The Annual Report of the Wiltshire Local Safeguarding Adults Board

2011 – 2012

NHS Wiltshire

NATIONAL PROBATION SERVICE for England and Wales

Wiltshire Council Where everybody matters

Avon and Wiltshire NHS Mental Health Partnership NHS Trust

Contents

Foreword

I am pleased to present the Annual Report of the Wiltshire Safeguarding Adults Board (WSAB) for 2011-12.

If I was trying to sum up the year in a phrase, I think it would have to be "development in a time of change." There was continuing change and adaptation for all public sector partners on the Board in response to the financial impact of the Comprehensive Spending Review in 2010. This has changed Board representation from several organisations, but the general level of commitment to partnership working in safeguarding has been maintained. Those financial pressures also have a knock on to our provider sector partners.

The continuing NHS change saw the transfer of Wiltshire Community Health Service to Great Western Hospital NHS Trust and also the creation of Wiltshire and B&NES PCT cluster during the course of the year.

The redeveloped Safeguarding Team and management in Wiltshire Council were fully established by the year end, with a new Team Manager, Heather Alleyne. Overall management remained with George O'Neill, Commissioning Manager. The appointment of a Business Support Officer for the Safeguarding Board at the end of the year has already proved a valuable resource.

However, within that context of change it is good to be able to look back on some real achievements, which are described in more detail in the report, but of which I would like a highlight a few here.

We have made good use of the South West Quality and Performance Framework to assess our performance as a board and, in some cases, as individual organisations. This is contributing to strengthening our Business Planning and priority setting.

The year saw two key pieces of work completed. Firstly, the re-establishment of agreed thresholds to the Safeguarding system so that all partners have a consistent approach was set out in new guidance. Secondly, we have established a Risk Register for the Board that addresses in particular the potential risks to the multi-agency safeguarding system from organisational and policy change, and provides us with a tool to identify and manage those risks.

The Board's membership has been strengthened by the addition of representatives from the independent provider sector, and discussions have been started to include carer representation in an appropriate form.

Work has started in the Quality Assurance sub-group on improving the Board's ability to monitor safeguarding performance at a strategic level through regular, relevant reports. We also agreed a comprehensive training strategy to ensure competence of staff at every level and in every setting.

We are continuing to build on those developments in the current year, which also brings its own opportunities and challenges at both strategic and operational level:

- The very disturbing events at Winterbourne View hospital came to light at the start of the year, and have been a theme in our work throughout the year. The various resulting reports have now mostly been published and we will be assessing what action we need to take locally in response to their recommendations, which will have their impact in this year and beyond.
- The government has now also published its White Paper on care and support "Caring for our Future", and a draft Care and Support Bill, which propose, among other things, that Safeguarding Adults Boards should be put on a statutory footing.
- By the end of the year the PCT structure in the NHS will have handed over to the National Commissioning Board and the Clinical Commissioning Groups.
- We are now moving ahead with a more structured and comprehensive approach to the involvement of service users in the work of the Board and safeguarding system more widely and are following up the involvement of informal carers too.
- We have established a joint Communications and Publicity task group with the Children's Safeguarding Board and it is about to start its work to develop a communications strategy to support awareness raising and good information sharing across all Wiltshire's communities.

Finally my thanks are due to all the members of the Wiltshire Safeguarding Adults Board for their commitment and active involvement in the Board's work and also to those who participate in the sub-groups that are so essential to our work.

Independent Chair, Wiltshire Safeguarding Adults Board
October 2012

1. Background

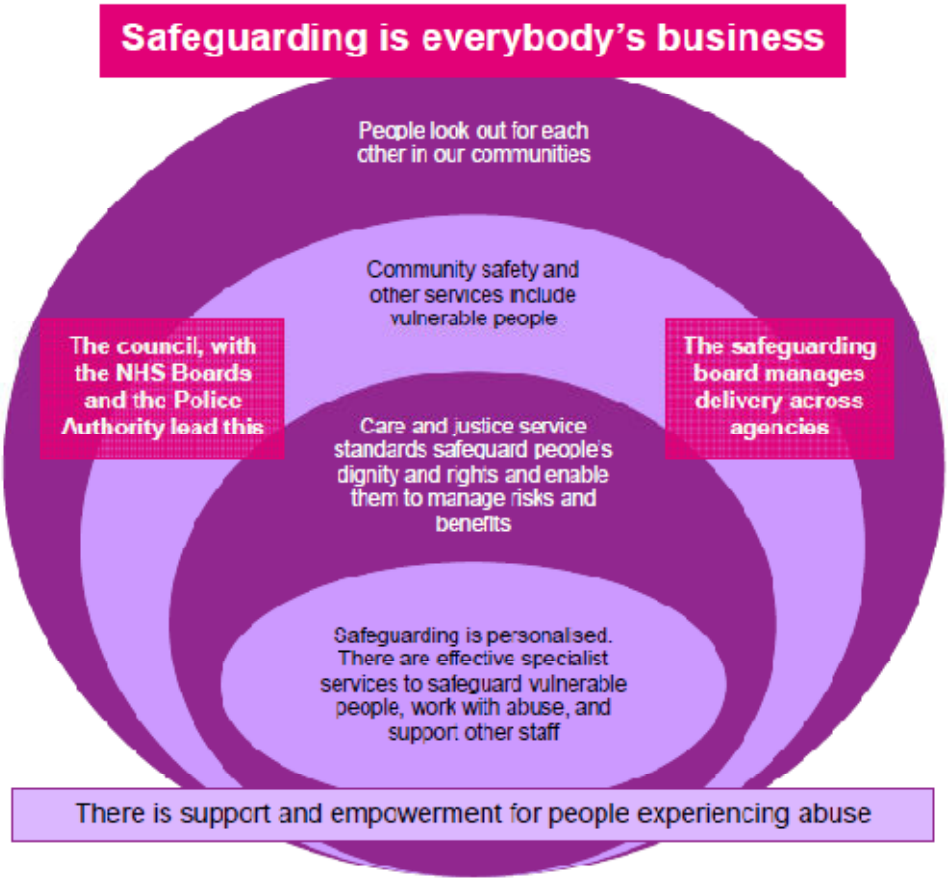
1.1. All persons have the right to live their lives free from violence or other sorts of abuse, but in the 1980's and 90's a number of serious incidents came to light in which vulnerable adults had not received the protection and support they needed and had been subject to abuse. As a result, in 2000 the government published "No Secrets"[1] which set out clear guidance for responsible agencies in local areas to work in partnership on arrangements to prevent abuse of vulnerable adults taking place and to deal robustly with any incidents that did occur. Local authorities were given the responsibility for co-ordinating this work and the arrangements now in place, including the Safeguarding Adults Board, have developed from that guidance.

1.2. "No Secrets" defined a vulnerable adult as "a person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation." Since that time, however, the thinking about keeping adults safe from abuse has changed substantially. The original concern with vulnerable adults in receipt of community care services has been broadened out to include adults in vulnerable situations arising from a whole range of causes and circumstances. The Association of Directors of Social Services (ADSS) recognised in 2005 that core safeguarding work has to be linked to a wider network of measures that enables "all citizens to live lives that are free from violence, harassment, humiliation and degradation."[2]

1.3. Most recent thinking, including that of the Law Commission that reported in May 2011, is that it would be preferable to refer to "adults at risk". This reflects the preference of people with disabilities that the emphasis should be on the circumstances adults find themselves in, rather than on the individual's disability, which may or may not in itself make them "vulnerable. The phrase "Safeguarding is everybody's business" has become more common in describing this broader thinking, and this is illustrated in Figure 1 below.

[1] "No Secrets" *Department of Health and Home Office 2000*
[2] "Safeguarding Adults, A National Framework of Standards" *ADSS 2005*

Figure 1[3]



1.4. Early 2011 saw a number of key policy documents published, which contribute to the further development of adult safeguarding services.

- *Statement of Government Policy on Adult Safeguarding* which sets out the principles for use by all agencies involved in safeguarding, in developing and assessing the effectiveness of local safeguarding arrangements. It also described in broad terms the expected outcomes for adult safeguarding, both for individuals and for agencies and outlined the next steps in policy development.
- *Law Commission Report on Adult Social Care* included a number of specific references to adult safeguarding including proposals for revised definitions of adults at risk and of "harm". It also proposed that Adult Safeguarding Boards should be put on a statutory footing, and that there should be a duty to co-operate placed on all relevant agencies; both are developments that have been sought by many in the field for some time.
- *Safeguarding Adults 2011- Advice note from ADASS to Directors of Adult Social Services* is a framework for development to support Directors of Adult Social Services in their leadership role in adult safeguarding.

[3] Adult Safeguarding, early messages from peer reviews, *LGID 2010*

- *Safeguarding Adults: the Role of Health Services* is a set of five related documents helpfully bringing a range of advice and guidance together, targeted to different parts of the health system and giving a strong profile to safeguarding across the NHS.

1.5. The government's response to these developments was published in July 2012, in the form of the White Paper "Caring for our Future – reforming care and support"[4] and a draft Care and Support Bill. The latter proposes a single, modern law for adult care and support that replaces existing outdated and complex legislation. Section 6 below refers to this and other recent policy developments in a little more detail.

2. Governance & Accountability

2.1. The purpose of the Wiltshire Safeguarding Adults Board is to ensure that all agencies work together to minimise the risk of abuse to vulnerable adults and to protect vulnerable adults effectively when abuse has occurred or may have occurred. Its Terms of Reference include underpinning principles, remit, accountability and roles and responsibilities. The Terms of Reference have recently been revised to reflect changes in national policy, board membership and local accountability and the revised Terms of Reference are at Appendix 1. It meets quarterly and is supported by the work of three main sub-groups and one that meets as necessary:

- Policy and Procedures (joint with Swindon SAB)
- Quality Assurance
- Learning and Development
- Serious Case Review (ad hoc)

Task and finish groups are used for specific time-limited tasks.

2.2. The Safeguarding Board membership during 2011-12 was extended and by December consisted of the following partners:

- Wiltshire Council Department of Community Services
- Wiltshire Council Housing
- Wiltshire Council Safer Communities
- Wiltshire Council Cabinet Member
- Wiltshire and Swindon Users Network
- NHS Wiltshire and B&NES
- Great Western Hospital NHS Foundation Trust
- Royal United Hospitals Bath
- Salisbury Hospital NHS Foundation Trust
- Avon and Wiltshire Partnership NHS Trust
- Great Western Ambulance Service Trust
- Wiltshire Police

[4] Caring for our future – reforming care and support *HM Government 2012*

- Wiltshire Probation Area
- Independent Residential Care Providers
- Independent Domiciliary Care Providers

The Care Quality Commission representative attends annually only. A summary of attendance is attached at Annex 2.

2.3. Discussions are underway to establish appropriate involvement of informal carers in the work of the board and to redevelop the involvement of service users so that they have a more substantial voice both in the strategic work of the board and in the development and operation of safeguarding services.

2.4. The Board has been accountable through the Director of Community Services to the Cabinet of Wiltshire Council. However, the establishment of the Health and Wellbeing Board, under the Health and Social Care Act 2012, now makes this the appropriate reporting line for the Board.

2.5. Statutory partner agencies all have arrangements for reporting on safeguarding activity to their Board or equivalent. During the year the Board continued to agree key messages at the end of each of its meetings for use by agency representatives in briefings in their organisation, so as to ensure consistency of feedback on the Board's work.

2.6. The Board has had an Independent Chair since June 2010. The main purpose of the role is:

- To provide independent leadership and strategic vision to the Wiltshire Local Safeguarding Adults Board (WSAB)
- To chair the WSAB
- To ensure that Wiltshire's SAB functions effectively and exercises its functions as set out in No Secrets 2000 Guidance (and any subsequent government guidance).
- To ensure the WSAB has an independent voice.

2.7. The Chair is accountable to the Director of Community Services and has been required to submit a quarterly report setting out the work she has undertaken in the last quarter, the work priorities for the next quarter and any risks identified and how these are being addressed.

2.8. The Board does not currently have an established budget or an agreement about how the costs of its work will be shared among the partners. This issue will be addressed during 2012-13.

3. Summary of Activity during the Past Year

3.1. The Board priorities for 2011-12 were set out in its Business Plan, and further developed at its development session in September 2011, at which an outline self-assessment was completed. Progress on some of these priorities continued to be slower than expected or desirable. This was primarily because of the continuing impact of organisational change and, in

some cases sickness of key staff, on the work of the sub-groups and task groups. The Business Support Officer to the WSAB was also not appointed until right at the end of the year, so resources to pursue the Board's objectives and Business Plan were very limited.

3.2. However, some progress was made on a number of priorities, as sub-group work got underway again. Others have been completed early in the new business year, and the appointment of a Business Support Officer has helped considerably in supporting sub-group and task group work and maintaining its momentum. The following paragraphs set out the progress that has been made on the priority Business Plan objectives for the year.

3.3. Work **to re-establish agreed thresholds for the safeguarding system across partners** picked up in the latter half of the year and was reported to the Board at its March 2012 meeting. The new Procedure and Guidance Tool were signed off for implementation at the June meeting, and will also be integrated into future training.

3.4. The Board had agreed that it would be appropriate, given the period of intense financial pressure and organisational change that most agencies were facing, to develop a **risk register, linked to partners' own registers.** This would enable specific risks to the effective operation of the safeguarding system as a whole to be identified and managed. This was also reported initially to the March Board meeting, and was signed off at the June meeting for use.

3.5. This will now be a standing item on the Board's agenda so that risks can be identified and actions taken to reduce the impact of change on safeguarding arrangements. It may also identify opportunities for innovation or improvement arising from change.

3.6. Work to **develop a communications strategy for the Board,** addressing both internal communications and public awareness-raising, was not able to start during the year. However, agreement was reached in March with the Wiltshire Children's Safeguarding Board that this should be a joint project undertaken by a task and finish group with representatives from both Boards and from the communications teams of the main partner organisations. The group is now being formed and the objective carries forward into 2012-13 for completion.

3.7. The **completion of Board membership** has already been mentioned in section 2 above. Carers Wiltshire needed to prioritise the completion of their own reorganisation and arrangements for their new contract with Wiltshire Council, so were not able to progress discussions about Board representation at that time. However, this work has now been picked up again and Carer representation should be resolved within the next few months.

3.8. Similarly, discussions are now underway with Wiltshire and Swindon Users Network (WSUN) about how to move to a more representative involvement of service user views in the work of the Board and the wider safeguarding arrangements. This will also support the achievement of the Board's objective to **develop mechanisms for customers and carers involved in safeguarding to share their experience, to inform policy and practice.**

3.9. The objective of **reviewing governance arrangements** has been resolved in part by the creation of the Health and Wellbeing Board and confirmation that the Safeguarding Adults Board will be accountable to that body. During the year the chair brought forward draft revised terms of reference for the sub-groups that reflected the findings of the self assessment in September 2011 and strengthened the links between the sub-groups' work plans and the Board's Business Plan.

3.10. Both the Quality Assurance and Learning and Development sub-groups are now meeting regularly and attendance has improved significantly. Regular reporting to the Board is being re-established. The Policy and Procedures sub-group, which is a joint group with Swindon SAB, has undertaken some limited updating of the Policy and Procedures to reflect changes in policy and organisational arrangements since they were written.

3.11. Longer term objectives in the Business Plan refer to the full implementation of the regional Quality Assurance Framework as the basis for performance reporting to the Board and maintaining a full programme of training and development across the range of staff who need this knowledge and skill. At its March meeting the Board agreed the **Multi-agency Strategy for Development of Competence** that had been drawn up by the Learning and Development sub-group, and confirmed the sub-group's work plan that will ensure that the strategy is implemented and that regular reports are available to the Board.

3.12. Overall it has been encouraging to see, towards the end of the year, the Board's work moving forward and its objectives starting to be achieved. The outline Business Plan that has been used so far is now being developed into a more comprehensive document that will enable the Board to fulfil its strategic performance management responsibilities more effectively.

