



## Annual Report 2015-2016

Adam Bond

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# BSAB Annual Report 2015/2016

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## Report suspected abuse: safeguarding adults at risk

### How to report suspected adult abuse

If you're being abused or think someone else is being abused, you must tell someone.

### [Report suspected adult abuse](#)

- If you're a professional use the online [safeguarding adults referral form for professionals](#) or download a Word version of the form here: [Report suspected abuse: safeguarding adults at risk](#)

### Call Care Direct

Telephone 0117 922 2700

8.30am to 5pm Monday to Friday (answerphone outside office hours).

### Call the Police

Telephone 101

In an emergency telephone 999

Textphone 18001 followed by 101

Textphone in an emergency 18000

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## Foreword

As Independent Chair of Bristol Safeguarding Adults Board I am pleased to introduce the first Bristol Safeguarding Adults Board Annual Report since the introduction of the Care Act. The Care Act came into force in April 2015. This legislation puts Safeguarding Adults Boards on a statutory footing better equipped to prevent abuse and respond effectively when it occurs.

Over the last 12 months Bristol Safeguarding Adults Board has undertaken a huge amount of work to ensure that the Board has a firm foundation on which we can build and develop our business further. This has involved reviewing membership, establishing stronger governance systems and developing our Strategic Plan. The Board has begun to look at how we can ensure that the views and experiences of service users are captured in all our work.

Significant progress has been made in strengthening our partnership working. The Board is committed to ensuring that we create a challenging and supportive partnership.

The Board now has a number of subgroups that are taking forward the priorities identified within our Strategic Plan. I am very grateful to the partners who chair and sit on these groups as their commitment and expertise is critical to the success of our work.

This year the Board published its first Serious Case Review in recent years. The Board is determined to ensure we learn from this review and that all recommendations are implemented and their effectiveness monitored.

The continued contraction of public finances remains a challenge alongside continued organisational change in many agencies. The Board will continue to work closely with Bristol Safeguarding Children's Board and other Boards regionally to identify efficiencies wherever possible.

There remains a lot to do but given the strength and commitment of our partnership I am confident we will continue to make progress in all areas of our work. I hope you find the report informative and helpful. We welcome feedback on the report and what more we can do to ensure that we help and protect vulnerable people in Bristol.



**Louise Lawton**  
**Independent Chair**  
**Bristol Safeguarding Adults Board**

## Executive Summary

2015-2016 has been an eventful year for Bristol Safeguarding Adults Board, having been established as a 'statutory' body under the Care Act on 1 April 2015. Bristol is a large, vibrant city; it is the 10<sup>th</sup> largest in the UK and has a growing population which is increasingly diverse with 91 languages spoken, 45 religions and 50 countries of birth reported.

### Achievements - activity and impact.

The primary focus of the year for the Board has been establishing and developing an effective structure in order for the Board to meet its strategic priorities. The predecessor to the Board, the Safeguarding Adult Partnership, started this process during the preceding year and this activity has continued throughout the year. The Board has restructured its sub-groups creating a new Safeguarding Adults Review group and developing an Executive board to oversee the operation of the 4 sub-groups as they implement the strategic priorities of the Board.

The change from operating as a local partnership to being a statutory board with specific responsibilities has been a challenge and the Board has worked hard to develop a greater understanding of how members can work in partnership as a Board more effectively. The Partner Development survey is a key element of this activity and will be repeated in 2016-2017.

BSAB published its first Serious Case Review for some years in January 2016, regarding the death of RC. Actions from this review have been implemented and progress will be reported to the Board to ensure the issues raised in the review are addressed effectively. There are a number of Serious Case Reviews that are still in process that are expected to be published in 2016-2017. The process for undertaking these reviews has been challenging for the board and many lessons have been learned that the Board will seek to implement in the future should there be a need to undertake a Safeguarding Adults Review<sup>1</sup>. In partnership with the Safeguarding Children's Board training in a systems methodology will be commissioned in order for Board members to improve capacity and knowledge with respect to Safeguarding Adults Reviews.

The Board has successfully held 3 conferences during 2015-2016 and 3 conferences will be held during 2016-2017.

### Statutory Intervention to protect Adults at Risk

The implementation of the Care Act in April 2015 has significantly changed how activity to safeguard adults at risk of abuse is managed and recorded. The Performance and Information Sub group have developed a performance framework which will be implemented during 2016-2017 and will enable the Board to better understand what needs to be done to improve safeguarding practice across the partnership. The local authority has

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<sup>1</sup> Serious Case Reviews are now referred to under the Care Act 2014 as 'Safeguarding Adult Reviews'

implemented a new case recording system during this year which it is expected will provide data to enable the Board to better understand how the requirements of the Care Act are being implemented.

### Quality assurance and learning and improvement framework

During 2015-2016 the board has developed a **Learning and Improvement Framework** which will be implemented moving into 2016-2017. Activity in relation to Safeguarding Adults is expected to be audited and reported to the board to enable lessons to be learned and issues where practice needs to improve to be addressed.

### Policies, Procedures and Guidance

During 2015-2016 procedures and guidance in relation to safeguarding adults have been developed and a **Safeguarding Adults Multi-Agency Policy**<sup>2</sup> has been developed alongside neighbouring LSAB's in South Gloucestershire, North Somerset and Bath & North East Somerset agreed by the board and published.

In addition guidance regarding **Information Sharing** and **Resolution of Professional Disagreements in Work Relating to the Safeguarding of Adults at Risk** is in development and is expected to be published during 2016-2017.

### Partners

As can be seen in the report our statutory and other partners have responded effectively to the implementation of the Care Act 2014 during 2015-2016. They have addressed the challenges and demands of the legislation and committed time, energy and resources to ensuring that their services are effectively equipped to meet the needs of adults at risk. Key areas for further improvement and focus include adults with mental health needs, adults who 'self-neglect' and those who are hoarding. Further work is also need to improve the understanding of the Mental Capacity Act 2005.

### Ongoing Challenges

The primary focus of the Board in its first year has been establishing its governance and structure. This has identified a clear need for the Board to be supported effectively by its partners in achieving its priorities. To this end, alongside the Safeguarding Children Board a joint business unit will be established in 2016-2017 in order to support the work of both Boards. This has required a clear commitment from statutory partners towards the funding of the joint business unit over the next 3 years.

Improving the provision of effective training is a key element that the Board will be addressing during 2016-2017 with the development of a training strategy.

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<sup>2</sup> <https://www.bristol.gov.uk/documents/20182/33728/Bristol+Safeguarding+Adults+Policy2015.pdf>

It is planned that work to highlight issues around abuse of adults will be continued with the Stop Adult Abuse week in July 2016. This will be promoted alongside neighbouring LSABs and partner agencies.

BSAB and its partners have achieved much during its first year as a statutory board. Though there remains much to be done moving into 2016-2017.

**Adam Bond,**

**Joint Business Unit Manager**

## Bristol<sup>3</sup>

Bristol is the 8th largest city in England and the 10th largest local authority in England. Bristol Local Authority accounts for around 70% of the total population of the built-up area of the city, which is often referred to as 'Greater Bristol', or the 'Bristol Urban Area'. The population of the Bristol Urban Area is estimated to be 639,400 (mid-2014).

### Population by age

Bristol has a relatively young age profile with more children aged 0-15 than people aged 65 and over. The median age of people living in Bristol in 2015 was 33.1 years old, this compares to the England and Wales median of 39.9 years. The profile of Bristol's population by five year age band and sex is illustrated in Figure 1 and estimates for broad age bands and sex are shown in Table 1.

**Table 1. 2015 Population estimates by age and sex**

Source: ONS 2015 Mid-Year Population Estimates. Crown Copyright.

Age Band	Males		Females		Persons	
	number	%	number	%	number	%
0-15	42,600	19.0	41,200	18.3	83,800	18.6
16-24	35,000	15.6	35,500	15.8	70,500	15.7
25-49	88,200	39.2	82,400	36.7	170,500	38.0
50-64	32,400	14.4	32,900	14.7	65,300	14.5
65 and over	26,600	11.8	32,700	14.6	59,300	13.2
<b>All ages</b>	<b>224,800</b>	<b>100.0</b>	<b>224,600</b>	<b>100.0</b>	<b>449,300</b>	<b>100.0</b>

### Children

Overall, there are more children living in Bristol than people aged 65 and over. Bristol's 83,800 children make up almost 19% of the total population, i.e. 1 in every five people living in Bristol is aged under 16.

### Working age

Bristol has a much higher proportion of working age (16-64 year old) people than nationally - 68% of the total population in Bristol is of working age compared to 63% in England and Wales. The highest proportions are amongst the 20-39 year olds which make up more than a third (37%) of Bristol's total population compared to just over a quarter (26%) nationally.

### Older people

Bristol's 59,300 older people make up 13% of the total population, i.e. 1 in every seven people living in Bristol is aged 65 or over. The proportion of older people is lower than in England and Wales as a whole where 18% of the population are aged 65 and over. There are 9,100 people living in Bristol aged 85 and over.

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<sup>3</sup> Population information taken from 'The Population of Bristol: July 2016.

<https://www.bristol.gov.uk/documents/20182/33904/Population+of+Bristol+July+2016/858ff3e1-a9ca-4632-9f53-c49b8c697c8c>

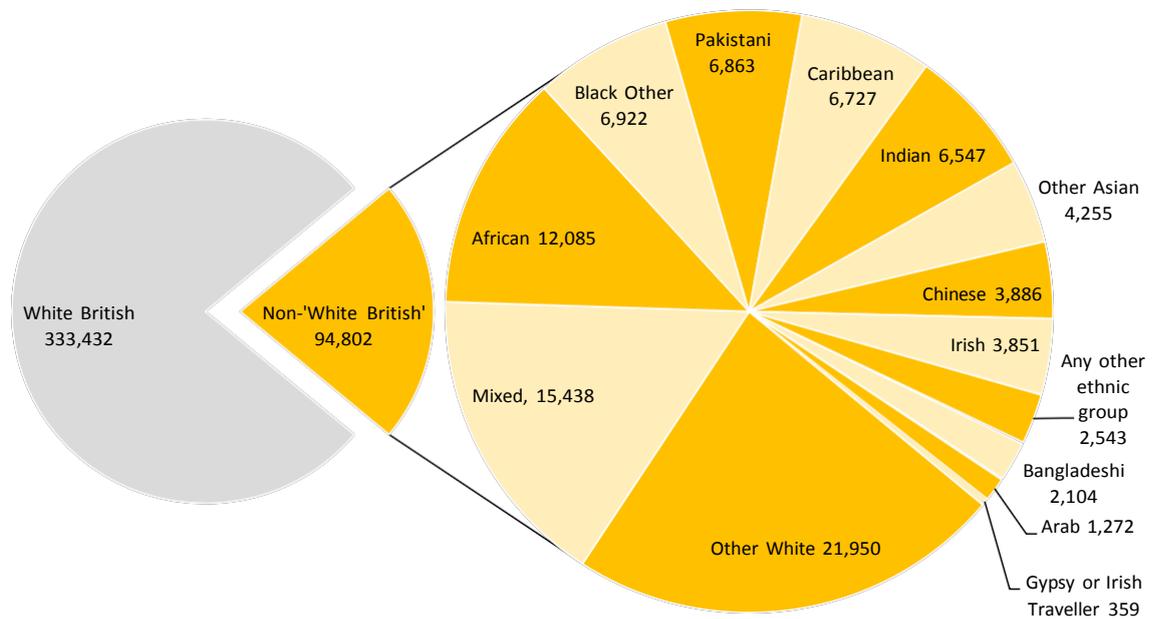
## Ethnic group

The Black or Minority Ethnic group (BME) population (all groups with the exception of all the White groups) make up 16% of the total population in Bristol. This is an increase from 8.2% of all people in 2001.

An alternative definition of the population that can be used is the non-‘White British’ population (all groups with the exception of White British) which includes the Eastern European population. The non-‘White British’ population make up 22% of the total population in Bristol - this is an increase from 12% of all people in 2001.

**Figure 15. Population by ethnic group**

Source: 2011 Census Office for National Statistics © Crown Copyright 2013 [from Nomis]



## Bristol Safeguarding Adults Board Statement of Principles

Safeguarding is a responsibility for everyone. The following 6 key safeguarding principles must be followed and underpin the ways in which professionals and other staff work with adults:

- **Empowerment** – Presumption of person led decisions and informed consent. People feeling safe and in control, being more able to share concerns and manage risk of harm either to themselves or others.
- **Prevention** – It is better to take action before harm occurs. Working on the basis that it is better to take action before harm happens.
- **Protection** – Support and representation for those in greatest need. Support and help for those adults who are vulnerable and most at risk of harm.
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented. Responding in line with the risks and the minimum necessary to protect from harm or manage risks.
- **Partnership** – Local solutions through services working with their communities. Working together in response to local needs and expectations.
- **Accountability** – Accountability and transparency in delivering safeguarding. Focusing on outcomes for people and communities and being open about their delivery.

