South Glos Council 25%, Domiciliary Care 19.5%, Housing-related Support 16.5%, Day Services 14%, Sirona 11%, Residential Care 5.5%, AWP 5.5%, Voluntary sector 3%
Human Trafficking & Modern Slavery (2016-17: 61) <i>Joint course with SCB</i>	63	South Glos Council 49%*, Housing-related Support 23.5%, Police 8%, AWP 5%, Sirona 5%, IVP (children's services) 5%, Residential Care 3%, School 1.5%.  <i>* adult and children's services, safe and strong communities, trading standards, elected member, private sector housing</i>

These attendance figures are very similar to the last two financial years.



All Inter-agency Safeguarding Children's courses/e-learning modules are also available to adult care employees – a number of adult care practitioners have accessed the Domestic Abuse courses in particular.

In addition Mental Capacity Act Training is available:

<b>MODULE TITLE</b>	<b>Attendance, 2017-18</b>	<b>Sector breakdown</b>
MCA Essentials for Care Workers (Attendance 2016-17: 120)	<b>116</b>	IVP Sector: 86% (62% Residential, 24% Community-based Support) South Glos Council: 9.5% Health Agencies: 4.5%
1: MCA Essentials/Practitioners	85	Overall, across <u>the 4-module MCA Training Programme</u> : South Glos Council: 68.5% IVP Sector: 17% (10% Residential, 7% Community based) Health Agencies 13.5% (Sirona: 7.5%, AWP: 5%, NBT 1%) Voluntary sector: 1%
2: Complex Best Interests	43	
3: Deprivation & Detainment	24	
4: Planning Ahead	25	
<b>TOTAL</b>  (Total 4-Module programme attendance 2016-17: 207)	<b>177</b>	

*The Work of the Board*

## SGSAB Conference

In June 2017 we hosted a Safeguarding Adults Board Conference jointly with Bristol Safeguarding Adults Board.

The conference took place midway through Stop Adult Abuse Week and focussed on the theme of Self-neglect. The keynote speaker was Professor Michael Preston Shoot (pictured)



122 Delegates  
Attended

Delegates attended from across the Bristol & South Glos region from a variety of organisations.

There were also a number of workshops running throughout the day that were all well received by delegates attending the day:

- ✓ Hoarding: A Community Safety Response
- ✓ Consent & Covert Medication
- ✓ Early Intervention & Prevention
- ✓ Self-Neglect & Substance Misuse
- ✓ Consent & Self-Neglect (Community)
- ✓ Consent & Self-Neglect (Care Homes)
- ✓ Information Sharing Dilemmas



90% Very  
Relevant



*Insightful, good team  
discussions. Benefitting from  
various experience sharing*

*Very interesting, pertinent,  
thought provoking.*

*Lived up to the  
billing. I was quite  
inspired.*

*The Work of the Board*

## Learning from Practice

The Quality Assurance Sub Group of the South Gloucestershire Safeguarding Adult Board (SGSAB) conducts regular thematic multi-agency case file reviews. A key objective of Local Safeguarding Adults Boards is to improve local safeguarding arrangements and ensure partners act to help and protect



adults experiencing abuse, or at risk of neglect and/or abuse and to ensure the effectiveness of the work undertaken by partner agencies and organisations. The Quality Assurance subgroup provides a process for a wide range of organisations, who are members of the Safeguarding Adults Board, to review the support they have provided to individuals, and monitor the effectiveness of local arrangements, and provides a forum for challenge between organisations to identify where improvements can be made across the adult safeguarding system.

In 2017-18 Multi Agency thematic case file reviews were undertaken on the following themes:

- Mental Health Under 65s
- Self-Neglect
- Sexual Abuse
- Domestic Abuse

## Adults with Complex Mental Health Needs (April 2017)

### Adult One - Clare

Clare is a 28-year-old woman with Asperger's and anxiety. Clare makes frequent 999 calls. Due to the clinical assessment of Clare following these calls, it was concluded that an ambulance was not required. The ambulance service has issued Clare with a behaviour notice. Clare is in a domestically abusive relationship.

