

The logo features a large, light blue, stylized 'C' shape that frames the text. The text is arranged in three lines: 'derby' in a light blue sans-serif font, 'safeguarding' in a bold dark blue sans-serif font, 'adults' in a bold dark blue sans-serif font, and 'board' in a light blue sans-serif font.

derby **safeguarding**
adults board



Annual Report 2012-13



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 717777

Minicom - 01332 640666

Fax - 01332 643299

Secure Email Address - SMGReceptionTeam@derby.gov.uk.cjsm.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

It gives me great pleasure to introduce this, my first Annual Report as Independent Chair of the Derby Safeguarding Adults Board.

This report provides information on the work of the Board and its members together with a summary of achievements during 2012/2013. The report also sets out our strategic priorities for the period 2013/2015 as agreed at a recent Development Day.

My intention is to build upon the work of the previous Chair, Cath Roff in my aim to make Derby a top performing Board. I am fully committed to the principles of partnership working as I believe no single agency can protect adults from abuse. It is only by agencies effectively working together that success can be achieved. I am also determined to listen to, and work with customers to achieve our aims.

My role as Independent Chair is to tackle the issues posed by multi-agency working during these very challenging times and to hold agencies to account for their performance in safeguarding adults at risk in Derby from harm and abuse.

I hope you will take the time to read this report and provide any feedback you deem appropriate. This will help the Safeguarding Team to ensure our next report reflects the views of readers.

Allan Breeton,

Independent Chair, Derby Safeguarding Adults Board

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1. Executive Summary

The Derby Safeguarding Adult Partnership Board Annual Report 2012/13 provides an overview of the Board's achievements over the last 12 months and its objectives for 2013/14. The board is 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 Multi-agency threshold framework guidance to ensure that we are able to focus our work with those Adults at Risk of Abuse or neglect. As a result our referral rate has fallen from 839 in 2011/12 to 699 in 2012/13
- We have reviewed and revised the multi-agency safeguarding adult policy and procedure, and the development of a range of complementary practice guidance.
- We have reviewed and refreshed the Performance Improvement Group to focus on auditing of Multi-agency practice. Identifying good practice and learning the lessons when things have not gone as well
- We have provided safeguarding training, organised through the Safeguarding and Professional Standards team, with 1089 staff attending at Level 2, 194 at Level 3 and 86 at Level 4
- We have raised awareness of Mental Capacity Act and Deprivation of Liberty Safeguards amongst partner agencies and health and social care providers. We have worked together to ensure a smooth transition of the Supervisory Body for DOLS in a hospital setting from the PCT to the local authority
- We have launched the Customer Inclusion Group in recognition of the importance of hearing from Derby Citizens and taking their views into account when deciding on the future strategic plans for Safeguarding Adults at Risk in Derby

We have also spent time deciding on where we need to go in the future, particularly in light of the fact that the Safeguarding Board will become a statutory requirement when the Care Bill 2013 comes into force during the course of the 2013/14

2. Derby Safeguarding Adults Partnership Board 2012/13

2.1 Derby Safeguarding Adult Board structure and governance

At the time of writing the Care Bill 2013 is passing through parliament which will put safeguarding boards on a statutory footing with clear guidance on their role and function. 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
- Derbyshire Probation Service
- East Midlands Ambulance Service
- Derbyshire Fire and Rescue Service
- City and Neighbourhood Partnership
- Derby Homes

The Board has appointed Allan Breeton as the Independent Chair to the Board, providing for independent perspective, challenge and support to the Board in achieving continuous development.

The Board meets bi-monthly, 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:

- Performance Improvements sub-group
- Training and Workforce Developments sub-group – shared with Derbyshire
- Mental Capacity Act and Deprivation of Liberty Standards sub-group – shared with Derbyshire
- Customer Inclusion sub group

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 Derby 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 Principal Social Worker look to promote excellence in safeguarding practice and in the implementation of the Deprivation of Liberty Safeguards across the City.

The Safeguarding Lead 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.

3. Our Work & Achievements

3.1 Safeguarding Adults

Abuse is “a violation of an individual’s human and civil rights by any other person or persons” (No Secrets, 2000)

What is important is keeping ...safeguarding...focused on working with the person being harmed to support improvement in their safety and wellbeing. (ADASS: Safeguarding Adults 2013:09).

Safeguarding adults involves:

- organisations working together and with people to prevent abuse or neglect from occurring
- providing people who have mental capacity the support needed to end abuse or neglect
- protecting those people from abuse who do not have the mental capacity to decide about their own safety

The role of the safeguarding board is to achieve continual improvements in how issues of abuse or neglect are managed within Derby. The various work streams of the Board are highlighted below, alongside a summary of their achievements over the last 12 months.

3.1.1 Governance, Leadership and Partnership

A priority for the board during 2012/13 has been to ensure governance arrangements for the Board and sub groups are robust and meaningful and are delivering the stated aims and objectives.

The Board has sought assurance that all organisations have attendance at the Board at a senior level. The sub-groups have also been refreshed to ensure that all relevant organisations are able to contribute to the work needed to deliver the Board’s Action Plan.

The Performance Improvement group in particular has reviewed its terms of reference to ensure that it is focusing on the quality assurance of multi-agency safeguarding practice looking to ensure that all agencies work in partnership to deliver outcomes which enhance safety and well being

In order to maintain a multi-agency focus to all Safeguarding Practice the Board took the decision to continue with bi-monthly meetings and in March 2013 a Development Day was held which focused on identifying and prioritising actions for the Board Strategic Plan for 2013/15.

3.1.2 Policy, Protocols and Procedures

The Derby Safeguarding Adults Board, in partnership with the Derbyshire Safeguarding Adults at Risk partnership Board published the multi-agency safeguarding

policy, procedures and guidance for all organisations to follow. This enabled the Board to provide clear direction to all organisations working within Safeguarding and ensured that for many who work across the Derby/Derbyshire border they did not have to deal with two different policies and procedures

This year the Board has also launched with Derbyshire Multi-Agency Threshold Framework guidance with the view of ensuring consistency in relation to referrals and outcomes.

Alongside the revision of the policies and procedures, the safeguarding board took the decision to use the term 'adult at risk' rather than vulnerable adult. The term 'vulnerable adult' has become increasingly criticised in recent years as it is felt that term implies that the problem of abuse lies with the person themselves, rather than their circumstances or the person that caused the abuse or neglect. The term adult at risk is generally felt to be more respectful to those to whom it refers.

3.1.3 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 2012/13 the group focused on mapping all Safeguarding Training that is currently being provided by all organisations working in the field of Safeguarding Adults. The aim is to ensure a consistency of approach in respect of the provision of training and to enable organisations to pool resources so that all staff (and volunteers) are able to access the appropriate training needed to safeguard adults at risk.

Training is provided at 4 levels within the Board's Learning and Development Framework, reflecting the various roles that staff (and volunteers) may fulfil within the safeguarding adult process.

- Level 1: Awareness– recognising and responding to abuse
- Level 2: Understanding and Applying – when and how to refer abuse into the multi-agency safeguarding process
- Level 3: Analysing and Evaluating –training designed to give staff a deeper understanding of issues that they may encounter when leading a Safeguarding case
- Level 4: The Investigator role– training for staff how to investigate following a Safeguarding referral

Level 1 training is mainly provided by way of e-learning packages and Level 2 is often provided through internal training by agencies. Level 3 and 4 is in the main provided by Derby City Council with support from colleagues including the local Corner

3.1.4 Performance Improvement Group

A priority for the board during 2012/13 has been to continue developing ways to effectively monitor standards of practice being carried out within the safeguarding procedures.

