



Bristol Clinical Commissioning Group

## Bristol Health & Wellbeing Board

### AGENDA ITEM 6

<b>Safeguarding Adults: Progress, challenges and opportunities</b>	
Author, including organisation	Kathy Eastwood on behalf of Louise Lawton, Independent Chair, Bristol Safeguarding Adults Board
Date of meeting	2 April 2015
Report for Information and Discussion	

#### 1. Purpose of this Paper

To introduce the Bristol Safeguarding Adults Board, Draft Annual Report 2014/15.

#### 2. Executive Summary

Bristol Safeguarding Adults Board (BSAB) becomes a statutory board on 1 April 2015. The Board has submitted an early report for 2014/15 to conclude its previous business prior to implementing its new structures and strategic plan.

Data for the last quarter of 2014/15 is not yet available. The report will be formally signed off by the BSAB on 15 April 2015 and the report will be published in accessible format after that date.

#### 3. Context

The -Care Act comes into force in April 2015. This legislation puts safeguarding adults boards on a strong statutory basis, better equipped both to prevent abuse and to respond when it occurs.

The BSAB must work to an annual business plan and report on the delivery of this plan through an annual report. The business plan is reported on in the section “How have we made a difference?” within the report attached as Appendix A.

**4. Key risks and Opportunities**

These are contained within the body of the report attached.

**5. Implications (Financial and Legal if appropriate)**

None for the purposes of this report

**6. Recommendations**

That the Health and Wellbeing Board discusses the progress, opportunities and challenges contained within the BSAB Draft Annual Report 2014/15.

**7. Appendices**

Appendix A: Bristol Safeguarding Adults Board Draft Annual Report 2014/15



# **Bristol Safeguarding Adults Board**

## **Annual Report 2014/15**

**DRAFT**

### **Our Vision:**

Working together through successful partnership to safeguard and promote the wellbeing of people at risk of abuse, neglect or harm. Together, with local communities in Bristol, we will ensure preventing and tackling abuse and neglect is everybody's business.

## Message from the Independent Chair

It is my pleasure to introduce the 2014/15 Safeguarding Adults Annual Report on behalf of Bristol Adult Safeguarding Board. I hope that you find it an interesting and useful document. It provides evidence of progress against the board's business plan as well as our response to the complex and ever changing safeguarding agenda. It also recognises issues for future work and sets out the future priorities of the board.

I was appointed the first Independent Chair of Bristol Adult Safeguarding Board in September 2015. I have never worked in this region so I have enjoyed learning about the dynamic and diverse city of Bristol. I have found strong working relationships and a wealth of safeguarding knowledge and expertise across all partners. The Board is well-attended and enthusiastic, with members willing to contribute their time and expertise to ensure that the people of Bristol are effectively safeguarded.

The Care Act comes into force in April 2015. This legislation puts safeguarding adults boards on a strong statutory basis, better equipped both to prevent abuse and to respond when it occurs. In Bristol we have actively prepared for this by identifying a work programme to ensure that we meet the new responsibilities laid down in the Act. Some of our board partners have faced continued change over the last year, and resources remain a challenge in all agencies. Nonetheless, all partners have remained solidly committed to the safeguarding adults agenda and partnership working which is evident in the work that has been completed over the last 12 months.

Over the next year there is a lot to do, but I believe we have the commitment and I hope your support to achieve.

Louise Lawton

Independent Chair - Bristol Adult Safeguarding Board

## 1. Who we help

1.1 Safeguarding Adults will help anyone who is

“over 18 years old and is or may be in need of community care services by reason of mental or other disability, age or illness, **and** who is or may be unable to take care of him or herself, **or** is unable to protect him or herself against significant harm or exploitation”

This definition comes from the safeguarding adults policy guidance, No Secrets, published in 2000.

1.2 The Care Act comes into force in 2015 and will change the definition of who safeguarding adults will help: From April 1<sup>st</sup> 2015 we will help

“Anyone who has a need for care and support and is experiencing, or is at risk of, abuse and neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect”

As well as helping people who are experiencing abuse and neglect caused by someone else, from April 2015 we will also help people who are at risk of harm because of their own self neglect.

## 2. Who did we help in 2014/15?

***NB these are figures for the first 3 quarters of 2014/15. The Annual Report will be published in May 2015 after the final quarter data is available.***

In the first three quarters of 2014/15 Bristol City Council received 3483 alerts. 682 of these alerts were analysed by the BCC triage team and taken into the multi agency safeguarding process. The remaining alerts were either resolved quickly within triage or via a community care process.

Of the 682 cases, 605 have now been concluded. 287 were either fully or partially substantiated, 120 were found to be unsubstantiated, the remaining cases were “inconclusive”. Inconclusive outcomes often occur where there are mental capacity issues and the adult at risk is unable to give their own account and there are no witnesses. In these cases a protection plan is still put into place as the person may still be at risk of further harm or neglect.

## **2.1 How were people being harmed?**

40% of alerts were about alleged physical harm. Neglect was alleged in 27% of alerts, financial abuse in 14% and psychological abuse in 13% of alerts. Sexual abuse was alleged in 4% of alerts received.

## **2.3 Where did the alleged abuse happen?**

38% of all alleged abuse took place in victims own home, 26% took place in a care home setting. Other incidents took place in hospitals, day centres, in another person’s home or in a public place.

## **2.4 Who reported alleged abuse?**

27% of cases were reported by Health partners

27% of cases were reported by providers

6% of cases were reported by the Police

Family or friends reported 5% of cases.

There were 19 self-referrals – 1% of cases reported in the first 3 quarters.

Frequently people report to another professional who will then alert Bristol City Council. These are not counted as “self referrals” at present.

### 3. About us

The Bristol Safeguarding Adults Board (BSAB) has been in existence since 2006 as a strategic partnership of agencies in Bristol committed to work together to safeguard adults at risk. In 2014/15 the BSAB has been a partnership of statutory and non statutory agencies, including providers of services and a representative of Bristol Older People's Forum. Details of Board members can be found in appendix 1 of this report.

The BSAB becomes a statutory board in April 2015. In preparation we have recruited an independent chair and business support for the Board.

### 4. What we do

4.1 The BSAB meets four times a year. The BSAB must make sure that there are arrangements for preventing harm and reacting to allegations of abuse in all agencies who work with potential adults at risk in Bristol. The BSAB holds partner agencies to account to ensure they are protecting groups who may be vulnerable to abuse.

4.2 The BSAB must work to an annual business plan and report on the delivery of this plan through an annual report. The business plan is reported on in the section below, **"How have we made a difference?"**

4.3 BSAB reviews and updates the safeguarding adults policy for Bristol, all agencies working in Bristol must adhere to this policy. The Board must make sure that quality assurance, performance management and communications strategies are in place, are put into practice and are working effectively.

4.4 BSAB commissions Serious Case Reviews and other lessons learned events when there are concerns that a failure of agencies to work together has led to serious harm or the death of an adult at risk.

4.5 Finally BSAB must develop, implement and review a safeguarding adults learning and development strategy that assures that staff in Bristol can safeguard in practice.

4.6 In pursuing these aims the BSAB also works with other regional Safeguarding Adults Boards and Bristol Safeguarding Children's Boards to share ideas and solutions.