### Adult Two: Clive

Clive is a 28-year-old man who is blind and has a hearing impairment. Clive has complex mental health needs and exhibits challenging behaviour. Clive is receiving a social care package of care of 3:1 care to assist in meeting his needs. Clive has significant problems with dental hygiene. His dentist advised that Clive should have all his teeth extracted. His mother does not want him to have the dental treatment and the dental hospital is reluctant to make a decision.

### Adult Three: Carol

Carol is a 41-year-old woman living in supported living accommodation. She has low mood and exhibits self-harming behaviour. Carol is exceptionally vulnerable: she is known to misuse drugs and alcohol and has significant mental health needs. Carol frequently associates with other vulnerable people. She can be exceptionally violent and aggressive. Bristol adult social care is responsible for Carol's care package.

Learning from Practice

### Adult Four: Charles

Charles is a 46-year-old man with depression, substance misuse and self-harming behaviour.

### Findings:

<b>Finding 1</b> Professionals do not always refer victims of domestic abuse to specialist domestic abuse services.
<b>Finding 2</b> Professionals do not always make innovative efforts to see victims of domestic abuse on their own.
<b>Finding 3</b> There are inconsistencies in the knowledge and skills of Police Officers in recognising individuals with complex needs and recognising incidents that are required to be flagged as safeguarding incidents and passed onto the safeguarding team.
<b>Finding 4</b> There is limited communication between South Gloucestershire and other areas of social care when cases cross borders.
<b>Finding 5</b> There may be limited sharing of information between cases that are managed as an institutional investigation as opposed to an individual investigation.
<b>Finding 6</b> Professionals do not always explore all potential methods of communicating with individuals and involving them in the safeguarding process.

## Self-Neglect (July 2017)

### Adult One - Richard

Richard is a 71 year old gentleman who has a history of poor mental health, poor mobility, and alcohol misuse and anxiety issues. A referral was received from a District Nurse due to concerns of self-neglect and possible financial abuse. Richard has a history of problems with debt and is being supported by a debt management scheme.

### Adult Two – Rachel

Rachel is a 53 year old lady with Learning Disabilities and autism; she owns her own home with a 24 hr live in carer as part of her care package. The Referral was made by her Care Agency as they had concerns over Rachel hoarding food which has resulted in vermin i.e. rats in the house.

### Adult Three – Robert

Robert is a 40 year old man with a history of poor mental health, personality disorder and hoarding. In August 2016 a Police Officer had visited a neighbour on an unrelated matter and when passing Robert's flat had noticed the smell of what appeared to be decaying meat and witnessed flies coming from the property. Believing the occupant may have passed away he called at the flat. Robert answered but did not wish the Police Officer to enter; the Police officer was successful in persuading Robert to allow him in. The officer found the flat in a very unhygienic condition, he witnessed maggots coming through the ceiling and a bath in the bathroom full of rotting meat and faeces over the floors of flat. The officer made a referral to the housing organisation.

## Adult Four - Rebecca

Rebecca is a 71 year old lady with frontal-temporal dementia and a previous mental health detention. Rebecca has been assessed as having mental capacity to make decisions regarding her living conditions. A referral was made in November 2016 from the social worker due to witnessing Rebecca's refusal to eat and weight loss which was considered life threatening.

### Findings:

<b>Finding 1</b>
Cases which are managed well should be utilised to consider what had been done well which could result in successful outcomes for others cases
<b>Finding 2</b>
Professionals are not always considering the impact of interventions on individuals with Learning Disabilities such as autism or on their ability to agree to and engage in safeguarding interventions
<b>Finding 3</b>
There are inconsistencies in all relevant professionals attending multi-agency meetings to share concerns and agree ongoing actions
<b>Finding 4</b>
There are inconsistencies in the knowledge and skills of Police Officers in recognising incidents that are required to be passed onto the safeguarding team and referred to adult social care.
<b>Finding 5</b>
There is limited communication between South Gloucestershire and other areas of social care when cases cross borders.
<b>Finding 6</b>
There continues to be inconsistencies in ensuring that Mental Capacity Assessments are undertaken and documented consistently
<b>Finding 7</b>
Professionals are not always informed when Safeguarding procedures start/end

## Sexual Abuse (November 2017)

### Adult One – Iris

Iris is a 71 year old female with no formal diagnosis but appears to have mild Learning Disability (L.D) and a history of falls. A support package has been in place since 2015 to maintain the home and assist with personal care. Iris's daughter and ex-partner also have LD.

