

Report to:	Adult Social Care and Community Safety Scrutiny Committee
Date:	8 November 2012
By:	Director of Adult Social Care
Title of report:	Safeguarding Adults at Risk Progress report
Purpose of report:	To update the Scrutiny Committee on the progress of the Safeguarding Adults at Risk agenda in East Sussex.

RECOMMENDATIONS:

The Scrutiny Committee is recommended to consider and comment on the following:

- 1. The East Sussex Safeguarding Adults Board Annual Report March 2011 – April 2012**
 - 2. The East Sussex Safeguarding Performance, Quality & Audit Framework**
-

1. Financial Appraisal

1.1 There are no financial implications arising from the report

2. Background and Supporting Information

2.1 This report advises the Scrutiny Committee on work undertaken by the East Sussex Safeguarding Adults Board (SAB) during 2011-12 and outlines the business plan for 2012-2014. Attached as Appendix 1 is the Annual Report of the East Sussex SAB for 2011-12.

2.2 The key issues addressed by the SAB in 2011-12 were as follows:

- Earlier engagement with providers in safeguarding investigations to ensure we work together so that early safeguards are in place to protect adults from abuse and neglect both in care settings and in their own home.
- Extensive work with the community safety team in the areas of domestic abuse, anti-social behaviour and hate crime.
- Updating the safeguarding information leaflets and the website to ensure accessible information on adult safeguarding is available to the public.
- An audit was undertaken to review the impact of Serious Case Review action plans. Findings indicated the action plans have had a positive impact on safeguarding arrangements across agencies.
- Improving relationships with Children's services, particularly in the operational division where there are link social workers to enhance communication as well as the Transition's Service.

2.3 The work of the SAB has been focused on prevention of abuse and developing links between agencies and organisations to further partnership working. The three subgroups of the SAB are responsible for overseeing the SAB work plans and are providing formal progress reports to the SAB on a quarterly basis.

2.4 The annual report also includes statistical information about adult safeguarding activity for this period. This is summarised as follows:

- There is a 14% decrease (2,450) in the numbers of alerts during 2011/12 compared with the number of alerts reported (2,845) in 2010/11. This can be attributed to a reduction in alerts for people with learning disabilities as a result of learning disability teams separating incidents which reflect poor practice from alerts.
- There has been an increase in the number of cases of abuse reported in a care setting with 95 of the 225 cases being investigated by Mental Health teams. Within these settings, the most common types of abuse are neglect and physical abuse.
- The most common alleged perpetrator relationship to service user is 'residential care staff' which has seen a 38% increase on the same period last reporting year. The second most common is 'another service user'.

2.5 There were no Serious Case Reviews during the period 2011-12, however, the Serious Case Review Panel met to consider an application from the East Sussex Fire & Rescue Service. A decision was made to undertake a multi-agency campaign in East Sussex to raise awareness of the risk of harm from accidental fire to adults in vulnerable circumstances in the community.

3. Safeguarding Performance, Quality & Audit Framework

3.1 The Safeguarding Performance, Quality & Audit Framework has been reviewed to ensure it is fit for purpose and sets out how we continue to ensure the effectiveness of safeguarding practice. The framework supports strategic partnerships and has been developed to assist those with leadership and scrutiny responsibility. It describes:

- The Governance and Scrutiny arrangements from operational responsibilities through to senior management oversight, SAB responsibilities with reporting to Lead Member and Scrutiny Committee.
- The infrastructure that sets standards, by which safeguarding activity can be monitored, benchmarked and reviewed.
- The quality assurance tools within the framework, illustrating each component part: audits, stakeholder feedback, service user feedback and independent chairing of case conferences.
- Our approach to measuring impact and outcomes by describing what 'good' looks like.

3.2 As an authority committed to continuous improvement, the framework will be progressed and monitored through the subgroups of the SAB. Attached as appendix 2 is the Safeguarding Performance, Quality & Audit Framework.

4. Conclusion and Reason for Recommendation

4.1 This report describes the measures in place to prevent and reduce the risk of harm and neglect to adults at risk. It also sets out the achievements during March 2011-April 2012 and priorities for 2012-2014. The key elements in the revised Safeguarding Performance, Quality & Audit Framework will promote a consistent approach that reflects continual improvement and a learning organisation.

KEITH HINKLEY
Director of Adult Social Care

Contact officer: Angie Turner, Head of Service, Safeguarding Tel 01273 482503



East Sussex Safeguarding Adults Board

**Annual Report
March 2011- April 2012**



Contents		Page
1	Foreword	3
2	National and Local Policy Context	4
3	Safeguarding Adults Board	7
	MCA DOLS Local Implementation Network	13
	Quality Monitoring Team	14
	Summary of Safeguarding Adults Complaints	15
	Sussex Police Update	18
	East Sussex LINK Update	19
	Sussex Partnership NHS Foundation Trust Update	20
	East Sussex Healthcare NHS Trust Update	21
	Trading Standards Update	25
	East Sussex Fire & Rescue Service Update	27
	South East Coast Ambulance Service Update	28
	Appendix 1: SAB Work Plan	30
	Appendix 2: Performance Management Summary	39

Foreword



During the last year we have seen another period of challenge and achievements and I am pleased to present this Annual Report for 2011-12 produced by the East Sussex Safeguarding Adults Board (SAB).

This Annual Report describes the priorities, activities and achievements of those involved in safeguarding adults at risk of abuse both broadly within partner organisations and those of the SAB.

Over the past two years we have seen changes nationally and locally. Against this backdrop, the SAB recognised that a more strategic approach to safeguarding was required and that planning should take place over a longer time span.

From April 2010 to March 2012 the SAB set itself ambitious challenges and the SAB has had a productive year achieving its business plan through the work of its subgroups.

The SAB is proactive in its response to adult safeguarding in East Sussex and aims to promote a broader understanding. This is reflected in the focus on prevention and robust responses that aim to bring both safety and people's wishes together.

Overall responsibility and direction for safeguarding adults policy and practice lies with the SAB. It sets out to achieve this by ensuring safeguarding is embedded as everybody's business, that it is strategically driven and is included in plans, policies and procedures by partners represented on the SAB.

We are still without a statutory structure unlike Children's safeguarding, and are waiting to hear from the Government how they will interpret the review of 'No Secrets' and the Law Commission Adult Social Care Report (2011).

I personally welcome any development that strengthens our work around adult safeguarding recognising that it is critical for all agencies to work together at both strategic and operational levels to ensure that safeguarding is fully embedded in all agencies and within all communities.

Finally, I would like to take this opportunity to thank all who have contributed for their hard work and commitment to safeguarding adults in East Sussex. There has been substantial progress made against the SAB's work plan as well as key areas identified to inform our work over the coming year in line with national influences and priorities.

A handwritten signature in black ink, appearing to read 'K Hinkley'.

Keith Hinkley
Director, Adult Social Care, East Sussex County Council

2 National and Local Policy Context

The Statement of Government Policy on Adult Safeguarding (May 2011) builds on “No Secrets” (2000), which will remain statutory guidance until at least 2013. It sets out the Government’s intention to seek to legislate for Safeguarding Adults Boards making existing Boards statutory. It also describes six principles to govern the actions of Safeguarding Adults Boards:

- Empowerment
- Protection
- Prevention
- Proportionality
- Partnership
- Accountability

Adult Social Care

The Law Commission (May 2011) made 76 recommendations in its review of Adult Social Care law, one of which was placing Boards on a statutory footing. The recommendations include a duty on local authorities to investigate; a new definition of people at risk of abuse and/or harm and the legal requirement to undertake Serious Case Reviews. There was also a recommendation for an enhanced duty to cooperate between relevant organisations.

Future of Safeguarding Adults Boards

The new structure will give local authorities the lead role in establishing and maintaining Safeguarding Adults Boards and must comprise of representatives from Adult Social Care, the National Health Service (NHS) and the Police. The statute would specify the following functions for the SAB:

- to keep under review the policies & practices of public bodies which relate to adult safeguarding
- to provide advice or information, or make proposals to any public body on the exercise of functions which relate to safeguarding adults
- to improve the skills and knowledge of the workforce who have responsibility relating to safeguarding adults
- to produce a report every two years on the exercise of the functions of the SABs.
- to commission Serious Case Reviews and provide a duty to contribute to these reviews.

The new statute will not set out new compulsory and emergency powers such as powers of entry unless the Government decide that such powers are required.

Valuing People Now (2009-2012) has four underlying principles for policy on people with learning disabilities:

- rights
- independence
- choice
- inclusion

Safeguarding interventions must respect and strengthen an individual's rights and freedoms. The Valuing People National Advocacy Fund focuses on supporting advocacy to achieve greater impact and support.

SCIE Report 49: Assessment: Financial crime against vulnerable adults (2011)

This report, commissioned by the Association of Chief Police Officers (ACPO) has been produced to highlight the current and potential future threats to adults at risk in relation to economic crime. It covers the wide spectrum of financial abuse and exploitation by family members, care workers and others in society. The aim of the report is to consider the extent of financial abuse and highlight a range of strategic recommendations to reduce its occurrence.

ADASS – Key message on good practice around carers and carers abuse (2011)

ADASS has produced seven key elements of good practice around carer abuse. The messages are intended to assist carers and safeguarding leads so they can work more effectively together. The seven key aspects are:

- Leadership
- Partnership
- Empowerment
- Prevention
- Recognition & Reporting
- Protection & Proportionality
- Learning & Accountability

SCIE Report 46: Self-neglect and adult safeguarding: findings from research (2011)

This research was commissioned by the Department of Health comprising of a study of self neglect and interpreted into adult safeguarding practice. The study found that existing research identifies a wide range of perspectives that inform understanding of self-neglect. There is, however, no conclusive evidence on the cause or the effectiveness of particular interventions with tensions between respect for autonomy and a perceived duty to preserve health and well-being.

Responses currently fall outside the definitions that regulate adult safeguarding activity and are diverse depending on local arrangements.

An East Sussex Self Neglect Policy is now in place with a strong emphasis on interagency communication, collaboration and sharing of risk. Consideration is being given to adopting a Sussex wide Multi-Agency Self Neglect Policy.

Serious case reviews

No Serious Care Reviews (SCR) took place during the period of this report. However, the SCR Panel met to consider an application from the East Sussex Fire & Rescue Service (ESFRS) to the Safeguarding Adult Board. A decision was made to undertake a multi-agency campaign in East Sussex to raise awareness of the risks of harm from accidental fires to adults in vulnerable circumstances in the community through a range of actions including publicity and training.

Multi-Agency Audit

The SAB is committed to continuous improvement in services to safeguard adults and uses a range of measures to inform improvements including auditing of case files to examine practice and identify strengths and areas for development.

The first multi-agency audit was undertaken in November 2011 on behalf on the SAB. It involved Adult Social Care, Sussex Police, Sussex Partnership Foundation Trust and East Sussex Healthcare Trust and examined the efficiency and effectiveness of partnership working across agencies. This audit produced a number of key learning points. All the recommendations which were identified were accepted by the SAB and an action plan was developed to ensure delivery and monitoring of these recommendations. It has been agreed that the multi-agency audit will be repeated annually in a targeted way to measure areas identified for development.

Community Safety

The Safeguarding Adults Board also works in partnership with the Community Safety team and work has progressed over the past year to produce an accessible hate crime/anti-social behaviour reporting mechanism. There has also been a number of raising awareness road shows.

3 Safeguarding Adults Board

Governance

The East Sussex Safeguarding Adults Board is accountable to the East Sussex County Council Scrutiny Committee and through the Lead Member for Adult Social Care. The Board produces a quarterly report for consideration by Lead Member and an annual report available to partner Boards and other agencies.

