


Derbyshire Safeguarding Adults Board (DSAB)

Annual Report and Priorities

2014-15

The logo consists of a purple oval with a halftone dot pattern, containing the text "Derbyshire Safeguarding Adults Board" in white. This oval is centered within a white rectangular box.

Derbyshire Safeguarding
Adults Board

Chair's Foreword

As the Independent Chair of Derbyshire Safeguarding Adult Board (DSAB) I am pleased to introduce our Annual Report 2014/15 which hopefully gives an insight as to how adult abuse and neglect otherwise known as Adult Safeguarding is addressed within Derbyshire. It aims to give assurance that the partnership is strong, committed and has a collaborative approach to dealing with such matters.

This is my first year as Chair of DSAB, I have previous experience of Chairing Safeguarding Adult Boards in other areas in the country and hopefully bring with me skills and knowledge gained over many years. It is however the skill and knowledge individual Board members bring to the table that create an effective partnership approach. One of my responsibilities as Chair is to ensure that all members of the Board work to a set of policies and procedures ensuring that we work in the same manner and direction and from my observations over the past 12 months - I can give that assurance.

As the 12 months covered by this report end we move into an new era where "No secrets" the advice and guidance document for adult safeguarding in position for over a decade has been replaced with the Care Act 2014. This makes Safeguarding Boards a statutory requirement and although we have been working towards this implementation there is still work to do but we are well positioned.

We have refreshed our Policy and Procedures to align them to the Care Act and have introduced a way of working known as making safeguarding personal (MSP) which is quite simply a person centred approach; empowering the individual at the start during and at its conclusion. It should be about being less process driven and more about seeking individual outcomes and as a Board we are committed to fully implement this over the next year.

The past 12 months has seen continued challenges for public bodies with financial pressure, restructure and changes of personnel, getting more with less resources. Everyone has to adapt but at the same time making sure that safety of individuals is not put at risk. I recognise the pressure that services and individuals are under and I take this opportunity to publically thank the front line workers involved in adult safeguarding across the Derbyshire footprint, especially those working within Adult Safeguarding Team of Derbyshire County Council who I have most contact and support from.

I thank my fellow Board members for their efforts and support and likewise those involved in the sub-group work without whom we as a Board would struggle.

So: “thanks to all”

We continue in Derbyshire to work to the six key principles of adult safeguarding as now embedded in the Care Act, these being:

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

If we continue to work with these in mind I am of the opinion we will be working together and working well to address the issues of abuse and neglect in adults.

I finish by quoting from the now shelved ‘No Secrets’ document however it still contains some powerful messages the following being one:

“Adult Safeguarding needs to be everyone’s responsibility”

Please contact us via the following email address **derbyshireSAB@derbyhire.gov.uk** if you have any comments regarding this report. _____

Andy Searle

Independent Chair

Derbyshire Safeguarding Adults Board

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Report Information

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- Wendy Holehouse, Safeguarding Service Manager, Derbyshire County Council.
- Griff Jones, Adult Safeguarding Lead, Derby City Council
- Jacqui Willis, NDVA
- Brian Nutall, Derbyshire Police.
- DCI Andrew Stokes, Derbyshire Police.
- Katy Pugh, Chief Executive, Age UK, Derby & Derbyshire
- Karen Ritchie, Chief Executive, Healthwatch, Derbyshire
- Libby Keep, Derby Teaching Hospitals, NHS Foundation Trust
- Roger Miller, Assistant Director, Adult Care, Derbyshire County Council.

Executive Summary

This report reflects upon the period 2014/15 where we saw continued significant changes in the way that all agencies work together. The challenges regarding budgetary restraints over the year are set to continue in the year ahead which will demand ever closer working and integration of services.

This report is the first published since the Safeguarding Adults Board 'SAB' became a statutory entity as a result on the implementation of the Care Act 2014 and as a Board it needs to be in a position to influence the emerging way of working together and to keep adult safeguarding on everyone's agenda. The data within this report is clearly saying the issue of adult safeguarding is not going away and there is more work needed to be done.

Key areas of work over the year have seen the embedding of the VARM process Vulnerable Adult Risk Matrix Process. There are many examples of early intervention which supports the benefit of such a process.

Making Safeguarding Personal (MSP) advocates a person centred approach to adult safeguarding. DSAB has been working towards implementing this approach in the lead up to the Care Act which has this topic as a thread throughout. The Derbyshire approach to adult safeguarding has always included the individual and by implementing MSP we will evidence it better and ensure our beliefs are correct and that as a partnership we are putting the individual at the centre of everything.

The saying "no decision about me without me" has to be a true one. We need to focus on outcomes for individuals and perhaps less on the process.

It is however important that we have process guidance hence the need for Policy and Procedures. These are jointly developed with colleagues in Derby City and have been reviewed over the last year and made Care Act compliant.

The SAB continues to take a learning approach as they realise that they don't have all the answers to all the issues surrounding adult safeguarding and continue to monitor good practice from around the Country especially safeguarding and learning reviews.

DSAB continues to have strong links with the other partnership groups across the footprint to ensure synergy and avoid duplication of work. Documents relating to policies /procedures / initiatives across Derbyshire can be found on the Safer Derbyshire website.

www.saferderbyshire.gov.uk

One of the roles of the SAB is to hold partners to account and gain assurances as to the effectiveness of its arrangements. This report is one example of how this is achieved along with audits voluntary scrutiny by peer groups and an independent chair at the head. Work continues to be as effective as possible.

Andy Searle, DSAB Chair, November 2015

Local background and context

Derbyshire is a two tier authority comprising the County Council and eight district and borough councils. There are five Clinical Commissioning Groups (CCGs). A number of key agencies work in partnership across both Derbyshire and Derby City , including the Police, Health providers, Derbyshire Fire Service, East Midlands Ambulance Service, Derbyshire Carers Association, Probation Services and the independent and voluntary sector.

There are strong links between Derbyshire Safeguarding Adults Board and Derbyshire Safeguarding Childrens Board.

Derbyshire and Derby City Safeguarding Adults Boards (DSAB's) have joint Safeguarding Adults Policies and Procedures which were reviewed in April 2015 and a number of the sub-groups of each board are joint county and city groups.

Derbyshire and Derby Safeguarding Adults Policy and Procedures can be found at **www.saferderbyshire.gov.uk**

DSAB Governance Arrangements

The DSAB is attended by senior representation from key agencies with a responsibility for safeguarding adults at risk in Derbyshire.

From April 2015 the Local Authority, CCG's and Police are required to be core members of the SAB as per the Care Act 2014.

The DSAB currently meets quarterly and takes a strategic lead in the protection of vulnerable adults.

About DSAB, the statutory and legislative context

An adult safeguarding board was established in Derbyshire in 2000 as a model of good practice and inter-agency working and co-operation although this was not a requirement of legislation at the time.

The Care Act 2014 made the forming of a Safeguarding Adults Board (SAB) a statutory requirement of a local authority from April 2015.

The Care Act 2014 revised and consolidated adult social care legislation and as previously said placed Safeguarding Adult Boards (SAB's) on a statutory footing from April 2015. The effectiveness of the DSAB is reliant on collaborative working between board members and partner agencies and also other local and regional boards. Agencies are placed under a duty by The Care Act 2014 to cooperate with a SAB.

The Care act 2014 also requires a SAB to produce a strategic plan. Derbyshire Safeguarding Adults Board will publish a three year rolling plan by the end of 2015 which will be reviewed on an annual basis. The strategic plan of the DSAB will outline how it will achieve its objectives and how board members and agencies will implement the strategic plan.

The above must be underpinned by the principles of 'Making Safeguarding Personal' which places an adult's desired outcomes and experience at the centre of all adult safeguarding.

