

# Rotherham Safeguarding Adults



## Annual Report 2013/14

“People of Rotherham are able to live a life free from harm where all organisations and communities”

- Have a culture of Zero Tolerance of abuse
- Work together to prevent abuse
- Know what to do when abuse happens

# What does Zero Tolerance mean in Rotherham?

Since 2007 we have worked hard to raise awareness of adult abuse in Rotherham and all safeguarding alerts made were responded to and the people involved made safe within 24 hours of contact.

After people were made safe we thoroughly investigated 314 referrals. All 314 cases had a protection plan in place to protect them, to prevent further abuse and ensure that the outcomes desired by the individual were met.

Following investigation 85 people were found to have suffered some form of abuse. These can be broken down into the categories of abuse as:

- 46** as a result of neglect or acts of omission
- 14** as a result of physical abuse
- 13** as a result of institutional abuse
- 5** as a result of psychological abuse
- 4** as a result of financial abuse
- 3** as a result of sexual abuse.

We put in place ongoing support for these people to protect them from further abuse and to help them to achieve their outcomes. The action we take when we find out abuse has taken place is:

- When staff across any agency are involved staff are suspended by their employers.
- Police are called in to investigate to see if a crime has taken place and followed up by the Police where criminal activity is evidenced.
- Work with the victim to meet their outcomes, ie. services are put in place to provide additional support.
- When abuse is substantiated we ensure that victims are safe and the perpetrators are dealt with. In substantiated cases this results in strong recommendations that the perpetrator of abuse is reported to the appropriate regulatory/professional body.
- We have clear expectations that providers suspend, investigate and take appropriate disciplinary action against any staff members alleged or proven to have abused someone.

- All perpetrators were reported to the Police for consideration of criminal prosecution

When abuse or poor standards were evident in residential homes or through care being provided in people's own homes we took swift action.

- Of the 84 contracted care homes in Rotherham, 10 care homes were failing to provide good care – we set deadlines for improvements through Special Measures Improvement Plans, monitored and held providers to account for their care practice in order to improve standards. Our interventions helped keep around 1600 residents in those homes safer.
- All new placements to 7 care homes were suspended – this means that we were not prepared to admit someone to a care home where standards were not being met. We worked with the homes until we were satisfied that they met our standards before allowing new placements to be made again.
- Council staff were sent into 2 homes to ensure that people were safe while the homes were under scrutiny and while improvements were being made. Our everyday on-site presence in both care homes supported 55 people to be safe and get the standard of service they needed. Unfortunately 1 of these care homes failed to improve and deliver safe care and the Local Authority took the necessary action to transfer the residents to alternative care homes, in order to maintain their safety and welfare.
- We carried out quality assurance visits on all 158 regulated homes and services. This report sets out the extensive partnership work we have undertaken in the last 12 months to ensure that Rotherham people are safe and when abuse happens we take action. The case studies provide real life stories of how Safeguarding Adults in Rotherham is making a real difference.



# Introduction from the Independent Chair of Rotherham Safeguarding Adults Board: Professor Pat Cantrill



I cannot believe that it is a year since our last report and as always so much has happened and so much remains to be done. As Independent Chair of the Adult Safeguarding Board it is my pleasure to introduce this report which provides us with an opportunity to celebrate the achievements of the past year and consider how we, as a Board, will move forward in the coming year to ensure that our focus and our priorities reflect the need to safeguard vulnerable adults in Rotherham. The information in this report reflects the changes that have taken place during the year. It sets out what partner agencies have and are hoping to achieve individually as well as the shared achievements and issues of the Board.

The first thing to acknowledge is that the achievements outlined in this year's annual report have taken place against a backdrop of considerable change in all partner organisations, resulting from changes in structures, people and resources. In health agencies particularly where the changes in the NHS have resulted in new challenges. The end of Primary Care Trusts has meant the introduction of Clinical Care Groups. We now have Health and Wellbeing Boards and HealthWatch. This has resulted in us having to establish new collaborative partnerships which is key if our Board is to achieve cross agency engagement and effectiveness with agencies represented by designated senior managers who come with a mandate to go back and implement change. It is to the credit of all partner agencies that they have managed to maintain the level of input they have during 2013- 2014 and I look forward to working with them over the coming year. We have appreciated the input of emergency services attending the Board on a regular basis and of those agencies that span South Yorkshire such as the Police and Fire Service. We also value the input on the Board from the Voluntary agencies who have also had a difficult year as a result of the challenges of increasing demand and reducing resources.

This year at a national level we have all been alerted to the challenges that result from tragedies and poor practice arising out of poor systems, leadership and management such as those resulting from the lessons to be learned inquiries including the Francis report of Mid Staffordshire NHS Foundation Trust and the serious case review into Winterbourne View private hospital and from Mencap's work on the way that people with learning disabilities have been treated in hospital. These inquiries remind us that we have to be positive and vigilant and make sure that we all play our part in recognising when adults are not being safeguarded and make sure that we alert people with responsibility so that the required changes can be made.

As always the year ahead will bring with it many challenges that the Board will have to address. We will have to build on this year's achievements and learn from what we did not do as well. At the time of writing the report we are still awaiting the introduction of the Care Act 2014. This will demand changes in the way that the Board functions particularly in relation to its accountability and responsibilities. It will put the requirements of the Board more in line with Children's Safeguarding Board. Safeguarding adults is much broader than just protecting adults at risk. It is also about individuals living their lives with dignity and, where possible, making their own decisions. The Board aims to always work to the principle that 'safeguarding is a balance between rights and risk'. It is a difficult balance to achieve and we will only be successful in this with the help of the people of Rotherham. We need your eyes and ears and determination to make Rotherham a safe place for the vulnerable people.

## Message from the Safeguarding Adults Champion:

Councillor John Doyle



Safeguarding Adults remains our number one priority and is a crucial aspect of Local Authority work. The Council, and the Rotherham Safeguarding Adults Board, has a continued commitment for Rotherham to be one of the safest places in the country. I am pleased to share with you our achievements for 2013-2014 which show how we have all continued to help keep people safe from all types of abuse and protected as far as possible from avoidable harm. Safeguarding adults is everybody's business, as Safeguarding Adults Champion I sit on the Safeguarding Adults Board and continue to be committed to preventing harm and promoting dignity and to ensure empowerment and choice are taken seriously. Contributing

to the work of the Board enables me to hold to account those responsible for adult safeguarding and to ensure safeguarding adults is given sufficient priority to improve outcomes for vulnerable adults in Rotherham.

A vertical poster with a red border. The top half has a white background with a blurred image of a person's face. The text is in black and red. The bottom half has a solid red background with white text. At the very bottom, there is a white rectangular box.

**Don't let adult abuse  
go unnoticed**  
**Call 01709 822330**  
**(Monday to  
Friday 8.30 until 5.30)**

Out of Hours call 01709 336080  
**Or contact us with your concerns on our  
new Confidential Text to Tell Service  
07748 142816**  
South Yorkshire Police 101

[www.rotherham.gov.uk](http://www.rotherham.gov.uk)

# Rotherham Safeguarding Adults Review 2013/14

The Rotherham Safeguarding Adults Board's (RSAB) vision is that "Every vulnerable adult in Rotherham will live a full life as safely and independently as possible and live a life free from abuse and neglect". The Board is fully committed to ensuring Rotherham will be one of the safest places in the country. The RSAB sets out its priorities as:

## Mission Statement

People of Rotherham are able to live a life free from harm where all organisations and communities

- Have a culture that does not tolerate abuse
- Work together to prevent abuse
- Know what to do when abuse happens

## Objectives

- All organisations and the wider community work together to prevent abuse, exploitation or neglect wherever possible
- Where abuse does occur we will safeguard the rights of people, support the individual and reduce the risk of further abuse to them or to other vulnerable adults
- Where abuse does occur, enable access to appropriate services and have increased access to justice, while focussing on outcomes of people
- Staff in organisations across the partnership have the knowledge, skills and resources to raise standards to enable them to prevent abuse or to respond to it quickly and appropriately
- The whole community understands that abuse is not acceptable and that it is 'Everybody's business'

## Charter

### We will:

- Take a zero tolerance approach to abuse and the factors that lead to abuse
- Take action to protect vulnerable adults
- Listen and respond to customers and citizens
- Investigate thoroughly and in timely manner any concern that is raised
- Pursue perpetrators of abuse
- Empower customers
- Embed an outcomes focused approach
- Learn lessons and improve services as a result
- Ensure that our approach to safeguarding is personalised

## The Board delivered on its promises in 2013/14

In 2013-14 The Board:

- Undertook a strategic review and self-assessment of the Board collaboratively between partners in order to create a framework of inter-agency arrangements, to ensure vulnerable people are protected from abuse.
- Reviewed the constitution and governance of the RASB in line with National and Local priorities.
- Adopted a Safeguarding Adults Charter and a partnership agreement of commitment.
- Aligned the interface between Children and Adult Safeguarding ensuring cross representation at a strategic and operational level to ensure a holistic view across the safeguarding agenda, to reinforce the view that everyone should be protected from abuse and that safeguarding is everybody's business.
- Further developed multi-agency information sharing systems, empowering practitioners to identify and prevent abuse from



occurring where possible through integration of 'reportable concerns' and be fully informed about their responsibilities regarding the sharing of information between agencies for the purpose of safeguarding activities.

