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Coventry City Council

Agenda

Cabinet Member (Health and Adult Services)

Time and Date
10.00 am on Tuesday, 29th October, 2013

Place
Committee Room 2, Council House, Earl Street, Coventry, CV1 5RR

Public Business

1. **Apologies**

2. **Declarations of Interest**

3. **Minutes of the Previous Meeting**

   (a) To agree the minutes of the meeting held on 3 September 2013 (Pages 5 - 6)

   (b) Matters Arising

4. **Annual Report of the Coventry Safeguarding Adults Board 2012/13** (Pages 7 - 48)

   Report of the Executive Director, People

5. **Adult Social Care Complaints and Representations Annual Report 1 April 2012 to 31 March 2013** (Pages 49 - 62)

   Report of the Executive Director, People

6. **Any other items of public business which the Cabinet Member decides to take as matters of urgency because of the special circumstances involved**

Private Business

Nil

Chris West, Executive Director, Resources, Council House, Coventry

Monday, 21 October 2013

Note: The person to contact about the agenda and documents for this meeting is Su Symonds 024 7683 3069

Membership: Councillor A Gingell (Cabinet Member)

By invitation Councillors K Caan (Deputy Cabinet Member), Councillor H Noonan (Shadow Cabinet Member)

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

Su Symonds
Telephone: (024) 7683 3069
e-mail: su.symonds@coventry.gov.uk

COVENTRY CITY COUNCIL

Minutes of the Meeting of Cabinet Member (Health and Adult Services) held at 10.00 am on Tuesday, 3 September 2013

Present:

Members: Councillor A Gingell (Chair)
Councillor H Noonan (Shadow Cabinet Member)

Employees (by Directorate):

P Fahy, People Directorate
J Reading, People Directorate
L Sanders, People Directorate
S Symonds, Resources Directorate

Public Business

5. **Declarations of Interest**

There were no declarations of interest

6. **Minutes of the Previous Meeting**

The minutes were signed as a true record. There were no matters arising.

7. **Supported Living Services Provided at Axholme House**

The Cabinet Member received a report of the Executive Director, People, which sought approval for formal consultation with appropriate parties regarding the closure of Axholme House and the transfer of residents to alternative accommodation.

RESOLVED that after due consideration of the report and the matters raised at the meeting, the Cabinet Member:

(1) Approved a formal consultation with existing residents, their families and Midland Heart regarding a move to improved accommodation and ceasing the provision of services at Axholme House.

(2) Accepted a further report to a joint Cabinet Member Meeting with the Cabinet Member (Business, Enterprise and Employment) concerning the outcome of the formal consultation and subsequent recommendations.

8. **Any other items of public business which the Cabinet Member decides to take as matters of urgency because of the special circumstances involved**

There were no other items of public business.

(Meeting closed at 10.12 am)

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Coventry City Council

Public report
Cabinet Member

Date 29 October 2013

Name of Cabinet Member:
Cabinet Member (Health and Adult Services) Councillor Gingell

Director Approving Submission of the report:
Executive Director, People

Ward(s) affected:
All

Title: Annual Report of the Coventry Safeguarding Adults Board 2012/13

Is this a key decision?
No. **Although the matter within the Report can affect all wards in the City, it is not anticipated that the impact will be significant and it is therefore not deemed to be a key decision.**

Executive Summary:

This report presents the annual report of the Coventry Safeguarding Adults Board 2012/13.

The Coventry Safeguarding Adults Board is a multi-agency partnership made up of statutory sector member organisations and other non-statutory partner agencies. An Elected Member also attends the Board as an observer.

The Board has strategic responsibility for the development, co-ordination, implementation and monitoring of multi-agency policies and procedures that safeguard and protect vulnerable adults in Coventry. Through its work the board promotes the welfare of adults at risk and their protection from abuse and harm.

Coventry Safeguarding Adults Board meets quarterly to provide strategic leadership and direction. The work of the Board is supported by a number of Sub-Groups that are responsible for developing and managing the delivery of activity to achieve the Board's priorities.

The Annual Report covers the Board's activities for the period April 2012 to March 2013 and records the significant progress that has been made over the year, whilst acknowledging the considerable challenges in the year ahead. Each year the Board reviews progress against actions set for the previous year and establishes new priorities for the forthcoming year to ensure that safeguarding arrangements in Coventry continue to be improved. The annual report provides a public record of this.

Recommendations:

Cabinet Member (Health and Adult Services) is asked to endorse the contents of the report along with the comments made by Health and Social Care Scrutiny Board (5).

List of Appendices included:

Appendix One - Coventry Safeguarding Adults Board Annual Report 2012/2013
Appendix Two – Health, Social Care and Welfare Reform Scrutiny Board (5) comments re: Annual Report of the Coventry Safeguarding Adults Board (2012/13)

Other useful background papers:

None

Has it been or will it be considered by Scrutiny?

Yes. 25 September 2013 Health and Social Care Scrutiny Board (5)

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

No

Report title: Annual Report of the Coventry Safeguarding Adults Board 2012/13

1. Context

1.1 The Coventry Safeguarding Adults Board is a multi-agency partnership made up of statutory sector member organisations and other non-statutory partner agencies. An Elected Member also attends the Board as an observer.

1.2 The Board has strategic responsibility for the development, co-ordination, implementation and monitoring of multi-agency policies and procedures that safeguard and protect vulnerable adults in Coventry. Through its work the Board promotes the welfare of adults at risk and their protection from abuse and harm.

1.3 The Coventry Safeguarding Adults Board has agreed three key priorities for the coming year:

- Responding, listening and acting on concerns (including learning lessons from reviews)
- Continuing and strengthening multi-agency working
- Reducing harm – (including preventing harm; recognising risk and harm; and dealing with it when it occurs)

1.4 Coventry Safeguarding Adults Board meets quarterly to provide strategic leadership and direction. The work of the Board is supported by a number of Sub-Groups that are responsible for developing and managing the delivery of activity to achieve the Board's priorities.

1.5 The Coventry Safeguarding Adults Board Sub-Groups for 2012-13 were:

- Executive
- Partnership and Practice Development
- Policy and Procedures
- Quality and Audit
- Serious Case Review
- Workforce Development
- Mental Capacity Act and Deprivation of Liberty Safeguards Steering Group (from March 2013)

1.6 The subgroups have drawn up action plans for the year which set out what they plan to do to achieve the Board priorities. Each year the Board reviews progress against these priorities and sets new priorities for the year ahead to ensure that safeguarding arrangements in Coventry are effective and achieve positive outcomes for those people in need of safeguarding.

1.7 The Annual Report covers the Board's activities for the period April 2012 to March 2013 and records the significant progress that has been made over the year, whilst acknowledging the considerable challenges in the year ahead.

2. Options considered and recommended proposal

2.1 Cabinet Member (Health and Adult Services) is asked to note the contents of the report along with the comments made by Health and Social Care Scrutiny Board (5).

3. Results of consultation undertaken to date

3.1 No specific consultation has been undertaken. The Annual Report of the Coventry Safeguarding Adults Board is the result of the contributions of Board members made on behalf of the organisations they represent, concerning the work undertaken between 1 April 2012 and 31 March 2013.

4. Timetable for implementing this decision

4.1 The comments of Health and Social Care Scrutiny Board (5) and Cabinet Member (Health and Adult Services) will be considered by the Coventry Safeguarding Adults Board and used to inform future annual reports.

5. Comments from Executive Director, Resources

5.1 Financial implications

There are no direct financial implications arising from this report.

5.2 Legal implications

None

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

The safeguarding of adults at risk is a corporate priority and the Coventry Safeguarding Adults Board oversees arrangements across the City to ensure partner agencies work together to address and prevent abuse and neglect. The Board works closely with other partnerships in the city including the Coventry Community Safety Partnership.

6.2 How is risk being managed?

The Coventry Safeguarding Adults Board and Sub-Groups have action plans which seek to ensure that progress continues to be made to manage the risks associated with this important area of activity. These are reviewed on a regular basis.

6.3 What is the impact on the organisation?

The work of the Coventry Safeguarding Adults Board as documented in the Annual Report demonstrates the commitment of all partner organisations to continuous improvement in adult safeguarding.

6.4 Equalities/EIA

There is a need to ensure that adults who are at risk of abuse receive protection and support and that their human rights and dignity are respected. This includes a duty to intervene proportionately to protect the rights of citizens.

6.5 Implications for (or impact on) the environment

None

6.6 Implications for partner organisations?

The Coventry Safeguarding Adults Board is a multi-agency board on which a range of partners are represented. The annual report acknowledges the contribution of Board members and commits them to action in order to continue to improve safeguarding in Coventry.

Report author(s):

Name and job title:

Susan Harrison, Head of Safeguarding

Directorate: People Directorate

Tel and email contact: 024 7683 3419 susan.harrison@coventry.gov.uk

Enquiries should be directed to the above person.

Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Su Symonds	Governance Services Officer	Resources	03.10.13	17.10.13
Names of approvers for submission: (officers and members)				
Finance: Ewan Dewar	Finance manager	Resources	03.10.13	04.10.13
Legal: Julie Newman	Senior Solicitor	Resources	03.10.13	03.10.13
Director: Brian M Walsh	Executive Director	People	03.10.13	17.10.13
Members: Councillor Gingell	Cabinet Member (Health and Adult Services)	Coventry City Council	03.10.13	17.10.13

This report is published on the council's website:
www.coventry.gov.uk/meetings

Appendices

Appendix One - Coventry Safeguarding Adults Board Annual Report 2012/2013
Appendix Two – Health and Social Care Scrutiny Board (5) comments re:
Annual Report of the Coventry Safeguarding Adults Board (2011/12)

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COVENTRY SAFEGUARDING ADULTS BOARD

Annual Report 2012/2013

Coventry Partnership

Working Together to Safeguard Adults

Board Partners

Coventry and Warwickshire NHS Partnership Trust

Coventry City Council

Staffordshire and West Midlands Probation Trust

Coventry NHS Teaching Primary Care Trust

University Hospitals Coventry and Warwickshire NHS Trust

NHS Coventry

Coventry Partnership
Towards a safer, more confident city

WEST MIDLANDS FIRE SERVICE

Contents

Foreword from the Chair

Welcome to the 10th Annual Report of Coventry Safeguarding Adults Board.

A lot has changed over the last 10 years since the Board was formed and we have made considerable progress making a real difference to people's lives. However, as high profile cases such as Steven Hoskin, Fiona Pilkington, Winterbourne View and Mid-Staffordshire prove, there is still much more that we need to make sure we do.

This annual report covers the Board's activities for the period April 2012 to March 2013. It describes the significant progress we have made over the last year and acknowledges the considerable challenges that continue in the year ahead.

The public sector funding squeeze presents the biggest challenge, requiring us to do more with less. In the face of austerity, it is vital that partner agencies are able to work together to make the best use of resources and safeguard the most vulnerable adults in communites.

The challenges we face have not lessened our ambition to achieve excellence in Coventry and safeguarding adults remains a top priority for Coventry City Council and all our partner agencies on the Safeguarding Adults Board.

Our vision is that everybody who supports people at risk of harm are able to prevent abuse happening, act swiftly when it does, and are able to achieve good outcomes for people who use our services.

Our vision for adult safeguarding
People are able to live a life free from harm, where communities and organisations:

- have a culture that does not tolerate abuse
- work together to prevent abuse
- know what to do when abuse happens

I would encourage you to take time to read the report to see what has been achieved and what our plans are for the coming year.

Brian M Walsh
Chair
Coventry Safeguarding Adults Board

Safeguarding is everybody's business

Coventry Safeguarding Adults Board believes that safeguarding is everybody's business. We believe that by working together across organisations and communities we can make a real difference in preventing and protecting against adult abuse.

The diagram above illustrates how safeguarding adults at risk is everybody's business. Although Coventry City Council has a lead responsibility, this is a shared responsibility amongst professionals, the public and each and every one of us.

But what does this mean in practice? We want to ensure that everyone in Coventry knows what adult abuse is and what to do if they suspect it.

What is safeguarding

Safeguarding describes a range of responses that seek to prevent or respond to abuse and neglect. It is an umbrella term for both 'promoting welfare' and 'protecting from harm'

Promoting welfare

Every person has a right to live a life that is free from harm and abuse. All of us need to act as good neighbours and citizens in looking out for one another and seeking to prevent isolation, which can easily lead to abusive situations and put adults at risk of harm.

If you provide a service to adults, this means acting in a caring, compassionate, and professionally competent manner. This is about giving adults you support as much choice and control as possible, treating them with respect at all times, and promoting their dignity to enhance their quality of life.

Protecting from harm

Alongside the responsibility to promote the welfare of the people we support, we also need to ensure that they are protected from harm or abuse. Adults at risk should be given information, advice and support in a form that they can understand; and their views and desired outcomes should remain central to safeguarding decisions about their lives.

What is important is keeping the safeguarding effort focused on working with the person being harmed, to support improvement in their safety and wellbeing.

What is abuse and who is at risk?

It is everybody's right to live in a safe environment, free from being threatened, intimidated, or abused. The feeling of being unsafe can occur in different ways and in different circumstances. Abuse can take several forms:

- Physical
- Emotional or psychological
- Sexual
- Neglect or acts of omission
- Financial – theft or fraud
- Institutional
- Discriminatory including hate crime

The definition of abuse is based not on whether someone's intention was to cause harm but on whether harm was caused, and on the impact of the harm (or risk of harm) on the individual.

Failing to act to prevent harm being caused to a person you have responsibility for, or acting in a way that results in harm to a person who relies on you for care or support, is also abuse.

Abuse and neglect can happen anywhere – in someone's own home or supported housing, a day centre, an educational establishment, and in residential or nursing homes, clinics and hospitals.

Safeguarding needs to be proportionate and balanced so that people's right to make choices and decisions about their own lives is respected and supported.

When does 'abuse' happen?