<https://local.gov.uk/web/makingsafeguardingpersonal>

DSAB membership includes statutory agencies and also representatives of the private and voluntary sector. Derbyshire SAB meets quarterly.

The DSAB is an independent board which allows it to provide effective scrutiny of local adult safeguarding arrangements.

The DSAB will:

- Coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of adults in Derbyshire and
- Ensure the effectiveness of what is done by each person or body for those purposes.

This report is the Annual Review of the work of DSAB for the year 2014-2015.

It is a transparent assessment of the performance and effectiveness of safeguarding in the local area.

The report highlights the contributions made by partner agencies toward the work of DSAB.

The report provides the public, practitioners and main stakeholders with an overview of how well adults in Derbyshire are protected, and identifies objectives of the DSAB and challenges for the coming year.

This report considers the priorities set within the previous DSAB Annual Report, its progress against these priorities, and areas for further development.

DSAB Priorities 2014/15 (15)

– plans, progress & outcomes

- The joint Derby and Derbyshire Safeguarding Policy and Procedure has been reviewed and launched.
- The Learning and Development Sub-Group is continuing to develop the adult safeguarding competency framework. This will be further implemented during 2015/16 across all partner agencies. The aim is to improve consistency of knowledge, skills and practice across all agencies.
- The DSAB's quality assurance methods and audit processes have been reviewed and were launched in September 2015 to ensure there are rigorous and transparent mechanisms in place to monitor performance and effectiveness.
- The Strategic Plan, Terms of Reference is currently under review and will be launched December 2015.
- The DSAB will continue to strengthen links with the Derbyshire Safeguarding Children's Board and Derby City Safeguarding Adults Board
- A Customer engagement sub-group has been formed and will held its first meeting in July 2015. Healthwatch and NDVA are taking the lead in the development of this group.
- MSP (Making Safeguarding Personal) initiative has been launched to ensure that an adult is central to any safeguarding enquiries etc.
- The DSAB must ensure that safeguarding arrangements are robust, flexible and responsive.
- Safeguarding Adults Boards (SAB's) will have a statutory status from April 2015 and the DSAB must ensure it is fit for purpose to undertake its duties as detailed in the Care Act.
- The DSAB, based on an effective partnership of organisations has the foundations in place to be effective. Consistent attendance and contribution by all members at the DSAB and/or its sub-groups would strengthen its effectiveness.

DSAB Sub – Groups

Terms of reference and membership details for each sub- group of the DSAB can be found on the Safer Derbyshire website –

www.saferderbyshire.gov.uk

Each sub-group reports quarterly to the DSAB

The sub-groups of the DSAB are currently:

(* Indicates a joint County and City Sub-Group)

- Learning and Development*
- Performance and Quality
- Operational and Leadership*
- MCA/DoLS*

Monitoring the effectiveness of local work to safeguard and promote the welfare of adults in Derbyshire through the DSAB sub-groups

The work of the DSAB sub-groups during 2014/2015

This section sets out how the DSAB monitors the work of our sub groups, their progress and effectiveness in safeguarding adults in Derbyshire.

Terms of Reference and membership details for all of the sub-groups can be found on the Safer Derbyshire Website –

www.saferderbyshire.gov.uk

Performance and Quality Sub-Group

Chair – Bill Nicol

The Performance and Quality group is responsible for the review and provision of inter-agency performance against standards set by the DSAB.

The group meets quarterly and the agencies represented are: Derbyshire County Council, Derbyshire Clinical Commissioning Groups, Acute Hospitals, Derbyshire Police, Derbyshire Fire and Rescue, Derbyshire Community Health Services (DCHS).

The Performance and Quality Sub-Group has:

- Developed and implemented a self-evaluation audit tool for member agencies. Findings have been presented to the DSAB and an action plan has been developed as a result.
- Work in all the above areas will continue in 2015 - 16 and the group will also:
- Complete practice audits with findings reported to DSAB with a view to outcomes informing future practice and inter-agency collaboration
- Seek assurance that Section 14 of the Care Act is being implemented consistently and effectively across member agencies
- Contribute in the revision of the Derby and Derbyshire Safeguarding Adults Policy and Procedures
- Monitor the implementation of action plans and recommendations from Serious Case Reviews (SCR's), Serious Incident Learning Process (SILP) reviews, Domestic Homicide Reviews (DHR's).

The Learning and Development Sub-Group

Chaired Jointly – Jill Ryalls & Griff Jones

- Further embedded the Competency Framework to enable training to focus on outcomes for staff working in safeguarding
- Developed two audit tools in relation to Making Safeguarding Personal and 'Think Family'. These tools will enable safeguarding trainers to audit courses to assess the extent to which they relate to best practice in these two important areas of practice
- Developed links with the Children's Safeguarding Board Learning and Development Group
- Look to pilot a process for enabling spaces on safeguarding courses to be offered across all Board agencies.

Work in these areas will continue in 2015/16 and the group will also

- Look to develop greater co-production in safeguarding training with adults with care and support needs, particularly those who have been supported through safeguarding who will help to both devise and deliver the training.

The Operational and Leadership Sub-Group

Chair – Wendy Holehouse

- The Operational & Leadership Sub-Group continues to thrive and has a good membership of public and independent sector agencies. We have added new members from Healthwatch, Housing Partners, Mental Health Trust, Enable & Partners in Care. Our established members are Police, Fire & Rescue Service, Clinical Commissioning Groups, Derbyshire Community Health Services, Acute Hospitals and Derbyshire County Council Adult Care Managers.
- Our colleagues in Community Safety have attended and contributed towards raising awareness of community safety issues such as Hate Crime and Radicalisation to our partner agencies.
- Derbyshire Constabulary provided an extremely helpful presentation to the group in relation to Modern Slavery and Human Trafficking. Both are now defined as categories of abuse within the Care Act 2014.
- The VARM (Vulnerable Adults Risk Management) initiative continues to expand across Derbyshire with the assistance of colleagues from Derbyshire Fire Service, Derbyshire Community Health Service and the Derbyshire Clinical Commissioning Groups. Further briefing sessions through 2015 will be held across the county.
- The group has contributed to the review of the Pressure Sore and Tissue Viability Guidance.
- The 'Making Safeguarding Personal' agenda has been introduced to the group ensuring that all agencies are on board with the changes the Care Act 2014 requires and this will be a central theme for the group over the next year.

The MCA/DoLS Sub-Group

Chair – Carole Robinson

- Has continued to work towards a multi-agency proportionate response to the continued increase in request for DoLS authorisations. The group has been open in discussing the different challenges for agencies but has at all times kept as the main focus the needs of the Adult and the added value that the DoLS process brings in respect of ensuring all restrictive care is provided in the persons best Interests and proportionate to the risks to self.
 - Provided updates to the group in respect of any recent case law on the DoLS process. This has included a discussion on the process for authorising a DoLS when someone is living in a supported living placement
 - Has written to and then met with the Derbyshire Coroner to discuss and then develop a shared understanding of the process to be followed when someone dies when subject to a DoLS authorisation
 - Received reports on DoLS performance in order that the group and the Board were clearly cited on the risks in relation to the volume of authorisation requests which has meant that a number of cases have had to go over time.
- Work in these areas will continue in 2015/16 and the group will also
- Look to develop a process to hear the views of individuals and carers who are subject to decisions taken under the Mental Capacity Act and the Deprivation of Liberty Safeguards
 - Provide assurance to the Safeguarding Board that agencies have fully embedded the Mental Capacity Act in all aspects of their practice with Adults with care and support needs. The focus will initially be on the way agencies respond to adults when they first access their service.
 - Provide assurance to the Safeguarding Board that staff from across all agencies are being equipped with the necessary skills and knowledge in relation to the MCA and DOLS.