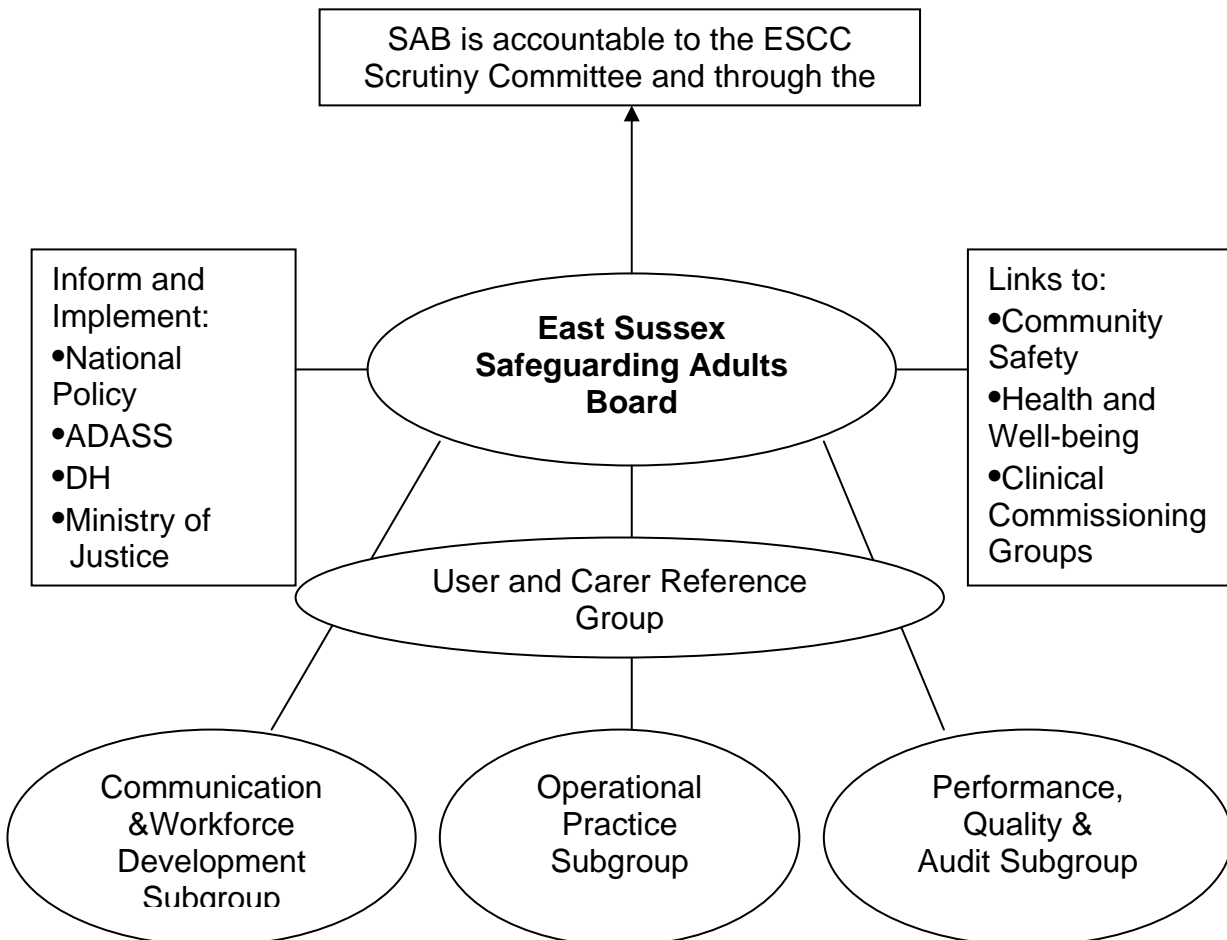
The SAB Work Plan sets out the key themes and priorities for the Board from 2010 to 2012. Progress on key priorities is reported through the following subgroups:

- Operational Practice subgroup
- Communication & Workforce Development subgroup
- Performance, Quality & Audit subgroup

Short life groups are also established, as required, to undertake specific functions or work projects including Serious Case Reviews.

Reference group to enable involvement of clients and carers with the SAB

A group is being developed to enhance the inclusion of the views of people who use services and carers within the SAB. This will enable clients and carers to contribute to the strategic agenda of the SAB and to facilitate a two-way exchange of information in order to develop adult safeguarding for the people of East Sussex.



Review of the SAB

The East Sussex SAB continues to improve its response to adult safeguarding by monitoring and enhancing the effectiveness of multi-agency partnership working. The focus of the SAB was reviewed in August 2011 confirming its effectiveness and a work plan was produced.

Progress on key priorities

Progress has been made through concerted work within the subgroups of the SAB including:

- focus on prevention of abuse embedded into all activity
- development of the links between agencies and organisations to further partnership working is progressing positively
- information about raising awareness and safety from abuse has been updated and promoted
- a focused training programme is regularly informed by national and local drivers
- progress in targeted usage of data to respond to adult safeguarding through awareness raising and support within East Sussex.

The SAB Work Plan details the progress on the agreed priorities to 2012 (see Appendix 1).

Priorities for the SAB 2012-2014

The following priorities will be developed further over the coming year:

- Focusing on outcomes and making safeguarding personal.
- Developing performance measures that focus on quality and outcomes reflecting the work that has been undertaken - what difference did we make?
- Developing a portfolio of responses to safeguarding circumstances that aim to bring both safety and people's wishes together.
- Developing a cross systems understanding of service quality, avoiding service failure.
- Ensuring preventive approach to safeguarding activity.
- Ensuring that people are aware of safeguarding and know what to do if they have a concern.
- Ensuring people involved in safeguarding have the appropriate skills and knowledge to see that personalisation and safeguarding as two sides of the same coin.
- Involving clients and carers in the strategic agenda of the SAB.

Operational Practice Subgroup

General Overview

This report summarises work undertaken by the Operational Practice Subgroup during 2011-12. The key priorities of this group were:

- To work together with providers, commissioners and regulators to ensure safeguards are in place so that adults are protected from abuse and neglect both in care settings and in their own homes.
- All partner agencies and organisations across the community of East Sussex will actively work together to safeguard adults at risk.
- Ensure people involved in supporting adults at risk have the appropriate knowledge and skills to undertake their responsibilities.

Progress

The group has made significant contributions throughout the year and the progress on key priorities is as follows:

- Developed a mechanism within safeguarding investigations that ensures earlier engagement with provider services.
- Developed multi-agency Pressure Ulcer Guidance.
- Undertaken a multi-agency case file audit with Sussex Partnership Foundation Trust, Sussex Police, East Sussex Healthcare Trust and Adult Social Care to ensure practices and procedures are consistently applied.

Future Plans/Priority Areas for 2012-13

2012-13 is likely to bring significant challenges at a time of increasing public expectation and financial constraint. However, the group is conscious that we await the Government's White Paper in response to the Law Commission's report into adult social care reform and we will need to consider the practice implications of any new legislative frameworks.

Priority areas for the Operational Practice Subgroup over the coming year include:

- Contributing to a safeguarding framework which reflects the rights of individuals to be protected from harm in a way that supports their desired outcomes.
- Ensuring staff can offer support to people who have experienced harm or abuse to achieve desired outcomes.
- Improving practice in relation to recognising the links between hate crime, anti-social behaviour and abuse of adults at risk.
- Consider opportunities for developing greater awareness of safeguarding in neighbourhood localities.
- Continue to integrate safeguarding and personalisation.

Communications and Workforce Development Subgroup

General Overview

There is an ongoing challenge to enable partner representation at all meetings which limits the breath of discussion and feedback. In order to maximise opportunities for greater stakeholder involvement, telephone conferencing is being explored for future meetings. For example: it has not been possible to have a full discussion about the changing nature of the safeguarding training approach within East Sussex Healthcare Trust (ESHT) and to explore options for future joint working arrangements.

Progress

- The newly combined workforce and communications groups first met in October 2011.
- Terms of reference of the subgroup and action plan have been developed. The action plan reflects the priorities contained within the multi-agency prevention strategy to support safeguarding adults at risk in East Sussex 2011-2012.
- General Practitioners and Primary Health Care Staff Awareness Raising Campaign: Campaign synopsis produced for Clinical Commissioning Executives and campaign chair has been identified.
- Adult Social Care: Three trainers are now DASH (Domestic Abuse, Stalking and Harassment) risk assessment accredited trainers.
- An evaluation of the 'Speak Up Speak Out' campaign to determine future targeted areas to raise awareness.
- Updated the safeguarding information leaflets and website.
- Links have been made to join up learning and practice across children's and adult services.

Future Plans/Priority Areas for 2012-13

Over the coming year, the challenges continue to raise the profile of safeguarding more widely within the community.

- General Practitioners and Primary Health Care Staff Awareness Raising Campaign.
- Ensure the workforce has the appropriate skills and knowledge to recognise and undertake their role in relation to safeguarding, focusing on outcomes and making safeguarding personal.
- Maximise opportunities for joint training where appropriate between partner organisations.
- Increase awareness and publicity with all stakeholders including service users and carers.

Performance, Quality and Audit Subgroup

General overview

Nationally, the findings of the review of Safeguarding Adults - No Secrets (DH 2009), placed a new emphasis on prevention and on empowering individuals to maintain their own safety. Locally, this represented a key challenge to the group in considering how to develop mechanisms to monitor, report, and evaluate actions that are successful across organisations.

The key purpose of the Performance, Quality and Audit Subgroup is to:

- Review available data from key agencies to inform annual priority setting for the Safeguarding Board's work programme.
- Devise performance improvement actions and incorporate them into annual work programmes.
- Consider outcomes from service users and carers experiences of safeguarding; ensuring they influence service improvements.
- Consider outcomes from the rolling user-survey, case file audits and the multi-agency audits.
- Oversee the Serious Case Review's action plans, disseminate learning and ensure integration of recommendations into appropriate service plans.
- Consider outcomes from Care Governance Panels and make recommendations for improvement.

Progress

A multi-agency audit of safeguarding data was undertaken and identified inconsistencies in the way safeguarding data is held across the partnership agencies. Work is in progress to identify short and longer term solutions.

A strategy was developed to reduce and prevent abuse and the measures were included in each of the three subgroups work plans. This has provided us with baseline information for the work we are doing that we know contributes to preventing abuse.

A consultancy agency undertook an exercise to benchmark the Abuse of Vulnerable Adults (AVA) returns for 2010/11. Thirty Local Authorities took part across three regions. Locally, some variances were identified and reporting practices have been revised as a consequence.

An audit was undertaken to review the impact of serious case review action plans. Findings showed that the action plans have had positive impacts on safeguarding arrangements across the partnership. For example policies and procedures had been updated and record keeping has been enhanced.

A Bi-annual Feedback report was developed to provide a systematic and coherent system for reviewing a wide range of service feedback to inform service developments.

A performance management summary that provides safeguarding activity has been produced by the Performance, Quality and Audit Subgroup for the period April 2011 to 2012 (see Appendix 2).

Future Plans/Priority Areas for 2012-13

Next year will see the group developing mechanisms to monitor the impact and evaluate the outcomes of service user feedback. This will support the national shift in focus to develop performance measures that focus on quality and identify the impact of all the work that is done for individuals within the County.

A key role of the group next year will be to develop a framework that routinely captures data linked to prevention and outcomes, as well as to understand and respond to risk factors.

Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS)

General overview

Deprivation of Liberty Safeguards (DoLS) team management was taken on by Older People's Mental health Services in April 2011. This allowed for strong links between the operational managers responsible for safeguarding and the DoLS service.

DoLS staff members have completed their competencies in safeguarding and attend relevant training but are not Investigation Managers or Investigating Officers.

In some cases safeguarding plans may involve restrictions and circumstances that require a DoLS referral. The DoLS teams are encouraged to work with Investigation Managers to ensure the interface with DoLS and safeguarding is robust and within the law.

Progress

DoLS assessments in East Sussex have increased since 2009 in line with the national picture and in particular there has been an increase in assessments in inpatient units. A total of 224 DoLS assessments were undertaken in 2011/12 with 128 of them undertaken in care homes and 96 assessments undertaken in inpatient units (via the PCT).

Future Plans/Priority Areas for 2012-13

The Local Authority will assume full responsibility for all DoLS work including those previously under the PCT from April 2013 onwards. The SAB will be informed of the proposed plans for transfer and progress.

Governance arrangement for the DoLS service is to the SAB via a multi-agency Steering Group. There will be a range of refresher training linking to recent case law to ensure that the practice of BIA's is up to date.

Quality Monitoring Team

General Overview

The Quality Monitoring Team (QMT) provides reports on care providers to the Investigation teams and informs safeguarding investigations.

