

derby **safeguarding**  
**adults** board



**Annual Report 2013-14**



## **Important Contact Details:**

### **To make a safeguarding referral:**

During office hours (Monday to Friday 9am to 5pm)

Contact details to make a referral to Adults, Health and Housing, Derby City Council:

Telephone - 01332 640777

Minicom - 01332 640666

Fax - 01332 643299

Secure Email Address using CJSM - [SMGReceptionTeam@derby.gov.uk.cjism.net](mailto:SMGReceptionTeam@derby.gov.uk.cjism.net)

Outside office hours:

Contact Careline (Derby's out of hours emergency social care service) on 01332 786968

### **To report a crime:**

- Non-emergency police number: 101
- In an emergency, dial 999

If any person needs advice about a Deprivation of Liberty Safeguards (DOLS) concern, they may ring:

- Deprivation of Liberty Safeguards helpline:  
01332 642961 (Office Hours, Mon-Fri)

## Foreword

The past year has posed some significant challenges for all partners in terms of on-going austerity measures but despite this I have been extremely impressed by the continued commitment and contributions provided to ensure our most vulnerable adults are protected.

During the year we have developed the Vulnerable Adults Risk Model (VARM) which has enabled agencies to tackle some of the most complex cases, involving self-neglect, in a more co – ordinated way thereby ensuring better outcomes for people.

Following last year's successful joint event with Derbyshire colleagues, agencies have signed up to a "think family" strategy which will ensure that front line staff take into account wider family issues when dealing with safeguarding cases. This again will benefit those most at risk.

We have also developed closer working relationships with colleagues on the local Children's Safeguarding Board agreeing to twice yearly meetings with the Chair and Board manager to strengthen the "think family" ethos.

The coming year sees the introduction of the Care Act which amongst other things gives the Board statutory status and provides guidance as to how we carry out our work. Importantly it places people at the centre of Safeguarding matters rather than as previously, focussing more on processes. I believe this to be a major step forward. I am personally delighted that the role of Safeguarding Adults Boards has been strengthened and I am really looking forward to leading the Board into this new era.

*Allan Breeton,*

**Independent Chair, Derby Safeguarding Adults Board**

**This report contains a number of examples of Safeguarding practice during 2013/14. While names have been used to help the reader these are not the individual's real name in order to maintain confidentiality.**

### **Safeguarding Adults at Risk in Practice**

Anna is a 52 year old white British woman with advanced Multiple sclerosis. She lived at home with her husband and received care from an agency 4 times a day, a sitting service and support from District Nurses and Community Matrons. Due to her condition she was immobile and was nursed in her bed. She was dependant on her carers to meet all her needs.

A number of agencies had reported concerns for Anna's wellbeing as a result of her voicing concerns about her husband's approach to her. Her reports amount to neglect, financial, physical, sexual and psychological abuse. This had been discussed with Anna on a number of occasions with her concluding she would take no action at the time.

After a further report of abuse, a joint visit was completed by health and social care colleagues. Anna agreed to a hospital admission to treat her pressure areas, investigate her weight loss and to assess her condition. Anna was also aware that she could then consider her future care in the context of the concerns reported about her husband. The hospital admission was arranged by Anna's GP. Once in the hospital and stabilised a Safeguarding meeting was held to address the concerns reported. This was attended by hospital and community staff involved in Safeguarding but more importantly the meeting was arranged so Anna could attend from her hospital bed. Anna concluded that she would not return to her husband due to his treatment of her. She remained in hospital until alternative arrangements were made for her care and she ultimately decided she would have no further contact with him.

Anna's involvement in the safeguarding process ensured she was central to the decision making with her being in control of the decision to remove herself from the abusive situation that put her at risk. Multi-disciplinary team working was also essential in facilitating this opportunity to safeguard Anna.

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## 1. Executive Summary

The Derby Safeguarding Adult Partnership Board Annual Report 2013/14 provides an overview of the Board's achievements over the last 12 months and its objectives for 2014/15. The board is currently a voluntary arrangement of statutory and non-statutory agencies that work together to safeguard adults at risk of abuse or neglect and both promote and safeguard people's rights under the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS).

The key achievements of the Board over the course of the last twelve months are as follows:

- We have developed and launched the Dignity Award for teams working across health and social care in Derby. The awards are designed to promote good practice in respect of promoting Dignity in all aspects of a team's work. We have carried out a number of briefings about the Dignity Award and we have given out the award to teams across Derby, including a GP surgery and a Dentist practice.
- We have taken part in the Making Safeguarding Personal project run by the Local Government Association. The focus of this has been working with staff to ensure that individuals are asked what outcome they want as a result of the Safeguarding referral
- We have devised and implemented a Multi-Agency Safeguarding Audit tool in order that we can evaluate how agencies have worked together to Safeguard Adults at Risk in Derby. The Audit is carried out by a sub-group of the Performance Improvement group and this has included colleagues from the City Council, the CCG, Derbyshire Healthcare NHS Foundation Trust, the Police and Royal Derby Hospital
- We have provided safeguarding training, organised through the Safeguarding and Professional Standards team, with 1228 individuals from agencies across Derby attending. Training is now organised on the basis of a Competency Framework in which staff are supported to evidence how they have used learning in their safeguarding practice.
- We have devised and launched the Vulnerable Adults Risk Management (VARM) process across Derby and Derbyshire. The VARM was created out of a recognition that agencies need to come together to support individuals who were currently falling outside of other support mechanisms but were posing a high risk to themselves and the wider public through self-neglect or other lifestyle activities. We have carried out a number of briefings for multi-agency staff and from early feedback the VARM has been seen as successful in helping to provide support to individuals who had previously either not engaged with staff or who had fallen outside of agencies eligibility criteria.
- We have devised and launched a Safeguarding Video, Presentation and Posters to increase awareness of Safeguarding Adults at Risk across Derby. The focus has been on presenting the information in Plain English avoiding the use of jargon to ensure that we present a clear message identifying the forms of abuse and that anyone can make a referral if they have any concerns about at Adult at Risk being abused or at risk of abuse in Derby.

## **2. Derby Safeguarding Adults Partnership Board 2013/14**

### **2.1 Derby Safeguarding Adult Board structure and governance**

The Care Act 2014 will come into force on the 1<sup>st</sup> April 2015 which will make it a statutory requirement for local authorities to set up and run local Safeguarding Adults Board. At present the Derby Safeguarding Adult Board is a voluntary arrangement of statutory and non-statutory organisations that work together to:

**Build a network of support and safety for adults at risk through developing good practice in the prevention, investigation and protection from abuse.**

The Board's membership is senior representatives from the following

- Derby City Council
- Southern Derbyshire Clinical Commissioning Group
- Derby Hospitals NHS Foundation Trust
- Derbyshire Healthcare NHS Foundation Trust
- Derbyshire Health United
- Derbyshire Constabulary
- Care Quality Commission
- Derbyshire Probation Service
- East Midlands Ambulance Service
- Derbyshire Fire and Rescue Service
- City and Neighbourhood Partnership
- Derby Homes
- University of Derby

The Board has recently reappointed Allan Breeton for a further two years as the Independent Chair to the Board, providing for a continued independent perspective, challenge and support to the Board in achieving continuous development.

The Board meets quarterly, and has robust governance arrangements across and within agencies. The Chair of the Board will ensure that links are made with other Boards that impact on Safeguarding Adults at Risk in Derby, these being the Derbyshire Safeguarding Adults Board, Derby City and Derbyshire Children Safeguarding Boards, the Health and Well Being Board, the Derby City Prevent Strategy Board and Derby City and Derbyshire Serious Sexual Violence & Domestic Violence Governance Board.

#### **2.1.1 Board Sub-groups**

The Board work programme is supported by its sub-groups, each comprising multi-agency representation across statutory and non-statutory services as well as health and social care organisations. Each is accountable to the Board in relation to achievements against the business plan.

There are four sub-groups addressing the various work streams required to drive forward the Board's agenda, a number of these groups are shared with Derbyshire Safeguarding Adults at Risk Partnership Board and these are highlighted:

- Customer Inclusion Group
- Learning and Development Group – shared with Derbyshire
- Performance Improvement Group
- Mental Capacity Act and Deprivation of Liberty Standards sub-group – shared with Derbyshire

The Chairs of each group provide a highlight report for each Board meeting which focuses on the groups progress in respect of actions needed to implement the current Board Strategic Plan.

### **2.1.2 Customer Inclusion Group**

The Customer Inclusion Group was launched this year in order to promote awareness of Safeguarding Adults across Derby City and to ensure that the views of Adults at Risk following a safeguarding investigation are used to inform the future strategic direction of the Safeguarding Board.

