



Peterborough Safeguarding Adults Board Annual Report 2013-14



*Safety, Enablement, Empowerment and Prevention,
at the centre of everything we do.*



The Peterborough Safeguarding Adults Board Annual Report 2013-14

Contents

- Introduction 3
- Background..... 4
- Members..... 4
- How The Board Operates 5
- Priority Area 1:Effective Safeguarding Policies, Procedures and Governance 6
 - Establishing a Board Strategy 6
 - Practice Guidance, building on Multi Agency Safeguarding Adults Policy
and Procedures 7
 - Deprivation of Liberty Safeguards 7
 - The Work of the Sub Groups..... 7
 - Quality and Performance Sub Group 7
 - Training Sub Group 8
 - Serious Case Review (SCR) Sub Group..... 8
- Priority Area 2:Improve response to safeguarding concerns. 10
 - Safeguarding Adults Activity 2013/14..... 10
 - Safeguarding Adults Training Report April 2013/14 15
 - Quality Monitoring and Audit 16
- Priority Area 3:Increased access and involvement 17
 - Improving accessibility of information..... 17
 - Participation in national pilots 17
 - Winterbourne Review 18
 - Notification of Concerns process and Quality oversight of providers 18
 - Findings from the 2014 Adult Social Care User Experience Survey. 19
- Summary 20



Introduction

It is my pleasure to introduce my first Peterborough Safeguarding Adults Board's Annual report. I would like to thank my predecessor Flick Schofield for all of her hard work during the last year.

The aim of the report is to capture the difference we made in 2013/14, set against the priorities we had identified in the previous annual report, and set out our priorities for 2014/15.

Once again, our work over the year took place in an environment of organisational change and resource constraint across the whole partnership, in particular with the reconfiguring of the health system and probation system. Nevertheless, I think that we have made some considerable progress again this year, particularly around our monitoring and oversight of the quality of care within Peterborough.

We have maintained close links with both the Peterborough Safeguarding Children Board and the Cambridgeshire Safeguarding Adults Board in recognition of those organisations that deliver services to both children and adults and across the council boundaries.

We have also kept close links with the Health and Wellbeing board in Peterborough.

In the forthcoming year we will need to ensure we are ready as a Board to fulfil the expectations of the Care Act 2014, which begins operation in April 2015.

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

Russell Wate
Independent Chair
September 2014

Background

Our current Safeguarding Adults Board was formed under the 'No Secrets' statutory guidance 2000. Safeguarding Adults Boards are not at this time a statutory requirement. The role of the Peterborough Safeguarding Adults Board under this 'No Secrets' guidance is summarised as follows:

- To ensure the safeguarding of adults at risk in Peterborough, to prevent abuse and neglect happening within the community and in service settings.
- To provide independent governance and audit of safeguarding practices and to promote the safeguarding interests of vulnerable adults to enable their wellbeing and safety.
- To promote, inform and support the work to safeguard adults in Peterborough across all the partnership agencies.
- To develop Peterborough's strategic safeguarding policies, and ensure the inclusion of these policies in all agencies strategy documents and plans.

Throughout this report we will make reference to the enhanced and statutory role of Safeguarding Adults Boards which will be introduced via the Care Act 2014 from April 2015.

Members

The Board has representation from the following organisations:

- Cambridgeshire and Peterborough Clinical Commissioning Group
- Cambridgeshire and Peterborough NHS Foundation Trust
- Cambridgeshire Community Services
- Cambridgeshire Constabulary
- Cambridgeshire Fire and Rescue Service
- Care Home Representative
- Domiciliary Care Representative
- East of England Ambulance Service NHS Trust
- Healthwatch
- HMP Peterborough
- NHS England
- 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 City College
- Peterborough Regional College
- Peterborough Voluntary Sector representatives (including Age UK and Mind)
- Probation Service (Now operating as the National Probation Service and BeNCH – Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire Community Rehabilitation Company PLC)

For further information about the work undertaken by individual member organisations across the partnership in 2013/14, please refer to the "Peterborough Safeguarding Adults Board Members Commentary" document, which can be found at:

www.peterborough.gov.uk/safeguardingadults

How The Board Operates

The Peterborough Safeguarding Adults Board provides the strategic leadership for safeguarding adults work locally. The Board's approach to safeguarding is based on promoting dignity and respect, helping all people to feel safe and making sure safeguarding is everyone's business

In 2013-14 Adult Social Care began to transform its service delivery and this will continue through 2014/15 in preparation for the implementation of the Care Act from April 2015. There was continued health reorganisation during 2013-14 with Cambridgeshire and Peterborough Clinical Commissioning Group, Peterborough and Borderline Local Commissioning Group, and NHS England taking on the functions previously carried out by the Primary Care Trust. There was also reorganisation within the Probation Service in preparation for the establishment of the National Probation Service and the Community Rehabilitation Company in May 2014. Against this backdrop the Safeguarding Adults Board continued to provide the strategic leadership for the adult safeguarding agenda.

The Board is supported by three sub-groups:

- Quality and Performance Sub-Group
- Training Sub-Group
- Serious Case Review Sub-Group

The Board monitored its progress for 2013/14 against the three priorities identified in its business plan:

- Priority Area 1 - Effective safeguarding policies procedures and governance
- Priority Area 2 - Improved response to safeguarding concerns
- Priority Area 3 - Increased access and involvement.

This report reflects the work undertaken which we feel has delivered performance improvement across the system during 2013-14, and sets out some further work programmes for 2014/15 to allow further progress to be made, alongside our preparations for the Care act 2014.



Priority Area 1 – Effective Safeguarding Policies, Procedures and Governance

Establishing a Board Strategy

The Board held its annual away day in February 2014 and set out the main framework for a strategy to take it forward into the coming years.

From the day we were able to draft a Board vision as set out below:

Our vision is clear: **Safety, Enablement, Empowerment and Prevention will be at the centre of everything we do.**

We have agreed that our vision includes:

- Enabling and empowering our communities to live a life free from harm
- Working together to promote the early detection of harm, abuse and neglect, and before it happens, make proportionate, preventive intervention.
- That if abuse has taken place, to provide an effective multi-agency response where professionals are competent and communities know how to respond
- Making sure that service users and their carers are empowered and well represented
- Working closely with the voluntary and private sector to build and develop choices
- Continuously improving our skills and practices to effectively safeguard adults at risk



A strategy is subsequently being developed during 2014/15 to determine how we will deliver this vision. To support further development the Board has invited the Local Government Association to undertake a Peer Review of Safeguarding Adults in Peterborough, at a date to be agreed. Learning from this review will help us build on our strategy, and develop our business plan and preparations for the Care Act responsibilities from April 2015.

Practice Guidance – building on Multi Agency Safeguarding Adults Policy and Procedures

The current Multi Agency Safeguarding Policy and Procedures were formally adopted by the Safeguarding Adults Board in March 2013. During 2013/14 a Practice Guidance Task and Finish group has produced the following guidance documents to support the procedures:

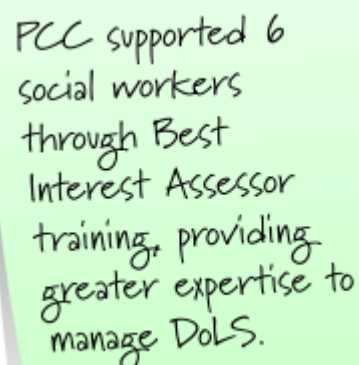
- Minute Taking for Safeguarding Meetings
- Working with the Coroner's Office
- Pressure Ulcers (to support decision making about when to make a safeguarding adults referral regarding pressure ulcers).
- An Escalation and Resolution procedure

Work is continuing to develop a framework for Serious Case Reviews and other Multi-Agency Reviews, and the Large Scale Investigation Procedure.

The Board is still committed to ensuring that where possible, future policy and procedural developments are undertaken in conjunction with Cambridgeshire County Council. Work to review our policy and procedures in preparation for the Care Act will be done in conjunction with the regional ADASS Safeguarding network, alongside Cambridgeshire.

Deprivation of Liberty Safeguards

In the period 1 April 2013 to 31 March 2014, Peterborough City Council's Deprivation of Liberty Safeguards (DOLS) team received 24 requests for DOLS authorisation, compared to 17 in the previous year. 10 were from hospital settings (either acute or psychiatric inpatient wards) and 14 were from care homes, compared to 5 from care homes in the previous year. This represented some level of improved awareness in Care Homes, but not enough. However, the Cheshire West judgement which came at the end of 2013/14 has led to a much increased awareness and 138 requests from care homes in the first quarter of 2014/15 alone.



PCC supported 6 social workers through Best Interest Assessor training, providing greater expertise to manage DOLS.

The Work of the Sub Groups

Quality and Performance Sub Group

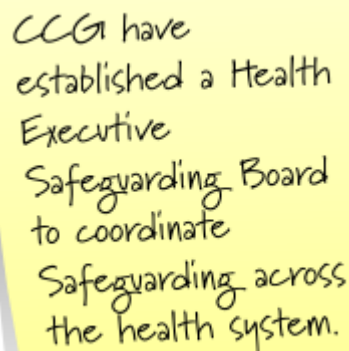
The Quality and Performance Sub Group draws membership from a cross section of partner organisations. The purpose of this sub-group can be categorised as:

- To assure adult safeguarding processes in Peterborough are safe, effective and provide a positive customer experience.
- To commission specific quality and performance analysis work and to report findings and make recommendations to the SAB

Highlight achievements

A Performance Framework was agreed in July 2013. This includes a performance report which is reviewed quarterly by the Sub-Group and a summary Dashboard which is presented to the Board. The Dashboard includes the following system performance indicators.

- Timelines for investigations
- Outcomes of investigations
- Use of Protection Plans
- Re-referral rates
- Number of DOLS requests made and granted
- Numbers in secure provision as per Winterbourne Review definition.



CCG have established a Health Executive Safeguarding Board to coordinate Safeguarding across the health system.

The Sub-group also overviewed the development of quality audit work around investigations and some pilot programmes around outcomes and experiences for adults supported by the investigation process.

