

**COVENTRY  
SAFEGUARDING  
ADULTS BOARD  
ANNUAL REPORT  
2014 / 2015**



Coventry  
Partnership

Working Together to Safeguard Adults



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# FOREWORD

Joan Beck

Independent Chair of Coventry  
Safeguarding Adults Board

It is a privilege to write this forward to the Annual Report of the Coventry Adults Safeguarding Board. Avid readers of previous reports will note that this year's report contains a business plan for the Board. This plan is the first we have written and we would welcome comments on what others would like to see contained in it.

I have only chaired the Board for 7 months yet we have been very busy preparing for the implementation of the Care Act and changes to the Deprivation of Liberty Safeguards.

With a Serious Case Review, a Serious Incident Review and a Whole System Review on the

go simultaneously partners have been pressed to maintain momentum and attendance but have been up to the challenge. It is intended that all three reviews will be completed in the coming months.

In order to ensure Care Act compliance we have reviewed the membership of the Board and the constitution this year.

There are many challenges for the coming year but it is pleasing to see an open partnership working well together.

On a personal note I would like to thank Board Members and Safeguarding staff for their help to me this year and their warm welcome to Coventry.

Brian M Walsh

Outgoing Chair

I am pleased to introduce this 12<sup>th</sup> annual report which outlines the work that Coventry Safeguarding Adults Board, and the partners within it, have undertaken to enable adults to live safely, and prevent abuse occurring. During this year, the Care Act was enacted, and brought about significant changes to adult safeguarding. The recruitment of an Independent Chair and the production of an annual business plan will increase the profile and transparency of the Safeguarding Board.

As outgoing Chair of the Board, and Director of Adult Services I welcome the role that the Board plays in ensuring that all of us are able to work to make Coventry a safer place for all our residents. Over the coming year, the Board will be working hard to ensure that public awareness of adult safeguarding is increased, ensuring that the work of agencies is complemented by a robust community response.

# 1. INTRODUCTION

## 1.1 What is safeguarding?

Safeguarding is a range of activities that can include preventing and responding to abuse. Abuse of adults can include:

- **Physical:** This includes hitting, slapping, kicking, misuse of medication, restraint and force feeding.
- **Domestic violence:** including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Financial or material:** This includes theft, fraud or using a person's money, possessions or property without consent.
- **Psychological/emotional:** This includes threats of harm or abandonment, isolation, humiliation, blaming, controlling, intimidation, harassment, verbal abuse, threats or bribes.
- **Sexual:** This includes sexual assault, rape or sexual acts to which the vulnerable adult has not consented, could not consent, or was pressurised into consenting.
- **Neglect or acts of omission:** A failure to provide appropriate care (such as. food, clothing, medication, heating, cleanliness, hygiene) and denying religious or cultural needs.
- **Discriminatory abuse:** This includes racism, sexism, ageism and discrimination based on a person's disability or sexual orientation. Some abuse in this category might also be classed as a hate crime.
- **Modern slavery:** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use

whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

- **Self-neglect:** this covers a wide range of behaviour around neglecting to care for personal hygiene, health or surroundings and includes behaviour such as hoarding.

The introduction of the Care Act, which became law on 1st April 2015, has influenced the work of the Board in the run up to this date. The key areas of change for all agencies will be:

- Local authorities have a general responsibility to promote people's well-being, focusing on prevention and providing information and advice
- The introduction of a consistent, national eligibility criteria
- New rights to support for carers, so they have the same rights as the people for whom they care
- Legal right to a personal budget and direct payment
- New responsibilities around transition, provider failure, supporting people who move between local authority areas

Specific changes have also been made to Safeguarding Adults. The Care Act introduces a clear legal framework for safeguarding adults and how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect and report on the work they do. Local authorities will be required to ensure enquiries into suspected cases of

abuse or neglect are carried out and to establish Safeguarding Adults Boards in their area.

## 1.2 What is the Safeguarding Board and what does it do?

Coventry Safeguarding Adults Board believes that safeguarding is everybody's business. It believes that individuals, communities and organisations have a role to play in keeping adults safe. The Safeguarding Board brings together representatives from agencies across the city ensuring that they work closely to ensure that adults are safe. In order to achieve this we all need to:

- Prevent abuse from happening
- Identify and report abuse if it occurs
- Act swiftly to investigate and end any abuse that is occurring
- Ensure that those who are supported through adult safeguarding are involved in the process in a way that is right for them
- Conduct reviews of when things have not gone well, and ensure the learning is shared.

The Board has appointed an Independent Chair, Joan Beck, who provides challenge and support to the Board. The Board includes senior representatives from a range of organisations, including:

- Coventry City Council
- Coventry & Rugby Clinical Commissioning Group
- Coventry Warwickshire Partnership Trust
- West Midlands Fire Service
- West Midlands Police
- West Midlands Ambulance Service
- University Hospital Coventry & Warwickshire
- Probation - Community Rehabilitation Company
- National Probation Service – West Midlands
- NHS England
- Care Quality Commission



The full Board meets four times a year, but much work is undertaken in sub-groups. The Board works closely across the region, developing policies and procedures and sharing good areas of practice. Increasingly the strategic Boards across Coventry are beginning to work together, understanding where the work of the Boards may overlap.

The Safeguarding Adults Board Annual Report provides an overview of the Board's achievements during the last 12 months, and areas for development. The Care Act requires the Board to develop shared strategies for safeguarding, produce an annual workplan and report to their local communities on their progress.

## 1.3 Resources

During 2013/14 the costs of the Coventry Safeguarding Adults Board and its support unit was funded by a joint budget, which also supports the Children's Safeguarding Board. Board members also contribute by offering expertise and other resources, such as venues, where appropriate. Board Members have contributed to this annual report, and details can be found in section 3.1.



## 2. BOARD SUB-GROUPS

The Board is supported by an Executive group, chaired by Joan Beck. This group follows up any issues that may have arisen at Board and plans the agenda and work programme. In addition there are a number of sub-committees (or task and finish groups where required) that are responsible to the Board. The achievements of each sub-group are listed below. The structure of the Board can be found at appendix 1.

### 2.1 Key achievements

#### **Training and Development Sub-group**

**Outgoing Chair: Mary Cooper-Purcell**

**Incoming Chair: Liz Kiernan**

The sub-group have developed multi-agency materials and training. They continue to monitor single agency training and development.

