



# Peterborough Safeguarding Adults Board

Annual Report  
2011/2012

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## Foreword

It is my pleasure to introduce this annual report on behalf of Peterborough Adult Safeguarding Board. I took over as the first independent chair of the Board in February 2011, coinciding with the appointment of our first (interim) Safeguarding Coordinator. These were the foundations upon which we have sought to move safeguarding work forward over the year.

This report sets out both our achievements and the challenges that we faced during the course of the year. It also provides statistical data about safeguarding activity throughout the year. Our plans for next year are set out in the annual business plan, as an appendix.

2011/12 has been a challenging year for many of the organisations on the Board as a result of internal changes triggered by either new legislative or statutory guidance, or driven by the need to make financial savings. Such challenges will continue to face all partner organisations over the next few years. However, all Board members have acknowledged that safeguarding vulnerable adults from abuse continues to be a priority and that they will continue to be involved in this important work.

More fundamentally, the year has been one where local organisational changes and greater rigour and scrutiny of the management of safeguarding have posed particular challenges for us all.

The challenges arose from:

- i) the disjointed arrangements for the delivery of safeguarding prior to the transfer of adult social care back to the City Council,
- ii) an absence of firm strategic leadership,
- iii) the impact of organisational changes in both the NHS and Peterborough City Council (PCC)
- iv) the uncovering of significant performance issues when Adult Social Care transferred back to the Council,
- v) the development and implementation of revised safeguarding procedures.

In March 2012, Adult Social Care transferred back to the City Council from the NHS after 8 years. This organisational change has impacted on the day to day safeguarding work as well as the board's accountability routes. With the aid of strong leadership from the interim Director of Adult Services, this organisational change has led to significant improvements in safeguarding services and has addressed the challenges set out above.

Further changes to policy and legislation on safeguarding adults are currently in development and will change the way that vulnerable adults are supported. The Board will ensure that it is kept informed of such changes and plan its work accordingly. It is likely that changes to the Board's

governance arrangements will be required when legislation changes make Safeguarding Adults Boards statutory.

I should like to thank all those who have worked so hard to promote and improve our approach to safeguarding over the last year.

**Felicity Schofield**  
**Chair - Peterborough Safeguarding Adults Board**  
**December 2012**

## Background

Adult Safeguarding is governed by the statutory guidance “No Secrets” issued by the Department of Health in 2000, which gave Social Services lead responsibility to co-ordinate the development of the local multi agency framework, policies and procedures. All statutory agencies are expected to work in partnership with each other and with all agencies involved in the public, voluntary and private sectors to protect vulnerable adults from abuse. Additional legislation, for example the Mental Capacity Act 2005 and the Safeguarding Vulnerable Groups Act 2006, have addressed different aspects of adult abuse. These have recognised that abuse occurs in a range of settings, is perpetrated by a range of people and that it must be made clear that this is not acceptable.

## Governance and Accountability

The Board provides strategic oversight and management of multi agency safeguarding adults' work. It agrees and issues relevant policies and protocols; quality assures safeguarding arrangements across the partnership, receives and monitors safeguarding activity data (including Deprivation of Liberty Safeguards applications), approves the multi agency training strategy/monitors training take-up; approves the communications strategy and publishes this Annual Report.

The Board has had representation from the following organisations:

- Cambridgeshire and Peterborough NHS Foundation Trust
- Cambridgeshire Constabulary
- Cambridgeshire Fire and Rescue Service
- Carers Partnership Board
- East of England Ambulance Service NHS Trust
- Independent Providers
- NHS Peterborough – Peterborough Primary Care Trust
- NHSP/Peterborough City Council Adult Social Care
- Peterborough and Stamford Hospitals NHS Foundation Trust
- Peterborough City Council (representation from Community Safety, Children's Services and Adult Social Care including the lead member for adult services)
- Peterborough City Council Cabinet member for Adult Social Care
- Peterborough Community Services
- Peterborough Regional College
- Peterborough Voluntary Sector representatives (including Age UK and Mind)
- Probation Service

Towards the end of the year, individual and organisational membership of the Board changed as responsibility for Adult Social Care delivery returned to PCC and as Peterborough Community Services merged with Cambridgeshire Community Services.

The Board now has representation from the following organisations:

- Cambridgeshire and Peterborough NHS Foundation Trust
- Cambridgeshire Community Services
- Cambridgeshire Constabulary
- Cambridgeshire Fire and Rescue Service
- Carers Partnership Board
- East of England Ambulance Service NHS Trust
- Independent Providers

- NHS Peterborough
- Peterborough and Stamford Hospitals NHS Foundation Trust
- Peterborough City Council (representation from Adult Social Care, Community Safety, Children's Services and including the lead member for adult services)
- Peterborough Regional College
- Peterborough Voluntary Sector representatives (including Age UK and Mind)
- Probation Service

The Board meets bi-monthly and is chaired by an Independent Chair (Felicity Schofield). There is a commitment to adult safeguarding at political level in the Council and at senior management level in all the partner agencies. Board membership is at sufficiently senior level to provide effective strategic leadership and direction, make strategic decisions and commit appropriate resources.

The Board is supported by operational sub-groups to deliver its objectives. These groups cover:

- Quality Assurance and Performance
- Learning and Development
- Serious Case Reviews

Each group is chaired by a member of the Board, has membership from partner agencies and regularly reports on its work to the Board.

## Summary of Safeguarding Board Activity - April 2011 to March 2012

### Safeguarding Work

During the year, the Board has made the monitoring and understanding of safeguarding performance a key priority. Reports were received at each of its six meetings and over the course of the year; Board members have worked with the strategic safeguarding team to establish a better understanding of safeguarding activity. For example, the Board has pushed for a more sophisticated approach to reporting that provides analysis and a greater focus on outcomes. Whilst improvements were achieved, this was agreed as a continuing priority for the current year.

Late in 2011/2012 the Board was made aware of significant failings in safeguarding performance within Peterborough Community Services as the Adult Social Care function was re-established within PCC. A significant number of safeguarding cases were found to be unfinished within the case recording system leading to inaccuracies within performance data. A project group was established and immediate action was taken to rectify the situation via a dedicated group of practitioners and support staff that reviewed and completed these cases. Whilst this was a serious situation requiring urgent action it is fortunate to note that the work to recover the situation did not uncover cases where individuals had been left at significant risk.

Another area of work for the Board has been in response to the Winterbourne View investigation. The Board sought assurance on the contract monitoring mechanisms in place to review providers' readiness and capacity to manage safeguarding concerns. A series of reports were presented to the Board by officers representing the commissioning and contracting functions within Adults Social Care: the Board will continue to receive six monthly reports. Overall the Board was assured that appropriate processes were in place.

In July 2011 the multi agency referral unit (MARU) went live and included social work input from adult social care. Although it was too early to measure specific improvements in outcomes during the year, periodic updates were received by the Board with a preliminary view being expressed that a quicker response to serious domestic violence referrals was one of the early improvements. More work will be needed to test out whether the MARU should play an increasing role in the way in which we manage safeguarding referrals.

Throughout 2011/2012 work on rewriting the multi agency safeguarding policy and procedures was underway, with new draft procedures being presented to the Board in December 2011. However, Board members decided they needed considerable revision before they could be implemented. They were also concerned that the procedures did not adequately identify the differences and similarities with Cambridgeshire's procedures and thought that this would be problematic to those agencies that cover both local areas. Revised interim procedures were



approved by the Board in February 2012. Work to fully implement them together with work with Cambridgeshire with the aim of having joint procedures across the two council areas has continued to be a priority in the current year.

The preparation of this report was delayed because of the departure of an Interim Safeguarding Manager in March 2011; this resulted in a 'knowledge gap' regarding safeguarding activity in 2011/2012. Recruitment of a replacement took a few months and subsequently other issues were prioritised to ensure that safeguarding practice continued to improve.

### Safeguarding Adults Training

The Safeguarding Board continues to promote and use the multi-agency Training Strategy; the strategy is based on four tiers. Different tiers of training for different groups of staff according to their identified role in the safeguarding process. Some staff will only require basic awareness in order to alert or report safeguarding concerns whilst others will require more than one, if not all, of the levels of training - for instance if they are responsible for co-ordinating and/or managing investigations.

<b>Training Attendance April 2011 - March 2012</b>	
<b>Course</b>	<b>Total number</b>
Mental Capacity 2005 Awareness	250
Adult Safeguarding Basic Awareness	557
Adult Safeguarding Enhanced	191
Mental Capacity Act – Assessments	8
Mental Capacity Act and Safeguarding	16
Deprivation of Liberty Awareness	165
Deprivation of Liberty for Managing Authorities.	6

Training opportunities are generally well attended and well received by participants. The sub - group continues to monitor evaluation forms and transfer of learning into the work place as ways of assuring quality of training events. During the current year, the training strategy has supported provision of training for managers and practitioners leading investigations and chairing case conferences.

### Serious Case Reviews

There were no serious case reviews undertaken during the year. As stated above, the action plans from two earlier reviews were implemented and signed off by the Board.