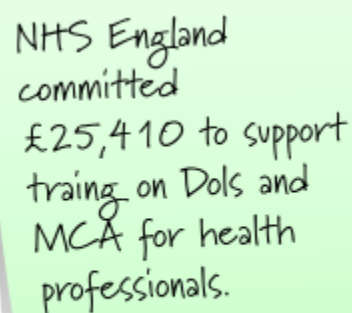
Details on performance and quality relating to Safeguarding is covered under priority 2.

Training Sub Group

The purpose of the Training Sub Group is to oversee and commission training which further strengthens the awareness of safeguarding. To ensure that those who respond to and investigate safeguarding concerns have the necessary skills to do so effectively.

Highlight Achievements

- Developed a Training Strategy and training programme for 2014/15
- Oversaw the work of the Practice Guidance Task and Finish Group
- Targeted training for provider managers around their roles and responsibilities in relation to safeguarding
- Targeted training for professionals leading investigations



NHS England committed £25,410 to support training on Dols and MCA for health professionals.

Serious Case Review (SCR) Sub Group

The purpose of the Sub Group is to consider referrals made to the group which either meet the criteria for a serious case review or which might result in lessons learned for partnership working if examined in detail.

The Serious Case Review subgroup is chaired by the independent chair of the Safeguarding Adults Board and comprises of senior managers from all the statutory agencies.

For the year 2013-14 two potential Serious Case Reviews were considered, but no Serious Case Reviews were undertaken. A multi-agency review, which commenced in 2012, into a case where an elderly man had sadly died from sepsis due to pressure sores, was completed. The report was agreed by the Board and a programme of learning events were held over the summer and autumn.

As direct recommendations from the review, practice guidance around pressure sores and a process for recording and communicating concerns about care providers were both developed.

Effective Safeguarding Policies, Procedures and Governance - Priorities set for 2013/14

- Review Safeguarding Procedures and develop a framework for Serious Case and other Multi-Agency Reviews – **Delayed pending Care Act guidance**
- Review and agree funding arrangements for the Safeguarding Adults Board - **Delayed pending Care Act guidance**
- Develop a Performance Management Framework - **Complete**
- Develop quality assurance of safeguarding adults work - **Underway**
- Improve awareness of MCA and DOL's in care home settings - **Underway**

Effective Safeguarding Policies, Procedures and Governance - Our priorities for 2014/15

- Review Safeguarding Procedures and develop a framework for multi-agency reviews in light of the Care Act, in partnership with Cambridgeshire SAB and the regional ADASS safeguarding network.
- Develop a MCA and DOLS service that is able to provide a quality and timely response to the increased demand for use of DOLS within care settings.
- Review SAB membership and funding in light of the Care Act 2014 guidance
- Undergo an LGA Peer review of Adult Safeguarding arrangements in Peterborough

Priority Area 2 – Improve response to safeguarding concerns.

Safeguarding Adults Activity 2013/14

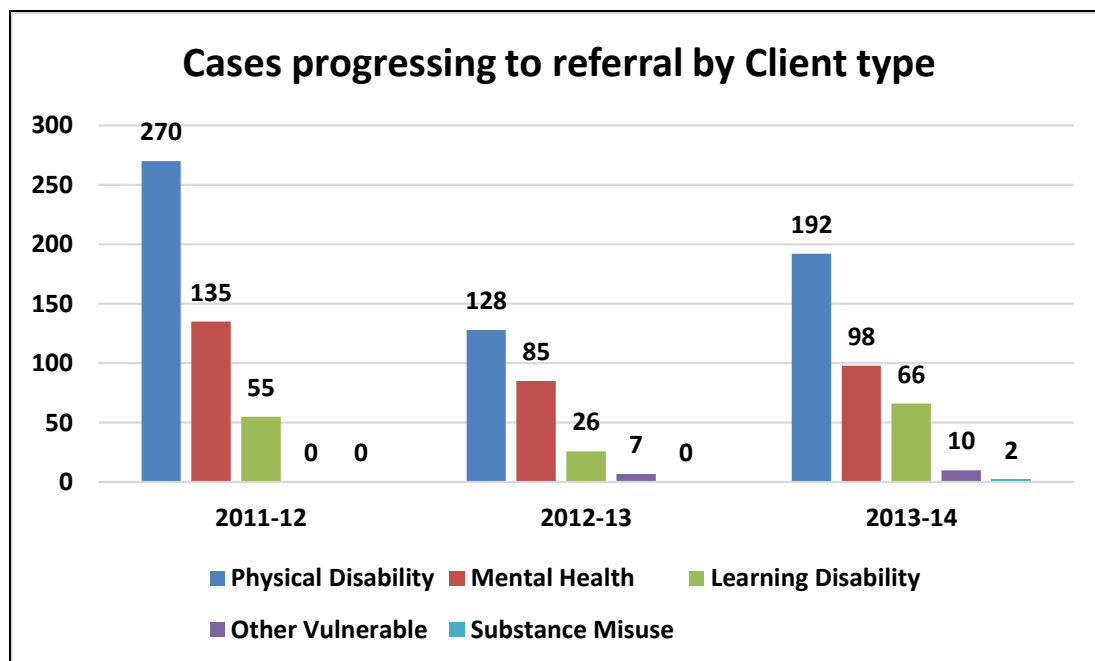
During 2013/14 the national reporting for Adult Safeguarding was changed and a new return was introduced, the Safeguarding Adults Return. In order to comply with this return we have changed some of our recording. Therefore not all information available for the year can be compared with previous years or with elsewhere in England. One of the significant changes has been the move away from counting safeguarding alerts.

In order to ensure responsiveness to safeguarding concerns we need to ensure that there is awareness amongst all agencies and that appropriate alerts are raised. Too many referrals can be evidence of a lack of understanding of what constitutes a safeguarding concern, too few can be evidence of a lack of awareness of adults at risk. Initial first cut benchmarking of referral rates under the new Safeguarding Adults Return shows Peterborough rate to be 260 referrals per 100,000 of the population and the all England rate to be slightly lower at 251 per 100,000. See figure 1 below.

Figure 1

	Total referrals	Total adult population	Referrals per 100,000
Peterborough	368	115,400	260
England	105560	33,013,910	251

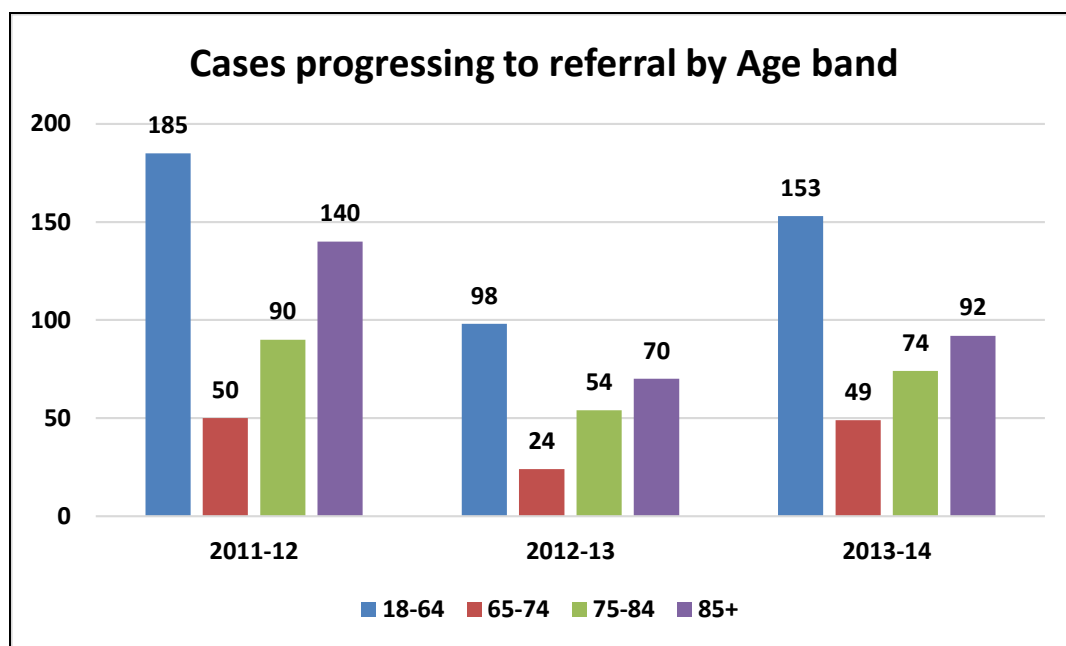
Figure 2: Cases Progressing to Referral by Service User Group



As in previous years the majority of referrals were for those recorded as being physically disabled or frail (52%), which includes frail older people. Mental health was the next largest percentage with 27% of referrals, and a further 7% being dementia. 18% of referrals were for adults with learning disabilities, (an increase from 10% in the previous year) and 10% were for people with sensory impairments (a new category for 2013/14 which would previously have been included in physical disability).

Of the referrals received 308 (84%) were for people with White British ethnicity. Referrals for other ethnic groups were spread, with the next largest percentage (5%) being Asian / Asian British.

Figure 3: Cases progressing to referral by Age band



In 2012/13 people aged 65 years or over accounted for combined 66% of all safeguarding referrals. The balance changed slightly in 2013/14 with only 58% of referrals relating to adults aged 65 and over and 42% relating to younger adults, aged 18-64. Those aged 85 or over continue to be most at risk, making up 25% of all referrals received.

Figure 4: Source and type of alleged abuse

Type of abuse	Social Care / Support service	Individual known to the person	Individual unknown to the person	Total
Physical	57	85	8	150
Sexual	8	33	4	45
Psychological/ Emotional	26	77	6	109
Financial / Material	17	102	13	132
Neglect or omission	125	42	22	189
Discriminatory	1	42	22	65
Institutional	40	3	0	43
Total	274	345	54	

The most commonly investigated form of alleged abuse was neglect, with 189 referrals involving some aspect of neglect, the majority of which (125, 66%) relating to social care providers or support services. This is line with the issues we have discovered around the poor quality of some social care provision with the city. Improving our oversight of quality

of care provision has been a key focus for us in 2013/14 and continues to be so in 2014/15.

