



## **Annual Report April 2012 – March 2013**

### **Safeguarding is Everybody's Business**

*This Board exists to protect adults at risk from abuse, significant harm or neglect.*

*We will achieve this through strategic leadership and collective accountability.*

**Updated: 03 October 2013**

## **Foreword to the BPSAB Annual Report from the Independent Chair**

This is the fourth Annual Report on the work of the Bournemouth & Poole Safeguarding Adults Board and covers the work undertaken between April 2012 and March 2013.

The year saw major changes for a number of organisations on the Adult Safeguarding Board, particularly those who are part of the NHS, as preparations were underway for the transition from Primary Care Trusts to the Dorset Clinical Commissioning Group, the demise of the South West Strategic Health Authority and the setting up of the Local Area Team representing "NHS England" (previously known as the NHS National Commissioning Board). Two NHS providers represented on the Board have assumed responsibility for an expanded range of services and/or geographical coverage and one has entered into major merger negotiations with another NHS Foundation Trust, which has challenged management capacity for all of them.

In Bournemouth Borough Council the Statutory Director of Adult Social Services (DASS) role was taken on by the existing statutory Director of Children's Services, whilst in the Borough of Poole the DASS took on responsibility for all Children's Services in the Borough. Other agencies such as the Police, Probation Trust and Fire & Rescue Services have been managing the changes required by their current and forthcoming reduced financial circumstances.

In the face of such systemic challenge and change, it is to the credit of the Agencies that they have sustained a commitment to the Safeguarding Board and the Adult Safeguarding agenda. Inevitably progress on our previously agreed strategic outcomes has been a little slower than might have been the case in a less turbulent environment, but I am pleased to present the report which shows the significant amount of progress that has been achieved and what areas still require further attention and will be rolled into our next three year planning cycle.

**Jane Ashman  
Independent Chair  
Bournemouth & Poole Safeguarding Adults Board  
22 August 2013**

## What do we know about Bournemouth and Poole?

- In 2011 estimated populations for Bournemouth were 183,500 and for Poole 148,100, an increase of about 9,000 in Bournemouth and 3,000 in Poole since 2009. Bournemouth and Poole PCT covers both areas.
- In Poole, about 29,500 or 21% of the population were aged 65 and over in 2009. The numbers of older people are predicted to rise to around 33,500 (or 23% of the total population of 145,100) by 2015. The black and minority ethnic population was 4% of the total population (2001 census). ONS experimental predicted BME population for 2009 over retirement age is 3% white other and 1% black.
- In Bournemouth about 31,900 or 19% of the population are aged 65 and over (2009). The numbers of 65+ are predicted to rise to 33,800 or 20% of predicted population of 167,300 in 2015. Black aged 65+ were 0.8% in 2001 and are predicted to be 4% white other and 2% black in 2009 (ONS predicted estimate).
- There are 49 care homes based in Poole and 16 domiciliary providers in Poole. There are 111 providers of Residential and Nursing care in Bournemouth; there are 30 domiciliary providers plus 7 agencies providing Drug & Alcohol Services.

## What does Safeguarding Adults mean?

- Safety from harm and exploitation is a basic human need.
- Safeguarding is a balance between a range of activities aimed at keeping people safe and at the same time respecting peoples rights to make choices.

## Who are Adults at Risk?

- People over the age of 18 who need some extra support to live their daily lives. They may be unable to take care of themselves, or protect themselves from harm or exploitation and are at risk of significant harm from another person or people.
- They may be frail, have a physical disability or a learning disability, have mental ill health, have a long term illness or misuse substances or alcohol.
- Most people are vulnerable or at risk at some time in their lives.

## Want to know more?

Read leaflets on Safeguarding Adults or the Multi-Agency Safeguarding Adults Policy & Procedures on your Council's Website. Visit our website on [www.bpsafeguardingadultsboard.com](http://www.bpsafeguardingadultsboard.com)

## What does the Bournemouth & Poole Safeguarding Adults Board do & to whom does it report?

Its aim is to protect adults at risk from harm through joint leadership and collective accountability with Members of the Board holding each other to account.

