



Gloucestershire
Safeguarding Adults
Board

Gloucestershire Safeguarding Adults Board

Annual Report 2012/2013 & Strategic Plan 2013/14



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Forward: Introduction from Chair



Welcome to the Gloucestershire Safeguarding Adults Board Annual Report for 2012/13.

As Independent Chair I would like to take the opportunity to comment on how I believe The Board is contributing to reducing the risks of abuse, neglect or exploitation of vulnerable adults in Gloucestershire. It must be emphasised that a safeguarding board does not directly protect the vulnerable.

What it does do however is to coordinate the efforts of those professionals from many disciplines who work to keep people safe. It develops the best policies and practices, it trains, it quality assures service delivery and it investigates when things go wrong in an effort to learn and improve. Equally importantly, it challenges and holds to account both its own constituent agencies and other partnerships.

Safeguarding vulnerable adults continues to be at the centre of media attention nationally and one cannot help but be concerned at the findings of the Francis report and more latterly the Keogh report, both of which highlight the quality of care in hospitals. Though abuse in hospitals and care home settings are an obvious focus for our safeguarding board, the fact remains that the majority of abuse and neglect occurs in a person's own home.

This illustrates the complexity of the issue and the need for agencies to strive for optimum response to abuse of all types and in all settings was never greater. Complexity is further compounded by scale and the main body of the report indicates that the number of safeguarding concerns received by Gloucestershire County Council rose by 61% in 2012/13 compared to the previous year. Such a rise in demand for services would be challenging in the best of times but is particularly formidable in light of the current public sector budget reductions.

It is to the credit of the partnership that it has remained strong and committed to working together throughout the year. It is my responsibility to request that such commitment continues despite the threat from competing demands and reduced resources. One tangible measure of intent to support the safeguarding adults agenda would be the adoption of a multi- agency funding formula to support the board and its functions.

On the continued subject of support to the safeguarding adults agenda, the Care and Support Bill can do much to strengthen both involvement in, and delivery of, safeguarding services .New proposed powers in respect of duty to report, right to access and the creation of a specific offence of neglecting or ill- treating an adult at risk of abuse will provide a degree of legislative muscle hitherto quite sadly lacking.

This report details a considerable amount of work and achievement during the year by many people across Gloucestershire. I consider the following to be of a level of significance to justify further emphasis

- The case review currently being undertaken in respect of the death of a vulnerable adult which is utilising a significant incident learning process as its methodology
- The development of a Multi- Agency Safeguarding Hub or MASH to greatly improve effective information sharing
- The benefits realised from a much closer alignment to our sister board the Gloucestershire Safeguarding Children Board
- The close links forged with the Police and Crime Commissioner which gave rise to the opportunity to embed safeguarding in the Police and Crime Plan

Despite such achievements, the influence and performance of the board need to continue and develop. Plans are underway for constituent agencies to be subject to an invasive and critical audit regime to evaluate their capability and capacity to safeguard vulnerable adults. This process, together with a robust and rigorous peer review from outside the county, should result in an appraisal of strengths but equally importantly the discovery of weaknesses and areas for improvement.

All of the above is of little consequence if we are unable to answer two simple questions

Are vulnerable adults in Gloucestershire safe?

How do we know that they are?

The answering of these questions should be the sole focus of the Safeguarding Board as it moves from a process of inward looking self- development which has made itself fit for purpose, to a position of positive influence to drive up standards of service delivery and identify and protect those in need of our help

Three specific areas initiatives will help to drive this through

- Finding more and better ways of hearing the voice of service users and carers
- The development of a more effective quality assurance framework which evidences outcomes
- A powerful and comprehensive communications strategy to inform and support professionals, those in need of safeguarding and the wider community

A comprehensive strategy containing all planned activity for the board in 2013/14 can be found in section 3 of the report.



Roger Clayton
Independent Chair
Gloucestershire Safeguarding Adults Board
April 2013

Section 1: Background

1.1 National Context

There have been many changes and developments in safeguarding adults since the original 'No Secrets' Guidance from the Department of Health in 2000 and even more specifically over the last few years.

The new focus addresses government priorities and values for safeguarding: empowerment, prevention, protection, proportionality, partnership and accountability.

We are now awaiting the detailed guidance and final new legislation as proposed in the '**White Paper, Caring for our future: reforming care and support (July 2012)**' and the draft '**Care and Support Bill**' which followed.

The Care and Support White Paper states that a high-quality service must be one which keeps people safe from harm and the draft Bill sets out the first ever statutory framework for adult safeguarding, which stipulates local authorities, responsibilities and those with whom they work, to protect adults at risk from abuse or neglect. It proposes a duty for local authorities to establish Safeguarding Adults Boards (SAB) if they have not done so already and carry out enquiries into suspected cases of abuse or neglect. The Bill also states that the SAB must arrange for a case review to be carried out where there is reasonable cause for concern about how the SAB, members of it and other persons worked together to safeguard an adult with needs who had either died or experienced serious abuse and neglect.

Whilst we are awaiting the detailed guidance and final new legislation we cannot stand still, particularly in the light of Winterbourne View, Ash Court, Mid Staffs and other high profile scandals.

One of the key messages being delivered nationally is that organisations need to promote a culture where staff feel able to raise a concern and whistle blow without fear and that there is an understanding of the need for staff support to achieve effective outcomes for vulnerable adults.

Who is a vulnerable adult?

The most widely-used definition of a vulnerable adult was set out in the Government's *No Secrets* guidance. It is taken from the 1997 consultation paper *Who Decides?* issued by the then Lord Chancellor's Department.

However more recently definitions of 'vulnerable adults' have proved problematic.

The Draft Care and Support Bill therefore refers to a person who:

- a) *Has needs for care and support (whether or not the Local Authority is meeting any of those needs),*
- b) *Is experiencing, or is at risk of abuse or neglect, and*
- c) *As a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it*

1.2 Safeguarding Adults in Gloucestershire

Safeguarding adults is one of the high priorities for Gloucestershire County Council and its partners. The Gloucestershire Safeguarding Adults Board (GSAB) has come a long way in its effort to protect people from harm since it was established in 2009.