3.13. The Board received, at its December meeting, the report of a Serious Case Review (SCR), which it endorsed together with the proposed Action Plan in response to the review's findings. This was the first SCR that the Board had carried out and one of the recommendations was to strengthen the SCR procedure in the joint policy, including the arrangements for multi-agency reviews where an SCR is not thought to be required and the use of expert opinions. Otherwise there were no recommendations for action in relation to safeguarding arrangements. The other recommendations referred to the handling of complaints, both singly and jointly, by all the agencies involved in the case.

3.14. Since the Safeguarding Adults & Mental Capacity Act Team was established in its current form there has been at least a 50% rise in **large scale investigations**[5] which now form a significant element of Safeguarding work. From 2007 to 2010, there had been 41 large scale investigations, averaging 14 per year. From November 2011 (when the new team was established in its current form) to March 2012 there were 19 investigations. Wiltshire Council now collates information on large scale investigations manually.

3.15. The increase could be attributable to a number of factors

- Increase in alerts from the Care Quality Commission
- Increase in alerts from Care Home staff following the Winterbourne View revelations
- The new Specialist Safeguarding Team being more effective in identifying patterns and trends within Care Homes.

3.16. The most common problem areas to emerge from these investigations relate to:

- Management/Leadership
- Care planning
- Medication management
- Incident reporting
- Risk assessments.
- Not involving outside agencies.

3.17. Such investigations may result in significant action to protect the users of the service, but they may equally be an important tool for shared learning that can create lasting improvements in practice. Such issues can also be taken up in the developing partnership between the Council and independent service providers to inform shared action to drive up standards of care.

4. Monitoring and Quality Assurance Activity

General performance reporting

4.1. There is a detailed set of performance data at Annex 3 taken from the current database, which only collates information relating to individual alerts and investigations. This has shown an increase in alerts from 696 in 2010-2011, to 836 in 2011-2012. This may be because of the increased public awareness to notice and make alerts, but key points to note, and which the Board will be exploring further are:

[5] Large scale investigations are those that deal with care provided across a whole residential home or domiciliary care service and can arise from one or more serious incidents or from a pattern of alerts that give rise to concern about the overall practice of the service.

- 268 of these alerts came from Care Home settings, compared to 177 the previous year.
- The majority of abuse still takes place within a person's on own home.
- Alleged physical abuse has become the main cause of alerts, compared to previous years when possible financial abuse was the highest number of allegations.
- 258 alerts were made by residential or nursing care staff, a significant increase from 91 in 2010/11.
- 53 alerts were made by police, decreased from 155 in 2010/11.
- 20 alerts were made by CQC compared to 9 in 2010/11.
- 63 alerts were made by family members, an increase from 35 in 2010/11.
- Alerts from mental health staff continued to be low with 3 alerts in 2011/12

4.2. The Safeguarding Adults and Mental Capacity Act Team (SAMCAT) has a responsibility to look at any data as it is available, and analyse trends and issues.

4.3. The Board itself is still in the process of developing its performance monitoring reporting system, and did not receive regular reports on overall activity during the 2011-12 year. Some basic reports on activity levels were available and there have been regular reports on Deprivation of Liberty Safeguards work, and the developing legal context arising from court decisions. The self-assessment completed in September 2011 against the South West Quality and Performance Framework identified key areas to build into regular reporting to the Board and the Quality Assurance Sub-group is now developing proposals for the Board to consider. This will draw on a wider range of performance information to support the Board's strategic management responsibilities.

Training Programme

4.4. Training is an important part of ensuring quality services and there is a full programme of training organised on the Board's behalf by Wiltshire Council and led by the Learning and Development Team in the Adult Social Care service. It can be accessed by all partnership agencies, staff and anyone who comes into contact with a vulnerable adult and is in addition to any training requirements that individual agencies have in place for their staff and managers.

COURSE TITLE	DURATION AND FREQUENCY	PLACES PER COURSE	PLACES TAKEN UP
Investigating Managers' workshops	½ day course. 4 courses run	30	72
Investigating Officers' workshops	½ day course 1 course run	20	18
Joint Investigation of Allegations of Adult Abuse *For Investigating Officers*	6 day course 2 courses run	18 (9 police and 9 health/ social care)	36 (17 police & 19 health/ social care
Safeguarding Adults from Abuse *Course A* for care workers from independent sector providers*	½ day course 10 courses run	24	185
Safeguarding Adults from Abuse *Course B* for managers from independent sector providers*	½ day course 2 courses run	16	20
Safeguarding Adults from Abuse *Training in response to specific requests*	4 courses run	16	64
Mental Capacity Act *Training in response to specific requests*	2 courses run	16	25
Best Interest Assessor training *Qualifying course for Best Interest Assessors*	3 day course run in Wiltshire by Bournemouth University for 5 local authorities	12	16
Best Interest Assessor refresher training *For BIAs and doctors*	1 day course run in Wiltshire for 4 local authorities	30	91
Deprivation of Liberty Safeguards Forum *Regular forum for BIAs and doctors*	2 hours 9 sessions run	20	96

*In line with groups of staff defined in National Competence Framework for Safeguarding Adults.

** Course covers Skills for Care Common Induction Standards and essential Wiltshire Adult Social care topics including Standard 6: Principles of Safeguarding in health and social care.

E-Learning

4.5. The following statistics show how many people from Wiltshire Council, Wiltshire Police and the independent care sector in Wiltshire accessed e learning packages on Safeguarding Adults and on Mental Capacity. AWP and Salisbury Foundation Trust make use of the packages and receive their own reports directly via their managed learning systems (LMS).

	Mental Capacity Act	**Safeguarding Adults**
Wiltshire Council	121	160
Independent sector	233	312
Wiltshire Police	10	12
TOTAL	**364**	**484**

5. Partner reports

5.1. Royal United Hospital Bath NHS Trust

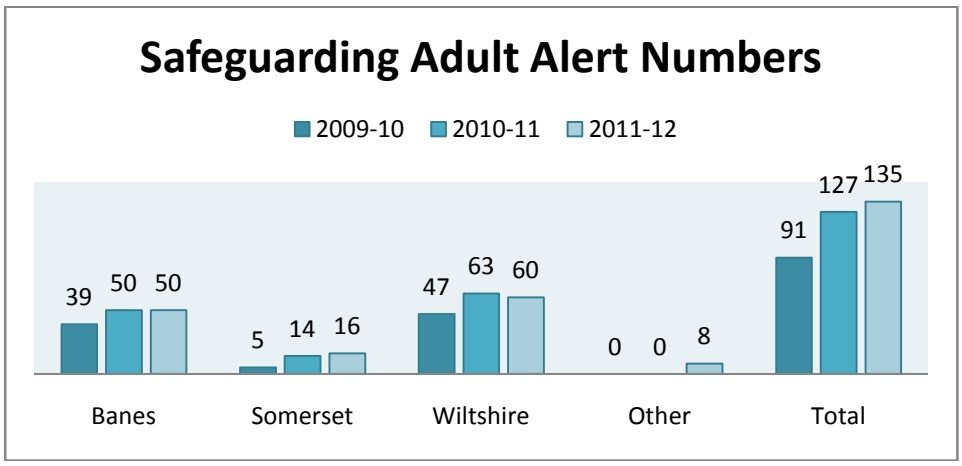
Structure

The Royal United Hospital Safeguarding Adults group has been established for 6 years and consists of the following group members:

- Executive Lead, Director of Nursing
- Operational lead, Matron for Critical Care Services
- Operational Lead, Matron for Older Persons
- Operational lead, Operation Support Manager
- Medical Lead, Consultant Geriatrician
- Sister for Quality Improvement for Mental Health & Learning Disability
- Senior Nurse for Quality Improvement & Adults at Risk

The Executive Lead attends the Local Safeguarding Adults Board meetings. As per agreement at LSAB level, there is RUH representation from one of the Trusts Operational Leads at the Quality Assurance Sub group, with the other sub groups being represented by other acute Trust representation.

Over the past 3 years there has been a consistent rise in the number of alerts made to the Operational safeguarding leads.



Achievements 2011-12

- Appointment of Senior Nurse for Quality Improvement & Adults at Risk
- Successfully run "Deprivation of Liberty Safeguards" (DoLS) workshops for senior staff.
- Half day induction training for all registered staff aligned to BANES /Sirona training matrix level 2
- Internal and external web pages for Safeguarding Adults have been constructed.
- Following CQC inspection in November 2011, the RUH has been deemed compliant with outcome 7.
- Highly satisfactory outcome to the South West Partnership Dementia Peer Review
- Continued pilot participation in the Department of Health Confidential Inquiry into deaths of patients with learning disabilities.
- 100% attendance at LSAB
- CRB checks compliance is 100% for all new staff
- Root cause analysis undertaken on 100% of the most serious pressure ulcers at grade 3 and 4.

Training

Subject	% compliance	All staff or selected
Safeguarding Adults RUH level 1	65.5%	All Staff

Objectives for 2012- 13

- Core skills training review underway which will include a training needs analysis for adult safeguarding.
- 95% of all new staff to have undertaken safeguarding learning as part of induction within 3 months of starting employment.
- 80% of relevant (as defined by CQC) staff to have undertaken Safeguarding Adults training at level 2a (level taken from BANES/Sirona training matrix)

within 6 months of taking up post and or completed refresher training every 2 years thereafter.
- Strategic link to the Department of Health's "PREVENT" strategy

5.2. Wiltshire Probation Trust

Public Protection, which includes Safeguarding Adults, remains central to the work of Wiltshire Probation Trust. The Assistant Chief Executive for Offender Management and Public Protection holds the lead responsibility for Safeguarding within the organisation and is a Board member on the LSAB. We also have middle management representation on the management board and provide membership at local sub group level.

The knowledge and shared experiences of other professionals mean that Membership at both Board and Management level ensures that safeguarding remains paramount in all aspects of the work we do. It means that we have been able to develop case audit tools which directly link to safeguarding issues and helps us to ensure that these are fully taken into account at practitioner and middle manager level.

We ensure that all staff who have contact with offenders attend the safeguarding training events and the training plan is annually reviewed to ensure that staff also attend refresher training.

Wiltshire Probation Trust has developed a policy and practice standard for staff, in line with national safeguarding procedures, to ensure that safeguarding is kept at the forefront of our work in public protection. There is regular monitoring and auditing of cases which is undertaken by middle managers and safeguarding also forms part of the supervision process with offender managers.

The involvement of Offender Managers in both the MAPPA and MARAC arrangements brings to the fore the vulnerabilities of many of the people that probation is involved with. These processes bring partners together to work effectively with safeguarding issues.

With the Government's strategy for competition and more commissioned services in working with offenders it is essential that we ensure safeguarding is reflected in the work delivered by other providers. For this reason Wiltshire Probation Trust is currently reviewing all of its contracts so that safeguarding is emphasised where appropriate.

5.3. Salisbury NHS Foundation Trust

Local Structure and Approach to Safeguarding Adults

Salisbury NHS Foundation Trust continues its commitment to being an active member of the WSAB, supporting the multi-agency process to ensure Vulnerable Adults are safe from harm and abuse in Wiltshire.
- Tracey Nutter, Director of Nursing is the Executive Lead for Children and Adult Safeguarding.

- Lorna Wilkinson, Deputy Director of Nursing has operational responsibility for Safeguarding Adults and sits on the WSAB.
- Gill Cobham, is Adult Safeguarding lead and has responsibility for supporting staff through the safeguarding process, increasing awareness and multi-agency liaison. She is a member of the Policy, Practice and Procedures Sub-Group.
- Assurance to the Trust Board is via reports to the Clinical Risk Group and Clinical Governance Committee.

Achievements in 2011/12

- Awareness of Adult abuse and protection continues to increase across the organisation. There is strong multi-agency working between the Hospital, Social Care and the Police.
- We have continued to work on our action plan following the SHA Learning Disability Peer Review. We have a very active Learning Disability Working Group with representation from the PCT learning disabilities team, trust staff, carers, and South Wilts Mencap.
- The Trust underwent an SHA led Dementia Services Peer Review resulting in a very positive report from the review team.
- There were no concerns raised regarding outcome 7 following the CQC inspection in May 2011
- Lead Nurse for Adult Safeguarding and Named Nurse for Safeguarding Children have increased shared working and represent the Trust on Wiltshire's MARAC. Work around domestic abuse continues including awareness raising and training in Maternity and the Emergency Department

Safeguarding Activity

36 Adult Safeguarding alerts were raised by staff, of which 53% did not proceed with a Safeguarding Investigation (Care Review or 'No further Action'). Six patients were admitted with ongoing Safeguarding investigations, and five Safeguarding alerts were raised about the Trust; three were unsubstantiated, one 'NFA' (no further action) and one is still awaiting an outcome at the time of writing. Two ISA referrals have been made. Eleven Deprivation of Liberty Safeguards were authorized, and fourteen patients were referred to the IMCA service, or had an IMCA already in place.

Training

All staff attending Trust Induction receive Safeguarding awareness (Adult, Children and Domestic Abuse).

Number of staff who've received further Adult Safeguarding training has increased this year from 54% to 77% (1519 staff), and Mental Capacity Training from 46% to 73% (1323 staff). The Trust has invested in further training for key individuals and as a result 54 senior nursing, medical and AHPs have received in-

depth Mental Health Act, Mental Capacity Act and DoLS awareness/ training provided by an external trainer.

Key Plans for 2012/13

- Embed work in progress in relation to Learning Disabilities, Dementia and Domestic Abuse
- Increase awareness and use of Learning Disabilities, Carers, and Domestic Abuse Policies and guidelines
- Continue with MCA & DoLs training

5.4. Great Western Hospital

The safeguarding adults annual report 2011/12 outlines the Trust position against its legal and statutory requirements for safeguarding adults during this period and work required to make improvement during 2012/13. The following are key elements contained in the report that includes the number of cases referred to social services in Wiltshire and Swindon; the number of mental capacity act DOLS applications; the provision of services for people with learning disability and compliance with mandatory training.

- The number of safeguarding concerns raised by all agencies in Swindon during 2011/12 was approximately 287 cases. Of this number 169 were females and 118 were males. The number of people referred to social services over the age of 65yrs was 160. GWH referred 26 cases (1 case more than the previous year) of which neglect (9); physical abuse (9) and financial abuse (5) were the top 3 categories reported. Two cases of neglect were attributed to care in hospital however, 1 case was not substantiated and the other was not determined.

- The number of safeguarding concerns referred to social services from Wiltshire community teams alone during 2011/12 was 27 cases. Of this number 19 were females and 8 were males. The number of people referred to social services over the age of 65yrs was 17. Neglect (12); physical abuse (5) and Multiple/other (6) were highlighted as the top 3 categories of referrals. There were 6 cases (5 neighbourhood teams and 1 nursing home) that were reported as a result of the patient acquiring a grade 3/4 pressure sore.

