safeguarding
adults at risk
a cumbria partnership

# Annual Report

## 2013

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# A Message from the Chair

I am pleased to present our annual report (2012-13), which identifies the developments that have taken place over the last year.

We have achieved a great deal but recognise that there is no room for complacency. The profile of safeguarding adults has been raised considerable with the exposure of the abuse at Winterbourne View and the report into Mid Staffs Hospital. Such reports emphasise the importance of our work. The work of the Safeguarding Board must have a preventative focus, learning from the experience of others and within Cumbria whilst maintaining a emphasis on the fundamental requirement to ensure vulnerable adults are protected from abuse and neglect.

We have had a full and relevant work programme this year as detailed in this annual report. We are just about to launch our next 3-year strategic plan to ensure we maintain a clear focus for our work. This has been assisted by both the Peer Review undertaken earlier this year and the Scrutiny Board Enquiry into adult safeguarding. The Development Plan for the next 3 years is appended and demonstrates our commitment to continuous development and improvement.

We continue to see an increase in Safeguarding Alerts as levels of awareness of members of the public, professionals and community groups has increased. It is clear that the commitment to safeguarding remains strong, despite the high level of change being experienced across organisations and it is clear that

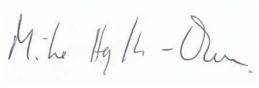
protecting vulnerable adults from
harm and abuse remains a fundamental commitment across all the organisations represented Board.

The Queen's Speech in May this year announced new legislation to put local safeguarding adults boards on a statutory basis. The precise responsibilities that this will require of local authorities and other statutory agencies will be contained in the new legislation, but it appears clear now that the lead responsibility for the coordination of safeguarding adults will remain with the local authority and the Director of Adult Social Services, or the equivalent post.

There will also be a 'duty to cooperate' with the local authority, in meeting their responsibilities, placed on all statutory agencies. Within Cumbria partner agencies have already embraced this level of co-operation and consequently we have an influential and effective Safeguarding Adults Board.

I would like to thank partners and Board Members for their hard work and commitment support and invaluable advice. As we enter another challenging year, I look forward to us continuing to work together to keep people in Cumbria safe.

Best wishes



**Mike Evans**
Independent Chair

# Adult Safeguarding cases in Cumbria, examples of good practice and good outcomes

## Mary Smith

### Background

Mary is an 80 year old single lady who has a Learning Disability. She suffers a range of physical and mental health conditions including diabetes, asthma MRSA and agoraphobia. Marys' day to day life is significantly affected by suffering cellulites of both legs which affects her ability to weight bear independently. Due to the combination of her issues, Mary sometimes can be anxious and be non compliant with interventions, and prefers to sleep in a chair rather than a bed. Mary has lived within Nursing Home A since June 2006, prior to which she had lived within her own home with a care package. Mary has one brother who visits when he can.

### Safeguarding Alert raised with Adult Social Care 16/08/2012

On the 16/08/2012 , the District Nurse, was asked by the GP to visit Mary following a report from the Home of her being non-compliant with medication, dressings and personal care. On arrival at her room the District Nurse found that Mary had several pressure areas noting Grade2/3 pressure sores to her sacrum, and her legs which were extremely oedematous, were now leaking fluid. The Nurse further reported that there were a number of bluebottles/flies in her room and witnessed 4 flies on one leg and 2 on the other – she also reported that Mary was agitated by this and was trying to constantly swat the flies away. Additionally she also reported that Mary was sitting on a pressure cushion which was inflated incorrectly, and described her as being in a "pool" of water which she acknowledged could have been the serous fluid from her legs or possibly urine. The Nurse had informed a member of the staff about the flies, to which the response had bee "yeah we know". When questioned further about why something had not been done about this situation, the staff member had stated it was due to Mary's non compliance. She also informed the Nurse that Mary had not been given her insulin for some time – the reason given for this omission was again due to her alleged non-compliance with any form of intervention.

Due to concerns the Nurse arranged for Mary to be admitted into the local Cottage Hospital, and requested transportation through the ambulance service, which was to arrive at approximately 17:00 hrs later that afternoon.

At this point - 15:00 hrs, she made the referral to Adult Social Care for the situation to be considered under Safeguarding procedures.

A multi disciplinary discussion took place with Managerial input and the referral was logged by the Locality Support Administrator. ASC Safeguarding Adults Team was informed of the referral by 16:15 on the same day.

At 18:43, the Adult Social Care Emergency Duty Team logged an additional referral from the Ambulance service. It recorded that on arrival to escort Mary from Nursing Home A to the Cottage Hospital, the Paramedics had reported that they were concerned about the care in the home, additionally they commented on the presence of maggots between Mary's toes.

On arrival at Hospital Mary was assessed by the medical Team and found that in addition to what had been reported by the District Nurse and Paramedics, she also had excoriation under both breasts, groin and inner thigh, and she was discharging from her vulva and vagina. The medical team completed body maps and took photographs of the affected areas, and commented she was compliant throughout.

## Information Gathering decision to proceed

The next morning 17/08/2012, the "Information Gathering Decision" was made that the "Safeguarding Adults" procedure was to be instigated in this case.
This collective decision was made following full multi disciplinary discussion, contact and briefings between the ASC Team Manager, ASC Safeguarding Officer, PCT Safeguarding Hub Officer and CQC Lead Inspector, and based on the following evidence:

1. Care plans not being followed (e.g. Care Plan 7 for Skin Integrity faults with pressure cushion to be reported immediately).
2. Documentary/photographic evidence from the District Nurse, ambulance crew and Hospital re skin breakdown
3. Daily reports show concerns eg skin breakdown and refusing insulin being raised by certain staff membersand not always being addressed.
4. Regular comments stating non-compliance with no care plans in place to address these issues

Mary's brother was informed of the situation.

## Safeguarding Strategy Meeting 21/08/2012

As Mary was safe in Hospital, the Safeguarding Strategy Meeting was arranged for the 21/08/2012, and chaired by the ASC Safeguarding Officer, with representation from the Primary Care Trust, the Cottage Hospital, NHS Continuing Care Team, the Police Public Protection Unit, CQC and the Director and Managers of the Nursing Home. Additional representation from Adult Social Care included the Social Worker, Locality Lead, Contract Manager and due to the serious nature of the alert, the District Lead and Assistant Director. Mary was not present due to her being in Hospital and whilst her brother had been invited, he chose not to attend but requested feedback on the outcome.

The procedural format of any Safeguarding Strategy Meeting looks at:

1. Details of the alleged abuse/ safeguarding concerns
2. What are the views of the person concerned? Was he/she attending the meeting, and if not, why not?
3. Consideration of capacity issues Instructing an IMCA or IMHA
4. Any relevant background information
5. Risk Assessment and Management Plan
6. Decision to investigate: To proceed – Actions/timescales required or not to proceed – Other actions/timescales
7. Chair's summary and conclusions - Date of next meeting which must be held within 28 days where the investigation proceeds

By following the above procedures, the main outcomes/actions/conclusions summarised by the Chair were:

- The representative from the PPU advised that the issues raised could be investigated by the Police, under Section 44 of the Mental Capacity Act; therefore copies of all documents were requested from all professionals involved. A Statement would be required from the District Nurse and further details obtained from the ambulance Crew who transported Mary to Hospital
- Mary appeared happy within Hospital, therefore it was agreed that she could remain there for a short period.
- A full reassessment of Mary's care needs was to be undertaken by the Social Worker and Primary Care Trust. Rescreening for the continuing health care assessment

- There needed to be a coordinated discharge; therefore a discharge planning meeting was to be arranged.
- There was to be a referral to the Learning Disability team to obtain support with non-compliance care plans.
- A Best Interest Meeting would be required to address Mary's non compliance with certain interventions.
- The date of the next meeting, which would be the Safeguarding Planning meeting, was scheduled for 4th September 2012 at 9:30, and minutes were sent to all attendees following being checked by the Safeguarding Officer. The Social Worker would feedback information to Mary's brother as requested.

## Safeguarding Planning Meeting 4/09/2012

Mary continued to be cared for and supported within the Cottage Hospital.
The Safeguarding Planning meeting went ahead with the same statutory representatives as per the initial strategy meeting, however Mary's brother, John and his partner Ann were also in attendance.

The procedural format of any Safeguarding Planning Meeting includes:

1. A review of the actions agreed at the previous Strategy Meeting
2. It considers any new, relevant information that may come to light.
3. It draws a conclusion
4. It agrees and draws up a Safeguarding Plan, and agrees a date to review it.

By following the above procedures, the main outcomes/actions/conclusions summarised by the Chair were:

**Review of the actions**

A full joint re-assessment of Mary's needs, and screening against Continuing health care has been completed on 28.8.2012 by the Social Worker, in consultation with Matron of the Cottage Hospital and the Senior Community Learning Disability Nurse, in the presence of Mary and her family. Mary did not meet the criteria for Continuing Health Care but did for RNNC Nursing Placement. A Best Interest meeting had been held with appropriate representation including her family to look at how to progress should Mary be non compliant.