During the year there were 11 large scale investigations into providers of social care and health care services, accounting for a large proportion of the referrals relating to institutional abuse and neglect or omission. Concerns around the quality of care provision have led to plans for the CCG and the Council to establish a quality improvement team to support care providers in the City.

Financial abuse was still the most common form of abuse alleged to be perpetrated by someone known to the adult at risk, other than as a social care worker.

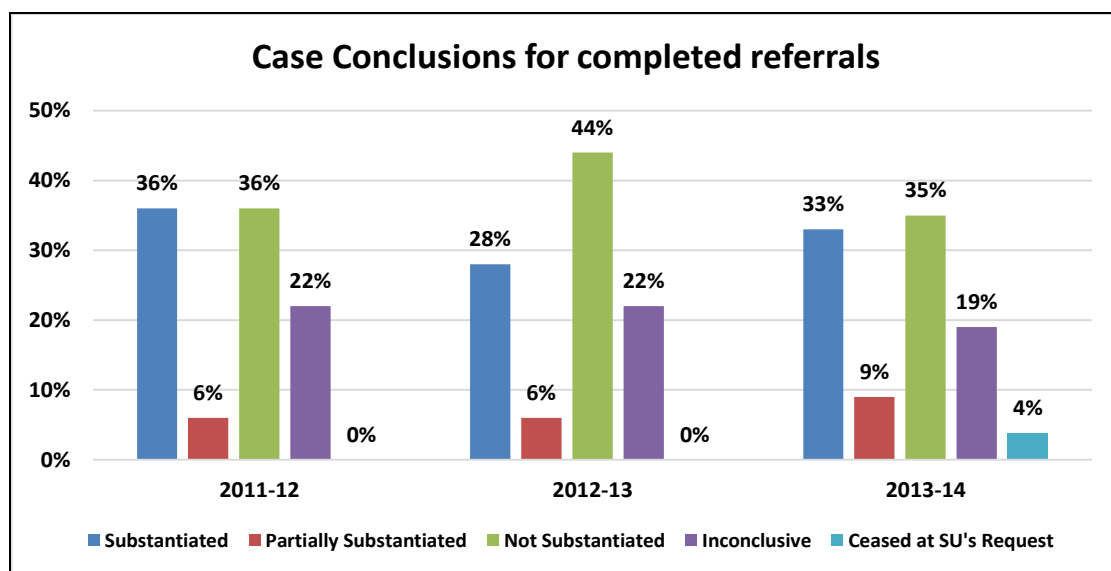
Outcomes of referrals and investigations

PSHFT uses outcomes from safeguarding investigations to inform "top tips" a bi-monthly newsletter.

Of the 368 received in the year 288 led to some action being taken under safeguarding. Of these 288 only 40 (14%) were judged to still have the same level of risk following the investigation, 168 (58%) had "reduced risk" and 80 (28%) had the "risk removed". Where no action was taken this is likely to have been because the investigation revealed no risk of abuse.

Figure 5 below shows a breakdown of the case conclusions for all completed referrals.

Figure 5: Case conclusion



In 2012/13 cases which were concluded as Not Substantiated accounted for 44% of all safeguarding adult cases, whereas in 2013/14 this dropped to 35%. It is felt that this is linked to the tightening of timelines for completion leading to better evidence collection; our previous rates of not substantiated outcomes were high compared to other similar cities. The percentage resulting in an inconclusive finding also reduced from 22% to 19%

The percentage of investigations where abuse was substantiated increased from 28% to 33%, and those which were partially substantiated rose from 6% to 9%. Although

benchmarking is not yet available for 2013/14, these figures appear to be more aligned to the national picture than in 2012/13.

Improving the quality of safeguarding in Peterborough

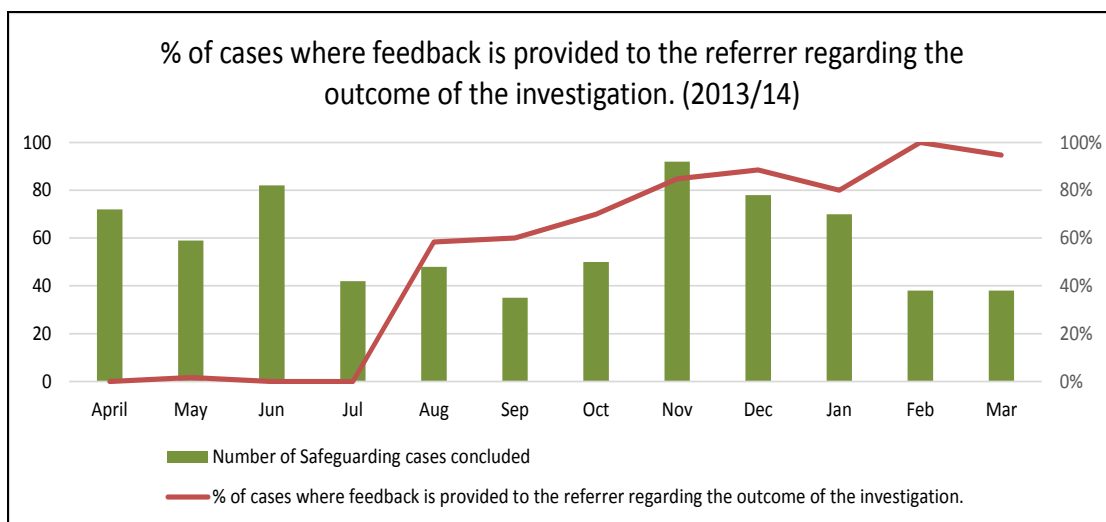
Alongside collecting activity data for the national safeguarding returns the Quality and Performance Sub-Group have developed metrics to aid the Board in monitoring the quality and inclusiveness of safeguarding in the City. This work led to the launch of a new investigation process in November 2013 and the introduction of a SAB Performance dashboard. The dashboard metrics can be aligned to the following three performance improvement themes:

1. Strengthen response to referrers of safeguarding concerns

Referrers had expressed concerns around a lack of feedback at key points of the safeguarding investigation process, at the point at which it is decided to treat a concern as a referral and at the conclusion of an investigation. Two measures were introduced to the dashboard.

1. **Feedback to referrers.** Of the 704 concerns submitted 345 (or 49%) referrers were given feedback after the referral / non referral decision. This is not as high as we would wish and we will continue to monitor this measure.
2. **Feedback not given to referrers after the outcome of the investigation.** We have seen a vast improvement in recording cases where feedback was being given; The graph below shows the increasing rates of feedback being given throughout the year. By March only 5% of referrers did not receive some form of feedback at the end of the investigation, see figure 6 below.

Figure 6. % of cases where feedback was given to the Referrer regarding the outcome of the investigation.



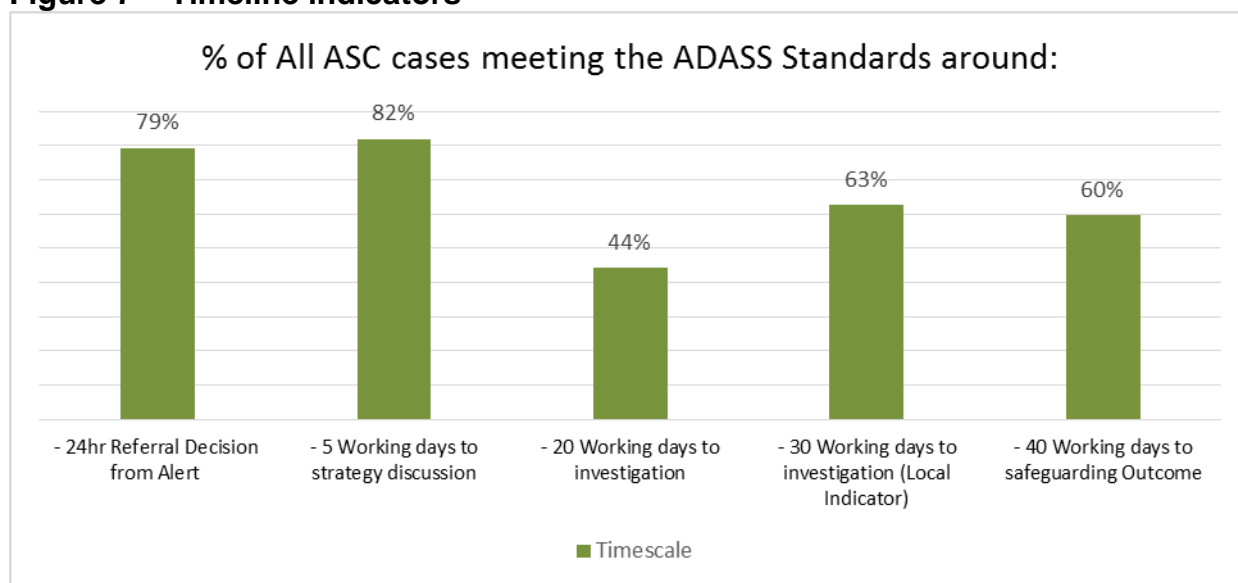
Providers have asked that we now focus on improving the value of feedback provided, to ensure that it is shared with the responsible manager in a useful format, to maximise potential for learning.

2. Improve timeliness of investigations

Although there are no nationally set timeframes for conducting and completing adult safeguarding investigations, the Board was anxious to monitor timelines to ensure previous issues with back logs did not reoccur. The Board agreed to monitor the investigation process via the following four timeline benchmarks, suggested by the Association of Directors of Adult Social Services (ADASS)

- 24 hours to decide to treat concern as a referral
- Strategy meeting or discussion to be held within 5 working days
- Investigations completed within 20 working days / 30 working days
- Outcome of the investigation to be known within 40 working days

Figure 7 – Timeline indicators



Although improvements have been made there has been particular difficulty in meeting the timelines around investigation completion. This is in part due to the number of large scale investigations that have been undertaken during the year, but also in part due to a focus on quality audit of investigations meaning that some investigations were kept open longer to ensure a thorough investigation took place.

