

SHROPSHIRE AND TELFORD & WREKIN
VULNERABLE ADULT SAFEGUARDING BOARD
ANNUAL REPORT 2011/12



No

More

Secrets

'Keeping vulnerable adults safe from harm'

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1. Forewords

Shropshire Council

The safeguarding of Vulnerable Adults within Shropshire during 2011/12 has continued to be a high priority for Shropshire Council.

During 2011/12 there has been a renewed emphasis on robust performance monitoring and management as well as contributing to an overall strengthening of governance. A new auditing procedure has been introduced, and regular safeguarding updates have been given to staff at team meetings throughout the County.

To ensure appropriate engagement and ownership of safeguarding from all key strategic partners, in depth liaison continues to occur with other agencies on a regular basis. This includes the Care Quality Commission, with whom we regularly meet to exchange information, and on a more local level individual Inspectors speak regularly to the Safeguarding team direct when concerns are raised.

The role of engaging our partners in the Adult Safeguarding agenda has never been more important, and increased training of both Council and non-Council staff either within the voluntary sector or the NHS has continued.

During 2011/12 Shropshire Council has continued to build upon the strong adult safeguarding foundations developed during the preceding years. The safeguarding training package that was developed in previous years has been updated, and now placed on the Council's website is available for members of the public to use to promote safeguarding within their communities and own social organisations.

In Shropshire, the Police have worked closely with the Adult Protection coordinator and the social work teams, resulting in a series of convictions under the Mental Capacity Act of carers and carer managers, who have failed to look after the vulnerable people in their care.

From January 2012, I have had the pleasure of being the Chair of the Vulnerable Adults Safeguarding Board. The Board is in a key stage of development given the national and regional developments and is very committed indeed to the further strides it can make given its important role.

Kathryn Edwards
Group Manager – Safeguarding
Shropshire Council

Telford & Wrekin Council

The year 2011/12 has seen significant change across all public sector organisations through the impact of Government funding cuts and the implementation of new legislation and new models of service delivery. Throughout this period Telford & Wrekin has continued to demonstrate its on-going commitment to Safeguarding whilst completing the second phase of the service restructure. Resources allocated to adult safeguarding were maintained whilst delivering an overall saving of 20% of staffing budgets in Care and Support.

There has been a decrease on the previous year of referrals into the process from 489 to 439. We continue to closely monitor the trend in referrals but do not consider the decrease to be a matter of concern at this stage. As described later in the main body of the report, changes in policies and practises and implementation of new tools has led to lower level concerns being more appropriately addressed outside of the main process and reflects one of the recommendations of the 2010 Safeguarding Inspection. There has been an increase in institutional investigations which have in turn been responded to by focussed interventions from the Commissioning team.

During the year the Lead Professional for Adult Safeguarding was part of the regional working group which drafted the West Midlands pan regional policy and procedures. This was a significant piece of work and adoption of the principles will ensure a consistent approach across the region which will bring many benefits and particularly in operational terms for those agencies which work across local authority boundaries – a long acknowledged benefit we achieved on a more local level through the joint board with Shropshire. Work now commences on the local guidance to enable the implementation of the policy and procedure by April 2013.

Raising awareness has always been regarded as a key component of effective safeguarding and the council is pleased to have maintained the level of staff in direct contact with vulnerable people who have received awareness training at 92%. We also fully recognise that the majority of care is not provided by the council itself but by the independent and voluntary sector and it is therefore pleasing the note the productive outcomes of our partnership working with Shropshire Partners in Care in addressing this.

Indeed good partnership working is at the core of effective safeguarding and the Council appreciates the positive engagement it has with our partner agencies on a day to basis and at a strategic level at the Board.

The confirmation that safeguarding will finally be given a legal basis in the draft Care and Support Bill is obviously more than welcome albeit long overdue. Once the final legislation is passed we look forward to further taking forward safeguarding collectively with our partners.

Karen Kalinowski
Assistant Director Care & Support
Telford & Wrekin Council

Shrewsbury and Telford Hospital NHS Trust

Shrewsbury and Telford Hospital NHS Trust (SaTH) provides services to a wide and diverse population with a range of health and social care needs. As such, the Trust has a clear need for all staff, whatever their role, to be aware of their responsibilities to safeguard vulnerable adults needs. The Trust is committed to ensuring that:

- Systems and services are in place that aim to promote adult safeguarding.
- Vulnerable adults who have been abused are protected.
- Staff work collaboratively with external agencies.

WMQRS

The West Midlands Quality Review Service visited the Trust in October 2011 to review compliance with the WMQRS Quality Standards for care of Vulnerable Adults in Acute Hospitals. Prior to the visit, the Trust submitted a self assessment document to WMQRS. This assessment was the organisational positional statement which benchmarked our position against the standards provided by the WMQRS. Overall the assessment submitted by the Trust was in line with the findings of the Review Team. The Trust achieved compliance in fourteen out of twenty four standards (58%). Areas of good practice included the joint appointment of the Dignity in Care Professor with the Staffordshire University, which they felt illustrated the Trust's commitment to linking the educational needs of staff and the care of patients across the Trust. The reviewers also commended the establishment of the Dementia Strategy steering and implementation group. An action plan has been implemented ensuring the Trust is compliant in the remaining standards within the next six months.

The High Risk Scrutiny Group

The aim of the group is to gather, share and learn from complaints, incidents and Adult Safeguarding concerns that have the potential to escalate to high risk cases. The group co-ordinates and provides a framework for the effective management of the issues and risks identified. The group are currently meeting on a weekly basis ensuring that safe standards of patient care are achieved and those standards are continuously improved in the light of best practice from within the organisation and with the use of guidance and standards from NICE, National Service Frameworks, Care Quality Commission, GMC, NMC and other professional bodies.

Safeguarding Children and Adults Steering Group

The aim of this group is to ensure systems and services to safeguard children and vulnerable adults are in place and functioning effectively by the use of both internal and external monitoring processes e.g. self-assessments, clinical audits and statutory reviews.

The group is also responsible for interpreting national policy and guidelines for safeguarding children, young people and vulnerable adults and members of the group ensure links with the Shropshire and Telford & Wrekin Local Safeguarding Boards (LSCBs) and the Vulnerable Adults Safeguarding Board.

Dignity in Care Network

Dignity in care remains in the forefront for ensuring high quality services for older people. The Dignity challenge lays out the national expectations of what constitutes a service that respects dignity. The Trust is involved in the Dignity in Care Network group, represented by the Professor in Dignity of Care for Older People and the Adult Protection Lead.

The work of this subgroup will report into the VASB. The group has developed a staff survey to determine at what steps organisations / organisations have taken to implement the ten point dignity challenge.

Learning Disability Steering Group

A learning disability steering group was introduced within the Trust in 2010, membership of the group consisted of;

Shrewsbury and Telford Hospital NHS Trust; Telford and Wrekin PCT
South Staffordshire and Shropshire Healthcare NHS Foundation Trust
Joint Community Learning Disability Team Shropshire/Telford; Family /Paid Carers
People with a Learning disability who are members of Taking Part (Shropshire /Telford)

The purpose of this group was to develop a strategic plan in implementing Valuing People and also to improve the care of people with a learning disability and their carers when in Shrewsbury and Telford Hospital NHS Trust. The action plan agreed by the group included:

- Re- launching of the hospital communication book – This is available on every ward and department throughout the Trust.
- Reviewing the Guidelines for the care of Adults with a learning Disability on admission to Shrewsbury and Telford Hospital NHS Trust. This has now been finalised and is available on the Trust Intranet.
- Hospital passports are available, these have also been finalised and will be launched in Learning Disability week.

Adult protection awareness training remains part of the statutory training for all patient handlers. Staff trained from April 2011- March 2012 was 1856.

Bond Solon a Health Care legal company has recently provided Mental Capacity Act training within the Trust for the Centre Chiefs and Executive team and this has now been extended to Consultants and Senior Nurses.

Shropshire Council and Telford and Wrekin PCT provided on site Mental Capacity Act and Deprivation of Liberty Safeguards training for Health Care Assistants and Registered Nurses within the Trust with further sessions planned.

Vicky Morris
Director of Quality and Safety / Chief Nurse

Shropshire Clinical Commissioning Group

During the 2011/2012 period, the NHS has continued to go through significant change, particularly in Primary Care Trusts which has seen the introduction of the National Commissioning Board, a West Mercia Cluster arrangement and an Authorisation process for Clinical Commissioning Groups from April 2013.

Moving forward, adult safeguarding has remained a priority, for local healthcare commissioners and there has been the appointment of two adult safeguarding nurses across the area. At Board level the Directors of Nursing, Quality, Patient Safety and Experience are accountable for safeguarding with all Board members having a shared responsibility for the adult safeguarding agenda. The successor organisations will formally engage with the Vulnerable Adult Safeguarding Board and the new multi-agency policy.

The Primary Care trust continues to work closely with local authorities and provider organisations to promote the health, wellbeing and safety of vulnerable adults.

Linda Collins-Izquierdo
Director of Nursing, Quality and Patient Safety and Experience.

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

The Trust continues to be positively committed to working in partnership to ensure that the most vulnerable are safeguarded. We have valued the support and guidance provided through inter-agency arrangements and fully recognise the importance of working in an open and collaborative way to safeguard our service users.

- We are active partners in the Shropshire and Telford & Wrekin Safeguarding Vulnerable Adults Board. We have improved our representation at Board meetings through our Safeguarding Consultant Practitioner
- Adult Protection Awareness training remains mandatory and compliance is rigorously monitored. Last year we implemented our requirement that this training is refreshed every three years. This meant we had a backlog of staff needing refresher training. We shared this with our governor members who took a direct interest in our aspiration to improve our levels of staff training. The outcome of our approach and our governors' interest is that the proportion of staff now trained and up to date within three years is 71% - and increase of 12%. We aim to improve further in the coming year.
- The Inter-Agency Adult Protection Procedures are readily available to staff on the Trust intranet. We have also developed further information and guidance for staff and service users on the Safeguarding Team web pages. Feedback from staff has led to the outcome of developing a simple referral flowchart for staff to ensure clarity in the referral process and the links to our incident reporting procedure.
- The Safeguarding Group meets quarterly to monitor and improve safeguarding practice across the Trust. The group reports to the Quality, Effectiveness and Risk Committee.
- A thematic review of safeguarding was completed in 2011 and an action plan was put in place to address areas for improvement. The action plan is making progress and is monitored through the Safeguarding Group. Our commissioners and governors have also been involved in tracking progress. A further thematic review, focusing on safeguarding older people will be completed in 2012.
- We have utilised the Department of Health Safeguarding Adults self assessment tool to further review our performance, and areas for improvement have been added to the Safeguarding Action Plan.
- Safeguarding is now a standing agenda item in directorate management meetings to ensure it remains a priority area across all parts of the Trust.