## What is Safeguarding Adults?

Safeguarding adults is about protecting those at risk of harm from suffering abuse or neglect. Abuse can happen anywhere. It can happen at home, in a residential or nursing home, in a hospital, at work or in the street.

Safeguarding adults is about working with adults with care and support needs to keep themselves safe from abuse or neglect. It is about people and organisations working together to prevent abuse.

Section 42 (1) of the Care Act 2014 states: Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- These duties also apply to organisations other than the Local Authority, for example the NHS and Police.

## Who we are and what do we do?

The Care Act 2014 brings a statutory requirement for each local authority to establish a Local Safeguarding Adults Board (SAB).

The Local Safeguarding Adults Board for Bristol is established by Bristol City Council in accordance with the provisions of The Care Act 2014 sections 42 – 46 and is known as the Bristol Safeguarding Adult Board (BSAB).

BSAB is accountable to its member agencies, which in turn are jointly responsible for the BSAB's policies, procedures and actions.

## Membership

The following organisations are the core statutory members of the Board and operate as an Executive Group with responsibility for overseeing the governance of the BSAB:

- Bristol City Council
- Bristol Clinical Commissioning Group (NHS)
- Avon and Somerset Constabulary

Alongside the above the following partners are also members of the Board.

- NHS England
- University Hospitals Bristol NHS Foundation Trust
- North Bristol NHS Trust
- South West Ambulance Service NHS Trust
- Avon and Wiltshire Partnership Mental Health NHS Trust
- Bristol Mental Health providers
- Police – Avon and Somerset Constabulary
- Safer Bristol/ Youth Offending Team
- National Probation Service
- Bristol Community Health
- Avon Fire and Rescue
- Named Service Provider Representatives
- Named Voluntary Sector Representatives
- BCC Councillor ( Assistant Mayor/Lead Member) for People Directorate

Associate partners are comprised of the following organisations:

- The Prison Service
- The Crown Prosecution Service
- Care Quality Commission (CQC)
- Faith groups
- Bodies providing specialist care to adults with severe disabilities and complex needs
- The wider City Council

- Representatives of service users and carers
- Voluntary and Community Sector organisations providing services to adults and families.

### **Independent Chair**

BSAB is led by an independent chair appointed for a term of no more than 3 years. Appointment is made by the Chief Executive of the Local Authority (City Director of Bristol City Council). The Current independent Chair of BSAB is Louise Lawton who commenced in this role in October 2014.

The Independent Chair role is to hold all agencies to account and they are themselves accountable to the Chief Executive (City Director of Bristol City Council) and should be held to account for the effective working of the BSAB.

The Independent Chair will work closely with all partner agencies and particularly the Director of Peoples Services to ensure that there are effective arrangements for safeguarding and promoting the welfare of all adults in Bristol. The Independent Chair of the BSAB will provide twice yearly reports on the BSAB activity to the Bristol City Council People Scrutiny Committee.

The Board and Independent Chair will publish an annual report on the Annual Strategic Plan, covering the previous financial year and be submitted to:

- The Chief Executive (City Director of Bristol City Council)
- The Police and Crime Commissioner for Avon & Somerset
- Bristol Clinical Commissioning Group
- Bristol Health and Wellbeing Board
- Healthwatch Bristol
- Bristol City Council People Scrutiny Committee

### **Strategic Links for the BSAB**

The BSAB reports to the Health and Wellbeing board, which was created by The Health and Social Care Act, 2012. The core purpose of the Health and Wellbeing Board is to join-up commissioning across the NHS social care, public health and other services that the board agrees are related to health and wellbeing. The Independent Chair of BSAB attends the Health and Wellbeing board annually to share this annual report and will where necessary raise issues regarding safeguarding adults at risk with the Health and Wellbeing board.

The BSAB also work alongside the Bristol Safeguarding Children Board with which they will share a Joint Business unit to be established in 2016-2017. In addition the work of Safer Bristol (Bristol's Community Safety Partnership) sits alongside the work of BSAB and Safer Bristol staff sits on the SAR sub group.

## The work of the Safeguarding Adults Board during 2015/2016

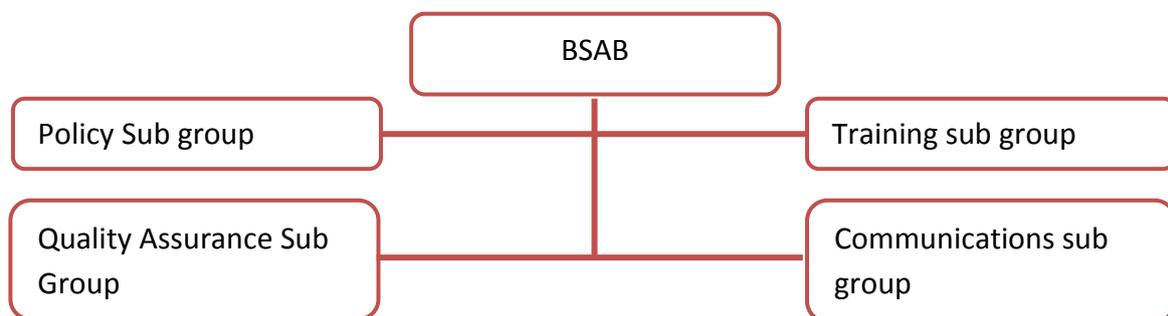
The work of the BSAB contributes to the wider goals of improving the wellbeing of all adults. Its role is to ensure the effectiveness of the arrangements made by individual agencies and the wider partnership to safeguard and promote the welfare of adults.

### Bristol SAB Subgroups

During 2015-2016 the Board revised its structure as it established itself as a statutory body. In undertaking this work the Board have worked closely with the Safeguarding Children Board and appointed an interim Board Manager to assist the board in developing its governance and reporting structure. The number of sub groups has remained the same but the Policy and Quality Assurance have merged and a Safeguarding Adults review Sub group has been established to oversee this aspect of the boards work.

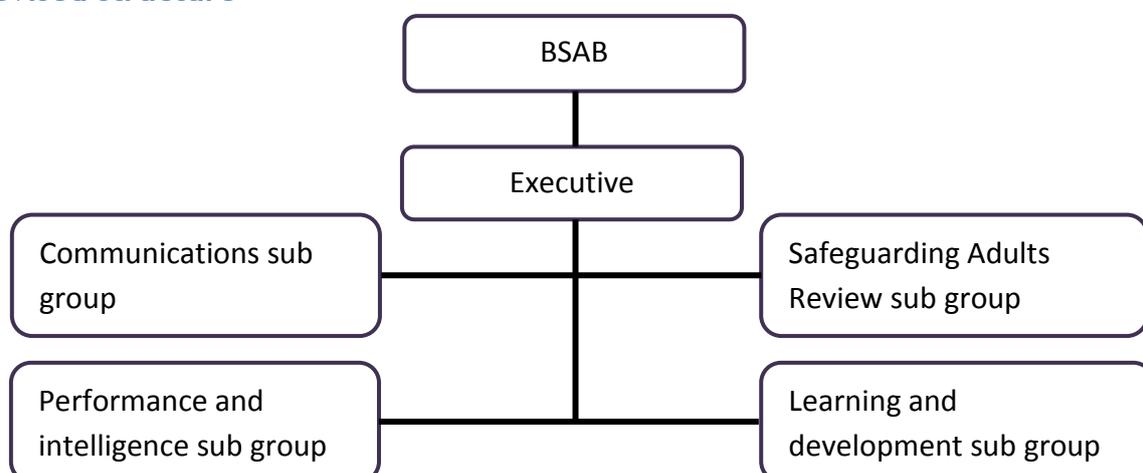
A further addition has been the creation of an Executive Sub group. The role of this sub group is to oversee and co-ordinate the work of the sub groups, develop and implement the BSAB Strategic plan and ensure that the work of the BSAB is effectively resourced, co-ordinated and meaningful in relation to ensuring that adults in Bristol are effectively safeguarded.

### Previous structure



Subgroups meet at least quarterly and will be scheduled to allow reporting to the Executive and Board.

### Revised structure



## Financial

Expenditure			Income		
	1516 Budget	1516 Outturn		1516 Budget	1516 Outturn
Employment Costs			Partner contributions		
Agency Staff <sup>1)</sup>	0	14,464	Better Together Fund	-65,000	-65,000
			BCC : People	-21,000	-21,000
Safeguarding Adults Review			BGSW CRC		-1,500
Fees 2015/16	65,000	80,231	CCG		-3,000
Fees 2015/16	21,000	0	UHB		-3,000
			BCH		-3,000
			AWP		-3,000
			NBT		-3,000
			NPS		-1,500
Training & Conference			Police		-5,000
BSAB Conference Expenses	0	2,646	Total partner contributions	-86,000	-109,000
BSAB Presentation	0	460	Other Income		
Contributions to other projects			CCG – SAR		-2,250
			CCG – SAR		-2,250
			CCG – SAR		-3,000
			CCG – BSAB Efficiency		-3,000
			Police –SAR		-2,250
Other Expenditure			Police – SAR		-2,250
Catering	0	115	Police – SAR		-3,000
ICT Expenses	0	1,250	Total other income	0	-18,000
Total Expenditure	86,000	99,166	Total available (Contrib + other income)	-65,000	-127,000
			Shortfall/ Surplus*	-21,000	-27,384

Surplus is due to unpaid costs relating to the SAR's that remain in progress into the next financial year.

## Development activity

In establishing a new Statutory Safeguarding Adults Board several activities have been undertaken in order to identify where it is that partners who are members of the board and its various sub groups consider that the board needs to improve and develop in order to be more effective as a board.

## Partner development survey

### Principles of Partnerships

A survey was developed and circulated amongst the membership of the Board in order to better understand where it is that the board need to improve. Five questions were asked of the board members allowing for a range of answers from strongly agree to strongly disagree.

To what extent do you agree with each of the following statements in respect of the BSAB Partnership?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Rating Average	Response Count
1. There have been substantial past achievements within the partnership	1	17	0	0	1.94	18
2. The factors associated with successful working are known and understood	1	14	3	0	2.11	18
3. The principal barriers to successful partnership working are known and understood	0	12	6	0	2.33	18
4. Working in partnership is the main way in which we must conduct our business (re BSAB)	12	5	1	0	1.39	18
5. There is clear understanding of partners' interdependence in achieving some of their goals	1	13	3	1	2.22	18
6. The need for partnership working has been successfully communicated at all levels of the member organisations	0	12	6	0	2.33	18

Question 2:	Strongly	Agree	Disagree	Strongly	Rating	Response
				Disagree	Average	Count
1. Our partnership has a clear vision, shared values and agreed service principles	1	13	3	1	2.22	18
2. We have clearly defined joint aims and objectives	2	11	5	0	2.17	18
3. These joint aims and objectives are realistic	2	9	6	0	2.24	17
4. The partnership has defined clear service outcomes	0	12	6	0	2.33	18
5. The reasons why each partner is engaged in the partnership are understood and accepted	0	9	9	0	2.50	18
6. The areas where early partnership success is most likely have been identified and	0	6	12	0	2.67	18

Question 3:	Strongly	Agree	Disagree	Strongly	Rating	Response
				Disagree	Average	Count
1. There is widespread ownership of the partnership within and across all partners	0	10	8	0	2.44	18
2. There is a clear commitment to partnership working from the most senior levels of each of the partners	2	10	6	0	2.22	18
3. The way the partnership is conducted recognizes and values each partner's contribution	1	12	5	0	2.22	18
4. Benefits from the partnership are fairly distributed across the BSAB member organisations	0	4	13	1	2.83	18
5. Levels of trust within the partnership are high enough to encourage significant risk-taking	1	7	9	1	2.56	18

6. There is zero tolerance of individuals and organisations who fail to work constructively within the partnerships	0	6	12	0	2.67	18
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Question 4:	Strongly Agree	Agree	Disagree	Strongly Disagree	Rating Average	Response Count
1. All significant and relevant stakeholders are represented in the partnership governance arrangements	1	10	5	2	2.44	18
2. Each partner's areas of responsibility are clear and understood	0	9	9	0	2.50	18
3. The way in which partnership business is conducted is open and fair	2	11	3	2	2.28	18
4. It is clear what resources (both financial and non-financial) each partner brings to the partnership	0	2	15	1	2.94	18
5. The partnership has dedicated staffing to support its working arrangements	1	7	10	0	2.50	18
6. There are clear lines of accountability for the performance of the partnership as a whole	0	8	9	1	2.61	18

Question 5:	Strongly Agree	Agree	Disagree	Strongly Disagree	Rating Average	Response Count
1. The partnership has robust procedures for monitoring its progress	0	8	8	2	2.67	18
2. Clear criteria exist to judge the extent to which partnership goals are achieved	0	7	10	1	2.67	18
3. Clear criteria are in place to judge the way in which the	0	5	12	1	2.78	18

partnership itself is working						
4. Partnership achievements are well communicated amongst the partner agencies and beyond	1	3	13	1	2.78	18
5. The key measure of success is the effect the partnership has on holding each other to account, working together to solve issues that might arise, and by listening to and learning from the experiences of people involved in safeguarding processes	3	8	5	1	2.24	17
6. The partnership shows evidence of learning and changing in light of experience	3	9	6	0	2.17	18

The survey will be repeated in 2016 to establish whether the board has made progress against these criteria in establishing principles for board members to work towards. The board will consider how the result have developed over the year and

## Conferences

### ‘Stop Adult Abuse’ event for Older people - June 2015

In June 2015, the BSAB communication and engagement sub group ran a conference for older people within @Bristol. The aim of the event was to increase their knowledge and skills to stay safe both within their home and in the community. There were two key note speakers: the Mayor, George Ferguson and the Police and Crime Commissioner for Avon and Somerset, Sue Mountstevens who both talked about personal experiences and their vision for a safe city.



