

**Democratic Support**Plymouth City Council
Civic Centre
Plymouth PLI 2AA

Please ask for Megan Cleaves T 01752 304270 E megan.cleaves@plymouth.gov.uk www.plymouth.gov.uk/democracy 11 January 2018

#### PLYMOUTH SAFEGUARDING ADULTS BOARD

Thursday 18 January 2018 10.00 am Windsor House

#### **Members:**

Andy Bickley, Chair
Councillor Lynda Bowyer, Carole Burgoyne, Gary Wallace, Craig McArdle, Matt
Garrett, Jane Elliot Toncic, Julian Mouland, Laura Collingwood-Burke,
Greg Dix, Geoff Baines, Craig Downham, Chris Rogers, Jon McLeavy, Sandy Magee, Jonathan
Nason, Anne Proctor, Sue Baldwin, Gary Walbridge, Bel Davies and Jon Cox
Members are invited to attend the above meeting to consider the items of business overleaf...

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For further information on attending Council meetings and how to engage in the democratic process please follow this link - <a href="http://www.plymouth.gov.uk/accesstomeetings">http://www.plymouth.gov.uk/accesstomeetings</a>

### Tracey Lee Chief Executive

#### PLYMOUTH SAFEGUARDING ADULTS BOARD

IO. AOB:

WELCOME, APOLOGIES AND DECLARATIONS OF ١. **INTEREST:** 2. **MINUTES AND MATTERS ARISING:** (Pages I - 6) 3. **CHAIR'S UPDATE:** 4. **BUDGET EXPENDITURE Q3 UPDATE:** (Pages 7 - 10) 5. **SUB GROUP UPDATES:** (Pages 11 - 16) 6. **CQC HIGH LEVEL FEEDBACK: 7**. **MSP FOR SABS:** (Pages 17 - 18) **NATIONAL REGIONAL UPDATES** (Pages 19 - 26) 8. **SAFEGUARDING MANAGER'S REPORT:** 9. **INDEPENDENT CHAIRS CONTRACT:** 





# Risk Management and Self Neglect Mental Health Engagement and Participation Quality assurance Learning and Development Strategy SAB management arrangements

#### PLYMOUTH SAFEGUARDING ADULTS BOARD MEETING

Thursday 18 January 2018
10am to 1pm
Windsor House, Tavistock Road, Plymouth, PL6 5UF

#### **AGENDA**

1.	10.00 – 10.05	Welcome, Apologies, Declarations of Interest	Andy Bickley	Dissemination			
2.	10.05 – 10.10	Minutes and Matters Arising	Jane Elliott Toncic	Discussion Decision			
3.	10.10-10.25	Chair's Update	Andy Bickley	Discussion			
4.	10.25 - 10.40	Budget expenditure Q3 update	dget expenditure Q3 update  Julian Mouland				
5.	10.40-11.15	Sub group updates: - SAR referrals - Participation and Engagement	Julian Mouland	Dissemination Discussion Decision			
		BREAK 11.15 - 11.30					
6.	11.30 - 11.45	CQC High Level Feedback	Carole Burgoyne	Discussion			
7.	11.45 – 12.15	MSP for SABs	Jane Elliott Toncic	Dissemination Discussion Decision			
8.	12.15 – 12.30	National/ Regional updates Safeguarding Managers Report	Andy Bickley Jane Elliott Toncic	Dissemination Discussion Decision			
9.	12.30 – 12.45	PART 2 ITEM - IN CONFIDENCE Independent Chair Contract	Carole Burgoyne	Discussion Decision			
10.	12.45- 13.00	AOB	Andy Bickley	Discussion			





Core Priorities:
Risk Management and Self Neglect
Mental Health
Engagement and Participation
Quality assurance
Learning and Development Strategy
SAB management arrangements

## PLYMOUTH SAFEGUARDING ADULTS BOARD FULL BOARD MEETING

Thursday 5 October 2017

10am to 1pm

#### WINDSOR HOUSE, TAVISTOCK ROAD, PLYMOUTH, PL6 5UF MINUTES

#### **Present:**

Andrew Bickley	Independent Chair			
Cllr Lynda Bowyer	Portfolio Holder for Health and Adult Social Care	Plymouth City Council		
Matt Garrett,	Head of Community Connections,	Plymouth City Council		
Jane Elliott Toncic	Adult Safeguarding Manager	Plymouth City Council		
Julian Mouland	Adult Safeguarding	Plymouth City Council		
Craig Downham	Superintendent	Devon & Cornwall Constabulary		
Jonathan Nason	Head of Plymouth, Cornwall & IoS Local Delivery Unit	National Probation Service		
Gary Walbridge	General Manager	Plymouth City Council		
Liz Cox	Representing the Director of Professional Practice, Quality and Safety	Livewell Southwest		
Sue Baldwin	Designated Safeguarding Nurse	NEW Devon CCG		
Jon Mcleavy		Independent		
Wendy Rowden	Representing the Criminal Justice, Commissioning and Partnerships Manager	Office of the Police and Crime Commissioner		
Jon Cox	Housing Services Manager	Sovereign Housing		
Alison O'Neill	Representing the Director of Nursing,	PHNT		