The improvement in percentages of substantiated cases might be evidence that timelines are not adversely affecting outcomes.

3. Prevention of further abuse

The Board also wished to identify measures to show the impact of investigations in preventing further abuse. Two measures were identified as headline measures of this.

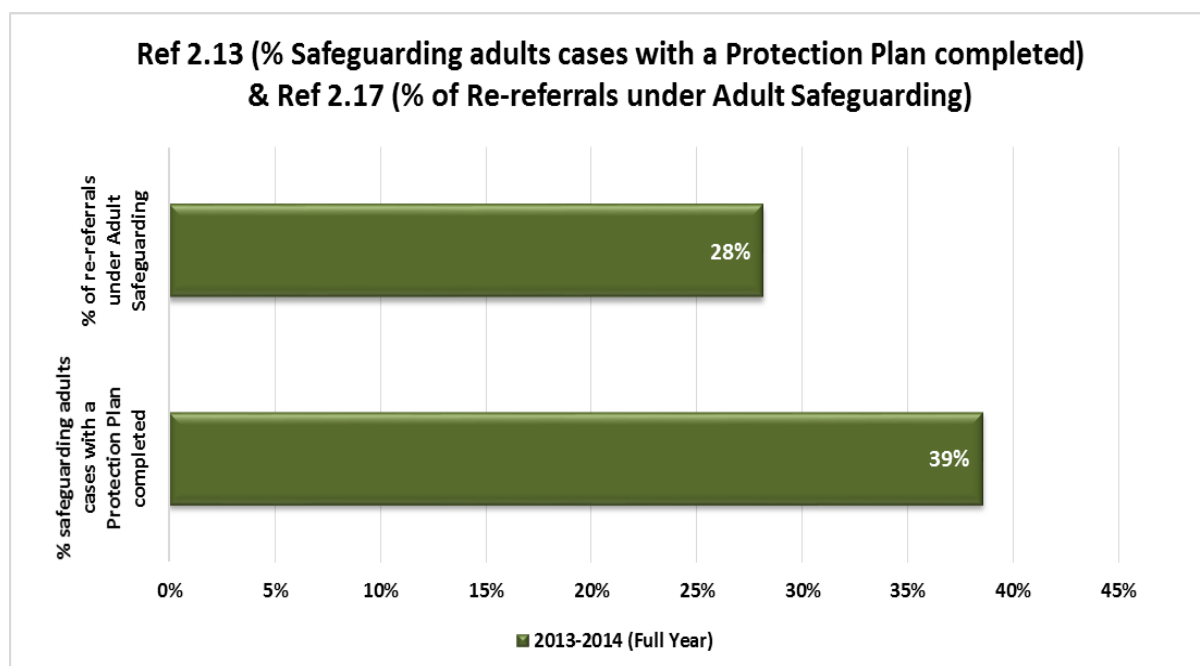
- % of safeguarding adults cases where a protection plan was put in place
- % of safeguarding referrals that were re-referrals

The rate of re-referrals rose in 2013/14, although this is felt to be due to the large numbers of individuals included in large scale investigations and also to be a reflection on previous historical

We were one of the first to run "Building Better Relationships" programme, promoting safety and prevention. BeNCH

referrals. This continues to be a key measure for us to monitor in 2014/15.

Figure 8 – prevention indicators



The use of protection plans to prevent further harm rose significantly throughout the year and has continued to rise into the first quarter of 2014/15. It is hoped that the focus on protection plans will also impact on future re-referral rates.

Safeguarding Adults Training Report April 2013/14

Identification and response to safeguarding concerns are dependent upon knowledge, understanding and awareness of all agencies. The Safeguarding Adults Board has an agreed training plan to enhance this.

During the year we began to move away from generic training to more focussed training for specific groups. Rather than running a generic “Enhanced” safeguarding course we have run courses for those who lead investigations, minute case conferences, and for provider managers. These focussed courses were well received.

We have also developed a course for Councillors which was initially rolled out to Scrutiny Commission members but will be rolled out more widely in 2014/15.

CPFT - Staff involved in investigations are supported by monthly peer supervision.

We introduced shorter level 1 refresher sessions for Safeguarding and MCA/ DOLS, but these were not taken up as well as expected. This may be due to a lack of understanding around when a refresher is appropriate, or an indicator of the volume of new starters within the system.

Providers have requested MCA and DOLS training for them in their role be added to the plan for 2014/15 following the Cheshire West judgement.

All partner organisations report on training compliance levels within their highlight reports to the SAB.

Quality Monitoring and Audit

During 2013/14 steps were taken to significantly enhance both the quality auditing of safeguarding investigations and the quality of social care provision to vulnerable people.

A noticeable improvement in the quality of work continues, indicating that feedback from case audits is worthwhile - PCC

We have instigated regular case audits of safeguarding investigations by senior managers across the City Council and Cambridgeshire and Peterborough Foundation Trust (CPFT) social care functions. Within the year 59 investigations were audited. Where specific concerns around an individual investigation were found the worker and team manager were issued letters giving clear guidance on remedial action to be taken. More recently we have seen a number of investigations judged to be excellent and workers have received letters of commendation for the clear analysis carried out.

From January 2014 Team Managers and Social Workers have been included in the case audit process and the next step will be to involve external agencies. This will begin by the Police auditing their involvement in a sample of cases.

Improve Response to Safeguarding Concerns – Our Priorities for 2013/14

- Ensure thresholds for safeguarding referrals are better understood. **Awaiting guidance around Care Act**
- Strengthen response to referrers of safeguarding concerns. **Improving**
- Provide training for all managers to enhance their skills in leading investigations - **Provided**
- Improve outcomes for service users – **Pilot projects undertaken**
- Ensure an increase in take up of training provided – **more targeted training provided**

Improve Response to Safeguarding Concerns – Our Priorities for next year

- Work with the County project group and Children's Services to establish a MASH
- Continue with national outcome pilots – in line with Care Act 2014
- Training for GPs, in MCA and DOLs
- Training for Provider managers in MCA and DOLs
- Enhance monitoring of quality around MCA and DOLs
- Continue to build on quality and audit processes
- Establish a quality improvement team to support providers

Priority Area 3 – Increased access and involvement

CPFT established a volunteer mentor scheme to work with people with LD and particular mental health issues.

Improving accessibility of information

During 2013/14 we have continued to look at ways to better increase awareness of adult safeguarding and to improve the involvement of adults at risk in the process of investigations and in quality overview of social care provision and of our work as a Board.

We have added to the information available on the Adult Social Care Safeguarding Adults website, which now includes posters and leaflets to download, and newsletters.

The image displays several pieces of safeguarding information. On the left is a large poster with the heading 'STOP ABUSE' in bold blue letters. Below the heading, it says 'Some adults cannot protect themselves' and features a collage of photos showing people in various situations, some appearing distressed. At the bottom of the poster, it reads 'Don't ignore abuse. REPORT IT' and 'Call 01733 747474'. To the right is a leaflet titled 'Safeguarding Adults from Abuse' with a blue and white color scheme. The leaflet contains sections such as 'Who is an "adult at risk"?' and 'What is abuse?'. It also includes a photo of a young man with his hands clasped in prayer. The Peterborough City Council logo is visible on both the poster and the leaflet.

The Council is currently investing in an extensive redesign of its website and customer facing portals as part of its Customer Experience Programme. The Safeguarding Adults Board pages will be included as part of this redesign to further enhance accessibility.

Participation in national pilots

We also took part in two national pilot projects both looking at ways to involve adults at risk in the safeguarding investigation process:

Making safeguarding Personal – a pilot run by the Local Government Association (LGA) and ADASS

Safeguarding Outcomes Measures – a pilot run by the Department of Health Information Centre.

Both pilots will feed national work to prepare for the Care Act 2014 and the establishment of a new national safeguarding outcomes measure.

Winterbourne Review

The Board has continued to receive reports on the progress of implementing the learning from Winterbourne View. The Winterbourne review recognises that choice and empowerment is needed to prevent institutional abuse, and that secure hospital settings are not the correct settings to foster this.

All Peterborough people who were ready to be resettled have now received person centred support to move on from the secure setting placements outside Peterborough. At the end of March 2014 only 8 people with Learning Disabilities still remained in secure settings, all of whom were not yet ready to move on.

Notification of Concerns process and Quality oversight of providers

In response to findings from the multi-agency review overseen by the Serious Case Review Sub-Group, and to the concerns around the quality of some care services within the City a process has been established for collecting and sharing concerns about social care providers. The Notification of Concerns process requires any Council Adult Social Care worker identifying concerns or being informed of concerns about a provider to record them within the system. Notices are then sent to the contracts monitoring and quality assurance functions within the Council in order that immediate action can be taken if required.

Working to improve the safeguarding expertise and quality in directly commissioned services.

In addition a monthly multi-agency review is held including adult social care, the Clinical Commissioning Group and Healthwatch to review the concerns raised and agree any system wide actions and inputs.