4.7 The Board conducts its Business through the following sub groups:

Policy

Quality assurance

Communication and publicity

Learning and Development

## **5 How have we made a difference?**

In 2014/15 the Bristol Safeguarding Adults Board has :

- Increased its independence by appointing an independent chair, funded by agencies represented on the Board. Board members also funded a part time Business Support Officer dedicated to the work of the Board.
- Reviewed and published updated safeguarding adults policy and procedures, "No Secrets in Bristol" 2014.
- Worked closely with members of the Bristol Safeguarding Childrens Board to support the recruitment of an independent chair and improve links between the Safeguarding Childrens Board and BSAB. The Bristol City Council Assistant Mayor for People has joined the BSAB as a member, providing an important link to people Scrutiny and the Mayor and Health and Wellbeing Board.

- BSAB worked with four of its adjoining local authorities, North Somerset, Bath and North East Somerset, South Gloucestershire to produce an overarching sub regional policy. This is an important first step toward a regional consortium. With colleagues from North Somerset, South Gloucestershire and Avon and Somerset police we have considered the merits and possibilities of an Executive Safeguarding Adults Board. However after an early options appraisal it was considered that the timing was not yet right for this. A website shared with adjoining local authorities is also being actively considered. These approaches will ensure a consistency of response for adults at risk living in these local authorities as well as bringing the experience and resource of several Safeguarding Adults Boards together to create better systems to prevent abuse and protect adults at risk.
- Reviewed and updated the levels of training appropriate for different professional and non professional groups working with or in contact with adults at risk. ( *Business Plan outcome 7* )
- Developed a multi agency competence framework for staff working with safeguarding adults across Bristol. ( *Business Plan outcome 7* )
- Completed a multi agency audit of whistle blowing protocols and produced an action plan to address any gaps in practice. ( *Business Plan outcome 1* )
- Commissioned three Serious Case Reviews, to be published in 2015.
- Undertaken preparatory work for the implementation of the Care Act 2014.
- Undertook some of the initial scoping work around what resources are available, and the gaps in the provision of advocacy for adults at risk, during 2014. The Care Act brings new statutory duties for advocacy to be available for all adults who are experiencing significant difficulty in being involved in safeguarding, Bristol City Council will be commissioning these services ready for April 2015. ( *Business Plan outcome 2* )

- Involving adults at risk in strategic decision making as well as in their own safeguarding was a key BSAB priority for 2014/15. BSAB has made some progress toward these objectives, we have initiated an equalities impact assessment of referrals to inform better stakeholder engagement. ( *Business Plan outcome 3*) We have also worked with the national Making Safeguarding Personal programme to test out accessible information about safeguarding. This will help us to support adults at risk to define their own outcomes from the safeguarding adults process. Using lessons learned from awareness activities in 2014 we will also launch new involvement initiatives during the two service user conferences planned for June 2015. ( *Business Plan outcome 8*)
- Improving the way we share information to prevent harm as well as protect was another key priority for BSAB during 2014/15 (*Business Plan outcome 4*) which will be carried through its work in the next year. The Board is actively engaged in discussions to create a multi agency safeguarding hub, or MASH, in Bristol. Serious Case Reviews nationally and locally highlight the failure of agencies to communicate and work together as a key reason for the serious harm or death of adults at risk. A MASH has the potential to enable the Council, the police and health agencies to share crucial information and make plans together to prevent and/or stop the abuse of individuals.

## 6. What we will do in the future

As noted in section 5 we have begun to identify our future priorities. In addition to those already mentioned we will also;

- Review the role, responsibilities, membership and infrastructure of the Board
- Continue to develop an Assurance Framework
- Establish an effective mechanism to involve people who use services in the work of the Board

Finally, the BSAB will work with information and performance officers in partner agencies, as well as the newly appointed Bristol City Council safeguarding analyst, to create a performance monitoring framework which will support the new statutory functions of the Board.

## 7. Bristol Safeguarding Adults Board Partners

The agencies who make up the BSAB are all committed to improving their ability to prevent harm as well as to identify and react to allegations of abuse toward the people they work with. At the end of 2014 each BSAB agency was asked to consider the following questions :

1. What are your top achievements?
2. What do you consistently do well?
3. What are your current top priorities for improvement?
4. Outline your plans for addressing these.

Full reports can be found in appendix 3. Below are excerpts from the Partner reports:

### **Avon and Somerset Constabulary:**

Safeguarding continues to be an integral part of our business strategy. Over the past year, there have been significant changes within our organisation, with the focus being on placing the victim at heart of our processes. The creation of the Lighthouse project, trialled in Bristol from March 2014 to September 2014 prior to being implemented force wide. It has ensured a high level of support for all enhanced victims, including those within the Adult Care arena. Referrals for vulnerable adults have increased over the past twelve months by around 100%. This indicates increased confidence from partners and service users in approaching the police for assistance and has also resulted in increased knowledge in operational staff at identifying vulnerable

people. In addition, safeguarding vulnerable adults now forms part of a mandatory training package for all new police staff and police investigators.

Our current priorities for improvement are to organise and implement a formal Multi Agency Safeguarding Hub. This will enable all partner agencies to have a shared vision and approach towards safeguarding vulnerable persons. This has ensured a holistic approach to risk management and risk reduction as well as service user support.

### **Avon and Wiltshire (Mental Health) Partnership**

Safeguarding has remained a central focus of the Bristol locality through the year, with the Bristol Head of Profession and Practice identified as the locality lead with expert support and advice from the Trust Safeguarding team. This ensures clear leadership and accountability structures are in place and visible throughout the organisation so that staff receive consistent and appropriate messages about organisational priorities in relation to safeguarding adults. AWP continue to work closely with Bristol City Council safeguarding teams to ensure that individuals are safeguarded. This included a pro-active approach in raising an institutional safeguarding concern for one of our inpatient units, due to the high level of patient on patient incidents. The Trust has worked closely with BCC safeguarding and commissioners to ensure that individuals are safeguarded, and the institutional alert was lifted.

We have continually maintained appropriate training levels across the services in 2014/15, with levels of training consistently above 90% for levels 1&2, and for level 3 safeguarding children. Training remains a standing item at all governance meetings to ensure that standards are maintained within this area.

A challenge this year will be ensuring that provision of care and adherence to safeguarding procedures are not adversely affected by the multiple-providers who are now delivering mental health care within Bristol, as part of the new contracted services that Bristol CCG have commissioned. Whilst individual providers are responsible for adherence to safeguarding standards, AWP as

the System Leader is commissioned to act as the integrator for the whole system of mental health care in Bristol. The role includes ensuring that each of the providers have a consistent and holistic approach to service delivery covering certain key areas and practices. This requires that policies are aligned and frameworks and procedures are developed and in place. Work is underway, through a Clinical Leads network, to agree a protocol that sets out how Bristol Mental Health (BMH) service providers can work together under existing standards, to ensure the system operates effectively in identifying, sharing and acting on safeguarding issues.

## **Bristol City Council**

### **Adult Care:**

This year we have developed and launched a new pathway for safeguarding adults at risk in Bristol. We have ensured that we can respond to alerts consistently within 24 – 48 hours, initiate partnership work with the people making alerts and ensure resources are targeted on the most risky situations. Whilst hospital teams focus on safeguarding activities that need to be undertaken prior to discharge, community teams focus on the investigative stage of safeguarding and monitoring protection plans.