### Adult Two – Isabel

Isabel is a 25 year old female, with a previous mental health history. On the 20/3/17, a Multi-Agency Risk Assessment Conference (MARAC) referral was received because of domestic abuse by ex-partner which included sexual abuse (taking and posting images online without consent). Children's services were also involved as there were threats made to Isabel's child. The safeguarding concern was closed as Isabel was engaging well with other services and there were no care and support needs evident.

### Adult Three – Ian

Ian is a 33 year old male with Cerebral Palsy, a history of poor mental health, possible diagnosis of schizophrenia and a wheelchair user. Referral was made when Ian disclosed that a care worker had touched his genitals through his clothing for 20 seconds while “checking for cancer”. The agency was made aware at the same time and also contacted safeguarding. The worker was suspended and later dismissed as this incident led to the discovery that he had not given his full history of names on his DBS and he had a long record of criminal convictions (although not sexual offences). At a police interview Ian changed his account of events and said he had asked the worker to carry out the “check”. The police took no further action and the safeguarding concern was closed.

### Adult Four – Ingrid

Ingrid is a 20 year old female with learning difficulties, ADHD and autism she attends residential college 38 weeks a year. During conversations with staff there she described possible historic sexual abuse by her father.

### Findings

1	AWP practitioners, particularly within the Intensive Team, to better understand how to respond to domestic abuse disclosures and signpost appropriately with a reminder that crimes need to be reported to the police.
2	Professionals should ensure they have awareness of how coercive control can have an impact on employees in the workplace if it is deemed that they are victims of domestic abuse.
3	Professionals to ensure that when considering closing a case due to involvement of another more appropriate agency that this information is checked and documented clearly.
4	If professionals receive a disclosure that involves an allegation against a person in a position of trust then this information must be shared in a timely and proportionate manner to ensure that the service user, alleged perpetrator and others at risk are protected or a safety plan put in place to reduce the level of risk

## Domestic Abuse (February 2018)

### Adult One - Peter

Peter is 92 years old, physically frail and diagnosed with vascular dementia. He lives with his son. There is a long history of safeguarding concerns regarding abuse by the son - financial, emotional, verbal, neglect etc. Peter has a package of care three times daily to support with personal care, meals and accessing the community. Following recent safeguarding's Peter's finances are now managed by the local authority under deputyship and his shopping is done by the care agency. The most recent concern was raised by a neighbour – Peter and his son have recently inherited a large amount of money and the neighbour can hear the son drunk, verbally abusing his father and throwing things around the house. She also reported bruises to Peter's arms.

### Adult Two – Shirley

Shirley is 78 years old, and has no care and support needs but was in hospital at the time of the safeguarding referral. Shirley's son had been living with her for several years following the breakdown of his marriage. This was the second referral by health professionals raising concerns about emotional abuse and verbal aggression by the son (mention of coercive



control). The case notes suggest that there were concerns that the son had a history of poor mental health.

Shirley decided that on discharge from hospital she would go and stay with her daughter in another part of the country while legal action was taken to evict her son from the home. The safeguarding was therefore ended although Shirley was given the CSO desk phone number in case of further concerns on her return home.

### Adult Three – Anne

Anne is 51 years old. She has Cerebral Palsy, mobility and communication needs as well as a history of anxiety. Anne has a small package of care to support with accessing the community. Anne lives at home with her mother, who she alleges verbally and emotionally abuses her. There has only been one safeguarding referral and this was made by Anne's counsellor.

One meeting was held with the social worker - Anne stated that she wanted to live independently from her mother, but then declined to meet with the social worker again as she found the process too distressing. Safeguarding was closed as Anne stated she was planning to live with her brother while she found her own home.

### Adult Four - Cathy

Cathy is 71 years old. She has Parkinson's disease. She has a daily care package to support her with personal care and a sitting service. This was the first safeguarding referral and was made by the care agency alleging verbal and emotional abuse by her husband as well as rough handling by him. The agency reported that Cathy had capacity but was not aware of the referral.

Cathy was admitted to hospital at the time the referral was made and she was spoken to there - at that time she appeared to lack capacity and it was decided to give her time - for her health and hopefully her capacity to improve. This did not happen and a referral was made for an IMCA.