## Who sits on the Board?

An Independent Chair together with Senior Managers from Bournemouth & Poole Adult Social Care, the NHS, the Police, Probation and Fire & Rescue Services, South Western Ambulance Services NHS Foundation Trust and a representative from the Voluntary Sector.

## What do they do?

Make sure:

- The public and employees know how to recognise and report harm to adults at risk.
- Agencies work together to reduce risk, prevent harm and protect adults at risk.
- Employees are properly trained in Safeguarding work.
- Safeguarding work is monitored to ensure it is being done well.
- Lessons are learned when things go wrong.

## Summary of activities in the past year

**What did the BPSAB say it would do 2012-2013?**

1. Ensure effective multi-agency governance arrangement is in place to lead safeguarding adults at work and there is clarity about accountability and responsibility for actions.
- The SAB has worked to understand the changing landscape in the organisation and management of its member agencies and to ensure that safeguarding adults remains a priority. This has been difficult to establish

during the changes in 2012-2013, but efforts will be renewed in the coming year.

- In terms of accountability, the SAB are held to account by each other. The Independent Chair has provided reports to Community Safety Partnership and Overview & Scrutiny Committee in Poole but as yet offers to do this for the Borough of Bournemouth have not been taken up as reporting in that Borough has been by their Service Head.
- The new Health & Wellbeing Board was not in place last year, but work will take place during 2013-2014 to ensure they are kept well informed about Safeguarding Adults developments and issues.
- Work has taken place with those developing the strategy and priorities of the Health and Wellbeing Board to ensure safeguarding adults work is included.
- The SAB and Working Groups agreed the actions which would improve the safeguarding of adults at risk, these are contained within their work plans and progress on the main themes is reported below.
- Members of the SAB met with an independent facilitator to commence work on the new 3 year strategic outcomes for 2013-2016 at a Development Day on 07 March 2012 and these have been improved throughout 2012-2013 and form the basis for the Annual Business Plan for 2013-2014.
- Terms of Reference of SAB and working groups have been updated and placed on website.

## **2. Effective Serious Case Review (SCR) and Domestic Homicide Review (DHR) processes are in place.**

- 2 new SCRs have been undertaken in the year, one from Dorset, the learning from which has been shared in the Bournemouth & Poole SAB and one is continuing from Bournemouth which is also a mental health serious incident review. A SCR from Bournemouth commenced in 2010; the SHA wanted an independent homicide enquiry which took a year to commission and is now with the Health & Social Care Advisory Service. The SCR Panel are concerned about the length of time this is taking and obtain regular updates of progress.
- The Dorset case, JT, related to a woman aged 70 at her death who had had a stroke and had a range of health related conditions. She lived at home. She became increasingly dependent and isolated but was sometimes reluctant to accept care and treatment. The review found a number of service failures to work effectively together, share information and undertake proper risk assessment. The most striking failure was the inability to engage with JT to encourage her to accept help and to understand and apply the Mental Capacity Act.
- Relevant findings for SAB from a Dorset SCR4-LW, and SCR Case (Child G) undertaken by LSCB were reported to the SAB, the latter by the SAB link with LSCB.
- A tracker dissemination form was devised to distribute to SAB members to check that findings and lessons learned from all SCRs are being cascaded to relevant staff and incorporated into training. Whilst agencies usually confirm they are disseminating information the Board has no way of checking how widely the learning is penetrating. The QA group will be asked to develop a checking mechanism to test this out in the coming year.
- Findings from significant recent external SCRs in Luton, Bucks and Warwickshire were also presented to the BPSAB.