The initial focus of the group has been on developing materials that can be used to increase awareness of safeguarding. The group has developed a plain English presentation which can be used with groups and organisations. In addition posters have been devised to show that safeguarding needs to be considered in all parts of the local community.

The group has also commissioned, filmed and launched a safeguarding video which illustrates how organisations work together in Derby to safeguard Adults at Risk. The video has been placed on social media sites for all to access and use to increase awareness of safeguarding

The group is also keen to hear from Derby Citizens about their understanding and views on safeguarding and with the support of Healthwatch Derby, a number of surveys are in the process of being carried out across Derby

The group has also launched the Dignity Award in Derby City drawing on work that had been done by colleagues in Derbyshire. A number of briefing events were held and we are now actively encouraging teams to apply for the Bronze Dignity Award. We have already given the Dignity Award to teams working across Derby including a GP surgery and a Dentist practice

In 2014/15 we will look to hear the views of customers who have been supported following a safeguarding investigation in order to hear what went well and also to hear how we can improve what we do to ensure that not only a adults are protected from harm but also that safeguarding leads to positive outcomes as defined by the customer.

### **2.1.3 Learning and Development Sub-group**

A key focus of the Board's work is to ensure that training is provided that enables staff (and volunteers) to understand their responsibilities to safeguard adults at risk.

The Learning and Development sub-group is organised jointly with colleagues from Derbyshire. During 2013/14 the group focused on the development and implementation of a Competency Framework for Safeguarding. The aim is to help staff in identifying what competencies they need to develop in respect of safeguarding which reflects their job role. The Competency Framework

ensures that Learning and Development is extended beyond the traditional classroom to take into account other forms of delivery including learning in practice. Both Derby City Council and Derbyshire County Council formally implemented the Competency Framework, while other agencies are scoping out how it can be embedded within their current training structures and systems.

The Competency Framework divides staff into different groups which is linked to their involvement in Safeguarding and training is now linked to these different roles as detailed in the chart below:

<p><b>Staff Group A</b></p> <p>Members of this group have a responsibility to contribute to Safeguarding adults, but do not have specific organisational responsibility or statutory authority to intervene.</p>	<p><b>Staff Group B</b></p> <p>This group have considerable professional and organisational responsibility for Safeguarding adults.</p> <p>They have to be able to act on concerns and contribute appropriately to local and national policies, legislation and procedures.</p>
<p>Including but not limited to:</p> <ul style="list-style-type: none"> <li>• Day service staff, Domestic ancillary staff, Police officers, Personal assistants</li> <li>• All support staff in health and social care settings</li> </ul>	<p>Including but not limited to:</p> <ul style="list-style-type: none"> <li>• Social workers, Nurses</li> <li>• Frontline managers, Care manager</li> <li>• Head of nursing</li> <li>• Health and social care provider service</li> </ul>
<p>Examples of courses:</p> <ul style="list-style-type: none"> <li>• Safeguarding adults module 1</li> <li>• Mental Capacity Act module 1</li> </ul>	<p>Examples of courses:</p> <ul style="list-style-type: none"> <li>• Safeguarding adults module 2</li> <li>• Mental Capacity Act module 2</li> </ul>
<p><b>Staff Group C</b></p> <p>This group is responsible for ensuring the management and delivery of Safeguarding Adult services is effective and efficient.</p>	<p><b>Staff Group D</b></p> <p>This group is responsible in ensuring their organisation is, at all levels, fully committed to Safeguarding Adults and have in place appropriate systems and resources to support this work in an intra and inter agency context.</p>
<p>Including but not limited to:</p> <ul style="list-style-type: none"> <li>• Operational managers</li> <li>• Heads of assessment and Care managers</li> <li>• Service managers</li> </ul>	<p>Including but not limited to:</p> <ul style="list-style-type: none"> <li>• Heads of support services</li> <li>• Heads of directly provided services</li> <li>• Heads of assessment and care management services</li> </ul>
<p>Examples of courses:</p> <ul style="list-style-type: none"> <li>• Safeguarding investigation</li> <li>• Case conference</li> </ul>	<p>Examples of courses:</p> <ul style="list-style-type: none"> <li>• Safeguarding investigation</li> <li>• Case conference</li> </ul>

#### **2.1.4 Performance Improvement Group**

The Performance Improvement Group has the lead in implementing one of the key strategic objectives of the Safeguarding Board which is that adults in Derby will be protected by agencies working effectively together.

During 2013/2014 the Chair of the Performance Improvement Group was taken by the Head of Safeguarding Adults at the four Clinical Commissioning groups covering Derbyshire. The Chair is also the Chair of the equivalent Derbyshire Adults Board Performance Improvement Group which promotes a consistency response for all agencies who work across Derby City and Derbyshire.

The group has focused this year on developing and implementing a multi-agency case file audit tool which is designed to examine how effectively agencies work together in safeguarding Adults at Risk. During 2013/2014 members of the group completed audits together for a number of recently completed safeguarding cases. The Chair of the group will present a report to the Safeguarding Board in 2014/2015 with the findings of the audits which will then be used in the review of the Board's policy and procedures and will help to inform the future strategic direction of the Board in 2015/1016.

The group has done further work in respect of information sharing and it has revised and refreshed the Safeguarding Information Sharing agreement and has developed an information sharing agreement for the Vulnerable Adults Risk Management process

A scoping exercise also took place in respect of the Multi-Agency Safeguarding Hub process which has been implemented in other parts of the country. A preliminary report was taken to the Safeguarding Board and the group is now doing further work in relation to identifying the aims and objectives of adopting this process in Derby.

In the coming year, the focus will be on preparing for the implementation of the Care Act in April 2015. Safeguarding Policy and Procedures will need revising and updating particularly in relation to Making Safeguarding Personal. The group will also continue with the multi-agency case file audit and work in relation to the Multi-Agency Safeguarding Hub process.

#### **2.1.5 Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) Group**

The Mental Capacity Act was introduced in 2005 to cover situations where someone is unable to make a decision because of the way their mind or brain works or is affected, for instance by illness or disability or the effects of drugs or alcohol. The Mental Capacity Act establishes the definition of mental capacity, sets out the framework for assessing mental capacity, determines how decisions should be made if a person lacks mental capacity and establishes statutory guiding principles for practice.

The Mental Capacity Act relates to everyday decisions as well as major decisions about someone's property, financial affairs, health and welfare. It is an important safeguard, protecting the rights of people who lack mental capacity.

Through Lasting Powers of Attorney, Advance Decisions and Advance Statements, the Act also provides the means by which people can plan for a time when they no longer have mental capacity to make decisions.

The Mental Capacity Act introduced Independent Mental Capacity Advocates (IMCAs) to represent and safeguard people's best interests when certain important decisions are made. The Act also introduced a specialist court, the Court of Protection, for all issues relating to people who lack mental capacity in relation to specific decisions.

The Deprivation of Liberty Safeguards, often referred to as DOLS, was also introduced by the Mental Capacity Act and came into effect in 2009. DOLS are a legal safeguard for people who cannot make decisions about their care and treatment when they need to be cared for in a particularly restrictive way. They set out a process that hospitals and care homes must follow if they believe it will be necessary to deprive a person of their liberty, in order to deliver a particular care plan in the person's best interests. The DOLS Activity Report is provided on page 15.

2013/14 was the second year of the joint Derby City and Derbyshire County Mental Capacity Act and Deprivation of Liberty Safeguards sub-group. This sub-group is comprised of representatives from relevant partner agencies who work across the city and county.

In April 2013, the Local Authority took responsibility as the Supervisory Body for all Deprivation of Liberty authorisations in care homes and hospitals. This transition benefited from the planning work that had been done in the previous year, and progressed successfully without incident.

Other activities of the sub-group in relation to Mental Capacity are:

- maintaining an overview of partner organisation Mental Capacity Act activity
- developing guidance about capacity and sexual relations
- disseminating lessons from regional and national learning and developments

The subgroup activities in relation to the Deprivation of Liberty Safeguards (DOLS) are:

- monitoring provider activity in relation to DOLS
- improving recording of DOLS assessments undertaken
- ensuring appropriate training and refresher training is available for best interest assessors and mental health assessors that undertake DOLS assessments
- monitoring the numbers of Best Interest and Mental Health Assessors to ensure there is sufficient resource to meet statutory responsibilities

The focus in the coming year will be related to managing DOLS referrals following the Cheshire West Judgement in the United Kingdom Supreme Court in March 2014. This judgement has re-focused the criteria for what constitutes a Deprivation of Liberty and to strive for on-going quality and consistency in the application of the MCA and DOLS within the city.