The work of this group was refocused to ensure that it focused on multi-agency quality assurance of Safeguarding practice.

Time has been spent on gaining a shared understanding on the Safeguarding data available in each agency, so that we can look beyond the data to identify trends in practice. Quarterly reports are produced by the local authority in relation to safeguarding activity. Colleagues from the information team have attended the group to assist members in understanding the data.

The group has also shared safeguarding case examples that have been identified by members of the group

A scoping exercise also took place in respect of Information Sharing with the aim being to develop some practice guidance for staff working in this area

In the coming year the focus will be on launching a multi-agency case file audit tool which will then be used by the group, in carrying out a detailed audit of how agencies work together in Safeguarding Adults at Risk in Derby.

3.1.5 Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) Group

The Mental Capacity Act 2005 was introduced 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, 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. 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.

In 2012/13 the Mental Capacity Act and Deprivation of Liberty Standards sub-group joined with the sub-group from Derbyshire County Council. This is comprised of representatives from relevant partner agencies who work across the city and county.

One of the key achievements for the 2012/13 period was the successful delivery of the transition of the Supervisory Body responsibilities for Deprivation of Liberty in hospitals, from the Primary Care Trust to the Local Authority.

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

- maintaining an overview of partner organisation Mental Capacity Act activity
- 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 to monitor and improve DOLS referral rates, and to strive for on-going quality and consistency in the application of the MCA and DOLS within the city.

4. Activity Reports

4.1 Safeguarding Adults

This activity report provides a summary of key information about safeguarding adult's activity during 2012/13. It includes information about:

- Safeguarding referrals – these are the reports of incidents, allegations or concerns received into the multi-agency safeguarding process during 2012/13. A process of decision making is undertaken to decide the most appropriate response to these concerns. Only a proportion of these safeguarding referrals result in a safeguarding investigation.
- Investigated referrals – these are those referrals that do require a safeguarding investigation. The information provided here is about those investigations commenced during 2012/13. Work will also have taken place on other investigations that have continued from the previous year.
- Completed investigations – these are those investigations that have been actually completed during 2012/13, regardless of when they started.

4.1.1 Safeguarding Referrals

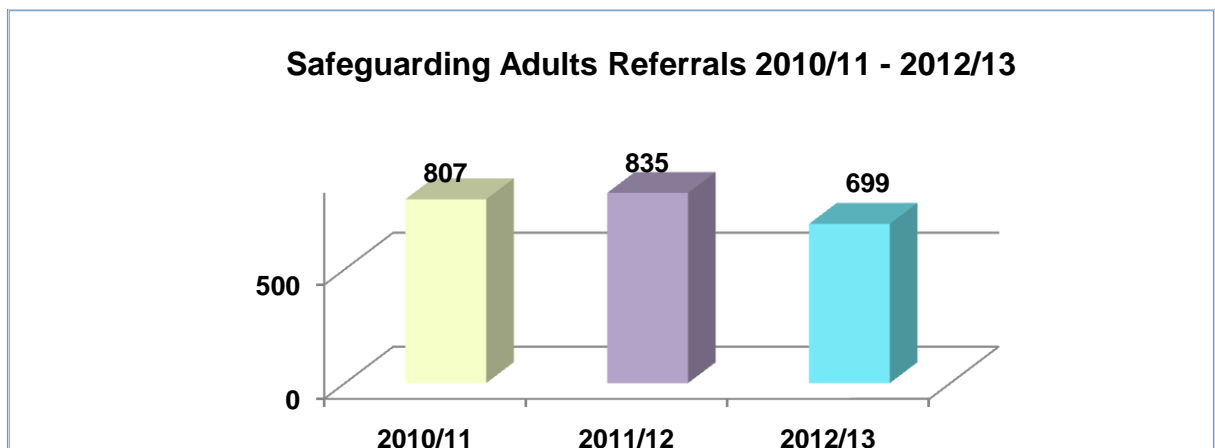
Safeguarding referrals are incidents, concerns or allegations that are reported into the multi-agency safeguarding process as potentially requiring a safeguarding investigation.

Safeguarding referral numbers

There were 699 safeguarding referrals during 2012/13. This is a decrease of 16% from 2011/12, this is the first decrease after a number of years of sharp increases in 2009 we received 269 referrals.

The reduction in referrals could be connected to the implementation of the Thresholds Framework guidance which has given greater clarity as to when to make a referral

Safeguarding Adult Referrals 2010/11 - 2012/13



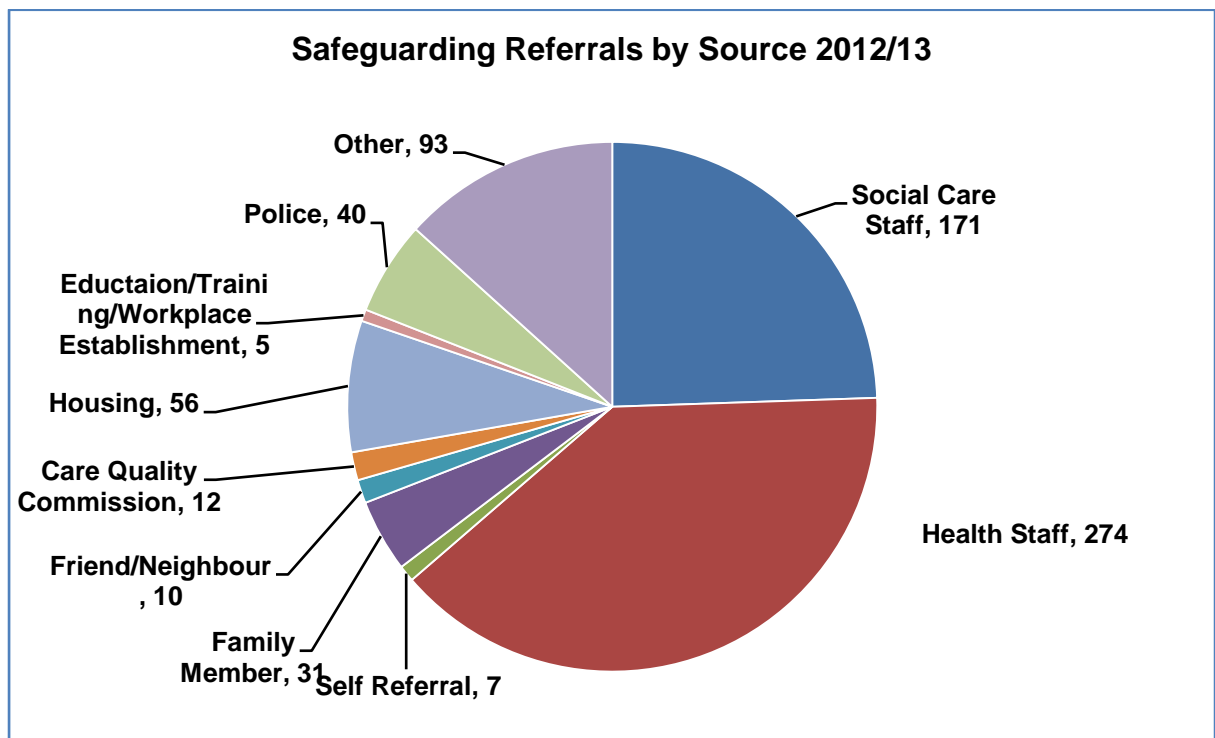
We have also seen a reduction in the number of repeat referrals which is now down to 11.3% of all referrals

Safeguarding Referrals by Source

Of the 699 referrals made, the largest proportion came from health care (39%), followed by social care staff (24%).