There were a number of workshops and stands where people could gain further information including trading standards, financial information, Care Quality Commission, care and repair, and Bristol Community Health. Although the attendance was not as high as we would have liked, those that attended found it really useful.

### BSAB Annual Staff Conference - November 2015



In November 2015, the BSAB communication and engagement sub group ran a conference in the new conference centre in Keynsham. Over 140 individuals attended from statutory, voluntary and private sectors within health and social care attended.

The opening speaker was Louise Lawton who gave an overview of the changes to safeguarding in light of the Care Act (2014) and the impact on the residents of Bristol and the staff and others within the sector. Louise was followed by Graham Enderby, the carer for ‘H’, the subject in the in the Bournemouth case<sup>4</sup> which brought about the implementation of Deprivation of Liberty Safeguards (DoLS). Graham gave his account of the events that led to the decision by the European Court of Human Rights (ECtHR). The

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<sup>4</sup> The European Court of Human Rights (‘ECtHR’) - HL v United Kingdom – the “Bournemouth” case (2005).

third speaker was Sanchita Hosali from the British Institute of Human Rights who spoke about the relationship between Human Rights and Safeguarding. Sanchita was followed by Professor Michael Preston-Shoot; he gave an account of the work he has undertaken regarding self-neglect and the lessons learnt.

The last two speakers were from local organisations, the first, Freeways<sup>5</sup>, is a charity which supports mainly adults with a learning disability and their focus on increasing feedback including complaints from this client group in order to improve empowerment. The last were two service users, with their support, from 'Yoursay'<sup>6</sup> regarding their views on the safeguarding process.

### **‘Ensuring Good, Achieving Excellence’ Joint Conference March 2016**

In March 2016, a joint conference was run by Bristol Safeguarding Adults Board and South Gloucestershire Safeguarding Adults Board. The keynote speakers were the strategic Director of the People Directorate within Bristol, John Readman and his counterpart in South Gloucestershire, Peter Murphy. This conference was workshop based and people chose from areas as diverse as:

- ‘thresholds for safeguarding’
- ‘service user perspective’
- to CQC to
- Commissioning safe neglect services.

Although the plan was to hold a conference for 150 attendees we over-subscribed and 162 people attended on the day. 100 people completed feedback forms with over 95% positive responses on all questions.

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<sup>5</sup> <http://www.freeways.org.uk/>

<sup>6</sup> <http://www.yoursay-advocacy.co.uk/>

## Safeguarding adult reviews

### *Published in 2015 - 2016*

RC - This Serious Case Review was commissioned by Bristol Safeguarding Adults Board (BSAB) following the death of RC on the 9<sup>th</sup> August 2013. The review was completed in 2015 and an executive summary published in January 2016<sup>7</sup>. The Board accepted the findings and recommendations of the Serious Case Review into the death of RC at an extraordinary Board meeting held on the 30 November 2015.

#### **Recommendation 1**

Improve information sharing across all agencies working with people who are on the Housing Support Register (HSR).

**Outcome:** Timely, detailed and accurate information is available for users of HSR to make decisions.

**Actions proposed:** An information sharing agreement will be in place between agencies who inform referrals, or who refer into, the HSR. There will be improved partnership working, information sharing and a greater level of co-creation from all HSR stakeholders.

Progress: expected completion date December 2016

#### **Recommendation 2**

Housing Support Register referrers and providers to use an agreed risk assessment and risk management protocol and process across Bristol

**Outcome:** Providers are able to risk assess and manage reliably and consistently against an agreed model.

**Actions proposed:** An improved risk assessment process will include amended risk assessment forms on the HSR with questions which are relevant and useful in assessing all known risks. This will ensure that risk assessments contain all the information needed for services to make an informed decision about accepting a high risk individual into their service. It will also ensure services are able to prepare an appropriate plan for risk management, support and move on through the pathway. This will form the basis for future assessments and moves.

If risk assessments, client background and support needs are entered correctly and in enough detail on the first referral onto the HSR, clients will not need to give a full history to each new service they access. Services will be able to review and build on previously recorded information using it as a basis for a support and risk management plan.

Progress: expected completion date December 2016

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<sup>7</sup> <https://www.bristol.gov.uk/documents/20182/354651/Serious+Case+Review+-+RC+Executive+Summary.pdf/e11c9e04-93f4-4760-b0fa-4b7e8e0a03ca>

### Recommendation 3

Housing support providers must ensure their staff are competent to use the agreed risk assessment. Management protocol and processes must be available and mandatory, and staff must be able to identify and access support, advice and mentoring.

**Outcome:** Information about potential risk is defined and shared appropriately at referral stage. Training will ensure that Staff in provider services are able to use the agreed models confidently, consistently and reliably.

**Actions proposed:** All HSR users to have access to training so that they are competent in using the agreed protocols to gather detailed and appropriate risk information from a wide range of sources and have a clear understanding of what is expected from them when they create a referral on the HSR.

Progress: expected completion date December 2016

### Recommendation 4

Housing support providers must have ready access to consultation, advice and support on mental health issues, including autism and Asperger's. There must be an escalation route should grave concerns or a crisis develop. Providers must know when and how to access multi agency forums.

Bristol Mental Health and Bristol City Council are engaged in taking recommendation 4 forward via a multiagency working group.

**Outcome:** HSR providers are able to access timely information, consultation advice and support and can escalate appropriately in crisis or to prevent crisis situations.

**Actions proposed:** Access points are created for advice and consultation and these are known and used by HSR providers. An escalation pathway is in place and escalations are responded to and managed consistently.

Progress: This recommendation has yet to be progressed.

### Recommendation 5

The range of available accommodation for people with mental health issues needing housing related support must be urgently reviewed. Commissioners must review accommodation options for people with severe and enduring mental health issues. This will link to accommodation as well as mental health strategies. The nature of provision needs to be captured and analysed, the gaps and changes needed analysed and a mental health accommodation strategy confirmed.

**Outcome:** There is a range of accommodation available for people who are both at risk of losing tenancy and have mental health issues/autism which will support them to regain and retain independence and wellbeing.

**Actions proposed:** Accommodation offered via the HSR will be reviewed by commissioners in the light of recommendation 5 and a further strategy confirmed.

**Progress:** This recommendation has yet to be progressed.

The Board is determined to ensure we learn from this review and that agencies continue to work together to minimise the risk of events such as these happening again. It remains a matter of concern that as of March 2016 progress had not commenced in addressing recommendations 4 and 5.

### Currently in process

**Simon Reynolds** - Died in November 2014. His death occurred at a mental health 'place of safety' following an attempt to take his own life when Mr Reynolds was experiencing an acute psychotic episode. A coroner's inquest has concluded in July 2015 and the Serious Case Review is expected to be published in 2016.

**MM** – Died following an assault in October 2014. MM, aged 18, was living in supporting accommodation and was murdered by another resident in the home. The perpetrator was convicted of MM's murder in October 2015. A Serious Case Review is currently being undertaken and will be published in 2016.

**Mr C** - In September 2014, Mr C, aged 61, died in a fire at his flat in Bristol. There were no other casualties. A serious case review has been commissioned following concerns raised by Avon Fire and Rescue Service regarding the circumstances of Mr C's death. The Review will be published during 2016.

## Strategic Plan 2015 - 2018

The safeguarding adult board has amongst its core duties the requirement to publish a strategic plan for each financial year. The plan sets out how the board will meet the main objectives and what the members will do to achieve this. The plan will be developed with local community involvement, and the Board must also consult Healthwatch: Bristol. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.

During 2015-2016 the strategic plan and an accompanying business plan have been developed. It is available as a separate document to this annual report.

The main objective of the board is to improve local safeguarding arrangements and ensure partners act to help adults at risk experiencing, or at risk of neglect and/or abuse.

### Strategic Priorities

The strategic priorities are aligned with the six principles of safeguarding:

#### Priority One: Empowerment

Presumption of person led decisions and informed consent.

People feeling safe and in control, being more able to share concerns and manage risk of harm either to themselves or others

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

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

Outcomes	Progress at March 2016
Adults at risk are involved and empowered to control the Safeguarding Adults process for themselves	This will require analysis of service user feedback. A mechanism to develop this will be developed by the proposed Data Analyst once this position has been recruited. This is expected for 2016/17.
Advocacy support services are provided to all adults at risk and / or their appointed person (as appropriate)	This will require analysis of service user feedback. A mechanism to develop this will be developed by the proposed Data Analyst once this position has been recruited. This is expected for 2016/17.
People feel safe and in control as a result of the use of safeguarding adults procedures	This will require analysis of service user feedback. A mechanism to develop this will be developed by the proposed Data Analyst

	once this position has been recruited. This is expected for 2016/17.
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### Priority Two: Prevention

It is better to take action before harm occurs.

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

Outcomes	Progress at March 2016
The Board has a clear communications & engagement strategy to raise awareness of abuse with service users, professionals, public and professionals	A communications strategy has been drafted and is expected to be signed off in 2016/17.
The roles of the Board are known and understood in the community	This should be achieved with the production of an independent Safeguarding website. A proposal to develop this in conjunction with the BSCB has been agreed, and will be progressed by the Business Unit once in place.
PREVENT is integrated into the Board's Prevention and Early Intervention Strategy and is implemented and understood by all Partners	A Task group has been convened to progress the Prevention and Early Intervention Strategy.
People are aware of how to safeguard themselves and those they are supporting.	A mechanism to receive service user feedback will be developed by the proposed Data Analyst once this position has been recruited. This is expected for 2016/17.
Partners commissioning processes have safeguarding embedded throughout	There is an expectation that this will be reported through the Core Partners and Executive sub group
Partners contract monitoring has safeguarding central to its process	There is an expectation that this will be reported through the Core Partners and Executive sub group

### Priority Three: Proportionality

The least intrusive response appropriate to the risk presented.

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

Outcomes	Progress at March 2016
Service users are satisfied with their experience of the safeguarding process	A mechanism to receive service user feedback will be developed by the proposed Data Analyst once this position has been recruited. This is expected for 2016/17.
Safeguarding practices are professional, appropriate, proportional and focussed on individual need	Multi-agency policy improvements and developments will be progressed by the Policy and Projects Officer once this position has been recruited. An overarching Safeguarding Adults policy and Escalation policy has been agreed.

#### Priority Four: Protection

Support, representation and help for those in greatest need and who are vulnerable and at risk of harm.

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

Outcomes	Progress at March 2016
Bristol's Safeguarding practices are professional, appropriate and focussed on individual need and adults at risk are supported to be involved at the earliest possible point in the safeguarding process	Multi-agency policy improvements and developments will be progressed by the Policy and Projects Officer once this position has been recruited. An overarching Safeguarding Adults policy and Escalation policy has been agreed.
Professionals involved in the safeguarding process are trained and supported	The Learning and Development Sub Group have taken ownership of assessing the provision of training across Bristol, with the expectation of producing a multi-agency training options paper in 2016/17

#### Priority Five: Partnership and Engagement

Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

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

Outcomes	Progress at March 2016
Local safeguarding arrangements are effective and partners act to help and protect vulnerable adults in Bristol.	Analysis of local safeguarding trends will be conducted by the Data Analyst once recruited in 2016/17.
Service user involvement is evident in the work of the Board and wider communication with the community	The CESG is developing a database of service user forums to use for consultation on BSAB policies and procedures, and will scope the potential for creating a service user reference group.
Adults at risk are involved with and informed of the work of the Safeguarding Adults Board	The CESG is developing a database of service user forums to use for consultation on BSAB policies and procedures, and will scope the potential for creating a service user reference group.
The Board policies and procedures are influenced and informed by service users their families, and advocates,	The CESG is developing a database of service user forums to use for consultation on BSAB policies and procedures, and will scope the potential for creating a service user reference group.
The roles of the BSAB are widely known and understood in the community	This should be achieved with the production of an independent Safeguarding website. A proposal to develop this in conjunction with the BSCB has been agreed, and will be progressed by the Business Unit once in place.
Data and information sharing protocols are agreed	An information sharing protocol has been drafted and is expected to be signed off in 2016/17
Effective partnership and quality services in all safeguarding activities	Board and Executive group to consider how to evidence this has been achieved with the Joint Safeguarding Business Unit once recruitment is complete.