Demographic information

Derbyshire lies in the centre of England. It is a large county covering 630,366 acres. It is a largely rural county with the Peak District National Park accounting for more than a third of the county's total land area.

Of the eight districts within Derbyshire Amber Valley Borough has the largest population (123,900) with Derbyshire Dales District being the least populated (71,300).

There are 3 CCGs with geographical areas of responsibility lying wholly within Derbyshire County. These are NHS North Derbyshire CCG, NHS Hardwick CCG and NHS Erewash CCG. A fourth, NHS Southern Derbyshire CCG, covers the whole of Derby City as well as part of the county. A fifth, NHS Tameside & Glossop CCG, covers an area in the northwest of the county, commonly referred to as Glossopdale, as well as a large area outside the East Midlands region.

The 2011 Census stated that Derbyshire had a population of 769,686 which is an increase of 5% since the 2001 Census.

Derbyshire's estimated population in 2014 was 779,800 with 62% (485,300) of residents being aged 16-64 and 20% (159,400) of the population aged 65 and over.

Two out of ten people in the county are currently aged 65 and over, by 2037 this ratio is expected to increase to three out of ten people. For every 100 males in the county there are 104 females.

Over the next 25 years the population of the county is expected to increase by 87,200 (11%)

The majority of the population in Derbyshire is White British (79.8%)

<http://observatory.derbyshire.gov.uk>
(Office of National Statistics (July 2015))

The National Adult Social Care Outcomes Framework is used both locally and nationally to set priorities for care and support, measure progress, and strengthen transparency and accountability.

Compared to the rest of England:-

Derbyshire has a greater proportion of adults with a learning disability living in their own home or with their family but fewer are in paid employment.

Derbyshire has a greater proportion of adults who are in contact with secondary mental health services in paid employment and living independently.

Derbyshire has a greater proportion of people who use services who feel safe and secure. Safety is fundamental to the feeling of wellbeing and independence for adults and 85.2% of social care users said that the service they receive contributed to them feeling safe and secure.

Within Derbyshire a smaller proportion of adults receive self-directed support or receive Direct Payments.

Derbyshire has a higher admission rate to residential and nursing care homes. The hospital admission rate due to falls for those aged 80+ is also higher but the admission rate for those aged 65-79 is significantly lower than the rest of England and still falling.

A greater percentage of those eligible for an NHS Health Check took up the offer in Derbyshire.

The rate of hospital admission following violence is significantly lower in Derbyshire and continues to fall. The rate of violent and sexual offences also being lower. Derbyshire also has a proportionally lower number of suicides.

(The State of Health & Social Care in Derbyshire. Joint Strategic Needs Assessment (JSNA))

Derbyshire National Adult Social Care Outcomes Framework Executive Summary 2014 full document available at –

<http://observatory.derbyshire.gov.uk>

Adult Safeguarding - Statistical Information

The local authority has a mandatory duty to collect safeguarding data relating to adults aged 18 and over.

The SAC (Safeguarding Adults Collection) data is recorded by adult safeguarding teams based in the 152 councils with Adult Social Services Responsibilities. The final SAC report is available from at www.hcis.gov.uk.

The data collection only includes cases of alleged abuse where a Local Authority (LA) has been notified and details are recorded. Cases where partner agencies have dealt with the allegation and not shared this with the LA are not included.

It is likely that there are cases of abuse which have not been shared with the LA.

The data collected does not include self-harm or self-neglect.

Information is now collected through a Safeguarding Adults Collection (SAC). This data helps to support adult safeguarding policy development and the work of the Safeguarding Board to understand where abuse may occur and improve services for individuals affected by abuse.

The aim is to ensure that the information collected is of value to both the government, councils and SAB's.

This is the first year of the SAC collection method, it has replaced the Abuse of Vulnerable Adults (AVA) return. The SAC covers the same subject as the AVA return but is much smaller.

Safeguarding referrals were open for 103,900 adults in 2014/15, (this is a small reduction on referrals for the previous year which was, 104,050)

60% of referrals were for women and of these referrals 63% were for women aged 65 and over.

85% of referrals were for the white ethnic group.

The most common type of abuse reported was neglect and acts of omission, which accounted for 32% of allegations (a 2% rise on the previous years figures) followed by physical abuse 27% (same as previous year) .

The source of risk was most commonly found to be someone known to the adult (50%) but not in a social care capacity and this figure replicates the previous years statistics.

Social care support was found to be the source of risk in 36% of referrals nationally.

The location of risk of abuse was found to be in the home of the adult at 43% or a care home at 36%.

The DSAB feels that the comprehensive data currently collected in Derbyshire will continue to be of value to influence service development, the future work of the DSAB, policy development, governance and accountability and has requested that this data is still collected for use at a local level outside of SAC mandatory requirements.

The East Midlands has the lowest referral rate in England. The data collected for Derbyshire mirrors the data for England as a whole.

Safeguarding Referrals 2014 / 2015

- During this period there were **1697** adult safeguarding referrals involving **1513** clients. There were **1658** conclusions to safeguarding investigations undertaken during this period.
- No further action was taken in relation to further safeguarding investigation in **1564** of these cases
- Gender Breakdown of these figures is **1037** female referrals and **652** male referrals (note, referrals not individuals so numbers are higher than in the table below)
- White ethnicity is recorded in **1506** referrals received.

The tables below provide a further breakdown of statistics:

Client Group	
Already known to LA	1,303
Female	797
Male	505
Previously unknown to LA	210
Female	129
Male	76
Physical Disability	632
Sensory	53
Mental Health	90
Memory & Cognition	129
Learning Disability	202
Substance Misuse	-----
Other Vulnerable People	407

Abuse Type	
Physical	510
Sexual	124
Psychological/Emotional	343
Financial and Material	378
Neglect and Acts of Omission	617
Discrimination	14
Institutional	30

The 'Abuse Type' figures include more than one type of alleged abuse in each category.

Source of Risk	
Care Home	598
Hospital	71
Own Home	772
Service Within the Community	4
Other	223

Outcomes	
Fully Substantiated	264
Partially Substantiated	102
Inconclusive	185
Not Substantiated	1089
Investigation Ceased	8
No Further Action Taken	1082
Action Taken & Risk Remains	38
Action Taken & Risk Remains	380
Action Taken and Risk Removed	158

The outcomes recorded above are the result of concluded multi-agency safeguarding investigations.

Capacity	
Was the adult assess to lack capacity	
Yes	245
No	511
Not Recorded	902

Reports From Our Partner Agencies of the DSAB for 2014/15

Derbyshire Fire and Rescue Service

Derbyshire Fire and Rescue Service (DFRS) has made significant progress within the Adult Safeguarding Board over the past year. Internal policies and procedures have been developed in line with the Adults Safeguarding Board's policies and new Care Act 2014. Internal on line training packages have been updated and made available to all staff. DFRS have continued to support the Board and contribute to the Boards sub groups. For example:- by working with partners from the Performance Improvement Sub Group (PISG) in the development of Vulnerable Adult Risk Management (VARM) process and with the delivery of VARM training across the county.

During 2014 – 2015 DFRS prevention staff have been building on existing relationships with partner agencies represented on the Safeguarding Boards to identify and work with more people residing in Derbyshire who may be living at a high risk of death from a fire in their home. People living on their own with physical illness or disability, mental ill health, alcohol or substance dependency or who under threat of serious domestic abuse (inc Arson) may be at a higher risk of death from fire than other members of the community.