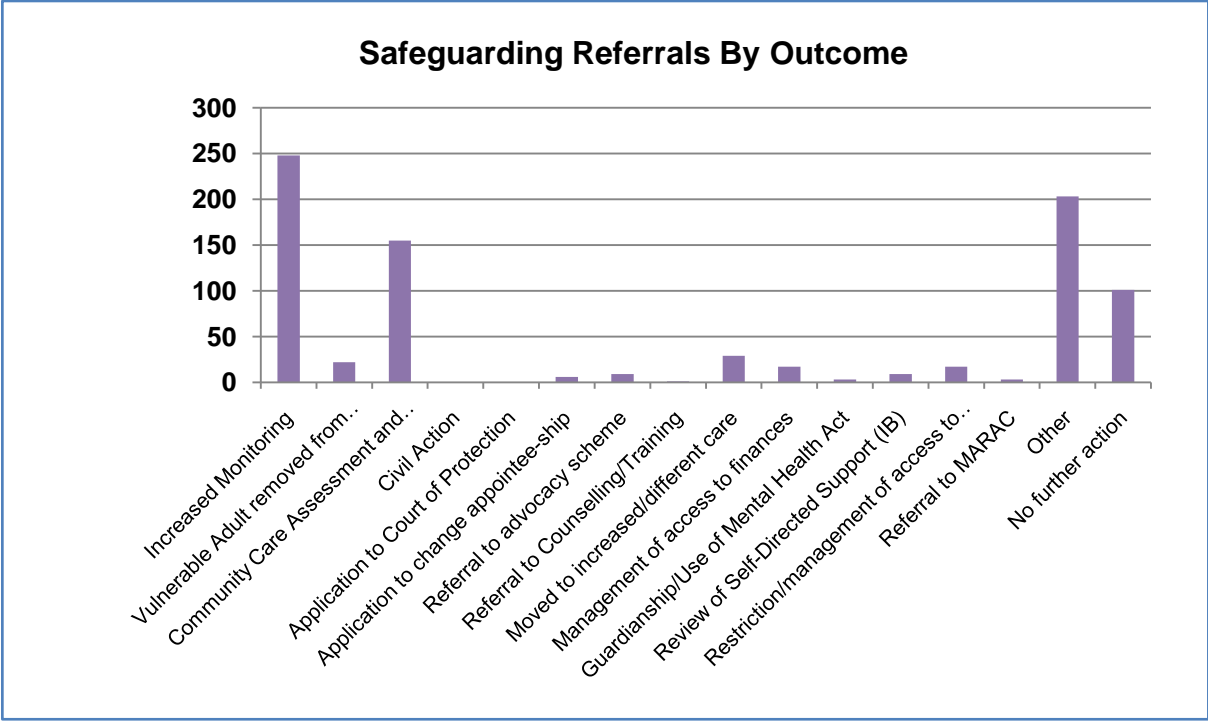
Social care staff includes referrals from staff working in care management or social work, residential, domiciliary or daycare services or personal assistants. Health staff includes primary/community health staff, secondary health staff and mental health staff.

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



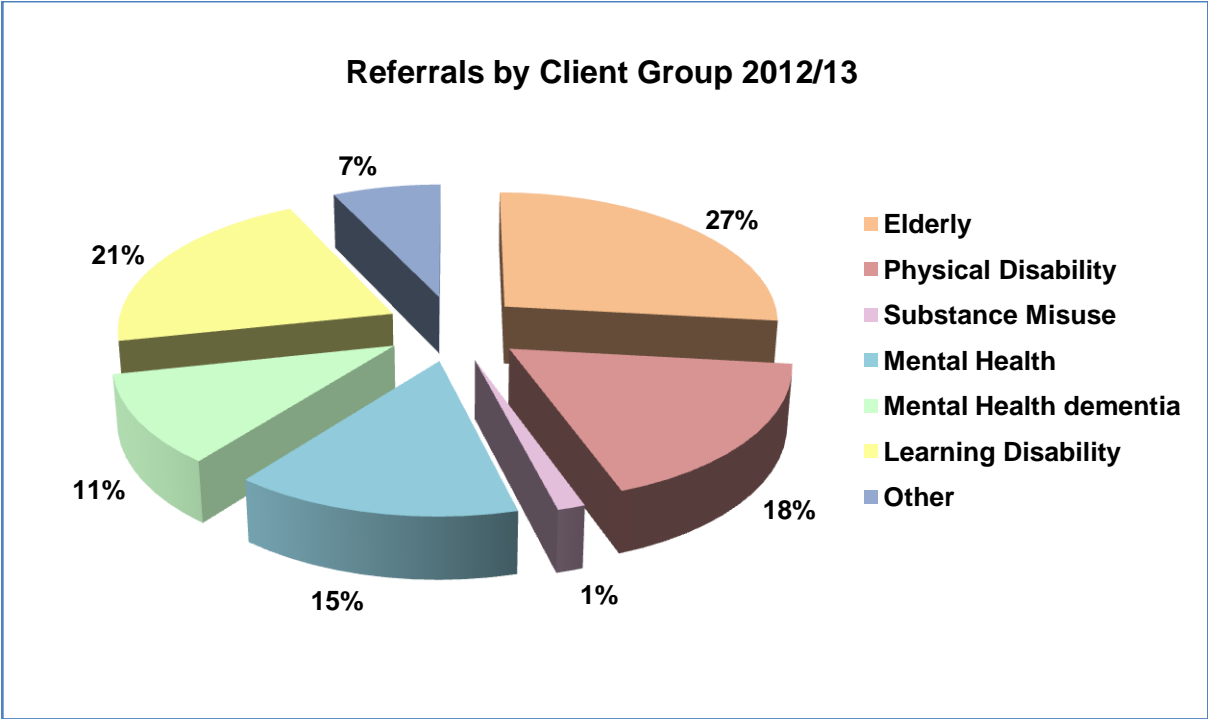
Safeguarding Referrals by Outcome

This is the outcome for the Adult at Risk following the Safeguarding Investigation. At present the main outcomes are either increased monitoring, further assessment and intervention and Others. The Performance Improvement Group is seeking to gain a greater understanding as to what this means in reality for the Adult at Risk. In the coming year we will also be asking people if they feel safer as a result of receiving safeguarding support