**New relevant information**

Mary had been assessed as lacking capacity in some aspects of her decision making. It was felt she would not understand the safeguarding process and this may distress her. Her views were represented by her brother and his partner, who stated they were happy with the actions currently implemented through the safeguarding process and felt she was well cared for at the Cottage Hospital. They both stated that they did not wish for Mary to return to Nursing Home A. They were looking at other nursing homes in the area, and requested they be present when she was actually transferred there.

In view of this the Medical team stated they were happy for Mary to remain in Hospital until a new placement has been found as she had settled well, and commented that they were currently managing her non-compliance issues, by ensuring that each intervention was addressed with time and patience.

The representative from the Continuing Care Team commented that when she visited Nursing Home A, she had found that Mary's room was isolated. It was said that when Mary moved to another home she would benefit from being in a room where she could see people passing by.

**Safeguarding Plan and Review date**

1. Mary was to remain at the Cottage Hospital until a new placement was found.
2. Family were to look at alternative Nursing Homes and advise the Social Worker of their preference.
3. Full assessment by new provider (when chosen) was to be undertaken; copy of Decision Support Tool to be sent to them.
4. Family to be present when Mary was to be transferred.
5. Date of the Safeguarding Review Meeting was scheduled for 9th October at 13:00hrs

**Conclusion**

The Investigation was still on-going, led by the Police. The Safeguarding Alert was to remain open until Mary was settled in her new home so that previous issues could be addressed such as non-compliance if they arose.

Over the next few weeks and in consultation with the Social Worker, Mary's family visited alternative establishments', and after consideration felt that Nursing Home B would be their choice on behalf of Mary.
The Manager from Nursing Home B was contacted by the Social Worker and following full consultation, and access to all recent assessments, information and documentation, arranged for the Manager and staff to undertake their own assessment to determine whether the Home could meet Mary's needs.

Once this had been completed, and after consideration, the Manager confirmed they would be able to meet her needs. A pre-admission meeting was arranged with Mary's family, the relevant staff from Nursing Home B, the Lead Nurse from the Learning Disability team for Challenging Behaviour Pathway, and the Social Worker, with a view to Mary moving from Hospital to the home on 13th September 2012.
Mary moved into her new home on the scheduled date, however, she was rapidly readmitted to Hospital after becoming ill, and suffered a gastric bleed. This appeared to be a new but temporary illness and soon she returned back to Nursing Home B.

## Safeguarding Review Meeting 9/10/12

A Safeguarding Review Meeting was held, with attendee representation as per the Planning Meeting, including her family, and now with representation from Nursing Home B.

The procedural format of any Safeguarding Planning Review Meeting includes:

1. Review of the current safeguarding plan
2. Agree a new safeguarding plan where there have been amendments
3. Date of next review, where appropriate

By following the above procedures, the main outcomes/actions/conclusions summarised by the Chair were:

**Review of the current safeguarding plan**

Mary had settled well into Nursing Home B and her family described that they have noticed a vast improvement in her overall health and wellbeing. It was noted that Mary had moments where she says she did not like the home; she also had demonstrated that she did not like having her personal care carried out or people touching her, however she always apologised to the staff at the Home. It was further noted that Mary had had a shower without any form of complaint.

It was reported that Mary could be non compliant with blood sugar checks and elevating her legs, but was now compliant with having her insulin injections and having the dressings changed on her legs. Her family expressed that they felt her legs had improved a great deal. It was noted she had a good diet and plenty of fluids.
Mary was waiting for a wheelchair as she was reported to enjoy socialising with other residents and this would enable her to access other areas of the home more easily.
All present acknowledged this was a noted improvement.

**Agree a new safeguarding plan where there have been amendments**
The safeguarding investigation was to remain open until the police have a conclusion from the investigation into the concerns raised.

**Date of next review, where appropriate**

The date was to be arranged when an outcome can be determined following Police investigations.

## The positive outcomes

Whilst it was acknowledged that The Safeguarding Alert was to remain open until the Police had finished their investigation, the positive overarching outcome is that Mary is safe and it appears her overall physical, mental and social well being has improved considerably. It further appears that her contact with her family has also increased.

Due to the serious nature of this alert, Nursing Home A has been subject to significant ongoing scrutiny, support and advice from all appropriate agencies including ASC, NHS, and CQC. This should enable Nursing Home A to make the improvement measures necessary to improve standards for all the Residents who continue to live there.

# Susan Green

## Background

Susan Green is a 92 Year old lady who suffers from diabetes, poor mobility, respiratory problems and ongoing neurological issues. Susan had lived within her own home for many years, with a care package, and some support from her sons. In January 2012, Susan's overall health deteriorated and she was admitted to hospital with acute breathing difficulties. Once her condition had stabilised, she was assessed by the medical team as reaching her optimum level of recovery, and discharge planning commenced. Within the Multi Disciplinary discharge planning meetings held with Susan and her family, it was felt her needs would be best addressed within Nursing Care. Susan was screened against Continuing Health Care Funding, and assessed as meeting the requirements for Fully Funded Care – initially for 6 weeks. In consultation with Susan, her family chose Nursing Home A as their preferred choice, and she was transferred there in March 2012.

## Safeguarding Alert raised with Adult Social Care 1/06/2012

On 1/06/2012 the Manager of Nursing Home A contacted ASC to report that Susan had a Grade 4 pressure sore on her left buttock. At this referral stage she informed ASC that on discharge from hospital in March 2012 it was noted that Susan had a red sore area on her left buttock. She went on to state that the Tissue Viability Nurse had been involved since then and the Home had sought advice from her in relation to the pressure areas/skin integrity. She stated that Susan was doubly incontinent, and there was concern that there was a degree of cross infection from faecal matter to her skin, for which the GP had arranged for swabs to be taken for laboratory testing.

It was recorded that the Safeguarding Alert had been raised by the Manager, following her informing an Adult Social Care Practitioner of the issues, and the Practitioner subsequently advising her to contact ASC. It was further recorded that the Practitioner had observed a care worker treating the wounds/pressure sore, rather than a Registered Nurse.

## Information Gathering decision to proceed

The same day, the "Information Gathering Decision" was made that the "Safeguarding Adults" procedure was to be instigated in this case.
This collective decision was made following multi disciplinary discussion, contact and briefings between the ASC Team Manager, ASC Safeguarding Officer, NHS Funded Care Team, CQC and the Tissue Viability Nurse. The decision was based on the following evidence:

1. The current concerns relating to Susan having a grade 4 pressure sore, and her wounds appearing to be being treated by a care worker rather than a Nurse.
2. Previous concerns expressed to the Home by NHS Funded Care Team on 23.04.12 in relation to a lack of recording of the management of Susan's skin care regime including practice that was compromising the skin, namely:

- The pressure relieving mattress was not at the correct setting for Susan's weight
- Diabetes Nurse had not been contacted
- No documented evidence that Nursing staff have carried out the Care Plan recommendations given by the NHS Funded team in relation to her skin rotation, treatment regime.
- Care Plans were not in place until approximately a month later and risk assessments completed re. skin 5 days after admission on 12.03.12.

3. Despite the requests for practice improvement, recording and monitoring of her skin regime had not been clear and had been inconsistent.

It was noted at this information gathering stage that Susan had mental capacity, but due to her neurological condition was not always able to feel pain which could result in her having a lack of insight into the necessity of any treatment regime.

The Strategy meeting was arranged for the 6.06.2012. (The reason for the delay was due to the long Bank Holiday for the Queens Jubilee). The ASC Practitioner contacted the GP to request medical intervention and District Nursing advice/input over this period.

## Safeguarding Strategy Meeting 6/06/2012

The Strategy meeting was held at the Nursing Home and chaired by the ASC Team manager. Also present was the manager of the Nursing Home and representation from the NHS Funded Care Team. A full discussion was also held to ascertain Susan's views prior to the meeting in relation to her treatment regime within the Home. Susan appeared to recognise that her wounds were not healing, but highlighted that being confined to bed rest was "boring" for her. She did comment she was generally satisfied with the care and did not express concern. It had previously been noted that due to her condition, Susan did not always feel pain, therefore sometimes could appear dismissive of the importance of her skin regime. Susan's family were not present at this meeting.

The procedural format of any Safeguarding Strategy Meeting looks at:

1. Details of the alleged abuse/ safeguarding concerns
2. What are the views of the person concerned? Was he/she attending the meeting, and if not, why not?
3. Consideration of capacity issues Instructing an IMCA or IMHA
4. Any relevant background information
5. Risk Assessment and Management Plan
6. Decision to investigate: To proceed – Actions/timescales required or not to proceed – Other actions/timescales
7. Chair's summary and conclusions - Date of next meeting which must be held within 28 days where the investigation proceeds

By following the above procedures, the main recommendations and conclusions summarised by the Chair were:

- All relevant documentation was to be completed appropriately as stated in Susan's care plan with reference to pressure care/skin integrity, including the changing of dressings, and regular rotation and positioning of her body to reduce pressure to the wounds. The Manager of the Home was to take responsibility for the ordering of any dressings from the GP as the apparent delay in obtaining them may have contributed to delays on the revised treatments. A contingency for obtaining access for emergency dressings was also put in place with the pharmacy.
- Whilst the pressure relieving mattress was now in situ and working well, a recommendation was made to ensure there was an ongoing monitoring process to ensure staff documented the appropriate pressure settings of the mattress, and that the alarm (to alert staff in sudden pressure drop) remained operational.
- The Diabetic Nurse was to be contacted by the Manager to ensure that the relevant advice was obtained about the management of Susan's diabetes.
- The Tissue Viability Nurse to continue to provide advice and support to the Home in relation to Susan's overall skin/tissue integrity including attention to her buttocks, heel and right great toe.
- The Manager of the Home to meet with all her staff and raise the concerns and improve practice, ensuring that all records of intervention were documented. Care plans and risk assessments to be completed within 72 hours. There was an additional request for an intervention chart to be placed at the front of Susan's file to ensure that all staff provided consistency in their response to Susan's needs.

