

Date: 9.6.16 Meeting: Governing Body  
Item No. 7.6  
Public

REPORT TITLE: North Lincolnshire Safeguarding Adults Board Annual Report 2015  
  
DECISIONS TO BE MADE: To Receive and note

Author Catherine Wylie, Director of Risk and Quality Assurance  
  
GB Lead Catherine Wylie

Continue to improve the quality of services	✓	Improve patient experience	✓
Reduced unwarranted variations in services		Reduce the inequalities gap in North Lincolnshire	
Deliver the best outcomes for every patient		Statutory/Regulatory	✓

Executive Summary (Question, Options, Recommendations):

Attached is the North Lincolnshire Safeguarding Adults Board Annual Report 2015

North Lincolnshire CCG is a statutory member of both Boards

Equality Impact	Y/N	
Sustainability	Y/N	
Risk	Y/N	
Legal	Y/N	
Finance	Y/N	

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	Y	N	DATE		N/A	Y	N	DATE
Patient:					Clinical:				
Public:					Other:				

# North Lincolnshire Safeguarding Adults Board Annual Report 2015

*"Working together  
to Safeguard  
Vulnerable Adults"*



Name	Job Title	Organisation	Signature
Moira Wilson	Safeguarding Adults Board Chair	Independent	
Mark Hall	Locality Quality Manager	East Midlands Ambulance Service	
Craig Ferris	Head of Safeguarding Children & Adults	NLAG	
Denise Hyde	Director of People Services	North Lincolnshire Council	
Jane Paine	Chief Officer	Age UK North Lincolnshire	
Karen Pavey	Assistant Director, Adult Services	North Lincolnshire Council	
David Hall	Superintendent	Humberside Police	
Catherine Wylie	Director of Risk and Quality Assurance	CCG	
Nick Hamilton-Rudd	Head of Humberside Probation	National Probation Service	
Adrian Evans	Interchange Manager	HLNY Rehabilitation Company	
Maurice Boodhoo	Independent Care Home Provider Representative	Representative for Independent Sector	
Chris Prewett	Head of Nursing & Safeguarding	RDASH	
Tyson Truelove	Community Safety Manager	Humberside Fire & Rescue Services	
Trevor Lamming	Assistant Director, Technical and Environmental Services	North Lincolnshire Council	
Steve Hepworth	Director of Operations	North Lincolnshire Homes	
Julie Wilburn	Designated Nurse Safeguarding Adults	CCG	
Kirsten Spark	Delivery Manager	Healthwatch North Lincolnshire	
Frances Cuning	Director of Public Health	North Lincolnshire Council	
Angela Tew	Inspection Manager, North Region	Care Quality Commission	
Cllr Julie Reed	Cabinet Member for Adult Services	North Lincolnshire Council	
Julie Finch	Deputy Director of Nursing	NHS England	

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## Foreword from the Chair

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I am delighted to present the 2014/15 Annual Report of the North Lincolnshire Safeguarding Adults Board. This year has seen significant activity as all partners have worked together to prepare for the implementation of the Care Act 2014, with the Safeguarding Adults Board becoming a statutory body from 1 April 2015.

The Care Act 2014 is a landmark piece of legislation that places care and support law into a single, clear modern statute for the first time. The Act extends safeguarding to any adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of those needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect.

There is a new duty for a local authority to carry out enquiries (or cause this to do so) where it suspects an adult is at risk of abuse or neglect; a requirement for all areas to establish a Safeguarding Adults Board (SAB) to bring together the Local Authority, NHS and the Police to co-ordinate activity to protect adults from abuse and neglect; and a requirement for the Safeguarding Adults board to carry out Safeguarding Adult reviews (SAR) into cases where someone who is experiencing abuse or neglect dies or there is concern about how authorities acted to ensure lessons are learned. Safeguarding Adults Boards can require information sharing from other partners to support reviews or other functions.

Adult Safeguarding should:

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Safeguard adults in a way that supports them in making choice and having control over their lives.
- Promote an approach that focuses on improving life for the adults concerned.
- Raise public awareness so that communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

The table below shows how North Lincolnshire SAB has made changes as a result of the Care Act. We recognise that we are at the beginning of the journey but are confident that our partnership will continue to work together to improve outcomes for people who are at risk of harm, abuse or neglect, and to implement Making Safeguarding Personal across our organisations.



Care Act Requirements	LSAB Position
<p>The Act states that there should be three statutory partners;</p> <ul style="list-style-type: none"> <li>• Local Authority</li> <li>• Clinical Commissioning Group</li> <li>• Police</li> </ul>	<p>LSAB already have these three agencies as partners plus an extensive range of other partners which has increased as a result of incorporating the list of recommended partners (as detailed in the Care Act) into our list of members</p>
<p>Members of the LSAB should have a designated lead officer.</p> <p>The Board should ensure that it has the involvement of all parties to enable it to carry out its duties.</p> <p>Each of the statutory organisations will have a Designated Adults Safeguarding Manager(DASM)</p>	<p>All LSAB partners have a lead officer and a designated deputy.</p> <p>SAB membership is under constant review.</p> <p>From April 2015 this role has been appointed to an officer within each statutory organisation.</p>
<p>The LSAB is required to produce an annual report</p>	<p>The LSAB will continue to produce an annual report on its activities and progress towards its strategic objectives, incorporating information required by the Care Act</p>
<p>The Safeguarding Board must produce a plan</p>	<p>North Lincolnshire SAB already has a business plan for 2013 – 15 and is being revised to cover the next two years.</p>
<p>The LSAB should have a culture of learning and improvement and should;</p> <ul style="list-style-type: none"> <li>• Establish ways of holding partners to account</li> <li>• Evidence how partners challenge one another</li> </ul>	<p>LSAB have worked hard this year to create a culture which is supportive whilst challenging.</p> <p>Its aim is to act as a 'critical friend' to ensure that partners not only perform their statutory duties but also continue to improve</p> <p>A 'dashboard' of relevant information from a variety of sources will be essential for the Board to fulfil this aspect of its role. Detailed work is now underway on this.</p>
<p>The Board should undertake Safeguarding Adults Reviews (SARs)</p>	<p>The board has a SAR Action Group to support this requirement</p>
<p>The Care Act gives the Board the power to request any information that it requires in order to fulfil its functions</p>	<p>This will help the LSAB in updating its information sharing protocols to assist agencies to share information more easily</p>

This report gives details of the Board's progress against our business objectives and priorities, as well as areas for development in the coming years. I would like to thank all partners for their contributions to safeguarding in North Lincolnshire and look forward to continuing to work together on the next stage of Care Act implementation unfolds.

*Maira Wilson*



**Maira Wilson**  
 Independent Chair  
 North Lincolnshire Safeguarding  
 Adults Board

# The role of North Lincolnshire Safeguarding Board

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The aim and the objectives of the Safeguarding Adults Board are to ensure the effective co-ordination of services to safeguard and promote the welfare of local adults who may be at risk of abuse and harm. The activity of the Board is now undertaken to reflect the guidance identified within with the Care Act 2014 and Care and Support Statutory Guidance 2014 which supports the Act.

The remit and specific objectives of the LSAB are:

- To promote awareness and understanding of abuse amongst service users, carers, professionals, care providers and the wider community
- To generate community and stakeholder interest and engagement in safeguarding to ensure "Safeguarding is Everyone's Responsibility"
- To embed a culture that does not tolerate abuse
- To ensure local systems to protect people at risk are proportionate, balanced and responsive
- To ensure links and interfaces with other strategic plans and forums are established and are effective
- To promote strategies and activities aimed at the prevention of harm and early response to manage risk
- To hold local agencies to account for practice relating to the Mental Capacity Act 2005

- To provide a clear legal, policy and professional framework to enable staff with safeguarding responsibilities across all agencies, to work effectively together to safeguard people at risk so that responses are proportionate and consistent with personalised safeguarding
- To develop a shared workforce planning and development framework which sets the standard for safeguarding adults training and which will inform partner agencies training provision
- To hold local partners to account in relation to their delivery of safeguarding and implement an integrated performance monitoring framework focusing on outcomes rather than targets
- To implement a robust quality assurance framework and to ensure the voice and experience of users of safeguarding services are integral to these processes
- To hold agencies to account regarding the quality of services they commission and the strategies in place to monitor and improve local care services
- To provide information or advice to any public body in relation to their safeguarding adults responsibilities.

## Principles and Values

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The LSAB aims to achieve its objections whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion. In order to achieve this, the following principles are embedded into the work of the board.