We work with providers across Bristol to identify the causes of harmful or neglectful practice, using the skills and knowledge of trained safeguarding nurses, in order to create targeted protection plans to improve services. We work closely with providers to minimise loss of resources available whilst ensuring the safety of people using those services.

We will begin the implementation of the new statutory safeguarding duties in partnership with statutory and non statutory partners from April 2015 onward. Within these new duties we particularly want to ensure that people who are adults at risk and using the safeguarding adults process are as involved as possible in their own safeguarding. We aim to increase the consistency and depth of risk assessment and joint decision making by creating a Multi agency Safeguarding Hub with statutory partners in Bristol.

## **Housing**

All our homelessness prevention services have been re commissioned and there are clearer contracts, contract monitoring and service improvement processes in place. This includes the requirement for SIRs (Serious Incident Reporting) and sharing of any safeguarding concerns. We are proud of growing strength of our Homelessness Agencies Meetings - a forum for partner organisations to raise concerns and encourages a partnership approach to help all services improve. These also provides a venue to enable shared training and promoting good practice. We have a strong focus on feed back, we encourage the greater use of feedback for identifying issues/ informing service development. This is monitored on a quarterly basis and fuller discussion encouraged at 6 month review. Stakeholder interviews with clients take place at least annually.

## **Bristol Clinical Commissioning Group (CCG)**

Our top achievements include setting up the CCG Safeguarding Group. We have recently secured funding for a Safeguarding Adults GP, one session per week for the next two years. We are developing a CCG website to provide up to date Adult Safeguarding information for adults at risk, and to use the site as a resource of up to date information relating to Adult Safeguarding. We have a good Strategic Leadership Structure which is consists of; Transformation and Quality Director, Safeguarding Adults Lead, Named GP Safeguarding Adults, Head of Quality and a MARAC Nurse.

The Care Home Support Team's work is part of the Operational Resilience and Capacity Planning. The team's aim is to work in partnership with care homes using a preventative model of approach, where there are on-going institutional safeguarding concerns or where homes are coming out of the safeguarding process. The key objective is to support the home as they work through the service improvement plan and to increase the capacity of nursing and dementia beds across Bristol.

The Safeguarding Adults Lead continues to work closely with the Continuing Health Care and Quality Team; Local Authority Commissioners and the Safeguarding Strategic Team and clinical support nurses and CQC in relation

to safe care in care homes. Formal and informal communications are firmly embedded. Whole home investigation and early detection of any safeguarding concern are shared between agencies through effective partnership working to improve standards and quality of care. This has resulted in a much more robust, proactive and responsive multi agency working.

We will continue to provide support to primary care staff to develop awareness and knowledge of their Safeguarding Adult responsibilities. We are working with partners to contribute to the development of a Multiagency safeguarding Hub (MASH) in Bristol.

### **Bristol Community Health**

Our top achievements include the development of a system to improve safety for vulnerable people who are self-neglecting or under safeguarding processes through our incident reporting and monitoring system which links directly with our safeguarding lead who reviews all incidents. We have good information sharing systems with the Local Authority and CCG when there are concerns about delivery of care. We have also developed the role of Clinical Support Nurses within BCC safeguarding team as an integrated model. We have a strong group of link practitioners in our organisation, our safeguarding team structure mirrors the Think Family philosophy and includes the Named Nurse role.

### **North Bristol Trust**

The Trust has introduced a new Software system which is used to manage safeguarding referrals as well as complaints and clinical governance investigations, allowing greater synergy between the three investigations strands. We have introduced a new governance structure for the safeguarding adults agenda. The Learning Disabilities and Dementia operational groups now sit under the safeguarding adult's operational group. This group is chaired by the Trusts Adult Safeguarding Lead and this reported to the Trusts Overarching Safeguarding Group which is chaired by the Director of Nursing.

Domestic Abuse and Violence has gained greater prominence over the last year with issuing of NICE Guidelines for NHS Provider Trusts. Independent Domestic Violence Advocates are now available within the Trust emergency Department.

#### **Provider representative of Older People's services - Brunel Care**

Over the last year we have increased the awareness of safeguarding issues in the care homes, undertaken work to identify and understanding the trends and causal factors behind the incidents. This work has enabled us to introduce proactive measures in order to decrease safeguarding incidents in the homes. We do make sure we learn from incidents that occur by debriefing with staff in order to prevent reoccurrence. We work in partnership with the Safeguarding team in order to provide information required, initiate appropriate actions and preventative measures and ensuring that positive outcomes can be achieved. In the next year we will use of external training consultant in Dementia Care who will work with staff in all of our homes to ensure that Human Rights and Safeguarding are a fundamental part of the culture of the home. Home Managers will be fully engaged with these sessions with their staff so that the culture change is fully embraced from the leadership perspective of each home.

#### **Provider representative of services for people with learning difficulties – Freeways Trust**

All our staff have signed up to a values statement which was written with a service user group and part of the recruitment process for new staff. Service User groups are involved in the review of policies relating to them and our focus groups meet regularly where concerns can be raised and clients can influence practice. Next year we will involve service users in the Quality Assurance process with the aim of a more holistic view of a service and also support the empowerment of SU and inclusion into organisational systems. We will be reviewing our safeguarding policy, keeping people safe, with the service user group at Freeways.

Service reviews are now embedded into procedure and these allow the organisation to identify themes to ensure are met through the organisational training strategy. As part of induction all new recruits meet the directors of the organisation who emphasise the organisations positive commitment to complaints, dealing with safeguarding concerns appropriately and whistleblowing. The intervention from the directors also reduces the barriers to reporting of senior people within each service.

All services have a registered dignity champion and access to network events. A number of events are held throughout the organisation annually. Every trustee meeting makes reference to any safeguarding concern and an annual audit is presented pertaining to complaints and safeguarding concerns.

### **South Western Ambulance Service NHS Foundation Trust (SWAST)**

Following organisational review a new full-time post was created for a Safeguarding Named Professional for the North sector of SWAST (covering Avon, Gloucestershire and Wiltshire). This provides a local contact for safeguarding within SWAST for all other agencies and provides the Trust with a strategic lead within Safeguarding in the North sector of the Trust. We have been able to expand the Safeguarding Team within SWAST and establish an internal Safeguarding Operational Group with representation from Education, Risk, Clinical and Information Governance.

We have delivered Dementia awareness training for frontline staff. This dementia module covered care and management of dementia patients, safeguarding awareness and issues as well as increased awareness of dignity and respect in terms of management of these patients. This year there is a module on the statutory mandatory training for 2014-2015 on domestic abuse to include use of the DASH risk assessment, how to deal with a disclosure of domestic abuse, how to talk to victims alone safely and other domestic abuse learning and issues.

### **University Hospitals Bristol**

During the last year the management and governance arrangements for safeguarding in the Trust have been strengthened further. There is now a standalone adult safeguarding operational group that feeds into an overarching Safeguarding Steering Committee. This allows for even greater operational scrutiny by monitoring progress against a work plan, and provides a forum for future planning for both national and local guidance and legislation. We have introduced e-learning for both level 1 and 2 adult safeguarding. There is good evidence to demonstrate that the impact of the Independent Domestic Violence Advisers have made significant contribution in providing a specialist support to high-risk victims of domestic abuse and their children. We work collaboratively and effectively with the Trust's children's safeguarding team.