A vulnerable adult may be subject to abuse when they are neglected, persuaded to agree to something against their will or taken advantage of because they do not fully understand the consequences of their choices or actions. It can be a single act or repeated over time. It may be deliberate but it may also happen as a result of poor care practices or ignorance.

Anyone can come across an abusive situation Sometimes we come across potential abusive situations and we don't know whether to say something, stay silent, take action, or do nothing.

> "I am worried about my elderly neighbour. She is always giving money to her grandson and I think he sees her as a soft touch. Sometimes she leaves herself short but she doesn't want to complain in case he stops coming to visit".
>
> *Comment from a member of the public*

Sometimes we are unsure about what we have seen but fear that there is something 'not quite right' and we are not sure who to talk to about it.

> "I saw another member of staff hit one of our residents across the face. I was very shocked and told the Manager but she didn't take any action and when it happened again, I rang Social Services – it was very hard, but I'm glad I did now. The member of staff was dismissed and the residents seem much happier".
>
> *Comment from a carer in residential home*

Who is an adult at risk?

An 'adult at risk' is defined as an adult (a person aged 18 or over) who 'is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

Jayesh was referred to Coventry's Harm Reduction Forum by his landlord following reports that he was a victim of 'mate crime'. He was extremely vulnerable because of his learning disability. He had been 'befriended' by a group of young men who were encouraging him to use cannabis and were taking money from him (financial abuse) and placing him at risk.

A co-ordinated multi-agency response was needed and appropriate referrals made to seek support from the Community Learning Disability Team, Police, Social Care and Age UK. The agencies worked together to support Jayesh and to reduce the risk factors. They secured his property, reduced the number of visitors and provided intensive support to prevent Jayesh from losing his tenancy. He was helped to look after his home and also to take better care of his health and personal hygiene. Age UK were made an Appointee for Jayesh to reduce the risk of financial abuse.

What is the Legal and National Framework?

There is, as yet, no specific legislation in England setting out definitions or statutory duties and powers of intervention. However, the new Care Bill does propose a number of measures that will strengthen adult safeguarding, including putting Safeguarding Adults Boards on a statutory footing and requirements for conducting Safeguarding Adult Reviews when an adult with needs for care or support has died and abuse or neglect is suspected.

There is a debate about whether more powers are needed to protect adults who have capacity. The government carried out a consultation alongside the Draft Bill to seek views on whether there needs to be a new power to make safeguarding enquiries where staff cannot gain access to a person with capacity who may be at risk of harm.

Although there is no specific legal framework for adult safeguarding at present, there is a range of criminal, civil and other powers and duties to support adult safeguarding including:

- The legal framework for care management
- The law concerning mental capacity and Deprivation of Liberty Safeguards
- Human Rights case law
- Guidance on information sharing
- Health and Safety legislation
- Domestic Crime and Victims Act 2004
- Equality and Diversity legislation
- Criminal Law

[1] 'No Secrets' March 2000 Department of Health.

About Coventry Safeguarding Adults Board

The Coventry Safeguarding Adults Board (CSAB) is a multi-agency partnership made up of statutory sector member organisations and other non-statutory partner agencies. The Board has strategic responsibility for the development, co ordination, implementation and monitoring of multi-agency policies and procedures that safeguard and protect vulnerable adults in Coventry.

Local Authorities have always been expected to lead adult safeguarding and the proposed legislation will formalise that as a duty. The Local Authority, Clinical Commissioning Group and Police are core members of the Board.

The Board is supported by a network of professional advisers and safeguarding leads. Through the partnership, the Board has access to a large network of health, housing and social care service providers from over 100 organisations in the statutory, voluntary and private sectors. The Board promotes the welfare of adults at risk and their protection from abusive behaviour. It provides strategic leadership for agencies providing services to adults at risk and seeks to ensure that there is a consistently high standard of professional responses to situations where there is actual or suspected abuse.

The Coventry Safeguarding Adults Board meets quarterly to lead and oversee progress towards an improved Coventry-wide safeguarding system, to develop multi-agency strategies and to monitor working practices and standards.

Board Priorities for 2013-2014

The Coventry Safeguarding Adults Board has agreed three key priorities for the coming year:

1. Responding, listening and acting on concerns (including learning lessons from reviews)
2. Continuing and strengthening multi-agency working
3. Reducing harm – (including preventing harm; recognising risk and harm; and dealing with it when it occurs)

These priorities will be underpinned by the cross cutting themes set out in the Department of Health's (DH) Statement of Policy.

Board Sub-Groups

Coventry Safeguarding Adults Board meets quarterly to provide strategic leadership and direction. In addition, a number of Sub-Groups are responsible for developing and managing the delivery of activity to achieve the Board's priorities.

The Coventry Safeguarding Adults Board Sub-Groups for 2012-13 were:

- Executive
- Partnership and Practice Development
- Policy and Procedures
- Quality and Audit
- Serious Case Review
- Workforce Development
- Mental Capacity Act and Deprivation of Liberty Safeguards Steering Group (from March 2013)

Summary of the Board's achievements for 2012-13

Board members were invited to say what they considered to be the main achievements last year. This is what they said:

Investing in safeguarding capacity at a time of reducing resources

- The appointment of a permanent Head of Adult Safeguarding at the Council and a number of safeguarding leads across partner agencies
- Reconfiguration of the Sub-Groups to provide more focused support to the Board's priorities
- Police Safeguarding Teams being established within the Public Protection Unit (PPU) in September 2011 which are now well embedded into the Police structure and take safeguarding referrals in relation to adults at risk

Improving Policy and procedures

- Development and implementation of the West Midlands Policy and Procedures in October 2012
- New Practice Guidance, including the 'Threshold Guidance' and 'People in Positions of Trust Guidance'
- The new Missing Persons Protocol provides a consistent response to adults at risk and children who are reported missing
- Improved multi-agency guidance for decision making processes for referring grade three and four pressure ulcers into safeguarding
- A new web-based Safeguarding Alert Form
- New guidance on reporting the death of individuals subject to Deprivation of Liberty Safeguards under the Mental Capacity Act (DoLS)
- New guidance developed on sexual relationships in learning disability and dementia
- Updated Managing Authority procedure guide

[2] 'Taken from Department of Health 'Statement of Government Policy on Adult Safeguarding' 16 May 2011

Learning lessons when things go wrong

- Work on serious case reviews to improve the process, and making sure that the views of relatives are listened to and taken on board
- The completion and reporting of an effective Serious Case Review and learning from this

Raising the profile of safeguarding adults and training staff to recognise risk and know how to respond

- A very successful Annual Conference in November 2012
- Safeguarding Training for staff and managers including the delivery of Thresholds training and Positive Risk Taking training
- The Fire Service have raised awareness of risk and vulnerability to fire with Health, Social Care and care provider staff
- A Safeguarding Champions Group has been established with 26 Champions identified from partner agencies
- Public facing web pages established for Mental Capacity Act and Deprivation of Liberty
- Training on Mental Capacity Act and Deprivation of Liberty delivered to staff across health, social care, the independent and voluntary sector

Good partnership working

- Partnership engagement e.g. West Midlands Fire Service work is “connected in a way not done before in Coventry”
- Strengthened relationships with the Care Quality Commission (CQC) at a local level

Greater focus on performance

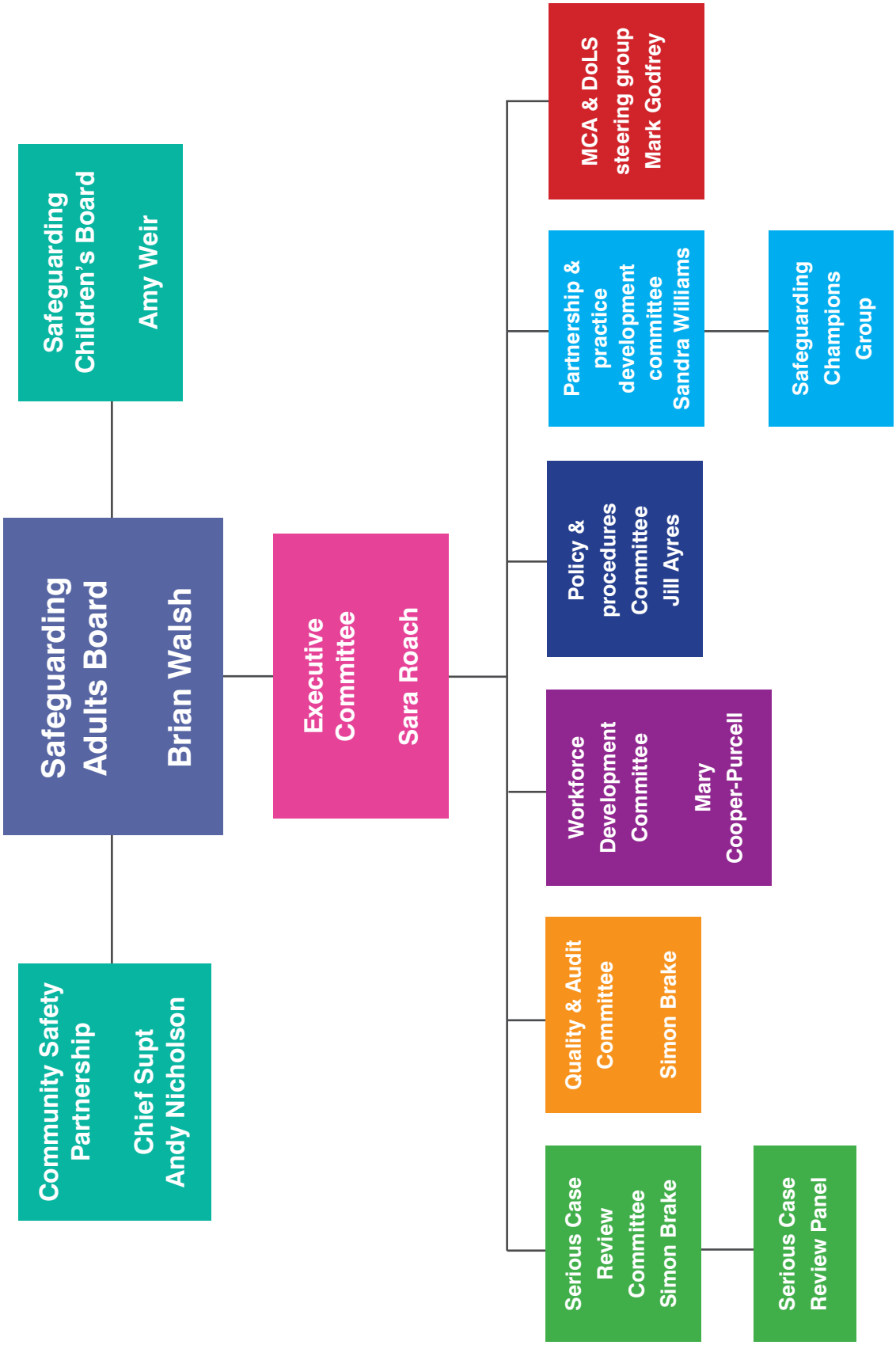
- Establishing Safeguarding Adults Development meetings within Older People and Physical Impairment Services and Mental Health and Learning Disability Services
- Introduction of a new outcome performance indicator to find out ‘does the individual feel safer as a result of the intervention/ services offered?’
- Commissioning and implementation of social care case file audit and Section 75 (mental health) audit
- Commitment to undertake an annual audit of the Safeguarding Adults Board

Challenges for the year ahead

These are what Board members see as the big challenges facing us in the year ahead:

- Financial constraints for all partner agencies which will require compromise and clarity when agreeing the priorities for the coming year(s)
- Agencies understanding each other’s current constraints and capacity and the need to balance agency priorities with partnership working
- Keeping up the momentum and maintaining performance at the same time as significant organisational change
- Needing to look at meeting structures and understand what we need to do instead of what is nice to do
- Continuing to put people at the heart of the safeguarding process

The Safeguarding Board Structure



Appendix 2- Membership of the Board (2013/14)

(as at 02.09.13)

Core Members (Quorum 4 core members including chair/vice chair)

Brian Walsh (Chair)
Executive Director of People, Coventry City Council

Jacqueline Barnes (Deputy Chair)
Executive Nurse, Coventry and Rugby Clinical Commissioning Group (CCG)

Kobina Hall
Head of Probation, Staffordshire and West Midlands Probation Trust

DCI Kim Madill
Eastern Adult Investigation and Safeguarding, West Midlands Police

Lisa Cummins
Deputy Director of Governance, Coventry and Warwickshire Partnership Trust (UHCW)

Mark Radford
Chief Nursing Officer, University Hospitals Coventry and Warwickshire NHS Trust (or Carmel McCalmont, Associate Director of Nursing, UHCW)

Sandy Brown
Director of Nursing and Quality, West Midlands Ambulance Service (WMAS)

Andy Pepper
Assistant Director - Children's Social Care, Targeted and Early Intervention Services, People Directorate, Coventry City Council

Andrea Simmonds
Local Area Liaison Officer – Coventry, West Midlands Fire Service (WMFS)

Link Members

Helen Hipkiss
NHS England Patient Experience

Lesley Ward
Compliance Manager (Central Region), Care Quality Commission (CQC)

Sandra Williams
Older People's Partnership Board and Chair Partnerships and Practice Development subgroup

Professional Advisors

Susan Harrison
Head of Safeguarding Children and Adults, Coventry City Council

Jill Ayres
Safeguarding Adults Co-ordinator, People Directorate, Coventry City Council

Sam Collier
Lead Nurse for Safeguarding Adults, Coventry and Rugby CCG

Simon Brake
Assistant Director Policy and Performance, People Directorate, Coventry City Council and Chair Quality and Audit Sub Group and Chair Serious Case Review Sub Group

Linda Sanders
Interim Assistant Director Adults Social Care, People Directorate, Coventry City Council

Penny Greenaway
Lead Nurse for Safeguarding Children and Vulnerable Adults, Coventry and Warwickshire Partnership Trust (CWPT)

Margaret Greer
Named Nurse for Safeguarding Adults, University Hospital Coventry and Warwickshire NHS Trust

Julie Newman
Children's and Adults Manager, Finance and Legal Services, Coventry City Council

Mandie Watson
Head of Service, Community Safety Team, Coventry City Council

Mary Cooper-Purcell
Practice Development Advisor, Employee Development Resources Directorate, Coventry City Council and Chair Workforce Development subgroup

Sara Roach
Deputy Director Strategy and Communities, People Directorate, Coventry City Council

Observer

Cllr Patricia Hetherton
Elected Member, Coventry City Council

Nigel Hart
Communications Officer Resources Directorate, Coventry City Council

Administrator

Lillian Ferraro
Safeguarding Adults Admin Officer, People Directorate, Coventry City Council

Appendix 3- Coventry Safeguarding Adults Board - Terms of Reference

Accountability

Individual members are accountable to the agencies they represent.