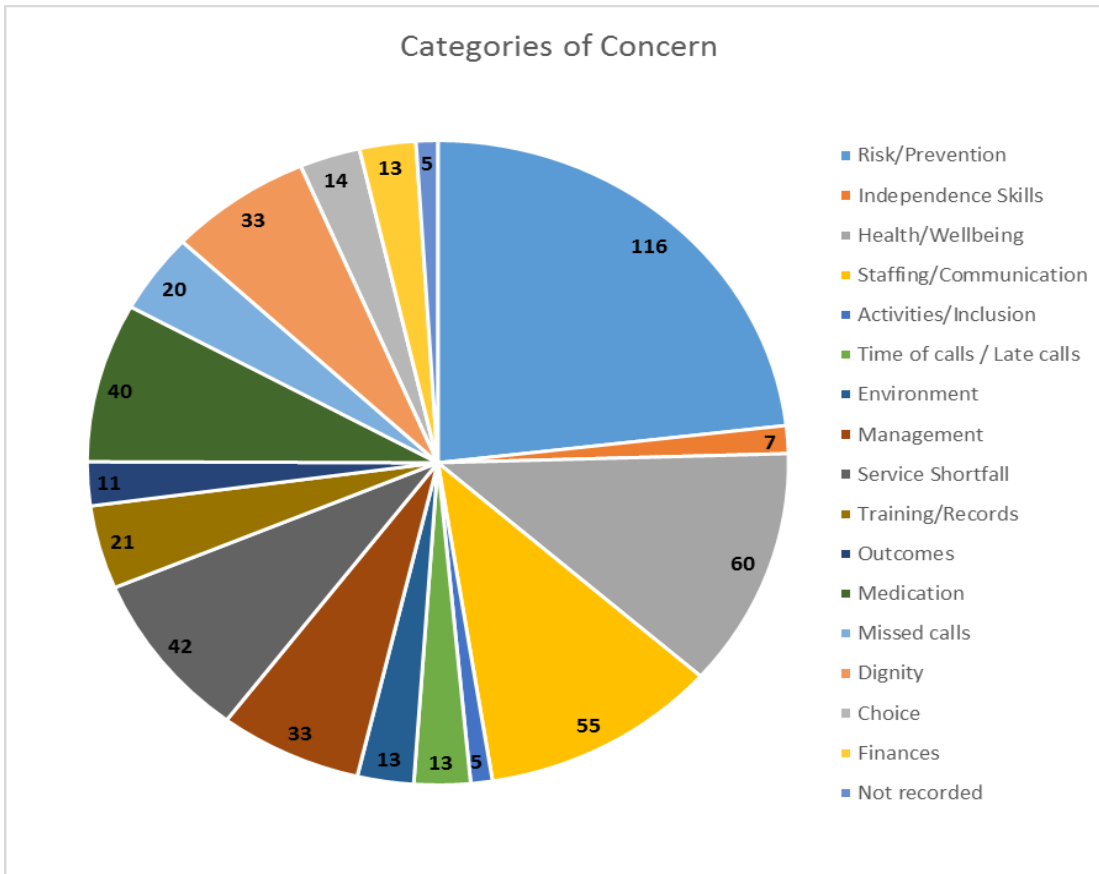
System actions taken have ranged from system wide suspension of commissioning from a provider, through to increased contract monitoring visits, or an “enter and view” visit being made by Healthwatch.

A summary of the concerns reviewed from the establishment of the process to end March 2014, is shown below.

Count of concerns received:	248
Count of categories selected:	501

Note: The count of categories selected for the 248 NOC was 501, as many NOC related to more than one category of concern.

Figure 11 – Notifications of Concern – count of categories selected.



The knowledge being built up over time via this process will allow us to target quality improvement interventions more widely for the City. This information has also helped support the business case for the establishment of a multi-professional quality improvement team for the City.

Feedback from providers has recognised the worth of surveillance and monitoring but has asked that addressing issues identified is seen as a partnership, and that summary of concerns raised should be shared openly and regularly with providers. This will be a key objective for the quality improvement team once in place.

Findings from the 2014 Adult Social Care User Experience Survey.

The Quality and Performance Sub-Group have reviewed the findings of the User Survey carried out in February 2014, where they relate to safety, dignity and control. Key messages are summarised below.

A significant increase was observed in the proportion of service users who said care and support services help them in feeling safe from 72% in 2012/13 to 84.2% in 2013/14. Nationally only 79.2% of service users felt their services helped them keep safe, so Peterborough service users experience here appears more positive.

98% of students feel safe, and 97% of parents/carers feel that Peterborough Regional College is safe.

There was also an increase in those feeling that their care or support services did not undermine how they felt about themselves from 87.8% in 2012/13 to 89% in 2013/14, in line with the national average of 89.1%.

However less people felt they had control over their lives, 76.4% in 2013/14 compared to 78.8% in the previous year, and only 87.7% felt their support services helped them have control, as opposed to 88.1% in the previous year.

Nationally 76.7% of respondents felt they had control and 86.9% felt services helped them take control. Although less people in Peterborough felt they had control a higher percentage still felt their services help them to have control than the national picture.

Although an increased percentage of people felt their support services helped them feel safe, overall less people felt safe 91.5% as opposed to 93.9% in 2012/13, with the national average being 93.9%. The percentage who did not feel safe at all rose from 1.2% to 2%, higher than the national average of 1.8%. Where users indicated they did not feel safe social workers were alerted so that follow up action could be taken.

Increased Access and Involvement – Our Priorities for 2013/14

- Continue to develop the Safeguarding Adults website. **ongoing**
- Continue to review our safeguarding publications and launch our new 'Stop Abuse' poster and leaflet. **complete**
- Ensure that contract management processes are reviewed ensuring service users are safeguarded. **ongoing**
- Establish a system for sharing concerns about care providers. **Ongoing**
- Continue Progress to ensure the Government's action plan on Winterbourne View is implemented. **Ongoing**

Increased Access and Involvement – Our Priorities for 2014 /15

- Continue to build on the Notification of Concerns process and system wide intelligence sharing
- Implement a quality improvement team with health and social care specialist inputs.
- Improve service user perception of safety within the community
- Implement aspects of the Care Act 2014 relating to personalisation and advocacy, and access to advice and information as they relate to safeguarding and the prevention of significant harm to wellbeing.

Summary

In summary, the Board feels that a great deal of progress has been made during the year, putting systems in place to try to improve safeguarding of adults in Peterborough.

The focus for 2014/15 will be making the systems work to deliver outcomes, as well as delivering long term sustainability by preparing for the Care Act 2014 and applying learning from our Peers via the Peer Challenge process.



East of England Ambulance Service **NHS**
NHS Trust



Cambridgeshire Community Services **NHS**
NHS Trust



CAMBRIDGESHIRE
FIRE & RESCUE SERVICE

Peterborough and Stamford Hospitals **NHS**
NHS Foundation Trust

Cambridgeshire and Peterborough **NHS**
Foundation Trust

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

If you require any further information please contact:

Tina Hornsby, Assistant Director, Quality Information and Performance
Adult Social Care, Peterborough City Council

Email: tina.hornsby@peterborough.gov.uk

Telephone: 01733 452434

Or visit our website: www.peterborough.gov.uk/safeguardingadults



Creating a safer
Cambridgeshire



**City College
Peterborough**

Working together, learning together



**Peterborough
Regional College**



for better mental health

**Peterborough
and Fenland**



**Cambridgeshire
& Peterborough
Probation Trust**





Peterborough Safeguarding Adults Board Members Commentary 2013-14

This document is a supplement to the Peterborough Safeguarding Adults
Annual Report 2013-14



Safety, Enablement, Empowerment and Prevention

Peterborough Safeguarding Adults Board Members Commentary 2013-14

Contents

Core Members	3
Adult Social Care – Peterborough City Council	3
Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)	5
Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)	6
Cambridgeshire Community Services (CCS)	9
Cambridgeshire Constabulary	9
NHS England: East Anglia area team	11
Peterborough and Stamford Hospitals Foundation Trust	12
Other Members	14
Age UK, Peterborough	14
Axiom Housing	14
Cambridgeshire Fire and Rescue Service (CFRS)	14
Carers Partnership Board	15
City College	16
Domiciliary Care Representative	16
Healthwatch Peterborough	17
Peterborough and Fenland Mind	17
Peterborough Regional College	17
Residential and Nursing Representative	20

Core Members

Adult Social Care – Peterborough City Council

Achievements

The Council established a Raising The Bar quality improvement initiative for Safeguarding. This includes monthly performance meetings and weekly case review audits lead by members of the Departmental Management Team. The findings of the review are notified to all relevant parties to share good practice and learning and development for individuals and the organisation.

Following learning from this initiative the safeguarding investigation forms and workflows were revised and all staff received a mix of systems and practice training. Electronic referrals from PHSFT for Safeguarding referrals were introduced from December.

The Council transferred its contracting and procurement function for Adult Social Care to SERCO in July 2013. Following this transfer there was a re-tender for domiciliary care services, using the ADASS Regional Contract which includes a widened quality schedule.

A new suspension protocol was agreed to formalise the suspension of contracts where there are significant quality concerns about providers. The draft large scale investigation procedure has been operationalised and a number of large scale investigations have been carried out in the year.

The Council completed and submitted the Winterbourne View stocktake, and worked with the Mental Health Trust to ensure all eligible residents were appropriately reviewed and resettled where appropriate.

The Carers Partnership Board agreed a new three year strategy to support carers in the City. The strategy is also accompanied by a carers directory which can be found on the website at <http://www.peterborough.gov.uk/pdf/HealthAndSocialCare-ASC-CarersDirectory-ASCDirectory2013.pdf>

The Council launched a new notifications of concern procedure to link it to the regular multi-agency Quality and Information Sharing meetings.

Training appropriate to role and responsibility continues to be undertaken for Managers and Social Care staff. This has included additional training in relation to protection planning and case conferences and specific training around larger scale safeguarding investigations.

Strategic Lead for safeguarding has set up monthly meetings with the Safeguarding Lead Practitioners to continue to develop the role and support front line social care staff.

The Council supported 6 social workers (of which 3 work for CPFT) through their training to become qualified Best Interest Assessors. 1 qualified in November 2013 and the other 5 in January 2014. This means that the Council has 6 BIA s who will be able to carry out the

assessments in response to a request for DoLS. This also provides us with greater expertise to deal with concerns and issues around the Mental Capacity Act.

New Initiatives

The Council completed the tender process for the provision of a Dementia Resource Centre and this will be fully operational under the management of the Alzheimer's Society by September 2014. On Wednesday 5 February there was an official launch of the Peterborough Dementia Action Alliance, a partnership working together with the shared aim of transforming the quality of life of people with dementia and helping Peterborough become dementia friendly.

Work is ongoing to develop a Prevention strategy for the City.

The Council has embarked upon a significant programme of transformation of its services, to ensure that processes are customer centred and to prepare for the Care Act 2014 becoming operational from April 2015. As part of this transformation we will be looking to align our safeguarding front door with the newly established Multi Agency Safeguarding Hub (MASH).