There has been closer working with the Children's Safeguarding Board on issues affecting both Boards.

The group developed briefings for front line staff on the changes introduced by the Care Act.

#### **Quality and Audit Sub-group**

**Outgoing Chair: Simon Brake**

**Chair: Isabel Merrifield**

The national data return was submitted on time. The dashboard has developed significantly within year, allowing the Board to hold agencies to account for safeguarding activity.

Work has been on-going to understand relatively low rates of alerts and referrals.

#### **Serious Case Review Sub-group**

**Outgoing Chair: Simon Brake**

**Incoming Chair: Joan Beck**

The group has been managing three reviews. Cross border issues have emerged during the year, which will be worked on next year.

The Board also oversees Domestic Homicide Reviews.

#### **Policy and procedures task and finish group**

**Chair: Jill Ayres**

The West Midlands procedures have been updated in the light of changes in the Care Act.

The group has also worked on information sharing, developing an Information Sharing Agreement for the Board.

#### **Deprivation of Liberty safeguards (Dols) and Mental Capacity Act (MCA) task and finish group**

**Chair: David Watts**

Due to national changes, during the year there has been a significant increase in Dols. In response to this, to minimise any backlog guidance notes were developed to outline responsibilities to providers. General information was also updated on the City Council website.

Case file audit has been undertaken to understand the experiences of those going through the process and the outcomes.

Significant numbers (requires number) of best interest assessors were trained in the year.

## 3. LOOKING BACK

### 3.1 Progress against Board Priorities

The Board agreed priorities for 2014-2015:

#### **Prevention: Raising awareness about adult abuse**

The Board has developed Safeguarding Adults Champions Seminars and Forums. The seminars are for those on the ground directly working with safeguarding cases and include statutory and voluntary sector representatives with attendees ranging from social workers, nurses in the community and Hospital, Age UK, Fire Service, Housing, Community Safety. The forums have a much wider invitees list, including the voluntary and independent sector. The Clinical Commissioning Group and NHS England have secured a Designated Safeguarding General Practitioner who will provide leadership across the Health economy.

West Midlands Ambulance Service has developed an Adults Safeguarding Pocket book for all staff and a safeguarding website for staff. University Hospital Coventry and Warwickshire train all staff at induction, and deliver an update on adult safeguarding. During November/December 2014, West Midlands Fire Service delivered safeguarding training to front line personnel. In February and March 15, a series of Continuing Professional Development events were delivered by the Fire Service on 'Making Every Contact Count' where Safeguarding was a theme throughout the case study work in the session.

The Board has undertaken work with the wider workforce, in particular West Midlands Police have led on 'vulnerability' training to Door Staff, Taxi Drivers and University Security Staff to allow them to be capable guardians in the Night Time Economy. They are taught to be inquisitive about vulnerability and to proactively intervene in situations. Complimentary training has been given to the police officers who work in this area. During the run up to Christmas patrols working the Night Time Economy were briefed to actively identify partygoers who were

'situationally' vulnerable due to alcohol consumption and to safeguard those individuals.

The Board continues to use materials which were developed in conjunction with Grapevine (a local advocacy charity) to raise awareness of adult abuse, and to communicate effectively to people involved in safeguarding processes. The Board has recognised the need to engage more effectively with the public. The launch of the website, and the refresh of existing materials will assist with this priority.

The Clinical Commissioning Group have continued to use safeguarding principles to shape strategic and operational safeguarding arrangements across Coventry's health economy within its contracts, and contract monitoring with all its commissioned services and providers. The Commissioning Group and NHS England also stipulate safeguarding adults awareness training as a key objective when designing and commissioning new health care provision across Coventry.

Agencies are undertaking proactive Licensing visits which builds awareness of responsibilities and checks compliance with Adult Safeguarding for example, a visit was conducted to an Adult Entertainment venue requesting production of documentation for adult entertainment staff, and documentation for entertainers is now part of licence conditions for the venue.

West Midlands police have a dedicated operation which leads the way across the West Midlands force area in dealing with on and off street prostitution and dealing with the vulnerabilities of the individuals through case management to help them out of a life of prostitution. The approach taken in Coventry is being used as the basis for drafting a force policy in relation to dealing with brothels.



## Quality

The Board continues to focus on quality and auditing services to improve the way agencies work to improve the lives of adults in Coventry. A new Board structure has been agreed which includes a specific role for quality assurance to drive forward work.

Partners ensure that learning within the services and across the Board is used to bring about improvement for example practice and process against the Lampard Report's recommendations and NHS England's Safeguarding Self-Assessment Diagnostic Tool has been undertaken by the Clinical Commissioning Group. Board members act on safeguarding concerns in services and have systems to act on intelligence to prevent safeguarding incidents from occurring.

Board members are committed to improving quality through a range of monitoring processes including contract monitoring, quality schedules, assurance visits to provider premises and attendance at escalation panels and provider quality review groups.

## Care Act

The Board has performed an assurance role in testing agencies readiness for the introduction of the Act through a stocktake. Within Coventry, existing adult safeguarding arrangements were broadly in line with the Care Act and have already been in place for a number of years. A review has been undertaken and a plan implemented to ensure they are fully Care Act compliant. The Safeguarding Adults Board away day on 4 February 2015 focused on Care Act compliance across partner agencies.

The Board has supported the development of materials on [www.coventry.gov.uk](http://www.coventry.gov.uk). Through the Training and Development sub-group it has reviewed agencies training programmes and materials to ensure that these are in line with the principles and provisions within the Act. The Clinical Commissioning Group have also updated their website.

The regional Safeguarding Adults policies and procedures are being amended to ensure Care Act compliance and include self-neglect, modern slavery and domestic abuse as new categories of abuse.

A pocket book for all front line ambulance staff has been developed including updated information on the Care Act. Care Act is also included in the clinicians Clinical Team Mentor Booklets that all West Midlands Ambulance employees received during clinical supervision.