**Empowerment** – People being supported and encouraged to make their own decisions and informed consent.

*"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*

**Prevention** – It is better to take action before harm occurs.

*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*

**Proportionality** – The least intrusive response appropriate to the risk presented.

*"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*

**Protection** – Support and representation for those in greatest need.

*"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*

**Partnership** – Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

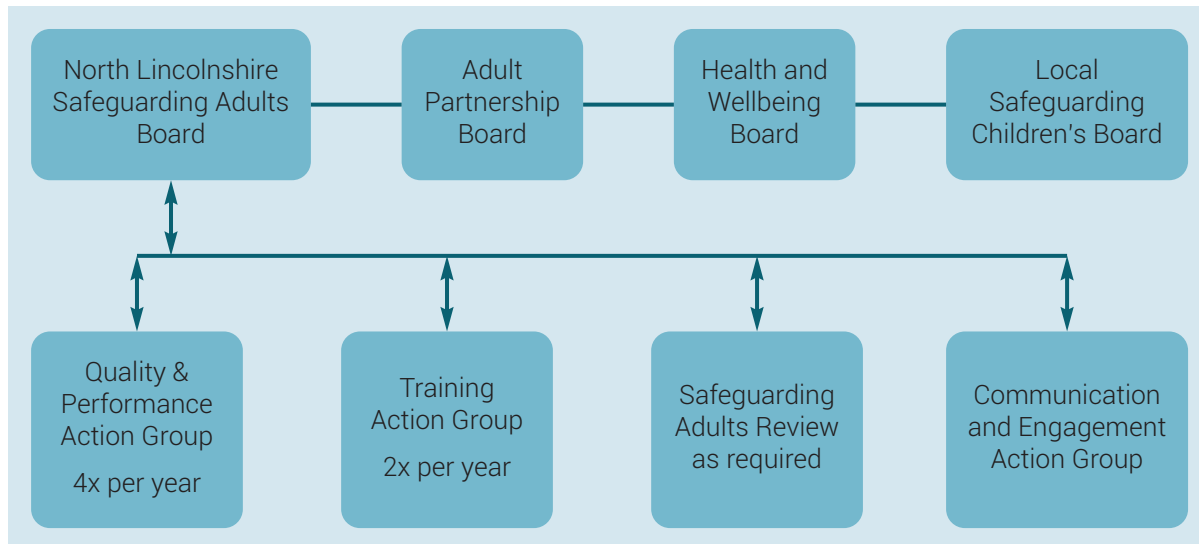
*"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*

**Accountability** – Accountability and transparency in delivering safeguarding.

*"I understand the role of everyone involved in my life and so do they."*

# Governance and Accountability

The North Lincolnshire Safeguarding Adults Board brings together the Local Authority, Clinical Commissioning Group and Humberside Police as its statutory members together with other organisations who are committed to work collaboratively to help and protect adults at risk in North Lincolnshire.



The Board has overall governance of policy, practice and implementation for Safeguarding in North Lincolnshire in order to meet its priorities and to promote its wider message that "Safeguarding is everyone's responsibility"

During the period 1st April 2014 – 31st March 2015 the board has met on four occasions and also held one development day. Attendance by organisations has been consistent despite extensive organisational change in a variety of areas. To ensure that attendance remains at this level given the new statutory status of the board the memorandum of understanding has been enhanced and now gives explicit expectations regarding attendances.

As required by the Care Act this report will be shared with;

- The Chief Executive and Leader of the Council
- The Police and Crime Commissioner and the Chief Constable
- The local Healthwatch and the Health and Wellbeing Board

It is expected that these organisations will fully consider the contents of the report and how they can improve their contributions to both Safeguarding within their organisations and to the joint work of the board.



## Membership

The board is made up of senior officers nominated by each member agency. Members have sufficient delegated authority to effectively represent their agency and to make decisions on their agency's behalf. They have access to those responsible for making the decision for which they do not have delegated authority. If they are unable to attend board meetings for any reason they send a nominated representative of sufficient seniority.

During 2014/15 the following agencies and organisations were members of the LSAB:

- North Lincolnshire Council
- North Lincolnshire Clinical Commissioning Group
- Humberside Police
- East Midlands Ambulance Service
- Humberside Fire and Rescue Service
- North Lincolnshire and Goole Hospital NHS Foundation Trust

- Rotherham, Doncaster and South Humber Mental Health Trust
- North Lincolnshire Homes
- Representatives from private home care agencies
- Representative from independent care home
- HLNy Rehabilitation Company
- General Practitioners
- National Probation Service

In order for the Board structure to reflect the recommendations of the Care Act the following agencies have been invited to be members of the Board.

- Care Quality Commission (CQC)
- NHS England
- Healthwatch

The work of the board is supported by the Board Manager and Board Administrator who can be contacted at [karen.whitby@northlincs.gov.uk](mailto:karen.whitby@northlincs.gov.uk)

## Budget and Resources 2014/15

Agency	Budget Confirmed
Humberside Police B Division	£4,000
North Lincolnshire Council	£122,000
North Lincolnshire Clinical Commissioning Group	£54,000
<b>Total</b>	<b>£180,000</b>

Resources allocated to support	
Staffing – (Board Manager, Board Administrator)	£120,000
Independent Chair	£8,000
Training	£2,000
Publications	£10,000
Misc Costs including Safeguarding Adults Reviews Contingency fund	40,000
<b>Total</b>	<b>£180,000</b>

# Key Achievements in the Last Year

This section highlights some of the work that has been achieved over the past year.

## Service User Involvement

**“Involvement should be a collaborative venture where groups work together to increase peoples control over their lives”**

The involvement of people who may be at risk of abuse or neglect and their carers has become integral to driving forward the priorities of the SAB. As a board we recognise that if we involve users and carers the more likely we are to meet their needs in relation to safeguarding. During the past 12 months we have had significant projects involving users with a learning disability.

### 1. Board Logo

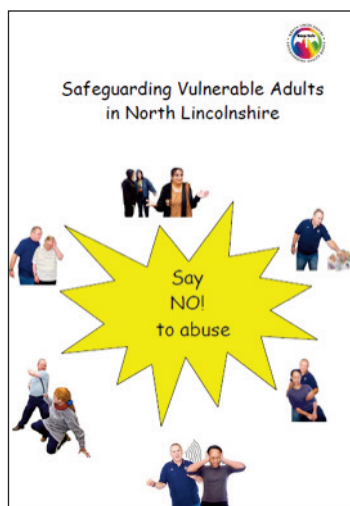
The Board was keen to involve people who use services, the Council supports a group called The Thinkers who work on behalf of the Council to produce easy read leaflets. The Board asked if they would consider designing a logo, the Communication Action Group worked closely with them and our new logo was formally adopted during this period. The colourful and eye catching board logo is a proud symbol of the Safeguarding Adults Board and the board's positive plans for future development.

The logo features crossed arms and thumbs up in bold rainbow colours with a clear message 'Keep Safe'. The crossed arms and thumbs up symbolise love, happiness and feeling ok whilst the rainbow colours convey happiness and optimism.



### 2. Safeguarding Vulnerable Adults in North Lincolnshire 'Say No to Abuse' booklet

North Lincolnshire Learning Disability Partnership worked with a group of service users to develop a booklet regarding safeguarding. The booklet, has been written in easy read format so adults with learning disabilities will find the information easier to access and understand. The booklet explains what abuse is and describes the types of abuse. The booklet



emphasises that anyone can abuse a vulnerable adult and that abuse can happen in a wide range of settings. It provides useful numbers to call if an adult feels they are being abused, this booklet aims to enable and empower adults to speak up when they are experiencing abuse and helps to share the message with the public that the abuse of vulnerable adults will not be tolerated.

### 3. Provider Pledge

The Board has been working in partnership with local care providers to develop a Safeguarding Pledge. The Pledge is a demonstration of the commitment of our providers to keep adults safe in their settings – a firm assurance of North Lincolnshire's assurances that we aim to achieve our priority to keep vulnerable adults safeguarded in placement.



### 4. Ropewalk Event September 2014

The Board hosted an awareness raising event for Board partners and professionals at The Rope Walk, Barton upon Humber. The event took the form of workshops and market stalls which raised awareness of safeguarding issues within North Lincolnshire. Members of The Thinkers Group were in attendance to raise awareness of the work they had been doing in relation to the Logo and the Keeping Safe Booklet.

### 5. Transforming Complex Care, Delivering Service Change Through Partnership Working

Following the Winterbourne scandal a number of recommendations were made by the Department of Health, which required actions from the Local Authority and Health, these focussed on the quality; location and choice of accommodation which was provided for some of our most challenging yet vulnerable adults.

In December 2014, a new development of eight specialist apartments for people with a Learning Disability was opened in Scunthorpe. This was a joint venture between a variety of organisations including North Lincolnshire Council, North Lincolnshire Clinical Commissioning Group and North Lincolnshire Homes. The project was in part funded by a grant from the care

and support specialist housing fund whose primary aim was to support and accelerate the development of the specialist housing market.

The new development forms part of a jointly commissioned service review of people with complex and challenging need who are placed out of area and required a review of their support plan and review to support their return locally. In order to inform the project there were a variety of events held including "all means all" consultation with users carers and staff and provider dialogue days. The provider events enabled commissioners to work with service providers who support the principles described in ensuring quality services and ensure people receive the right service at the right time in the place with the right support. Each new tenant now has their own bespoke support package to meet their own individual needs.

## Local Government Association Peer Challenge

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North Lincolnshire Council requested that the Local Government Association undertake a Services to Adults Peer Challenge, within this process the challenge team were asked to provide an external view on the Board's readiness for The Care Act, within their assessment process they attended the October 2014 Board meeting and gave us the following feedback.