Often a single visit from a DFRS Community Safety Officers (CSO) to someone who may be at risk and offering advice and practical controls,

such as smoke alarms, fire retardant bedding etc, can reduce the risk of fire to an acceptable level. However, there are increasing occasions where community safety officers are working with people who for many reasons are likely to remain at high risk without multi agency intervention. DFRS classify someone as high risk as being someone who (based on evidence and CSO experience) is deemed likely to have a fire in their home and unlikely to escape. In these instances DFRS will seek assistance from other agencies on the SA board in working together to pool expertise, explore legislative duties and powers, share information in order to reduce risk and where possible improve the health, safety and wellbeing of the person at risk. From April 2014 to April 2015 13,606 Home Safety Checks have been completed. Specialist Community Safety officers have worked with 132 people assessed as living at high risk. 42 high risk homes have been protected by portable misting systems. DFRS has been involved in/or coordinated over 60 Vulnerable Adult at Risk meetings (VARM), and provided fire safety intervention to 286 addresses open to MARAC.

In order to ensure collaborative working is effective it is essential that all relevant professionals have a shared understanding of risk and a desire to reduce it. Relationships at practitioner level are paramount to this and DFRS both welcome and appreciate the support of SAB members in promoting these relationships and assisting DFRS ensure the wishes of the person at risk remain paramount.

In January 2015 DFRS worked with SAB partners in hosting a successful multi- agency workshop aimed at raising awareness about hoarding across the county. This workshop was the springboard for the group to progress a multi-agency protocol and toolkit for tackling hoarding countywide.

Mat Lee

Derbyshire Clinical Commissioning Groups

Throughout 2014-15 the CCG's Adult Safeguarding Team have been available to provide operational and referral advice across the healthcare economy. The past year has once again seen an increase in staff seeking advice and in particular those calls received from General Practice.

- 2012 – 13 14 advice requests
- 2013 – 14 35 advice requests
- 2014 – 15 68 advice requests

This increase in referral activity correlates with each GP Practice now having a nominated Adult Safeguarding Lead. Awareness of adult safeguarding roles and responsibilities are also likely to have increased as a result of the staff training programme and information bulletins.

Some key priorities for 2014 - 2015

- Ensure CCG compliance with the Care Act (2014) and the Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework
- Design and implement a quality assurance programme for Primary Care
- Ensure CCG compliance with national legislation including Mental Capacity Act (2005), Female Genital Mutilation, and Modern Slavery

- Co-ordinate, deliver and evaluate the staff training programme
- Continue the adult safeguarding case file audit
- Revision and amendment of the SAAF (Safeguarding Accountability and Assurance Framework) process
- Collaboration with key stakeholders to achieve the Adult Safeguarding Boards strategic objectives
- Maintain active participation in shaping local partnership strategies, priorities, and arrangements.

Bill Nicol

Age UK Derby and Derbyshire: Safeguarding Adults Annual Report 2014/15

This is a summary of our Safeguarding Adults activity during the financial year 2014/15:

1. AUKDD reviewed its policy and procedures (for the county and city) in line with the new arrangements in each authority area. Policies and procedures are reviewed annually on a cycle by the Support and Development Programme Board and then the Board of Trustees for approval.
2. Developed our trustee, staff and volunteer intranet resources to include a section on safeguarding and links to specialist websites, our policy and procedures. These resources are available, via login, to over 300 people.
3. Launched our new Staff & Volunteers Induction Modules including an induction planner with Safeguarding as an 'essential' module for staff and volunteers.

4. Achieved 2 prestigious quality standards:
 - Achieved Mentoring and Befriending Foundation Approved Provider Standard for the 4th time. The independent assessor noted in the quality report the high standard of safeguarding training provided to befrienders with our own befriending training package, and the consistent and effective monitoring of client/befriender relationships.
 - The Age UK Organisational Quality Standard endorsed by the Charity Commission. The assessment conducted by international ISO assessors highlighted the effective training in safeguarding throughout the organisation including governance, management, staff and volunteers and the range of promotion of safeguarding to our service users.
5. Completed the Charity Commission 'Good Governance Code' with a self-assessment of every aspect of our governance. Work included upgrading our Trustee Induction process and refreshing core skills and knowledge training including Safeguarding Adults.
6. Supported Age UK (national) Doorstep Crime Awareness campaign promoting the use of local Trusted Trader schemes and our Business Directory. Campaign materials were included in all responses to Information and Advice Enquiries and our charity shop customers for 1 month. These materials and others are routinely distributed to clients in high risk categories (living alone, 75+, owner occupiers etc) and in our 'Managing your Home' information pack.
7. We made a commitment to include a safeguarding alert message on all possible AUKDD resources. All our service leaflets include a standard message with links to safeguarding support. Leaflets and other resources including the safeguarding message are displayed in 14 Information Hubs throughout the county and city in public access areas (charity shops, London Road Community Hospital, day services etc for free self-selection).
8. Our Information Roadshow visited over 70 public venues and events throughout Derbyshire (exc City) providing access to older people and carers to a wide range of information. Safeguarding information is always available at a roadshow plus contact details for our Information and Advice and Advocacy services for free, confidential and independent advice.
9. Provided 1:1 support to individual clients supported by our Day Services, Memory Lane, Befriending and Advocacy services who have been identified as at risk or experiencing abuse. This includes inter-agency working, monitoring and participating in safeguarding reviews as necessary.

Katy Pugh

Healthwatch Derbyshire

Healthwatch Derbyshire hears what Children, Young People and Adults have to say about health and social care services, whether it be praise, criticism or ideas for improvement.

We strengthen the collective voice of patients and the public so that service providers and commissioners listen to what people have to say. We then hold the providers and commissioners to account for how they use the information we provide to shape, inform and influence service delivery and design.

We analyse all the comments we receive regularly so that we can identify emerging issues, trends and themes. This helps us to see where service improvements are needed, and show where there is good practice, which can be shared.

Engagement activity with patients and the public takes place across the county around agreed priorities. The type of engagement activity conducted will depend on the topic and the group of people we are trying to target, e.g. surveys and questionnaires, Enter and View visits, in-depth interviews, or more informal face to face contact with our Engagement Officers.

During the last year our engagement priorities have included:

- Homecare services.
- The Autism Pathway.
- Hospital services.
- Primary Care services.
- Improving Access to Psychological Therapies (IAPT) services.
- Acquired Brain Injury services.
- Patient Transport services.
- Experiences of Carers.
- Experiences of Children and Young People.

Enter and View

The Enter and View programme provides Healthwatch Derbyshire with an opportunity to see how a service is run and gives an opportunity to hear the views of service users, carers and staff at the point of service delivery. Enter and View visits are conducted by Authorised Representatives who are trained volunteers, and bring a lay perspective to the observation of a service. This year we conducted a total of 8 visits, in Care Homes and GP Practices, at the Chesterfield Royal Hospital Eye Centre and to observe the service delivery of NSL non-emergency transport provider.

Safeguarding

During the course of our work we are often told information that causes concern. This could be about the safety and wellbeing of an individual, or the safety and quality of service delivery. In cases such as these, we follow our Safeguarding and Escalation Policies. We have a Record of Concern and Action Form (ROCA) which supports Healthwatch staff to gather together information about a particular concern, and plan an appropriate course of action with support from the safeguarding leads for Healthwatch, who are the Chief Executive and the Intelligence and Insight Manager. Resulting action may be a referral to the Local Authority Safeguarding team, the Care Quality Commissioning and/or the Commissioner of the service. All action is recorded, and monitored.

Karen Ritchie

Derby Teaching Hospitals NHS Foundation Trust

1.0 Safeguarding

1.1 The report outlines the work undertaken by the Trust during 2014/15 in respect of its commitments and responsibilities for providing and maintaining the necessary services to protect the safety and welfare of adults at risk of harm, children and young people.

The Trust’s approach to safeguarding is a ‘Think Family’ approach. The ‘Think Family’ approach promotes co-ordinated thinking and delivery of services to safeguard children, young people, adults and their families/carers. Children, young people and adults do not exist or operate in isolation. As a Trust we recognise that the best way to assess, deliver, and review services is to take account of the wider family structures in which an individual exists and for which sensitive and targeted help will be more effective.