### Priority Six: ACCOUNTABILITY.

Accountability and transparency in delivering services. Bristol Safeguarding Adults Board is collaborative, accountable and learning.

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

Outcomes	Progress at March 2016
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Outcomes	Progress at March 2016
Local safeguarding arrangements and partners act to help and protect adults in Bristol	Partner Development days are held annually, and recruitment to the Joint Safeguarding Business Unit should achieve this.
Local safeguarding arrangements are effective and deliver what people want	Annual partner agency audits are conducted, and challenge and escalation through the BSAB is encouraged.
The Strategic Plan is agreed and widely consulted on	The development of a service user database to be used for consultation will help to achieve this in future years.
Stakeholders are satisfied with safeguarding arrangements	Stakeholders are requested to submit information for the production of the annual report.
The Board is responsive, learning and promotes examples of good practice	An annual peer review process is in place. A mechanism to disseminate learning from SCRs and SARs will be developed across sub groups.
BSAB develops a SAR protocol to ensure there is a clear and transparent process.	A Learning and Development framework is in place, and this will be reviewed and updated in 2016/17 as a response to learning from processes already undertaken.
BSAB undertakes SARs as required and learns lessons in accordance with the Care Act 2014	A SAR sub group has been convened to ensure that this practice is embedded.

## BSAB Sub Groups

### Communication and engagement Sub Group

Chair: Claire Hayward

#### Overview

In the last 12 months the Communication and Engagement sub group have worked significantly to review their membership, and complete a business plan in line with the BSAB's strategic plan in order to create and meet the majority of the targets set within their business plan with targeted communication.

## Achievements/improved outcomes

A database of community groups was created to ensure information was sent directly to voluntary and others groups that support adults at risk within our community as well as commissioned services.

The Easy read guide was updated in line with the Care Act 2014 to include the additional areas of concerns.

Three conferences were run by the group, one of which was in conjunction with a neighbouring authority. Two were aimed at professionals and one was targeted at adults at risk with the Elected Mayor and PCC as keynote speakers highlighting the level of importance to local residents.

The conference which was for older people was run during Stop Adult Abuse Week, which is a local initiative that started in 2014 when the Local Safeguarding Adult Board Communications Groups in the four unitary authorities decided to join together to run a week to focus attention on Safeguarding. This week meant we focussed our communications and events to promote safeguarding increasing the impact that one authority could have.

## Challenges

The greatest challenge for the Communication and Engagement Sub Group has been recognising the boundaries of our work and the interaction with the other sub groups of the board to ensure joined up thinking to maximise the limited resources. This has now been recognised and the chairs are meeting up regularly to ensure we are all clear as to the work plans and responsibilities and to identify specific barriers.

All members of the sub group have responsibilities outside of the group and therefore the constant drive to move forward when there are a number of priorities outside is a challenge and it is a testament to the group that so many outputs and outcomes have been achieved.

There is an inherent challenge when trying to support providers and practitioners to ensure their knowledge is as good as it can be with the knock on effect of improve the quality within provided services whilst there are economic pressures. The group aims to continue to put on free conferences for as long as possible but recognises this may not always be the case.

## Plan for the year ahead

The plan for the year ahead is to work closely with the communication sub group of the children's safeguarding board to merge the work to make better use of resource.

The local communications groups have also worked together to agree using core templates for campaigns and a shared photo bank to allow for improved dissemination and greater impact with restricted funds. The communication sub group for the children's and adult's

boards are still separate and we are working to join these two groups through the merging of business plans so that neither group getting an overriding focus and strategic plans for both boards are equally prioritised.

A new leaflet and poster campaign to be launched during Stop Adult Abuse Week which incorporates many of the changes brought about by the Care Act 2014 and aimed at the public to increase their awareness.

A press and social media campaign linking with other authorities to maximise the impact; although this has run for a number of years we aim to increase the number of local authorities which are part of the campaign and use the twitterhashtag #stopadultabuseweek<sup>8</sup>

The largest part of our plans for the next year is the creation of the website ensuring the branding is evident throughout but the differences are also visible which will allow all residents and those supporting people, whatever age, in Bristol to be able to access all the information they want about the board or need in order to keep people safe, or report concerns, from one site.

Once the website is created the next part is to ensure that as many other organisations link to this one website for all safeguarding issues and ensure the information remains current and valuable through the use of analytical tools.

Whilst the website is important, we are still aware that a number of adults at risk will not currently have the skills or resources to access the internet and therefore ensure we continue to use alternative engagement methods to directly reach certain sectors according to the information we receive from the Performance and Intelligence Sub Group.

To understand the best way to engage with adults at risk and their families to ensure the work of the board remains valid and valued by the people of Bristol. It is imperative that we ensure the people we aim to protect are at the heart of everything we do and their voice is the loudest and clearest.

## Performance and Intelligence Sub group

Chair: Tracey Judge

### Overview

The remit of the PISG is to fulfil the BSAB's responsibility to undertake themed audits and evaluation of multi-agency safeguarding activity and provide analysed data reports on this activity to the Board. In the last 12 months the sub-group have worked to increase their

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<sup>8</sup> <https://twitter.com/hashtag/stopadultabuseweek>

membership, and meet the targets set within their business plan to meet the BSAB's strategic plan.

### **Achievements/improved outcomes**

The sub group has completed a performance framework document and is now working on specific elements to deliver the outcomes.

The members of the sub-group have worked hard to ensure that with the forming of the Statutory Board that systems are in place to collate, analyse and report qualitative and quantitative intelligence from all Partners to the Board in order to inform policy, practice and service delivery. This work is not complete but good progress has been made against the targets set.

The PISG have established a set of quarterly data reports to be able to report to the Board and these data sets and reporting mechanisms have been improved. This will enable better analysis and information gathering on safeguarding activity and will lead to greater understanding of the activity that lies behind local data returns. We will be able to use the information to inform and improve the strategic plan and operational arrangements.

With the data set in place one of our aims in 2016-2017 will be to be able to evidence to what extent the adults who have experience the safeguarding process have had the outcomes they wanted realised.

The PISG has also established how it will hold partners to account and gain assurance of the effectiveness of its arrangements through its publication of the Escalation Policy. In 2016-2017 we will be in a position to audit how it has been working and its effectiveness.

### **Challenges**

The biggest challenge has been being able to progress and deliver our allocated actions in the BSAB strategic plan without the resources in the Joint Business Unit being available to us. This should be rectified in 2016-2017 as a Policy and Projects Officer, a Policy and Projects Support Officer and a Data Analyst post will be recruited to. This will enable the PISG to deliver more of its business plan.

The members of the sub group have important responsibilities and roles in other agencies and provider organisations so have competing demands on their time. However despite these they have been committed and it is important to recognise their achievements, the outcomes they have delivered under these difficult circumstances.

### **Plan for the year ahead**

The plan for the 2016-17 is to get the Joint Business Unit posts filled to enable policies, tools and analysis of data sets to be progressed. Allied with this will be the development of a scorecard that will enable us to collect and collate information from the BSAB's Statutory Partners, agencies and providers.

The sub-group will develop a process and tools to gather and understand feedback from adults at risk who have experienced the Safeguarding process

The sub-group will identify and carry out thematic review and audits following the learning from Serious Case Reviews to understand the impact of training and analyse future need.

## **Learning and Development Sub Group**

Chair: Paulette Nuttall

### **Overview**

The Learning and Development Sub Group (LDSG) was established to support the Bristol Safeguarding Adults Board (BSAB) to fulfil its responsibility in relation to the learning, training and development aspects of the Board's strategic plan.

The purpose of the LDSG is to enable the BSAB to fulfil its statutory duties by developing and implementing a 3 year learning and development strategy and supporting business plan.

### **Achievements/improved outcomes**

In the last year, the membership of this group has taken some time to become established and we canvassed through colleagues to encourage expression of interests. We expect to have achieved full membership representation from a wide range of agencies early in the 2016-2017. The terms of reference for the group have been agreed.

### **LDSG Business Plan**

The LDSG are currently working on the development of the business plan and have aligned work streams with the chairs from Communication and Engagement, Performance and Intelligence and the Safeguarding Adults Review sub groups.

### **Plan for the year ahead**

Our immediate priorities as a group include identifying training and development needs and delivering and evaluating learning events for the BSAB.

The development of Self-Assessment Questionnaire by the group will be circulated to the BSAB partner agencies. The outcome of the information received will form the development of an option paper regarding multi-agency training provision.

Another priority for the group is the learning from the Safeguarding Adult Reviews and ensuring that the learning identified in these and previously commissioned serious case reviews are effectively disseminated.

## **Safeguarding Adult Review Sub Group**

Chair: Victoria Caple

### Overview:

During 2015-2016, the Safeguarding Adult Review Sub-Group was formed, as part of the Bristol Safeguarding Adults Board, and has devised and implemented the Terms of Reference and Business Plan. The Sub-Group meets quarterly to discuss key themes and progression against action plans.

Within this time, the Sub-Group has taken responsibility for four Serious Case Reviews and has provided quality assurance and oversight for each of these.

### Achievements/Improved Outcomes:

During 2015-2016, one SCR was published – RC. The key themes from this review are improved information sharing and the need for adequate risk assessments being completed between housing providers and support agencies. This is being monitored via the Sub-Group Action Plans.

### Challenges:

It has been identified, how imperative it is to ensure that reports are commissioned and produced in such a way to carefully capture the learning required. When the previous SCR were commissioned, the IMR methodology was used, but by the time it was presented by the author to the Sub-Group, the preference of forthcoming reviews had changed to a systems methodology. This has meant that evaluation and quality assurance of SCR's has become challenging, requiring complex legal advice and support in order to ensure that once published, the learning and recommendations are effectively identified.

As a consequence of the above, but not wholly limited to, all members of the Sub-Group have had to invest a considerable amount of time and resource in order to ensure that the finished Review is fit for purpose. There is a risk, for all agencies, that sufficient availability is not given to this critical work. This can be evidenced by the challenge in commissioning, writing, auditing and publishing a report within six months – this is the accepted time limit within BSAB guidance, although there is an option to increase this - due to complexities or ongoing Court procedures for example.

Another challenge has been ensuring the right partners are attending the Sub-Group meetings. Previous reviews have highlighted how important it is to get the necessary expertise being involved in the process at an early stage. This has been difficult for some partners given the level of commitment required.

As we move towards commissioning review authors using the systems methodology, I envisage we will face a challenge in ensuring that the skills and competencies of review authors are appropriate, as there is a relatively small pool from which to choose from. As a result of this, the timeliness of reviews may diminish as we struggle to appoint suitable authors.

## Plan for the Year Ahead:

The Safeguarding Adults Review Sub-Group expects to commission future SARs, using the systems methodology. This is a relatively new review methodology, in use for SARs and training will be arranged for the Sub-Group in December 2016. The expectation is that all forthcoming SARs use this methodology.

## Safeguarding in Practice:

### Who did we help in 2015/2016?

For the year 2015/2016 Bristol City Council received 4019 alerts (4 of the alerts involve children under 18). 3540 of these alerts were made subject of a s.42 enquiry in the safeguarding process. The remaining alerts were either resolved quickly within triage or via a community care process.

Of the 3540 cases, 200 ceased at the individuals request, 335 were deemed ineligible for a s.42 enquiry, 535 had an outcome that was inconclusive, 333 had an outcome that was 'partially substantiated', 855 had an outcome fully substantiated; and 848 had an outcome that was 'unsubstantiated'. At present 913 do not have an outcome recorded.

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.

Comparing the dataset with that of 2014/2015 is problematic as different criteria are now used since the Care Act came into force in April 2015. Also The Local authority implemented a new case recording system within the year and this has affected the dataset.

### How were people being harmed?

### Where did the alleged abuse happen?

Abuse type	Total	%	Care Home	Community	Community Service	Hospital	Location not recorded	Other	Own Home
Abuse type missing	165	6.5	37	0	1	12	34	32	49
Discriminatory	42	1	8	0	2	5	0	10	17
Domestic	1	-	0	0	0	0	0	1	0
Financial	716	18	44	1	28	31	4	129	479

Neglect	1489	37	444	1	29	196	4	147	668
Organisational	98	2.4	59	0	1	12	1	7	18
Physical	1072	26.7	495	6	33	137	7	168	226
Psychological	271	6.7	35	1	11	27	2	58	137
Sexual	165	4.1	30	0	8	23	1	56	47

### Who reported alleged abuse?

26% of cases were reported by Health partners compared to 24% in 2014/2015

29% of cases were reported by providers compared to 24% in 2014/2015

5% of cases were reported by the Police compared to 24% in 2014/2015

Self, Family or friends reported 5% of cases.

There were 55 self-referrals – 1% of cases reported. Frequently people report to another professional who will then alert Bristol City Council. These are not counted as “self-referrals” at present.

