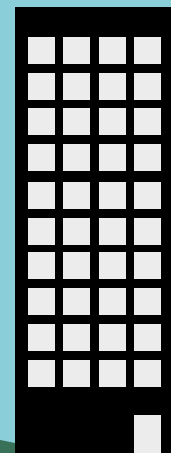
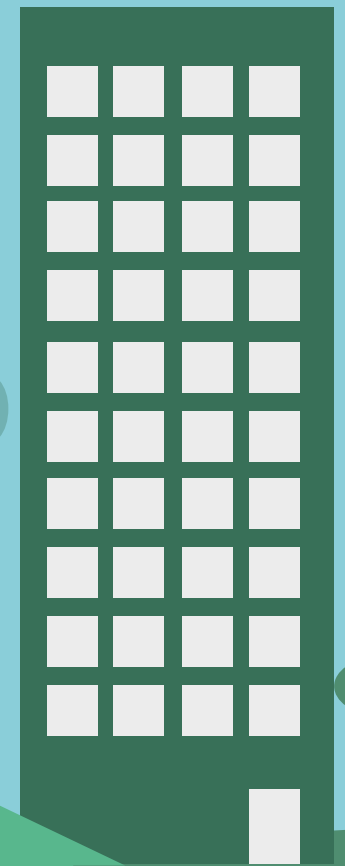
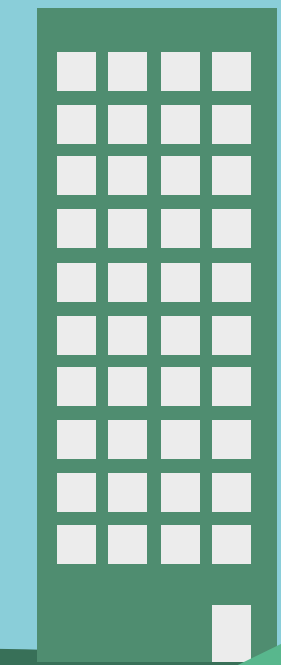


SAFEGUARDING
Adults
DONCASTER



Doncaster Safeguarding Adults Annual Report 2016/17

Accountability
Protection
Empowerment
Proportionality
Partnership
Prevention



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Independent Chairs

Foreword



I am pleased to introduce myself as the new Independent Chair of the Doncaster Safeguarding Adults Board. When I joined the Board in July 2016 I was delighted to find that there is a real enthusiasm and commitment to prevent the abuse of vulnerable adults. I have also learned that there is an absolute commitment to working with vulnerable adults and their communities as equal partners.

Whilst the environment in which we are working is challenging with all the partners facing financial constraints and many undergoing organisational change it is clear that we can deliver services and interventions that are increasingly effective, efficient and focused on the needs of the people that we serve.

The Board has continued with its engagement agenda reaching out deep into the community to raise awareness of safeguarding adults and identifying how to get help through the Keeping Safe Campaign. In addition the Keeping Safe Forum has continued to grow in capacity and membership getting the message out in Doncaster.

The Board requested a review of its progress against the recommendations from a Safeguarding Adults Peer Challenge that was undertaken in November 2015. The review confirmed that progress is being made by the Board and its partners and it identified further areas for development which have now been included in the partnership action plan.

In order to be effective the Board must have good support. One example of this is the improved information that has been provided to the Board. This has helped us have a better understanding of the effectiveness of our work. As a result of this information it has been highlighted that in many cases, although effective safeguarding action has taken place, the adult involved does not feel safer. Whilst further work to develop our understanding it is of the utmost importance that we use the vehicle of Making Safeguarding Personal to mitigate the impact of the emotional trauma for those suffering abuse or neglect.

The Board held its annual away day in February to assess progress against its strategic objectives, refresh the strategic plan and revise the Board structure to make sure it is fit for the future. The day was productive with a clear direction established and expressed in the new Strategic Plan 2016-19. We will continue to pursue our strategic objectives through 2017-18, and working in partnership with the community of Doncaster, to make sure that safeguarding is everyone's business.