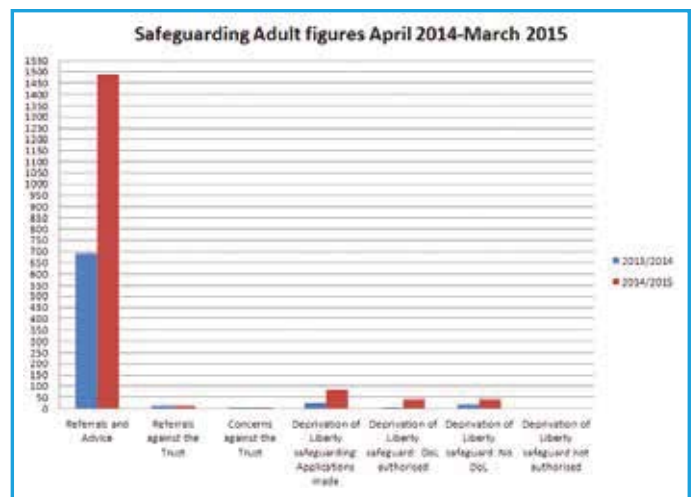
1.2 The Safeguarding activity in the Trust has continued to increase significantly and a review of the team took place in 2013-14. As a result of this the staffing resource in the team has been increased and we are grateful to the Trust Board for this support. We are in the process of recruiting to an additional full-time band 6 nurse post. This post will have a key role in supporting the Trust in improving confidence and practice in Adult Safeguarding and the ‘Think Family’ approach. We have also increased the Safeguarding Administrator post by 0.4 whole time equivalent to make the post full-time.

1.3 The Trust Safeguarding Lead Nurse role has also been reviewed to reflect the increasing complexity of the safeguarding agenda. The new role is currently being advertised and we are pleased to report that there is a high level of interest.

1.4 The Safeguarding Liaison Midwife and Paediatric Safeguarding Liaison Nurse posts have been successful in becoming permanent roles within the team during 2013-14, following on from their previous secondments.

2.0 Safeguarding and Referrals

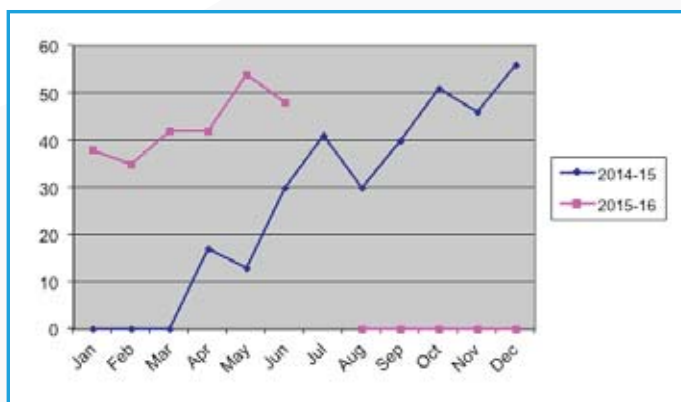
The numbers of referrals and contacts into the team is shown in the graph overleaf. The Safeguarding Team have undertaken a process mapping exercise with a view to improving our systems so that all safeguarding enquiries are handled efficiently and effectively. For example, we have found that on occasions ward and departmental staff have tried to contact the Safeguarding Team with a concern when they could have gone directly to Social Care and this potentially creates delays. We are now working with Clinical Divisions to ensure that improvements identified to enhance the management of cases at a local level are embedded across the Trust wherever possible.



3.0 Deprivation of Liberty (DoLS)

Over the last year the Trust has been increasing the number of applications for DoLS (see graph on page 23). The new ruling has had a significant impact on the number of applications now being made and during 2014 -15, is already significantly higher. A DoLS database has been established and notifications of DoLS applications are sent to CQC in a timely manner.

3.1 Domestic Violence. The Trust has a key role in working with partner agencies in identifying and ensuring that victims of domestic violence are able to access the appropriate support. The Domestic Violence and Abuse Lead within the Safeguarding Team has disseminated posters around the Trust for staff, and has disseminated posters electronically to colleagues for raising awareness for patients, staff and visitors. The posters are part of a co-ordinated campaign supported by the Safeguarding Team during 2014/15. Derby MARAC meetings have been increased in frequency to fortnightly since October 2014, due to the exponential increase in MARAC referrals. There has been a significant increase in referrals from within the Trust following the DV training programme.



4.0 The Safeguarding Link Professional Programme

The Safeguarding Link Professional Programme has been developed to improve safeguarding knowledge and practice across the Trust. Furthermore, the objectives of the group include building confidence and capacity with regards to safeguarding and 'Think Family' across the work force; and for Link Professionals to share good practice.

The Link Professionals have bi-monthly development days co-ordinated and led by the Safeguarding Team. They have responsibilities for improving and maintaining high standards of safeguarding within their areas in partnership with the local Matron or line manager

5.0 Inspections

The CQC visited the Trust during the week commencing 8th December 2014. Overall we were given a “good” with recognition of the significant work undertaken by the Team and the Trust to support the Safeguarding Agenda.

Safeguarding Adult Assurance Framework and Peer Review

The purpose of the peer review is to gain an insight into the safeguarding challenges, activities and achievements of a fellow NHS Provider Trust. This process has replaced the completion of a SAAF for 2014/15.

Summary report from our recent peer review with Chesterfield Royal is as follows:

Examples of good practice:

- The overall strategic approach to safeguarding appears very robust: discussion/highlighting priority areas within the management/committee structure of the organisation.
- The team is cohesive with clear areas of responsibility

The Safeguarding agenda has continued to expand significantly in 2014-15 and there is an increase in the team resource to be able to manage this. The Governance structure is well embedded in the Trust and we were very pleased with the outcome of the CQC inspection.

Libby Keep

Chesterfield Royal NHS Foundation Trust

2014/15 has been a year of increase for safeguarding adults: in both the team and activity. The Safeguarding Adults Lead (SAL) was joined by the Learning Disabilities Lead (LDL), a new post for the Trust, in August 2015 and the Deputy Director of Nursing and Patient Care in April 2015.

The Trust's awareness of safeguarding concerns that can arise in care delivery is reflected in the number of safeguarding self-referrals (14), eight of which were avoidable hospital acquired category 3 pressure ulcers. The self-referrals account for a 50% increase in the number of safeguarding referrals against CRH from 14 in 2013/14 to 21 while the referrals made against the Trust by another provider or family reduced from 12 in 2013/14 to seven.

Less than half of the referrals (9) were substantiated or partially substantiated but learning points were identified in all cases. An example of action taken to improve communication was the implementation of a safeguarding alert for two patients with specific care needs. The alert directs staff to the information that will help them deliver the specialist care and appropriate interventions. For one patient this involved working in partnership with other agencies in the community who also provide care to the individual.

The SAL and LDL completed an audit of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) that revealed shortcomings in the application and documentation of capacity assessments and the best interest process. The awareness and application of the DoLS in practice improved significantly with a 250% increase in activity from 21 authorisations in 2013/14 to 74 in 2014/15.

MCA/DoLS is now part of annual essential training.

The LDL has raised awareness of her role working with patients, families, hospital staff and partner agencies to identify reasonable adjustments and specific support required for patients when accessing hospital services.

The SAL and LDL are easily accessible via bleeps providing support/advice to clinical staff on a broad range of safeguarding concerns. The requests for legal advice increased reflecting the complex issues faced by staff in clinical practice.

A safeguarding adults section on the staff intranet was developed to provide information about the increasing number of areas within safeguarding in different formats and provide links to relevant websites for specialist information.