The QMT are routinely involved in the follow-up to Level 4 investigations which involve multiple service users or institutional abuse. This involves monitoring or implementation of the agreed safeguarding action plans.

The QMT manage the suspension/lifting suspension process involving care providers, making the recommendations for the Director's decision; and taking responsibility for informing operational teams and neighbouring local authorities. This process largely involves care homes. QMT also carry out safeguarding audits in care homes; the outcomes are analysed for common themes and this influences the Continuous Improvement Framework.

The QMT maintains the database of complaints and safeguarding referrals involving care providers and use this information to help inform the wider practice of safeguarding incidents and investigations.

Progress

The key focus of work for the QMT for April 2011 to April 2012 has been to respond to safeguarding investigations, to develop a Continuous Improvement mechanism and to incorporate Directly Provided Services (DPS) into the work plan of the team. Recruitment took place in January 2012 and new members of the care home Quality Monitoring Team have recently started.

The Adult Social Care Outcomes Toolkit has been developed and is used when monitoring Care Homes and there is now a clear way of rating Care Homes. This is determined by the QMT visits to the homes, information gathered by Independent Interviewers, feedback from service users and safeguarding investigations to provide a holistic assessment of a service. The QMT focus their resources to work with those with more concerns/higher risks. Planned systematic audits of targeted dementia care homes where East Sussex County Council fund ten or more residents has contributed to a more preventive approach to safeguarding and monitoring.

Several homes that were suspended during the year have been supported to make improvements such that their suspension was lifted.

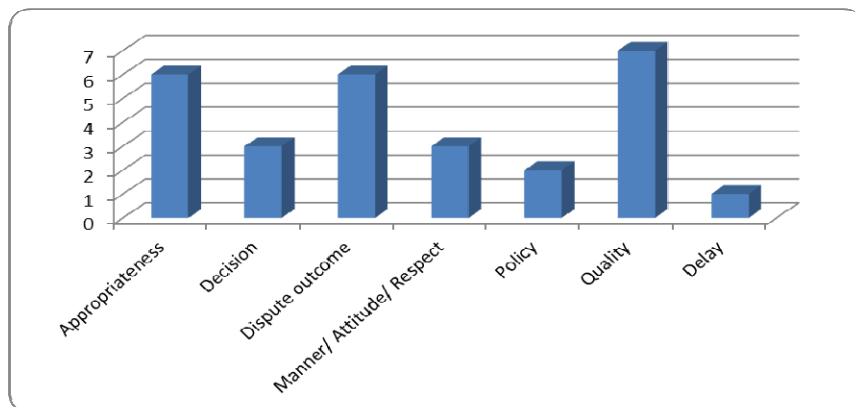
Some joint work with Health teams (care homes support teams etc) has been undertaken to coordinate approaches and avoid duplication of visits to individual providers.

Future plans/Priority Areas for 2012/13

More focus on supported living arrangements and day services, such as non-regulated areas of care delivery. A new focus on audits of Directly Provided Services to assist the Continuous Improvement focus and hopefully contribute to a reduction in safeguarding incidents.

Summary of Safeguarding Adults Complaints 2011-12

1. Number and type of complaints

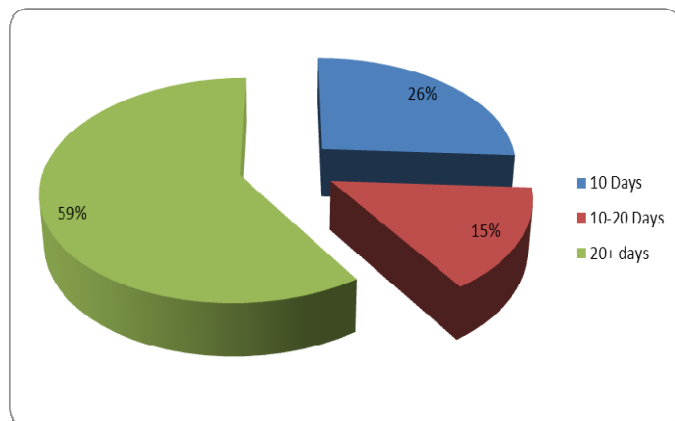


Twenty six complaints were received by Adult Social Care about the safeguarding process. This is 2% of the 1,485 investigations undertaken.

The three main themes were where the outcome of the investigation was disputed, the quality of the investigation fell below expectation and the appropriateness of the investigation called into question.

Four complainants went on to refer their complaints to the Local Government Ombudsman as they were unhappy with the outcome.

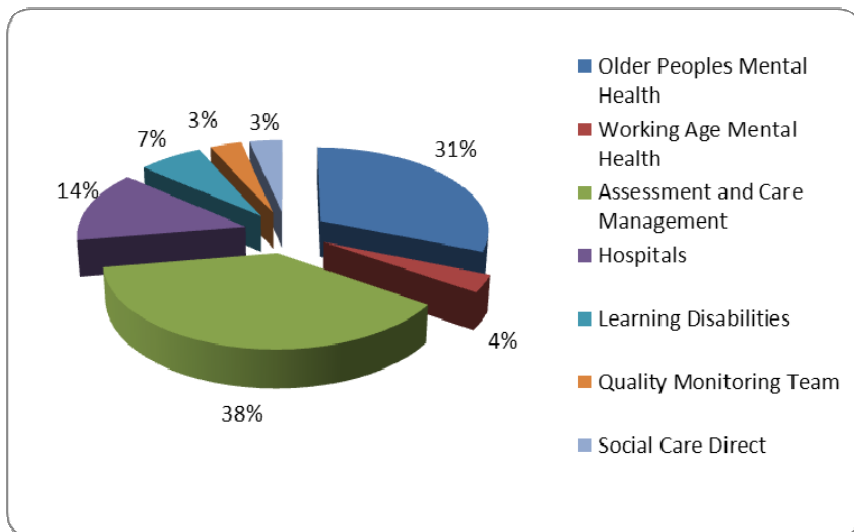
2. Time taken to investigate and respond



We aim to respond to complaints within 10 -20 working days. A disproportionately high number of complaints about safeguarding exceeded our 20 working day target. This was because of:

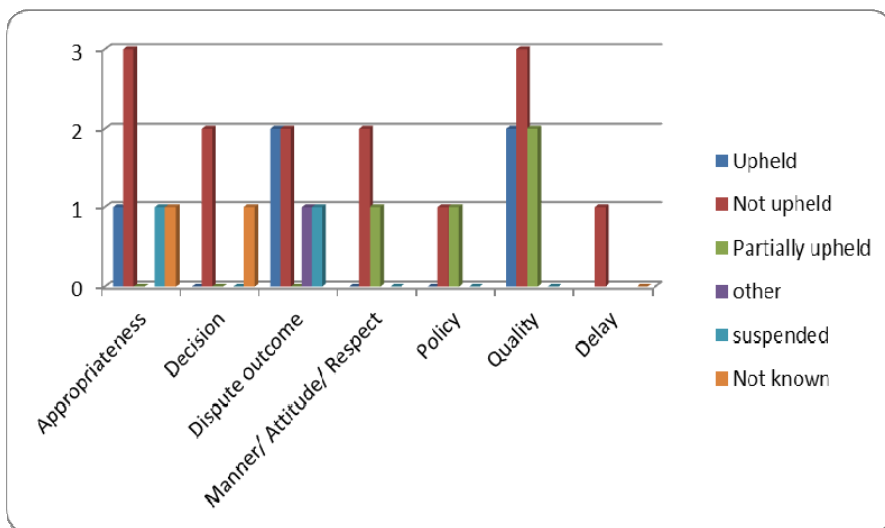
- the complexity of the issues and situation
- some of the complaints were suspended pending the outcome of the investigation
- the need to conduct a thorough investigation across a range of agencies.

3. Complaints by Social Work Division



The highest number of complaints related to safeguarding work undertaken within the Assessment and Care Management Division. This is followed by the Older People’s Mental Health Division. These Divisions have undertaken the highest numbers of investigations.

Outcomes of complaints



4. Learning from Complaints

- A review of a complaint found there should have been involvement throughout of a tissue viability nurse. In future, where tissue viability is an issue, it will be recommended to involve a tissue viability nurse in the safeguarding investigation. Guidance for responding to pressure ulcer related safeguarding alerts has also been developed.
- A complaint found that there should have been better communication with the alleged victim’s family at the start and throughout the investigation. The learning from this complaint was shared across the Older People’s Mental Health Service.

5. Compliments

The following extract is an example of a compliment:

“I have recently had to report an Adult Safeguarding issue to your Eastbourne team. It's a very complex matter...”

“Your team was excellent... I suspect it would stand as a good example of inter-agency working, across the public and private sector, and one which has served to better the situation of the man concerned.”

“I would like to pass on my compliments and thanks”

Sussex Police Update

General Overview

As the strategic lead for safeguarding adults, representatives from Protecting Vulnerable People Branch continue to actively participate in the work of the SAB and its subgroups as well as chairing the Pan-Sussex Adult Safeguarding Group.

The Pan Sussex Investigative Training Forum is a vital Forum for identifying joint training courses for Social Services and the Police.

The main change facing the Branch at present is a restructuring of the unit. Detective Chief Superintendent Kemp will be the Head of the Protecting Vulnerable People Unit, with Chief Inspector Ali Darge having specific responsibility for safeguarding as part of his portfolio. Chief Inspector Ali Darge will be the Sussex Police representative on the Safeguarding Adults Boards. As a result of the changes new staff members are being recruited to support Adult Safeguarding.

Progress

The Sussex Police internal IT systems have been upgraded to enable the secure transmission of the Vulnerable Adult at Risk (VAAR) form. This is now automatically emailed from the police system to a central account in East Sussex County Council, removing the need for Officers to print off and fax the form.

A number of improvements were also made to the VAAR form based on feedback from the adult services team.

During 2011/12 we have introduced a new internal Safeguarding Adults at Risk Policy. This Policy has been circulated to the safeguarding leads within Social Services and has been well received.

A key revision that the policy has introduced is to reflect the recent changes for the process of safeguarding adults, which includes the terminology used i.e. the new term for a vulnerable adult is now "adult at risk".

This policy also improves our exchange of information with partner agencies through our use of VAAR's (Vulnerable Adults at Risk) Forms. These forms are now submitted for each adult at risk that the police encounter and not just victims.

The Policy has also provided standardised Terms of Reference for our Adult Protection Teams throughout the County. One of the core areas of responsibilities for these teams is to be the Single Point of Contact for all safeguarding referrals.

Future Plans/Priority Areas for 2012-13

An audit of our Achieving Best Evidence interviews is currently being undertaken to ensure that the Multi Agency guidance is being followed in joint interviewing. This audit will be shared with the three safeguarding leads in Sussex (completed May 2012).

One ongoing piece of work is to agree a Protocol with the Ambulance Service for conveying people to Hospital under the Mental Capacity Act where there is a need to act in their best interests. Work is also ongoing to devise Police Operations to provide an Enhanced Response to Domestic Abuse over key times of the year. This will include Operation Whistle which will be run over the period of the Euro Football Championships in July and Operation Cranberry that runs over the Christmas/New Year period.

East Sussex Local Involvement Networks (LiNK) Update

General Overview

The East Sussex Local Involvement Networks (LiNK) continues to attend adult safeguarding regional Boards as well as working with the Care Quality Commission (CQC) Advisory Board on developing Learning Sets to share good practice with other LiNKs. Our Learning Set includes how we share information with the CQC; especially around the softer outcomes of safeguarding and how they could be developed to enable an alert to be raised without a named individual.

The LiNK support team liaise directly with Social Care Direct as the initial contact point for safeguarding issues. This relationship is considered to be key in maintaining LiNK/Health Watch to ensure an appropriate response to possible safeguarding issues when engaging with users and carers.

Raising awareness is required in some areas as not all hospital based staff are aware of the role of LiNK or their powers as set out in the legislation which enables authorised representatives using Enter & View to speak to patients.

Progress

The East Sussex representative continued to attend the SAB to represent service users and carers and participated in the SAB workshop about the future development of the Board. All new authorised representatives receive safeguarding adults awareness training as part of their training before they undertake visits on behalf of the LiNK. Other modules include DoLS and Mental Capacity Act awareness training. It is emphasised that the safeguarding issues override all other LiNK procedures.