## Monitoring and Quality Assurance

### Abuse of Adult at Risk (AVA) Return 2011/2012

Abuse of Adults at Risk (AVA) Data is gathered annually. The majority of the data collected relates to the following seven stage safeguarding process:

- Stage 1: – Raising an Alert
- Stage 2: – Making a Referral
- Stage 3: - Strategy Discussion or Meeting
- Stage 4: - Investigation
- Stage 5: - Case Conference and Protection Plan
- Stage 6: - Review of the Protection Plan
- Stage 7: - Closing the Safeguarding Adults Process

The tables reproduced below are drawn from the information provided to the AVA data collection.

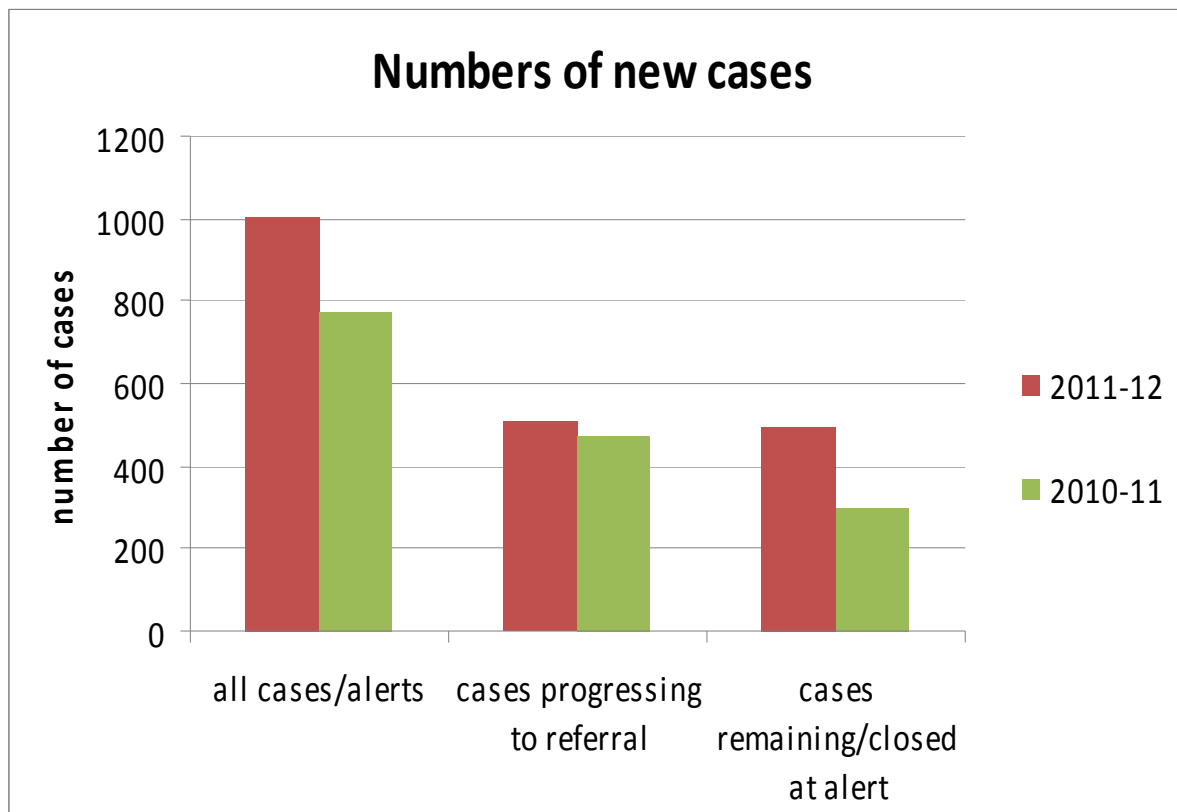
**Whilst every attempt has been made to provide accurate data for this report, we are not confident that the reporting systems and recording were robust enough to provide a completely accurate reflection of adult safeguarding investigations activity for the year 2011/12.**

### Quality Assurance Audit

A Quality Assurance Audit tool was developed towards the end of the 2011/2012-year with a view to piloting the tool in early 2012/2013. It is intended that tool will help measure aspects of quality within the Safeguarding Adults process.

If the pilot proves successful, Audit Reports, reflecting on outcomes and quality will be presented to the Safeguarding Adults Board in 2012/2013.

Figure 1: Number of New Cases in 2011/2012



The chart above shows comparative data between the years 2010/2011 and 2011/2012.

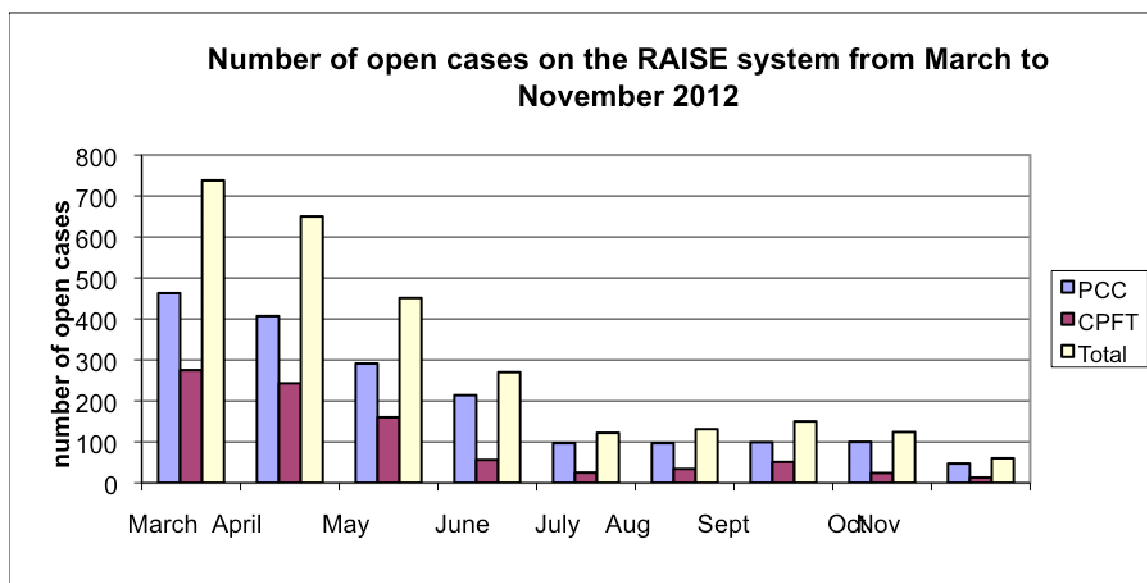
Overall there has been a year on year increase of 22.93% in all cases/alerts received. We view this not insignificant increase positively, as an indication that there is increased safeguarding awareness on the part of staff and public. This contention is supported by the smaller increase in the number of cases progressing from alert to referral being only 6.3%.

The average conversion rate for alerts to referrals in 2011/2012 was 50.66%, compared with 61.5% in 2010/2011. This suggests that staff are becoming more skilled at decision making.

By comparison, the available AVA data for 2010/2011 reports an average conversion rate of 57% suggesting that staff were perhaps being cautious in decision-making. This AVA figure is accompanied by a number of concerns about the application of definitions, the actual numbers reported and the number of councils providing information. This data set is improving over time as is local reporting.

This chart does not account for the number of cases that remained open at the end of 2011/2012; adjustments are reflected in 2012/2013 data. Please see below.