### **2.1.6 Derby City Council Safeguarding and Professional Standards Team**

The Board is also supported by the work of the Derby Safeguarding and Professional Standards Team who are based at the Council House.

The Board Business Manager helps to support the Chair of the Board in the preparation of the agenda, distribution of all papers and taking minutes at the Board meetings. They are in turn supported by three Safeguarding Administrators who provide administrative support to the various Board sub-groups.

The Safeguarding Trainer is responsible for collating the Safeguarding Training Prospectus and also helps to directly provide the safeguarding training which is offered to all agencies working with Adults at Risk.

The Team Manager and Senior Practitioner look to promote excellence in safeguarding practice and in the implementation of the Deprivation of Liberty Safeguards across the City.

The Head of Safeguarding works in partnership with the Chair of the Board to help promote excellence in multi-agency safeguarding practice, linking in with other areas of related practice, including MAPPA, Domestic Violence and Serious Sexual Violence, Hate Crime and the local Channel process.

### **Safeguarding Adults at Risk in Practice**

Safeguarding issues were raised by Accident and Emergency medical staff with regard to allegation of domestic abuse experienced by Barbara, whose husband had allegedly assaulted her following an altercation during a drinking session. Barbara was discharged from hospital. The Social Worker visited Barbara and investigated the allegation raised. Barbara has 4 children. Her husband works away and returns home each weekend.

Barbara disclosed that she was depressed, felt unsupported by her husband and family and informed the Social Worker that when her husband returns home at the weekend they argue and both drink. There was no evidence of any previous history of domestic violence. Barbara consented for the Social Worker to contact both her family and GP which proved successful as her mother and father are now supporting her with caring for her children and the GP has supported her with anti-depressants and counselling. The Police were informed and they recorded information onto their electronic recording system for Officers to use if concerns were raised in the future. Barbara stated that she was happy with the outcome and she was pleased that she was fully involved in the safeguarding process.

### 3. Activity Reports

#### 3.1 Safeguarding Adults

The Safeguarding Adults Return (SAR) is a new collection which replaced the Abuse of Vulnerable Adults (AVA) return for the reporting period 1 April 2013 to 31 March 2014.

The SAR addresses various aspects of safeguarding, with particular regard to the details of the victim, the alleged perpetrator and the alleged offence.

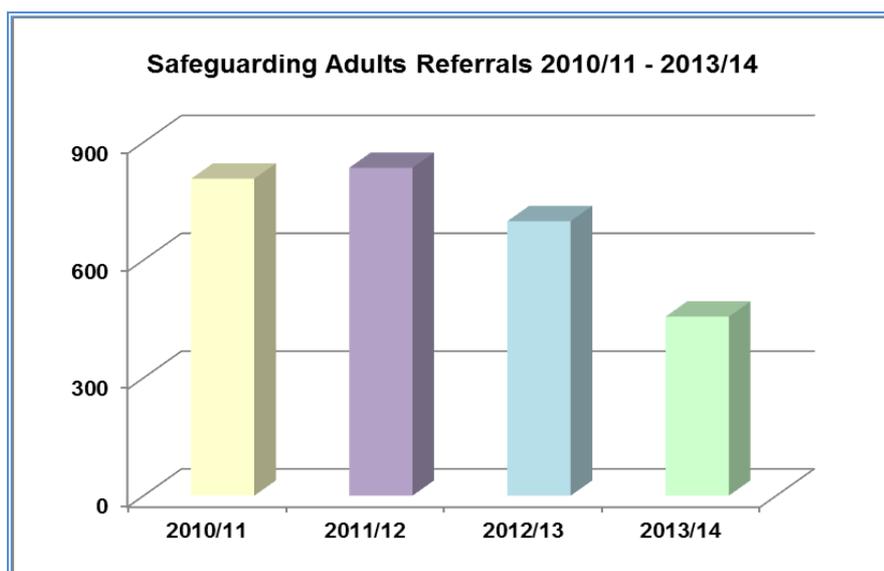
This activity report provides a summary of key information about safeguarding adult's activity during 2013/14. It includes information about:

- Safeguarding referrals – a base line figure for the number of individuals subject to safeguarding procedures during the period 2013-14
- Completed investigations – investigations that have been actually completed during 2013-14, regardless of when they started

##### 3.1.1 Safeguarding referral numbers

A referral is defined as a report of risk of potential abuse, harm or neglect which leads to investigation under the safeguarding process.

The purpose of the graph below is to provide a headcount figure on number of affected individuals who have been subject to a referral during the 12 month period providing a headcount figure, regardless of whether or not it has been concluded. This does not include any cases where the source of risk or abuse is classed as self-neglect or self-harm. The total is compared to the previous three years.



There were 456 safeguarding referrals during 2013-14. However, in comparing across the last four years, it is important to know that previous years' figures also included safeguarding alerts

that were not investigated and where thresholds were not applied.

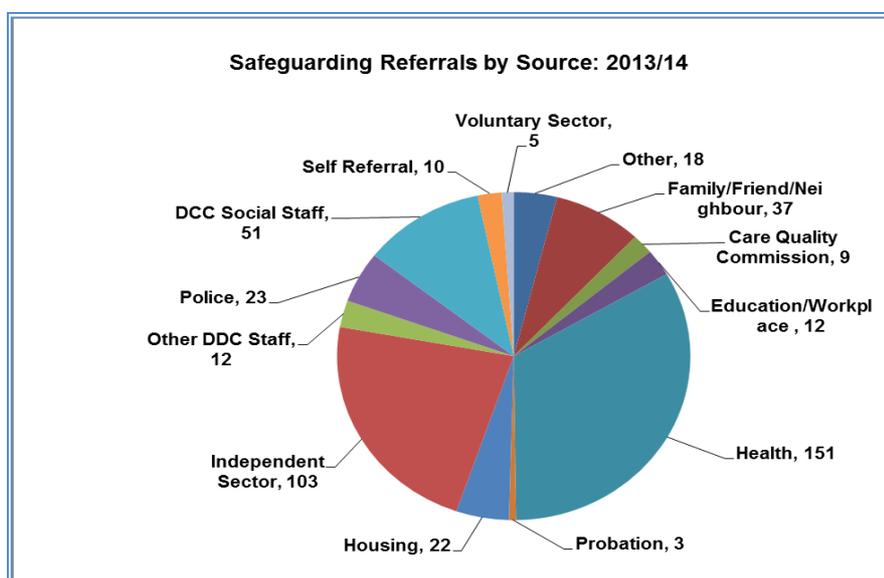
The total number of alerts received in 2013-14 is 1310.

### 3.1.2 Safeguarding Referrals by Source

Of the 456 referrals made, the largest proportion came from health care (33.1%), followed by the Independent Sector (22.6%) and Derby Social Services (11.2%).

The number of self-referrals has increased from 7 in 2012-13 to 10 in 2013-14.

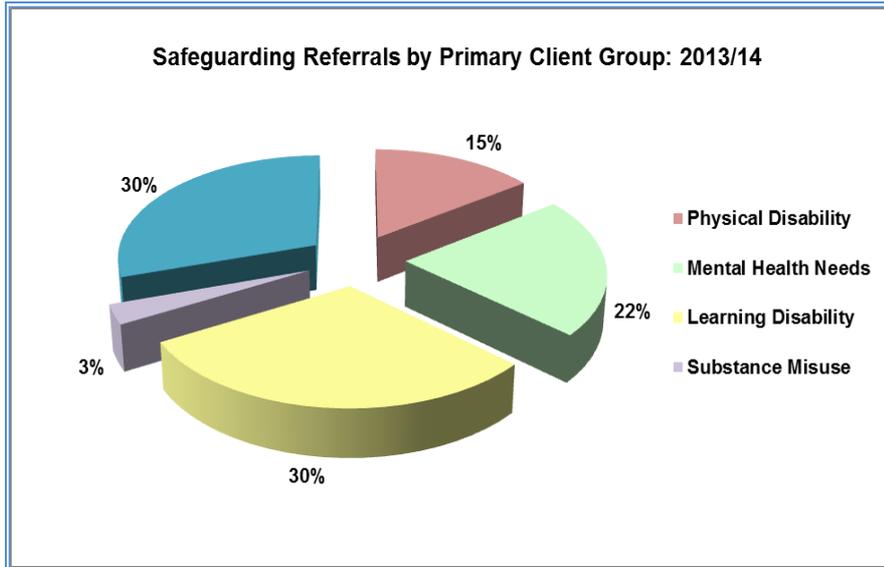
The chart does reflect that referrals are received from a broad and diverse range of sources, indicating the range of individuals and organisations engaged in safeguarding adults.