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	4									
Megan (	Cleaves	Safeguarding Administrator	Plymouth City Council							
Also in	attendance	e:								
Sally Ma	travers and S	Simon Polak attended for item 6 on the a	genda							
1. \	Welcome/ <i>P</i>	Apologies								
• /	Andy Bickley	welcomed everyone to the meeting								
	Apologies from:									
• (	Carole Burgoyne, Director for People, PCC									
• (	Chris Rogers	, Named Professional Safeguarding Param	nedic, SWAST							
• 1	Bel Davies, Inspection Manager, CQC									
• (	Craig McArd	le, Assistant Director, PCC								
•	•	on, Criminal Justice, Commissioning and Police and Crime Commissioner	Partnerships Manager,							
• (	Greg Dix, Di	rector of Nursing, PHNT.								
• I	I CH: I D I CI: (NI : Off NI D CCC									
• (										
• 1	Nick Rudling, Deputy Safeguarding Lead, NHS England.									
• (	Gary Wallace, Public Health, PCC									
• (	Geoff Baines, Director of Professional Practice, Quality and Safety, Livewell									
• /	Anne Proctor, DDC CRC									
Ī	Declarations of Interest.									
	AB declared an interest in SCR V as he had prior involvement in his previous role. He also declared professional association with the SAR for RM.									
	CD declared an interest with the SCR V as he had previously been involved with the case.									
• 9	SB informed	the meeting that she now attends Torbay	y SAB.							
2. 1	Minutes and	d matters arising								
• 1	Minutes of th	ne previous meeting were agreed.								
İ	Matters Ari	ising								
• /	All actions fro	om previous meeting are completed.								
t	•	en to Steve Parker regarding the ViST. Temes and plan to look a sample of live castrocess.	3							
3. (	Chair's Upo	date								
-	M was nomii Board.	nated for a Local Authority Star Award fo	or his work for the							
 	Items discuss SCR/SARs fro on 22.11.17 a	Vest Regional Chairs met in Taunton on led included the thematic review by Michom 2013 to July 2017 this will also be parat Taunton. Discussion also took place remission review and the different methods	ael Preston-Shoot of et of the ADDASS event egarding the pathway for							

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Domestic Homicide review and the different methods used by Local

Authorities to publish reviews.

 The Peninsula Chairs met 19 September 2017. They had a presentation from David Poole regarding the Truth Project and work being led by Professor Jay. For further information please go to the website. <a href="https://www.iicsa.org.uk/">https://www.iicsa.org.uk/</a>.
 Also discussed was information and sharing protocol which will need to be updated due to the new data protection act.

#### 4. Budget Setting Principles

Historically the Board budget has been funded as follows

67% from the Local Authority

24% from NEW Devon CCG

9% from IPCC

The budget for this year has been agreed.

- Discussion regarding contributions took place. All agencies contribute to the Children's Board budget. Probation has taken a national view not to contribute to SABs.
- AB, JET and JM to meet next week to scope a task and finish group to include reviewing the cost base of staff, cost of training and develop a clear policy regarding the budget.

AB, JET and JM

# 5. Sub Group Updates SAR Sub Group SCR V

 Agencies are providing assurance regarding the recommendations for the SCR report regarding V. Jon Cox has been working with housing colleagues on the recommendation from the report.

#### **SAR RM**

- Version 3 of the report has been sent out there were no fundamental changes and it is envisaged that this will be the final version.
- The family have provided a written response to the report which has been shared with the SAB Executive Group and Livewell. A copy of the response will be sent to Board members. It has been suggested that a copy of the response will be included in the appendices of the report. Legal advice and impact assessment has been completed by Linda Torney a copy will be sent to Board members.
- The family would like RM name to be use in full within the report.
- The family have advised that they will be speaking to the media on publication of the report. ITV West Country has recently contacted the PCC Comms Lead regarding the SAR who issued a holding media statement.
- There is a Comms leads meeting planned for this afternoon where they will be looking at the media statements. Carole Burgoyne will respond to the media on behalf of the SAB.

#### **ATLAS**

Report regarding Atlas is in the pack. Devon SAB have commissioned a SAR.
 JM and SB will be attending the panel meetings.