We plan to continue to develop and promote the process for safeguarding supervision across the Trust. We are also planning the expansion of the reporting of Female Genital Mutilation (FGM) data across the Trust, as required by the Department of Health. To do this we will form a short life-working group to facilitate the process of reporting of Female Genital Mutilation (FGM) data from across the Trust

## **Appendix 1**

### **Bristol Safeguarding Adults Board Membership**

2014/2015

Louise Lawton - Independent Chair of BSAB

Carmel Brogan – Housing Policy and contracts, Bristol City Council

Mark Bunker - Head of Professions and Practice, Avon and Wiltshire Partnership

Nicky Caldecott – Patient Experience Manager, NHS England

Sean Collins – Adult Safeguarding Lead, North Bristol Trust

Linda Davies – Adult Safeguarding lead, University Hospitals Bristol

Carol de Halle – Assistant Director, NHS England

Mick Dixon – Assistant Chief Fire Officer, Avon Fire and Rescue Service  
Aileen Fraser - Clinical Director, Bristol Community Health  
Claire Hayward - Director, Freeways  
Mike Hennessey - Service Director Care Management, Director of Adult Social Services, Bristol City Council  
Mike Hook - Team Leader Bristol Impact, Probation service  
Tracey Judge - Strategic Safeguarding Adults / MCA & DoLS Co-ordinator, Bristol City Council  
Johnson Koikarra - MCA / DoLS Co-ordinator, Bristol City Council  
Jan Little - Care Homes Director, Brunel care  
Ali Mann - Named Professional Safeguarding, South Western Ambulance Trust  
Brenda Massey – Deputy Mayor, Councillor and lead member for People  
Alison Moon - Director of Quality, Bristol Clinical Commissioning Group  
Helen Morgan - Deputy Chief Nurse, University Hospitals Bristol  
Paulette Nuttall- Safeguarding Adult Lead, Bristol Clinical Commissioning Group  
John Readman - Strategic Director People, Bristol City Council Mary Ryan - Neighbourhoods (Landlords)  
Kate Spreadbury - Service Manager, Strategic Safeguarding Adults & DoLS, Bristol City Council  
Rachel Williams - Head of Protect – Avon & Somerset Constabulary

The SAB is supported by:

Bronwen Lawton - SAB Administrator / Minute Taker

### **Sub group Chairs:**

Policy Sub group – Aileen Fraser, Clinical Director, Bristol Community Health  
Training Sub Group – Linda Davies, Adult Safeguarding lead, University Hospitals Bristol  
Publicity and Communications Sub Group – Claire Hayward, Director, Freeways  
Quality Assurance sub group – Kate Spreadbury, Service Manager, Strategic Safeguarding Adults & DoLS, Bristol City Council

## Appendix 2



# BRISTOL SAFEGUARDING ADULTS BOARD BUSINESS PLAN 2014 – 2015

## Agreed Priorities

During the next year Bristol Safeguarding Adults Board (BSAB) will assure itself that :

1. The Safeguarding Adults Board is motivated, effective, challenging & focused with consistent and effective leadership and appropriate support for its core functions.
2. Members of the public & staff are aware and know how to
  - prevent harm
  - recognise abuse
  - report suspected or actual harm
3. Service users are at the centre of safeguarding adults processes, all safeguarding activity is person centred and outcome focused, with the preferred outcomes of adults at risk informing investigations and protection plans.
4. There are clear transparent systems to audit and analyse safeguarding activity, which will inform regular reports to enable BSAB to scrutinise safeguarding arrangements and monitor the BSAB business plan, and will inform reports to Scrutiny and the Health and Wellbeing Board.
5. Structures and protocols are developed for working jointly with the Local Childrens Safeguarding Board, particularly in relation to the transition period into adulthood for children in care and exploring alignment where possible.
6. Opportunities are identified and taken to improve partnership working, for example by co location or other joint arrangements
7. There is full engagement from Board partners in creating a consortium with neighbouring Safeguarding Adults Boards to maximise the use of resources and engage fully with regional partners in intelligence sharing and dissemination of best practice.

Outcome		Deliverable	Tasks	Date	Action by/cost:
<b>1</b>	Whistleblowers in Bristol are supported appropriately by all agencies and though safeguarding adults procedures	<p>All agencies positively support whistle blowers.</p> <p>Safeguarding procedures contain publicised protocols for supporting whistleblowers</p>	<p>Audit of arrangements in all agencies</p> <p>Identification of gaps in practice and development of action plan</p> <p>Review existing whistleblowing protocols.</p>	<b>Completed</b>	Policy sub group
<b>2</b>	Adults at risk and their carers have access to trained advocacy services whilst using safeguarding adults services, and/or whilst living in high risk environments	A range of aware advocacy services is available to all adults at risk and carers identified through safeguarding adults referrals or through commissioning arrangements.	<p>1. Identify existing services and usage</p> <p>2. Ascertain capacity</p> <p>3. identify level of training needed</p> <p>4. Identify resource issues</p>	<b>Scoping completed, now being commissioned as part of the Care Act arrangements</b>	Policy sub group
<b>3</b>	Undertake an Equalities Impact Assessment on safeguarding arrangements. Use this to strengthen and improve	<ul style="list-style-type: none"> <li>• Equalities Impact Assessment and analysis</li> <li>• Inform a preventative strategy, and improve</li> </ul>	<p>5. Undertake EqIA</p> <p>6. Consider how analysis will inform</p>	<b>Analysis initiated, final report by July 2015</b>	Policy sub group

Outcome		Deliverable	Tasks	Date	Action by/cost:
	safeguarding prevention and reporting in all communities.	services to harder to reach communities	preventative strategies 7.Report on analysis to SAB		
4	Agreed formal arrangements for information sharing between safeguarding, Commissioners, providers, care coordinators and monitors of patient safety	<ul style="list-style-type: none"> <li>• Agree system for information sharing including interface with Quality Surveillance group, CQC , health and social care</li> <li>• Formal agreement and arrangements signed up to at Executive level by all Board partners</li> </ul>	<ul style="list-style-type: none"> <li>• Identify current arrangements and gaps</li> <li>• Produce agreed system</li> <li>• Negotiate formal agreement</li> </ul>	<b>April 2015 as part of the Care Act Arrangements</b>	Policy sub group
5	Identified services where there are inherent risks, monitor, undertake preventative work and confirm escalation pathway	<p>High risk services in Bristol are known</p> <p>Formal multi agency arrangements and agreements for monitoring are in place with agreed escalation pathway</p>	<ul style="list-style-type: none"> <li>• Define and agree “high risk service”</li> <li>• Agree arrangements for monitoring and escalation for BSAB approval</li> </ul>	<b>Completed</b>	Policy sub group
6	A performance framework which	Develop and implement	Develop and implement a reporting	<b>Delayed,</b>	Performance