**Figure 2: Open Cases March 2012 to November 2012**

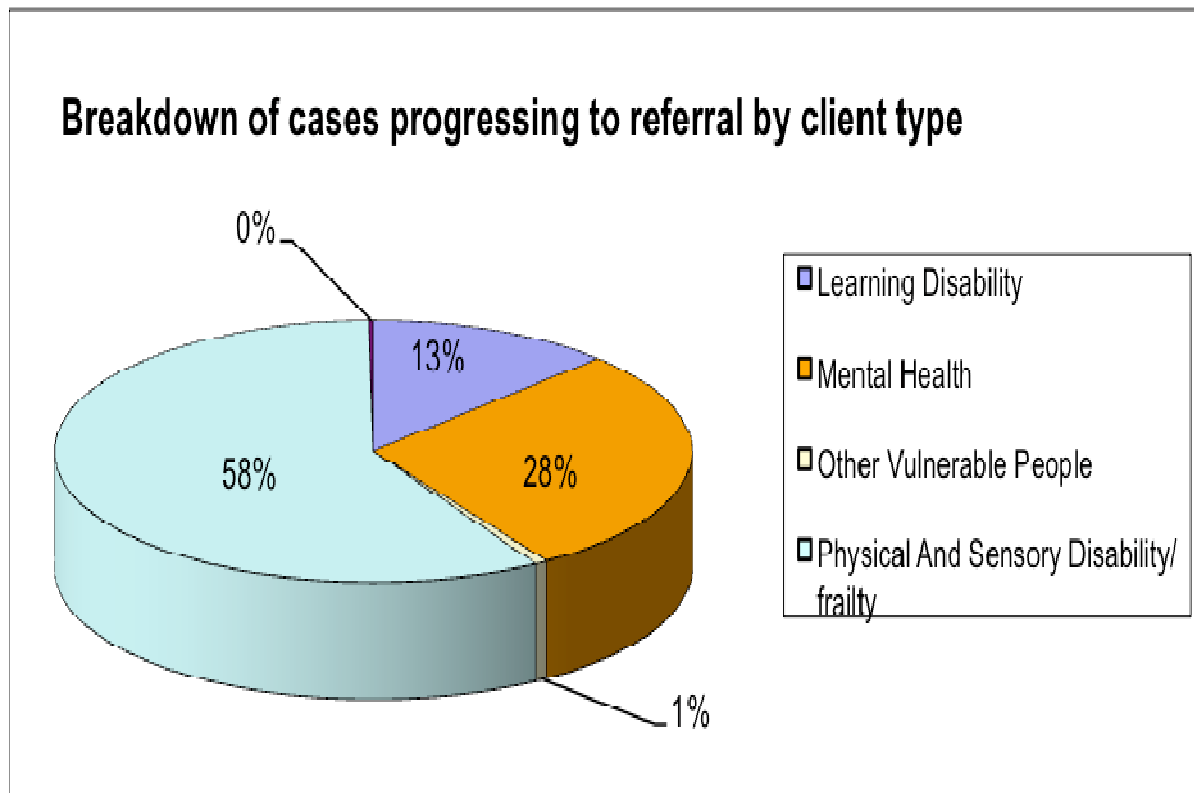


Although this chart is showing mainly 2012/2013 information it is relevant to this annual report. As previously stated approximately 600 ‘open’ safeguarding cases were found on the case record system (RAISE) in March 2012 as the Adult Social Care Department was re-established as a separate entity. These cases had not been closed down properly on the system although the safeguarding work had been completed and service users were ‘safe’. These cases had been worked on by staff in Peterborough Community Services and staff in Cambridgeshire and Peterborough Foundation Trust (CPFT).

A project was put in place to deal with these cases. Each case was scrutinised by a Team Manager and records on RAISE checked and amended accordingly. Because of the nature of the safeguarding work, there will always be a number of cases that remain open at the end of each month; the number of open cases should be proportionate to the number of referrals that are investigated.

The table above shows the successful reduction of open cases over the period March 2012 to November 2012. From July 2012 onwards the numbers of open cases have reduced to an acceptable level. Systems are now in place to prevent a repeat of this occurrence.

**Figure 3: Cases Progressing to Referral by Service User Group**



The chart above shows that the majority of safeguarding referrals are made for people who have a physical or sensory disability. This category includes older people (65 years and over) who represent the largest proportion of service users in the physical and sensory disability/frailty category.

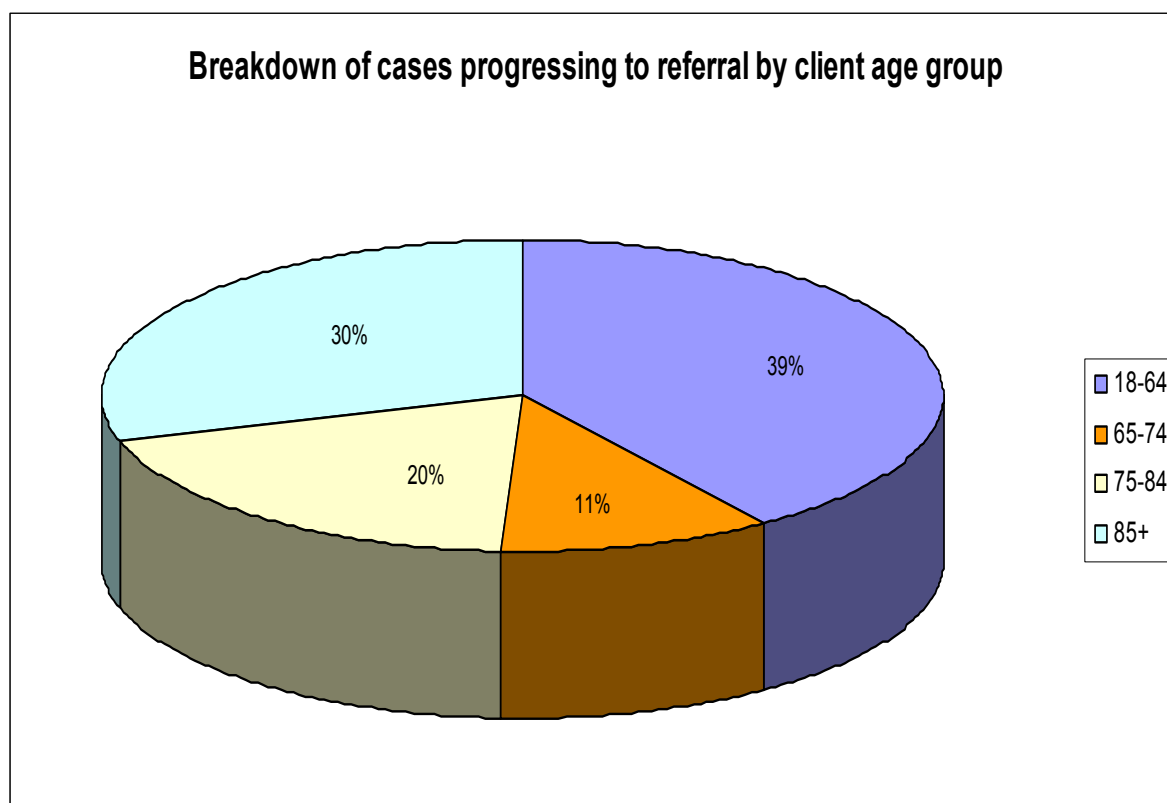
Compared with other authorities in the 'nearest neighbour' group (as defined by the Chartered Institute of Public Finance Accountants), it appears that Peterborough receives referrals on relatively high numbers of people with physical or sensory disability and relatively low numbers of people with learning disabilities.

Levels of safeguarding awareness within these user groups and/or a lack of confidence in dealing with 'authority' on the part of people with learning disabilities may explain these figures.

28% of service users with mental health needs engaged with safeguarding processes appear to be average and compare well with other authorities.

1% of referrals are for the category 'Substance Misuse'. This user group is difficult to engage in relation to safeguarding and all local authorities report small numbers.

**Figure 4: Cases Progressing to Referral by Service User Age Group**



65% of services users involved in the safeguarding process are aged 65 years and over, with 30% being aged 85 years and over. This is consistent with national data.

According to recently published population estimates, Peterborough's total population in 2011 (mid year) was 184,500. Of this number, 29,200 were men and women over pensionable age. There were 3,400 people aged 85 and over.

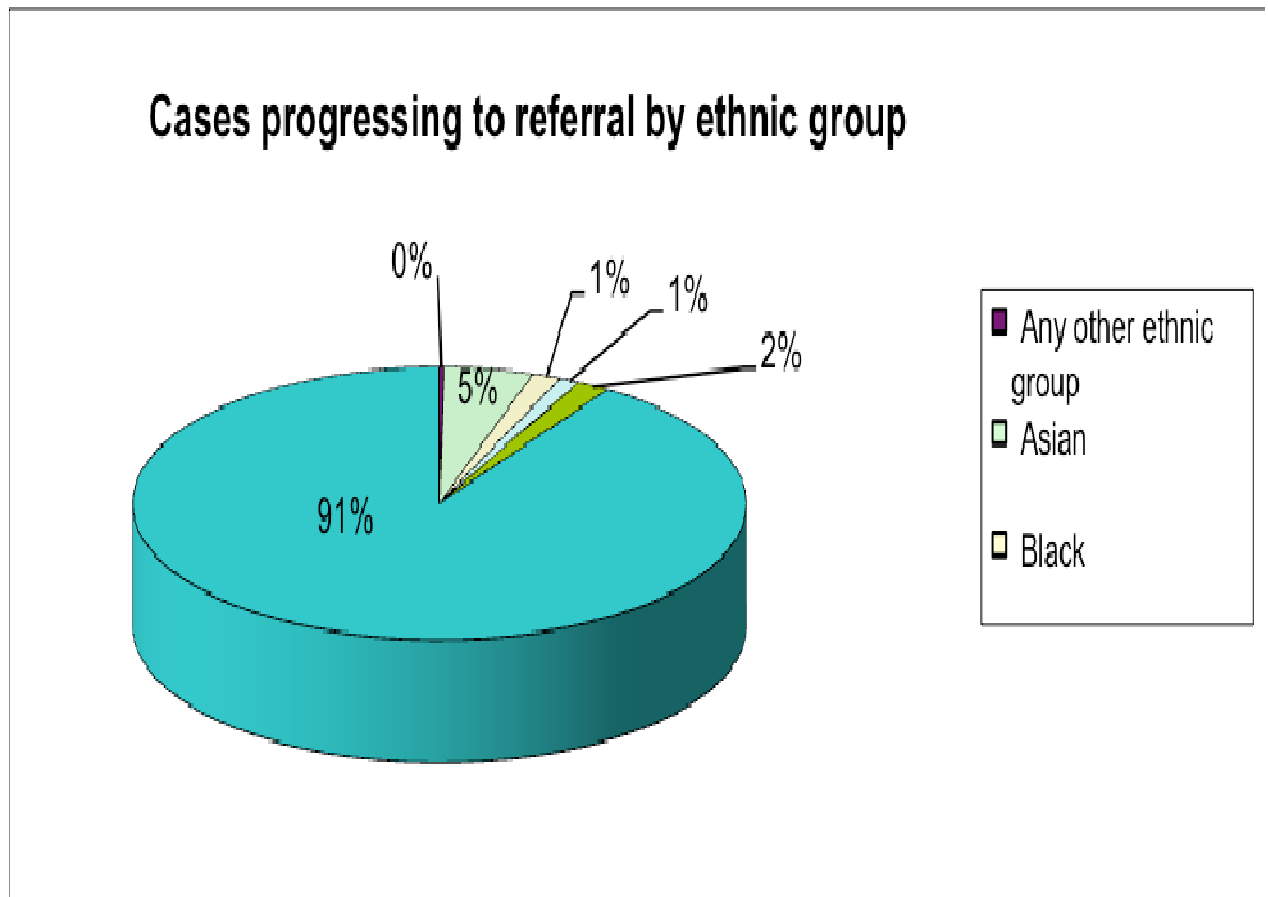
Table 1 below shows that those aged 64 and under are under-represented proportionately in the number of safeguarding referrals whilst those aged 75 and particularly those over 85 years, are over-represented. This fits with the perception that older people are more vulnerable.