The SAL and LDL completed a peer review with the Royal Derby Hospital, within deadline, for the safeguarding adults assurance process. The SAL and LDL attend and contribute to the relevant safeguarding and learning disability regional meetings and continue to work in partnership with health and social care colleagues.

Jane Graham

Derbyshire Community Safety – Domestic Abuse Report

Activity

During 2014-2015, Derbyshire County Council Adult Care Department received 537 referrals in relation to the Abuse of Vulnerable Adults (AVA). A third of these (34%) were assessed at a Safeguarding Strategy meeting, and 29% had had a previous referral in the last 12 months.

Derbyshire County Council Adult Care Referrals						
Abuse of Vulnerable Adults	April 2014 to March 2015			January to March 2015		
Area	Referrals	Safeguarding Strategy Meeting (SSM)	Referrals within 12 months	Referrals	Safeguarding Strategy Meeting (SSM)	Referrals within 12 months
Amber Valley	68	13	18	13	2	4
Bolsover	64	20	16	10	3	4
Chesterfield	126	35	40	14	4	5
Derbyshire Dales	39	13	13	8	3	3
Erewash	41	14	8	4	2	1
High Peak	34	22	9	5	2	2
North East Derbyshire	88	40	27	5	2	1
South Derbyshire	54	20	17	16	7	6
Not Recorded	23	7	6	2	1	1
Total	537	184	154	77	26	27

61% of referrals were in respect of females, with the majority of referrals (54%) being from those under the age of 65 years. Only 2% were from those within the BME communities.

During the year, nearly half of the referrals (45%) were in respect of vulnerable adults who had a physical disability, were frail, or had a sensory impairment. A further quarter had mental health or learning disabilities. The majority (53%) of referrals were made by secondary health agencies or other non-specific agencies or sources.

Achievements

We successfully delivered against the key outcomes outlined in our first joint domestic abuse and sexual violence strategy 2011-2014. Key successes included development of bespoke training about domestic abuse and lesbian, gay, bisexual and transgender (LGBT) groups; development of education guidance for schools about how to introduce the topic of domestic abuse in lessons; establishment of a voluntary perpetrator programme for the county, implementation of the Domestic Violence Protection Order (DVPO) scheme and Domestic Violence Disclosure Scheme (Clare's Law).

We have also developed our new Derby and Derbyshire joint domestic violence and abuse and sexual violence strategy for 2015-18 which focuses on three key outcomes of Prevention, Protection and Provision. A delivery plan supports the strategy and will guide our targeted work on an annual basis. A communications strategy and action plan also accompany the work with a key focus on rebranding the Derbyshire domestic abuse helpline as the key point of contact for victims of domestic abuse across the county.

Priorities for 2015/16

The priorities for 2015/16 identified in the delivery plan include development of basic awareness training for domestic abuse and sexual violence as a pre-requisite for more advanced or topic specific training; identification of a model to manage serial and repeat perpetrators of domestic abuse; research into the emerging trends of young people who harm family members and the development of a peer review approach to ensure improved practice.

Derbyshire County Council is also re-commissioning the county domestic abuse support services which include Accommodation and Support, Medium risk outreach services and Children’s domestic abuse support services. The new contracts will commence on 1 April 2016.

MARAC (Multi-Agency Risk Assessment Conference)

MARAC is a multi-agency approach to managing cases of domestic abuse where the victim has been identified as being at high risk of serious harm or homicide.

Monthly meetings bring together representatives from both statutory and voluntary agencies with the aim of sharing information and developing a safety plan for victims and their families with a view to reducing the risks and the likelihood of repeat victimisation. The victim does not attend the meetings but is represented by an Independent Domestic Violence Advisor (IDVA) who speaks on their behalf.

MARAC Cases - County - April to March 2015		
Cases	Regards Groups	Primary Referral Sources
Cases discussed 728	Male 25	Children’s Care 24
Repeat Cases 85	BME 29	IDVA 15
% Repeats 12%	LGBT 2	Police 412
	Disability 0	Voluntary Sector 96

Derbyshire Community Safety Unit provides a wide range of free training for partner agencies in Derbyshire.

MARAC training is regularly provided. Further information, and booking forms for all training are available at:

www.saferderbyshire.gov.uk/training

Domestic Homicide Reviews

In the last 3 years, there have been 4 DVA murders in Derbyshire. 3 of these involved a male offender killing their female partner, 2 with a knife and one with a hammer. The other murder was committed by a female who fatally stabbed her male partner with a knife

- Below are details of Domestic Homicide Reviews which are in progress or have been concluded.

Reports for concluded reviews can be found on Safer Derbyshire Website

www.saferderbyshire.gov.uk

- BDCNH – 11 – no review conducted – agreed with Home Office
- CDNCH – 11 – report completed – Published in Jan 2014, only stay on Safer Derbyshire website for 12 months
- DDCNH – 12 – published available on safer Derbyshire
- EDCNH – 13 – no review conducted – agreed with Home Office
- FDCNH – 14 – report due to be published in October
- HDCNH – 15 review ongoing

Lisa Morris

Derbyshire County Council Adult Care

The Care Act 2014 heralded a new profile for Safeguarding Adults and the lead in time between the Act receiving royal assent and April 1 2015 when it came into force was a period of high activity for Adult Care as preparations were made for the changes that were introduced.

The successful review of policy and procedures with colleagues from Derby City and the delivery of extensive briefings about the new responsibilities and changes in practice required to deliver Making Safeguarding Personal relied heavily on work done by the small DCC Safeguarding Team. Particular thanks should be recorded to them for that work.

Adult Care and partner organisations started from a sound base in preparing for the new responsibilities. The LGA /ADASS Peer Review team which reviewed Safeguarding policy and practice in Derbyshire in July 2014 concluded that people were well protected by the current safeguarding services.

The Safeguarding Board has been effective and well supported by organisations working in Derbyshire for many years and the appointment of a new Independent Chair made the review of terms of reference and structure in preparation for becoming a statutory Board a good opportunity to reflect on its successes and strengths. The development day organised by the Chair in December 2014 reinforced many principles and the commitment shown by all partners to maintaining their profile in Board activities was very positive. The extension of membership of the Board to include representatives of the criminal justice system has already been valuable

All organisations have continued to work through the consequences of the Supreme Court judgement in 2014 that effectively redefined a deprivation of liberty under the Mental Capacity Act. The lower threshold test has extended protection to large number of people and Derbyshire like other services had had to invest new resources to respond to a level of requests for assessment that is six times higher than previous levels. The review of Deprivation of Liberty standards commissioned from the Law Commission will not report until 2017 so the present level of demand for assessments is expected to continue.

Operationally Adult Care has responded to an increased number of concerns rising from 1652 in year ending March 2014 to 1715 in year ending March 2015. The number of concerns substantiated remained practically the same at 360 and 366.

Work commenced to review the current approach to issues of quality in care settings which do not meet the safeguarding threshold. This will continue into 2015/16 to increase assurance that we are offering the most effective responses possible to raise standards of quality and experience in care settings.

Roger Miller

NDVA

Supporting Derbyshire's Health Related Voluntary Organisations and Liaising With Health & Social Care Agencies



NDVA role is to support and represent the Health & Social Care Voluntary & Community Sector (VCS) in Derbyshire and liaise with statutory agencies.

Over the last year NDVA's Adult Care Safeguarding Board representative has supported the activity of the Board by regularly disseminating timely and relevant safeguarding information to the health and social care voluntary and community sector. This has proved to be an essential link to frontline VCS services.

NDVA currently has access to over 700 health & social care voluntary groups on its specialist database and an electronic distribution list of over 600.

NDVA's quarterly Health & Social Care Voluntary Sector Forum is used as a mechanism for safeguarding information sharing and discussions to take place at least once per year. NDVA also distributes safeguarding information through its quarterly newsletter and regular e-bulletins.

