Wiltshire Safeguarding Adults Board

Annual Report 2015 – 2016

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Foreword

I am pleased to present the Annual Report of Wiltshire's Safeguarding Adults Board for 2015/16. The report is published on behalf of the multi-agency board and provides partners with an opportunity to reflect upon achievements over the past year and to formally identify priorities for the year ahead.

It also provides the opportunity to demonstrate the Board's fulfilment of its role and ongoing commitment to safeguarding adults at risk in Wiltshire. As the independent chair of the Board it is my role to provide leadership and constructive challenge to all partners to ensure that the Board delivers on that commitment.

I took up the role of independent chair in September 2015, half way through the year this report covers, and I am grateful for the sound foundations built by my predecessor Margaret Sheather. As a result of Margaret's leadership the Board has a good working structure and excellent consultative arrangements which have proved to be effective and which I have chosen to retain and develop. The work of the sub committees and the users and carers groups during 2015/16 is set out in the body of this report.

The Board is now a statutory partnership with a legal responsibility to consult and to produce a long term strategic plan setting out how it will better coordinate and improve adults safeguarding within Wiltshire. During the second half of the year we worked productively together and agreed that we would concentrate on three key strategic areas:

- Making Safeguarding Personal
- Prevention
- Improving Board Effectiveness

I look forward to working with the Board and to reporting on progress in each of those areas next year.

Richard Crompton
Independent Chair, Wiltshire Safeguarding Adults Board

September 2016

Safeguarding in our communities

Wiltshire Police are a core member of Wiltshire's Safeguarding Adults Board and play an essential role in safeguarding adults from abuse. The work they do to protect vulnerable adults helped to keep residents at a local care home safe from harm.

In February 2016 a former care manager was sentenced to two years imprisonment for offences of fraud by abuse of position of trust, fraud by false representation and theft from multiple victims.

Whilst a manager at a Wiltshire Care home and in position of trust the individual financially abused residents by using their cheque books and bank accounts for her own benefit. The total value of fraud for the main victim was £18,000. This offence was classed as a Category A offence and had the highest culpability. The individual was sentenced to two years imprisonment and another two offenders both received community orders for the offence of money laundering.

Our Safeguarding Adults Board brings together professional expertise and commitment from across Wiltshire Police, Wiltshire Council, NHS Wiltshire Clinical Commissioning Group and other partners to help and protect adults with care and support needs in Wiltshire.

1. Introduction

Under the Care Act 2014 a new legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect was introduced. Local authorities were given new safeguarding duties including a duty to establish a Safeguarding Adults Board to bring together the local authority, NHS and police, to develop, share and implement a joint safeguarding strategy.

The overarching purpose of Wiltshire's Safeguarding Adults Board (SAB) is to help and protect adults with care and support needs in Wiltshire. We do this by:

- Providing vital assurance that local safeguarding arrangements are in place and that local safeguarding practice is person-centered and outcome-focused
- Working collaboratively to prevent abuse and neglect where ever possible
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
- continuously improving and enhancing the quality of life of adults in Wiltshire.

Wiltshire SAB leads adult safeguarding arrangements across the county and oversees and coordinates the effectiveness of the work of its member and partner agencies. This requires us to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in **'Making Safeguarding Personal'**. The Board also has a wider duty to consider issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

- the safety of people who use services in local health settings, including mental health
- the safety of adults with care and support needs living in social housing
- effective interventions with adults who self-neglect, for whatever reason
- the quality of local care and support services
- the effectiveness of prisons in safeguarding offenders
- making connections between adult safeguarding and domestic abuse.

Under the Care Act 2014 our Board has three core duties. We must:

- develop and publish a **strategic plan** setting out how we will meet our objectives and how our member and partner agencies will contribute
- publish an **annual report** detailing how effective our work has been
- commission safeguarding adults reviews (SARs) for any cases which meet the criteria

At the heart of all we do are the six safeguarding principles:

Empowerment - people being supported and encouraged to make their own decisions and give informed consent
Prevention - it is better to take action before harm occurs
Proportionality - the least intrusive response appropriate to the risk presented
Protection - support and representation for those in greatest need
Partnership - local solutions through services working with their communities and recognising that communities have a part to play in preventing, detecting and reporting neglect and abuse
Accountability and transparency - in safeguarding practice

2. The National and Local Context

Nationally and locally the number of safeguarding concerns that are being raised on an annual basis continues to increase. However we are seeing a smaller proportion of those concerns raised resulting in a full safeguarding investigation under section 42 of the Care Act. We are now able to effectively deal with the majority of the concerns raised by reviewing and improving local care management.

More broadly the introduction of the Care Act and further guidance on the implementation of the Act has led to increased expectations and responsibilities arising from the arrival of new duties on public bodies relating to modern slavery and the Prevent agenda on addressing risks of radicalisation in Wiltshire.

Locally as well as nationally there is challenge to the working of the board as a result of:

- Significant reduction in national Government funding and the impact on public bodies and the voluntary sector making the 'business as usual' work and prevention more difficult
- As a result of changes to funding there has been significant organisational change within the NHS and local authority. Plans to integrate the work of public agencies continue to impact on the ability of agencies to plan effectively for the future
- Changing demographics and the increase in the over 75 and 85 population and the impact of associated long term health conditions
- The reduction in the care agencies available to deliver the increased volume and complex level of care required by an older, frailer population and the current resilience of community support services
- The challenge of social isolation and loneliness
- Relationships with the voluntary sector and lack of resources to support training of its workforce.

During the year this report covers there was further change to demand on local systems following a Supreme Court Judgement on 19 March 2014 related to Deprivation of Liberty Safeguards (DoLS). The referral rate for authorisations has been very high throughout the period covered by this annual report. There will be a review of the DoLS process completed by the law society in December 2016. It is hoped this review will consider how to streamline the DoLS process ensuring it is administratively less burdensome on local authorities and the courts while making sure it remains a robust process which ensures the human rights of very vulnerable people in residential or nursing homes or on hospital wards.

3. Key achievements

To **promote effective policy** across agencies and reduce incidence of neglect and abuse the Board:

- Published safeguarding adults staff guidance
- Agreed an information sharing protocol across agencies which will allow agencies to more effectively work together to protect vulnerable adults and improve safeguarding whilst protecting personal data
- Developed a High Risk Behaviour Policy - a multi-agency strategy for working with people who self neglect or have high risk behaviours that put themselves and potentially others at risk
- Updated the multi-agency safeguarding adults policy in line with the Care Act and to ensure the policy fits local needs

To **develop and share learning** to support and protect vulnerable adults the Board:

- Agreed to focus on enhancing learning across Wiltshire and Swindon to enable improvements across local geographies
- Started work to refresh the Strategy for Competence Development which will help ensure staff across agencies understand their role to improve safeguarding

To **improve the quality** and assurance of safeguarding practices the Board:

- Carried out two case files audits and shared findings and learning across agencies
- Undertook an audit of the previous year's self-assessment process showing that all agencies had improved their performance
- Surveyed Wiltshire Care Partnership members to allow agencies to learn from their experiences and to ensure their needs remained central to the work being done to improve safeguarding processes

The most important function of the Board is to provide a catalyst for work to improve safeguarding across the partner agencies it brings together, particularly the three statutory partners. In 2015/16 we saw work done by all of these agencies to improve the systems they have in place:

- Wiltshire Council - There has been a large increase in incidents arising in services, particularly care homes where we are concerned about institutional abuse or neglect. In response the council developed more effective processes for quality assurance and now takes part in county-wide and regional emerging concerns meetings to triangulate concerns and spot emerging issues as they arise. The council's quality assurance team has been successful in working with a number of providers to assist them to address issues. The yearly data return for safeguarding investigations has evidenced that there has been a 50% reduction in the number of large scale investigations undertaken over the last year.

- NHS Wiltshire Clinical Commissioning Group - Work to align NHS Wiltshire Serious Incident processes has been undertaken during 2015/16 ensuring that the most appropriate health professionals are contributing to safeguarding investigations. The CCG also attends the regional NHS England Quality Surveillance Group where all providers of concern are discussed and appropriate actions identified, implemented and reviewed.

- Wiltshire Police - The police have a dedicated Safeguarding Adults Investigation Team, which is made up of a Detective Inspector, Detective Sergeant and six investigators. This team covers the

whole of Swindon and Wiltshire and investigates any significant abuse or risk of harm by carers, family, people in position of trust, or fellow service users. Neighbourhood Policing Teams also now work closely with Care Providers and privately funded individuals receiving care within the community. They provide a valuable link with people that may not be known to Local Authority services.

However there have been far more wide reaching changes across the broader family of agencies that Wiltshire Safeguarding Board brings together. This report gives those organisations the chance to set out how they have and how they plan to change things for the better and continue to put safeguarding at the heart of all they do to and to make our essential systems more effective.

4. Safeguarding in Wiltshire - understanding the local picture

In 2015/16:

- The number of enquiries (formerly known as alerts) was 4,566 for 2015/16. This is a 43% increase from the same period last year
- 993 (22%) went forward to Early Strategy Action (ESA)
- The number of enquiries (formerly known as investigations) went up from 871 to 972

Abuse enquiries

There has been a 43% increase in the number of enquiries. In the previous year we received an average of 267 enquiries per month; in 2015/16 this increased to 381. This has been caused primarily by the rise in enquiries made by care agencies (care homes and domiciliary agencies). Primary care (GPs) enquiries also increased markedly (up 47%); concerns are wider than just medical issues and not all enquiries related to safeguarding. CQC visits to GP surgeries may have increased awareness.

Of the 4,566 enquiries made in 2015/16, almost 4 out of 5 (3,546) were 'screened out' (deemed as not needing further action) at the triage stage.

Sources of enquiries

Enquiries relating to care homes more than doubled (up by 109% to 1,047) and domiciliary care agency enquiries rose 25% from 314 to 390. Anecdotal evidence from care homes is that a large number of enquiries are the result of a 'belt and braces ' approach which assumes that it is better to raise a concern and record having done so than not. A number of these concerns are screened out at the initial triage stage and were not appropriate for a safeguarding investigation.

Type of abuse by setting (at the enquiry stage)

The patterns of the type of abuse in the various settings are broadly similar across the last two years. There are very few reported cases of discrimination (just 10 across the two years under report). Many of these occurred in people's own homes including supported accommodation where there are several occupants. These small numbers could indicate a tolerant, understanding county or that discrimination is not being reported as it should.

Many cases where neglect or acts of omission were reported occurred in own home situations (49% in the previous year and 34% in 2015/16). Care homes saw 39% of such cases in 2014/15 and 58% in 2015/16. These tend to be missed medication, not supporting transfers appropriately or failing to prevent customers falling when mobilising. Hospitals averaged 6% of neglect cases for the years under report.

Emotional or psychological abuse is mainly experienced by people living in their own homes by family member(s) applying pressure on adults at risk (AARs) – bullying or threatening them with physical violence. For 2014/15, own home setting accounted for 59% of emotional/psychological abuse and 57% for the following 12 months. Psychological abuse is often reported when sexual abuse is also said to have occurred. This latter abuse type is also prevalent in people's own homes – 39% and 36% for the two years reported here.

Care homes are also where the most physical abuse is reported (51% in 2014/16 and 63% the following year). Financial abuse accounts for 16% of abuse at home in 2015 (17% the previous year) and this is where most abuse of this type takes place (70% of financial abuse cases were in people's own home in 2014/15 and 68% in 2015/16).

Enquiries (formerly known as Investigations)
Enquiries are up 12% on the previous year, yet enquiries are up 43%. This reflects the relatively minor nature of some enquiries which are being triaged out, many are more appropriately managed under care management than safeguarding

Relationship of the alleged perpetrator to the adult at risk
Alleged perpetrators are broadly the same pattern as in the previous year. During 2015/16, in 25% of cases investigated the alleged perpetrator (AP) was a relative, friend or neighbour. This was a slight decrease in the previous year's rate (27%), although the numbers increased in 2015/16 to 242 cases (out of 969 concluded Enquiries) from 221 out of 820 the previous year.

Domiciliary care and self-directed support staff comprised 26% (212) of APs in 2014/15 falling to 18% (171) the following year. The proportion of care home staff having accusations brought against them rose during this reporting period to 265 (27% of all concluded cases) from 192 (23%) previously.

Location of the alleged abuse
Care homes and the adult at risk's own home dominate where abuse is said to have taken place, with own home averaging 45% across the 2 years and care homes averaging 40%. All other locations are similar in their proportions over the 2 year period.

Type of abuse
The numbers of types of abuse have broadly similar ratios over the 2 years. From 2015/2016 there are new categories of abuse being recorded and reported: Domestic Abuse, Modern Slavery, Self Neglect and Sexual Exploitation. Financial abuse has dropped as a percentage of types of abuse. The percentage of Neglect has decreased and Organisational (formerly institutional) abuse has also fallen as a proportion.

The following numbers will exceed the total number of Enquiries as adults at risk can experience multiple types of abuse at a time. Each number will be the total number of times in which that type of abuse occurred and the percentage will indicate the ratio of the total number of abuse types (not Enquiries):

- Discriminatory 3 (0%)
- Domestic Abuse 108 (8%)
- Financial 157 (12%)
- Modern Slavery 0
- Neglect/Omission 448 (33%)
- Organisational 63 (5%)
- Physical 268 (20%)
- Psychological/Emotional 220 (16%)
- Sexual 61 (5%)
- Sexual Exploitation 0
- Self Neglect 15 (1%)

Abuse by type of enquiry conclusion
In 2014/15, 820 enquiries were completed; with the increased numbers of enquiries and enquiries in this latter reporting period, this number increased to 969. The numbers of concluded cases by the type of abuse are shown below. With many cases involving multiple types of abuse, these numbers will not equate to the total the number of concluded cases. These years are rolling 12 months periods (in this case for the 2014/15 and 2015/16 financial years).

- 497 cases were found to be fully substantiated, compared with 422 the previous year
- 287 cases were found to be part-substantiated (267 previous year)

- 147 cases were found to be inconclusive (97 previous year)
- 440 cases were found to be unsubstantiated (261 previous year)

Outcomes
Outcomes will depend on the circumstances surrounding the case, the needs of the adult at risk, what action should take place to ensure that risk of harm or neglect is removed - or at least reduced. The personalization agenda means that the Department of Health will require more statutory reporting of people's desired outcomes and whether these are met.

- 1,350 cases were found to be full substantiated (1,103 previous year)
- 700 cases were found to be part-substantiated (704 previous year)
- 291 cases were found to be inconclusive (147 previous year)
- 791 cases were found to be unsubstantiated (580 previous year)

Agencies involved in investigations (completed enquiries only)
Agency involvement with investigations is dictated by the nature of the abuse, who raised the initial concern and those agencies that need to be involved with expert advice and skills to help reach an outcome and/or to help deliver future services. In 2015/16, agencies were involved in the following numbers of investigations:

> Acute hospitals 99; Advocacy service 115; AWP 78; Care homes 533; CQC 366; Community health service 38; Court of Protection 40; Adult social care 744; Housing (associations, schemes, Dept) 28; Other local authorities 67; Others (adult at risk or their representatives 152; CCG 158; Police 526; Provider agencies (day care, domiciliary agencies etc) 451

Large Scale Investigations (LSI)
Wiltshire Council is aware of the number of customers for whom it commissions services but Domiciliary Care agencies also assist people who are self-funding, funded by the local Clinical Commissioning Groups (CCGs) or other local authorities bordering Wiltshire. It is therefore not possible to know how many customers these agencies have on their books as this is commercially sensitive. Additionally, the numbers may vary day-by-day.

Three of the 6 LSIs instigated by the Safeguarding Adults Team (SAT) during 2015/2016 looked at care homes and as the number of beds in these homes is known we can say with confidence that the 3 LSIs involved 77 residents, where the type of alleged abuse tends to be more a case of lack of training or where procedures are either lacking or need updating. We are unable to include figures for the remaining 3 investigations as the agencies involved means it is not possible to quantify the number of customers.