### Who is abusing?

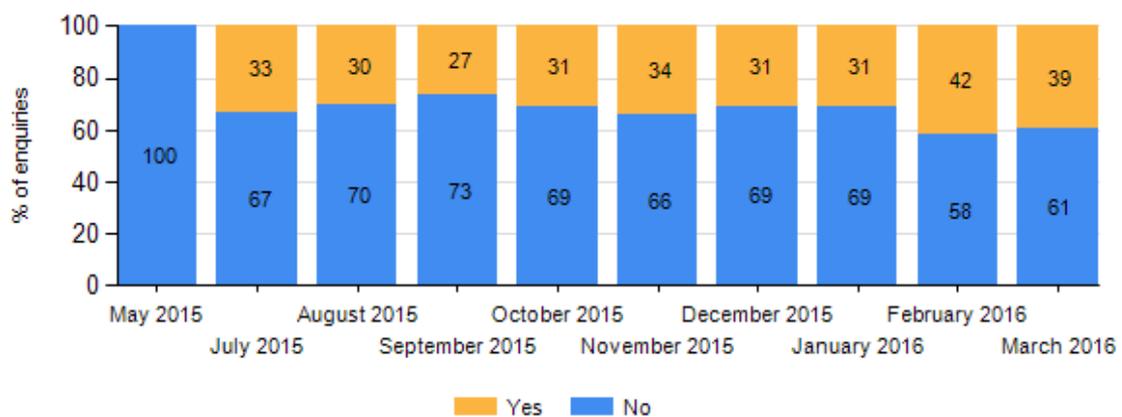
Abuse type by perpetrator type

Abuse Type	Friend/ neighbour	Health Worker	Not known	Not recorded	Other	Other family member	Other Professional	Other Vulnerable adult	Partner	Social Care Staff	Stranger	Volunteer/ Befriender
Abuse type missing	3	13	35	38	17	22	4	10	6	15	1	1
Discriminatory	6	6	4	0	5	3	1	6	4	3	4	0
Domestic	0	0	0	0	0	0	0	0	1	0	0	0
Financial	103	20	108	14	52	235	11	21	42	43	44	23
Neglect	22	304	243	68	240	139	33	17	41	376	5	1

Organisational	1	28	6	2	6	2	5	2	0	45	1	0
Physical	35	60	100	12	58	136	12	502	78	60	17	2
Psychological	21	16	23	6	24	77	3	41	31	19	7	3
Sexual	18	15	35	4	16	16	0	37	7	7	9	1

### Consent

A priority of BSAB is that those who are victims of abuse are empowered to either report the abuse themselves or alternatively provide informed consent. There has been a gradual and small increase over the year regarding the victim of abuse providing consent to a referral being made.

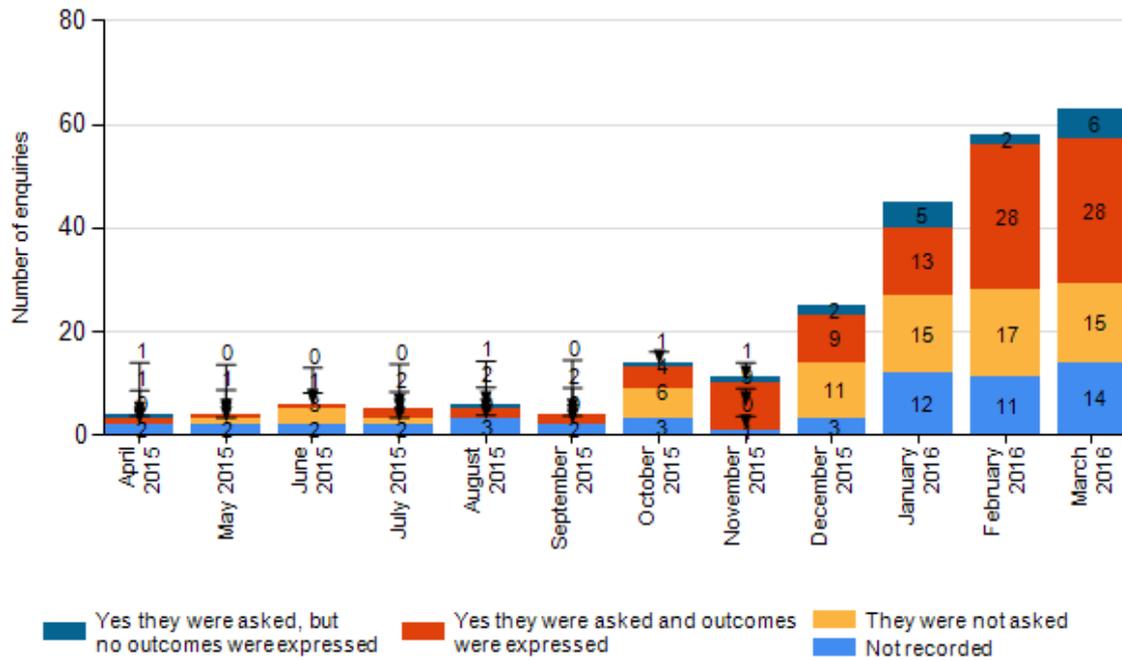


Further understanding of why the number of referrals being made without consent remains the majority of referrals.

### Outcomes

Prior to December 2015 the action of informing the referrer of the outcome of a referral was not recorded.

It is now expected practice that the desired outcome of the referral is recorded and it is also expected that this is checked with the referrer at the conclusion of the enquiry.



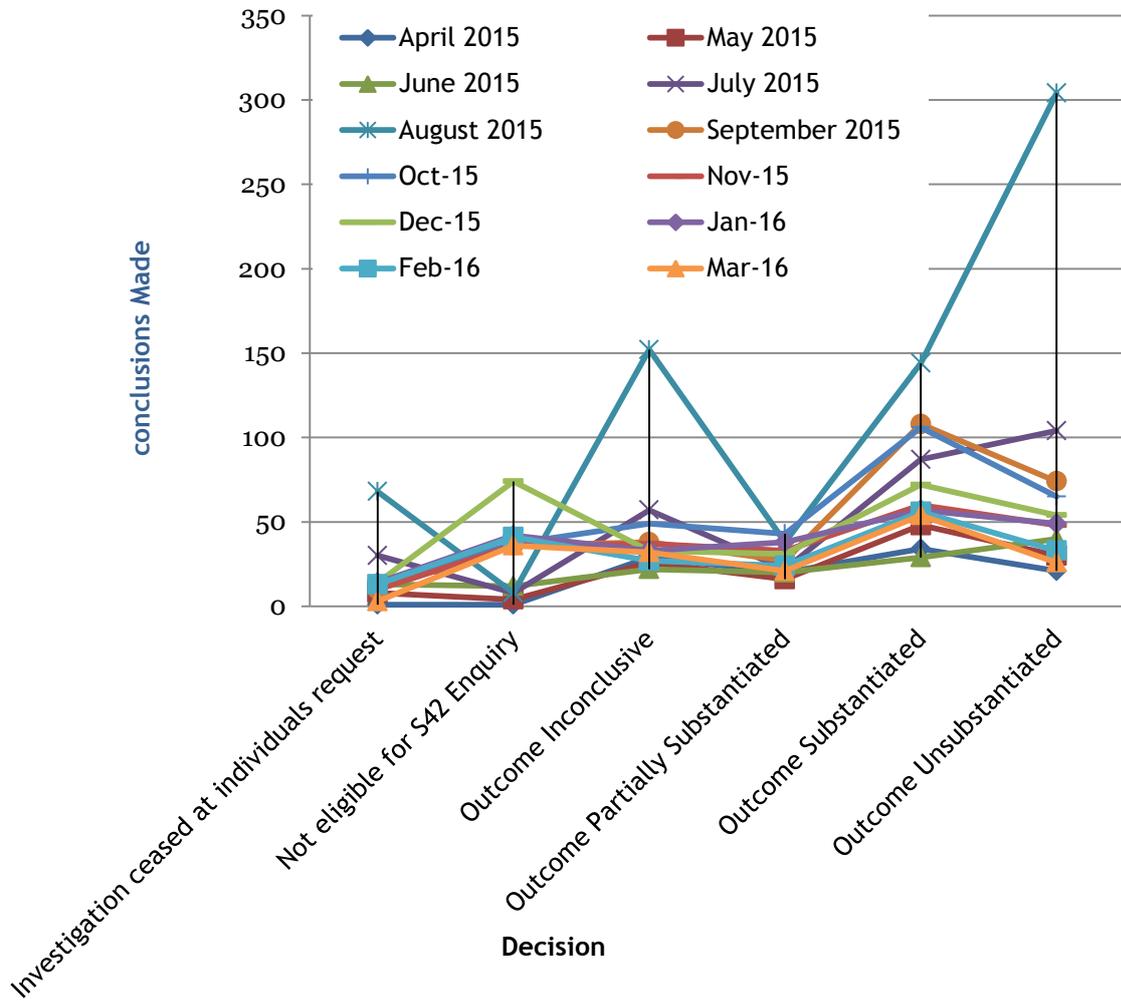
It is also expected practice that the referrer is informed of the outcome. Detailed recording is only available since December 2015.

Month	Informed	Not informed	total
December 2015	111	69	180
January 2016	95	73	168
February 2016	93	64	157
March 2016	73	83	156

Of those referrers that were informed the great majority expressed satisfaction with the outcome of the enquiry.

## Enquiry Conclusions

### S.42 Enquiry Conclusions by month



## Healthwatch Bristol

### Brief outline of agency function:

The Care Forum is an independent voluntary and community sector infrastructure organisation working across Bristol, North Somerset, South Gloucestershire, Bath and North East Somerset. We work to promote health and wellbeing, challenge inequalities and enable organisations and individuals to have choice, influence and engagement around health and social care.

Healthwatch Bristol is an independent watchdog for health and social care services. We engage with Bristol residents to understand their experiences of using local the health and social care system, with a particular focus on identifying and sharing best practice in order to make improvements to services based on public need. Healthwatch has a particular focus on engaging with seldom heard groups and communities in order to help tackle health inequalities and ensure equity of access.

### Achievements during 2015/16: (bullet points)

- Revised Safeguarding Adults policy and procedure and ran briefings for staff to ensure they were up to date
- Ran safeguarding training for staff and volunteers (new and existing)
- Carried out a training review across The Care Forum, which identified the need for enhanced training for safeguarding leads
- Set up a working group to develop a safeguarding policy and procedure for children and young people to complement the adult work
- Revised the administrative process in place to make The Care Forum's safeguarding log easier to use

### Describe how you raise awareness of safeguarding in your agency:

- Staff and volunteer induction
- Policies and procedures
- Annual training programme
- Sharing literature from the BSAB, including key messages, details of local/national campaigns and events.
- Regular discussion and learning between staff and managers

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

- Helping service users to understand the safeguarding process, including confidentiality, what happens if a disclosure is reported and keeping them informed
- Supporting service users to make complaints about the safeguarding process if they wish to do so via The Care Forum's complaints procedure advocacy service
- Sharing information with partner organisations and stakeholders via key messages, e-bulletins, social media and website

- Ensured that staff are up to date with the safeguarding adults policy and procedure through lunchtime briefings

### Objectives for 2016/17:

- Bringing policies and procedures ‘to life’ by engaging with staff during supervisions. This will include talking through scenarios and drawing on the relevant policies and procedures to ensure that staff are aware, confident and understand what to do in various circumstances, including if a safeguarding concern is raised.
- Safeguarding training will continue to be provided to all new and existing staff and volunteers.
- Enhanced safeguarding training to be provided to safeguarding leads.
- Bringing together The Care Forum's BSAB representatives for Bristol, B&NES, South Gloucestershire, Somerset and Swindon to share information, guidance and best practice across the organisation and staff group.

### Performance Indicators:

Indicator 5: Training	Target%	Outcome %	Comment
5.1 Relevant staff will have completed SA level 2 training within 6 months of taking up post and/ or completed refresher training every 3 years thereafter (the term ‘relevant’ is defined by CQC)	90%	100%	
5.2 Relevant staff to have undertaken Mental Capacity Act training within 6 months of taking up post (relevant staff includes people that directly provide health and social care or are in a position to make decisions about the service users care - training to include DOLS awareness)	80%	100%	
5.3 Relevant staff to have undertaken DOLS training within 6 months of taking up post (the term relevant here includes those staff responsible in law for making a DOLS application)	95%	100%	
5.4 New staff to undertake safeguarding learning as part of Induction within 3	95%	100%	Safeguarding policy and procedure included in staff induction (first two

months of starting employment			weeks in post). Safeguarding training is compulsory for all new staff and volunteers.
Indicator 6: Safer Recruitment			
6.1 Relevant staff to have an up to date DBS check	100%	100%	

## Partner Statements - Achievements in 2015/16

Bristol City Council, Avon and Somerset Constabulary and Bristol Clinical Commissioning Group are the three core statutory partners which support and fund the board. In addition there are statutory and other members who provide services to support and identify adults at risk of abuse. Those partners have provided a brief summary of their activity as regards safeguarding adults at risk during the first 12 months following the establishment of Bristol Safeguarding Adults Board in April 2015.