Representing and promoting the Health & Social Care VCS at strategic meetings, including the Health & Wellbeing Board, Adult Care Board, Carers Commissioning Board and Derbyshire Learning Disability County Board also provides a two way channel to share information.

NDVA works in partnership with Clinical Commissioning Groups, Derbyshire County Council, Derbyshire Community Health Service, Derbyshire Healthcare Foundation Trust and Chesterfield Royal Hospital as part of 21c JoinedUpCare to integrate VCS services into strategic plans.

Jacqui Willis

Derbyshire Police

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

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

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

In the past 12 months we have continued to promote the 'Think Family' strategy which informs all staff that throughout their duties they should consider and be responsive to the whole family's needs and vulnerabilities.

We have worked with partners to embed the Vulnerable Adult Risk Management (VARM) process. This facilitates effective multi-agency working around vulnerable adults deemed to have mental capacity, but who are at risk of serious harm or death through self-neglect, risk taking behaviour or refusal of services.

As well as participating in and leading meetings, we have also been involved with our partners in the VARM review, resulting in improved processes.

With the advent of the Care Act in April 2015, the Derbyshire Constabulary is now a statutory partner for safeguarding adults. We have worked closely with our partners to develop joint policy and procedures and are represented at the Derbyshire Safeguarding Adults Board. We have also appointed a Designated Adult Safeguarding Manager.

We are members of the Board sub-groups including Learning and Development, Operational and Leadership, Performance Improvement and Mental Capacity Act/Deprivation of Liberty safeguards (MCA/DoLS). We have actively participated in the work of these groups such as the completion of a self-assessment toolkit to inform the Board of areas of both good practice and those requiring further development.

The force is also widely represented in a number of partnership arrangements which include Multi Agency Protection Panel Arrangements (MAPPAs), the Multi Agency Risk Assessment Conference (MARAC) processes and the Domestic Violence/Serious Sexual Violence Board & Co-ordination group.

DCI Andrew Strokes

MAPPA (Multi-Agency Public Protection Arrangements)

Safeguarding the public from violent and sexual crime continues to be one of the highest priorities for agencies across Derbyshire.

Multi- Agency Public Protection Arrangements (MAPPA) are a set of arrangements established under the Justice Act 2003 to manage the risk posed by the most serious and violent offenders (referred to as 'MAPPA eligible')

Derbyshire Constabulary, Derbyshire Probation Trust and HM Prison Service (East Midlands) are together responsible for MAPPA in Derbyshire and Derby. The arrangements have been established for the purpose of assessing and managing the risks that may be posed by sexual, violent and other serious offenders, whose direct or indirect victims will sometimes have been children.

Additional statutory services are cooperating partners to MAPPA including a number who also work together through the DSAB. The management of offenders and perpetrators through MAPPA complements and supports the responsibilities of the SAB.

At 31 March 2014 there were 1261 MAPPA-eligible offenders living in communities within Derby and Derbyshire.

The rate of violent offences is significantly lower and falling within Derbyshire as is the rate of sexual offences.

(N.B. The provisional figure as at 31.03.15 is 1384)

Brian Nutall

Derbyshire Health United

Derbyshire Health United (DHU) is a 'not-for-profit' social enterprise organisation and is the provider for NHS Out-of-Hours services on behalf the North Derbyshire, South Derbyshire, Hardwick and Erewash Clinical Commissioning Groups.

DHU are the provider for the NHS111 Services for Derbyshire, Nottinghamshire, Northamptonshire, Leicestershire, Leicester and Rutland and are the provider of Offender Health and Justice services for HMP Sudbury and Foston Hall prisons. DHU believe that patients deserve good quality treatment in a caring and safe environment.

NHS England introduced NHS111 to make it easier for patients to access local NHS healthcare services in England. Patients dial 111 when they need medical help fast when it is not a 999 emergency. The NHS111 service makes it easier for patients to get the right care 24 hours a day 365 days a year.

Derbyshire Health United (DHU) is commissioned to provide the NHS 111 service for Derbyshire, Nottinghamshire, Northamptonshire, Leicestershire, Leicester and Rutland. In order to provide the NHS111 service, DHU employ fully trained NHS111 Call Advisors and Nurse Advisors, along with Dental Nurses and Paramedics to ensure we provide an efficient, effective and quality service to our patients. Although DHU provide the NHS 111 service for Derbyshire, Nottinghamshire, Northamptonshire, Leicestershire, Leicester and Rutland, in Derbyshire it is quite different.

In Derbyshire DHU is the provider for the Out-Of-Hours (OOH) GP Service which enables the NHS111 service to provide integrated care for patients NHS 111 is a service provided 24 hours a day and following a thorough and detailed assessment of patients presenting symptoms the patient is then given health care advice or directed to the right local services equipped to manage their illness or injury.

Not holding patient records or having a static patient case load provides DHU with challenges. Despite this, throughout all of the services provided by DHU, patient safety and safeguarding continues to be a priority. The Lead nurse continues to demonstrate that internal safeguarding structures and processes meet the required standards expected by commissioners.

Adult safeguarding is also of paramount importance within the Out-Of-Hours Community Nursing service. This service provides skilled, flexible nursing care to meet the needs of individuals and carers in the community.

The out of hours service provides both planned and unplanned care to patients in their own homes in partnership with the day time Community Teams and evidence based interventions.

The aim of this service is to provide high quality nursing care, in the most appropriate setting to reduce hospital admissions, promote quality of life, facilitate early discharges and coordinate complex packages of care.

In addition to these services, the DHU Offender Health & Justice Division, is responsible for delivering high quality care to prison establishments across the Derbyshire County. A wide range of service are delivered including: Primary Mental Health, Clinical Substance Misuse, Long Term Conditions Management, Urgent Care, GP Services, Sexual Health & Contraception, Immunisation & Vaccinations, Medicines Management.

The purpose of this service is to ensure individuals residing within the prison establishment receive a high quality of care that is equitable with healthcare services available to the general population within the community inclusive of social care needs and the protection of adults at risk.

The lead nurse for adult safeguarding is now working alongside the DHU Integrated governance department. This encourages collaborative working. All incidents and complaints with potential safeguarding implications are now reviewed by the adult safeguarding lead nurse, themes and trends are identified, and any remedial actions are raised with staff members when appropriate.

Due to the expanding range of initiatives and disciplines that come under the 'safeguarding' umbrella the DHU safeguarding team now has its own section on the DHU intranet. Ensuring that all up to date information can be easily disseminated, and is accessible to all relevant staff members. The introduction of a Safeguarding newsletter has also been beneficial to the cascading of information.

DHU Lead nurse continues to be a member of both the Derby & Derbyshire Adult Safeguarding Boards, the Performance and Quality improvement groups for both the city and county and is an active member of the Adult at Risk Committee – Health.

The next year DHU aims to increase the quality of the Adult safeguarding referrals. Work has already started on a new referral process that is embedded into the computer software that is currently used. This new process will be more efficient as it will self-populate patient demographics/details onto the referral form. The referral process will be 'paperless' reducing the information governance risks and easing the referral process.