Dr John Woodhouse
Independent Chair, Doncaster Safeguarding Adults Board



Membership

of the board

Doncaster Metropolitan Borough Council, Adult Social Care



Doncaster Clinical Commissioning Group



South Yorkshire Police



St Leger Homes of Doncaster



Rotherham Doncaster and South Humber NHS Foundation Trust



Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust



NHS England



South Yorkshire Fire and Rescue



Doncaster Safeguarding Children's Board



Safer Stronger Doncaster Partnership



South Yorkshire Community Rehabilitation Service



Care Quality Commission
(attends Board on annual basis
by invitation)



Healthwatch Doncaster



SY National Probation Service



Yorkshire Ambulance Service
represented by Doncaster Clinical
Commissioning Group

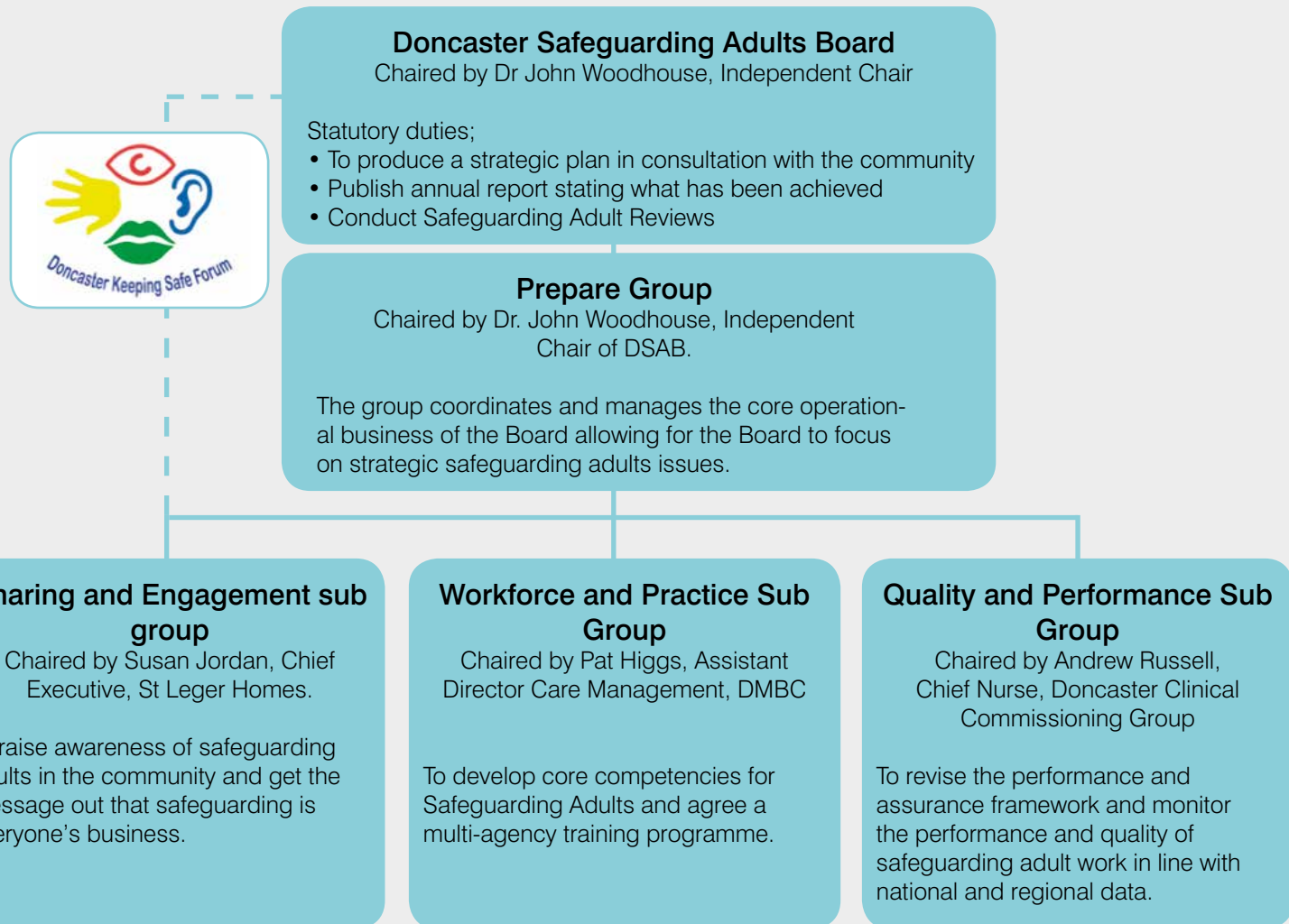


Angela Barnes
Project Support Officer,
Doncaster Keeping Safe Forum
(attends Board on annual basis
by invitation)