- A Summary of key lessons to learn from both external and internal SCRs are as follows:
  - Clarity about Mental Capacity Act and ensuring adults at risk have been advised and understand the full implications of decisions they are taking.
  - Risk assessment and risk management which takes account of past history.
  - Information sharing to ensure a full history and account is obtained and decisions are challenged if concerns are perceived.
  - Improve information sharing and co-ordination of care and support across all agencies over 24 hours for people with multiple and highly complex needs and identify who these are
  - Clarity about working with people who are difficult to engage and/or reference services leading to gross self-neglect.
  - Being aware of risks and sharing information within and between services, especially with regard to Mental Health Services.
  - The need to challenge, ask questions and not accept information at face value.
  - Follow up those who are at risk and who do not attend appointments.
  
- The learning from SCRs has also been disseminated by agencies to their staff through seminars, workshops and guidance notes.
- It has also influenced the revision of the Multi-Agency Safeguarding Adults Policy & Procedures and training courses updated via the Training and Workforce Development Group Strategy Action Plan.
- The chair of the Policy & Procedures group has convened a Task & Finish Group to review and make recommendations on the Dorset Overarching Information Protocol to ensure it fully covers safeguarding adults at risk.
- Two additional referrals for SCRs in Dorset were considered in March and the Panel decided these did not meet the criteria but did need an Independent Audit and commissioned an Independent Facilitator to complete a combined chronology and multi-agency case audit held with practitioners and their supervisors. This is similar to the process recommended by Social Care Institute for Excellence (SCIE) and working together. This method will be further piloted in the coming year for a decision about permanent adoption.
- The BPSAB SCR Panel which covers both Bournemouth and Poole and Dorset SABs, revised, updated and combined its SCR and DHR Protocols and procedures in September 2011 and agreed with the Community Safety Partnerships that it would undertake DHRs on their behalf. Both SABs and CSPs agreed that the Independent Chair of the SABs should also be the Independent Chair of the SCR to ensure independent and unbiased scrutiny of arrangements and overview. The SCR Panel also commissioned and procured a panel of Overview Authors.

### **3. Local Standards, Policies and Procedures are in place in relation to Safeguarding Adults.**

- A new comprehensive **Multi-Agency Safeguarding Adults Policy & Procedures (M/ASAP&P)** was developed by a multi-agency task and finish group on behalf of the Policy & Procedures Group and issued in July 2011. It was influenced by the well-regarded London Borough Policy & Procedures



and consulted on during development and before issuing. The date for review and refresh was 2012 and all agencies were asked for their written comments in September 2012 for return by 01.11.2012. Many helpful comments were received in terms of clarity, accessibility and new guidance together with learning from SCRs. A task and finish group was established to work on the refresh and this work will continue into summer of 2013. Comments were received about the length and accessibility of the Policy & Procedures and this will be addressed through 2013/14.

- Performance Reviews, Case Audits and Serious Case reviews have highlighted the need for better understanding of **when pressure ulcers, nutrition and falls become safeguarding issues** and how this should be prevented. A task and finish group of health professionals worked to develop new guidance on this which was issued in September 2012 and will be monitored and reviewed in September 2013.
- Reviews have also identified the need for a **better understanding of the interpretation of the Mental Capacity Act** and when a person appears to have capacity to make a decision, but is actually under undue influence or duress, or does not fully understand the serious implications of the decision they are making. Guidance in the M/ASAP&P is being improved and a helpful conference was held in Poole in February 2013.
- Dialogue takes place continually between **Social Care & Police** who are members of the SAB and all the working groups. Three issues emerged during this year of:
  - a) The Police are not yet able to produce data which meets the SAB and QA Group needs to understand the interface between the two agencies. Discussions have taken place, advice shared and a review of Police data is taking place, but is slow. In the meantime, regular quarterly Police data on numbers of vulnerable adult referrals to the Police Safeguarding Adult Unit, those which are investigated as crimes and the outcome of these are reported to the QA Group.
  - b) The numbers of vulnerable adults and domestic abuse incidents identified by the Police and reported to Adult Social Care are high. However, it has not been clear whether consent has been given to these referrals, what Police action has been taken, the severity of the concern and what action the Police would like Adult Social Care to take. A Detective Inspector has been tasked by the Police to issue guidance and training to Police officers on this.
  - c) Guidance within the procedures expects safeguarding alerts to be referred to the Police when a crime is suspected. The numbers investigated is however low, sometimes due to insufficient information about consent and suspected crime. Guidance within the M/ASAP&P will be improved during the refresh.
- b) & c) are aimed at reducing the number of inappropriate referrals and make better use of the time and expertise of the two agencies.