Julie Tomlinson – Lead Nurse Adult Safeguarding

DSAB Priorities for 2015/2016

Headline Priority Areas	Proposed Action/Development
To protect adults in Derbyshire from all forms of abuse and ensure the DSAB is effective in its role	
1. Continue to implement the duties of the Care Act 2014	<ul style="list-style-type: none"> • Through DSAB quarterly meetings and through the work of sub-groups using approved QA tools.
2. Revise DSAB and Sub-Group Terms of Reference	<ul style="list-style-type: none"> • By December 2015
3. Review Professional Guidance in line with Care Act 2014	<ul style="list-style-type: none"> • April 2015 – December 2015
4. Review and Implement the Competency Framework Across Agencies	<ul style="list-style-type: none"> • December 2015 – December 2016 and provide evidence to DSAB
5. Publish a 3 year DSAB Strategic Plan	<ul style="list-style-type: none"> • March 2016
6. Develop robust QA and governance models/methods to assure effectiveness of DSAB arrangements	<ul style="list-style-type: none"> • From October 2015
7. Develop strategies to engage with the general public	<ul style="list-style-type: none"> • Work on-going. Communication sub-group established July 2015
8. Develop Audit Tools to measure the outcomes experienced by adults as part of the safeguarding process	<ul style="list-style-type: none"> • To be implemented Autumn 2015, reviewed September 2016

Concluding statement on the effectiveness of the Derbyshire Adults Safeguarding Board safeguarding arrangements

Derbyshire Safeguarding Adults Board and its sub-agroups are made up of a diverse group of agencies and professionals all of whom are committed to ensure the continued safeguarding and protection of adults in Derbyshire.

This report has set out the activities completed during this year and plans for the coming year to develop and improve the safeguarding arrangements for adults in Derbyshire. The Care Act 2014 places SAB's on a statutory footing from April 2015 and SAB's have three core duties, these are:

- Development of a SAR (Safeguarding Adult Review Framework) – under the 2014 Care Act, SAB's are responsible for undertaking SAR's. The aim of a SAR is to learn lessons where there has been death, serious harm or neglect to prevent similar harm re-occurring.
- Development and implementation of a strategic plan which will set out the objectives of the DSAB and how it expects partner agencies to contribute.
- Publish an annual report which details how effective the work of the DSAB has been over the previous year.

The DSAB will also:

- Revise its terms of reference to ensure that the requirements of Schedule 2 the Care Act 2014 can be met to deliver on the strategic plan seeking collaboration and co-operation from DSAB member agencies.

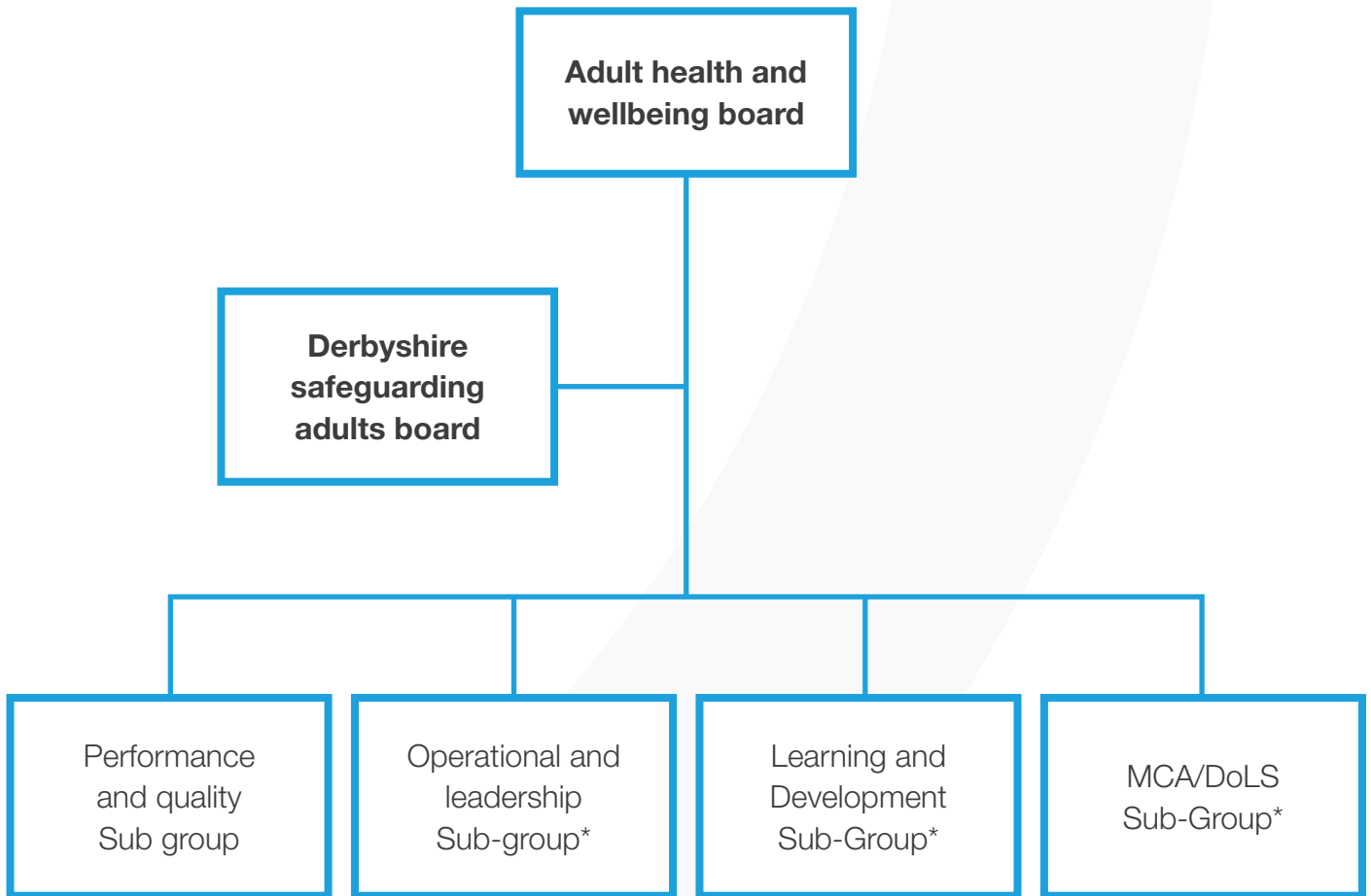
The overarching purpose of the DSAB is to help and safeguard adults with care and support needs. DSAB will take the lead on the development of adult safeguarding across Derbyshire and co-ordinate and monitor the effectiveness of the work of the Board members, partner agencies and staff.

The Values and principles of Making Safeguarding Personal will be central to all of the work of the DSAB.

DSAB believes it has a good foundation on which to build over the next year and has confidence that the DSAB partners will rise to the challenge the coming year will present.

We believe DSAB has demonstrated effective safeguarding arrangements this year. The work planned for the coming year and the ongoing commitment and work of DSAB members, agencies, staff, etc. will ensure that adults are safeguarded from abuse and neglect within Derbyshire.

Structure Chart



* Indicates a joint County and City sub-group

Appendix 1

Partner Organisations Represented at DSAB 2014 – 15

Derbyshire County Council (including Adult Care, Community Safety, Mental Health)
Derbyshire Police
Derbyshire Fire and Rescue Service
Derbyshire Health United
Hardwick Clinical Commissioning Group
Erewash Clinical Commissioning Group
Southern Derbyshire Clinical Commissioning Group
North Derbyshire Clinical Commissioning Group
East Midlands Ambulance Service
Chesterfield Royal Hospital Foundation Trust
Derbyshire Community Health Services
Care Quality Commission
Derby Teaching Hospitals NHS Foundation Trust
National / Derbyshire Probation Service
Derbyshire MIND
Age UK Derby and Derbyshire
Derbyshire Healthcare Foundation Trust
Derbyshire Carers Association
Tameside and Glossop Clinical Commissioning Group
Derbyshire Provider Association
Stockport NHS Foundation Trust Community Healthcare Business Group
Bolsover District Council
Amber Valley Borough Council
HMP Foston Hall
HMP Sudbury
NHS England

The logo for the Derbyshire Safeguarding Adults Board is a purple oval with a halftone dot pattern. It is centered within a white rectangular box. The background of the entire page is a gradient from blue at the top to black at the bottom, with a white curved shape separating the two colors.

Derbyshire Safeguarding
Adults Board