### Bristol City Council, People Directorate, Care and Support Adults



#### Brief Outline of agency function and safeguarding arrangements:

This year we have implemented the new statutory safeguarding duties in partnership with statutory and non-statutory partners. The Local Authority (LA) must lead a multiagency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens. It must make enquiries, or request others to make them, when it is thought an adult with care and support needs may be at risk of abuse or neglect.

An important part of our safeguarding effort is to help prevent abuse occurring. We aim to ensure that we raise awareness of abuse in all its forms. We ran a successful media campaign to raise awareness about abuse. We aim to make information about reducing the risk of abuse easily available, so people are supported to protect themselves from risk and abuse. We want to support older and disabled people and carers who may be at risk of abuse to help themselves to minimise the risk and harm that abuse causes.

Where abuse may have occurred, the Council safeguarding adults team triages all safeguarding adults concerns that come into Care Direct and are responsible for making the decision whether a section 42 enquiry is needed or not and whether this is a single agency or a multiagency enquiry. The team undertakes many of the proportionate single agency enquiries.

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. At the beginning of every safeguarding enquiry the adult at risk is asked what they wish to happen as an outcome and they are kept informed of progress. A proportion of adults at risk, lack the capacity to make their own decisions and so any decision regarding their protection must therefore be made in their best interests and their family and friends are consulted about these matters.

#### Safeguarding Activity / Achievements 2015/16

In 2015-16 we received just over 3000 concerns, all of which were carefully screened to see if matters could be resolved easily and if any harm was likely to have occurred. To put this into context the total safeguarding episodes raised in 2014-15 was 943. A high proportion of

these safeguarding cases the allegations made needed further enquiry and were co-ordinated by adult social care. Approximately 1200 of these were enquiries into the alleged neglect of an adult at risk. Around 1300 people allegedly experienced harm in their own home by a family member, friend or neighbour. Just over 950 people were allegedly harmed whilst living in a care home. After enquiries were made, 152 cases were found to have involved no harm to the adult at risk. In around 1000 cases the risk of harm was reduced and in 311 cases the risk removed completely. It is not always possible to completely remove risk, for example, some people will decide that they want to live with some element of risk in order to preserve a family relationship.

When people need to access to care and support, it is essential that their experience of this is positive and that they view it as something that supports them to live the life they choose and remain as independent as possible. We are working with local people, and the providers we commission, to make sure that people receive good quality, safe services, that they can control. We have monitored the quality and safety of all the services we buy, and we work hard to ensure only those agencies with robust safeguarding policies and procedures are considered for contracts to provide services within our procurement activities during 2015-16.

We have established Bristol's Safeguarding Adults board with its independent chair and set up the joint business unit to support it in its functions.

Bristol City Council responded well as a Supervisory Body in its efforts to protect Bristol's most vulnerable adults following the Supreme Court ruling of March 2014 which clarified the definition of a Deprivation of Liberty (P v Cheshire West and Chester Council and P and Q v Surrey County Council) and lowered the threshold, bringing thousands more people within the scope of the Deprivation of Liberty Safeguards (DoLS) process. The ruling triggered an unprecedented level of activity for the DoLS Service. To put this context, the total number of applications received in 2013-2014 was 151 and it went up to over 1300 for each year in 2014 -2016. In response to this demand a new team has been created and 40 Best Interest Assessors were trained.

### **Objectives for 2016/17**

We aim to ensure that recruitment continues to fill all the vacant newly created posts within the joint business unit.

To increase the consistency and depth of risk assessment and joint decision making a pilot of the Multi agency Safeguarding Hub with statutory partners in Bristol will be undertaken.

Working with adults at risk who self-neglect and/or hoard is an area of work that challenges all agencies. Bristol Multi Agency Hoarding and Self Neglect Steering Group will be set up to develop protocols, best practice guidance and services to support staff working with these complex people.

The Social Workers will be able to choose safeguarding adults as a career progression pathway and a level 3 module to support this is being developed with the University of the West of England.

## Avon and Somerset Constabulary

### Brief outline of agency function and safeguarding arrangements

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



During 2015/16 Avon and Somerset Constabulary built upon previous significant improvements to the strategic and operational response to identifying and dealing with incidents involving Adults at Risk, putting into practice the One Team approach introduced in October 2014.

### Data Snapshot

The Constabulary identified in Bristol during 2015/16:

- 1498 "Safeguarding Adult flagged Crimes" and
  - 698 "Safeguarding Adult flagged Incidents",
- increases of 66% and -0.6% respectively on the previous 12 months.

### Achievements during 2015/16:

- refreshed our training for first responders and specialist interviewers around responses to sexual assault - both of these courses relate directly to Adults at Risk themes - and also delivered this to new police recruits and PCSOs, all of whom have safeguarding (for adults and children) woven into their initial training
- implemented a Mental Health Street Triage team, providing teams of two mental health nurses to deploy to police incidents in Bristol where officers were considering detention under the Mental Health Act. In the last six months of the year the team attended 185 incidents and in 146 cases where detention was being considered they were able to divert patients to more appropriate treatment pathways without the need for detention
- secured funding to introduce a two year pilot Control Room Mental Health Triage Scheme. Mental Health nurses are based in the Police Control Room in Portishead, enabling the Constabulary to meet mental health needs at the first point of contact, ensuring that intervention takes place at the earliest possible moment. Access to

both Police and Health information databases ensures that decisions made from that point onwards are fully informed and best placed to manage risk. The mental health professionals can advise officers on the appropriate course of action and importantly, provide timely access into services for people who need them

- appointed a Multi-Agency Safeguarding Hub (MASH) Development Manager, enabling the Constabulary to work with partners to embed MASH structures and/or processes within each local authority area - enabling us together to provide the best safeguarding response
- broadened the membership and scope of the Avon and Somerset Local Safeguarding Children Board Consortium to become a Safeguarding Consortium, comprised of all the chairs of both children's and adults safeguarding boards, providing a mechanism for improving the efficiency and effectiveness of partnership working to best meet the needs of children and Adults at Risk
- continued to work in partnership to implement the action plan to improve mental health care pathways which was created from the Local Government Association's peer review of mental health services in Bristol in February 2015
- conducted a Crime Data Integrity Audit which highlighted an issue in relation to our recording of some safeguarding crimes - this was purely an administration issue and, once rectified, the numbers of recorded crimes relating to safeguarding will increase
- made effective use of our Continuous Improvement Boards to carry out assurance work in relation to our policing priorities - themes included Domestic Abuse, Mental Health and Adults at Risk
- made effective use of our daily review meetings, which have a strong focus on vulnerability and managing risk - ensuring we direct our resources in the most appropriate way

#### **Describe how you raise awareness of safeguarding in your agency:**

- D/Chief Supt Geoff Wessell, Head of Prevention & Protection, chairs the Force Safeguarding Theme Leads Group which coordinates activity across the various safeguarding themes, identifying common issues for consideration by the Force Vulnerability Coordinating Group, which is chaired by the Deputy Chief Constable
- Chief Inspector Kevan Rowlands is the Thematic Lead for Adults at Risk and is responsible for driving improvement in the protection and safeguarding of Adults at Risk, and the improvement of associated investigations, across the whole organisation
- the vulnerability thematic leads are subject matter experts and keep their knowledge up to date, for example through attendance at national conferences. They bring their expertise to bear in a variety of ways, including the commissioning of awareness campaigns and training, advising upon course content and delivering inputs to courses. The leads also participate in regional and/or national networks, both contributing to and learning from best practice

- an induction process is in place within the Force for all staff who have contact with Adults at Risk, and training is provided for all new officers as part of their initial police training, including familiarisation with safeguarding policy and procedures. Training provision regarding the initial response to rape and sexual assault, and the inclusion of a first response element through the Initial Police Learning and Development Programme (IPLDP), means that all new recruits arrive at their first operational posting with an appropriate awareness of safeguarding adults issues in relation to sexual assault
- basic training is covered in College of Policing e-learning modules, including Mental Health, Diversity, Domestic Abuse Awareness, Domestic Violence Protection Order, Stalking and Harassment, Honour Based Violence, Hate Crime, Missing Persons and Modern Slavery
- the Corporate Communications Department maintains and delivers the vulnerability communications strategy, using appropriate opportunities to promote awareness of Adults at Risk issues and the appropriate safeguarding responses
- resources are available through the Safeguarding Adults intranet page, making clear the Force's safeguarding duties, detailing the common types of abuse and neglect, the principles that underpin adult safeguarding, briefing materials and statutory and other guidance
- the Force Individual Performance Review (IDR) process provides a formal supervision mechanism for every employee. This includes objectives setting and recording of evidence and is supported by regular one-to-ones with supervisors and progress checks, providing a mechanism for ensuring that staff are familiar with their responsibilities. The Safeguarding Coordination Unit Managers each have a specific IDR objective relating to the supervision of their staff working in the safeguarding arena. Individual's training and development needs are identified through this process
- the supervision of individual investigations is carried out in line with the Force Management of Investigations Framework. This supervision ensures that staff are able to discuss concerns regarding specific cases and Adults at Risk. The Management of Investigations Framework places a responsibility for reviews and assurance work on every supervisory rank up to Superintendent. A Team Management pack is created each week which shows if reviews have been conducted on every live investigation and this can be refined to individual team and officer level if required. In addition, Sergeants are required to complete monthly workload reports on their teams to provide overarching supervision and management. These are then communicated through the chain of command

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

- the Constabulary identified 1498 "Safeguarding Adult flagged Crimes" and 698 "Safeguarding Adult flagged Incidents" in Bristol during 2015/16, increases of 66% and -0.6% respectively on the previous 12 months
- safeguarding concerns are reported to the Safeguarding Coordination Unit (SCU). The Crime & Intelligence Recording and Management System, Niche, provides the means for recording safeguarding concerns and a task sent to the SCU. The Police and Crime Commissioner's and Chief Constable's internal auditors, RSM Tenon, earlier this year audited the Northern and Southern safeguarding units and "...found the Constabulary to have improved its processes around safeguarding... The role of the SCU is now more of coordination unit, taking referrals, undertaking the required research, multi-agency sharing and strategy discussions, and passing cases to the relevant teams in a timely manner, either internally or externally. We found consistent, well recorded notes and evidence of all actions taken"
- through our Lighthouse Victim and Witness Care Service, the Force provides enhanced support and guidance to our most the vulnerability victims and, on average, deals with some 200 referrals a day. All cases are allocated a Victim and Witness Care Officer (VWCO) and where possible repeat victims are allocated the same officer each time. Background checks are compiled to ensure safeguarding needs are met and to inform the support of the victim and appropriate means of contact. Contact is made with the victim via the phone to complete a needs assessment to establish any vulnerability they may have, and any support networks already in place. With their permission, referrals are coordinated to support services that may be of benefit to these vulnerable victims. Lighthouse acts as a single point of contact for any questions or queries victims may have. Follow up calls are scheduled to ensure support requested is being received. Victims are given the direct number of their allocated VWCO so they contact them directly. If the victim's case proceeds into the court process the VWCO remains with them throughout the Criminal Justice Process
- the Investigations Protect Team manages incidents involving vulnerable victims and/or high-risk offenders, and investigates offences requiring a public protection specialism, such as Adults at Risk. Significantly, the Force prioritises by victim vulnerability and the characteristics of the perpetrator, meaning that crimes involving Adults at Risk are invariably prioritised over those involving less vulnerable victims

## Objectives for 2016/17:

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

- prevent Adults at Risk from becoming victims of abuse and crime

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



*Bristol Clinical Commissioning Group*

## **Bristol CCG - Safeguarding Adults**

### **Responsibilities for safeguarding in the CCG**

Bristol CCGs are statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children and adults at risk of abuse or neglect. Bristol CCG are required to provide assurance that activity within all commissioned safeguarding services meets national safeguarding standards and demonstrates a model of continuous improvement. This is reflected in local policy and procedure in the CCG governance framework and the safeguarding adults work programmes.

As an organisation, Bristol CCG will also ensure that there is effective safeguarding arrangement in place. This is delivered through the Safeguarding Adults leads who work with commissioners, quality and contract monitoring teams. This also includes the provision of leadership, training supervision, specialist clinical advice on safeguarding to the CCG and the provider organisations.

Bristol CCG have a robust set of safeguarding adults standard which are based on statutory legislation, guidance, current good practice and evidence research. The standards are in line with the 6 key principles that underpin safeguarding adults work and include sections on Mental Capacity Act (2015) and Prevent.

Since the implementation of the Care Act (2014) in April 2015 safeguarding adults work within the CCG continues develop in discharging it statutory duties. Bristol CCG has worked effectively through strategic and multiagency arrangements, with partner agencies working with the remit of the Safeguarding Vulnerable People in the NHS<sup>9</sup>.

### **Key Achievements**

- The Professional Adult Safeguarding Group has met three times this year and is chaired by the CCGs Transformation and Quality Director. Our purpose is to promote

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<sup>9</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

good working relationships between NHS providers working within the parameters statutory requirements and Legislation for adult safeguarding.