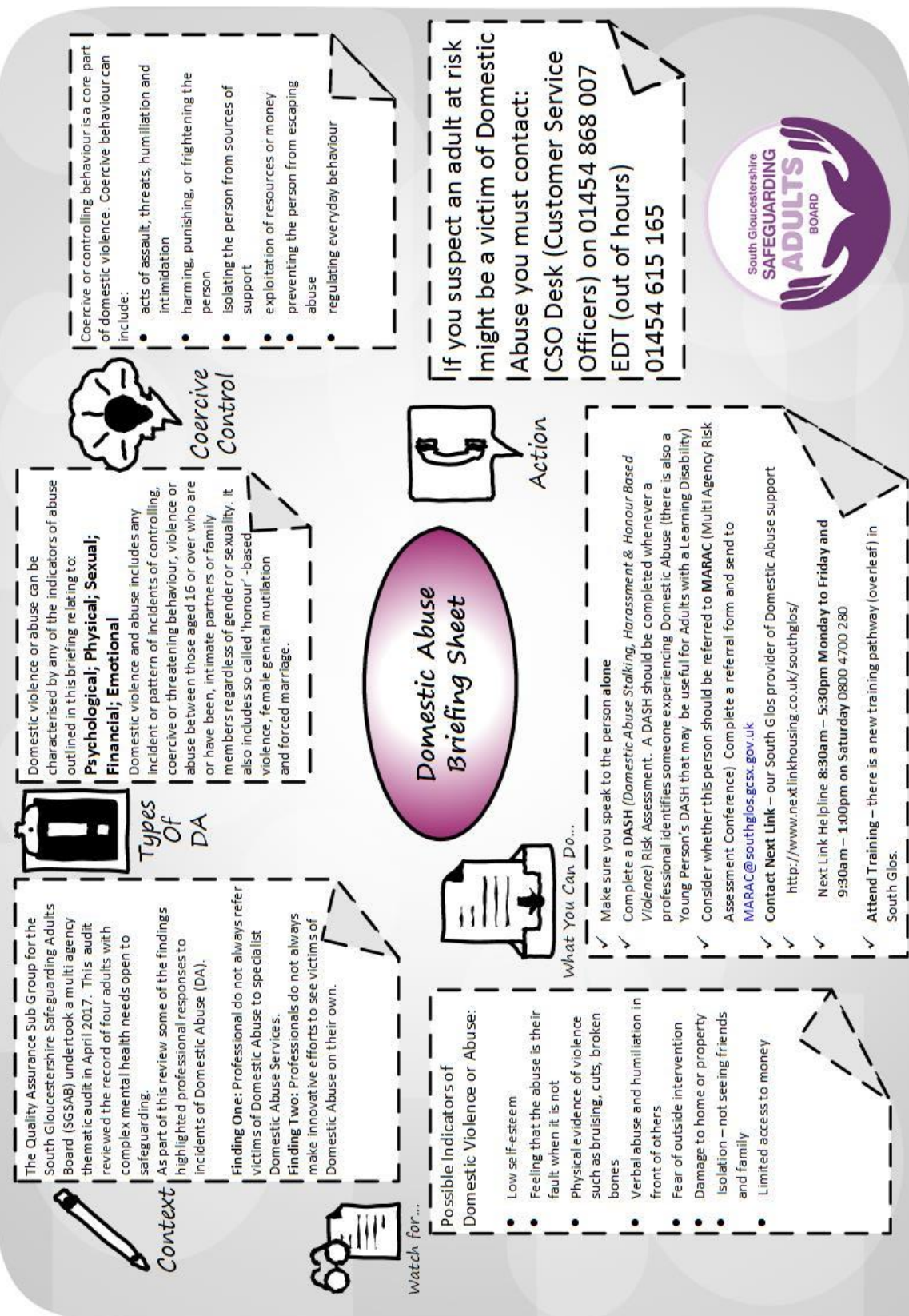
The allegations were shared with both the daughter and the husband who expressed surprise and upset by them. At the current time Cathy has returned home with a reablement package of care.