Future Plans/Priority Areas for 2012-13

Local HealthWatch will be established from April 2013 and safeguarding will continue to be a priority area. This will be made clear in the continuing transition from LiNK into HealthWatch.

Sussex Partnership Foundation Trust Update

General Overview

Sussex Partnership NHS Foundation Trust (SPFT) continues to be committed to the Safeguarding at Risk (SAR) in East Sussex as well as the other areas of the Trust.

We provide induction training to all staff members and link to the training provided by the Local Authority for those front-line staff who need specialist input.

We work in partnership with Adult Social Care (ASC) management who investigate any SAR within the Trust, and cooperate fully with the procedure.

There is more of a challenge, now that we are no longer integrated, in ensuring effective communication exchange on SAR matters. This is addressed through bi-monthly meetings between ASC Head of Mental Health Services and Head of Social Care Specialist Services with Sussex Partnership NHS Foundation Trust managers.

Progress

We are working in partnership on Domestic Homicide Review action plans to address multi-agency information-sharing on domestic violence concerns.

We continue to collect data using the figures submitted by ASC on a weekly basis. These figures are circulated weekly to Sussex Partnership NHS Foundation Trust managers to inform them of open SAR cases in their teams.

A quarterly report is provided to Directors of SAR activity within SPFT. There has been a challenge in achieving accurate data shared by all, but we are working jointly with ASC on collection and analysis of data.

Future Plans/Priority Areas for 2012-13

We will continue to give Safeguarding a priority and work with ASC as the lead agency.

The learning from SAR and Serious Case Review is being proactively used as part of the service improvement mechanism.

Information on SAR activity, learning and service improvement resulting from SAR is reported to Trust Board Quality Committee quarterly.

East Sussex Healthcare NHS Trust (ESHT) Update

General Overview

The Trust has continued to work in partnership with Adult Social Care (ASC) over the last year to ensure joint safeguarding policies are adhered to within ESHT. Following the merger of the former acute Trust and Community services ESHT has a focused Senior Lead for Safeguarding Adults and Children.

Challenges included:

- Raising of the Safeguarding Adults at Risk agenda within ESHT.
- Ensuring staff are trained in line with their role requirements. Involving the employment of external agencies for training senior staff.
- The production of a Safeguarding Adults at Risk policy for ESHT.
- Improving communications between ASC and ESHT.
- Collaborative working to ensure all safeguarding alerts are dealt within an appropriate and timely fashion.
- Ensuring compliance with the East Sussex Multi-Agency Safeguarding Policy & Procedures.
- Ensure robust action plans are delivered within ESHT in relation to safe provision of care.

All areas have been addressed during the year and work continues to maintain compliance and effective collaborative working.

Progress

ESHT participated in the first Multi-Agency Audit on behalf of the SAB. Overall the process had a positive outcome demonstrating effective interagency working. It had also revealed areas for development for ESHT which is now included within its annual plan.

ESHT policy has been updated; this includes referral pathways for grade 3 & 4 pressure ulcers which are raised as safeguarding alerts. ESHT has supported ASC in the development of a pressure ulcer protocol, in line with National clinical guidance. A combined Serious Incident/ safeguarding reporting form has been produced with joint input from ASC, Primary Care Trust and ESHT.

This ensures that maximum information is provided both for Serious Incidents and ASC and this new documentation was implemented in April 2012.

A summit has been agreed across South East Coast to agree a process for alerting and decision making in relation to early indication of pressure ulcers within the unavoidable category.

ESHT continues to work in partnership with ASC, improving communication pathways between the two parties to support the smooth running of services. The bi-monthly operational group meetings between ASC and ESHT ensure continued communication including the timely production of reports and attendance of key staff at case conference so actions are followed up from case conference.

A number of regular audits are undertaken by ESHT. These range from weekly ward based audits of patients' records, timely and accurate completion of assessments with correct subsequent personalised care planning and quarterly audits in relation to safeguarding alerts raised against ESHT.

Audits have included a comparison demonstrating a reduction of substantiated allegations against ESHT between the first and second half of 2011/12.

A pressure ulcer audit giving baseline data in relation to the number of avoidable and unavoidable pressure ulcers within ESHT has been undertaken and provided information for learning and development as follows:

- Ensure timely referral to TVNs where appropriate
- Accurate documentation relating to the individuals care i.e. Wound assessment charts/ repositioning charts
- Review of the role of the TVN in relation to the provision of training for clinical staff to ensure the accurate recording relating to the grade of pressure ulcer and subsequent care required.
- Ensuring the accurate recording in relation to the grade of a pressure ulcer.

Future Plans/Priority Areas for 2012-13

ESHT annual plan provides an overview of Trust objectives for 2012/13, linked to the SAB priorities within the multi-agency audit action plan (Appendix A).

Joint training between ASC and ESHT is to be reviewed with regards to the future format and sustainability of the training provision and attendance.

Appendix A

ESHT Safeguarding Adults At Risk [SAAR] Annual Work Plan 2012/13

ESHT Objectives	Proposed Output	Lead Responsibility	Intended Timescales	Intended Outcomes	Indicators of Progress for Update & End of Year Status Report
1. To participate to the work plan of the LSAB and help to maintain an effective functioning LSAB.	1.1 Ensure that ESHT representatives sit on the Board and take an active role.	ESHT Board Lead	Ongoing through 2012/13	Ensuring the Board has appropriate membership focus and working agenda and to report back to ESHT their role and responsibility in achieving this.	ESHT Board Lead attended LSAB meetings. Evidence in notes from steering group and operational group to reflect the work of the LSAB
	1.2 Ensure that ESHT is represented on all appropriate LSAB Sub groups to enable them to function effectively.	ESHT Board Lead	Ongoing through 2012/13	That the work and outcomes of the LSAB sub groups are reflected in the work plan and objectives of ESHT safeguarding.	Individual subgroup reports to ESHT steering and operational groups who will progress the aims, objectives and actions laid out in the sub groups.
2. Ensure that ESHT responds to requests from the LSAB in providing internal management reviews when required and oversees the application of recommendations from Serious Case Reviews, multi-agency reviews etc. as applicable.	ESHT steering and operational groups will oversee the implementation of action plans developed by the safeguarding professionals.	ESHT Steering Group	Ongoing	To ensure that gaps in services identified are evaluated as appropriate	Completion of recommendations from reviews. (Individual reports available for action plans delivered within ESHT). Procedural changes are addressed through ESHT processes as required.
3. Maintaining and improving the quality of protection of adults at risk services within ESHT	To develop a new integrated training programme that complies with intercollegiate guidance in both updating three yearly and content and ensure that all staff who require training receive it as required.	ESHT Steering Group and Individual Divisions and Clinical Unit leads	Commenced 2 nd May '12 and Ongoing	Training programme continues to be of a high standard and is meeting identified training needs and outcomes	All appropriate staff are compliant with mandatory training and numbers monitored through performance figures. Performance figures are available monthly through the ESHT Safeguarding Adults at Risk operational group.

	To undertake audits as identified within case reviews or issues that arise from risk, training or other processes. Plan at present is for four audits this year. To undertake regular audits as identified by the Safeguarding Adults team (in accordance with the annual audit plan for ESHT).	ESHT Steering Group	March 2013	To demonstrate that ESHT is compliant with policy and procedures. Audit timetable is available from audit team.	Audits completed and any actions identified as a result are acted upon. Audit timetable is available through the audit team.
4. That ESHT works to the Pan Sussex Multi Agency Policy with regards to Policy & Procedures	Training: General Training to raise awareness	ESHT SAAR Team	Ongoing plan for 2012/13	All staff recognise abuse when they see it and know what to do about it.	Increase in appropriate referrals
	Investigating: Training in investigating and report writing. (External Trainers) cascading to Ward Matrons.	ESHT SAAR Team	Ongoing plan for 2012/13	Keep to SAAR timeframes as per the Pan Sussex Policy	Monitoring of the registers and data analysis. Identifying common themes from cases. Implementation of Action Plans to improve services and practice.
5. That all ESHT policies and guidelines pertaining to safeguarding are reviewed and updated as appropriate.	Safeguarding leads will meet to review and amend all policies	All operational safeguarding leads	December 2012	All policies agreed and available on the trust intranet.	Up to date ratified policies in place.
6. That ESHT staff understand the Mental Capacity Act 2005 & its addendum – Deprivation of Liberty Safeguards.	That they incorporate this in their daily practice. That they apply for DoLs authorisations appropriately.	Safeguarding Leads with the support of senior Nurses	Ongoing	Patients who lack mental capacity are appropriately assessed and decisions made in their best interests. Patients are legally restrained to deprive them of their liberty.	Number of DoLs Applications. Number of DoLs Authorisations. Appropriateness if applications can be measured this way.

Trading Standards Update

General Overview

Support with Confidence

This joint scheme between Trading Standards and Adult Social Care to approve local providers of care and support has been a successful example of cross directorate working. It is already seen as an example of best practice nationally. Challenges have included stimulating the personal assistant market and this continues to be the scheme's main priority.

The issue of employment status for personal assistants, particularly with regard to people funding their own care who do not wish to become employers has also been an area of focus to try to create diverse solutions to meet the needs of the local community. The scheme was launched to the public in October 2010 and as of 30 May 2012, current membership reflects that 76 providers have been approved.

The East Sussex scheme has also developed a framework for approving "other services" including:

- Cleaning/household chores
- Shopping
- Meal provision
- Transport
- Day activities
- Pet services

The pre-requisite for approval for other services includes undertaking training covering Safeguarding Adults; Equalities & Diversity and Enhanced Customer Care.

The scheme has now extended the scope to include applications from CQC Registered Home Care Providers, Support Planning & Brokers and further resources have been committed to ensure the scheme's early growth and sustainability. More recently a pilot with the Children's Disability Service has begun.

Building Bridges

The objective of the project is to form demonstrable links with key partners and, specifically, with Adult Social Care, with the aim of implementing the Community Services policy steer which states that Trading Standards should work towards "informed, confident consumers and the protection of vulnerable consumers". Such work will assist people in vulnerable situations to live safely and independently within the community, and to make considered transactional decisions.

Trading Standards continues to be a partner of County Connect which is an adopted referral agreement between Trading Standards and the key partners including Sussex Police, Adult Social Care (ASC), the Benefit Agency, the Pensions Agency and East Sussex Fire and Rescue Service (ESFRS).

Trading Standards has provided training on their work to ASC, Sussex Police, Buy and Support with Confidence members and ESFRS. This training focuses on cases of financial abuse in relation to scams, doorstep crime and contractual capacity. Trading Standards now gets a slot of thirty minutes at every safeguarding training course.

Safeguarding Adults training course

Since February 2011 we have trained 513 people and had 50% requests for repeat training.

Wiseguys.org.uk

This website was developed by East Sussex County Council to give adults information about consumer rights. It contains information that will help adults make smart decisions in their everyday life and to empower people to become more confident consumers. Since the website was launched there have been over 177,000 hits.

Future Plans/Priority Areas for 2012-13

- Wise Guys launched, Safer Places scheme launch June 2012, Community alcohol partnership pilot June 2012.
- More training to all key groups, NHS, ASC, Children's centres and Older People's Forums.
- Senior Consumer of the Year Competition
- Scams awareness month
- 'Scambassador' recruitment
- Work with schools.

East Sussex Fire & Rescue Service (ESFRS)

General Overview

The East Sussex Fire & Rescue Service (ESFRS) continues its effective Partnership working with a variety of statutory and voluntary sector agencies across Adult Social Care (ESFRS Care Providers Scheme). In the last year, there was an increase in variety of partner agencies we work with for example, adult substance misuse teams, and occupational therapists. Service wide training was delivered to key staff members to improve awareness and skills in well-being and safeguarding concerns about vulnerable adults. However, there are still some remaining challenges that include:

- Overcoming data sharing barriers with other agencies
- Increasing the percentage of accessing those adults most vulnerable in our communities-we currently offer a home safety visit to 81% of vulnerable adults (according to our vulnerability criteria).

Progress

Reciprocal partnership referrals take place and there was an increase in signposting vulnerable adults to services that will improve their well-being as well as an increase in awareness and referrals from our staff on vulnerable adults that we believe may be at risk of harm or abuse.