How to raise a safeguarding adult's alert in Gloucestershire

“There can be no secrets and no hiding place when it comes to exposing the abuse of vulnerable adults.” (DoH: No Secrets)

If you or an adult you know may be at risk of abuse you should contact Gloucestershire County Council's Adult Helpdesk on 01452 426868.

If you or the individual is in immediate danger, need medical attention or if a crime has been committed call the emergency services on **999**.

How professionals get safeguarding adult's advice and guidance in Gloucestershire.

As a result of an increase in requests and calls for advice and support regarding safeguarding adults, Gloucestershire County Council Safeguarding Adults Team launched a Safeguarding Adults Advice Line in September 2011 for professionals.

The specialist safeguarding team has responsibility for ensuring continuous improvement in safeguarding adults work and anyone who comes into contact with vulnerable adults in their day to day work can contact the team through the advice line

Section 2: Case Studies

It is evident in many of the safeguarding investigations that the close interagency relationships that are established in Gloucestershire have improved the speed of response and ensured a better outcome for the individuals involved. Here are three case examples that demonstrate this

Case Study 1

All names and locations have been changed to protect confidentiality

Background:

Muriel is an 82 year old woman with dementia and who lived alone until she required some support. She was receiving a domiciliary care package of 2 calls per day and then her granddaughter and her boyfriend moved in with her as she deteriorated. The Care agency called Muriel's doctor out as Muriel had developed a pressure ulcer and when the doctor visited, they discovered some suspicious bruising on Muriel's arms. There was also a fresh bruise on her ribs. The doctor raised a Safeguarding alert

Actions Taken:

An urgent safeguarding strategy meeting was arranged by the Local Authority, which the police, care agency, doctor and social worker attended and the police disclosed that the granddaughter's boyfriend had convictions for assault and drugs offences. Other family members were contacted. They were not aware that the granddaughter had moved in, and questioned her motives for doing so.

It was agreed that Muriel should be moved to a place of safety in her best interests while investigations were undertaken.

On investigation, it was felt that the bruising was more likely to have been caused by rough handling rather than a deliberate assault. Muriel was not able to remember how the bruising occurred. However it was agreed that the granddaughter and her partner were probably not able to care for Muriel effectively.

Outcome:

Muriel appears to enjoy being in the care home. She is very talkative and enjoys taking part in activities. She has gained weight and her pressure sore has healed. Although lacks the capacity to make decisions about where she should live, she expresses a wish to remain there

Strengths:

Good communication between the agencies involved ensured a swift response to the concerns raised. Contact with other family members strengthened the support for Muriel and helped to make a decision which was in Muriel's best interest

Case Study 2

All names and locations have been changed to protect confidentiality

Background:

Jackie is a 43 year old woman with moderate learning disabilities. She lives in supported accommodation and spends some weekends with her mother. The supported accommodation manager contacted the Adult Social Care Helpdesk because on Jackie's return from a weekend she said that her mother had hit her. No injuries were apparent

Actions Taken:

A safeguarding strategy meeting was held with the care provider, the police, Jackie's support worker from college and a nurse from the Community Learning Disabilities Team (CLDT). The police spoke to Jackie separately who said that on this occasion she reported she hit her mother as well. Police took no further action at this time and it was agreed that a social worker should meet with Jackie first and then go to see Jackie's mum. Jackie's mum described how Jackie had become very physically aggressive recently, and she showed the social worker a bruise on her arm that she said Jackie had caused. Mum became very distressed and said she hadn't told social care because she was worried that they may stop the visits.

The Psychiatrist from the CLDT assessed Jackie. She had recently gone through a period of change having moved accommodation and had to get used to a new group of people. This had raised her anxiety levels and it was felt that this may have led to her change in behaviour when she visited home

Outcome:

It was agreed with Jackie and her mum that Jackie's visits home should continue as they were important to both of them, however a support worker was provided to offer practical and emotional support to Jackie and her mother over the weekend. Jackie's behaviour settled after support from the psychology service.

Learning:

What appeared to be a safeguarding concern for Jackie turned out to be a need for support to prevent the possibility of further harm. It could also be seen as a safeguarding issue for her mother, as she is a physically frail woman in her late 70s and so could also be seen as a vulnerable adult.

Strengths:

The bond between Jackie and her mother was very strong and needed to be preserved. The provision of additional support for Jackie's weekends home enabled their relationship to continue.

Case Study 3

All names and locations have been changed to protect confidentiality

Background:

Lily is 79 years old and has Alzheimer's dementia. Lily became unsafe to live at home alone. A mental capacity assessment was carried out and a 'Best Interest' decision was made for Lily to move into a care home which would ensure her safety and meet her care needs. Lily was settling at the care home and was eating and sleeping well. However when certain family members came to visit, Lily became distressed and when they left Lily kept repeating she wanted to go home.

Lily's niece had kept asking if she could take her aunt out for a trip. The home manager had advised that Lily needed a period of time to settle in the home: the niece became increasingly insistent that she wanted to take her aunt out.

The home manager wanted to continue to tell the niece that she could not take Lily out as it was very likely to confuse Lily and cause her a lot of distress and anxiety when she needed to be returned. The home manager was aware that this would affect Lily's contact with her family and may amount to a deprivation of her liberty and so made contact with the County Council's Deprivation of Liberty Safeguarding team to ask for advice

Actions Taken:

A further multi agency Best Interest meeting was arranged to seek resolution with family members and focus on social engagement/activities that would be in Lily's best interest. The Community Mental Health Nurse and the doctor attended and also a member of the care home staff who had discussed Lily's feelings and wishes with her in respect to visits of family members

Outcome:

A plan to enable Lily's family to visit with support from care staff was put in place. This aimed to reduce Lily's distress and helped the family understand appropriate ways to respond and approach Lily. Education about dementia was offered to all family members. Then short trips outside of the care home were introduced and Lily's reaction to this contact was constantly monitored.

Learning:

Prior to significantly restricting contacts with a person's relatives it is important to assess and document a person's capacity to make decisions about social contacts/activities.

Where a person lacks capacity in relation to social contacts/activities, the Best Interest consultation process can be used to seek resolution and where possible formulate a plan that is in the Best Interests of the person unable to make decisions.