Much progress has been made, however we acknowledge there are still many challenges, but we are fully committed to the continuous improvement of our practice in the area of safeguarding.

Therèsa Moyes
Director of Quality and Clinical Performance

The Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust continues to be fully committed to encompassing the six key concepts in adult safeguarding; empowerment, protection, prevention, proportionate responses, partnership and accountability into our working practices at the organisation.

As an organisation we have continued to work with the Safeguarding Board contributing to effective interagency working, and joint working partnerships to provide the most effective means of safeguarding vulnerable adults. As an organisation we aim to ensure that the

dignity, safety and wellbeing of the individual is a priority.

“To be the provider of choice for patients through the provision of safe, effective, high quality orthopaedic and related care” has been identified as one of our main strategic aims.

To deliver this objective;

- The Trust has continued to provide safeguarding vulnerable adults training for all staff, and provides specific Mental Capacity training and Deprivation of Liberty safeguards (DOLs) training. These two training topics are provided as facilitated training sessions (face to face) which have proven to be extremely informative, enhancing staff learning and awareness. In addition to this all staff undertake an e-learning mandatory training package for adult protection which is completed on an annual basis.
- Staff awareness, and continued training has enabled them to understand their role and responsibilities in regard to policy and procedure. This enables staff to promote good practice for responding to concerns on a multiagency basis
- The Trust continues to strengthen links with outside agencies, and work in collaboration, to ensure service users are safe from harm, and maintain independence, well-being and choice.
- The Trust Safeguarding Group meet quarterly to provide a forum to discuss children and adult safeguarding issues. Chaired by the Director of Nursing, the committee has the appropriate accountability for safeguarding across the trust. The committee report to the Trust’s Quality and Safety committee a sub-committee of the Board of Directors
- The actions above support compliance with the Care Quality Commission Essential Standards for Quality and Safety Outcome 7.
- The Trust has adopted the Shropshire and Telford & Wrekin Multiagency Adult Protection Policy which is accessible through the Trust intranet.

The Clinical Psychologist has been part of the local DOLS Safeguarding Board and has completed the ‘Best Interest’ Assessor training. Having undertaken this additional training it has enabled staff to share best practice, and enhance their knowledge and skills within this specific area.

Jayne Downey
Director of Nursing

Shropshire Partners in Care

Shropshire Partners in Care (SPIC) is committed to safeguarding of vulnerable adults and raising awareness of safeguarding issues across the wider community in Shropshire and Telford & Wrekin. This is reflected in the core values of the organisation.

SPIC Core Values

- **Excellence** – SPIC promotes the best possible practice among care providers and also wishes to be seen as an exemplary employer

- **Ethical** – SPIC works in a way that safeguards the human rights of all those who may need or use care services and supports its members to deliver services that place service user rights at the centre of their decision making.
- **Partnership Working** –SPIC works in partnership with all stakeholders who share the same mission and values.

•
SPIC's core activities include the provision of:

Training

SPIC employs an Adult Protection Training and Development Worker in Shropshire and a Safeguarding Trainer in Telford and Wrekin (The Telford & Wrekin Safeguarding trainer will also be delivering Mental Capacity Act training and Deprivation of Liberty training).

These posts deliver a range of training and offer support and signposting to workers in both the independent, statutory and voluntary sector.

The organisation delivers a wide range of training, including:

- Adult Protection Awareness – this course has been reviewed and updated
- Adult Protection for Provider Managers
- Keeping Safe, Understanding and Reporting Abuse (for people with a learning disability in Shropshire)
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (Telford & Wrekin)
- Professional Boundaries in Social Care and Health
- A range of Moving and Handling courses
- Infection Control
- A range of First Aid courses
- Medication In Care for Support Workers and Nurses
- Dignity in Practice
- Dementia Awareness

Information Sharing and Awareness Raising

One of the most important roles SPIC has is keeping the sector up to date with information and developments, legalisation, guidance and good practice. This is achieved by:

- Facilitating workshops, seminars and presentations with a safeguarding theme
- Providing information via the website
- Information Alerts
- Newsletters
- Organises events each year with Shropshire and Telford and Wrekin Council to mark World Elder Abuse Awareness Day (WEAAD)

Safeguarding is a recurrent theme in all SPIC seminars in order to keep the independent care sector up to date with information and to share best practice.

Information sharing is not a one way process and SPIC contributes to national and local consultations. It also channels views and concerns raised by the sector to other organisations, including; local authorities (T & W and SC), CQC, MP's and emerging GP consortia.

Future Developments

SPIC is committed to developing its range of courses tackling safeguarding issues.

Promotion of Best Practice

Staff employed by SPIC work with organisations to address specific issues and improve safeguarding practice. Managers who attend the APPM are supported by the trainers to develop action plans around risk reduction and Whistleblowing. This ensures the knowledge gained in training transfers into good practice in the workplace.

SPIC staff represents the independent sector on subgroups of the SAB including the Shropshire and Telford & Wrekin Dignity Network and the SAB Training sub group.

Through the SAB Training Sub Group, SPIC has developed a Competency Framework for Safeguarding Vulnerable Adults. This will be available as a hyperlink to the new Safeguarding Adults Policy in the next twelve months.

Following the completion of the national work relating to the CHUMS report, Prescription Training has been organised around Safe Handling of Medicines and Assessing Staff

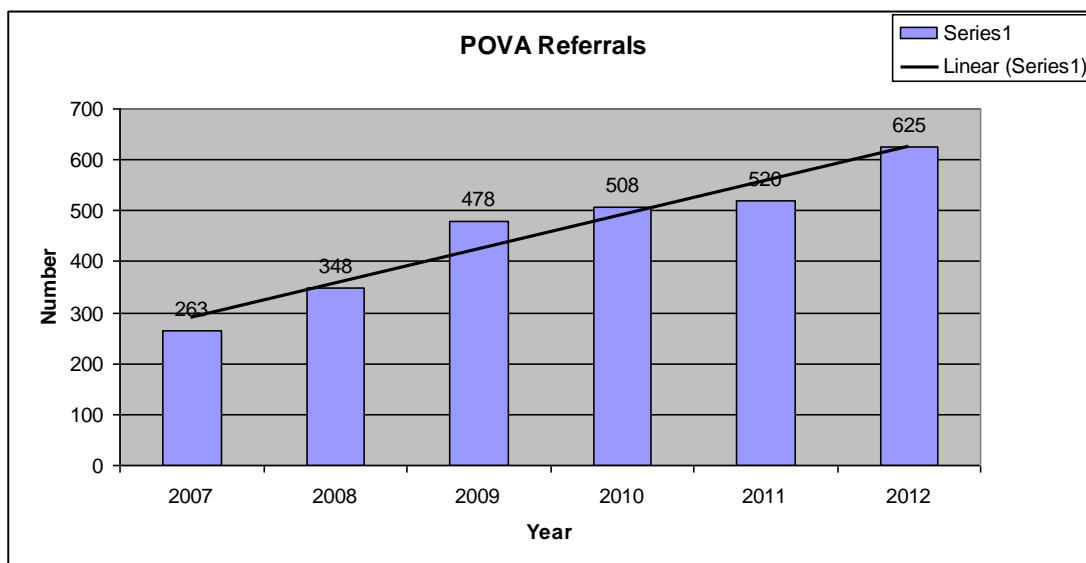
Competency; This course will be delivered four times per year to enable nurses and support workers to gain skills in assessing staff competency.

SPIC will continue to work to its core principles and remain committed to safeguarding vulnerable adults in all of the activities it undertakes.

Debbie Price, Chief Officer
Karen Littleford, Adult Protection Training and Development Worker
Marion Kelly, Safeguarding Trainer

West Mercia Police

Shropshire Division



The above shows the increase in the level of VA referrals being made which in part are as a result in the raising of awareness and improved recording practices.

A new Police improved recording process was adopted in 2011 and the vast majority of all referrals to Police are now recorded as incidents on West Mercia's Crime Recording system (CRIMES). This has meant all Police staff in the Force are in a better position to view incidents and investigations of note where previously a separate stand-alone system was partially employed.

There is now a dedicated phone line at Shrewsbury Police Station (9am-5pm) which is staffed by the VA investigator and an Administration assistant. The feedback regarding this has been very positive.

There were around 75 Single agency investigations in 2011/12, 25 joint investigations, and 5 investigations which were led by the Police.

Around 10% of all referrals involved recordable criminal offences. An emerging theme involves referrals of financial abuse by relatives.

Investigations of Note.

This has been an extremely busy period for the VA investigator and their supervisor.

The VA investigator currently has 6 on-going investigations including:

A care home manager in the County has been charged with ill -treatment, neglect and fraud. She is due to appear at Shrewsbury Crown Court on August 13th.

A nursing assistant from a care home in the county has been charged with 10 offences of neglect involving withholding prescribed medication.

The case is to be heard at Shrewsbury Magistrates on the 17th July 2012

An enquiry at a care home in Shropshire involving the alleged neglect of residents lacking mental capacity who have suffered substantial weight loss. The home has failed to comply with an improvement report that was issued by the regulator in October 2011.

There was a jointly lead investigation with the Health & Safety Executive over the death of a lady who would fell from a wheel chair in a care home for the elderly. This case has been committed to Crown Court.

2 care staff at a care home in north Shropshire been dismissed following receiving Police Cautions for neglect of residents involving the withholding of food and failing to perform basic personal hygiene care.

A registered care home manager and 3 nurses from a care home in Shropshire received Police Cautions for Neglect and ill- treatment of residents. They have all been dismissed.