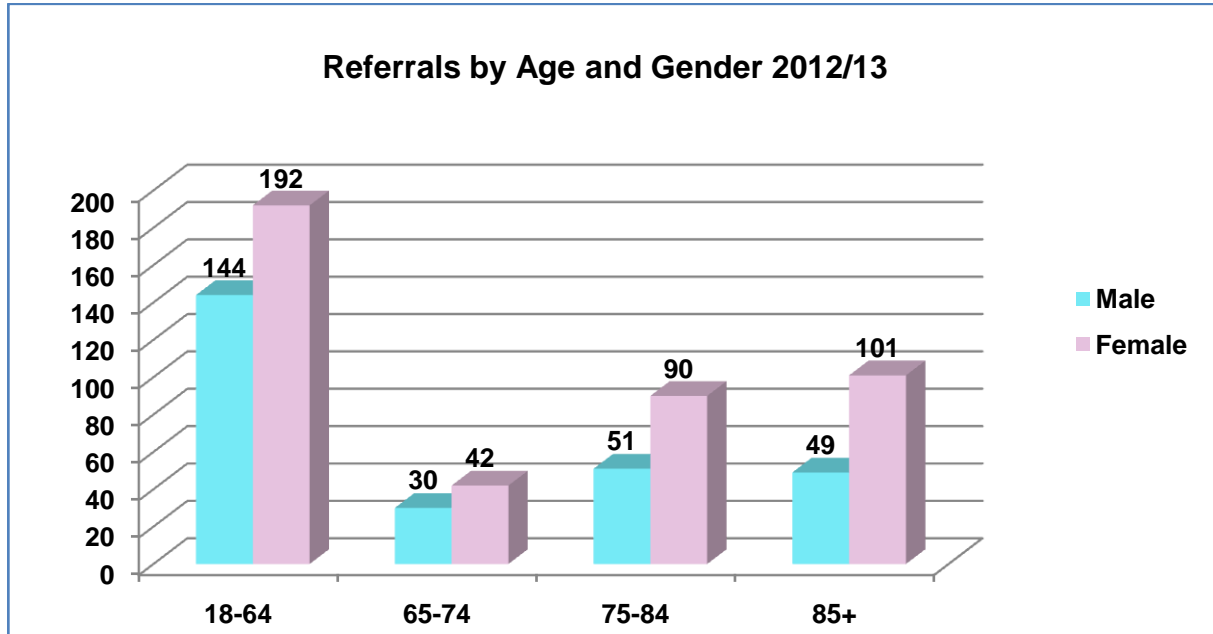
Safeguarding Referrals by Client Group

The highest group was the elderly, but then there is a fairly even distribution across other areas.



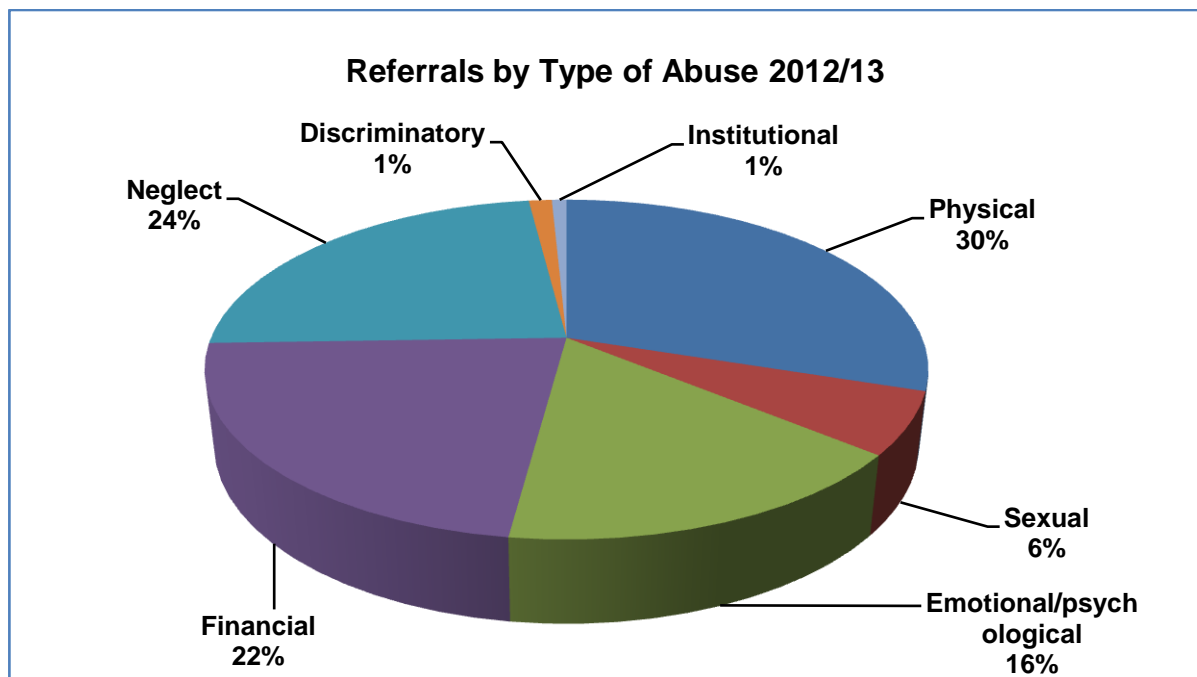
Safeguarding Referrals by Age and Gender

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



Safeguarding Referrals by Type of Abuse

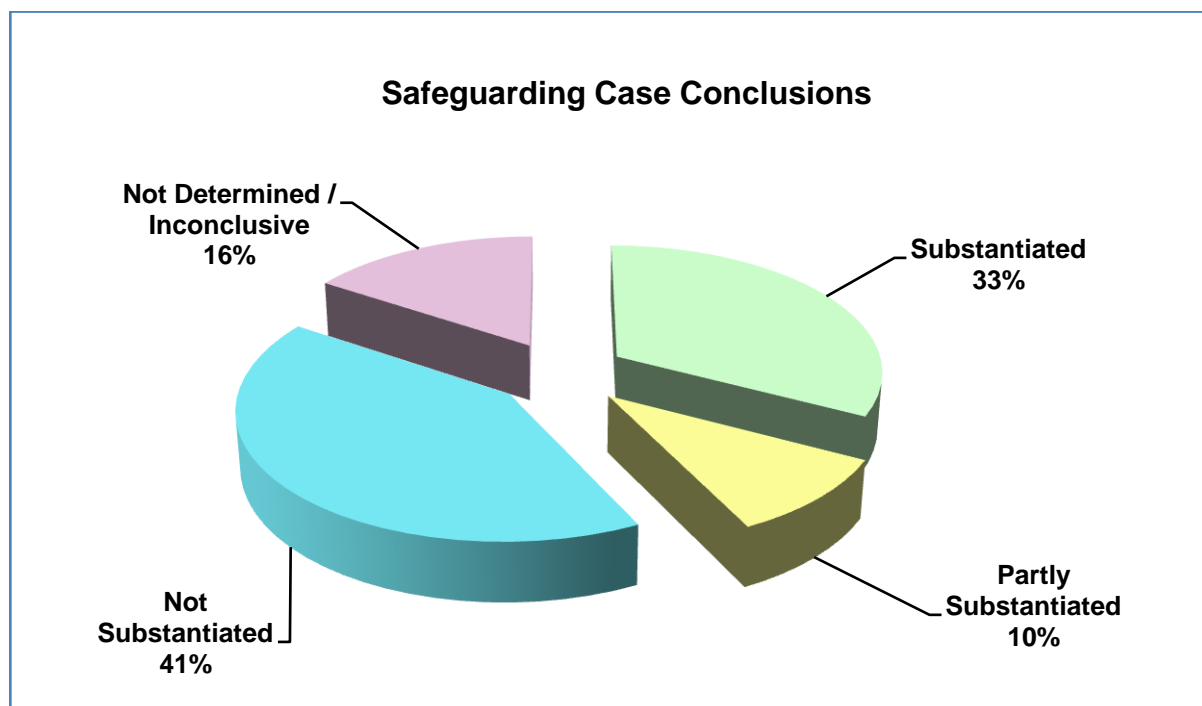
The main type of abuse as in previous years is physical (30%) followed by neglect (24%), financial (22%) and emotional/psychological (16%). Compared to previous years there has been an increase in physical and financial abuse and a reduction in the percentage of cases linked to neglect. It is important to note that a safeguarding referral may involve a number of different types of abuse.