## Domestic violence and abuse

The Board agreed to working with the Coventry Police and Crime Board to ensure that knowledge and awareness of domestic violence is embedded in safeguarding adults work and those dealing with domestic violence recognise and respond to the needs of vulnerable adults. The Local Policing Commander has chaired the Domestic Violence Operations Group for the city driving forward an action plan following a full review by charities who are expert in this area. This work is on-going but has brought a focus on process around vulnerable adults that may be identified through child safeguarding processes such as MASH and Joint Screening. A Domestic Violence specialist post within the Joint Screening team is one tangible example. The police force have restructured their approach to Domestic Violence by bringing all Domestic Abuse investigations into a specialist Domestic Abuse Team, located locally and embedded within Coventry partnership.

All supervisors and frontline staff in West Midlands Police attended a training day focusing on Domestic Abuse. Since April 2014 Domestic Abuse training has been included in the mandatory training program for all front line ambulance staff. Also from the same time reports all Domestic Abuse cases seen by the ambulance service are reported directly to the Police via 101.

High Risk Domestic Abuse Offenders in Prison are visited prior to release by police offender managers - this is to discuss support options to prevent re-offending.

## Synergies between Safeguarding Boards

The Board committed to ensuring that it learnt from, and worked effectively with, the Children's Safeguarding Board. A new structure has been developed which brings the Children and Adult Safeguarding support together, ensuring closer working. During the year, the Children's Safeguarding Board (LSCB), Police and Crime Board, Health and Wellbeing Board and the Adults Safeguarding Board Chairs have met to agree key areas of focus and ensure that the work of the Boards complement one another. Board Chairs will receive one another's agendas. This work is complemented by an officer group, which forward plans work.

Key representatives, such as the Police Commander and a representative from the Fire Service, sit on both Safeguarding Boards. Agencies are ensuring that the cross overs between the work of the Boards are reflected in practice. For example, The

Safeguarding team at University Hospital Coventry and Warwickshire has been brought closer together with a Safeguarding Lead in post who has a specialism in child protection and a Named Nurse for Safeguarding Adults. The Safeguarding Midwife not only supports in child protection but also with the domestic violence agenda. These posts are co-located in one office.

Joint training on key issues has been delivered, and the Workforce development Sub-Committees for both Boards continue to link more closely. University Hospital Coventry and Warwickshire have undertaken joint children and adults training with regard to both PREVENT and Domestic Violence.

A combined communication group works across both Boards with representatives from partner agencies. This ensures that lessons learnt are disseminated consistently and the Board retains a strong identity.



## 3.2 Board Performance

Over the course of the year, a performance dashboard has been developed which enables Board Members to understand a range of indicators and how these may impact upon safeguarding. The desired outcomes that are included are:

- **Section 1: Empowerment** – Presumption of person led decisions and informed consent
- **Section 2: Prevention** – It is better to take action before harm occurs.
- **Section 3: Proportionality** – Proportionate and least intrusive response appropriate to the risk presented
- **Section 4: Protection** – Support and representation for those in greatest need
- **Section 5: Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Section 6:** Accountability and transparency in delivering safeguarding

During the year there has been good performance in section 1 showing people generally felt safer and that services were making them feel safe. There has also been a significant drop in re-referrals (section 4), this may suggest that processes are working better first time.

The low level of alerts and the low proportion of these from the BME community for older people were a concern. There has been discussion at the Board, and plans will be put in place over the

coming year to address this.

There was also concern at the timeliness of strategy meetings, this has resulted in a pilot of conference calls rather than physical meetings to see if this improves timeliness. This will be monitored over the next year.

The full dashboard can be seen at appendix 2, and is available on the website [www.coventry.gov.uk](http://www.coventry.gov.uk)

## 4. LOOKING FORWARD

The Board completed self-evaluation at an annual development day, reflecting on successes and challenges and the national and local changes in safeguarding. Following this, the Board has agreed a revised set of priorities that will inform the workplan.

1. Using performance information to drive improvement
2. Care Act Compliance
3. Transforming Care
4. Engagement - making safeguarding personal
5. Working across boards