5. Monitoring and Quality Assurance Activity

Learning and Development Subgroup

The Learning and Development (L&D) subgroup met four times in 2015-2016 (May, July, November, and January). The group was chaired by the Chief Executive of Healthwatch Wiltshire who also sits on the Board. The group brings together:

- Wiltshire Council (WC)
- The Academy - Great Western Hospital (representing the three local acute hospitals),
- NHS Wiltshire CCG
- Wiltshire Police
- Wiltshire and Swindon Care Skills Partnership
- Sequol, Swindon Borough Council
- Avon & Wiltshire Mental Health Partnership NHS Trust
- National Probation Service

The subgroup exists to support both the Wiltshire and Swindon Safeguarding Boards and to broaden best practice in safeguarding adults through monitoring the design and delivery of good quality learning and development. During 2015/16 the group:

- Agreed to broaden its scope so that is serving both the Wiltshire and the Swindon Safeguarding Adults Boards.
- Considered the impact of the Care Act 2014 on learning and development activity
- Commenced a refresh of the Strategy for Competence Development

In 2016/17 the group plans to:

- Complete the refresh of the Strategy for Competence Development
- Deliver on the actions in the Board's strategic plan for learning and development
- Continue to provide a valued forum for multi-agency learning and development staff to share information and good practice.

Policy and Procedures Subgroup

The Policy and Procedures subgroup (P&P) met five times in 2015-2016 (May June September February May). The core membership of the Policy Sub Group is:

- Manager from Safeguarding Adults and Mental Capacity Act Team in Wiltshire Council
- D/Sgt from the Safeguarding Adults Investigations Team (Wiltshire Police)
- Head of Service Adult Care Operations, Wiltshire Council
- Safeguarding Lead, Wiltshire Clinical Commissioning Group
- Safeguarding Lead for AWP
- Safeguarding Facilitator for Great Western Hospital, Acute rep
- Safeguarding Facilitator for Great Western Hospital, Community rep
- Independent Provider representatives
- Medvivo

The P&P subgroup's role is to ensure that the WSAB has appropriate safeguarding policies that enable it to maximise the outcomes for adults at risk in Wiltshire and reflect the diverse communities of Wiltshire.

In the past year there have been two events that have directly fed into the work of the P&P group. Firstly the Care Act came into force in April 2015 which extended the categories of abuse that would indicate a safeguarding investigation was needed and changed the focus of those investigations away from being process led to a person centred approach called Making Safeguarding Personal. As well as the changes brought in by the Care Act at the December meeting the Board took the decision to separate from a joint multi-agency policy with Swindon and to have a Wiltshire stand-alone policy.

During 2015/16:

- With the advent of the Care Act the previous guidance on safeguarding adults for providers called No Secrets Guidance became obsolete. The P&P group has updated this guidance in line with the changes and published Safeguarding Adults Staff Guidance. A copy of the updated guidance can be found on the council website and copies have also been distributed to partner agencies.
- The subgroup has drafted and had agreed an Information Sharing Protocol which details the responsibilities of all board members to share information within a safeguarding setting as fully and sensitively as possible.
- The sub group convened a task and finish group to draft a High Risk Behaviour Policy which is a multi-agency strategy for working with people who self neglect or have high risk behaviours that put themselves and potentially others at risk. This policy will be trialled with some cases in the near future.
- The P&P group have updated the multi-agency safeguarding adult's policy in line with the Care Act and the departure of Swindon from the policy.

In 2016/17 the group plans to:

- Continue to update the multi-agency safeguarding adult's policy guidance section for practitioners use
- Produce a policy for the management of Safeguarding Adults Reviews which have replaced the serious case review process in place prior to the Care Act
- Forge closer working links with colleagues on the Wiltshire Safeguarding Children's Board (WSCB)
- To review and complete the High Risk Behaviour Policy once the trial has taken place
- To review and update the Large Scale Investigation process for safeguarding investigations relating to providers and situations of potential institutional harm

Quality Assurance Subgroup

The Quality Assurance (QA) subgroup met six times in 2015-2016 (May, July, August, October, February and March and is attended by:

- Wiltshire Council (WC)
- Great Western Hospital FT community division
- Wiltshire Care Partnership, Royal United Hospital (representing the three local acute hospitals)
- Wiltshire Police
- Probation Service
- CCG NHS Wiltshire
- Healthwatch Wiltshire

The WC Safeguarding Team is represented at all meetings and the WC Senior Business Information Analyst attends to present the quarterly performance report.

In previous years the subgroup has focused on an analysis of the data report published by the SAT/WC. In 2015-16 the function of the group has extended to include Case File audits of service users who had been subject to the safeguarding process. An audit tool was assessed and then amended following discussion in the group. The tool was used twice and each time a report of the audit findings was shared with the board.

The findings of Case File audits were used at a workshop for the WC safeguarding triage team to enhance their understanding of the process, the need to closely manage the process and how the process impacts on agencies involved.

During 2015/16 the group successfully undertook:

- Two case files audits and shared a summary of findings and learning
- An audit of the previous year's self-assessment process showing that all agencies had improved their RAG ratings
- A review of the Wiltshire Care Partnership members survey of their experience of involvement in the safeguarding process

In 2016/17 the group plan to:

- Continue to develop the role of case file audit and review of ad hoc surveys
- Agree threshold guidance in relation to making safeguarding enquiries
- Lead a process of organizational self assessment using a new tool

6. Partner Reports

Wiltshire Council

- The Associate Director for Adult Care Commissioning, Safeguarding and Housing has senior level responsibility for safeguarding at Wiltshire Council and attends the board meetings
- The Head of Adult Safeguarding attends the board meetings and chairs the Board's Policies and Procedures Sub Group. This sub group has led on the drafting of a number of policies and procedures following the introduction of the Care Act
- The manager of the central Safeguarding Adults Team SAT attends three sub groups of the board
- The Council provided a quarterly Performance Report for Wiltshire Safeguarding Adults Board and also compiles and submits the annual data return to the Department of Health
- The Council has agreed to fund a new post of Safeguarding Adults Board Manager to further the work of the board
- The Council also funds a Business Support Officer (whose role is primarily to support the Safeguarding Adults Board)
- Currently the Council is the sole funder for the Safeguarding Adults Board and its sub groups

Safeguarding Adults at Wiltshire Council:

- During 2015/16 Maggie Rae, Corporate Director, was the Safeguarding Lead for Adults. On a day to day basis the Associate Director for Adult Care Commissioning, Safeguarding and Housing provided strategic direction and the Head of Adult Safeguarding and Quality Assurance takes on both operational responsibility for safeguarding functions and supports the Board's work.
- In addition, Councillor Jerry Wickham, in his role as Cabinet Member for Adult Social Care and Housing is the lead Member for adult safeguarding and a member of the Board.
- In Wiltshire's Business Plan 2013-17, one of the Council's three priorities is to 'protect those who are most vulnerable' and one of the 12 key actions for the coming four years is to continue to improve safeguarding services to protect the most vulnerable in our communities.
- Wiltshire Council wants to ensure that there are good links between Adult and Children Safeguarding. The Associate Director, Adult Care Commissioning, Safeguarding and Housing is a member of both Boards and we have adult service representation on the Prevention of Harm Sub Group, in addition to having a joint Communications and Publicity Task and Finish Group. The Chairs of the Safeguarding Adults Board, Safeguarding Children's Board, Children and Young Peoples Trust Board and Community Safety Partnership meet on a six monthly basis.

The Council's specialist Safeguarding Adults Team (SAT) currently has a team manager, one professional lead, three Level 4 Social Workers, four minute takers, a DoLS Co-ordinator and a Business Support Officer (whose role is primarily to support the Safeguarding Adults Board).

SAT has four principle functions:

- To 'triage' all new alerts coming into the Council, this being the route by which most safeguarding alerts are made
- To maintain a log of safeguarding investigations relating to providers so that any emerging concerns can be identified.
- To undertake individual investigations in circumstances where these cannot be carried out by operational teams
- To undertake large scale investigations, most of which relate to whole services such as care homes
- To offer advice and information on any matter pertaining to safeguarding to the third sector and in some circumstances members of the public.

The bulk of individual safeguarding investigations are carried out by our social work teams working in the fields of older people, disabled adults, learning disabilities and mental health.

2015/16

- There has been a large increase in incidents arising in services, particularly care homes where we are concerned about institutional abuse or neglect. The Council has implemented an internal quality assurance meeting and also takes part in county-wide and regional emerging concerns meetings to triangulate concerns and spot emerging concerns as they arise. The council's Quality Assurance Team has been successful in working with a number of providers to assist them to address issues around for example: inadequate polices; lack of person centered care; poor understanding of the use of the MCA and the process of raising and recording a safeguarding situation. In a recent audit of the service positive feedback from providers has evidenced that the support from this team has led to a prevention of situations escalating to the level where a Large Scale Investigation may be needed. The yearly data return for safeguarding investigations has evidenced that there has been a 50% reduction in the number of large scale investigations undertaken over the last 12 months.
- The Council has successfully implemented a robust system of case file audit internally for safeguarding investigations. This has evidenced some learning needs but has also highlighted that customers have felt supported throughout the safeguarding process and that this process has met their desired outcomes.
- The Council has trained a further 12 Best Interest Assessors under the Deprivation of Liberty Safeguard DoLS process and has engaged support from the operational teams with tackling the back log of request for authorizations.

Training

Breakdown of figures for safeguarding adults staff training within the year

Social care - taught induction programme Principles of safeguarding in health and social care (1 x day taught course)	New operational social care workers in Wiltshire Council (does not include support staff roles/ provider services)	3 courses	**Total 48**
Safeguarding awareness – e learning package; meets requirements of National Capability Framework for Safeguarding Adults (NCF) for staff group A – 'responsibility to contribute to safeguarding adults'	Any role in public services in Wiltshire; also available to service users, carers & volunteers – more in depth and specific to adult social care than below package		**62 completions**
Children and Adults Safeguarding awareness e-learning package (in house developed version)	All staff working for Wiltshire Council	Mandatory e-learning to **all new starts** across the whole council	**1913** completions (so far 36% of WC staff)
Safeguarding adults training (taught 1 x day) Staff group A (NCF) – responsibility to contribute to safeguarding adults	Direct care staff in registered or regulated services – independent sector	Course has been reworked – just starting to roll out updated course	5
Care certificate (taught 1 x day) Staff group A (NCF) – responsibility to contribute to safeguarding adults	Direct care staff in registered or regulated services – council or independent (care certificate)	2 x courses cancelled - expect numbers to be significantly higher next year	13
Staff group B (NCF) – Considerable professional & organisational responsibility for	Managers and senior workers in registered/regulated services – independent	-	36

safeguarding adults (taught ½ day)	sector & council		
Investigating Officer (1 x taught day) 1 day Foundation course to get Investigating Officers up and running in the role	New Investigating Officers	-	26
Full Investigating Officers course (taught x 3 day) covering adult protection legislation, procedures and processes	Investigating Officers	-	18
Best Interest Assessor Full award	Experienced Social Workers	2 courses	12
Best interest assessor Refresher training 1 x day taught training	Best Interest Assessor		45
Investigating Officer updates 2 hour regular update & CPD sessions – led by SAT	Experienced Assessor Investigating Officers/ Investigating Managers	Sessional attendance	324
Investigating Manager training (taught 1½ days)	New Investigating Managers		30
AMHP update – MCA/legal updates		2 courses	37

Plans for 2016/17:

- Further embed the Making Safeguarding Personal agenda in the work of the safeguarding processes followed within the council.
- Undertake a review of the central safeguarding teams triage service to ensure that a comprehensive approach to all alerts is further embedded in practice throughout the council.
- Further extend the training within the Council on Safeguarding Adults and through the provision of some extra resources extend this to include regular peer supervision sessions.
- Continue to work towards managing the back log of assessments under DoLS by training additional best interest assessors in the operational teams and increasing the capacity of the DoLS service.
- Forge closer working relationships between the safeguarding adults and safeguarding children's services within the council
- Recruit to the newly created post of Safeguarding Adults Board Manager

Wiltshire DoLS Service

DoLS applies to individuals aged 18 + in care homes or hospitals registered under Health & Social Care Act 2008 (Pathway 1) or in supported living / live in care / Shared Lives arrangements (Pathway 2) identified as lacking capacity to consent to remain and at risk of being deprived of their liberty in order to protect them from harm.

Application is made by the Managing Authority (hospital or care home manager) to Supervisory Body (local authority).

The Local Authority must provide a Best Interest Assessor (BIA) to decide whether

- a deprivation of liberty is taking place
- it is in the person's best interests
- It is in order to protect the person from harm and
- It is a proportionate response

Acid Test
Supreme Court case of Chester & Cheshire West (2014) lowered the threshold for deprivation of liberty. There are now three questions to consider:

- Does the person have capacity to make their own decisions about where they should be accommodated for the purpose of care and treatment? If not, then consider the 'acid test' set out in 2. and 3:
- Are they subject to continuous supervision and control AND
- Are they free to leave

This change in the law broadened the eligibility criteria for people being deprived of their liberty in a residential setting. Due to this broadening of the eligibility criteria the DoLS service has received a 10 fold increase in referrals and has had great difficulty in keeping up with the influx. As a direct result of this there are now a high number of assessments waiting to be completed.

How has the DoLS Service been strengthened to cope with the increase in requests for authorisations?

Over the last 18 months the DoLS service has grown in capacity by the addition of a professional lead and 2 fulltime Best Interest Assessors (BIAs) as well as two additional staff assisting with the complex admin process required for each authorisation. Over the last year there have been secondments to the team of BIAs from operational teams in order to reduce the waiting list. Those secondments have now come to an end.

In addition to this, 20 social workers in operational teams have been trained as BIAs and a rota has been put in place to enable them to complete 6 assessments a year. Unfortunately due to the pressures in the operational teams the BIAs are not always able to fulfil their commitment to assess. The waiting list has increased and the Council has agreed to fund a further 2 permanent BIAs and 3 seconded posts to the DoLS service to tackle the back log of assessments.

A process of prioritising assessments from the waiting list has been put in place. Priority is given to requests where the person is objecting to their care and placement; where there are current safeguarding concerns; where there is an absence of someone with whom to consult, as part of the assessment process and if the person is being accommodated in hospital AND subject to any of the above.

Ongoing, due to the high number of referrals and the waiting list for those already needing assessment, the service will struggle to reduce the number of unallocated assessments. This is very much a national problem with all Local Authorities facing the same difficulties. The board is aware of a report expected later this year from the Law Society advising on possible changes to the DoLS process which will better streamline the process. It is hoped this will enable all vulnerable adults in situations where they have potentially been deprived of their liberty to have those arrangements assessed and an authorisation granted in a timely way.

Wiltshire Community Safety Partnership – Domestic Abuse

The overarching governance for Domestic Abuse (DA) reduction is cited within the Wiltshire Community Safety Partnership. Domestic Abuse has been identified as a priority within the Community Safety Strategic Assessment linked to (the JSA).

The responsibility for delivery and implementation of the current Pan County Domestic Abuse Strategy sits with the Joint WCSP and WSCB DA reduction sub group. This sub group is chaired by the Public Health Consultant lead for DA. Additionally, this area of business overviews the safeguarding arrangements for the Wiltshire Multi-Agency Risk Assessment Conference (MARAC), supports the commissioning of specialist support services for victims of DA, as well as monitor the implementation and compliance against the actions identified from the commissioned Domestic Homicide Reviews in Wiltshire.

Wiltshire adopted MARACs in July 2007, although not on a statutory footing they are recommended by the Home Office as good practice to facilitate a multi-agency response to high risk domestic abuse. It provides a forum for sharing information and taking action that will reduce harm. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will make links to other fora to safeguard children, as well as manage the behaviour of the perpetrator. MARACs are outcome focused. Attendance is by key agencies from the statutory and voluntary sector to produce co-ordinated action plans.

In 2015-16, the Wiltshire MARAC has continued to witness an increase in the volume of referrals being received into its safeguarding arrangements to support victims and their families at greatest risk of DA in the county. There were 496 high risk referrals received during 2015-16, which is a further 10% (+72) increase on 2014-15; of which 23% were repeat victims. 624 children were recorded in the household at the time of a high risk referral to MARAC. Wiltshire has continued to record higher than the national average for Partner Agency referrals, with 40% recorded in 2015-16, this is reflective of the multi-agency rolling training programme for MARAC, risk assessment and referral pathways.