- A review of all documentation to be provided by the Manager to the ASC Team Manager and NHS Funded Care team by the date of the review of the Strategy meeting 23/07/2012.

## Safeguarding Review Meeting 23/07/2012

A Safeguarding Review Meeting was held at the Home, including Susan's family who would represent her views and previous attendees from the Strategy Meeting..

The procedural format of any Safeguarding Planning Review Meeting includes:

1. Review of the current safeguarding plan
2. Agree a new safeguarding plan where there have been amendments
3. Date of next review, where appropriate

By following the above procedures, the main outcomes/actions/conclusions summarised by the Chair were:

**Review of the current safeguarding plan**

All strategies had been put in place by the Manager, and as a result it was felt there had been an 80% improvement in relation to documentation. It was agreed that the ASC Practitioner would work in conjunction with the NHS Funded care Team to monitor/check the relevant paperwork as part of the ongoing review process.

It was noted that at the point of review there was still no incontinence assessment on file. The Manager agreed to fax a copy of the completed assessment to the NHS Funded Care team within 48 hours.

The Manager of the Home stated she had written to the GP in relation to formalising an approach to order Susan's dressings, however at the time of the review she had not had a response. The Manager acknowledged it was her responsibility to ensure the ordering of the dressings was timely and efficient. She further acknowledged that any treatment plan is to be undertaken by a Registered Nurse and not a Care Assistant. She further stated she had written to the Diabetic Nurse but again had to date had no response. She acknowledged she would follow this up.

A new pressure mattress has been purchased which was on trial initially. The Manager assured the review that a monitoring process remains in place (i.e. recording chart system in relation to recording weight and that settings are accurate re. level of pressure), Susan's position, rotation and recordings had all improved.

It was highlighted that Susan was only able to get out of bed for up to 1 hour due to the severity of her pressure sores, and she had expressed that she didn't like to move out of bed for such a short period of time. A referral had been made to ASC Occupational Therapist for a specialist seating assessment to help with pressure care and hopefully to acquire a specialist chair, enabling Susan to be able to stay out of bed for longer.

It was reported the Dietician had visited Susan on 26 June 2012. Susan had previously been reported as having lost her appetite but at the point of review was reported to be eating a lot better. Her wound and skin were reported to be healing and improving slowly, and a new care plan was in place in relation to diet and nutrition.

The Tissue Viability Nurse continued to monitor Susan's pressure sores and check for infection. The sore on the left buttock was reported as less in size and the healing process re. the right great toe was said to be slow, and in the opinion of the Nurse, being due to Susan's age and diabetes. She reported that Susan currently has no anxieties when her dressings are changed due to not experiencing pain; however, she commented that this may change as her wounds heal and skin integrity restored. She stated that the staff at the Home were responding well to her advice and had no concerns. Previously treatment regime showed intermittent recording but has improved in the opinion of both herself and the NHS Funded Care Team representative.

**Agree a new safeguarding plan where there have been amendments**

## Recommendations/summary

- ASC Practitioner to attend the next Continuing Care Review.
- Staff to continue to record all relevant information as stated in Susan's care plan.
- Ordering of dressings to be addressed by Nursing Home Manager
- Staff to continue to document the appropriate pressure setting and rotation of Susan's pressure relieving mattress.
- The Manager was to follow up contact with the Diabetic Nurse.
- The Manager was to continue to advise her staff Team in meeting the recommendations in relation to the management of Susan's skin.
- Team manager to check attendance allowance and pension credit and feed-back outcome to family
- As part of the review, a further Decision Support tool was completed against NHS Continuing Care Funding, with the recommendation that Fully Funded Continuing Care was continued.

**Date of next review, where appropriate**

The conclusion was there was a general improvement in the care provided to Susan. The Tissue Viability Nurse seemed positive about the changes applied by the Home in meeting the recommendations regarding Susan's pressure care. All the participants of the meeting agreed with improvements.
The Case is to be monitored and no further action taken under the Safeguarding process. Susan was consulted and agreed and understood that staff needed to deliver her treatment regime as instructed by the Tissue Viability Nurse. Her family were present during the review.

It was ensured that a copy of the minutes was issued to all attendees and to include copies to Susan, CQC and the ASC Safeguarding Team.

## The positive outcomes

Further to the Safeguarding Review meeting, The ASC Occupational Therapist undertook a full OT assessment where it was identified that Susan had good upper body strength and good balance, therefore with the use of glide sheets and appropriate sized slings, Susan could be enabled to get out of bed without compromising her pressure areas. The Tissue Viability Nurse provided a Roho cushion (shaped pressure relieving) which was adjusted accordingly for Susan. The OT sourced a suitable chair within the Home which was the correct height and width, which also accommodated the Roho cushion. Susan was able to sit comfortably in the chair, and the Roho cushion was appropriate for use in a wheelchair for Susan too.

It was confirmed on 16/08/2012 that Susan had been awarded ongoing Fully Funded NHS continuing Care was awarded.

The overall outcome for Susan has been positive in that her overall physical health has been improved and it appears her overall sense of well being will have improved due to her being able to get out of bed and into the chair or the wheelchair, to enable her to have more interaction with others in the Home.

# National Context

## The draft Care Bill (formerly the Care and Support Bill) - Protecting adults from abuse (July 2012)

- This draft bill sets out the first statutory framework for adult safeguarding. It has long been felt that the lack of a legal framework for adult safeguarding has led to an unclear picture as to the roles and responsibilities of individuals and organisations working in adult safeguarding.
- New legislation is aimed at strengthening protection and clarifying responsibilities.
- Adult safeguarding is described as 'the function of protecting adults from abuse or neglect'……an important shared priority of many public services and a key responsibility of local authorities.
- Safeguarding relates to the need to protect certain people who may be in vulnerable situations. These adults are those in need of care and support who may be at risk of abuse or neglect, due to the actions or lack of action by others.
- Local Authorities will be **required** to establish and maintain a Safeguarding Adults Board (SAB)
- Core membership and obligations will be set out in the legislation
- SABs will be required to meet regularly and produce and annual plan and report on activity and achievements
- Local authorities will have a statutory duty to make enquiries, or to ask others to make enquiries, where they suspect that an adult in their area with care and support needs is at risk of abuse or neglect
- Does not provide for any extra powers to enter a person's premises to carry out the enquiry.
- SABs will have to arrange for a safeguarding adults review to take place in certain circumstances, where an adult dies or there is a concern about how one or more of the members of the SAB conducted itself in the case.

The Care Bill is expected to become law around May 2014, "No Secrets" remains as statutory guidance until that time.

## Statement of Government Policy on Adult Safeguarding, May 3013

The Government's policy objective continues to be to prevent and reduce the risk of significant harm to adults from abuse or other types of exploitation, whilst supporting individuals in maintaining control over their lives and in making choices without coercion. It is expected that local safeguarding practice at all levels reflects the six key principles that are integral to government policy:

- **Empowerment**….the presumption of person led decisions and informed consent
- **Prevention**….It is better to take action before harm occurs
- **Proportionality**….Proportionate and least intrusive response appropriate to the risk presented
- **Protection**….Support and representation for those in greatest need
- **Partnership**….Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting abuse and neglect
- **Accountability**….Accountability and transparency in delivering safeguarding

# Key Achievements 2012-3

## Peer Review

The Board commissioned an independent peer review of adult safeguarding arrangements in Cumbria.

The purpose of the review was to enable Cumbria Safeguarding Adults Board and partner organisations to assess how well they were safeguarding adults at risk in Cumbria.
It was also an opportunity to celebrate what is working well and to identify areas for improvement.

The key lines of enquiry were:

- What are the outcomes for adults at risk of abuse or neglect?
- How effective is Leadership, Strategy and Commissioning?
- What is the quality of service delivery and practice?
- How well are agencies and communities working together?

The review team was drawn from senior staff currently employed within Cumbria:

- 3 from the Local Authority
- 1 from the NHS
- 1 from the police

The team was led by Shirley Williams, Independent Chair of Blackburn with Darwen Safeguarding Adults Board.

The review was carried out in early September 2012.