Training

The VA investigator has undertaken training on:

Mental Capacity Act

Dols

Pressure Sores

Dementia Awareness
Asperger's
Effective Manual Handling (Care Homes)

Telford Division

The situation with regard to dedicated Police resources, to investigate crimes committed against vulnerable adults (VA) in Telford, is different to that in Shropshire. The Vulnerable Adults Officer at Telford currently has no administration support, and relies on a general 'Public Service Desk' system of recording referrals, and allocating those referrals as appropriate. Those not dealt with by the VA officer are dealt with when possible by a non-dedicated officer making an appointment for joint visits with social services.

With the formation of the alliance between West Mercia Police and Warwickshire Police, business management templates have been submitted for all areas of service delivery, including dealing with vulnerable adult investigations.

This hopefully will mean the resources for vulnerable adult safeguarding in Telford and Shropshire increasing, with dedicated investigators and administration staff being available across the whole area. This has been agreed in principle; however we are unable to give numbers and implementation dates for the time being.

Since 1st January 2012, there have been 252 vulnerable adult incidents in Telford. Of those, 37 involved crimes being committed against vulnerable adults. Figures provided by the Adult Protection team at Telford & Wrekin reveal they had 489 referrals in 2010/2011, compared to 439 in 2011/2012.

So far this year, the types of crimes that have been dealt with in Telford involving vulnerable people have included;

Assault on a lady with a learning disability. The theft from an elderly disabled lady, when money was grabbed from her hand in a shop car park, and a sexual assault on a vulnerable lady with mental health issues by a care worker.

There has been an emerging theme where victims have suffered from dementia/Alzheimer's or lack capacity, and several incidents where the family have steadfastly refused to engage with us, notably one family who even denied they had called Police!

Philip Shakesheff
Detective Inspector
Headquarters,
Public Protection Department.

2. SUMMARY OF ACHIEVEMENTS AND TRENDS FOR THE YEAR 2011 – 2012

Progress towards a West Midlands Multi-Agency Adult Safeguarding Policy/Procedure

At the time when the last annual report was presented to the Board, it was noted that the London Boroughs had resolved to agree a common approach to adult safeguarding and to adopt a policy and procedural framework which would be applied across the Metropolitan area. It was noted furthermore that West Midlands' Authorities were giving a cautious welcome to this approach.

Accordingly, the year has seen great, albeit not unanimous, support for the development of a similar approach within the West Midlands. Over the last year, an enormous amount of work has been undertaken, including by members of the Board, in constructing a high-level policy instrument having the capability of being applied across all the signatory local authority areas. Given the differing organisational features of the authorities, it was anticipated that they would each require a local implementation protocol or procedure, consistent with the regional policy but reflective of local circumstances. This would be particularly relevant for the two authorities covered by this Board, which would both need to develop their respective modes of implementation.

Since 'No Secrets' from 2000 continues to provide the underpinning basis in guidance for adult safeguarding, the pan West Midlands policy is entirely consistent with its precepts, whilst incorporating the contribution of subsequent legislation, especially the Mental Capacity Act 2005.

The new policy was due to be formally launched in July 2012, with 1st April 2013 being set as the date by which the arrangements would be fully implemented by signatory authorities across the region.

Referrals

For the second consecutive year, a reduction in the total number of safeguarding referrals received is being reported to the Board across the two local authorities. The final figure was 851 for 2011-12, compared with 930 in 2011-11, a reduction of 8.5% for the year. This follows on from the reduction of 10.6% reported in the last Annual Report, after the peak figure of 1040 reported for 2009-10.

It is not possible to identify a single reason for the reduction in the number of referrals. A number of possible contributory factors were highlighted in the last Annual Report which will continue to have an impact on the number of referrals, notably;

- The tools approved in 2010-11 for rating Pressure Ulcers and Medication Errors for their safeguarding significance
- The continuing role of local safeguarding training in raising awareness and care standards

This reduction in the number of referrals is not necessarily a cause for concern. There is for example no evidence of any local trend towards systematic departure from the Multi-Agency procedure or nonchalance about its implementation, even though individual instances are encountered.

It is notable however that some 48.2% of referrals are received from social care sources and that the reporting level from some other sectors appears to be very low.

Serious Case Reviews

During the year in question, no case has required the Board to consider the commissioning of a Serious Case Review. The fact that only a single such review has been carried out within our area, since the inception of the Board and its predecessor, is a matter not of concern but of interest. For the future, the Board may wish to consider specifying the circumstances which would lead it to order a Serious Case Review in a particular case.

Investigations of Institutional abuse

During the year, both local authorities engaged in a number of complex and wide-ranging investigations into institutional abuse. A range of settings was involved, including larger care/nursing homes for older people, smaller units for people with mental health problems, domiciliary care agencies and a hospital ward. In consequence of two such investigations, two providers ceased to operate.

The number of institutional abuse investigations undertaken over the years was

| | |
|------------------|----------|
| Shropshire | 13 cases |
| Telford & Wrekin | 7 cases |

The common features of all institutional investigations are typically the need to respond to a high level of risk to groups of vulnerable people, the need for prompt and active collaboration between different professional groups and clear thinking on all sides about the nature the outcomes which will be considered safe and acceptable for and by the individuals involved.

Among the issues which led to these investigations were inadequate care planning, systematic failures to provide personalised care, poorly organised administration of medication, extensive neglect of basic individual care needs, ineffective management and supervision of staff and insufficient investment in provider infrastructure.

Early identification of and intervention into these cases is recognised as the key to effective resolution. Needless to add that each of these investigations which are extremely costly of time and staff effort across the professional sector reveals a range of learning points for future reference.

Telford and Shropshire Dignity Network

A national campaign to promote Dignity in Care was inaugurated by the Department of Health in 2006. Awareness was to be raised by focussing on a 10-point Dignity Challenge which set out the features of high quality care, which should:

1. Have a zero tolerance of all forms of abuse.
2. Support people with the same respect you would want for yourself or a member of your family.
3. Treat each person as an individual by offering a personalised service.
4. Enable people to maintain the maximum possible level of independence, choice and control.
5. Listen and support people to express their needs and wants.
6. Respect people's right to privacy.
7. Ensure people feel able to complain without fear of retribution.
8. Engage with family members and carers as care partners.
9. Assist people to maintain confidence and a positive self-esteem.
10. Act to alleviate people's loneliness and isolation.

Locally, the Dignity Network was established in early 2011 with the aim of sustaining the momentum of the original campaign and of seeking to keep dignity-related issues in high profile and highlighting examples of good practice. The Network agreed terms of reference and became affiliated with the Safeguarding Adults Board as a subgroup later that year, Regular reports are submitted to the Board.

Over the year the Dignity Network has met bi-monthly and has provided an open forum for the discussion and promotion of Dignity in care. It has been active in two principal areas.

Firstly it resolved to undertake a scoping exercise across the organisations represented within the Network, based directly on the ten elements of the Dignity Challenge. This involved a high-level, yet critical self-audit by each organisation of each of the ten elements, and proved to be a constructive and profitable exercise, in part because it clarified problematic areas and highlighted some approaches which we should not be taking, as well as those which were seen as useful.

The end of the business year saw preparations for a Dignity Questionnaire, addressed to all sections of the local care and health economy, with the aid of Survey Monkey technology, to be undertaken in May/June 2012. The results will be reported to the Board and reflected upon in the next Annual Report.

There is an undeniable linkage between the assurance of dignity and the safeguarding of vulnerable people. The Dignity Network will continue to strive hard to ensure that the focus is maintained on keeping dignity to forefront of health and social care.

3. ACTIVITY AND PERFORMANCE

Vulnerable Adults Safeguarding Board combined (both Authorities) statistics

1. Total referrals received to date by each Authority; (by year for previous 4 years)

| Period | 2007/8 | 2008/9 | 2009/10 | 2010/11 | 2011/12 |
|---------------------|---------------|---------------|----------------|----------------|----------------|
| Number of Referrals | 643 | 774 | 1040 | 930 | 851 |

2. Combined referral data 2011/12

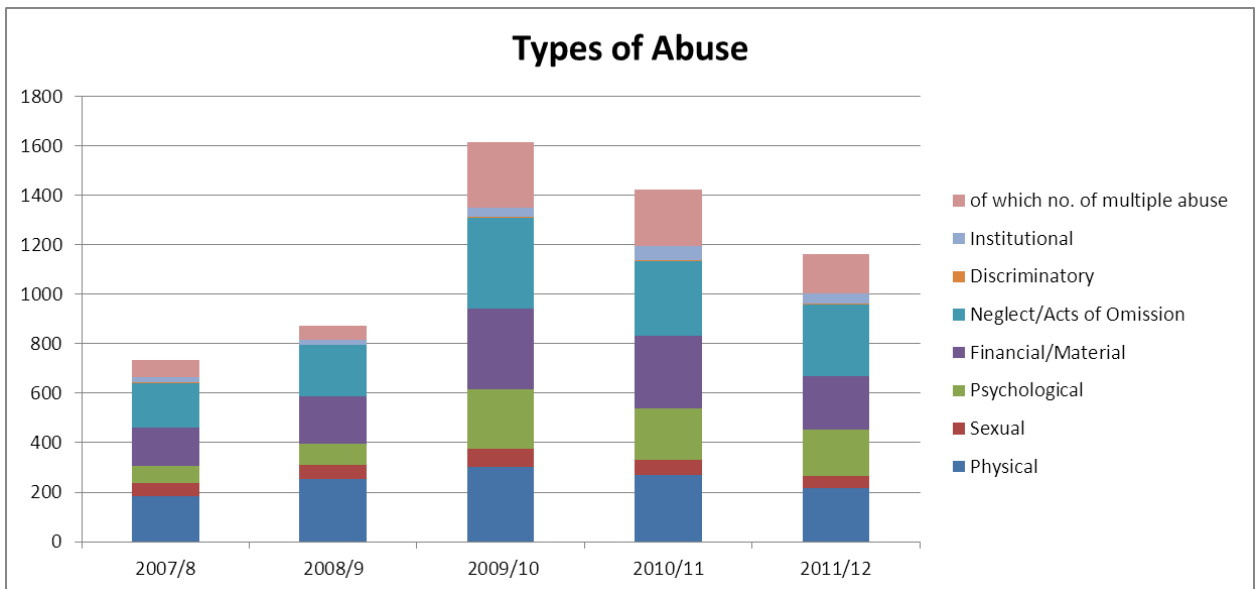
| Source Of Referral | Total |
|---|--------------|
| Social Care - Self Directed Care Staff | 1 |
| Other Service User | 1 |
| Education/ Training/ Workplace | 2 |
| Friend/ Neighbour | 5 |
| Housing | 13 |
| NHS - Mental Health Staff | 17 |
| Police | 19 |
| Social Care - Day Care Staff | 20 |
| Vulnerable Adult | 20 |
| Care Quality Commission | 29 |
| NHS - Primary/ Community Health Staff | 66 |
| Social Care - Domiciliary Staff | 73 |
| NHS - Secondary Health Staff | 76 |
| Other | 79 |
| Social Care - Other | 86 |
| Vulnerable Adults Family | 88 |
| Social Care - Social Worker/ Care Manager | 92 |
| Social Care - Residential Care Staff | 139 |