- The CCGs role as a statutory core member of the Bristol Safeguarding Adults Board (BSAB) is now established. the Safeguarding Adults Lead is the Chair of the Learning and Development Subgroup

In April 2016, an annual Internal Audit was undertaken to review the CCGs processes for monitoring and managing safeguarding events for adults and children's. The review was to provide assurance that the CCG has a robust and effective process in place to ensure that commissioned services are compliant with safeguarding duties. The internal auditors overall assurance opinion rating is green.

- The local Transforming Care Partnership (TCP) plan has been approved by NHSE validation process and RAG rated green in all areas of the planning framework.
- To support the increasing work capacity of safeguarding adults within the CCG, funding for a band 7 Safeguarding Adults Deputy has been secured

We have a lead GP for Safeguarding Adults providing a session a week

- All practices have nominated a practice lead in Adult Safeguarding and every lead has attended level 3 training which has included Self Neglect, Domestic Violence, Human Trafficking, Prevent, and Safeguarding in Learning Difficulties. supported by The CCG Safeguarding GP and the Safeguarding Adults Lead
- The Designated Safeguarding Adults and MCA Lead provide safeguarding level 2 (including MCA) training for the LMC/ GP Education when requested. Training has also been delivered to GP and Practice staff across the city. The development of a Safeguarding Adults workbook has proved successful and is being used to support ongoing practice in the work place
- We have secured funding through Better Care 206/17 to continue the work of the Care Home Support Team. The teams primary objective will be to improve quality of care provided in care home with nursing
- WRAP training for CCG is at 66%
- The Development of the Care Home Directory for Care home staff. The purpose of the directory is to inform Care Home Staff of all the specialist and community services they can access for residents. The directory provides a list of services available and with contact details about each of the services and criteria for referral.
- Stop Adult Abuse week 13th to the 17th of June if in Doubt Speak Out campaign. Bristol CCG actively took in the designing of the BSAB Safe City Leaflet.

## Challenges

- There has been within the last year an increase in the number of requests for Safeguarding Adults and Domestic Homicide Reviews and the ongoing work activities this brings.

- As a result of the statutory requirements related to the BSAB and sub groups, this has increased the CCG multiagency working both internally and externally time and capacity is an issue
- Raising a section 42 enquiry about individuals who are failing to care for they i.e. self-neglect; is deemed not appropriate. The amendment of the Act states that Section 42 is primarily aimed at those suffering abuse or neglect from a third party. This amendment has caused concerns amongst professionals who are working with complex individuals within the community.
- Facilitating WRAP training for GPs and practice staff all agencies are to be WRAP trained and 85% compliant over a period of 3 years.
- Prevent Returns are now being requested for information to seek assurance that NHS partner agencies are undertaking WRAP training in line with the NHSE Prevent Competency Framework. Due to conflicting priorities for providers there is a risk of not receiving prevent returns in a timely manner.

### Future work

- Embedding Prevent in safeguarding activities
- Linking children and adults safeguarding work this includes transitions and the work of the MASH, work already in progress
- Joint Children and Adult Safeguarding Standards. Work already in progress
- The development of level 3 safeguarding adults training working in partnership with health providers
- The future work with the *Safeguarding Adults: Roles and Competencies for health care staff –Intercollegiate Document*<sup>10</sup>
- Development of the CCG’s Domestic abuse policy

University Hospitals Bristol NHS Foundation Trust

University Hospitals Bristol   
NHS Foundation Trust

### Brief Outline of agency function and safeguarding arrangements

University Hospitals Bristol NHS Foundation Trust consists of eight hospitals in the centre and south of Bristol, and is one of the largest NHS Trusts in the country and the major teaching and research centre for the South West of England. The Trust provides general medical and emergency services to the local population of Central and South Bristol, and a broad range of specialist services across a region that extends from Cornwall to Gloucestershire, into South Wales and beyond.

UHBristol Trust Board hold’s ultimate accountability for ensuring that safeguarding responsibilities for both children and adults are met, led by the Chief Nurse as Executive

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<sup>10</sup> <https://www2.rcn.org.uk/support/consultations/responses/safeguarding-adults-roles-and-competences-for-health-care-staff-intercollegiate-document>

Lead for Safeguarding. Day to day safeguarding activities are supported by well-established and experienced safeguarding professionals, who provide expert advice, support and supervision to practitioners across the Trust.

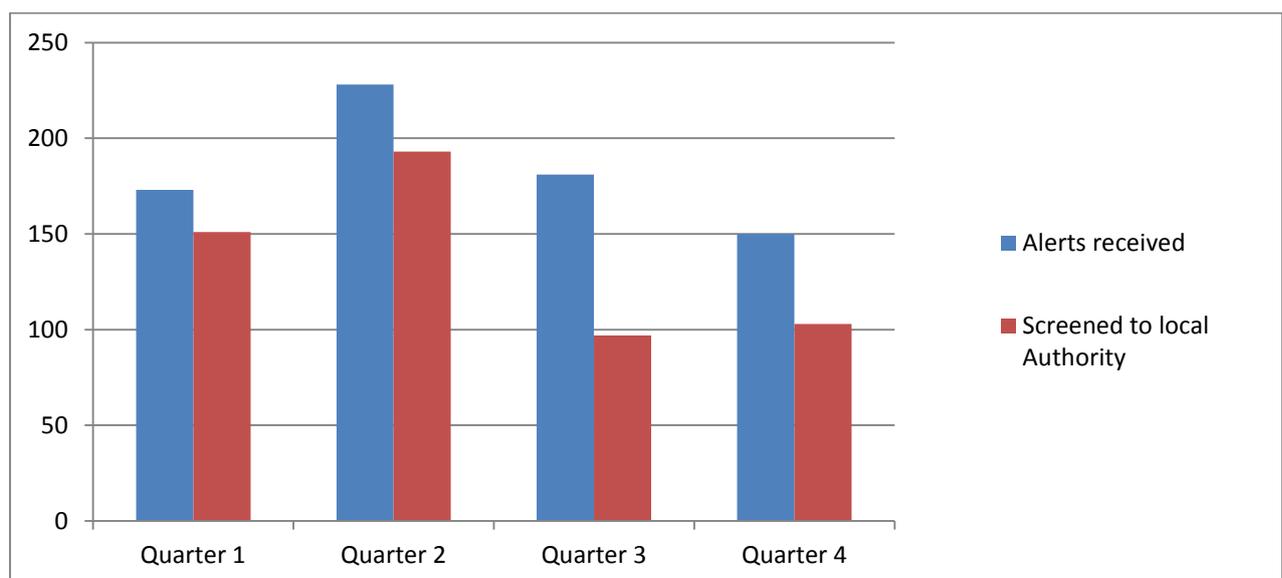
### Safeguarding Activity / Achievements 2015/16

During this reporting period the number of concerns raised for safeguarding adults (alerts) has seen a slight increase in the total number, with 732 alerts received in 2015/16 in comparison to 670 in 2014/15.

The Safeguarding Nursing Team have been working closely with the Local Authority in this reporting period to ensure that the appropriate threshold has been reached before the referral is submitted.

This has involved a far greater degree of oversight and scrutiny of referrals supported by the guidance of the Bristol Safeguarding Adults Board Threshold document. A number of referrals have also been appropriately signposted to other services, such as Domestic Abuses support services rather than the Local Authority

**Table 12: Number of Referrals screened prior to sending to Local Authority**

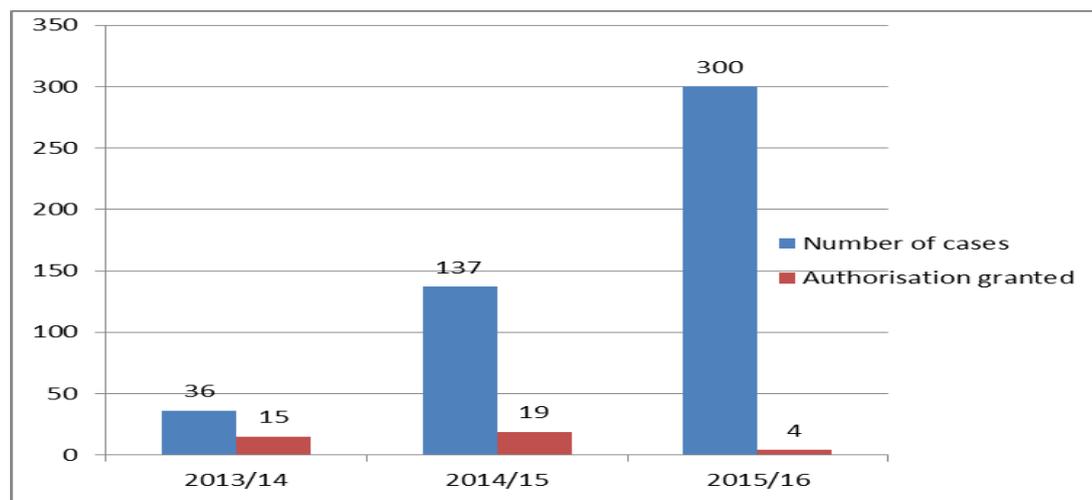


### Deprivation of Liberty Safeguards (DoLS)

The Supreme Court judgment in March 2014, in relation to Deprivation of Liberty Safeguards, widened and clarified the definition of deprivation of liberty thereby reducing the threshold for the need to make an application for DOLS. The judgement continues to have a significant impact resulting in an increase in the number of DOLS applications being made by the Trust.

The impact of the change to the threshold for DoLS and the implications for frontline practice has been recognised as a potential risk within the Trust and is recorded on the Trust

Risk Register. The situation is closely monitored by both the Safeguarding Steering Group and the Operational Group.



### Modern Slavery:

The Trust has made two referrals to the Local Authority during this reporting period under the category of Modern Slavery. Neither case was deemed by the Local Authority to meet the criteria of the Care Act, in that the patients did not have care and support needs. Both cases were subsequently reported to the Police.

### Self - Neglect:

Self-neglect is a potential safeguarding responsibility and defines self-neglect as covering a wide range of behaviours such as neglecting to care for one's personal hygiene, health or surroundings and include behaviour such as hoarding. Self-neglect is a category which prompts a significant number of safeguarding referrals (65 in this reporting period) but will only be considered under the safeguarding legislation if the adult has needs for care and support. In practice the majority of the referrals do not meet the Local Authority criteria and are re directed to other services such as housing and discharge planning

### Objectives for 2016/17

The safeguarding agenda for both children and adults is constantly changing and it is essential that the Trust continues to develop a proactive approach to ensure that safeguarding practice remains up to date and in line with new guidance and best practice. It has also been essential to maintain the quality of safeguarding practice across the Trust during a challenging period of local change. Safeguarding remains a key priority for the Trust. An annual report presented to the Trust Board summarises key safeguarding activities, developments and achievements. Its aim is to provide a level of assurance that the Trust is fulfilling its statutory safeguarding duties and responsibilities and is thereby fulfilling its contractual duty to safeguard children and adults.

Whilst there have been many achievements over the last twelve months, there are also areas in which further work is required. Key objectives for the next twelve months include:

- Raising awareness and understanding of the Mental Capacity Act for all Trust staff
- Ensuring front line practice is in line with key legislative changes for adult safeguarding practice.
- Working toward implementing the Intercollegiate Document for Adult Safeguarding Training.

## North Bristol NHS Trust

### Brief outline of agency function and safeguarding arrangements

North Bristol NHS Trust is an acute hospital provider with its main hospital based at Southmead in Bristol. We provide general and emergency acute care to the residents of north Bristol and surrounding areas. We also provide a range of specialist services on a regional basis including Neuro and Burns.

The Trust Board holds corporate responsibility for the delivery of adult safeguarding within NBT. The Director of Nursing is the Executive Lead for all safeguarding. The adult safeguarding service including Mental Capacity Act/Deprivation of Liberty, Domestic Abuse and Violence, Human trafficking is managed by the Adult Safeguarding Team, including a lead practitioner, specialist practitioners and the team administrators.

### Safeguarding Activity

April 2015 saw the introduction of the Care Act 2014 which moved adult safeguarding on to a statutory footing. The Care Act has lowered the threshold for safeguarding intervention and also increased the number of adults who could fall under the adult safeguarding umbrella. This has seen a sharp rise in referrals from the clinical teams, who are the providers of care supporting the patient, families and carers.

**Table 1: Alerts received by Adult Safeguarding Team**

Year/Quarter	1	2	3	4
2014/5	54	67	107	119
2015/6	212	241	163	245

The above data shows the large increase in alerts received by the team. These numbers do not equate to safeguarding referrals sent to the Local Authority (LA). The adult safeguarding team will view each alert to insure that the statutory grounds for safeguarding have been met and then forward onto the relevant LA.

Harm can be caused to adults in any location, hence the team separates alerts into “community acquired harm” and “hospital acquired harm”.

**Table 2: Community Acquired Harm Alerts**

Community Acquired Harm	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	73	86	63	58

For community NBT acts as referring agency and does not investigate the harm. Hospital acquired harm is managed differently. Whilst NBT alerts it also conducts the safeguarding inquiry under the management of the LA.