4.1.2 Investigated Referrals

Safeguarding Conclusions

A safeguarding investigation will gather evidence from a number of different sources about the incident, allegation or concern. In reaching a conclusion the decision as to whether the abuse occurred is based on the concept of the balance of probabilities, in other words it is more likely to happen than not



4.1.3 Ethnicity of Safeguarding Referrals

The ethnicity of safeguarding referrals does in the main reflect the ethnic breakdown of Derby City. There does appear to be less referrals from the Asian or Asian British population which currently makes up around 9% of the population but accounts for only 3.9% of referrals. There is however 8% of referrals where ethnicity is not recorded

Ethnicity	White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Group	Not Stated
%	85.7%	0.7%	3.9%	1.3%	0.4%	8.0%

Safeguarding Adults at Risk in Practice

Shirley has a learning disability and lives in a small residential care home. One day Shirley told her social worker that she was no longer happy at her care home because she was being hit by another resident named Joan, who also has a learning disability. The social worker raised a safeguarding alert.

The safeguarding investigation found that the incidents had been logged by the care home but not reported to Social Care, and also that there has been a clash of personality between Shirley and Joan for a long time, but that it had recently escalated. Other explanations for the escalation were explored but discounted.

A safeguarding meeting was held to decide on a course of action to keep both Shirley and Joan safe, and to identify areas of improvement for the care home. Shirley's advocate went to the meeting and represented Shirley's wishes and views. A protection plan was devised which identified work that could be done by the multi-disciplinary team and the care home to try to improve the situation for both Shirley and Joan. The care home implemented training and issued staff with reminders about their responsibilities to report, respond to and record safeguarding concerns appropriately.

Unfortunately despite best efforts Joan continued to hit Shirley whenever they had contact, and as the residential care home was so small it was agreed that Shirley and Joan could no longer live in the same care home.

Through a lot of close work with health professionals, Shirley and her advocate and Joan and her family it was decided that in order to keep both customers safe Joan should move to a more spacious residential home. Joan moved in a coordinated and planned way and has settled really well at her new placement, with no incidents with other residents. Shirley also appears to be happy as she now feels safe in her home again.

4.2 Deprivation of Liberty Safeguards (DOLS)

The Deprivations 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 was 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, the following indicators have been established through court judgments:

- restraint was used to admit a person to a hospital or care home when the person is resisting admission
- medication was given forcibly, against a patient's will
- staff exercised complete control over the care and movements of a person for a long period of time
- staff took all decisions on a person's behalf, including choices relating to assessments, treatments, visitors and where they can live
- hospital or care home staff took responsibility for deciding if a person can be released into the care of others or allowed to live elsewhere
- when carers requested that a person be discharged to their care, the hospital or care home staff refused
- the person was prevented from seeing friends or family because the hospital or care home has restricted access to them
- the person was unable to make choices about what they wanted to do and how they wanted to live, because the hospital or care home staff exercised continuous supervision and control
- over them.

(Extract DH (2009) Deprivation of liberty safeguards: A guide for hospitals and care homes)

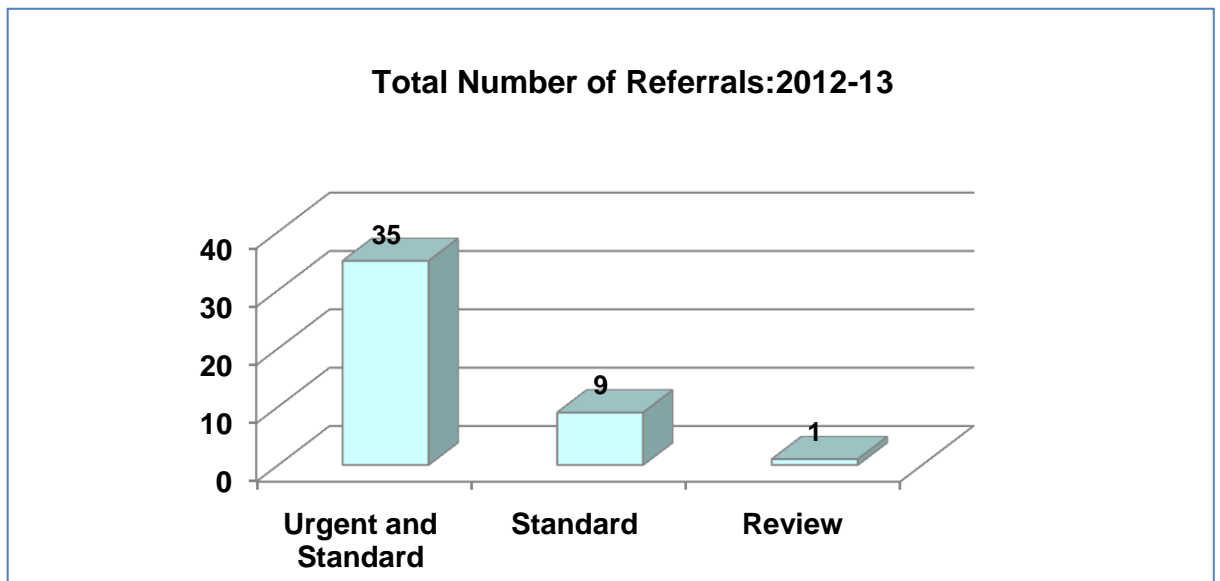
Anyone can request a deprivation of liberty assessment but in general terms it will be the responsibility of the managing authority (the hospital or care home) to alert the supervisory body which from the 1st April 2013 for both is Derby City Council. The supervisory body will then coordinate six separate assessments to ensure it is in the person's best interests. 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