**Table 1: Client Age Group**

Age Group	This age group as % of Peterborough's total population	The % of all safeguarding referrals that relate to this age group
18-64	60%+	39%
65-74	7%	11%
75-84	5%	20%
85+	2%	30%

Based on 2011 ONS mid-year population estimates for Peterborough

**Figure 5: Cases Progressing to Referral by Ethnic Group**



**Table 2: Ethnicity**

Census data (2009) showed that Peterborough's population was made up as follows:

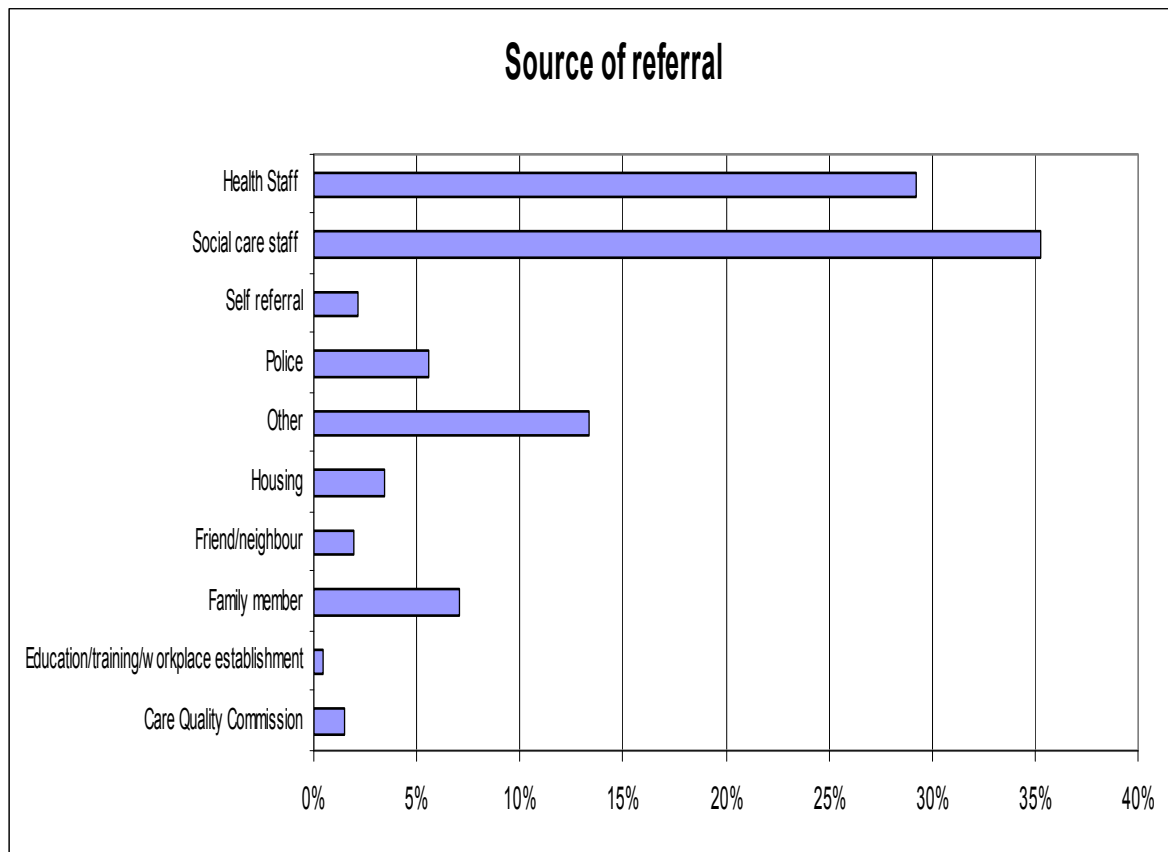
Ethnic Group	% Population	% Referrals
White	80.02	91
Mixed	1.99	1
Asian	8.70	5
Black	2.69	1
Chinese	1.46	0
Not known/Refused	0	2

Comparatively a higher percentage of referrals are made for the 'white' ethnic group than the percentage of 'white' people in the community, whilst the opposite is true for other ethnic groups.

This position is consistent with other local authorities.

It is not known if this is consistent with cultural differences or a lack of knowledge and/or understanding within minority ethnic groups.

Figure 6: Referral Source

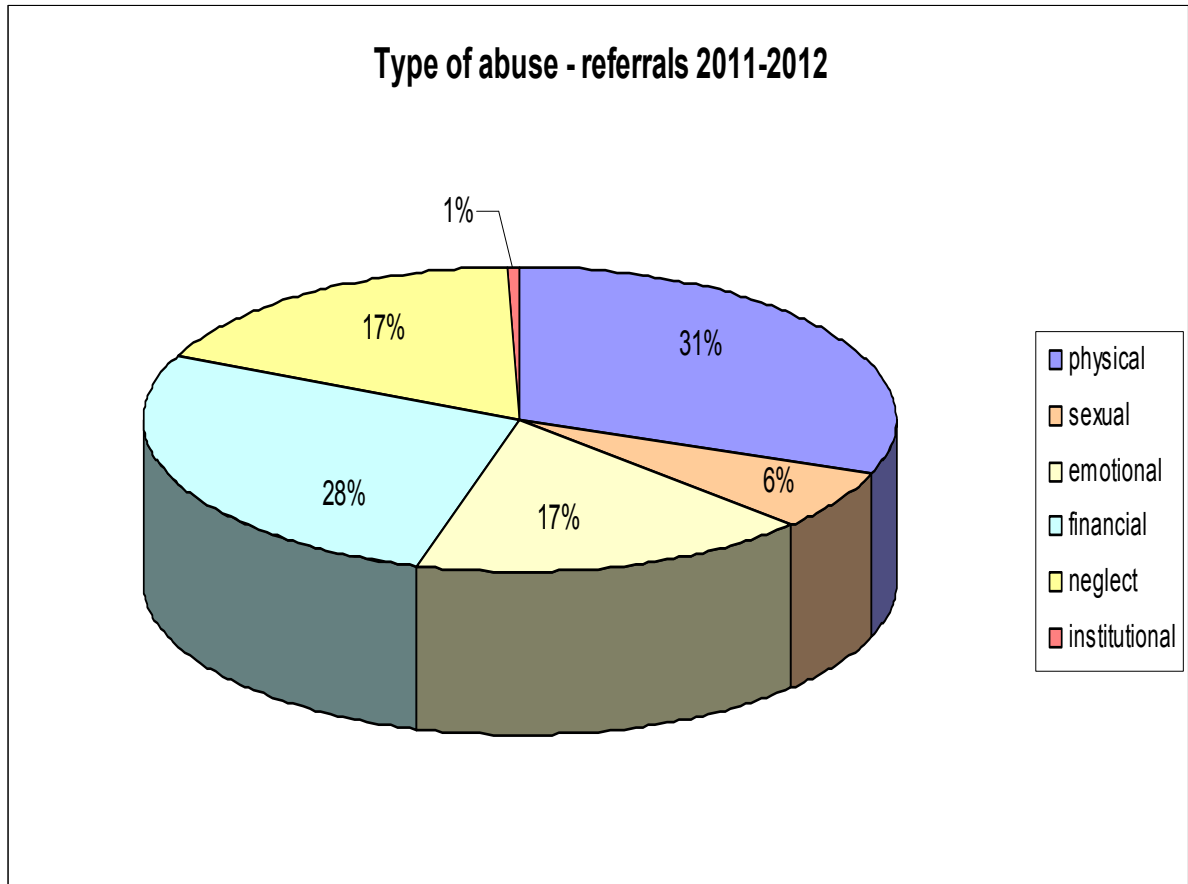


Comparing Peterborough with other authorities (CIPFA nearest neighbour group), the number of referrals made by social care staff is lower than the comparator group average whilst the number of referrals made by health staff is higher than the average. A positive interpretation of these figures suggests good levels of awareness in health and social care settings and may also indicate good partnership working. However, low percentages in other groups suggest a lack of awareness that may result in safeguarding issues going unreported.