The Council took part in two national pilot projects both looking at ways to involve adults at risk in the safeguarding investigation process:

- Making safeguarding Personal – a pilot run by the Local Government Association (LGA) and ADASS
- Safeguarding Outcomes Measures – a pilot run by the Department of Health Information Centre.

Both pilots will feed national work to prepare for the Care Act 2014 and the establishment of a new national safeguarding outcomes measure.

Issues

Significant quality concerns with a small number of care providers have led to large scale investigations, which have required significant resources and impacted on safeguarding investigation timeline overall. The CCG and the Council have agreed to establish a care sector quality improvement resource to work proactively with providers to limit the future need for large scale investigations by supporting quality improvement in a timely way.

Despite the Council's proactive steps to enhance the capacity for best interest assessments for DOLs applications, by training 6 social workers, the West Cheshire judgement has brought huge pressures on these resources and necessitated the continued use of independent assessors.

The Future

Preparations for the Care Act 2014 will be a key priority for the Council during 2014/15, particularly the delivery of the new target operating model, expansion of community based preventative services and interventions, the MASH, enhancement of advocacy services, and the Care Sector Quality Improvement Team.

The Council is currently investing in an extensive redesign of its website and customer facing portals as part of its Customer Experience Programme, to improve accessibility of information and advice and access to preventative and support services.

A new contract for Residential Services covering Older Persons, Learning Disabilities and Autism and Mental Health is being created and is due to be implemented in 2014/15.

Commissioning of Adult Social Care services and community based preventative services will be undertaken by the Council's Communities Directorate from April 2014. This should allow us to align existing resources to target delivery of improved outcomes for vulnerable adults and adults at risk in the City.

Expansion of the current resources for undertaking and authorising DOLS applications, including providing advice to providers is a key area for focus for 2014/15.

The Council has commissioned an LGA Peer Challenge in October 2014 to identify progress made around safeguarding and to inform priorities for improvement and preparation for the Care Act 2014.

The Council will continue to engage in national pilots around personalisation of safeguarding and supporting outcomes for adults involved in investigations.

Tina Hornsby
Assistant Director, Quality, Information and Performance

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

From 1 April 2013, significant changes took place within the structure of the NHS and how it commissions services. Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) became responsible for the commissioning of local NHS services and primary care services were commissioned by NHS England.

There were no formal commissioning arrangements by the CCG with care homes.

Achievements

All health services commissioned by the CCG have responsibilities with regard to adult safeguarding specified in their NHS contract. Compliance with these requirements is monitored through clinical quality review (CQR) meetings with each provider as part of the formal contractual arrangements using a dashboard with quality metrics to clearly identify any gaps in service provision.

The CCG undertook a 'deep dive' review into the provision of adult safeguarding with the 6 main providers it commissions from. Each provider has developed an action plan to address areas that were highlighted as requiring improvement. Progress against these action plans is monitored via the CQR process.

The CCG set up a Health Executive Safeguarding Board where senior representatives meet to discuss safeguarding issues and processes at a strategic level. A Health

Subgroup was set up to report to the HSE and works at a more operational level to ensure that involvement of 'health' in both adult and children's safeguarding is working across provider boundaries.

A soft intelligence database to record concerns in relation to care homes has been developed and information is shared with partner agencies as appropriate.

The sharing of information regarding potential safeguarding issues with the Safeguarding Adult Board by supplying data for their quality dashboard.

New initiatives

The CCG is undertaking a service redesign for the provision of older people. A procurement process is underway with the aim of improving services to encourage people to be independent, healthier and to receive care nearer their homes when needed, with admission to hospital being averted if possible. Safeguarding of adults will be integral to this process. This procurement process will be completed during 2014-2015.

Formal contracts with nursing homes where the CCG place patients requiring continuing healthcare or funded nursing care are being developed. This will enable closer monitoring of the quality of the service provided alongside the 6 main Providers of NHS care. This will enable contractual levers to be used when the quality of the service is sub-optimal.

This process will be completed during 2014-2015.

The number of staff involved with adult safeguarding within the CCG has been increased which will enable closer working with partner agencies.

Future Aims

- Continue to develop closer links with Partner agencies to ensure that adult safeguarding is fully embedded.
- Strengthen the quality requirements for adult safeguarding with providers of services commissioned to ensure that adult safeguarding is fully embedded which will enable earlier detection of issues and the ability to address concerns in a more timely way.
- Improve networking of adult safeguarding leads between Health organisations
- A CCG Adult Safeguarding Strategy is being developed.
- Sharing of the main health provider organisations quality metrics for safeguarding the Safeguarding Adults Boards

Doreen Simpson

Lead Nurse for Safeguarding Adults and Serious Incidents

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)

Statement of purpose

Cambridgeshire and Peterborough NHS Foundation Trust is committed to the working with partner agencies to ensure the safeguarding of adults at risk of abuse. To this end the Trust will ensure the establishment and maintenance of systems to safeguard people with a severe mental illness who are the responsibility of the Trust.

Governance and Accountability

The Trust has a Combined Safeguarding Steering Group attended by senior staff across the Trust. This group reviews and monitors safeguarding activity in the Trust and implements actions from the Safeguarding Board and reports to the CPFT Clinical Governance and Patient Safety Group.

The Director of Nursing is the Executive Director with Board responsibility for Safeguarding Adults, and attends the Peterborough Adult Safeguarding Board.

The Head of Adult Safeguarding is the lead officer for adult safeguarding with responsibility for developing processes and procedures within the Trust and contributes to the work of Peterborough Adult Safeguarding Board sub-groups. This is a new post from 1st April 2014.

The Advanced Practitioner post for adult safeguarding has a lead role in the referral process and is available to offer support and advice to CPFT staff during the course of investigations.

SOVA investigators are trained to coordinate investigations into allegations of abuse.

2013-14 Achievements

Workforce

- Increased numbers of staff trained to coordinate SOVA investigations and provide advice, support and training to teams
- More Ward staff trained to leads SOVA investigations
- Continuation of a peer support group for CPFT staff in Peterborough who undertake Safeguarding investigations.

Training

- CPFT has trained 93% of its staff in adult safeguarding as April 2014. The acute care division had trained 96% of staff.
- All wards had bespoke sessions on adult safeguarding delivered by the advanced practitioner.

Policy and Procedures

- Trust Adult Safeguarding Policy and Procedures updated in line with Peterborough SAB policy
- Development of safeguarding guidance for falls and medication

Audit

- audit to commence early 2014 with revised format

Activity.

- There was an increase in safeguarding investigations over 2012-13 which reflects a continuing increasing in awareness of safeguarding issues within mental health services.

Multi-agency working

- CPFT staff have worked with colleagues in partner agencies to explore the development of integrated referral pathways and services via the Multi-agency Referral Unit hosted by the Police.

PREVENT

The roll-out of the PREVENT WRAP programme commenced in July 2013. CPFT has twelve staff trained to deliver the programme.

- Seventy-eight staff have already received training.
- Consideration is to be given to making the WRAP training mandatory

CQC registration

Following a CQC inspection to Cambridge wards during 2013-14 CPFT, moderate concerns against outcome 7 (Safeguarding) were registered. As a result a specific project was launched to address perceived gaps in awareness and recording of adult safeguarding incidents and bespoke training was delivered to all CPFT wards.

CQC has now declared the ward as being compliant with Outcome 7 (Safeguarding).

Staff Training

Training for Trust staff is delivered in house and through Peterborough City Council multi-agency training.

The Trust currently has 57 staff who have trained as SOVA investigators on the Peterborough City Council 'Leading Safeguarding Investigations' course,

CPFT Adult Safeguarding Advanced Practitioners also deliver training to CPFT staff, as well as to external agencies.

Serious Case reviews & prosecutions

There were no serious case reviews held under Peterborough procedures during 2013-14 involving people receiving a service from CPFT. However the Head of Social Work contributed to the work of the Peterborough Serious Case Review Panel.

Staff supervision

SOVA investigators are supported by the programme of monthly peer supervision meetings of the 'Peterborough CPFT Safeguarding Adults Group'. Last year the following speakers delivered contributions:

- One Service/St Giles Trust
- Advanced Midwife Practitioner for Mental Health and Learning Disability
- ASPIRE

- Drinksense

Priorities for 2014-15

- Ensure all staff receive appropriate training and are able to identify and respond to safeguarding issues.
- Ensure that the target of 95% for staff training continues to be met
- Ensure that each ward and community team in the adult services has a trained SOVA lead
- Publish results of audit work and develop action plan
- Develop adult safeguarding strategy in conjunction with both SABs

Paul Collin
Head of Adult Safeguarding

Cambridgeshire Community Services (CCS)

Safeguarding Champions across the organisation have been developed so that safeguarding is seen as everyone's business.

A Named Nurse role in Luton has been appointed and funding for 2 further named nurse roles is being explored. One of these posts will cover Peterborough and Huntingdon.

All units across CCS have developed and implemented safeguarding structures so that staff are aware of responsibilities.

Face to Face safeguarding training has taken place in Peterborough for staff working within the City Care Centre. This was aimed at staff whose first language is not English. This training was well received and discussions are in place to make this a rolling programme.

Esther Bolton
Community Manager

Cambridgeshire Constabulary

Throughout 2013-14 we have:

- Agreed with Cambridgeshire adult safeguarding and CPFT that in due course all safeguarding referrals would pass through the Multi-Agency Referral Unit (MARU). A task and finish group was set up and will move the MARU towards being a Multi-Agency Safeguarding Hub (MASH) in respect of Adult safeguarding in Cambridgeshire.
- The MARU project board has met regularly and drives forward a number of work streams. The performance pack has been agreed and is shown below.
- Invited Peterborough adult services to be members of the operational management group as they have staff deployed into the MARU.

- Renamed The Adult Abuse Investigation Unit (AAIU) the Adult Abuse Investigation and Safeguarding Unit (AAISU) in recognition of its role in safeguarding and in anticipation of future statutory obligations within the Care Bill.
- Increased the number of police officers who have attended the Safeguarding Awareness training delivered by the PCC Workforce Development team'

We anticipate an increase in work associated with the implementation of the Care Bill and await national guidance anticipated this year.