- Working with partners across South Yorkshire to review and update the South Yorkshire Safeguarding Adults Procedures.

This report highlights the significant work undertaken by the Board in this year. It demonstrates the real and substantial improvements which have been put in place and how we have been successful in ensuring prompt and effective response to and prevention of adult abuse, whilst also delivering the greatest possible protection to Rotherham's most vulnerable citizens. We wish to reiterate our commitment to instilling a zero tolerance culture of abuse across the whole community. When allegations of abuse have been made we have responded quickly to protect individuals with **100% of all alleged abuse responded to within 24 hours**. Our culture and approach to partnership working ensures that vulnerable adults receive the outcomes they want, making a significant positive difference to individual's lives. Once again this year, all people who reported that they "don't feel safe" in the Adult Social Care

Survey were contacted personally. Through the conversations with individuals we established that their concerns did not relate to adult safeguarding, however they were all supported and given the information and advice they required to enable them to feel safer.

Adult Safeguarding is governed by statutory guidance "No Secrets" issued by the Department of Health in 2000, which gave Social Services lead responsibility to co-ordinate the development of the local multi agency framework, policies and procedures. All statutory agencies are expected to work in partnership with each other and with all agencies involved in the public, voluntary and private sectors to protect vulnerable adults from abuse. 2013-14 has yet again been a challenging year for many of the organisations on the Board as a result of internal changes triggered by either new legislative or statutory guidance, or driven by the need to make financial savings. Such challenges will continue to face all partner organisations over the coming years but all Board members have acknowledged that safeguarding vulnerable adults from abuse continues to be a fundamental priority and they will continue to be involved in this essential work.

This report will demonstrate how this has been achieved through examples of real life stories **using fictional names** and highlights of key achievements.



# Key Partnership Contributions 2013/14

## Safeguarding Adults Service:

Robust safeguarding arrangements are in place in Rotherham to promptly and effectively react to protect individuals where allegations are made. We have reviewed and further strengthened our approach. Rotherham has in place a Safeguarding structure covering all user groups. This focuses on investigation, raising standards and quality of residential/nursing homes, Mental Capacity Act, Deprivation of Liberty Safeguards and strong leadership.

The specialist teams of highly qualified Social Workers track and manage all safeguarding alerts through strategy, investigation, conference and reviews to ensure individuals are appropriately protected. The Safeguarding Adults Investigation Teams remain focused on ensuring perpetrators of abuse are held to account and through appropriate disciplinary actions and referrals to Disclosure Barring Service and appropriate registered bodies.. A clear result of this is that they held 314 strategy meetings and this ensured robust and effective protection plans were in place for the victim. 166 case conferences were held and abuse was substantiated in 51% of these cases. Details of the activity of these teams are evidenced in Appendix 1 of this report.



## Achievements:

- Developed the performance management framework, strengthening the process to respond in a timely manner to ensure where possible investigations are completed within 6 weeks from strategy and case conferences held within 2 weeks of completion of investigation.
- Introduced virtual strategy meetings and case conferences, where appropriate. This ensures a swift and effective response, making best use of resources.
- With partners across South Yorkshire reviewed and implemented new South Yorkshire Safeguarding Adults Procedures (Launched June 2014).

- Developed a Local Authority Designated Officer (LADO) database.
- Reviewed and revised the Home Closure Protocol

## Case Outcome:

After living in squalid conditions together for several years Mr R and his daughter Mrs G reached crisis point. Their health was severely affected, food provision was limited, they had mounting debts and were at risk of eviction. Mrs G's daughter and Mr R's great granddaughter had responsibility for financial management but despite numerous requests to surrender finance, their poor circumstances continued. The two service users were placed in emergency respite care and the case was reported to Safeguarding. It became evident that Mr R and Mrs G had had their benefits misappropriated by their family members but refused any Police intervention preferring support via the Safeguarding process..

Although the couple thrived in respite care, due to the long-standing neglect that they had endured, their health did not improve sufficiently to return to independent living. Following a series of discussions with the couple, and in agreement with them, the social worker proposed long stay residential care. Following the Safeguarding investigation, benefits were eventually secured for Mr R and Mrs G. The RMBC financial appointee now assists Mr R to manage his finances, and Mrs G manages her own affairs with support from her key worker in the residential home. This case was heard at a Safeguarding case conference where the abuse Mr R and Mrs G endured was substantiated as neglect, psychological and financial abuse by the alleged perpetrators, their family members.

*Thank you for listening to us and thank you for your help and understanding today*



## Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS) Service:



### Achievements:

- In March 2014 The Supreme Court handed down its judgement in a case in respect of DoLS. This judgement has widened the definition of a deprivation of liberty and has introduced a new “acid test” in deciding whether an adult is being deprived of their liberty. As a result we envisage a significant impact on this work in 2014-15 and beyond.
- We have appointed a Support Officer due to increased need.
- The Court of Protection (COP) team’s workload continues to increase forging new links with a discovery agent who has expertise to enable the settling of complicated estates of a deceased person where historically the finances have been managed by COP team - this has freed up capacity to take on additional cases.
- The team have taken on several new appointeeship cases as a result of financial abuse, which ensures that people’s finances are safeguarded in the future.



### Case Outcome:

Susan had been given a diagnosis of a cerebral arteriovenous malformation which tragically ruptured and was admitted to hospital to receive surgery. Susan remained in hospital for approximately nine months due to the high level of care and supervision required; Susan was then transferred to a Neurological Rehabilitation Centre to commence a rehabilitation program.

Susan’s partner considered that Susan had shown some positive change with regard to personality/character since being at the rehab centre and considered that Susan would prefer to return home if provided the opportunity and would choose rehabilitation to achieve this. Susan’s partner was of the opinion that the care and intervention provided by the rehabilitation centre was in Susan’s best interest to provide the optimum opportunity for recovery.

Susan’s parents considered that whilst Susan’s improvements have been relatively minimal during the early period of rehabilitation, the improvement over the past weeks had been significant compared to any improvement made in hospital in the previous months

Susan’s parents were also in agreement with the lawful deprivation of Susan’s liberty and that this would enable Susan to access the rehabilitation program and provide Susan with the optimum opportunity of regaining some abilities in order to return home to live.

The medical staff involved in Susan’s treatment stated that this was a crucial time of rehabilitation; and therefore in Susan’s best interest to remain at the rehabilitation centre. Therefore Deprivation of Liberty Safeguards were applied appropriately to protect Susan and ensure she received the most appropriate care and treatment available to her.



## Domestic Abuse Service:



### Achievements:

Since 2011/12, the Safer Rotherham Partnership's Independent Domestic Violence and Advocacy Service (IDVAS) and Domestic Abuse Coordination have been integrated within Safeguarding Adults, and this has ensured that domestic abuse in Rotherham is seen as a local safeguarding priority throughout 2013-2014.

### IDVAS

- Received 570 referrals – (a 34% increase from 2012-13)
- Supported 455 Multi Agency Risk Assessment Conference cases (MARAC)- (a 32% increase from 2012-13)

### Domestic Abuse:

- With support from the Safer Rotherham Partnership Domestic Abuse Priority Group (DAPG), sustained the funding of the Rotherham IDVAS. This funding is now mainstreamed.
- The Safer Rotherham Partnership (SRP) has adopted the national Young Person's Advocacy Programme alongside the 3 other Community Safety Partnerships in South Yorkshire. This Programme ensures the support of 16 – 18 year olds of victims who are direct victims of Domestic Abuse.
- The Domestic Abuse Coordinator commenced 2 Domestic Homicide Reviews, on behalf of the Safer Rotherham Partnership.
- Delivered 12 Multi Agency Domestic Abuse training events, 3 x Awareness Raising, module 1 and 6 x Multi Agency Risk Assessment Conference workshops module 3, and, with the Rotherham Local Safeguarding Children Board, delivered 3 x Domestic Abuse from a Child's Perspective, module 2.