Outcome		Deliverable	Tasks	Date	Action by/cost:
	<p>delivers:</p> <p>Regular audits of process and practice across multi agency partners</p> <p>Quality information from service users and carers</p> <p>Exception reports to the Board across identified indicators</p> <p>Lessons learned reports and action plans from the QA sub group</p> <p>Identification of good practice for dissemination</p> <p>Performance and quality audits inc. service user feedback to Scrutiny, Health and Wellbeing Board, within annual report</p>	quantitative and qualitative auditing, reporting and monitoring mechanisms	<p>framework to inform the BSAB and all scrutinising and governing bodies.</p> <p>Develop and implement an auditing framework of practice for use within HSC and with partners.</p> <p>Develop quality auditing systems which encompass the views and experiences of service users and carers.</p> <p>Continue to use the Quality Assurance sub group to build on lessons learned from critical incidents, complaints, case sampling, Serious Case Reviews, with a focus on the</p>	<p><b>analyst not in post until December 2014. Framework to be operational by July 2015</b></p> <p><b>In place</b></p> <p><b>Project now complete February 2015 Now being implemented throughout all Safeguarding activity</b></p> <p><b>On going</b></p>	<p>Sub group</p> <p>Quality Assurance sub group</p> <p>Supported by the strategic safeguarding service SA analyst, cost £38k</p>

Outcome		Deliverable	Tasks	Date	Action by/cost:
			relationships and professional challenge between agencies.		
7	<p>A competence framework for Safeguarding Adults underpins all learning and development.</p> <p>A competence framework for Mental capacity act training underpins all learning and development</p> <p>Training is continually updated and reflects changes in policy and practice</p> <p>Ensure the quality of safeguarding adults training</p> <p>Elected members are aware of safeguarding adults policies, protocols and practice issues.</p>	<p>Competence frameworks used by all agencies in Bristol</p> <p>Levels of training reviewed and mapped against competences</p> <p>A safeguarding passport to enable staff to transfer competences between workplaces</p> <p>Quality audit for training used by health and social care quality assurance teams and available to commissioners</p> <p>Training events for elected members</p> <p>Development half day for BSAB annually</p>	<p>Confirm competence framework for safeguarding adults</p> <p>Develop competence framework for mental capacity act</p> <p>Map and audit existing training.</p> <p>Develop quality audit</p> <p>Provide awareness workshops for BCC elected members.</p> <p>Half day workshop for BSAB in January 2015</p>	Completed	<p>Training Sub Group</p> <p>SAB partners who commission services.</p>

Outcome		Deliverable	Tasks	Date	Action by/cost:
8	<p>All BSAB partners and neighbouring Boards, engage in annual public awareness campaigns.</p> <p>Publicity work is coordinated and uses resources available effectively</p>	<p>An annual one week awareness campaign across the sub region</p> <p>A calendar of awareness raising events</p> <p>An annual event for service users</p> <p>An annual conference for people working with adults at risk</p>	<p>Engage and plan with local boards, BSAB partners inc Safer Bristol, neighbourhood partnerships, forums, and all services engaged in neighbourhood working</p>	<p><b>First annual campaign – June 2014, second planned for June 2015</b></p>	<p>Publicity sub group</p> <p>£5k publicity resource</p>
9	<p>Service users and their advocates are involved in developing the strategic and operational activities of the Board</p>	<p>Consultation with and representation from service user groups to BSAB</p> <p>Service users using the safeguarding processes are self determining whenever possible, well informed and supported. Safeguarding adults activity is person centred and outcomes</p>	<p>Convene task and finish group</p> <p>Build on pilot for outcomes focused safeguarding activity</p>	<p><b>Not yet complete</b></p> <p><b>Pilot complete, person centred and outcomes focus now being implemented in</b></p>	<p>Task and finish group – service users/carers</p> <p>Service manager, Safeguarding Adults</p>

Outcome		Deliverable	Tasks	Date	Action by/cost:
		<p>focused</p> <p>Service users influence training and have access to training and development opportunities.</p>		<p>all safeguarding activity.</p> <p>Not yet initiated</p>	

## **Appendix 3 Partner Reports**

### **Avon and Somerset Constabulary:**

#### **1. What are your top achievements?**

Safeguarding continues to be an integral part of our business strategy. Over the past year, there have been significant changes within our organisation, with the focus being on placing the victim at heart of our processes. The creation of the Lighthouse project which was trialled in Bristol from March 2014 to September 2014 prior to being implemented force wide. It has ensured a high level of support for all enhanced victims, including those within the Adult Care arena. We have restructured our internal processes. This has meant that referrals for service users who reach the threshold for a discussion under the Adult Safeguarding procedures are highlighted at an early stage, enabling swift interaction with relevant partner agencies.

#### **2. What do you consistently do well?**

Information sharing and links with relevant partners is an area which has built upon a solid foundation. It has continued to improve throughout the year. Referrals for vulnerable adults have increased over the past twelve months by around 100%. This indicates increased confidence from partners and service users in approaching the police for assistance. And has also resulted in increased knowledge in operational staff at identifying vulnerable people. In addition, safeguarding vulnerable adults now forms part of a mandatory training package for all new police staff and police investigators.

#### **3. What are your current top priorities for improvement?**

Our current priorities for improvement are to organise and implement a formal Multi Agency Safeguarding Hub. This will enable all partner agencies to have a shared vision and approach towards safeguarding

vulnerable persons. This has ensured a holistic approach to risk management and risk reduction as well as service user support.

#### **4. Outline your plans for addressing these.**

Plans for the MASH are developing at a steady pace. Several project board meetings having taken place over the past six months. A separate working party has now been set up to look at the criteria and shared vision across all agencies. This will meet at the beginning of March and there will be two further meetings over the following three months. These meetings will identify the priorities for the MASH and how they will best meet the needs of relevant vulnerable persons. The identification of Adult Safeguarding issues will be one of the cornerstones of the process together with domestic abuse and child protection.

### **Avon and Wiltshire (Mental Health) Partnership**

#### **1. What are your top achievements?**

Safeguarding has remained a central focus of Bristol locality through the year, with the Bristol Head of Profession and Practice identified as the locality lead with expert support and advice from the Trust Safeguarding team. This ensures clear leadership and accountability structures are in place and visible throughout the organisation so that staff receive consistent and appropriate messages about organisational priorities in relation to safeguarding adults. AWP continue to work closely with BCC safeguarding teams to ensure that individuals are safeguarded. This included a pro-active approach in raising an institutional safeguarding concern for one of our inpatient units, due to the high level of patient on patient incidents. The Trust has worked closely with BCC safeguarding and commissioners to ensure that individuals are safeguarded, and the institutional alert was lifted.

## **2. What do you consistently do well?**

AWP (Bristol) have continually maintained appropriate training levels across the services in 2014/15, with levels of training consistently above 90% for levels 1&2, and for level 3 safeguarding children. Training remains a standing item at all governance meetings to ensure that standards are maintained within this area.

## **3. What are your current top priorities for improvement?**

Ensuring that provision of care and adherence to safeguarding procedures are not adversely affected by the multiple-providers who are now delivering mental health care within Bristol, as part of the new contracted services that Bristol CCG have commissioned.

## **4. Outline your plans for addressing these.**

AWP are the 'System Leader' as part of the new contracted services, and whilst individual providers are responsible for adherence to safeguarding standards, System Leader is commissioned to act as the integrator for the whole system of mental health care in Bristol. The role includes ensuring that each of the providers has a consistent and holistic approach to service delivery covering certain key areas and practices. This requires that policies are aligned and frameworks and procedures are developed and in place. Work is underway, through a Clinical Leads network, to agree a protocol that sets out how Bristol Mental Health (BMH) service providers can work together under existing standards, to ensure the system operates effectively in identifying, sharing and acting on safeguarding issues.