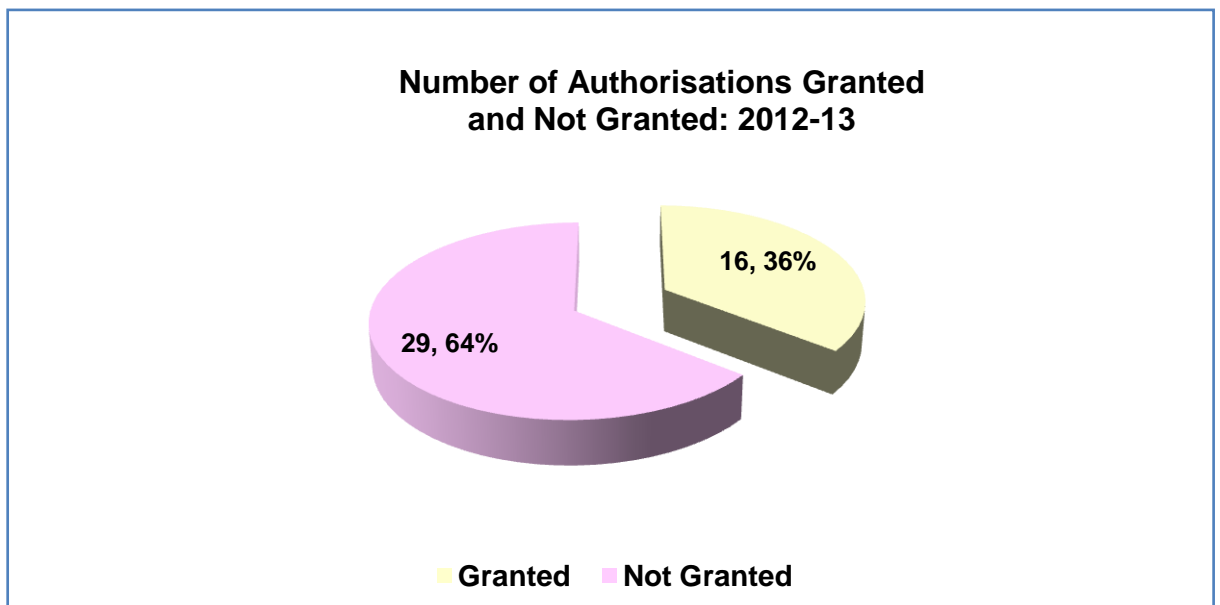
In 2012/13 Derby City Council and Primary Care Trust received 60 applications under the Deprivation of Liberty Safeguards, which was the same total figure as 2011/12.

However 45 applications were made to the Local Authority as Supervisory Body and were within care homes, which was an increase of 28.6% from 2011/12.

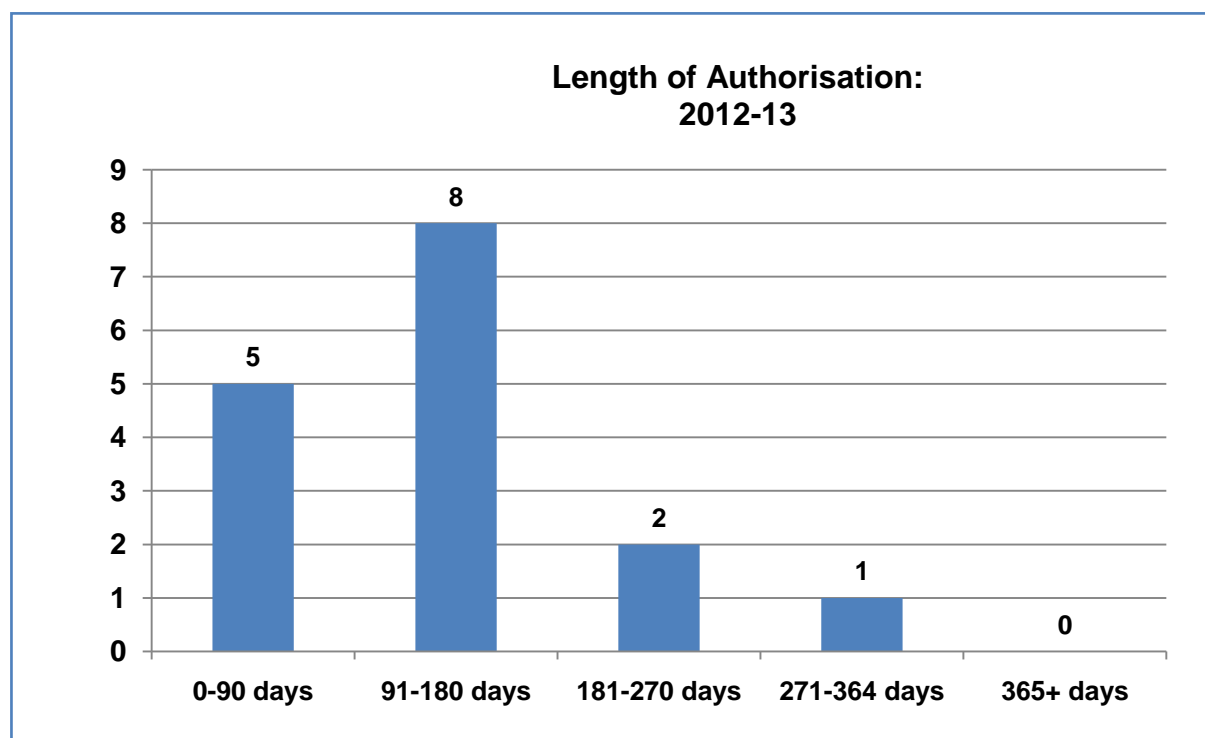
Since the implementation of DOLS in 2009, there has been a year on year increase in the number of applications made to the Local Authority under the safeguards. This shows an increased knowledge and awareness of the application of DOLS to safeguard and protect people's rights.



Of the 60 applications, 22 were granted a Standard Authorisation which is a decrease of 8.3% on 2011/12. This is most likely due to the impact of recent case law, which has given additional points for Best Interest Assessors to consider when completing DOLS assessments.



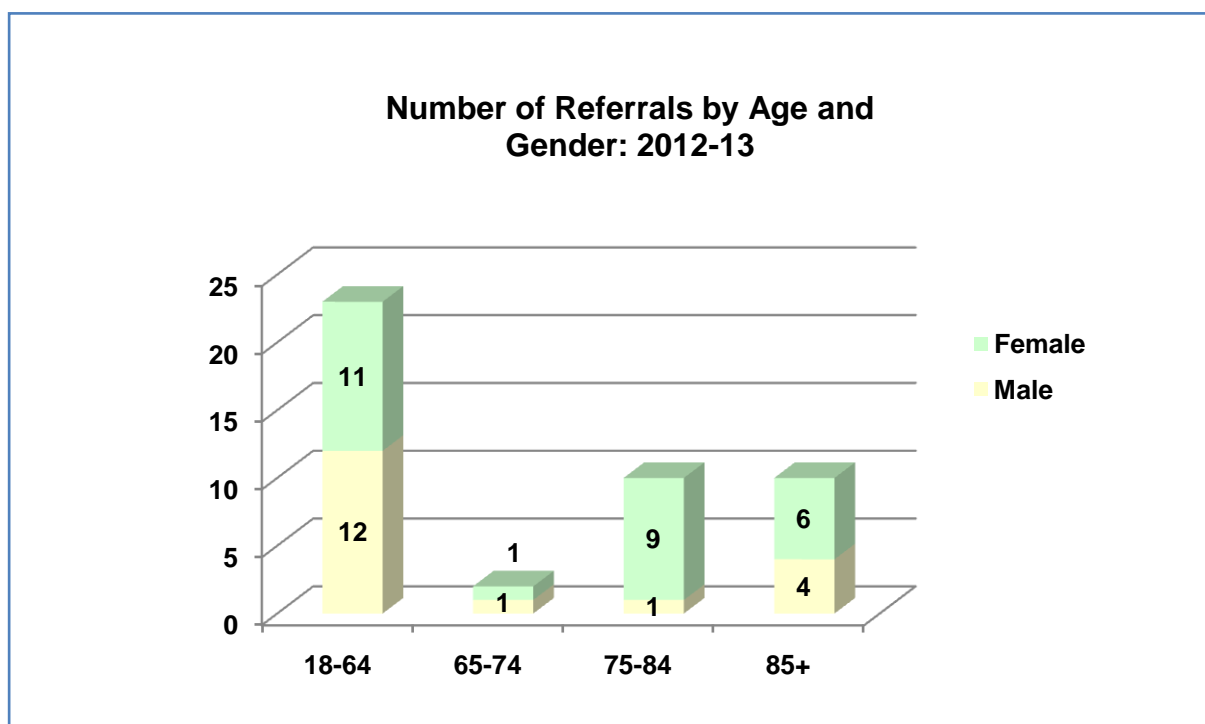
50% of the granted standard authorisations were for 0-90 days. In acute hospital settings, this can be explained by the fact that patients do not tend to stay in hospital any longer than is needed to treat their medical conditions. There has been an increase of 10.4% in the number of standard authorisations 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 2012/13 there was an increase in the numbers of applications made for people from Black and Minority Ethnicity communities. This is most remarkably noted in the recording of Asian/Asian British ethnicity which accounts for 10% of the total applications made in 2012/13, where we had none in 2011/12. This would be in line with the ethnicity demographics for Derby City which report 9% of the population being of Asian/Asian British ethnicity. However, 25% of applications have no ethnicity recorded. This is an area of recording which we will seek to improve this coming year.