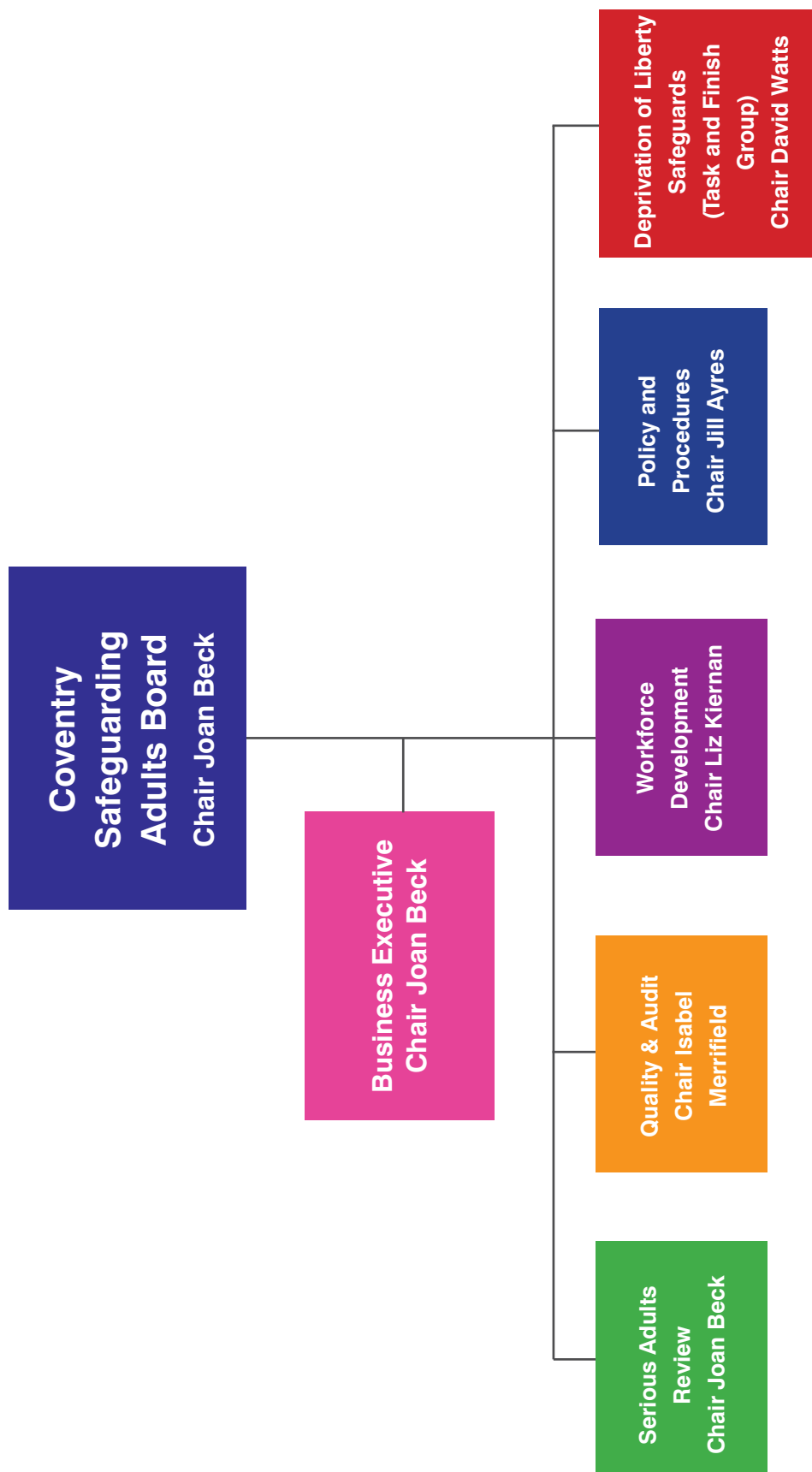
## 5. BUSINESS PLAN

The Board needs to be assured that:	Actions	Outcome	Assurance provided by:	Lead	Timescale
<b>Performance information drives improvement</b>	Continue the development of Board dashboard	Board Partners to understand areas of success and areas for development	Quality and Audit Sub-Group	Isabel Merrifield	Ongoing
	Use direct testimony to reflect on service performance		Board agendas and minutes	Cat Parker	Ongoing
	Develop toolkit for conducting Safeguarding Adult Review (SARs) to enable consistency of practice	Lessons learnt from reviews are able to implemented in a timely way, therefore improving practice	Safeguarding Adult Review Sub-group	Margaret Greer	December 2015
	Disseminate lessons learnt from current reviews and assure implementation of action plans		Feedback sought from panel members and Independent Authors/Chairs	Margaret Greer	October 2015
	Action is taken on areas identified for progress: <ul style="list-style-type: none"> <li>Improving Referral rates</li> <li>Ensuring that Deprivation of Liberty Safeguards are well managed</li> </ul>	Board agencies work together to improve services	Monitoring through Board and subgroups	Joan Beck	Ongoing
<b>The Care Act drives improvement and is embedded in practice</b>	All agencies to review policy and procedures to ensure compliance	The changes become well embedded into practice.	Care Act Board provide report to CSAB	Board Members	Ongoing
	Establish forum for the Designated Adult Safeguarding Managers (DASM)				
	Develop a framework for managing Position of Trust				
	Develop case studies for website to increase awareness of changes				
	Review Board Constitution in line with changes				
	Police Officers to be trained in a single referral portal that will allow frontline officers to use a one-stop referral process for all concerns. Localised training and 'what good looks like' around vulnerable Adult identification, and referral for front line officers is being scoped.	Improved awareness for front line staff. Any missed opportunities around vulnerability and referrals are identified.	Performance Dashboard	Police Commander	Ongoing

The Board needs to be assured that:	Actions	Outcome	Assurance provided by:	Lead	Timescale
<b>Transforming Care has sufficient visibility to all Board Members and Making Safeguarding Personal continues to be put into practice</b>	Transforming Care to be a standard agenda item at all Boards.	The process for Transforming Care is transparent, with progress tracked.	Board agenda and minutes	Board Office	Ongoing
	Safeguarding to be embedded in to the new Electronic Patient Record (EPR) making it easier to raise a concern.	Concerns are raised effectively	Performance Dashboard	West Midlands Ambulance Service	Ongoing
	Hospital to recruit an Enhanced Care Team to work specifically with the vulnerable patients who require a level of enhanced care.	Services protect and promote individual choice and dignity.	Report to Board	Carmel McCalmont	April 2016
<b>Agencies and the public understand safeguarding and the role of the Board</b>	Develop communication plan to include: <ul style="list-style-type: none"> <li>• Re-launch website</li> <li>• Develop quarterly Board newsletter</li> <li>• Twice yearly provider forum to be established</li> <li>• Attendance by Board Chair at Voluntary Sector Forum</li> </ul>	Improved engagement leads to better participation in safeguarding	Business Executive Sub-group	Joan Beck and Board Office	Ongoing
	Engagement with Health Watch, including attendance at Annual Meeting and regular meetings between Health Watch Chair and CSAB Chair	The work of HealthWatch and the Board is well coordinated, and messages shared between them.	Annual reports of HealthWatch and CSAB	Joan Beck and Board Office	September 2015
	West Midlands Ambulance Service to develop a safeguarding guide for people with learning disabilities available on external site	People with learning disabilities are effectively safeguarded	West Midlands Ambulance Website	Andy Proctor	Ongoing
<b>It works effectively with key strategic Boards</b>	Continue to meet with Board Chairs for Safeguarding Children, Health and Wellbeing Board and Police and Crime meeting Continuing to maximise synergies between processes and practice across children's and adults safeguarding West Midlands agencies, such as Ambulance Service and Police offer feedback on other regional Boards.	The Board becomes more effective.	Chairs review progress	Joan Beck	On-going
	To continue to develop regional working To continue to develop pan West Midlands policies and procedures	Best practice across the region is shared. Resources are used effectively.	Regional performance benchmarking	Joan Beck Jill Ayres	Ongoing