Information sharing arrangements with over 55 statutory and voluntary agencies following the 'Who Cares' campaign to raise awareness of ESFRS home safety visiting service is being explored.

Community Safety Advisors undertaking Home Safety Visits highlight a number of safeguarding concerns which are then followed up. At present these are recorded on a number of separate systems that do not easily allow for cross referencing to identify the numbers sent to specific agencies. A new database is being procured that will allow this analysis in due course. Despite the absence of hard data, the referrals that are developed by home safety visits are all signposted as necessary.

Future Plans/Priority Areas for 2012-13

- Progress data sharing initiatives with other agencies
- Increasing percentage of home safety visits delivered to those adults most vulnerable to fire risk in our communities

Both East Sussex and Brighton & Hove Substance Misuse Services have signed up to the ESFRS Care Providers Scheme, to increase referring their vulnerable clients to ESFRS for a home safety visits.

South East Coast Ambulance Service NHS Foundation Trust

General Overview

South East Coast Ambulance Service (SECamb) covers a geographical area of 3,600 square miles covering Surrey, Sussex, Kent and a small part of Hampshire with a resident population of approximately 4,500,000. The Trust has a full time safeguarding lead for adults and children and support of senior management and the Medical Director who has executive responsibility within the Trust. SECamb is committed to the multi-agency safeguarding process and this is reflected in the policies and procedures adopted by the Trust and by Trust representation on Safeguarding Boards across the region.

During the year 1st April 2011 – 31st March 2012 SECamb staff submitted 2493 adult concern reports for the whole region. The majority of these were connected with social care concerns, particularly regarding living conditions and patient's inability to cope alone or with increasing care needs. The number of reports received regarding adults specific to the East Sussex area was 292 (11.75% of all SECamb referrals).

Outcomes are known for 12 cases. Getting outcomes has always been a challenge for the Trust across the region, and this continues to be the case, although we are committed to working with our Safeguarding partners in the local health economy to improve on this.

Progress

Reporting rates have continued to rise with an increase of 68.59% on the previous year which suggests an increased awareness of adult social care needs amongst our operational staff.

Foundation work has been undertaken to establish links with local MARACs and a direct reporting route from SECamb into these is being developed; a substantial piece of work around the DASH (domestic abuse assessment form) having been completed to date. Robust links with the Trust's Compliance Team has led to improved collaborative working around serious incidents where Safeguarding elements exist and how they are managed and investigated within the Trust.

Key challenges in 2011-12 included:

- Getting consistent outcomes for reports submitted to social care departments in all local authority areas.
- Staff training was challenging although staff did undertake some e-learning modules and all new staff undergo corporate induction which has an introduction to safeguarding element.
- Consistent implementation of the Mental Capacity Act including interaction and understanding of roles and responsibilities when working with other agencies.

Future Plans/Priority Areas for 2012-13

- A robust training needs analysis has been undertaken and a comprehensive four year training plan has been developed; training is now being implemented, ensuring appropriate levels of knowledge exist in all areas of the organisation regarding safeguarding adults and children, Mental Capacity Act and domestic abuse.

- Work is underway to identify frequent callers and develop a greater multi-agency management of cases identified following a recommendation from Serious Case Review.
- Other developments include an outcomes database to map recommendations from all reviews, Memorandum of Understanding with police in regard to application of MCA, implementation of a DASH toolkit for all SECamb staff and referral pathways into the MARAC process and complete revision of Consent and Capacity procedures.

Appendix 1

SAB Work Plan (to 2012)

The Safeguarding Adults Board (SAB) agreed the priorities and an overall work plan has been developed as follows.

Action plan

Priority 1: Prevention of abuse of adults at risk.

	DH Safeguarding Principles	Objective	Measure	Reporting Responsibility	Time scale	Progress
40	1.1 Prevention	Ensure that appropriate support is in place to prevent abuse from occurring.	<ul style="list-style-type: none"> Evaluate the Speak Up Speak out campaign and report back to the Safeguarding Adults Board Develop and implement a Prevention of Abuse Strategy. 	Communication & Raising Awareness subgroup	September 2011	Completed
				Communication & Raising Awareness subgroup	March 2012	Completed
40	1.2 Prevention	Ensure access to information is available about how to gain safety from abuse and violence.	<ul style="list-style-type: none"> Update the safeguarding information leaflets Evidence the wider dissemination of information through a range of methods. 	Communication & Raising Awareness subgroup	September 2011	Completed
					March 2012	Completed, website updated and booklet produced.
	1.3 Prevention	To work together with providers, commissioners and regulators to ensure safeguards are in place so that adults are protected from abuse and neglect both in care settings and in their own home.	<ul style="list-style-type: none"> Work with providers to identify learning needs in relation to safeguarding adults and dignity in care. 	Workforce Development subgroup	September 2011	Completed and ongoing

Priority 2: Improve partnership working to safeguard adults at risk.

	DH Safeguarding Principles	Objective	Measure	Reporting Responsibility	Time scale	Progress
2.1	Working in Partnership	The East Sussex Safeguarding Adults Board provides leadership and clarity about priorities and actions needed to ensure adults are safeguarded.	<ul style="list-style-type: none"> An individual review of the Terms of Reference of the Safeguarding Adults Board to assess its effectiveness and make recommendations for change. 	Chair of the Safeguarding Adults Board	September 2011	An external review has been completed and Terms of Reference agreed. Priorities going forward as agreed at the April 2012 SAB.
2.2	Working in Partnership	All partner agencies and organisations across the community of East Sussex will actively work together to safeguard adults at risk.	<ul style="list-style-type: none"> Utilise the audit process to ensure that practices and procedures are consistently applied Utilise service user feedback to monitor consistency of application of procedures To ensure that each partner agency has a set of internal guidelines, consistent with the Sussex Multi-Agency Policy & Procedures which set out the responsibility of all staff to operate within it. 	Head of Safeguarding Adults Head of Safeguarding Adults Operational Practice subgroup	November 2011 November 2011 November 2011	Completed and ongoing. Feedback mechanism created. Completed and ongoing. Some partners have completed this. Awaiting response to confirm all have this in place.
2.3	Working in Partnership	Implement the improvement plans arising from Serious Case Reviews.	<ul style="list-style-type: none"> Share issues and improvements that arise through the Serious Case Reviews through the PQA sub group Provide regular reports to the Safeguarding Adults Board about actions arising from Serious Case Reviews. 	Performance, Quality & Audit subgroup Performance, Quality & Audit subgroup	March 2012	Completed. Areas of development identified and will be the focus in the annual multi-agency audit.

Priority 3: Promote the development of the workforce and use of performance information.

	DH Safeguarding Principles	Objective	Measure	Reporting Responsibility	Time scale	Progress
3.1	Accountability	Ensure people involved in supporting adults at risk have the appropriate knowledge and skills to undertake their responsibilities	<ul style="list-style-type: none"> Review the training programme to link training to the safeguarding competencies All partner agencies will develop and implement auditing arrangements 	<p>Workforce Development subgroup</p> <p>Workforce Development subgroup</p>	<p>April 2011</p> <p>September 2011</p>	<p>Completed</p> <p>Completed. Multi-agency audit developed.</p>
3.2	Accountability	Continue the development of data driven analysis and quality assurance processes to ensure information that is captured reflects the work that has been undertaken, and that we have robust reporting mechanisms.	<ul style="list-style-type: none"> Utilise the available benchmarking data to identify any local/ national variances Undertake a multi-agency audit on a biannual basis and identify areas of progress and areas for development. 	<p>Performance, Quality & Audit subgroup</p> <p>Head of Safeguarding Adults</p>	<p>July 2012</p> <p>September 2011</p>	<p>Data mechanism in place including benchmarking AVA return.</p> <p>Occurred November 2011 and thereafter annually.</p>

Actions arising from the November 2011 Safeguarding Adults Board

The Safeguarding Adults Board (SAB) has agreed the following work plan to ensure that continuous improvements are made to improve services that support adults that are at risk.

Theme 1: Developing the structure and influence of the Safeguarding Adults Board

	DH Safeguarding Principles	Objective	Action	Reporting Responsibility	Time scale	Progress
4.1.1a	Accountability	Identify and share the Board's plans for development.	Review and update the Board's Terms of Reference and Vision.	Angie Turner (SAB)	March 2012	Completed
4.1.1b	Accountability	Identify and share the Board's plans for development.	Develop the strategic plan for the Board.	Angie Turner (SAB)	March 2012	Completed
4.1.2a	Accountability	Promote service user and carer input into the Board's future plans.	Identify roles for service users and carers in the Board's work.	Carol Redford (SAB)	June 2012	Development of the group is underway. Focus group meets August 2012.
4.1.2b	Accountability	Promote service user and carer input into the Board's future plans	Develop a tool to monitor service user and carer input to the Board's actions.	Carol Redford (SAB)	March 2012	Development of the group is underway.
4.1.3	Accountability	Involve Clinical Commissioning Groups and Public Health in meeting the Board's objectives.	The Chair of the SAB will raise the Board's agenda with these groups.	Keith Hinkley (SAB)	March 2012	Taken forward by the chair of the SAB.
4.1.4	Accountability	Promote the Board's agenda on the Health and Wellbeing Board.	The Chair of the SAB will raise the Board's agenda with the Health and Wellbeing Board.	Keith Hinkley (SAB)	March 2012	Taken forward by the chair of the SAB.
4.1.5	Accountability	Consider the implications of a statutory Board.	Identify the implications and report back to the Board.	Angie Turner (SAB)	December 2013	Considered as part of the review of the SAB along with emerging national development yet to be confirmed.

Theme 2: Developing and embedding the Boards governance arrangements

	DH Safeguarding Principles	Objective	Action	Reporting Responsibility	Time scale	Progress
4.2.1a	Accountability	Promote partner accountability.	Identify and publish each partner agencies role on the Board.	Keith Hinkley (SAB)	July 2012	Agreed at SAB Away Day.
4.2.1b	Accountability	Promote partner accountability.	Ensure that each agency is signed up to the Board's vision.	Keith Hinkley (SAB)	March 2012	Completed as part of the SAB Away Day and ongoing.
4.2.1c	Accountability	Promote partner accountability.	All partners will report their progress towards delivering the Board's action plan to their respective Chief Executives.	Angie Turner (SAB)	December 2012	Agenda for October 2012 SAB.
4.2.1d	Accountability	Promote partner accountability.	All partners will report their progress towards delivering the Board's action plan to the Board.	Angie Turner (SAB)	December 2013	Agenda for October 2012 SAB.



Theme 3: Target Setting

	DH Safeguarding Principles	Objective	Action	Reporting Responsibility	Time scale	Progress
4.3.1	Working in partnership	Increasing management oversight of the three subgroups.	Each subgroup will provide a quarterly/ biannual/ annual progress report of their action plan to the Board.	Angie Turner (all subgroups)	February 2012	Agreed and on forward agenda for 2012.

Theme 4: Outcomes

	DH Safeguarding Principles	Objective	Action	Reporting Responsibility	Time scale	Progress
4.4.1a	Working in partnership	Establishing and monitoring a safeguarding outcomes framework.	National Benchmarking data to be reported to the Board.	Thomas Skilton (PQA subgroup)	April 2012	Completed
4.4.1b	Working in partnership	Establishing and monitoring a safeguarding outcomes framework.	Undertake an audit of agencies current data collections and complete a gap analysis.	Angie Turner (PQA subgroup)	April 2012	Completed
4.4.1c	Working in partnership	Establishing and monitoring a safeguarding outcomes framework.	Set up a workshop to identify common measures with an outcomes focus.	Angie Turner (PQA subgroup)	September 2012	Paper proposals completed to review the safeguarding Performance, Quality & Audit framework including local accounts.