## Case Outcome:

Claire's case had been heard at the Multi Agency Risk Assessment Conference on several occasions in Rotherham. Claire had been subject to sexual abuse from her partner over a number of years. Her partner was never prosecuted as Claire felt unable to report the incidents to the police. During this time Claire was supported by the ISVA (Independent Sexual Violence Advocate) based at the Hospital. Throughout this time Claire had become dependent on alcohol and struggled to find clarity in any of her life. Claire rang the IDVA (Independent Domestic Violence Advocate) and said she wanted to leave the relationship. Claire had arrived at this decision as she had been receiving support in regards to her drinking and she had been abstinent for a number of months. The IDVA discussed her options in regards to leaving in a planned way. Claire worked full time and seeking a refuge place would come at a huge cost to her. Her employer had agreed to re-locate her to another town to enable her to keep her job. The IDVA sourced a refuge place for her but the cost was out of Claire's reach on her salary. The IDVA looked at all options and funding was secured for accommodation for Claire in the short term. The IDVA also supported a housing application for Claire, everything was put in place and Claire found herself a property of her own.

After seven months of being away from the area Claire contacted the Rotherham IDVA because her support workers where she lived were on leave. Claire was facing a crisis. The IDVA supported her in dealing with this matter as Claire said she knew if she rang Rotherham IDVA the situation would be sorted. Claire rang the IDVA and disclosed historical abuse which had affected her throughout her life. Rotherham IDVA continued to keep in contact with Claire until local IDVAs were able to offer support.

Claire stated she had come a long way in the time that we have known her and there is a possibility that she may take her complaints regarding the abuse further. Claire has all the support in place to enable her to make a decision in regards to this.

Claire felt able to come back to the Rotherham IDVA as she trusted their work and knew she would be fully supported.



## Customer Compliment

Regarding the Rotherham Independent Domestic Violence Advocacy Service;

*I always know you will do what you say'*

*Your support empowered me to go to court to give evidence and I felt amazing when I had done it*

*Thank you for all the support you have given me*



## Joint Learning Disability Service:

### Achievements:

- Further strengthened joint work with Contracts and Commissioning Teams to successfully respond to significant institutional safeguarding concerns in 24 hour residential care and bring about change in the Services. This approach has led to a significant increase in safeguarding alerts into the service, with the joint learning disability service seeing a 100% increase in safeguarding alerts.
- 2 Social Workers have completed specialist masters levels in Safeguarding Adults
- Safeguarding Investigations undertaken jointly by Health and Social Care colleagues to increase expertise and efficiency in the investigation process.

### Case Outcome:

Debbie is a 28 year old woman who lives in 24 hour care. She raised her concerns with her independent advocate, who assisted her to discuss the fact that she thought she was being bullied and was very unhappy in her home. The worker who was accused of this was suspended and the allegations were investigated. The outcome was that abuse was substantiated in the category of psychological abuse. The outcome for the Service User was that the fear she was feeling was removed and she personally felt that she had been able to make a difference to her own life and stop it happening to anyone else. As a consequence of this the worker lost their job and was referred to the Disclosure and Barring Service.

## Rotherham NHS Foundation Trust:



### Achievements:

- Adopted and implemented the Prevent strategy within the existing resources and implemented a robust process for providing and demonstrating evidence for CQUIN – Recognised by CCG as an excellent process
- Delivered CQUIN standards and achieved significant progress against safeguarding standards
- Implementation of new Key Performance Indicators
- Recognised and brought together the processes related to safeguarding issues in respect of pressure ulcers and work is continuing to improve this process
- Developed a training needs analysis which identifies level of safeguarding training required and improved processes for registering training on Electronic Staff Records
- Brought together both Adult and Children's Safeguarding Teams under the Corporate Management structure
- Co-located Adult and Children Safeguarding Team to provide support and sharing of processes
- Combined the Safeguarding Operational Meeting to include both Adults and Children Safeguarding agendas
- Developed robust processes regarding monthly data reporting
- Developed Governance processes and charts to provide clarity and clear reporting arrangements with TRFT and partner organisations



## Good news Story

Following the setting up of a Task and Finish Group for Pressure ulcers, a new robust process was developed and embedded within the organisation regarding pressure ulcers and safeguarding. All Grade 3, Grade 4 and deep upgradeable pressure ulcers are fully investigated using a detailed Root Cause Analysis (RCA) investigation Proforma.

The investigation Team is the Area Manager and Matron supported by a named member of the Tissue Viability Team. Once investigation is completed the investigation Team is invited to an RCA Pressure Ulcer Panel Meeting. The Panel Meeting is chaired by the Assistant Chief Nurse. At the Panel the investigation is reviewed and assessed in order to provide an overall outcome as to whether the pressure ulcer is avoidable or unavoidable using the Department of Health Definition.

The outcome of the panel is then verbally provided to the investigatory Team – if found to be avoidable, the case is then managed as a Serious Incident and immediate consideration of any safeguarding concerns. An action plan is developed by the Area Team and managed within the Directorate. The findings are followed up via an email and the Adult Safeguarding Team is included in the correspondence that includes minutes of the Panel Meeting and also the full RCA investigation findings, in order to address and follow up any actions via safeguarding. Learning and feedback from these cases are shared via Quarterly managers Meetings and via the joint Safeguarding Operational Meeting.

## Case Outcome:

An elderly gentleman Ted was being treated in A&E when his son became violent toward his father and staff, the son was removed from the scene of the incident by police and detained under police arrest Ted was provided with a place of safety at the community hospital. A risk assessment was completed by staff at the community hospital to ensure the immediate safety of Ted whilst in their care. A referral was made to the hospital social work team for risk assessment for support on discharge from community hospital as there was evidence to suggest there was potential for further physical harm/psychological harm and financial abuse of Ted by son.

Social Worker and staff nurse met with Ted. He was disoriented to time, place and person Ted was unable to recall his children or identify that he received any care from them. Ted was unaware that he was in hospital at the time and could not recall his reason for admission

A lasting power of attorney was in place for both property and financial affairs and welfare decisions with son named as attorney. Due to the risk of significant harm if returned to the care of his son an urgent application was made to the Court of Protection to place Ted in a care home and remove the control family had over his finances and welfare. This was granted by the court and Ted now resides safely and happily in a care home.



## NHS Rotherham Clinical Commissioning Group – RCCG

Rotherham CCG firmly believes that every person has the right to live a life free from abuse and neglect. With this in mind Rotherham CCG will continually develop their safeguarding agenda; in particular their safeguarding adults agenda which will continue to evolve and develop in line with contemporary understanding and legislation, including the expectations of the pending Care Act 2014. Additionally Rotherham CCG will continue to develop their sexual exploitation prevent plan in light of the Department of Health review into the alleged sexual abuse committed on health premises by the late Jimmy Saville.

The White Paper 'Caring for our future: reforming care and support' and the pending Care Act 2014, confirm the intention that Adult Safeguarding should be placed on a statutory footing, through legislating for Safeguarding Adults Board and empowering local authorities to make safeguarding enquiries. In anticipation of this equal footing with safeguarding children and young people Rotherham CCG utilise the term vulnerable clients to denote all children, young people or adults who are, or potentially are, vulnerable to abuse, maltreatment or neglect. Annually Rotherham CCG publish their safeguarding vulnerable clients report; this reports provides information on safeguarding for the period 2013 to 2014 and Rotherham CCGs vision and objectives for the period for 2014 to 2015.

Rotherham CCG's vision and objectives for 2014 to 2015 include the need to ensure that all staff working in CCG commissioned services are trained to an acceptable safeguarding standard; that Prevent training is undertaken and in relation to the recent court ruling regarding Deprivation of Liberty Safeguards (DoLS) that all health staff are aware of their duty of care. Health care providers will need to ensure that all staff members (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees), have an understanding of the principles of the Mental Capacity Act 2005 and consent processes, appropriate to their role and level of responsibility, at the point of induction.