- From the documentation that the Peer Challenge Team read and speaking with colleagues and partners the ambition of the North Lincolnshire Safeguarding Adults Board (LSAB) is clear and preparations for statutory status are in place.
- It is a strength that the LSAB policies are applicable across all of the members.
- The Board is led by an experienced Independent Chair with business manager support facilitating working of the group.
- Key partners make financial contributions and the LSAB takes account of change and transformation in member organisations. A number of partner organisations have been (health) and are (police and probation service) going through organisational change which may affect their full engagement with the Board.
- There is strong membership of LSAB in that all relevant partners are represented.
- We recommend that you build on the one-to-one work planned by the Independent Chair and the up-coming Board away-day to further develop LSAB relationships and engagement would seem a good place to do this.
- Include all LSAB partners in agenda setting with the timely distribution of papers.
- It would be useful to include actions, names and timeframes in Board reports against activity. This would facilitate clear follow-up.



## Progress against the Board Business Plan Priorities

Business Plan priority action	Action detail	What will success look like?	Progress Update
Keep vulnerable adults safe in the community	Request placement providers sign up to a 'pledge'.	Providers have transparent culture which makes them open to challenges and support.	The Pledge was approved by the Board April 2014.
	All providers to ensure staff are up to date with safeguarding awareness training	Providers will demonstrate quality Providers will be part of their community Where possible people are placed with their familiar communities and family nearby	Training programme available, validation of compliance via CQC and Adult Services Provider Assurance Team
	All providers to send in annually details of their safeguarding lead.	We have robust mechanisms to ensure people are safe in placement	Ongoing, compliance measured via self-assessment template
	Consider the role of Healthwatch		Healthwatch have now been given a place on the Board in accordance with the recommendations of the Care Act 2014.
	Revise the Commissioning Framework to ensure that recommendations and learning from Winterbourne are included.		Actioned, the Commissioning Framework now reflect the recommendations and learning from Winterbourne. Progress on returning people to supported living closer to home has been monitored through the Board.
	Enhance the consultation and feedback/evaluation process for individuals to ensure that there are mechanisms to capture views and experience routinely.		We are continuing to embed the principles on Making Safeguarding Personal.

Raise awareness with friends and family on how to keep vulnerable adults safe	Implement a family group conference model.	<p>People are informed/clear about what abuse and neglect are, and know how to raise their concerns and worries.</p> <p>The public understand their role in safeguarding and what to do if they are worried about a vulnerable adult.</p>	<p>The family group conference model was launched at the Social Work Conference held at the Learning and Development Centre. Work will continue to embed this into practise.</p>
	Raise awareness of how people can make alerts if they have worries about a vulnerable adult.	<p>Family and carers and individuals are valued as key partners in the decisions and choices about their lives.</p> <p>Professionals develop appropriate working relationships with family/ carers.</p> <p>Safeguarding is underpinned by an ethos of respect and recognising that families are experts in their circumstances.</p>	<p>The 'Keep Safe' booklet (a user friendly document) has been devised and published and is widely available, it was presented to the Board by The Thinkers Group in October 2014.</p> <p>The safeguarding concern (alert form) is available on the North Lincolnshire Council website</p> <p>The safeguarding z-cards are available within Local Links</p>
	Develop and lead a culture based on the values set out in the plan.		Ongoing
Keep vulnerable adults safeguarded in placement	Undertake a mapping exercise of current NHS placements.	<p>There is a single clear system for identifying safeguarding vulnerable adults in placements.</p> <p>Quality interventions are delivered.</p>	<p>Work undertaken and feedback offered to the LSAB to review and monitor and update the Board as appropriate</p>
	Build performance information about placements into the performance management report for the Board.	Views of people who are/have been safeguarded and their families are included and used to improve practice.	Data is being provided but further work is required to analyse and interpret this further
	Undertake case audits to evaluate the effectiveness and safety of placements.		Work has commenced as part of the Quality & Performance Action Group, but further development is required

Ensure the Board has robust systems and structures in place	Develop the Board and Action group infrastructure in preparation for the Care Act implementation.	<p>Calendar of Board and action group meetings and all groups have clear Terms of Reference</p> <p>Business Plan in place</p> <p>Multi-agency procedures and processes in place</p> <p>Board members undertake an annual self-assessment that demonstrates good safeguarding arrangements</p> <p>Performance management information in place that outlines the quality and impact of multiagency front line practice</p>	<p>One to one meetings were held with the Independent Chair and individual Board members during November 2014. The feedback was used to review and update to Memorandum of Understanding and Action Group Structure to reflect the requirements of the Care Act and to support to further development of the Board</p>
	Develop further multi-agency ownership.	<p>There is robust case audit framework to review the quality of casework</p> <p>Multi-agency training plan offering high quality training that enhances professional practice</p>	Ongoing

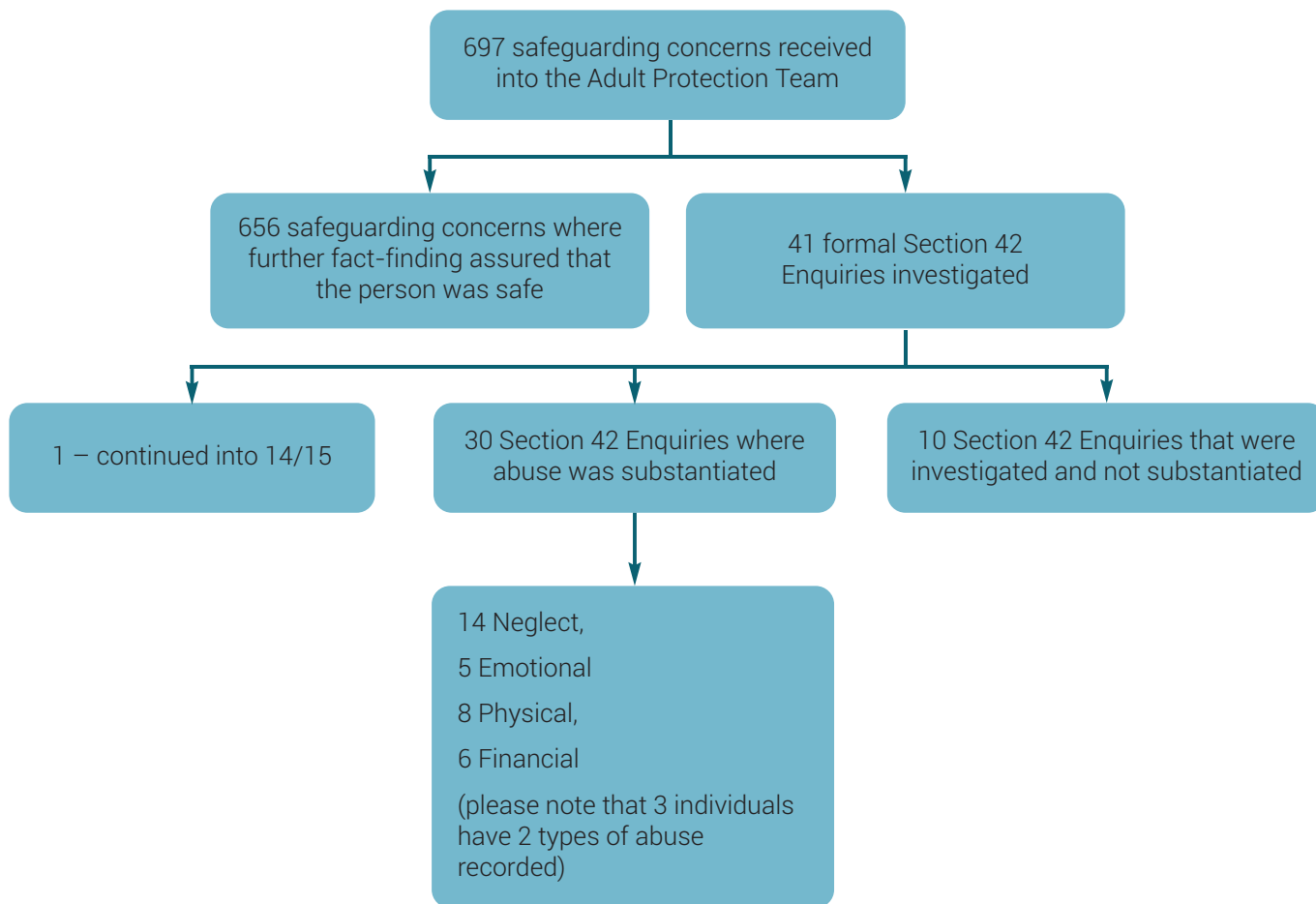
# North Lincolnshire Safeguarding Profile 2014/15

Organisations "count" many things and as a result the Board is presented with a vast amount of data. But do we really understand what this data is telling us and do we use this information to improve everyday working practice? This is a question that the Board repeatedly asks itself and its partners. We have therefore been working hard to develop a suite of information which gives us the knowledge to enable us to:

- Understand our community and their safeguarding concerns

- Develop strategies and services to prevent abuse
- Spot 'Trends'
- Ensure that we have an effective range of interventions when abuse does occur.

The following information has been drawn from Safeguarding Adults activity data collated by North Lincolnshire Council on behalf of all partners in 2014/15.