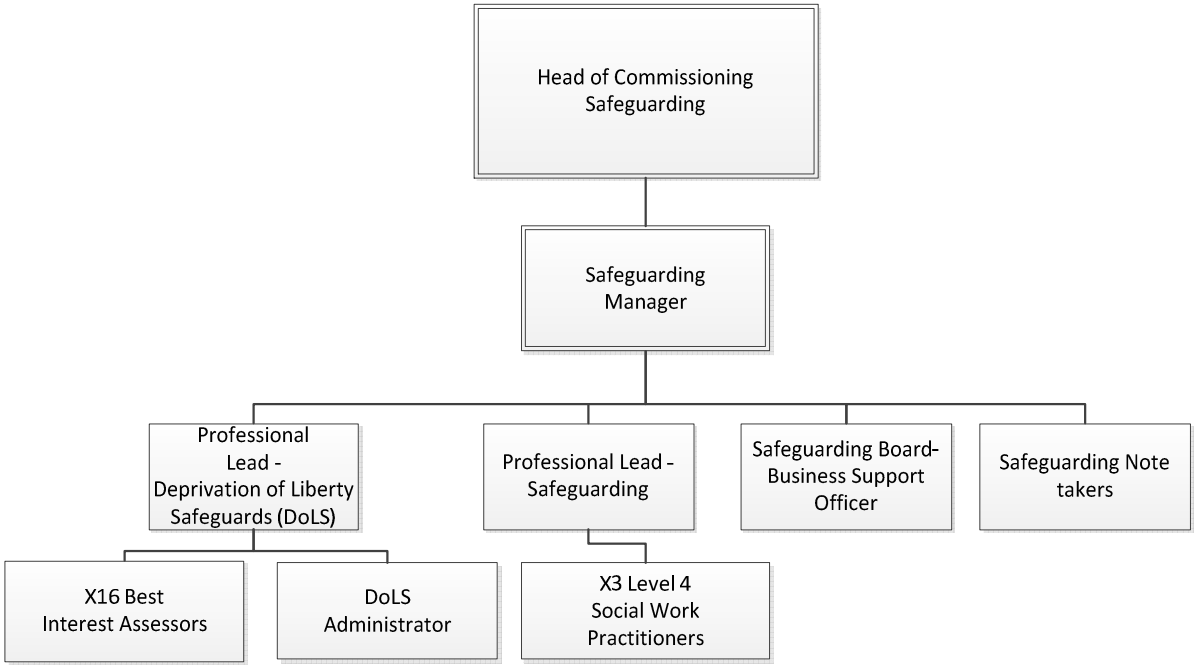
- The Trust submitted a total of 13 Deprivation of Liberty Safeguard (DOLS) applications (6 community and 7 acute) of which 5 were approved. The low number of DOLS application may be attributed to the percentage number of staff undertaking mental capacity Act DOLS training. Safeguarding vulnerable adults and mental capacity act is incorporated into Trust induction and repeated annually. MCA DOLS training has been made mandatory from February 2011 and repeated every two years. The monitoring and management of mandatory training will be highlighted on the performance dashboard reviewed by the executive committee 2012/13. The Care Quality

Commission reported that during 2010/11 the number of DOLS applications received from care homes, NHS and independent hospitals was 8,982 and of this number 50% was authorised. In 81% of cases not authorised 'best interest requirements' was not satisfied.

- Improving the care of people with learning disability is monitored by the Trust LD forum that reports to the Patient Safety and Quality Committee and the Trust Board. The forum is an essential part of the Trust strategy to deliver high quality safe care to all patients with learning disability. Assurance is provided through the delivery of the LD action plan that originated from the NHS South West peer review conducted in 2010 and the LD forum work-plan that has been revised for 2012/13. The Trust is engaged in national work and the outcome will be beneficial in setting work priorities for the future.
- The terms of reference for the following groups have been revised and the work-plans agreed. This is an essential and important factor necessary to demonstrate achievement required during 2012/13.
  - LD forum
  - Carers Committee
  - Mental Health Act & Mental Capacity Act Operational group
  - Safeguarding Adults and Children forum
- The Trust attended 3 out of the 4 quarterly meeting held by both Wiltshire and Swindon Adult Safeguarding Boards.

5.5. Wiltshire Council

Structure of the Safeguarding Adults Team



The pool of BIA's is largely employed by Wiltshire Council. A small number are independent but all BIA's are asked to undertake specialist assessments based on their area of speciality (Learning Disability, Older People, Acquired Brain Injuries and/or Mental Health).

The Professional Lead - Safeguarding and their team of Social Workers give support in undertaking investigations into allegations of Whole Home, Institutional, Large Scale and Complex abuse. They also provide advice and support to Social Workers and Investigating Managers based in the 4 Hubs where all Individual Abuse allegations are led.

The Safeguarding Manager has Lead responsibility for overseeing investigations into alleged abuse which has taken place in Whole Home, Institutional, Large Scale and Complex abuse type settings. The Safeguarding Team have oversight of how alerts and referrals have/are progressing at the local level. In addition to the above the Safeguarding Manager also has responsibility for developing the service.

The Head of Commissioning is responsible to the Service Director for Strategy and Commissioning, and they both attend the Wiltshire Safeguarding Adults Board. The Head of Commissioning (Safeguarding) chairs the Quality Assurance sub-group and he and other staff participate in other sub-groups.

Achievements in 2011-12

The following have been notable achievements during this year

- A triage system has been implemented for the management of all Alerts and Referrals.
- The re-structuring of the team has been completed and appointments made to all key posts so it is now at full strength
- The system for accessing note takers at Safeguarding meetings has been streamlined.
- Development of Performance Management measures including:
    - Monitoring of the proportion/numbers of customers who return to the attention of the Safeguarding Team within a 6 month period
    - Level of customer satisfaction with outcomes
    - Level of provider satisfaction with performance against the agreed standards (standards currently being developed)
    - Performance against the agreed safeguarding standard – data quality (data quality standards currently being developed)
    - Locality Team satisfaction with the support received from the centralized safeguarding service (safeguarding standards currently being developed)
    - Monthly spreadsheet detailing progress on all safeguarding investigations (whether undertaken by the Safeguarding Team or the Locality or Specialist Teams) for the Operations Senior Leadership Team

- Implementation of the multi-agency threshold document
- Re-instigated the Investigating Officer Workshops
- Regular updates on Safeguarding Adults Business Plan to the Council's senior management group.
- Review of practice following Winterbourne View and development of internal action plan.

Safeguarding adults staff training within the year

Wiltshire Council runs a 12 day induction course for their new workers in adult social care. This covers the national Common Induction Standards including standard 6 Principles of safeguarding in health and social care. Three courses were run and 66 learners attended.

The learning and development team provides training on safeguarding adults and mental capacity act in response to specific requests. A total of 6 courses were run for 89 learners.

The council trains a small number of workers to be Best Interest Assessors (MCA role) each year, in addition to the social workers who train as approved mental health professionals (AMHPs) who also qualify as BIAs. We trained one new BIA and four AMHPs/BIAs in the period. We also ran an annual refresher training course for BIAs from Wiltshire and surrounding local authorities and a regular Deprivation of Liberty Safeguards forum for BIAs and approved doctors. In the period nine forums were attended by a total of 96 people.

Key plans and objectives for safeguarding adults in the coming year

- Plans to recruit a Customer Advisor
- Audit of Safeguarding adults to take place, focusing on record keeping, training, and involving customers in the safeguarding process.
- Full implementation of the triaging service across Wiltshire Alliance
- Exploration regarding adults safeguarding being incorporated in the Multi Agency Safeguarding Hub
- Further development of Safeguarding Adults system of quality assurance, including the specialist team undertaking regular audits.
- Updating the Council website and information leaflets to reflect the changes that have been made to the multi-agency policy and procedures.
- Standardise the management of large scale and whole home investigations.

5.6. Avon and Wiltshire Partnership Mental Health Trust

AWP continues to seek to meet its duties to safeguard adults by maintaining its compliance with the essential standards in relation to Outcome 7 in its services in Wiltshire, and by undertaking further development work throughout 2011/2012.

During 2010/2012, AWP also continued its role in managing alerts in relation to people in specialist mental health services in Wiltshire

AWP has taken an active role in the Wiltshire Safeguarding Adults Board and its work. AWP's Head of Safeguarding and Deputy Caldicott Guardian attends the Board on a regular basis and chairs the Policy and Procedures working group, which is currently reviewing the multi agency policy and procedures.

AWP has a variety of staff involved in all the Board's sub groups. Therefore AWP looks forward to playing a continuing role in working with the Wiltshire Safeguarding Adults Board to ensure the effective safeguarding of vulnerable people with mental illness from abuse, and to respond to the challenges and opportunities presented by the proposed new national guidance and legislation to safeguard adults.

As an organisation working with adults and older people with mental illness, many of which are very vulnerable, AWP has implemented major changes this year, including:

- Reviewing its training strategy in relation to safeguarding training in order to strengthen and re-enforce key messages at Awareness level training
- Delivery of discrete safeguarding adults training to inpatient staff.
- The launch of service user, carer and easy read safeguarding leaflets.
- The development of outward facing website with discrete safeguarding pages
- Continued development of Trust wide documents, templates and intranet based information to ensure effective management of safeguarding adult alerts
- Maintaining trust wide data collection and performance reporting of safeguarding adult activity, both internally and to the Safeguarding Adult Board.
- Developing monitoring to ensure that our workforce is checked and monitored on an ongoing basis to ensure that they are safe to work with vulnerable adults
- Updating the Trust Policies to Safeguard Adults to reflect local and national policy and guidance changes, and regulatory requirements
- Policy and procedures re-launched in relation to Mental Capacity Act to ensure staff are aware of the application of the MCA, including when it may be appropriate to approach the court of protection.

These changes have raised the profile of adult safeguarding in the trust, and this has been supported by the continued work of a dedicated safeguarding team, working to support and advise practitioners in their safeguarding practice in Wiltshire.

AWP's key plans for next year in relation to Safeguarding are:

- Continue to work through action plans developed in response to AWP Self Assessment in relation to the South West's Adult Safeguarding Performance and Quality Framework

- To deliver strengthened Safeguarding training via AWP Learning and Development to staff
- To respond to changing structures and process relationships with local authorities
- To implement any learning from local, regional or national Serious Case Reviews in order to keep vulnerable people safe from abuse, in particular those arising from the Winterbourne View case.

5.7. NHS Wiltshire

Background

Within NHS Wiltshire 2011-2012 has been a period of substantial change. Initially based within Public Health, the role of Adult Safeguarding and Mental Capacity Act Lead transferred to the Directorate of Nursing and Patient Safety in October 2011 resulting in a strengthening of the safeguarding structure in NHS Wiltshire.

From April-September 2011 the Adult Safeguarding and Mental Capacity Act Lead provided outreach support to the provider arm of NHS Wiltshire - Wiltshire Community Health Services (WCHS). WCHS transferred to Great Western Hospitals Trust in June 2011 which now provides the governance for WCHS safeguarding including responsibility for training.

NHS Wiltshire now forms part of the NHS BANES / Wiltshire Cluster PCT with the benefits of support across the Cluster. The Safeguarding Leads in BANES and Wiltshire provide cross cover for annual leave and support when necessary.

The Director of Nursing and Patient Safety is the safeguarding executive lead and represents NHS Wiltshire on the Wiltshire Safeguarding Adults Board. The Adult Safeguarding and Mental Capacity Act Lead deputises for the Director in her absence and represents NHS Wiltshire on the LSAB Quality Assurance and Training and Development sub-groups.

Safeguarding Activity

NHS Wiltshire holds Supervisory Body Responsibilities for the Mental Capacity Act Deprivation of Liberty Safeguards (2007) and this is a key part of the PCT's safeguarding activity. Some summary issues are noted here, with more detailed information at Annex 5.

Between April 2011 and March 2012 NHS Wiltshire received 66 requests for standard authorisations of which 29 (44%) were authorised, compared to the regional average authorisation of 52%. The pattern of requests raises some questions about the consistent application of the safeguards and this has been identified for ongoing audit.

Figure 1 represents the total number of requests received by each Supervisory body. When benchmarked against the South West Region NHS Trusts NHS Wiltshire sits in the midline position; with 13 NHS Supervisory Bodies in the South West region NHS Wiltshire sits in 6th position.

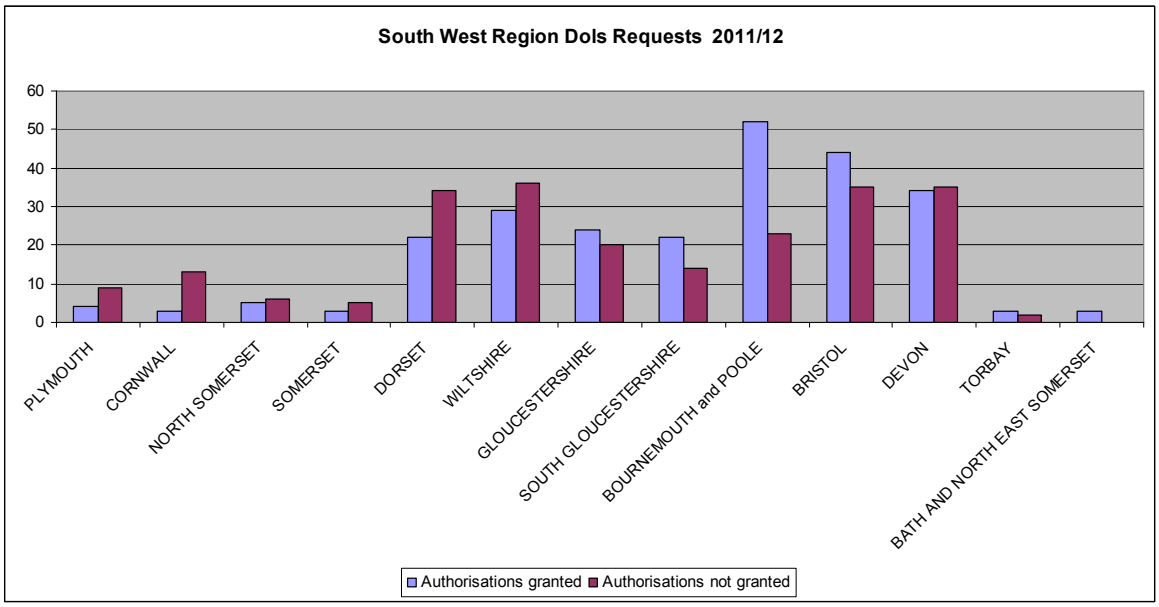


Fig 1: South West Region DoLs Authorisation Requests by Supervisory body expressed in figures

During 2011-12 NHS Wiltshire worked in partnership with the Local Authority's Safeguarding Adults and Mental Capacity Act Team (SAMCAT) on 13 large scale investigations, the largest of which was Winterbourne View. Other large scale investigations involved whole home investigations and NHS Wiltshire supported these investigations through scrutiny of care records and offering advice relating to health concerns.

Emerging Themes

Safeguarding investigations have been reviewed to identify common themes. As a result, an area of concern identified for further work has been the number of residents from residential care providers who fall and do not receive timely medical review. This has been highlighted by a few missed fractures, identified several days after a fall. This piece of work is in place and will continue into the next financial year.

Serious Incidents Requiring Investigation (SIRI)

Serious incidents relating to clinical care which have been logged on the Strategic Health Authority Database for NHS Wiltshire are scrutinised by the Safeguarding Lead for potential safeguarding concerns. In the year 2011-2012 there were 29 category 3 and 4 pressure ulcers reported by the Community Services Directorate. The Adult Community Services Directorate undertook a review of 17 Root Cause Analysis investigations relating to pressure ulcers. Analysis of the

patients by medical condition highlighted frail elderly people and patients with dementia as having the highest incidence. It also highlighted non-compliance of the patients as a major root cause, which needs further work. Additional information is available at Annex 5.

Winterbourne View

NHS Wiltshire worked in partnership with Wiltshire Council in the South Gloucestershire investigation into Winterbourne View Hospital. NHS Wiltshire had commissioning responsibility for three of the residents at Winterbourne View. All three were relocated within two weeks of the alert. As a result of the events at Winterbourne View all of NHS Wiltshire's Learning Disability and Mental Health placements have been reviewed, some patients have been repatriated to Wiltshire. In line with 'Valuing People' DH 2009 all NHS Wiltshire placements are now 'spot purchases' rather than block provision.

Representatives from all commissioners involved developed a quality assurance framework and this assurance tool has been used for all placements made since May 2011. The standard NHS contract is now used for all Learning Disability and Mental Health specialist placements and the assurance framework forms the Quality schedule of the contract.

An unintentional consequence of the scrutiny following Winterbourne View has been the reduction in capacity across the region. All Learning Disability Providers have been inspected and some now have a 'no admission' status which, together with the closure of Winterbourne View, has led to a shortage of appropriate specialist learning disability provision. This has resulted in the need to be creative in developing care provision and has led to some high risk community placements.