### 3.1.3 Safeguarding Referrals by Primary Client Group

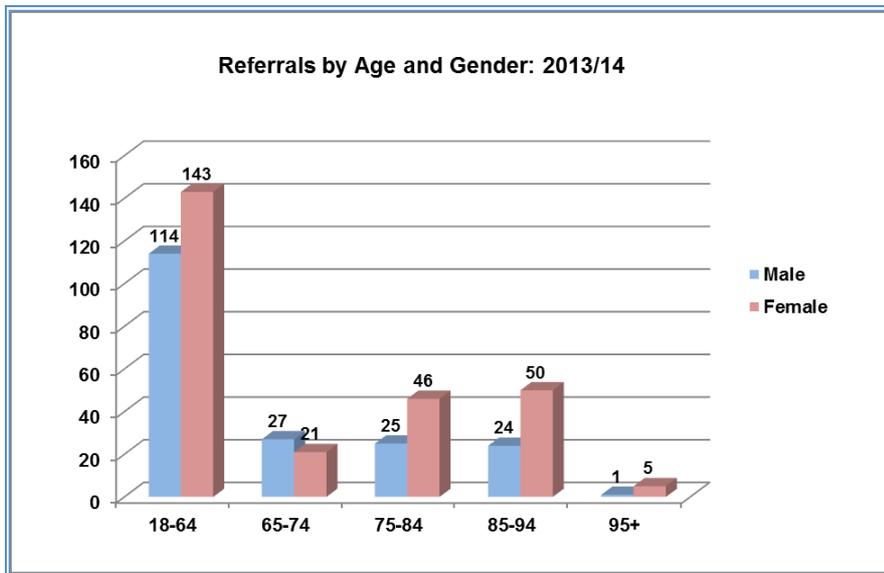
The Primary Client Group is a professional decision based on the individual's circumstances and each client has an overarching client classification.

The highest client group in 2013-14 was Learning Disability (30.3%) followed by Other Vulnerable People (30%). There is a fairly even distribution across other areas.



### 3.1.4 Safeguarding Referrals by Age, Gender and Ethnicity

In all the age ranges there has been more referrals for women than men. This increases over the life course and probably reflects the differences in mortality rates and the resulting differences in population size.



The ethnicity of safeguarding referrals does in the main reflect the ethnic breakdown of Derby City. There has been an increase of 2% of referrals from the Asian or Asian British population and work needs to continue in relation to having good safeguarding awareness across all ethnic groups. There is however 3.3% of referrals where ethnicity is not recorded a decrease from 8% in 2012-13.

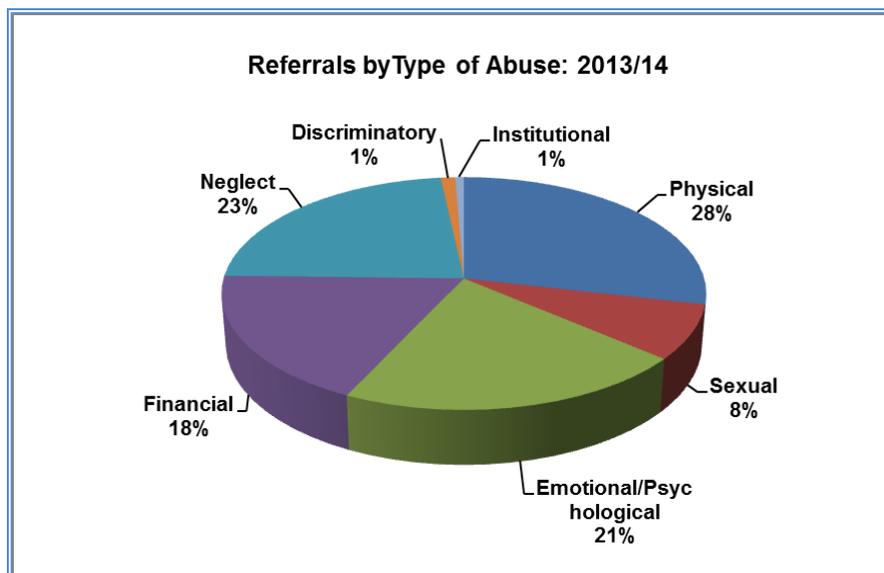
Ethnicity	White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Group	Not Stated / Not Known / Undeclared
%	86.0%	2.2%	5.9%	2.2%	0.4%	3.3%

### 3.1.5 Investigated Safeguarding Referrals

#### Safeguarding Referrals by Type of Abuse

The purpose of this measure is to collect data on the number of referrals concluded during the 12 month period by category of type of abuse or neglect. This is to give a picture of what is believed to be happening and where potential risks might be originating from.

The main type of abuse as in previous years is physical (28.5%) followed by neglect (22.9%), emotional/psychological (20.9%) and financial (18.3%). Compared to previous years there has been a decrease in physical, neglect and financial abuse and an increase in the percentage of cases linked to emotional and psychological abuse. It is important to note that a safeguarding referral may involve a number of different types of abuse.



#### Safeguarding Referrals by Setting

The alleged abuse was more likely to occur in the Adult at Risk own home (accounting for 61.4% of all locations cited) or a care setting (19.1%) than in other settings.

This may link into the trend towards locating care and support for adult at risk closer to home.

## **Safeguarding Adults at Risk in Practice**

Chris is a White British man 18 years old, with a learning disability and epilepsy. Chris was dependent upon his mum for everything including making most of the decisions for his life and he had become socially isolated.

Previous Safeguarding concerns were raised due to Chris being a victim of financial exploitation (mother was the perpetrator). I met Chris at home and was aware of his high level anxieties and his body language. He knelt on the floor and obsessively rubbed his legs. I visited Chris at college and his tutor reported historic and present concerns about the way he was treated by his mother.

Shortly after this meeting Chris's teacher contacted me following an incident. During this incident Chris's mother told him that he may as well kill himself. She said this because she was depressed about her relationship breakdown. I referred Chris to advocacy and an advocate was appointed, so that he had some one independent to speak to about what he was going through.

I introduced Chris to the idea of the shared lives service, recognising the support that both he and his mum needed. Chris was reluctant to go as he had never spent time away from his mother. The support package began once a fortnight to ease Chris's anxieties. Another reason for this placement was to give Chris the opportunity to see how other families function.

Once Chris accessed the shared lives service he settled in rapidly. Unfortunately it was not long before I received another safeguarding referral from his tutor. I visited the college and asked Chris how he wanted the matter to be dealt with. Chris said that he wanted to change his life. He also said that he was sick of simply existing without experiencing life and that he did not have fair access to his finances. He was socially isolated and he was a victim of his mother's mood swings. Chris's Shared Life carer was willing to support him to learn independent skills. Chris has been central to the safeguarding process which has included him taking the lead in making decisions and choices through careful person centred planning and numerous best interest meetings and intervention with the advocate. Chris has experienced the opportunity through this to develop a more independent life and now lives with his Shared Lives carer.

After three weeks he learnt how to tie his shoe laces. After a month he was able to do his own washing. I have no doubt that Chris needed to move in order to live an ordinary life without bullying and social exclusion. Chris is extremely appreciative of the support that he received and continues to receive.

### 3.2 Deprivation of Liberty Safeguards (DOLS)

The Deprivation of Liberty Safeguards, often referred to as DOLS came into effect in 2009. They are part of the legal framework set out in the Mental Capacity Act 2005 to safeguard the rights of people who lack the mental capacity to make decisions for themselves.

The European Court of Human Rights established in the principle that 'no one should be deprived on their liberty unless it is prescribed by law'. The Deprivation of Liberty Safeguards were subsequently introduced to ensure, that in circumstances where a hospital or care home believe it will be necessary to deprive a person of their liberty in order to deliver a particular care plan, that any deprivation of liberty:

- is in the person's best interests
- is necessary and proportionate to prevent harm
- is with representation and rights of appeal
- is reviewed, monitored and continues no longer than necessary

What amounts to a deprivation of liberty depends on the specific circumstances of each individual case. As a result, there is no single definition or a standard checklist that can be used. However, in March 2014, a landmark Supreme Court judgement set out an 'acid test' for determining whether a person is being deprived of their liberty. The judgment states that if a person:

- lacks capacity to consent to their care and treatment and
- is under continuous supervision and control and
- is not free to leave

the person is being deprived of their liberty.