This needs to be read in conjunction with page 14 where 656 situations were explored and the person was assured to be safe

### Started Investigations Overview

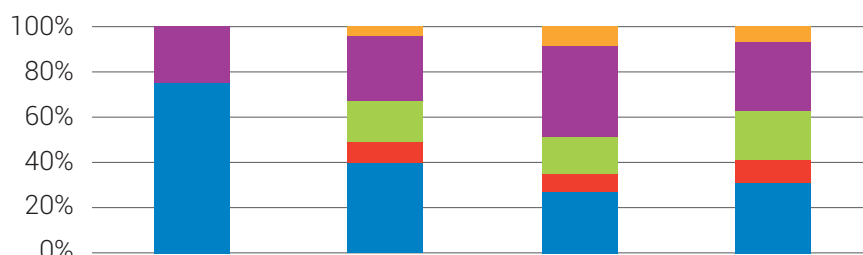
Started Investigations	North Lincolnshire 2014-2015	Regional Average*	England Average
Opened Safeguarding Investigations	41	479	692
Individual already known to the Local Authority	31 (76%)	392 (82%)	568 (82%)
Individual not known to the Local Authority	10 (24%)	87 (18%)	124 (18%)
18-64	16 (39%)	171 (36%)	252 (36%)
65+	25 (61%)	307 (64%)	437 (63%)
Unknown Age	0 (0%)	1 (0%)	3 (1%)
Males	18 (44%)	190 (39%)	272 (39%)
Females	23 (56%)	292 (61%)	417 (60%)
Unknown Gender	0 (0%)	0 (0%)	3 (1%)
White	40 (98%)	443 (96%)	586 (85%)
Other Ethnic Group	0 (0%)	25 (1%)	58 (8%)
Ethnic Group Not Stated	1 (2%)	12 (4%)	48 (7%)

Concluded Investigations	North Lincolnshire 2014-2015	Regional Average*	England Average
Concluded Investigations	40	401	716
Source of Risk			
Social care source of risk	24 (60%)	169 (42%)	258 (36%)
Source of risk known individual	15 (38%)	196 (49%)	352 (49%)
Source of risk unknown/stranger to individual	1 (2%)	36 (9%)	106 (15%)
Outcome of Investigation			
Substantiated	30 (75%)	109 (27%)	223 (31%)
Not Substantiated	10 (25%)	160 (40%)	212 (30%)
Partially Substantiated	0 (0%)	30 (8%)	75 (10%)
Inconclusive	0 (0%)	64 (16%)	156 (22%)
Investigation Ceased at Request	0 (0%)	37 (9%)	50 (7%)



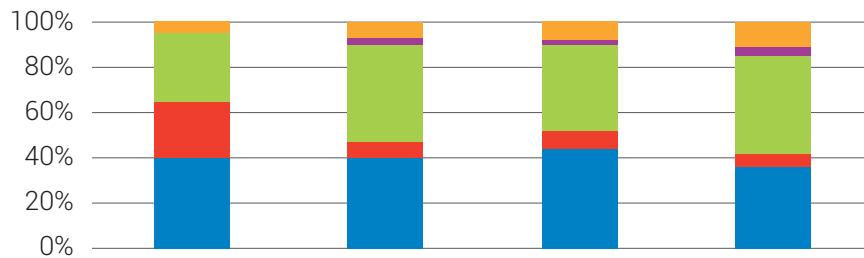
Concluded Investigations	North Lincolnshire 2014-2015	Regional Average*	England Average
<b>Concluded Investigations</b>			
Physical Abuse	11 (25%)	130 (27%)	229 (27%)
Sexual Abuse	1 (2%)	28 (6%)	42 (5%)
Psychological/emotional abuse	7 (16%)	74 (15%)	132 (15%)
Financial Abuse	7 (16%)	76 (16%)	146 (17%)
Neglect	18 (41%)	157 (157%)	272 (32%)
Discriminatory Abuse	0 (0%)	3 (1%)	5 (1%)
Institutional	0 (0%)	19 (4%)	26 (3%)
<b>Location of abuse</b>			
Care Home	16 (40%)	175 (44%)	256 (36%)
Hospital	10 (25%)	32 (8%)	43 (6%)
Own Home	12 (30%)	150 (38%)	313 (43%)
Service within the community	0 (0%)	8 (2%)	26 (4%)
Other	2 (5%)	33 (8%)	83 (11%)
<b>Capacity</b>			
Has capacity	21 (53%)	158 (41%)	324 (25%)
Lacks capacity	19 (47%)	147 (38%)	174 (46%)
Capacity Unknown	0 (0%)	60 (15%)	112 (16%)
Not Recorded	0 (0%)	23 (6%)	87 (13%)

### Concluded Investigations Performance Analysis



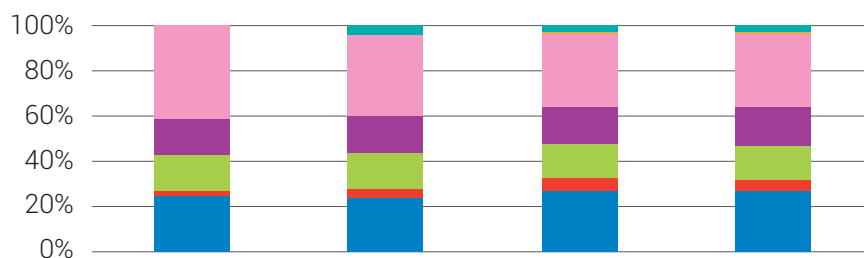
	North Lincolnshire	Comparator Group	Regional	England
Investigation ceased	0%	4%	9%	7%
Not substantiated	25%	29%	40%	30%
Inconclusive	0%	18%	16%	22%
Partially Substantiated	0%	9%	8%	10%
Fully Substantiated	75%	40%	27%	31%

In comparison to the regional, the comparator group and England result, North Lincolnshire has a much higher percentage of fully substantiated investigations. In England, 22% of safeguarding investigations have an outcome of inconclusive, compared with North Lincolnshire where no investigations have an outcome of inconclusive. Regionally, more investigations are not substantiated than substantiated. Nationally the percentage of investigations fully substantiated and not substantiated is almost equal with 31% and 30% respectively. This contrasts with North Lincolnshire where there is a distinctive 75% to 25% split between fully substantiated and not substantiated investigations.



	North Lincolnshire	Comparator Group	Regional	England
Other	5%	7%	8%	11%
Community Service	0%	3%	2%	4%
Own Home	30%	43%	38%	43%
Hospital	25%	7%	8%	6%
Care Home	40%	40%	44%	36%

North Lincolnshire has a much higher percentage of safeguarding investigations in relation to individuals in hospital than the comparator group, the region and England. It does have a similar percentage of safeguarding investigations in care homes to the comparator group and the region.



	North Lincolnshire	Comparator Group	Regional	England
Institutional	0%	3%	4%	3%
Discriminatory	0%	0%	1%	1%
Neglect	41%	36%	32%	32%
Financial	16%	16%	16%	17%
Psychological	16%	16%	15%	15%
Sexual	2%	4%	6%	5%
Physical	25%	24%	27%	27%

North Lincolnshire has a higher percentage of safeguarding investigations in relation to neglect than the comparator group, the region and England. It has a similar percentage of safeguarding investigations about physical, psychological and financial abuse to the other areas.

Gathering and analysing data is a complex process which requires us to draw from a number of sources. The Quality and Performance Action Group will continue to work to ensure that we get the information we need to understand and improve how we respond to adult abuse.

# Multi-agency Safeguarding in Practice

Joseph is a 72 year old man with diabetes and heart problems, he lives in a privately rented flat and is not in receipt of any services or support. Concerns were raised into Adult Services by his bank as there was a large amount of activity in his current account and as a result he has insufficient funds to pay his standing orders for his rent and utility bills.

Joseph was contacted over the telephone; the Adult Protection Social Worker was concerned by the responses he gave which warranted a welfare check. The Social Worker found the property was cold and there was very little food available, however from conversation with Joseph volunteered the fact that he had access to an occupational pension and state pension and as such has a substantial amount of money available to him on a monthly basis. Joseph went on to say that his son had recently been released from prison, had no employment and he had been pressurised into giving his son the pin number for his current account. It became apparent that Joseph had been unable to pay his rent and he disclosed that he had received a letter from his landlord advising him that eviction was imminent and that he had final demands from his utility providers.

Joseph agreed to the Police being notified but was unwilling to press charges, he did agree to the police officer speaking to his son and as a precaution the property was target-hardened.

Joseph was supported to devise a repayment plan in conjunction with the bank, his utility providers and his landlord which then enabled him to continue to live in his own tenancy. Joseph agreed to support from a local tenancy support provider.

I am given the information I need; in the way that I need it.

People ask what I want to happen and things move at a pace I am happy with.

Kieran is a 45 year old and has a chronic health condition which requires him to have regular input and support from the district nurse, he also has daily support from a domiciliary provider. Kieran reported to the district nurse that he thought his condition may be declining as he was becoming confused (which was one of the indicators of a relapse in his condition) monies were being misplaced on regular occasions, this information was supported by his careworker.

The appropriate health screening was completed which suggested there was no change in his condition, as a consequence Kieran decided to put CCTV up in his lounge with support from his local PCSO. Unfortunately within 24 hours of the equipment being installed there was sufficient evidence to implicate the careworker in the theft of money, under caution the careworker admitted that she had been stealing from Kieran on a regular basis for the past three months.