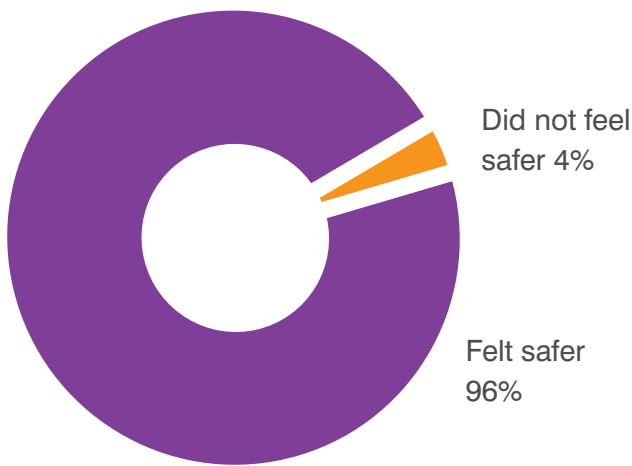
# APPENDIX 1 – THE SAFEGUARDING BOARD STRUCTURE



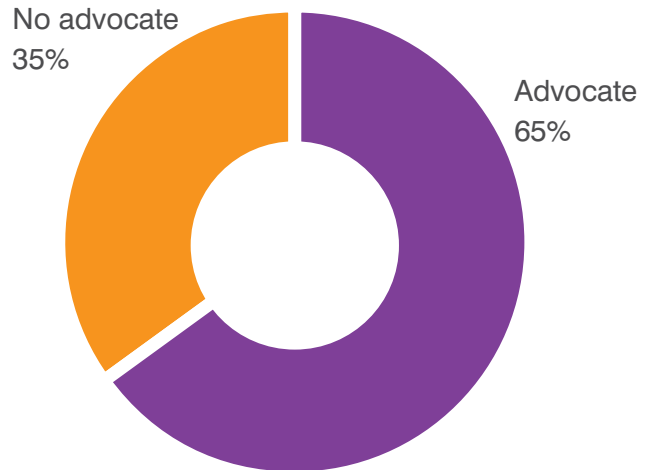
# APPENDIX 2 – PERFORMANCE DASHBOARD

## 1) Empowerment: Presumption of person-led decisions and informed consent

**% of adults who felt safer following the completion of their safeguarding referral**



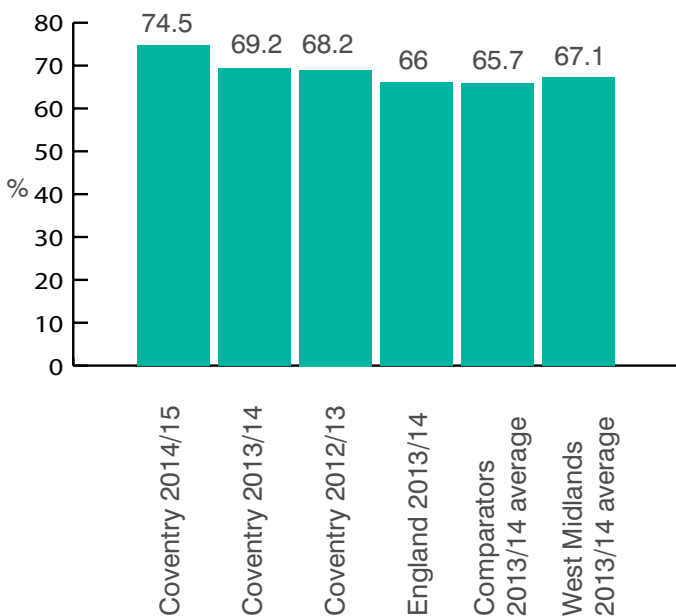
**% of adults at risk supported by an advocate 2014/2015**



51 (65%) cases had an advocate out of 78 people who lacked capacity for completed referrals during 2014/15.

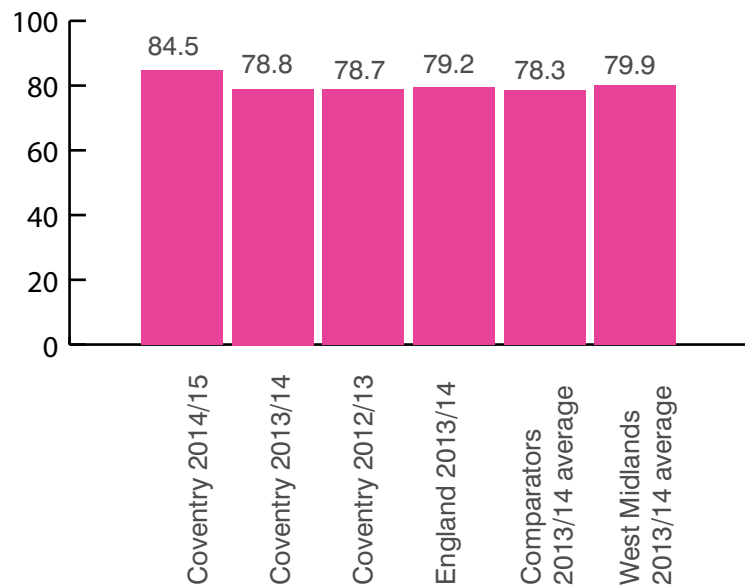
	2014/15 Coventry	2013/14 Coventry
% felt safer	95.8%	90.4%

**Proportion of people who use services who feel safe (ASCOF 4A)**



Source: Adult Social Care Survey

**Proportion of people who use services who say those services have made them feel safe and secure (ASCOF 4B)**



Source: Adult Social Care Survey

## 2) Prevention: It is better to take action before harm occurs

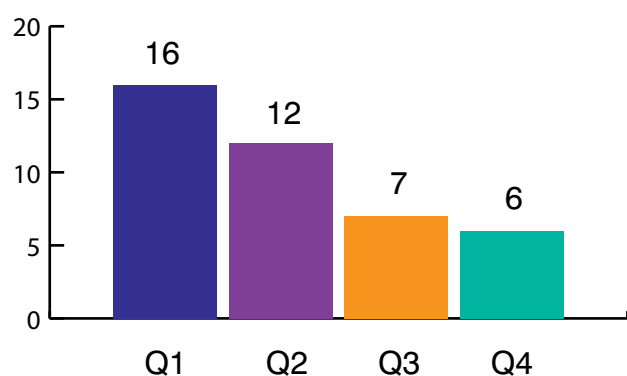
### Percentage trained to Safeguarding Level 1 in each organisation

	2014/15 %	Target %
Coventry City Council	TBC	90
Clinical Commissioning Group	95	90
Coventry and Warwickshire Partnership Trust	93	90
UHCW	85	90
Police	TBC	90
West Midlands Ambulance Service	TBC	90
Probation	TBC	90
Community Rehabilitation Service	TBC	90