Family roles and relationships can be complex, at times bound by history and rooted communication patterns that are often 'hidden' to professionals.

Providing an opportunity to focus on what is important to the person who lacks capacity in this area is fundamental to meeting a person's human rights as set out in Article 8 of the Human Rights Act (1998), the right to family life.

The importance of providing opportunities to seek the person's viewpoint/wishes and preferences is paramount. This might include conversations with a member of staff who have developed relationships with the person, and/or through observation of non verbal behaviours and reaction

Section 3: Progress and Looking Forward

3.1 Achievements

There have been a number of achievements in the last year which have led to a reduction in the risk of harm to all vulnerable people in Gloucestershire.

Winterbourne Action Planning

A Learning Disability Joint Commissioning Winterbourne Action Plan is in place and reviewed bi-monthly. This is a comprehensive summary of all of the Winterbourne recommendations and the corresponding actions taking place in Gloucestershire to address them. Work has included:

- The completion of a mapping process to have an overview of all health & social care funded placements both within Gloucestershire and those placed out of county.
- A further analysis of all placements in Gloucestershire not funded by GCC or NHS Glos and further detailed analysis of NHS and Independent Hospitals; where they are; what they provide and who are the accountable and responsible commissioners to oversee, monitor and review

Alignment with Gloucestershire Safeguarding Children Board

- The GSAB and GSCB have now adopted an agreed shared Constitution and a Memorandum of Understanding which also includes a Register of Interest.
- The Boards sub groups have looked at closer alignment and these include the Communication, Serious Case Review and Workforce Development groups.

Case review development

Following the Serious Case Review carried out by GSAB in 2011 further practitioner guidance in relation to situations where an adult at risk is self neglecting who has capacity or fluctuating capacity to make decisions has been included into the Multi Agency Safeguarding Adults Policy & Procedures.

Clinical Commissioning Group (CCG) and General Practitioner (GP) engagement

GSAB have confirmed with the newly formed Gloucestershire CCG that the Deputy Chair will become a member of the safeguarding board which also secures GP representation.

Developments with Domestic Abuse

A robust screening process is in place (DARP- Domestic Abuse Referral Process) to identify potential vulnerable adults who may be exposed to domestic abuse on a regular basis.

Self Assessment

A self assessment/audit of individual partner key agencies practice is being developed to ensure compliance with Gloucestershire Safeguarding Adult Multi Agency Policy and Procedures and the South West Cross Boundary Information Sharing Protocol

3.2 Future Priorities and Challenges

Priorities for the next year include:

- **Making a difference - Empowering individuals to maintain their own safety**

Over the past few years a great deal of energy and effort across the partnership agencies in Gloucestershire has been spent establishing an effective GSAB and robust governance, reporting and accountability structures.

We have reached many targets and goals around embedding and sustaining improved process and systems for safeguarding adults. We know however that process is an important means of achieving good outcomes but is not an end in itself.

In the following years we must now direct our focus on **people** and the **outcomes** they want, empowering individuals to maintain their own safety and valuing the difference that is made.

The Department of Health recently completed a review of its data collection and concluded that it must **do more to measure outcomes for service users**.

The GSAB is now developing new ways of capturing service users' views, aggregating relevant quantitative data, trends and emerging outcome measures to monitor their effectiveness.

We aim to:

- Explore all proactive preventative approaches nationally
- Further develop risk assessment and risk management procedures and practices
- Review regional approaches to safeguarding within personalisation and self directed support

- **Establishing effective interfaces**

GSAB needs to continue to strengthen and further develop effective relationships and corporate links with the Gloucestershire Safeguarding Children Board, Community Safety Partnerships and the Learning Disability Board, making sure that the work of the respective groups is mutually compatible both strategically and operationally.

The exact relationship between the GSAB, the Clinical Commissioning Group Board and the Gloucestershire Health & Wellbeing Board is being locally determined. These boards need to ensure they are complementary to each other and do not compromise their separate identity and voice. Formal links are being made with regular cross-reporting arrangements and member representation.

- **Working with the new Police and Crime Commissioner**

Gloucestershire's new Police and Crime Commissioner was elected in November 2012 and their potential influence on and contribution to safeguarding will clearly be significant.

In the lead up to the election GSAB produced a briefing pack to inform the candidates of the importance of having safeguarding high on the agenda and GSAB and its independent chair have already made formal links with Martin Surl who was elected.

We will be inviting the Police and Crime Commissioner to a GSAB meeting at some point in the near future.

- **Adult safeguarding and domestic abuse**

Strengthening the connections between adult safeguarding and domestic abuse is one area of development that we intend to address. There are situations where an adult who has care and support needs is being harmed or abused by an intimate partner or close family member in a way which could also be defined as domestic abuse. We aim to improve understanding of the circumstances in which adult safeguarding and domestic abuse overlap and identify some of the organisational developments which can support best practice in this area.

- **GSAB Members Training and Development**

Board members recently completed a survey designed to identify their training and development needs. It aimed to provide opportunity for individual reflection and access to training & development, as well as identification of shared learning needs at strategic leadership level.

Below are some of the recommendations for board members' development at both individual and collective levels:

- An induction pack should be developed
- All Board members should review their safeguarding knowledge and understanding to the national capabilities
- Board development sessions should be planned at least annually and consideration given to a further joint adults and childrens board development session to address the Think Family agenda / shared needs.

- **Communications Strategies**

We in Gloucestershire have embarked on a path of closer alignment of the two safeguarding agendas and the benefits of an integrated communications strategy are self evident.

Notwithstanding the good work undertaken in the past, we now have opportunities to improve our performance in this area. The time is right to consider a new strategy and an underpinning delivery plan to improve our potential to communicate.

Quite simply we have to establish -

- What we have to communicate
- Who we need to communicate it to
- How best we can communicate it

Just as the strategy should be comprehensive and all encompassing, so should its development.

We need to ensure that our communications -

- cover both safeguarding agendas
- reach both internal and external audiences
- are of benefit to all the constituent agencies of the boards
- service the needs of all our sub and task groups
- are influenced by and deliver to practitioners, children/young people, vulnerable adults and parents/carers
- link to associated agendas such as domestic abuse, learning disabilities, MAPPA etc,
- deliver effective messages to all the communities of Gloucestershire.