Members are responsible for ensuring that information about the multi-agency Policy and Procedures are disseminated to their own and related agencies.

Members are responsible for communicating and promoting Coventry Safeguarding Adults Board information through their internal governance systems and bringing back to the Board any relevant issues.

Each agency is jointly responsible for the implementation, endorsement, monitoring, evaluation and development of the Multi-Agency Coventry Safeguarding Adults Policy and Procedures.

Voluntary and independent sector agencies providing services on behalf of Health or the Local Authority are required to make their staff aware of the Multi-Agency Policy and operate within it. Contracts and service level agreements will clearly state that this is the expectation and that compliance will be monitored through inspection visits.

Members of the Board are responsible for monitoring the work of their sub-group representatives.

Remit

Clarify roles and responsibilities between agencies.

Develop and build on existing protocols for sharing information.

Disseminate information on the multi-agency Policy and Procedures.

Establish and implement procedures for the monitoring, evaluation and development of the multi-agency Coventry Safeguarding Adults Policy and Procedures.

Steer and oversee the development and delivery of an action plan outlining future work programmes, services and resources required Ensure that multi-agency training and staff development is commissioned and delivered in a timely and effective way.

Co-ordinate the monitoring and audit of the multi-agency Procedures; identifying issues arising from investigations and scrutinising practice and procedures.

Frequency and Duration of Meetings

Meetings are held once a quarter and for a maximum of three hours.

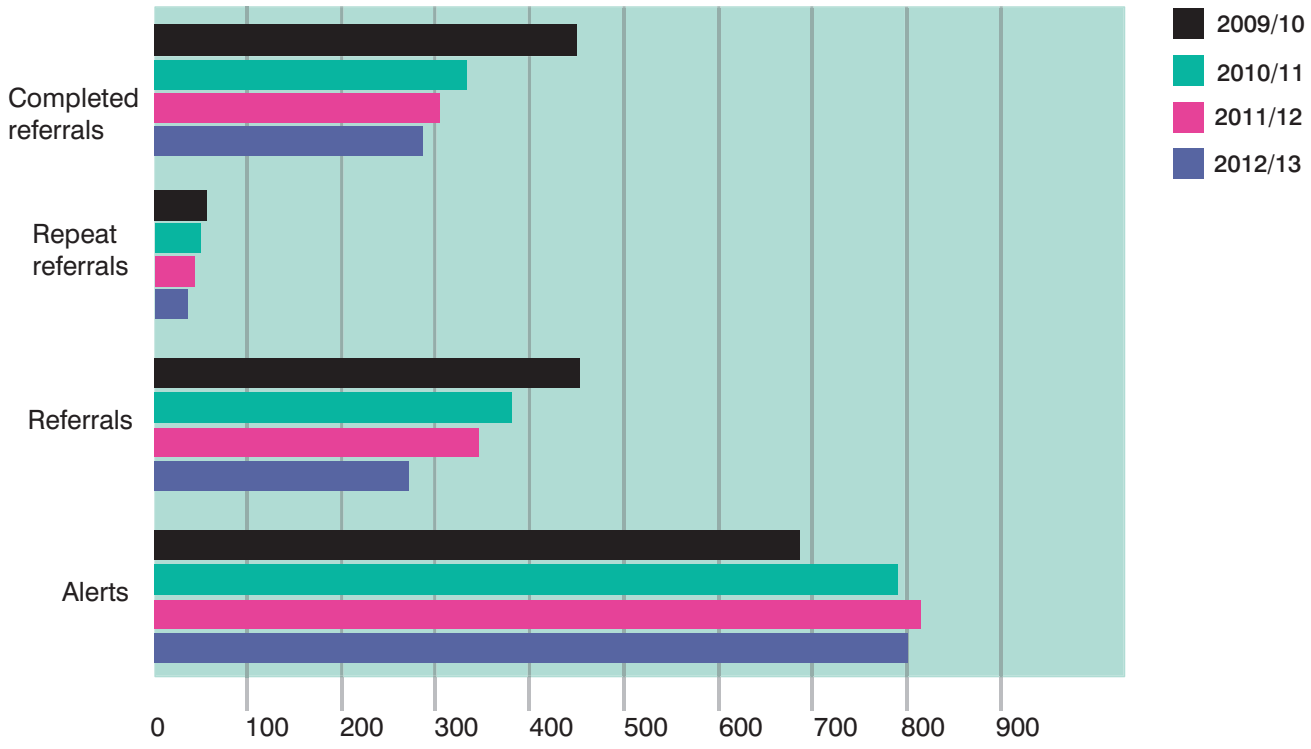
Appendix 4 - Performance

Safeguarding Adults 2012/13 end of year data and comparisons with previous years;

Table 1 - Number of Alerts, Referrals, Repeat Referrals and Completed Referrals for 2012/13 and comparisons with previous years

	Alerts	Referrals	Repeat referrals	Completed referrals
2012/13	805	263	23	287
% difference (2011/12 -2012/13)	-1.0%	-24.6%	-28.1	-6.5%
Value difference (2011/12 -2012/13)	-8	-86	-9	-20
2011/12	813	349	32	307
% difference (2010/11 -2011/12)	3.3%	-6.9%	-5.9%	-10.5%
Value difference (2010/11 -2011/12)	26	-26	-2	-36
2010/11	787	375	34	343
% difference (2009/10 - 2010/11)	15.1%	-19.0%	-22.7%	-24.1%
Value difference (2009/10 - 2010/11)	103	-88	-10	-109
2009/10	684	463	44	452

Chart 1 alerts/referral activity (2009/10 – 2012/13)



In 2012/13 the rate of alerts reported has plateaued. In previous years the strategic direction was to increase the alert rate, a measured view was taken for 2012/13 and a target range banding was introduced (797 to 883).

Table 2 - Alerts and referrals (2009/10 – 2012/13)

	2012/13	2011/12	2010/11	2009/10
Alerts	805	813	787	684
Referrals	263	349	375	463
% of alerts converting to referrals	32.7%	42.9%	47.6%	67.7%

The conversion of alerts to safeguarding referrals continues to fall. 32.7% of alerts reported in 2012/13 met the safeguarding threshold and instigated a referral. In 2011/12 it was 42.9%, 47.6% in 2010/11 and 67.7% in 2009/10.

The AVA Final Report 2011/12 produced by the NHS Information Centre for Health and Social Care reflects: *"…at council level the ratios of referrals to alerts varies greatly and suggest that some council's may have misunderstood the intended definitions of alerts and referrals".*

As a result no national comparisons have been drawn in this report.

Completed referrals (2012/13 only)

Completed referrals in the financial year (regardless of when the initial referral was made) have decreased slightly for all age groups compared with other years.

Table 3 - Completed referrals (2012/13)

Primary client group	Alerts		Referrals		Repeat referrals		Completed referrals	
	Number	%	Number	%	Number	%	Number	%
Physical disability, frailty & sensory impairment	53	9.0%	8	5.1%	2	20.0%	4	2.2%
Mental Health Needs	51	6.3%	28	10.6%	5	21.7%	28	9.8%
Learning Disability	92	11.4%	66	25.1%	6	26.1%	71	24.7%
Substance Misuse	4	0.5%	1	0.4%	0	0.0%	0	0.0%
Other Vulnerable People	15	1.9%	2	0.8%	0	0.0%	2	0.7%
Older People	590	73.3%	158	60.1%	10	43.5%	182	63.4%
Totals	805		263		23		287	

The number of completed referrals has exceeded the number of new referrals for the first time.

Client category breakdown

Table 3 above helps to break down table 1 by primary client group. 73.3% of total alerts and 60.1% of referrals are raised by Older People teams, which is relative to the size of the service area.

25.1% of Learning Disability clients had a safeguarding referral in 2012/13. 71.3% of Learning Disability alerts are converted to referrals (this continues from previous years to be a higher conversion than any other primary category group).

[3] All completed referral in the period are recorded in the AVA return irrespective of when the referral was made.

Alerts by Age & Gender Breakdown (2012/13 only)

Coventry continues to have more alerts and referrals for females than males, compared to the 2001 census data; this is also the case when examined against the total number of people receiving an adult social care service in Coventry.

Table 4 - Alerts and referrals by age and gender (2012/13)

	Alerts					Referrals				
	F	%	M	%	Total	F	%	M	%	Total
Age group 18 - 64	114	53.0%	101	47.0%	215	53	50.5%	52	49.5%	105
Age group 65+	396	67.1%	194	32.9%	590	107	67.7%	51	32.3%	158
Total Age groups	510	63.4%	295	36.6%	805	160	60.8%	103	39.2%	263

Total clients RAP (P7) 2012/13	Female Number	%	Male Number	%	Total clients (P7)
18 - 64	1210	47.3%	1350	52.7%	2560
65+	3650	67.5%	1754	32.5%	5404
All ages	4860	61.0%	3104	39.0%	7964

2001 Census	Female	Male
18-64	48.6%	51.4%
65 +	56.5%	43.5%

Referrals by Ethnicity Comparison (2009/10-2012/13)

Table 5 breaks down the number of referrals for the last four years by ethnicity.

In 2012/13, 9.5% of safeguarding referrals were recorded for people in minority ethnic groups; this is a decrease from previous years, 13.9% in 2011/12 and 11.9% in 2010/11.

In 2012/13, Coventry achieved the BME target for the number of adults aged 18-64 who had a safeguarding alert, however did not achieve the BME target for older people aged 65 plus.

[4] 2001 Census is still the latest version

Table 5 - referrals by ethnicity (2009/10 – 2012/13)

Ethnicity	2012/13		2011/12		2010/11		2009/10	
White British	230	95.8%	286	94.7%	310	92.5%	378	94.5%
White Irish	6	2.5%	11	3.6%	16	4.8%	13	3.3%
Any other White background	4	1.7%	5	1.7%	9	2.7%	9	2.3%
Total	240		302		335		400	
White and Black Caribbean	2	8.7%	4	9.5%	0	0.0%	2	3.2%
White and Black African	0	0.0%	0	0.0%	0	0.0%	1	1.6%
White and Asian		0.0%	1	2.4%	1	2.5%	1	1.6%
Any other mixed background		0.0%	0	0.0%	3	7.5%	0	0.0%
Indian	13	56.5%	13	31.0%	15	37.5%	22	34.9%
Pakistani	1	4.3%	3	7.1%	7	17.5%	8	12.7%
Bangladeshi	2	8.7%	2	4.8%	0	0.0%	1	1.6%
Any other Asian background	2	8.7%	8	19.0%	1	2.5%	9	14.3%
Caribbean	1	4.3%	7	16.7%	3	7.5%	7	11.1%
African	0	0.0%	3	7.1%	5	12.5%	1	1.6%
Any other Black background	0	0.0%	0	0.0%	2	5.0%	3	4.8%
Chinese	1	4.3%	1	2.4%	0	0.0%	0	0.0%
Any other ethnic group	1	4.3%	0	0.0%	2	5.0%	5	7.9%
Total	23		42		40		63	
Information not yet obtained	0		5		1		3	

Chart 2 - Percentage of BME referrals 2012/13

Source of Referral comparison 2009/10-2012/13

Social care staff and health staff continue to be the highest sources of safeguarding referrals with only minor fluctuations from previous years, in 2012/13, 45.6% of safeguarding referrals were from social care staff compared to 47.3% in 2011/12. Similarly in 2012/13, 24.7% of safeguarding referrals were from health staff compared to 26.4% in 2011/12. Coventry continues to reduce the number of "other" used for source of referral, from 5.4 % in 2011/12 to 1.5% in 2012/13.