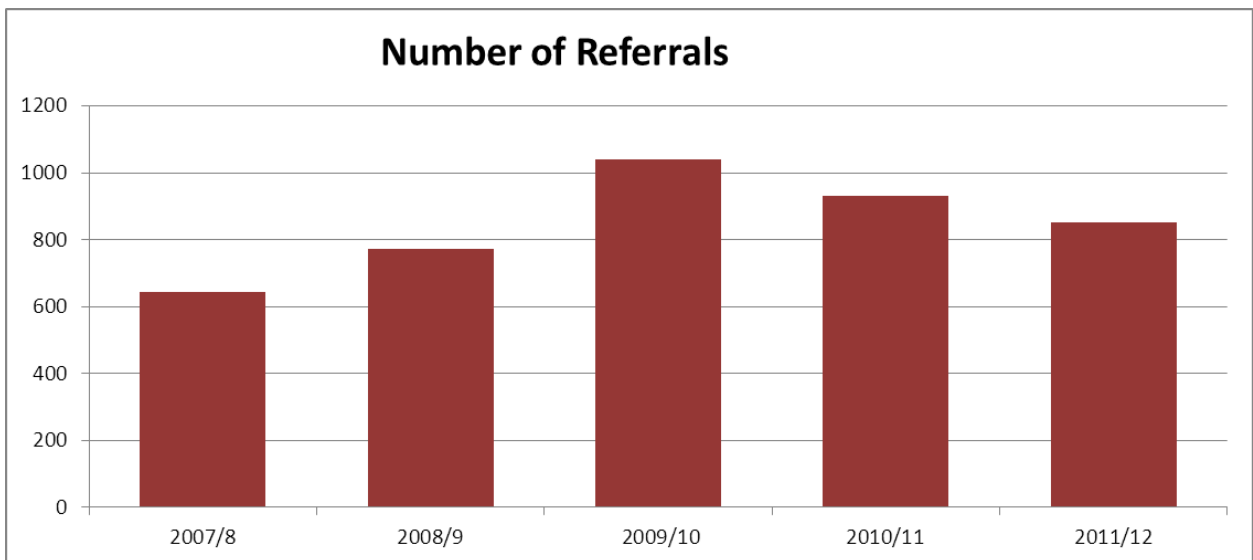
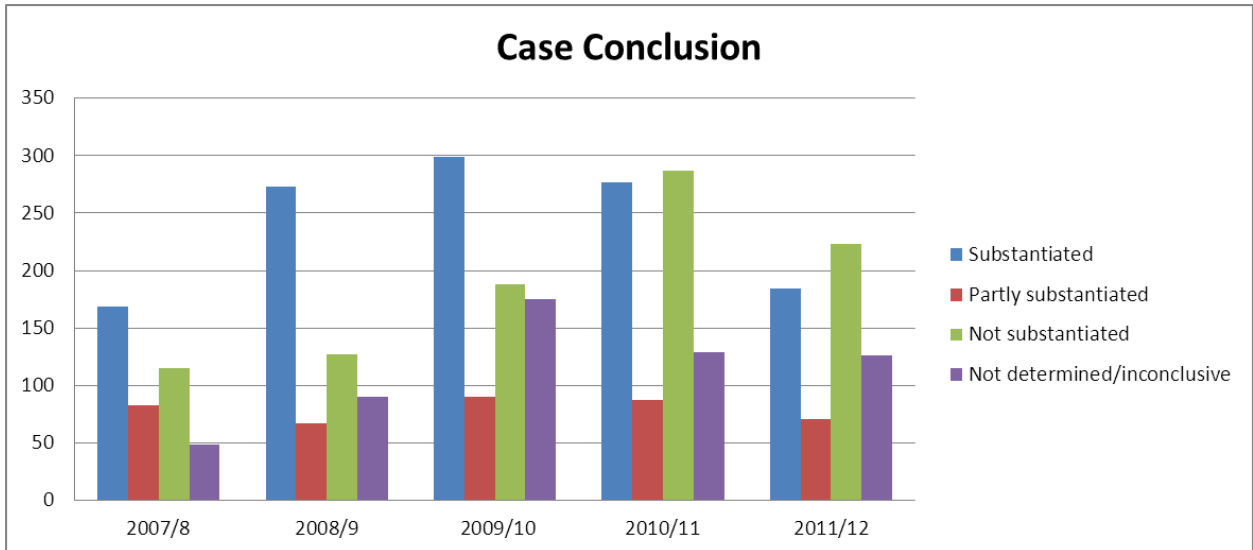
3. Type of abuse

| Type of abuse | Total |
|--------------------------------|-------|
| Physical | 216 |
| Sexual | 48 |
| Psychological | 188 |
| Financial/Material | 218 |
| Neglect/Acts of Omission | 289 |
| Discriminatory | 2 |
| Institutional | 44 |
| of which no. of multiple abuse | 159 |
| Not stated | 0 |

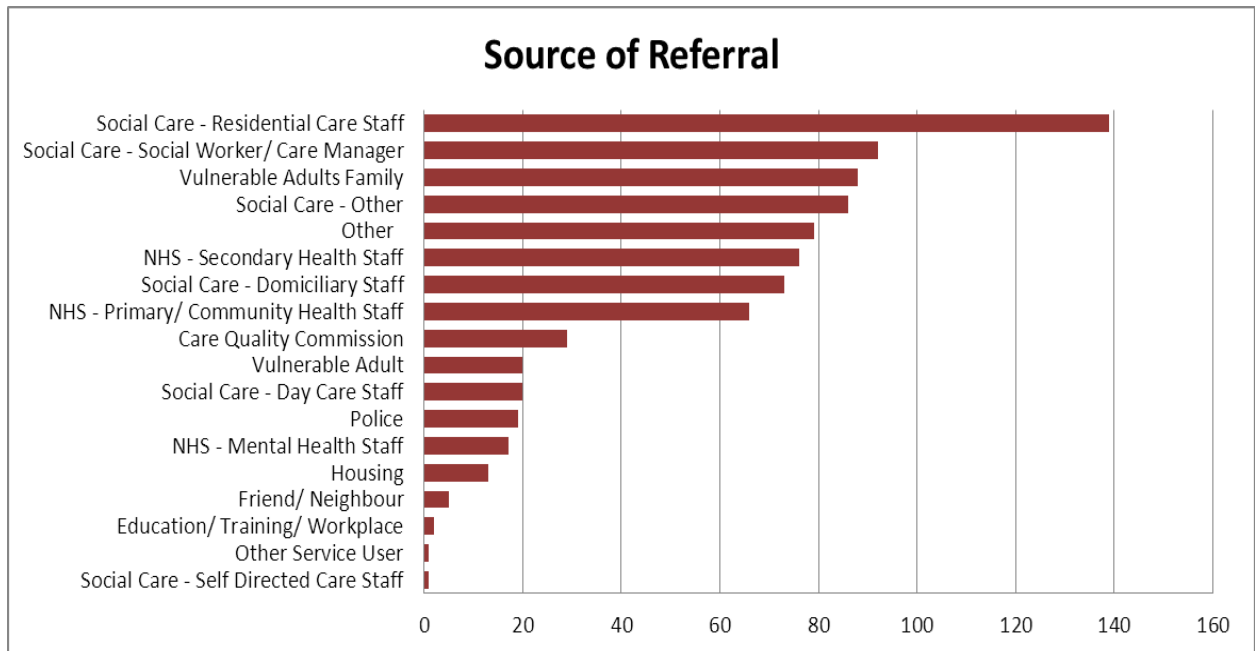
4. Case conclusion;

| Case Conclusion | Total |
|-----------------------------|-------|
| Substantiated | 184 |
| Partly substantiated | 71 |
| Not substantiated | 223 |
| Not determined/inconclusive | 126 |





2011/12 only



Telford & Wrekin Council 2011-12

The authority's figures for 2011-12 chart a continuation of the reduction of safeguarding referrals which was reported for the previous year. 439 referrals were registered against 489 for 2010-11, a reduction of 10.2%. As stated elsewhere in this report, changes in policies and practice over recent years have militated for the exclusion of some concerns, especially those at a low level from formal consideration within the Multi-agency safeguarding arrangements, so the reduction is not of itself necessarily a matter for concern.

However the figures also indicate that some 235 referrals or 53.5% of the total were received from sources within the social care sector, while 52 or 11.8% came from NHS sources. Although it is not possible to draw sound conclusions from this comparison, the contrast which is similar to that of the previous year is remarkable.

Neglect was by far the most prevalent form of abuse reported for the year, and this is further reflected in the characteristics of the referrals of institutional abuse over the year, which are the subject of comment elsewhere in the report.

Shropshire Council 2011-12

Shropshire has also experienced a slight reduction in recorded investigation this year at 412, compared to 423 last year. As with Telford and Wrekin, a positive shift in emphasis to encourage care providers, where appropriate, to deal with minor and very low risk incidents by way of management sanctions and training will have had influence on this reduction.