**Table 3: Hospital Acquired Harm Alerts**

Hospital Acquired Harm	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	45	37	27	31

### Key Achievements/Impacts/Challenges

- Care Act 2014 implementation has proved a challenge for all agencies due to large increases in referrals.
- Staffing has been increased within the Safeguarding Adults team to meet the increased need.
- Training has been made Care Act 2014 compliant and the Trust is working toward implementing the Intercollegiate Document for Adult Safeguarding Training.
- The Trust has seen large increases in referrals in the newer areas of Adult Safeguarding Team i.e. Domestic Abuse, Human Trafficking and FGM.
- A new Trust policy framework for adult safeguarding is a key goal for the upcoming year.
- The Adult Safeguarding Lead is completing a project to incorporate all policies that relate to Adult Safeguarding.
- New reporting streams for Adult Safeguarding Activity are being developed to collect all the teams' activity, such as MCA/DoLS advice, DASH assessments and complex case management.

## Avon and Wiltshire Partnership NHS Mental Health Trust

### Brief outline of agency function:

Avon and Wiltshire Mental Health Partnership NHS Trust provides mental health services as leader of the Bristol Mental Health system, including talking therapies, to adults of all ages, as well as providing Drug and Alcohol Services as part of the ROADS system, and a number of specialist and secure mental health services in the Bristol area. These include inpatient services, community services, and a range of services working with primary care and acute hospitals to assess and support the care of people with mental health problems there.

### **Achievements during 2015-2016:**

2015/2016 has seen a significant amount of activity to improve adult safeguarding practice in the Trust. This has included:

- Introducing modular guidance on adult safeguarding, incorporating the impact of the Care Act 2014 and Think Family principles.
- Delivering and recording regular supervision to all staff, including safeguarding supervision
- Developing and extending access to Health Places of Safety
- Deliver of a Trust wide action plan delivering the Lampard Report recommendations
- Improving adult safeguarding training rates, and delivering extended safeguarding training on domestic abuse and Prevent to practitioners
- Reviewing the Trust policies to reflect DBS and Care Act 2014 changes in relation to allegations management
- Actively supporting the support development of a MASH in Bristol
- Undertaking a staff survey of adult safeguarding and MCA/DoLS
- Launching of the Trust wide Safeguarding Supervision Tool.
- Changes in the process to make adult safeguarding referrals improve management oversight of referrals, quality assurance and recording
- Increased access to the Trust safeguarding team for specialist case advice on adult safeguarding issues

### **Challenges:**

There were quality concerns identified by CQC inspections of crisis and recovery adult community mental health teams in Bristol in relation to identification, recording and management oversight of adult safeguarding cases, which required a dedicated action plan to improve and assure practice in these teams. These actions have been completed and the learning and systems changes disseminated across other clinical teams and services.

There have been considerable challenges in building and maintaining appropriate staffing levels to ensure effective safeguarding practice at all levels, as the number of people referred to services has significantly increased in 2015/2016, alongside a significant corresponding rise in the level and complexity of safeguarding activity and requirements (including participation in a number of local Safeguarding Adult Reviews).

### **Objectives for 2016-17:**

- To further amend the RiO electronic record to support and assure effective safeguarding recording and reporting, and management oversight of cases
- To develop a strategy for personalisation of adult safeguarding
- To develop guidance and support on sexual exploitation and modern day slavery

- To introduce an extended adult safeguarding and MCA service in the Trust, with locally focussed Named Professionals, to support practitioners and practice development
- To embed improved identification, recording and management oversight of adult safeguarding cases in practice in all AWP adult mental health crisis and recovery teams
- Improving AWP participation in LSAB activities, including safeguarding adult and case reviews

## National Probation Service - Bristol and South Gloucestershire



The role of the National Probation Service (NPS) is to protect the public, support victims and reduce re-offending. It does this by:

- assessing risk and advising the courts to enable the effective sentencing and rehabilitation of all offenders;
- working in partnership with Community Rehabilitation Companies (CRCs) and other service providers; and
- directly managing those offenders in the community, and before their release from custody, who pose the highest risk of harm and who have committed the most serious crimes.

In Bristol and South Gloucestershire the NPS hold around 1300 cases who are high risk of harm or sex offenders.

In carrying out its functions, we committed to protecting an adult's right to live in safety, free from abuse and neglect.

There are six key principles that underpin all adult safeguarding work and which should, therefore, be reflected in work with offenders:

- Empowerment - people being supported and encouraged to make their own decisions, and 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 - accountability and transparency in delivering safeguarding.

Over 2015-16 Bristol and South Gloucestershire NPS has endeavoured to improve practice in relation to safeguarding. We have welcomed the issue of three relevant safeguarding documents in relation to Adults;

- NPS policy on Safeguarding Adults at Risk
- NPS Safeguarding Adults Practice guidelines and
- NPS National Partnership Framework for Safeguarding Adults Boards.

These documents gave us a greater focus on safeguarding for our practice and lead to us implementing a safeguarding training plan.

We have made it our concern that all staff carry out the safeguarding training supplied by the NPS as a re-fresh to our current thinking and priorities. We have seen evidence of good safeguarding practice and for offenders and potential victims where concerns are noted. We continue to chair MAPPA meetings as required and fully participate in MARAC processes in compliance with practice guidance. We have taken a very comprehensive risk management system for adults at risk and are particularly vigilant in the management of Domestic Abuse cases. Our partnership work is good with good relationships awarded for support agencies.

Our work continues to strive for greater excellence and we are aware of the areas we need to focus for the oncoming year which we have identified as the areas of recording and data collation.



## **Bristol Dementia Partnership**

### **Brief outline of agency function:**

The Bristol Dementia Partnership provides a Dementia Wellbeing Service to people who are registered with a Bristol GP. It is a partnership between Alzheimer's Society and Devon Partnership NHS Trust. Since 1 April 2015, we have been responsible for delivering dementia services in the city. The service is commissioned by Bristol Clinical Commissioning Group as part of Bristol Mental Health services.

The service brings together a whole range of professionals who work with GPs, other health professionals and other partners across Bristol to support people with dementia and their carers. We create personalised wellbeing plans with the person with dementia at its heart, providing support, guidance and help when, and where people want it, and in a way that suits them.

### Achievements during 2015-2016:

- We have secured membership on the BSAB
- One of our KPIs focuses on Safeguarding: “People using mental health services and their families and their friends or carers are safe and protected” and ensures that staff/volunteers have up to date training in safeguarding for adults and children to the appropriate level
- Related to the above, we have ensured that all Dementia Practitioners are trained to Safeguarding Adults Level 2 *[evidence of community awareness of adult abuse and neglect and how to respond]*
- All safeguarding that we raise within the service is reported via Devon Partnership Trust’s Incident Reporting System (RMS). This is then discussed at Management Team Meetings and learning cascaded in our weekly Team Meetings (one per locality) *[better reporting of abuse and neglect]*
- We successfully bid to receive dedicated staff training from the British Institute of Human Rights, raising awareness about Human Rights legislation and applying this in practice. We now have Human Rights champions across the service *[evidence of success of strategies to prevent abuse or neglect]*

### Challenges:

- Lack of robust communication systems to follow-up safeguarding reports/outcomes. There is a lack of process for BCC to communicate the outcome of safeguarding that we raise [how well agencies are co-operating and collaborating / how successful adult safeguarding is at linking with other parts of the system, for example children’s safeguarding, domestic violence, community safety].
- Additionally there has been concern raised over the security of the BCC Safeguarding referral routes. We are now assured that this route is secure.

### What difference has your organisations achievements made to children, young people, parents / carers?

- We do not routinely work with children although all staff have a basic awareness of Safeguarding children via mandatory e-Learning (Safeguarding Adults and Children Level 1)
- The staff training on Human Rights has helped our staff understand the legal framework which can support decision-making when addressing safeguarding concerns  
Reporting Incidents through RMS, we ensure we are a learning service and can have greater confidence to identify risks, both individually and collectively and put plans in place to minimise repetition of safeguarding/risk themes *[analysis of safeguarding data to better understand the reasons that lie behind local data returns and use the information to improve the strategic plan and operational arrangements]*
- Part of our Wellbeing Plans look at risk management, and we have received positive feedback via PALS and Friends & Family Test, including mitigating concerns over a

person with dementia's alcohol consumption by substituting for non-alcoholic fizzy drink which the carer reported made a big difference. *[feedback from local Healthwatch, adults who use care and support services and carers, community groups, advocates, service providers and other partners].*

#### **Objectives for 2016/17:**

- Developing pathway/ process for effective communication between our service and BCC Safeguarding.
- Maintaining the level of staff training.
- Continuing to support Human Rights through champions (as part of our 16/17 CQUIN target to develop specialism champions across the service).

## Attendance

<b>P</b>	Present	<b>NA</b>	No attendance or apologies
<b>D</b>	Deputy attended	<b>0</b>	Not Board member at the time
<b>A</b>	Apologies sent		

Name	Role	Agency	Apr-15	Jul-15	Oct-15	Feb-16
Carolyn Belafonte	Detective Superintendent	Avon & Somerset Police	D	P	P	0
Rich Kelvey	D/Supt. – Head of Manage and Intelligence	Avon & Somerset Police	0	0	0	P
Victoria Caple	Head of SCU / SAR Chair	Avon & Somerset Police	0	0	A	P
Mark Bunker	Head of Professions & Practice	AWP	P	A	0	0
Mark Dean	Associate Director of Statutory Delivery, AHP and Social Care Leadership	AWP	0	0	P	A
Mike Hennessey	Service Director	BCC, Adult Social Care	D	D	P	P
Kate Spreadbury	Service Manager, Strategic Safeguarding Adults & DoLS	BCC, Safeguarding and DOLS	P	P	P	P
Tracey Judge	Strategic Safeguarding Adults / MCA & DoLS Co-ordinator	BCC, Safeguarding and DOLS	P	P	A	P
Ethera Morgan	Senior Practitioner, Safeguarding	BCC, Safeguarding and DOLS	A	P	0	0
Johnson Koikkara	DoLS Team Manager	BCC, Safeguarding and DOLS	P	P	P	P
Brenda Massey	Councillor for People Directorate	BCC, Cllr	P	P	P	P
Carmel Brogan	Housing Policy & Contracts	BCC, Housing Services	A	P	P	P
Mary Ryan	Service Director	BCC, Housing Delivery	A	A	P	P
Melanie Rogers	Strategic Commissioning Manager	BCC, Strategic Commissioning	0	0	A	P
Nancy Rollason	Service Manager	BCC, Legal Services	P	P	P	A
Gayna Mullan	Safeguarding Analyst	BCC, Performance and Information	P	A	A	0

Fiona Tudge	Service Manager - Safeguarding, C&FS	BCC, Children's Safeguarding	0	0	A	P
Alison Moon	Transformation and Quality Director	BCCG	A	P	A	A
Paulette Nuttall	Safeguarding Adult Lead	BCCG	P	P	P	P
Aileen Fraser	Clinical Director	BCH	P	P	P	D
Jessica Beach	Safeguarding and Dementia Lead	BCH	P	P	A	P
Will Hall	System Clinical Leader, Bristol Mental Health	BMH	0	P	A	P
David Elson	Service member	Bristol Older People's Forum	0	0	A	A
Jan Little	Care Homes Director	Brunelcare	P	P	A	P
Claire Hayward	Strategic Director	Freeways	P	P	P	P
Pat Foster	Health Watch Bristol	Health Watch Bristol	0	0	A	P
Steve Cross	Governor	HMP Bristol	0	0	A	A
Louise Lawton	Independent Chair	BSAB	P	P	P	P
Bronwen Falconer	Administrator	BSAB	P	P	P	P
Gill Brook	Head of Patient Experience	NBT	0	0	D	P
Sue Jones	Director of Nursing and Quality	NBT	P	D	0	0
Sean Collins	Adult Safeguarding Lead	NBT	P	P	P	0
Allason Hunt	Senior Probation Officer	NPS - Probation	A	P	D	P
Charlie Baker	Head of Bristol & South Glos LDU	NPS - Probation	0	0	P	A
Mike Hook	Team Leader	CRC - Probation	P	P	P	0
Gill Nowland	CEO	One25	0	0	0	P
Helen Morgan	Deputy Chief Nurse	UHB	P	A	P	P
Linda Davies	Adult Safeguarding Lead	UHB	P	P	0	0
<b>Associate Members</b>	<b>Please note: Associate members of the Board are not required to attend.</b>					
Ali Mann	Named Professional, Safeguarding	SWAST	A	0	0	0
Simon Hester	Named Professional Safeguarding	SWAST	A	A	P	A
Carol De Halle	Assistant Director	NHS England	A	A	0	0

Sue Burn	Head of Inspection
Malcom Kippax	Acting Inspection Manager
Mick Dixon	
Rob Davis	Assistant Chief Fire Officer
John Readman	Strategic Director for People

Bristol CQC	A	A	D	A
Bristol CQC	0	0	P	P
Avon Fire & Rescue Service	A	A	0	0
Avon Fire & Rescue Service	0	0	A	A
BCC , Strategic Director	D	D	D	D