This will be to ensure there are no gaps / blockages as a consequence of services being delivered by multiple providers and secondly, to utilise the scope of services and interaction with service users, carers and the public to improve the support the identification of safeguarding issues and timely decision making and action.

## **Bristol City Council**

### **Adult Care**

#### **1. What are your top achievements?**

This year we have developed and launched a new pathway for safeguarding adults at risk in Bristol. Alerts received by the local authority are analysed by a triage service staffed by senior practitioner social workers and the most proportionate response to protect and/or support the person decided upon. This ensures that we can respond to alerts consistently within 24 – 48 hours, initiate partnership work with alerters and ensure resources are targeted on appropriate activity.

Whilst hospital teams focus on safeguarding activities that need to be undertaken prior to discharge, community teams focus on the investigative stage of safeguarding and monitoring protection plans.

The UK Supreme Court decision of March 2014 clarified the definition of deprivation in Deprivation of Liberty Safeguards (DOLS), so ensuring a legal framework is in place for all who lack capacity to consent to their care and treatment and are under 24/7 supervision in their best interests. Whilst the extension of the legal framework was welcomed the judgement increased the referral rate to the DOLS service by 1000%. Adult care responded to the increase in referrals for assessment for DoLs by increasing the DOLS team by 1.5 staff, streamlining services, working in partnership via briefings to managing authorities and social workers and by training 40 social workers to undertake DOLS assessments. This has also increased the competence of the workforce in use of the mental capacity act 2005 in general social work.

#### **2. What do you consistently do well?**

We work with providers across Bristol to identify the causes of harmful or neglectful practice, using the skills and knowledge of trained

safeguarding nurses, in order to create targeted protection plans to improve services. We work closely with providers to minimise loss of resources available whilst ensuring the safety of people using those services.

### **3. What are your current top priorities for improvement?**

We will begin the implementation of the new statutory safeguarding duties in partnership with statutory and non statutory partners from April 2015 onward.

Within these new duties we particularly want to ensure that people who are adults at risk and using the safeguarding adults process are as involved as possible in their own safeguarding.

We aim to increase the consistency and depth of risk assessment and joint decision making by creating a multi agency safeguarding Hub with statutory partners in Bristol

### **4. Outline your plans for addressing these.**

The implementation of the Safeguarding elements of the Care Act is supported by a separate workstream within the Bristol City Council Care Act implementation programme. We have already tested the elements of the Care Act which promote the involvement of adults at risk via short projects within existing teams. Commissioning of independent advocates to support involvement is underway. We are working closely with police, childrens and health colleagues to create a multi agency safeguarding Hub ( MASH) in Bristol.

## **Housing**

### **1. What are your top achievements?**

- That all our homelessness prevention services have been re commissioned and there are clearer contracts, contract monitoring and service improvement processes in place. This includes the

requirement for SIRs (Serious Incident Reporting) and sharing of any safeguarding concerns.

- The growing strength of our Homelessness Agencies Meetings - a forum for partner organisations to raise concerns and encourages a partnership approach to help all services improve. And also provides a venue to enable shared training and promoting good practice.

## **2. What do you consistently do well?**

- Regular monitoring and review processes across all the services – which enables:
- Focus on feedback – encourage the greater use of feedback for identifying issues/ informing service development. This is monitored on a quarterly basis and fuller discussion encouraged at 6 month review. Stakeholder interviews with clients take place at least annually.

## **3. What are your current top priorities for improvement?**

- Agreed protocol and process for assessing, sharing and updating on the Housing Support register – facilitating dynamic risk assessments. And providing training for referrers to ensure quality of referrals and regular updating.
- To improve service user engagement opportunities and active involvement in mentoring and peer support.

## **4. Outline your plans for addressing these.**

- Risk Assessments on HSR:  
Looking to recruit additional post with HRS and have agreed protocol

and process in place by September 2015. Training for referrers to follow

- Improve service user engagement:  
Looking at peer support initiatives by our providers and identifying potential synergies with other programmes. Initial mapping of existing services/initiatives in the sector – to be completed by end Feb 2015.

## **Bristol Clinical Commissioning Group**

### **1. What are your top achievements?**

- Setting up of the CCG Safeguarding Group.
- Recently secured funding for a Safeguarding Adults GP, one session per week for the next two years.
- Development of the CCG website to provide up to date Adult Safeguarding information for adults at risk, and to use the site as a resource of up to date information relating to Adult Safeguarding.
- We have provided additional funding for the Mental Capacity Act (MCA) / Deprivation of Liberty Safeguards to support training to enable staff to use their knowledge and expertise to improve the practice whilst working in the framework of the MCA.
- Post Winterbourne, the CCG have reviewed all out of area placements and continue to monitor and review individuals who are appropriately placed, within the specified time frame. Our commissioners have worked with the Safeguarding Adults Lead and Complex Care Nurse in ensuring that the health of the individuals concerned is monitored and quality of care is maintained.
- The CCG Quality and Governance Committee receive a quarterly Safeguarding Adults report and will be alerted of areas of concern through the CCG reporting processes.

- We have a good Strategic Leadership Structure which consists of; Transformation and Quality Director, Safeguarding Adults Lead, Named GP Safeguarding Adults, Head of Quality and a MARAC Nurse.
- In Bristol we have participated and contributed in six Domestic Homicide Reviews in the role of Panel Member and IMR Authors. We have met the new legislative requirements which came into force April 2011 and supported the wider community to learn relevant lessons.
- We have a MARAC Nurse whose role is to collate the information from GPs for the Multiagency Agency Risk Assessment Conference in both the North and South of the City.
- The Care Home Support Team's work is part of the Operational Resilience and Capacity Planning. The team's aim is to work in partnership with care homes using a preventative model of approach, where there are on-going institutional safeguarding concerns or where homes are coming out of the safeguarding process. The key objective is to support the home as they work through the service improvement plan and to increase the capacity of nursing and dementia beds across Bristol.
- Actively taking part in NHS England Adult Safeguarding Group in preparation for the CCGs role and the Care Act.
- We have GPs within their practice who are identified as Safeguarding Adults and PREVENT Leads.
- Developing a meeting to share views and support for the Bristol Safeguarding Adults Leads in the Acute Trust and Community Services.
- Contributing to the Quality Surveillance Group sharing soft intelligence to ensure that clear and accurate interpretation of information relating to safeguarding as adults services and issue is gathered and triangulated.

## **2. What do you consistently do well?**

- The CCG continues to have an active role on the BSAB and subgroups, as well as taking part in Safeguarding Adults Reviews and Domestic Homicide Reviews.
- Raising awareness through induction training and networking with GP and practices.
- The Safeguarding Adults Lead continues to work closely with the Continuing Health Care and Quality Team; Local Authority Commissioners and the Safeguarding Strategic Team and clinical support nurses and CQC in relation to safe care in care homes. Formal and informal communications are firmly embedded. Whole home investigation and early detection of any safeguarding concern are shared between agencies through effective partnership working to improve standards and quality of care. This has resulted in a much more robust, proactive and responsive multi agency working.
- To ensure consistency for our commissioned services Bristol, North Somerset and South Gloucestershire CCGs Safeguarding Adults Standards are written jointly.
- Being a direct point of contact within health to support the queries raised by health colleagues when they are confronted with a safeguarding concern and they require signposting to the most appropriate person or professional.
- Being a member of the contracts and safeguarding meeting that is run by Local Authority to review all the supported care services and any concerns are discussed with health input.
- The recognised role in adults is promoting and influencing Adult Safeguarding across the NHS services.