For the second year running it is noted that there are more 'not substantiated' results than 'substantiated'. This is to the credit of the members of the public and professionals who have made those referrals, because it indicates people feel able to raise a concern when they consider something does not appear right, even if after an investigation the concern is not validated.

Physical abuse, financial abuse and neglect are almost equal in numbers within Shropshire, a good number of the referrals emanating from NHS staff, the care providers, a vulnerable adults family and an increase from the Police.

4. Training

Training Sub Group

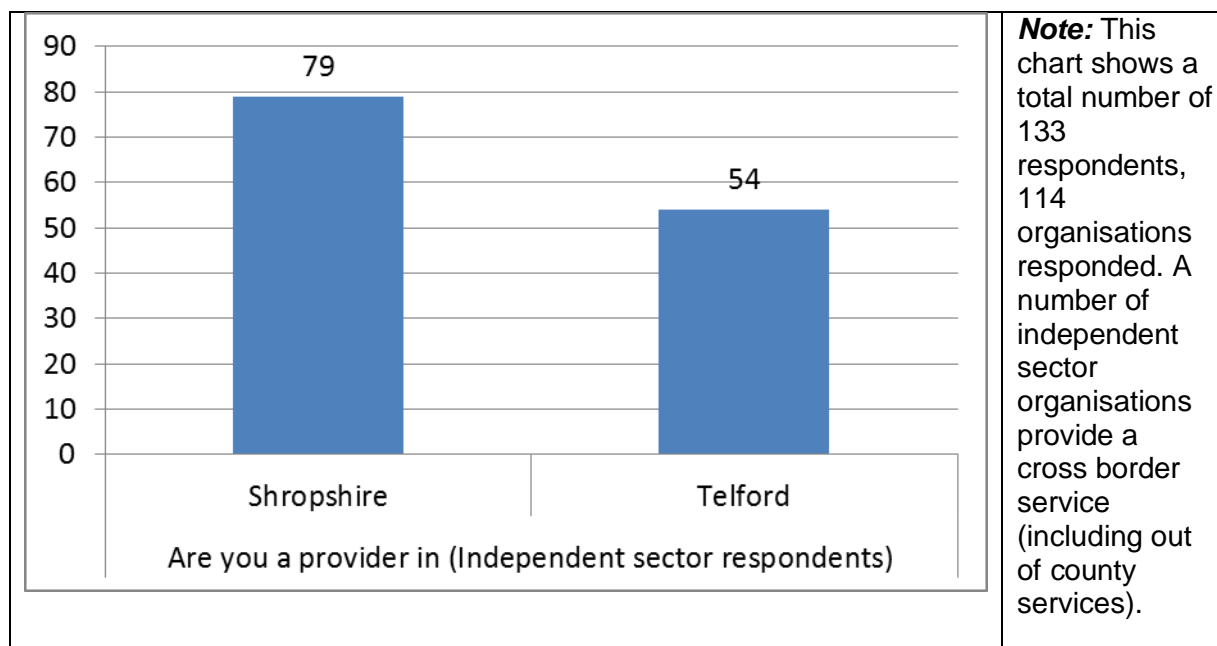
Across Shropshire and Telford & Wrekin a range of training opportunities exist (19 different courses covering areas and levels of safeguarding knowledge requirements), to ensure that staff are fully able to understand their responsibilities regarding Safeguarding Adults including:-

- Adult Protection Awareness
- Adult Protection for Provider Managers
- Mental Capacity Act 2005
- Deprivation of Liberty Safeguards
- Professional Boundaries
- Personal relationships and sexuality

There are in addition more specialised courses such as Adult Protection Interviewing and Investigating, Minute Taking for Adults Protection Meetings, Learning from Adult Protection Case Studies and Adult Protection and the Law.

Training figures are collated annually by Shropshire Council and Telford & Wrekin Council for courses delivered via their organisations and partners. This year the Safeguarding Adults Board did not wish to focus on the numbers of staff trained via their training departments. Instead, the Safeguarding Adults Board was interested in receiving some assurance that organisations are able to identify, not only staff that have received training but also those requiring training. In order to gather this information the training sub group (Via CWDP and SPIC) requested information from the independent and statutory sector. (A survey was sent out to 242 Independent sector and 7 statutory sector providers).

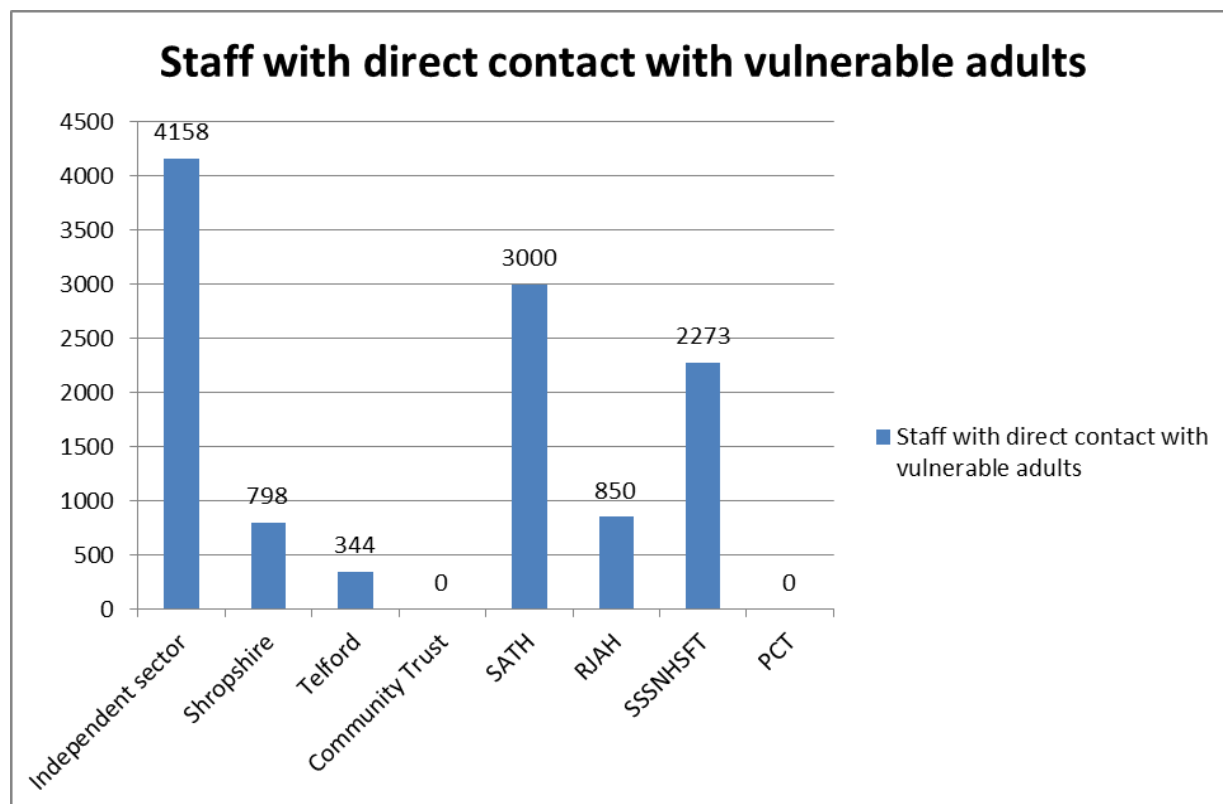
Chart 1 – Independent Sector Provider Respondents



Statutory sector providers include Shrewsbury and Telford Hospital (SaTH), Shropshire Community Health NHS Trust, Shropshire County PCT/NHS Telford and Wrekin (PCT),

South Staffordshire and Shropshire NHS Foundation Trust (SSSNHSFT), Robert Jones and Agnes Hunt (RJAH), Telford and Wrekin Council and Shropshire Council.

Chart 2: Numbers of Staff with Direct Contact with Vulnerable Adults



Note: There are currently 1874 staff within Shropshire Community Health NHS Trust, those in a direct contact role cannot be identified due to a transition of recording and implementation of a new training matrix. Shropshire County PCT were unable to provide figures as they were in the process of being collated.

Table 1: Number of Staff with Direct Contact with Vulnerable Adults who received Training in 2011/2012

| | T & W | SC | SaTH | SSS NHSFT | RJAH | CT | Indep. Sector | Totals |
|--|-----------|------------|-------------|-------------|------------|------------|---------------|--------------|
| Adult Protection Basic Awareness | 30 | 83 | 1856 | 944 | 483 | 83 | 2485 | 5964 |
| Adult Protection for Provider Managers | 0 | 9 | 0 | 0 | 0 | 0 | 218 | 227 |
| MCA/DOLS: Basic Awareness | 16 | 81 | 431 | 216 | 90 | 98 | 1767 | 2699 |
| Deprivation of Liberty Safeguards | 0 | 91 | 0 | 54 | 75 | 35 | 1582 | 1837 |
| Professional Boundaries | 2 | 25 | 0 | 0 | 0 | 0 | 933 | 960 |
| Personal Relationships and Sexuality | 0 | 18 | 0 | 0 | 0 | 0 | 492 | 510 |
| Totals | 48 | 307 | 2287 | 1214 | 648 | 216 | 7477 | 12197 |

Table 1 - The training identified is accessed by organisations via a number of different training methods and learners have access to courses of different lengths; including:

- eLearning
- discussion in staff meetings
- during 1:1 supervision time
- in house training
- training courses delivered in partnership with Joint Training, Shropshire Council and Workforce Development, Telford & Wrekin Council.

Courses described as Adult Protection for Provider Managers may include varying learning opportunities as opposed to the specific course delivered in Shropshire and Telford & Wrekin.

Chart 3 - The number of staff who have direct contact with vulnerable adults and have not received training yet.