Doncaster Safeguarding Adults Board Structure

The multi-agency Safeguarding Adults Board works to empower and protect adults at risk in Doncaster. It brings a range of agencies together from across the health and social care sector and holds them to account for the services they deliver. The Board has met on four occasions; overall there has been good multi-agency attendance. For transparency the Board's annual reports, safeguarding adults reviews and Board minutes are publicly available and can be found at; www.doncaster.gov.uk/safeguardingadults



DSAB Key

Achievements 2016/17

What we said we'd do	What we have done	Still to do
<p>1. Develop a Communication and Engagement Strategy alongside the community of Doncaster</p> <p>Lead -Share & Engage sub group</p>	<p>We have refreshed the Communication and Engagement Strategy in partnership with the Doncaster community and safeguarding workforce, this is now complete and was launched at the Keeping Safe Event, held on the 22 November 2016 and uploaded to the Boards website.</p>	<p>Implement the communication action plan</p>
<p>2. Inform people how to get help when abuse is identified</p> <p>Lead -Share & Engage sub group</p>	<p>The Keeping Safe event provided an opportunity to raise awareness, share information and consult with partners. As a result of the consultation activity at this event a Task and Finish Group has been established to work with the Keeping Safe Forum (a major vehicle for actioning this piece of work) to design new leaflets, posters and other ways to promote the Keeping Safe Campaign. The Task and Finish Group are also considering options to further develop the Safeguarding Adults website.</p>	<p>Implement the communication action plan</p>
<p>3. Provide information about what you can expect and how you can feedback</p> <p>Lead - Share & Engage sub group</p>	<p>Further consultation was completed at the Keeping Safe Event in November 2016.</p>	<p>Develop and embed a user feedback process.</p>
<p>4. Embed personalisation in safeguarding services (MSP) working towards achieving the agreed outcomes for adults at risk</p> <p>Lead – Workforce & Practice sub group</p>	<p>DSAB have developed and implemented a strategy to embed Making Safeguarding Personal in practice.</p> <ul style="list-style-type: none"> • Phase 1 has been completed which includes embedding MSP across statutory health and social care services safeguarding policy and procedures. • hase 2 is now in progress which involves developing the wider independent workforce to undertake safeguarding enquiries in line with MSP and ensuring the system is robust to support this. 	<p>Continue with Phase 2 of the MSP strategy and evaluate the impact.</p>
<p>5. Embed the Safeguarding Adults Competency Framework in practice</p> <p>Lead –Workforce & Practice sub group</p>	<p>The Safeguarding Adults Competency Framework has been agreed in principle however there is a need to agree core competencies across Safeguarding Adults Boards, Children's Boards and the Community Safety Partnership.</p>	<p>Embed competencies and launch across Doncaster as part of the Workforce Strategy</p>
<p>6. Monitor outcomes for adults at risk</p> <p>Lead –Quality & Performance sub group</p>	<p>The Quality and Performance sub group meets on a quarterly basis to receive, analyse and discuss the safeguarding adults Performance summary (data set of info graphics) which is focused on outcomes for adults at risk. This provokes debate and identifies areas for further investigation and analysis.</p>	<p>In place and ongoing</p>