2014-15	North/West Wiltshire	East/South Wiltshire	WILTSHIRE
Referrals received	299	197	496
Repeat Victims	59 (20%)	39 (20%)	99 (20%)
Children in household	371	271	624

Anti Social Behaviour Update

The anti-social behaviour risk assessment conference (ASBRAC) is a multi-agency meeting that reviews ASB cases in a holistic approach. ASBRAC utilises a wide range of partners including Police, Housing Providers, Schools, YOT, Victim Support, Children & Families, Adult Social Care and Mental Health to name a few. The outcomes of the conference include supporting victims through emotional and practical assistance. As well as offering to perpetrators supportive interventions, informal enforcement measures and in the most extreme of cases court based action to prevent their ASB.

April 15-March 16

	North	South	Total
Cases	62	68	130
Victims	60	106	166
Offenders	82	97	179

Multi-Agency Public Protection Arrangements (MAPPA)

There are three categories of offenders who will be subject to MAPPA:

- Registerable sexual offenders, regardless of the sentence they received (Category 1)
- People convicted of a violent or other sexual offence (even if nobody was actually hurt), who are not registerable sexual offenders, with a 12 month or more prison sentence or hospital order, for a schedule 15 offence (Category 2)
- Offenders who do not fall into either of the above categories, but are considered by the authorities to pose an on-going risk of serious harm to the public based on their past behaviour (Category 3).

Some of the cases referred from duty to cooperate agencies such as health, adult care and children's services would include Category 3 offenders.

The operation of MAPPA relies on component bodies working through an agreed process with MAPPA eligible offenders, making provision as needed for particular groups, subject to regulation and review. Offenders are managed at one of 3 levels depending on the extent of agency involvement needed and the number of different agencies involved.

During the period of 1/4/15-31/3/16, the number of Level 2 MAPPA meetings held was 134. There were 4 Level 3 meetings held. Some of the meetings will have related to the same individual by way of reviewing risk management plans and ensuring all actions were completed by agencies involved in the overall management of the case. The average number of cases subject to MAPPA at any one time during this period was 31.

Snapshot on 1/7/16 for MAPPA eligible cases

MAPPA Category	In the community	In HMP	Totals:
Category 1	565	173	738
Category 2	149	186 HMP/ 59 MHA	394
Category 3	4	4	8
TOTALS:	718	422	1140

Prevent

The threat we face from terrorism is real, and the Prevent strategy recognises that we can't arrest our way out of the problem. The Prevent Strategy therefore aims to stop people becoming terrorists or supporting terrorism.

The focus of Prevent is on the significant threat posed by international terrorism and those in the UK who are inspired by it. But it is also concerned with reducing threats, risks and vulnerabilities posed by domestic extremists such as those from the far right and far left, extreme animal rights activists and those involved in Northern Irish related terrorism. Prevent is supported by three objectives:

- Responding to the ideological challenge of terrorism and the threat we face from those who promote it (ideology).
- Preventing people from being drawn into terrorism and ensure that they are given appropriate advice and support (individuals).
- Working with sectors and institutions where there are risks of radicalisation which we need to address (institutions).

Prevent is not a Police programme. It needs the involvement of local authorities and a wide range of other organisations.

Safeguarding Children and Vulnerable Adults from Radicalisation and Involvement in Terrorism
Vulnerable people, including children, young people and vulnerable adults can be exploited by people who seek to involve them in terrorism or activity in support of terrorism.

There is agreement across the Wiltshire Community Safety partnership and wider partners that this is a safeguarding issue. There is a multi-agency approach to protect people at risk from radicalisation which is called 'Channel'. This approach uses existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children and youth services and offender management services), the police and the local community to:

- Identify individuals at risk of radicalisation or involvement in terrorism.
- Assess the nature and extent of that risk.
- Develop the most appropriate support plan for the individuals concerned.

Channel is about safeguarding children and adults from being drawn into involvement in terrorism. It is about early intervention to address vulnerabilities, and divert people from harm.

Alcohol
Alcohol problems are widespread across the UK. Whilst it is difficult to accurately record levels of alcohol consumption and drinking behaviours; it is estimated there are 18,000 drinkers showing signs of dependence (aged over 16 years) in Wiltshire. Further estimates suggest there are over 106,000 people in Wiltshire classified as drinking at 'increasing' or 'higher' risk levels. The Wiltshire Alcohol Strategy 2014-2018 sets out an approach for tackling alcohol consumption through four themes:

- Prevent adults and young people from harming themselves and others by improving knowledge about the risks of hazardous drinking.
- Intervene by providing better services to help people who have problems as a result of alcohol misuse, as well as their families or carers.
- Take enforcement action against those committing alcohol related crime and anti-social behaviour.
- Provide effective rehabilitation programmes for those within the criminal justice system.

Avon and Wiltshire Mental Health NHS Partnership Trust (AWP)

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) has been a member and regular attender to the Wiltshire Safeguarding Adult Board through 2015/2016. It has also supported the WSAB sub-committees during the year

AWP provides mental health services, including talking therapies, to adults of all ages in the Wiltshire area who have mental illness. These include inpatient services, community services and a range of services working with primary care and acute hospitals to assess and support the care of people with mental health problems there.

The Trust has an Executive Director lead (Director of Nursing and Quality) and a Head of Safeguarding with responsibility for both adult and children's safeguarding. The Wiltshire Clinical Director is the senior manager holding responsibility for delivering and developing safeguarding practice within the locality.

Localities provide a report to the Trust on a rolling monthly 9 monthly basis on safeguarding, including assurance and performance reporting, and referencing any service and action plans in regard to safeguarding, as well as setting out challenges to safeguarding in the locality.

An annual safeguarding report from the Head of Safeguarding and Executive Lead is made to the Board, which incorporates an annual report from all localities, including from the Wiltshire Clinical Director on local actions and delivery of adult safeguarding in practice.

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

- Introducing modular guidance on adult safeguarding, incorporating the impact of the Care Act 2014 and Think Family principles.
- Delivering and recording regular supervision to all staff, including safeguarding supervision
- Developing and extending access to Health Places of Safety
- Delivery of a Trust wide action plan delivering the Lampard Report recommendations
- Improving training rates, and delivering extended safeguarding training on domestic abuse and Prevent to practitioners
- Reviewing the Trust policies to reflect DBS and Care Act 2014 changes in relation to allegations management
- Actively supporting the support effective information sharing and access to Caldicott Guardian advice
- Undertaking a staff survey of adult safeguarding and MCA/DoLS
- Launching of the Trust wide Safeguarding Supervision Tool.

This year has seen the high level of staff trained to safeguard adults maintained, with 92% of staff trained at levels 1 and 2 (as of the 31/3/2016).

2016/17
The key Trust objectives for 2016/17 are:

- To further amend RiO electronic report to ensure effective safeguarding recording and reporting, and management oversight
- To develop and implement a strategy for personalisation of adult safeguarding
- To develop guidance and support on sexual exploitation and modern day slavery
- To introduce an extended adult safeguarding and MCA service in the Trust, with locally focused Named Professionals
- To manage continuing increased demand for safeguarding activity, including safeguarding cases management and enhanced safeguarding governance activity with safeguarding partnerships and commissioners
- To introduce a system for regular case audit of safeguarding adult cases to ensure compliance with regulatory, commissioning and WSAB policy and procedural standards

Carers Reference Group

The Carers Reference Group was established in order to identify the real-life situations carers associate with daily. There are 15 members each of who look after either children, parents, spouses, other family members and neighbours and bring immense experience to the group. Currently there are two group members attending the quarterly board meeting of the WSAB.

These daily real-life situations and experiences often become areas of concern and are therefore discussed, usually resulting in ideas on how to help a Carer cope with or resolve that particular issue easier and safer. The group receives talks from other relevant groups and agencies receiving advice and latest news, which is both interesting and informative. In 2015/16 talks were given by Healthwatch Wiltshire, Safeguarding Adults Team and the New Carer Strategy Team at Wiltshire Council.

Current hot topics and on-going projects:

- Communication; letters received from the council, agencies, hospitals and legal documents.
- Assistance upon being discharged from hospital.
- Help for those who are self funded.
- The opportunity for a separate reference group to help edit the Carers Handbook.
- Several group members have been invited to talk to medical staff and students about life as a Carer. Feedback on these talks has been very positive with more invites received for the coming months.

Clinical Commissioning Group - NHS Wiltshire

NHS Wiltshire Director of Quality represents the CCG at Wiltshire Safeguarding Adults Boards (WSAB) and the Associate Director of Continuing Healthcare and Adult Safeguarding also attends WSAB.

NHS Wiltshire CCG's Head of Safeguarding Adults is a member of several WSAB sub-groups including the Policy and Procedures; Learning and Development and Quality Assurance subgroups as well as participating in a number of Task and Finish groups.

Wiltshire CCG is accountable to NHS England (NHSE) and the "Safeguarding Vulnerable People in the NHS – Accountability and Assurance" July 2015 sets out the safeguarding roles, duties and responsibilities of organizations commissioning NHS healthcare, in accordance with responsibilities set out in the Care Act 2014.

In accordance with this framework, NHS Wiltshire CCG has developed clear governance and accountability arrangements which comply with the expectations within the National Framework.

- The CCG Board is responsible for the overall safeguarding of vulnerable people for whom they commission services.
- The Chief Officer is accountable and responsible for ensuring that the CCG's responsibilities to safeguard and promote the welfare of adults with care and support needs are effectively discharged.
- The Director of Quality, as executive lead for safeguarding, shares this responsibility.
- The Associate Director Continuing Healthcare and Adult Safeguarding has strategic responsibility for Safeguarding Adults.
- The Head of Safeguarding Adults and Mental Capacity Act lead is the CCG's operational lead and is responsible for working with commissioned services to ensure they are meeting their contractual and statutory Safeguarding Adults responsibilities. The Head of Safeguarding Adults also supports safeguarding investigations where the abuse is alleged to have occurred in relation to NHS funded care.
- Safeguarding Adults is a standing agenda item on the NHS Wiltshire CCG Quality and Clinical Governance Committee. Quarterly reports to this committee provide detailed updates.
- The CCG carries out a programme of announced and unannounced Quality Assurance visits throughout the year which include Adult Safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Safeguarding Adults activity is an agenda item at each quarterly Clinical Quality Review Meeting (CQRM) between the CCG and commissioned health providers and any outstanding concerns are addressed via the contract and performance meetings.
- NHS Wiltshire CCG has a Commissioning Policy for Safeguarding Adults which sets out roles and responsibilities across the organisation. This includes responsibilities related to commissioning and contract management.

- The CCG has robust schedules which accompany the NHS Standard Contract for all commissioned services. The Adult Safeguarding Schedule clearly identifies expected standards for Providers and these are closely monitored through quality and performance meetings. Work has continued throughout 2015/16 on the Adult Safeguarding Schedules in preparation for 2016/17. This has involved updating and revising the schedules in line with the latest guidance and national reports. A set of key performance indicators are included in this Schedule.
- Providers are expected to provide quarterly reports in relation to adult safeguarding to support this monitoring. This may include updates on national reports such as the Lampard report. Reporting was monitored via the quarterly Clinical Quality Review meetings.

2015/16

- The process to align NHS Wiltshire Serious Incident processes has been embedded during 2015/16. This has led to the most appropriate health professionals contributing to safeguarding investigations.
- The Head of Safeguarding Adults met with, and provided supervision to, adult safeguarding and MCA Leads within provider organizations. The purpose of these meetings is to develop practice and share learning.
- The CCG has undertaken a project to scope the number of NHS funded patients who are potentially being deprived of their liberty within domestic settings. This work will inform the management plan which is in development for 2016/17.
- The CCG attends the regional NHS England Quality Surveillance Group and embedded a local QSG during 2014/15. This group meets bi-monthly and has representation from CQC, Wiltshire Council and Healthwatch. All providers of concern are discussed at the meeting and appropriate actions identified, implemented and reviewed.

Staff training

No. of CCG staff who have completed Safeguarding Adults Level 1	83
No. of CCG staff who have completed Safeguarding Adults Level 2	10

NHS Wiltshire CCG also monitors provider compliance against expected training targets particularly in regard to Adult safeguarding, Mental Capacity Act, Deprivation of Liberty and Prevent.

2016/17

- A key objective in will be to establish a smooth transition of governance arrangements for Primary Care in preparation for fully delegated responsibility in 2017/18.
- To gain assurance and support providers to further develop and embed the NHS Intercollegiate document which identifies key knowledge and skills in relation to adult safeguarding.
- To review the CCG web page and internal staff intranet to ensure that up-to-date and appropriate Safeguarding Adults information and resources are provided
- Review Adult Safeguarding training for CCG staff in line with the intercollegiate guidance and incorporate WRAP3 e-learning package to all identified CCG staff.
- Complete and embed the CCG Prevent policy.
- Continue to work with the Children's Commissioner to ensure that young people approaching transition are identified at an early stage and that the principles of the MCA and DoLS are appropriately applied.

Community Rehabilitation Company (Bristol Gloucestershire Somerset & Wiltshire)

Bristol Gloucestershire Somerset & Wiltshire Community Rehabilitation Company (BGSW) works with low and medium risk of harm offenders in prison and the community. As such our work involves working with perpetrators of harm, especially domestic violence, to protect vulnerable victims. Many of our service users are vulnerable because of mental health, learning disability and substance abuse issues. It is important that as an organisation we support them as vulnerable adults, whilst also challenging their attitudes and encouraging law abiding and prosocial behaviour.

The Head of Wiltshire Local Delivery Unit has responsibility for all Safeguarding and represents the CRC on the WSAB. Two middle managers have operational responsibility to ensure the needs of all vulnerable service users are assessed and individualised support offered.

2015/16
BGSW's joint project with Sequol to ensure Service users with autism receive the assessment and service delivery they need continues to attract national attention; staff involved received a commendation from the Butler Trust and attended a ceremony with HRH Princess Anne in 2016.

Training
In Wiltshire, 11 staff have attended a full day of our tailor made training for working with vulnerable adults in a criminal justice setting.

2016/17
Our organisation continues to evolve rapidly; new ways of deploying staff and delivering core operational services will roll out in 2016/2017. Amid these changes, we will continue to ensure that our staff is appropriately trained and that the needs of the vulnerable people with whom we work are fully recognised and relevant support is offered.

Dorset & Wiltshire Fire and Rescue Service

Wiltshire and Dorset Fire Services combined on 1st April this year to form 'Dorset and Wiltshire Fire & Rescue Service' and we remain committed WSAB partners. Our new Service Safeguarding policy and procedures have now been put into effect following our combination.

Key points to note are:

- We now have a designated Safeguarding role within the Service:
  Jo McGowan, Safeguarding Co-ordinator
  Tel: 01722 691267 Mob: 07990 950391 Jo.mcgowan@dwfire.org.uk

- We also now have a dedicated team of Designated Safeguarding Officers spread throughout the new Service. These are a cadre of people from different departments who have received enhanced safeguarding training. They will act as advisors when a safeguarding/vulnerability issue is identified. We are now in the process of developing further bespoke training for all our Safeguarding Officers and other Key staff within the organisation such as Safe and Well advisors.

With regards to Partnership, we now have a new Head of Prevention and a significant part of their role will be around further developing our Partnership working across both counties and also developing other community engagement projects such as SAIL (Safe and Independent Living) which is operating in the Swindon Borough and our Warm & Safe programme, our partnership with

Wiltshire's Public Protection, which includes teams of advisors identifying vulnerable adults in our community and providing advice, support and signposting.

Additionally, which may be of interest, organisationally, we are mindful of the risk of PTSD to our Operational Staff. We have now embarked on a programme called TRiM (Trauma Risk Management) which is an early intervention process that identifies employees at risk of or showing early signs of PTSD, then signposts them to professional support.

Great Western Hospitals Foundation Trust

GWHFT has attended all board meetings during the year as well as the development session in December. GWH has contributed at all these events including chairing part of the September meeting, whilst the new chair was in his induction period.

GWHFT also chair the Quality Assurance sub-group and provided update reports for each board meeting. The sub-group is now well attended and has carried out two case file audits on behalf of the board.