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#### 6. LeDeR Presentation

- Sally Matravers, Deputy Director of Nursing, NHS England SW and Simon Polak, Deputy Chief Nursing Officer, NEW Devon CCG gave a presentation regarding the Learning Mortality Review (LeDeR) programme for Devon. A report dated 5.10.17 is included in the pack.
- The programme is in its early stages for Devon. There will be a Local Steering Group and this is due to meet for the first time in October. Its responsibilities will include implementing the programme, receiving updates from reviewers, monitor action plans and taking appropriate action from information received.
- For further information please contact
   South Devon & Torbay (CCG area) LAC Lorraine Webber, Deputy
   Director of Quality Assurance & Improvement (Lead Nurse), Tel: 07769
   324515 or email <a href="mailto:lwebber@nhs.net">lwebber@nhs.net</a>
   NEW Devon (CCG area) LAC Simon Polak, Deputy Chief Nurse, Tel:
   07896 198812 or email <a href="mailto:simon.polak@nhs.net">simon.polak@nhs.net</a>
- Updates will be provided for future meetings.

#### 7. Quality and Performance sub group update

• The core group met for the first time this week. Actions which were agreed at the June PSAB group Executive meeting are on track. The group will be looking at multi-agency case audits. Further updates will follow.

#### 8. National Regional Updates

• n/a

#### Safeguarding Managers Report

 Could any comments regarding the report be sent to AdultSafeguarding@plymouth.gov.uk

#### 9. AOB

- The Devon Safeguarding Adults Board Constitution which is included in the pack will be discussed at the next Executive Group meeting.
- Update from Healthwatch is included in the pack. They are engaging with 16 groups and have invited AB to attend a session.
- Development Day on 3 November 2017

#### 10. Future Meetings

Thursday 18 January 2018

Meetings are 10:00 to 13:00 and are held at Windsor House

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Page 7 Agenda Item 4
The following relates to exempt or confidential matters (Para(s) 3 of Part 1, Schedule 12A of the Local Govt Act 1972). Any breach of confidentiality could prejudice the Council/person/body concerned & might amount to a breach of the councillors /employees codes of conduct.



Page 9
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Page 11 Agenda Item 5
The following relates to exempt or confidential matters (Para(s) 1 of Part 1, Schedule 12A of the Local Govt Act 1972). Any breach of confidentiality could prejudice the Council/person/body concerned & might amount to a breach of the councillors /employees codes of conduct.



Page 15
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#### Agenda Item 7



Core Priorities:
Risk Management and Self Neglect
Mental Health
Engagement and Participation
Quality assurance
Learning and Development Strategy
SAB management arrangements

#### **Plymouth Adult Safeguarding Board**

#### **Update/Report to SAB**

DATE	18 January 2018
NAME	Jane Elliott Tončić
AGENCY	Plymouth City Council
PURPOSE OF THE	Update on recent ADASS guidance on Making Safeguarding
UPDATE or REPORT	Personal for SABs and other agencies
STRATEGIC PLAN	N/A
REFERENCE	
SAB SUB-GROUP	N/A

SUMMARY UPDATE/REPORT	The introduction of the Care Act in 2015 had a significant emphasis on Making Safeguarding Personal (MSP) with a focus on engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end. In brief, MSP seeks to achieve:
	<ul> <li>A personalised approach that enables safeguarding to be done with, not to, people</li> <li>Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'</li> <li>An approach that utilises practitioner skills rather than just 'putting people through a process'</li> <li>An approach that enables practitioners, families, teams and SABs to know what difference has been made</li> </ul>
	In keeping with a commitment to widen this agenda across all agencies and sectors who work with adults with care and support needs, ADASS and the LGA have just completed publication of a suite of resources intended to support SABs and partners in developing and promoting the MSP agenda. The resources describe what 'good' might look like in MSP for a range of organisations and promote ownership of this agenda within and across all organisations.  The lead document for SABs sets out the headlines of what should

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	be promoted and facilitated by safeguarding adults boards across all sectors and organisations, and underlines that development of Making Safeguarding Personal is not simply about a focus on personalised frontline practice. It requires a whole system approach in which the board has a coordinating role and the resource sets out steps towards achieving this::  https://www.local.gov.uk/sites/default/files/documents/25.25%20-%20Chip_MSP%20safeguarding_WEB.pdf  The full suite of documents comprises:  what might 'good' look like for health and social care commissioners and providers?
	<ul><li>commissioners and providers?</li><li>what might 'good' look like for the police?</li></ul>
	<ul> <li>what might 'good' look like for advocacy?</li> </ul>
	<ul> <li>what might 'good' look like for those working in the Housing Sector?</li> </ul>
	supporting involvement of service users
RECOMMENDATIONS & PROPOSED ACTIONS	
	For information and discussion
	PSAB Exec group to consider recommendations and the related mechanisms and approaches for co-ordination, implementation and oversight of organisational responses

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#### Agenda Item 8



Core Priorities:
Risk Management and Self Neglect
Mental Health
Engagement and Participation
Quality assurance
Learning and Development Strategy
SAB management arrangements

#### **Plymouth Adult Safeguarding Board**

#### **Update/Report to SAB**

DATE	18 January 2018
NAME	Jane Elliott Tončić
AGENCY	Plymouth City Council
PURPOSE OF THE UPDATE or REPORT	Update on the regional thematic review commissioned to analyse SCR/SARs and related SW ADASS Safeguarding Leads Group Conference
STRATEGIC PLAN REFERENCE	N/A
SAB SUB-GROUP	N/A