The recommendations have been incorporated into the 3 year Strategic Plan

## Development Day

The Board held a development day on 18 May 2012

### Purpose of the Development Day

The development day was for all Board and Operational Group members. This year we changed the governance arrangements for safeguarding adults and this led to the decision to establish the Executive Board and Operational Group. As newly formed groups it was important that we ensured our effectiveness particularly important at this time of austerity and organisational change.

We benefitted from skilled facilitation provided by Jacqui Sjenitzer who helped us to manage a full and relevant agenda.

The event aimed to achieve:

- An opportunity for members of Board and Operational Group to get to know each other.
- An opportunity for exploration of the working relationship between the Board and Operational Group.
- Discussion on the obligations of Executive Board and Operational Group Members and what is involved in being a Safeguarding Champion.
- Consideration of the implications of the rapidly development of the Safeguarding Adults environment and the announcement in the Queen's Speech of the plan to introduce the Social Care Bill and implement to Law Commission recommendations.
- Identification of areas we need to work on to be more effective and those issues to be taken to the Board.

### Outcome from the event

Feed back from the event was positive and we were able to focus on a number of issues for the Board and Ops group to take forward:

- Performance: Agree key priority areas in the performance data for managers to provide exception reports.
- Link performance reporting to localities and as core work for the 3 Locality Groups.
- Consider developing the concept of thematic reviews. Suggestion to follow on CQC national reviews and issues raised in local investigations. Possibilities are LD; Nursing Home Care; Prevalence of Pressure Ulcers.
- Board to set clear priorities and Ops Group to ensure appropriate delivery mechanisms for its work – task and finish groups or sub-groups.
- Board and Ops group to review terms of reference.
- Produce an induction pack for new members of the Board, to include biographies of current members including their strengths and interests.
- Board members to implement a rota for attending other strategic boards
- Develop a clear communication strategy
- Develop a policy for commissioners that is clear and fit for purpose
- Review the Terms of reference to ensure that they are clear and fit for purpose
- Develop a clear strategy for learning lessons from Serious Case Reviews
- Develop an assurance framework for the Board and Operational group
- Develop task and finish groups with reporting taking the form of simple action notes
- The development of thematic reviews, e.g. Hospital Discharge arrangements

### Recommendations

1. Board to set aside time at their next meeting to develop firm actions based on the above.
2. Ops Group to develop the appropriate delivery mechanisms based on agreed priority areas.

## Winterbourne View , Serious Case Review

A special meeting of the CSAB held in June 2013 heard a presentation on the findings of the Winterbourne View, Serious Case Review from its author Margaret Flynn.

## Francis Report

The CSAB received a report from Cumbria Clinical Commissioning Group, presented by Noleen Devlin at a meeting in March 2013.

*"The story it tells is first and foremost of appalling suffering of many patients"*
**Robert Francis**

- Patients were left in excrement and soiled bed covers for lengthy periods.
- Assistance not provided with feeding for patients who could not eat without help.
- Water was left out of reach
- Privacy and Dignity even in death was denied.

### Why Francis 2?

- Health Care is a system
- Regulators have over sight
- High levels of concern
- High mortality figures

### Recommendations

1. Individual standards of behaviour
2. Role of the regulators
3. Culture of the hospital/ culture of the system
4. Complaints and feedback
5. Monitoring role for GP
6. Contracts and monitoring
7. Nursing and nurse education
8. Regulation of health care assistants.
9. Staffing and skill mix

### What Next

- All areas of Health asked to comment on which recommendations they accepted.
- Government response at the end of March
- Action plans to be prepared in line with this response.

# Sub Groups

## Performance and Quality Assurance
### Managed by Linda Mason, County Manager, Care Governance, Adult and Local services

- The performance and Quality Assurance group has continued to meet over the last 12 months although the attendance has been variable due to changes in all organisations especially health.
- The safeguarding dashboard is developing as improvements are made to the local authority safeguarding module for recording adult safeguarding work and data becomes increasingly reliable.
- The Annual AVA returns to DH are produced and presented to Cumbria Safeguarding Adults Board Operations Group on cumulative quarterly basis.
- Additionally data is also collated on a range of other related areas including: - training activity across partner agencies; Mental Capacity Act/ Deprivation of Liberty Safeguards activity and Contract and Compliance information from the Local Authority contracts team.

## Learning and Development
### Managed by Jonathan Comber, Cumbria Care

The Learning and Development group is a sub group of the Cumbria Safeguarding Adults Board with a membership including the identified leads for safeguarding and workforce development across partner agencies including Adult Services, NHS, Police, and the voluntary, independent and private sectors.

It acts on behalf of the Board to enable partner organisations across Cumbria to understand their responsibilities in ensuring carers/staff/managers/ volunteers are equipped with the necessary skills and knowledge and that they are competent to protect and safeguard adults at risk of abuse in their care.

The role and function of the group is guided by the following documents/policy/legislative drivers

**No Secrets (Dept of Health 2000)**
Defines the responsibilities of NHS and Local Authority to work together to constitute Adult Safeguarding Boards and agree and develop policies and procedures to protect adults at risk of abuse.

**Association of Directors of Adult Social Services (ADASS) - Standards for Safeguarding (2005)**
This document laid out 11 standards for good practice in safeguarding work. The relevant standard for Learning and Development is Standard 5.

**Cumbria Safeguarding Adults Board multi agency Policy and Procedures**
Key local safeguarding policy document that all partner agencies work to in Cumbria

**National Competency Framework for Safeguarding Adults (2010)**
This framework provides a benchmark against which to develop a consistent approach to safeguarding practice across all agencies and professions.

**Care Quality Commission Essential Standards for Quality and Safety (2010)**
CQC are the regulatory body who inspect care services against a range of standards and outcomes. The relevant outcome for safeguarding is Outcome 7.

The policy framework outlined above has guided the L and D Group to produce a **Learning and Development Strategy** and a delivery plan to support that strategy for the coming year 2013-14 to enable/assist partner agencies in meeting/ achieving their responsibilities and maintaining compliance.

The **Learning and Development Strategy** defines Safeguarding roles (Alerter/Responder/ Safeguarding process management/Strategic Leadership) as described in the Cumbria Multi Agency Policy/Procedures and the competencies necessary to fulfil the respective roles.

The Learning and Development delivery plan 13-14 outlines the Learning and development activities that will take place during the coming year to provide the necessary supporting knowledge and information to support staff in meeting the competencies commensurate with the role they perform in safeguarding.

To assist in the process the sub group in collaboration with the Pan Lancashire Safeguarding boards has produced a **Safeguarding Adults Passport** which has been approved and adopted by the Cumbria Safeguarding Adults Executive Board. The Passport is a tool for individual members of staff to evidence their competence in safeguarding and provides a process for partner organisations to ensure and assure themselves that their staff are competent in the respective safeguarding roles they perform. It also provides demonstrable evidence of learning and development for compliance under CQC Outcome 7 Safeguarding.

The L and D group also oversees the Learning and Development activities to ensure that all learning and development activities will:

- Be based on current, evidence-based knowledge and research
- Promote a multi-agency approach to safeguarding incorporating relevant legislation
- Reflect anti-oppressive practice through its content and delivery
- Have learning outcomes that are competency based, which are clearly linked to roles and responsibilities
- Have systems to provide accurate date on attendances
- Be evaluated, and findings presented to the Learning and Development Sub-group.

**Jonathan Comber, County Manager, Care Provision, Cumbria Care.**

## Serious Case Review (SCR)

### Managed by Irene Cooper, Safeguarding Adults Service Manager, Adults and Local Services

The CSAB will arrange for a safeguarding adults review to take place in certain circumstances, where an adult dies or there is concern about how one or more of the members of the CSAB conducted itself in the case.
A serious case review (SCR) has been conducted this year and reported to the CSAB in April

- An Action Plan has been agreed and will be monitored by the Group
- It has been recognised that there is a need for training for the authors of the reports that feed into the SCR process.

The SCR procedures are under review with colleagues from Lancashire, Blackpool and Blackburn with Darwen. (Pan Lancs/Cumbria)

## Dignity Steering Group

### Managed by Lesley Gill/ Linda Mason, County Manager, Care Governance, Adult and Local services

- The Dignity subgroup continues to be chaired by portfolio lead Adult & Local Services (new chair following change in political administration) and meets on a quarterly basis.
- Work over the last 12 months has included developing another toolkit (Always' training pack) for frontline staff which, has been distributed (no cost) across Health and Social Care economy and sold on a regional basis.
- Responses to both Francis and Winterbourne View Hospital Reports have been considered and local action plans developed.
- The annual event for Dignity Champions was held in November with very positive feedback form delegates, some inspiring speakers and excellent examples of good practice.
- The Cumbria Dignity Steering Group represented by Lesley Gill continues to be an active member of the North West Dignity Leads Network.

## Pan Lancs/ Cumbria

- This group is made up of the Chairs of Cumbria, Lancashire, Blackpool and Blackburn with Darwen Safeguarding Adults Boards plus managers from partner agencies across all Board Areas.
- The Group meets on a quarterly basis and has commissioned 3 key pieces of work this year:
  - The production of a Safeguarding Passport Web-based Policy and Procedures for all 4 Board areas, due to be launched in the autumn of 2013
  - The planning of a conference addressing the issue of Financial Abuse, due to take place in the early Spring of 2014

## Mental Capacity Act

### Managed by Dave Eldon, Cumbria Partnership, NHS Foundation Trust

This group is currently under review.