#### 4. Learning and Control – The QA framework monitors practice and performance across safeguarding activity.

Analysis takes place quarterly in QA group with information received from Bournemouth Borough Council, Borough of Poole, Dorset Police, Dorset HealthCare University NHS Foundation Trust, Royal Bournemouth & Christchurch Hospital and Poole Hospital. Internal Audits are reported to the QA Group, a multi-agency case audit tool has been agreed and multi-agency case audits took place in March 2013. A number of issues have been identified from the Performance Data more details of which are provided at the end of this report.

- The 2 Boroughs use different systems from which it can be challenging to extract or compare data or undertake a robust analysis. Much of it appears to be obtained manually in Bournemouth and their systems will be reviewed in 2013/14. The system in Poole appears better but the completion of monitoring forms to place it on the system is often slow.
- Data is collected quarterly by the QA group and reported annually to the NHS Information Centre (IC) Abuse of Vulnerable Adults (AVA) returns. However, combining the quarterly data produces different figures from the Annual AVA return. This may be because of carry forward and double counting in combining the quarterly returns or delay in returning monitoring forms.
- Bournemouth Borough Council have continued, for several years, to have a considerably higher number of alerts than the Borough of Poole and are also the highest per 10,000 of population in the South West.

	Bournemouth	Poole
Alerts	2011 (+98)	706 (+52)

- The combined quarterly returns show that a much higher proportion of alerts become investigations in Poole (52%) than in Bournemouth (29%). The number of alerts is also higher in both Boroughs – 2414 in Bournemouth compared with 2011 (AVA) and 729 in Poole compared with 706 (AVA). The AVA return shows 35% of alerts become referrals in Bournemouth and 34% in Poole.
- The numbers of investigations in Bournemouth are also higher than in Poole. Bournemouth also have a higher proportion of repeat investigations.

	Bournemouth	Poole
Investigations	713	244
Repeat	(19%)	(11%)

- Although there are some demographic differences between the two Boroughs, (Bournemouth have a higher population, higher numbers of elderly, frail people and more providers), **the difference in number of alerts seem to be disproportionately higher.**
- To try and understand the above a review of 20 alerts from each Borough was undertaken in September 2012 and did not reveal any inappropriate decisions, but it was not a proper random sample. Whilst the AVA definition



of an alert being a worry that abuse is taking place is wide, there is concern that coping with such a large number of alerts could have the potential to interfere with focus on those alerts which should be investigated and dilute time and attention.

- These differences have been apparent since the 2 Boroughs formed a combined Board 4 years ago. It is not acceptable to continue to be seen to condone such a large discrepancy without more concerted action.
- The difference in alerts from hospitals are also of concern with more from Royal Bournemouth & Christchurch Hospital than Poole Hospital. There have also been an increase in alerts and referrals in relation to patient on patient, Mental Health inpatients from Dorset HealthCare. There has been a continued low rate from community mental health teams. The reasons for all of these are being explored to identify what action should be taken in 2013/14.
- The highest number of alerts and referrals are in relation to service users with Physical Disability/Frailty followed by Mental Health, some with dementia, and by Learning Disability.
- Physical Abuse, Financial/Material, Neglect and Omission and Emotional/Psychological continue to be the highest category of type of abuse, although the latter is likely to be a component in all abuse.
- Own Home, followed by Care & Nursing Homes continue to be the most common locations for safeguarding referrals and most are for those aged 75+.
- People most likely to be alleged to have caused harm are residential and nursing care and domiciliary care staff followed by family member or partner.
- Although systems and resources do not yet allow for accurate cross references, those at risk appear to be older people living in their own homes or care homes with the harm alleged to be from those known to them or caring for them. This continues to be the focus for multi-agency preventative work over the next year.
- The Councils, Safeguarding Leads and Contract Officers, Primary Care Trust/Clinical Commissioning Group and Care Quality Commission meet monthly to share information about Providers causing concern and issues which are serious and ongoing are reported to the QA Group and SAB.
- Poole and Dorset have seen a number of large scale investigations in the past year and the SAB are reviewing whether more could have been done to identify and report concerns earlier.
- The PCT have put in place a Quality Care Improvement Team from April 13 to work closely with LA teams to identify concerns early and work collaboratively with providers to reduce harm and improve quality of care, which should impact in 2013/4.
- The **Police data** for 2012/13 shows that 1168 referrals of vulnerable adults were made to the Police Safeguarding Referral Unit (SRU). 863 (or +92%