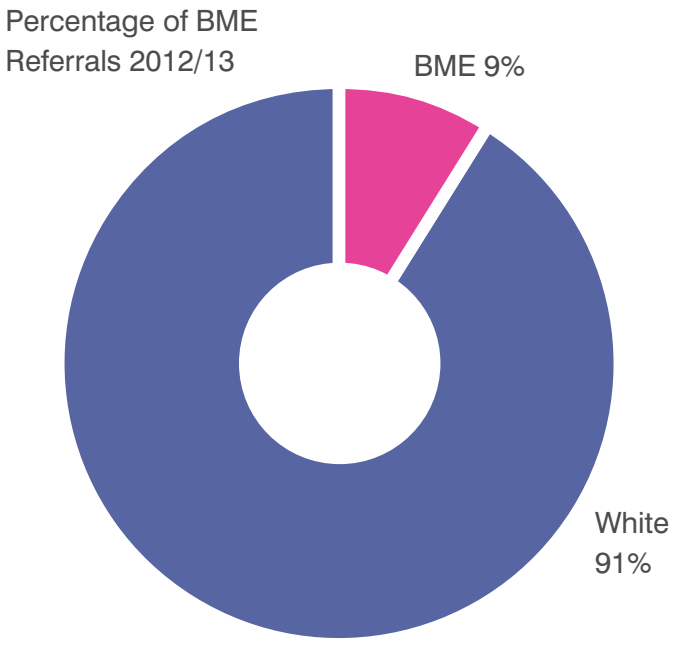
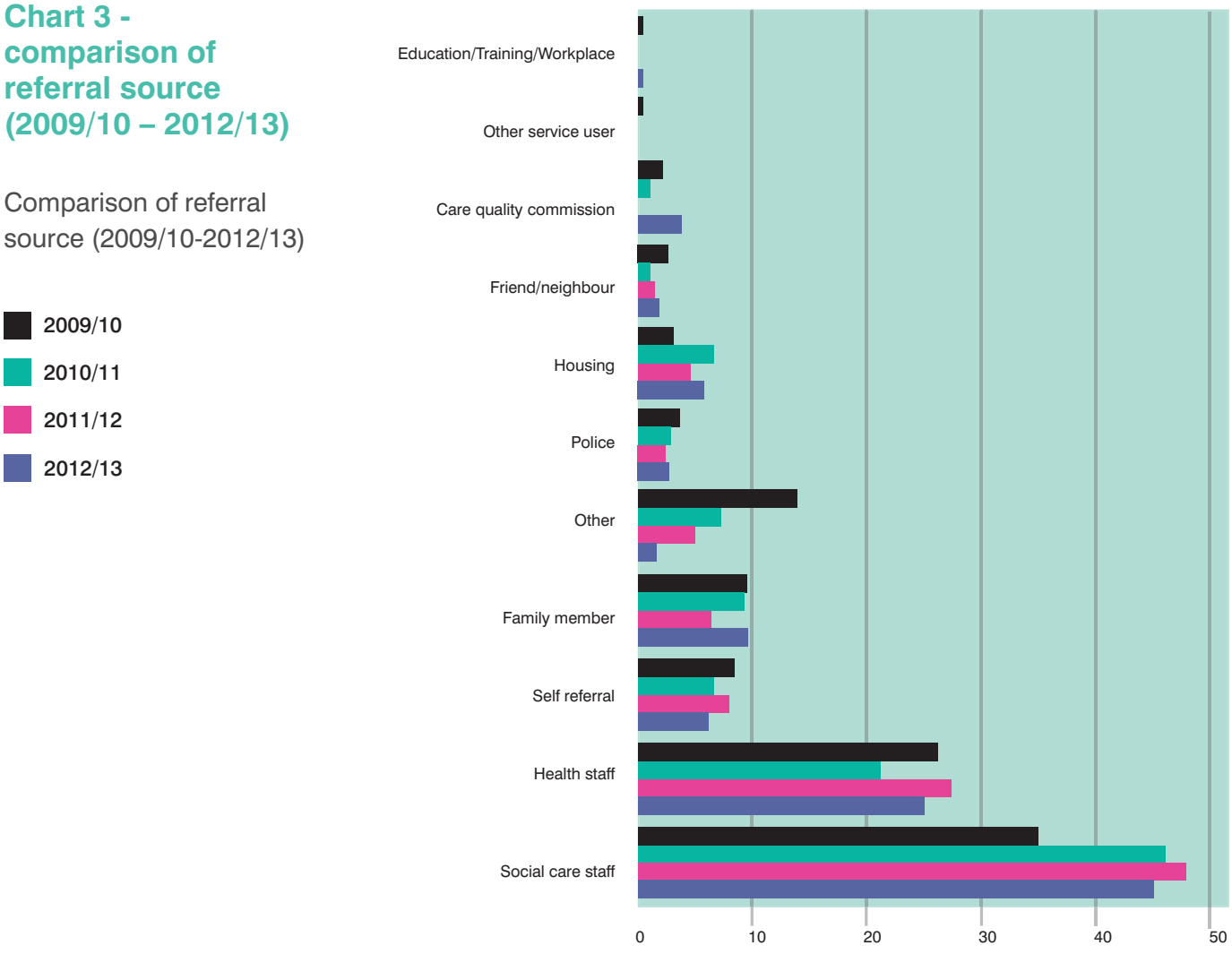


Table 6 - source of referral comparison (2009/10-2012/13)

Source of Referral	2012/13	%	2011/12	%	2010/11	%	2009/10	%
Social Care Staff	120	45.6%	165	47.3%	173	46.1%	159	34.3%
Health Staff	65	24.7%	92	26.4%	80	21.3%	119	25.7%
Self-Referral	17	6.5%	28	8.0%	25	6.7%	39	8.4%
Family member	26	9.9%	24	6.9%	36	9.6%	45	9.7%
Friend/neighbour	4	1.5%	3	0.9%	2	0.5%	7	1.5%
Other service user	0	0.0%	0	0.0%	0	0.0%	1	0.2%
Care Quality Commission	8	3.0%	0	0.0%	2	0.5%	7	1.5%
Housing	14	5.3%	13	3.7%	22	5.9%	13	2.8%
Education/Training/Work-place	1	0.4%	0	0.0%	0	0.0%	1	0.2%
Police	4	1.5%	5	1.4%	7	1.9%	14	3.0%
Other	4	1.5%	19	5.4%	28	7.5%	58	12.5%
Overall Total	263	100.0%	349	100.0%	375	100.0%	463	100.0%

Chart 3 - comparison of referral source (2009/10 – 2012/13)



The tables below break down the referral source for social care and health staff to understand more clearly where in each area the sources are coming from.

Table 7 - referral source – social care and health staff

Social Care Staff (CASSR & Independent)	2012/13 %		2011/12 %		2010/11 %		2009/10 %	
Domiciliary Staff	38	31.7%	48	29.1%	44	25.4%	32	20.1%
Residential Care Staff	56	46.7%	52	31.5%	63	36.4%	54	34.0%
Day Care Staff	9	7.5%	21	12.7%	15	8.7%	12	7.5%
Social Worker/Care Manager	10	8.3%	24	14.5%	41	23.7%	30	18.9%
Self -Directed Care Staff	0	0.0%	0	0.0%	0	0.0%	1	0.6%
Other	7	5.8%	20	12.1%	10	5.8%	30	18.9%
Total	120		165		173		159	

Health Staff	2012/13 %		2011/12 %		2010/11 %		2009/10 %	
Primary/Community Health Staff	26	40.0%	49	53.3%	43	5.4%	61	51.3%
Secondary Health Staff	35	53.8%	32	34.8%	22	2.8%	55	46.2%
Mental Health Staff	4	6.2%	11	12.0%	15	1.9%	3	2.5%
Total	65		92		80		119	

Referrals by alleged abuse type comparison 2009/10-2012/13

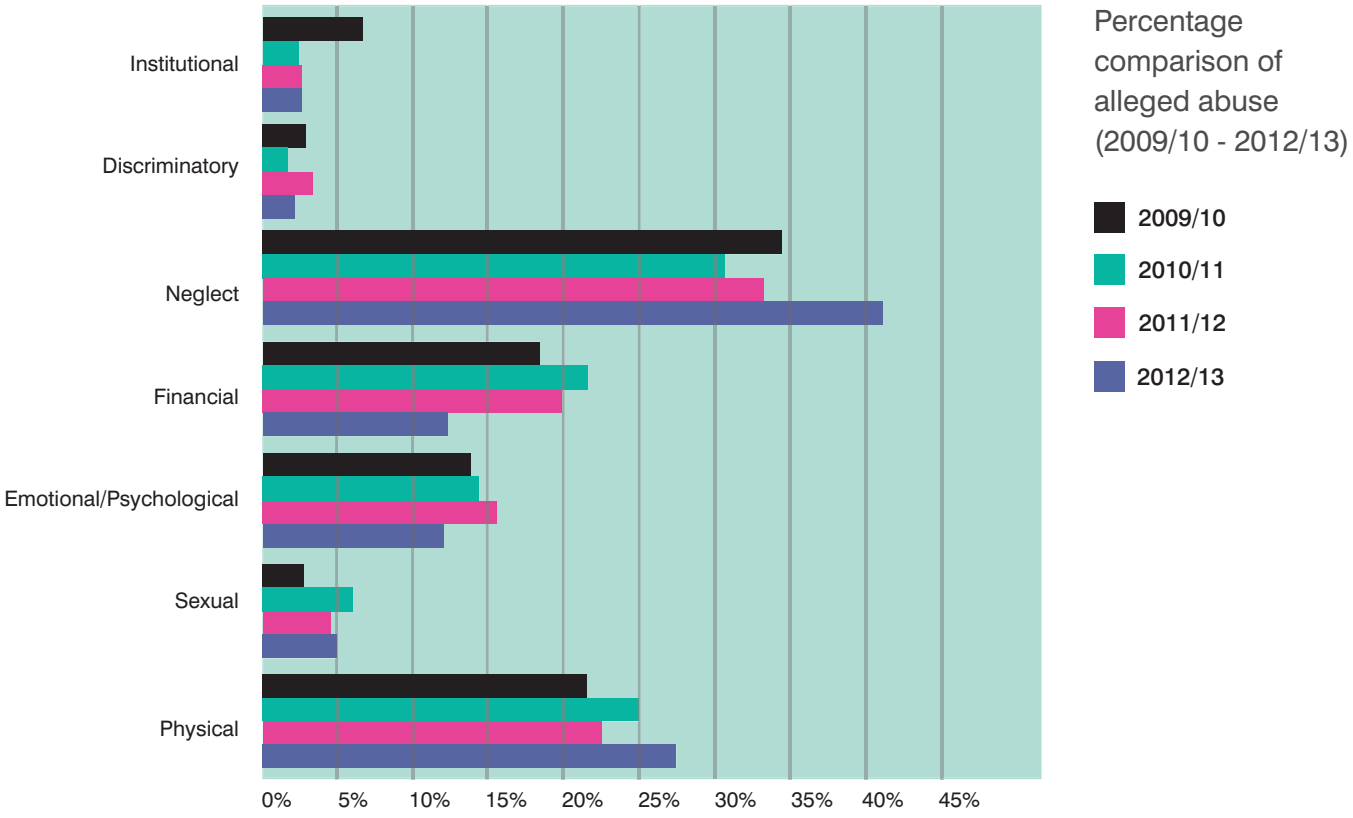
Neglect continues to be Coventry's main safeguarding abuse type and accounts for over a third of all abuse referrals (40.9% in 2012/13). Similarly physical abuse follows the same pattern, and continues to be the second main abuse type (27.0% in 2012/13).

Pressure ulcers are responsible for 19.2% (25 of 130) of Coventry's neglect cases in safeguarding. In 2012/13 there were 210 alerts regarding pressure ulcers, of those, 25 went on to become a safeguarding referral.

Table 8 - referrals by alleged abuse type comparison (2009/10-2012/13)

Alleged abuse	2012/13 %		2011/12 %		2010/11 %		2009/10 %	
Physical	86	27.0%	98	22.3%	114	25.2%	124	21.5%
Sexual	16	5.0%	21	4.8%	26	5.7%	17	2.9%
Emotional/psychological	37	11.6%	67	15.2%	67	14.8%	82	14.2%
Financial	39	12.3%	88	20.0%	97	21.4%	106	18.4%
Neglect	130	40.9%	146	33.2%	138	30.5%	200	34.7%
Discriminatory	5	1.6%	13	3.0%	5	1.1%	12	2.1%
Institutional	5	1.6%	7	1.6%	6	1.3%	36	6.2%
Total	318		440		453		577	

Chart 4 – type of alleged abuse (2009/10 – 2012/13)



Alleged abuse types (2012-13 only)

Neglect is the main abuse type across all primary client groups apart from mental health, where neglect cases constitute 18.8% (9 of 48) cases. Emotional/psychological (25.0%) and physical (22.9%) represent key abuse types for people falling under the mental health primary category.

Older People's services (aged 65 and over) recorded neglect, physical and financial as key abuse themes, 51.7% safeguarding referrals were as a result of neglect, an increase of 27.0 percentage points from 2011/12. 28.2% were as a result of physical abuse and 12.6% from financial abuse.

Neglect and physical are the main abuse types recorded for people within physical disability, frailty & sensory impairment primary category (55.6% attributed to neglect and 22.2% to physical abuse). This is a change from 2011/12 where neglect and financial abuse were the two main abuse categories.

Similarly to 2011/12, the main abuse types recorded for people with learning disabilities is neglect and physical (31.0% attributed to neglect and 28.6% to physical).