The MCA sub-group reports Cumbria Safeguarding Adults Board – Operations Board.

The work of the MCA sub group is supported by the establishment of working groups which are linked and accountable to the MCA Sub Group. The Mental Capacity Act sub-group is a multi agency group that will oversee the use of the Mental Capacity Act in Cumbria and will:-

- Agree strategic priorities in implementing the legislation having identified specific needs across all appropriate area's in line with statutory requirements
- Monitor compliance and performance management of the MCA & DoLS in order to achieve full compliance/implementation across all appropriate areas
- Monitor the use of the MCA budget allocation (both LA & NHS)
- Ensure the effective delivery of an Independent Mental Capacity Advocacy (IMCA) service incorporating DOLS IMCA & RPR requirements (and Independent Mental Health Advocacy (IMHA) service in line with current contractual arrangements) and to ensure that monitoring arrangements are in place with those commissioning bodies involved
- Manage the contracts related to MCA/DoLS
- Develop, agree and implement good practice guidance and consistent operational processes so that people with capacity issues receive the right support in decision making, a person centred approach
- Ensure that agencies who have responsibility to work within the requirements of the Act develop an understanding of their roles and responsibilities
- Ensure that information is available for users, families and carers and the public about the Act and their implications
- Prepare and agree policy, practice and procedural guidance for staff with an identified role within the Act e.g. Best Interest Assessors, Mental Health Assessors and Decision Makers.
- Identify training and workforce development needs for a range of staff across the partner agencies and agree a Training Strategy to meet these needs
- Ensure that systems are in place to support inter-agency, inter-professional and inter-departmental collaboration where required under the Act.
- Work in partnership with others including community organisations and the independent sector meeting network objectives
- Ensure relevant quality standards in relation to the MCA, DoLS & MHA interface (those areas of overlap between the two Acts) are in place in all partner organisations
- Meet governance requirements through ensuring Cumbria Safeguarding Adults Board or their delegated bodies are kept informed of progress.
- Nominate a group member to attend other relevant sub-groups of the CSAB

## Information and Publicity

### Managed by Irene Cooper, Safeguarding Adults Manager, Adult and Local Services, Cumbria County Council.

- An awareness raising publicity campaign is being planned for the Autumn of 2013
- The group agreed a framework for discussion and approval by the board:

Aims of the Campaign

- To raise public awareness of the abuse and neglect of adults at risk in Cumbria
- To see an increase in the number of alerts being reported by the general public including the individual concerned and his/her family

Targets

- General public
- Carers
- Care Homes and Nursing Homes
- GP's
- Hospital Wards
- Schools

Message

- Simple and clear
- Abuse and neglect is not acceptable, lets make it stop
- Ring this number
- One number
- Easy to remember

The Means

- One week in Autumn to be our 'Lets make it Stop' week
- To engage Local press, radio and TV
- The week will focus on a different aspect of the issue each day, Monday to Friday…some suggestions:
- Day 1 Financial Abuse
- Day 2 Physical Abuse
- Day 3 Emotional Abuse
- Day 4 Sexual Abuse
- Day 5 Keeping safe
- Leaflets and posters aimed at the public and professionals for:
- GP surgeries
- Hospital wards
- Care homes and nursing homes
- This week will be followed up by a programme of further awareness raising where an issue will be highlighted with the media on 1 day / month for 6 months.
- Crimestoppers have agreed to front the campaign and be the single point of access for the duration of the campaign.
- Getting the message into schools
- Use of Twitter, Facebook and Web-chats

# Priorities for 2013-16

## Cumbria Safeguarding Adults Board, Development Plan 2013-16

This development plan has been agreed by the Cumbria Safeguarding Adults Board and brings together the recommendations from:

- Peer Review, 2012
- Members Scrutiny Review of Adult Safeguarding, 2012
- ADASS report on Adult Safeguarding, 2013

In a comprehensive plan for development and improvement in Adult Safeguarding in Cumbria.

### 1. Achieving good outcomes for service users

- Ensure policies and procedures enable practitioners to focus on making a difference to people's lives
- Build in the outcomes that people want right through the process
- Adopt a performance framework that aggregates inputs, outputs, outcomes and trends, to measure how intervention has made a difference
- Develop an inclusive approach that involves carers and families

and

### 2. Responding to Reported Abuse

- Ensure all agencies agree on the definition of abuse
- Ensure that guidance on alerts and referrals is proportional and kept under review according to levels of demand
- Get all partners to agree and use a local multi-agency pathway for dealing with reports of suspected abuse
- Have a system that regularly checks and reports response times and outcomes
- Ensure procedures are easy to follow and emphasise user outcomes not processes.

| Action | Lead | Timescales | How will we know when we've been successful? | Link |
|---|---|---|---|---|
| **Improvement of report and alert mechanisms** | | | | |
| Commission a task and finish group to review the Safeguarding referral pathway from alert to outcomes, including<br>• To fully understand what should be reported/ alerted as safeguarding and who should make the decisions about progressing a case under safeguarding procedures.<br>• Clarifying the alert/referral process and terminology with particular reference to the locality and safeguarding teams<br>• Clarifying and continuing to reinforce recording standards required<br>• Reviewing the routes through which the public can report safeguarding issues to ensure this is as effective as possible | Linda Mason/ Business Improvement | Sept 2013 | Alerts will be dealt with more quickly<br><br>Timely proportionate response | PR3 |

| Action | Lead | Timescales | How will we know when we've been successful? | Link |
|---|---|---|---|---|
| **Development of joint working between Adults and Children's Services** | | | | |
| Investigate the possibility of cross referencing between the Adults and Children's recording systems (IAS and ICS) | Becky Taylor | Aug 2013 | Report received with options for consideration | PR7 |
| **Process and Procedure Improvements** | | | | |
| Establish quarterly file audit | Tim Ward | March 2013 completed | Quality recording of risk assessment and decision making. Evidence of service user experience. | PR11 |
| Introduce consultation with service user field in ASC Safeguarding Module | Becky Taylor/ Irene Cooper | Aug 2013 | Enable better understanding of impact on SU and Carer of safeguarding process | PR9 /11 |
| Implement improvements to safeguarding module within IAS. | Becky Taylor/ Irene Cooper | July 2013 | Better standards of recording | PR9 |
| Improve information sharing to enable early intervention and avoidance of escalating concerns in care homes and nursing homes through the agreement and implementation of "Early Warning Indicators" | Noleen Devlin / District Leads/ Diane Sullivan | Sept 2013 | Improved transparency and evidence of coordinated response to concerns. | PR4 |
| **Out of Hours** | | | | |
| Consider the implications for safeguarding of the new OOH arrangements – local authority and GPs | Trevor Thompson/ Noleen Devlin | | Clear and consistent referral pathways | PR10 |

### 3. Leadership

- Make sure safeguarding is embedded in corporate and service strategies across the Council and partners
- Provide awareness training to Councillors and give them a role in preventing abuse
- Present your Annual Safeguarding Report to the Overview and Scrutiny Committee and Health and Well Being Board
- Make sure your new Police and Crime Commissioners, CCGs and Healthwatch have safeguarding high on their agenda

| Action | Lead | Timescales | How will we know when we've been successful? | Link |
|---|---|---|---|---|
| **Further development of partnership working** | | | | |
| Ensure Local Authority representation on the Health Safeguarding Network | Laura Carr | Feb 2013 completed | Named person. Consistent representation/ attendance at 4 meetings | PR1 |
| Director of Operations CPT to be co-opted to the Executive Board | Linda Mason | Jan 2013 completed | Effective governance | PR5 |
| Strategic lead confirmed on operations group | Linda Mason | Jan 2013 | As above | PR5 |

| Action | Lead | Timescales | How will we know when we've been successful? | Link |
|---|---|---|---|---|
| Support the Delivery of the Hate Crime Strategy | Mike Forrester | | Safer communities | |
| **Elected Members** | | | | |
| Undertake learning and development activities with elected members to ensure they can support their local communities | Nicola Phillips | November 2013 | Members are more informed of SG issues | SB |
| Review induction package on offer to elected members to include topics of safeguarding and dignity | Nicola Phillips/ Irene Cooper/ Lesley Gill | June 2013 completed | More effective role of elected members as caseworkers when they encounter safeguarding issues | SB |
| Encourage Board members, Elected Members and other leaders to be aware of and take an interest in care settings in their geographical area | Linda Mason | June 2013 | Board Members effective safeguarding and dignity champions | SB |

### 4. Safeguarding Adults Boards

- Ensure that the chair has the independence, knowledge and skills to challenge, lead and hold Board members to account
- Regularly review the Board's constitution to keep it up to date with NHS and other organisational changes
- Make sure the Board has the capacity to plan and carry out its strategies and objectives
- Ensure your Board is using its performance framework to measure its effectiveness and hold members to account
- Use the self-assessment tool to audit your Board and plan how to fill gaps
- Hold development sessions to keep members up to date and encourage joint working
- Find ways for the Board to hear from and respond to people who have been through safeguarding
- Build mechanisms to share data and intelligence
- Test if risk management is proportionate and co-ordinated
- Develop and deliver a communications strategy