It is also interesting to note that 46% of cases referred by social care staff were concluded as 'substantiated' compared with 37% overall.

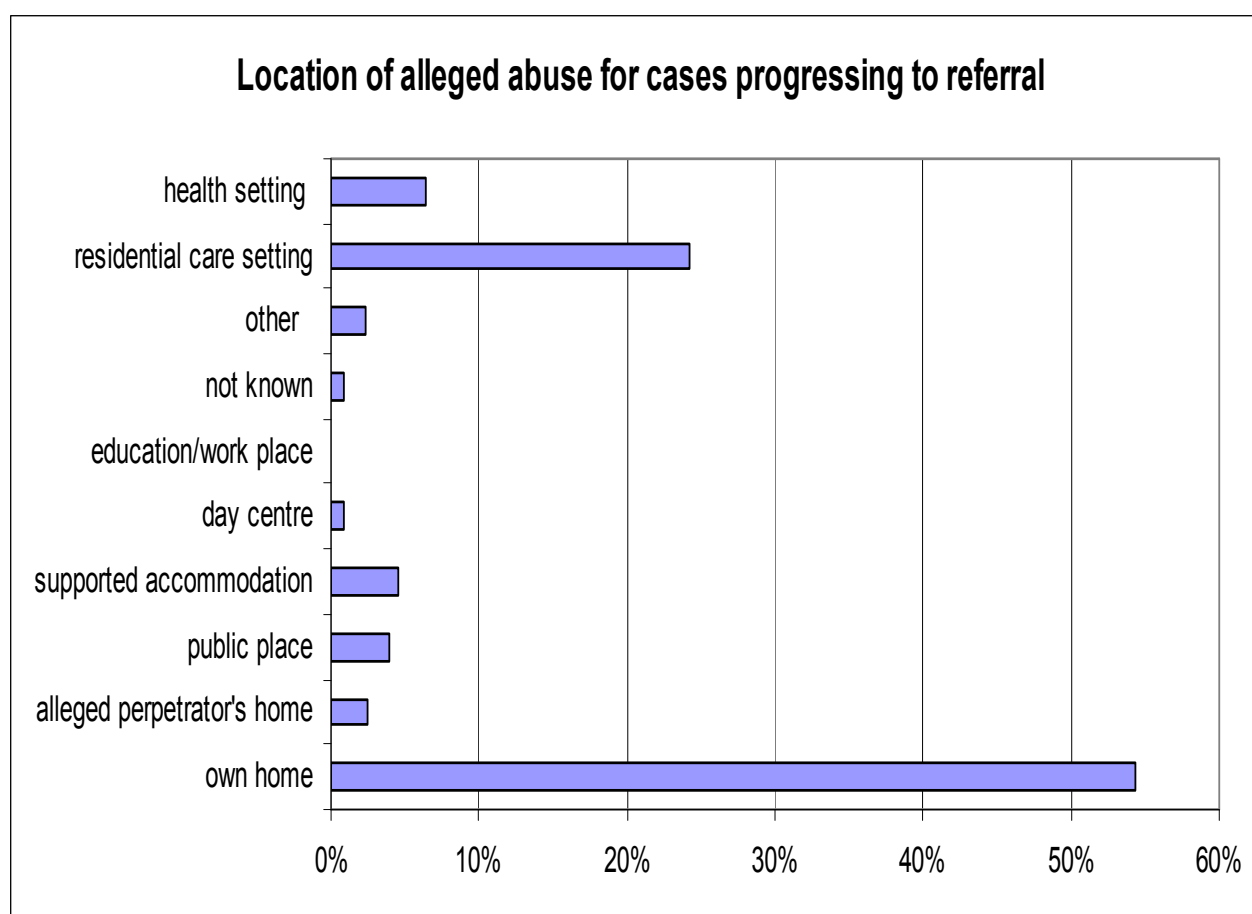


Figure 7: Abuse Type



Higher figures reported in the categories of physical and financial abuse is consistent with national data, as is small numbers of institutional and sexual abuse.

Figure 8: Location of Alleged Abuse



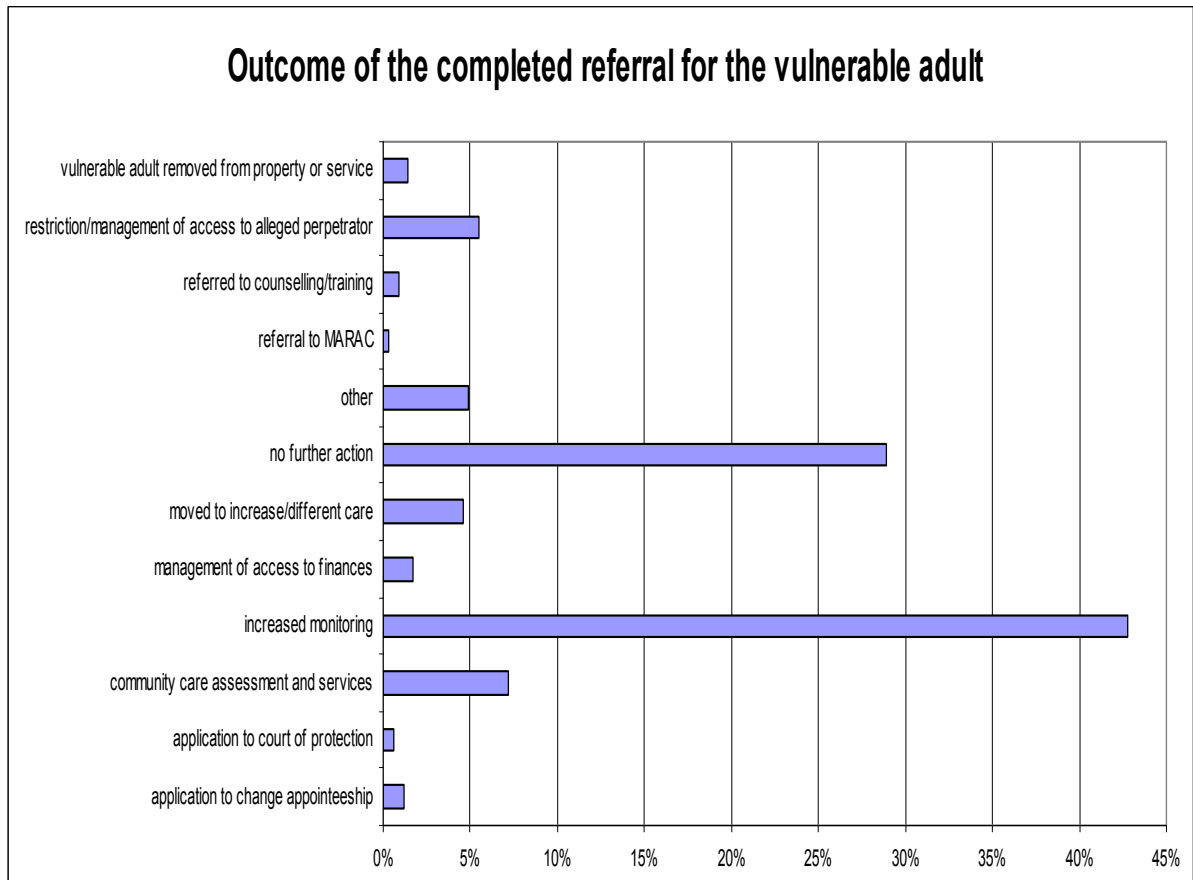
Analysis of this data is complex for a number of reasons, for example, populations in these settings are not static and there is not a consistent data set to use for comparison.

Alleged abuse occurred most frequently in the vulnerable adult's own home (54% of cases), with second highest number of alleged abuse occurring in 'residential care setting', 25% of cases. This figure is actually quite low when compared with national and comparator authorities where it runs at over 30%.

It is known that more people live in their own homes than live in residential care settings but it remains difficult to determine whether the figures above are 'appropriate' for the numbers living in each setting and the representative of levels of awareness staff in different settings should have.