### Findings:

<b>Finding 1</b>
Domestic Abuse does not seem to be in the forefront of practitioner thinking when there are other multiple care and support needs.
<b>Finding 2</b>
The voice of the adult has been listened to and reacted to appropriately
<b>Finding 3</b>
The DASH risk assessment tool is not considered or used when domestic abuse is recognised
<b>Finding 4</b>
Professionals are not always informed of the outcome of raising a safeguarding concern
<b>Finding 5</b>
When there are allegations of domestic abuse alongside carer stress, recognition of risk is more challenging
<b>Finding 6</b>
Domestic Abuse risks should be shared with all those providing care and support in timely way.

Findings are reported to the board and agencies agree actions to undertake. These are monitored at the sub group.

Following the learning from the April 2017 multi-agency audit (Complex mental health) the following learning brief for practitioners was issued.



Learning from Practice

## Priorities for the Coming Year

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*Our vision for safeguarding in South Gloucestershire is that children and adults thrive, reach their full potential and live their lives safe from harm (violence, abuse, neglect, exploitation). To achieve this vision we will work together and with local communities to improve outcomes and to ensure South Gloucestershire is a place where safeguarding is everybody's business  
(SGSCB & SGSAB Vision 2016)*

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Priorities 2018-2019

## What You Need to Know



[www.southglos.gov.uk/safeguarding](http://www.southglos.gov.uk/safeguarding)

*Safeguarding Adults is Everyone's Responsibility*

*If in Any Doubt Speak Out*



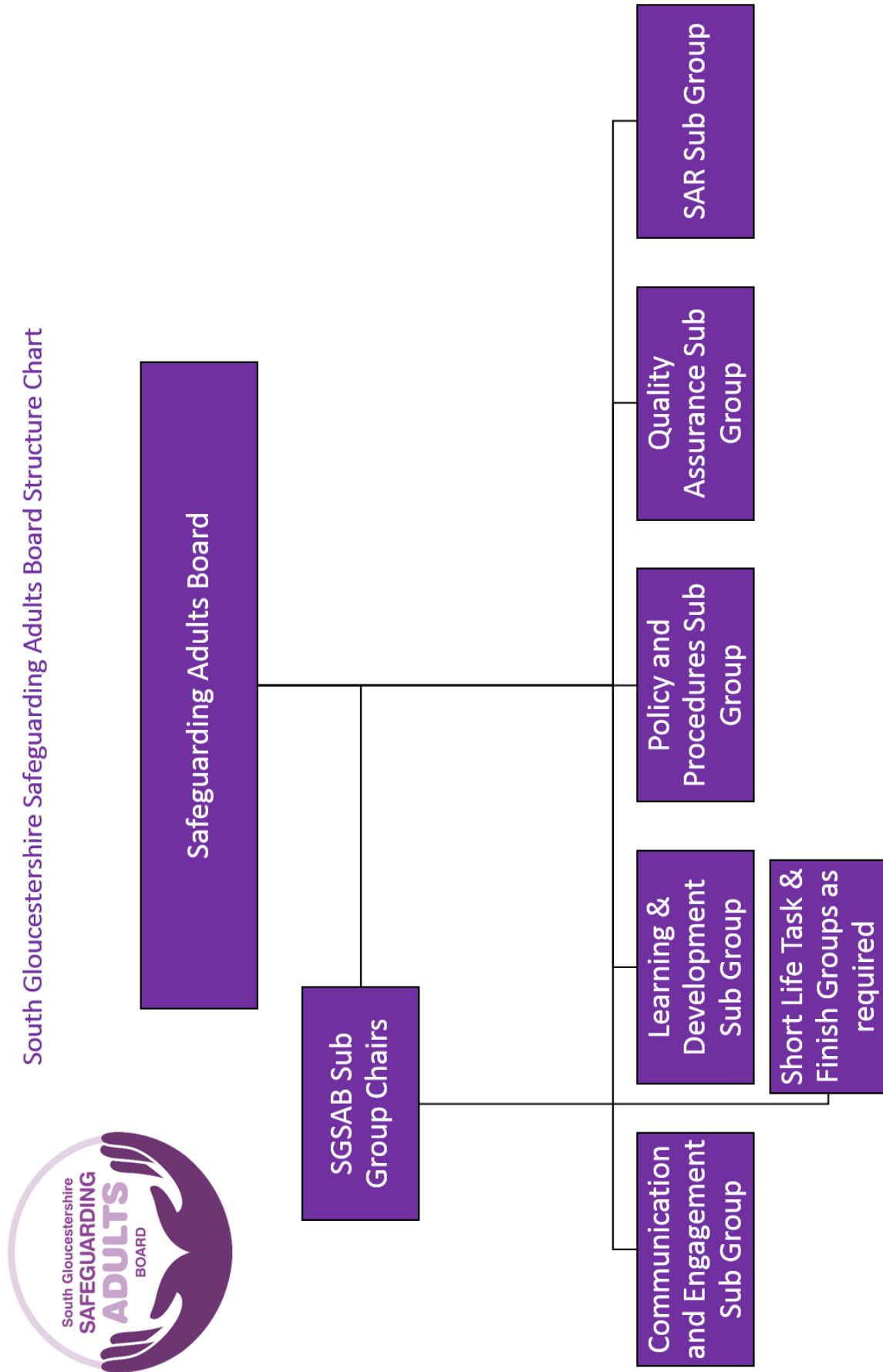
Call South Gloucestershire Council on **01454 868007**

