



Annual Report 2013 - 2014



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1. WELCOME AND INTRODUCTION

Welcome to this Nottinghamshire Safeguarding Adults Board (NSAB) Annual Report for 2013/2014.

The past year has posed some significant challenges for all partners in terms of ongoing austerity measures but despite this I have been extremely impressed by the continued commitment and contributions provided to ensure our most vulnerable adults are protected.

The Multi-Agency Safeguarding Hub (MASH) has continued to develop and is now held up as a national model of good practice with many other areas looking to replicate it. This project provides evidence of the significant resource invested by a number of key partners to ensure that we deal with allegations of abuse and neglect in the most efficient and professional manner.

During the year we have developed links with our local Healthwatch and welcomed Claire Grainger as an associate member of the Board to assist us in developing our future plans.

The coming year sees the introduction of the Care Act which, amongst other things, gives the Board statutory status and provides guidance as to how we carry out our work. Importantly it places people at the centre of safeguarding matters rather than as previously, focusing more on processes. I believe this to be a major step forward. I am also personally delighted that the role of Safeguarding Adults Boards has been strengthened and I am really looking forward to leading the Board in its continued aim "to safeguard vulnerable adults from harm and abuse by effectively working together"

Allan Breeton

Independent Chair - Nottinghamshire Safeguarding Adults Board



2. NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD (NSAB)

Nottinghamshire Safeguarding Adults Board (NSAB)

The Nottinghamshire Safeguarding Adults Board is the multi-agency group of senior managers from key organisations responsible for developing and implementing Nottinghamshire's strategy to safeguard vulnerable adults. Together, we are committed to preventing and reducing the incidence of abuse and neglect of people in need of care and support. We are committed to improving the outcomes for people when abuse or neglect has occurred. We are committed to the government's principles for safeguarding.

Safeguarding adults is a phrase which means all work which enables an adult who is, or may be, in need of community care services to retain independence, well-being and choice, and to access their human right to live a life that is free from abuse and neglect.

Any adult at risk of abuse or neglect should be able to access public organisations for appropriate interventions which enable them to live a life free from violence and abuse.

We are committed to achieving good outcomes for people and encourage work that focuses on improving people's safety and well-being, and the realisation of the outcomes they want.

Our vision for Nottinghamshire with regard to safeguarding adults is of a county where all adults can live a life free from any form of abuse or neglect.

The aim of the Board is **"to safeguard vulnerable adults from harm and abuse by effectively working together"**. Full details of the terms of reference can be found at www.safeguardingadultsnotts.org.

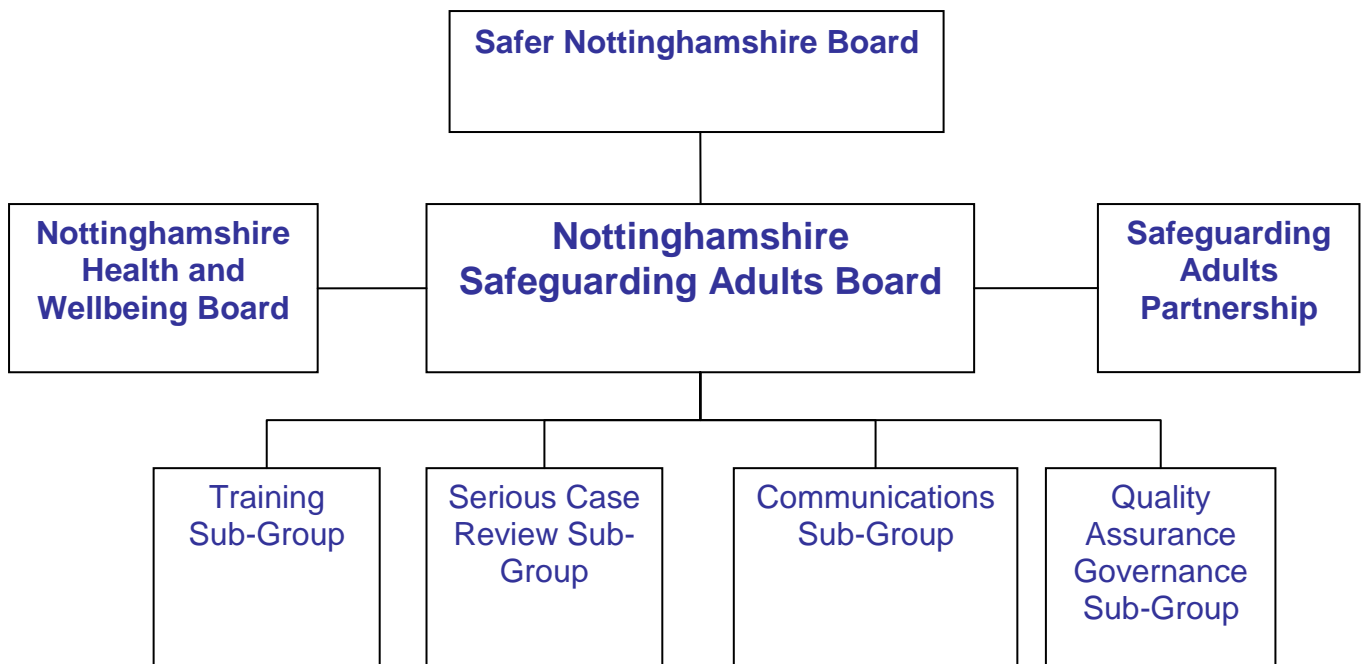
NSAB has four standing sub-groups: Communications, Training, Quality Assurance and Serious Case Review. It is through these sub-groups that the work of the Board is delivered. Each of these groups has specific aims and objectives which contribute to the overall NSAB strategy and business plan.