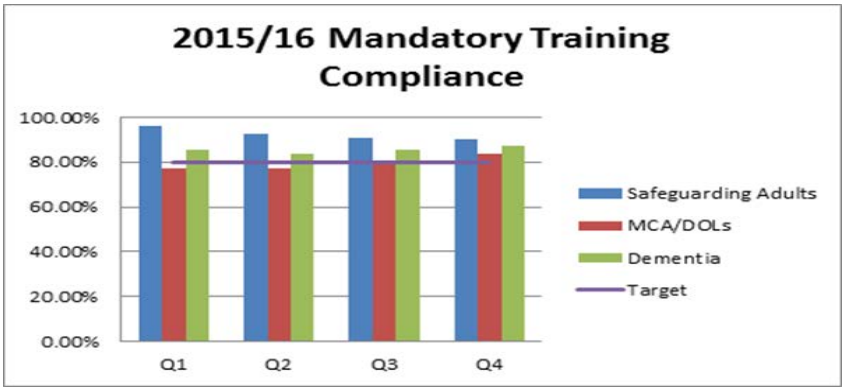
The safeguarding structure at GWHFT has developed over the year with clear accountability to the Chief Nurse. There are now two safeguarding teams, one for the acute site and services and one for community sites and services. Each is led by a senior clinician who works with a safeguarding lead who provides subject specialist advice and leadership to the trust as well as to staff.

2015/16

- The appointment of a senior matron to lead the acute based safeguarding team.
- The approval of a trust wide training strategy for safeguarding – 'The Golden Thread'
- Development of a Safeguarding database giving the Trust the ability to operate one system for the recording, reporting and analysis of Safeguarding data
- Three audits led by the safeguarding teams on safeguarding, MCA and DoLS. These audits are informing the 16-17 audit plans and the Trust safeguarding work plan.
- The community services have developed a structure of Practice Influencers in all teams. This model adds resilience in terms of safeguarding specialist knowledge and guidance available to staff

Training

The chart below identifies the Trust wide level of training compliance in 2015/16. The generic Trust Mandatory training compliance threshold is 80%. GWH is currently compliant against this threshold.



2016/17

Acute site and services

- Further build on a culture where Safeguarding is seen as 'everyone's business'
- Further development of processes and procedures to ensure that all patient facing contact actions are underpinned by the principles of the MCA (2005)
- To continue implementation of the Trust Safeguarding adults at risk training strategy
- To further develop internal assurance in relation to Trust processes. The Trust safeguarding audit schedule will provide the evidence to drive forward any changes required
- Full utilisation of the Safeguarding reporting system (Ulysses system)
- Explore the use of technology to promote and educate in relation to raising awareness and staff practices
- Increase opportunities for partnership working
- Undertake service improvement projects relevant to the Safeguarding agenda
- Development of Safeguarding operational group to influence care delivery at ward and department level

Community sites and services

Community services key plans relate to 1st July when community services will be delivered by a new joint venture between GWH, SFT and RUH. The new organisation will be called Wiltshire Health and Care (WHC). The plans include

- Amend all policies and procedures related to safeguarding.
- Agree an adult safeguarding team for WHC, to include how this team also supports those community services delivering care to Children.
- To fully implement the Golden Thread training Strategy
- To work with Virgin Health Care, providers of children's services across Wiltshire, in order to develop pathways of care to support transition.
- To develop systems, documentation and processes to support staff to deliver care in the appropriate legal framework and to record this so that reporting is accurate and detailed, so that reports are available for the board of WHC.

Healthwatch Wiltshire

Healthwatch Wiltshire is the statutory patient and public champion for health and social care. We have a place on the WSAB and use this place effectively to challenge and support the WSAB to engage with service users and consider the real life experiences of vulnerable adults. During the year our contribution has included:

- Worked with the chair on a proposal for the Board on how to consult with the local community on its strategic plan
- Participation in the selection process for the new independent chair of the WSAB
- Preparation of an accessible version of the WSAB's strategic plan
- Engagement with service user and carer reference groups on the draft accessible version of the strategic plan
- Engagement with service user and carer reference groups on our work about 'carers in crisis' – particularly considering any safeguarding implications
- Chairing of the WSAB's learning and development subgroup which has included working alongside partners on the refreshed learning and development plan for Wiltshire
- Contributed to the task and finish group on 'high risk behaviours'

As an organisation Healthwatch Wiltshire has an important role in respect to safeguarding. Local Healthwatch was created through the Health and Social Care Act 2012 to provide a stronger voice for patients, service users, and the wider community. In its vision for Adult Social Care, the Government said that it wants to encourage local communities to be 'the eyes and ears of

safeguarding, speaking up for people who may not be able to protect themselves'. Healthwatch can play an important part in all this.

Through our engagement work in local communities we talk to people who are using health and care services. We also work closely with local charities and voluntary sector organisations to learn about the experiences of their members and service users. This information helps us to understand the experience of local people using health and care services both good and bad and we reflect this back to commissioners, providers, and the Care Quality Commission. Whenever there are safeguarding (or potential safeguarding) concerns then these are immediately referred.

In addition to our engagement activity, Healthwatch Wiltshire takes a proactive role in monitoring the quality of local services. This includes keeping abreast of all quality reports produced by the Acute Trusts, other providers, and the Care Quality Commission. Further, we regularly review the issues raised to us by local people to see if there are any trends or areas for concern. We have a relationship with the local provider for NHS Complaints Advocacy so that anonymised information can be shared. We call this 'quality surveillance' and it helps us to fulfil our statutory role.

2015/16
Our annual report for 2015/16 is published on our website http://www.healthwatchwiltshire.co.uk/ . Highlights have included:

- Working with voluntary sector partners to understand real life experiences of living with dementia and reflecting this back to commissioners
- Engaging with patients and service users in health settings to find out about their experiences
- Working with partners on NHS complaints handling so that local people have a better experience
- Participating in the NHS England and also the Wiltshire Quality Surveillance Group which gives us an opportunity to raise concerns
- Working with Wiltshire Council on the launch and development of a new health and care information website called Your Care Your Support Wiltshire

Training
During 2015 the staff team (8 staff) had a development day which included a session on safeguarding which was delivered by a Safeguarding Manager at Wiltshire Council. Refresher training on safeguarding is planned for all volunteers, directors, and staff in 2016 (approximately 50 people).

2016/17
Healthwatch Wiltshire intends to continue to contribute to the work of the WSAB particularly in respect to understanding the real life experiences of vulnerable adults in the context of 'making safeguarding personal' and people's right to choice and control over their own lives.

NHS England (South Central)

NHS England (NHSE), as with all other NHS bodies, has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children, young people, and vulnerable adults. From a safeguarding assurance responsibility perspective, NHSE South Central team ensures it is appropriately engaged in the Local Safeguarding Boards and any local arrangements for safeguarding both adults and children, including effective mechanisms for LSCBs, SABs and health and wellbeing boards to raise concerns about the engagement and leadership of the local NHS if indicated. This work is in line with the duties and approach set out within the NHS England Safeguarding Policy (2015).

The key challenge for the NHSE South Central Nursing team is satisfactorily servicing our geographical area with a limited resource of personnel. The South Central Area consists of 14 CCGs from Gloucestershire to Buckinghamshire. This effectively equates to eight SABs (and twelve LSCBs) to meaningfully engage with. This is currently done via an informed risk approach based on regulatory ratings and CCG/Health representation, alongside any location specific issues such as CSE or FGM concerns.

The NHSE Safeguarding function for both adults and children is placed within the Nursing Directorate which holds an oversight role for Safeguarding, Quality and Safety and for Patient Experience across the South Central Clinical Commissioning Group (CCG) NHS System.

During 2015/16 the team faced capacity restrictions due to an organisational restructure and delays in recruiting into key posts. In December 2015 a new assistant director of nursing responsible for safeguarding was appointed and with the safeguarding lead gives increased capacity to deliver the required organisational functions.

2015/16
NHSE has during 2015, updated and published a new edition of Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, and updated guidance on Managing Allegations against Staff.

Our work contributes to public assurance that safeguarding services within the health system are subject to due oversight and direction. The dissemination of key learning, best practice directives and the benefits of professional networking and support contribute to the quality of health service safeguarding within the region.

Training
NHS England is not a patient facing organisation but has introduced a mandatory training requirement for all staff to complete a basic awareness course in safeguarding both adults and children. Safeguarding staff have trained at the appropriate level according to guidance which includes safeguarding adults, MCA and Prevent training.

2016/17

National Priorities:
- FGM
- Embedding MCA
- PREVENT
- Care Act 2014
- Modern Slavery
- Care in Care homes
- Quality and Safety of learning disability services

Local Priorities:
- Learning from SCRs & DHRs
- Safeguarding Boards presence
- Learning from the Primary Care Safeguarding Assurance audit

Royal United Hospitals Bath NHS Foundation Trust (RUH)

The RUH contributes to the Wiltshire Safeguarding Adults Board (WSAB) with Executive representation from either the Director of Nursing and Midwifery or the Deputy Director of Nursing, Quality and Patient Safety. There is RUH representation at the Quality Assurance sub group, which is attended by the Senior Nurse, Adult Safeguarding and the Trust Lead for Quality Assurance. The Senior Nurse Adult Safeguarding has also participated in the development of some policies.

The Director of Nursing and Midwifery is the Executive Lead for Adult Safeguarding within the Royal United Hospitals Bath NHS Foundation Trust (RUH), supported by the Deputy Director of Nursing, Quality and Patient Safety. The adult safeguarding team has continued to develop the support for clinical staff raising concerns.

Assurance relating to adult safeguarding, Mental Capacity and Deprivation of Liberty Safeguards is provided to the Trust Board by the Safeguarding Adults Committee via the Operational Governance route. The Safeguarding Adults Committee is a multi-agency Committee chaired by the Deputy Director of Nursing, Quality and Patient Safety.

Safeguarding Adults Team
The Safeguarding Adult team consists of 1.8 WTE registered nurses with the support of a 0.8 WTE administrator. When the team receives a concern they review the patient and/or their medical records on the ward and gather the initial information as requested by the Local Authority safeguarding teams. The RUH team provide an immediate response for advice and support to all staff by being available via the bleep system. Each operational safeguarding lead maintains a patient caseload. The Safeguarding Adult team regularly undertake case reviews to support safeguarding processes that have been convened in the community following an episode of care in the RUH, providing the Chair with background information to supplement the process. The team represent the RUH at safeguarding strategy and planning meetings held at the RUH and on occasions at external meetings.

Safeguarding Adults Network
The network was established in January 2015; the key objectives of the network are to support practitioners by ensuring lessons learnt from Safeguarding Adult Reviews (SARs), and Serious Incidents shared, discussed and learning disseminated by the Practitioner members. The safeguarding leads identify and discuss cases to disseminate examples of good practice. Provide membership with consistent information related to organisational priorities related to safeguarding adults.

2015-16

Safeguarding
- Adults and children's safeguarding teams are now co-located and provide a single point of contact for all safeguarding enquiries.
- Developed support material for clinical staff in preparation for CQC inspection.
- Implementation of feedback form to the wards following a safeguarding concern being raised by the ward.
- Stop Adult Abuse Week – team had information stand for staff with the theme being domestic violence and abuse.

IDVA

- Supported the Independent Domestic Abuse Advisor (IDVA) project within Trust.
- Domestic Violence Awareness Week – supported IDVA with information stand for staff and visitors.

Mental Health Co-ordinator

- Supported the Mental Health Co-Ordinator project within the Trust. Key objectives of this project are to support the wards managing patients with challenging behaviour and developing training programmes for RUH staff.

Prevent

- Established and launched 'PREVENT' training programme in conjunction with Prevent with information published "In the Week" and information stand in the hospital.

Policies

- Developed and published the following policies/guidelines:
    - Covert Medication (incorporated into Non Concordance with Treatment and Care Policy)
    - PREVENT Policy
- Revised and published:
    - Safeguarding Adults Policy in line with Care Act Guidance

Electronic Forms & Documentation

- Developed and implemented electronic version of Deprivation of Liberty Safeguards authorisation forms.
- Refreshed Trust safeguarding adult's webpage.
- Introduced a Specific Needs document for patients with a learning disability.

Training

- Achieved 90% compliance for Level 1 training.
- Increased Level 2 training compliance to 84%, on target to achieve 90% trajectory target by August 2016.
- Achieved 100% compliance for Level 3 training.
- Developed Level 1 and Level 2 eLearning safeguarding adult programmes.
- Developed Safeguarding Induction and update training day to include Safeguarding Adults and Children's Level 2, Mental Health Awareness, Learning Disabilities Awareness, Domestic Violence Awareness and PREVENT for clinical staff who have face to face contact with patients.
- Provided ward based training for Deprivation of Liberty Safeguards Process.

Subject	Target Compliance %	Q1 %	Q2 %	Q3 %	Q4 %
Level 1 Safeguarding Adults	90	88.22	87.49	87.60	90.01
Level 2 Safeguarding Adults	90	67.38	72.02	78.01	84.34
Level 3 Safeguarding Adults	90	100	100	100	100
MCA & DoLS Awareness	90	71.69	74.69	78.48	84.16

Objectives for 2016-2017:

- To meet training targets for level 2 Safeguarding Adults as per our agreed trajectory.
- To review and build evidence for Care Quality Commission Fundamental Standards Outcome 13.
- Work with Trust Head of Security in regards to restrictive practices Trust wide ongoing NICE Guidance.

- Working closer with Named Nurse for Children and Named Midwife particularly in relation to Domestic Violence and Abuse.
- Map current position against recently published NHS England Intercollegiate Document (competency framework for healthcare staff).
- Make recommendations following above mapping process.
- Establish flagging system on Millennium for identifying patients with high risk associated with safeguarding eg. on a safeguarding adult protection plan
- Develop electronic version for Independent Mental Capacity Advocate (IMCA) referral.
- Develop electronic version for staff to raise Safeguarding Adults concerns.
- Share learning from Domestic Homicide Reviews.
- Develop and publish allegations against Staff Policy.
- Provide training to support above policy for managers & HR business partners
- Further development of the Safeguarding Adults Practitioner Network.
- Implement learning from Learning Disabilities Quality Check programme.

Salisbury NHS Foundation Trust

- The Director of Nursing is the Trust's Executive Lead for both Safeguarding Adults at Risk and Children. The Deputy Director of Nursing has operational responsibility for Safeguarding Adults, and represents the Trust on the WSAB.
- The Safeguarding Adults at Risk/ MCA Lead Nurse is a member of the Learning and Development Sub-Group. The Safeguarding Adults at Risk Lead Nurse is responsible for supporting staff to practice in line with Safeguarding Policies & Procedures and for increasing awareness about making safeguarding personal within the Trust and for promoting multi-agency working. The Named Nurse for Safeguarding Children and Safeguarding Adult Lead Nurse share attendance at the bi-monthly Wiltshire Multi Agency Risk Assessment Conferences (MARAC).
- Safeguarding Assurance is managed via the Integrated Safeguarding Committee, Clinical Risk Group and Clinical Governance Committee and reported quarterly to commissioners in line with the safeguarding contract schedule.