from 2011/12) of these were from other Police Officers, 294 (or -9%) were from Social Services or other agencies and 11 (or +10%) from other sources.

- In 2012-13 there were 22 crimes reported with an Adult protection flag and of these 9 were undetected, 4 the alleged offender was released without charge, 2 are under investigation, 3 recorded as "sanction detected" where action has been taken against the offender and 2 were referred for another agency response.
- The number of joint investigations were 68 in Bournemouth and 21 in Poole. This reflects the joint work undertaken between Social Services and Police as there are examples of constructive partnership working to reduce risk which do not necessarily result in a criminal investigation.
- The higher number of referrals to SRU than joint or criminal investigations may demonstrate the early comments about the need for more clarity about what are appropriate referrals between Police and Social Care.
- The CPS withdrew a case of alleged abuse by paid care workers a day or 2 before the due court hearing after a long wait because of concerns about the character and credibility of the key witness. This, together with the relatively low number of incidents investigated as crimes raises again the question of access to justice by disabled people. Data about this will be analysed in more depth in 2013/14.

## **5. Winterbourne View**

The shocking and tragic events and abuse which took place in Winterbourne View and revealed by the BBC Panorama programme was speedily responded to by the BPSAB and relevant agencies by an immediate review of care plans and services for people with Learning Disability and the development of an Action Plan to monitor Commissioning, Care Management and Practice. This was initially based on the advice from Department of Health and ADASS and then updated once the SCR was published. The BPSAB monitors progress on the action plan at each of its meetings.

The BPSAB took the view that the principles of good practice and monitoring should be applied to all adults at risk including self funders and the action plan reflects this.

Areas covered include:

- Review the care of any adult in a specialist Autism or LD hospital placement to identify whether they could be supported in the Community.
- Ensure that basic standards of good practice in relation to assessments, care plans and reviews are upheld and are person-centred, accessible, easy to locate and reflect the service users desires, wishes and choice.
- Ensure that those in high risk circumstances receive more frequent visits and reviews based on the level of risk. Ensure service users and carers views are heard at every stage of arrangement placements.
- Ensuring relationships, communication and respective roles or organisations in relation to commissioning and care co-ordination arrangements are clear.
- Ensuring there are structures and systems which expect and enable good communications and information exchange about concerns between all staff in all agencies at all times.

- Ensure there are systems to identify repeated concerns and patterns and trends from the same location.
- Raise awareness and prevent potential risk and abuse for self-funders by making awareness training and information about what to do available to universal services and relatives and carers.
- Develop a joint strategic plan by 2014 to commission services to meet the needs of people with challenging behaviour via pooled budgets and collaborative working.
- Ensure services are developed which meet local needs and focus on intensive community support.
- Review and ensure the quality of sufficiency of advocacy services for people without independent support especially for those in out of area placements.
- Ensure commissioners in LA and PCT have an overview of all joint funded placements and that joint working arrangements are effective.
- Ensure that commissioners of placements and contractors and procurers take full account of detailed information listed to ensure placement meets the standards expected.

This is a large and complex set of tasks which will take some considerable time to achieve. Moving on from what we want to change and how to do it, to achieving some of the desired outcomes, needs to become a priority.