The careworker received a formal caution and was referred to the DBS, her employer also completed a full financial audit of the other people she was employed to support, no further financial irregularities were highlighted.

I understand the reasons when decisions are made that I don't agree with.

The people I want are involved.

# Workforce Training and Development

## North Lincolnshire Council Adult Services Safeguarding Training

Training	2014/15
Mandatory Safeguarding Training	100%

## East Midlands Ambulance Service Safeguarding Training

Safeguarding Education	Level 1	Level 2	Level 3	Level 4
Understanding Safeguarding (E-learning)	95%	92%	100%	100%
Mandatory Safeguarding Training & Conversation Cards	100%	64%	100%	100%

## Northern Lincolnshire Clinical Commissioning Group Safeguarding Training

Training	2014/15
Mandatory Safeguarding Training	100%

## Northern Lincolnshire and Goole Hospitals NHS Trust Safeguarding Training

Training	2014/15
Mandatory Safeguarding Training	93%

## RDASH Safeguarding Training

	2014/15
Awareness Training	100%
Advanced Safeguarding E-Learning training	100%

### What have you learned?

Updated my knowledge and skills regarding what can be a safeguarding issue and how to assess risk

*Carer in a residential care home*

### What can you now do differently?

I can help people to protect themselves as I now have an understanding of the signs of abuse

*Anonymous*

### What improvement has this made?

I now have a greater understanding on what a vulnerable adult is and who I should contact if I have concerns

*Domiciliary care worker*

# Partner Contributions

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## **Name of Organisation: Northern Lincolnshire and Goole Hospitals NHS Trust**

### **Keep vulnerable adults safe in the community**

NLaG Provide services within both the hospital and community setting. Since 2012 the safeguarding team actively screen incident reports that link to possible safeguarding issues, this ensures a proactive approach to case management and allows for trends to be identified at an early stage (within hospital and community) and improve the reporting of safeguarding issues. Such issues trends are monitored within the safeguarding adult's forum.

The safeguarding adults training strategy was reviewed in April 2014 after reaching the planned target of 80% across the Trust by the end March 2014. Current training levels continue to rise and at the end of March 2015 92% of staff have received safeguarding adults training. As a result of this staff are more able to recognise safeguarding issues and as such more staff seek advice with regards to safeguarding concerns. Specifically we have had several cases whereby elderly clients have reported domestic abuse and have been referred appropriately and received the support of an IDVA.

### **Raise awareness with friends and family of how to keep vulnerable adults safe**

Discussions continue to take place as part of the care pathway for clients with regards to issues of a safeguarding nature. Where these are low level, general advice will be given to the client / family member in relation to "what to do next" and if necessary how to make a formal referral. Referrals will also be made by NLaG staff in conjunction with the client / family where there are issues of a safeguarding nature.

### **Ensure the Board has robust systems and structures in place**

Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) are committed to the safety and wellbeing of all patients in their care especially those who are deemed to be vulnerable and in need of safeguarding. The Trust has an identified lead for Safeguarding (adults and children) across the Trust and also a Named Nurse for Safeguarding Adults. The Trust continues to have leads for Learning Disabilities, Dementia, Privacy and Dignity; Mental Capacity Act and Deprivation of Liberty. All of these posts are held by senior staff within the organisation.

There is commitment to attending and contributing to the Local Safeguarding Adult Boards (LSAB) in North Lincolnshire, North East Lincolnshire and the East Riding of Yorkshire. The policy and procedures for all three LSABs are accessible via the Safeguarding Adults web page on the Trust Intranet and have been shared with Trust staff. There is also recognition that there is representation on the LSAB sub groups by senior Trust staff including those with designated responsibilities in safeguarding arrangements.

Adult protection remains an area of rapid growth and development. The safeguarding adults' forum has met every 2 months since it started in April 2010, it has agreed terms of reference which have been approved by the Trust Governance and Assurance Committee of which it is a sub group. The agenda has standing items such as feedback from the Local Safeguarding Adult Boards (LSAB), the uptake of training, Mental Capacity Act/Deprivation of Liberty Safeguards, PREVENT, and Case discussion/investigations including Audit as well as the further development of the safeguarding adults' policy and other related guidance.

During 2014 and 2015, there has been an increased focus on the Mental Capacity Act and the increasing number of DOLS applications made within the Trust. In line with this, the Trust have added additional training sessions for staff in relation to MCA/DOLS and reviewed and updated all of the associated documents

The Trust has recently undergone a Safeguarding audit (external auditors) which has given 'Significant Assurance' in relation to both Safeguarding Adults and MCA/DOLS. Whilst this is extremely positive and demonstrates that the Trust is achieving within these areas, there remains an acknowledgement by the Trust that there is more work to be done within the organisation and a key area of development in 2015 – 2016 will continue to be focussed on training and staff development, ensuring that staff understand their duties in relation to safeguarding adults and MCA/DOLS and know what to do and when to make a referral should a vulnerable person be admitted either from home, a residential or nursing home.

During the next 12 months the Trust will also review Staffing establishments within the safeguarding team to ensure that resources are appropriate to match the increased understanding of Safeguarding Adults, MCA/DOLS and the PREVENT agenda.

**Name of Organisation: [Humberside Police](#)**

**Keep vulnerable adults safe in the community**

Humberside Police co-ordinate safeguarding through a Central PVPU based within Communities Command. Appropriate action is taken against those who offend either by prosecution or civil remedies and where there are areas of concern these are shared with partner agencies to ensure a multi-agency approach is considered.

The Force ensures that there is engagement with front line Officers and in particular those who work within Communities to safeguard the needs of the community.

**Raise awareness with friends and family of how to keep vulnerable adults safe**

We are developing a process of training our PCSO's and Community Officers to raise their awareness of Safeguarding Adults. This will aim to help identify people who require early help and intervention either through statutory or voluntary agencies and ensure that the most appropriate agency, if relevant, is informed. This training will focus on the strengths of ensuring that those in contact with an individual are aware of their needs and what support is available and how this can be accessed.

**Keep vulnerable adults safeguarded in placement**

Humberside Police are committed to sharing information with partner agencies in respect of those who work with vulnerable adults either voluntary or paid.

We have dedicated unit based within our Legal Services branch that are responsible for the consideration of disclosure to employees and partner agencies following DBS checks or incidents reported to the Police.

The Home Office have recently withdrawn the Notifiable Occupation Scheme and issued further guidance to Forces around disclosing of information and convictions.

A new Policy in relation to this process is being developed by our Vetting Department.

Cases that do not meet the threshold for disclosure under this scheme are referred to the PVPU Decision Maker (DS level) for consideration of disclosure through safeguarding processes in line with SAB procedures.

**Ensure the Board has robust systems and structures in place**

Strategic responsibility for Safeguarding Adults and attendance at Safeguarding Adults Boards is within the PVPU at Superintendent rank. This Officer is supported by Detective Chief Inspectors who have Operational responsibility for each respective Local Authority area, with a Detective Inspector as Policy Lead supporting the business area.

Safeguarding referrals are co-ordinated through a single point of account within the PVPU and cases are discussed and shared by a Dedicated DS working in a co-location within the Local Authority.

A new force policy including a safeguarding toolkit, policy and strategy are almost complete and aiming for launch at end of September.

A new data set and dashboard has been introduced for the PVPU and this is an emerging document with further work to be undertaken around Safeguarding Referrals.

**Name of Organisation: NHS North Lincolnshire CCG****Keep vulnerable adults safe in the community**

Safeguarding Adults is contained within the NHS Standard Contract which is monitored and managed by the CSU reporting back to NHS NL CCG Quality Committee and Contracts Committee.

All commissioned services are required to have current Safeguarding Vulnerable Adults Policies and Procedures in place adhering to DH and/or ADASS guidance and best practice.

Core Providers within North Lincolnshire have Named Nurses to lead on Safeguarding Adults. Monthly one to one meetings take place between the Named Nurses and the Designated Nurse for Safeguarding Adults.

NLCCG have a duty to safeguard adults in all aspects of their commissioning. This includes establishing effective structures for safeguarding with clear strategies, robust governance and a competent workforce that can lead and develop safeguarding across the local health community. In order to ensure that safeguarding is integral across the commissioning cycle, NLCCG ensures that all their commissioned services:

- Support patients to reduce risks of neglect and abuse according to the patient's informed choices
- Reduce risks of abuse and neglect occurring within their service through the provision of high quality, person-centred care
- Identify and respond to neglect and abuse in line with local multi-agency safeguarding procedures

**Raise awareness with friends and family of how to keep vulnerable adults safe**

All staff members within the CCG have mandatory training on Safeguarding Adults which includes raising awareness of how to keep Vulnerable Adults Safe.

This includes all appropriate training for Continuing Healthcare Staff.

**Keep vulnerable adults safeguarded in placement**

The Designated Nurse for Safeguarding Adults attends both the Strategy Meeting and Case Conferences as appropriate. Where cases of abuse are substantiated, the Designated Nurse for Safeguarding Adults takes responsibility to ensure any health-associated actions for improvement identified are monitored, completed and outcome measured.