## Achievements:

- In November 2014 Rotherham CCG is undertaking Safeguarding Adults and Children training at a Protected Learning Time (PLT) event. PLT is available to all Rotherham GPs and their Practice Staff. The event will cover self-neglect, exploitation, domestic violence and substance misuse and it is being supported by speakers and facilitators from RLSCB, RLSAB and the South Yorkshire Police.
- Rotherham CCGs have published "Top Tips for Safeguarding Adults" and "Top Tips for Safeguarding Children" and have disseminated them to all Rotherham GP Practices and they are also available on the RCCG Intranet. To embed the Top Tips into practice audits were undertaken using a survey monkey technique; some 1,025 responses were received for the 3 safeguarding surveys. 91.9% of GP Practice staff across Rotherham responded that they have access to the Safeguarding Adults & Children top tips within their practice. Whilst these safeguarding 'Top Tips' are not their Safeguarding Policy they do form a picture of what staff know and understand about safeguarding within the GP Practice, the wider multi-agency partnership and where they can get immediate support from when safeguarding is an issue. 95% of Practices across Rotherham are aware of where their practice's Safeguarding policies are stored.
- Rotherham CCG successfully appointed a Safeguarding Adults and Clinical Quality Lead from August 2013 to support and take forward the work of the CCG. The Safeguarding Adult and Clinical Quality Lead represents the CCG at Rotherham Safeguarding Adults Board sub-group and provides expertise and a point of contact for advice and intelligence regarding adult safeguarding across the health economy. Working in partnership with other key stakeholders such as CQC and the Local Authority, particularly around care homes and adult protection processes has been a priority for the post holder.
- Other key priorities are, to ensure that prevention of avoidable harm is seen as

essential, ensuring that when individuals require health care in Rotherham they receive safe, quality care. This is achieved by supporting commissioned services and the wider health community to understand safeguarding.

- Rotherham CCG have organised a safeguarding self-assessment and peer challenge which commenced January 2014 and will be completed in April 2015. As before the self-assessment complies with the aims of CQC Essential Standards of Quality and Care, Outcome 7 and also Section 11 Children Act 2004 to ensure that patients and carers can expect health care services, in Rotherham, to meet the standards to protect the safety and respect the dignity and rights wherever healthcare is provided. A final report will be published to provide assurance and transparency that RCGG has benchmarked individual GP Practices against expectations highlighted in No Secrets and the CQC Essential Standards of Quality and Safety Outcome 7.

Whilst the responsibility for coordinating safeguarding arrangements lies with the Borough Council, effective safeguarding is based on a multi-agency approach. Rotherham CCG is a willing safeguarding partner and has robust governance arrangements in place to ensure that its own safeguarding structures and processes are effective and that the agencies from which Rotherham CCG commissioned services meet the required safeguarding standards. In addition Rotherham CCG ensure that they are in line with the roles and responsibilities and capacity requirement for senior lead clinicians in safeguarding children in CCGs is outlined in full in the Safeguarding Competencies intercollegiate document (Royal Colleges 2014)

The safeguarding of all those who are vulnerable is an enormous obligation for all of us who work in the NHS and partner agencies. There is still much to do to ensure this happens. In March 2013, NHS England published the Safeguarding Vulnerable People in the Reformed NHS; Accountability and Assurance Framework (2013). The Framework provides a clear set of principles and guidance to ensure the new system delivers improved outcomes for children and vulnerable

adults. A strategic national steering group has been established to ensure the framework is embedded, and it provides a national forum to enable safeguarding leaders in NHS England to implement cross governmental policy.

A number of key safeguarding priorities are emerging nationally which include policies to prevent sexual violence, female genital mutilation, forced marriage and radicalisation of vulnerable people. Rotherham CCG in conjunction with South Yorkshire and Bassetlaw NHS England Area Team have written a Safeguarding Vulnerable Clients policy template for all independent health providers to utilise. The effective implementation and embedding of this policy will go some way to ensuring that vulnerable children and adults are afforded their 'right to live a life free from abuse, neglect and be safe'.

## **Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH):**

### **Achievements:**

Each year the Safeguarding Adults Team develops a Core Work Plan which structures the key outcomes to be achieved in relation to safeguarding vulnerable adults for the following year.

The Safeguarding Adults Team have worked throughout the year to implement the improvements proposed for 2013/14. Some of this work was assigned to individual Lead Professionals through their Personal Development Review process, and has supported both individual professional development and service developments in relation to safeguarding vulnerable adults.

Listed below is the progress we have made against the targets set for 2013/14:

- **Leadership**

The Lead Professionals have provided an independent opinion on a range of strategies, policies and developments across the Trust throughout 2013/14.



Further, each of the Trust's Lead Professionals has an identified locality of the Trust which they are aligned to, providing safeguarding leadership and guidance for referrals in these localities. The Lead Professionals also provide guidance to support the development of multi-agency safeguarding processes within their designated area and identify specific needs or areas of development as part of their role. In addition, the Team has a central role in supporting, advising and developing staff skills in relation to safeguarding across the Trust.

- **Partnership Working and Multi-agency Referral Pathways**

Over 2013/14 the Safeguarding Adults Team has built positive working relationships with the Clinical Commissioning Groups (CCG) that formed at the start of the financial year. This facilitates a collaborative approach to the development of safeguarding processes and strategies. Each Lead Professional meets regularly with the CCG's safeguarding lead for their identified area to facilitate good communication, awareness of regional safeguarding issues and development of safeguarding processes. Key achievements in this domain include:

- The Vulnerable Adults Risk Management Model (VARMM) process has been jointly developed with Rotherham Metropolitan Borough Council.
- There is now representation from the Safeguarding Adults Team at the quarterly Regional Police Forum.
- Introduction of more user friendly forms developed as part of the multi-agency process which improves referral pathways.

### **Policy Implementation**

The Safeguarding Adults Policy was reviewed and updated by the Lead Professionals in August 2013 to reflect the new developments and inclusions.

- **Links with Mental Capacity Act, Deprivation of Liberty Safeguards Lead**

Over 2013/14 the Team has worked collaboratively to further strengthen the

interface between the Safeguarding Adults Team within RDASH and the Mental Capacity Act, Deprivation of Liberty Safeguards Lead within RMBC

- **Strengthening User and Carer Engagement**

This has been a high priority for the Safeguarding Adults Team who together with the business divisions, developed a plan to ensure that service users have a strong voice in decision making and remain at the centre of the safeguarding adults process.

### **Quality Referrals**

The Lead Professionals review all referrals into the RDaSH to ensure consistency and quality of the processes. Furthermore, the Lead Professionals have contributed to a number of internal and multi-agency quality audits and the development of action plans in line with the audit results throughout 2013/14.

### **Consistent Safeguarding Documentation**

Over 2013/14 the Team has worked with the Records Manager, Operational Leads in the business divisions and Local Safeguarding Adults Partnership Boards to develop and implement a consistent approach to safeguarding documentation both within the Trust and across the healthcare community.

### **Appropriate Safeguarding Supervision**

Throughout 2013/14, the Lead Professionals have worked with Operational Leads in the business divisions to review the current provision of safeguarding adults supervision across the Trust and have developed a model to reflect the diversity of services provided by RDaSH. This model is now at the implementation stage and reflects the different types of supervision available to staff. The model encompasses '1 to 1' supervision when requested, peer supervision, development days for staff, additional support for complex cases, email and phone support as required and bespoke training for specific needs.

- **Central System for Recording Safeguarding Activity**

During 2013/14 the system for recording safeguarding activity has been further developed to provide a comprehensive database that allows for the collation and reporting of safeguarding data, enabling the safeguarding team to identify any areas that require development and further support.

In addition, the following achievements have also arisen within the year:

- **Training**

Throughout 2013/14 we have reviewed and developed the training matrix for safeguarding adults, culminating in the production of a leaflet to provide Level 1 training. This has resulted in the Trust achieving 100% compliance at Level 1. In addition, we have improved the delivery of Level 4 training for investigators and managers by providing bespoke refresher training according to need.

- **National Guidance**

The Lead Professionals have provided specific support to staff across the Trust on the implementation of the recommendations in the following:

- 'Transforming care: A national response to Winterbourne View Hospital' report with regard to safeguarding adult practices.

- **Prevent Training**

In order to support Trusts nationally in implementing Prevent, the Department of Health in conjunction with the Home Office has arranged for training to be delivered to key people within organisations who in turn will then cascade it to staff throughout the Trust.

