SAFEGUARDING ADULTS - BASED ON THE PERFORMANCE REPORT TO THE SAFEGUARDING BOARD – 24 JUNE 2011

1.0   INTRODUCTION

1.1   The Board is asked to receive and discuss this report which covers data relating to safeguarding practice by PCS [CCS] and CPFT from June 2010 up to and including May 2011. There is a particular focus on the months of April and May 2011, with the months of April 2010 to March 2011 analysed in earlier reports.

2.0   PERFORMANCE DATA

2.1   Performance data for the period June 2010 to May 2011 is attached.

3.0   ANALYSIS

3.1   There have been 469 referrals in the last 12 months, 74 of these fell in the current reporting period (32 in April and 42 in May). As a measure of activity, and by way of comparison, the rolling 12 month average is 39 referrals per month)

        *(74 referrals equal around 16% of the 12 month total. If total performance for a year is 100% and performance never varied each month's performance would be one 12th of 100% or 8.3%, 2 months 16.6% and so on)

3.2   During the current reporting period there have also been 49 alerts that have not progressed to referral – adding these to the (74) referrals make a total of 123 recorded cases actioned.

        49 non-progressing alerts equate to 22% of the 12 month total, with activity in April (22) and May (27) falling well above the 12 month rolling average of 19.

3.3   The most significant referral groups over the last 12 months have been White British (86% of the total referral group) female (65%) resident in their own home (55%), have a physical and sensory disability/frailty (55%) and over 65 yrs of age (60%) with 37% of these being 80 or over.

3.4   No analysis has been done so far to determine the interdependence of these factors to create a client profile.

3.5   A dip in referrals for these groups seems to have taken place from Feb-April with May activity possibly starting to show a return to more ordinary levels

3.6   Other significant trends are the increase in referrals relating to clients with Mental Health recorded as their Primary Need Category which have been consistently high over the past three months, the significant decrease in referrals from social workers/care managers (dropping to 1 in April, rising to 6 in May but still below the rolling 12 month average of 9) and the unusually high number of alerts not progressing to referrals – although more work needs to be done to see if this is a data quality/recording issue.

3.7   Further details of current and ongoing performance relating to referrals is attached.

3.8   Over the last 12 months -

1

- Just over 81% of Alerts have been responded to within the 24 hour deadline. Performance in April rose to 85% dropping back down to 74% in May

- Over 57% of Strategy Meetings/discussions took place within the 5 day deadline. April and May performance (76% and 78% respectively) way surpasses this.

- Just over 62% of Investigation Reports were completed within the 20 day deadline. April and May performance fell well below this at 49% and 43% respectively.

3.9 We recognise that there will always be a certain short fall due to weekends, the need for the worker to gather further information before making a decision or intervening Bank Holidays. This does perhaps need to be reflected in current reporting and should become more evident if the Board accepts the proposal to move to reporting for Key Performance Indicators on a 'cases opened in month' rather than 'cases closed in month' basis.

3.10 Over the last 12 months –

- Roughly a third of referrals have closed with the claim substantiated with a further third unsubstantiated. In April, of cases closed in month significantly more claims were unsubstantiated than substantiated (16 compared to 7)

- Around 57% of referrals had an outcome of 'no further action', the next most common outcome being 'increased monitoring' (20%). Unfortunately due to missing data it is not possible to draw an accurate picture for cases closed in April and May.

4.0   PROPOSED KEY PERFORMANCE INDICATORS

4.1 It is proposed that as part of monitoring and tracking the progress of alerts and referrals targets be set to measure our performance and effectiveness.

4.2 It is proposed that we will table our thinking on our approach to performance targets at the next Eastern regional safeguarding group for peer challenge and review.

5.0   SAFEGUARDING TRAINING

5.1 Attendance data for the current reporting period is available.

5.2 When examining the data it should be noted that attendees from the Independent sector face particular problems when attending training not faced by PCS staff including

- Not being paid to attend training
- Training occurring on their days off (not paid or refunded annual leave)
- Having to cover at short notice for other members of staff
- Being expected to attend training after a night shift

6.0   QUALITY

6.1 Quality of data on the RAISE system on safeguarding activity is a challenging issue, and one that needs to be effectively managed through systematic monitoring of the

data and timely feedback to the respective operational teams in order that data can be cleansed at a team and individual granular level.

6.2   Specific data quality and recording issues include:

- The quality of alert recording forms missing from RAISE

- The number of cases where an outcome for the victim is not recorded – typically those subsequently recorded as required 'not further action'

- The number of cases where alerts have not be re-designated as referrals despite significant case activity

- The number of cases where a case type other than safeguarding alert or referral has been recorded

- The number of cases where more than one type of abuse has been recorded without including the 'multiple abuse' tag

- The length of time taken for some cases to be closed

- Data is being entered which is not consistent with the nationally agreed AVA categories

6.3   More emphasis will be placed on regular data cleansing from August 2011as follows:

- Data quality reports will be supplied to the operational teams on monthly basis and these will be issued out to the respective teams and individuals for rectification by the Safeguarding strategic unit and tracked for completion.

- This activity will be reported to the Safeguarding Adults Board. In addition to this the Strategic Safeguarding Unit will go out to teams to present the issues around safeguarding data and our expectation around this area of activity

- However due to the volume of data quality problems it is suggested that new data quality issues will be addressed each month as above, with a gradual stepped backward cleansing of older cases over time.

7.0   RECOMMENDATION

7.1   The Board is asked to consider and comment on information provided in this report.

7.2   The Board is asked to endorse the planned activity by the Strategic Safeguarding Unit to performance manage effectively in all aspects of safeguarding activity across the partnership.

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