MARU Performance Measures:

Measure 1: Are we keeping people safe?

Collate the number of referrals submitted by each agency for information sharing over a twelve month period. Data collection can begin without requiring collection of past data. This measure provides an overall assessment of how much an agency puts forward in terms of safeguarding.

Measure 2: Are we focused on priority areas?

Classify the referral numbers by type. This will provide a measure of the number of referrals in each category of business. It will map out key areas where safeguarding should be made a priority.

Measure 3: Are we reducing risk and sharing information?

Referrals by category of risk i.e. Red, Amber, and Green. RAG rating will map the level of risk dealt with by the MARU. Comparisons can be made with the outcome severity allowing understanding of the added value of information sharing in relation to risk issues.

Measure 4: Is our response to MARAC referrals effective?

This measures the number of repeat referrals into the MARAC. This demonstrates agency effectiveness to deal with critical cases at the first attempt. Use dwelling addresses as basis for the repeat. The measure highlights emerging trends over time.

Measure 5: Do we handle cases efficiently?

Measures timeliness of dealing with referrals against set targets and therefore the overall effectiveness of MARU processes. The targets are: Red - 2 hours, amber - 24 hours, and green - 72 hours. This is an internal process and not linked to any single agency targets already set. The measure assesses response to the flow of work and determines blockages.

Measure 6: Are we managing risk to repeat cases?

This measures the repeat referral rate into the MARU. It will determine the effectiveness of solutions being applied to vulnerability and the escalating level of risk to those persons. Outputs from this measure may require at least 12 months of initial referral data before a trend will be observable and recordable.

Measure 7: Do we deliver a quality service?

Undertake six-monthly satisfaction surveys with professionals to ensure the customer experience is aligned to the intended outcomes. This will influence how business is developed and how effective the MARU contributes to safeguarding and improved

outcomes. As practitioner time is limited, ensure the survey is focused, short, and easily accessible.

Measure 8: How are we improving?

Creation of evidence library so that cases can be produced by any agency as a tangible example of the work and outcomes being delivered. This provides many opportunities to show case good work but also extract learning as the MARU develops and new approaches are considered. Cases should be concise and use similar data fields to promote consistency of approach.

Measure 9: Is our work consistent?

Conduct quality file auditing in line with inspection methodology. Deep dive analysis of selected cases in each agency every three to six months. The overall audit process will inform each agency of their contribution to safeguarding in terms of quality inputs to cases.

Detective Superintendent Gary Ridgway Head of Public Protection

NHS England: East Anglia area team

2013/14 was the first year of being operational and has been a large learning curve with regards to managing our responsibilities with regards to safeguarding for both our directly commissioned health services (such as GPs, dentists, opticians, prison health care, secure mental health treatment, screening and immunisation services, sexual assault referral centres) and safeguarding responsibilities across the wider health economy (within a very limited resource).

Achievements

The area team has engaged with the 4 Safeguarding Adult Boards (in addition to the 4 Safeguarding Children's Boards) within its localities and has begun to build up stronger partnership working arrangements. The area team is also a member of the Health and Well-Being Board and facilitates Quality Surveillance Group meetings which bring together a range of partners to address quality and safety issues at a strategic level across the health and social care arena.

We facilitate bi-monthly safeguarding forums that bring together adult safeguarding leads from health organisations and commissioning parties across both East Anglia and Essex. In this forum, supervision and support is provided and specific work areas include the provision of CPD training (such as capacity and consent for sexual relationships), and the development of regional health guidance for differentiating between service improvement issues, case management issues, complaints, and safeguarding referrals in health specific scenarios. The forums also provide an arena for the sharing of learning from Serious Case Reviews, Domestic Homicide Reviews, and Serious Incidents.

Priorities for 2014/14

- Continued close working arrangements with our CCG colleagues to try to minimise the fragmentation of health commissioning as a result of the NHS reforms

- Improving adult safeguarding awareness, skills and expertise in our directly commissioned services specifically with regards to primary care services. This is not without difficulties as some national contracts (for example GP contracts) do not mandate adult safeguarding training.
- To continue to work at a strategic level to ensure that adult safeguarding issues are addressed within the health and social care arena. Specific areas include focussing on the Winterbourne View agenda and concordant, addressing the quality of care in nursing and residential homes as well as private hospital care, and raising quality and safety standards for vulnerable adults in acute hospitals.
- To remain aware and implement where necessary the requirements of the Care Bill and developments in DoLs legislation.

Dawn De Coteau

Patient Experience Manager

Peterborough and Stamford Hospitals Foundation Trust

This report provides information relating to actions undertaken by Peterborough and Stamford Hospitals NHS Foundation Trust from April 2013 to March 2014 in respect of its commitment to and responsibility for ensuring the safety and protection of adult service users who are at risk of abuse. It provides a brief review of the Trust's activity and work over the year 2013/14 and gives an outline of the planned work in connection with adult safeguarding for the coming year (2014/15). More information is available in the Trusts Adult Safeguarding Annual Report 2013/14.

The Trust's Safeguarding Committee (SC) meets bi-monthly and links the adult and children's safeguarding agendas. This integrated approach to safeguarding reaffirms the Trust's commitment to their safeguarding responsibilities and further strengthens its relationships as a multi-agency partner.

The Corporate and Operational Trust Leads provide anonymised reports to each meeting of the Safeguarding Committee, detailing all alerts raised both by the Trust and against the Trust. The Safeguarding Committee also receives reports relating to activities in reference to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (MCA and DoLS) and the provision of care and support to patients with Learning Disabilities and their family/carers.

The Cambridgeshire and Peterborough CCG conducted a "deep dive" inspection of the Trust's SOVA and child protection practice and performance during Quarter 2 of the year. A number of recommendations were made following the inspection and the Trust has been working hard to meet these recommendations thereby strengthening the robustness of Adult Safeguarding within the Trust. The Clinical Commissioning Group have been monitoring our progress against the action plan and are reassured by the actions that have been taken.

The Trust underwent a Care Quality Commission inspection in March 2014. Specific positive comments regarding staff members' knowledge and understanding of safeguarding adults and MCA/DoLS were recorded against all areas inspected.

In December 2013 the Trust moved to an electronic alert process via e-track which enables any staff member to report a concern direct and this has resulted in an increased level of reporting again for the year. We believe that, together with the introduction of "e-alerts", the year on year growth demonstrated is testament to the training that has occurred and the greater awareness amongst staff of the importance of reporting adult safeguarding issues.

The Trust's Strategy for the Care of People with Learning Disabilities and/or an Autistic Spectrum Condition was approved by the Safeguarding Committee in Quarter 4 of the year and is now available to all staff through the Intranet as is the Policy for Compliance with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards which provides comprehensive guidance for compliance with these statutes' Codes of Practice. Mental Capacity Act (2005) and Deprivation of Liberty Safeguards training is mandatory for all clinical and medical staff who have face to face contact with patients.

Considerable progress was made in the Trust's objectives against the Acute Hospital Learning Disability/Autism Self-Assessment Framework (an NHS East of England QIPP) which commenced in 2011. The majority of improvements have now been achieved and any outstanding areas will be rolled over into a revised action plan that incorporates the objectives resulting from the Confidential Inquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD).

SOVA Awareness training is delivered to new staff as part of the mandatory induction programme. The currency of the training is 3 years and there are monthly refresher sessions open to all staff who need to update their training.

Over 2013/14 training was delivered to 2,505 members of staff.

As part of its ongoing commitment to safeguarding adults at risk of harm or abuse, the Trust has appointed a Lead Nurse for Safeguarding Vulnerable Adults (reporting to the Assistant Director of Nursing and Care Quality (Patient Experience)) who took up post at end of Quarter 1 2014/15. The Lead Nurse will be reviewing all Safeguarding Adult practice to ensure compliance with The Care Act 2014 which is due to come into effect from April 2015.

The Trust will continue its active participation in and involvement with the Peterborough Safeguarding Adults Board and its subgroups, and the East of England Safeguarding Forum.

Other key areas of work over 2014/15 include:

- Working with its Local Authority partners to review its DoLS practice following the Cheshire West Judgement.
- Further strengthening the links between the Trust and its safeguarding partners
- Development of ward based MCA/DoLS and Learning Disability Links networks
- Identification and training of MCA/DoLS champions

- Participation in the newly established NHS England, East Anglia Adults Safeguarding Forum
- Participate actively in the Health Executive Safeguarding Board (C&P CCG).

Lesley Crosby

Assistant Director of Nursing and Care Quality (Patient Experience)

Other Members

Age UK, Peterborough

We run a half day Safeguarding Awareness Course about every six months for new staff and volunteers.

In addition to this, all new staff are told at their first day induction of the importance of reporting incidents, suspicions or allegations of abuse.

David Bache

Chief Executive

Axiom Housing

We completed an internal audit of safeguarding policies and procedures – this revealed only minor housekeeping issues. The audit was comprehensive and a good process to go through.

We worked with City College, Peterborough on the delivery of Safeguarding training to all our front line staff, all staff will have gone through the training by the end of the year and training is repeated on an annual basis. We are beefing up our record keeping on training; that was one of the outcomes from the audit.

We organised refresher training for all staff on safeguarding – part of an annual review process and are continuing to reinforce messages around safeguarding

As part of our overall Safeguarding, we are undertaking an on-going process of spot checks on our front line operational staff.

Stuart Fort

Operations Director

Cambridgeshire Fire and Rescue Service (CFRS)

CFRS conducted post fire deaths, multi-agency reviews and as a result we established that there are a growing number of residents, who have hoarding tendencies, who are dying in fires. Of four deaths in Cambridgeshire three had this issue, therefore this cohort of residents have been identified as High Risk for the Service.

We have established a standard operating procedure which includes a “health” Clutter Imaging Rating scale. All front line staff are having this awareness raising training which also includes an understanding of the types of hoarding and how to engage effectively with residents. At the same time we have introduced an elearning training module.

Prevention officers are actively seeking partners and agencies to collaborate with FRS who engage with hoarders.