Recommend that Boards assess themselves by applying the self-assessment tool and use the results to set priorities and targets for improvement. Challenge event based on Safeguarding Children Boards S11 Challenge?

| Action | Lead | Timescales | How will we know when we've been successful? | Link |
|---|---|---|---|---|
| **Development of the Safeguarding Board** | | | | |
| Clarify the role and function of the CCG, specifically the Safeguarding Hub | Laura Carr | March 2013 completed | Improved primary care input | PR1 |
| Engage Public Health representative on CSAB | Linda Mason | Jan 2013 completed | Strengthened links with Health and Wellbeing Strategy | |
| Establish joint meetings between CPT and Local Authority Safeguarding teams | Irene Cooper | Feb 2013 completed | Improved joint working | PR5 |
| Adult and Local Services representative to attend monthly CPT Safeguarding Committee meetings | Linda Mason/Irene Cooper | Jan 2013 completed | Improved joint working | PR5 |

| Action | Lead | Timescales | How will we know when we've been successful? | Link |
|---|---|---|---|---|
| Confirm Care Sector Alliance Cumbria (CSAC) reps on the Cumbria Safeguarding Adults Board (CSAB) Operational Group | Linda Mason | Jan 2013 Completed | Improved links and tackling of poor practice | PR6 |
| Ensure that all organizational change is reported to the Board, demonstrating impact assessment for dealing with safeguarding adults concerns | Exec Board reps | | | PR10 |
| **Sub-Group Activity** | | | | |
| Deliver the work programme developed by the Dignity subgroup | Linda Mason/ Lesley Gill | | Dignity sub group to develop outcome measures to report to the Board | |
| Review membership of sub-groups and ensure appropriate representatives on each group | Linda Mason/ Irene Cooper | Feb 2013 completed | Regular attendance of appropriately senior person at meetings | PR5 |
| Develop Adult Safeguarding Locality Groups | Linda Mason | April 2013 completed | Paper to the Board with options for consideration | |

### 5. Safeguarding Adults Reviews

- Agree a local protocol for deciding how and when to undertake a Safeguarding Review and how it fits into the regime of other reviews
- Agree a range of proportionate types of review
- Get all partners' commitment to fully participate in multi-agency reviews
- Agree on how learning from reviews will be followed up and embedded in practice and procedures
- Ensure that the reviews from other areas are considered by the board and the learning applied.

| Action | Lead | Timescales | How will we know when we've been successful? | Link |
|---|---|---|---|---|
| Develop a three-tier approach to reviews which will include practice learning process, IMRs and SCRs | Irene Cooper | October 2013 | New procedures agreed and implemented | |

### 6. Personalisation

- Do not start from a presumption that personal budgets and direct payments automatically increase risk
- Make sure safeguarding and risk management are integral to self-directed support
- Make sure all partners understand the principles of personalisation and impacts for them
- Encourage and enforce providers' standards of dignity and rights
- Find ways of accrediting providers in the open care market

| Action | Lead | Timescales | How will we know when we've been successful? | Link |
|---|---|---|---|---|
| Develop publicity materials for the general public, including specific media campaigns etc | Irene Cooper | March 2014 | Public are more informed about SG issues | PR2 / SB |
| Set up a Task and Finish group to develop activities to improve service user engagement at all levels, including:<br>• Collating service user feedback<br>• Improving the focus on outcomes – file audits, reviewing areas for consideration at safeguarding meetings<br>• Undertake best practice research with other Safeguarding Boards and through SCIE to inform the development of activities in Cumbria | Irene Cooper | December 2013 | Report to the Board with options for consideration | PR2 |

### 7. Legal Powers

- Ensure Safeguarding workers have the resources to understand and use the powers available to them and partner agencies
- Make sure your social workers and managers are legally literate and can easily access legal advice
- Ensure data on the use of the Mental Capacity Act is collected and analysed to monitor its usage and identify any areas for concern

| Action | Lead | Timescales | How will we know when we've been successful? | Link |
|---|---|---|---|---|
| **Training for Providers** | | | | |
| Set up regular methods of communication to help reinforce to regulated providers their responsibilities regarding Safeguarding | Linda Mason | March 2013 | Increase in number of alerts | PR6 |
| To identify the lead solicitor in CCC to provide specialist support and legal advice | Linda Mason | August 2013 | Improved legal advice to Locality Teams | |

### 8. Workforce

- Ensure Safeguarding Adults Board has a training and development strategy, which audits, delivers and monitors
- Get assurance that there is a full range of training levels to cover the needs of all people who work with adults
- With partners, deliver awareness raising to all people who may come into contact with adults who may be at risk of harm through work outside social or health care fields
- Adopt and implement recognised competency frameworks
- Ensure your safeguarding staff have the skills and competence to deploy a full range of social and legal interventions.

| Action | Lead | Timescales | How will we know when we've been successful? | Link |
|---|---|---|---|---|
| **Staff Training** | | | | |
| Develop a series of learning events, using examples of live case material of effective safeguarding practice and concerning practice | Irene Cooper | Dec 2013 | Staff more knowledgeable and able to deal with SG issues effectively. | PR12 |
| Raise Mental Health Practitioners' awareness of their role and function within safeguarding processes | Trevor Thompson | June 2013 | Audit of cases will evidence effective working | PR14 |
| Developing a greater understanding and use of the Mental Capacity Act 2005. Reconvene county MCA sub-group | Dave Eldon | July 2013 | Audit of cases will evidence effective working | PR14 |
| Develop further joint training for front line staff | Irene Cooper/ Annette Grogan | June 2013 Delayed, Learning and Development Officer post vacant | Report to the Board with options for consideration | PR7 |
| Undertake staff training and communication around new safeguarding module in IAS and monitor use | Becky Taylor/ Irene Cooper | December 2013 | Audit of cases will evidence effective working | PR9 |
| Utilise the Oxford Learning Programme or similar as a mechanism to support disseminate learning from practice including Serious Case reviews and Serious Untoward Incidents | Linda Mason/ Jacqui Sjenitzer/ Sam Dearman | April 2013 | Audit of cases will evidence effective working | PR12 |
| Review the introduction of the risk model 'Signs of Safety' training with a view to informing a similar approach in Adults work | Linda Mason | October 2013 | Report to the Board with options for consideration | PR12 |
| Ensure learning and development opportunities meet the identified needs of staff in line with the competencies in the Safeguarding Passport | Jonathan Comber | April 2013 completed | Report to the Board in 6 month | PR12 |
| Establish training for registered managers in line with competency framework in Safeguarding Passport | Annette Grogan, Learning and Development Officer | Delayed, Learning and Development Officer post vacant | Contract compliance Services are delivered are of the required standard. | PR12 |
| **Staff Training** | | | | |
| Improve robustness of AVA data | Davina Jenkins | April 2013 | Improved analysis of AVA data used to inform priority areas for continued professional development of the workforce | PR11 |

# Cumbria Safeguarding Adults Board

The budget for the Board is provided by Cumbria County Council and through contributions from partner organisations. The budget funds the cost of the Independent Chair of the Board, administrative support, Workforce Learning and Development support and provision. Cumbria Police host venues for Executive and Operational Group meetings and Cumbria County Council hosts web-pages for the Board on the County Council website.

## Safeguarding Adults Data 2012-3

### Summary of Change end of year 2011-12 to end of year 2012-13

Alerts

| | 2011-2 | 2012-3 | % change |
|---|---|---|---|
| North | 461 | 513 | + 11% |
| South | 399 | 431 | + 8% |
| West | 300 | 494 | + 64% |
| CUMBRIA | 1160 | 1438 | + 24% |

The numbers in the West will have been affected by major concerns with residential/nursing care providers in this area.

Referrals

| | 2011-2 | 2012-3 |
|---|---|---|
| CUMBRIA | 393 (34% of all alerts) | 412 (28% of all alerts) |

Source of referrals

| Cumbria | 2011-2 | 2012-3 |
|---|---|---|
| Social Care Staff | 51% | 55% |
| Health Care Staff | 17.5% | 14% |
| Police | 6% | 7% |
| Self referrals | 2% | 1.6% |

Whilst referrals from Social Care Staff and the police are increasing, those form Health care staff have seen a decrease. Self referrals remain low.