**6. Customer Focus – Communication Strategy in place, which effectively communicates with stakeholders about safeguarding using appropriate communication materials.**

- BPSAB Annual Event for Voluntary Organisations, Independent Providers & Service Users & Carers took place on 26 April 2012. There were a series of presentations outlining the work of agencies and Board members and opportunity for discussion and feedback on priorities for next year.

It was well received and comments included:

“Lots of interesting talks!”

“All the speakers were great!”

“It was very good to meet and network.”

“This will help day to day work on safeguarding issues.”

“Good overview of what was achieved and consultation about future work.”

“Increased awareness of the positive, pro-active outreach in this area.”

- Views are obtained from a wide group of stakeholders and taken into account. More needs to be done to ensure continued feedback is obtained. A wide range of views has been taken into account when refreshing policies and procedures and fact sheets are planned to assist people to understand the safeguarding process.
- The Bournemouth & Poole Safeguarding Adults Board website was launched, July 2012 publicised and updated during the rest of 2012-2013.

### **What safeguarding adults' training has been provided in the past year?**

#### **Safeguarding Adults Training**

The Multi-Agency Training and Workforce Development Group covers both Bournemouth & Poole and Dorset Safeguarding Adults Boards and prioritises and tracks its work through the Training Strategy Action Plan.

Actions this year have included:

- Strengthening the links between Child & Adult Safeguarding & Domestic Abuse Training and identifying opportunities for joint training.
- Developing and delivering training for GP's based on the BMA toolkit.
- Regular sessions for Investigators and Managers to disseminate local issues and findings from Serious Case Review.
- Making available e-learning packages to all staff in the Council and other agencies who wish to use it.
- Continuing to roll out Pathway 1 Training for Providers to support their ability to manage and reduce risk in relation to low level concerns.
- Working with Adult Education on a Community Outreach & Support Team (COAST) project to enable adults at risk to safeguard themselves.
- Reviewing and revising Safeguarding Adults Investigator Training for implementation on a modular basis in Summer 2013.
- Embedding the Safeguarding Adults Investigator Portfolios with presentation to a quarterly assessment panel.
- Reviewing Safeguarding Adult Awareness Training and commencing work on developing training standards for required content.
- Offering Safeguarding Awareness Training for Elected Members and exploring methods to increase the take up.

## Data

Data from 1st April 2012 to 31st March 2013	Number of courses delivered	
	Bournemouth Borough Council	Borough of Poole
Safeguarding Adults Awareness & Refresher	24	25
Specialist courses	17	15

## What have partner agencies achieved in the past year?

### Bournemouth Borough Council

- Worked with Care Home Providers to improve knowledge and understanding of MCA and DOLs, following a survey to identify needs.
- Introduced 'Just Checking' assessment tool with people with dementia or LD living in own homes to determine risks and level of intervention/support required.
- Project for Double Handling and Moving equipment to enable people and carers to manage care at home safely
- Raise awareness of adults at risk through presentations throughout year with partners, external agencies and service user support groups
- Joint Preventative work with Police and Fire and rescue, including fire safety and security checks.
- Develop Action learning sets for staff working with People with dementia to work in a more person centred way and assist in recognition of risk.
- Guidance for people compiling own support plans to enable consideration of any risks and how to minimise them and stay in control of their own lives.

### Borough of Poole

- Safeguarding actions through large scale investigations including residential and domiciliary services.
- Piloting MASH process on behalf of 3 LAs in relation to victims of Domestic Violence (DV).
- Training and publicity events throughout year to raise awareness with colleagues, partners, councillors and public
- Improve responses to DV and self neglect through review of internal procedures
- Improve screening of Vulnerable Adults (VA) and DV referrals from police to reduce inappropriate referrals for investigation and improved signposting to support services.