In addition to the Board, a countywide safeguarding adult partnership is established which is currently coordinated by Chris Hooper, Engagement and Partnerships Manager, Nottinghamshire Fire and Rescue Service. The Partnership has over forty organisations, service users and carers who come together to advise the Board, participate in safeguarding developments, and act as a conduit for dissemination of information across the County. Partnership events are held every six months and this year our focus was on the Multi-Agency Safeguarding Hub and the implications of the Care Act.

NSAB is represented at the East Midlands Adult Safeguarding Board which seeks, through partnership working with all agencies involved in the protection of adults at risk, to inform quality improvements and efficiencies for local services through combining the resources and knowledge in the region.

The structure on the following page shows how NSAB connects to other groups.

2. NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD (NSAB)



3. MEMBERSHIP

The membership of the Nottinghamshire Safeguarding Adults Board during 2013/14 is shown below.

- ❖ **Independent Chair**
- ❖ **Chief Operating Officer**, NHS Newark and Sherwood CCG (Vice Chair)
- ❖ **Corporate Director**, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- ❖ **Superintendent, Head of Public Protection**, Nottinghamshire Police
- ❖ **Pathway Lead Clinician for Older People and Named Doctor for Adult Safeguarding**, Nottingham University Hospitals NHS Trust
- ❖ **Assistant Director of Nursing: Patient Experience**, NHS England
- ❖ **Service Director**, Joint Commissioning Quality and Business Change, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- ❖ **Associate Director for Safeguarding and Social Care**, Nottinghamshire Healthcare, NHS Trust
- ❖ **Group Manager**, Safeguarding Adults, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- ❖ **Engagements and Partnerships Manager**, Nottinghamshire Fire and Rescue Service
- ❖ **Director of Nursing, Midwifery and Quality**, Doncaster and Bassetlaw Hospitals NHS Trust
- ❖ **Head of Assurance/Deputy Nurse**, NHS Bassetlaw CCG
- ❖ **Chief Executive Officer**, Broxtowe Borough Council
- ❖ **Service Director**, Nottinghamshire Probation Trust
- ❖ **Executive Director of Nursing and Quality**, Sherwood Forest Hospital Trust
- ❖ **Locality Quality Manager**, East Midlands Ambulance Service
- ❖ **Voluntary Sector Support Manager**, Nottinghamshire Association of Voluntary Organisations (NAVO)
- ❖ **Training Co-ordinator**, Safeguarding Adults Strategic Team, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- ❖ **Senior Account Officer, Communications and Marketing**, Nottinghamshire County Council
- ❖ **Board Manager**, Safeguarding Adults Strategic Team, Nottinghamshire County Council
- ❖ **Chief Executive Officer**, Ann Craft Trust (*associate member*)
- ❖ **Local Service Manager**, POhWER, Advocacy Service (*associate member*)
- ❖ **Crown Advocate**, Nottinghamshire Crown Prosecution Service (*associate member*)
- ❖ **Advanced Legal Practitioner**, Nottinghamshire County Council (*associate member*)
- ❖ **Compliance Manager**, Care Quality Commission (*associate member*)
- ❖ **Chief Executive**, Healthwatch (*associate member*)

4. THE SUB-GROUPS

Communications

Julie Cuthbert, Senior Account Officer, Communications and Marketing for Nottinghamshire County Council, is the Chair of the Communications Sub-Group.

“The Communications Sub-Group has two important roles. One is to raise awareness about safeguarding adults with front line staff such as social workers, police officers and healthcare workers so they understand how to recognise adult abuse, how to report concerns and what processes are involved.

We also have a duty to raise awareness with the general public so they know what adult abuse is, who might be affected and how they can report it.”

Quality Assurance

Claire Bearder, Group Manager, Safeguarding Adults Group, is the Chair of the NSAB Quality Assurance (QA) Sub-Group.

“The purpose of the QA Sub-Group is to provide NSAB with assurance that safeguarding arrangements, processes and practices are effective, person centred and that risks are identified and escalated when they cannot be mitigated.

There are three main strands to the work of the Sub-Group.

1. Risk Management

We ensure that any identified safeguarding themes, trends and lessons learned are explained and, where possible, risks are mitigated or escalated.

2. Organisational Assurance

We oversee a quality assurance process to ensure Board member organisations each have effective safeguarding arrangements in place.

3. Policy, Procedures and Practice

We ensure that there are effective multi-agency policies and procedures in place, which are followed by practitioners and person centred.”

4. THE SUB-GROUPS

Serious Case Review

Amanda Sullivan, Chief Operating Officer for NHS Newark and Sherwood CCG, is the Chair of the Serious Case Review Sub-Group.

“The Serious Case Review Sub-Group ensures that cases of death or serious harm that involve abuse or neglect are thoroughly investigated. Our aim is find out why things went wrong and then to ensure that lessons are learned and shared across agencies.

We have representation from health, social care and the police. When we are alerted that a case may require a full multi-agency investigation, we find out the key facts of the case. If we think that a full investigation is required across all of the agencies involved, we recommend that a serious case review is undertaken. Ultimately, the NSAB Chair makes this decision.