Ethnicity	Bangladeshi	Indian	Pakistani	White and Black Caribbean	White British	White Irish	White Other
%	7%	2%	5%	2%	71%	2%	11%

In 2012/13 there were slightly more applications made for women than men, which is the reverse of 2011/12. There has been an increase of 16.7% in the number of DOLS applications made for people aged under 65, accounting for 51.7% of the total. This may be due to a rise in awareness of younger adults with disabilities from the public enquiry into Winterbourne.



Deprivation of Liberty Safeguards (DOLS) In Practice

Mr Edwards moved into a care home because his health and memory deteriorated due to the effects of alcohol related dementia. After a short period of time Mr Edwards became unsettled at the home and made attempts to leave the home without support of care staff. The care home and Mr Edwards' partner, were worried that he was no longer able to recognise risks such as road safety and consequences of neglecting his health needs.

The Care home completed an assessment of risk and capacity in relation to decisions about where Mr Edwards lived and going out alone. As a result they changed Mr Edwards Care Plan to ensure he was safe, and concluded that he should not go out of the home unescorted.

The care home were concerned that preventing Mr Edwards from leaving the care home and his repeated requests to go home combined may be depriving him of his liberty. The care home granted an Urgent Authorisation to deprive Mr Edwards of his liberty, and submitted a request for a Standard Authorisation to Derby City Council.

Derby City Safeguarding Adults Team allocated a Best Interests Assessor and commissioned a Mental Health Assessor, who completed the required DOLS assessments. The Best Interest Assessor met with Mr Edwards and his partner who advocated on behalf of Mr Edwards, as well as the care team at the home and other professionals involved. The DOLS was authorised as the Best Interest Assessor concluded that the care plan deprived Mr Edwards of his liberty and was in his best interests. A condition was attached to the authorisation which specified that the care home should review the care plan to ensure Mr Edwards is provided with opportunities to regularly go out with support from staff to reduce the times he seeks to leave. Mr Edwards' partner has been appointed as his Representative for the duration of the authorisation.

The authorisation of the DOLS provides Mr Edwards with legal safeguards that ensure the deprivation of liberty is kept under review, continues only so long as necessary, can be appealed, and ensures he has representation in decision making. The DOLS also provide the care home with the legal authority to follow the agreed care plan, in order to provide for Mr Edwards' needs and best interests.

5. Annual Statements of Board Member Organisations

5.1 Derby City Council: Adult Social Care

Throughout 2012/13 adult social care has continued to promote awareness and develop practice in relation to safeguarding adults and mental capacity issues.

We have launched a Minute Taker Service throughout adult social care to help improve the quality of information produced after Strategy meetings and case conferences. This service has received positive feedback

We have revised all the Safeguarding documentation in order to assist all staff. We have also introduced a new e-referral form which is available to all at our website

We have established a new Safeguarding and Professional Standards Forum within Adult Social Care in order to help implement our Safeguarding Business Plan and to ensure consistent good practice across all service areas

Through the safeguarding team we have provided outreach consultation and support to all service areas in relation to complex safeguarding referrals

We have revised, updated and developed a new training programme which will be implemented in 2013/14

We have taken on responsibility for all Deprivation of Liberty Safeguards in Hospital's alongside our current responsibility for those in residential and nursing homes. As a result we have increased our training of staff who can act as Best Interest Assessors and we have recruited a specialist Best Interest Assessor who will work in the Safeguarding Team

5.2 Southern Derbyshire Clinical Commissioning Group

Healthcare Provider Adult Safeguarding Committee

The Healthcare Provider Committee provides a coordinated voice for health within multi-agency safeguarding adult framework. Membership includes representation from all healthcare trusts:

- Derbyshire Clinical Commissioning Groups
- Derbyshire Health United
- Chesterfield Royal Hospital Trust
- Derbyshire Community Health Trust
- Derbyshire Community Health Foundation Trust
- Derby Royal Hospital
- Enable

The group will continue to meet on a regular basis and report directly to the Adult Safeguarding Board. Healthcare providers have completed also completed a second 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 is provided on a wide range of adult safeguarding and patient safety programmes. Work is also underway to develop a process to enable an adult safeguarding bi-annual peer review across health care settings. This self-assessment process therefore permits providers and commissioners to benchmark their performance against local, regional, and national standards.

The Southern Derbyshire Clinical Commissioning Group will continue to work in close partnership with Board members to protect vulnerable people from abusive behaviour and practice

PREVENT – the government developed a training programme for all health care practitioners to prevent the targeting of vulnerable people in order to promote radicalised and extremist beliefs and values. The training programme has been implemented and delivered to a diverse range of healthcare settings and staff groups.

Mental Capacity Act – an information campaign was launched in 2013 to assist staff in understanding their responsibilities in undertaking capacity assessments and initiating the Deprivation of Liberty process. An e-learning programme and staff toolkit will also be distributed across all relevant healthcare providers

5.3 Derbyshire Police

The Derbyshire Constabulary is committed to protecting the vulnerable in its widest possible sense. The organisational resources are set up around protecting the most vulnerable in our society and over recent years there has been considerable investment in the area of public protection. This investment has seen in excess of 60 staff moved into the public protection department over the last 4 years and the introduction of Safeguarding Vulnerable Adult procedures.

The Police response to Safeguarding Adults is coordinated through the public protection department and all referrals are processed through the Central Referral Unit, which has built up considerable expertise over recent years and developed excellent working relationships with partnership agencies.

Following an initial review of any Safeguarding Adult referral a multi-agency decision is made as to whether the information available suggests any criminal offences have been committed. If evidence suggests that crimes have been committed these are investigation by a Detective Inspector.

The work around Safeguarding Adults is supported by a network of Person

Susceptible to Harm Officers (PSH) across the Derbyshire area. They are in place to provide a coordinated response to individuals or situations which seem to be having a particularly adverse affect on people. During recent times we have, successfully, utilised these staff to provide interventions into situations at a very early stage, which whereby without that early intervention individuals would become more vulnerable.

Throughout the Constabulary we have provided awareness training around vulnerable adults to all staff and continue to send staff on the multi-agency training in relation to safeguarding adults.

We work closely with the Coroner and have been involved in a number of investigations into the abuse of adults over the last 12 months. Some of that work has lead to the changing of working practices within other organisations and private sector care providers.