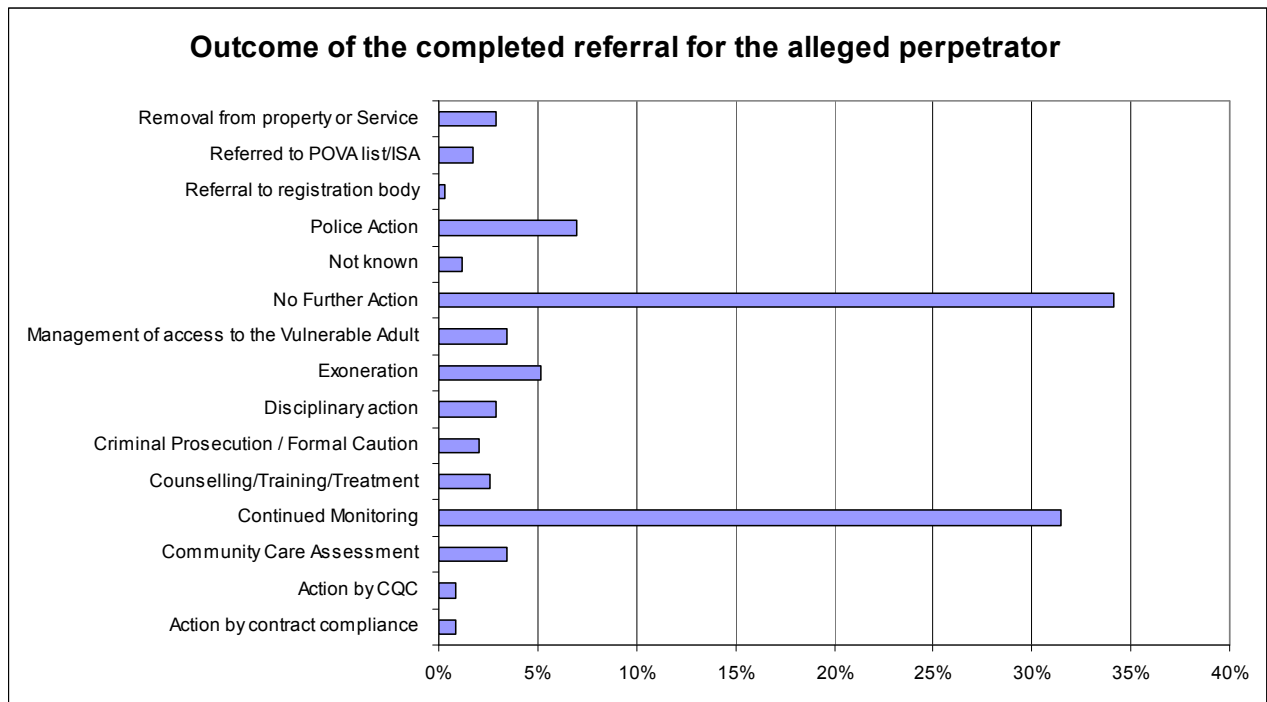
Low numbers of referrals from health settings (8%) remains concerning as it is difficult to know if this is as a result of poor awareness amongst staff in these settings or the provision of high quality care.

**Figure 9: Outcome of Completed Referral for Vulnerable Adult**



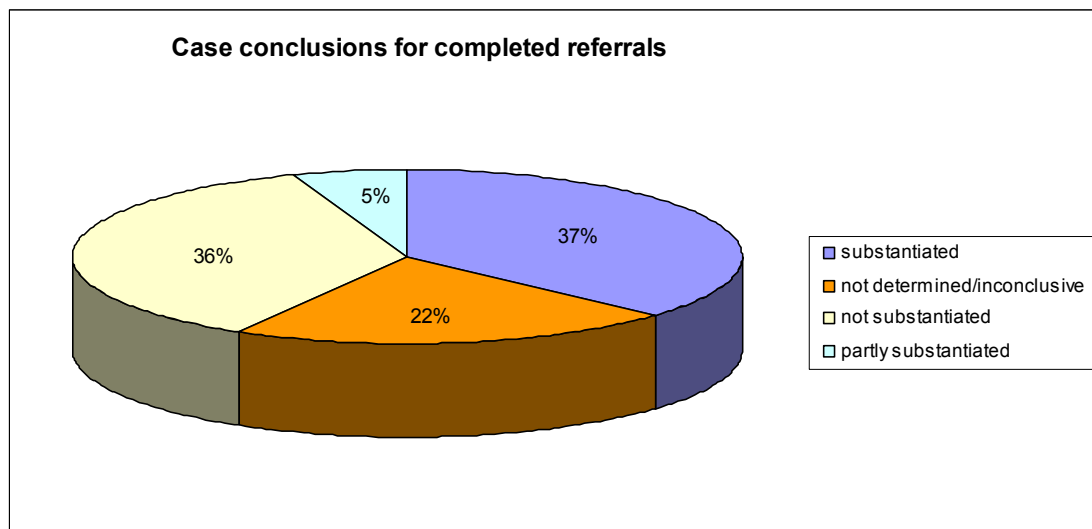
Approximately 43% of vulnerable adults became subject to 'increased monitoring'. From a quality assurance perspective further work needs to be undertaken in order to better understand how these outcomes impact on the vulnerable adults concerned.

**Figure 10: Outcome of Completed Referral for Alleged Perpetrator**



In 34% of cases no further action was taken against the perpetrator whilst 32% were subject to 'continued monitoring'. Approximately 3% of perpetrators were subject to a criminal prosecution or formal caution, whilst 7% were subject to police action. Both figures are low and should ideally be higher; currently there is no data available for comparison.

Figure 11: Case Conclusion



The AVA definition of 'Not Determined / Inconclusive' is: **The case conclusion should only be recorded as Not Determined / Inconclusive when it is not possible to record the outcome against any of the other categories.** This is expected to be an infrequently used category.

Given that 22% (i.e. over one fifth of cases) of case conclusions have been recorded in this category and the expectation is that this category will be used infrequently, further examination of practice should be undertaken to determine the underlying reasons for this. For example, this figure may represent a lack of thoroughness in investigations leading to insufficient evidence being gathered to enable more meaningful decision-making.

This percentage is higher than our comparator authorities' average, but lower than England as a whole. Our percentage of 'substantiated' cases is slightly higher than our comparators' and England as a whole.

## Partner Reports

### Adult Social Care (Peterborough City Council)

The Adult Social Care Department that had previously been integrated with health care services delivered via Peterborough Community Services was re-established as a Department of the local authority (Peterborough City Council) in February 2012 after eight years of integration.

The profile of safeguarding adults has risen subsequently with the Adult Social Care Department and the Safeguarding Adults Board taking the lead.

The Strategic leadership of safeguarding and support for the Board has been located within the Department's Quality, Performance and Information Division. This provides an arms-length separation from the day to day delivery of safeguarding which is located within the operational division of the Department – Care Services Delivery.

In Care Services Delivery, posts of Consultant Practitioners in Safeguarding have been established in both the Community Team and in the Learning Disability and Autism Services to strengthen both capacity and expertise at the front line.

Numbers of alerts received have continued to rise, as has the conversion rate of alerts into referrals requiring investigation. Further details may be found in the Monitoring and Quality Assurance Section below.

A change of personnel in the post of Strategic Lead Adult Safeguarding at the end of March 2012 meant that the post was vacant for several weeks. Interim cover was arranged. The post of Data Analyst Adult Safeguarding was filled which has helped us make significant data improvements.

### Age UK Peterborough

Safeguarding older and vulnerable people from abuse continues to be a priority for Age UK Peterborough.

Age UK Peterborough has embedded safeguarding training within its induction programme for all newly recruited staff and volunteers, thus ensuring that they are able to recognise the signs of abuse, react appropriately in such circumstances and report concerns to the relevant organisations.

This training is seen as essential in the context of a growing population of older people some of whom may potentially be at risk of harm.

*David Bache, Chief Executive*

## **Axiom Housing Association**

Axiom Housing Association is taking a lead role in representing the interests of Peterborough's social housing providers on the PSAB.

A significant proportion of social housing tenants may be regarded as living with some degree of risk to their personal safety, it is therefore important for all providers to be kept up to date with best practice and for them to access relevant training in the area of safeguarding, in order to help reduce risk to tenants.

All social housing providers aim to ensure that staff in contact with adults at risk are trained and vigilant.

*Stuart Fort, Operations Director*

## **Cambridgeshire and Peterborough NHS Foundation Trust**

### **1. Governance and Accountability**

The Chief Operating Officer is the Executive Director with Board responsibility for Safeguarding Adults, and attends the Peterborough Adult Safeguarding Board. The Head of Social Work is the Lead Officer for Adult Safeguarding with responsibility for developing processes and procedures within the Trust.

The Trust has an Adult Safeguarding Steering Group attended by senior staff across the Trust and representatives from Peterborough City Council and Cambridgeshire County Council. This group reviews and monitors safeguarding activity in the Trust and implements actions from the Safeguarding Boards.

### **2. Achievements (2011-2012)**

#### Workforce

- Increased numbers of SOVA Leads trained to coordinate investigations and provide advice, support and training to teams.
- Ward staff trained as SOVA Leads.

- Development of the peer support group for Peterborough CPFT staff who undertake safeguarding work.
- As a result of the success of the Peterborough advanced practitioner post for adult safeguarding, a similar post has been developed for the Trust's Cambridgeshire services.

#### Training

- A bespoke training package was developed for and delivered to contracted cleaning staff.
- At March 2012 the Trust could evidence 93% of staff had completed adult safeguarding training.