2015/16

- Identified Safeguarding Champions in all clinical areas and bi-monthly training workshops in progress
- CQC Inspection: "*Consent and knowledge of the Mental Capacity Act was good, however the recording of this needed improvement. There was a good understanding amongst staff of the Deprivation of Liberty Safeguards and when to apply them. Training and guidance was available and staff were aware of who to contact if they needed any advice for support*. **"**
- Safeguarding - "*There were systems, processes and practices in place that kept patients safe which were understood and implemented by staff. The trust had a safeguarding policy which identified the roles of key, senior personnel and their responsibilities in ensuring the hospital complied with relevant legal and statutory requirements."*

Training

At the end of March 2016 85% of staff had received Safeguarding Adults training, and 70% of identified staff had completed MCA training

Objectives for 2016/17

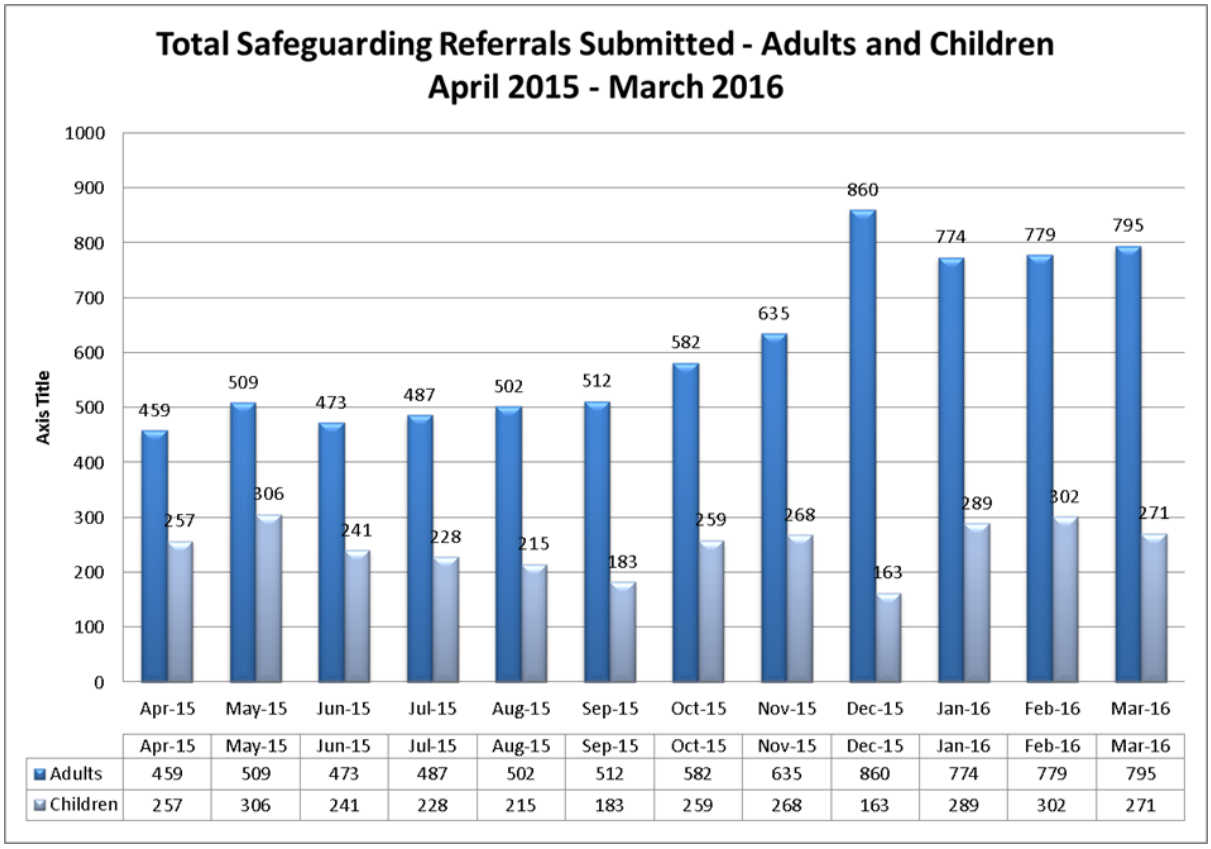
- Continue with developing the Safeguarding Champions
- Implementation of new Safeguarding Adult and MCA eLearning packages
- Closer working between Safeguarding Adults, Children and Maternity Leads
- Regular Domestic Abuse training

South West Ambulance Service NHS Foundation Trust

SWAST continue to work under the agreed Memorandum of Understanding which in real terms means that Simon Hester, SWAST Named Professional North continues to:

- Attend the Child Death Overview Panel (CDOP) meetings in each LSCB
- co-operate with the Serious Case Reviews (SCR), Domestic Homicide Reviews (DHR) or Safeguarding Adult Reviews (SAR) as they arise either by providing a chronology, information of contact or a full individual management review, (IMR), depending on the involvement of the Ambulance Service
- Attend or provide information, as appropriate to adult/child case conferences
- Attend or supply information to Strategy meetings after a child/adult has died or is seriously injured
- Co-operate with audits as appropriate e.g. the section 11 audit requests or as part of a research group
- In addition, the trust may be represented on task and finish groups which directly affect the workings of the ambulance service e.g. trigger groups, drug and alcohol forums and conveyance of mental health patients

The SWAST Safeguarding Team provide advice, training, ad hoc supervision and support to all frontline and support staff across the trust area. There are 3 Named Professionals that individually cover each of the 3 trust localities. They each directly report to the Head of Safeguarding - Sarah Thompson. To give an idea of the number of referrals submitted across the trust area see the chart below:



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Adults	459	509	473	487	502	512	582	635	860	774	779	795
Children	257	306	241	228	215	183	259	268	163	289	302	271

2015/16

- Analysis and Review of Referral Process for efficiency and Demand Management.
- Development of a standardised audit tool to review 40 randomised cases.
- Risk assessment of the referral process.
- Delegation of whole team to triage role due to long term absence of the Triager.
- Positive letter of support from Safeguarding Board for 111 CQC inspection
- Positive verbal feedback from 111 CQC inspection.
- IMR/SAR/DHR completed despite capacity issues.
- Recruitment to the administration position – referral triage processor to commence May 1 2016.
- First module of the NHS England Safeguarding Leadership course at Taunton completed by Named Professional North.
- TOR and Workplan for NASG (National Ambulance Safeguarding Group) agreed March 2016.
- Managing Allegations Policy updated and agreed at SOG.
- Prevent Policy agreed at SOG (Safeguarding Operational Group).
- PTS training quality assured and completed for all PTS (patient transport staff).
- Quality Assurance of CFR Safeguarding Training
- Positive action from North CDOP meetings including facilitating SWASFT Macmillan Nurses under the Palliative Care Response Times
- Facilitated OO abstraction to join Glos Safeguarding Fire Subgroup to look at joint working on hoarding
- Named Professional East achieved The Award in Education & Training enhancing the Service Training portfolio
- All team members received half day Emotional Resilience Training
- Quality Audit of Referrals with the 111 Service
- Production of an 'OO pack' for use by all Operational Officers related to Safeguarding by West Named Professional.
- SOP (Standard Operating Procedure) agreed for all frontline staff in relation to Child Death produced by Named Professional West.
- Launch of trust wide Welfare Service for staff – The Staying Well Service – 400 staff seen in first 5 months.

Training

Breakdown of figures for safeguarding adults staff training within the year:

Site	Reporting Line	Module	Staff group	Target	Actual	Whole Number	Percentage
A&E Service	North Division	Safeguarding Level 2	Clinical Staff	95%	98%	1075	98%
A&E Service	North Division	Safeguarding Level 1	Support staff – no patient contact	95%	67%	15	67%

The above chart shows that 1075 were trained to level 2 in the North Division (Covering Wiltshire). This was part of the SME training to all frontline staff. This year's safeguarding topic was Prevent .It was delivered face to face. Level 1 for non-clinical staff is via a workbook.

Objectives for 2016/17
Five Annual Report Priorities have been highlighted and are pivotal in the coming years work. These are:

Priority 1 – Response to SW Audit
Priority 2 – Supervision Strategy
Priority 3 – Regional Differences
Priority 4 - Local Area safeguarding Strategy for Operational Staff
Priority 5 – Importance of Feedback.

These will inform the work plan for the coming year. The additional priorities for the Safeguarding Service were decided at the team meeting in March 2016 in response to feedback in 1 to 1 meetings. These are:

- Continue to ensure the completion of a centralised recording system for safeguarding training across all departments.
- Review the current referral system to promote a more efficient system with input from IT
- Further Business case to secure the secondment positions
- Work plan to be guided by forthcoming CQC inspection
- Consider a more resilient team by integrating more with the Governance Structure
- Agree a Supervision Strategy for the trust
- Escalation Policy to be approved
- Strengthen the CSE agenda

Wiltshire Care Partnership

Wiltshire Care Partnership (WCP) represents the voice of independent care providers on the WSAB. WCP's place on the WSAB ensures the practicalities of Safeguarding are considered alongside the legislation and policies, giving providers a sense of how to interpret the guidance on a day-to-day basis. WCP acts as a conduit between the WSAB and its wider membership.

WCP is a member-led organisation, and comprises residential and nursing home, domiciliary and learning disabilities care providers. WCP includes nominated representatives of the Wiltshire Care Homes Association, the Wiltshire branch of the Registered Nursing Homes Association, the Wiltshire Domiciliary Care Providers Association and the Learning Disabilities Provider Forum.

WCP itself does not have direct responsibility for individuals who may be involved in Safeguarding, but it does have a responsibility to work on behalf of its membership to share information, raise issues and to contribute to, and disseminate guidance and policy.

2015/16
WCP has increased its membership; jointly delivered, with Wiltshire & Swindon Care Skills Partnership, an extremely successful conference for members, where there was a workshop on Safeguarding; surveyed members about Safeguarding experiences and presented the findings to WSAB, resulting in agreement to include the points raised in training; raised and tackled, with commissioners, issues that have impacted on Safeguarding, including continence services, falls, end of life and Funded Nursing Care; worked with sponsors Quality Solicitors Burroughs Day to enable members to gain better understanding of their responsibilities and rights when subject to a Safeguarding investigation.

Objectives for 2016/17
WCP members continue to raise queries and concerns about how Safeguarding works, and about related issues such as DoLS and the Mental Capacity Act, so WCP will continue to work in partnership with Wiltshire Council and other organisations to create opportunities to share knowledge, understanding and training for independent providers.

Wiltshire Police

As part of our commitment to protecting Vulnerable Adults, Wiltshire Police form part of the core of the Safeguarding Adults Board for both Wiltshire and Swindon.

Wiltshire Police have a dedicated Safeguarding Adults Investigation Team, which is made up of Detective Inspector, Detective Sergeant and 6 investigators. This team covers the whole of Swindon and Wiltshire and investigates any significant abuse/risk of harm by carers, family, people in position of trust, or fellow service users. In addition we have a triage team based at County Hall, who is responsible for the receipt, review and allocation of all referrals, the strategy discussions held and are the single point of contact prior to investigation.

Since its implementation, Wiltshire Police have fully embraced Making Safeguarding Personal. Our investigations are victim led, and their wishes are ascertained at the earliest opportunity with the assistance of our partner agencies.

All the decisions that are made regarding criminal investigations have to be proportionate and lawful. The information and risk is continuously assessed in line with the National Decision Making Model. Our partner agencies form an integral part of the decisions made and all rationale is fully documented within meeting minutes, and Police investigation logs.

Training
Training is always ongoing within Wiltshire Police. We have a number of ways in which this is done, which have all been adopted in the past year.

- SAIT officers provide regular training internally and externally in relation to the Care Act 2014 and the Criminal Justice and Courts Act 2015. Presentations are tailored to the recipient and have been provided to Wiltshire Police Officers and Staff. Adult Social Care, Mental Health teams and Health Care Providers in the past year.
- Neighbourhood Policing Teams have been working closely with Care Providers and also privately funded individuals within the community. They provide a valuable link with people that may not be known to Local Authority services.
- Any changes to law/policy/updates etc are included in the Force's weekly e-brief which is sent by email and also accessible through Firstpoint.
- SAIT staff attend all Investigating Officer and Investigating Manager workshops. This is to ensure training/updates/cases are shared between both.
- We attend outside seminars, presentations, training where possible.

WSUN Service User Reference Group

WSUN has a Service User Reference Group which provides a unique opportunity for service users voices and experiences regarding safeguarding to be heard. The Reference Group feeds into the WSAB members who sit on both groups and give updates about the work of the WSAB to the Reference group. This puts the experience of service users at the heart of Safeguarding and enables real life experiences to inform the work of the Board.

The group has been involved in consultation on the new carer strategy. Karen Walters, Carers Programme Lead at Wiltshire Council, attended the Reference Group to give a briefing and a lively debate followed. "I really enjoyed the debate at the meeting and it was particularly gratifying to note that we seem to be focused on the right things to improve on, not just for carers but for service users too" (Karen Walters)

Hot topics the group has addressed during the past year include:

- Correct assessment and process of administering 'covert' medication by (e.g.) crushing tablets. This was flagged up to Wiltshire Care Partnership to include in their bulletin to raise awareness of the subject
- Discussion about an individual's right to take risk and clarification of the Making Safeguarding Personal (MSP)approach which social services and other agencies follow
- Gathering experiences of the recording of DNR (Do Not Resuscitate) on hospital records to bring to attention of WSAB representative for Great Western Hospital
- Giving feedback to the WSAB on their strategic plan and how it is communicated to the community

Appendix 1 - Board Membership & Attendance

Organization	Designated Member	June 2015	Sept 2015	Dec 2015	Dec 2015 Dev Day	Mar 2016
Independent Chair	Margaret Sheather (to June 2015) Richard Crompton (from Sept 2015)	✓	✓	✓	✓	✓
Wiltshire Council DCS	James Cawley	A	✓	A	A	A
Wiltshire Council Safer Communities	Tracy Daszkiewicz	✓	A	✓	✓	A
Wiltshire Council Commissioning	Heather Alleyne	✓	✓	✓	✓	✓
Wiltshire Council Cabinet Member	Cllr Keith Humphries (to June 2015) Cllr Sheila Parker (from Sept 2015)	✓	A	✓	✓	A
Wiltshire Care Partnership	Matthew Airey	✓	✓	✓	✓	AP-R
Wiltshire Police	D/Supt Craig Holden	✓	✓	✓	✓	✓
CCG Wiltshire	Karen Littlewood (to June 2015) Dina McAlpine (from Sept 2015)	AP-R	AP-R	AP-R	AP-R	✓
NHS England	No rep (to Sept 2015) Sarah Warne (from Dec 2015)	n/a	n/a	✓	✓	✓
Great Western Ambulance Service	Sarah Thompson	✓	A	AP-R	Ap-R	A
Great Western Hospital	Maddy Ferrari	✓	✓	✓	✓	Ap-R
RUH Bath	Mary Lewis	✓	✓	✓	✓	Ap-R
Salisbury NHS Foundation Trust	Gill Cobham (to June 2015 Karen Littlewood (from Sept 2015)	Ap-R	✓	Ap-R	A	✓
AWP	Dr Toby Sutcliffe	✓	Ap-R	✓	✓	Ap-R
National Probation Service	Mark Scully		Ap-R			
Community Rehabilitation Company (Wiltshire)	Liz Hickey	✓	A	✓	A	A
Wiltshire Fire & Rescue Service	Damien Bence	A	A			
Healthwatch Wiltshire	Emma Cooper	✓	✓	✓	✓	✓
Domiciliary Care Providers Assn	Darren Fowler	✓	✓	✓	✓	✓
Learning Disability Providers	Richard Smith (Sept 2015 only) No rep (from Dec 2015)	n/a	✓			
Carer Reference Group	As nominated by Carer Support Wiltshire	✓	✓	✓	✓	A
User Reference Group (from Sept 2015)	As nominated by Wiltshire & Swindon User Network	✓	✓	✓	✓	✓
CQC (annual only)	Justine Button	A				

✓: Attended A: Sent apologies Ap-R: Sent apologies & replacement attended

Performance Report for Wiltshire Safeguarding Adults Board

Quality Assurance Sub-Group

2015 - 2016

INFORMATION REPORT FOR THE PERIOD APRIL 2015 – MARCH 2016

Previous year totals and comparative data, rolling year

	2014/15 Wiltshire total	Outturn				2015/ 2016	2014/15 Averages		2014/15 Rate per 100,000 population (aged 18 & over)			Comments
		15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4		England	South West	England	South West	Wiltshire	
Number of enquiries (Concerns)	3,201	1,064	1,201	1,156	1,145	4,566	Comparative data no longer available as Concerns are not reported nationally or regionally					
Number of enquiries triaged within 2 days	3,140	1.052	1,183	1,131	1,123	4,491	Comparative data not available as this is not reported nationally or regionally					
Service Standard: *Number of enquiries triaged within 2 days* **Target: 97%**	*98%*	*99%*	*98%*	*98%*	*98%*	*98%*	*Operational timescales are not reported nationally or regionally*					
Number of Early Strategy Actions (ESA)	912	270	246	251	226	993	This is not reported nationally or regionally therefore comparative data is not available					
Percentage of enquiries leading to ESAs	*28%*	*25%*	*20%*	*22%*	*20%*	*22%*	Data regarding Early Strategy Actions is not available at a national or regional level					
Number of Enquiries started *(This excludes large scale investigations)*	871	255	227	263	227	972	691	679	242.4	234.2	263.2	Wiltshire was above average nationally and regionally in 2014/15 both in numbers and per 100,000 population.