45

Theme 5: Promoting engagement

	DH Safeguarding Principles	Objective	Action	Reporting Responsibility	Time scale	Progress
4.5.1a	Accountability	Increase public accessibility to information about the Board's progress.	Publish the Board's Annual report on the ESCC Website.	Angie Turner (SAB)	November 2011	Occurs annually.
4.5.1b	Accountability	Increase public accessibility to information about the Board's progress.	Share the Engagement plan with the Partnership Boards.	Carol Redford (service user and carer safeguarding reference group)	September 2012	Development of the group is underway.
4.5.1c	Accountability	Increase public accessibility to information about the Board's progress.	Publish information to raise public awareness, including case studies, the biannual audit, and service user feedback.	Carol Redford (service user and carer safeguarding reference group)	September 2012	Development of the group is underway.

Theme 6: Improving practice

	DH Safeguarding Principles	Objective	Action	Reporting Responsibility	Time scale	Progress
4.6.1	Accountability	Improve access to information across partner agencies.	Agree and implement an information sharing protocol.	Carol Redford (SAB)	July 2012	Draft completed and sent to partners for confirmation.
4.6.2	Accountability	Develop the Board's oversight of audit outcomes.	Report the learning, feedback and agreed actions from audits on a biannual basis to the Board.	Angie Turner (SAB)	July 2012	Completed. Mechanism established, collected quarterly and presented to SAB bi-annually.
4.6.3	Accountability	Ensure learning is translated into operational practice across all partner agencies	Develop a regular feedback loop to ensure learning is shared.	Angie Turner (Ops subgroup)	September 2012	
4.6.4	Accountability	Ensure lessons learnt are reviewed.	Implement a multi-agency networking group to review lessons learnt.	Angie Turner (Ops subgroup)	September 2012	Multi-agency workshops in place with Sussex Police, SPFT, ESHT to agenda lessons learnt. Outstanding to ensure Terms of Reference include reviews.

Theme 7: Developing the workforce

	DH Safeguarding Principles	Objective	Action	Reporting Responsibility	Time scale	Progress
4.7.1	Prevention	Improve staff confidence and competency	Ensure all care staff meet the safeguarding competencies that are relevant to their role.	Sam Williams (Comms & Workforce Development subgroup)	June 2012	Completed
4.7.2a	Prevention	Improve staff confidence and competency	Develop the means to join up learning and practice across children's and adults services.	Sam Williams (Comms & Workforce Development subgroup)	September 2012	Completed. Links established including exploring joint training.
4.7.2b	Prevention	Improve staff confidence and competency	Link the role of LADO from local authority to Adult Services.	Carol Redford (Ops subgroup)	June 2013	Initial links made with Children's Services.
4.7.3	Prevention	Improve staff confidence and competency	Develop a process to test confidence levels of staff in identifying, managing and dealing with safeguarding.	Sam Williams (Comms & Workforce Development subgroup)	December 2012	Underway. Scoping in draft.
4.7.4	Prevention	Improve staff confidence and competency	Explore the use of DASH in adult services.	Angie Turner ((Ops subgroup)	December 2012	Work is underway in ASC.
4.7.5	Prevention	Improve staff confidence and competency	Undertake an audit to identify whether the competencies, training and appraisals have improves practice.	Janette Lyman (PQA subgroup)	March 2013	

Theme 8: Risk assessment

	DH Safeguarding Principles	Objective	Action	Reporting Responsibility	Time scale	Progress
4.8.1	Working in partnership	Develop a framework to manage safeguarding related risks	Link the multi-agency risk assessment to the multi-agency referrals	Angie Turner (SAB)	December 2012	This is now part of the multi-agency audit.
4.8.2	Working in partnership	Develop a framework to manage safeguarding related risks	Review the environmental risk assessment form to consider fire risks and home safety visits	Angie Turner ((Ops subgroup)	October 2012	A multi-agency project is underway to raise awareness of the risks and home visits.

Theme 9: Commissioning

	DH Safeguarding Principles	Objective	Action	Reporting Responsibility	Time scale	Progress
4.9.1	Accountability	Ensure that commissioning plans take safeguarding issues into consideration	Identify key commissioning issues and strategies and report them to the Board	Angie Turner (SAB)	December 2012	Initial meeting convened with ASC commissioning to discuss commissioning issues. Ongoing.

48

Appendix 2

Performance Management Summary

Introduction

This report, produced by the Performance, Quality and Audit sub-group, summarises the safeguarding activities between 1 April 2011 and 31 March 2012.

The report provides details of the activity that has been undertaken in relation to reported suspected abuse (alerts) and cases under investigation (referrals) as well as details of the types of alerts that were reported and a summary of the outcomes of the investigations.

Please note that there are a number of sets of data that allow for multiple entries when being recorded. This means that although the totals of two different tables look like they should add up to the same value, they will in fact differ slightly. An example of this would be when looking at the total number of referrals started by type of abuse and then by location of abuse. Because one type of abuse is recorded this figure will be higher.

1. Alerts and Investigations by Category of Vulnerable Adult

There were 2,460 alerts recorded in East Sussex during 2011/12. This is a 14% decrease against the number of alerts reported (2,845) in 2010/11. This is the first time that a reduction in alerts between two comparable periods has been recorded and can be attributed to a considerable reduction in alerts for people with learning disabilities as a result of learning disability teams separating incidents which reflect poor practice from alerts. A breakdown of these alerts by client type is shown below:

Table 1 – Alerts in period

Client type	2010/11	2011/12
Physical/ Sensory/ Frailty	1399	1366
Learning Disability	631	199
Mental Health	589	691
Substance Misuse	44	51
Other	162	151
Not recorded	20	2
Total	2845	2460

Of the 2,460 alerts that were recorded in East Sussex, 60% went on to be investigated. In comparison to last year, 47 % of alerts went on to become investigations.

The table below shows the alerts that went on to become investigations by client type:

Table 2 – Alerts to investigations in period

Client type	2010/11	2011/12	% difference
Physical/ Sensory/ Frailty	673	822	+22%
Learning Disability	312	156	-50%
Mental Health	301	418	+39%
Substance Misuse	21	32	+52%
Other	64	57	+11%
Not recorded	13	0	-
Total	1348	1485	+10%

2. Ethnicity of Alleged Victims

The highest alert rate (88%) has been reported from the 'White British' category. This is a slight decrease on the proportion reported for 2010/11 (89%) and is slightly lower than the White British population of East Sussex which, according to the 2007 mid-year estimates was 91%

The following table provides a full breakdown of the alerts by ethnic group:

Table 3 - Ethnicity of alleged victims

Ethnic background	2010/11	% of all alerts	2011/12	% of all alerts	% difference
White - British	2525	88.8%	2170	88.2%	-14%
White - Irish	15	0.5%	19	0.8%	+27%
White - Gypsy / Romany	5	0.2%	1	0.1%	-400%
White - Traveller	1	0.1%	0	0.0%	-
White - Any other Background	60	2.1%	66	2.7%	+10%
Mixed - White & Black Caribbean	2	0.1%	4	0.2%	+50%
Mixed - White & Asian	5	0.2%	6	0.2%	0%
Mixed - Any other Mixed Background	5	0.2%	9	0.4%	+80%
Asian/Asian British - Bangladeshi	2	0.1%	1	0.1%	-50%
Asian/Asian Brit - Indian	9	0.3%	5	0.2%	+80%
Asian/Asian Brit - Pakistani	2	0.1%	1	0.1%	-50%
Asian/Asian British - Any other Asian	9	0.3%	6	0.2%	-33%
Black/Black British - Caribbean	22	0.8%	4	0.2%	-81%
Black/Black British - African	11	0.4%	6	0.2%	-45%
Black/Black British - Any other black background	8	0.3%	5	0.2%	-38%
Any Other Ethnic Group	21	0.7%	7	0.3%	-67%
Any Other Ethnic Group - Chinese	6	0.2%	0	0.0%	-
Mixed - W & Black African	1	0.1%	3	0.1%	+200%
Information Not Yet Obtained	31	1.1%	114	4.6%	+268%
Ethnicity Refused	69	2.4%	28	1.1%	-59%
No Ethnicity Recorded	36	1.3%	5	0.2%	-86%
Total	2845	100%	2460	100%	-14%

3. Incident by Type of Abuse

There are currently 7 types of abuse that are recorded in East Sussex, these are:

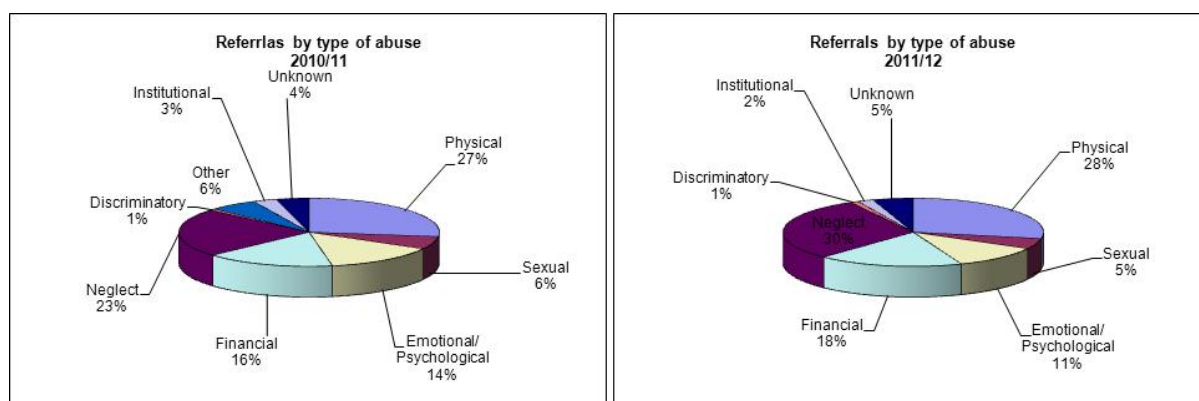
- **Physical abuse**
- **Sexual abuse**
- **Emotional/psychological abuse**
- **Financial abuse**
- **Neglect**
- **Discriminatory abuse**
- **Institutional abuse**

Institutional abuse has now been included as a type of abuse for the last two years. Institutional abuse is abuse that occurs when the routines, systems and norms of an organisation override the needs of those it is there to support. In 2011/12, Institutional abuse was recorded for 67 investigations compared to 52 in 2010/11.

The types of abuse that are recorded are presented in Fig.1 below. The graph illustrates the spread of the types of abuse across all investigations and provides a comparison between 2010/11 and 2011/12.

It should be noted that as more than one type of abuse can be investigated through a single referral, the graphs are based on the first type of abuse recorded in order to provide an idea of the spread. Where multiple forms of abuse have been recorded, further details are also provided.

Fig. 1: Type of abuse for referrals



Of the 1,527 investigations undertaken in 2011/12, 250 involved multiple forms of abuse. The table below provides further detail:

Table 4 – Multiple abuse investigations

Type of abuse	2011/12
Physical	150
Neglect	145
Emotional	155
Financial	77
Institutional	40
Sexual	30
Discriminatory	11
Total	608

This shows that in cases of multiple abuse, 60% include some form of physical abuse, 58%

include some form of neglect and 62% include emotional abuse.

4. Incidents by location

The types of location where incidents of abuse took place are presented in the table below.

Table 5 - Location of Abuse

Location of abuse	2010/11	2011/12
Vulnerable Adults Own Home	406	398
Residential Care Home - Permanent	312	344
Residential Care Home - Temporary	30	36
Nursing Care Home - Permanent	72	225
Nursing Care Home - Temporary	15	23
Alleged Perpetrators Home	48	64
Mental Health Inpatient Setting	27	53
Acute Hospital	41	77
Community Hospital	12	15
Supported Accommodation	58	34
Day Care/ Service	49	21
Public Place	69	64
Education/ Training/ Work Establishment	13	6
Other	36	28
Other Health Setting	9	6
Location Not Known	23	32
Not Recorded	248	101
Total	1468	1527

The investigations illustrated in the table above reflect all investigations started in the period.

There has been an increase in the number of cases of abuse reported in a care setting. Further investigation has found that 95 of the 225 cases were investigated by Mental Health teams and that 20 of these investigations related to one care home.

When looking at the location of abuse, it is also important to analyse the types of abuse that have occurred at each location so that any variances can be identified and investigated.

26% of cases were identified in the individual's own home and just under half are related to Financial abuse 42%. Physical abuse accounting for 20% of the referrals took place in the adult's own home.

Within the residential/ nursing care setting, the most common types of abuse are Neglect 44% and Physical abuse 32%.