The Named Nurses and Adult Professional Leads have completed this training and from May 2013, have been delivering it to all staff as part of the induction and refresher training programme. To support the training an awareness raising leaflet regarding Prevent was attached to the pay slip of every staff member.

Currently **1741** members of staff have completed the training.

Positive and Proactive Care: reducing the need for restrictive interventions

In November 2013, Wendy Proctor, Lead Professional in the Safeguarding Adults Team was invited to present at a national conference on safeguarding vulnerable adults in mental health services, presenting her work on 'Safeguarding, Restrictive Practices and Restraint'

The presentation looked at concerns raised by MIND and other bodies about the use of restrictive practice and the variation of use of restraint in different organisations throughout the country, with an emphasis on the need for greater transparency on restraint processes and the need to encourage alternatives where possible.

Following this conference, guidance has been published by the Department of Health 'Reducing the need for restrictive interventions', which takes forward a number of recommendations made by experts in the field, including those presented by Wendy.

## **South Yorkshire Fire and Rescue Service (SYFR):**

The SYFR 2013 – 2014 Prevention & Protection Strategy includes cross cutting themes related to inclusion, partnerships, safeguarding and education. The focus is on developing best practice in targeting the most vulnerable to reduce the numbers of fire related deaths and injuries.

### **Achievements:**

The Safeguarding Guidance & Procedures have been reviewed and rewritten in a format that will make it easier for the reader to follow.

### **Fire Safety**

In response to the increasing number of cases where a high risk of fire is identified a new guidance document has been drafted to provide an agreed process for the "Management



and Coordination of High Fire Risk Home Safety Checks” This will require a multi-agency approach and joint ownership with relevant partners to manage the risk to the individual and particularly where there is a risk to others.

- A total of 21,544 Home Safety Checks were carried out across South Yorkshire, 17,384 were for those considered to be most vulnerable e.g. households where the occupants are very young or elderly, are disabled have mobility problems and/or lifestyle increases the risk of fire.
- 4,182 referrals for the latter came from our partners and our Vulnerable Persons Advocate continues to deliver Fire Safety talks and presentations to professionals and service user groups e.g. Falls Prevention Group
- SYFR has now established an internal process for responding to and learning lessons following a Fire Death or Serious Injury. A number of cases over the last 2 years have been subject to a Serious Case review and recommendations from Internal Management Review have led to significant improvement in the way our fire risk assessments are carried out.

### Adult Safeguarding Alerts & Referrals

Our annual total for April 2013 – March 2014 for all Adult Safeguarding Alerts across South Yorkshire was 54 (18 were for Sheffield) and this is consistent with previous years. The majority of these were as a result of a Home Fire Safety check, but 12 were from fire incidents. 9 cases were linked to self-neglect and/or hoarding and for some of those in Sheffield the Vulnerable Adult Risk Management (VARM) process was initiated. In 6 cases a perpetrator was identified and a Safeguarding Alert/Referral processed (e.g. theft). Some of the remaining cases were related to:

- Alcohol intoxication = **7**
- Physical disability/mobility problems = **11**
- Mental Capacity/ Dementia = **12**
- Learning Disability = **4**

For these, support from other services was requested

### Safeguarding Training

In 2013 – 14 SYFR staff received Safeguarding Training as follows: -

- Induction = 42 (plus 30 Volunteers)
- Introductory = 22
- Refresher = 71

A programme of Safeguarding Update & Refresher training has been piloted with Community Safety staff is being rolled out to Operational Fire Fighters throughout 2014 – 2015.

### South Yorkshire Police:

#### Achievements:

- 821 referrals made to Public Protection Unit PPU from attending officers and partner agencies. This is an increase of 58% on the previous year.
- The introduction of a dedicated Central Referrals Unit for all Adult safeguarding concerns in Rotherham/SYP ensuring timely review and progress of all Adult safeguarding referral
- 25% increase in investigative capacity in Rotherham for combined Adult and Child safeguarding concerns and investigation.
- Project on co-location of the Rotherham Public protection unit which will see operational Adult safeguarding staff and investigators located at Riverside House Rotherham by September 2014
- Police now leading on all Vulnerable Adults Risk Management (VARM) meetings with the Vulnerable persons unit already co-located in Riverside House.
- New Force policy and referring protocols for all SYP staff ensuring force wide corporate approach in how referrals are made and progressed across South Yorkshire.





## Case Outcome:

Examples of convictions following safeguarding investigations-

Male Personal Assistant financially targeted 4 profoundly deaf adults he provided support for. Following investigation he was convicted and sentenced to 18 months imprisonment, suspended for 24 months and made to pay 2k in compensation to his victims.

Female carer financially targeted a 92 year old male she provided care for. Due to the large amount stolen she was sentenced to 18 months imprisonment.

## Rotherham Voluntary and Community Sector:



### Achievements:

- The Voluntary and Community Sector, through the Adult Services Consortium, has continued to show its commitment to Adult Safeguarding across the Borough by contributing to the work of the Adult Safeguarding Board via its nominated representatives.
- 3 nominated representatives attend the Safeguarding Adults Board to provide a voluntary and community sector perspective on developments. They also provide a liaison function between the wider sector and the Board to keep VCS organisations up-dated

on safeguarding issues, and encourage and support their contribution to this important area of work.

- Representatives from the VCS are from SCOPE, Age UK and Action for Children to reflect different service user groups' perspectives to the Board.
- VCS organisations have contributed to the Safeguarding Board as partners, for example taking part in Adult Safeguarding Week and as alerters and referrers where concerns are identified.
- Individual VCS organisations have also continued their work internally in respect of their own policies and procedures for Safeguarding, linking in to the wider Safeguarding Procedures in the Borough.
- Hate Crime Initiative: 14 VCS organisations in Rotherham are registered as community reporting centres.
- Alzheimer's Society: working with Police and other VCS partners to develop a missing person's protocol for people with dementia.
- Rotherham Older People's Forum: hosted an event for Older People's Day designed to help older people feel and stay safe.
- The Adult Services Consortium is helping to raise awareness of the safety scheme Safe in Rotherham which is for people with learning disabilities and other vulnerable adults. VCS organisations for example VAR and MyPlace who have community buildings display the purple hand logo identifying them as a place of safety.



## Case Outcome:

Helen lives with her son who has Mental Health needs, she had referred herself to Adult Services a number of times alleging verbal/emotional abuse to her by her son. Her son was not receptive to support from outside agencies, would not engage and at times would be hostile to staff. Previous attempts had been made by the Assessment Team to support Helen and to offer protection planning under safeguarding but, this would always be refused. Helen felt a duty of care to her son and was worried this would be detrimental to their relationship.

The concern escalated to the point where Helen couldn't cope any longer, emergency accommodation was arranged, while this provided a place of safety for Helen it also allowed her time to weigh up all options available to her. It became evident Helen and her son could no longer live together. Work involved contacting other agencies such as health and housing to support Helen during this difficult time. Agencies also worked with her son in providing alternative accommodation and attempts to meet his health needs so they could both lead their own lives.

The ultimate aim was to enable Helen to return back to her own home with appropriate measures in place to safeguard her welfare. This included a tag on the property, installing Rothercare and arranging a safe code to use, home security, emergency numbers and general advice on personal safety. This did happen and Helen is now back at home.

Helen's son left the property prior to her moving back home. He was alternatively accommodated, given advice and attempts made for him to engage with health services. This also involved working with colleagues in housing and staff supporting him to move his personal items out of the property while still safeguarding Helen.

The workers involved continued to monitor the situation by visiting at home and telephoning Helen regularly to check there had been no changes.

## Commissioning. Policy and Performance Services:

All contracted providers of care and support are:

- Monitored throughout their contract term for compliance against the Safeguarding Adults Policy and this clause is reviewed annually in conjunction with the Safeguarding Team.
- Compliance includes ensuring that the programme of mandatory Safeguarding Adults training for all staff employed by their organisations is in place and current.
- Agencies responsible for recruiting care staff are required to take steps to apply the necessary checks via the Disclosure and Barring Service who carry out a Criminal Records check.
- Obligated to attend provider forums where Safeguarding Adults themes are discussed.
- Expected to foster an atmosphere of openness which is supportive of staff who wish to disclose concerns regarding care delivery without fear of reproach. They must have a Whistle-blowing Policy in place which is applied and shared with staff.
- The Commissioning Team, located within Neighbourhood and Adult Services Directorate, and the Contract Officer and Contract Compliance Officers, who work at the interface between commissioning, assessment and care management and safeguarding are dedicated to ensuring high standards of service provision from external providers of care and support services.
- Contracting concerns received regarding care homes and community and home care services are logged, triaged and prioritised by the Contract Compliance Team and forwarded if appropriate to Safeguarding Adults Team.