What we said we'd do	What we have done	Still to do
<p>7. Map responses to low level concerns across all partnership agencies and across the wider partnerships</p> <p>Lead –Workforce & Practice</p>	<p>Not progressed during 2016/17</p>	<p>To be carried forward to 2017/18 work plans</p>
<p>8. Raising awareness that abuse will not be tolerated and 'Safeguarding is everyone's business'</p> <p>Lead -Share & Engage sub group</p>	<p>The Keeping Safe Forum and annual Keeping Safe Event raise awareness of safeguarding adults across Doncaster. In addition committed multi-agency engagement represented at both the sub groups and task and finish group meetings continues to keep agencies focused on the safeguarding adults agenda.</p>	<p>Ongoing campaign message to be continued in line with the DSAB Communication and Engagement Strategy</p>
<p>9. Carry out Safeguarding Adults Reviews in line with the Care Act to learn lessons and prevent reoccurrence</p> <p>Lead – Safeguarding Adults Review Panel</p>	<p>1 Single Agency Review has been identified during 2016/17 and is in progress and is being led by Health. 2 further are reviews pending a decision subject to ongoing investigations.</p>	<p>Ongoing monitoring and coordination of the SAR/LLRs through the Prepare Group</p>
<p>10. Broaden the DSAB Performance framework to inform and assure the Board</p> <p>Lead – Quality & Performance</p>	<p>The Quality and Performance sub group developed and agreed a revised Performance Framework and data sets which are focused on outcomes for adults at risk and themed around the 6 safeguarding principles. The Board have agreed this in principle subject to ongoing development. First presentations of the Performance Summary have provoked debate at Board level which has led to positive challenge..</p>	<p>Performance Summary subject to ongoing development during 2017/18</p>
<p>11. Implement robust, open and honest challenge processes at Board level to hold agencies to account for effective safeguarding practice.</p> <p>Lead - Chair of the Board</p>	<p>The Board have worked jointly with the Safeguarding Children's Board to develop and embed a process that challenges agencies at Board level regarding their safeguarding arrangements. In addition to the Board has a challenge register for capturing areas of challenge raised and to record what impact this has had.</p>	<p>Challenge process to be repeated April 2017.</p>
<p>12. Implement recommendations from the Safeguarding Adults Peer Challenge</p> <p>Lead - PREPARE</p>	<p>The Peer Review Action Plan is now nearing completion. A Peer Review follow up undertaken by Dr Adi Cooper led to a further action plan including a gap identified in relation to a Policy for Self-neglect and Hoarding</p>	<p>Completion of Peer Review actions</p>



Working together to Safeguard Adults and Children

The Board have worked in partnership with Doncaster Safeguarding Children's Board to develop a joint safeguarding self-assessment and challenge process that will audit the effectiveness of safeguarding arrangements across partnership agencies. This provides an arena where partners will be held to account and challenged to provide evidence to support the information they have provided within their self-assessment. Where gaps are identified agencies will be asked to submit action plans to address.

The Board are also working jointly with Safeguarding Children's Board and the Community Safety Partnership Boards to develop core competencies regarding safeguarding and domestic abuse. This will strengthen and support the safeguarding workforce providing clear direction on the competencies required to identify and respond to abuse and neglect.

In addition the three Boards have coordinated joint training for Modern Slavery and Human Trafficking in line with the requirements of the Care Act 2014 and Modern Slavery Act 2015. This training was delivered by South Yorkshire Police to a range of staff across the multi-agency partnerships detailing how to identify Modern Slavery and respond appropriately. This has proved to be in high demand and more training is scheduled for 2017-18.

Implementing Making Safeguarding Personal in Doncaster

The Boards continues to implement its Strategy to embed Making Safeguarding Personal and seek assurance that practice is outcome focused. The strategy identifies a 2 phase approach to implementing the required changes, which is a shift from process to outcomes for adults at risk. The strategy focused on a number of areas including;

- Supporting the required culture change of the workforce through training and communication plans
- Revising documentation, systems, policies and procedures to focus on outcomes for adults at risk
- Widening the DSAB Performance framework to focus on outcomes
- Preparing wider independent providers of health and social care to undertake S42 enquiries in line with Making Safeguarding Personal
- Ensuring robust governance arrangements to drive the strategy through service delivery, inform the Board of progress, hold agencies to account and mitigate the risk of failure

Phase 1 of the strategy has focused on supporting statutory health and social care services, ensuring the adult at risk is asked what they want at the beginning of the safeguarding adult's process. Moving forward we will continue with Phase 2 of the strategy to ensure wider agencies are engaged and have the required skills to undertake Section 42 enquiries where appropriate.

The Board is now seeking assurance from agencies that Making Safeguarding Personal is being delivered in practice and making a difference to people's lives.



Front Door

Safeguard Adults Hub

The Safeguarding Adults Hub was created in April 2016 and brings together a range of agencies such as Social Workers, NHS Nursing Staff and trained Assessment Officers that are fully trained and competent in assessing and responding to safeguarding concerns. In addition the Police are co-located within the same building providing a fully multi-agency safeguarding function. Although in its infancy the Safeguarding Adults Hub has embedded the principles of Making Safeguarding Personal focusing on what the person wants from the beginning of the process and empowering adults at risk to achieve their outcomes.