5. Source of Referrals

The source of referrals to be investigated are presented in table 6

Table 5 – Source of referral

Source of referral	2010/11	2011/12
ASC - Domiciliary Staff	20	31
ASC - Residential Care Staff	185	174
ASC - Day Care Staff	62	26
ASC - Self Directed Care Staff	1	2
ASC - Other Social Care	226	269
NHS - Primary / Community Health Staff	81	63
NHS - Secondary Health Staff	179	174
Self Referral	48	35
Family Member	89	122
Other Service User	1	1
Friend / Neighbour	24	15
Care Quality Commission	31	40
Housing	49	55
Education / Training / Workplace Establishment	115	2
Police	79	92
Other	286	315
Not recorded	92	111
Total	1468	1527

The investigations illustrated in the above table are investigations that started in the period

The category of 'Other' includes the following sources of referral:

- Anonymous referrals
- Other service providers
- Other independent/ voluntary organisations
- Independent community services
- Other local authority departments
- Youth offending team
- Probation
- Drugs service

As in previous reporting periods, the most common source of referral was 'Other', which accounts for 21% of all referrals.

The second most common source of referral is 'ASC – Other Social Care' staff, accounting for 17% of investigations.

6. Relationship of the Alleged Perpetrators of Abuse to their Victims

The relationship of the alleged perpetrators of abuse to their victims is presented in the table below:

Table 6 – Alleged perpetrators relationship to victim

	2010/11	2011/12
Care Manager	0	8
Day Care Staff	22	17
Domiciliary Staff	68	61
Friend	82	79
Health Care Worker	45	132
Main Family Carer	57	43
Neighbour	20	32
Other Family Member	125	125
Other Professional	35	56
Other Service User	242	185
Paid Carer	63	93
Partner	103	84
Perpetrator not known	67	113
Power of Attorney	3	3
Residential Care Staff	274	379
Rogue Trader	8	11
SDS Self Directed Care Staff	1	0
Stranger	23	31
Volunteer/Befriender	5	3
No relationship recorded	225	71
Total	1468	1527

The most common alleged perpetrator relationship to client is 'residential care staff' which has seen a 38% increase on the same period last year. The second most common alleged perpetrator is 'another service user', accounting for 12% of the investigations undertaken.

By analysing the alleged perpetrators relationship to the client against the type of abuse, it is possible to identify and investigate any variances. The following table shows this comparison:

Table 7 - Alleged perpetrator relationship to client

Rel To Victim	Physical	Sexual	Emotional / Psychological	Financial	Neglect	Discriminatory	Institutional	Invalid abuse type
Care manager	0%	1%	0%	0%	2%	0%	0%	0%
Day Care Staff	0%	0%	2%	0%	2%	0%	0%	0%
Domiciliary Staff	2%	0%	3%	6%	7%	0%	0%	0%
Friend	3%	14%	9%	15%	0%	0%	0%	0%
Health Care Worker	6%	11%	7%	1%	17%	0%	11%	0%
Main Family Carer	3%	0%	4%	6%	2%	0%	0%	0%
Neighbour	2%	4%	9%	2%	0%	8%	0%	0%
Other Family Member	8%	4%	14%	22%	1%	0%	0%	0%
Other Professional	2%	2%	5%	1%	8%	0%	3%	0%
Other Service User	34%	35%	4%	2%	0%	0%	0%	0%
Paid Carer	4%	4%	5%	10%	8%	0%	3%	0%
Partner	11%	9%	8%	3%	2%	15%	0%	0%
Perpetrator Not Known	6%	9%	5%	14%	6%	31%	0%	0%
Power of Attorney	0%	0%	0%	1%	0%	0%	0%	0%
Residential Care Staff	18%	4%	20%	7%	45%	38%	86%	0%
Rogue Trader	0%	0%	1%	4%	0%	0%	0%	0%
Social worker	0%	0%	0%	0%	0%	0%	0%	0%
Stranger	1%	4%	4%	6%	0%	0%	0%	0%
Volunteer/Befriender	0%	1%	0%	0%	0%	0%	0%	0%
No relationship recorded	0%	0%	0%	0%	0%	8%	0%	100%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Excluding the cases with no relationship recorded, the analysis of perpetrator relationship by client type has shown:

The most common perpetrator relationship to the client for 'Physical Abuse' was another service user (34%) followed by Residential Care Staff (18%).

The most common perpetrator relationship to the client for 'Sexual Abuse' was another service user (35%) followed by a friend (14%).

The most common perpetrator relationship to the client for 'Emotional/ Psychological Abuse' was residential care staff (20%) followed by another family member (14%).

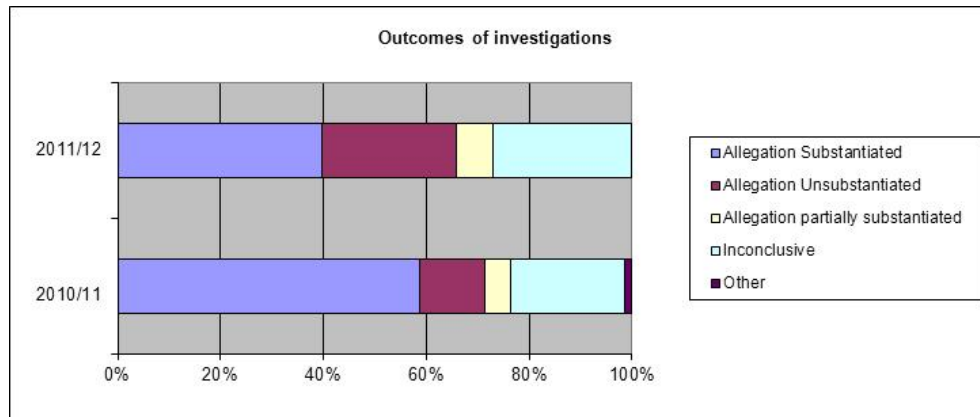
The most common perpetrator relationship to the client for 'Financial Abuse' was a family member (22%) followed by a friend (15%).

The most common perpetrator relationship to the client for 'Neglect' was residential care staff (45%) followed by a health care worker (17%).

The most common perpetrator relationship to the client for 'Discriminatory Abuse' was residential care staff (45%). In 31% of cases relating to discriminatory abuse, the perpetrator was unknown.

7. Case conclusion of the investigations

Fig. 2: Completed Referrals within the period by Case Conclusion



Compared to 2010/11, the percentage of 'substantiated allegations' has decreased. This is due to a change in the way in which completed referrals are reported to bring them in line with the reporting mechanisms of other local authorities. This change will also affect the results shown for the outcomes for alleged victims and perpetrators.

8. The Outcomes for the Alleged Victims

The outcomes for the alleged victims are presented in table 11. This table illustrates all completed investigations in the period.

Table 8 – Outcomes for alleged victims

Outcome for alleged victim	2010/11	% of completed referrals	2011/12	% of completed referrals
No further action	0	0%	640	40%
Increased monitoring	401	45%	470	30%
Other	135	15%	239	15%
Restriction/ management of access to alleged perpetrator	88	10%	106	7%
Referral to counselling/ training	76	8%	45	3%
Vulnerable adult removed from property	26	3%	37	2%
Management of access to finances	45	5%	36	2%
Civil action	2	0%	6	0%
Referral to advocacy scheme	0	0%	5	0%
Guardianship/ use of Mental Health Act	3	0%	5	0%
Service quality issues addressed	51	6%	0	0%
Provider guidelines/ Risk assessment revised	29	3%	0	0%
Refused intervention	23	3%	0	0%
Community care assessment and services	13	1%	0	0%
Moved to increased/ different care	0	0%	0	0%
Application to court of protection	4	0%	0	0%
Application to change appointeeship	1	0%	0	0%
Review of Self Directed Support	2	0%	0	0%
Total	899		1589	

No Further Action accounts for the most common outcome of the investigation. This is due

to change in reporting, indicating that outcomes for individuals are identified as part of the safeguarding plan early on in the investigation.

9. Outcome for alleged perpetrator

The outcomes for alleged perpetrator are presented in the table below. Again, this table illustrates only completed investigations to identify the distribution of outcomes for the alleged perpetrator.

Table 9 – Outcomes for alleged perpetrator

Outcome for alleged perpetrator	2010/11	% of completed referrals	2011/12	% of completed referrals
Not recorded	285	32%	104	7%
No further action	107	12%	443	28%
Disciplinary action	43	5%	75	5%
Other	33	4%	134	8%
Community Care Assessment	20	2%	16	1%
Management of access to vulnerable adult	53	6%	78	5%
Criminal prosecution/ Formal caution	12	1%	32	2%
Police action	37	4%	90	6%
Counselling/ training/ treatment	43	5%	26	2%
Removal from property or service	24	3%	33	2%
referred to PoVA list/ ISA	23	3%	37	2%
Continued monitoring	198	22%	405	25%
Action by Care Quality Commission	1	0.1%	9	0.6%
Action under Mental Health Act	6	0.7%	11	0.7%
Exoneration	13	1%	85	5%
Referral to registration body	1	0.1%	7	0.4%

**Safeguarding
Performance & Quality Assurance Framework**

Introduction

East Sussex Adult Social Care is committed to excellence and delivery of the highest quality services possible. The Safeguarding Performance & Quality Assurance Framework (PQAF) has been reviewed to ensure it is fit for purpose and sets out how we continue to ensure the effectiveness of safeguarding practice and that the most effective way of improving standards is a combination of rigorous evidence based auditing to facilitate improvements, performance management activities, self analysis alongside external reviews and feedback.

The framework supports strategic partnerships and individual organisations in driving improvement in safeguarding outcomes.

It has been developed to assist those with leadership and scrutiny responsibilities to gain a better understanding of how effective adult safeguarding is in both services and communities.

The key principles underpinning the Safeguarding PQAF are the involvement of, and feedback from service users and their carers, clear lines of accountability, leadership and an approach to organisational competency which reflects continual improvement and a learning organisation.

This framework embraces all activity that contributes to improvement through satisfying the strategic partnership that agreed standards are being met and outcomes for adult safeguarding are being achieved.

It is more than meeting targets and counting activity, it is a constant approach providing an effective evaluation of the quality of services and the relationship with other services provided by the local authority and its strategic partners. It is both systematic and themes cross agencies as well as single organisations.

Aim

This Safeguarding PQAF will:

- Support improved outcomes for adults at risk of abuse or neglect
- Provide an overview of all safeguarding quality improvement activity
- Engender a culture committed to learning and continual improvement
- Provide confidence that adult safeguarding is robust and effective.

Governance & Scrutiny

Local Authorities have a community leadership role both generally and in relation to safeguarding.

We are required through the statutory role of Lead Member and the Director of Adult Social Services (DASS), to safeguard adults at risk of abuse. To ensure we are effective there are processes that hold managers and leaders to account. The East Sussex Scrutiny Committee and reporting to Lead Member are the mechanisms used for checks and balances.

East Sussex County Council Safeguarding Adults Board (SAB)

The SAB is the key mechanism for agreeing how the strategic partnership will cooperate in safeguarding adults and ensure the effectiveness of the work we do.

Its core functions are:

- To ensure that all contact with adults at risk within East Sussex is based on the requirement to prevent, investigate and take action where an adult protection concern exists.
- To ensure the different services and professional groups should co-operate to safeguard adults at risk across East Sussex.
- To ensure the effectiveness of agencies' activity to safeguard adults at risk.

The East Sussex Safeguarding Adults Board has established a number of sub-groups to carry forward the specific function of the Board and implement its work plan.

The sub-groups are:

- Operational Practice
- Communication & Workforce Development
- Performance, Quality and Audit

The SAB prepares an annual report that highlights key areas of its business plan and provides a summary assessment of progress.

Adult Social Care Management Oversight

Adult Social Care's Departmental Management Team (DMT) provides scrutiny and management oversight and its safeguarding role is as follows:

- Coordinating social care support services for adults to enable them to manage risks
- Coordinating safeguarding interventions to protect adults at risk of abuse
- Ensure that contract and commissioning services promote the standards of care to safeguard individual's dignity and rights to live free from abuse
- Coordinate domestic abuse, hate crime and anti-social behaviour activities that includes adults at risk
- Ensure that health organisations have mechanisms in place that integrate safeguarding into health related processes
- Ensure there are interventions and support for individuals that have experienced abuse.