Table 8 – referrals by alleged abuse type comparison (2009/10-2012/13)

Nature of alleged abuse (2012/13)	Physical disability, frailty & sensory impairment		Mental Health Needs		Learning Disability		Older People (65+)	
	Number	%	Number	%	Number	%	Number	%
Physical	2	22.2%	11	22.9%	24	28.6%	49	28.2%
Sexual	0	0.0%	7	14.6%	6	7.1%	3	1.7%
Emotional/psychological	1	11.1%	12	25.0%	16	19.0%	8	4.6%
Financial	1	11.1%	9	18.8%	4	4.8%	22	12.6%
Neglect	5	55.6%	9	18.8%	26	31.0%	90	51.7%
Discriminatory	0	0.0%	0	0.0%	5	6.0%	0	0.0%
Institutional	0	0.0%	0	0.0%	3	3.6%	2	1.1%
Total [1]	9	100%	48	100%	84	100.0%	174	100%
Of which included multiple types of abuse	1		17		17		14	

[1] Excludes client categories Substance Misuse and Other Vulnerable people

Location of Alleged Abuse comparison 2009/10-2012/13

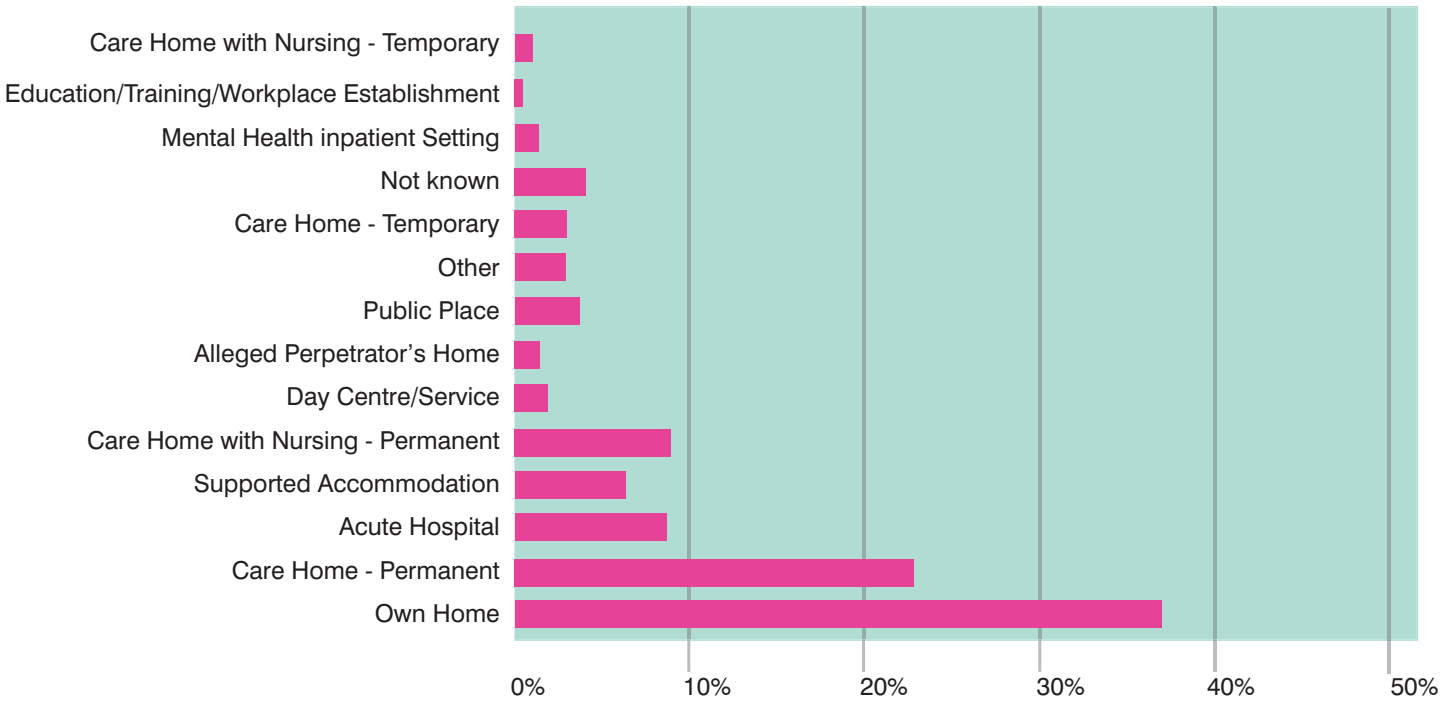
In Coventry victim's homes and care homes are the most common places for abuse to take place.

In 2012/13, 36.1% of abuse took place in the victim's home and 22.8% occurred in care homes. There has been a 15 percentage point drop in the number of safeguarding referrals which were reported in the victim's home.

Table 10 – location of alleged abuse (2009/10 – 2012/13)

Location alleged abuse took place:	2012/13 Number	%	2011/12 Number	%	2010/2011 Number	%	2009/2010 Number	%
Own Home	95	36.1%	175	50.1%	160	42.7%	254	46.9%
Care Home - Permanent	60	22.8%	56	16.0%	78	20.8%	94	17.3%
Care Home with Nursing - Permanent	24	9.1%	17	4.9%	20	5.3%	26	4.8%
Care Home - Temporary	6	2.3%	6	1.7%	7	1.9%	13	2.4%
Care Home with Nursing - Temporary	3	1.1%	0	0.0%	2	0.5%	6	1.1%
Alleged Perpetrators Home	3	1.1%	14	4.0%	9	2.4%	16	3.0%
Mental Health Inpatient Setting	3	1.1%	2	0.6%	2	0.5%	2	0.4%
Acute Hospital	23	8.7%	22	6.3%	25	6.7%	37	6.8%
Community Hospital	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Health Setting	0	0.0%	0	0.0%	0	0.0%	2	0.4%
Supported Accommodation	15	5.7%	18	5.2%	38	10.1%	29	5.4%
Day Centre/Service	4	1.5%	17	4.9%	6	1.6%	3	0.6%
Public Place	11	4.2%	9	2.6%	9	2.4%	17	3.1%
Education/Training/Workplace	1	0.4%	1	0.3%	0	0.0%	2	0.4%
Other	6	2.3%	7	2.0%	6	1.6%	11	2.0%
Not Known	9	3.4%	5	1.4%	13	3.5%	30	5.5%
Total	263		349		375		542	

Chart 5 – abuse by location 2012/13



Referrals by type of service funding, age and primary client group of vulnerable adult (2012/13 only)

Overall the majority of Coventry's safeguarding referrals received are from people in receipt of Council commissioned services (70%), a similar picture to 2011/12 (68%). 12% of safeguarding referrals came from people who were not known to social services.

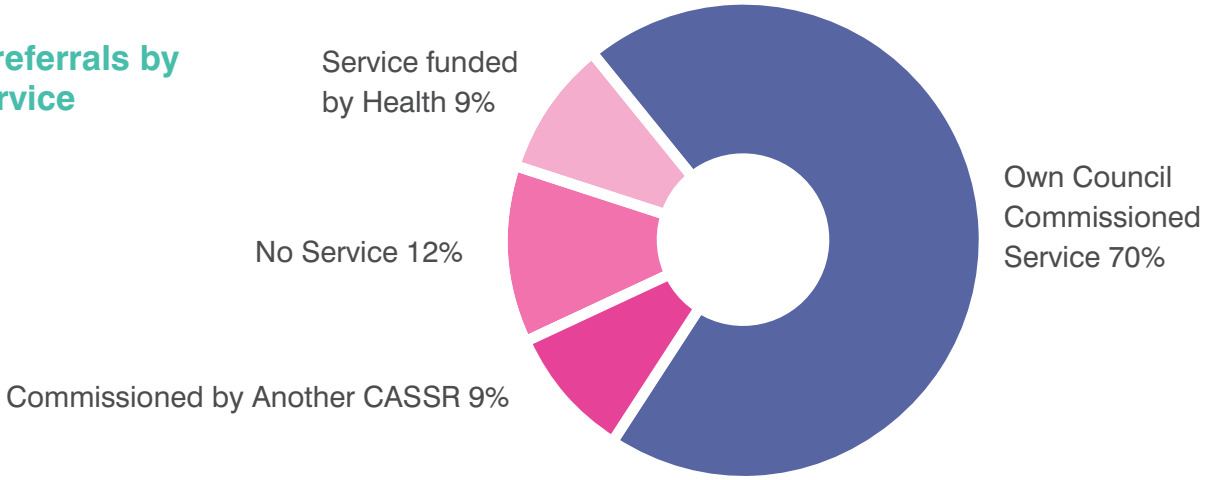
There has been a drop in the percentage of people being referred into the safeguarding process who were not known to social services. Significantly in 2011/12, 58.3% of people referred into the safeguarding process with mental ill health did not receive social care services compared with 18.8% in 2012/13.

Table 11 – referrals by type of service funding

Type of Service	Physical disability, frailty & sensory impairment		Mental Health		Learning Disability		Older People 65+	
	Number	%	Number	%	Number	%	Number	%
Own Council Commissioned Service	6	75.0%	15	46.9%	61	88.4%	107	66.5%
Commissioned by Another CASSR	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Self-Funded Service	0	0.0%	3	9.4%	1	1.4%	20	12.4%
Service funded by Health	1	12.5%	8	25.0%	5	7.2%	18	11.2%
No Service	1	12.5%	6	18.8%	2	2.9%	16	9.9%
Total[1]	8		32		69		161	

[1] Excludes client categories Substance Misuse and Other Vulnerable people

Chart 6 – referrals by type of service



Alleged Perpetrator Relationship comparison 2009/10-2012/13.

In 2012/13 social care staff and family members were named as the main alleged perpetrators within the safeguarding process, 40.3% were social care staff up 4.2 percentage points from 2011/12) and 17.5% (a drop of 3.1 percentage points) were named family members). This is a repeated theme for the previous four reporting years.

The option of "not known" being selected for the alleged perpetrator continues to reduce from 9.5% in 2011/12 to 7.6% in 2012/13.

Table 12 - relationship of alleged perpetrator

Relationship of alleged perpetrator	2012/13		2011/12		2010/11		2009/10	
	Number	%	Number	%	Number	%	Number	%
Partner	20	7.6%	17	4.9%	27	7.2%	32	7.0%
Other family member	38	14.4%	61	17.5%	65	17.3%	89	19.4%
Health Care Worker	23	8.7%	26	7.4%	24	6.4%	33	7.2%
Volunteer/ Befriender	0	0.0%	1	0.3%	1	0.3%	0	0.0%
Social Care Staff	106	40.3%	126	36.1%	105	21.3%	178	38.8%
Other professional	6	2.3%	17	4.9%	14	3.7%	15	3.3%
Other Vulnerable Adult	25	9.5%	28	8.0%	36	9.6%	16	3.5%
Neighbour/Friend	13	4.9%	22	6.3%	27	7.2%	19	4.1%
Stranger	8	3.0%	16	4.6%	12	3.2%	6	1.3%
Not Known	20	7.6%	33	9.5%	51	13.6%	53	11.5%
Other	4	1.5%	2	0.6%	13	3.5%	18	3.9%
Total	263		349		375		459	

Alleged Perpetrator Relationship (2012/13 only)

Of the social care staff identified as the alleged perpetrator, 65 were named residential care staff, 31 were home care staff, 1 was a day care staff member and 9 were reported in other establishments.

Chart 7 – Perpetrator: breakdown of social care staff

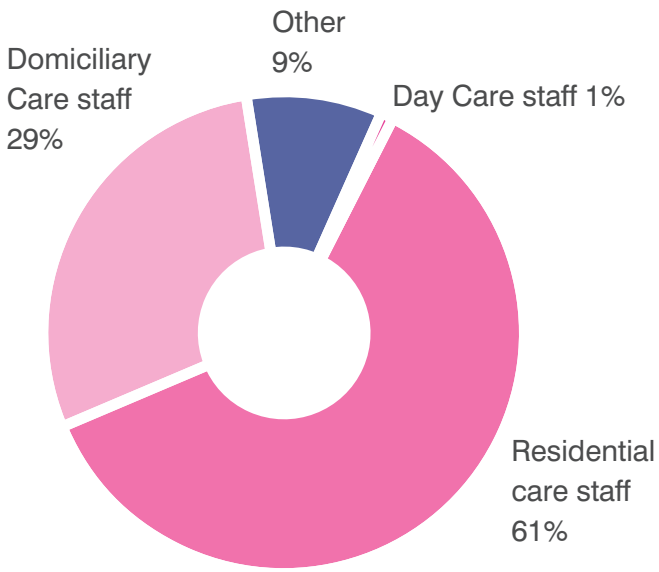


Table 13 - relationship of alleged perpetrator by client group

Relationship of alleged perpetrator by client category [1]	Physical disability, frailty and sensory impairment		Mental Health Needs		Learning Disability		Older People aged 65+	
	Number	%	Number	%	Number	%	Number	%
Partner	2	25.0%	6	21.4%	0	0.0%	11	7.0%
Other family member	0	0.0%	6	21.4%	10	15.2%	21	13.3%
Health Care Worker	1	12.5%	2	7.1%	2	3.0%	18	11.4%
Volunteer/ Befriender	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Social Care Staff	5	62.5%	6	21.4%	30	45.5%	65	41.1%
Other professional	0	0.0%	0	0.0%	1	1.5%	5	3.2%
Other Vulnerable Adult	0	0.0%	0	0.0%	8	12.1%	17	10.8%
Neighbour/Friend	0	0.0%	3	10.7%	6	9.1%	4	2.5%
Stranger	0	0.0%	1	3.6%	5	7.6%	2	1.3%
Not Known	0	0.0%	3	10.7%	1	1.5%	15	9.5%
Other	0	0.0%	1	3.6%	3	4.5%	0	0.0%
Total	8		28		66		158	

[1]Excludes client categories Substance Misuse and Other Vulnerable people

Case conclusion comparison 2009/10-2012/13

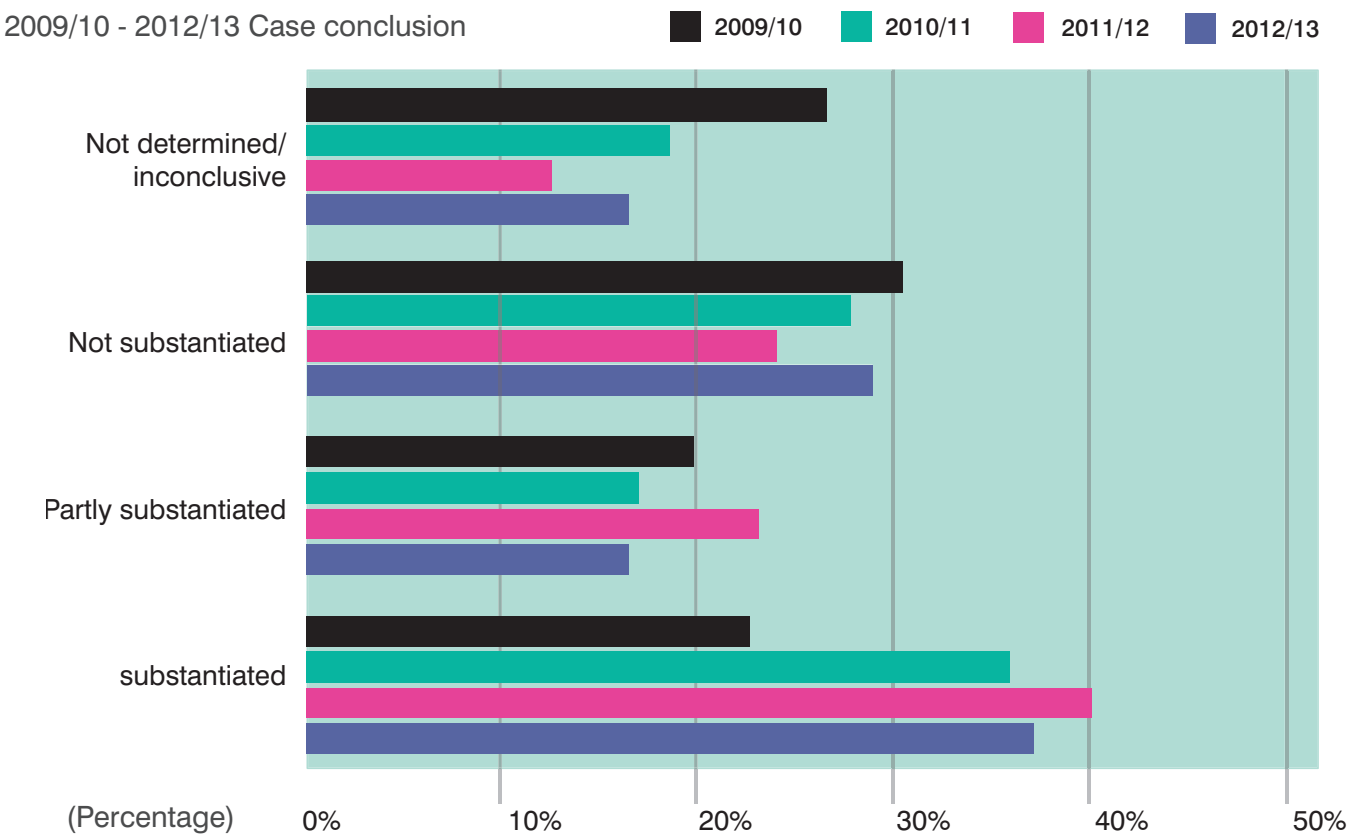
Contradictory to previous years, substantiated and partly substantiated case conclusions have not continued to increase but have retracted more in line with 2010/11 results.