In helping to decide whether the 'acid test' is met, the following indicators from the code of practice can be applied:

- restraint is used, including sedation, to admit a person to a hospital or care home when the person is resisting admission
- staff exercise complete and effective control over the care and movements of a person for a long period of time
- staff take all decisions on a person's behalf, including choices relating to assessments, treatments, visitors and where they can live
- hospital or care home staff take responsibility for deciding if a person can be released into the care of others or allowed to live elsewhere
- when carers request that a person be discharged to their care, the hospital or care home staff refused
- the person is prevented from seeing friends or family because the hospital or care home have restricted access to them
- the person is unable to make decisions because they are under continuous supervision and control of the hospital or care home staff

(Adapted from paragraph 2.5 of the Deprivation of Liberty Safeguards Code of Practice 2008)

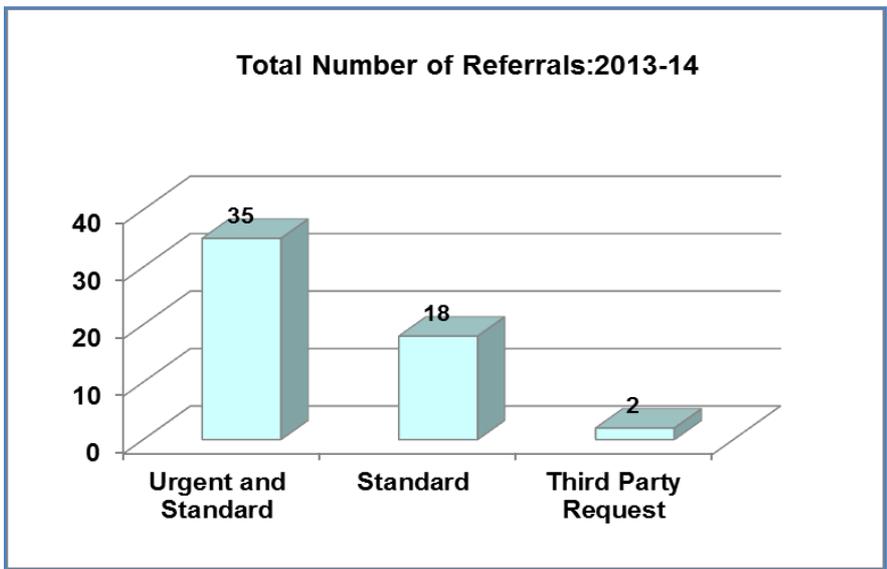
Anyone can request a deprivation of liberty assessment but in general terms it will be the responsibility of the managing authority (the hospital or care home) to alert the supervisory body

(Derby City Council) that a DOLS authorisation may be needed. The supervisory body will then coordinate six separate assessments to ensure it is in the person's best interests to be deprived of their liberty. If the authorisation is declined the hospital or care home must find alternative less restrictive ways to provide the treatment or care needed.

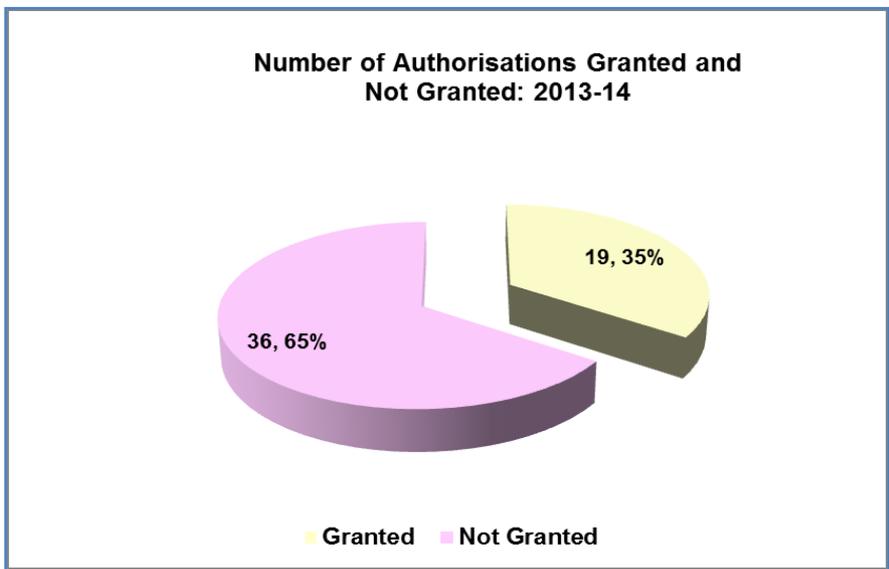
### Derby City Council Deprivation of Liberty Safeguards Service

In 2013/14 Derby City Council received 55 applications under the Deprivation of Liberty Safeguards, which is a decrease of 9% from 2012/13 having received 60 applications in 2012/13.

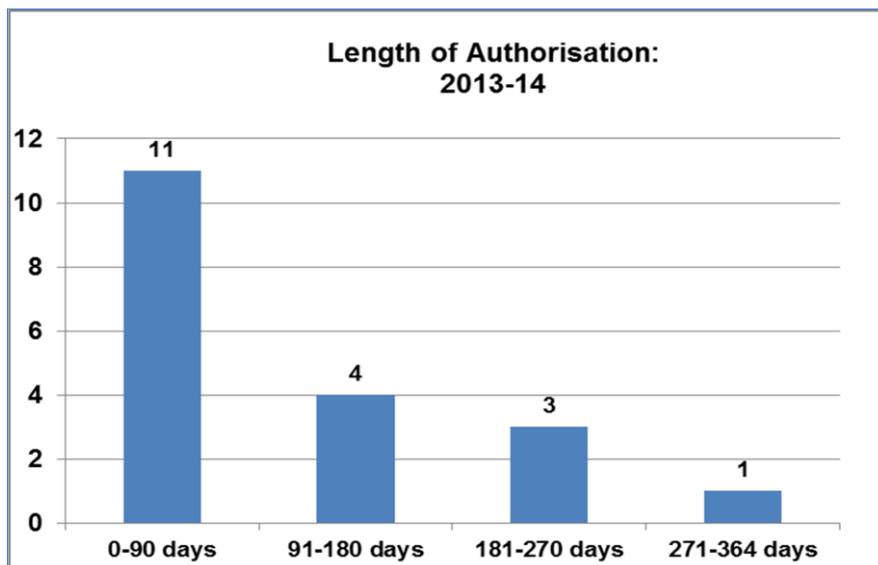
42 applications that were made to the Local Authority were within the care home setting whilst 13 were received within the hospital setting.



Of the 55 applications, 19 were granted a Standard Authorisation which is a decrease of 14% on 2012/13. This is most likely due to the drop in applications received for Deprivation of Liberty Safeguards.



58% of the granted standard authorisations were for 0-90 days. In acute hospital settings, this can be explained by the fact that patients do not tend to stay in hospital any longer than is needed to treat their medical conditions. There has been a decrease of 50% in the number of standard authorisations granted for 91-180 days. These are all within care homes. Periods of authorisation of varying lengths up to six months are given to see whether the situation changes and restrictions can be relaxed. Longer periods of authorisation are given where a shorter period has been tried and restrictions are still necessary, proportionate and in the person's best interests to keep them safe from harm.

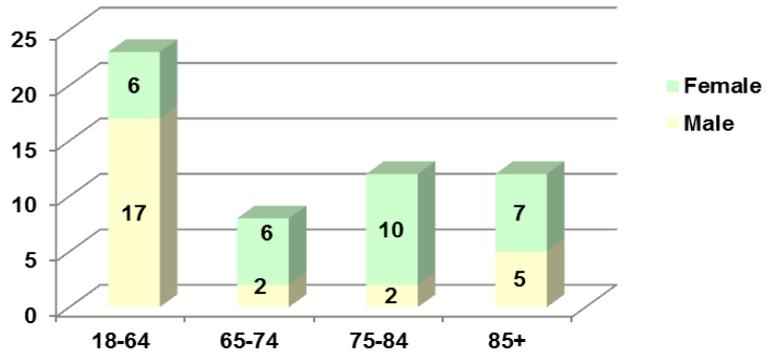


In 2013/14 there was a decrease in the numbers of applications made for people from Black / Black British and Asian / Asian communities although it saw a rise within the Other Ethnic Origins. However, 9% of applications have no ethnicity recorded. This is an improvement from 2012/13 which showed 25% of applications having no ethnicity recorded.

Ethnicity	White	Mixed / Multiple Ethnic Groups	Asian / Asian British	Black / Black British	Other Ethnic Origin	Not Stated	Undeclared / Unknown
%	85%	0%	4%	0%	2%	9%	0%

In 2013/14 there were slightly more applications made for women than men by 11%. Overall 42% of applications were made for people aged under 65. This may be due to a rise in awareness of younger adults with disabilities from the public enquiry into Winterbourne.