These responsibilities are delivered via:

- Operational Management Team (OMT)
- Finance & Business Support Division (FABS)
- Strategy & Commissioning Division
- Planning, Performance & Engagement Division

The Safeguarding Development Team has a key quality assurance function in ensuring DMT and its delivery functions have oversight of performance, the quality of practice and service delivery.

This is achieved through support, guidance and scrutiny of safeguarding work. The team provides monitoring through routine auditing of case files, in-depth interviews of service users following safeguarding investigations and direct feedback from safeguarding activity.

Feedback from audits, interviews and stakeholders is provided to operational teams to note strengths and ensure any areas of development are identified and focused on within team plans. Work includes targeted workshops across all service areas to focus on key issues in relation to topical aspects of safeguarding practice.

The team provides Independent Chairs for some Level 3 & 4 adult safeguarding Case Conferences.

Infrastructure

Performance Indicators

Since the development of the first PQAF, robust mechanisms have been developed to monitor the safeguarding activity that occurs within East Sussex, providing a clear idea of the volume of alerts and referrals undertaken and the conclusions of these investigations. Much of this information is used to inform the national Abuse of Vulnerable Adults return.

The next step is to use the existing information and develop new mechanisms to create a clearer picture of how the SAB is performing. This will include developing new ways to measure how safeguarding interventions are impacting on victims of abuse, identifying what good and bad performance looks like and using this information to identify particular aspects of the safeguarding process that need to be improved.

Safeguarding Competencies

The safeguarding adults competency framework is mapped against the GSCC General Social Care Council (GSCC) code of practice for social care workers, National Occupational Standards, and the ADASS safeguarding standards.

All staff working in Adult Social Care should be assessed as competent against the competencies that are relevant to their occupational role.

To be competent, staff needs to be able to interpret a situation and its context and to have a repertoire of possible actions to take. Regardless of training, competence will grow through experience and the ability of an individual to learn and adapt.

Safeguarding Practice Standards

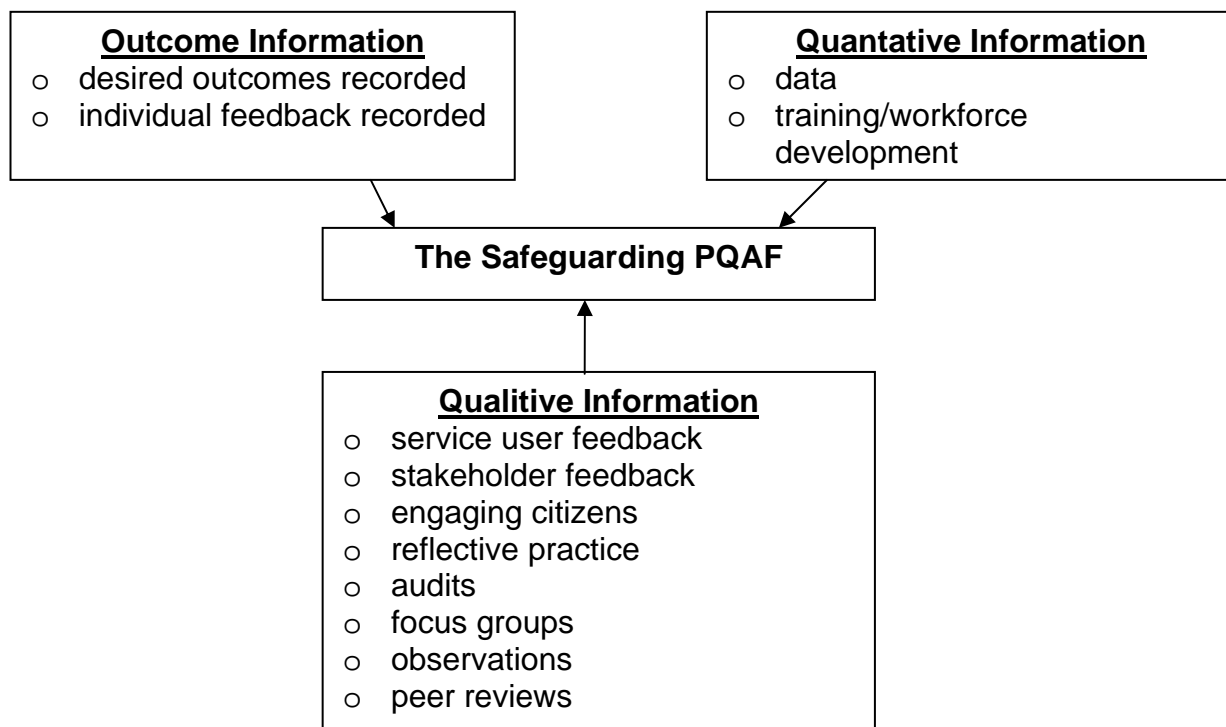
A set of Practice Standards have been developed to inform auditing, providing a benchmark for all adults assessment staff by which minimum standards are acceptable and appropriate practice can be measure.

The standards reflect the Statement of Government Policy on Adult Safeguarding setting out the six principles that assesses the effectiveness of local safeguarding arrangements.

Quality Assurance

Adult Social Care have a range of performance improvement and quality assurance tools within its framework. To be most effective, performance and quality management, like safeguarding is everybody's business and underpins both management and practice. Business plans and performance improvement processes are aligned and aim to demonstrate the relationship between objectives, outcomes, measures of performance, monitoring and practice development.

The following diagram illustrates the components of the Safeguarding PQAF.



Audits

Adult Social Care has a system of case file auditing which identifies areas for improvement. Case file audits examine safeguarding adults investigations and are routinely undertaken to:

- ensure that case files capture all the relevant information and issues of practice quality
- ensure that information in case files can be used to improve the quality of services and outcomes for adult safeguarding.

By auditing safeguarding case files we aim to:

- improve outcomes for service users
- identify strengths and development needs across teams and services
- ensure staff and manager's awareness of performance within their service area
- sustain service development, improvements and confidence
- achieve consistent improvements across Adult Social Care.

Audits are undertaken by the Safeguarding Development Team across service areas as well as Operational Team managers linking to the safeguarding competencies and staff appraisals.

Broader learning points are then incorporated into team action plans that are updated bi-monthly. The current audit tool incorporates the Government's six principles for safeguarding (empowerment, prevention, protection, proportionality, partnership and accountability). External auditing of safeguarding case work is also undertaken to evaluate the quality and effectiveness of practice, compliance with procedures and to measure improvement.

Stakeholder Feedback

The feedback questionnaire is sent to a range of stakeholders involved in the safeguarding process following the closure of a safeguarding investigation.

To ensure we maximise opportunities, there is a section to enable anonymous feedback if desired.

Questionnaires are circulated with the final minutes of the case conferences to all attendees and those who give apologies, excluding the Investigation Manager and Investigating Officer.

Multi-Agency Audits

The SAB is fully committed to continuous improvement in services to safeguard adults and one of the measures is through multi-agency case file audit to examine practice and identify areas of strength and areas for development. Specific areas are agreed and the outcomes of the audits are presented to the Performance, Quality & Audit subgroup before final presentation to the SAB.

Case Conferences – Independent Chair

The Independent Chair role will provide support and scrutiny for best practice through consultation, advice, training and independently chairing Adult Safeguarding Case Conferences.

The Independent Chair's role includes supporting best practice in safeguarding work across a wide and multi-agency professional network. The role is to promote an organisational culture that puts the needs of vulnerable adults first and places a high value on professional practice standards and the pursuit of positive outcomes for vulnerable adults in Sussex. They are also responsible for ensuring any wider learning from adult safeguarding work is identified and actioned appropriately.

The Independent Chair should be objective and to maintain their independence should not be directly involved in the investigations.

Their role in supporting operational teams across the service areas should promote consistent systems, practice, processes and approaches.

Service User Feedback

Interviews with service users, four to six weeks after a safeguarding investigation has been concluded to seek feedback from people who have been through the safeguarding process. The feedback will assist in improving practice, informing developments and to demonstrate that people's outcomes have improved and they feel safer.

Complaints and Compliments

The information obtained from complaints and compliments is reviewed regularly and reported to the head of safeguarding. This information is then used to identify strengths and weaknesses in the current safeguarding processes. The lessons learned as a result are

used to inform the continuous development of service delivery and reduce the risk of these issues reoccurring.

Adult Case Reviews

Adult Case Reviews will be undertaken when adults at risk of abuse die or are seriously injured and abuse and/or neglect is suspected or known to be a factor. The purpose of reviews is to learn lessons and improve practice.

These reviews result in action plans to ensure improvements are made.

Measuring Impact & Outcomes

The process of impact and outcome measurement will rely in both qualitative and quantitative information, some examples of which have been provided below:

Quantitative information

Measure	Source of information	Local or national measure
Number of completed cases by outcome for alleged victim	CareFirst recording	National measure in AVA
Number of completed cases by outcome for alleged perpetrator	CareFirst recording	National measure in AVA
Reduce the proportion of completed cases with 'no further action' as the outcome for alleged victim	CareFirst recording	Local Measure
The proportion of adults at risk who say that they feel safer after intervention	Not currently recorded	Proposed measure in Zero Based Review
From the annual Adult Social Care Survey, monitor the results of the question "The proportion of people who use services who feel safe"	Adult Social Care Survey	National measure
From the annual Adult Social Care Survey, monitor the results of the question "The proportion of people who use services who say those services make them feel safe and secure"	Adult Social Care Survey	National measure

Qualitative information

Measure	Source of information	Local or national measure
Increase the number of involved partners in attendance at case conferences	Not currently recorded	Local measure linked to business plan
Increase the number of adults at risk attending case conferences	Not currently recorded	
Increase the number of staff who report that they have improved confidence in their safeguarding roles	Not currently recorded	
Obtain client feedback from x% of investigations and	Client feedback forms/ interviews	Local measure

monitor trends in issues raised		
Undertake audits of x case files and monitor trends in issues raised and resulting actions	Case file audits	Local measure
Clients report consistency of advice and support	Client feedback	Local measure
People who are reporting improved wellbeing	Client feedback	

Success Criteria

Describing what good looks like can be structured around the five key safeguarding questions for the local accounts as well as key themes to prevent abuse. These key questions will mean we will have to collect different data going forward by refining safeguarding indicators.

There are a number of different functions for management/performance information. They are used for planning, managing safeguarding services, strategy and monitoring outcomes. They are also used nationally (AVA return) as well as information for public use in Lead Member reports and annual reports.

These proposed high level outcomes are:

- People feel and are safer and their circumstances are improved as a result of safeguarding action taken.
- The local population is aware of safeguarding, the quality and safety of local services and what to do if they have a concern.
- The well being of the local population is maintained or enhanced in relation to community safety, domestic abuse, anti-social behaviour and hate crime.
- People are able to report abuse and be listened to
- Concerns about harm or abuse are properly investigated and people can identify what desired outcomes they want to achieve.

When defining 'good' this framework has taken account of each of the different component parts, moving on from measuring outputs to strengthening the focus on people's experiences.

Below are some examples of what 'good' may look like in terms of outcomes in different contexts.

Adult safeguarding plans result in objective, tangible improvement in the well-being and safety of the individual.	The individual feels empowered and more confident as a result of the intervention.
Individuals report that agencies involved in domestic abuse investigations treat them with dignity, respect and provide clear information.	Staff that have received training report that they feel more confident in dealing with domestic abuse investigations.
Service users and carers report consistency of advice and support.	Referrals are appropriate in terms of thresholds and competencies.

Continuous Improvement

East Sussex Adult Social Care is committed to a culture of continuous improvement. It will:

- Make recommendations to individual organisations and the SAB as appropriate. This will include recommendations regarding any identified and evidenced need for further resources and escalation.
- Through the Communication & Workforce Development and Operational Practice subgroups of the SAB take a lead in developing policy & procedures in respect of multi-agency safeguarding activities.
- Spread best practice by bringing together expertise in different agencies ensuring learning from experience (for example adult case reviews and audits).
- Through the Performance, Quality & Audit subgroup oversee the action plan for this Safeguarding PQAF.