### **3. What are your current top priorities for improvement?**

- The implementation of the Care Act from 2015.
- Developing a process for monitoring Safeguarding actions relating to health commissioned services.
- The role of the CCGs and the requirements to have in place a Designated Adults Safeguarding Manager.
- For Safeguarding Adults, to have a place within the Trust Boards on the Safeguarding Committees, to provide clear insight to what the expectations are from the CCG.
- On-going development and delivery of a robust work plan to ensure the Safeguarding Adult strategy is implemented across the CCG ensuring Safeguarding Adults remains high profile and is driven across the health care provider community.
- Providing support to primary care staff to develop awareness and knowledge of their Safeguarding Adult responsibilities from April 2014.
- The CCGs Role in working with partners to contribute to the development of a Multiagency safeguarding Hub (MASH) in Bristol.
- To have our own internal Safeguarding and PREVENT policies.
- To have a shared partnership with Children's services to ensure a more holistic view of families.

### **4. Outline your plan for addressing these**

The priorities listed above have already been identified in our work programme which is reviewed and reported on through the CCGs Safeguarding Group and the Quality and Governance Committee.

## **Bristol Community Health**

### **1. What are your top achievements?**

- the development of a system to improve safety for vulnerable people who are self-neglecting or under safeguarding processes through our incident reporting and monitoring system which links directly with our safeguarding lead who reviews all incidents
- Information sharing systems with Local Authority and CCG when there are concerns about delivery of care
- Development of Clinical Support Nurses within BCC safeguarding team as an integrated model

### **5. What do you consistently do well?**

- Engage with Safeguarding Board and Sub groups
- Strong group of link practitioners in organisation
- Safeguarding team structure mirrors the Think Family philosophy and includes Named Nurse role

### **6. What are your current top priorities for improvement?**

- Training levels to improve and sustain improvement
- Include PREVENT within Safeguarding training matrix
- Integrate Care Act requirements within Safeguarding structure
- Safe Staffing – introduce system of 3 yearly DBS checks for all front line staff

### **7. Outline your plans for addressing these.**

- Reviewing training programme to deliver blended approach of e-learning and face to face
- PREVENT lead identified and training matrix to be reviewed to include
- Care Act implementation plan to be developed
- DBS checks – 3 yearly system currently in implementation phase

## North Bristol NHS Trust

### 1. What are your top achievements?

- During the last year the Trust has introduced a new Software system which is used to manage safeguarding referrals as well as complaints and clinical governance investigations allowing greater synergy between the three investigations strands.
- The Trust has seen a consistent rise in both community acquired and hospital acquired abuse referrals. We believe this represents greater operational and strategic understanding of safeguarding adult's procedures'.
- The Trust continues to have high levels of safeguarding and mental capacity act training compliance.
- The trust has introduced a new governance structure for the safeguarding adults agenda. The Learning Disabilities and Dementia operational groups now sit under the safeguarding adult's operational group. This group is chaired by the Trusts Adult Safeguarding Lead and this reported to the Trusts Overarching Safeguarding Group which is chaired by the Director of Nursing.
- Domestic Abuse and Violence has gained greater prominence over the last year with issuing of NICE Guidelines for NHS Provider Trusts. IDVA's are now available within the Trust emergency Department. Domestic abuse training is now included in safeguarding children and adult training. The Trusts safeguarding team are now carrying out DASH assessments in the inpatient areas with the IDVA's carrying this out in the Emergency department. The Emergency team carried out a project to scope whether routine enquiries for Domestic Abuse can be carried out in A and E as suggested by the NICE guidelines.

## **2. What do you consistently do well?**

- Maintain good working relationships with our multi-agency partners
- Recognise and report appropriate adult safeguarding cause for concerns
- Support our patients, carers and staff who have safeguarding concerns
- Work collaboratively and effectively with the Trust's children's safeguarding team
- Participate in local domestic homicide reviews
- The Trust Adult Safeguarding lead is a consistent participant at the Bristol Safeguarding Adults Board. He also is an active member of a number of Board sub groups.

## **3. What are your current top priorities for improvement?**

- Once the Multi Agency procedures post Care Act 2014 are known:

To ensure NBT complies with these requirements. To include the development of Self Neglect into our Adult Safeguarding Procedures as well as Domestic Abuse and Violence and to take account of the lower of the threshold for who is vulnerable adult and what will now constitute adult abuse

- Continue to provide good well evaluated training which is relevant and enables better safeguarding practice within NBT.
- Introduce and develop good supervision for safeguarding practitioners within the organisation.
- Strengthen the trust response to the PREVENT agenda.
- To review and action where appropriate, recommendations made following Bristol and neighbouring Local Authorities, Ofsted /CQC inspections, both announced and unannounced.
- Continue to develop mental capacity act practice and compliance across the organisations.

#### **4. Outline your plans for addressing these**

- Produce and monitor an action for Care Act implementation. To include updated policy, procedures and training.
- Continue to monitor and develop better case management and more sophisticated data collection and analysis of the internal safeguarding systems.
- Continue to be participate in Domestic Homicide Reviews, Serious Case Reviews (Safeguarding Adult Reviews) and to implement the learning for these reviews.
- Implement the new national guidance on the use of Clinical Related Challenging Behaviour (restraint) issued by NHS Protect

### **Provider representative of Older People's services - Brunel Care**

#### **1. What are your top achievements?**

- Increasing the awareness of safeguarding issues in the care homes.
- Identifying and understanding trends and causal factors behind the incidents.
- Introducing proactive measures in order to decrease safeguarding incidents in the homes.
- Working to ensure that some very challenging cases involving people with a Dementia who demonstrate behaviours we find challenging are resolved and the placements can continue without the person having to move from the home.
- Developing realistic, outcome focused action plans to resolve issues that have occurred.

#### **2. What do you consistently do well?**

- Learning from incidents that occur by debriefing with staff in order to prevent reoccurrence.
- Operating in an open, honest and transparent manner by recording and reporting every incident.
- Working in partnership with the Safeguarding team in order to provide information required, initiate appropriate actions and preventative measures and ensuring that positive outcomes can be achieved.
- A willingness to work with the MDT, the person and their family in order to move forward.

### **3. What are your current top priorities for improvement?**

- Continued focus upon the importance of recognising and reporting safeguarding issues.
- A 'whole team' approach to understanding the issues by means of 'on the floor' mentoring and training as well as formal classroom based training.
- Linking safeguarding with the Human Rights framework.

### **4. Outline your plans for addressing these.**

- The use of an external training consultant in Dementia Care will work with all of our staff in all of our homes over the next 24 months in order to ensure that Human Rights and Safeguarding are a fundamental part of the culture of the home.
- Home Managers will be fully engaged with these sessions with their staff so that the culture change is fully embraced from the leadership perspective of each home.

## **Provider Representative of People with learning difficulty services – Freeways**

### **1. What are your top achievements?**

All staff have signed up to a values statement which was written with a service user group and part of the recruitment process for new staff.

The service reviews are now embedded into procedure and these allow the organisation to identify themes to ensure are met through the organisational training strategy.