SUMMARY UPDATE/REPORT	The conference held in Taunton in November to present findings of the regional thematic review of SCR/SARs commissioned from Prof. Preston-Shoot was well attended and received.					
	The full report: What difference does legislation make? Adult safeguarding through the lens of serious case reviews and safeguarding adult reviews: a report for south west region Safeguarding Adults Boards and presentations from the conference are available to PSAB members on request to: adultsafeguarding@plymouth.gov.uk					
	The review undertook an analysis of the nature and content of 26 Serious Case Reviews commissioned by Safeguarding Adults Boards in the South West region from 1st January 2013 up to the implementation of the Care Act 2014, and 11 Safeguarding Adult Reviews commissioned and completed since implementation of the Care Act 2014 on 1st April 2015, up to 31st July 2017.					
	The recommendations will be considered and implemented by the SW ADASS Regional Safeguarding Leads Group:  • That South West SABs, in partnership with SW ADASS consider establishing a task and finish group to review available quality markers of a good quality report, with a view to adopting them for quality assurance of future SARs, namely:					

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- That the report contains clarity on:-
- Source of referral;
- Terms of reference;
- Type of review commissioned;
- Rationale for selected methodology;
- Period under review;
- Timescale for completion;
- o Reviewer independence.
- That the report records key demographic data, including ethnicity
- That the report considers previous SCRs and SARs, especially those completed by the same SAB, where relevant to the type of case being reviewed;
- That the report concludes with clear, specific and actionable recommendations, with clarity on the agencies to which they are directed:
- That SABs ensure that, where relevant to the case reviewed, commentary is included on the impact of national policy, legislative and economic contexts on the local lived experience of practice and the management of practice;
- That SABs comply with statutory guidance requirement on inclusion of SAR details in annual reports that are published in a timely fashion
- That South West SABs:
- Monitor SAR referrals and their outcomes to check that SARs referred and commissioned over time are broadly representative of the pattern of reported incidence of forms abuse and neglect in their locality;
- Review safeguarding procedures and guidance in the light of learning from this report;
- Review SAR guidance in the light of the learning from this report, including the question of CQC involvement in reviews and the development of a framework for decisionmaking about commissioning;
- Consider how best to reflect and learn from the perspectives of family members about the review process and the findings/recommendations;
- Share the outcomes of this monitoring and review at future annual adult safeguarding conferences;
- Consider how to use regional networks and how to involve national policy-makers to promote a whole system contribution to service development.



- That South West SABs in partnership with SW ADASS consider dissemination of this report to:
- The Department of Health to inform policy regarding SARs and adult safeguarding, including how to make the advised six month timeframe meaningful;
- National bodies representing SAB statutory and other partners, for example NHS England, Police and Crown Prosecution Service, and the Care Quality Commission, to prompt dialogue about policy regarding SARs, the prevention of abuse and neglect and the protection of adults from harm, and prosecutions under the Mental Capacity Act 2005;
- Facilitate discussion and the development of guidance regarding:
- Thresholds for commissioning different types of review;
- Indications for the choice of available methodologies;
- Management of parallel processes;
- The interface with SCRs and DHRs when the criteria would be met for such reviews alongside those for a SAR;
- Protocols for cross-boundary working, with particular reference to information-sharing regarding care home providers, and notification and subsequent review of placements "out of authority":
- Standards of good practice with respect to prevention, detection and reporting of organisational abuse and neglect;
- Standards of good practice with respect to working with adults who self-neglect.
- That South West SABs, with SW ADASS consider working together on further studies regarding:
- How thresholds are for commissioning SARs are being interpreted;
- The impact and outcomes of SARs commissioned and completed by SW SABs;
- The advantages and limitations of different methodologies in the light of learning from this report;
- How to facilitate transparency of information-sharing and candid analysis in IMRs, panel discussions and learning events, in order to promote service and practice development;
- Quality assurance of final reports;
- Effective implementation and tracking of the outcomes of review recommendations.



RECOMMENDATIONS & PROPOSED ACTIONS	
	For information and discussion
	Updates to be received from SW ADASS Safeguarding Leads Group workstreams

#### SAFEGUARDING MANAGER'S REPORT

#### Plymouth Safeguarding Adults Board January 2018



I Safeguarding Adults Collection (SAC) 2016-17

National benchmarking information from NHS Digital was published in November: https://digital.nhs.uk/catalogue/PUB30145

This report presents information about adults at risk for whom safeguarding concerns or enquiries were opened during the reporting period I April 2016 to 31 March 2017, and case details for safeguarding enquiries under S42 of the Care Act which concluded during the reporting period.