Sometimes, when abuse or neglect has resulted in serious harm, we don't carry out a full multi-agency review, but we ask individual organisations to carry out an investigation and report back to us. Part of our role is to make sure that review recommendations are actually implemented across the partnership.”

Training

Tina Lowe, Multi-Agency Training Coordinator with the Safeguarding Adults Strategic Team, is the Chair of the Training Sub-Group.

“The Training Sub-Group is made up of managers who hold key learning and development roles within their agencies.

The Sub-Group exists to ensure that single and multi-agency training is provided across the County at an acceptable standard and that this is accessible to Statutory, Independent and Voluntary organisations.

Education and training are essential to ensure all staff and volunteers are fully equipped to fulfil their role in safeguarding.

The Sub-Group ensures that all safeguarding adults training that is delivered in Nottinghamshire is giving out the right messages, is delivered in a consistent way and is of the right quality.

The Sub-Group seeks to share best practice and incorporate the learning from serious case reviews into its training programme.”

5. WHAT HAVE WE DONE... AND HOW HAS IT MADE A DIFFERENCE?

What have we done...	...and how has it made a difference?
<p>We have provided a number of learning opportunities across a range of subjects for staff and volunteers throughout Nottinghamshire, including:</p> <ul style="list-style-type: none"> • 10 “Referrer” training courses which have resulted in 150 Managers and Supervisors being able to act as referrers. • 47 people have been trained to undertake the role of investigating officer. • 4 “Training for Trainers” events resulted in 40 delegates being equipped with the knowledge to deliver safeguarding training. • 4 “Safeguarding Manager” courses for 30 delegates who will manage safeguarding assessments. • individual agencies have been supported by the Board training co-ordinator in providing a range of safeguarding awareness training to front line staff. 	<p>✓ Provided staff with knowledge and awareness of how to act in relation to safeguarding concerns.</p>
<p>On 7th October 2013 we published revised procedures for “raising a concern and making a referral”. These can be accessed at www.safeguardingadultsnotts.org</p>	<p>✓ Professionals and the public have clear information as to what to do if they have a concern that an adult is at risk of abuse or neglect and how to raise their concerns with the Local Authority.</p>
<p>Received regular updates on the progress made by Board members to implement the recommendations from the Francis review of Mid-Staffordshire Hospital Trust.</p>	<p>✓ Patients receive a better quality of service.</p>
<p>Monitored the progress made in implementing the recommendations from the “Concordant of Action” following the Department of Health review of Winterbourne View.</p>	<p>✓ Care provided to adults with learning difficulties, autism or mental health issues has been reviewed with a view to providing a more local service.</p>
<p>Consulted with service users, carers and their representatives on a variety of topics such as training and the review of safeguarding procedures.</p>	<p>✓ Service users, carers and their representatives have shaped and influenced the work of the Safeguarding Board.</p>

5. WHAT HAVE WE DONE... AND HOW HAS IT MADE A DIFFERENCE?

<p>Carried out a safeguarding adults awareness survey to benchmark the public's knowledge of adult safeguarding.</p>	<p>✓ Our communications strategy has been informed by the responses we received and public information has been provided in the format and at the places that were suggested by respondents.</p>
<p>Monitored the progress of the adult part of the Multi-Agency Safeguarding Hub (MASH) which went live on 28th January 2013 and which brought together a number of agencies who share information and act as a single point of contact for Adult Safeguarding and Children's Social Care referrals.</p>	<p>✓ Adults at risk of abuse receive a consistent response from professionals who are fully informed with information from a number of agencies.</p>
<p>Monitored the completion of recommendations following our serious case review which looked at the death of a woman with spina bifida and received presentations from service heads as to how their service had improved as a result.</p>	<p>✓ Learning has been shared to try to prevent something similar happening again.</p>
<p>Commenced a serious case review jointly with the Nottinghamshire Safeguarding Children's Board following the death of a young woman who was detained in an independent hospital under Section 3 of the Mental Health Act.</p>	<p>✓ Organisations will learn lessons to improve local inter-agency practice.</p>
<p>Commissioned an internal health review following the death of a young woman where transitional arrangements, from children's to adult services, were a feature.</p>	<p>✓ Organisations have learnt lessons and made changes in practice as a result.</p>
<p>Carried out an audit of Board member organisations' safeguarding arrangements.</p>	<p>✓ We were provided with information which assured us that organisations have the necessary internal arrangements in place to safeguard adults at risk.</p>
<p>Carried out a strategic review of the care home sector within Nottinghamshire.</p>	<p>✓ Agencies are working together to raise standards within care homes.</p>
<p>Participated in a national 'making safeguarding personal' pilot project.</p>	<p>✓ We are developing ways to be sure that safeguarding meets the needs of individuals.</p>
<p>Held an event to raise awareness of "Independent Mental Capacity Advocates" (IMCAs).</p>	<p>✓ Where adults lack capacity to make decisions when they are subject of abuse or neglect they will be properly supported by trained advocates.</p>

5. WHAT HAVE WE DONE... AND HOW HAS IT MADE A DIFFERENCE?

Held regular six-monthly “Partnership Events” which focused on important topics such as the Multi-agency Safeguarding Hub (MASH) and the forthcoming Care Act.	✓ The safeguarding message is delivered to a wide range of organisations which are able to help to keep vulnerable adults safe.
Worked closely with the Learning Disabilities Partnership Board and involved service users in designing and delivering training.	✓ Staff will take account of the views of service users when working to safeguard adults at risk.