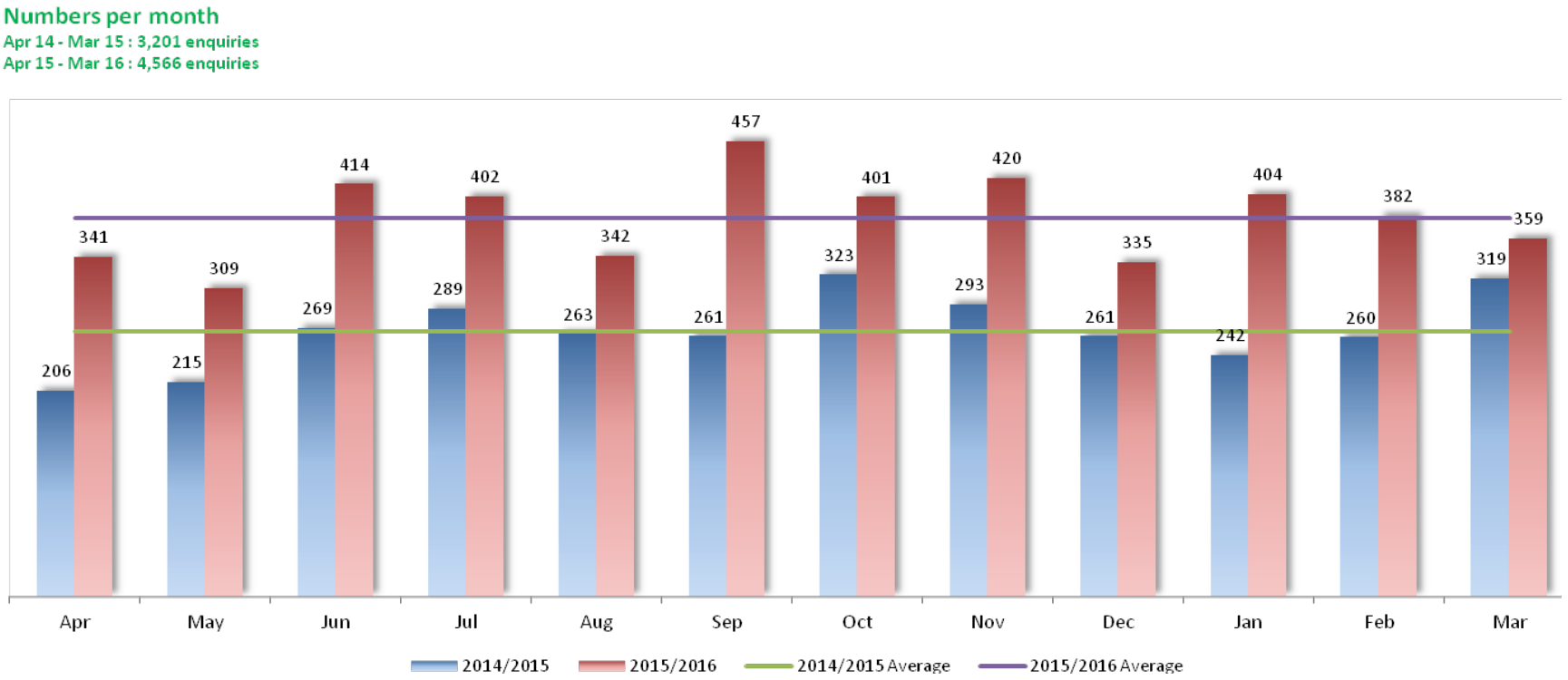
	2014/15 Wiltshire total	Outturn				2015/ 2016	2014/15 Averages		2014/15 Rate per 100,000 population (aged 18 & over)			Comments
		15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4		England	South West	England	South West	Wiltshire	
Percentage of adults at close of Enquiry who felt that their outcomes had been achieved	*95%*	*97%*	*99%*	*100%*	*97%*	*99%*	This is not reported nationally or regionally therefore comparative data is not available					
Percentage of adults at close of Enquiry who said they felt safer	N/A	N/A	N/A	N/A	N/A	N/A	This data is not yet collected by Wiltshire Council					

Note :

An enquiry (with a lower case ‘e’) used to be known as an ‘alert’ and is now also known by the Department of Health as a ‘Concern’. An Enquiry (with a capital ‘E’) used to be known as an ‘investigation’.

SINGLE SAFEGUARDING CASES[1] *Abuse enquiries*

Two-year enquiry comparison, month-by-month:

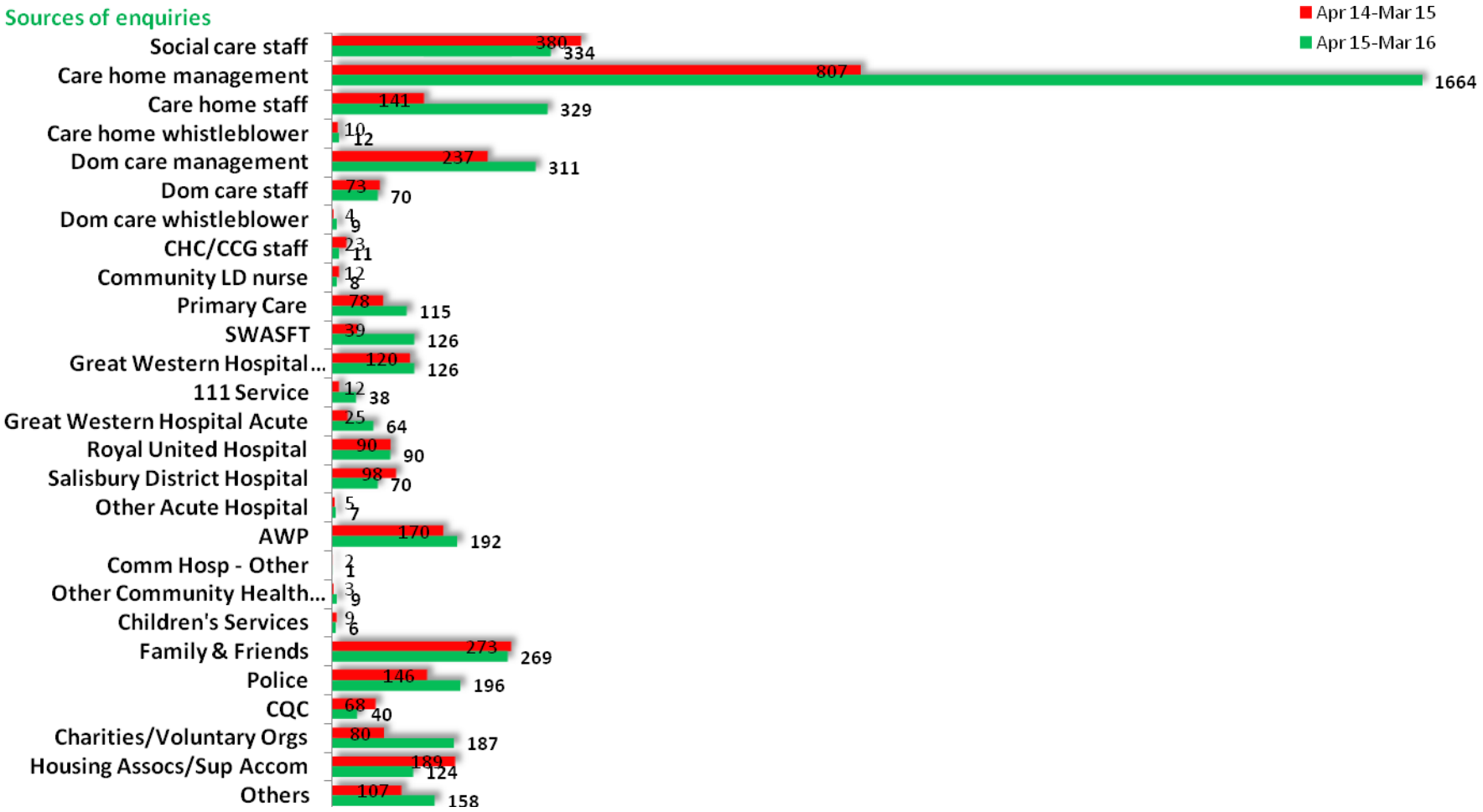


There has been a 43% increase in the number of enquiries. In the previous year we received an average of 267 enquiries per month; in 2015/16 this increased to 381. This has been caused primarily by the rise in cases by care agencies (care homes and domiciliary agencies). Of the 4,566 enquiries in 2015/16, almost 4 out of 5 (3,546) were 'screened out' (deemed as not needing further action) at the triage stage.

[1] Single safeguarding cases are those *not* involving Large Scale Investigations

Sources of enquiries:

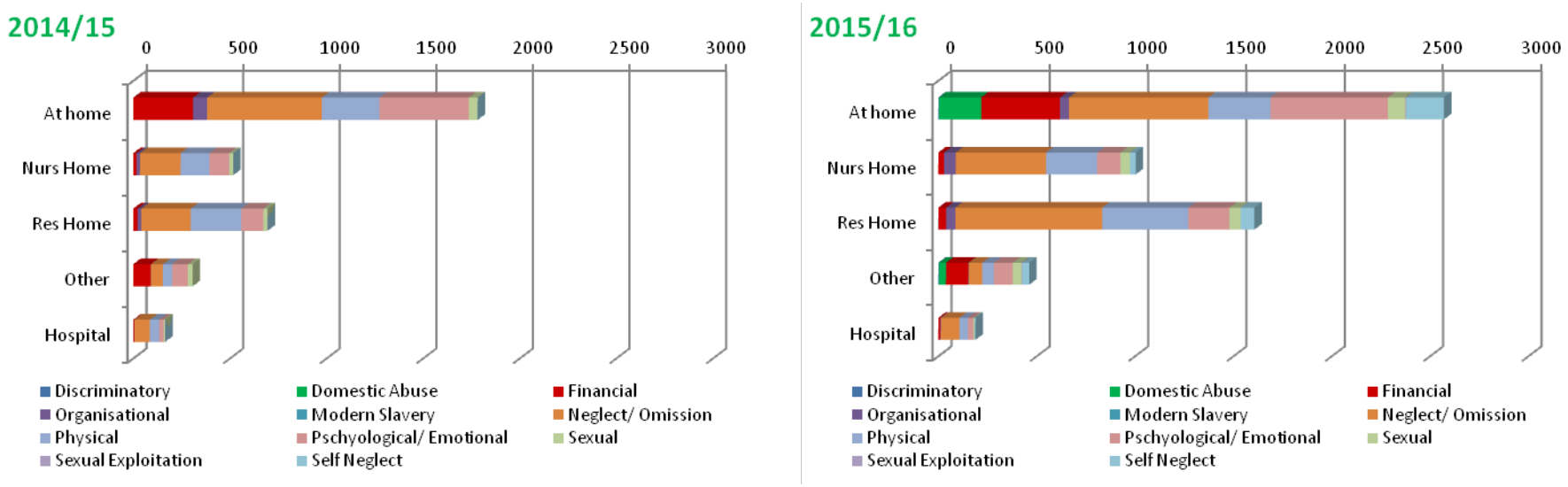
As can be seen in the chart below, sources of enquiries come from a wide spectrum of professionals and society. Enquires relating to Care Homes more than doubled (up by 109% - 1,047) and domiciliary care agencies enquiries rose over 24% from the previous year from 314 to 390. Anecdotal evidence from care homes is that large number of enquiries made by them because "it's safer to say" than not.



Type of abuse by setting (at the enquiry stage)

The patterns of the type of abuse in the various settings are broadly similar across both years. There are very few reported cases of discrimination (just 10 across the 2 years under report). Many of these occurred in people's own homes but this includes supported accommodation where there are several occupants. These small numbers could indicate a tolerant, understanding county or discrimination is not being reported as it should. Information received from Wiltshire Police also indicates that the amount of cases recorded as discriminatory are statistically low. Analysis of this information is ongoing to ensure this remains an accurate reflection and training and education for those who obtain such detail is continuous. Ongoing, the accuracy of recording incidents of discriminatory abuse may require updating.

Many cases where neglect or acts of omission were reported occurred in own home situations (49% in the previous year and 34% in 2015/16). Care homes saw 39% of such cases in 2014/15 and 58% of late. These tend to be missed medication, not supporting transfers appropriately or failing to prevent customers falling when mobilising. Hospitals averaged 6% of neglect cases for the years under report.



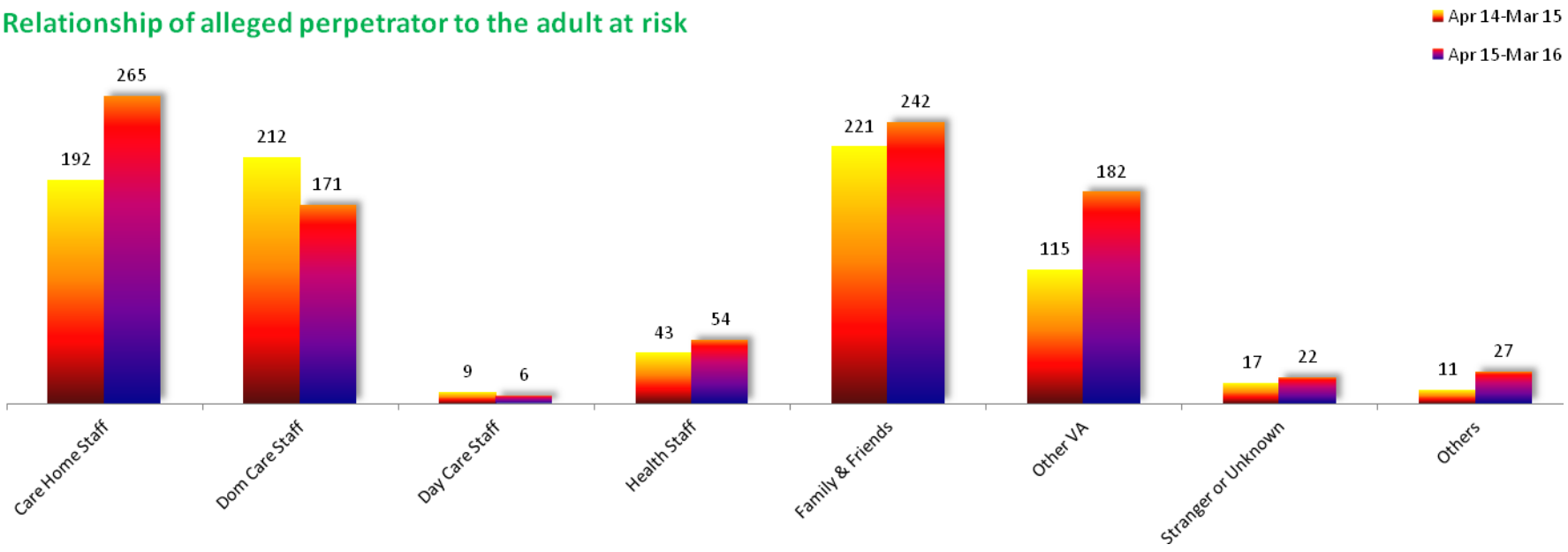
Care homes are also where the most physical abuse is reported (51% in 2014/16 and 63% the following year). This ranges from one resident lightly striking another, to residents fighting. Financial abuse accounts for 16% of abuse at home in 2015 (17% the previous year) and this is where most abuse of this type takes place (70% of financial abuse cases were in people's own home in 2014/15 and 68% in 2015/16).

Section 42 Enquiries

Relationship of the alleged perpetrator to the adult at risk

During 2015/16, in 25% of cases investigated the alleged perpetrator (AP) was a relative, friend or neighbour. This was a slight decrease in the previous year's rate (27%), although the numbers increased in 2015/16 to 242 cases (out of 969 concluded Enquiries) from 221 out of 820 the previous year.

Domiciliary care and self-directed support staff comprised 26% (212) of APs in 2014/15 falling to 18% (171) the following year. The proportion of Care home staff having accusations brought against them rose during this reporting period to 265 (27% of all concluded cases) from 192 (23%) previously.