During 2016/17 the Safeguarding Adults Hub received 2098 Safeguarding Concerns of which 676 (32%) progressed to a section 42 enquiry. 50% of enquires are concluded after a face to face meeting demonstrating a flexible and person centred response to the situation in line with the adults wishes. Leaving the more serious and complex safeguarding issues to be addressed through a thorough investigative enquiry process.

Proportionality is key when responding to safeguarding situations. The Hub identifies the most appropriate and proportionate response alongside the adult at risk or their representative often signposting to other services or processes where the adults outcomes will be better dealt with.

Safeguarding Adults Hub Case Study – Making Safeguarding Personal

The Safeguarding Adults Hub received a safeguarding concern about an elderly lady 'Eva' who lived in the community who was being neglected and at risk of financial abuse by her neighbour. This resulted in a section 42 enquiry and a member of the Hub arranged to visit Eva at her local GP practice where she felt safe and comfortable. Eva had capacity and was able to say what she wanted to happen.

Eva expressed the following outcomes during the face to face meeting;

1. To move house - this would place Eva away from her neighbour to reduce the risk of community harassment.
2. To access a care package - this would reduce Eva's reliance on her neighbour and the risk of financial abuse and neglect. This would ensure Eva's needs are met and so that she can retain her independence.
3. To have assistance with financial management - although Eva was physically unable to manage finances effectively, she had the mental capacity to request the involvement of a service to manage her finances as she felt that this would reduce /remove the risk of on-going financial abuse and address the debt issues caused by the source of harm's poor financial management.

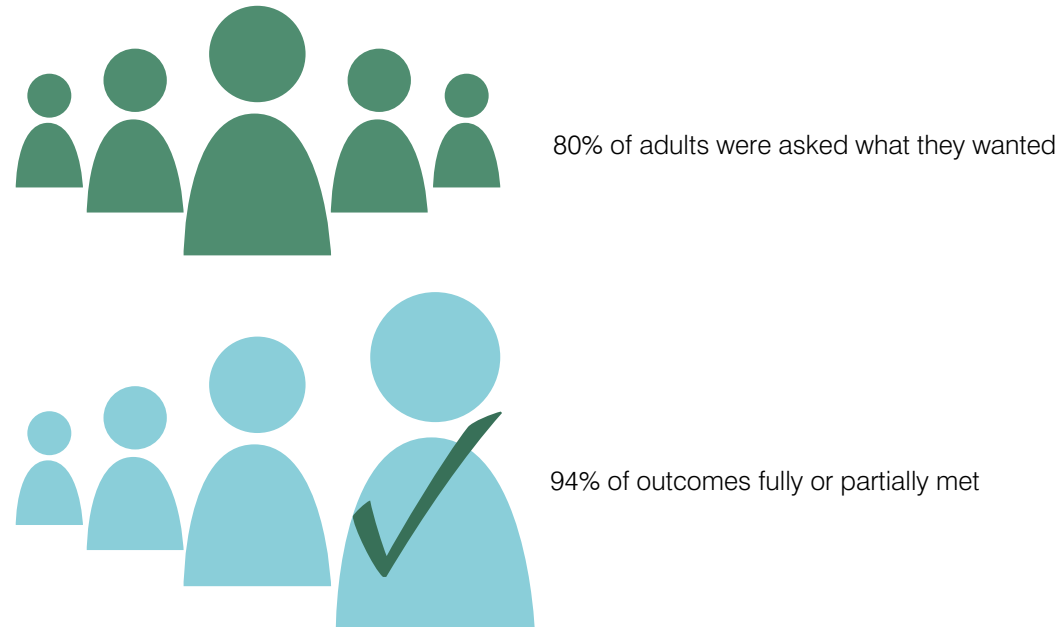
All of Eva's outcomes expressed were achieved after the face to face meeting by the Safeguarding Adults Hub process. Eva received an assessment by a Social Care area team to access care and go on the housing register. In addition the Safeguarding Adults Personal Assets Team accepted and arranged to manage Eva's financial affairs.