#### Policy and Procedures

- Trust Adult Safeguarding Policy and Procedures updated.
- Thresholds Guidance implemented to provide guidance for SOVA Leads.

#### Audit

- Internal audit of safeguarding process and outcomes conducted and action plan implemented. Recommendations included producing clearer risk management guidance and having unified processes and documentation across Peterborough and Cambridgeshire.

#### Activity Monitoring

- During 2011-12 there was a 77% increase in alerts and an 18% increase in safeguarding referrals over 2010-11. The increase in alerts was largely due to relatively minor altercations between in-patients where the situation was managed on the spot by ward staff.

#### Work with Prisons

- A protocol for developing adult safeguarding systems for people with mental health problems was agreed with HMP Peterborough. This was the first such protocol within the region and other mental health Trusts have expressed interest in developing similar agreements.

### **3. Staff Training**

Training for Trust staff is delivered in-house via induction, e-learning and face to face, class based learning. The E-learning module developed for Level 1 awareness training is mandatory for all CPFT staff.

The Trust currently has 44 staff trained as SOVA Investigators in Peterborough.

### **4. Priorities for the Coming Year**

- Ensure all staff receive appropriate training and are able to Recognise, Record and Refer safeguarding issues appropriately.
- Ensure that target of 95% for staff training is met.
- Ensure that each ward has a trained SOVA Lead.



- Implement action plan as result of internal audit.

*Mick Simpson, Interim Chief Operating Officer*

## **Cambridgeshire Community Services NHS Trust**

### **1. Introductions**

CCS NHS Trust has responsibility as a provider of NHS services. This relates to all staff being aware of their responsibilities to identify, report and manage SOVA issues within the remit of their role.

Throughout this year, CCS NHS Trust has continued to strengthen the governance arrangements for SOVA activity throughout the organisation.

### **2. Care Quality Commission**

The trust had declared non-compliance with CQC outcome 7 reg. 11 Safeguarding (Essential Standards of Quality and Safety) at the time of initial registration with CQC in April 2010. A trust wide SOVA training programme was developed during 2010/11 with full implementation occurring during Q1 and Q2 2011/12. The Trust has remained fully compliant since September 2011.

### **3. Poorly Performing Independent Providers and Suspension to Placements**

The situation remains where large amounts of resource are required to manage the safeguarding concerns raised when a provider is not performing to expected regulatory quality standards. When placements are suspended, trust staff are involved in assessing individuals for alternative care provision whilst investigating the SOVA related concerns. This continues to impact on locality teams in managing the day to day consequences of these issues. Trust staff continues to work alongside the Local Authority in monitoring the quality of care with Independent Providers.

### **4. Serious Incidents (Sis)**

A further requirement to report all grade 3 and 4 pressure ulcers as Sis was introduced in 2010/11. This reporting has informed further analysis of trends which may be indicative of safeguarding issues. Work has been undertaken throughout 2011/12 to clarify the reporting complexities relating to SOVA cases that may also be required to be reported as a Serious Incident.

### **5. Governance Arrangements including Safeguarding Adults Group**

The initial CCS NHST SOVA strategy was endorsed during 2010 and highlighted the approach to Safeguarding Adults that the trust has adopted. A full review is underway in 2012/13 to outline further developments and identify key performance indicators by which the effectiveness of the strategy can be measured.

The Quality Improvement and Safety Committee is constituted to oversee all aspects of safeguarding and offer assurance to the Board that the Trust discharges its duties effectively. More detailed scrutiny is undertaken at the Trust's Adult Safeguarding Group which is a formal sub committee focusing on both strategic improvements and operational issues that may impact our ability to deliver our responsibilities effectively. This group is chaired by the Executive Lead for Safeguarding Adults.

#### **6. Learning from Experience**

Information from incidents, complaints and PALs queries are fed into the Trust's Learning from Experience Group. SOVA issues and learning is considered alongside other aspects of patient/carer/service user experience. The increase in reportable pressure ulcers and their link to SOVA issues will be explored in detail within the group where a workshop format is intended to maximise learning.

#### **7. Safeguarding Review**

During 2011/12 a comprehensive safeguarding review was progressed to confirm what currently works well, what could be improved and to identify appropriate models for future practice. The recommendations informed the Trust's reshaping exercise including a new senior post, Head of Safeguarding.

#### **8. The Priorities for 2012/13**

Priorities for each year identified on the Trust's SOVA work programme which is monitored by the Safeguarding Adult Group (sub group of the Quality Improvement and Safety Committee).

For 2012/13 they include (not exclusive):

- Fully implement the Trust's recent internal reshaping of services which includes developing a formal infrastructure to support both adults and children's safeguarding services under the leadership of a new post Head of Safeguarding.
- To continue work with PCC and other partner agencies to monitor and improve the quality of independent care provision.
- To continue to work with all regulatory authorities to build on the current SOVA training provision for staff to include more specific sessions for health based staff.
- To develop a trust wide safeguarding strategy which clearly outlines our direction of travel over the next 3 years.
- Formalise relevant KPIs that are monitored and demonstrate improvements to practice.
- Work with other stakeholders to align reporting of SOVA based information (currently reporting timescales do not facilitate comprehensive analysis of all available data).

## Cambridgeshire Constabulary

Over the last year Cambridgeshire Constabulary has continued to develop and improve its practices in the arena of safeguarding of vulnerable adults. This has seen an increased professionalism and capacity to support those at risk in Peterborough.

The MARU has developed and grown in size with the introduction of co-located partners and a new investigation unit. The MARU comprises:

- Child protection desk made up of police officers, information managers and Cambridgeshire Children's Social Care.
- Domestic Abuse desk, which also contains information managers from the police and independent domestic violence advocates (IDVAs).
- Safeguarding of Vulnerable Adults (SOVA) desk containing a police officer, information managers and a social worker from Peterborough Adult Social Care.

The SOVA team risk assesses and grades all referrals before sharing them with relevant agencies and teams. Any referrals that may require a police investigation are sent to the Adult Abuse Investigation Unit (AAIU). This unit is made up of a Detective Sergeant, 5 Detective Constables and 3 civilian investigators. The AAIU works closely with our partners, attending strategy discussion and completing joint visits and action plans to ensure the most appropriate action is taken, offenders are brought to justice and vulnerable adults are appropriately safeguarded.

Work is continuing with our partners to further enhance and consolidate the benefits identified by working in a co-located multi agency team. As part of this, discussions are on-going to increase the number of partners located within the MARU.

An additional mechanism to support and safeguard adults at risk in Peterborough has been introduced through a dedicated Missing Persons unit. This is a new team made up of a Detective Sergeant and 3 police constables to manage missing persons. This unit manages all high risk missing persons investigations from the outset along with all medium and low risk investigations after 24 hours. The team will also act as a single point of contact for all out partners for concerns in this area. We will work together to reduce the number of repeat cases, requesting and attending strategy discussions and working towards joint action plans where appropriate.

*Detective Superintendent Simon Megicks*

## Carers Partnership Board

The Carers Partnership Board (CPB) brings together a range of carers, professionals, and interested parties to discuss issues as they affect carers in Peterborough.

The CPB's representation on and membership of the Peterborough Safeguarding Adults Board (PSAB) allows carers' perspectives, thoughts, aspirations and concerns to be properly heard by the PSAB. Two way communication is enabled, allowing CPB members to receive information and updates regarding safeguarding policies and practices, and enabling them to feedback about related carers' issues and support needs.

During 2011/2012, the CPB has received presentations and had discussions about the role and work of the safeguarding team and spent some time considering the content of the Association of Directors of Adult Social Services (ADASS) Advice Note (April 2011) to help us shape our thinking around future developments and responsibilities.

Our achievements in year include:-

- In April 2012, at the bi-annual event, the CPB consulted with carers about their safeguarding concerns and support needs. Approximately 40 carers were in attendance at what turned out to be a lively, interactive session.
- The CPB initiated, developed and delivered a Carers Safeguarding leaflet in conjunction with the PSAB. Copies of these leaflets have been distributed to approximately 2500 carers and professionals to help raise awareness and provide information.
- A safeguarding awareness training session was planned for delivery at the carers bi-annual event in April 2012 with plans to follow that up with a mailshot in September 2012 that will offer further training and awareness raising sessions.

Our challenges for the future include:

- Reaching unknown/hidden carers.
- Providing effective communication links with carers.
- Listening attentively to carers' view points and concerns.
- Responding appropriately to the degree of support that carers require.
- Providing effective support to address the stress, tension and challenges that carers experience.
- Ascertaining what carers in Peterborough need and continuing to promote and provide safeguarding awareness and training.

*Tim Bishop and Sue Lilley, Co Chairs NHS Carers Partnership Board*

## **NHS Peterborough**

Adult safeguarding has maintained a high profile within NHS Peterborough despite significant organisational change during 2011/12 with senior representation on the Safeguarding Board and sub groups.

The safeguarding manager post has become fully embedded in the organisation and takes a lead role in the PCT's corporate commissioning responsibilities for adult safeguarding, advising on best practice and creating a culture of safeguarding within the organisation.