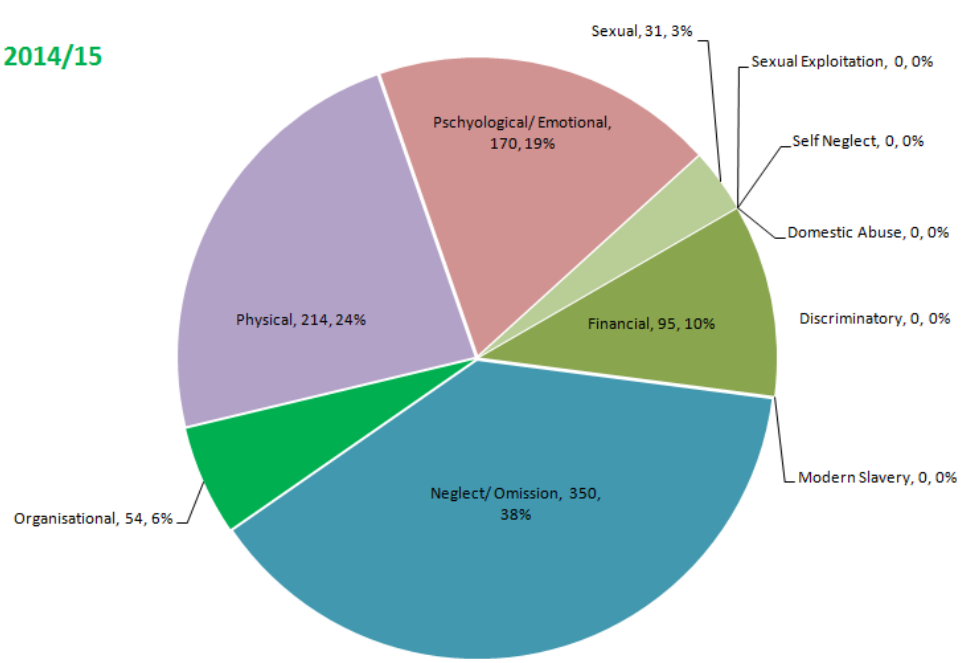


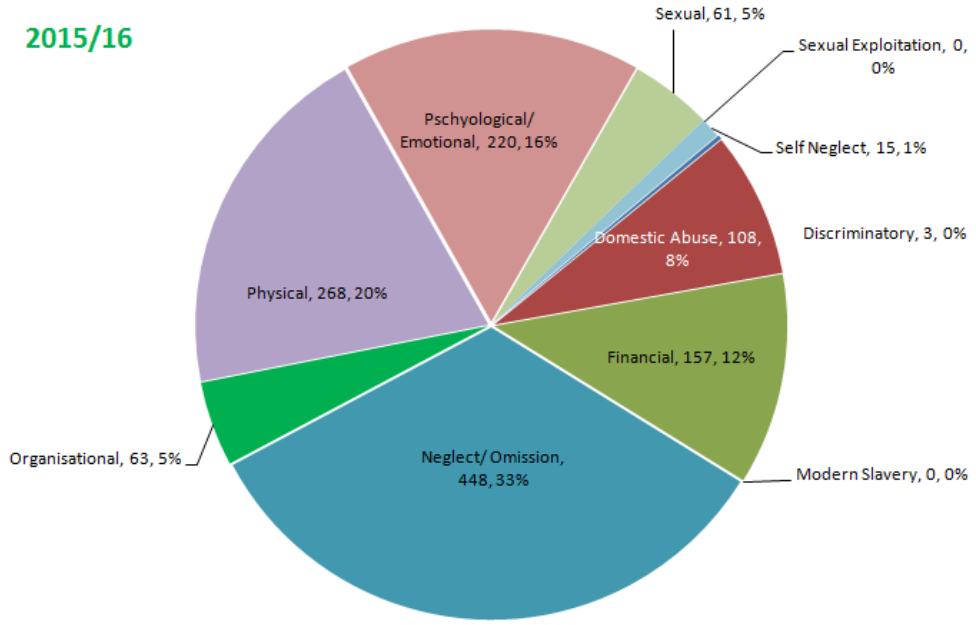
Location of the alleged abuse

Care homes and the adult at risk's own home dominate where abuse is said to have taken place, with own home averaging 45% across the 2 years and care homes averaging 40%. All other locations are similar in their proportions over the 2 year period.

Type of abuse

The numbers of types of abuse are broadly similar ratios across the 2 time periods as shown below. Note that from 2015/2016 there are new categories of abuse being recorded and reported: Domestic Abuse, Modern Slavery, Self Neglect and Sexual Exploitation. Financial abuse has dropped as a percentage of types of abuse. The percentage of Neglect has decreased and Organisational (formerly Institutional) abuse has also fallen as a proportion:





Type of abuse by Enquiry conclusion

In 2014/15, 820 Enquiries were completed; with the increased numbers of enquiries and Enquiries in this latter reporting period, this number increased to 969. The numbers of concluded cases by the type of abuse are shown in the table below (those in red font are for the previous year). With many cases involving multiple types of abuse, these numbers will not equate to the total the number of concluded cases. These years are rolling 12 months periods (in this case for the 2014/15 and 2015/16 financial years). Percentages show the ratio of abuse types by total cases concluded:

	Discriminatory	Domestic Abuse	Financial / Material	Modern Slavery	Neglect / Acts of Omission	Organisational	Physical	Psychological / Emotional	Sexual	Sexual Exploitation	Self Neglect	Totals
Fully Substantiated	1	46	39	0	144	19	126	100	17	0	5	497
	0%	13%	11%	0%	42%	5%	36%	29%	5%	0%	1%	
	0	0	39	0	167	24	102	76	14	0	0	422
	0%	0%	13%	0%	54%	8%	33%	24%	4%	0%	0%	
Partially Substantiated	1	28	26	0	100	12	56	48	14	0	2	287
	1%	14%	13%	0%	51%	6%	28%	24%	7%	0%	1%	
	0	0	31	0	91	13	64	57	11	0	0	267
	0%	0%	17%	0%	51%	7%	36%	32%	6%	0%	0%	
Inconclusive	0	19	24	0	55	3	17	19	7	0	3	147
	0%	19%	24%	0%	56%	3%	17%	19%	7%	0%	3%	
	0	0	17	0	33	5	20	19	3	0	0	97
	0%	0%	24%	0%	47%	7%	29%	27%	4%	0%	0%	
Unsubstantiated	1	43	68	0	149	29	69	53	23	0	5	440
	0%	15%	24%	0%	53%	10%	25%	19%	8%	0%	2%	
	0	0	38	0	105	14	55	39	10	0	0	261
	0%	0%	18%	0%	49%	7%	26%	18%	5%	0%	0%	

Outcomes

Below are cases with further action or outcomes; these are shown by the Enquiries' findings. Adults at risk can have more than one outcome, therefore these numbers will not equate to the number of cases concluded:

	Adjust Protection Plan	Alternative Services	AP Removed	Change to Risk	Civil Action	Complaints	Criminal Action	Emergency Services Notified	Family Informed	Primary Health Notified	New Risk Identified	No Further Action	Other	Police Informed	Protection Plan Completed	Regulator Informed	Risk Removed	Service Suspended	Training	Adult at Risk Removed	Grand Totals
Fully Substantiated	35	33	51	11	1	11	17	4	228	101	7	14	92	152	217	115	178	3	53	27	1,350
	10%	10%	15%	3%	0%	3%	5%	1%	66%	29%	2%	4%	27%	44%	63%	33%	51%	1%	15%	8%	
	25	46	30	7	0	13	9	4	162	82	5	9	87	121	163	92	148	11	71	18	1,103
	8%	15%	10%	2%	0%	4%	3%	1%	52%	26%	2%	3%	28%	39%	52%	29%	47%	4%	23%	6%	
Partially Substantiated	8	24	12	9	2	6	3	2	134	75	7	13	56	77	102	58	75	1	24	12	700
	4%	12%	6%	5%	1%	3%	2%	1%	68%	38%	4%	7%	28%	39%	52%	29%	38%	1%	12%	6%	
	16	19	23	5	0	8	8	4	113	63	4	9	52	91	97	45	94	3	38	12	704
	9%	11%	13%	3%	0%	4%	4%	2%	63%	35%	2%	5%	29%	51%	54%	25%	53%	2%	21%	7%	
Inconclusive	1	7	5	1	2	3	4	3	55	27	2	8	24	43	30	24	32	3	6	11	291
	1%	7%	5%	1%	2%	3%	4%	3%	56%	28%	2%	8%	24%	44%	31%	24%	33%	3%	6%	11%	
	2	5	2	2	0	1	2	0	23	14	0	11	10	20	18	7	20	0	4	6	147
	3%	7%	3%	3%	0%	1%	3%	0%	33%	20%	0%	16%	14%	29%	26%	10%	29%	0%	6%	9%	
Unsubstantiated	5	27	23	5	1	3	5	2	138	76	5	32	73	120	90	60	85	2	28	11	791
	2%	10%	8%	2%	0%	1%	2%	1%	49%	27%	2%	11%	26%	43%	32%	22%	30%	1%	10%	4%	
	7	17	18	2	3	8	2	2	104	43	1	33	39	84	60	48	74	5	19	11	580
	3%	8%	8%	1%	1%	4%	1%	1%	48%	20%	0%	15%	18%	39%	28%	22%	34%	2%	9%	5%	

Outcomes will depend on the circumstances surrounding the case, the needs of the adult at risk, what action should take place to ensure that risk of harm or neglect is removed - or at least, reduced. The personalization agenda means that the Department of Health now require more statutory reporting of people's desired outcomes and, whether these are met.

Agencies involved in investigations (concluded Enquiries only)

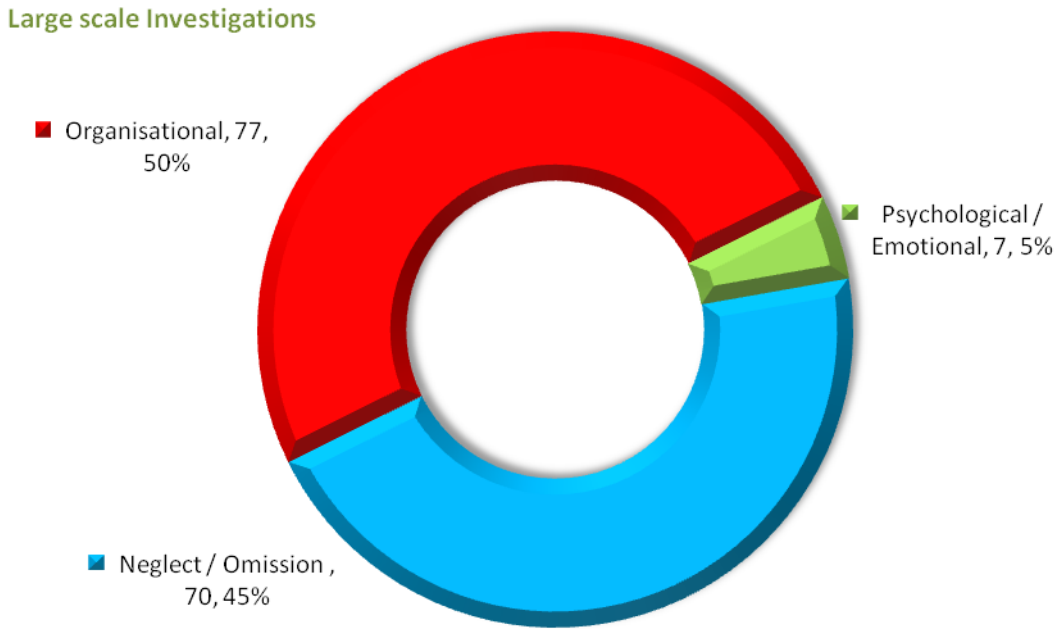
Agency involvement with investigations is dictated by the nature of the abuse, who raised the initial concern and those agencies that need to be involved with expert advice and skills to help reach an outcome and/or to help deliver future services.

Agency	2014/2015		2015/2016	
	No.	%	No.	%
Acute Hospitals	85	10%	99	10%
Advocacy Service	96	12%	115	12%
AWP	70	9%	78	8%
Care Home	468	57%	533	55%
Care Quality Commission	326	40%	366	38%
Community Health Services	32	4%	38	4%
Court of Protection	36	4%	40	4%
Adult Social Care	659	80%	744	77%
Housing (Associations, Schemes, Dept)	24	3%	28	3%
Other Local Authorities	60	7%	67	7%
Others (Adult or their Representative)	136	17%	152	16%
Clinical Commissioning Group	144	18%	158	16%
Police	452	55%	526	54%
Provider Agencies (Day, Dom Care, etc)	391	48%	451	47%
Totals	**820**		**969**	

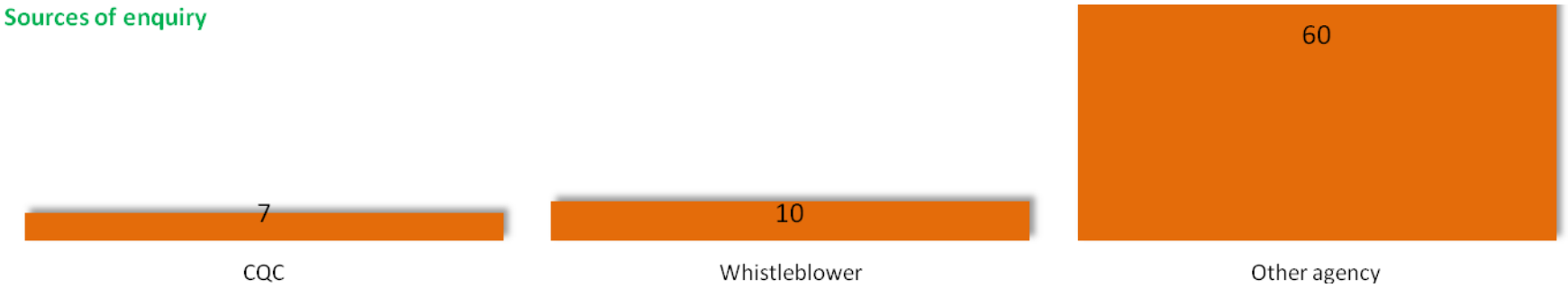
LARGE SCALE INVESTIGATIONS (available on an annual basis only)

Large Scale Investigations (LSIs) are in addition to the individual case enquires above. There is an issue with accurately reporting LSI figures for Help to Live at Home agencies (also known as Domiciliary Care agencies) as they assist people who are self-funding, funded by the local Clinical Commissioning Groups (CCGs) or other local authorities other than Wiltshire, as well as those whose services are commissioned by Wiltshire Council. We therefore do not know how many customers these agencies have on their books as this is commercially sensitive and hence we are unable to include Help to Live at Home agencies LSI figures here.