National and regional discussions have confirmed that there is inconsistency in the interpretation of recording nationally, and accordingly comparator information can be of mixed utility. The report notes that 'at a local authority level, the directly standardised rates of concerns per 100,000 of the adult population range from 32 to 976', and that 'these variances could be a reflection of local practice, demand and demographic factors, particularly in how enquiries are defined as Section 42 or Other at a local level'.

Similar themes are also reflected in the recent Action on Elder Abuse report: A Patchwork of Practice: What adult protection statistics for England tell us about implementation of the Care Act 2014:

https://www.elderabuse.org.uk/Handlers/Download.ashx?IDMF=cf1f9e48-cc1a-463c-95a0-95eb717e8b31

As expected on this basis, Plymouth has relatively high numbers in some areas, for example:

- high numbers of recorded safeguarding concerns; we attribute this to increased awareness and high training levels, but are doing some work with providers, in particular in an attempt to embed the criteria for low level concerns. For quality of care issues, we are now using the Devon and Torbay-wide Yellow Card scheme, managed by the CCG, through which providers can report issues which are unsuitable for S42 enquiries. Should numbers of reports about individual agencies reach prescribed levels, they are referred for commissioners' oversight and intervention. This is expected to reduce the numbers of low level concerns we process for which we previously had no alternative route.
- among the highest percentage of safeguarding concerns that progress onto enquiry. 74% progress to enquiry compared to an England percentage of 41% and more than double the regional percentage. However, there are LA's with a higher percentage further evidencing the varying returns being submitted by LA's. (e.g. Plymouth out-turn falls to 43% when referrals are included)
- we match the national, regional and family group with the most common types of abuse being Neglect & Acts of Omission. However, the second most common type of abuse in Plymouth is Financial or Material Abuse, this in contrast to the region and national picture where Physical abuse is second most common type of abuse. Regional discussions reflect that that other areas are less likely to process allegations of financial abuse, particularly if there is police involvement.
- the profile of outcomes to S42 enquiries varies across local authorities. In

Plymouth 29% of enquiries were concluded with a recording of 'no action taken'. This compares to the national and comparator group average of 22%. There are some areas with very different profiles; in Bristol for example 74% of outcomes are recorded as no action. We are planning some case audits in 2018 to further explore recording practice across the agencies who undertake enquiries, as we understand that this outcome has been used when the conclusion is actually 'no further action required'.

This data is informing the work of the PSAB Quality & Performance sub group, and in addition PCC have established a multi-agency Strategic Leads network which meets regularly to discuss and find solutions to practice issues. It is expected that this will have an impact on the data in future returns and improve consistency

Local Data Set Quarter 3 2017/18

See attached spreadsheet. The regular Data Set report shows a number of encouraging trends which reflect the work mentioned above, and other associated workstreams. For example: while demand longer term continues to increase we are seeing the results of work to triage effectively on receipt of concerns and improvements in recording practice at the conclusion of enquiries.

Reflecting the continued practice focus on MSP and people's wishes during the process, we have maintained high figures in terms of those who report their desired outcomes as Fully Achieved, and increase in those Partially Achieved and a small reduction in those Not Achieved. This area wil be included in planned future case auditing inorder to understand these figures in more detail.

Modern Slavery agenda Following the completion in March of the pilot resulting from the Home Office's review of the National Referral Mechanism, in which Plymouth took an active part, the evaluation report was published in October:

https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/65370 3/evaluation-national-referral-mechanism-pilot-horr94.pdf

The aims of the pilot were to streamline the NRM process, raise the numbers of victims identified, and encourage better decision making. Whilst some of these were achieved, practitioners felt that the lead roles in the suggested system were not sustainable beyond the pilot period. Both roles were voluntary, taken on in addition to existing responsibilities and this stretched the resources of those involved across all agencies.

With partner agencies, PCC continues to support the regional and local Anti-Slavery Partnership groups, which await further direction from the Home Office. Future work across the City will also be informed by consideration of the recommendations contained in the Independent Anti-Slavery Commissioner's Annual Report 2016-17:

http://www.antislaverycommissioner.co.uk/media/1164/iasc\_annual-report-16-17-web.pdf

More locally, excellent partnership working continues within the City, an example of which was recently in the local press:

 $\frac{http://www.plymouthherald.co.uk/news/plymouth-news/man-denies-kept-three-people-1029509$ 

across the safeguarding partnership.