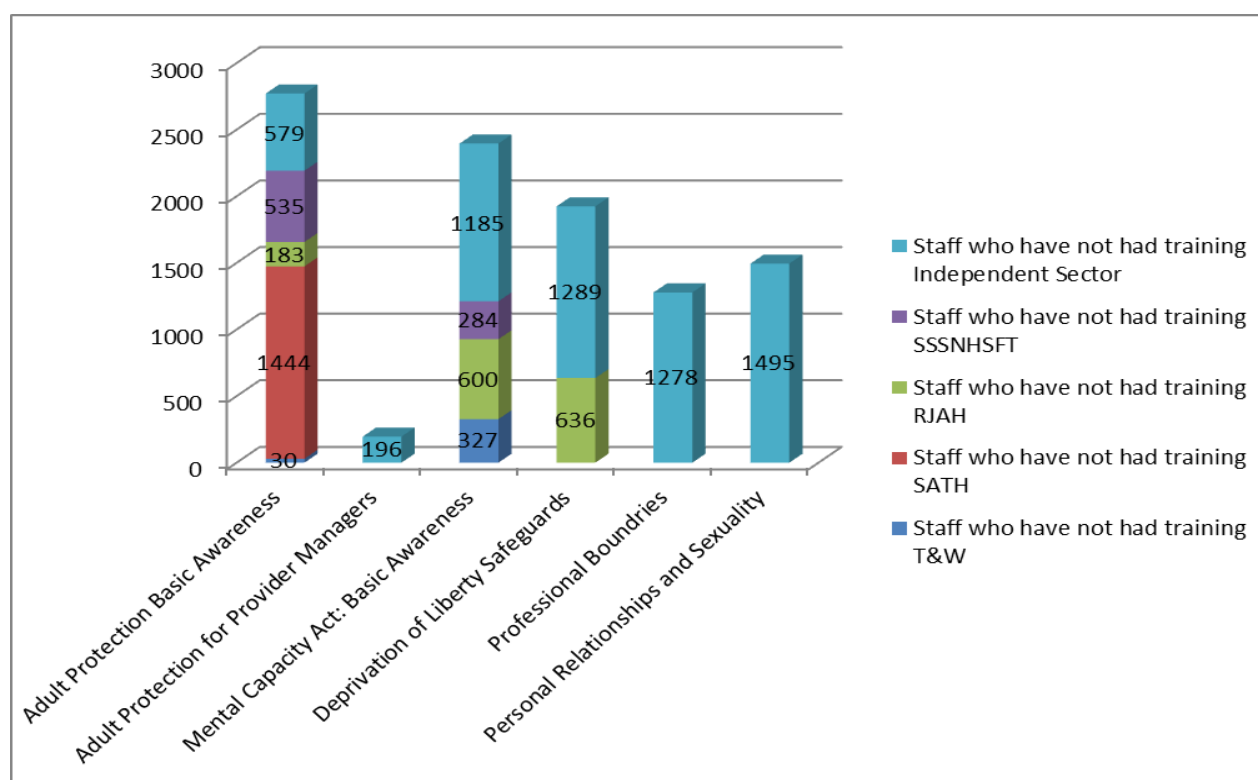


Chart 3 – Does not identify organisational requirements for the frequency of training. No figures were identified for the number of staff requiring MCA or DoLS training at SaTH, as there is no annual requirement. Staff from Telford and Wrekin Council have previously undertaken advanced MCA training but it has been identified that more staff will be supported to attend MCA/DoLS Awareness in this financial year. Telford were only able to provide figures for Adult Protection Awareness and MCA training. Due to restructuring within Shropshire Council, it has not been possible to identify the numbers of staff requiring training at this time.

Note: Not all organisations access Professional Boundaries, Personal Relationships, Sexuality, and Adult Protection for Provider Managers training.

Safeguarding Adults Competency Framework

The SAB Training Sub Group has been leading on the development and piloting of the Safeguarding Adults Competency Framework. During 2011/2012 the assessment tools were developed and the framework and assessment tools were piloted in the Independent Sector. The Statutory Sector Pilot will conclude in July 2012 and the final document will be an appendix of the Safeguarding Adults Policy for all organisations to utilise as a good practice document. The Framework will offer some guidance to managers regarding the level of training staff or volunteers in various roles require. The Training Sub Group will support the launch of the Framework in 2012/13 once the feedback from the Pilot is finalised.

Summary

1. There are difficulties in comparing data on a like for like basis; this has been exacerbated by restructuring and the accompanying changes to recording systems within some statutory agencies.
2. In general, organisations are able to identify staff who have accessed training which indicates there are opportunities to target staff who require training.
3. Access to Mental Capacity Act and Deprivation of Liberty Safeguards Training could be improved in some organisations.
4. Future exercises to gather training data need to reflect the differing nature of organisations and training needs.
5. Personal Relationships and Sexuality training is currently aimed at those supporting Adults with Learning Disability, this survey has raised a query regarding the need for similar training for older peoples services.

Recommendations

1. Explore training on personal relationships and sexuality for older people's services (specifically within the independent sector), further liaison with the sector is required to ascertain if there is a genuine need for this.
2. Organisations need to ensure staff are given the opportunity to access MCA/DoLS and any specialist training they need.

5. Public Awareness & Prevention

Public Awareness & Prevention

There continues to be a recognised need for Adult Protection Training with a variety of agencies accessing training at basic awareness level. There are numerous safeguarding learning opportunities across Shropshire and Telford & Wrekin and safeguarding is a key element of all training delivered. The partnership between Care Workforce Development Partnership, Shropshire Partners in Care, Shropshire Council and Telford & Wrekin Council deliver a range of courses, information sessions, all of which have a strong safeguarding element to them.

As a way of increasing general safeguarding awareness, both the Safeguarding Training and Development Workers employed by SPIC and the Shropshire Service Specialist (Adult Safeguarding) have delivered training and information sessions to a diverse range of community and voluntary groups:

- Westbury Women's Institute
- Fire Service
- Dentists
- Voluntary groups
 - Age UK
 - Listen not Label
 - Telford Link
 - Carers groups

The number of people attending Professional Boundaries Training across Shropshire increased during 2011/12, and this course has now been successfully delivered several times in Telford & Wrekin.

In order to support the work of the Shropshire Telford & Wrekin Dignity Network and raise awareness of the dignity agenda, a 'Dignity in Practice' course was developed and successfully delivered by SPIC and Joint Training in Shropshire. It is planned to run further courses throughout 2012/13.

Publicity materials such as adult protection leaflets, bookmarks and mental capacity postcards and posters are available in Shropshire and Telford & Wrekin and these are distributed for display in public facilities such as hospitals, medical practices, dentists, domiciliary care agencies, leisure centres and care homes.

Shropshire Council and Telford & Wrekin Council have information about Safeguarding Adults on their respective websites; this can be accessed by anyone and links to information and the current policy.

The Care Workforce Development Partnership Project Officers, regularly give promotional talks or information sessions to people who are interested in working in the care sector.

During these sessions, a brief overview of the care sector is given and safeguarding issues are always highlighted as an important part of the care role.

The annual World Elder Abuse Awareness Day (WEAAD) (June 15th) events continue to raise awareness of safeguarding issues. In 2011/12 Shropshire Partners in Care worked with local

authorities and other organisations to coordinate a competition to celebrate and acknowledge events that celebrated WEAAD. Events, which incorporated service user's involvement, were shortlisted by an independent panel. All six of the shortlisted events were visited by SPIC staff and the Shropshire Service Specialist (Adult Safeguarding). After the events, a winner was chosen by the panel and awarded a £50.00 cheque to use for the benefit of service users.

Several articles in the local media highlighted WEAAD events in 2011, identifying safeguarding as an important issue. Information about local WEAAD events was published on the websites of The International Network for the Prevention of Elder Abuse (INPEA) and Action on Elder Abuse (AEA).

6. Deprivation of Liberty Safeguards

2011/12 Annual report of Shropshire Council & Shropshire County PCT, Telford and Wrekin Council & NHS Telford and Wrekin Joint Deprivation of Liberty Safeguards Team

Background

The Mental Capacity Act deprivation of liberty safeguards (DoLS) were introduced in April 2009. The central theme is to protect individuals from arbitrary detention. They focus on some of the most vulnerable people in our society; those who need to be accommodated under care and treatment regimes that may have the effect of depriving them of their liberty, but who lack the capacity to consent. These safeguards ensure that any decision to deprive someone of their liberty is made following defined processes. The system applies in hospitals and care homes; deprivation of liberty is unlawful in any other setting unless authorised by the Court of Protection.

Current operational models

Shropshire and Telford & Wrekin areas have a different approach to their DoLS provision however practice is becoming more standardised across the region. Both areas

- operate a joint approach in terms of policy, procedure and guidance between the LA and the PCT
- operate the same model for re-approval of Best Interest Assessors (BIAs) and provide monthly support sessions for BIAs
- hold panel meetings for sign off of authorisations as opposed to telephone or brief one to one sessions

There is evidence of best practice through joint scrutiny of DoLS applications which allows a robust monitoring of Safeguarding issues within the DoLS process.

a) Shropshire

In Shropshire there is a jointly funded DoLS Team and a post of Staff Development Officer supported by a training assistant. The lead role provided by the Team Manager carries out all policy and developmental work across the health and care sectors in Shropshire, delivers high level training courses and in addition chairs the West Midland Regional DoLS Leads Group.

b) Telford and Wrekin

In Telford and Wrekin the Supervisory Body role and commissioning function for DoLS, remains with the PCT and the LA respectively. Both employ BIAs to undertake assessments

on their behalf. The Telford and Wrekin LA and PCT DoLS authorisation model operates within the remit of a joint panel.

Staffing levels

Both areas place a high value on the role of BIAs. Both areas seek to annually recruit and support new BIAs but both areas have experienced reorganisation and internal changes which have affected provision.

Level of Activity

Both areas now have a similar percentage of authorisations granted in line with other authorities across the West Midlands. Initial figures from 2009 supported a polarised disparity across the West Midlands with greater variance in the number of authorisations granted. This suggested a lack of consistency in interpretation and/or implementation of the Safeguards; a consistency that the Regional DoLS Lead Group have been addressing with vigour. The data below now indicates that there is less disparity and variance in the number of authorisations granted across the West Midlands. This would indicate that decisions regarding authorisations are gradually reaching a consensus with other West Midlands authorities.

The spread of authorisations granted across the West Midlands

In both areas PCT authorisation figures are higher than the DoH originally predicted to be (20%) and represent 26% of requests in Shropshire and 29% in Telford.