### Numbers placed out of city

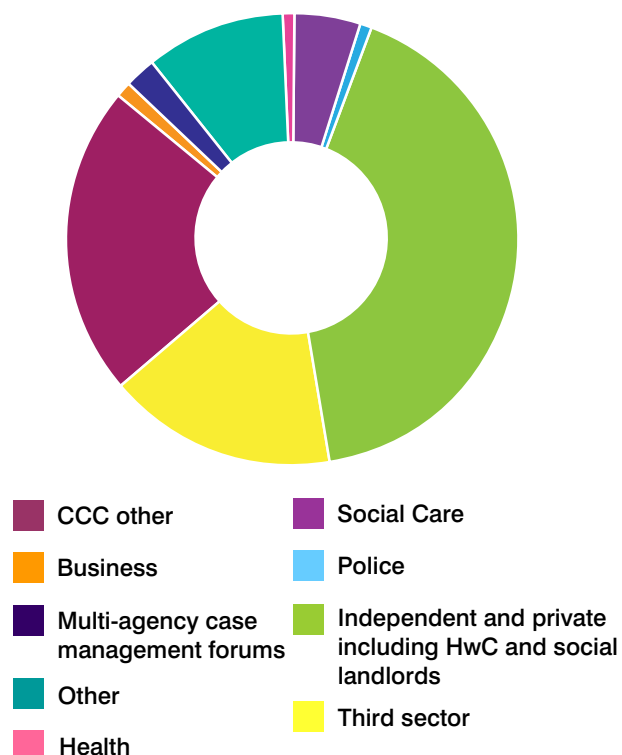
	Q2 2014/15		Q3 2014/15		Q4 2014/15	
	18-64	65+	18-64	65+	18-64	65+
Coventry City Council	n/a	n/a	71	124	77	128
Clinical Commissioning Group	n/a	n/a	n/a	n/a	7	-

### Number of providers in Provider Escalation Panel (PEP) processes 2014/2015



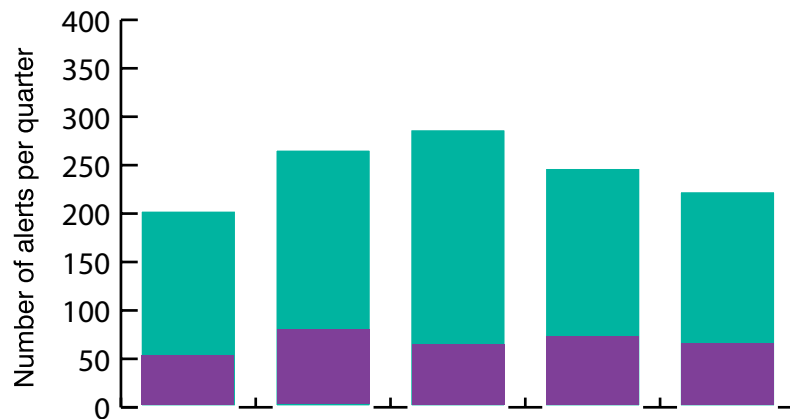
	Number of Home Safety Checks	Number of referrals from partners	% from partner referrals
Q1	547	238	43.5
Q2	812	309	38.1
Q3	801	263	32.8
Q4	934	349	37.4

### Home safety checks



### 3) Proportionality: Proportionate and least intrusive response appropriate to the risk presented

#### Alerts and referrals



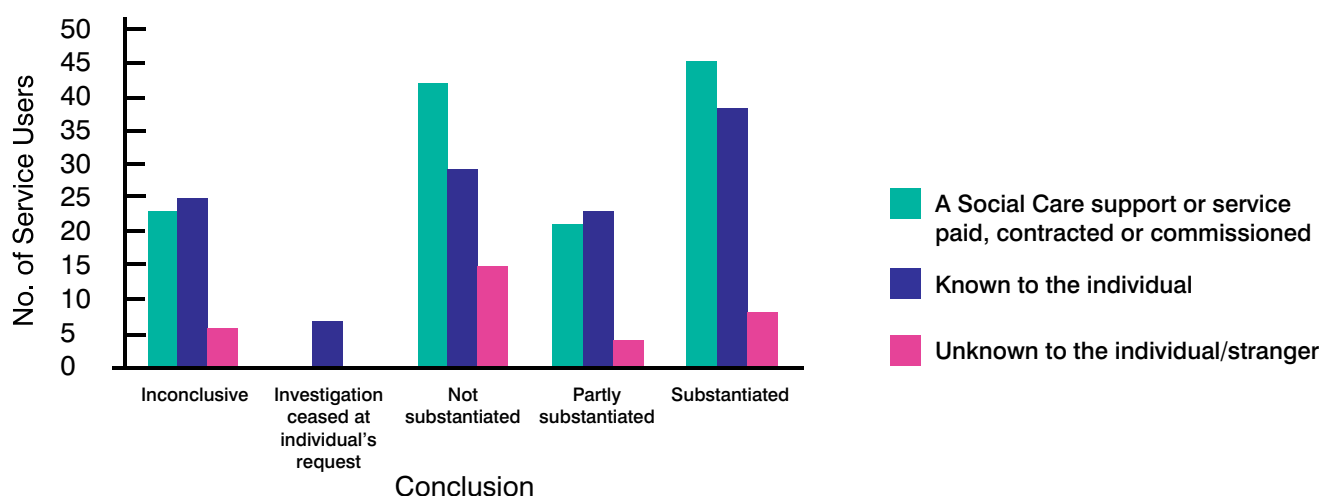
	Q4 2013/14	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15
Number of alerts per quarter	204	267	288	248	224
Number of referrals per quarter	51	84	66	75	68

2013-14 Benchmarking	Cov	WM	Eng
Referral rate per 100,000 pop	105.5	316.0	247.3

#### Deprivation of Liberties (DoLS) table of requested/granted

	Q1	Q2	Q3	Q4	2014/15	2013/14	2012/13
DoLS Granted	67	137	68	23	295	74	65
DoLS Not Granted	12	25	8	7	52	48	54
Withdrawn	0	6	6	21	33	0	0
In due process	0	2	67	232	301	0	2
Total DoLS applications	79	170	149	283	681	122	121