5. WHAT HAVE WE DONE... AND HOW HAS IT MADE A DIFFERENCE?

What does Making Safeguarding Personal really mean? Case Study – Mr P

Mr P is a 79-year-old man who lives alone. He is showing early signs of dementia and is supported by a home care agency which visits five times a day. Mr P reported that £350 had been stolen from his bedroom, probably from a dressing table drawer. There was no sign of forced entry and lots of lawful visitors to his house during the period including carers, a gardener, a district nurse and family members. It appeared that the money had been taken by a permitted guest to Mr P's home. It was established from Mr P's son that Mr P kept cash at home to pay the gardener and the cleaner, for groceries and for general daily living.

Mr P was interviewed at his home and he was well supported by his son and grandson. Initially it was difficult to get Mr P to engage fully as he felt it was his fault for not securing the money and he just wanted to forget the whole thing. However as the discussion continued he was able to identify the outcome he wanted which was to make sure his money was secure and safe in the future.

In order to achieve this outcome the following was agreed with Mr P, his family and those involved in the safeguarding assessment:

- Mr P would keep the amount of cash he held at home to a minimum
- Mr P's son would personally pay the bills to the cleaner, gardener etc.
- The family would help Mr P to secure his money
- Mr P was happy with the care he was receiving from care agency staff and he wanted this to continue
- He was content with the Police making investigations

Despite his initial reluctance, Mr P was supported by his family to engage with the safeguarding process and identify **what really mattered to him**. Agencies worked with Mr P and his family **to achieve the outcomes he wanted**.



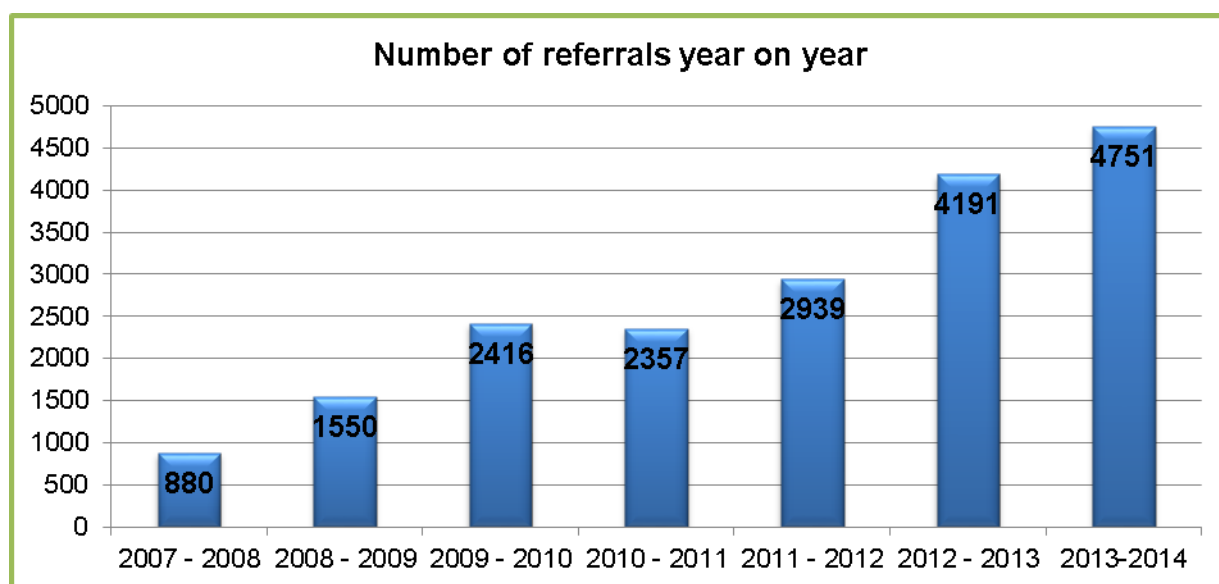
6. FACTS AND FIGURES

Introduction

Information-gathering systems within Nottinghamshire are compatible with central government reporting requirements. The data complies with government guidelines, is in line with that provided by other Local Authorities, and allows comparison year-on-year.

1. Referrals

Graph 1.1



Graph 1.1 above shows the number of safeguarding referrals year-on-year.