Nature of alleged abuse

| Cumbria | 2011-12 % of total | 2012-13 % of total |
|---|---|---|
| Physical | 51 | 45 |
| Sexual | 11 | 8 |
| Psychological | 9 | 15 |
| Financial | 17 | 18 |
| Neglect | 10 | 13 |
| Discriminatory | | 1 case |
| Institutional | 1 | 3 cases |

### Location where alleged abuse took place

| Cumbria | 2011-12 % of total | 2012-13 % of total |
|---|---|---|
| Own home | 35 | 32 |
| Care home | 36 | 41 |
| Health setting | 4 | 3 |
| Supported accommodation | 4 | 5 |

Abuse in care homes has increased by 11% on last year

### Case conclusion

| Cumbria | 2011-12 % | 2012-13 % |
|---|---|---|
| Inconclusive | 21 | 20 |
| Partially substantiated | 9 | 13 |
| Substantiated | 34 | 44 |
| Unsubstantiated | 35 | 23 |

A significant increase in the number of cases where the abuse was substantiated

### Outcomes for adult at risk

| Cumbria | 2011-12 % | 2012-13 % |
|---|---|---|
| No further Action | 38 | 35 |
| Increased monitoring | 17 | 28 |
| Management of access to finances | 3 | 2 |
| Restricted access to person alleged to have caused the harm | 3 | 3 |

A significant rise in the use of 'increased monitoring' as an outcome for adults at risk

### Outcomes for person alleged to have caused the harm

| Cumbria | 2011-12 % | 2012-13 % |
|---|---|---|
| Police action | 6 | 7 |
| Disciplinary action | 3.5 | 7 |
| Action taken by CQC | 3.5 | 1.4 |
| Increased monitoring | 18 | 21 |
| No Further Action | 33 | 38 |

# Members of the Cumbria Safeguarding Adults Board, Executive

### Members 2012-13

M Evans – M Evans, Independent Chair
J Airey, Adult and Local Services, Councillor
M Angel – NHS Cumbria
J Ashton, NHS Cumbria
M Bewick, NHS Cumbria
I Cooper – Adult and Local Services
M Craven – Cumbria Probation
J Holt, Morecambe Bay University Hospitals Trust
S Munro - Cumbria Partnership Foundation Trust
L Mason – Adult and Local Services
R Parry – Adult and Local Services
C Platton, North Cumbria University Hospitals Trust
A Roach, Cumbria Partnership Foundation Trust
P Smith, Cumbria Constabulary
S Woodford, GP, Safeguarding Lead, NHS Cumbria
J Yeung - Adult and Local Services (Mins)

## Terms of Reference

### Role of the Board

- The primary role of the Safeguarding Adults Executive Board is to bring together Chief Executives and/or nominated lead Directors from key agencies in Cumbria on a quarterly basis.
- The Executive Board will be responsible for all matters relating to Safeguarding Adults multi-agency policy and multi-agency procedures.
- The Executive Board is responsible for overseeing the implementation of the current multi-agency 3-year strategic plan and for the development of subsequent strategic plans for the protection of adults at risk for Cumbria.
- All those on the Board will commit themselves to effective partnership working based on trust and open communication. Members will need to be aware of and understand the organisational frameworks within which colleagues in different agencies work.
- The Board will be supported by an Operational Group with terms of reference determined by the Board.
- The Board will receive quarterly performance reports and reports relating serious untoward incidents and serious case reviews.
- The Independent Chair of the Board takes responsibility for determining the need for the commissioning of a Serous Case Review and is supported through advice from the standing sub-group on Serious Case Reviews.
- Board members will be responsible for overseeing and actively promoting the protection of adults at risk within their own agency and will have delegated powers to make decisions as required.
- An annual report will be written under the auspices of the Board. This report is a public document.
- The Board will advise on and update an annual audit to monitor and evaluate the effectiveness of the Policy and Procedures and all practice relating to the protection of adults at risk.
- The Board will review resource requirements on an annual basis and take a clear view on funding required to take forward Safeguarding Adults Strategic priorities and appropriate levels of partner contribution.

- The Board will ensure a multi-agency training strategy is in place involving statutory, voluntary and independent organisations and identify sources of funding to implement this strategy.
- Facilitate and ensure that links to other relevant strategies are made. This will include: children's safeguarding, community safety partnerships, domestic violence, dignity etc.
- The Board will strive to ensure effective public engagement in its work through a variety appropriate of means.

## Role of Individual Board Members

- To actively promote the multi-agency Policy and Procedures to ensure a wider public and professional understanding of Safeguarding Adults.
- To facilitate and contribute to awareness raising and the identification of adults at risk through local campaigns and appropriate use of the media.
- To take part in and speak at staff development forums and public forums aimed at raising awareness about issues relating to work of the Board and the steps being taken in Cumbria to protect adults who are considered to be at risk.
- Members of the Board will commit to attending quarterly Board meetings or ensure that a colleague with the necessary delegated authority represents them.

## Governance

- Effective governance for the work of the Board is achieved through its formal relationship with the Health and Wellbeing Board and through individual members reporting through their organisations.
- Board members will therefore take responsibility for the submission of annual progress reports to their organisation's executive management body/group to ensure that adult safeguarding requirements are integrated into the organisation's overall approach to service provision and service development.
- The Independent Chair of the Board will report annually and otherwise as appropriate to the Health and Well-being Board.
- It is anticipated that through adherence to these reporting arrangements that the work of the Board will contribute to agencies commissioning priorities and the work of the health and Wellbeing Board. In this regard, of particular importance will be the use of intelligence derived from activity reports and learning from the investigation of Serious Case Reviews

## Membership

Chief Executives and/or nominated lead Directors representing:

- Cumbria County Council
- Cumbria Partnership Foundation Trust
- North Cumbria University Hospitals Trust
- Morecambe Bay University Hospitals Trust
- NHS Cumbria
- Cumbria Constabulary
- Cumbria Probation
- Chair of Dignity Group

# Operational Group

### Members 2012-13

M Angel – NHS Cumbria (Chair)
L Mason – Adult and Local Services (Vice Chair)
J Comber – Cumbria Care
I Cooper – Adult and Local Services
M Forrester - Cumbria Constabulary
P Manson – Morecambe Bay University Hospitals Trust
L Carruthers – North Cumbria University Hospitals Trust
L Maudlin – Cumbria LSCB
V Forster – North West Ambulance Service
J Batsford – Supporting People
Sarah Ward – Cumbria Probation
M Irving - Rep. Third Sector
L Vance – Crown Prosecution Service
A Brown – Cumbria Partnership Foundation Trust
B Chambers – Adult and Local Services
A Halliwell – Adult and Local Services
K Watts – Cumbria Partnership Foundation Trust
D Murchison North Cumbria University Hospitals Trust
E Bitcon, Carers
D Eldon, Cumbria Partnership Foundation Trust
Louise Mason-Lodge – NHS Cumbria
K Allard - Secretary

## Terms of Reference

Reports to: Cumbria Safeguarding Adults Executive Board (CSAEB)
Reporting to this group : All sub-groups, task and finish groups and Locality Groups
Membership reflects that of the CSAEB

- Members will hold key positions in their organisations and will include managers from:
  - Statutory Agencies
  - Safeguarding Adults Service Manager or
    - Safeguarding Officer
  - plus representation from:
    - Service user/patient groups
    - Third Sector
    - Providers
- The Chair of each Locality Group will be a member of this group

### Function of Committee (Terms of Reference)

- To support the work of the CSAEB by:
  - Contributing to the development and implementation of objectives and priorities outlined in the strategic plan.
  - Establishing and maintaining work groups to drive the development of good practice in safeguarding adults work.
    - sub-groups, task and finish groups and Locality Groups