## Outcomes of investigations 2014/15



	Coventry 2014/15 Outturn %	Coventry 2013/14 Outturn %	England 2013/14 Average %	West Midlands 2013/14 Average %
Substantiated - fully	31.8	38.9	32.3	28.0
Substantiated - partially	16.8	22.2	11.0	11.8
Inconclusive	18.9	11.1	23.3	29.2
Not substantiated	30.0	25.0	30.4	29.0
Investigation ceased	2.4	2.8	3.0	2.0

## Alerts vs population for BME

	Age	
	18-64	65+
No. White	197	713
No. Black Minority Ethnic (BME)	41	32
% BME	17.2%	4.3%
Target range %	18.9% - 22.9%	9.2% - 12.2%
Target (Number)	46 to 56	72 to 96

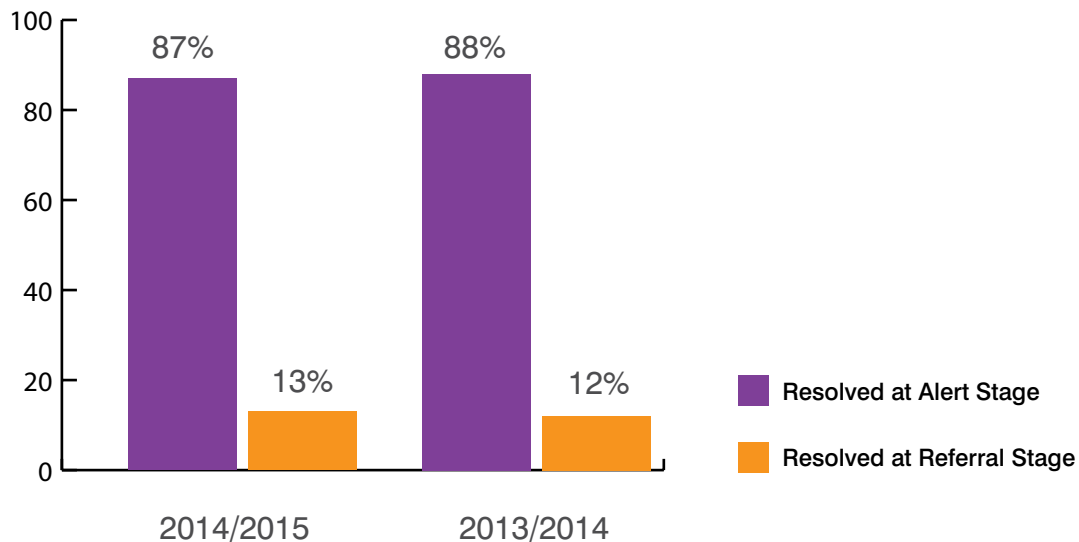
## Timescales

	Target	13/14	Q1	Q2	Q3	Q4
% Safeguarding Adult procedure appropriate within 48 hours	TBC	93.4	97.5	96.3	94.1	93.6
% Safeguarding Adult strategy meeting held within 5 days	TBC	37.5	33.3	35.4	38.9	35.2
% Investigation and Assessment completed within 20 days	TBC	65.6	100.0	56.7	51.1	50.0
% Case Conferences held within 10 days	TBC	88.5	100.0	88.5	86.4	87.8



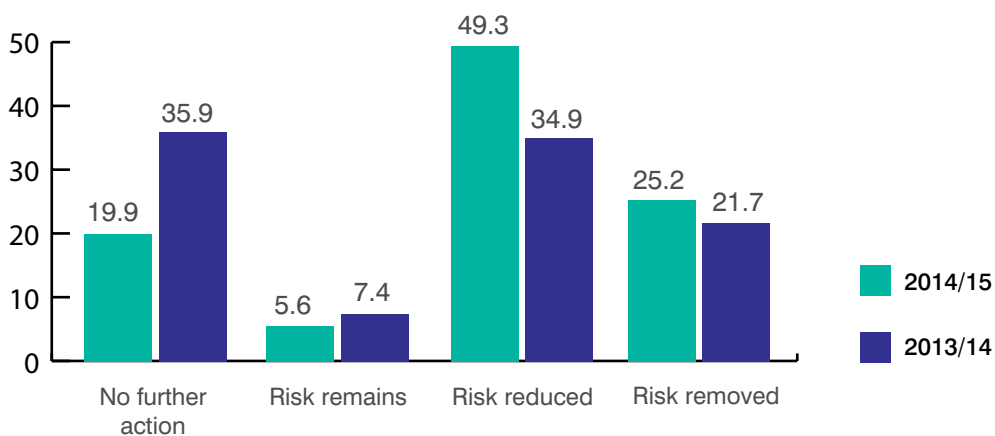
#### 4) Protection: Support and representation for those in greatest need

##### How many pressure ulcers were reported in the city



	Total number of pressure ulcers (neglect)	Resolved at alert stage	Resolved at referral stage
2014/15	358	310	48
2013/14	255	224	31

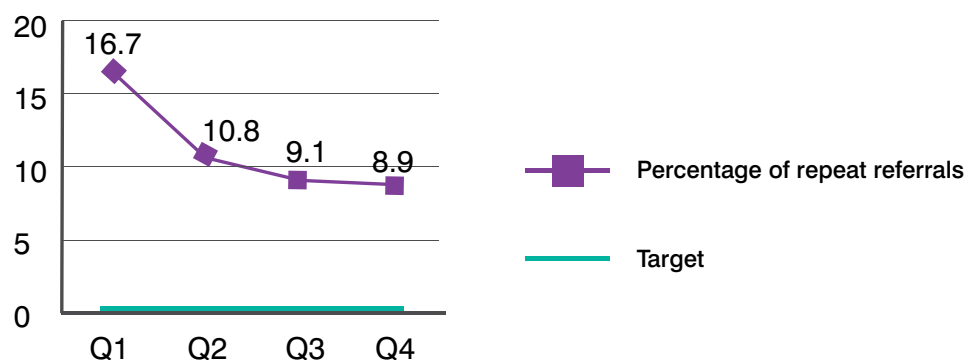
##### Result of action at referral conclusion



Action taken at conclusion of referral	2013/14		2014/15	
	No.	%	No.	%
No further action	15	7.7	57	19.9
Risk remains	17	8.7	16	5.6
Risk reduced	102	52.3	141	49.3
Risk removed	61	31.3	72	25.2