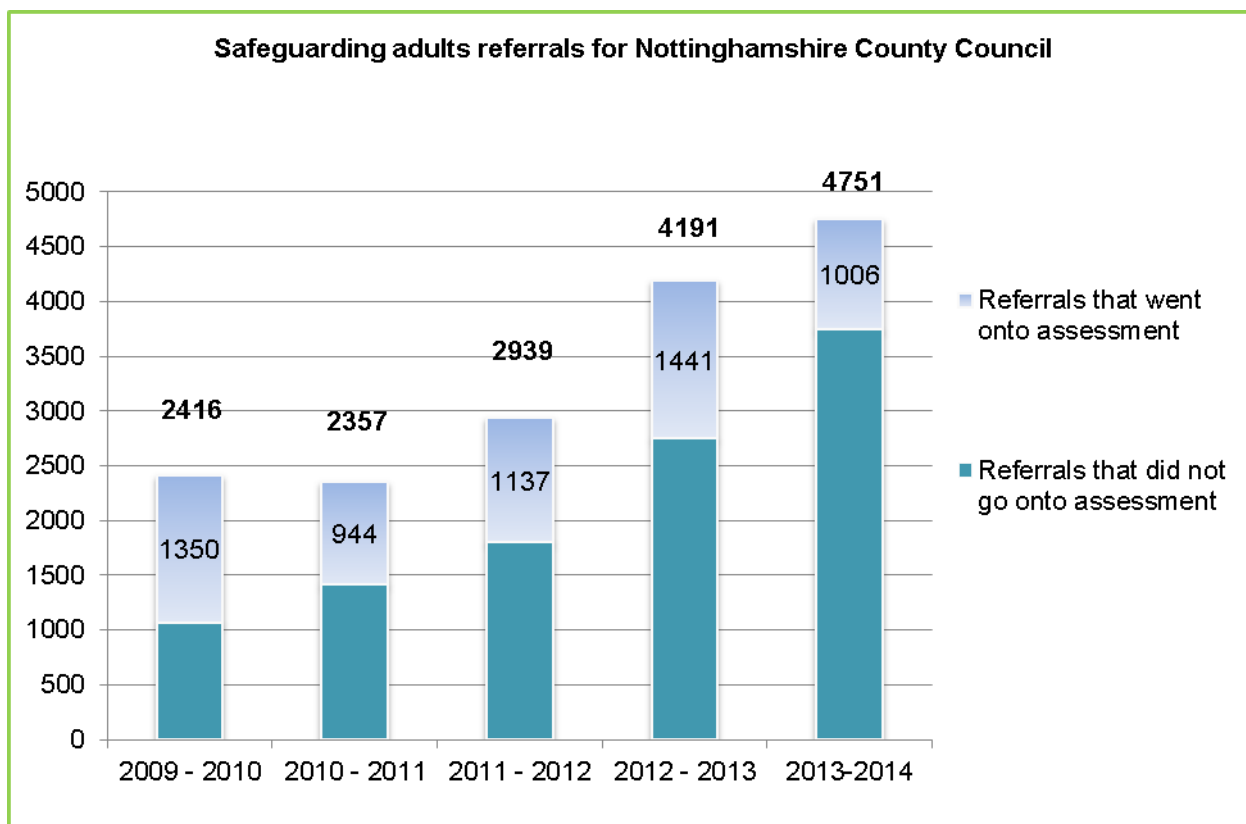
In 2013/14, the upward trend in safeguarding referrals made to Nottinghamshire County Council continued with a total of 4,751 referrals being received. This is an increase of 560 referrals (13%) on 2012/13.

2. Referrals which led to Assessment

The statistical returns provided to central government concentrate on those referrals which were assessed as requiring a safeguarding response and led to a safeguarding assessment.

6. FACTS AND FIGURES

Graph 2.1



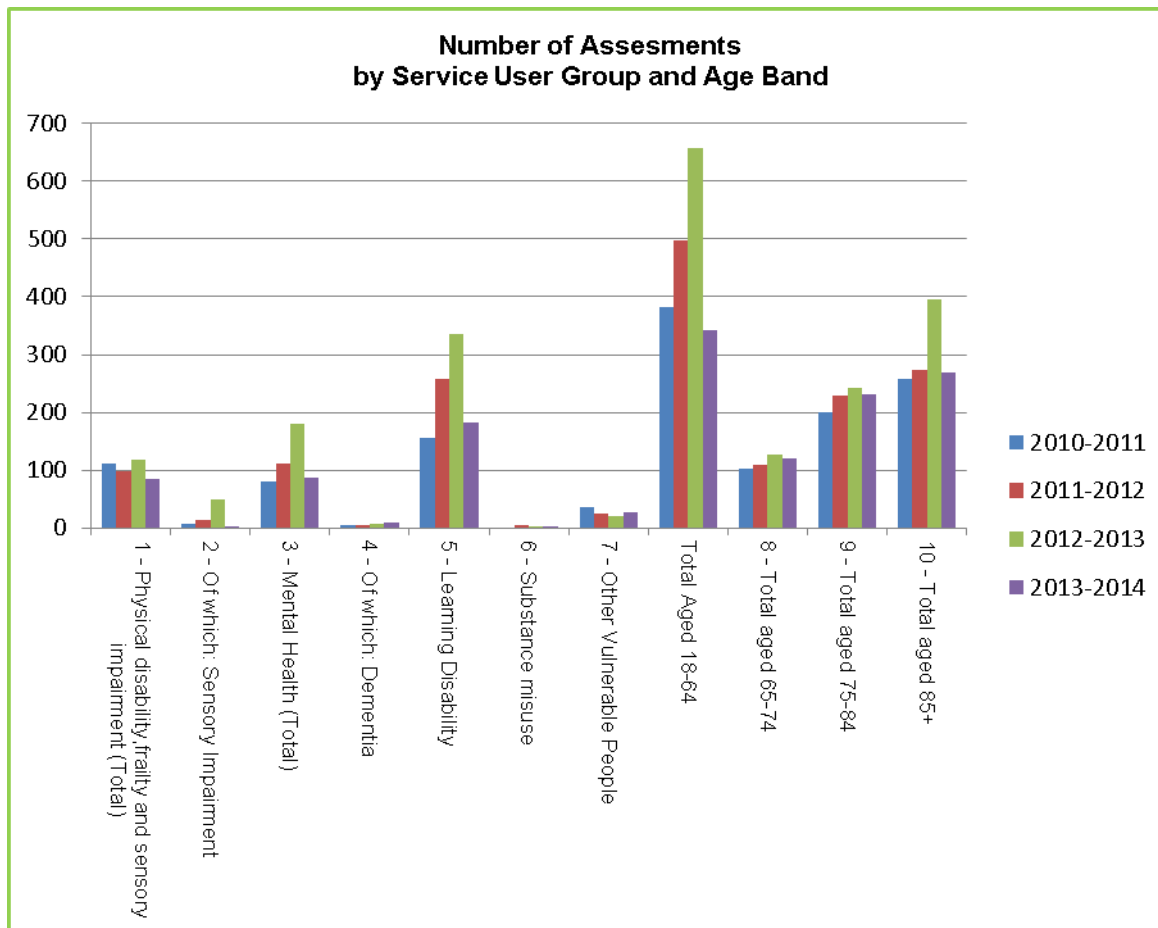
In Nottinghamshire, 1,006 of the 4,751 referrals received in 2013/14 went on to assessment. Whilst the number of referrals remains on an upward trend, the number and percentage of those which required a safeguarding assessment has reduced from 1,441 (34.4%) in 2012/13 to 1,006 (21.2%) in 2013/14. Part of the reason for this has been the role of the MASH in scrutinising and prioritising referrals.