In 2012/13, 38.0% of safeguarding referrals completed were substantiated (2.1 percentage point drop from 2011/12) and 16.4% were partly substantiated (7.4 percentage point drop from 2011/12).

Table 14 – case conclusion comparison (2009/10 – 2012/13)

	2012/13		2011/12		2010/11		2009/10	
	Number	%	Number	%	Number	%	Number	%
Substantiated	109	38.0%	123	40.1%	126	36.7%	106	23.5%
Partly Substantiated	47	16.4%	73	23.8%	57	16.6%	90	19.9%
Not Substantiated	83	28.9%	73	23.8%	96	28.0%	138	30.5%
Not Determined / Inconclusive	48	16.7%	38	12.4%	64	18.7%	118	26.1%
Total	287	100.0%	307	100.0%	343	100.0%	452	100.0%

Chart 8 – case conclusion comparison (2009/10 – 2012/13)



Case conclusion (2012/13 only)

Table 15 below looks at case conclusions by client category.

In 2011/12 the learning disabilities primary client group had the highest substantiation rates compared to other primary categories, although this is still the case in 2012/13, there has been an 8.8 percentage point decrease (65.1% in 2011/12 and 56.3% in 2012/13).

In 2012/13 safeguarding referrals within the mental health primary category have the lowest substantiation record (17.9% cases not substantiated). 39.3% completed cases were not determined or inconclusive.

Table 15 – case conclusion (2012/13)

Age Group/Primary Client Group [1]	Substantiated		Partly Substantiated		Not Substantiated		Not Substantiated		Total Completed Referrals
	Number	%	Number	%	Number	%	Number	%	Number
Physical disability, frailty & sensory impairment	2	50.0%	0	0.0%	1	25.0%	1	25.0%	4
Mental Health Needs	8	28.6%	4	14.3%	5	17.9%	11	39.3%	28
Learning Disability	40	56.3%	6	8.5%	17	23.9%	8	11.3%	71
Older People (65+)	59	32.4%	37	20.3%	60	33.0%	26	14.3%	182

[1] Totals excludes primary categories Substance Misuse and Other Vulnerable People (3 completed referrals - skewed data set)

Outcomes of completed referral - Victim comparison 2009/10-2012/13

The option of 'no further action' selected as an outcome for the safeguarding victim continues to reduce (15.9% in 2012/13 from 17.0% in 2011/12, 18.6% in 2010/11 and 42.1% in 2009/10).

The number of "increased monitoring" and "community care assessment and services" safeguarding outcomes has continued to increase in the last four reporting years.

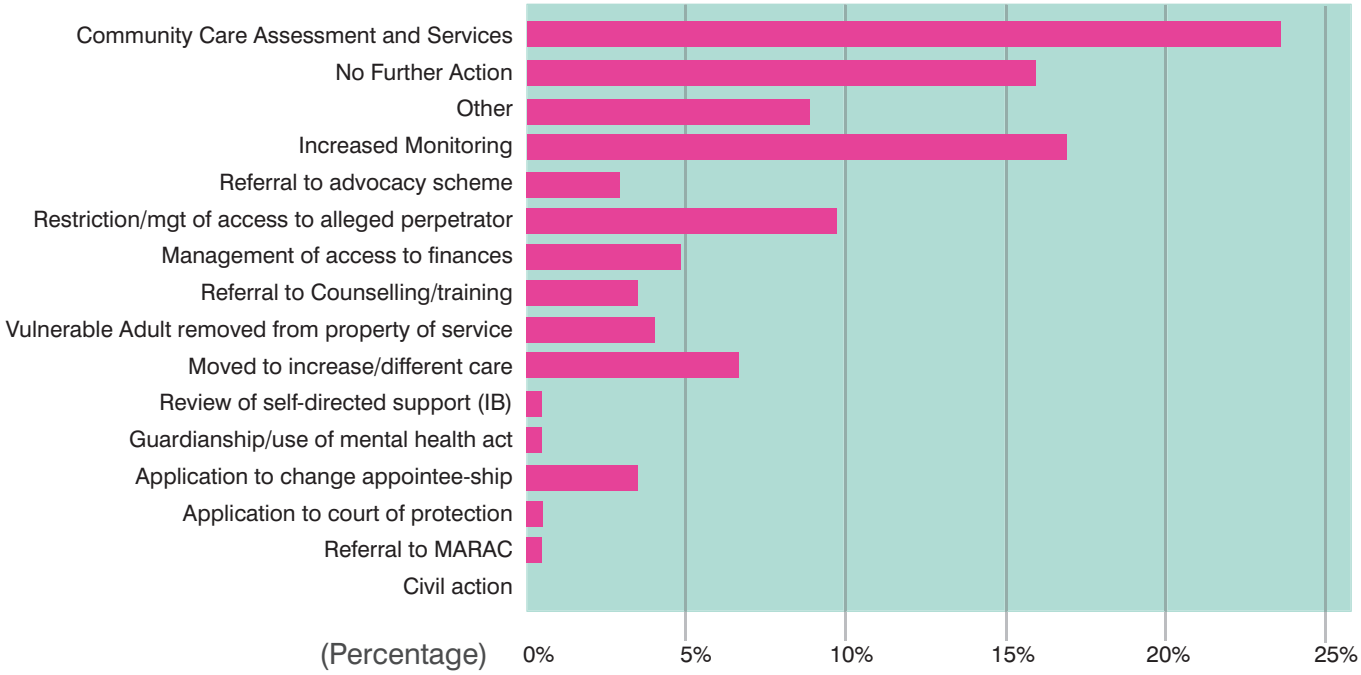
The option of "other" selected as a safeguarding outcome has dropped by 8.1 percentage points this year from 17.0% in 2011/12 to 8.9% in 2012/13.

Table 16 – outcome of completed referral (2009/10 – 2012/13)

Outcome of Completed Referral*	2012/13		2011/12		2010/11		2009/10	
	Number	%	Number	%	Number	%	Number	%
Increased Monitoring	88	16.6%	81	16.2%	93	15.9%	75	9.6%
Vulnerable Adult removed from property or service	19	3.6%	19	3.8%	17	2.9%	18	2.3%
Community Care Assessment and Services	123	23.3%	111	22.2%	125	21.3%	126	16.2%
Civil Action	0	0.0%	0	0.0%	2	0.3%	2	0.3%
Application to Court of Protection	2	0.4%	2	0.4%	5	0.9%	0	0.0%
Application to change appointee-ship	15	2.8%	3	0.6%	3	0.5%	3	0.4%
Referral to advocacy scheme	17	3.2%	16	3.2%	40	6.8%	22	2.8%
Referral to Counselling / Training	17	3.2%	22	4.4%	6	1.0%	12	1.5%
Moved to increase / Different Care	33	6.2%	16	3.2%	35	6.0%	54	6.9%
Management of access to finances	26	4.9%	25	5.0%	28	4.8%	25	3.2%
Guardianship/Use of Mental Health Act	2	0.4%	3	0.6%	4	0.7%	4	0.5%
Review of Self-Directed Support (IB)	2	0.4%	5	1.0%	10	1.7%	8	1.0%
Restriction/management of access to alleged perpetrator	52	9.8%	28	5.6%	31	5.3%	27	3.5%
Referral to MARAC	2	0.4%	0	0.0%	0	0.0%	0	0.0%
Other	47	8.9%	85	17.0%	78	13.3%	75	9.6%
No Further Action	84	15.9%	85	17.0%	109	18.6%	328	42.1%
Total	529		501		586		779	

*includes multiple outcome per referral

Chart 9 – outcomes for victims 2012/13



Acceptance of Protection Plan – Victim comparison 2009/10-2012/13

This information relates to the number of victims who accepted a protection plan.

Table 17 – acceptance of protection plan (2009/10 – 2012/13)

Acceptance of Protection Plan	2012/13		2011/2012		2010/2011		2009/2010	
	Number	%	Number	%	Number	%	Number	%
Accepted	106	91.4%	159	87.4%	106	76.8%	154	59.2%
Did not accept	10	8.6%	23	12.6%	32	23.2%	106	40.8%
Total	116		182		138		260	

Chart 10 – comparison of protection plans (2009/10 – 2012/13)

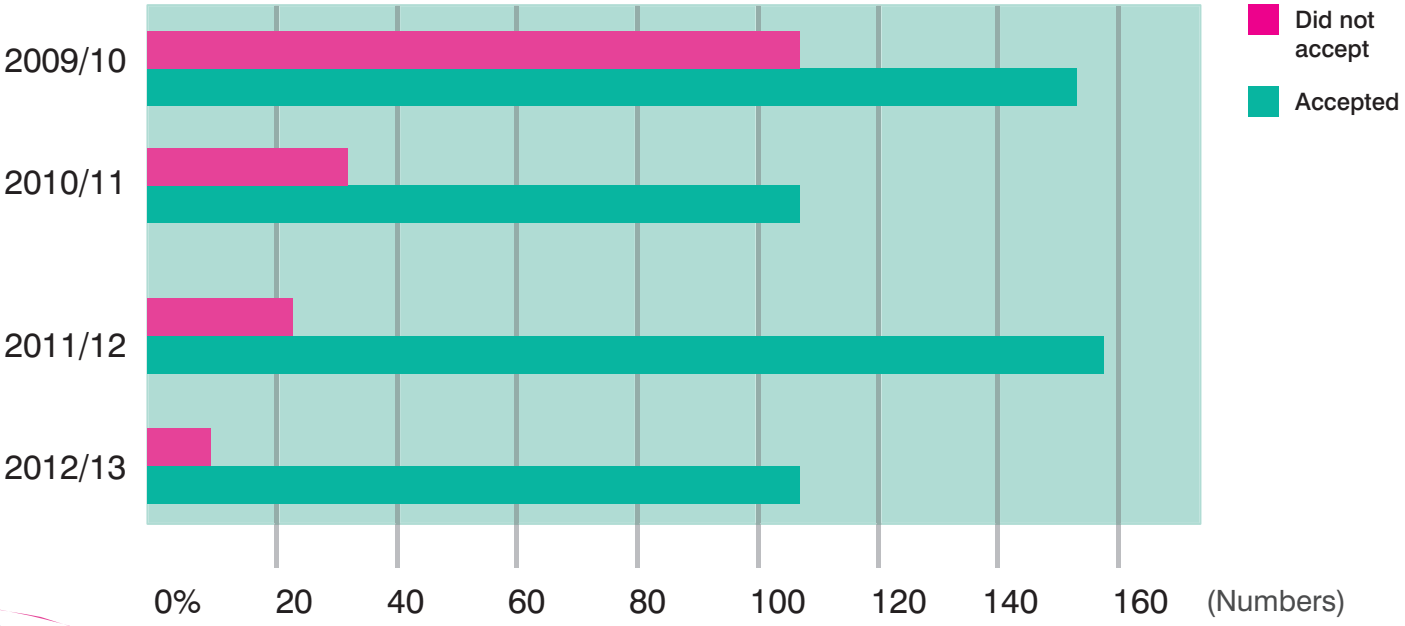


Table 18 – acceptance of protection plan (2012/13)

Acceptance of Protection Plan (2012/13)	Physical disability, frailty and sensory impairment		Mental Health Needs		Learning Disability		Older People 65+	
	Number	%	Number	%	Number	%	Number	%
Accepted	0	0.0%	9	90.0%	47	94.0%	49	89.1%
Did not accept	0	0.0%	1	10.0%	3	6.0%	6	10.9%
Total	0		10		50		55	

[1] Totals excludes primary categories Substance Misuse and Other Vulnerable People (3 completed referrals - skewed data set)

Outcome of completed referral – Alleged perpetrator/ organisation/ service comparison 2009/10-2012/13

No further action continues to be the most common outcome of a completed referral (this option is selected if there is no apparent action required against the perpetrator).