## Quality Assurance Schemes

RMBC's 'Home from Home' (in partnership with Age UK Rotherham and Speak Up Rotherham) and 'Home Matters' are established high profile programmes to assure quality in provision of care and support by registered Rotherham providers. These programmes allow people

who are seeking to use services, and their families, the opportunity to access comparative information about services.

The last fully completed round of Home from Home reviews in older peoples' homes resulted in 8 homes receiving a rating of Excellent, 19 were rated Good, 5 were rated Adequate. A premium payment is paid to homes in the older people's sector that receive a rating of Good or Excellent.

2014-2015 will see the introduction of a new customer rating that will rate the home on customer satisfaction as either Bronze, Silver or Gold.

Community and Home Care Service Providers are rated as outcomes met or outcomes exceeded. The "Home Matters" review resulted in 4 providers being rated as outcomes exceeded and 10 rated as outcomes met. This ensures that all commissioned services maintain a focus on customer outcomes.

Completed reports are published on the Council's website.

### **Action taken with providers**

A default notice is served if the provider fails to fulfil the contract as per the contract terms and conditions and service specification. Should the provider fail to remedy the breach (es) within a reasonable time, the contract can be terminated in accordance with the terms and conditions. 10 contracting default notices were applied in 2013/14, 7 of which involved an imposed temporary suspension of placements ensuring that nobody was placed in a service that failed to meet acceptable standards. Areas of concern included, for example, recruitment, record keeping, staffing levels, lack of clinical policies and procedures, infection control, equipment and environmental issues, and medicine management

Suspensions of placements are either voluntary or mandatory and can be invoked by the Safeguarding Team or as a result of a breach of contract resulting in a default. Suspensions may be in place whilst a safeguarding investigation takes place or whilst the provider is in default. In 2013/14 3 of the 7 suspensions of placements were due to alleged abuse/neglect.

## **Case Outcomes**

(1) Care home X 'The Home' in Rotherham was a privately owned care home providing both residential and nursing care for 36 residents. Through robust monitoring of the care standards within the home it became evident that the home was failing to deliver safe and appropriate care to its residents. Working in partnership with Care Quality Commission (CQC) there was an investigation into the standards of care. As a direct result the Local authority suspended all new placements and served a default notice against their contract.

The individual reviews of all residents care needs and the safeguarding investigation into allegations of neglect quickly highlighted serious failings within the home. CQC took the necessary enforcement action and RMBC instigated the Home Closure Protocol and begin the process of transferring residents from 'The Home' into alternative care homes. Recognising that the closure of a care home is an extremely traumatic event every effort was made to minimise the impact of this for the residents and their families. The Local Authority had a presence in the care home throughout the process, offering support to residents, their families and staff within the home. The transfer of all residents from 'The Home' was achieved both sensitively and in a timely manner and all were found alternative, safe and appropriate care.

(2) Following an Investigation it was established that a call handler had failed in their duty to respond appropriately to an older person who had fallen in their home. As part of the Investigation safeguarding was able to recommend new processes to the service provider to improve auditing and call handling.. As a result of suffering the fall a social worker review took place and it was decided that Mrs Brown's needs would be best met in a care home. Mrs Brown is now safe and settled in her new home and has all the support that she needs. Mrs Brown's family had informed us following the Investigation that they had felt informed and involved in the Investigation process and were happy that Mrs Brown was being well cared for and changes had been

made to reduce the risk of the same thing happening to a different vulnerable adult. The safeguarding report, following investigation, also provided evidence to inform the decision making regarding the disciplinary action taken against the call handler.

## Learning and development

To support a more confident, capable and skilled workforce we continued to operate a strategic and structured framework of workforce development activities utilising our Safeguarding Adults Workforce Development Policy and its Strategic Training Programme of courses.



### Achievements:

- Over 1,500 learners attended ninety courses in 2013/14.
- Our approach to training course delivery continued to be planned and responsive with both open off-site courses and a growing number of closed on-site courses provided to support some providers, for example, to meet emergent needs derived from contract compliance issues or high learner numbers.
- We continued to give access, without attendance charge, to all of our training courses and this will continue into 2014/15 as will the cancellation charge and no-show policy.
- Significantly, to ensure best value and quality of provision, we finalised a framework agreement for the procurement of our training courses - appointing one provider to deliver our silver level course and one provider to deliver gold and platinum levels courses. In 2014/15 we will be working with both training providers to devise new, high quality, training materials and roll-out refreshed training courses. Once finalised, we will refresh our Workforce Development Policy.

## Safer Rotherham Partnership

The Safer Rotherham Partnership is a statutory partnership formed as a result of the Crime and Disorder Act 1998 and is managed by two multi-agency groups. The Safer Rotherham Partnership Executive Group meets monthly to set strategic direction and is accountable for delivering the partnership plan by making decisions about activity, resource allocation and problem solving. The partnership also performs the function of the Drug & Alcohol Action Team and the Youth Offending Service Management Board. It is made up of senior officers from the 'responsible authorities' and 'co-operating bodies' these are:

- Rotherham Metropolitan Borough Council
- South Yorkshire Police
- Rotherham Clinical Commissioning Group
- South Yorkshire Fire & Rescue Service
- Probation Service
- South Yorkshire Local Criminal Justice Board
- Voluntary Action Rotherham
- Rotherham Victim Support

The responsible authorities are under a statutory duty to work together to:

- reduce reoffending
- tackle crime and disorder
- tackle anti-social behaviour
- tackle alcohol and substance misuse
- tackle any other behaviour which has a negative effect on the local environment

### Achievements:

Throughout 2013/14, the Partnership made considerable progress in tackling Crime and Anti-social Behaviour across the borough. During that period 16,957 crimes were recorded across Rotherham, which was a 1.2% reduction on the previous year, despite the difficult economic conditions. Additionally 1,534 fewer Anti-Social Behaviour incidents were recorded compared to the previous year, a reduction of 9%. Recorded crime and anti-social behaviour (ASB) has been falling in Rotherham over recent years with ASB showing significant reductions.

Although it is acknowledged that maintaining these reductions in the current economic climate will be a challenge, the partnership believes it has the structures and performance management frameworks in place to meet this challenge and continue to contribute to Rotherham being a safe place to live, work and visit.

### **Key Indicators:**

- Recorded Crime **fell by 1.2%**
- ASB **fell by 9%**
- Domestic Burglary **fell by 4.7%**
- Theft of motor vehicles **fell by 0.1%**
- Theft from motor vehicles **fell by 9.3%**
- Criminal Damage **fell by 0.2%**
- Violence against the Person **fell by 6.3%**
- Public Order offences **fell by 18.2%**
- Drug Offences **fell by 0.8%**



## Looking forward 2014-2015

### **Rotherham Safeguarding Adults Board's priorities for the coming year. We will:**

- Hold a Board away-day to refresh the governance objectives and quality assurance framework.
- Develop a Safeguarding Communication strategy and action plan.
- Take part in a 360 degree web based assessment to identify individual development needs of those undertaking their role as a member of the RSAB.
- Undertake The Yorkshire & Humber Safeguarding Adults Board Self-Assessment. This is a self-assessment of each agency's internal roles and responsibilities in relation to safeguarding adults at risk.
- Deliver on the actions required from the Care Act 2014 in respect of "Safeguarding Adults at risk of abuse and neglect" and to make sure the Council delivers against any new duties or responsibilities.
- Review Serious Case Reviews (SCR) nationally to provide information on how we can consider how to use these SCRs as a learning opportunity. Development Day.
- Consider wider implications for the Rotherham Safeguarding Adults Board from the Jay Report.



## Key Facts and Figures

A total of 1,556 alerts were reported through the new Safeguarding Adults Returns (SAR).

The way we now report to the Health and Social Care Information Centre has changed from the Abuse of Vulnerable Adults Return (AVA) to the Safeguarding Adults Return (SAR). The difference is that we now have to record in more detail and some of the reporting terminology/headings have changed. This has had an effect on some of the % changes and therefore in some areas it is difficult to make direct comparisons with previous years.