umber of Safeguarding Referrals (Contact Centre)  umber of completed Safeguarding referrals (Contact Centre)  umber not proceeding to concern (Contact Centre)  of completed Safeguarding referrals (Contact Centre) not occeding to Concern  umber of new safeguarding enquiries started  of referrals progressing to enquiry  ding concerns  umber of safeguarding concerns  which Individual  which care home of concerns from Care Home of concerns from Community Service of concerns from Hospital	Data frequency  I keeping with the Quarterly		-	2016/17 Q2 852 220 632 636 311 49% 416	934 246 688 645 376 58% 379	1008 173 835 767 513 67%	1066 114 952 991 689	1164 155 1009 1012 738	1061 130 931 977 722	Trend	Performance Comment  Ref 1 - Safeguarding demand longer term continues to increase, however the number of safeguarding referrals in quarter three numbering 1,061 is a decrease on Quarter two (1,164).  Ref 2 - In quarter 2 74% of new safeguarding referrals did not progress onto a concern, this is a slight increase on qtr 2 when 73% did not become a concern. (So, that is 7 in 10 referrals from the contact centre did not progress to a concern). With an increasding number of referrals not support of the progress to a concern there have been a few of the the purpors of
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umber not proceeding to concern (Contact Centre)  of completed Safeguarding referrals (Contact Centre) not occeding to Concern  umber of new safeguarding enquiries started  of referrals progressing to enquiry  ding concerns  umber of safeguarding concerns  which Individual  which care home of concerns from Care Home of concerns from Community Service	Quarterly Quarterly Quarterly Quarterly Quarterly Quarterly Quarterly Quarterly	2,275 1,240 55% 1,167 %	554 279 50% 420 54%	636 311 49% 416	645 376 58% 379	767 513	991 689	1012	977		concern. (So, that is 7 in 10 referrals from the contact centre did not progress to a concern). With an increasding number of referrals not
of completed Safeguarding referrals (Contact Centre) not roceeding to Concern umber of new safeguarding enquiries started of referrals progressing to enquiry ding concerns umber of safeguarding concerns which Individual which care home of concerns from Care Home of concerns from Community Service of concerns from Hospital	Quarterly Quarterly Quarterly Quarterly Quarterly Quarterly Quarterly	1,240 55% 1,167 %	279 50% 420 54%	311 49% 416	376 58% 379	513	689			<u> </u>	
of completed Safeguarding referrals (Contact Centre) not roceeding to Concern umber of new safeguarding enquiries started of referrals progressing to enquiry ding concerns umber of safeguarding concerns which Individual which care home of concerns from Care Home of concerns from Community Service of concerns from Hospital	Quarterly Quarterly Quarterly Quarterly Quarterly Quarterly Quarterly	55% 1,167 %	50% 420 54%	49% 416	58% 379			738	722		progressing to a concern there has been a drop off in the numbers of
occeeding to Concern umber of new safeguarding enquiries started of referrals progressing to enquiry  ding concerns umber of safeguarding concerns  which Individual  which care home of concerns from Care Home of concerns from Community Service of concerns from Hospital	Quarterly  Quarterly  Quarterly  Quarterly  Quarterly  Quarterly	1,167 % 1,833	420 54%	416	379	67%				$\angle$	concerns raised. In Q3 there were 369 concerns raised, compared to 512 in Q3 last year.
of referrals progressing to enquiry  ding concerns  umber of safeguarding concerns  which Individual  which care home of concerns from Care Home of concerns from Community Service of concerns from Hospital	Quarterly Quarterly Quarterly Quarterly	1,833	54%				70%	73%	74%		Ref 3 - In quarter 3 281 safeguarding enquiries were started, this less than
ding concerns umber of safeguarding concerns which Individual which care home of concerns from Care Home of concerns from Community Service of concerns from Hospital	Quarterly Quarterly Quarterly	1,833		49%		302	313	317	281	$\sqrt{}$	quarter 1 and quarter 2 this year and considerably down on Q3 in 2016/17 (379) this continues to suggest a slowing down in concern and enquiry
which Individual which care home of concerns from Care Home of concerns from Community Service of concerns from Hospital	Quarterly	,	506		41%	30%	29%	27%	26%		activity.
which Individual which care home of concerns from Care Home of concerns from Community Service of concerns from Hospital	Quarterly	,	506						1		
which care home of concerns from Care Home of concerns from Community Service of concerns from Hospital	Quarterly	1,747		545	512	427	407	423	369	$\overline{}$	Ref 5 - the main focus of safequarding concerns remains in care homes and
of concerns from Care Home of concerns from Community Service of concerns from Hospital	-		499	530	498	397	404	412	369	$\overline{}$	the alleged victims own home. In Qtr 3 29% of concerns related to incidents