The need for a more robust method of information management has been identified; It is planned that all learning disability and Mental Health placements will be uploaded onto a Caretracks database which will facilitate identification of milestones such as review dates and therefore enable more rigorous contract monitoring. There is also work in progress in partnership with the local authority to develop a framework contract for this specialised type of placement.

Care Quality Monitoring Group

NHS Wiltshire's participation in the Care Quality Monitoring Group has continued with representation from the Safeguarding Lead, Head of CHC and Head of Quality and Performance. The Membership of this group comprises the Care Quality Commission, NHS Wiltshire and local authority commissioners. The group's objectives are:

- To monitor and identify emerging risks to quality standards and pro-actively address these risks through a combined, coordinated response
- To identify any wider commissioning or strategic issues relating to the sustainability of the care provider sector and ensure these are referred to the relevant commissioning bodies.

Contracts

Adult Safeguarding forms part of the quality framework and Schedule C for all major provider contracts as well as framework contracts for Complex healthcare providers. An overview commissioning care plan has been developed indicating required

Threshold Framework

NHS Wiltshire has worked in partnership with Wiltshire Council to develop a threshold framework for the Safeguarding Adults Board to ensure consistency of practice and also provide an audit trail at the point of screening.

5.8. Wiltshire Community Safety Partnership – Domestic Abuse

Structure

The overarching governance for Domestic Abuse (DA) reduction is sited within the Wiltshire Community Safety Partnership. It has identified Domestic Abuse as a priority area within the Partnership Strategic Assessment. The responsibility for the delivery and implementation of the DA strategy and Implementation Plan is lead by the established multi agency Domestic Abuse Reduction Group (DARG). The DARG is chaired by the Public Protection Manager for the Safer Communities Team, who also manages the Domestic Abuse Reduction Co-ordinator and the Multi Agency Risk Assessment Conference (MARAC) Co-ordinator and attends the LSAB meetings.

Domestic Abuse (DA) is often referred to as a 'hidden crime' that will go unreported with many victims living with domestic violence on a day-to-day basis and having to deal with the effects for many years.

Prevalence of domestic abuse in 2011/12

- 1,963 DA incidents were reported to the police from April 2011 – March 2012.
- Only 1 in 5 incidents will be reported to the police, so 'real' volume of DA could be as high as 10,000 incidents.
- Of the 1,963 DA incidents 970 were recorded as a DA related 'violence against the person' crime over the same time period.
- In 2011-12 there were 3,444 Violence against the Person Crimes recorded in Wiltshire, of which 970 were attributable to DA (28%), higher than the national average of 25%.
- The minimum cost of domestic abuse in Wiltshire is estimated to be £19.6million per annum.
- The areas recording the highest incidence of DA in 2011-12 were Trowbridge (15%), Salisbury and Chippenham (11%).

Highlights for 2011-12

The **Multi- Agency Risk Assessment Conference** (MARAC) has continued to develop, there were 276 cases discussed, of which 51 were repeats. In addition,

there were 420 children present in the household at a time of a high risk incident, which has resulted in a referral to MARAC (2011-12). At the introduction of MARAC referrals were only received from the police. At the end of 2011-12 the referral rate has positively shifted to 50/50 split between Non-police agencies and the police.

Wiltshire participated in the **Domestic Violence Protection Notice/Order** (DVPN/O) pilot, which commenced 1st July '11 – 30th June '12. Throughout the pilot there were 78 DVPNs issued, of which 69 DVPO's were then granted by Magistrates'. There have been just 16 breaches of orders over the 12months. An independent evaluation is currently underway and due to be published Spring 2013 to ascertain whether the pilot should be rolled out nationally. However, an interim decision was taken by the national steering group, in agreement by the 3 pilot police forces to continue the pilot in these areas until the final decision has been reached. Therefore, Wiltshire is still running the DVPN/O pilot until Spring 2013.

The **survivor's forum for victims of domestic abuse** produced a Charity Cook Book to raise funds 'Recipes from the Heart'. To date over £1,000 has been raised through sales.

Development of a **sustainable rolling training programme** for domestic abuse, including two courses:

- DA Awareness raising (142 attended Aug – Sept '12)
- MARAC referral and risk assessment (88 attended Aug-Sept '12)

Priorities for the coming year 2012/13:

Wiltshire is participating in the **Domestic Violence Disclosure Scheme** (DVDS) pilot that commenced on the 16th July '12. Wiltshire is one of four forces that will test two types of process for disclosing this information. The first would be triggered by a request by a member of the public ('right to ask'). The second would be triggered by the police where they make a proactive decision to disclose the information in order to protect a potential victim ('right to know'). Both processes can be implemented within existing legal powers; there will be no changes in legislation.

In 2012/13, a further commitment from key partners (Police, NHS and Local Authority) to invest into the Wiltshire Domestic Abuse Pooled budget, which funds the Wiltshire Outreach support service to victims of domestic abuse (standard to medium risk).

Following Wiltshire being successful in securing two four year Home Office grants (till March '15) to support the Independent Domestic Violence Advisor (IDVA) provision – supporting high risk victims (£20k p/a) and the MARAC (Multi-Agency Risk Assessment Conference) Co-ordinator role (£15k p/a) – currently in year two of the funding grant. Further additional funding secured via the Community Safety.

5.9. Wiltshire Police

Wiltshire Police has a dedicated team of specialist trained officers who work in the Safeguarding Adult Investigation Team. The team consists of a Detective Sergeant, 7 investigators and an administrator. The Safeguarding Adult Investigation Team is centrally managed under the strategic lead from the Detective Superintendent of the Public Protection Department. Detective Superintendent Dawson attends the Board and Detective Inspector Selbie, who has the operational lead for Safeguarding Adults, attends the Quality Assurance sub-group.

Within the last financial year Wiltshire Police have introduced the 'Three Strands of Vulnerability'. The three strands relate to welfare, vulnerable people and safeguarding adults. The process map which was devised gave officers direction and guidance on what action they needed to take, dependent upon the circumstances they were dealing with. The benefits of this for the Safeguarding Adults Investigation Team are that they receive fewer referrals which do not need to be reviewed and can focus on the referrals which require their skills and knowledge to investigate.

We have ensured that all care homes within Wiltshire are documented on our database within the Force Contact Centre. This is part of a piece of work we are developing to look at problem profiling, how we identify activity and develop risk. Wiltshire Police are also working on a Standard Operating Procedure in partnership with Heads of Safeguarding to provide clarity to Senior Investigating Officers regarding suspicious deaths in care homes.

In the last financial year, Wiltshire Police have secured two convictions for the largest financial safeguarding investigation to date. This investigation related to the daughter and son-in-law stealing thousands of pounds from her mother, who had developed the onset of Alzheimer's disease in 2003. Her daughter obtained power of attorney at this time and initially took this course of action with good intentions. Subsequently she, along with her husband, spent £90,000 to pay off their own debts, purchase cars and a caravan with money that had been set aside to pay for care home fees. The daughter of the vulnerable woman was sentenced to 18 months imprisonment and her husband received a 12 month sentence, suspended for two years.

With regards to training, the Public Protection Department has shown further commitment to the importance of safeguarding adults by training staff from child abuse and domestic abuse teams in order that they can support the Safeguarding Adult Investigation Team and our staff are moving towards becoming omni-competent. Wiltshire Police have trained a further 15 officers this financial year in the Vulnerable Adults course. Some of the 15 officers are posted within the Public Protection Department and some are from Local Policing roles.

5.10. Residential and Nursing Care Providers

Background

The Wiltshire & Swindon Registered Nursing Home Association (W&SRNHA) and the Wiltshire Care Home Association (WCHA) representing Wiltshire providers of residential care, both nursing and non-nursing, have been working together to further develop a positive inclusive safeguarding environment with the aim of providers having direct access / support and involvement in safeguarding professional developments across the lead agencies. Both organisations are committed to high standards of safeguarding and hold extensive operational experience in this complex area of delivering specialist services to highly vulnerable older people. This year, for the first time, we have been invited to nominate a provider representative on the Wiltshire Adults Safeguarding Board and to provide representatives to the sub-groups. Matthew Airey (regional chair of the W&SRNHA and a National Director of the RNHA) has been appointed as the provider representative for both the W&SRNHA and WCHA.

Key achievements 2011-12

These have included our formal involvement in the Adult Safeguarding Board as described above and the development of a project post, funded by the RNHA, WCHA and Wiltshire Council. The aims of this post are to develop: A) Provider representative Forum with a key emphasis on promotion of quality and standards in all registered care homes, B) Safeguarding Partnership with Wiltshire Council, C) Wiltshire Care Quality Mark. In addition the RNHA at national level have developed and produced a new Complaints & Investigation Manual focusing at improving the quality of Provider involvement in complaints and safeguarding concerns.

Training

Both Associations represent around 40% of all providers in Wiltshire and, with their colleagues represented on the Wiltshire & Swindon Care Skills Partnership, have direct contact with circa 85% of all residential providers in the area. The work of the Care Skills Partnership has a crucial role in supporting and developing training across Wiltshire & Swindon focused on the development of quality and safe practice both with residential and domiciliary care providers. At this stage of their development, these Partnerships do not collate safeguarding statistics, but have access to the other lead agencies' information. It is intended that the development of the new Wiltshire Provider Forum and the Safeguarding Partnership will support and assist Providers' involvement in the further analysis of this information. It is envisaged that this will lead to the raising of standards and support the development of collective evidenced-based learning opportunities.

Key Objectives for 2012-13

- The establishment of a shadow Wiltshire Providers' Forum Board and interim Chief Executive. Focus on Providers working together with the lead agencies to drive a 'quality and safe care agenda'.
- Provide consistent attendance and support to the Wiltshire Adults Safeguarding Board and its sub-groups.
- Further develop our professional relationship and safeguarding partnership with Wiltshire Council and all other lead agencies, with the purpose of collectively and collaboratively working to ensure the safety and wellbeing of all customers receiving a residential service in Wiltshire.
- To support the development and implementation of a Wiltshire Care Quality Mark available to all registered care homes in Wiltshire that demonstrates clearly to the Wiltshire public and to our customers the standards they can expect from our specialist services and take confidence in the day to day delivery of that service.

6. Local progress in relation to national requirements

Policy

6.1. The main policy publication during 2011-12 was the Statement of Government Policy on Adult Safeguarding (DH 2011). The principles outlined in this have been included in the revised Terms of Reference for the Partnership Board. These being:

Empowerment –	Presumption of person-led decisions and informed consent
Protection –	Support and representation for those in greatest need
Prevention –	It is better to take action before harm occurs.
Proportionality –	Proportionate and least intrusive response appropriate to the risk presented
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.

6.2. Also published in May 2011 was the Law Commission's report of its wide-ranging review of adult social care law which made recommendations for sweeping reform, some of which directly affect Safeguarding Adults. Pending further clarity about the direction of national policy and any potential legislation, the Board had decided only to carry out a limited updating of its policy and procedures (which are joint with Swindon SAB), to reflect developments in the few years since the last update.

6.3. In July 2012, after the year under review, but during the preparation of this report, a significant block of documents has been published by the government:

- *Caring for our future: reforming care and support*
- *Draft Care and Support Bill*
- *Consultation on New Safeguarding Power*

6.4. The White Paper and draft legislation propose to put Adult Safeguarding Boards on a statutory footing and sections 34 to 36 of the draft bill give a brief outline of the proposals. There is clearly much more detail to be worked through in guidance, but the further implementation of these proposals will clearly be a key issue for the board in the coming months.

Winterbourne View Hospital

6.5. The serious safeguarding concerns at this hospital revealed by the Panorama broadcast in May 2011 have been an influence on the Board's work throughout the year. Partner organisations took appropriate action immediately in line with the investigations instigated and then in response to the requirements of the interim reports that were published.

6.6. In the summer of 2012 the Serious Case Review, the Strategic Health Authority's report and the Care Quality Commission's Overview Report have all been published and the DH's final report is expected shortly. The recommendations of the various reports will clearly influence the Board's Business Planning in the coming months and years.

7. Priorities for the year 2012-13

These priorities reflect national developments and local objectives and summarise the individual agency priorities described in Section 5 above. The Board's Business Plan integrates these priorities with other existing work and sets out timescales for implementation.

Overall Priorities

- Assess what action needs to be taken locally in response to recommendations of the Winterbourne View reports.
- Respond to the development of the Care and Support Bill in the light of the White Paper "Caring for our Future", and prepare for action in 2013-14 to put the SAB on a statutory footing.
- Support and monitor smooth transition of safeguarding work from the PCT to the Clinical Commissioning Group.
- Develop a more structured and comprehensive approach to the involvement of service users in the work of the Board and safeguarding system.
- Develop a more structured and comprehensive approach to the involvement of informal carers in the work of the Board and safeguarding system.
- Develop a communications strategy jointly with the Children's Safeguarding Board to support awareness raising and good information sharing across all Wiltshire's communities; update web-based information to support this.
- Establish a quality assurance and performance management system for the Board

Training

- The Board as a whole will continue to deliver its training strategy, and the RUH, AWP and Salisbury Hospital have organisational priorities for training.

Contracts and Quality

- Wiltshire Probation Trust is focussing on contract monitoring to emphasise safeguarding where appropriate
- Joint work between Provider organisations and their commissioners are working on a quality and safe care agenda including the development of a "Care Quality" Mark

Performance Improvement

- Council safeguarding services are implementing the triage system across the Wiltshire Alliance and standardising the management of large scale investigations.
- AWP continues to work through action plans from its Self-assessment

Policy

- Wiltshire police priority is private space violence, and the Domestic Violence service will be continuing their pilot of the Domestic Violence Disclosure Scheme, and seeking to ensure sustained funding for Domestic Violence services.
- RUH has a priority on the strategic link to the Department of Health's "PREVENT" strategy
- Salisbury is working on increased awareness and use of Learning Disabilities, Carers, and Domestic Abuse Policies and guidelines
- Commissioners and providers are developing partnership working on safeguarding.

Annexes

Annex 1

WILTSHIRE SAFEGUARDING ADULTS BOARD
TERMS OF REFERENCE

1. Statement of Purpose

The purpose of the Wiltshire Safeguarding Adults Board (WSAB) is to ensure that all agencies work together to minimise the risk of abuse to adults at risk of harm and to protect and empower vulnerable adults effectively when abuse has occurred or may have occurred. The WSAB aims to fulfil its purpose by:

- Maintaining and developing inter-agency frameworks for safeguarding adults in Wiltshire, including determining policy, facilitating joint training and raising public awareness.
- Co-ordinating the safeguarding adults work undertaken by those organisations represented on the WSAB and monitoring and reviewing the quality of services relating to safeguarding adults in Wiltshire.

In doing this the Board will follow all relevant legislation and guidance[6].

2. Underpinning Principles

The Board will achieve its role by implementing the national principles of adult safeguarding[7], which are:

Empowerment –	Presumption of person-led decisions and informed consent
Protection –	Support and representation for those in greatest need
Prevention –	It is better to take action before harm occurs.
Proportionality –	Proportionate and least intrusive response appropriate to the risk presented
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.

[6] A list of current guidance at the time of this revision is at Appendix 1
[7] Statement of Government Policy on Adult Safeguarding; DH, May 2011.

In addition, the WSAB:

- Supports the rights of all adults to equality of opportunity, to retain their independence, wellbeing and choice and to be able to live their lives free from abuse, neglect and discrimination.
- Values diversity and will seek to promote equal access and equal opportunities irrespective of race, culture, sex, sexual orientation, disability, age, religion or belief, marriage/ civil partnership and pregnancy /maternity.

3. Policy Statement

The WSAB will act within the framework of the law, statutory guidance and government advice. The prime consideration of the WSAB will be to oversee multi-agency responsibilities in line with the requirements of "No Secrets: guidance on developing and implementing multi-agency policy and procedures to protect vulnerable adults from above" (DH/ Home Office, 2000) and current national policy, national and regional guidance and best practice.