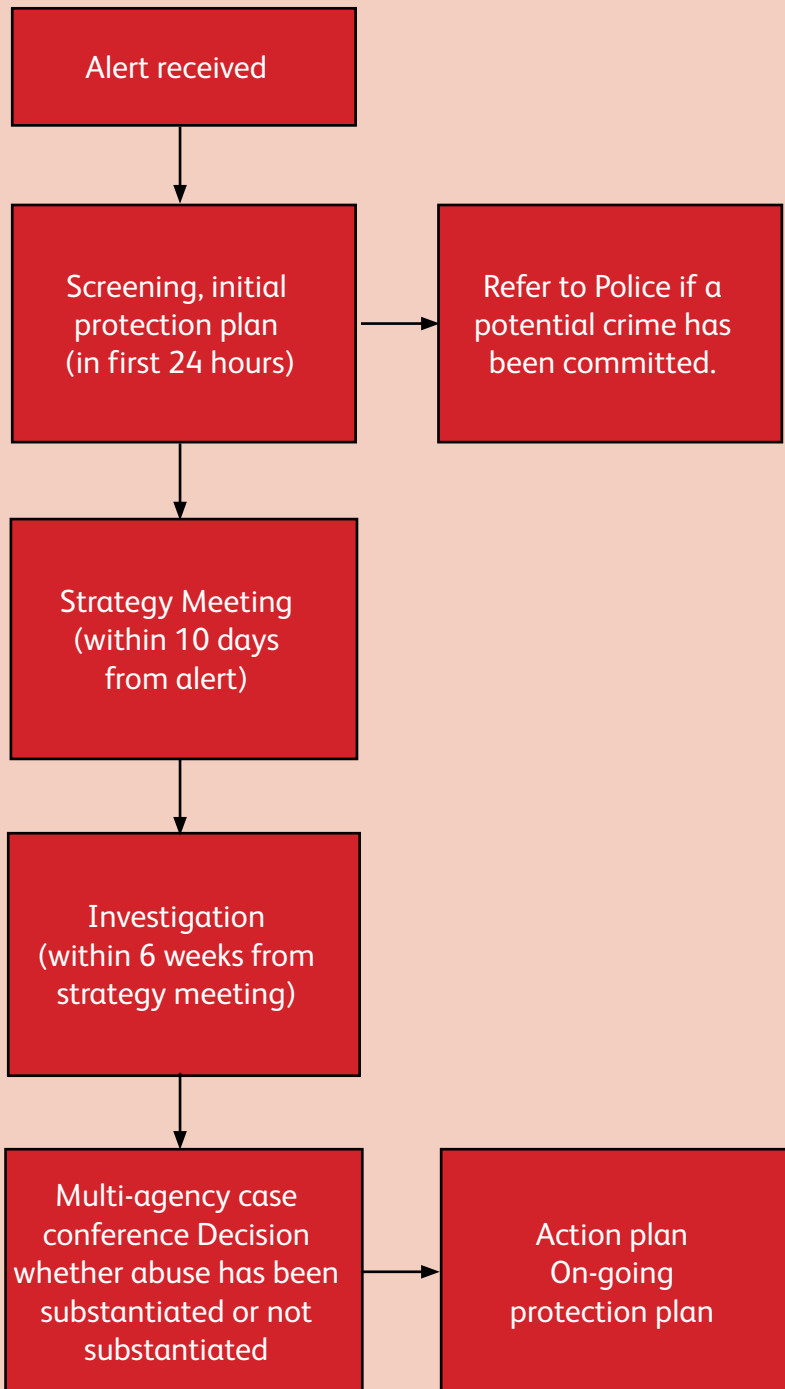
The table below illustrates how Safeguarding Adult's activity regarding alerts has remained consistent with 2012/13. 2013/14 there has been a continued public and professional awareness in relation to safeguarding particularly, following Winterbourne, within the Learning Disability Service. There is a continued commitment to a culture that does not tolerate abuse and knows what to do when abuse happens. This has contributed to a better public and professional understanding of the signs and symptoms of abuse and to the mechanisms for reporting concerns. As anticipated this has resulted in an increase in the number of safeguarding alerts in The Learning Disability Service by over 100%.

Older Peoples Services have consistently recorded the greatest number of safeguarding alerts accounting for 74% of all alerts, the table below shows the breakdown of the remaining 26% of alerts. Numbers in some areas remain the same from 2012-2013.

<b>Number of Alerts 2013 – 2014</b>									
<b>In total there were 1,556 Alerts made to Safeguarding Adults</b>									
Physical & Sensory Disability, Frailty, other vulnerability		Learning Disability		Mental Health		Substance Misuse		<b>Total</b>	
18-64	65+	18-64	65+	18-64	65+	18-64	65+	18-64	65+
<b>262</b>	<b>1014</b>	<b>113</b>	<b>16</b>	<b>16</b>	<b>134</b>	<b>1</b>		<b>392</b>	<b>1164</b>

<b>Number of Alerts 2012 – 2013</b>									
<b>In total there were 1,565 Alerts made to Safeguarding Adults</b>									
Physical & Sensory Disability, Frailty, other vulnerability		Learning Disability		Mental Health		Substance Misuse		<b>Total</b>	
18-64	65+	18-64	65+	18-64	65+	18-64	65+	18-64	65+
<b>293</b>	<b>1014</b>	<b>47</b>	<b>12</b>	<b>62</b>	<b>134</b>	<b>3</b>		<b>405</b>	<b>1160</b>

# Safeguarding Adult's Process



The strategy meeting/discussion is a crucial stage in the safeguarding process. The purpose of the Safeguarding Strategy is to determine whether to proceed to Safeguarding investigation and if so plan the multi-agency investigation. A Strategy Meeting, actual or virtual should be held within 10 working days of the initial alert. In 2013-2014, 97% of strategy meetings met this target

All relevant professionals and organisations should be included in strategy meetings.

The table below indicates a significant increase in strategy meetings convened in year to those in 2012/2013.



## Number of Strategy Meetings Convened 2011 – 2012

**314** Strategy Meetings/discussions held across all services compared to **264** in 2012/2013

Previously all alerts that progressed to a Strategy Meeting were called 'referrals'. The introduction of the SAR now states that only cases that progress to investigation are called 'referrals'. Also another change to practice is that the purpose of the Safeguarding Strategy is now to determine whether to proceed to Safeguarding investigation whereas previously this decision was often made following screening of an alert. This is reflected in the 18% increase in the number of strategy meetings held.

The South Yorkshire Safeguarding Adults Procedures are very clear regarding when a case conference should be held on completion of a safeguarding investigation. This year's figures, below, reflect a decrease in the number of investigations (referrals) that culminate in a case conference this is due to the changes in purpose of strategy as outlined above which means that alternative ways of supporting the individual is agreed thus preventing escalation to investigation and case conference.

## Number of Case Conference Convened 2011 – 2012

**166** Case Conferences convened across all services compared to **227** in 2012/2013



# Review of Alerts

April 2013 – March 2014

Who Alerted?

## Alert

An alert is a feeling of anxiety or worry that a Vulnerable Adult may have been, is or might be, a victim of abuse. An alert may arise as a result of a disclosure, an incident, or other signs or indicators.

## Referral

A referral is the same as an Alert however it becomes a referral when the details lead to an adult protection investigation/assessment relating to the concerns reported.

<b>Source of Alert</b>		
<b>Alerter:</b>	<b>2012/2013</b>	<b>2013/2014</b>
Residential/Nursing Care	301	385
Social Care Staff	264	243
Police	131	152
Health – Hospitals	91	139
Domiciliary Care	162	114
Health – Community	60	103
Relative	112	97
Other Source*	269	89
Other Council Dept.	Not recorded	56
Ambulance	20	39
Neighbours/Public/Friend	14	31
Anonymous	67	27
Care Quality Commission	Not recorded	23
Alleged Victim	15	20
Health – Mental Health Staff	15	20
GP's	16	15
Other Local Authority	19	3
<b>Total Number of Alerts from Health</b>	<b>1556</b>	<b>1556</b>

- Other source refers to a variety of sources e.g. Probation, Prison, Employment, schools and other agencies and the Voluntary and Community Sector. There has been a significant decrease in this group as recording systems are now able to provide more details on the source of alert.