## **Dorset Police**

- Created 2 new roles of VA investigations co-ordinator and DI leading on VA investigations enabling streamlining of functions and improved response to other agency referrals and work with safer neighbourhood teams and referral to CID when specialist investigation required.
- A well functioning MARAC has helped to reduce the number of most serious violence and assaults with injury reported in Dorset. MARAC manages the highest risks in order to save lives.
- Dorset Police have commissioned training for front line and specialist officers to improve work with vulnerable adults, assess risks and take positive action.
- Work with Dorset Mental Health Act multi Agency Group led by DHC Trust to improve early intervention and support to mentally ill. Aim to reduce the time spent in police custody for the mentally ill by seeking speedier assessments.

## **Dorset HealthCare Trust (DHC)**

- Created new safeguarding adults post to focus on providing safeguarding specialist advice and promoting safeguarding in the organisation.
- Work with Bournemouth University to develop a leadership for safeguarding learning programme for clinical leaders
- Strengthened internal trust wide safeguarding committee to focus on sharing learning across the organisation of SCRs, internal and national audits, reports, recommendations including Winterbourne View
- Reduced incidents and improved prevention of pressure ulcers by implementing a clear strategy to reduce avoidable pressure ulcers.

## **Royal Bournemouth & Christchurch Hospital (RBCH)**

- Safeguarding Adults (SA) awareness training updated to include information on Prevent and Channel and use of DVD "Because you said something" which has been well received. Extra sessions offered to specific groups such as Radiographers.
- Regular monthly meetings held between Safeguarding Adults leads and Deputy Director of Nursing and Social Services to enable clinical teams to improve their safeguarding performance.
- Monthly SA slot in meetings held with Directorate Clinical Leads and Senior Nurse groups to share themes and ensure corporate actions are delivered.
- Quarterly internal SA meeting chaired by Director of Nursing to monitor alerts and examine themes.
- New post of Band 7 "Case Facilitator" for Adult Safeguarding and Learning Disability started 01.03.2013 to support Senior Nurse Safeguarding lead.

## **Poole Hospital**

- A Safeguarding Adults Committee is being instigated to look at issues and improve learning.
- Safeguarding Adults Workshops are offering joint days with Tissue Viability, Speech and Language, Nutrition and Children's Safeguarding.
- Senior OT has undertaken investigators training and is now working closely with B.O.P adult safeguarding investigator OT.



- Older Peoples Nurse Specialist working in ED who also deputises for the Safeguarding nurse is promoting a heightened awareness of the needs and services for older people.
- Development of Harm Free Care Group looking at care, research and results Such as health education, infection and availability of safeguarding information.

### **Primary Care Trust (PCT)**

- Implemented 'Safeguard Ulysses' data collection system to enable Quality Team to analyse safeguarding information to enable commissioners in relation to quality monitoring of contracts with providers, including CHC and Funded Nursing Care. This enables identification of trends and highlights risk areas.
- Commissioned Safeguarding Adults training for GPs and clinical staff for CHC team. This has been well received.
- PCT/shadow CCG approved the formation of a Quality Improvement Team to work with care homes and domiciliary care.

### **South Western Ambulance Service Foundation Trust (SWAST)**

- SWASFT is now aligned to 28 LSCBs and SABs so attend these by exception or invitation.
- CQC full inspection in January 2013 found that the trust 'met the standard' for safeguarding people and followed appropriate procedures
- Audit SW undertook an internal audit of safeguarding services in December 2012 and an action plan was produced
- The service also led on internal audits relating to frequent callers, the nature of safeguarding referrals and alignment of referrals to stations or areas.
- The audit of referrals found that east Dorset, including B and P, is consistently high with Bournemouth station having the highest activity.
- A new full time safeguarding manager started in January 2012 and 2 named professionals dedicated to safeguarding were appointed.
- The safeguarding manager attends the Quality Governance committee.
- A training strategy and allegations policy has been agreed.

### **Dorset Fire and Rescue**

- All retained Duty system staff (350 across 23 locations) have undertaken refresher safeguarding training this year.
- A number of alerts have been raised during home safety visits to older people in their homes. Many concern neglect especially for older people living alone. They are a target group for the service as they are more likely to have a fire and be seriously injured.