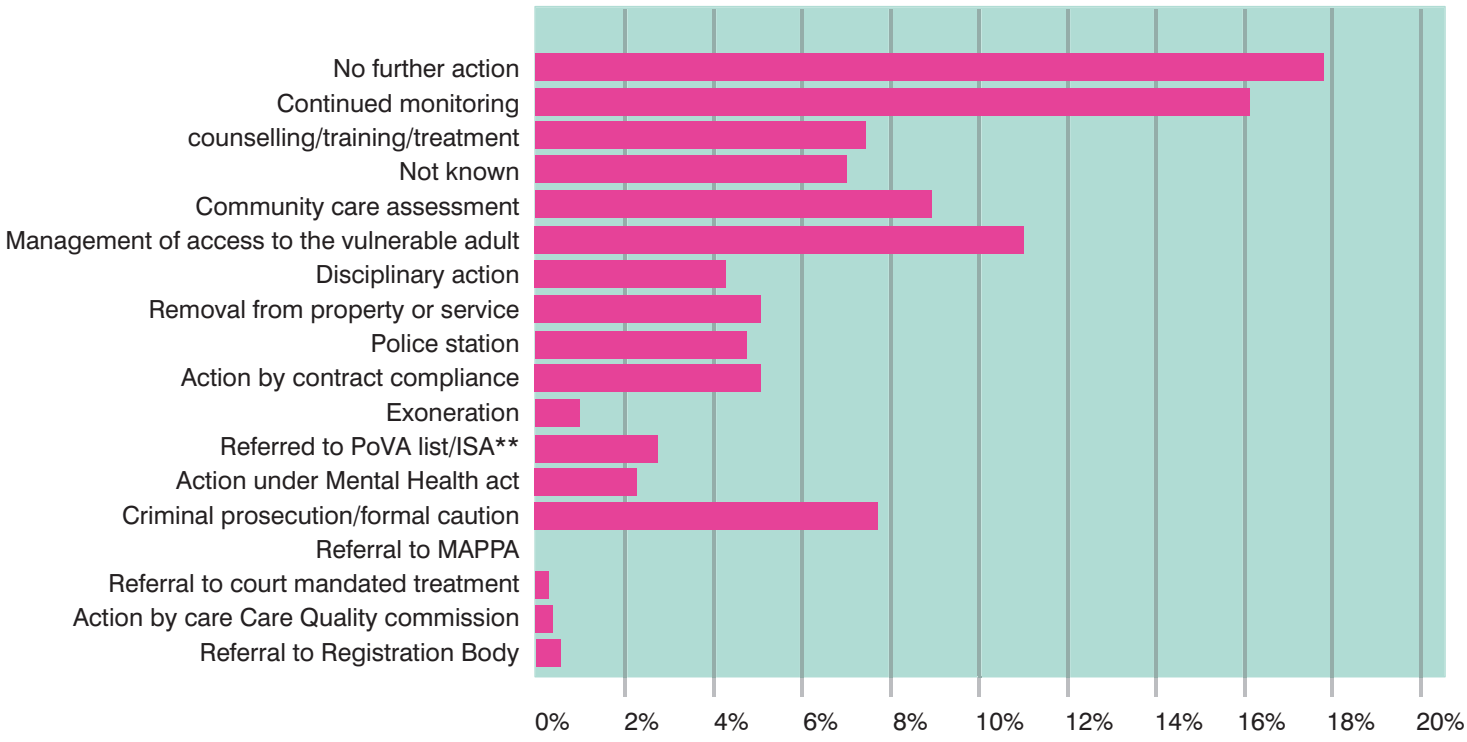
In 2010/11 Coventry changed its use of "no further action" to meet the AVA guidelines; this has had a direct impact on the use of "not known".

Table 19 – outcome of completed referral (2009/10 – 2012/13)

For Alleged Perpetrator/ Organisation/Service	2012/13		2011/12		2010/11		2009/10	
	Number	%	Number	%	Number	%	Number	%
Criminal Prosecution / Formal Caution	34	7.8%	1	0.2%	2	0.4%	5	1.5%
Police Action	19	4.4%	20	4.9%	16	3.5%	12	3.6%
Community Care Assessment	38	8.8%	25	6.1%	48	10.5%	39	11.7%
Removal from property or Service	20	4.6%	21	5.1%	22	4.8%	9	2.7%
Management of access to the Vulnerable Adult	47	10.8%	24	5.9%	21	4.6%	7	2.1%
Referred to PoVA List /ISA**	12	2.8%	6	1.5%	10	2.2%	3	0.9%
Referral to Registration Body	2	0.5%	0	0.0%	7	1.5%	4	1.2%
Disciplinary Action	18	4.1%	23	5.6%	20	4.4%	19	5.7%
Action By Care Quality Commission	1	0.2%	0	0.0%	2	0.4%	8	2.4%
Continued Monitoring	70	16.1%	71	17.3%	89	19.5%	37	11.1%
Counselling/Training/Treatment	32	7.4%	71	17.3%	11	2.4%	37	11.1%
Referral to Court Mandated Treatment	1	0.2%	0	0.0%	0	0.0%	0	0.0%
Referral to MAPPA	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Action under Mental Health Act	9	2.1%	2	0.5%	3	0.7%	1	0.3%
Action by Contract Compliance	21	4.8%	15	3.7%	3	0.7%	3	0.9%
Exoneration	3	0.7%	8	2.0%	0	0.0%	0	0.0%
No Further Action	77	17.7%	89	21.7%	90	19.7%	134	40.2%
Not Known	30	6.9%	34	8.3%	112	24.6%	15	4.5%
Total	434		410		456		333	

[5] All completed referral in the period are recorded in the AVA return irrespective of when the referral was made.

Chart 11 – outcome for perpetrator (2012/13)



All text, tables and graphs taken from Coventry City Council: Abuse of Vulnerable Adults (AVA) Return 2012/13 (June 2013)

Glossary of terms and abbreviations

ACC	Assistant Chief Constable
ACPO	Association of Chief Police Officers
AVA	Abuse of Vulnerable Adults
CCC	Coventry City Council
CCHS	Coventry Community Healthcare Services
CQC	Care Quality Commission
CQUIN	Commission for Quality and Innovation
CRCCG	Coventry & Rugby Clinical Commissioning Group
CSAB	Coventry Safeguarding Adults Board
CSL	Consortium of Social Landlords
CWPT	Coventry & Warwickshire Partnership NHS Trust
DHR	Domestic Homicide Review
DoLS	Deprivation of Liberty Safeguards
IMCA	Independent Mental Health Advocate
LPU	Local Policing Unit
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
OCU	Operational Command Unit
OSCA	Outstanding Achievement Awards
PPU	Public Protection Unit
SAB	Safeguarding Adult Board
SAC	Safeguarding Adults Coordinator
SCR	Serious Case Review
SWMPT	Staffordshire & West Midlands Probation Trust
UHCW	University Hospital Coventry & Warwickshire NHS Trust
VLE	Virtual Learning Environment
WMFS	West Midlands Fire Service

This report is available online at:
www.coventry.gov.uk/safeguarding

If you require this report in another format or language please contact:
Telephone: 024 7683 2346
e-mail: safeguarding.adults.team@coventry.gov.uk

Coventry City Council

Briefing note

To
Cabinet Member Health and Adult Services

Date: 29th October 2013.

Subject
Coventry Safeguarding Adults Board Annual Report 2012/13 – Comments and Recommendations following consideration by the Health and Social Care Scrutiny Board on Wednesday 25th September 2013.

1 Purpose of the Note

1.1 To inform the Cabinet Member of the Health and Social Care Scrutiny Board (5)'s recommendations and issues raised following their consideration of the Coventry Safeguarding Adults Board Annual Report 2012/13 on Wednesday 25th September 2013.

2 Recommendations

2.1 The Cabinet Member is asked to consider and decide whether to agree the following recommendations of the Scrutiny Board:

That the Report was accepted and endorsed by the Scrutiny Board, and

That the Cabinet Member considers the Scrutiny Board's recommendation that further consideration be given to the appointment of an Independent Chair to the Coventry Safeguarding Adults Board.

Other comments made:

The Board also requested that officers ensure that any significant developments in the area of Safeguarding Vulnerable Adults are reported to the Scrutiny Board as and when appropriate.

3 Information/Background

3.1 The Scrutiny Board considered a Briefing Note prepared by the Head of Safeguarding along with the Annual Report. Members questioned officers on a number of points which arose from the report particularly around the changing rates of alerts / referrals and some of the demographic data included. In particular the Board were interested to understand any potential under reporting of Safeguarding concerns from BME groups.

3.2 In questioning the Executive Director, People Directorate (and Chair of the Safeguarding Adults Board) made clear the evolving statutory framework surrounding the Safeguarding of vulnerable adults. It appears likely that what is currently guidance from Government will soon become statutory as the importance of Safeguarding vulnerable adults becomes more prominent. This raised the issue of the potential value of an Independent Chair in leading a

multi-agency and multi-disciplinary Safeguarding Board. The Director made clear that he had raised this matter on a number of occasions and had sought to persuade colleagues on the Board that this should be considered. After reflection and with no criticism of the current arrangements for chairing the Safeguarding Adults Board the Scrutiny Board concluded that this matter once more be considered to ensure that practice in Coventry remained ahead of national developments.

3.3 Notwithstanding the above the Board complimented officers on the readability of the Annual Report and the improvements made from the previous year's document, particularly the use of case studies and the introduction of trend data where appropriate.

3.4 The Scrutiny Board has a representative who sits as an observer on the Coventry Safeguarding Adults Board and this was agreed by all to be a positive arrangement which enabled the Board to remain informed of the strategic direction of this important area of work for the City Council.

3.5 In accepting and endorsing the Annual Report the Scrutiny Board requested that officers ensure that should there be any significant developments during the time between Annual Reports, that these be reported to the Board as appropriate.

Briefing Note Author

Peter Barnett
Head of Health Overview and Wellbeing
People Directorate
Tel: 02476 831145

1st October 2013.

Coventry City Council

Public report

29 October 2013

Name of Cabinet Member:
Cabinet Member (Health and Adult Services) – Councillor Gingell

Director Approving Submission of the report:
Executive Director, People.

Ward(s) affected:
All

Title:
Coventry City Council - Adult Social Care Complaints and Representations Annual Report.
1st April 2012 to 31st March 2013

Is this a key decision?
No. Although the matter within the Report can affect all wards in the City, it is not anticipated that the impact will be significant and it is therefore not deemed to be a key decision.

Executive Summary:

Adult Social Care Services have a statutory duty arising from the Local Authority Social Services and National Health Services Complaints Regulations 2009, to provide a system for receiving complaints and representations from people who use its services, or those acting on behalf of users. There is also a duty under the regulations to produce and publish an Annual Report.

The purpose of this report is to present the annual report on complaints and representations received in Adult Social Care from April 2012 to March 2013 (attached as Appendix A). The report provides details of the complaints and representations across Adult Social Care Services in Coventry. The report highlights the service improvements and learning from feedback and includes information on future developments in complaint handling and reporting.

Recommendations:

1. The Cabinet Member is requested to endorse the content and approve the issuing of the report.

List of Appendices included:

A) Adult Social Care Complaints and Representations Annual Report 1st April 2012 to 31st March 2013.

Other useful documents:

This report adds to the report "Local Account" presented in September 2013.
http://www.coventry.gov.uk/downloads/download/1882/adult_social_care_local_account

Has it been or will it be considered by Scrutiny?

No.

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

No

Will this report go to Council?

No

Report title: **Adult Social Care Complaints and Representations Annual Report 1st April 2012 to 31st March 2013**

1. Context (or background)

1.1 Adult Social Care Services have a statutory duty to provide a system for receiving complaints and representations from people who use its services, or those acting on behalf of users. The system provides a means for resolving issues and listening to the views of those who use or are affected by, our services. Where things have gone wrong it enables us to put things right, learn from the experience and make the necessary service improvements.

2. Options considered and recommended proposal

2.1 The Local Authority Social Services and National Health Services Complaints Regulations (England) 2009 changed the process for handing of complaints within Adult Social Care. The purpose of the revised regulations was to align the complaints processes for Adult Social Care and Health to enable joint handing of complaints across health and social care where appropriate. This also meant that the process for dealing with complaints via the statutory procedures was streamlined from a three stage process to a one stage process. These regulations came into effect on the 1st April 2009.

2.2 Once a formal statutory complaint response letter has been issued the complainant has the right to contact the Local Government Ombudsman (LGO) if they remain dissatisfied with the outcome of their complaint. During 2010/11 the LGO's powers were extended to deal with complaints about maladministration causing injustice or service failure – this is generally how The Local Government Ombudsman describes what people can complain about connected to adult social care services. The greater use of direct payments and personalised budgets meant that they were able to deal with complaints irrespective of whether the Council arranged the care or the individual. The increasing numbers of people who will arrange and pay for their own social care now have the right to an independent and impartial examination of any complaints and concerns they may have about their care provider. The Local Government Ombudsman also changed procedures to deal with complaints in a triage way and to start publishing reports.

2.3 The 81 complaints received represent less than 1% of users with 116 compliments. Where possible issues/complaints are handled at point of delivery it is when a person feels that they are still not satisfied then it is recorded as a complaint. The length of time to investigate and resolve complaints has increased due to their complex nature. The process involves agreement of a complaint resolution plan and jointly agreed timescales.

2.4 Compared to last year, the overall number of representations has increased. The feedback indicates that:

- Service Delivery and Communication are still the most common topics for receiving feedback
- Positive attitudes and support made a significant difference to service quality

2.5 The Local Government Ombudsman offers an independent, impartial and free service to any member of the public dissatisfied with the way a Council has dealt with their complaint.

2.6 A breakdown of Adult Social Care Complaints where 7 decisions were made by the Local Government Ombudsman between 1st April 2012 and 31st March 2013, in relation to Adult Social Care complaints, is shown in Appendix 1.

2.7 It should be noted that the Local Government Ombudsman now has an open publication scheme where they will be publishing on their website the final decision statements on complaints received after 1 April 2013. The annual letters are available through the Local Government Ombudsman's website for the whole council can be found at;
http://www.lgo.org.uk/CouncilsPerformance/?letter=C

3. Results of consultation undertaken

3.1 No specific consultation was undertaken in 2011/12.

4. Timetable for implementing this decision

4.1 Once approved, the Annual Report will be published on the Council's internet pages. Areas for development and improvement will be included within the divisional and relevant team plans.