If we make a direct comparison between the numbers of 'alerts' reported in 2013/2014 from the previous year there is consistency in many areas. Key factors to highlight are the reduction in alerts from Domiciliary Care, this was expected as there was a dramatic increase the previous year and it was expected that these would begin to fall and settle. The significant increase in alerts from the public is welcomed; this is a year on year increase and indicative of heightened awareness. There has also been a concerted effort to encourage alerters to provide their details at contact; this is reflected in a decrease of 60% in anonymous alerts.

## Who was the subject of the alert?

### Alleged Victim

Approximately 63% of all alleged subjects of safeguarding concerns, who were referred into the Safeguarding Adults procedure in Rotherham in 2013/2014 were female. Whilst the highest gender category is consistently females, this year there has been a slight % increase in male victims.

The age of the alleged victim also remains consistent as reported in previous years, once again showing the highest category of alleged victim remains older people.

Gender of Alleged Victim		
	20012/2013	20013/2014
Female	66%	63%
Male	34%	37%

Age of Alleged Victim		
	20012/2013	20013/2014
Over 65 years	74%	75%
Under 65 years	26%	25%

It is significant that the majority of alerts received regard alleged victims from a White/British background. This does not reflect Rotherham's diverse cultural mix; however this is reflective of the ethnicity of residents living in permanent care in Rotherham, where the highest percentage of alerts originates. 2.2% of the total number of alerts during 2013/2014 concerned alleged victims from BME communities.

The number of cases with "unknown or refused" ethnicity at the alert stage has slightly increased again this year. However, this is reduced considerably at the point of referral; at the referral stage in the process only 8 cases remained where the information of ethnicity was still not available. This demonstrates the effectiveness of information gathering at referral stage.

Ethnicity of Alleged Victim		
	2012/2013	2013/2014
White/British	1406	1412
White/Irish	5	6
Asian/Pakistani	22	12
White/European	13	2
Asian/Other	4	2
Asian/Indian	0	2
Black/Caribbean	0	2
Black/African	5	0
Other Black Background	2	0
Dual Heritage	8	9
Unknown Ethnicity	6	0
Other Ethnic Groups	94	109

# Review of Referrals and Investigations

April 2013 – March 2014

## What Were the Categories of Alleged Abuse Investigated?

Categories of Alleged Abuse 2010 - 2011						
Neglect	Physical	Financial/ Material	Psychological	Institutional	Sexual	Discriminatory
40%	28%	10%	9%	10%	3%	0%

Categories of Alleged Abuse 2011 - 2012						
Neglect	Physical	Financial/ Material	Psychological	Institutional	Sexual	Discriminatory
52%	12%	12%	8%	14%	2%	0%

The category of neglect and acts of omission continues to be the highest category of abuse investigated with another 2% increase this year. The only other category to have increased in 2013/14 is Institutional abuse with a 4.5% increase. This is as a result in the suspension of placements at care homes this year as a consequence of abuse and neglect. Also when there are several individual cases investigated in one care home that result in neglect being substantiated as a result of poor practice and culture within the care home then Institutional abuse will also be confirmed at case conference.

## What was referred?

Who was the alleged perpetrator?

Relationship of Alleged Perpetrator to Alleged Victim		
	2012/2013	2013/2014
Residential/Nursing Care Provider	46%	70%
Domiciliary Care Provider	11%	10%
Health Care Worker	7%	8%
Family	13%	7.5%
Other	17%	3%
Neighbours/Public/Friend	3%	1.5%
Day Care	1%	0%
Other Vulnerable Adult	2%	0%
Stranger	0%	0%

<b>Setting of Alleged Abuse</b>		
	<b>2010/2011</b>	<b>2011/2012</b>
Residential/Nursing Care Home	53%	67.5%
Own Home	35%	12%
Hospital	7%	8%
Public Place	0%	1.5%
Day Care	1%	1.5%
Alleged Perpetrators Home	0%	1%
Other	4%	8.5%

Consistent with the figures for 2012/2013 the highest numbers of alleged victims in 2013/2014 were living in Residential/Nursing Care and that the alleged perpetrator of the abuse was either an identified person paid to care for them, or the care provision as a whole by allegedly neglecting their residents' care needs. This is an expected outcome of the increase this year in Institutional abuse.

The effects of the change from AVA to SAR are reflected in the decrease in the "other" category as we can now more accurately associate to a category.



# Review of Referrals and Investigations

April 2013 – March 2014

## What were the outcomes?

The Conclusion of the Safeguarding Adults Case Conferences

Of the 1556 Safeguarding Adults alerts received in 2013/2014 166 culminated in an investigation, 161 of the investigations concluded with a case conference.

This is due to the changes introduced to how we effectively monitor the information at the strategy meeting and the increased quality control of all safeguarding investigations in the initial stages. This year the number of safeguarding alerts that were closed (no further action) prior to a strategy meeting being convened or following a strategy meeting was 89% of the total alerts. This indicates that the original alert did not meet the threshold of 'significant harm' or the alleged victim did not meet the definition of a 'vulnerable adult' as defined in 'No Secrets' (Department of Health 2000) or the vulnerable adult or their advocate wanted a different outcome or resolution to their concerns.

*'The definition of a vulnerable adult is – A person aged 18 or over who is or maybe in need of community care services by reason of mental or other disability, age or illness and is or maybe unable to take care of him or herself, or able to protect him or herself against significant harm or exploitation'*

Outcomes of Safeguarding Case Conferences			
89 Case Conferences held regarding individuals			
Abuse Substantiated	81	Abuse Not Substantiated	5

*\*The remaining 3 cases were terminated prior to case conference at the request of the victim.*

Allegations regarding physical abuse and neglect have consistently been the highest categories of alleged abuse referred into the safeguarding process. This perhaps reflects the visible signs and symptoms of these forms of abuse which can be observed by those having contact with the vulnerable person. Other forms of abuse rely more heavily perhaps on the alleged victim telling someone about the abuse and we are aware that vulnerable people are often unwilling or unable to raise a concern themselves.

This year the SAR introduced new outcomes of a safeguarding investigation where abuse had been substantiated, these are:

- Risk remains
- Risk reduced
- Risk removed

In 2013/2014 there were only 2 cases where it was recorded that risk remained, these 2 cases were as a result of personal choice by the victim and involved complex family dynamics. Risk was reduced in **40% of cases** and risk removed in **58% of cases**.

# Mental Capacity Act and Deprivation of Liberty Safeguards

## Background

The Deprivation of Liberty Safeguards (DoLS) were introduced on the 1 April 2009, since this time Rotherham service has evolved to the point where we now have a permanent Mental Capacity Act and Deprivation of Liberty Safeguards Coordinator administering DoLS applications to the Local Authority and a full time Support Officer. The posts sit within the Safeguarding Adults Service. The disestablishment of the PCT in March 2013 has resulted in the Local Authority taking over the responsibility for the processing and authorisation of DoLS referred from the hospital. Rotherham has 10 qualified Best Interest Assessors available to undertake assessments.

## Ongoing Work

Work remains ongoing in terms of education and training around DoL's for both staff and providers. In light of a Supreme Court judgement (March 2014), despite not being able to fully recognise the full extent of the impact of the judgement at the time of writing this report, it is apparent the number of qualified assessors will need to increase significantly to meet expected demand.

In terms of the requests received this year, a break down of this is as follows:

<b>Mental Capacity Act and Deprivation of Liberty Safeguards 2011/2012</b>			
Referrals Received by RMBC	38	Referrals Received by NHS Rotherham	8
Authorised Referrals by RMBC	24	Authorised by NHS Rotherham	4

Compared to the requests made in 2009/2010:

<b>Mental Capacity Act and Deprivation of Liberty Safeguards 2010/2011</b>			
Referrals Received by RMBC	17	Referrals Received by NHS Rotherham	
Authorised Referrals by RMBC	11	Authorised by NHS Rotherham	9

## Training and Development

The year saw further delivery of a range of bespoke and specialist Safeguarding Adults training events, as well as the continued availability of e-learning.

This table summarises attendance at all courses as compared to last year:

<b>Safeguarding Adults Training Attendance (excludes e-learning)</b>			
	<b>2009/2010</b>	<b>2010/2011</b>	<b>2011/2012</b>
Local Authority	269	310	249
Independent Sector	265	428	1043
Health	524	415	508
Voluntary Sector	38	67	29
Police/Probation	1	28	0
Service users/carers	0	0	13
Students	5	35	32
Other	62	5	16 (Councillors)
<b>Totals</b>	<b>1271</b>	<b>1288</b>	<b>1890</b>