Challenges:

There are many challenges that face us, none more important than the increasing older population. We have to prepare ourselves to balance this increased need to support people to live a better quality of life safely against the challenges of more public sector cuts

Austerity measures have the potential to negatively impact on safeguarding in several ways. A reduction in budgets leading to a corresponding decrease in capacity to allocate resources to address increasing demand is a challenge faced by all agencies whether statutory or voluntary.

As well as frontline delivery, the safeguarding board also faces financial challenge. The Gloucestershire Safeguarding Children Board receives contribution from key partners in excess of 30% of its total budget.

The GSAB currently receives no such funding from partner agencies. This position should be the subject of review.

3.3 Strategic Planning 2013-14

GSAB Strategic Plan for 2013-14

One of the GSAB objectives is to further develop the strategic plan and risk register to ensure it reflects more clearly the priorities and risks across partner organisations. We aim to do this through the findings and learning from forthcoming events which include:

Gloucestershire County Council's forthcoming 'Local Authority Sector Led Peer Challenge Review on Safeguarding Adults' planned for June 2013

Peer challenge helps to identify what is currently working well and where improvements could be made. It also provides resource and time to look at and reflect on existing practices.

We have made significant progress over the last few years and we welcome this opportunity for an independent assessment of where we are now and to give us assurance as to whether our safeguarding processes across the partnership are coordinated effectively and to identify areas we can continue to improve on

Self Assessment of safeguarding adults' arrangements across all partner organisations

This will include completion of a self assessment by statutory partner agencies and an audit of strategic and organisational arrangements to safeguard and promote the wellbeing of vulnerable adults

South West Safeguarding Adults programme

Gloucestershire is now actively involved in a regional structured programme of work to look at developing a number of areas related to adult safeguarding which include:

- Safeguarding thresholds and decision making
- Managing the increased volume of referrals
- Responding to institutional abuse
- Peer review and self assessment
- Benchmarking against performance indicators and targets.

Section 4: Governance & Accountability

4.1 Who is responsible for safeguarding adults?

Local Authorities have always been expected to **lead** adult safeguarding and proposed legislation will **formalise that as a duty**.

However what we have learnt is that safeguarding needs to operate on a number of levels and across a range of organisations to be effective, therefore **safeguarding has to be everybody's business**.

The Local Authority therefore plays a pivotal role in building strong relationships with other organisations such as the NHS, the police, third sector and providers. They form the trust and bedrock on which a multi-agency approach thrives and lead the formation of sound local policies, procedures and lines of accountability.

4.2 Gloucestershire Safeguarding Adults Board

Gloucestershire Safeguarding Adults Board (GSAB) is well established, with wide senior representation from across the partnership

The pivotal role of Safeguarding Adults Boards has been nationally recognised and the Draft Care and Support Bill proposes putting them on a statutory footing. It is intended that the Local Authority, Clinical Commissioning Group and Chief Officer of police will become statutory members (Boards have the power to determine other appropriate members).

The independent Chair of the GSAB has a critical role to lead collaboratively to ensure that there is appropriate challenge and that agencies are held to account for their work in safeguarding vulnerable adults. Through 2012/13 GSAB has continued to strengthen with cross agency engagement, effectiveness and holding partners to account

The independent chair of the GSAB also is the independent chair of the Gloucestershire Safeguarding Children's Board and we have aligned structures and priorities where it is effective and supports improved outcomes for vulnerable adults and children.

Integrated GSAB/GSCB Structure

GSAB/GSCB Constitution, Memorandum of Understanding and Register of Interest

GSAB Attendance Figures – 2012/13

4.3 Scrutiny

GSAB and the independent chair are accountable and subject to the County Councils arrangements for proper scrutiny of their performance.

The Health & Care Overview and Scrutiny Committee (HOSC) in Gloucestershire is one of the critical checks and balances to hold the safeguarding board to account.

Elected Members, through their membership of HOSC, hold the Local Authority and its officers to account for their contribution to the effective functioning of the board. Councillors and Lead Members, who as community leaders champion the wellbeing of their constituents, are in a position to raise awareness of adult safeguarding. They may become aware of individual cases of abuse through their work and so have a duty to report it

The Director of Adult Social Services (DASS) is held to account for the effective working of the board by the Chief Executive of Gloucestershire County Council and challenged where appropriate by their Lead Member.

The role of the GSAB is to coordinate each agencies contribution to keeping vulnerable adults safe. Where necessary it challenges and seeks assurance from those agencies. It is the responsibility of each constituent agency to ensure they provide effective levels of service delivery

The board forms a view of the quality of safeguarding in Gloucestershire, challenges organisations when necessary and has an independent voice. The board is not subordinate to, nor subsumed within, other local structures. Each partner organisation represented on the board retains their own existing lines of accountability for safeguarding and promoting the welfare of vulnerable adults in their service area.

GSAB Accountability Framework

Section 5: Performance & Activity 2012-13

The number of safeguarding concerns reported to Gloucestershire County Council's Adult Help desk (01452 426868) rose by **61%** during **2012-13 (2065 up from 1282)**.

The increase in the number of reported concerns is thought to reflect how effectively the safeguarding message has been communicated throughout the county with people having a greater understanding of safeguarding issues and how to report a concern.

At the same time, the number of those concerns investigated under safeguarding procedures rose by **120%** (**970** up from **439**). An increase here does not necessarily mean that more incidents are happening in the county but that a greater number of incidents that should be investigated have been reported.

Therefore, **47%** of all concerns were investigated further.

In October 2013, Gloucestershire County Council plan to introduce a triage service such that all reported safeguarding concerns are considered by a dedicated safeguarding team. This will provide a consistent approach to information gathering within the first 24 hours and then early identification of risk and protection planning where necessary. We cannot yet predict what effect this will have on the number of concerns that meet the threshold for a full investigation but it is expected that the ratio from concern raised to full investigation may reduce

Concerns were reported by:

Source	Concerns
Residential care homes	782
Domiciliary care staff	262
Acute Hospitals (including GHT and out of county)	151
Social workers	113
Family Member	95
Primary care (including community hospitals and GCS)	86
Police	74
Mental health staff (including 2Gether Trust)	68
Housing	64
Care Quality Commission	37
Education/Training/Workplace establishments	37
Friend or neighbour	30
Anonymous	25
Day Care staff	19
Self Referral	17
GP	15
Other	190
Total	2065

Most alerts were raised by residential care home staff as their contracts require them to report any relevant incidents.