The CCG has worked to ensure all those people who require complex care under the 'Winterbourne' regulations have been assessed and moved back into care with the appropriate package of care.

Robust systems are now in place to ensure that those stepping in and out of the specialist services receive comprehensive safe packages of care as close to home as possible dependent upon their individual needs.

**Ensure the Board has robust systems and structures in place**

NHS NLCCG Executive Lead is the Deputy Chair of the SAB and contributes to the development of the SAB, its systems and processes. NHS NLCCG has representatives on appropriate sub-groups and the Designated Nurse for Safeguarding Adults is the Deputy Chair of the SAR Group.

**Name of Organisation: [Humberside Fire & Rescue](#)**

**Keep vulnerable adults safe in the community**

HFRS has a Safeguarding Policy in which all staff have received training and awareness.

We are fully involved in Safeguarding throughout the service area and provide solutions to fire risk and general safety issues affecting people in their own homes. This has particular relevance for the most vulnerable in our community who we may refer to other organisations to seek any specialist support that we are unable to provide.

Following a home safety risk assessment we are able to recommend/provide a range of equipment to assist vulnerable people to live independently. This includes equipment such as fire retardant throws and mats, sprinklers, cooker guards and smoke alarms.

We maintain an extensive secure database of all our interactions and personal vulnerabilities.

All staff are DBS checked.

HFRS are currently providing an Emergency First Response within North Lincolnshire that assists in providing a level of initial medical assistance in support of EMAS.

**Raise awareness with friends and family of how to keep vulnerable adults safe**

We will involve family members where appropriate and advise them on the important role they have to play in ensuring the safety and wellbeing of family members.

This may include, but is not restricted to, providing information of the risks introduced to the home with oxygen use or airflow mattresses.

We also provide training for partner agencies who support people in their own homes to live independently.

**Keep vulnerable adults safeguarded in placement**

The service will provide advice and guidance to partners who provide care or other support to vulnerable adults.

The Service has made a pledge to the Corporate Parenting Group to provide support, advice and assistance to young care leavers moving onto independent living.

**Ensure the Board has robust systems and structures in place**

The proposed restructure and revised MOU was approved on 31/7/15. The structure is more streamlined and should ensure good attendance as well as clarity and focus on Board priorities.

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**Name of Organisation: [Age UK North Lincolnshire](#)**

**Keep vulnerable adults safe in the community**

The local voluntary sector is the eyes and ears of the local community. Partner organisations provide opportunities for vulnerable people to engage with impartial practical and emotional support.

The Places of Safety initiative is working to provide a safe haven for vulnerable people. Potential partners include NLC, Age UK and Café Indie. Others might include Blue Door, The Forge S&D Mind etc.

**Raise awareness with friends and family of how to keep vulnerable adults safe**

The local VCS supports an inclusive philosophy with open access to all.

Safeguarding is embedded in the culture of the sector and promoted through literature, training, services and activities.

VANL has provided regular Safeguarding Adults Training to the sector.

**Keep vulnerable adults safeguarded in placement**

One partner provides transport services for residential care service users. The volunteers provide a watchful eye and additional safeguarding measures when residents may not have outside visitors or otherwise lack contact with the sector and the local community. The transport is being extended to patients leaving hospital.

There are limited befriending services for people in residential care.

**Ensure the Board has robust systems and structures in place**

The voluntary sector representative continues to have a role in the development of systems, structures and policies and procedures. The rep is committed to contributing to quarterly meetings and development sessions.



## **Name of Organisation: National Probation Service**

### **Keep vulnerable adults safe in the community**

The National Probation Service (NPS) is committed to reducing re-offending, preventing victims and protecting the public. The NPS engages in partnership working to safeguard adults with the aim of preventing abuse and harm to adults and preventing victims. The NPS acts to safeguard adults by engaging in several forms of partnership working including:

- Operational: Making a referral to the local authority where NPS staff have concerns that an adult is experiencing or is at risk of experiencing abuse and neglect, including financial abuse, and unable to protect oneself from that abuse or neglect
- Strategic: Attending and engaging in the local Safeguarding Boards (SABs) and relevant sub groups of the SAB. Through attendance, take advantage of opportunities and share lessons learnt from Safeguarding Adult Reviews and other serious case reviews

The NPS works closely with partners to safeguard adults.

The NPS protects the public by working with offenders to reduce reoffending and harm. It works jointly with other public and voluntary services to identify, assess and manage the risk in the community of offenders who have the potential to do harm. The NPS also has a remit to be involved with victims of serious sexual and other violent crimes.

The NPS shares information and works with SABs from other agencies and including local authorities and health services, and contributes to local MAPPA procedures to help reduce the reoffending behaviour of sexual and violent offenders, so as to protect the public and previous victims from serious harm.

Although the focus of the NPS is on those who cause harm, it is also in a position to identify offenders who are themselves at risk from abuse and to take steps to reduce this risk in line with the principles of this policy and procedure.

### **Raise awareness with friends and family of how to keep vulnerable adults safe**

Where it is assessed as appropriate the NPS locally engages with friends and family members of vulnerable adults through our Offender Management responsibilities and through our Victim Support remit. Through such activity it is a consistent practice that Probation Officers and Victim Liaison officers engage with family members/ friends to raise awareness regarding individual vulnerability ensuring that signposting is completed to support vulnerable adults to access community based services.

### **Keep vulnerable adults safeguarded in placement**

The Care Act sets out the responsibilities of local authorities to provide the same level of social care for people in prisons and approved premises as for those people in the community.

The local authorities in England who have a prison or approved premises within their geographical area will be responsible for assessing and meeting the eligible social care and support needs of adults in prisons and approved premises. At point of discharge, the social care needs transfer between the local authority that hosts the prison to the local authority that hosts the receiving approved premises.

Offenders leaving prison with care needs are required to have their needs met in the custodial environment. Preparation for the continuation of care in the community is an integral part of the discharge process and so will form part of the referral process for approved premises.

## **Name of Organisation: Humberside, Lincolnshire and North Yorkshire, Community Rehabilitation Company**

### **Keep vulnerable adults safe in the community**

The Community Rehabilitation Company (CRC) is committed to reducing re-offending, preventing victims and protecting the public. The CRC engages in partnership working to safeguard adults with the aim of preventing abuse and harm to adults and preventing victims. The CRC acts to safeguard adults by engaging in several forms of partnership working including:

- **Operational:** Making a referral to the local authority where CRC staff have concerns that an adult is experiencing or is at risk of experiencing abuse or neglect, including financial abuse, and is unable to protect oneself from that abuse or neglect
- **Strategic:** Attending and engaging in local Safeguarding Adults Boards (SABs) and relevant sub-groups of the SAB. Through attendance, take advantage of training opportunities and share lessons learnt from Safeguarding Adult Reviews and other serious case reviews.

The CRC works closely with partners to safeguard adults.

The six safeguarding principles are:

- **Empowerment:** People being supported and encouraged to make their own decisions and informed consent.
- **Prevention:** It is better to take action before harm occurs.
- **Proportionality:** The least intrusive response appropriate to the risk presented.
- **Protection:** Support and representation for those in greatest need.
- **Partnership:** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability:** Accountability and transparency in safeguarding practice.

The CRC protects the public by working with offenders to reduce reoffending and harm. It works jointly with other public and voluntary services to identify, assess and manage the risk in the community of offenders who

have the potential to do harm. The CRC also has a remit to deal with prolific offenders and in doing so is a prime partner in Integrated Offender Management which is embedded within Safer Neighbourhoods (Community Safety Partnership).

The CRC shares information and works with SABs from other agencies including local authorities and health services, and contributes to local procedures to help reduce the reoffending behaviour of offenders who are viewed as a medium risk of harm but frequently also a high risk of re-offending. This involves a high proportion of cases with adult and child safeguarding issues, domestic abuse and complex cases ( mental health , substance misuse, homelessness).

Although the focus of the CRC is to reduce reoffending and the harm that offenders cause, it is also in a position to identify offenders who are themselves at risk from abuse and to take steps to reduce this risk in line with the principles of this policy and procedure.

### **Raise awareness with friends and family of how to keep vulnerable adults safe**

Where it is assessed as appropriate the CRC locally engages with friends and family members of vulnerable adults through our Offender Management responsibilities. Complex cases are a challenge for the CRC which we are meeting by imaginative partnership working .

The Care Act sets out the responsibilities of local authorities to provide the same level of social care for people in prisons and approved premises as for those people in the community.

The CRC through local partners and contracted supply chain partners , Shelter and 3P and 3SC have recognised the need to place resources to meet the challenge of prison releases and those who are homeless. There are working agreements with The Forge , Place of Change , NACRO,MIND and Conway House to support complex cases.

The CRC has made a financial commitment to support The Forge in respect of a night shelter and is seeking to work with partners on a 'One Day One Conversation' format as a more effective means of managing complex cases in a multi-agency system.

## **Name of Organisation: People Directorate**

### **Keep vulnerable adults safe in the community**

In May 2014 North Lincolnshire Council joined the Making Safeguarding Personal project and we have made a commitment to embed the principles of the project into all areas of safeguarding adults who may be at risk of abuse or neglect. We have already begun to see the real benefits to people who needed the support of safeguarding services, as well as enhanced person centred social work practice.