**Number of Referrals by Age and Gender: 2013-14**



## **Deprivation of Liberty Safeguards (DOLS) In Practice**

David was a widow who had no family or wider support networks. He moved into a care home following a serious fall which resulted in hospital admission.

He was diagnosed with Dementia, and had poor short-term memory, periods of confusion and disorientation while in hospital. He also had diabetes and Angina. A capacity assessment was completed in relation to future care plans, and David was found to be unable to make a decision about what care and treatment he needed, and where his care and treatment should be provided. The care team felt that David was at risk of self-neglect and this could lead to rapid deterioration in his health and well-being if he were not in receipt of 24 hour care and support. A Best Interests decision was made, involving members of the care team at the hospital, the Social Worker and an Independent Mental Capacity Advocate (as David had no one to advocate for him). As such the decision was made that David should move into a care home.

As the care home was aware of David's capacity assessment, and the concerns about risks of self-neglect they granted themselves an Urgent Authorisation on the basis that they would be exercising control over David's assessments, treatments, care and movements. They also submitted a request for a standard authorisation to Derby City Council as the Supervisory Body for DOLS.

A Best Interests Assessor (BIA) was appointed to determine whether David had capacity to make decisions about his care and treatment, and also whether his stay in the residential care home amounted to a deprivation of his liberty.

The BIA went to visit David at the home, and spent time with him exploring his understanding of where he was living and why, and identifying whether David could weigh up the benefits and risks of the decision to stay in the care home or not.

The Independent Mental Capacity Advocate (IMCA) had been working with David for some weeks and they had built up a good rapport, so the BIA returned to visit him again with the IMCA. During that visit, it became apparent to the BIA that while David did have some short-term memory difficulties, he was able to retain information long enough to discuss being in the care home. The BIA talked with David about his care needs and what help he was getting. David understood that sometimes he became confused and forgetful, and at those times he needed support. David also told the BIA that he was not happy in the care home, because he did not like to be around so many people, and that it was very noisy. He said that he would rather return to the peace and quiet of his own home with some carers visiting him to help him as he needed it.

The BIA spoke with the Care Home staff and identified that apart from meals and medication, and occasional prompting with personal care, David was self-caring.

The BIA consulted with the social worker who advised that David had been really rather unwell in hospital, but that since his admission to the care home he had improved significantly.

The BIA and IMCA agreed that David had capacity to decide where he lived and to decide what care and support he needed. The BIA concluded their assessment to state that all efforts needed to be focussed on David's return to his own home.

As a result of the recommendations made in the BIA assessment, the Social Worker visited with

David to review the placement. He agreed to stay in the care home for a short period of time while arrangements were made for a care package to be put in place for his return home.

David returned home with support from a care agency, telecare products and wider community based support networks. He continues to be supported at home and is happy to have peace and quiet and his familiar surroundings and belongings around him.

## 4. Annual Statements of Board Member Organisations

### 4.1 Derby City Council: Adult Social Care

One of the key pieces of work has been linked to the Local Government Associations project Making Safeguarding Personal. In 2013/14 we have revised our practice to ensure that in dealing with Safeguarding referrals, staff engage with the Adult at Risk in order to identify what they want to happen as a result of the Safeguarding referral. Staff will now look to identify what the individual wants as an outcome of being supported through safeguarding at the point that we receive the referral and then this will then help inform the safeguarding investigation, form a central part of any Strategy meeting and in turn it will form the basis of any Protection/Safety Plan.

As part of the restructure of Adult Social Care we revised our safeguarding process. Referrals are now dealt with by locality teams covering both general adult and mental health customers. In addition, the Service Quality and Brokerage Team have now taken the lead in Safeguarding referrals in which customers are supported by a managed service. This will ensure that better links can be made between concerns that are raised linked to quality and those concerns raised as a safeguarding referral

With colleagues in Derbyshire, we have launched the Vulnerable Adults Risk Management process (VARM) to ensure effective multi-agency work with individuals presenting with issues of self-neglect and poor engagement with support services. We led on the delivery of multi-agency briefings on the VARM and the initial feedback is that the process has had a number of positive outcomes for individuals who had previously had not engaged with services.

We have also worked in partnership with safeguarding colleagues from the Children and Young People's Directorate to ensure that, across Derby City Council, all staff are aware of their duties to safeguard Children and Adults at Risk. As part of this work we are developing a joint briefing covering the whole safeguarding agenda from cradle to grave which we will be taking out to all teams across the Council to ensure all staff are aware of the role they play in this key area of practice.

In October 2013 Adult Social Care's Safeguarding Practice formed a central part of the Peer Challenge of Adult Social Care which identified the following good practice:

- *"Within the Council, the specialist Safeguarding Team has been strengthened, and the leadership of the team is well regarded. Staff members believed that the processes for safeguarding vulnerable adults have been made clearer. Training has been provided and taken up in large numbers, and is perceived as being effective.*
- *The in-house service has developed a case file audit process, and staff recognise its value. The Threshold Guidance demonstrates learning from analysis of referral patterns, and the amendments made in this financial year to its deployment in the alert and referral processes demonstrate reflection and continuing improvement.*
- *The service is prioritising a focus on outcomes, building on the work carried out to date on governance, processes and training, and on listening to the voice of the customer...."*

We continue to be key partner in the local MAPPA and MARAC processes and we have fed into the development strategies related to Domestic Violence and Prevent. In this we have worked closely with colleagues from the City and Neighbourhood Partnership.

During 2013/2014, as the Supervisory Body we have continued to raise awareness in relation to the Deprivation of Liberty Safeguards. We have employed a specialist Best Interest Assessor who has revised our information and advice on DOLS and is conducting an outreach programme with all the DOLS Managing Authorities in the city. At the end of the year the judgement that is now known as 'Cheshire West' was delivered in the Supreme Court and this immediately led to an increase in requests for authorisations under the DOLS process.

#### **4.2 Southern Derbyshire Clinical Commissioning Group**

We have ensured that the Southern Derbyshire Derbyshire Clinical Commissioning Group Adult Safeguarding Team has been actively represented at a wide and diverse range of safeguarding initiatives and work streams.

We have continued to raise the profile of this work across a range of staff groups. We have delivered a comprehensive and varied staff training programme. The quality assurance process has been strengthened and this has provided many positive examples of good practice in demanding times and against many other competing priorities.

#### **4.3 Derbyshire Police**

The Derbyshire Constabulary is committed to protecting the most vulnerable in our society. The police response to safeguarding adults is coordinated through the Force's Public Protection Unit.

Safeguarding Adults referrals generated by partners and from within the Force are processed through the Central Referral Unit. This has built up considerable expertise over recent years and developed excellent working relationships with partnership agencies. The Unit provides advice and guidance to police based within our three territorial Divisions of Derby, Chesterfield and Buxton to ensure that safeguarding needs are appropriately identified and investigated.

To address the strategic priorities identified by the Safeguarding Adults Board we have a well embedded risk and threat process. This involves the Force and partners compiling information to produce a yearly strategic assessment. This informs the operational focus of the police and partner agencies. The safeguarding of adults is one of the top eight priorities for Derbyshire Constabulary.

We have promoted the 'Think Family' strategy which informs all that throughout their duties they should consider and be responsive to the whole family's needs.

In the past 12 months we have worked with partners to introduce the Vulnerable Adult Risk Management (VARM) process. This facilitates effective multi-agency working around vulnerable adults deemed to have mental capacity, but who are at risk of serious harm or death through self-neglect, risk taking behaviour or refusal of services. A number of 'champions' have been trained. As well as being involved in or leading VARM meetings, they are also cascading information and guidance to colleagues. Whilst this is a relatively new process, feedback is extremely positive and the Force is already training more officers.

The Force is widely represented in a number of partnership arrangements. These include Multi

Agency Protection Panel Arrangements (MAPPA,) the Multi Agency Risk Assessment Conference (MARAC) processes and the Domestic Violence/Serious Sexual Violence Board & Co-ordination group.

We are members of the Safeguarding Adults Board sub-groups including Customer Inclusion, Performance Improvement and Mental Capacity Act/Deprivation of Liberty safeguards (MCA/DoLS). We have actively participated in the work of these groups such as the production of a safeguarding adult's video, case file audits and development of an options appraisal for the Board in relation to Multi Agency Safeguarding Hub (MASH) arrangements.

#### **4.4 Derby Homes**

Derby Homes continue to provide representation on the Adult Safeguarding Board, the Performance Sub group and the Customer Inclusion sub group. They assisted the Customer Inclusion group to make a DVD that will be used to raise awareness of safeguarding within all customer groups across the partnership. They were also involved in the auditing of a number of safeguarding cases in order to identify where practice could be improved.