Concerns raised by family members, friends, neighbours and other members of the public are thought to be an indication of how well the safeguarding message is reaching beyond the main care providing agencies.

The **970** referrals investigated involved allegations of:

Risk	Allegations
Physical injury	381
Neglect	296
Financial	246
Psychological	148
Sexual abuse	66
Institutional	40
Discrimination	3

And the incidents took place in:

Location	Referrals
Own Home	383
Care Home	239
Public Place	22
At Parents / Relatives	10
Alleged Perpetrators Home	9
Hospitals	11
Education/Training/Workplace Establishment	6
Mental Health Inpatient Setting	5
Day Centre/Service	1
Not recorded	284
Total	970

The majority of referrals (**64%**) related to incidents that occurred while the vulnerable adult was at home (**39%** in their own home and **25%** in their care home).

809 investigations were completed in the year, the conclusions reached were:

Conclusion	Referrals	%
Substantiated (partly or completely)	279	34%
Inconclusive	260	32%
Not substantiated	227	28%
No Further Action-Not Safeguarding	43	5%
Total	809	100%

As these figures represent this year's annual return to the Department of Health, we are not yet in a position where we can compare our performance to other authorities. We can, however, re-examine issues identified last year where our performance appeared to differ significantly to other local authorities:

- **A higher than average number of alerts relating to allegations of a sexual nature.** After continued scrutiny we have still been unable to identify any common factors (e.g. age groups, living arrangements etc.) but at **6.8%** of **2012-13** referrals relating to concerns of a sexual nature, this represents a reduction from last year's outcome of **8.9%**.
- **A higher than average number of alerts relating to people with dementia.** Last year, the percentage of referrals relating to people with dementia was much higher than the figures reported by other local authorities. We believe that this is due to the fact that we cross reference referrals with all other information we have about people's social care needs, so are actively identifying where dementia is a condition. At **32.1%** the **2012-13** outcome is consistent with that conclusion.
- **A lower than expected number of alerts relating to people from the Black and Minority Ethnic community.** There continues to be a modest under representation of referrals concerning people from the black and minority ethnic communities. The challenge remains to take the safeguarding message to hard to reach groups.

Section 6: Workforce Development

Achievements:

- The target set by GSAB of 5000 staff across Gloucestershire completing safeguarding adults training has been achieved

Training Figures – 2012/13

- Improved monitoring and reporting of partner take up of training
- Safeguarding trainers now skilled to deliver Deprivation of Liberty Safeguarding awareness training
- Fire training pack developed by Gloucestershire Fire & Rescue Service and delivered to a range of trainers and organisations
- Safer recruitment e-learning has been developed and nearing completion
- The train the trainer programme has been enhanced, with a rolling programme of mentoring agreed, and the annual professional development event received excellent feedback
- Impact evaluation on how learning has been embedded into everyday practice has evidenced improved understanding and confidence but also the need for more in-depth training for lead practitioners and practice support.
- A new multi agency trainer was successfully recruited and course evaluations remain of a high standard
- Work across GSAB / GSCB and three shared priorities identified of foundation level train the trainer model, impact evaluation and manager / leader programmes are being progressed.
- GSAB development needs have been identified which will result in a development programme for Board members in 2013/14

Priorities for 2013/14 include:

- Knowledge transfer – building processes and support roles to ensure learning is embedded into everyday practice
- Level 3 training programme for safeguarding leads / practitioners
- Identifying and meeting GP / Primary care development needs

Section 7: Deprivation of Liberty Safeguards (DoLS) Mental Capacity Act

DoLS Activity:

	April 2012-March 2013
Total number of DoLS referrals	132
Number of GCC DoLS referrals	89
Number of NHSG DoLS referrals	43
Number of above where Managing Authority is Out of County & Supervisory Body is Gloucestershire	3
Third party referrals	0
% of DoLS applications authorised	42%
% of Applications with are urgent (7 days)	77%
Number of assessments carried out by Independent BIA's (Jan'13-March '13)	21
Number of assessments carried out by Specialist DoLS Practitioner	29
Number of assessments carried out by BIA's on the rota (of which there are 16)	80

Review of the Best Interest Assessor (BIA) provision

We are going to review the existing BIA model and to consider all options for the way BIAs are commissioned within Gloucestershire in the future

The review will include:

- How the BIA service and allowance operates
- Whether the existing model is fit for purpose and provides an effective high quality service
- The exploration of alternative options
- What organisations' responsibilities and expectations are
- Associated risks linked to resource and knowledge and experience across organisations
- The research of other models for comparison and learning
- Financial modelling as there is a finite budget.
- The identification of all reputational and litigation risk should the service not discharge prescribed responsibilities.

Section 8: Safeguarding Adults Case Reviews

The GSAB Serious Case Review Sub Group continues to meet on a quarterly basis.

Its main function is to convene and conduct Serious Case Reviews (SCRs) at the request of the Independent Chair of the GSAB. As well as undertaking its own SCRs, it also scrutinises available information about relevant SCRs which are undertaken in other parts of the country, in order to maximise learning opportunities for all of its partners.

In doing so, the GSAB SCR Sub Group ensures that safeguarding arrangements to protect vulnerable adults effectively from neglect and abuse are understood and consistently applied across the GSAB Partnership.

SCRs are conducted in accordance with the GSAB SCR Policy and Procedure document and current national advice and guidance.

Examples of some of the work that the SCR Sub Group has been involved in over the past 12 months include:

Learning from Other Areas: Winterbourne View

South Gloucestershire Safeguarding Adults Board published its SCR of Winterbourne View Hospital, following the outcry which followed the BBC Panorama *Undercover Care: the Abuse Exposed*.