CFRS has also purchased specific “wisafe” smoke and carbon monoxide alarms, and fire retardant bedding to try to mitigate their fire risk.

Wendy Coleman
Community Risk Manager

Carers Partnership Board

We agreed the need for providers to work with ASC to help to identify ‘hidden’ carers. By supporting more carers, we can advise them of what services and support is available as well as discussing with them safeguarding and how to get help and advice.

Following a presentation from Safe Local Trades, the Safe Local trades leaflet is in our new Carers Pack to be given out to all new carers. By encouraging more people to use this service we will be protecting vulnerable people from rogue traders

We also had a presentation from the Credit Union and as a result we aim to publicise this service to carers as the Credit Union is an organisation that helps vulnerable people to manage their money and negates the need for high interest money lending organisations.

We organised a Carers Health Day in October 2013 and offered healthy eating and exercise sessions.

At the October 2013 Carers Partnership Board, carers were consulted regarding the re – commissioning, redesign and redelivery of carers services in Peterborough

A new Carers Safeguarding leaflet has been produced and has gone into the new Carers pack that all new carers will receive.

1000 carers safeguarding leaflets have gone to Peterborough and Stamford Hospital Foundation trust to be distributed throughout the Hospital.

Community Services have also requested copies of the leaflets.

The carers assessment has been redesigned and safeguarding now has its own section so that social workers can quickly decide if the carer needs support

The new carer’s service specification tender contains the Adults and Children’s safeguarding template which all organisations that tender for the service will need to complete. This will be scrutinised closely to ensure that the organisations are committed to Peterborough City Council’s safeguarding policy.

Hedda Lilley
Peterborough City Council

City College

New Initiatives in 2013-14

- Working with Prevent team to recognise self-radicalisation and report into the Chanel Police team
- Continuing to enhance our behaviour management policies across the service.
- Startle Vision is a new campaign at the John Mansfield Campus to raise awareness of topical issues such as the recent internet phenomenon, Nekominate, legal highs etc but also to tackle bullying, child sexual exploitation, gambling, sleep deprivation, female genital mutilation (FGM), drug use, self-harm, depression/anxiety.

Tanya Meadows
Vice Principle - Students

Domiciliary Care Representative

My role as the domiciliary care representative on the PSAB is to supply an independent, external viewpoint of providers working within the Peterborough boundaries.

I hope that over the past 12 months, I have represented the sector well and I have fed back any views or issues raised by my colleagues to ensure a transparent safeguarding procedure.

I am now the representative for Peterborough with the Cambridgeshire training sub-group and feel this role has helped to further strengthen partnership working between neighbouring authorities. I have also taken on the role of being the PSAB representative for day services, which has allowed further representation of independent sectors at board level.

There has been significant change over the past 12 months, such as DoLS now being regarded in supported living environments, I have encouraged and supported providers with making referrals and encouraged the utilisation of the Workforce Development, especially the Roles and responsibilities of provider managers training and Train the Trainer sessions, which in turn help to support the training standardisation I am so passionate about.

Over the next 12 months, further change is evident, such as the introduction of the Care Act, I am already preparing to offer support and guidance to my colleagues. Communication can be an issue, and I politely urge providers, whether or not they hold a contract with Peterborough City Council, to contact me as their representative. This will allow me to ensure I appropriately and accurately represent the entire sector.

Matt Hadman
Registered Manager and Safeguarding Lead
Atlas Care Services

Healthwatch Peterborough

We undertook the Safeguarding Adults Training in the autumn. This was offered to the Voluntary Directors, Management Group and Team Members, prior to conducting Enter and View activities in Residential and Nursing Homes in the area.

Jean Hobbs

Peterborough and Fenland Mind

In 2013 we reviewed our Safeguarding process and procedures as part of our successful ISO9001 accreditation, we developed a new referral form and now monitor all referrals and outcomes centrally to see if there any recurring issues we need to be aware of.

We have finalised forms in place and a robust central reporting system. This will enable us to highlight any patterns or any areas where other agencies need to be involved.

The outcome of this is that staff will feel more confident in raising a concern if there is a formal process in place, and this can be monitored more effectively by management.

We had an occasion where one staff member hadn't recognised that there was a Safeguarding concern until they had come back and discussed the client with their team – although this wasn't immediately recognisable as a Safeguarding issue, it encouraged us to review when all staff last took part in Safeguarding training and we delivered refresher sessions to staff.

Emily Gray
Chief Executive

Peterborough Regional College

Peterborough Regional College is a further education college with approximately 6000 learners, half of which are over the age of 18 years, studying on both full and part time programmes. 12% of our learners have learning difficulties ranging from mild to severe and multiple difficulties (2% moderate to severe). 9% of our learners have disabilities including visual and hearing impairment, physical, medical and mental health difficulties. Additional learning support is provided for over 1300 learners. These learners are studying in both our main stream provision and our Inclusive Learning department. There are currently 86 learners in our Inclusive Learning Department studying a range of programmes from awards in personal and social development, skills for working life, skills for independent living and skills to enable progression.

The College has six designated members of staff for safeguarding; these include a designated person for vulnerable adults. Mandatory Safeguarding training is provided for all new staff, Governors and volunteers and is updated every three years.

There is a Governor with corporate responsibility whose role is to ensure that the College has an effective policy, locally agreed procedures are in place and that the policy and structures supporting safeguarding are reviewed annually. Operational responsibility is delegated to the Executive Director for Student Support.

A report is received by the Governors annually. A Safeguarding Committee provides a forum for all key staff to meet and ensure the progress and implementation of the strategy and associated action plan, compliance with statutory duty as well as identifying best practice.

All staff, Governors and volunteers have an enhanced DBS check and are subject to reference checks when they join the College. Visiting associates are only given access once written confirmation has been received from their employing company.

The Professional Standards Policy and Safeguarding Guidelines, displayed in all offices and staff rooms, inform all staff and workers in the College of the expected standards to be maintained and consequences of failing to uphold them.

Application and enrolment forms capture details of those learners requiring additional support. This enables us to assess risk and identify support needs prior to them commencing the programme.

Safeguarding is introduced to the learner during the induction period. A mandatory presentation introduces them to all aspects of health and safety including safeguarding and internet safety.

The College Access Control, ID system and security measures ensure the safety of our learners on site. Different coloured lanyards identify students, staff and visitors. Security guards patrol and positively engage with learners throughout the College day.

New initiatives

We have updated our policies to reflect the new Keeping Children safe in Education and DBS requirements

There have been ongoing developments with our inclusive learning students to increase their inclusivity within the college. They represented the college at the Worldskills competition and we are developing employability skills through internships and an employability course. Additional qualifications have been developed with an emphasis on progression. We have a range of new part-time programmes to provide greater access/participation in college life for young adults who are preparing for independent living and study – these include Developing Active Learning Skills, Raising money for good causes (includes H&S), Community sports programme and our Supported internship programme.

We had a safer internet week of events during which we raised awareness of the need for adequate security settings on social networking sites and the consequences of cyber bullying etc. Large amounts of students became engaged in the activities which will hopefully impact on their future use and online safety. We have since achieved the South West Grid 360 Degree Safe Award for E-safety. We are the first college in the UK to achieve this award.

We have worked towards and achieved the BIG award (Bullying Intervention Group)

We have started mental health awareness training for tutors and those with pastoral support responsibilities as we are having increasing numbers of students with mental health problems. We have appointed a mental health specialist to help support students with mental health issues. This has already had a positive outcome in that students and staff are feeling more supported.

Cambridgeshire Constabulary have delivered WRAP (workshop to raise awareness of prevent) training and this will be mandatory for all staff to raise awareness of the PREVENT agenda. We are working with the (National Counter Terrorism Security Office (NaCTSO) to identify areas of vulnerability within the college and managers have been trained in dealing with acts of terrorism (Prevent agenda).

We have produced a Safeguarding leaflet to send out to all of our employers of apprentices to advise them of their safeguarding responsibilities.

We have made the retention of our looked after/care leavers an equality and diversity impact measure which means that their attendance and retention will be closely monitored and there will be targeted interventions to ensure that they are retained.

Impact

- Ofsted graded Safeguarding Children as Outstanding.
- Gold Royal Society for the Prevention of Accidents award
- 98% of students feel safe in College.
- 97% of parents/carers felt that the College is safe.
- Since installing the access system there have been fewer incidents involving non students entering the site.
- Staff and students are aware of College Safeguarding procedures and who to approach with concerns.
- All concerns and referrals are dealt with in a timely and appropriate manner.
- Through our Learner Involvement Strategy we have developed a supportive and secure environment that helps young people feel valued and confident that they will be listened to.
- Retention of LAC/Care leavers has increased by 7%
- College achieved the Buttle Quality Mark for Care Leavers at exemplary level

Priorities for 13/14

- Continued staff training to include Mental Health/EBD.
- Implementation of the SEND reforms

For 2014/15 we are working with the Gypsy Roma Traveller Police Association, who are coming to provide support, information and guidance to the team and we will collaborate and work with them throughout the year to work with our vulnerable Roma students in ESOL

Joanne Hather-Dennis
Executive Director – Students

Residential and Nursing Representative

I have continued to network with care homes and staff who deal with learning disability establishments. I have also shared the Workforce Development training schedules with all Registered Managers to help promote attendance and knowledge of procedures.

Feedback from them continues to be good and they are pleased that they are being communicated with and, as a result attendance at Safeguarding training has increased.

Through networking at these meetings I have been asked to share other training and information which has been well received, including information about Children's Safeguarding.

Local networking between care and domiciliary providers has helped prevent inappropriate recruitment, and promoted the welfare of Adults at Risk.

Our local training has been made more interactive and this has been well received by my staff.

It was very good to see that the internal audit had due to further discussions within the teams; improved the quality of the analysis and recording.

At the Quality and Performance, and Training sub groups of which I am also a member we have been discussing minimum levels of safeguarding training for Registered Managers for Contracts to monitor.

I continue to work with colleagues in the Local Authority, Adult Social Care and care homes to monitor and improve the process for feedback to referrers.

Kerry Elliott
Manager, Longueville Court

This page is intentionally left blank