The safeguarding lead monitors referrals to ensure that a satisfactory outcome is recorded for each case. The processes between Derby Homes and Derby City Council safeguarding team has been improved this year to ensure no cases slip through the net.

Derby City Council has provided training to Derby Homes Safeguarding champions to update their knowledge and skills. Safeguarding refresher training is due to be rolled out to all Derby Homes staff from September onwards.

Two teams that previously sat within Derby City Council are now managed by Derby Homes (Derby Advice and Housing Options). Safeguarding training is currently being developed and tailored for these teams so that they fall in line with Derby Homes safeguarding processes.

Derby Homes safeguarding policy is due for renewal this year; updates will be made in line with the changes highlighted in the Care act. Derby City Council will be carrying out an audit of Derby Homes safeguarding practice in September 2014.

The Domestic Abuse policy has been updated and agreed by Derby Homes Operational Board. Work is currently being carried out on a procedure/guidance document to assist staff that come across Domestic abuse cases.

Derby Homes safeguarding lead has received training on the new Vulnerable Adults Risk Assessment process (VARM) and carried out awareness raising sessions with relevant staff within Derby Homes. Derby Homes hosted its first VARM meeting recently.

Work has been carried out this year to raise awareness of the PREVENT agenda and human trafficking. A number of staff have attended a full day training session on PREVENT at the University of Derby. Half day sessions were held onsite for frontline staff and there was a speaker who attended a staff briefing session.

The Safeguarding lead has also been trained on the Domestic Violence Risk Identification Matrix which is a tool that helps to identify risks to children living in Domestic Abuse situations. She has been part of the multi-agency delivery group rolling it out over the city and has also carried out a training session in-house with safeguarding champions.

Derby Homes are currently working with the Landlords Crime and Nuisance Group to deliver two national awareness raising conferences on safeguarding. These will take place in Halifax and London and will alert housing professionals to their responsibilities as well as highlighting good practice across the sector.

#### **4.5 East Midlands Ambulance Service**

East Midlands Ambulance Service NHS Trust (EMAS) continues to prioritise safeguarding as a crucial part of providing high quality care. Our approach to safeguarding is based on promoting dignity, rights and respect, helping all people to feel safe and making sure safeguarding is 'everyone's business'. Over the past 4 years the Safeguarding agenda has continued to grow across EMAS from Board to frontline staff.

Safeguarding in EMAS is well embedded and encompasses:

- ✓ Prevention of harm and abuse through provision of high quality care;
- ✓ Effective responses to allegations of harm and abuse;
- ✓ Seeking responses that are in line with local multi agency procedures; and
- ✓ Using learning to improve service to patients.

EMAS has made **7377** adult safeguarding/care concerns in 2013/14. This is a 19% increase for adults from the previous year.

Key considerations for Safeguarding Adults in EMAS include:

- The proposed changes and commitment to making a statutory framework for adult safeguarding will go some way towards helping to address issues that have been raised by the Law Commission. However there is limited reference to issues such as funding, definitions and what is included in the scope of adult safeguarding.
- For EMAS, there is a need for on-going safeguarding education, communication and support for staff to manage and respond to a complex, developing agenda.
- EMAS will continue to keep abreast of developments and ensure our service is aligned to new legislative duties as they evolve.

#### **4.6 Derbyshire Probation Trust**

Probation in Derby has long been committed to the aims of the Safeguarding Adults Board to protect vulnerable adults from abuse. We do this in a wide variety of ways with vulnerable victims of crime as well as with vulnerable adult offenders and they key to doing this effectively is that we do this in partnership with other agencies.

In 2014, the Government began to introduce a new way of organising the provision of offender services and split probation services across the country into two components: one national probation service (NPS) and twenty one community rehabilitation companies (CRC). The NPS is run on a regional basis and Derby is part of a Midlands division. The CRC is made up of the areas of Derbyshire, Leicestershire Nottinghamshire and Rutland. Derby Safeguarding Adults Board thus has representation from both the NPS and CRC so that we continue to work together to promote the needs of vulnerable adults.

This year we have consolidated our service provision on working with people with personality disorder traits, using expert training resources as well as one to one consultation and self-management delivery to service users. We have three students who are undertaking higher degrees to qualify in delivering front line services. We believe that this will have a positive impact on safeguarding those vulnerable offenders as well as the community of Derby. An example of the integrated training across our partner organisations is that we ensured that an introduction to understanding personality disorder traits was available to all grades of staff. This helped us all to recognise and respond more positively to challenging presentations.

We have also been participating in improving our services to identifying different learning difficulties and affective disorders, so that we can maximise offenders' opportunities to live a life away from crime. Our provision on helping to get our service users into appropriate employment as well as improving their communication, written and numeracy skills continues to be a high priority and has successful outcomes.

At all levels in the organisation, we promote and ensure strong accountability in relation to all safeguarding and integrated equality issues.

For example, working in partnership, we have continued to:

- Ensure organisational involvement at all levels of the safeguarding framework, including training, communications and equalities input at operational and strategic level
- Focus on our contribution to the performance sub-group and the learning and development forum and probation focused SGVA training event for all operational staff to attend.
- Provide a clear and accessible policy and guidance for front-line staff on recognising the need for and making SGVA case referrals, with clear timescales and a process for escalation.  
Ensure that SGVA agenda issues are included in team meeting and individual supervision discussions.
- Work to develop a methodology to identify offenders who require additional support to ensure effective engagement with supervision.  
Provide adapted interventions and programmes which facilitate effective offender engagement.

The CRC have committed resources to assist us in focusing upon a range of equalities and offender centred issues including safeguarding vulnerable adults, by appointing a diversity and offender engagement manager. The NPS continues to work across England and Wales to promote the same commitment. Central to our commitment is to transform lives by meeting the wide range of offenders' needs, including around education, training and employment, alcohol and substance misuse, finance and debt problems; damaging relationships with children and families; poor choices made about lifestyle and associates; ill health, and dysfunctional thinking, attitudes and behaviour.

Our intention is to ensure that quality and care is at the heart of what we do, welcoming internal and external audit and inspection to assure quality. Our quality assurance framework takes a holistic view of case management. Safeguarding adults and children will form a significant theme in assuring quality outcomes for offenders, victims and communities

## 4.7 Derbyshire Fire and Rescue Service

Derbyshire Fire and Rescue Service (DFRS) have made significant progress within the Adult Safeguarding Board over the past year.

- Work has been progressed to develop training packages aimed at raising awareness and clarifying the process of safeguarding for all members of staff from Strategic Managers through to Support Staff and Fire-fighters. These packages are available 24/7 to all members of staff within the Fire and Rescue Service and are maintained by our Learning and Development Centre.
- We have also been instrumental in assisting with the pilot and implementation of the Vulnerable Adults Risk Management (VARM) process and have passed on the training regarding this process to all appropriate staff (e.g. safeguarding officers) within the service. Work is also progressing to train our Community Safety Officers (CSO) in the process.
- Our attendance at Multi Agency Risk Assessment Conference (MARAC) and Multi Agency Public Protection Arrangement (MAPPA) meetings has been used to populate our internal mobilising system so that Fire-fighters at the front line of intervention and response are updated in the timeliest manner appropriate, should they attend an incident involving a property associated with these risks.

### Case Study

In September 2013 DFRS were called to a flat in which a vulnerable adult male (Sam, not his real identity) required rescue, due to having a small fire in his kitchen. Although Sam was not injured in this fire and was able to remain at home; crews were very concerned about his general health and well-being and in particular his apparent chaotic and unsafe living conditions.

The Fire crews alerted DFRS Community Safety Department for a follow up.

A DFRS CSO identified a social worker from Derby City Adult Care that had been assigned to Sam and carried out a joint visit. Sam had pre-existing medical conditions but was also alcohol dependant. The visit identified a number of risk factors ranging from a very high risk of death from having an accidental fire in the flat; through to risk of deteriorating health from failure to take medicines on time and nutritional deficiencies due to poor diet or not eating. However Sam did not have a mental health diagnosis and was not deemed to have impairment to the function of his mind or brain. Sam had mental capacity and was simply making poor choices resulting in significant risk to his own health and well-being as well as putting his neighbours at risk from potential fire spread. Sam would not engage in dialogue with the Fire Service and refused help. Once the risks were assessed, it was determined that there was a high likelihood of a fire occurring which may result in death and put others in danger both Fire and Social Services agreed that this case met the criteria for VARM.

A VARM meeting was convened involving; Fire, Health and Social Care professionals, Police Officers from the local Safer Neighbourhood Team, the local Social Housing provider (landlord) and local authority housing officers. The reasons for convening the meeting were discussed and each agency declared their previous knowledge and involvement with Sam, which were relevant to the current risks.