Achievements include:

- Safeguarding self-assessment audit undertaken
- Provision of safeguarding update/newsletters to providers
- Regular safeguarding reports to the PCT Board
- Safeguarding adult standards in 2011/12 NHS provider contracts
- Safeguarding adult training mandatory for all PCT staff

The adult safeguarding agenda remains firmly embedded as the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is established. The joint adult and children safeguarding team sits within the CCG Quality Directorate and the team has been enhanced with the appointment of an Associate Director for safeguarding children and vulnerable adults and a lead nurse for adult safeguarding. The Director of Quality has the lead role in the CCG for safeguarding children and adults.

Priorities for the forthcoming year will focus on a programme of work to further develop the clinical quality assurance framework for safeguarding adults for all commissioned services including independent providers.

*Paula South*

*Associate Director, SG Children and Vulnerable Adults, NHS Peterborough*

## **Peterborough and Stamford Hospital NHS Foundation Trust**

The following highlights some of the key activities undertaken by the Peterborough and Stamford Hospitals NHS Foundation Trust from April 2011 to March 2012 in respect of its commitment and responsibility for maintaining the safety and protection of any adults at risk who use its services.

All Trust staff have a responsibility to ensure that they can recognise an adult at risk and respond appropriately. In October 2011 the Care Quality Commission (CQC) reviewed the Trust's adult

safeguarding procedures in line with Outcome 7 of the 'Essential Standards of Quality and Safety' which states that 'people should be protected from abuse and staff should respect their human rights.' The Trust was deemed 'compliant' with this outcome, that procedures were in place and that staff understood what to do to ensure that adults at risk are safeguarded from abuse.

The Trust is represented on the PSAB by the Assistant Director of Nursing and Care Quality (Patient Experience). This enables the Trust to be an integral decision maker in the development and progress of local safeguarding agendas.

The Trust's representative plays a key role in informing the Board on the development of safeguarding pathways and initiatives specifically related to healthcare in the acute sector. Membership of the board also allows the Trust to be involved in the development of policies and procedures which is a relatively new area of integrated practice. The Trust is also represented on the serious case review and training sub-groups.

The Trust has a Safeguarding Committee (SC) which seeks assurance that the organisation meets all safeguarding commitments and responsibilities. This committee is now well established and links both the adult and children safeguarding agendas; this integrated approach affirms the Trust's commitment to its responsibilities and further strengthens its relationships with other multi agency partners.

The SC receives reports on safeguarding activity including the Trust's Deprivation of Liberty responsibilities.

Over a three year period from April 2009 to March 2012, the Trust has raised a total of 64 alerts. 17 out of these 64 related to the standard of care given to patients by the Trust. At the point of writing, 16 out of 17 alerts were found to be unsubstantiated and one was still being investigated.

The Trust raised 47 alerts about 'external incidents' which ranged from concerns about patients' families to quality of care issues in care homes.

Year on year the number of alerts raised within the Trust has increased; this is attributed to the training that has occurred and the consequent increase in staff's awareness of safeguarding.

The Trust referred one case to the Serious Case Review Group. The Coroner's report showed that the death was not related to the care given by the Trust; therefore the case was not appropriate for consideration as a Serious Case Review.

The Trust has been commended for its work with People with Learning Disabilities (PWLD), a group that is widely regarded as being at higher potential risk of harm.

Key development areas for this patient group include:

- ✓ Implementation of a computer based flagging system for PWLD
- ✓ Launch of credit card sized patient passport
- ✓ A protocol for collaborative working between community and acute Learning Disability services.
- ✓ Implementation of a maternity pathway for parents with Learning Disabilities.
- ✓ Learning disability risk assessment tool.
- ✓ Accessible satisfaction questionnaire.
- ✓ Learning Disability Awareness training jointly delivered by a Disability Adviser and a Person with Learning Disabilities.
- ✓ Participation in the Learning Disability Pathfinder Project, an initiative of the Learning Disability Partnership Board.

*Lesley Crosby.*

*Assistant Director of Nursing and Care Quality (Patient Experience)*

### **Peterborough City Council**

Whilst the Adult Social Care Department is often seen as the department with primary responsibility for safeguarding vulnerable adults, the City Council as a whole takes its safeguarding responsibilities seriously and has endeavoured to develop an understanding of safeguarding within the frontline operations staff group. These staff regularly come into contact with adults at risk through their work in a variety of service areas such as housing, community safety, planning, transport and engineering.

Housing staff work closely with Occupational Therapy staff in an integrated approach to delivering adaptations in the homes of vulnerable people; such adaptations help to promote independence, reduce risk and promote safety within the home.

The work of the Community Safety Department has a strong connection with safeguarding and preventing harm particularly in the area of domestic abuse. The Council plans to review its domestic abuse service in the coming year which will help identify further common ground and opportunities for joint working.

The integration of public health responsibilities into the City Council's Operations Division will also identify opportunities for joint working and campaigning.

*Paul Phillipson. Executive Director – Operations*

## City College Peterborough

City College's membership of the PSAB provides the college with up to date information about national and local developments in safeguarding as well as the opportunity to share expertise and best practice.

We are pleased to report that safeguarding arrangements within the College were graded as 'good' by OFSTED in October 2011. OFSTED acknowledged that our practice of recording 'nagging doubts' as well as alerts and referrals, was going above and beyond the practice of many post-16 education providers. OFSTED were also impressed by the 'bee symbol' that the college has developed to represent being and staying safe. This symbol has greatly assisted in raising the profile of safeguarding in the organisation. All designated personnel and the Senior Management team have this symbol on their name badges and office doors to invite learners and staff to pursue the open door policy to report any issues or concerns.

Safeguarding was graded as 'outstanding' within our Foundation Learning service. The college's Foundation Learning Programme is for 16 – 19 years olds and supports them in learning vocational skills or qualifications; students benefit from the help of a dedicated support worker during their attendance.

The college held a very successful two-day awareness raising event aimed at staff and students in June 2011. Safeguarding information has been developed in a range of accessible formats including those learners with learning difficulties or disabilities (LLDD) in collaboration with Sense, the charity that supports people who are deaf/blind.

In our most recent learner survey,

- ✓ 96% of respondents said that they felt safe when studying at the college and
- ✓ 100% said that if they had not felt safe, they knew how to report it and who to report it to.
- ✓ 99.13% of learners on discrete LLDD provision felt safe in the college and knew how to report a problem.

The College remains committed to safeguarding learners and intends to involve learners, but particularly young learners and adults at risk, in reviewing and developing our policies and procedures in the light of best practice.

*Janet Bristow, Vice Principal*

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## Priorities for the Coming Year

### Safeguarding Adults Board Business Plan 2012/13

#### Priority Area 1: Effective Safeguarding Policies, Procedures and Governance

Outcome	Milestone	Lead	Timescale	Notes/Comments
Effective Multi agency processes, procedures and governance.	Complete work to clear backlog of 'open' safeguarding cases in ASC and CPFT	ASC Heads of Service. Head of Social Care, CPFT	June 2012	
	Ensure systems are in place to prevent a similar occurrence in the future.	ASC Heads of Service. Head of Social Care, CPFT Strategic Safeguarding Lead.	September 2012	
	Joint safeguarding Procedures agreed with Cambridgeshire County Council	Strategic Safeguarding Lead	October 2012	
	Discrete budget for the Board identified with agreed contributions from partners	Tina Hornsby and SAB Chair	July 2012	
	Strategic Safeguarding Team establishment agreed with posts filled by permanent staff	Tina Hornsby	September 2012	
	Annual Report	Quality Audit Manager and SAB Chair	September 2012	
	Performance Management Framework developed	Quality and Performance Sub Group	October 2012	

**Priority Area 2: Improve Response to Safeguarding Concerns**

<b>Outcomes</b>	<b>Milestone</b>	<b>Lead</b>	<b>Timescale</b>	<b>Notes/Comments</b>
The SAB is confident that safeguarding concerns are reported and responded to appropriately	Identify the difference made by the MARU and its benefits for adult services	Trudie Skeels (MARU)	June 2012	
(Proportionality)	Ensure that data recording improves to enable more understanding of performance	Tina Hornsby	September 2012	
(Protection)	Ensure thresholds for safeguarding referrals are clear, and understood by referring agencies (aim to reduce the proportion of alerts to referrals)	Safeguarding Training and development post	September 2012	
	Review the contribution of Peterborough Direct to safeguarding referrals.			
	Develop guidance with regard to the relationship between self neglect and safeguarding	Strategic Safeguarding Lead.	November 2012	

**Priority Area 3: Increased Access and Involvement**

<b>Outcome</b>	<b>Milestone</b>	<b>Lead</b>	<b>Timescale</b>	<b>Notes/Comments</b>
Ensure that information about safeguarding adults is accessible and that users are involved in policy development.	Improve safeguarding information on website	Safeguarding adults co-ordinator	September 2012	
(Empowerment)	Develop a systematic approach to involving service users and their families	Strategic Safeguarding Lead	November 2012	
(Prevention)				

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