In relation to how we address the strategic priorities identified by the Board in relation to Safeguarding adults, we have a well embedded risk and threat process that involves the organisation, in conjunction with partners, pulling together information to inform a yearly strategic assessment. This strategic assessment is then used to inform where the available resources will be utilised. Clearly the main focus for the Constabulary has been around protecting the vulnerable and incorporates the safeguarding adults work.

5.4 Derby Homes

Derby Homes have a representative on the Adult Safeguarding Board, the Performance Sub group and the Customer Inclusion sub group. There is a robust Safeguarding procedure in place within the organisation; all staff are trained in safeguarding practice regardless of their roles. The level of training provided reflects the type of role carried out and the level of knowledge required. There are 8 Safeguarding Champions and a safeguarding lead who are available to staff who wish to discuss safeguarding concerns. This helps to reduce the number of inappropriate referrals made. The champions meet every 3 months to discuss referrals, training, barriers and ways to ensure safeguarding is kept constantly on the agenda. Feedback from the Board and sub groups is also provided at this meeting.

The safeguarding lead monitors referrals to ensure that a satisfactory outcome is recorded for each case. Work has been carried out with colleagues in Adult social Care this year to provide additional information regarding the referrals made, this has helped to strengthen the links and improve the processes. Safeguarding is a standard agenda item on team meetings and the Safeguarding lead provides a report to the Senior Management Team on a quarterly basis to highlight progress and concerns. During the past year Domestic Abuse has been an area that has been chosen in terms of awareness raising. Derby Homes has:

- Carried out a Domestic Abuse training session at the Managers briefing in July – Delivered by the Domestic & Sexual Violence Partnership

- Carried out Domestic Abuse awareness sessions with staff at the staff briefing sessions in September delivered by the Domestic & Sexual Violence Partnership
- Provided in-house Domestic Abuse Awareness training for Derby Homes staff as part of Derby Homes annual training programme – this course is compulsory for all front line staff
- Been represented on the Multi agency Domestic Abuse Group
- Participated in Domestic Abuse awareness campaigns

Next year Derby Homes intend raise awareness of the PREVENT agenda by providing staff with appropriate training relevant to their roles. The aim of the training is to better equip individuals to understand Prevent and to recognise the risk and threat in Derby through understanding of vulnerability, radicalisation and terrorism. The training will also enable individuals to recognise and respond in the context of safeguarding vulnerable people.

Derby Homes are supporting the Strategic objectives of the Adult Safeguarding Board in the following ways:

- Carrying out a mapping process to identify customer groups at risk
- Ensuring that information is available for customers relating to safeguarding
- Looking how the Dignity in Care award can be implemented
- Having representation on the Steering Group and Operations Group for Priority Families and ensuring adult safeguarding issues are discussed
- Being willing to share information that will help to ensure a good quality assurance process is in place for adult safeguarding

5.5 East Midlands Ambulance Service

EMAS provides emergency and urgent care for the five counties of Derbyshire, Leicestershire and Rutland, Lincolnshire, Northamptonshire and Nottinghamshire; a population of 4.8million over 6,425sq miles. During 2012/13 EMAS received 816,838 Emergency Calls and responded to 616,236 Calls. The number of life-threatening calls continues to increase compared to previous years demonstrating a continuing rise in demand. EMAS staff recognized and responded to safeguarding and/or care concerns in 1.26% of all responding attendances and 0.95% of all emergency calls. There continues to be a close interface between the approach to safeguarding of children and adults. EMAS continues to work in partnership to safeguard the community including having processes in place to safeguard people from abuse or those at risk of abuse. There is evidence of strong leadership for the safeguarding agenda and board to frontline commitment to safeguarding vulnerable people.

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 3 years the Safeguarding agenda has continued to gain momentum and energy across EMAS from Board to frontline. This can be evidenced by the development

of structures to support staff, provide information, monitor activity and learn from safeguarding-related events.

Key Achievements:

During 2012-2013 there have been a number of key achievements in relation to safeguarding:

- Board to frontline engagement with the DH Prevent agenda: 79% of staff have received DH Prevent Short HealthWRAP so far (100% by end of June)
- The Domestic Violence & Abuse Agenda, launching a communications campaign, new policy and education. Positive review and feedback from the Strategic Health Authority and Clinical Commissioning Groups Assurance Frameworks demonstrating compliance with local and national requirements for safeguarding adults and children.
- Safeguarding progress and achievements have been showcased at a Safeguarding Celebration Event hosted by EMAS in November 2012
- Development and launch of Trust Dignity Pledges
- Overall referral rate has increased by 59% compared to the previous year (36% increase for children and 66% increase for adults)

Going forward the Trust must continue to be vigilant about the evolving safeguarding agenda; early identification and effective information sharing is key to ensuring EMAS remains compliant and reacts appropriately to safeguarding our patients. Alongside education delivery, the Trust has an active communication plan, governance framework and strong leadership to ensure the safeguarding agenda continues to be integral to patient safety and high quality care at EMAS.

5.6 Derby City and Neighbourhood Partnerships

The City and Neighbourhood Partnership leads on safeguarding for the neighbourhoods directorate and has an internal meeting of heads of service and team leaders which feeds into the council's corporate safeguarding group.

A head of service sits on the Safeguarding board and two heads of service are engaged in various subgroups.

The partnership has the governance and operational responsibility for the Prevent (counter terrorism) agenda and is a national lead on preventing individuals from being drawn into terrorism through the Channel multi agency framework. The Partnership also governs the City domestic and sexual violence services and is a lead partner in the county and city domestic violence strategic group. The partnership also coordinates the city public protection arrangements.

5.7 Derbyshire Probation Trust

Derbyshire Probation Trust (DPT) is committed to the aims of the Derby Safeguarding Adults Board in protecting vulnerable adults from abuse and strives to work in partnership with other agencies. We promote and ensure strong accountability in relation to all safeguarding issues throughout the organisation. We are rolling out appropriate training to our staff and committing significant resources to developing dedicated services to some of our most vulnerable offenders.

This year, working in partnership, we have:

- Ensured organisational representation and involvement at all levels of the safeguarding framework, including directors with strategic responsibility, operational managers with a lead role and training manager.
- Focused upon our contribution to the performance sub-group and the learning and development forum.
- Provided a clear and accessible policy for front-line staff making SGVA case referrals, with clear timescales and a process for escalation.
- Devised and rolled out a probation focused SGVA training event for all operational staff to attend.
- Ensured that SGVA agenda issues are included in team meeting and individual supervision discussions.

Within DPT we 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.

We are also developing and implementing an exciting new initiative to improve outcomes for offenders with learning difficulties, which will be delivered by:

- Early identification of offenders who require additional support to ensure effective engagement with supervision.
- Developing and testing interventions and programmes which facilitate effective offender engagement.
- Developing the workforce to increase the skills required including the use of local “champions”.

This will add to our current services which work to meet 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. We are currently implementing a quality assurance framework which 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.

6. Going Forward

6.1 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

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

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

6.2 Board Action Plan 2013/15

TheBoardActionPlan sets out the detail of theBoard'scontinuous work programme. This includesmore detailed information about how these identified priorities will be taken forward during 2013/15. It includes additional detail including supporting actions and target timescales.

TheBoardBusinessPlan 2013/15 is available on theSafeguardingAdultPartnershipBoard website:www.derbysab.org.uk.