Sam and his immediate family members were informed of and invited to the VARM meeting but declined to attend or be represented. The meeting identified known and potential risks and drew up a proposed protection plan. Working together the agencies were able to share ideas on risk

mitigation and discuss if there was any legislation that could be used to try and support a change in his living conditions or behaviours. There were no legal powers identified although a clause in his tenancy agreement did allow for action if Sam continued to pose a risk to others. The meeting agreed an adjusted care package which would negate the need for Sam to attempt to cook for himself which increased the risk of fire and also a portable misting system which would suppress a small fire should one occur due to his careless smoking habits when under the influence of alcohol. The housing provider proved key to this process as they had a member of staff that was able to foster a relationship with Sam and convince him that his tenancy may be under threat. This approach was successful on this occasion as the housing worker was trusted and therefore able to progress the other agencies agendas with him on their behalf. The housing provider and social and health care continue to support Sam and although he is a long way from full recovery, the risk of immediate or high likelihood of death occurring due to fire has been substantially reduced.

Without the VARM process it is very difficult to envisage how DFRS alone would have been able to install the appropriate equipment and ensure adequate controls were actioned. We commend the VARM process to all Agencies.

#### **4.8 Derbyshire Health United**

Derbyshire Health United has made significant achievements within Adult safeguarding over the past year.

- The introduction of a safeguarding workbook has increased staff understanding of safeguarding policy and procedures and has provided quality assurance regarding staff member's level of competence within adult and children safeguarding.
- DHU has successfully completed the Bronze award of the Derbyshire Dignity challenge and will be enrolling to complete the silver award with the aim of achieving this within the next year.
- The Adult safeguarding team has received increased resources, with the addition of two new assistant posts. The successful applicants commenced their new roles in January and bring with them an array of experience, enthusiasm and new ideas.

#### **4.9 Derbyshire Healthcare NHS Foundation Trust**

Derbyshire Healthcare NHS Foundation Trust provides a range of health services for the people of Derby. Particularly in relation to mental health, learning disabilities and specialist intervention within the multi-agency safeguarding adult framework. The Trust is active member of the Adult Safeguarding Board and its working groups.

The Healthcare provider has completed a further round of the Safeguarding Adults Assessment Framework (SAAF) documents. This process provides both healthcare commissioners and providers alike with a broad range of evidence surrounding adult safeguarding performance. The audit also considers associated activities such as Mental Capacity Act/ Deprivation of Liberty, PREVENT, Domestic Violence, Workforce Development, Patient Engagement, and Dignity in Care.

Assurance has been provided on a wide range of adult safeguarding and patient safety programmes. The most recent reports demonstrate effective compliance to national standards

and the Trust is seen as a centre of good practice in relation to patient engagement and the national 'Prevent' agenda.

Partnership work is also underway to further develop

- the understanding of Deprivation of Liberties and the application of the Mental capacity Act
- development of services for people suffering domestic violence
- targeting key areas of abuse such as FGM.

Derbyshire Healthcare NHS Foundation Trust will continue to work in close partnership with Board members to protect vulnerable people from abusive behaviour and practice.”

## 5. Going Forward

### 5.1 Board Priorities for 2013/15

At the Safeguarding Development Day in March 2013 it was agreed to implement a two year Strategic Plan with the following priorities:

#### **1. Adults at Risk in Derby will be able to protect themselves, others and raise concerns**

During the course of the last year, there has been some development with the creation of a Customer Inclusion Sub Board, membership being drawn from a number of partner agencies. At the development day in March 2013 the Board recognised that there needed to be a refresh of its strategic plan in relation to Customer Inclusion. It was felt that rather than asking customers and community groups to come to the Board, the Customer Inclusion group would design a strategy to go out to engage with customers and community groups in order to more clearly communicate the work of the Board and to gather the views of Customers and Community Groups, so that these views could help influence the future strategic direction of the board. In this move to a more outreach focus it is envisaged that it will also educate and enable Adults at Risk in Derby to be able to protect themselves and others and raise concerns.

At the end of the two year plan we will have:

- Developed a map of all customer and carers Groups in Derby who support Adults at Risk across Derby
- Drawn up and implemented an Action Plan to best engage with customers groups to include attendance at forums and/ or wider community events.
- Developed a short presentation on Safeguarding Adults at Risk to be used by all agencies when attending community events
- Asked Adults at Risk what their awareness is on safeguarding and raising concerns in order that we can focus our communication with those who at present are not aware
- Developed a system approach which involves Adults at Risk shaping and evaluating our services
- Developed a systems approach which highlights and recognizes all those agencies, services and groups who are dignity champions.
- Embedded a Think Family approach in the Safeguarding Board which can be seen in all aspects of Safeguarding Adults at Risk in Derby
- Developed a mechanism for recruiting lay members to the Safeguarding Board
- Developed effective links with the local Health and Well Being Board
- Creatively engaged with the Asian and Asian British community in order that they have a greater awareness of Safeguarding Adults at Risk

How will we know we have achieved this?

- The number of alerts/referrals from non-staff members will have increased
- The work of the Board will have been clearly highlighted at customer inclusion Forums and Events
- The views of customers will inform and influence the strategic direction of the Board.
- Have lay member representation on the Safeguarding Board

- We will be able to demonstrate an increased level of awareness in Adults at Risk in Derby in respect of Safeguarding and the work of the Safeguarding Board through carrying out surveys following raising awareness sessions at customer inclusion Forums and Events
- A Think Family approach will inform and influence the way we conduct safeguarding investigations and this can be evidenced through case file audits
- There will be a system in place to recognise Dignity Champions and a number of agencies, services and groups will have achieved the nationally recognised Bronze award
- There will be an increased number of referrals from the Asian and Asian British communities

## **2. Adults in Derby will be protected by agencies working effectively together**

It is recognised that our response to the abuse of Adults at Risk needs to be of a high quality and consistent across agencies and sectors. Over the course of the last year a lot of work has been done to try to bring this about with the multi-agency Policy, Procedures and Guidance providing a clear framework for action. The last year has also seen the publication of a “Thresholds Framework Guidance” which provides professionals with clear examples of appropriate referrals and other suitable pathways to follow.

At the end of the two year plan we will have:

- Ensured a high quality and consistent approach to safeguarding referrals across all sectors and organisations which are in line with the multi-agency Policy, Procedures and Practice Guidance.
- Ensured a high quality and consistent approach to safeguarding assessments which is in line with the multi-agency Policy, Procedures and Practice Guidance.
- Developed a systematic approach to information sharing, risk assessment and safeguarding thresholds.
- Developed a systematic approach to risk management at a strategic level
- Improved outcomes for Adults at Risk who have been subject to the safeguarding process. Outcomes should be person centred and driven by the individual
- Developed and implemented a competency based framework for Safeguarding Adults training in order that staff can demonstrate that they have the skills and knowledge to respond effectively to safeguarding Adults at Risk in Derby.
- Developed an infrastructure and process to identify and learn from Serious Case Reviews and the Significant Incident Learning Process
- Developed a shared quality assurance process which will monitor multi agency practice in order to celebrate where we successfully safeguarded Adults at Risk and learn the lessons when our practice doesn't meet the high quality standards we set ourselves.
- Contributed to an option appraisal on developing a high quality multi agency response to safeguarding referrals

How will we know we have achieved this?

- A quality assurance system will be in place which analyses all aspects of the safeguarding assessment.
- An effective feedback process is embedded and backed by quality assurance which reassures us that referrers and other appropriate agencies such as CQC, are receiving appropriate timely feedback both at the point of referral and at the completion of a safeguarding assessment.
- We can demonstrate that we have provided a timely and effective response to all Serious Case Reviews and Significant Incidents.
- All agencies are viewed as a full and equal partners in safeguarding contributing to the on-going development of the adult safeguarding agenda
- All staff will be able to demonstrate competency in being able to Safeguard Adults at Risk
- Have clear measures to evaluate the outcomes for Adults at Risk
- Board members are aware of strategic risks to safeguarding within Derby City and take appropriate action to mitigate those risks
- There will be a Board action plan with each of the Sub boards contributing to this through their own action plans all of which will be co-ordinated and deliverable

## **5.2 Board Action Plan 2013/15**

The Board Action Plan sets out the detail of the Board's continuous work programme. This includes more detailed information about how these identified priorities will be taken forward during 2013/15. It includes additional detail including supporting actions and target timescales.

The Board Business Plan 2013/15 is available on the Safeguarding Adult Partnership Board website: [www.derbysab.org.uk](http://www.derbysab.org.uk).



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**Derby Safeguarding Adults Board**  
**01332 642961**  
**October 2014**