Prior to the South Gloucestershire Safeguarding Adults Board concluding their SCR, the GSAB had already commenced their own Position Statement on similar homes within the County of Gloucestershire.

The recommendations were the subject of an extraordinary meeting of our GSAB SCR Sub Group which was convened in October 2012.

The SCR Sub Group and its members reconciled the 42 recommendations from the SCR of Winterbourne View Hospital and our own Position Statement, in order to maximise learning and minimise the risk of similar circumstances occurring within Gloucestershire. The recommendations were initially in the GSAB Strategic Plan for 2012/13.

Many of these recommendations were commissioning in nature and remain incomplete owing to strategic changes in the way health services are commissioned and delivered in Gloucestershire from 1st April 2013. These are to be taken forward in the 2013/14 GSAB Strategic Plan and cross referenced against all actions in the Learning Disabilities action plan.

Case Reviews

Following a SCR Sub Group meeting in April 2013 a recommendation was made to the Independent Chair of the GSAB that a Serious Incident Learning Process (SILP) be commissioned in respect of the death of Mr O in January this year.

The key features of a SILP are:

- A collaborative and analytical process designed to extract learning from the detailed study of a set of circumstances.
- The engagement of frontline practitioners and first line managers in conjunction with designated staff and safeguarding leads. The involvement of the front and first line managers gives a much greater degree of ownership and therefore a much greater commitment to learning and dissemination of lessons.
- The involvement of the practitioners, their managers and Safeguarding Leads is epitomized in a Learning Event at which reports will be shared resulting in discussion and debate.

This recommendation was accepted by the Chair and we the following milestones have been agreed for completion of the learning process:

- 17th May 2013: Author's meeting
- 10th June 2013: Agency reports submitted
- 1st July 2013: Learning event
- 13th Sept 2013: Recall day

Going Forward: The Future of SCRs

The GSAB SCR Sub Group has been working closely with its corresponding Children's Group, the Gloucestershire Safeguarding Children's Board Serious Case Review Group.

A joint planning day discussed the possibility of combining the two sub-groups, and the next step is to determine how to move this forward, i.e. one meeting with common agenda items and then split to non common items for children and adults.

Work has already commenced to determine a suite of appropriate methodologies and systems in order to maximise learning which will sit alongside the traditional SCR methodology. A joint planning day is due to take place in October 2013 to move this proposal forward.

Section 9: Learning Disabilities Services

The assessment team

Safeguarding continues to be a key priority for the Learning Disabilities Assessment team. 25% of safeguarding alerts have concerned service users placed in Gloucestershire by other authorities. Safeguarding alerts for learning disabilities have almost tripled and referrals almost doubled as compared to the same point last year.

The quality programme

The last year has also seen the set-up of a pilot quality project across learning disability and mental health residential and supported living services. The next two years will see the project extend to day opportunities, health services and self-directed support. The objective of taking such an approach was to have a mechanism to monitor that service users are safe and that providers are delivering services at a quality level which is suitable. Action is taken when a service fails to be compliant. The long-term intention is to bring these components together into a quality framework which can contribute to commissioning services based on the quality of their delivery.

Unannounced Visits - In 2012 we ran a series of workshops for health, social care operations and safeguarding professionals to put together a Quality Assurance tool against which we measure the quality of care delivered by the provider. This tool is completed through unannounced and announced visits. This then triggers performance improvement work if necessary. The visits take place during the week, over evenings and on weekends.

Night Visits take place for providers where we fund a waking night. An unannounced visit takes place during an agreed month to a residential home or supported living placement to ensure care at night is good.

Quality 360 project - The Quality 360 project consists of a survey to the Service User's circle of network about how well they are supported by the provider, combined with a visit by the independent User-Led organisation 'Gloucestershire Voices' – whose Quality Checking team all have Learning Disabilities themselves and consult with Service Users about the care and support they receive.

This is a preventative approach which includes service users placed in Gloucestershire by other authorities, whenever possible. 100 services have been part of this programme from April 2012 through to March 2013.

We believe that there is significant value derived from just having a range of quality projects in place. We think this transforms the culture amongst providers to one of taking pride in what they do well and making sure they are continuously ready to engage with a quality project. Perhaps counter-intuitively, we have found that the quality project improves trust between providers and ourselves and enables us to work together to raise standards for Service Users as the tools are robust, fair and Service-User focused.

Section 10: Partnership Working

10.1 ²gether NHS Foundation Trust (²getherNHSFT)

²gether NHSFT continues to be fully committed to working in partnership to safeguard vulnerable adults within Gloucestershire, as a member of the Gloucestershire Safeguarding Adults Board (GSAB) and ensuring we comply with Gloucestershire's Multi-Agency Safeguarding Adults policy and procedures. We are represented on the Gloucestershire Safeguarding Adults Board by the Director of Quality and Performance and contribute actively to all of the sub-groups.

Organisational arrangements

- An internal Safeguarding Committee is in place which meets every month to oversee safeguarding compliance for both children and adults who access services in both Gloucestershire and Herefordshire
- ²gether NHSFT is committed to developing robust arrangements to ensure that safeguarding becomes fully integrated into their systems, resulting in greater openness and transparency about clinical incidents and learning from safeguarding concerns with partner agencies.
- Dedicated links to MAPPA, MARAC and PREVENT are established and joint working arrangements continue in order to maintain effective multi-agency working.

Developments that have taken place during 2012/13

- A quarterly Safeguarding performance dashboard has been developed with multiple indicators to monitor safeguarding training, supervision, attendance at meetings, serious case review actions, incidents and complaints that have a safeguarding element. This is monitored by our internal safeguarding committee and the Trust Governance Committee.
- A monthly staff safeguarding bulletin is produced and cascaded.
- Practice guidance has been produced and cascaded to all staff on safeguarding issues. (E.g. making alerts, chairing Strategy and Best Interests Meetings).
- Human Resources, Serious Incident and Complaints policies and processes have been reviewed to strengthen them to assist staff in identifying when safeguarding processes should be followed.
- Safeguarding is specified as a key responsibility in Job Descriptions and Annual Appraisals. Safer recruitment practices in-line with Safer Recruitment scheme for the issue of alert notices for health care professionals in England (NHS employees Nov 2010)

Training and Development in place

- As part of ²gether NHSFT Corporate Induction, all new members of staff receive face to face Level 1 Safeguarding Training (Children and Adults).
- An integrated "Think Family" training model combining both Children's and Adults safeguarding is mandatory for all (clinical) staff, every 3 years. This has been regularly delivered since September 2011.
- Staff can access multi agency safeguarding training and e-learning modules.