Of all referrals received by the MASH which don't meet safeguarding thresholds, 41% have been diverted to other service areas to provide a more appropriate response. This has allowed the County Council and its partners to focus its safeguarding resources on those referrals where there is the greatest risk of harm and which require a safeguarding response.

6. FACTS AND FIGURES

3. Assessments by Service User Group and Age Band

Graph 3.1



Graph 3.1 above shows the number of assessments by service user group and age band and allows for a year-on-year comparison. The number of safeguarding assessments undertaken in 2013/14 has reduced in comparison with the previous year in the majority of service user groups. Reductions have tended to mirror the overall reduction in the number of assessments undertaken, however they are most pronounced in the “Learning Disability” service user group. Numbers of assessments within this group increased dramatically post “Winterbourne View” (May 2011) and peaked in 2012/13. This year’s reduction may be the result of service improvements which followed the Winterbourne review and subsequent government led action to bring about changes in the way services are delivered to people with learning disabilities.

6. FACTS AND FIGURES

4. Assessments by Type of Abuse and Service User Group

Table 4.1 - Numbers of assessments by type of abuse and service user group

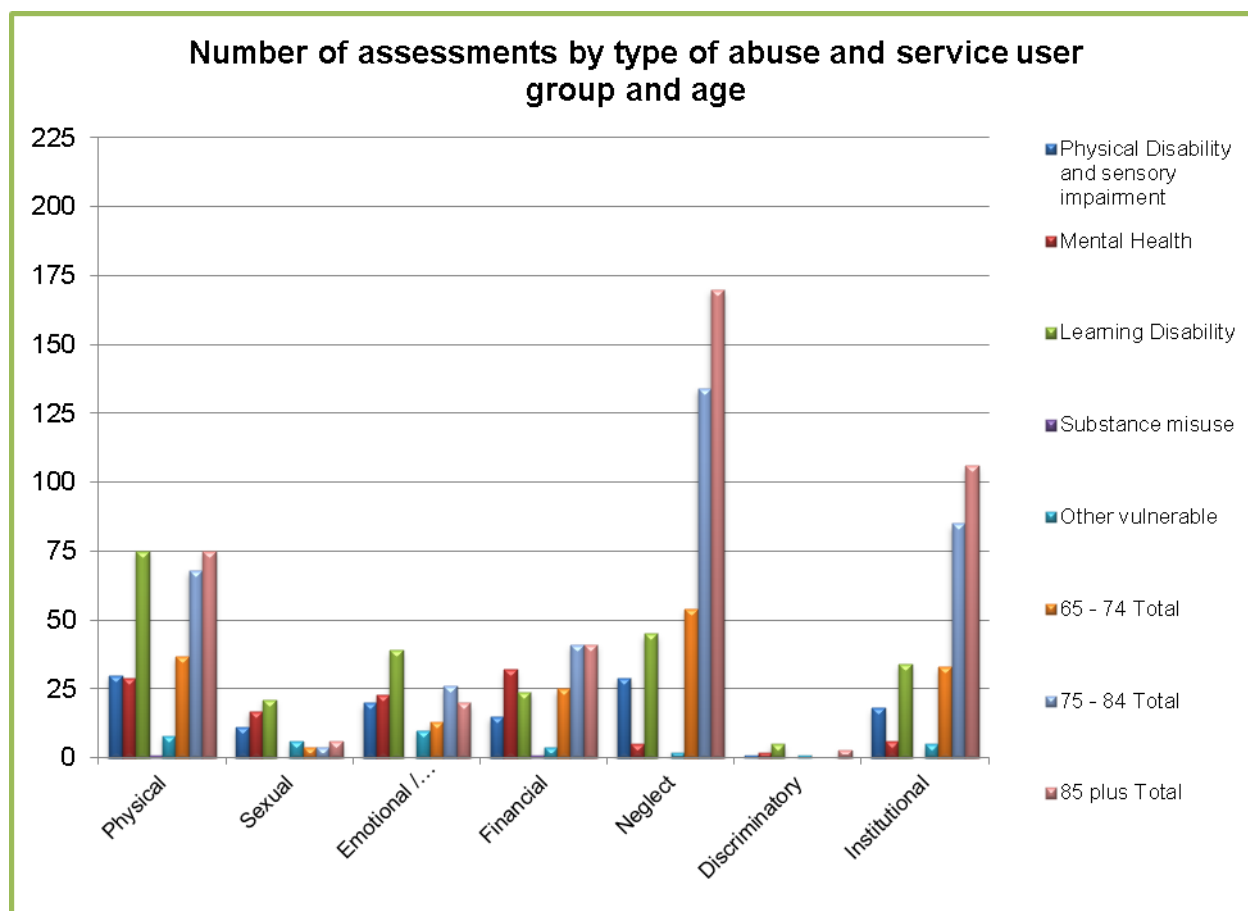
Type of abuse	Physical Disability and sensory impairment	Mental Health	Learning Disability	Substance misuse	Other vulnerable	65 - 74 Total	75 - 84 Total	85 plus Total	Grand Total*
Physical	30	29	75	1	8	37	68	75	323
Sexual	11	17	21	0	6	4	4	6	69
Emotional / psychological	20	23	39	0	10	13	26	20	151
Financial	15	32	24	1	4	25	41	41	183
Neglect	29	5	45	0	2	54	134	170	439
Discriminatory	1	2	5	0	1	0	0	3	12
Institutional	18	6	34	0	5	33	85	106	287
Grand Total*	124	114	243	2	36	166	358	421	1464