An addition to our induction has been that all new recruits meet the directors of the organisation who emphasise the organisation's positive commitment to complaints, dealing with safeguarding concerns appropriately and whistleblowing. The intervention from the directors also reduces the barriers to reporting of senior people within each service.

Reviewed our management of challenging behaviour policy and changed the emphasis to supporting people who are emotionally distressed as we see the emotional distress as the issue not the behaviour that communicates this distress.

All capacity assessments in house referrals to the local authority for DOLS authorisation whether living in a residential home or in their own accommodation was completed within 4 months of the supreme court judgement

### **2. What do you consistently do well?**

Recruitment and Selection procedures are robust and appropriate checks carried out centrally and by the line manager. Selection only takes place with service user inclusion as part of the process.

Service users continue to benefit from specific training related to safeguarding to increase their awareness and ability to report with the intention of removing barriers

All staff benefit from annual alertness update training and mental capacity act (including DOLs) update training

Services are monitored and encouraged to increase complaints annually as a key marker for supporting continuous improvement and service user empowerment

Robust financial management procedures that identify issues rapidly

Service User groups are involved in the review of policies relating to them and our focus groups meet regularly where concerns can be raised and clients can influence practice

All services have a registered dignity champion and access to network events.

A number of events are held throughout the organisation annually

Every trustee meeting makes reference to any safeguarding concern and an annual audit is presented pertaining to complaints and safeguarding concerns.

### **3.What are your current top priorities for improvement?**

- Enhance Positive Risk Taking Training – At present only community support teams receive this as standard
- Service User involvement in the QA process with the aim of a more holistic view of a service and also support the empowerment of SU and inclusion into organisational systems
- Review the Keeping People Safe – safeguarding Policy - with the SU group in line with the Care Act
- Implementation of the Driving Up Quality Standards and Feedback processes.

### **4. Outline your plans for addressing these.**

- To include in the review of induction training as we introduce the Care Certificate

- Training for Service Users is complete and we are moving onto implementation and review of supporting the Peer Reviews
- The Our Project Group will be supported to review the policy in line with legislation
- The action plan is now on our website and a working group is reviewing the work and it is a standing item on our managers' meeting agenda to ensure improvements are made

## **South Western Ambulance Service NHS Foundation Trust**

### **1. Key Achievements in 2013/14**

- Following organisational review new full-time post created and filled for a Safeguarding Named Professional for the North sector of SWAST (covering Avon, Gloucestershire and Wiltshire). This provides a local contact for safeguarding within SWAST for all other agencies and provides the Trust with a strategic lead within Safeguarding in the North sector of the Trust.
- Expansion of the Safeguarding Team within SWAST.
- Establishment of internal Safeguarding Operational Group with representation from Education, Risk, Clinical and Information Governance.
- Dementia awareness for frontline staff included on the statutory mandatory training for 2013-2014. This dementia module covered care and management of dementia patients, safeguarding awareness and issues as well as increased awareness of dignity and respect in terms of management of these patients.
- Feedback process implemented to ensure, where provided by social care, staff who have submitted safeguarding referrals receive feedback. This ensures any learning that needs to occur following feedback from social care can be reflected on and met and also

provides closure for the referrer following their referral. This was not routinely done before due to capacity issues within the team.

## **2. What do we do consistently well?**

- Within our capabilities the frontline staff within SWASFT work incredibly hard at trying to achieve the best possible outcome for the patients we attend – a great number of whom present as adults at risk.
- Staff work hard at working with other agencies to ensure the outcome is what the patient wants and is safe and appropriate for them and meets our aim for patients to have the Right Care at the Right Time in the Right Place.

## **3. Key plans and objectives for 2014/15**

- Development of new referral form to make referral process clearer and more robust for operation staff. The form will include more sign posting for information required and the form will be user friendly to ensure that staff can complete the referral in a timely fashion.
- Further expansion of the referral feedback process to ensure that there is continued reflective learning for staff to better ensure SWAST referrals are of a good quality and include all relevant and required information.
- Module on the statutory mandatory training for 2014-2015 on domestic abuse to include use of the DASH risk assessment, how to deal with a disclosure of domestic abuse, how to talk to victims alone safely and other domestic abuse learning and issues.
- Development of the workforce to include safeguarding champions within operational localities and clinical hubs.
- Development of intranet Safeguarding section to include signposting to contacts for staff (both social care and voluntary agencies), learning

from SCRs, current issues on the national Safeguarding agenda and general advice and information.

## **University Hospitals Bristol**

### **1. What are your top achievements?**

- During the last year the management and governance arrangements for safeguarding in the Trust have been strengthened further. There is now a standalone adult safeguarding operational group that feeds into an overarching Safeguarding Steering Committee. This allows for even greater operational scrutiny by monitoring progress against a work plan, and provides a forum for future planning for both national and local guidance and legislation.
- The introduction of e-learning for both level 1 and 2 adult safeguarding
- The Adult Safeguarding Team now uses the Trust wide electronic patient logger which has greatly improved communication with all the clinical areas
- The Trust's Transition Group (which focuses on effective transition from children's to adult services) reports into the Safeguarding Steering Committee.
- Evidence to demonstrate that the impact of the Independent Domestic Violence Advisers have made significant contribution in providing a specialist support to high-risk victims of domestic abuse and their children
- The Adult Safeguarding Lead represented the Trust at a National Conference on the Impact of the Care Act 2014 in Health

### **2. What do you consistently do well?**

- Participate with Adult Safeguarding Board and Sub groups
- Maintain good working relationships with our multi-agency partners

- Recognise and report appropriate adult safeguarding cause for concerns
- Support our patients, carers and staff who have safeguarding concerns
- Work collaboratively and effectively with the Trust's children's safeguarding team
- Participate in local domestic homicide reviews
- Attendance at adult safeguarding strategy meetings continues to be above 90%
- Maintain accurate records and data relating to adult safeguarding in the Trust to ensure accurate reporting, trend analysis and learning if appropriate

### **3. What are your current top priorities for improvement?**

- To continue to improve training compliance to reach the 90% target set by the Trust Board
- To progress with work to bring the Trust into line with the new DOLS requirements in respect of the new thresholds decision handed down by Lady Hale
- To embed the Care Act 2014 in relation to safeguarding into routine practice, through the 15/16 work plan.
- To review and action where appropriate, recommendations made following Bristol and neighbouring Local Authorities, Ofsted /CQC inspections, both announced and unannounced.
- To continue to develop and promote the process for safeguarding supervision across the Trust
- Expansion of the reporting of Female Genital Mutilation (FGM) data across the Trust, as required by the Department of Health

#### **4. Outline your plans for addressing these**

- To closely monitor the training recovery plan, with continued support from all divisions to achieve safeguarding training compliance across the Trust
- To continue to work with local multi-agency partners to implement changes in a controlled and coordinated fashion and to progress with the Trust's work plan in implementing local changes
- To review with our multi-agency partners and work with the Adult Safeguarding Board to implement the SAB work plan in relation to the Care Act 2014
- To implement a process into the current safeguarding operational group where recommendations made following Bristol and neighbouring Local Authorities, Ofsted /CQC inspections, both announced and unannounced can be reviewed and appropriate action plans developed and monitored
- The current Trust policy and guidance in respect to supervision is being reviewed and following that a robust implementation plan will be developed
- The formation of a short life-working group to facilitate the process of reporting of Female Genital Mutilation (FGM) data from across the Trust