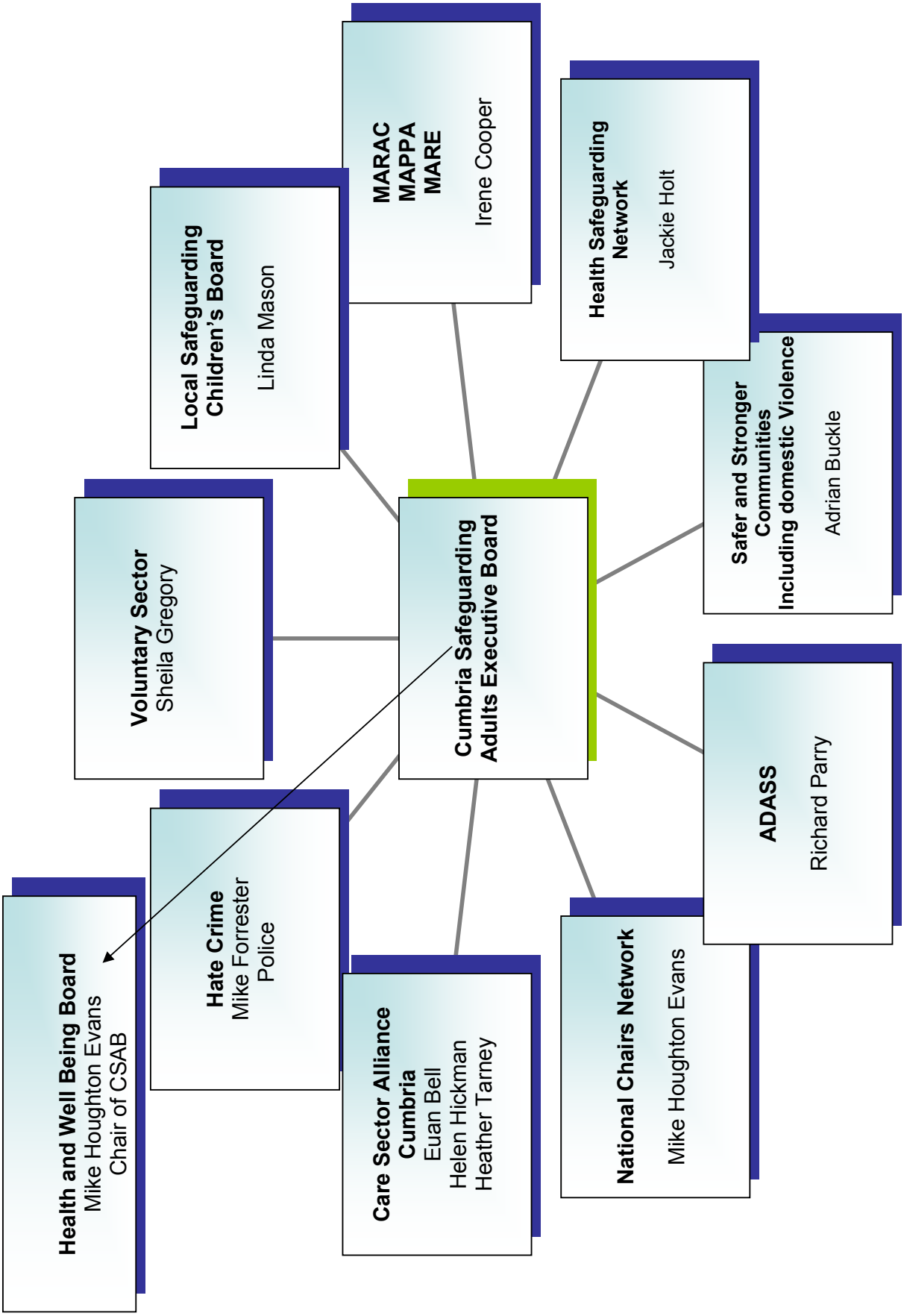
- Ensuring that all groups and individuals deliver the objectives and priorities set by the CSAEB on time and to the appropriate standard.
- Monitoring and reviewing safeguarding adults activity in Cumbria and providing quarterly reports to the CASEB
- Ensuring effective community engagement with safeguarding adults work and ensuring that the voice of the citizen is heard.

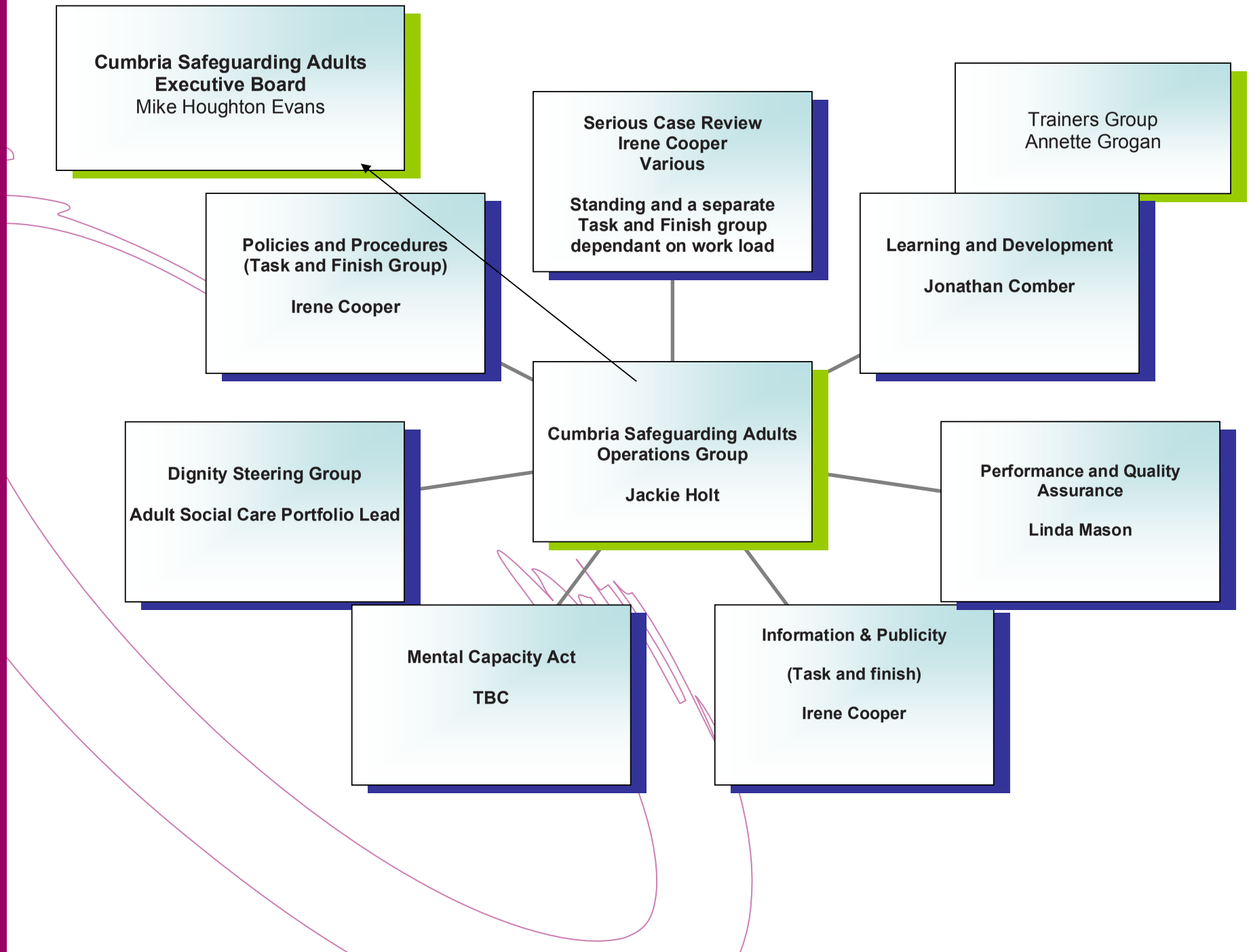
## Links with other Public Protection bodies

Members of the Board may also be members of other public protection bodies such as:

- Safer Cumbria: Cumbria Domestic and Sexual Violence Partnership
- Local Safeguarding Childrens Board (LSCB)
- Crime and Disorder Reduction Partnerships (CDRP)
- Multi-Agency Public Protection Arrangements (MAPPA)
- Multi-Agency Risk Assessment Conferences. (MARA

# Appendix - Board Structure




Cumbria Safeguarding Adults Executive Board
Mike Houghton Evans
Serious Case Review
Irene Cooper
Various
Standing and a separate Task and Finish group dependant on work load
Trainers Group
Annette Grogan
Policies and Procedures (Task and Finish Group)
Irene Cooper
Learning and Development
Jonathan Comber
Cumbria Safeguarding Adults Operations Group
Jackie Holt
Dignity Steering Group
Adult Social Care Portfolio Lead
Performance and Quality Assurance
Linda Mason
Mental Capacity Act
TBC
Information & Publicity
(Task and finish)
Irene Cooper

# Appendix - Independent Chair

The purpose of the CASB Chair is to:

- ensure the CASB operates effectively and exercises its functions as set out in "No Secrets" and relevant guidance;
- ensure the CASB has the capacity to challenge and be an independent voice;
- ensure appropriate links are made to local arrangements for the protection of vulnerable children.

The CASB Chair's responsibilities in relation to the CASB are to:

- manage all aspects of CASB meetings, including agenda setting, chairing of meetings, agreeing minutes and monitoring actions to be taken with identified local Authority Lead Officer.
- in consultation, ensure that key national, regional and local issues are brought to the attention of the CASB;
- oversee and provide support in the production of the CASB Business Plan and Annual Report;
- maintain good liaison throughout the CASB structure and visibly support the work of sub committees of the CASB;
- determine the need for serious case reviews with appropriate advice;
- maintain regular liaison with the CC Chief Executive, DASS, NHS Chief Executives, Cumbria Chief of Police and Lead Member.

The CASB Chair also has additional responsibilities to:

- be a member of regional safeguarding networks;
- attend and where appropriate contribute to, national and regional events;
- present the CASB annual report to the Local Strategic Partnership Board and attend otherwise as required;
- contribute to regulation, inspection and corporate assessment processes as required by all agencies within the partnership.
- respond to the requirements of Overview and Scrutiny in relation to all aspects of safeguarding, and support other partners as required.

The CASB Chair should also support local partnership arrangements by:

- contributing to, and providing leadership on. Inter-agency co-operation in safeguarding, meeting individually with statutory partner leaders.
- ensuring the CASB provides a robust performance framework which extends throughout the partnership, including evaluation of the CASB's own activity;
- assisting and facilitating discussion on the CASB annual budget;
- reviewing the membership of the CASB and ensuring that it remains both representative and effective;
- participating in consultation and decision making on cases where this is requested and appropriate;
- agreeing responses to media enquiries in consultation with constituent agencies.

# safeguarding adults at risk

a cumbria partnership

## Annual Report 2013