Training and promotion

Both areas have a joint approach to the training and development of BIAs and Section 12 Doctors in line with the West Midland Regional Development Standards. During this year the Shropshire MCA/DoLS Manager developed the MCA Staff Competency Framework. A great deal of work has been carried out this year to update the training in line with this. A mapping exercise has been carried out with all MCA/DoLS training providers to ensure consistency of approach. New courses were written to achieve the level 2 and 3 requirements and these have started to be delivered in Shropshire and are available to be delivered in Telford and Wrekin.

Shropshire, Telford & Wrekin's involvement in Regional work

Regional work has been greatly strengthened this year. The West Midlands Regional DoLS Leads group has made itself more formal with the selection of a Chair and began work on Terms of Reference during this period.

The group increased the frequency and length of its meetings and has sought to feed into Regional and National ADASS meetings, which is currently being taken forward.

In the absence of regional or national support for DoLS from the DH this work would appear to be quite innovative and unique and there are plans to write it up and publish it in

appropriate journals. Browne Jacobson Solicitors have supported the regional meetings with case law updates and provided sessions on training courses.

Court of Protection/Ombudsman

Shropshire has had 4 challenges taken to the Court of Protection and 1 to the ombudsman, all of which have been opened and closed at some point over the last year. Telford has had no DoLS challenges to date either to the Court of Protection or to the Ombudsman. The DH originally estimated 1 in 40 would challenge and this is reflected in the Shropshire figures

DEPRIVATION OF LIBERTY - WEST MIDLANDS REPORT FOR LA's AND PCT's
1 April 2011 - 31 March 2012

| AREA | Adult Population | | Total Number of standard authorisation applications from 1st April 2011 | Total Number of standard authorisation applications from 1st April 2011 per 100,000 Adult Population | Proportion of applications authorised |
|-----------------------------------|--|-----|---|--|---------------------------------------|
| Birmingham | 782,400 | LA | 62 | 7.9 | 40% |
| Birmingham East and North | 782,400 | PCT | 45 | 5.8 | 60% |
| Heart of Birmingham Teaching | 782,400 | PCT | 7 | 0.9 | 71% |
| South Birmingham | 782,400 | PCT | 8 | 1.0 | 75% |
| Birmingham Total | | | | 15.6 | |
| Coventry | 247,500 | LA | 51 | 20.6 | 55% |
| Coventry Teaching | 247,500 | PCT | 20 | 8.1 | 45% |
| Coventry Total | | | | 28.7 | |
| Dudley | 241,800 | LA | 60 | 24.8 | 63% |
| Dudley | 241,800 | PCT | 37 | 15.3 | 68% |
| Dudley Total | | | | 40.1 | |
| Herefordshire | 144,100 | LA | 24 | 16.7 | 54% |
| Herefordshire | 144,100 | PCT | 12 | 8.3 | 50% |
| Herefordshire Total | | | | 25.0 | |
| Sandwell | 223,300 | LA | 50 | 22.4 | 76% |
| Sandwell | 223,300 | PCT | 36 | 16.1 | 53% |
| Sandwell Total | | | | 38.5 | |
| Shropshire | 233,500 | LA | 89 | 38.1 | 57% |
| Shropshire County | 233,500 | PCT | 32 | 13.7 | 56% |
| Shropshire Total | | | | 51.8 | |
| Solihull | 161,200 | LA | 33 | 20.5 | 61% |
| Solihull Care | 161,200 | PCT | 21 | 13.0 | 43% |
| Solihull Total | | | | 33.5 | |
| Staffordshire | 663,200 | LA | 146 | 22.0 | 55% |
| North Staffordshire | 663,200 | PCT | 8 | 1.2 | 38% |
| South Staffordshire | 663,200 | PCT | 14 | 2.1 | 50% |
| Staffordshire Total | | | | 25.3 | |
| Stoke | 188,400 | LA | 90 | 47.8 | 59% |
| Stoke on Trent | 188,400 | PCT | 24 | 12.7 | 54% |
| Stoke Total | | | | 60.5 | |
| Telford & Wrekin | 125,000 | LA | 27 | 21.6 | 59% |
| Telford & Wrekin | 125,000 | PCT | 11 | 8.8 | 73% |
| Telford & Wrekin Total | | | | 30.4 | |
| Walsall | 196,300 | LA | 13 | 6.6 | 38% |
| Walsall Teaching | 196,300 | PCT | 8 | 4.1 | 25% |
| Walsall Total | | | | 10.7 | |
| Warwickshire | 424,800 | LA | 44 | 10.4 | 43% |
| Warwickshire | 424,800 | PCT | 40 | 9.4 | 18% |
| Warwickshire Total | | | | 19.8 | |
| Wolverhampton | 186,600 | LA | 57 | 30.5 | 46% |
| Wolverhampton City | 186,600 | PCT | 28 | 15.0 | 43% |
| Wolverhampton Total | | | | 45.6 | |
| Worcestershire | 442,500 | LA | 92 | 20.8 | 36% |
| Worcestershire | 442,500 | PCT | 22 | 5.0 | 41% |
| Worcestershire Total | | | | 25.8 | |
| WEST MIDLANDS TOTAL | 4,260,600 | | 1211 | 28.4 | 52% |
| | West Midlands | | | | |
| | Above West Midlands Average per 100,000 adult population | | | | |
| | Below West Midlands Average per 100,000 adult population | | | | |

7. Action plan

B Strategy Action Plan – April 2012

| | Action/Priority | Agencies | Lead | Target date | Updates | RAG |
|---|---|----------|------------------------------------|-------------|--|-----|
| 1 | To undertake whatever revision and relaunch of the Multi-Agency Adult Protection Policy and procedures as are appropriate legislative or regulatory changes and any other developments which are relevant | | P Clarke/J McGillivray | 31.03.13 | On-going and in progress Moves towards the adoption of a regional policy and procedure on adult safeguarding are underway. This will additionally require a local implementation protocol which corresponds with respective local authority area arrangements | |
| 2 | To develop and implement systems which ensure that all information regarding potential risks to the safety and welfare of vulnerable adults is promptly and appropriately shared. This is especially relevant in the context of repeated expressions of concern | | D Robson/P Clarke | 31.03.13 | Being addressed within the revision of the MAAPP. Updated CareFirst and Care Assess programmes will assist this. Information sharing protocol between CQC, PCT (CCG), and local authorities agreed and has been signed off. | |
| 3 | To ensure that safeguarding requirements are embedded in all contracts let by agencies within the | | Contracts sections in both LAs and | 31.12.10 | In place | |

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| | safeguarding partnership. Compliance with this measure should be monitored, and appropriate corrective action taken in the case of any breach. | | other agencies | | | |
|--|--|--|----------------|--|--|--|

| | | | | | | |
|---|---|--|--|----------|--|--|
| 4 | To develop within each of the agencies within the local safeguarding partnership a safeguarding performance framework which relates to the agencies' performance in the areas of <ul style="list-style-type: none"> • Reduction of harm • Training and competence • Achievement of successful outcomes for vulnerable people | | All agency representatives, but the Performance Subgroup in particular | 31.03.13 | Performance framework now being worked up by the newly formed Performance Subgroup and this would in due course be linked with the new policy and procedure. The subgroup will address the identification of appropriate performance measures and values as its first priority. | |
| 5 | Within the review of the Multi-Agency Adult Protection Policy & Procedures, to insert reference to the availability and arrangement of advocacy at an early stage, ie within the APF1 form. Any identified need which cannot be met should be recorded and reported to the Board. | | P Clarke/J McGillivray | 31.10.13 | (Telford) Advocacy Forum is producing broad spectrum easy-read leaflet on advocacy provision which will be applicable to vulnerable people in the AP process. New forms required to implement regional wide policy and procedure will record whether advocacy provision has been offered. | |
| 6 | To identify groups and communities who currently have little contact with mainstream safeguarding and support frameworks eg Temples, Mosques, | | D Robson/P Clarke | 31.3.13 | Meeting scheduled for 3.5.12 involving T&W's safeguarding, PR and community consultation managers. Council's Communication & Engagement Framework is seen as the most useful vehicle through | |

| | | | | | | |
|---|---|--|----------------------------|----------|--|--|
| | Parish Councils etc, and to work with them towards a better awareness of safeguarding and its potential benefits. Also to develop within the professional system a commitment to removing such barriers as exist to involvement with these groups and communities, and to develop innovative means of awareness raising and publicity | | | | which the wider dissemination of safeguarding information could be progressed. Other initiatives in this area are being taken forward by SPIC. | |
| 7 | To develop a consistent approach to supporting vulnerable adults in accessing services which address the reduction of harm from domestic abuse | | All agency representatives | 31.3.13 | Regular communication and engagement is in place between Adult Protection and the MARAC process. Further specification in this area may be considered within the new procedural arrangements | |
| 8 | To continue to promote and support World Elder Abuse Day,. | | J McGillivray/P Clarke | 31.12.13 | World Elder Abuse Day 2012 takes place on Friday 15 th June) with events coordinated by SPIC. | |
| 9 | To seek details of the experiences of vulnerable adults with the adult protection process, and to ensure that lessons are learnt. This may include <ul style="list-style-type: none"> • Development of the existing | | All agency representatives | 31.3.13 | Some work undertaken, but needs to be more systematic and sustainable. This will be strengthened by specific references and requirements within the revised MAAPP. | |

| | | | | | | |
|--|---|--|--|--|--|--|
| | <p>closure form to make it more interactive and customer focussed</p> <ul style="list-style-type: none"> • Development of instant feedback mechanisms, postcards etc • More formal feedback surveys | | | | | |
|--|---|--|--|--|--|--|

| | | | | | | |
|----|--|--------------|---------------------------|----------|--|--|
| 10 | To introduce competency-based training across the safeguarding partnership | | Training subgroup | 31.12.13 | <p>Cross-agency competency framework approved at VASB meetings in Oct 11 and Jan 12.</p> <p>Pilot implementation of competency framework is on-going at present with initial report back set for 13th July</p> | |
| 11 | To develop both the range of training and the training resources available to partner agencies | | Training subgroup | ongoing | The Training Subgroup will support its members to fill gaps in training, to deliver the full spectrum of training in the competency framework. This is on-going and likely to form the continuing remit of the group along with monitoring training activity. | |
| 12 | Development of Safeguarding Strategy and development and implementation of an action plan which sets out clear priorities for work to be undertaken. | All agencies | Dave Robson & Pete Clarke | | Final version of strategy, with action plan, was adopted at the VASB meeting in October 2010. From the VASB meeting in January 2011 partner agencies were to have the strategy/plan approved within their own governance arrangements, by April 2011 meeting. This has been completed by some. | |