5. Comments from the Executive Director, Resources

5.1 Financial implications
There are no direct financial implications arising from the report.

5.2 Legal implications

The local authority must prepare an annual report for each year which must—

(a) specify the number of complaints received;

(b) specify the number of complaints which were decided to be well-founded;

(c) specify the number of complaints which the responsible body has been informed have been referred to the Local Commissioner to consider under the Local Government Act 1974; and

(d) summarise (i) the subject matter of complaints that the responsible body received; (ii)any matters of general importance arising out of those complaints, or the way in which the complaints were handled and (iii)any matters where action has been or is to be taken to improve services as a consequence of those complaints.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

This Annual Report demonstrates the progress of Adult Social Care in maintaining and improving outcomes for the population of Coventry and contributes to the priorities in the Council Plan to protect the city's most vulnerable residents.

6.2 How is risk being managed?

A range of risks are presented in the delivery of adult social care services which are managed through the directorate and corporate risk registers, in conjunction with partners

across the city. Regular reviews of each risk are undertaken, and mitigating actions put in place to ensure the overall risks are reduced as much as possible. . A review of the processes is due to take place later in the financial year so as to give assurance that complaints process is working effectively. This will take account of learning from other national reports such as the "Francis report" in relation to the Mid Staffordshire NHS Foundation Trust Public Inquiry and lessons from Serious Case Reviews both nationally and locally as well as proposed changes to regulations.

6.3 What is the impact on the organisation?

The feedback received is used to promote best practice, reinforce policy and procedural requirements and to identify training needs. Where matters of professional conduct are reported the City Council's Disciplinary Procedure may be invoked. As the Council has to tackle reduced resources staff will also need to be supported to deliver messages in the most appropriate way as it is expected that further complaints will arise as expectations will be greater than the services that can be delivered or delivered in a way people are not expecting.

6.4 Equalities / EIA

Equalities Impact Assessments have been built into the delivery of work within Adult Social Care. There has been a continued drive to embed equality and diversity within operational practice and performance monitoring.

6.5 Implications for (or impact on) the environment

N/A

6.6 Implications for partner organisations?

There are no direct impacts for partner organisations. The Annual Report together with other reports provides an overview of Adult Social Care's performance.

Report author(s):

Name and job title:
Simon Brake, Assistant Director, Communities and Health.

Directorate:
People

Tel and email contact:
Simon Brake on (024 7683) 1652 or simon.brake@coventry.gov.uk

Enquiries should be directed to the above person

Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Simon Brake	Assistant Director, Communities and Health	People Directorate	10.10.2013	10.10.2013/ 16.10.2013
Mark Godfrey	Deputy Director, Early Intervention and Social Care	People Directorate	10.10.2013	11.10.2013
John Teahan	Business Manager	People Directorate	10.10.2013	10.10.2013
Su Symonds	Governance Services Officer	Resources	10.10.2013	10.10.2013
Names of approvers for submission: (officers and members)				14.10.2013
Finance: Ewan Dewar	Finance Manager	Resources	10.10.2013	10.10.2013
Legal: Julie Newman	Solicitor	Resources	10.10.2013	
Director: Brian Walsh	Executive Director	People Directorate	10.10.2013	11.10.2013
Members: Councillor Mrs Gingell	Cabinet Member (Health and Adult Services)	Coventry City Council	14.10.2013	14.10.2013

This report is published on the council's website:
www.coventry.gov.uk/meetings

Appendices

Adult Social Care Complaints and Representations Annual Report 1st April 2012 to 31st March 2013.

Appendix A
Coventry City Council
Adult Social Care

Complaints and Representations

Annual Report 2012/13

Coventry City Council

Adult Social Care Complaints and Representations Annual Report
1st April 2012 to 31st March 2013.

1. Introduction

Local Authorities are required by law (National Health Services and Community Care Act 1990) to have a system for receiving representations by or on behalf of people in need of Adult Social Care support who have a range of support needs due to a disability or frailty. Services cover assessment and case management, direct service provision or the arrangement of a range of services, including: support at home, day opportunities, supported housing, intermediate, residential and nursing care or provision of equipment.

This report will provide information from comments, compliments and complaints in relation to Adult Social Care services responded to under both the Statutory and the Corporate Complaints Procedures, during the period 1st April 2012 to 31st March 2013 with specific reference to:

- The range of representations received and responses to them
- Specific trends and issues that emerged in the reporting year

The Local Authority Social Services and National Health Services Complaints Regulations (England) 2009 changed the process for handing of complaints within Adult Social Care on the 1st April 2009. The purpose of the revised regulations was to align the complaints processes for Adult Social Care and Health to enable joint handing of complaints across health and social care where appropriate. This also meant that the process for dealing with complaints via the statutory procedures was streamlined from a three stage process to a one stage process. The Corporate process is driven by specified timescales whereas the statutory regulations focus on regular dialogue and mutually agreed timescales.

2. Summary

The overall number of complaints received equated to less than 1% of the number of people receiving support from Adult Social Care. The feedback indicates that:

- The most common themes represented were:
  - Service - 36
  - Communication and Information-17
  - Professional Conduct-12
  - Finance -8
- Compliments for the service about professional conduct outnumbered complaints
- The Local Government Ombudsman during 2012/13 made decisions on seven complaint outcomes in relation to Adult Social Care as indicated below.

Ombudsman Decisions

Category	Count
To discontinue investigation	2
Out of Jurisdiction	1
Not to initiate an investigation	3
Investigation Complete, satisfied with authorities actions, not appropriate to issue report	1
Total	7

Details of the numbers and types of other complaints at each stage are shown in Appendix 1: Statistical Data.

3. Promoting Access and Responding to Feedback

Representations from people who use our services and their families provide a useful source of information about quality of service delivery, professional practice and the outcome of management decisions. A key part of the complaints process is how, as an organisation, we learn from negative experiences and use this to improve service delivery. Adult Social Care Services always welcomes feedback. There are a number of ways people can make their views known. These include:

- Telephoning or emailing the main City Council Contact Centre
- Telephoning the People Directorate Office (publicly advertised complaint contact telephone number).
- Direct from the service if the issue has not been resolved.
- Writing or E-mail to the Adult Social Care Customer Relations Team
- The Coventry City Council Website (accessible via the home page and social care page) provides information on how to make a complaint, advocacy services and the statutory complaints process
- The corporate Speak Up We're Listening leaflets are available at all Council reception points and made available off site on request

As with previous years, most complaints have been received by e-mail but 30 of those were through the Contact Centre.

3.1 Compliments – 116 compliments were received in the year

Compliments tell us what people appreciate about the support they receive and the way it is provided to them. They are a valuable source of feedback and importantly can be used to encourage and motivate staff. Every compliment reported to the Customer Relations Team is registered. By their nature, compliments are generally unexpected and considered to be an 'extra', and as such there is (unless actively prompted) a tendency for individuals and teams to underreport their compliments to the Customer Relations Team. The majority of compliments being for the in house provider services.

3.2 Complaints – 81 complaints were received in the year

The number of complaints increased on the previous year (48). This represents less than 1% of users overall. 63 of the 81 complaints were registered as statutory adult social care complaints. 43% of the complaints were not upheld/withdrawn or redirected.

3.2.1 Corporate Complaints

Of the above complaints 18 were dealt with as corporate complaints mainly by external bodies and therefore did not follow the Adult Social Care process. These complaints were mainly in relation to standard of service or finance

3.2.2 Statutory Complaints about external providers.

There is a statutory responsibility for providers of residential and domiciliary care services to have a complaints procedure that complies with the Care Homes Regulations 2001, the Care Standards Act 2000 and the National Minimum Standards. There is an expectation that the client pursues a complaint with provider organisations through their own complaints procedures. However, if the client is dissatisfied with the response of the provider or if they wish to pursue the complaint through the statutory adult social care complaints process, they have the right to do so. This was previously through case law, but in October 2009 this was embedded in the regulations. Where possible, we do encourage complainants to utilise the providers' complaints procedures in the first instance.

In relation to external providers, the Adult Social Care Commissioning Team investigate these complaints and, where required, action plans are put in place to ensure service standards were improved.

3.2.3 Satisfaction with Complaints Handling

Satisfaction with complaints were measured by sending evaluation questionnaires to complainants about their experience but this has not proved to be meaningful and further consideration needs to be given into how to better evaluate performance in complaints handling.

3.3.4 Timescales

There are no prescribed timescales for resolution. The only stipulation within the regulations is that timescales were reasonable and that the complaints process should be concluded within 6 months. It is acceptable to extend this deadline with the agreement of the complainant. The focus is on mutually agreed timescales by the Investigating Officer and the Complainant. Responses are often more complex and have to be more comprehensive and meaningful and take some time to investigate. Where originally agreed timescales have been extended, the complainant has been contacted and given an explanation for the delay.

The timescales for responding to corporate complaints remain unchanged. For details of the timescale performance on Complaints see Appendix 1.

4. Messages, Learning Points and Service Improvements

Social Care services are committed to learning from customer feedback. Where complaints highlight that things have gone wrong, managers must identify any remedial and developmental action required to improve service delivery. Feedback from compliments provides an equally valuable message; clearly affirming when services make a difference and personal qualities have added value to the outcome for users and carers.

Complaints are classified in terms of specific areas of activity including, Adult Protection, Communication and Information, Discrimination, Environment and Equipment, Management Decisions, Professional Conduct and Service Delivery. However complaint often have several elements within them

This section reflects users' views on the 3 most common areas of feedback, which represent 80% of the mentioned items within the complaints.

4.1 Most Common Areas of Feedback

Similar to last year the top 3 most common areas of feedback are:

- Service Delivery,
- Communication and Information
- Professional Conduct.

4.1.1 Service Delivery

Central to the Adult Social Care function, standards of care and service delivery, eligibility for services, care plan issues and timeliness in receiving services, characterise the feedback in this category. In keeping with previous years, the majority of feedback falls into this group. 44.4% of complaints received were in some way related to service delivery and this has to be considered against the impact of meeting or exceeding user and carer expectations.

4.1.2 Communication and Information

When users and their families are referred for support, they require information about things they have not encountered before. They also need to be kept informed of progress and decisions. Representations of this nature are categorised in terms of the provision, quality, method and timelessness of information as well as accuracy and security of personal data. The most common complaints are from users or family members who feel they have not been kept informed or when there has been a delay to information being provided.

21% of complaints received were about communication and information. This aspect of work needs constant attention by managers and staff, as the importance of quality and timely communication can never be underestimated and to keep service users and other stakeholders informed is often an additional contributing factor in the other recoded areas such as service delivery and professional conduct.

4.1.3 Professional Conduct

This represents a slight decrease from last year in this category. However when people complained in this category it also involved other elements, the major additional contributing factor being communication. This has to be looked at in the context of the overall number of cases involved and the amount of compliments received which is credible evidence of the difference an individual can make to outcomes. Where fault was found as in previous years supervision, training and where necessary Human Resources procedures enacted were the most common actions taken by managers. As the Council has to tackle reduced resources staff will also need to be supported to deliver messages in the most appropriate way as it is expected that further complaints will arise as

expectations will be greater than the services that can be delivered or delivered in a way people are not expecting.

4.2 Conclusions

Whilst the numbers are low we are striving to improve services and have analysed the complaints received and drawn the following conclusions;

4.2.1 Volume

The number of complaints is higher with the system being improved to ensure complaints are recorded. The complaints are more complex and normally there is more than one issue to be resolved. This is reflected in the time taken to respond to a complaint. In certain cases investigations were started but the issues were found to be already being dealt with or needed redirecting to other organisations.

4.2.2 Learning

Timely and clear communication is important to delivering an excellent service as maintaining a sense of support and empowerment. Communication can have a significant impact on the user and carer perception of service delivery and can be the catalyst for overall dissatisfaction whilst the user sees it as a lack of service delivery. This area of practice needs constant reinforcement for all managers and staff.

4.2.3 Resolution

Apologies and explanations are a standard basis for resolution and a feature of formal responses. However, the success of outcomes is subject to timeliness, creative solutions, positive relationships and appropriate remedial action. Re-assessment, reimbursement, change of worker, change of care provider or provision of expert services, again featured amongst the resolution outcomes.

4.2.4 Service Improvement

Actions intended to bring about service improvements typically involved enhancing and reinforcing the importance of communication for example a leaflet in relation to Grab rails was developed. A review of the processes is due to take place later in the financial year so as to give assurance that complaints process is working effectively. This will take account of learning from other national reports such as the “Francis report” in relation to the Mid Staffordshire NHS Foundation Trust Public Inquiry and lessons from Serious Case Reviews both nationally and locally as well as proposed changes to regulations.

5. System Development

In October 2010 the role of the Local Government Ombudsman expanded to include complaints made by people who are classed as self-funders. This also included social care clients who are in receipt of personal budgets and those already on Direct Payments, where the complaint concerns external service providers; as yet we have not seen any impact in relation to this change.

Appendix 1 – Statistical Data

Adult Services Data

Complaints received

Corporate	18
Statutory	63
Total	**81**

Reason for Complaint in more detail.

Category	**Count**	**%**
Standards of Service	36	44.4%
Communication	17	21.0%
Staff Conduct/Performance	12	14.8%
Finance-assessments	8	9.9%
Delay in service	3	3.7%
Care plan - service	2	2.5%
Safeguarding procedures	2	2.5%
Access/eligibility-service	1	1.2%

Please note that a complaint can have more than one reason code, the above is given to reflect the major items within the complaints.

Decisions

Decision	**Upheld**	**Part Upheld**	**Not Upheld**	**Withdrawn/already in process /Referred elsewhere**
Corporate/Statutory	25	21	25	10
%	**30.86%**	**25.93.%**	**30.86%**	**12.35%**

Timeliness

a) Complaints acknowledged on time,

Timeliness	On time	Not on time
Corporate	13	5
Statutory	53	10
Total	66 (81.5%)	15 (18.5%)

b) Completed

Timeliness	In 10 days	Over 10days
Corporate	5	13
Statutory	11	52
Total	16 (19.8%)	65 (80.2%)

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