of concerns from Community Service of concerns from Hospital	Quarterly	86	7	14	14	6	3	11	0	$\overline{}$	in a care home. The percentage of concerns alleged within the own home increase from 51% in Qtr 2 to 55% in Qtr 3. Of note is that the percentage of
of concerns from Hospital		36%	34%	29%	36%	36%	41%	28%	29%		concerns from a care home were higher than the victim's home for the first time in Qtr 1, this appears to have been a one off.
·	Quarterly	4%	6%	3%	3%	5%	2%	2%	4%	<u>\</u>	The average number of calendar days it takes to complete a concern
of concerns from own home	Quarterly	3%	3%	5%	5%	3%	3%	3%	4%		increased slightly in Q3, averaging 12.4 days compared to 14.2 in Qtr 1 but an increase on Q2.
	Quarterly	52%	55%	55%	44%	47%	39%	51%	55%	$\overline{}$	
of concerns from other	Quarterly									$\sim$ $\sqrt{\sim}$	
verage time taken to complete a safeguarding concern (calendar	Quarterly	11%	12%	9%	12%	3%	14%	10%	8%	V V	
ays)	Quarterly	17.40	10.40	10.10	8.50	10.40	14.20	10.80	12.40		
	Quarterly	New method of	71.60	69.70	87.00	84.70	111 30	98.9	88.8	/ \	
CTION TAKEN Risk Identified and action taken	Quarterly	capture New method of								<u></u>	Ref 11 the average time taken for completion of a safeguarding enquiry fell
		capture	41%	43%	46%	53%	55%	60%	66%		for the second consecutive month, taking on average 88.8 days compared to 98.9 in Q2 and 111.30 in Q1.
	Quarterly	New method of capture	13%	12%	9%	12%	13%	8%	11%	V /	
CTION TAKEN No risk identified and action taken	Quarterly	New method of capture	11%	14%	11%	9%	10%	8%	4%	$\overline{}$	Ref 12-14 Action has been taken in 81% of completed enquiries in quarter 3, an
O ACTION TAKEN Risk Identified and no action taken	Quarterly	New method of	5%	5%	3%	5%	3%	2%	2%	$\sqrt{}$	increase on quarter 2 of 3% points (77%).
	Quarterly	New method of	70/.	20/	40/-	694	20/	20/	10/	\	Ref 15-18 19% of closed enquiries report that 'no action' has been taken (this a 4% point change on Qtr. 2), the majority were ceased at the request of the victim. NO ACTION being taken is on a decreasing trend.
ken O ACTION TAKEN No risk identified and no action taken	Quarterly	capture New method of								${}$	
		capture	8%	10%	7%	7%	7%	6%	6%		
O ACTION TAKEN Enquiry ceased on request - no action taken	Quarterly	New method of capture	15%	14%	19%	9%	11%	13%	10%	$\sqrt{}$	Ref 24 - 27 The percentage of completed enquiries where risk has been identified (241 or 69%) is on a continuing upward trend. Of these Risk has
ot entered	Quarterly	New method of	1%	0%	0%	0%	0%	0%	0%		been either removed or reduced in 87% of cases. This is a slight reduction on quarter 2 (93%) and will be monitored.
isk identified - Risk Remained	Quarterly	New method of	2%	4%	5%	6%	7%	5%	9%	- 7	
isk identified - Risk Reduced	Quarterly	New method of	220/					420/	4.40/		
isk identified - Disk Removed	Quarterly	capture	33%	31%	32%	37%	35%	43%	44%	<u> </u>	
		capture	5%	10%	10%	13%	16%	14%	16%		
isk identified - Not entered	Quarterly	New method of capture	5%	3%	1%	1%	0%	0%	0%	\	
	Quarterly	60%	67%	75%	77%	78%	75%	80%	78%		Ref 38 - No change in the percentage of individuals/ representatives whose outcomes were fully achieved (70%). Increase in the percentage who have
or each enquiry, where the individual or individual's representative	Quarterly									V	stated that outcomes were partially achieved (24%), and a 1% point reduction in not achieved (7%).
sked what their desired outcomes were, were these outcomes;	Quarterly										reduction in not achieved (7 %).
		70%	70%	74%	76%	69%	69%	70%	70%	V	
artially Achieved	Quarterly	23%	26%	21%	17%	25%	25%	23%	24%	$\sim$ $\vee$	
ot Achieved	Quarterly	8%	4%	5%	7%	6%	6%	7%	6%	<u> </u>	
ve satisfied with the quality of care for any adult at risk?										V	
umber of CQC providers with a CQC rating of outstanding	Quarterly	1%	3% (3)	3% (3)	3% (3)	4% (4)	1% (1)	1% (1)	3% (4)	n/a	CQC Ratings - Performance updated in January for quarter three - increase in the number and percentage of care homes who are CQC rated as
	Quarterly	81%	81% (75)	81% (79)	78% (75)	76% (74)	78% (76)	78% (76)	70% (68)	n/a	in the number and percentage of care homes who are CQC rated as outstanding (now 3% from 1% previous quarter). The number and
	Quarterly	17%	15% (14)	15% (15)	15% (14)	16% (15)	17% (17)	17% (17)	22% (21)	n/a	percentage of care homes rated as good decreases to 70% from 78% at the end of quarter 2.
umber of CQC providers with a CQC rating of inadequate	Quarterly	1%	1% (1)	0% (0)	4% (4)	4% (4)	4% (4)	4% (4)	4% (4)	n/a	The percentage rated as requires improvement increased from 17% to 22%
	· ·	-	100% (6)	100% (6)	100% (7)	100% (7)	100% (6)	100% (6)	100% (7)	n/a	and rated as inadequate remained unchanged.