The data shown in Table 4.1 shows the numbers of assessments by type of abuse and service user group. It includes those individuals who were subject to more than one type of abuse. Therefore the overall figure for assessments of 1,464 is higher than the 1,006 shown in Graph 2.1 above. It shows the largest numbers of referrals which went on to a safeguarding assessment are within the “85 plus” service user group (421). This group is followed closely by the “75-84” group with 358 referrals and “Learning Disability” with 243 referrals leading on to assessment.

The type of abuse with the largest numbers of referrals going on to assessment continues to be neglect (439). This is followed by physical abuse (323) and institutional abuse (287).

6. FACTS AND FIGURES

Graph 4.2



Graph 4.2 shows the number of assessments by type of abuse and service user group and age. It provides a visual representation of Table 4.1 above. Institutional abuse is most common amongst the 85+ and the 75-84 service user groups. This is in line with high numbers of older people being cared for within the Care Home sector and likely to be influenced by the heightened awareness amongst workers of this type of abuse. Where a number of safeguarding assessments are carried out within one care setting this may be indicative of broader care failings and the “root cause” identified as institutional abuse.

The “Learning Disability” service user group was most likely to be subject of safeguarding assessments in the category of “emotional / psychological” abuse.

5. Completed Assessments by Location of Abuse

The total number of completed assessments in the year 2013/14 was 637.

The remaining 369 assessments not completed as of 31st March 2014 were the subject of ongoing work.

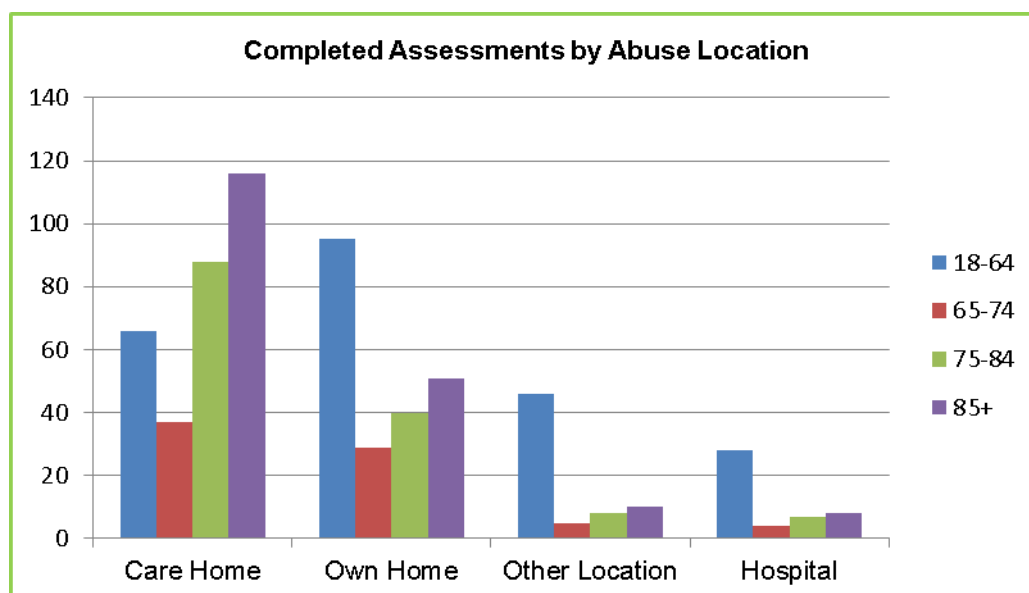
Graph 5.1 below shows the number of completed safeguarding assessments by location of abuse and age band. The highest numbers of completed safeguarding assessments related to service users within care homes. Perhaps unsurprisingly, within the care home

6. FACTS AND FIGURES

sector, the age group with the highest number of completed safeguarding assessments is 85+. This is probably indicative of the high proportion of 85+ residents in care homes and the increased vulnerability of the older age group. The 18-64 age band has the highest number of completed assessments within their own homes. This is likely to be a reflection of the higher numbers of vulnerable adults within this age band living independently.

In 2013/14 we were required, for the first time, to submit numbers of completed safeguarding assessments within hospital settings. This is possibly a response to the Francis report on Mid-Staffordshire Hospital Trust which raised significant concerns about standards of care and treatment. Figures for hospitals include smaller independent hospitals which often provide care for people with learning difficulties or mental health illness, together with mainstream National Health Service hospitals which provide for a wide range of patient needs. Numbers of assessments within hospitals in Nottinghamshire are relatively low compared with the other categories reported on.