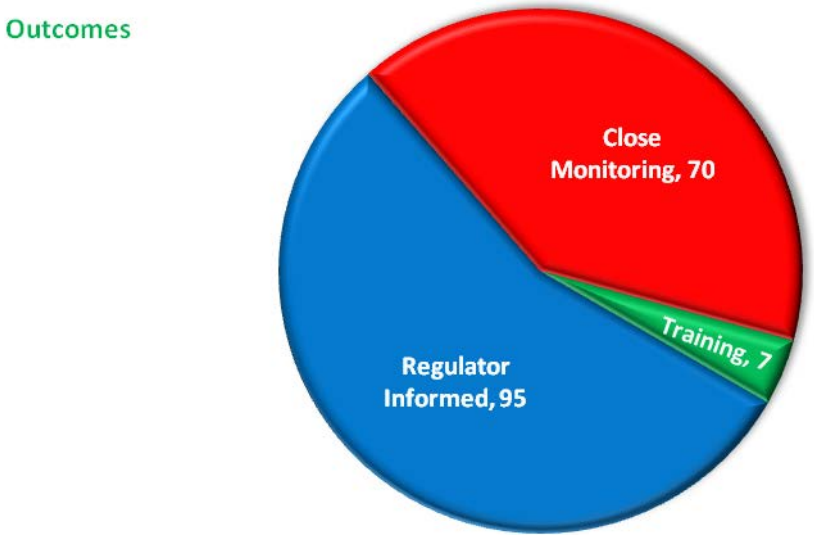
Three of the 6 LSIs instigated by the Safeguarding Adults Team (SAT) during 2015/2016 looked at care homes and as the number of beds in these homes is known we can say with confidence that the 3 LSIs involved 77 residents, where the type of alleged abuse tends to be more a case of lack of training or where procedures are either lacking or need updating. We are unable to include figures for the remaining 3 investigations as the agencies involved means it is not possible to quantify the number of customers:



As with individual enquiries, LSI information sources are various:



All 3 Investigations started above were concluded during the same period along with one other already open at the beginning of 2015/16. These concluded LSIs involved 95 residents; all were partially substantiated. Outcomes are likely to be similar to those involving individual perpetrators:



The procedure guidelines, "*POLICY AND PROCEDURES FOR SAFEGUARDING ADULTS AT RISK IN SWINDON AND WILTSHIRE*" updated March 2013 is available at: http://www.wiltshire.gov.uk/healthandsocialcare/socialcareadults/adultcare/safeguardingadults/safeguardingadultspublicinformation.htm

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Wiltshire Safeguarding Adults Board

Strategic Plan 2015-17

Wiltshire Safeguarding Adults Board

The Wiltshire Safeguarding Adults Board (WSAB) is a statutory body established by the Care Act 2014. Its main objective is to protect all adults in its area who have needs for care and support and who are experiencing, or at risk of, abuse or neglect against which they are unable to protect themselves because of their needs. The WSAB aims to fulfil its purpose by:

- Co-ordinating the work of its member agencies to determine shared policy, facilitate joint training, raise public awareness and monitor and review the quality of services relating to safeguarding adults in Wiltshire
- ensuring that all agencies work together to minimise the risk of abuse to adults at risk of harm and to protect and empower those people effectively when abuse has occurred or may have occurred

The Strategic Plan

The WSAB is required to publish a strategic plan each financial year that sets out how it will meet the main objective described above and what its members will do to achieve this. Our plan is focussed on 5 main outcomes that we think will enable us to meet that objective and they are shown below.

Outcome 1	**Prevention & Early Intervention: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.**
Outcome 2	**Responsibility & Accountability: There is a multi-agency approach for people who need safeguarding support**
Outcome 3	**Access & Involvement: People are aware of what to do if they suspect or experience abuse; Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process**
Outcome 4	**Responding to Abuse & Neglect: People in need of safeguarding support feel safer and further harm is prevented**
Outcome 5	**Training & Professional Development: Staff are aware of policies & procedures, their practice safeguards adults and promotes understanding of harm**

Our Objectives

Each main outcome is supported by several objectives and linked actions. The objectives may be:

- Responses to new developments, whether in legislation, policy or local circumstances
- Focused on maintaining and improving our existing work

All of the actions should contribute to the Board's overall effectiveness in its main statutory task and many will also contribute to our priorities for this year which are:

- The implementation and monitoring of the practice changes required by the Care Act 2014 with its focus on Making Safeguarding Personal
- Renewing the training programme to reflect changed expectations in safeguarding and work with partners to enable all the required training, both generic and specialist (e.g. Prevent, Modern Slavery) to take place with a manageable impact on work patterns
- Refresh the performance reporting arrangements to include a focus on outcomes for the people about whom safeguarding concerns are raised
- Implement the agreed communications strategy to support awareness raising and good information sharing across all Wiltshire's communities, including updated web-based information
- Develop the Board's preventative strategy through a task and finish group
- Continue to manage and respond to the greatly increased Deprivation of Liberty Safeguards (DoLS) work

Outcome 1. Prevention & Early Intervention: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.			
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Responsibility**
1.1 Develop preventative strategies that aim to reduce instances of abuse and neglect in Wiltshire: • **have an overview of how prevention is taking place** • **how this work ties in with the HWB, QSG, CSP and CQC's stated approach and practice**	Establish a task and finish group to review current relevant prevention activities and develop proposals for the Board's role in preventative strategies. Scoping report to Board from task group Final report including proposals for monitoring impact	**March '15** **September '15** **March '16**	**Heather Alleyne**
Outcome	**Activities are in place to reduce instances of abuse and neglect**		
1.2 Safeguarding is integrated into all contractual processes with clear expectations and reporting requirements to prevent harm, neglect and abuse	Monitor this through the follow up on the self-assessment audit.	Autumn '15	QA Sub-group/ Head of Service
Outcome	**Assurance that commissioning arrangements are effectively promoting safe, good quality care and identifying risk.**		

1.3 Performance Management systems are effective and include indication of the potential for vulnerability and intervention	Consolidate the Board's performance and Quality Assurance framework as a whole, and in relation to prevention: i) Confirm how learning events (our own and other SABs') are applied more systematically and inform Board discussions; avoiding duplication but ensure shared knowledge ii) Establish whether/ how people who may be at risk of harm can be identified and appropriate intervention offered. Integrate this work with the action in 1.1 above.	Quarterly reports By December '15 As 1.1	WSAB/QA Sub-group Report from QA sub-group
Outcome	**The Board's QA and Performance discussions address prevention as well as responses to harm**		
1.4 Policies and procedures are in place to prevent unsuitable people from working with adults at risk	Monitor this through the self-assessment audit and follow up.	Autumn annually.	QA sub-group
Outcome	**Risks are reduced by strong recruitment practice**		
1.5 Steps are taken to prevent or reduce risk of abuse within service settings	i) Distribute new awareness raising materials to all service settings and follow up their use of them (See also 2.4.i) ii) Promote relevant training available to staff within service settings and any new guidance available through SCIE iii) Monitor this through the self-assessment audit and follow up		WSAB L & D Sub-group QA sub-group
Outcome	**Organisations' ability to prevent or reduce risk is improved.**		

Outcome 2. Responsibility & Accountability: There is a multi-agency approach for people who need safeguarding support			
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Responsibility**
2.1 There is a multi-agency Safeguarding Adults Board (SAB) of senior level officers who provide strategic leadership and address - **prevention of abuse and neglect** - **promotion of wellbeing and safety** - **effective response to instances of abuse & neglect when they occur**	i) Confirm membership of the Safeguarding Adults Board and its Sub-Groups in line with the requirements of the Care Act. ii) Consider the use of the Memorandum of Understanding to strengthen partners' shared accountability iii) Annual report on attendance at the SAB by its members iv) Confirm role, responsibility, authority and accountability for each agency is clear across all Board documents including review of sub-group Terms of Reference; address transitions; maintain clarity about decision-making. • Preparatory work • Board confirmation v) Finalise arrangements for shared resourcing of the SAB, including a shared budget	April '15 April '15 September '15 Mar – June '15 June '15	WSAB WSAB Chair Chair WSAB
Outcome	**Safeguarding Board is fit for purpose and effective, meeting statutory requirements and sharing responsibilities for its range of work**		
2.2 There are robust and current Local Multi-Agency Policies & Procedures for safeguarding adults that	i) Update the joint Wiltshire and Swindon Safeguarding Policy and Procedures to ensure they are compliant with the Care Act 2014. • Signed off by WSAB	March '15 Sept '15	WSAB WSAB

are in accordance with statutory requirements	ii) Receive proposals for establishing a Multi-agency Safeguarding Hub (MASH) for adults iii) Consider how Care Act expectations about self-neglect will be addressed iv) Review thresholds framework guidance tool to strengthen early stage procedure for both triage and providers v) Promote any new guidance and/or training for providers on responding to potential safeguarding incidents, including addressing employment issues vi) Review implementation and effectiveness of new policy and procedures	Sept '15 TBC March '16	HA/JC P & P sub-group WSAB/WCP WSAB based on report from P & P sub-group
Outcome	**Policy and procedures are compliant with the Care Act and Statutory Guidance and provide an accurate and effective tool for all who need to use them**		
2.3 Clear leadership and accountability structures are in place and visible throughout the relevant organisations	i) Relationships between WSAB, WSCB and HWB clarified ii) Present WSAB annual report to Health and Wellbeing Board and Wiltshire Council Cabinet iii) Annual Report presented to partner Boards iv) Include partner organisation's safeguarding adults accountability arrangements in self-assessment audit	April '15 Autumn December '15 September-November '16	Partnership Chairs' meeting Chair Board members All

Outcome	**Organisational accountability across the partnership is clear and reporting lines effective**		
2.4 Professionals who in the course of their work come into contact with adults at risk and their carers are aware of their safeguarding responsibilities	i) Distribute new awareness raising materials to all relevant organisations and follow up their use of them. ii) Promote the National Capabilities Framework, training available and the Board's strategy for training and competence development iii) Alert organisations to national information resources e.g. Social Care Institute for Excellence (SCIE)	When available. By end of 2015	WSAB Learning and Development Sub-group
Outcome	**Wider awareness of safeguarding adults across a wide range of employees**		
2.5 Strategic Plan	Develop the WSAB strategic plan for 2016/17in consultation with Healthwatch Wiltshire including putting in place a plan to involve the community and including links with other relevant strategies. i) Develop proposals ii) Agreed by WSAB	June – Sept Sept 2015	Task Group WSAB
Outcome	**Strategic Plan firmly based in consultation and widely disseminated**		
2.6 Effective links with other networks	Review current links and discuss how to ensure they are effective and mutual Implement agreed actions	June 2015 TBC	WSAB

Outcome	**Safeguarding activity is well-co-ordinated across the network and strong communications in place**		
Outcome 3. Access & Involvement: People are aware of what to do if they suspect or experience abuse; Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process			
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Responsibility**
3.1 There is a comprehensive accessible public information and advice about keeping safe and what constitutes abuse of adults at risk	Implement Communications Strategy as agreed in September 2014 i) Develop website content ii) Confirm media protocol iii) Develop and maintain good quality public information	 Sept '15 June '15 Dec '15	 Chair/ CM/ Comms WSAB Chair/CM/ Comms
Outcome	**Improved awareness for communities and adults at risk about safeguarding services and issues.**		
3.2 The involvement and feedback from patients, people using services and their carers is an integral part of the design, commissioning and delivery of safe services	Maintain and develop the service user reference group and carer reference group so that they can contribute effectively to these activities. Review service user and carer outcomes and involvement across the Board membership.	Ongoing December '15	Chair / CM WSAB Agenda
Outcome	**Two-way communication well-established between the Board and services users and carers.**		
3.3 The subject of the alleged abuse is the main focus of all actions and proceedings that arise	Implement next stage of the Making Safeguarding Personal project and the changed approach to making enquiries about safeguarding concerns set out in the Care Act Statutory Guidance.	In place	WSAB

during the course of any enquiries and/or investigations.	Receive a report on the audit of safeguarding cases to demonstrate that MSP is being applied in all safeguarding investigations. Review training requirements resulting from Making Safeguarding Personal (and duty of candour)		Head of Service / QA Sub-group L & D sub-group
3.4 Reports of service user involvement and outcomes are a routine part of the Board's Quality Assurance arrangements	Through this and other means ensure that service user outcomes are routinely identified, monitored and reported, including service user or carer stories directly communicated with the consent of the person concerned and whatever level of involvement they wish. Make case studies available from the perspective of people who have experience of the safeguarding process in order to support training, learning and development	6 monthly By end of 2015	Chair/ Reference Groups Learning and development sub-group
Outcome	**Safeguarding services are identifying and responding to service user wishes, and the WSAB can monitor this.**		

Outcome 4. Responding to Abuse & Neglect: People in need of safeguarding support feel safer and further harm is prevented			
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Responsibility**
4.1 Prompt action is taken involving the person at risk throughout, in line with the principles and requirements of the Care Act 2014.	Discussion at Development Session to establish ways in which the impact of the changed approach of the Care Act can be monitored and evaluated so that the WSAB can receive appropriate QA reports on this key development.	September '15	Chair

Outcome 4. Responding to Abuse & Neglect: People in need of safeguarding support feel safer and further harm is prevented			
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Responsibility**
Outcome	**Successes and problems in quality of safeguarding response are identified and acted on.**		
4.2 If the mental capacity to make a specific decision relating to the safeguarding process cannot be assumed a Mental Capacity Assessment is undertaken as required by the Mental Capacity Act (MCA) 2005	Receive regular reports on MCA/ DoLS activity including: • briefing on national policy and case law • the continuing impact of the Supreme Court judgement • how capacity assessments are used to support people's involvement in safeguarding enquiries Carry out planned audit of MCA assessments in the context of safeguarding. • Agree timing and report of audit	Quarterly TBC	Julie Blick/HA
Outcome	**Service users are supported effectively to give their views when involved in safeguarding processes**		
4.4 Adult Safeguarding Investigations are appropriately resourced and supported	i) Monitor the engagement and compliance of all partner agencies with the agreed safeguarding processes – method to be agreed. ii) Respond to service user proposal that further follow up is needed after safeguarding investigation and action	September Development Session	Chair
Outcome	**Resource problems identified promptly and addressed appropriately.**		
4.5 Learn from	i) Monitor delivery of the Action Plan from the 2014 SCR	Quarterly	HA/ WSAB

Outcome 4. Responding to Abuse & Neglect: People in need of safeguarding support feel safer and further harm is prevented			
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Responsibility**
Safeguarding Adults Review (SAR) findings and other relevant reviews	ii) Continue to monitor local actions in response to the SCR of Winterbourne View Hospital iii) Receive reports on relevant reviews: see 1.3 (a) above	reports Six monthly As agreed	QA sub-group
Outcome	**Agreed plans are completed in service user interests and further learning implemented promptly**		

Outcome 5. Training & Professional Development: Staff are aware of policies & procedures, their practice safeguards adults and promotes understanding of harm			
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Responsibility**
5.1 All staff and volunteers working with adults at risk have been appropriately trained according to their role	i) Prepare a 'prospectus' of training available in Wiltshire ii) Promote information about the National Capabilities Framework and 'minimum standards' for training iii) Report on training available and uptake for the WSAB annual report iv) Keep WSAB's own training needs under review v) Identify training requirements resulting from the Care Act and Making Safeguarding Personal vi) Ensure safeguarding is a part of the induction for elected members		L & D Sub-group L & D Sub-group L & D Sub-group L & D Sub-group L & D Sub-group Chair/ JC

Outcome 5. Training & Professional Development: Staff are aware of policies & procedures, their practice safeguards adults and promotes understanding of harm			
Key Objective	**Actions required to address / meet the objective**	**By When**	**Lead Responsibility**
Outcome	**All staff and volunteers can respond appropriately to adults at risk**		
5.2. All staff and volunteers have the appropriate knowledge and competencies in relation to safeguarding adults	Refresh the WSAB's Strategy for Competence Development: a) Safeguarding adults training is competency based, in line with the National Capability Framework for Safeguarding Adults (2012) b) Safeguarding adults training links to professional development and appraisal systems. c) Safeguarding adults training is informed by local and national lessons learned	Ongoing Ongoing Ongoing	L & D sub-group L & D sub-group L & D sub-group
Outcome	**Training is kept current and linked to awareness raising about safeguarding adults and the Care Act**		
5.3 Staff know how to make people aware of their vulnerability to safeguarding risks (prevention) and understand how to signpost them to effective support	Learning and development subgroup to consider and recommend actions to the WSAB	By end of 2015	L & D sub-group

Appendix 4

Glossary of Terms

ADASS	Association of Directors of Adult Social Services
APC / ASC	Adult Protection Conference / Adult Safeguarding Conference
APR / ASR	Adult Protection Review / Adult Safeguarding Review
ASBRAC	Anti-Social Behaviour Risk Assessment Conference
AWP	Avon Wiltshire Partnership
BIA	Best Interest Assessor
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DBS	Disclosure & Barring Service
DoLS	Deprivation of Liberty Safeguards
DVPN	Domestic Violence Protection Notice
DVPO	Domestic Violence Protection Order
ESM / ESA	Early Strategy Meeting / early Strategy Action
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
MSP	Making Safeguarding Personal
SAB	Safeguarding Adults Board
SAIT	Safeguarding Adults Investigating Team (Police)
SAT (previously SAMCAT)	Safeguarding Adults Team (Previously Safeguarding Adults and Mental Capacity Act Team)
SAR previously SCR)	Safeguarding Adults Review (Previously Serious Case Review)
WSUN	Wiltshire & Swindon Users Network