Making a difference

The Hub empowers adults at risk to improve their lives as it puts service users and their families in the driving seat of the process and enables people to address concerns with the support of statutory services. It is a haven where people can access non-judgemental advice and support from professionals during some of the worst times of their lives, but in a proportionate way, at the service users pace.

Throughout 2016/17 the Safeguarding Adults Hub asked 80% of adults at risk what they wanted at the beginning of the safeguarding enquiry and in 94% of these cases the adult's outcomes were either fully or partially achieved.



Moving forwards

- We will review our systems and ways of working to improve services for adults at risk focusing on the timeliness of safeguarding enquiries and actions taken by our partner agencies.
- We will continue to work with our partners in the NHS, Police and Community Services to ensure the Hubs process is streamlined and service user friendly, so people only have to tell their story once.
- We will 'Make Safeguarding Personal' by holding meetings wherever the adult at risk feels comfortable - with the people the service user feels most comfortable with.
- We will empower people to resolve problems in their lives to help make them feel safer in their homes and communities.

Refer to back page for details of how to report a safeguarding adults concern.

Raising Awareness

Our Keeping Safe Campaign

The Share and Engage sub group have been working hard to refresh the Board's Communication and Engagement Strategy of which the Keeping Safe Campaign is a key part. In order to do this effectively consultations were carried out with staff and general public at the Keeping Safe Event held in November 2016, in addition a questionnaire was sent out to the public via St Leger Homes House Proud magazine.

The consultations highlighted three themes;

- **Communication** – the need to reach the most vulnerable people not linked to existing services
- **Raising awareness and education** – the need to continue to deliver training around safeguarding adults and keeping safe across Doncaster, with a focus on educating young people
- **Empowerment** – supporting people to feel comfortable to report abuse through peer support, training and appropriate feedback

The key messages of the campaign are;

- Everyone has the right to be safe, to be respected, to be heard
- Everyone has a role to play to make this happen
- If you see something, say something (If you see, hear or suspect that someone is being abused, report it)

A number of methods have been used to support the campaign such as; consistent branding, marketing, press and public relations, social media, safeguarding film, leaflets, posters, banners and business cards, see below;



Moving forward the campaign action plan will be refreshed in line with the revised DSAB Communication and Engagement Strategy to ensure it continues to get the message out to the communities of Doncaster that safeguarding adults and keeping safe is everyone's business.

www.doncaster.gov.uk/safeguardingfilm



Keeping Safe

Event 2016

We held our annual event at the Doncaster Castle Park Rugby Stadium on November 22nd 2016 with 148 people attending with a mixture of professionals and members of the public. This is a slight decrease from last year where 162 people attended. The overall theme of the event was how we have communicated with people in Doncaster so far and where improvements are needed. The event consulted on what needs to be done to promote Keeping Safe in Doncaster and how we can improve this.

In order to achieve this, we held a consultation activity among attendees at the event which focused on;

- Leaflets and posters
- Safeguarding Adults Website
- Advertising across Doncaster
- Working with Young People

The event also aimed to engage with young people in Doncaster. Members of the task and finish group organising the event held a number of sessions with different groups to gather the views of young people on adult safeguarding. These views were displayed at the event.

The event achieved its objectives and evaluated well with a wide range of agencies and members of the public attending. The results of the consultations from this event will be used to redesign campaign materials and to update our website so that we can provide accessible information to the community of Doncaster and engage effectively. This event was possible thanks to the efforts of all our partners and members of staff. We would like to thank everyone for their contributions to making the 2016 Keeping Safe Event a success.



See the Keeping Safe Event film at <http://youtube.be/Piq8FIV53CU>



Safeguarding Adults

Peer review

The Board undertook a stock take of its progress against the peer review recommendations to ensure the actions were having the desired impact. Dr Adi Cooper, an expert in the Social Care sector was commissioned to undertake the stock take and visited Doncaster on 16th September 2016 to assess the progress made.

The stock take process included;

- Assessing a range of evidence
- Interviewing key strategic leads, partners and the independent chair
- Visiting the Safeguarding Adults Hub
- Discussions with team managers of Adult Social Care

The findings concluded that considerable progress had been made since the Peer Review with the following themes emerging;

- Impressed with openness and honesty of all Board partners
- Positive feedback regarding the Board Support Unit was expressed by all partners
- Gap in relation to a framework for self-neglect and hoarding was identified
- Revised Performance and Assurance Framework viewed as positive

The feedback from the stock take has been used to inform an action plan to strengthen further areas for development and will be implemented and monitored by the Board for governance purposes.