		70%		72	1%			Annual		n/a	Within Plymouth there are 8 domiciliary care providers, 7 of which have been subject to an inspection. 100% of these have a rating of 'Good'. The
	Annual	93%		93	1%		Annual				England averages for Dom Care providers are 2% Oustanding, 77% Good 18% requires improvement and 2% Inadequate.
C C C C C C C C C C C C C C C C C C C	CTION TAKEN Risk Identified and action taken  CTION TAKEN Risk Assessment inconclusive and action taken  CTION TAKEN No risk identified and action taken  CTION TAKEN Risk Identified and no action taken  CTION TAKEN Risk Identified and no action taken  CTION TAKEN Risk Assessment inconclusive and no action taken  CTION TAKEN Risk Assessment inconclusive and no action taken  CTION TAKEN Risk Identified and no action taken  CTION TAKEN Enquiry ceased on request - no action taken  CTION TAKEN Enquiry ceased on request - no action taken  CTION TAKEN Enquiry ceased on request - no action taken  CTION TAKEN Enquiry ceased on request - no action taken  CTION TAKEN Enquiry ceased on request - no action taken  CTION TAKEN Risk Remained  Six identified - Risk Remained  Six identified - Risk Remained  Six identified - Risk Removed  Six identified - Not entered  CTION TAKEN Risk Remained  Ta	rerage time taken to complete a safeguarding enquiry (days)  CTION TAKEN Risk Identified and action taken  CTION TAKEN Risk Assessment inconclusive and action taken  CTION TAKEN Risk Assessment inconclusive and action taken  CTION TAKEN Risk Assessment inconclusive and action taken  CTION TAKEN Risk Identified and no action taken  CTION TAKEN Risk Identified and no action taken  CTION TAKEN Risk Assessment inconclusive and no action  CTION TAKEN Risk Research  CTION TAKEN Risk Risk Identified and no action taken  CTION TAKEN Risk Identified and no action taken  C	rerage time taken to complete a safeguarding enquiry (days)  Quarterly  New method of capture  New method of capture  CTION TAKEN Risk Identified and action taken  Quarterly  New method of capture  New meth	rerage time taken to complete a safeguarding enquiry (days)  CTION TAKEN Risk Identified and action taken  CTION TAKEN Risk Assessment inconclusive and action taken  CTION TAKEN No risk identified and action taken  CTION TAKEN No risk identified and action taken  CTION TAKEN Risk Assessment inconclusive and action taken  CTION TAKEN Risk Identified and no action taken  CACTION TAKEN Risk Identified and no action taken  CACTION TAKEN Risk Identified and no action taken  CACTION TAKEN Risk Assessment inconclusive and no action  CACTION TAKEN Risk Assessment inconclusive and no action  CACTION TAKEN No risk identified and no action taken  CACTION TAKEN No risk identified and no action taken  CACTION TAKEN Risk Research  CACTION TAKEN Risk Research  CACTION TAKEN Enquiry ceased on request - no action taken  CACTION TAKEN Enquiry ceased on request - no action taken  CACTION TAKEN Enquiry ceased on request - no action taken  CACTION TAKEN Enquiry ceased on request - no action taken  CACTION TAKEN Enquiry ceased on request - no action taken  CACTION TAKEN Enquiry ceased on request - no action taken  CACTION TAKEN Enquiry ceased on request - no action taken  CACTION TAKEN Enquiry ceased on request - no action taken  CACTION TAKEN Enquiry ceased on request - no action taken  CACTION TAKEN Enquiry ceased on request - no action taken  CACTION TAKEN Enquiry ceased on request - no action taken  CACTION TAKEN Enquiry ceased on request - no action taken  CACTION TAKEN Enquiry ceased on request - no action taken  CACTION TAKEN No risk identified and no action taken  CACTION TAKEN Risk Assessment inconclusive and no action  CACTI	rerage time taken to complete a safeguarding enquiry (days)  Quarterly  New method of capture  New method of captu	rerage time taken to complete a safeguarding enquiry (days)  Quarterly  New method of capture  CTION TAKEN Risk Identified and action taken  Quarterly  New method of capture  CTION TAKEN Risk Assessment inconclusive and action taken  Quarterly  New method of capture  DACTION TAKEN Risk Assessment inconclusive and action taken  Quarterly  New method of capture  DACTION TAKEN Risk Identified and action taken  Quarterly  New method of capture  DACTION TAKEN Risk Identified and no action taken  Quarterly  Quarterly  New method of capture  DACTION TAKEN Risk Assessment inconclusive and no action  Quarterly  New method of capture  Quarterly  Quarterly  Quarterly  Quarterly  Quarterly  Quarterly  Quarterly  Rew method of capture  New method of capture  Quarterly  Rew method of capture  Quarterly  New method of capture  Quarterly  New method of capture  Quarterly  Rew method of capture	New method of capture   Capture	New method of capture   New	New method of capture   Capture	New method of Parken   New method of Parken   Parken	Computer   Computer

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