4. Membership and Chair

The membership of the WSAB consists of senior representatives from key organisations in Wiltshire, who must be of sufficient seniority and authority to speak on behalf of their organisation and commit resources or directly feed into decision-making that can commit resources as appropriate. Representatives of wider groups (independent providers, service users and carers) must have access to appropriate networks to communicate information to and from the Board.

Wiltshire Council	• Cabinet Member • Service Director Adult Care Commissioning • Head of Commissioning, Mental Health, Substance Abuse Services and Safeguarding
NHS Wiltshire and BaNES (until 31st March 2013)	• Director of Nursing
Clinical Commissioning Group (From 1st April 2013)	• Executive Nurse
Avon and Wiltshire Mental Health Partnership NHS Trust	• Head of Public Protection and Safeguarding
Wiltshire Police	• Superintendent with responsibility for Public Protection
Salisbury Hospital NHS Foundation Trust	• Deputy Director of Nursing
Royal United Hospital Bath	• Director of Nursing Services

Great Western Hospital Foundation NHS Trust	• Deputy Director of Nursing
NHS Community Services	• To be agreed
Residential and nursing care provider representative	• As nominated
Domiciliary Care provider representative	• As nominated
Great Western Ambulance Service	• Clinical Standards Manager
Probation Service	• Assistant Chief Executive
Carer Representation	• Under development
Service User Representation	• Under development
Community Safety Partnership	• Public Protection Manager, Wiltshire Council

Arrangements are being made for the views of service users and carers to be effectively represented in the Board's work, either by direct membership of the board and its sub-groups or by reference group or similar arrangements.

The Compliance Manager from the Care Quality Commission attends annually.

The Board is linked to the Local Safeguarding Children Board by the Head of Commissioning membership of that board and a representative from the LSCB is being sought for the SAB.

Other organisational representatives or specialist leads may be invited for reports of specific interest to them.

Chair

The Chair of the Partnership is an independent person appointed for a three year term through procurement by Wiltshire Council.

The Deputy Chair is appointed by the Board from nominations from Board members.

5. Meetings and Structure

The WSAB will meet not less than four times a year, with additional meetings as necessary. It will set time aside each year for a half day workshop to review its achievements, assess performance and effectiveness and consider future priorities.

- The quorum for meetings is that there should be at least three members present from three different agencies. OR will be one third of the usual membership providing the Council, one of the health partners and one other partner organisation is represented.

- Lack of attendance will hinder the strategic development of the inter-agency arrangements for safeguarding adults. For this reason Board members are expected to attend two out of the four main meetings; substitutions are permissible, but should be by named, regular substitutes. A register of attendance is kept and will form part of the Annual Report.

Sub-groups

The Board has three standing sub-groups which are responsible to the Board and take forward the Business Plan priorities:

- Policy and Procedures (joint with Swindon SAB)
- Learning and Development
- Quality Assurance

Task Groups

The Board may establish task and finish groups for specific, time-limited work.

6. Remit

The WSAB will be accountable for the following:

- Leading the development, approval, monitoring and review of multi-agency safeguarding policies, procedures and practice, including information sharing, and ensuring that they reflect the needs of all communities in Wiltshire, and the needs of all members of those communities
- Promoting the responsibility for safeguarding across all agencies and stakeholders, and ensuring clear leadership and accountability are in place throughout all the organisations represented on the WSAB, and overseeing safeguarding activities by agencies including reviewing progress in the recognition, reporting and response to abuse
- Preparing and securing approval and resources from member organisations for a Business Plan
- Producing an Annual Report on safeguarding adults, which reviews progress in delivery of the Business Plan
- Establishing quality assurance and audit arrangements to validate the effectiveness and quality of safeguarding services in Wiltshire and identify and address resources shortfalls where these arise.
- Involving service users and carers and adopting an inclusive approach to the role of the WSAB
- Ensuring a multi agency training strategy is in place for all workers in all sectors who have contact with vulnerable adults and receiving regular reports on its delivery and effectiveness.

- Ensuring effective engagement of safeguarding adults work with the safeguarding of children, domestic violence, bullying hate crime, MAPPA processes and wider work on community safety and public protection.
- Commissioning Serious Case Reviews where needed, maintaining the Serious Case Review protocol and contributing as appropriate to Domestic Homicide Reviews and reviews of Drug Related Deaths.
- Receiving and considering outcomes from these reviews and promoting opportunities to share learning.
- Promoting awareness of Safeguarding issues and disseminating accessible information about the work of the WSAB via a comprehensive communications strategy aimed at ensuring that abuse is recognised, reported and immediate action taken wherever it arises.
- The effective implementation of the Mental Capacity Act and Deprivation of Liberty Safeguards.

7. Accountability and reporting

The WSAB has a reporting line to the Wiltshire Health and Wellbeing Board. It is accountable for its work to its constituent organisations and its members are individually accountable both to their own organisations and to the WSAB for the following roles and responsibilities:

- Contributing to the effectiveness of the WSAB in the achievement of safeguarding objectives, the development of policies and procedures and their implementation in their organisation
- Ensuring that their organisation shares appropriately in resourcing the operation of the WSAB, consistent with the lead role of the local authority and the shared responsibilities of all agencies.
- Disseminating information to their own organisation and related agencies
- Participation in development, training and learning activities
- Provision of a statement for the annual report outlining the contribution of their organisation to safeguarding adults and, specifically, their contribution to the Business Plan.
- Make appropriate resources available to the Board and its sub-groups and task groups.

The Board will produce an annual report prepared in line with the South West Regional template, which includes:

- Foreword
- Background Information
- Governance and accountability
- Summary of activity during the past year
- Monitoring and quality assurance activity
- Partner reports

- Local Progress in relation to national requirements
- Priorities for the coming year
- Appendices

The report will be presented to the Wiltshire Health and Wellbeing Board and then made available to the general public. WSAB members will be responsible for presenting the Board's annual report to their own organisation's executive body.

8. Review

These Terms of Reference will be reviewed at the same time as the Board's Safeguarding Policy and Procedures.

Appendix 1

National Policy and Guidance July 2012

DH (2000) *No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.*

ADASS (2005) *Safeguarding Adults – a national framework of standards for good practice and outcomes in adult protection work*

HMSO (2005) *Mental Capacity Act and (2009) Deprivation of Liberty Safeguards*

CSCI (2008) *Safeguarding Adults, a study of the effectiveness of arrangements to safeguard adults from abuse.*

Bournemouth University and Skills for Care (2010) *National Competence Framework for Safeguarding Adults*

DH (2010) *Practical approaches to safeguarding and personalisation*

DH (March 2011) *Safeguarding Adults: The role of NHS Commissioners; The Role of Health Service Managers & their Boards; The Role of Health Service Practitioners*

ADASS (April 2011) *Safeguarding Adults Advice Note*

DH (May 2011) *Statement of Government Policy on Adult Safeguarding*

ADASS (Nov 2011) *Carers and Safeguarding Adults – working together to improve outcomes.*

Care Quality Commission (June 2012) *Learning Disability Services National Overview*

DH (June 2012) *Department of Health Review: Winterbourne View Hospital (Interim Report)*

HM Government (July 2012) *Caring for our future: reforming care and support*

South Gloucestershire Safeguarding Adults Board (August 2012) *Winterbourne View Hospital, A Serious Case Review*

Annex 2

Board Membership and Attendance

Organization	Designated Member	June	Sept	Dec	Mar
Independent Chair	Margaret Sheather	✓	✓	✓	✓
Wiltshire Council DCS	Sian Walker (to Nov 2011) James Cawley (from Dec 2011)	✓	A	Ap-R	✓
Wiltshire Council Safer Communities	Pippa McVeigh	✓	✓	A	A
Wiltshire Council - Commissioning	George O'Neill	A	Ap-R	✓	Ap-R
Wiltshire Council - Housing	Graham Hogg		Ap-R		Ap-R
Wiltshire Council - Cabinet	Cllr Jemima Milton			✓	
Registered Nursing Homes	Matthew Airey (from Dec 2011)	n/a	n/a	✓	✓
Wiltshire Police	Sean Memory (to Nov 2011) Supt. Jerry Dawson (from Dec 2011)	✓	✓	✓	✓
AWP	Mark Dean	Ap-R	✓	Ap-R	✓
CQC (annual only)	Deborah Ivanova	n/a	✓	n/a	n/a
NHS Wilts & BANES	Lynn Franklin (to Nov 2011) Mary Monnington (from Dec 2011)	Ap-R	Ap-R	✓	✓
Great Western Hospital	Sue Rowley (to Feb 2012) Robert Nicholls (from Mar 2012)	Ap-R		A	✓
WSUN	Louise Rendle		Ap-R		
Great Western Ambulance Service	Sue Smith		✓		
RUH Bath	Francesca Thompson	✓	✓	✓	✓
Salisbury NHS Foundation Trust	Lorna Wilkinson	✓	✓	Ap-R	A
Wiltshire Probation Trust	Lynne Wootton			A	A
Domiciliary Care Provider	Helen Rowlands (from Dec 2011)	n/a	n/a	A	A

✓ Attended

A Sent apologies

Ap-R Sent apologies & replacement attended

Annex 3

Management Information Report on Safeguarding Adults April 2011 - March 2012

1. Overview

The year-on-year comparison (see Fig 1) shows referrals over two 12 month periods (2010/11 and 2011/12). The overall referral rate is **836** alerts in the 12 months from April 2011, averaging 70 per month. At a rate of 23.4 alerts per 10,000 of the county's population, Wiltshire's numbers are low when compared to those of our neighbours in the South West; see below.

2. Alerts

There have been 836 alerts during the past year:

Figure 1 Number of alerts by month

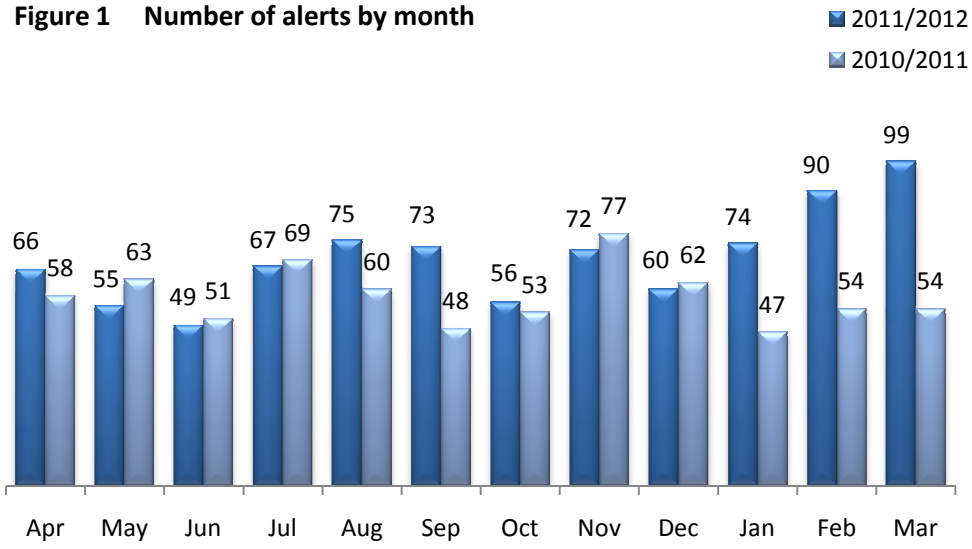
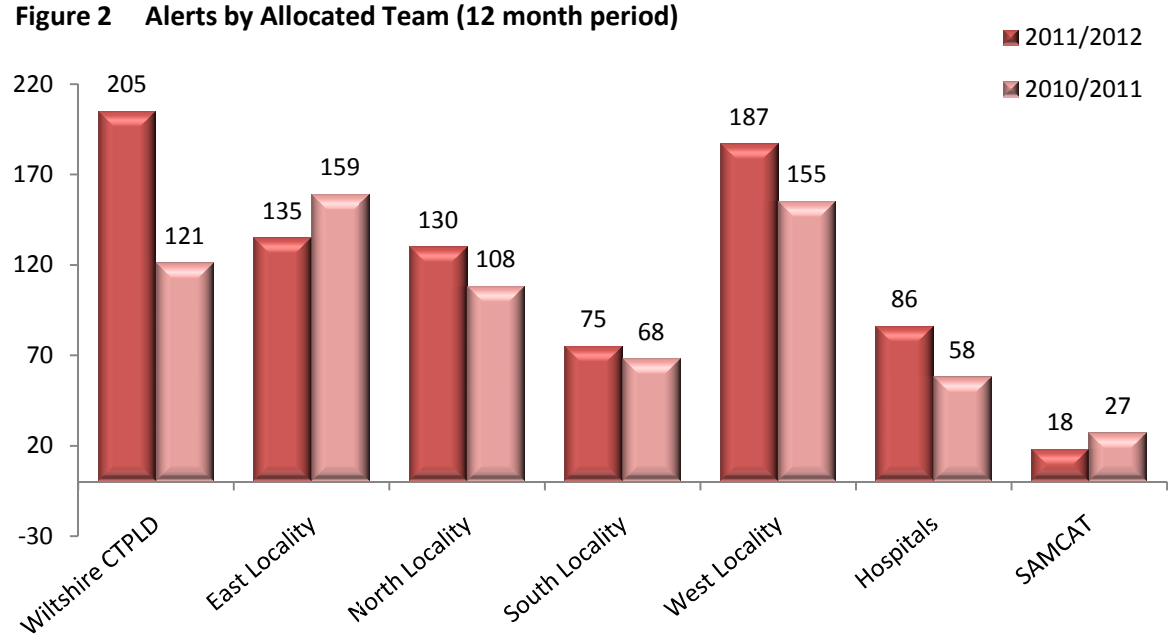


Table 1 Average number of alerts:

12 months:	1 Apr 11 – 31 Mar 12	69.7 alerts per month (836/12)

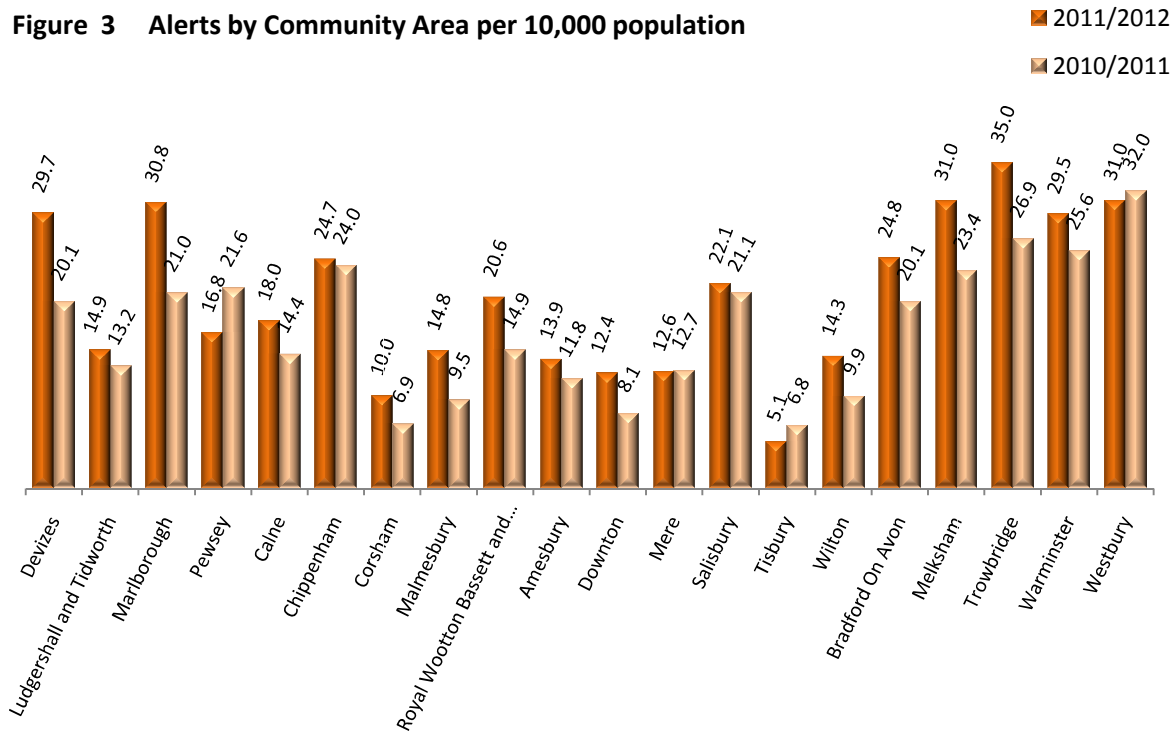
Alerts dealt with by each team are as follows:

Figure 2 Alerts by Allocated Team (12 month period)



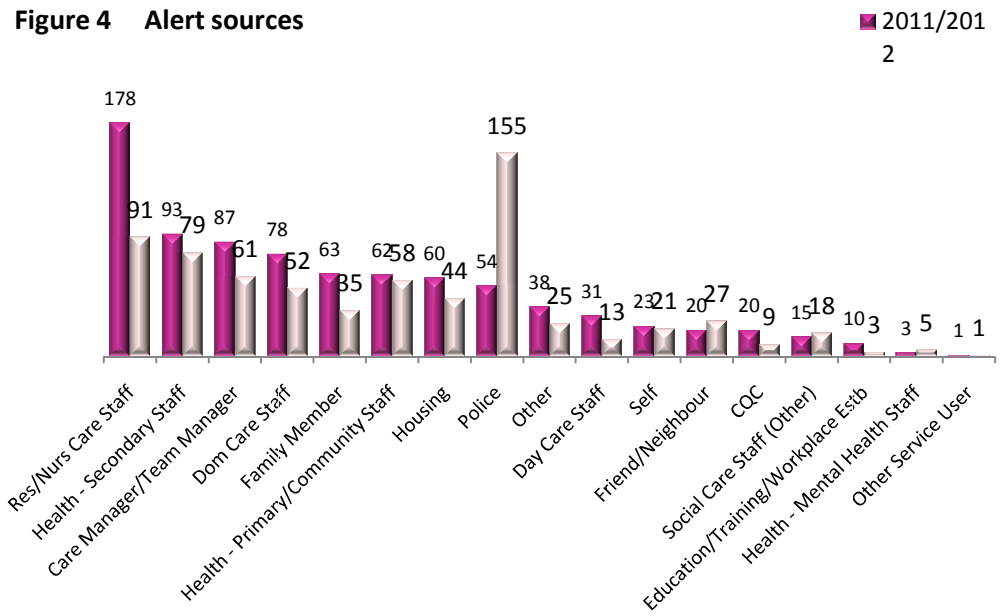
This next chart gives the number of alerts per community area and is shown as being per 10,000 population (aged 18 and over) to show a comparison:

Figure 3 Alerts by Community Area per 10,000 population



Alerts are received from a range of sources as shown in Figure 3

Figure 4 Alert sources



'Care Manager/Team Manager' includes social workers, occupational therapists and care co-ordinators. 'Secondary Health Staff' can be hospital staff or other non-primary health staff. 'Primary/Community Staff' are GPs, district nurses and health visitors. 'Other' can be anonymous calls, the Court of Protection, a professional (e.g. solicitor, psychotherapist, etc), school staff or a local authority employee not employed as a care manager or care team manager.

3. Vulnerable Adults Information

Figures 4 –9 show information about the people who were the subject of the alerts received.

Figure 5 Gender by age group

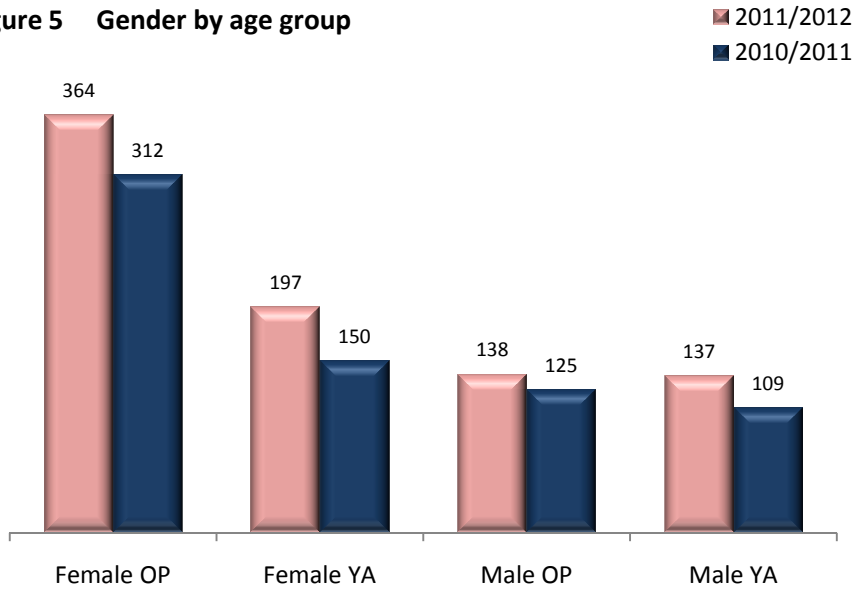
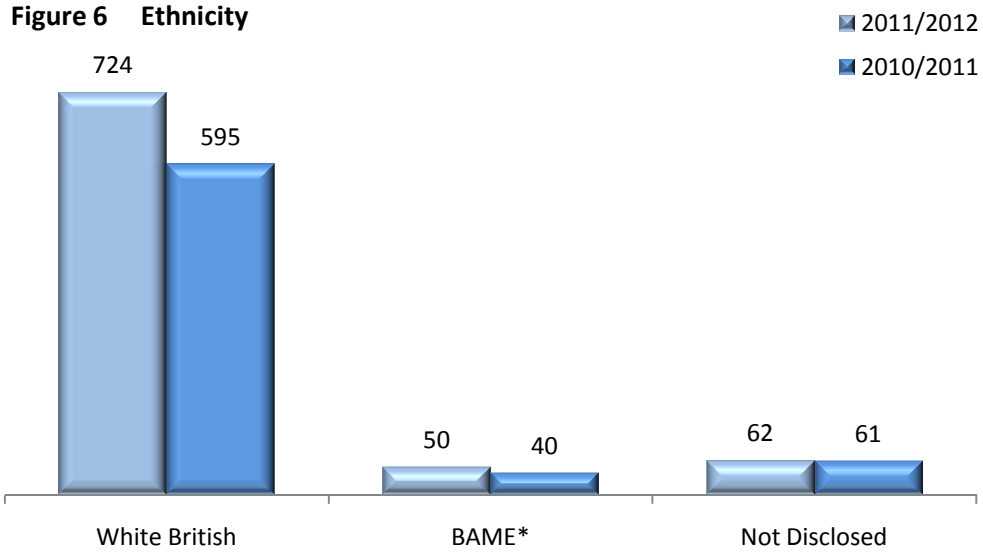


Figure 6 Ethnicity



(*BAME = Black, Asian and Minority Ethnic)

Figure 7 Client categories

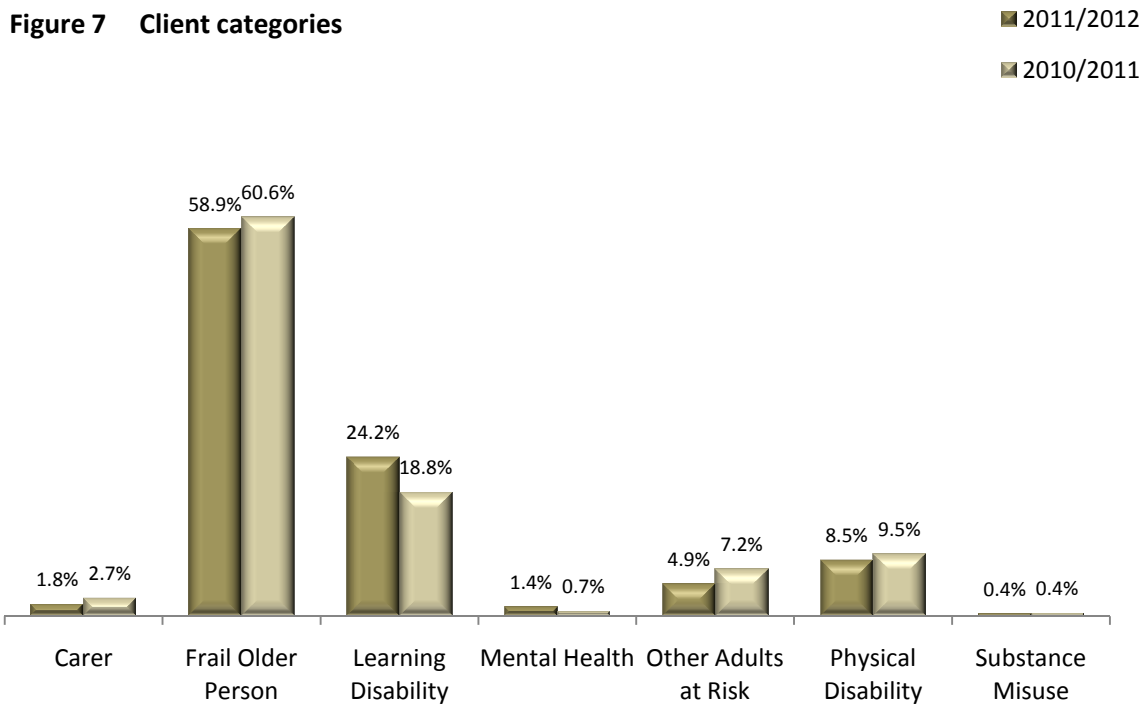
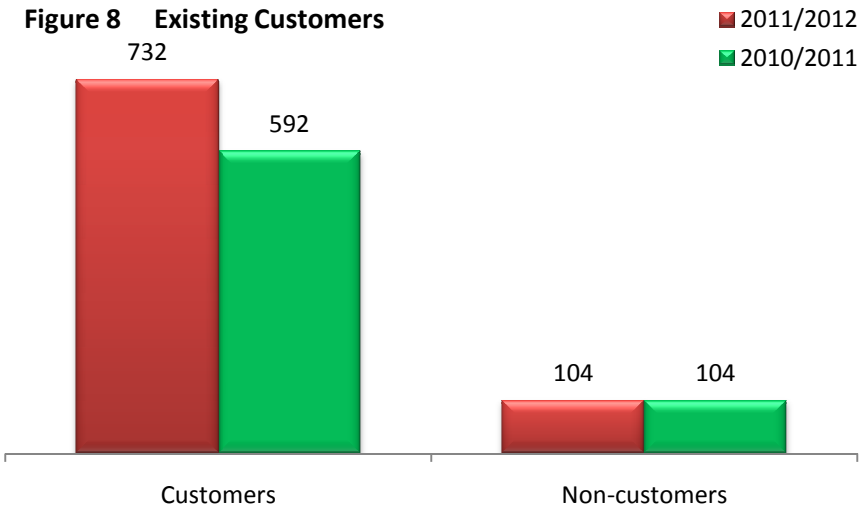
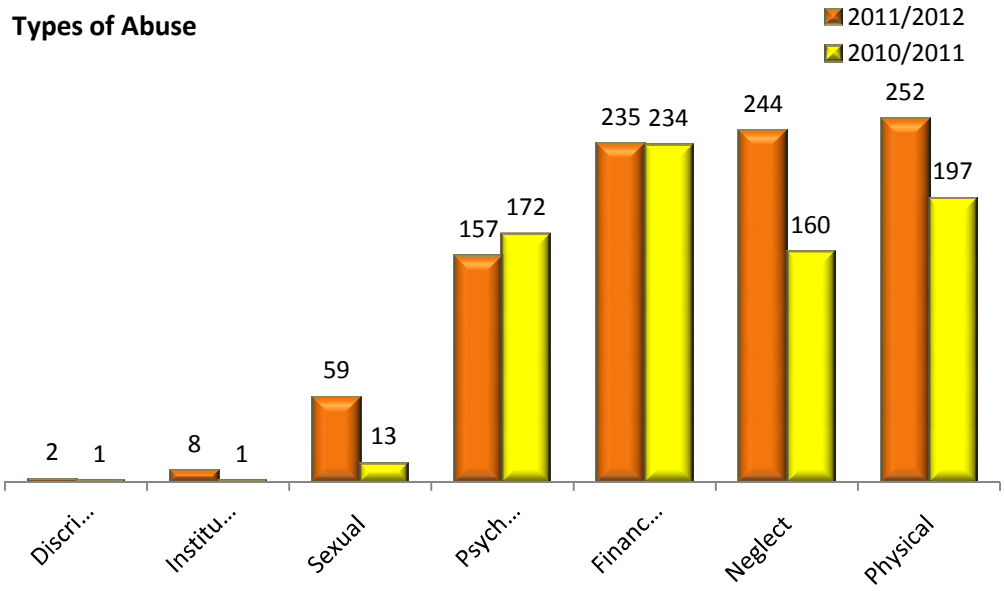


Figure 8 Existing Customers



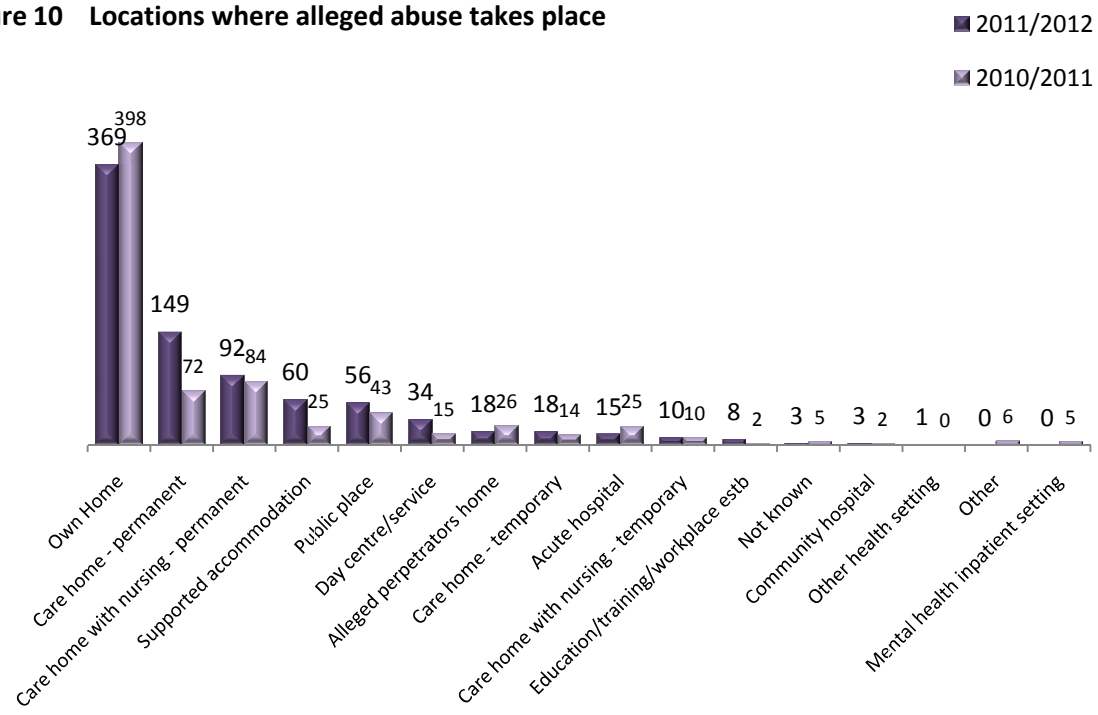
Each alert can involve more than one type of abuse. Out of 836 alerts, 110 were 'multiple'.