Or **01454 615165** out of hours and at weekends

**If an adult is in immediate danger – please call 999 and ask for police assistance**



*What You Need to Know*



# Appendices

## Appendix Two: Memorandum of Understanding

### Context

**The Care Act 2014 sets out the statutory requirements of a Local Safeguarding Adults Board (LSAB)**

**This includes the following statements in respect of members of an LSAB:**

- 1) Members of an LSAB should be people with a strategic role in relation to safeguarding within their organisation. They should be able to:
  - speak for their organisation with authority;
  - commit their organisation on policy and practice matters; and
  - hold their own organisation to account and hold others to account.
- 2) All LSAB member organisations have an obligation to provide LSABs with reliable resources (which may include financial resources) that enable the LSAB to be strong and effective. Members should share the financial responsibility for the LSAB in such a way that a disproportionate burden does not fall on a small number of partner agencies.

**This Memorandum of Understanding sets out the South Gloucestershire Safeguarding Adults Board's expectations for members. The members shall, for the purpose of this Memorandum of Understanding, include the organisation and the individual representing the organisation who are defined as Statutory Board Members and Member Organisations ('Board Member').**

**Each Board Member will agree to accept the following responsibilities which shall commence immediately and will thereafter work diligently in accordance with the terms of reference of the Board and the duties placed on each member of the Board and their employing organisation in accordance with statutory requirements and guidance**

**This Memorandum of Understanding is not legally binding on any of the Members or Member Organisations and creates no legal rights or obligations.**

### Commitment to the Purpose and Objectives of the Board

**In order for the Board to operate effectively, Members must be committed to the collective purpose, ethos and aims of the Board. This means to:**

- 1) **Develop and deliver a Local Safeguarding Board in accordance with the range of roles and statutory functions as set out in the South Gloucestershire Safeguarding Adults Board Constitution.**
- 2) **Work effectively and efficiently so as to ensure the Board meets its statutory objectives which are to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding vulnerable adults in the area and to ensure the effectiveness of what is done by each such person or body for those purposes.**
- 3) **Support achievement of the priorities that have been agreed by the Board in its Strategic and Business Plan.**
- 4) **Ensure that confidential information is not shared beyond the Board without the permission of the chair.**



## Promote and Support the Objectives of the Local Safeguarding Adults Board

In order to ensure the work of the Board is effective, each Board Member shall be a champion for safeguarding adults at risk<sup>1</sup> adults. This means that:

- 1) Each Member shall scrutinise vigorously the arrangements in place within their own organisation in respect of working with vulnerable adults and carers to ensure that the arrangements are fit for purpose.
- 2) Each Member shall take such steps as are necessary within their individual organisation to promote improved arrangements where they deem appropriate.
- 3) Each Member shall promote effective communication, both within their organisation and with other partner organisations/agencies.
- 4) Each Member shall promote the work of the Board within their individual organisation and disseminate relevant documentation and information as appropriate so as to raise greater awareness of the issues relating to the safeguarding of adults amongst a wider community.

It is accepted that the role of the Representatives on the Board is slightly different in that they cannot have responsibility for other providers/members of the group they represent, however it is expected that they will undertake items 3 and 4.