Action taken at conclusion of referral	Coventry 2014/15 Outturn %	Coventry 2013/14 Outturn%	England 2013/14 Average %	West Midlands 2013/14 Average %
No further action	19.9	7.70	35.90	33.40
Risk remains	5.6	8.70	7.40	9.20
Risk reduced	49.3	52.30	34.90	24.20
Risk removed	25.2	31.30	21.70	33.20

## Repeat referrals 2014/15



## Safeguarding activity data - types of abuse, location etc

Source of abuse of completed referrals	Coventry 2014/15		Coventry 2013/14	
	Number	%	Number	%
Discriminatory	1	0.3	2	0.8
Financial and material	62	16.4	41	16.1
Institutional	8	2.1	7	2.8
Neglect and acts of omission	142	37.5	107	42.1
Physical	89	23.5	54	21.3
Psychological/emotional	60	15.8	27	10.6
Sexual	17	4.5	16	6.3
<b>Total</b>	<b>379</b>		<b>254</b>	

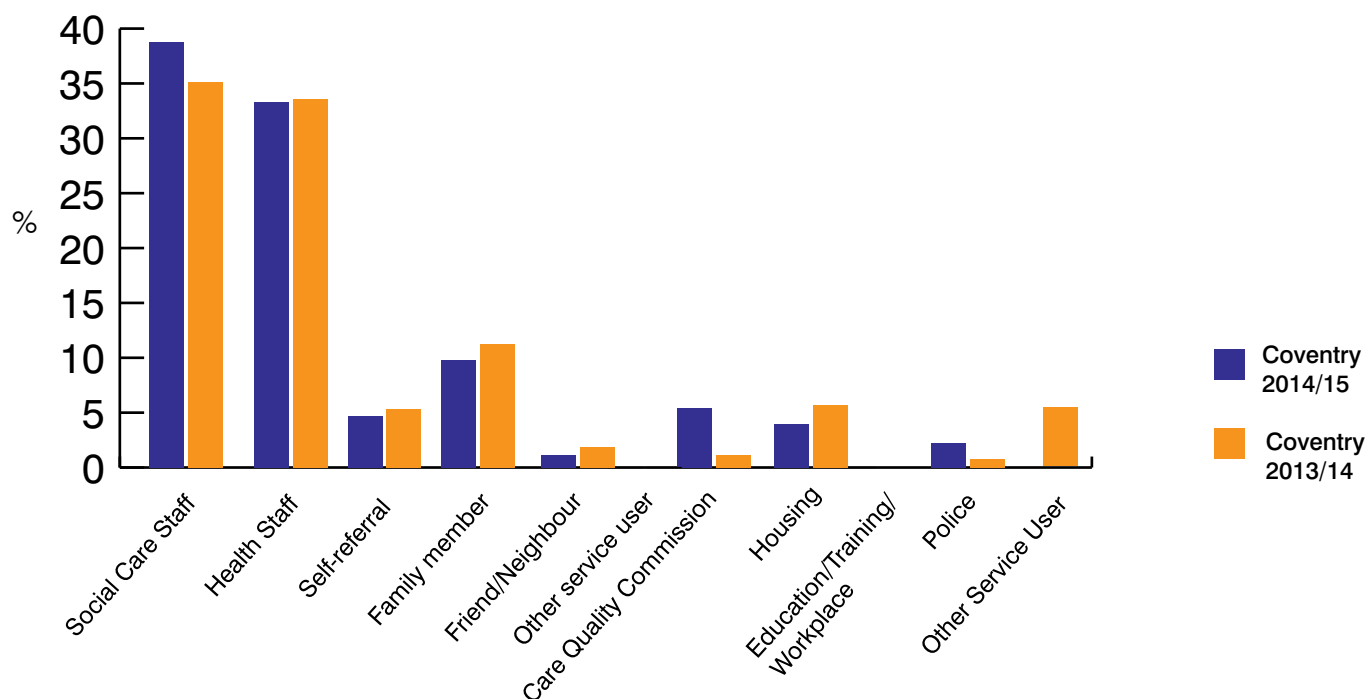
Location of abuse of completed referrals	Coventry 2014/15		Coventry 2013/14	
	Number	%	Number	%
Care Home	104	36.4	69	24.1
Hospital	24	8.4	23	8.0
Other	27	9.4	27	9.4
Own Home	129	45.1	73	25.5
Service within the community	2	0.7	3	1.0
<b>Total</b>	<b>286</b>		<b>195</b>	

## Domestic violence incidents

5,849 victims (6,166 incidents) of Domestic Violence Abuse (DVA) known to Police (both crime and non-crime) made in 2014/15.

**5) Partnership: Local solutions through services working with their communities.**  
**Communities have a part to play in preventing, detecting and reporting neglect and abuse**

### Referral source



### Attendance at Board Meetings

Organisation	Dec 2013	March 2014	June 2014	Sept 2014	Dec 2014
Coventry City Council - People Directorate	9	8	7	4	6
Coventry City Council - Resources	1	1	1	1	1
Clinical Commissioning Group	1	1	2	1	1
Care Quality Commission	0	0	0	0	0
Coventry Warwickshire Partnership Trust	2	1	1	1	1
Independent Chair	0	0	1	1	1
NHS England	1	1	0	0	0
West Midlands Police	1	2	1	1	0
Probation Service	1	0	0	1	0
West Midland Ambulance Service	3	3	3	3	1
West Midlands Ambulance Service	1	1	1	0	0
Coventry City Council - Elected Member	1	1	0	1	1
Coventry City Council - Assistant Director Children's Services	0	1	1	1	0
Coventry City Council Communications	0	1	0	1	0
CSAB Support	1	0	0	0	1

## 6) Accountability: Accountability and transparency in delivering safeguarding

### Timelines / Progress of Serious Adult Reviews

Name of review	Date agreed to carry out a review	Date started	Original completion date	Target completion date
Mrs E (SAR)	20 Jan 2014	29 April 2014	8 December 2014	September 2015
Mrs F (System Wide Review)	20 Jan 2014	11 June 2014	28 June 2014	10 June to SB5 in the autumn
Miss G (Serious Incident Review - AR)	20 Jan 2014	4 April 2014	8 December 2014	10 June to SB5 in the autumn





This report is available online at:  
[www.coventry.gov.uk/safeguarding](http://www.coventry.gov.uk/safeguarding)

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