Safeguarding Adults Decision Support Guidance

The Guidance was developed in response to the Safeguarding Adults Peer Challenge findings, specifically in relation to the number of concerns being funnelled into the safeguarding adults system when other processes may have been more appropriate. It is intended to offer guidance for providers of health and social care services in making decisions with regard to safeguarding adults. The Guidance was developed to compliment provider internal incident and risk management procedures. This will help ensure the appropriateness of safeguarding adult's referrals to prioritise resources for those most in need.



Monitoring Outcomes for Adults at Risk

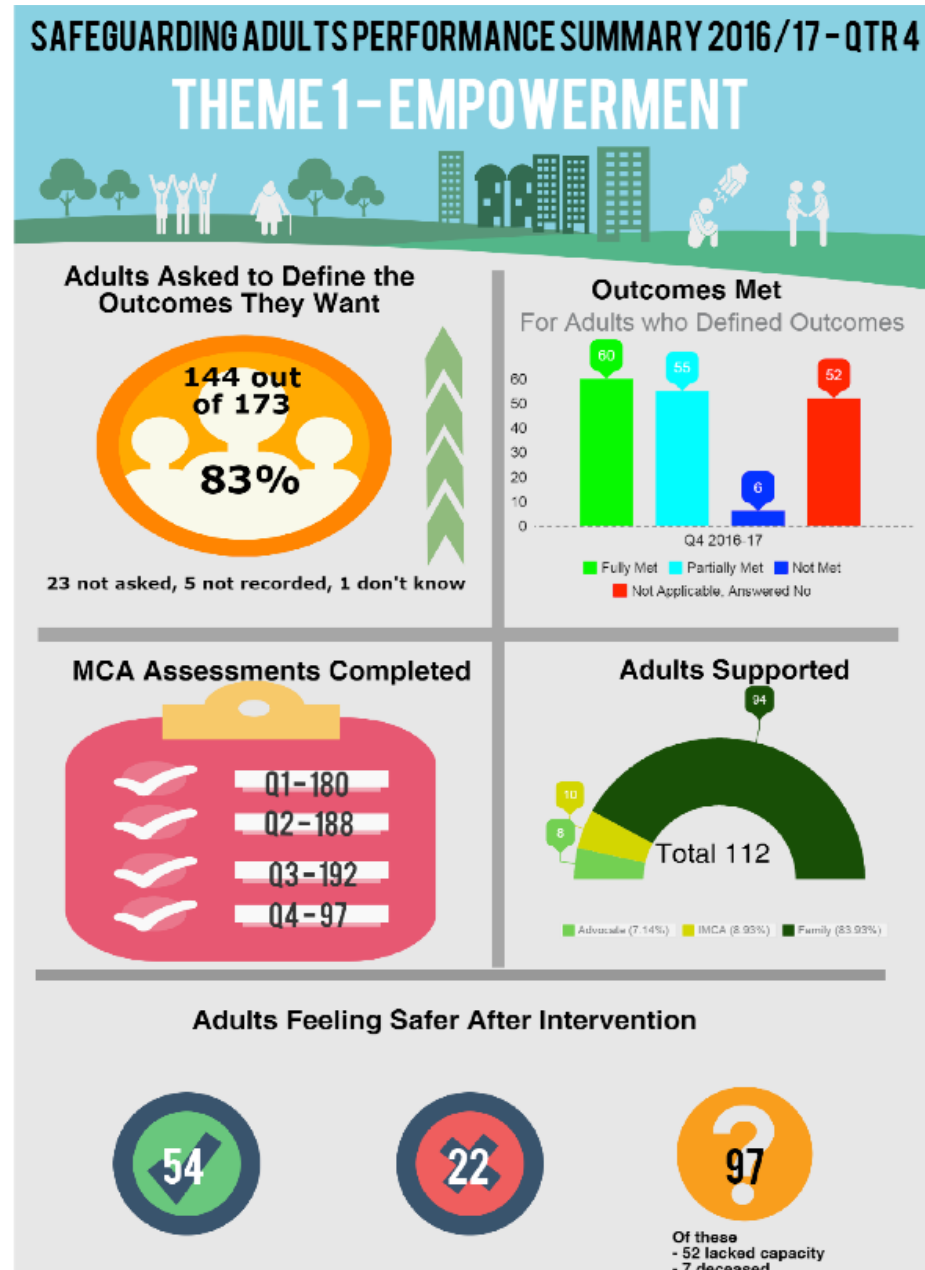
The Quality and Performance sub group have created a Framework modelled around Outcomes Based Accountability (OBA) methodology which identifies the end result (outcome) for the customer and then works backwards to identify the action needed that will make the difference. This process is designed to bring people together to share the responsibility of improving people's lives across the partnership.