There is a strong working relationship developing between the LSAB and LSCB with the Assistant Directors from Adult's and Children's Services being members of both Boards with the aim of developing the 'think family' agenda locally.

Safeguarding policies and practice guidance have been reviewed. Practices have developed to be more person-centred.

### **Raise awareness with friends and family of how to keep vulnerable adults safe**

The vision for Adult Social Care has been one where the person has had real choice and control over what happens "no decision made about me without me". In order to progress this, a person centred approach has been adopted within the safeguarding investigation and the case conference arena. This has resulted in greater numbers of vulnerable adults and carers attending and participating in these meetings and assurances being given that desired outcomes for the individual / and or carer have been achieved.

### **Keep vulnerable adults safeguarded in placement**

Safeguarding is everyone's responsibility therefore providers of services are required to meet essential fundamental standards of care. People using services are safeguarded additionally through monitoring by the Adult Services Provider Assurance Team, and regulation

and inspection by CQC. The Provider Assurance Team has introduced a Self-Assessment Template which includes elements focusing on assurances in respect of safeguarding in registered services and by domiciliary services.

The UK Supreme Court decision of March 2014 clarified the definition of deprivation in Deprivation of Liberty Safeguards (DOLS), so ensuring a legal framework is in place for all who lack capacity to consent to their care and treatment and are under 24/7 supervision. Whilst the extension of the legal framework was welcomed the judgement has dramatically increased referrals to the DOLS team. We responded to the increase of referrals for assessment for DOLS by increasing the DOLS team, adopting the ADASS risk matrix and continuing to raise awareness via staff briefings.

### **Ensure the Board has robust systems and structures in place**

North Lincolnshire Council requested that the Local Government Association undertake an Adult Social Care Peer Challenge. The purpose of the review was to seek an external view on the quality, processes and procedures of Services to Adults which in part included adult safeguarding practice. The Council will use the findings of this peer challenge as a marker on its improvement journey.

In preparation for the launch of the Care Act 2014 all training packages were updated to reflect the significant changes, our statutory requirements and the broader definitions of abuse & neglect in relation to safeguarding adults. All staff received weekly updates in relation the Care Act and the impact on services delivered by Adult Social Care.

The Adult Service Protection Practice Guidance has been updated and is now compliant with the Care Act 2014.

**Name of Organisation: Rotherham, Doncaster and South Humber NHS Foundation Trust**

**Keep vulnerable adults safe in the community**

RDaSH services are delivered across 5 localities including North Lincolnshire.

The range of clinical services provided to North Lincs includes, Adult mental Health, Older Peoples Mental Health and Children and Young people's Mental Health.

Throughout 2014/15 Safeguarding Adult Mandatory and Statutory Training has remained a high priority for the Trust and a comprehensive Training Needs Analysis (TNA) was undertaken and personal staff profiles have been updated to reflect the outcome of the TNA. The Trust has both an internal and multi-agency adult safeguarding training programme in place which

Safeguarding Adult Leads have now completed training to become part of the Quality Peer Review Process, undertaking quality reviews within specific clinical areas. This enables the Leads to work proactively supporting clinicians to implement and maintain good practice and high standards of care, creating a safe environment for our patients and therefore reducing the risk vulnerable adults being abused or neglected.

**Raise awareness with friends and family of how to keep vulnerable adults safe**

The main focus of adult safeguarding practice is the ability of practitioners to identify any vulnerable adult who may be at risk of harm or abuse. On occasion decisions have to be made in determining the balance between enabling people to have choice and control over their lives and ensuring they are free from harm.

Therefore a robust risk assessment tool is available to RDaSH staff to support them, the patient and the carer to make the right judgement

**Keep vulnerable adults safeguarded in placement**

In order to fulfil its statutory responsibilities to safeguard vulnerable adults the Trust can clearly demonstrate its commitment to ensure that safeguarding adults is a priority at every level within the organisational structure

The Trust has a dedicated safeguarding adult's team with a clear strategic vision and strong leadership.

The aim of the safeguarding team is to support and challenge staff in fulfilling their legal duty to safeguard and promote the welfare of vulnerable adults

Safeguarding systems and processes have been introduced that co-ordinate activity between agencies and provides a collective response to allegations of abuse and neglect wherever they occur. The combination of robust internal governance arrangements and efficient multi-agency working enables RDaSH to establish the foundation on which safe and effective safeguarding practice is provided for vulnerable adults

**Ensure the Board has robust systems and structures in place**

The environment in relation to safeguarding arrangements within RDaSH focuses on a common theme that crosses all localities and professional codes of practice, and that is "the priority to safeguard vulnerable adults"

RDaSH is committed to the principles of multi-agency partnership working and has senior representation on the NL SAB and associated sub groups.

The safeguarding adult team works collaboratively supporting the development and implementation of agreed safeguarding strategies and policies that reflect both national and local guidance and take into account the views of patients, their families and carers.

In order to support the delivery of adult safeguarding across the wider partnership arena, there is a clear governance and accountability framework in place. The framework provides assurance to the NL Safeguarding Adult Board (NLSAB) and our commissioners in the Clinical Commissioning Group (CCG) that whilst the ultimate responsibility and accountability for adult safeguarding lies firmly with the RDaSH Board of Directors, every member of staff is accountable and responsible for safeguarding vulnerable adults.

## Moving Forward 2015-18

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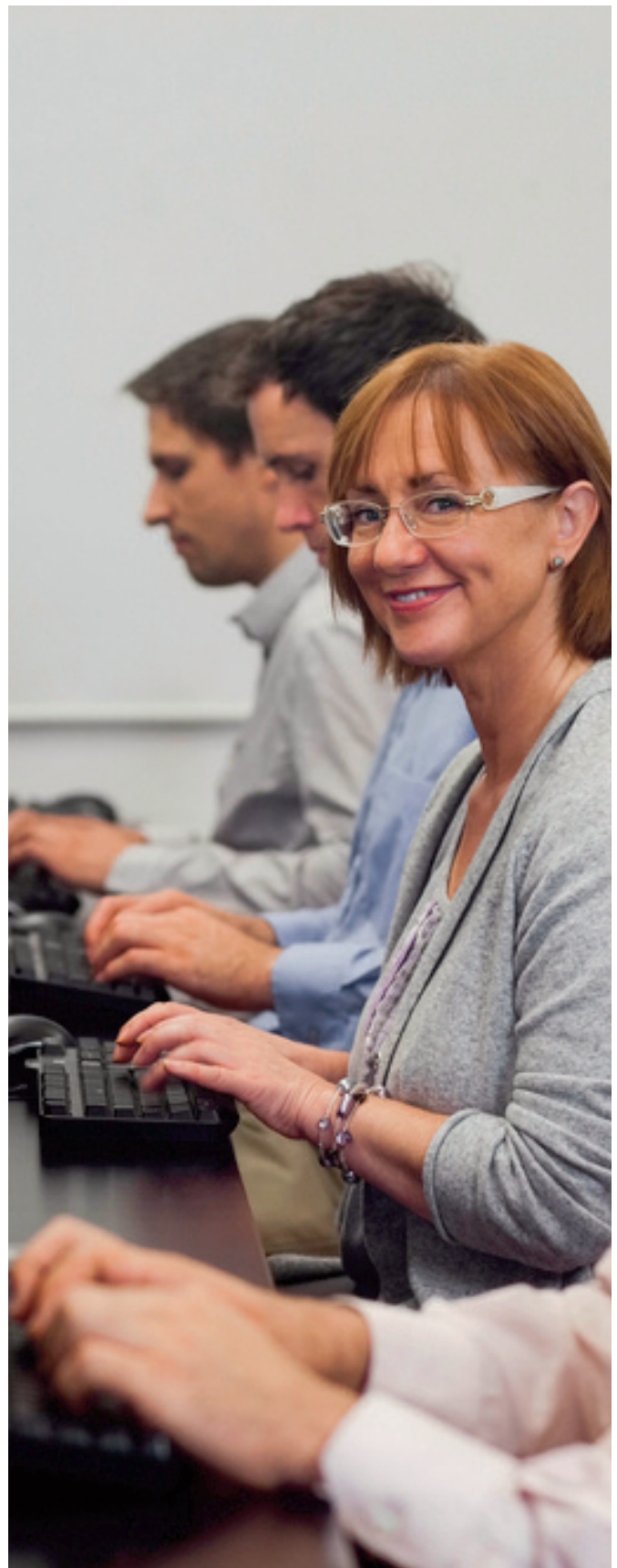
Following consultation with our Board Partners we have agreed the following will remain our Board Priorities during the period 2015-18.

- Keep vulnerable adults safe in the community
- Raise awareness with friends and family on how to keep vulnerable adults safe
- Keep vulnerable adults safeguarded in placement
- Ensure the board has robust systems and structures in place

Our partner agencies have also identified the following initiatives and areas for development which will be aligned to the priorities above and all will be embedded within the Strategic Plan 2015-18.