| | | | | | | |
|--|--|--|--|--|---|--|
| | | | | | Suggest Board requires outstanding approvals to be notified to Board with timescale for achievement | |
|--|--|--|--|--|---|--|

| | | | | | | |
|----|--|-----------------|--|--|--|--|
| 13 | Review of NHS Related Issues and awareness raising | Health partners | Kevin Moore/Helen Hampson/Denise Williamson/Gill Foster/Vicky Morris | | <p>Update on Clinical Governance Guidance at April Board</p> <p>SATH This is an on-going process where any issues /incidents are reported through our Clinical Governance team and also our Datix reporting system, which is then also relayed to the Adult Protection Lead. Adult Protection remains as part of the statutory training for all staff caring/handling patients</p> <p>SSSFT We continue to monitor any issues regarding safeguarding through our Clinical Governance groups and monitor any referrals to adult protection. Through incident reporting and managerial supervision. We have appointed a Consultant Practitioner for Safeguarding, Mandy Lee, who holds Safeguarding meetings for SSSFT. Vulnerable Adult Awareness Training remains mandatory.</p> | |
|----|--|-----------------|--|--|--|--|

| | | | | | | |
|----|---|---|---|----------|--|--|
| 14 | Review of implementation of Medication and Pressure Ulcer Tools pilot | Health partners, SPIC | Karen George | | Date for report to Board to be agreed | |
| 15 | Service User Engagement Processes (including advocacy services) | Shropshire Council & Telford & Wrekin Council | Dave Robson & Pete Clarke | 31.12.12 | Telford Advocacy Forum preparing easy-read leaflet about availability of advocacy services for wide distribution. Will be relevant for use in safeguarding situations. Also contact card for instant feedback being drafted. | |
| 16 | Continued development of data driven analysis and development | | Stephen Chandler & Karen Kalinowski | | Paper to April 2012 Board to agree common data set across whole area. This is now being taken forward by the Board's Performance Subgroup. | |
| 17 | On-going monitoring of DoLS implementation | | Adrian Everton (T & W) Lorraine Curry (SC) | ongoing | Report due to July 2012 Board | |

8. Priorities for 2012/13

Priority Actions – to be added to action plan at 7.

| | Action/Priority | Agencies | Leads | Target date | Update | RAG rating |
|---|--|-------------------|---------------------------------------|---------------|--------|------------|
| 1 | To develop a performance monitoring framework for the Board | All | Performance subgroup | | | |
| 2 | To develop implementation protocols for both local authority areas, in line with the pan-regional MAASPP | Local authorities | P Clarke J McGillivray D Robson | By April 2013 | | |
| | | | | | | |

Appendix 1

1. Data from Telford & Wrekin

Vulnerable Adults Safeguarding Board Quarterly Statistics

1. Total referrals received to date by each Authority; (by quarter for this year, by year for previous 4 years)

| Period | 2007/8 | 2008/9 | 2009/10 | 2010/11 | 2011/12 |
|--------|--------|--------|---------|---------|---------|
| Number | 284 | 375 | 509 | 489 | 439 |

2. Total referrals received by source for current year;

| | 2011/12 Q1 | 2011/12 Q2 | 2011/12 Q3 | 2011/12 Q4 | Total |
|---|------------|------------|------------|------------|-------|
| Vulnerable Adult | 9 | 0 | 1 | 5 | 15 |
| Vulnerable Adults Family | 18 | 12 | 13 | 14 | 57 |
| Friend/ Neighbour | 1 | 2 | 0 | 1 | 4 |
| Other Service User | 0 | 0 | 0 | 0 | 0 |
| Social Care - Domiciliary Staff | 13 | 11 | 20 | 9 | 53 |
| Social Care - Residential Care Staff | 18 | 30 | 15 | 9 | 72 |
| Social Care - Day Care Staff | 0 | 4 | 1 | 1 | 6 |
| Social Care - Social Worker/ Care Manager | 27 | 16 | 15 | 13 | 71 |
| Social Care - Self Directed Care Staff | 0 | 0 | 0 | 0 | 0 |
| Social Care - Other | 2 | 11 | 8 | 12 | 33 |
| NHS - Primary/ Community Health Staff | 2 | 2 | 6 | 8 | 18 |
| NHS - Secondary Health Staff | 3 | 11 | 6 | 5 | 25 |
| NHS - Mental Health Staff | 0 | 6 | 1 | 2 | 9 |
| Care Quality Commission | 2 | 5 | 15 | 4 | 26 |
| Housing | 2 | 1 | 3 | 0 | 6 |
| Education/ Training/ Workplace | 0 | 0 | 0 | 1 | 1 |
| Police | 1 | 2 | 1 | 3 | 7 |
| Other | 3 | 10 | 8 | 15 | 36 |

3. Type of abuse by quarter for current year;

| Type of abuse | 2011/12 Q1 | 2011/12 Q2 | 2011/12 Q3 | 2011/12 Q4 | Total |
|---------------|------------|------------|------------|------------|-------|
| Physical | 21 | 38 | 26 | 22 | 107 |
| Sexual | 3 | 12 | 2 | 3 | 20 |

| | | | | | |
|--------------------------------|----|----|----|----|-----|
| Psychological | 26 | 34 | 30 | 28 | 118 |
| Financial/Material | 27 | 27 | 32 | 24 | 110 |
| Neglect/Acts of Omission | 43 | 50 | 43 | 44 | 180 |
| Discriminatory | | | | | |
| Institutional | 13 | 4 | 8 | 6 | 31 |
| of which no. of multiple abuse | 30 | 38 | 27 | 26 | 113 |
| Not stated | 0 | 0 | 0 | 0 | 0 |

4. Case conclusion;

| | 2011/12 Q1 | 2011/12 Q2 | 2011/12 Q3 | 2011/12 Q4 | Total |
|-----------------------------|---------------|---------------|---------------|---------------|-------|
| Substantiated | 11 | 36 | 11 | 27 | 85 |
| Partly substantiated | 5 | 10 | 10 | 16 | 41 |
| Not substantiated | 10 | 30 | 19 | 29 | 88 |
| Not determined/inconclusive | 11 | 15 | 9 | 17 | 52 |

2. Data from Shropshire

Vulnerable Adults Safeguarding Board Quarterly Statistics

1. Total referrals received to date by each Authority; (by quarter for this year, by year for previous 4 years)

| Period | 2007/8 | 2008/9 | 2009/10 | 2010/11 | 2011/12 |
|--------|--------|--------|---------|---------|---------|
| Number | 359 | 399 | 531 | 423 | 412 |

2. Total referrals received by source for current year;

| | 2011/12 Q1 | 2011/12 Q2 | 2011/12 Q3 | 2011/12 Q4 | Total |
|---|------------|------------|------------|------------|-------|
| Vulnerable Adult | 0 | 3 | 1 | 1 | 5 |
| Vulnerable Adults Family | 4 | 15 | 6 | 6 | 31 |
| Friend/ Neighbour | 0 | 0 | 1 | 0 | 1 |
| Other Service User | 1 | 0 | 0 | 0 | 1 |
| Social Care - Domiciliary Staff | 2 | 6 | 7 | 5 | 20 |
| Social Care - Residential Care Staff | 15 | 19 | 15 | 18 | 67 |
| Social Care - Day Care Staff | 3 | 6 | 4 | 1 | 14 |
| Social Care - Social Worker/ Care Manager | 7 | 5 | 3 | 6 | 21 |
| Social Care - Self Directed Care Staff | 1 | 0 | 0 | 0 | 1 |
| Social Care - Other | 20 | 15 | 10 | 8 | 53 |
| NHS - Primary/ Community Health Staff | 10 | 12 | 13 | 13 | 48 |
| NHS - Secondary Health Staff | 12 | 11 | 11 | 17 | 51 |
| NHS - Mental Health Staff | 1 | 2 | 3 | 2 | 8 |
| Care Quality Commission | 1 | 0 | 0 | 2 | 3 |
| Housing | 3 | 2 | 0 | 2 | 7 |
| Education/ Training/ Workplace | 1 | 0 | 0 | 0 | 1 |
| Police | 8 | 3 | 0 | 1 | 12 |
| Other | 11 | 13 | 12 | 7 | 43 |

3. Type of abuse by quarter for current year;

| Type of abuse | 2011/12 Q1 | 2011/12 Q2 | 2011/12 Q3 | 2011/12 Q4 | Total |
|--------------------|------------|------------|------------|------------|-------|
| Physical | 25 | 37 | 21 | 24 | 109 |
| Sexual | 8 | 8 | 5 | 7 | 28 |
| Psychological | 26 | 20 | 15 | 9 | 70 |
| Financial/Material | 42 | 19 | 25 | 22 | 108 |

| | | | | | |
|--------------------------------|----|----|----|----|-----|
| Neglect/Acts of Omission | 29 | 38 | 21 | 21 | 109 |
| Discriminatory | 0 | 1 | 0 | 1 | 2 |
| Institutional | 1 | 0 | 8 | 4 | 13 |
| of which no. of multiple abuse | 18 | 10 | 8 | 10 | 46 |
| Not stated | 0 | 0 | 0 | 0 | 0 |

4. Case conclusion;

| | 20010/11 Q1 | 20010/11 Q2 | 20010/11 Q3 | 20010/11 Q4 | Total |
|-----------------------------|----------------|----------------|----------------|----------------|-------|
| Substantiated | 38 | 25 | 16 | 11 | 99 |
| Partly substantiated | 7 | 8 | 10 | 5 | 30 |
| Not substantiated | 34 | 48 | 33 | 20 | 135 |
| Not determined/inconclusive | 18 | 16 | 19 | 21 | 74 |