Figure 9 Types of Abuse



Adult abuse occurs in many different places, although primarily this takes place in the vulnerable adult's home:

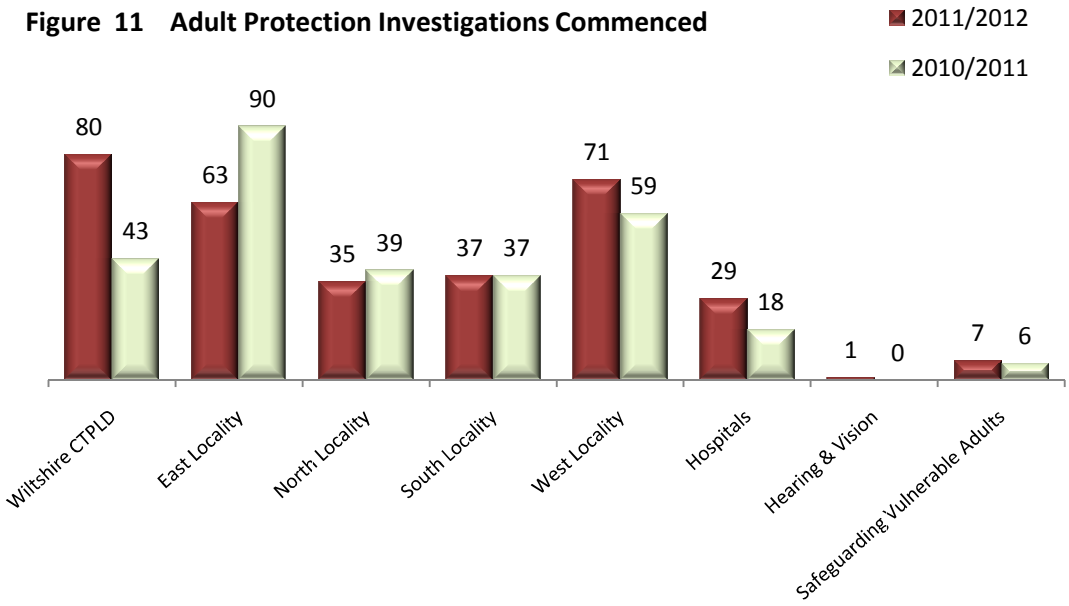
Figure 10 Locations where alleged abuse takes place



4. Investigations

A total of **323** Adult Protection Investigations were *started* during 2011/2012:

Figure 11 Adult Protection Investigations Commenced



Of the investigations commencing during this time, 36% were not substantiated and 10% were undetermined/ inconclusive. A further 26% of the investigations that had commenced during this reporting period had not been completed by the end of this

time; this is due in the main to investigations starting towards the end of the reporting cycle.

During this 12 month period **295** investigations have been *completed* (some of these investigations may have begun prior to this time whilst others will have commenced towards the end of the period):

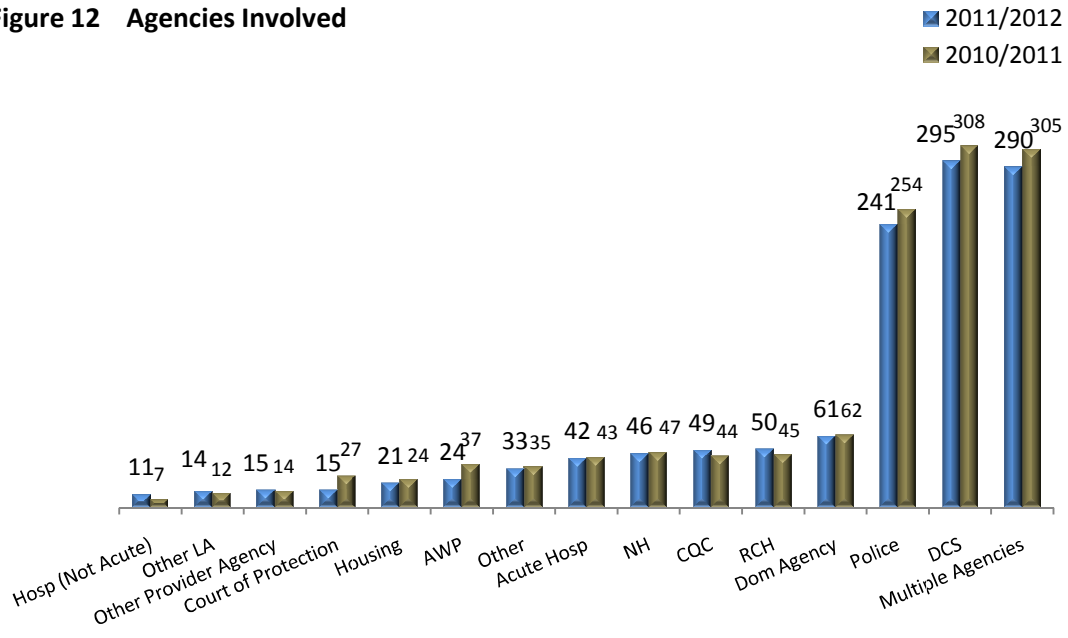
These investigations concluded:

Table 2 Investigation outcomes:

Not determined / inconclusive	46	15.6%
Not substantiated	131	44.4%
Substantiated	118	40.0%

Many agencies are necessarily involved in the investigations and where there is a high number of multiple-agency involvement; this demonstrates excellent inter-agency working on Safeguarding issues:

Figure 12 Agencies Involved



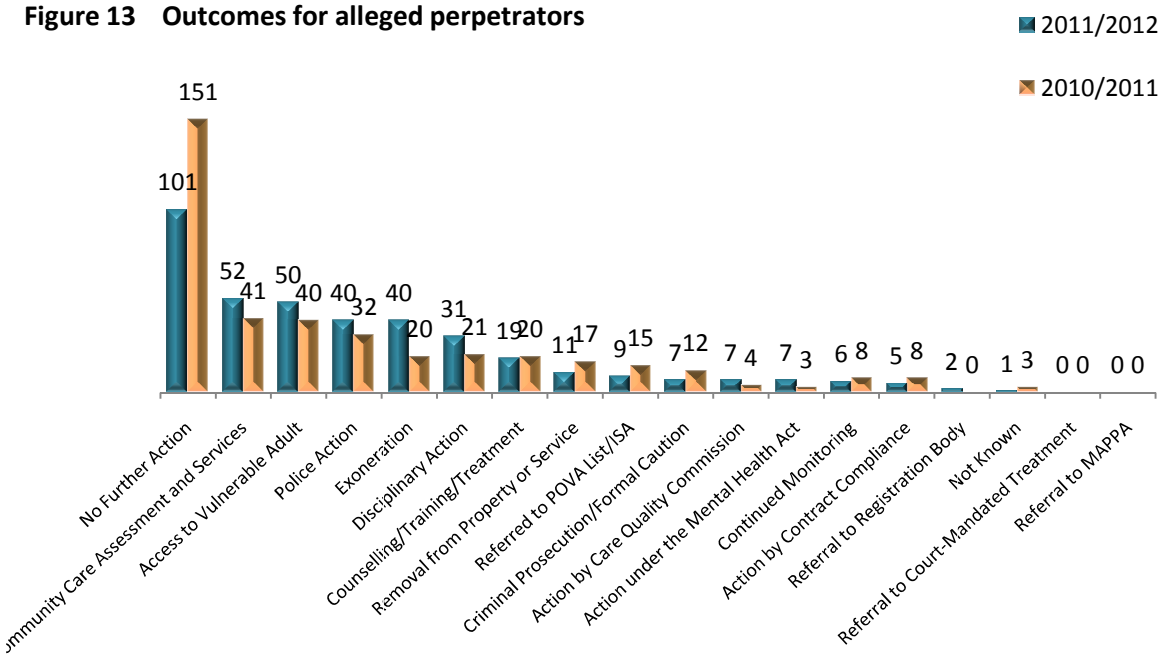
The nature of the alleged abuse will determine the outcome and Table 3 reflects the fact that in 121 instances, there was more than one outcome for the alleged subject of the abuse:

Table 3 Outcomes for alleged subject of abuse

Action	Not Determined	Concerns not substantiated	Substan-tiated	Total
Access to the Alleged Perpetrator	4	10	27	41
Access to Finances	13	11	20	44
Advocacy	6	9	10	25
Application to Court of Protection	1	5	9	15
Change of Appointee-ship	0	0	0	0
Community Care Assessment and Services	9	39	41	89
Civil Action	2	0	1	3
Counselling/Support	2	12	15	29
Guardianship/Action under the Mental Health Act	1	2	4	7
Increased Monitoring	16	36	49	101
Moved to Increased/Different Care	0	0	0	0
No Further Action	16	64	26	106
Other	0	2	2	4
Referral to MARAC	0	0	0	0
Removal from Property or Service	3	3	3	9
Review of Self Directed Support (IB)	0	0	0	0
Serious Case Review	0	1	0	1
Multiple Outcomes	23	45	53	121

Following the investigation, outcomes for alleged perpetrators were as follows:

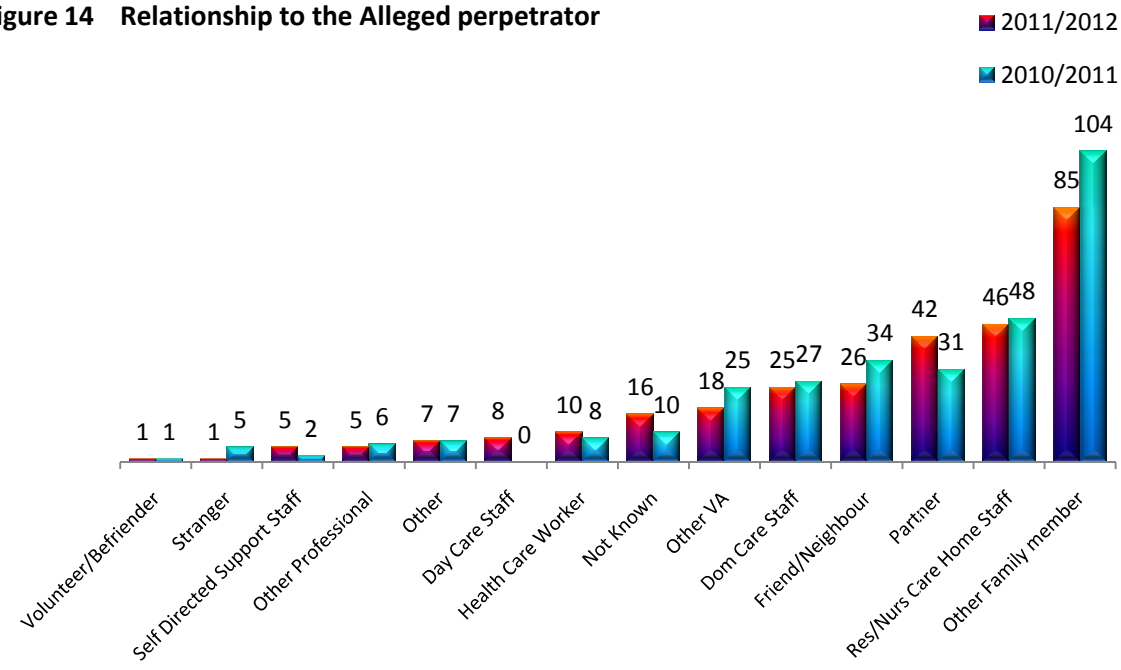
Figure 13 Outcomes for alleged perpetrators



Outcomes for alleged perpetrators can also be a multiple of 2 or more outcomes, which has occurred in 73 of these cases during 2011/2012.

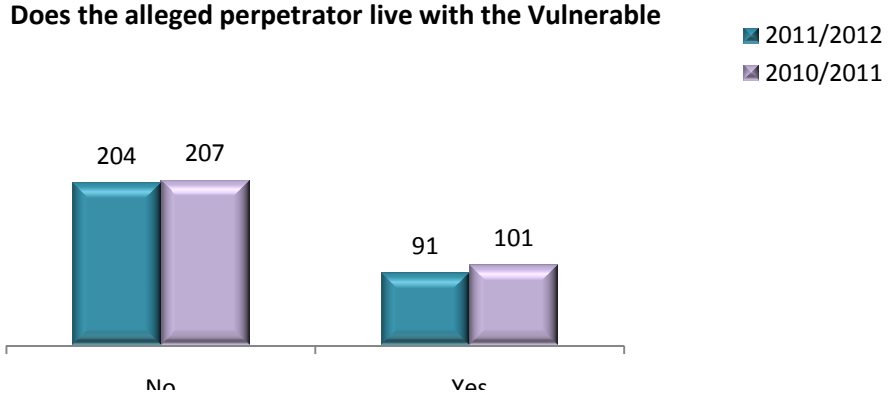
The relationship of the alleged perpetrator to the vulnerable adult can be anything from a partner or family member, to a complete stranger:

Figure 14 Relationship to the Alleged perpetrator



In 101 cases, the alleged perpetrator is (or was at the time of the alleged abuse) living with the Vulnerable Adult:

Figure 15 Does the alleged perpetrator live with the Vulnerable Adult?



The alleged perpetrator was the main family carer to the vulnerable adult in 49 instances.

Table 4 Populations (including land areas)

The following table gives Wiltshire's populations and area size by community area:

Locality	Community Area	18-64	65+	18+	Area (hectares)
East	Devizes	17,568	6,313	23,881	21,583
	Ludgershall & Tidworth	9,382	1,251	10,633	18,257
	Marlborough	12,989	4,597	17,586	28,031
	Pewsey	6,461	2,339	8,800	26,764
North	Calne	12,392	3,531	15,923	13,288
	Chippenham	26,225	7,087	33,312	15,842
	Corsham	11,951	3,920	15,871	7,631
	Malmesbury	11,332	3,362	14,694	24,464
	Wootton Bassett & Cricklade	20,200	5,299	25,499	15,331
South	Amesbury	19,235	4,404	23,639	31,337
	Downton	9,862	3,757	13,619	21,896
	Mere	3,160	1,570	4,730	10,102
	Salisbury	26,336	9,735	36,071	1,919
	Tisbury	3,934	1,956	5,890	15,587
	Wilton	6,374	2,679	9,053	17,445
West	Bradford on Avon	9,585	4,341	13,926	5,903
	Melksham	14,538	4,652	19,190	9,837
	Trowbridge	26,360	7,880	34,240	4,152
	Warminster	15,435	5,667	21,102	27,972
	Westbury	10,283	3,460	13,743	7,308
Totals	*South West Wiltshire*	*13,468*	*6,205*	19,673	*43,134*
	East Wiltshire	*46,400*	*14,500*	60,900	*94,635*
	North Wiltshire	*82,100*	*23,199*	105,299	*76,556*
	South Wiltshire	*68,901*	*24,101*	93,002	*98,286*
	West Wiltshire	*76,201*	*26,000*	102,201	*55,172*
	Wiltshire	273,602	87,800	361,402	324,649

South West Wiltshire (red font) is included to enable Area Board level population to be used. Also aggregated are the numbers of people living in east, north, south and west Wiltshire to give Adult Care team level figures.

Annex 4

Glossary of Terms and Definitions[8]

Abuse

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Age

Age is calculated as at the last day of the financial year (the full reporting period), i.e. 31st March or if the person has died before 31st March, their age will be reported as their age at date of death. A ***Younger Adult*** (YA) is a person aged between 18 – 64 years; an ***Older Person*** (OP) is a person who is aged 65 years and over.

Alert

An alert is a feeling of anxiety or worry that a Vulnerable Adult may have been, is or might be, a victim of abuse. An alert may arise as a result of a disclosure, an incident, or other signs or indicators.

Alleged Perpetrator

The alleged perpetrator is the person who the Vulnerable Adult, or other person/s, has asserted but not yet proven to have committed the abuse.

Ethnicity

Black, Asian and Minority Ethnic (BAME) encompasses all people who are not White British including: White Irish, White Other, Traveller of Irish Heritage, Gypsy/Roma. Gypsy/Roma includes Gypsies and or Romanies, and or Travellers, and or Traditional Travellers, and or Romanichals, and or Romanichal Gypsies, and or Welsh Gypsies/Kaale, and or Scottish Travellers / Gypsies, and or Roma. It includes all people of a Gypsy ethnic background or Roma ethnic background, irrespective of whether they are nomadic, semi nomadic or living in static accommodation. It should not include Fairground people (Showmen/women); people travelling with circuses; or Bargees unless, of course, their ethnic status is that which is mentioned above.