- Adults safeguarding has also now been included in risk, supervision and investigation training sessions.
- PREVENT, MAPPA and MARAC awareness sessions are now incorporated into our Think Family safeguarding training day.

Key Plans and Objectives for 2013/14

- Achieve all objectives of the Trust 2013/2014 annual safeguarding planner.
- Review and update Trust Safeguarding Adults Policy.
- Review the Think Family Safeguarding training
- Further develop the Trust's Adult Safeguarding Dashboard.
- Review all the reports on Outcome 7 – safeguarding from the internal assurance visit process.
- Continue partnership working as part of GSAB 2013/2014 business plan to safeguard vulnerable adults.

Trish Jay
Director of Quality & Performance
²gether NHS Foundation Trust

10.2 Gloucestershire Care Services

Gloucestershire Care Services (GCS) remains committed to playing a full and active role in the multi agency Safeguarding Adults agenda.

GCS is represented on the Gloucestershire Safeguarding Adults Board by the Executive Director of Nursing who is also accountable to the GCS Board for matter relating to Safeguarding within GCS. A number of senior clinicians contribute to the work of sub – groups and working groups. These include:

- Policy and Procedure group.
- Management Committee
- Practitioner Forum.
- Serious Case Review group.
- MCA and DoLs.
- Workforce Development group.

Key Achievements in 2012/13

- Following organisational change built the number of train the trainers for foundation level education within the organisation to 16 to support our localities
- Establishment of the GCS Safeguarding Group with health and social care membership
- Quality initiative to effectively support those with dementia or cognitive impairment and their families
- Played a lead role in the development of a Safeguarding and Pressure Ulcer policy and reporting structure, followed by a poster campaign to raise awareness within clinical services

Key plans and objectives for 2013/14

- Development of “screen savers” to reinforce key messages regarding safeguarding adults
- Development of the workforce to include safeguarding champions within localities.
- Development of small bite training resource for staff to access which can be used at team meetings etc. on specific safeguarding subjects
- Review of GCS existing policies and guidelines related to Safeguarding Adults, MCA and DoLS to ensure they meet the needs of the new organisation, and where possible align or amalgamate with children’s safeguarding policies in line with county arrangements.

Liz Fenton
Director of Nursing
Gloucestershire Care Services

10.3 Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

As a partner member of Gloucestershire Safeguarding Adults Board (GSAB), GHNHSFT remains committed to partnership working to safeguard vulnerable adults as part of Gloucestershire's Multi-Agency Safeguarding Adults policy and procedures. The Trust Nursing and Midwifery Director as the Executive Lead for Safeguarding attend GSAB. There is senior level Trust representation on each of the GSAB sub-committees with the Trust actively engaged as part of the work plan of each sub-committee.

Structure and approach to safeguarding Vulnerable adults within GHNHSFT

Trust Safeguarding Adult Strategic Board, chaired by the Trust Lead Executive for Safeguarding, has representation from key Trust stakeholders involved in Safeguarding and reports to Trust Quality Committee and Trust Main Board. This Board has responsibility for implementation of Trust Safeguarding Adults strategy and action plan, including Trust Dementia Strategy, Learning Disability Strategy and Mental Capacity Act Action plan, This Board also has responsibility for assessment of evidence assurance against Care Quality Commission Outcome 7- Safeguarding People who use Services from Abuse.

Key achievements 2012/2013

- Safe Patient Care is a Trust Strategic Objective. Actions to support continued improvements to patient and carer experience for vulnerable adults, for the Care of the patient with Dementia and the care of the patient with a Learning Disability remain of high priority to GHNHSFT.
- GHNHSFT staff follow Gloucestershire's Multi-Agency Safeguarding Adults policy and procedures and Trust safeguarding reporting protocol. Safeguarding is an integral part of patient assessment by the clinical care team. Safeguarding Vulnerable Adult Alert reporting information collated and reported by GSAB during 2012/13 continues to show an increased trend in Trust staff detection of safeguarding adult alerts and alert reporting for patients at presentation to GHNHSFT.
- We continue to promote integrated arrangements between safeguarding children and safeguarding adults with joint meetings held between Trust Safeguarding Adult and Safeguarding Children Strategy Boards. This also involves integration as part of the Domestic Abuse - Multi-Agency and Risk Assessment Conference (MARAC) lead,
- We continue to deliver 3 levels of in-house Mandatory Safeguarding Adult training, with training on the Mental Capacity Act and Deprivation of Liberty Safeguards also mandatory.
- A Trust Safeguarding Vulnerable Adult Clinical Checklist has been developed. This guides staff regarding the core actions to take in response to a safeguarding concern and promotes appropriate documentation. This promotes best practice and will also further support auditing and case reviews.
- A Trust bespoke Safer Recruitment e-learning package has been developed with the Trust being a partner representative on GSAB Safe Recruitment Sub-Committee.
- Developments have been implemented during 2012/13 to continue to improve patient and carer experience for the Patient with a Learning Disability and

Patients with known Dementia. These include, patient and Carer information Leaflets, a carer surveys, staff training, and resources to support patient assessment and care planning. There is Dementia Champion and a Learning Disability Champion in each care team with a programme of Champion events held. A Dementia Peer Review was undertaken in January 2013, the Trust received positive feedback from the Peer Review Team regarding supporting care for the patient with Dementia.

- Trust Safeguarding Adult Strategic Board held a series of staff events to promote, Patient Nutrition and Hydration, with a 'Come Dine with us' event held attended by Trust Governors, Local Media and Gloucestershire Alzheimer's Society.
- A series of information articles are published within the Trust Newsletter 'Outline' articles these have included, 'Promoting Communication', 'Nutrition and Hydration awareness', 'Supporting the Patient with Dementia' and Supporting the Patient with a Learning Disability
- Development of an Information Technology proposal to support enhanced monitoring of safeguarding concerns raised by GHNHSFT and outcomes.