### **Dorset Probation**

- Issued a refreshed internal Safeguarding adult policy in 2013.
- Seeks to reduce risks of serious harm by perpetrators through one to one work and Accredited Programme delivery for both convicted sexual offenders and perpetrators of domestic violence.

## What information do we have about safeguarding alerts Apr 2012 to March 2013?

This data is based on NHS IC AVA except for Response to Alerts which is taken from combining the quarterly returns to QA group.

The latter shows the different Pathway responses developed in Bournemouth and Poole which are followed but is not collected by AVA. The numbers are different in the 2 returns which may represent delay in completing the monitoring forms or double counting across the quarters.

This will be analysed further in 2013/14.

### Number of Alerts to Social Care raised because of safeguarding concerns

Bournemouth	2011	(increase of 98 or 5% from previous year)
Poole	706	(increase of 52 or 8% from previous year)

### Response to Alerts

	Bournemouth	Poole
Not investigated	894 (37%)	141 (19%)
Still being screened		46 (6%)
Referred to Pathway 1 (Provider Response)	171	N/A
Referred to Pathway 2 (Community Care or Support from Other Services)	634 (26%)	161 (22%)
Referred for full investigation (Pathway 3 or 4)	711 (29%)	381 (52%)
<i>Of which: Repeat referrals</i>	19%	11%
<b>TOTAL</b>	<b>2410</b>	<b>729</b>

NB These numbers come from data presented to Quarterly QA Meetings and are different from those submitted to AVA before all the monitoring forms are returned.

### Client Groups

	Bournemouth		Poole	
	Alert	Referral	Alert	Referral
Over 65 Total	1166	352	467	
<i>Of which</i>				
Physical disability, frailty and sensory impairment.	994	327	262	105
Mental Health & Dementia	159	15	197	85
Learning Disabilities	5	0	1	0
Substance Misuse	8	5	0	0
Carer				

	Bournemouth		Poole	
	Alert	Referral	Alert	Referral
<b>Adults (18-64) Total</b>	<b>845</b>	<b>361</b>	<b>239</b>	<b>52</b>
<i>Of which:</i>				
Physical disability, frailty and sensory impairment	52	37	53	24
Mental Health	316	125	51	10
Dementia	0	0	4	2
Learning Disability	328	107	126	18
Substance Misuse	149	92	5	0
“Other Vulnerable Adult”	0	0		
Other			4	0
<b>TOTAL of 18+</b>	<b>2011</b>	<b>713</b>	<b>706</b>	<b>244</b>

### Types of Abuse (Investigations)

	Bournemouth		Poole	
	18-64	65+	18-64	65+
Physical	171	127	28	73
Sexual	41	8	8	1
Emotional/Psychological	50	52	31	21
Financial	60	119	8	80
Neglect	58	95	19	110

### Location of Abuse (Investigations)

	Bournemouth		Poole	
	18-64	65+	18-64	65+
Location				
Own Home	164	197	29	70
Care Home	27	69	4	75
Care Home with Nursing	16	33	1	25
Alleged Harms Home	14	5	2	0
Mental Health Inpatient Setting	0	4	2	0
Acute Hospital	12	25	3	13
Supported Accommodation	37	2	7	3
Public Place	29	5	2	1
Other	52		1	0
Not Known	10	12	2	2
<b>TOTAL</b>	<b>361</b>	<b>352</b>	<b>53</b>	<b>189</b>

<b>Person alleged to have caused the harm</b>	<b>Bournemouth</b>	<b>Poole</b>
<b>Residential Care Staff</b>	<b>17%</b>	<b>37%</b>
<b>Domiciliary Care Staff</b>	<b>12%</b>	<b>18%</b>
<b>Family Members</b>	<b>16% (main carer)</b>	<b>13%(5% main carer)</b>
<b>Other Adults at Risk</b>	<b>13%</b>	
<b>Partners</b>	<b>11%</b>	<b>5%</b>
<b>Neighbour or Friend</b>	<b>6%</b>	
<b>Health Care Worker</b>		<b>6%</b>
<b>Not Known</b>	<b>11%</b>	<b>6%</b>