- The development of a Safeguarding Patient Advice Leaflet which will be given to all patients at the point of access to RDaSH services
- Implementation of the National Capability Framework to support the development of our staff in relation to Safeguarding knowledge and skills
- Support for an emergency night shelter and the One Day One Conversation format to bring agencies together to manage complex cases as has been done with the troubled Families Initiative
- To support the Big Lottery Reaching Communities Building Capabilities 'Safeguarding through the VCS' project (if funding is achieved).
- To progress the establishment of Places of Safety
- Humberside Fire & Rescue Service is looking at ways it can expand its level of service to the community, working with partners to identify areas in which we can support current arrangements or fill potential gaps in provision. Currently the service may be able to make significant contributions with services such as patient transport, falls intervention and independent living.
- Individuals will get help and support to report abuse and neglect and get help to take part in the safeguarding process.
- The Board will continue working towards ensuring safeguarding adults procedures serve to respond to abuse or neglect and that decisions are made in line with the Mental Capacity Act
- Early Identification of patterns and trend. Development of a scorecard to monitor effectiveness.

We recognise and welcome the challenges associated in responding to the principles and the guidance identified within the Care Act 2014. As a result we will enhance the support already provided to those who are at risk of, or subject to abuse and neglect and will also target resources to those who may be exposed to modern slavery, domestic violence and self-neglect.



# Appendix 1 - Definitions of abuse and neglect

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**Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions

**Domestic Violence** – Including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence

**Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting

**Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

**Modern Slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

**Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age disability, sexual orientation or religion

**Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation

**Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

**Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding

## Appendix 2 - Glossary of Terms

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**Abuse** – is a violation of an individual's human and civil rights by any other person or persons. It can take many forms, including physical, sexual, emotional/psychological, financial, neglect, discriminatory, organisational abuse. It may also include domestic violence, modern slavery and self-neglect.

**Adult at risk** – means an adult at risk of abuse or neglect. This is usually an adult who has care and support needs, and who is unable to protect themselves from abuse or neglect because of their care and support needs. In a small number of cases, it may include an adult with support needs, such as an unpaid carer of someone with care and support needs.

**Advocacy** – is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. The adult at risk may be represented by a friend or family in relation to a safeguarding concern, or where appropriate the local authority may arrange for an independent advocate. An independent advocate may work or volunteer for a commissioned independent advocacy service.

**Carer** – refers to unpaid carers, for example, relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'

**Outcome discussion** – may take place where an Outcome Meeting (Case Conference) is not required. It is held to discuss the findings of the Formal Enquiry and to put in place a Safeguarding Plan. This can take place in a number of ways, including a face to face meeting, by telephone or by email.

**Outcome meeting** – is a multi-agency meeting that may be held to discuss the findings of a Formal Enquiry and to put in place a Safeguarding Plan.

**Safeguarding Concern** – describes an awareness of risk. A safeguarding concern is an awareness of the risk of abuse or neglect faced by an adult who is unable to protect themselves from that abuse or neglect due to their care and support needs.

**CQC – Care Quality Commission** – is responsible for the registration, regulation and inspection of health and social care services in England.

**DASM – Designated Adult Safeguarding Manager** – is a role filled within the safeguarding adults procedure with responsibility for coordination and management oversight of allegations relating to an employee, volunteer or student.

**Disclosure and Barring Service** – is the public body set up to help prevent unsuitable people from working with adults with care and support needs or with children. The Disclosure and Barring Service keeps a list of people who are not allowed to work with adults with care and support needs.

**DoLS – Deprivation of Liberty Safeguards** – are a legal safeguard for people who cannot make decisions about their care and treatment when they need to be cared for in a particularly restrictive way. They apply to people in care homes or hospitals when they are deprived of their liberty.

**Enquiry** – is the process of gathering information to determine what action should be taken in the case of an adult who is at risk of abuse or neglect. This could involve a wide range of responses, from a simple discussion with the person to a more complex Formal Enquiry.

**Formal Section 42 Enquiry** – is the process of establishing the facts and gathering evidence in relation to a safeguarding concern. This will involve Strategy meetings/ discussions to plan the enquiry, and an Outcome meeting or discussion to review the findings and establish the need for a Safeguarding Plan.

**Initial Enquiry** – is initial response of the local authority after a concern of abuse or neglect has been raised. It involves gathering information to determine what action, if any, should be taken. The subsequent action may involve a Formal Section 42 Enquiry or risk management response.

**IMCAs – Independent Mental Health Capacity Advocates** – are a legal safeguard for people who lack the mental capacity to make specific important decisions, including making decisions about where they live, serious medical treatment, safeguarding adults, care reviews and Deprivation of Liberty Safeguards (DoLS). IMCAs are mainly instructed to represent people where there is no one independent of services, such as family member or friend, who is able to represent the person.

**Informed consent** – is the voluntary agreement of a person who has mental capacity to a course of action based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

**MAPPA – Multi-agency Public Protection Arrangements** – are statutory arrangements for managing sexual and violent offenders.

**MARAC – Multi-agency Risk Assessment Conference** – is the multi-agency forum that manages high risk cases of domestic violence, stalking and 'honour' based violence.

**Mental Capacity** – is the ability to make a decision about a particular matter at the time the decision needs to be made.

**OPG – Office of the Public Guardian** – supports the Public Guardian in registering enduring powers of attorney and supervising Court of Protection appointed deputies.

**Organisation Alleged to Have Caused Harm** – is an organisation that is alleged to be responsible for abuse or neglect experienced by an adult at risk.

**Person in a Position of Trust** – refers to an employee, volunteer or student who works with adults with children or adults with care and support needs.

**Person Raising a Concern** – is the person who reports a concern to the multi-agency safeguarding adults contact point that an adult is being, has been, or is at risk of being abused or neglected. This could be the person themselves, a member of their family, an unpaid carer, a member of staff or any other person.

**Public Interest** – is determined by balancing the rights of the individual to privacy with the rights of others to protection.

**Safeguarding Adults** – is used to describe all work to help adults at risk stay safe from abuse. It replaces the term 'adult protection'.

**Safeguarding Plan** – is a record of the arrangements to safeguard the adult at risk within a Formal Section 42 Enquiry. The plan should be agreed with the adult at risk, taking into consideration their wishes and desired outcomes.

**SAB – Safeguarding Adults Board** – is the statutory board within a local authority area that provides strategic leadership for safeguarding adults. Its objective is to help and protect adults at risk of abuse and neglect in its area, by co-ordinating and ensuring the effectiveness of what each of its members does. The local authority, police and NHS Clinical Commissioning groups are all required to be members of the SAB.

**SI – Serious Incident** – is a term used by NHS England. It is defined as an incident that occurred in relation to NHS-funded services resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

**Strategy Discussion** – is a discussion between relevant organisations and parties in order to agree how to proceed with a Formal Section 42 Enquiry. This will include assessing risk, agreeing interim safeguarding arrangements and planning enquiries. This can be held in a number of ways, including face to face meeting, by telephone or by email.

**Strategy Meeting** – is a multi-agency meeting with the relevant individuals, including the adult at risk where they wish to be involved, to agree how to proceed with the Formal Section 42 Enquiry. This will include assessing risk, agreeing interim safeguarding arrangements and planning enquiries, and coordinating enquiries with disciplinary proceedings, criminal proceedings or other investigations.

**Target Timescales** – establish standards of practice within the procedure that should be achieved where possible. Target timescales are not performance indicators: the time taken to respond to issues of abuse and neglect depends on a range of factors including the needs of the adult at risk, and the nature, seriousness and complexity of the allegation, but they provide useful targets to aim for that are achievable in many cases.



## Useful Contact Numbers

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<b>North Lincolnshire Adult Protection Team</b>	Tel: 01724 297000 Fax: 01724 298194 Email: <a href="mailto:adultprotectionteam@northlincs.gov.uk">adultprotectionteam@northlincs.gov.uk</a>
<b>Humberside Police</b>	If a person is in imminent danger ring 999 To report a crime ring 101
<b>North Lincolnshire Deprivation of Liberty Safeguards Team (DOLS)</b> Provides advice on issues relating to DOLS, for professionals, service providers and members of the public	Tel: 01724 297000 Fax: 01724 298194 Email: <a href="mailto:dols@northlincs.gov.uk">dols@northlincs.gov.uk</a>
<b>Cloverleaf Advocacy</b> Provides independent advocacy services for people with mental health needs, people with learning disabilities, people with physical and sensory impairments, acquired brain injuries, carers and older people.	Tel: 01724 854952
<b>Care Quality Commission</b> Regulates care provided by the NHS, local authorities, private companies and voluntary organisations.	Tel: 0845 015 0120 <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Disclosure and Barring Service</b> The role of the DBS is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaces the Independent Safeguarding and Criminal Records Bureau.	Tel: 03000 200 190 <a href="http://www.gov.uk">www.gov.uk</a>
<b>Office of Public Guardian</b> Supports the functions of the Court of Protection. It can investigate the actions of a Deputy appointed by the Court of Protection or an attorney under a registered Enduring or Lasting Power of Attorney.	Tel: 020 766 47734 <a href="http://www.justice.org.uk">www.justice.org.uk</a>
<b>Healthwatch</b> Consumer champion for health and social care. Independent and act on behalf of all consumers	Tel: 03000 683 3000 <a href="http://www.healthwatch.co.uk">www.healthwatch.co.uk</a>