Known to DCS

Those customers who are assessed or reviewed in the reporting year and who have received a service, as well as those who are assessed and/or reviewed but who have not received a service in that reporting year. This group includes customers receiving Direct Payments or an Individual Budget.

[8] With the exception of those annotated * these definitions are reproduced courtesy of: Information and Guidance on the Abuse of Vulnerable Adults Collection (AVA), 2009, The Health and Social Care Information Centre, NHS.

Gender
For the purpose of this report the gender shall be defined as 'male' or 'female'. In line with the Gender Recognition Act, transsexual people should be recorded under their acquired sex.

Not Determined/Inconclusive
This would apply to cases where it is not possible to record an outcome against any of the other categories. For example, where suspicions remain but there is not clear evidence.

Not Substantiated
It is not possible to substantiate on the balance of probabilities any of the allegations made.

Referral
An Alert becomes a 'Referral' when the details lead to an adult protection investigation/assessment relating to the concerns reported (these relate to safeguarding referrals, not a referral for a community care assessment).

Repeat Alert
A repeat alert is a safeguarding alert, where the vulnerable adult about whom the alert has been made, has previously been the subject of a safeguarding alert during the same reporting period.

South West Local Authorities*

Bath & North East Somerset	Bournemouth	Bristol
Cornwall (incl. Isles of Scilly)	Devon	Dorset
Gloucestershire	North Somerset	Plymouth
Poole	Somerset	South Gloucestershire
Swindon	Torbay	Wiltshire

Substantiated
All of the allegations of abuse are substantiated on the balance of probabilities.

Vulnerable Adult
A Vulnerable Adult is a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation in any care setting. This includes individuals in receipt of social care services, those in receipt of other services such as health care, and those who may not be in receipt of services. There is a danger that some Vulnerable Adults who are at risk but do not easily fit into the aforementioned categories may be overlooked, for this reason they are outlined below:

- Adults with low level mental health problems/borderline personality disorder
- Older people living independently within the community
- Adults with low level learning disabilities
- Adults with substance misuse problems
- Adults self-directing their care

ADASS	Association of Directors of Adult Social Services
APC	Adult Protection Conference
APR	Adult Protection Review
ASBRAC	Anti Social Behaviour Risk Assessment Conference
AWP	Avon Wiltshire Partnership
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DoLS	Deprivation of Liberty Safeguarding
DVPN	Domestic Violence Protection Notice
DVPO	Domestic Violence Protection Order
ESM	Early Strategy Meeting
IMCA	Independent Mental Capacity Advocate
IMR	Investigating Managers Report
LSAB	Local Safeguarding Adults Board
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
PCT	Primary Care Trust
SA	Safeguarding Adults
SAB	Safeguarding Adults Board
SAIT	Safeguarding Adults Investigating Team
SAMCAT	Safeguarding & Mental Capacity Act Team
SCR	Serious Case Review
WSUN	Wiltshire & Swindon Users Network
BIA	Best Interest Assessor
ISA	Independent Safeguarding Authority

Annex 5

Additional Information from NHS Wiltshire

NHS Wiltshire Supervisory Body responsibilities, MCA Deprivation of Liberty Safeguards (2007)

NHS Wiltshire received 66 requests for standard authorisations between April 2011 and March 2012 of these 29 were authorised (44%). The regional average for authorization of requests is 52% (Fig. 2). The Female: Male ratio from all requests is 2:3. Fig 1 demonstrates NHS Wiltshire DoLs authorization requests by

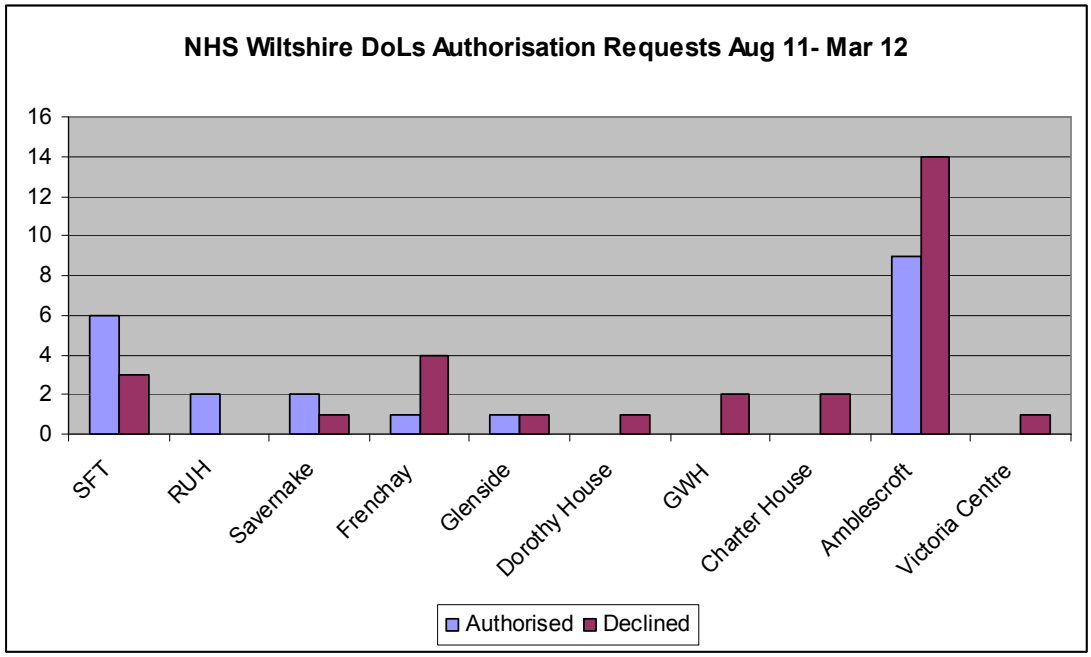


Fig 1:NHS Wiltshire DoLs Authorisation Requests by Managing Authority expressed in figures

managing Authority expressed in figures.

Figure 1 provides raises some questions in relation to the source of referrals; for example two of the local community hospital have not made any applications in the 12 month period whereas the third hospital has submitted 3 requests although the patient demographic for these hospitals is similar. Amblescroft and Charterhouse are comparable facilities of similar size however Amblescroft have submitted 23 requests while Charter house have submitted 2. This level of variation has been highlighted for ongoing audit.

Serious Incidents Requiring Investigation (SIRI)

Serious incidents relating to clinical care which have been logged on the Strategic Health Authority Database for NHS Wiltshire are scrutinised by the Safeguarding Lead for potential safeguarding concerns.

In the year 2011-2012 there were 29 category 3 and 4 pressure ulcers reported by the Community Services Directorate. The Adult Community Services Directorate undertook a review of 17 Root Cause Analysis investigations relating to pressure ulcers. Figure 5 shows the patients by medical condition highlighting frail elderly and patients with dementia as having the highest incidence.

Figure 5:Courtesy of Tissue Viability Service GWH, Community Services directorate 2012

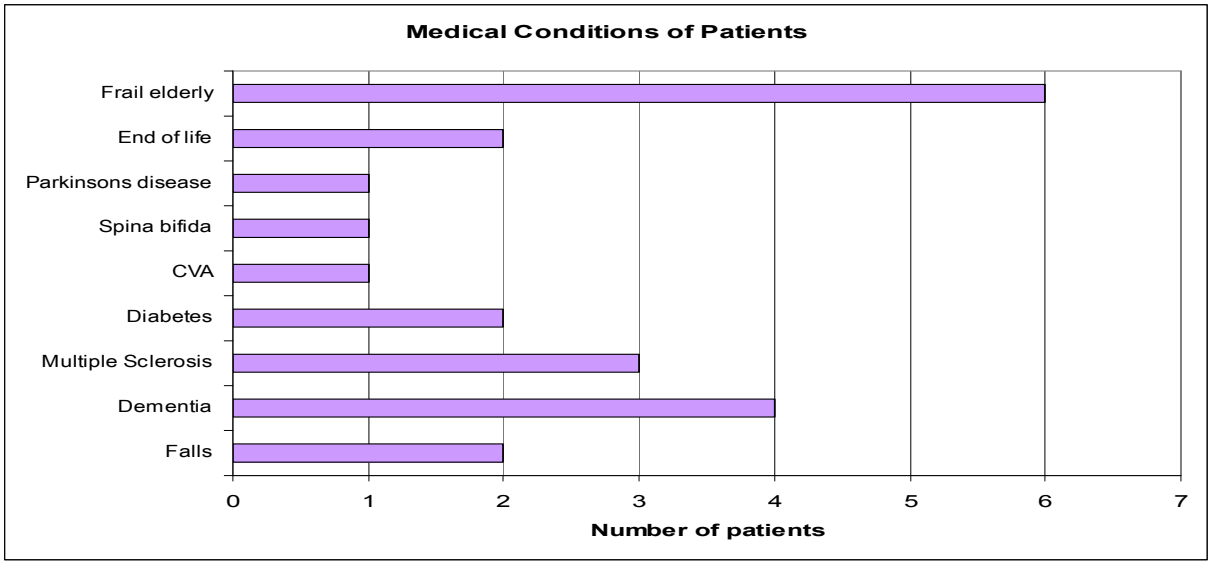
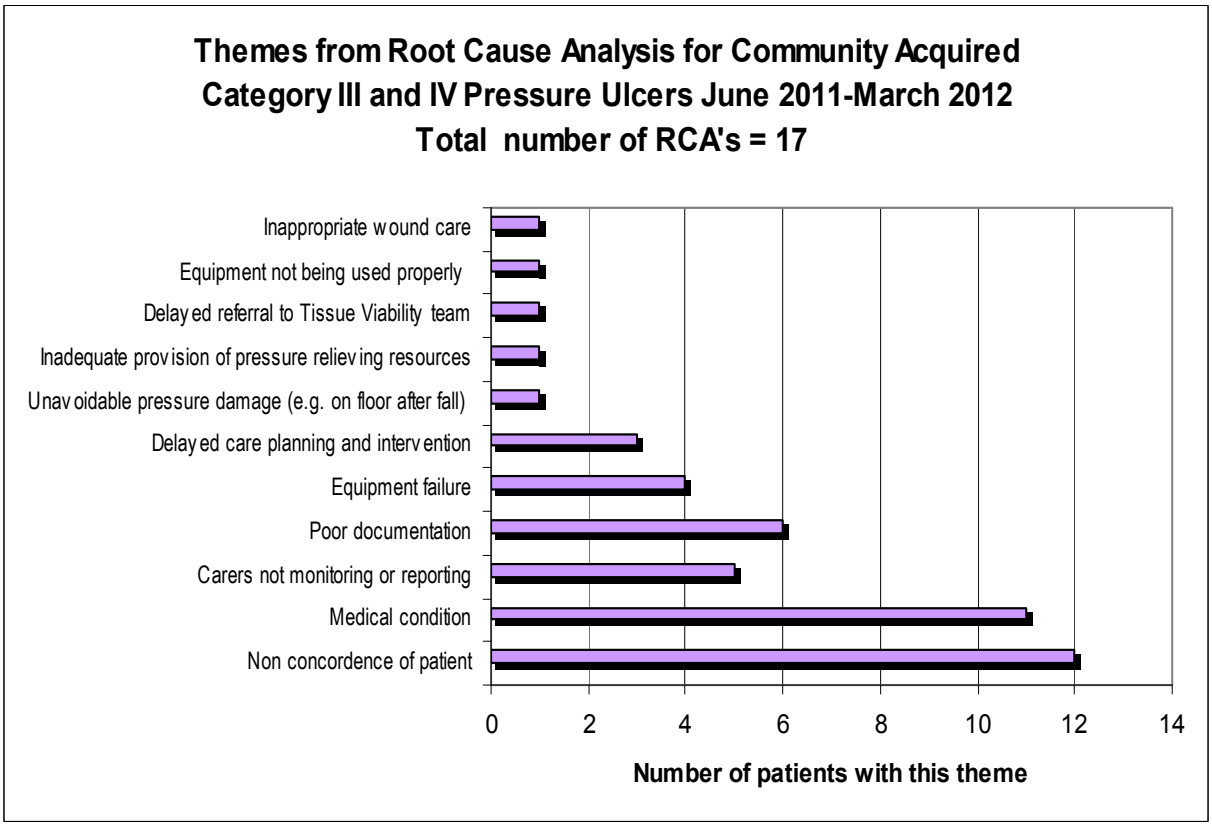


Figure 6 highlights non- concordance of patients as a major issue within this sample with 71% of root cause analysis citing this as a root cause. This theme has been developing over the past twelve months and warrants further work in line with the Mental Capacity Act 2005.

fig 6: Courtesy of Tissue Viability Service GWH, Community Services directorate 2012



Annex 6

Case Studies

1. The physical and psychological impact of domestic abuse on a victim
(from the Community Safety Partnership)

At the point of engagement with the client it was evident to see that she had really low self esteem and confidence. During her abusive relationship her top teeth and most of her bottom teeth had been either been knocked out by her being punched and kicked or had fallen out due to being held tightly around her bottom jaw. Consequently she was very conscious of having no teeth and hid her mouth whilst talking and hardly ever smiled. This impacted on her ability to communicate with anyone outside of her family and led to her becoming even more isolated and affected the way she thought about herself.

With support from Splitz she felt she was able to consider visiting the dentist for the first time in years. Time was spent re-building her confidence and explore ways in which she felt she could go to the dentist with less anxiety. It took her a while to feel able to go and after her first visit she phoned her worker straight away and her excitement was evident 'she'd finally have some teeth and be able to look in the mirror and smile!'

Unfortunately because the damage to her teeth had been so great from the abuse that had been inflicted over the years, the treatment would be lengthy and require a few visits. Her anxiety regarding the dentist was managed through her support worker, looking at how going to the dentist may trigger off feelings from her past relationship and ensure that the emotional support and space was available to heal from her experiences of the physical violence and the longer lasting emotional impact that this had had on her. We discussed how empowering it would be for her to attend the dentist as she would be taking back control of her own life, through the reassurances of her support worker this helped her cope with her fears.

There are mixed feelings for the service user each time she has to go to the dentist including anger and resentment that her ex-partner has caused her to go through all this, but through support she is now able to see that although it is painful emotionally for her she feels she is one step closer to feeling good about herself again, re-gaining confidence and her self esteem feels much more able to face people and talk to others now, helping her feel less isolated. She has started to re-engage with her community.

Provided by the Caseworker from the Paloma Outreach project

2. Example of a Large Scale Investigation

The investigation was of a 60 bedded residential care home. Most residents have complex dementia related conditions, and most lack capacity to make their own decisions about their life and care. The Care Quality Commission inspected the home and raised a number of concerns which also led them to make an alert to the Safeguarding Adults Team. The main issues were:

- There was no visible management
- Lack of care planning
- Low staffing levels
- Few risk assessments and plans to manage risk
- Poor physical environment
- Poor medication management
- Issues about hygiene and infection control.
- No understanding of the Mental Capacity Act.

The specialist Safeguarding Team worked with this home over a period of 6 months.

Initially the Care Home providers would not attend any Safeguarding meetings, and the team's concerns were so great that they started to undertake a series of unannounced visits. This continued for 2 months, until gradually the Care provider began to engage and understand the issues. A new manager and leadership team was appointed. As a result, staff were given additional training and new care planning and risk assessment systems were put in place, and the environment was improved with additional investment.

This home had been at risk of losing its registration and it appeared at one stage that all residents may have to be moved, with the resultant risks to their health and well-being. However, at the end of the 6 month period the home was compliant with all CQC standards and there were no issues of significant harm. This is a good example of how a large scale investigation can improve and sustain services.

Provided by Wiltshire Council Safeguarding Adults and Mental Capacity Act Team