This Memorandum of Understanding is signed by:

Name:

Organisation:

Signature

Date:

and received by the Strategic Safeguarding Service Manager

Name: Catherine Boyce

Date:

Signature

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Appendices

## Appendix Three: Membership and Attendance

Agency	Name	Role	Attendance
Independent Chair	Sally Lewis/Peter Murphy		100%
South Gloucestershire Council	Councillor Ben Stokes	Adults, Housing & Public Health Committee Chair	75%
	Catherine Boyce	Strategic Safeguarding Services Manager	75%
	Anne Clarke	Head of Adult Social Care & Housing	100%
	Mark Pietroni	Director of Public Health	0%
	Judith Eke	Team Manager, Safeguarding Adults	100%
	Mark Pullin	Stronger, Safer Communities Manager	75%
	Nick Thorne	Workforce Development Manager	75%
	Peter Murphy	Director, Children, Adults and Health	100%
	Rebecca Harrold	Commissioning Manager	100%
	Rosemary Johnson	Service Manager, Children, Adults & Health	75%
	Sarah Weld	Consultant in Public Health	50%
	Sarah Taylor	Board Business Manager	100%
Avon Probation Services (NPS)	Jayde O'Brien	Senior Probation Officer (Acting)	50%
Clinical Commissioning Group (CCG)	Paulette Nuttall	Head of Adult Safeguarding	100%
	Peter Bagshaw	Lead GP for Safeguarding	25%
	Anne Morris	Nurse Director, Head of Quality & Safeguarding	0%
Sirona Care & Health	Simon Allen	Safeguarding Lead	100%
North Bristol Trust	Gill Brook	Head of Patient Experience	25%
Avon Fire & Rescue Service	Neil Liddington	Unitary Group Manager	25%*
Milestones Trust	Jan Gresham	Director of Operations	25%
AWP	Fran McGarrigle	Clinical Director	100%
The Care Forum	Morgan Daly	Director of Community Services	100%
Care Quality Commission	Paul Chapman	Manager	25%
Merlin Housing Society	Paul Coates	Director of Housing and Communities	0%
Avon and Somerset Police	Mark Evans	Chief Inspector, Avon & Somerset Police	75%
AbleCare Homes	Sam Hawker	Director	100%
South West Ambulance Service	Simon Hester	Safeguarding Manager	0%*
Freeways	Sharon Prowse	Senior Manager	100%
Knightstone Housing	Mark Coates	Assistant Director, Supported Housing	50%
HMP Eastwood Park	Sue Smith	Head of Safety	0%
NextLink	Carol Metters	CEO	50%

\*Agreement for these agencies not to attend meetings

Appendices

## Appendix Four: Financial Report

SOURCE OF FUNDS	ADULTS
2017-2018 SAFEGUARDING CONTRIBUTION	KV367 CONTRIBUTION £
AVON & SOMERSET POLICE	£6,473.00
SOUTH GLOUCESTERSHIRE - CAH Department	£59,900.00
PROBATION	£500.00
<b>TOTAL Income</b>	<b>£66,873.00</b>
APPLICATION OF FUNDS 2017-2018 BUDGET OUTTURN	EXPENDITURE £
<b>PAY</b>	
Adult Safeguarding Board Manager	£22,571.47
Staffing	£0.00
Independent Chair	£5,500.00
<b>TOTAL</b>	<b>£28,071.47</b>
<b>NON PAY</b>	
Safeguarding Adult Reviews	0
Conference	£2,299.17
Conference attendance & contributions	-£3,650.00
Board Meeting Costs	£167.25
Publications/Procedures	
- The Granary subscription	£113.52
- SAR Thematic Review	£300.00
- Easy read annual report	£430.00
<b>TOTAL</b>	<b>-£340.06</b>
<b>TRAINING</b>	
Adult Safeguarding Training	£2,300.00
<b>TOTAL</b>	<b>£2,300.00</b>
<b>OTHER</b>	
Employee Travel & Other Costs	£578.76
<b>TOTAL</b>	<b>£578.76</b>
<b>TOTAL Expenditure</b>	<b>£30,610.17</b>
<b>Financial Outturn for Year</b>	<b>£36,262.83</b>

Appendices

## Appendix Five: Safeguarding Process