Graph 5.1



6. Outcomes

Some comparisons with previous years are possible here.

Table 6.1 Outcome of safeguarding assessment

Outcome of Safeguarding Assessment	2013-14		2012 - 2013		2011 - 2012 percentage	2010 - 2011 percentage	2009 - 2010 percentage	2008 - 2009 percentage
	Number	Percentage	Number	Percentage				
Substantiated	290	46%	507	49%	48%	52%	43%	35%
Not Substantiated	193	30%	241	24%	24%	22%	27%	30%
Not Determined / Inconclusive	154	24%	276	27%	28%	26%	30%	35%

6. FACTS AND FIGURES

The total number of completed assessments in the year 2013/14 was 637.

Table 6.1 provides information on the outcome of the safeguarding assessment. Of the 1,006 safeguarding assessments undertaken, a total of 637 were recorded as completed by the end of the reporting period. The proportion of cases where a definitive outcome is reached has improved, with only 24% of cases where it was not possible to determine conclusively whether or not abuse or neglect had occurred. Of all safeguarding assessments undertaken in 2013/14, 46% resulted in a “substantiated” outcome.

7. DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

Introduction

The Mental Capacity Act (2005) (MCA) came into force in October 2007. It provides a statutory framework to enable people to make decisions for themselves and, where they cannot, to enable others to make decisions on their behalf.

The Act was amended in 2009 and introduced the Deprivation of Liberty Safeguards (DoLS) to protect those people in hospitals and care homes who may not be able to make decisions for themselves about their care and treatment.

Managers of care homes or hospitals must ask for permission from the “supervisory body” to provide care or treatment in a way that deprives the resident or patient of their liberty. The supervisory body must then arrange for an assessment. As a result of the Health and Social Care Act, on 1st April 2013 the supervisory responsibility for DoLS transferred entirely to the Local Authority, when the Primary Care Trusts (PCTs) were replaced by Clinical Commissioning Groups (CCGs). Under the new arrangements, Local Authorities are now responsible for undertaking assessments in both care homes and hospitals.

In 2013/14 the Safeguarding Adults Practice Team (in April 2014 renamed the Nottinghamshire DoLS Team) within Nottinghamshire County Council, acted as the administrative centre to receive and process all DoLS referrals. Social Workers who undertake the assessments are called Best Interests Assessors and are specially trained and qualified in this work.

For more information regarding the Deprivation of Liberty Safeguards please visit the Department of Health website at:

www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/MentalCapacity/MentalCapacityAct/DeprivationofLibertysafeguards/index.htm

How many applications were made for DoLS?

There are two types of authorisation:

- An urgent authorisation is where a managing authority determines that they need to deprive someone of their liberty immediately, for their own safety, before the standard authorisation process can be completed, and gives the supervisory body seven days to carry out the assessments.
- A standard application is where a managing authority determines that they may need to deprive someone of their liberty in the near future and gives the supervisory body twenty-one days to carry out the assessments.

Type of application	No. Requested 2013/14	No. Requested 2012/13	No. Requested 2011/12	No. Requested 2010/11	No. Requested 2009/10
Urgent authorisation	152	124	112	115	148
Standard authorisation	77	61	71	71	39
Total	229	185	183	186	187

7. DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

The table above shows the total number of DoLS applications and breaks them down into “urgent” and “standard” authorisations. Following four years of very constant numbers of DoLS applications, this year has seen a significant rise from 185 in 2012/13 to 229 in 2013/14. The increase has been split fairly evenly between standard applications (up 26%) and urgent applications (up 23%).

How many requests resulted in authorisation of Deprivation of Liberty?

Outcome of DoL Assessments	2013/14	2013/14 %	2012/13	2012/13 %	2011/12	2011/12 %	2010/11	2010/11 %	2009/10	2009/10 %
Authorised Deprivation of Liberty	114	49.78	83	44.86%	93	53.59%	98	52.69%	74	39.5%
Deprivation of Liberty not granted	115	50.22	98	52.97%	77	43.79%	84	43.16%	110	59.0%
Unauthorised Deprivation of Liberty	0	0	3	1.62%	5	2.61%	4	4.15%	3	1.5%
Terminated	0	0	1	0.54%	0	0	0	0	0	0

Not all applications result in an authorisation. The table above shows the results of completed assessments. Figures for 2013/14 show a similar picture to previous years, with roughly half of all applications being authorised.

8. FINANCE

Safeguarding Board (NSAB) budget 2013/14

Item	Cost £	Total £
Employee Costs	293,756.18	293,756.18
Premises/Room Hire	6,738.47	6,738.47
Transport	3,610.55	3,610.55
Supplies and Services		
Office equipment	668.00	
Printing, stationary	3,766.80	
Services	22,591.08	
Communications	3,704.44	
Expenses	162.00	
Catering	744.97	
Miscellaneous	898.13	32,535.42
TOTAL EXPENDITURE		336,640.62
Income		
Nottinghamshire County Council	218,053.48	
Nottinghamshire County CCG's	93,482.00	
NHS Bassetlaw CCG	12,000.00	
Nottinghamshire Police	12,000.00	
Nottinghamshire Probation Trust	1,000.00	
Sundry Income	105.14	
TOTAL INCOME		336,640.62



www.safeguardingadultsnotts.org