Maggie Arnold
GHNHSFT Nursing and Midwifery Director
Trust Lead Executive for Safeguarding

10.4 Gloucestershire Constabulary

The primary responsibility of Gloucestershire Constabulary in the protection of vulnerable adults in the county is the investigation of criminal offences. However, the Constabulary also undertakes an important role in safeguarding vulnerable adults by raising alerts, sharing information, and planning the multi-agency response through strategy meetings. The police contribution is overseen by the Detective Superintendent of the Public Protection Bureau who is a member of the Gloucestershire Safeguarding Adults Board (GSAB) and officers are also present on all the subgroups of the GSAB

The Constabulary has investigated a number of allegations during the year. However much of our effort has been focused on being more proactive in recognising the possible abuse of vulnerable adults and intervening. Examples of this are as follows:

- All police intelligence in relation to the potential abuse of vulnerable adults is reviewed by the Public Protection Bureau at least weekly in order to identify opportunities to intervene. Where considered necessary an intelligence development officer carries out additional research to establish if an investigation is needed. This allows for a more proactive approach than simply waiting for particular allegations and ensures that all anonymous calls and information received via Crimestoppers are subject to proper review.
- Analysis is conducted of missing episodes relating to vulnerable adults in order to establish patterns or trends that might be indicative of problems regarding a particular individual or care setting.
- The Domestic Abuse Stalking and Harassment (DASH) risk assessment form has been amended to ensure that the presence of any vulnerable adults in a household where domestic abuse is taking place is recorded. Frontline officers complete the DASH at domestic incidents and it has been common practice to record details of all children in a household given the negative impact that exposure to domestic abuse can have on them. The risk assessment has been expanded to include vulnerable adults so that whenever a vulnerable adult is present in an environment where domestic abuse is occurring, this information is shared with the Adult Safeguarding Team.

During the course of 2012/13 the Domestic Abuse and Vulnerable Adult Unit has continued to provide a specialist investigative response to the most serious allegations of abuse. The unit holds the operational lead for serious investigations and those where an ongoing safeguarding risk exists. They are also responsible for determining the police's safeguarding response in individual cases.

**Paul Yeatman
Superintendent
Gloucestershire Constabulary**

10.5 Gloucestershire Fire and Rescue Service

Gloucestershire Fire and Rescue service (GFRS) continues to be fully committed to the contribution to and development of the Safeguarding Agenda and are represented on the Gloucestershire Safeguarding Adults Board by the Head of Community Safety.

GFRS has a robust representation on sub groups and actively contributed to the Serious Case Review conducted this year, which resulted in the development and delivery of a new Fire Safety Awareness package (Safe and Sound) aimed at any agency going into people's homes.

GFRS has two designated Safeguarding Officers. These Officers act on concerns raised by crews and other staff. Taking fire-fighters 'off the run' to attend training as well as meeting operational duties is a challenge, however all staff receive safeguarding training on induction to the service and the safeguarding officers develop and deliver internal training packages in order to maintain skill sets.

GFRS' safeguarding policy offers a process and practice guidance to allow staff to raise such concerns, which are then reported to the appropriate agency via the Safeguarding Officers. During 2011-12, GFRS made 266 vulnerable adult / welfare referrals and has participated in Gloucestershire's first vulnerable adult serious case review.

In the coming year, the focus will be upon re-fresh training for our staff and continued roll out of Safe and Sound training to our partners.

Sara Gardner
Community Safety Officer
Gloucestershire Fire Brigade

10.6 Clinical Commissioning Group NHS Gloucestershire

From April 2013, Clinical Commissioning Groups (CCG's), led by GPs and other clinicians have become responsible for commissioning most local health care services. In the lead up period to this the GSAB has been building a strong and effective relationship with the shadow CCG

Andrew Seymour is the Deputy Chair of the Gloucestershire CCG and has the lead for safeguarding adults and will become a member of the GSAB

The CCG will work closely with the GSAB to ensure there are effective NHS safeguarding arrangements across each local health community. The CCG has had to demonstrate that there are appropriate systems in place for discharging their responsibilities in respect of safeguarding vulnerable adults

Helen Bown
Joint Commissioning Manager
Older People and Physical Disability

10.7 The Voluntary and Community Sector in Gloucestershire

The Voluntary and Community Sector (VCS) in Gloucestershire comprises of over 2,500 organisations of various sizes, delivering services and support within the community across the county. Staff and volunteers of these organisations therefore have an important contribution to make to the safeguarding of vulnerable adults.

The sector is represented by Christina Snell, CEO of Age UK Gloucestershire on the Gloucestershire Safeguarding Adults Board. She has routinely fed back to the sector critical issues considered by the Board, in particular the response following the terrible incidents at Winterbourne View, as well as continuing to promote the Gloucestershire Safeguarding Adults Board Safer Recruitment Guidance developed in 2011/12. The sector, and therefore service users, continues to benefit from the direct and e-learning opportunities on offer. The latter in particular enables even the smallest VCS organisations to access safeguarding training in a cost-effective and flexible way.

More generally, it is important that the voice of the VCS continues to be heard in relation to safeguarding matters, as third sector organisations often have a different perspective and relationship with service users. It is also critical that the sector increases further its awareness of safeguarding issues – both in terms of recognising abuse or potential abuse, and action to take in response to concerns.

Christina Snell,
Chief Executive Officer
Age UK Gloucestershire

Section 11: Appendices

11.1 GSAB Strategic Plan for 2013-16



GSAB Strategic Plan
2013-14.pdf

11.2 Integrated GSAB/GSCB Structure



Integrated
GSAB-GSCB Safeguard

11.3 GSAB/GSCB Constitution, Memorandum of Understanding and Register of Interest



GSAB GSCB
Constitution Final Mar

11.4 GSAB Accountability Framework



Reporting and
Accountability Frame

11.5 Training Figures - 2012/13



Safeguarding
Training Figures 2012

11.6 GSAB Attendance Figures - 2012/13



GSAB attendance
2012-13.doc