The Framework will be used to continually improve the services that multi-agency partners deliver and to facilitate and provoke challenge and debate at both an operational and strategic level. The "Information Journey" as well as the governance and escalation routes are clearly laid out to show how performance data is fed through from the appropriate systems via the relevant sub groups for regular analysis and challenge by service experts, sub group and Board members. This, in turn, will allow issues as well as good practice to be highlighted and reported back to relevant managers and staff.

This revised Performance Framework includes a summary of infographics made up of multi-agency performance indicators. The Board receives this performance information on a quarterly basis along with a supporting narrative of analysis.

The dashboard has been positively received by the members of the Board as a clear and accessible method of receiving performance data and has provoked much challenge and debate, identifying areas for further exploration and investigation.

The Performance Summary Dashboard will continue to be refined throughout 2017/18 in line with the Boards steer.



Continuous Learning and Improvement

The Board has a statutory duty to undertake Safeguarding Adults Review when an adult at risk of abuse dies or has experienced abuse or neglect and there is a concern that partner agencies could have worked together more effectively to prevent that harm.

During 2016/17 1 Single Agency Review was identified and is currently being progressed by Health Services. In addition 1 Lessons Learned Review is in progress and a further Safeguarding Adults Review request is on hold pending the outcome of ongoing enquiries. Lessons learnt from reviews are fed into training and shared across the multi-agency partnership. The following lessons were learnt during 2016/17;

- Improving the application of the Mental Capacity Act to inform wider screening and health care interventions
- Recording and communicating effectively
- Timeliness in agreeing plans in relation to Adults health care needs

In addition good practice was also recognised and shared;

- Active management of the low Haemoglobin and risk of Urinary Tract Infections.
- The use of the Cardiff Tool to support annual assessments for people with Learning Disabilities (LD) and the fact that annual assessments were triggered and undertaken in line with the Royal College of Physicians recommendations.
- The use of the Mental Capacity Act 2005 following the diagnosis of cancer to support decision making in relation to treatment and care.
- The service and support provided by the Community Nurse (LD) service particularly post operatively.
- Clear use of the Mental Capacity Act 2005 when decisions were being made around treatment options for Adult F after the discovery of the cancer

The Board also learned lessons from a delayed review report and noted the detrimental impact on sharing learning across the partnership. The Board noted gaps in care may have already been considered and mitigated against due to overall changes in both the delivery of Health and Social Care. It was agreed that a short summary of the current position in relation to Pressure Ulcer Care and Prevention be presented to a future Board to assure the Board in relation to lessons learnt.

Moving forwards

Moving forward during the next twelve months, the Prepare Group will delegate the responsibilities for commissioning and undertaking Safeguarding Adults Review and Lessons Learned Reviews to a new Review and Learning Sub Group to strengthen the Boards approach to continuous learning and improvement. It will continue to develop the agenda to ensure sub groups are held to account for delivering the strategic objectives, core business and risks of the Board are managed as appropriate.



Our Priorities for

2017/18

Good progress has been made during 2016/17 against the Boards Strategic Plan demonstrating the commitment of partnership agencies during times of significant change in the architecture of public sector organisations, independent providers and increasing pressures due to budget restraints.



The Board held its annual away day in February 2017 to reflect and refresh its focus on a long term direction for the Board in line with the requirements of the Care Act 2014. In addition the findings from the 2016 Keeping Safe Event and local community consultation facilitated by Healthwatch were fed in to ensure priorities were in line with community expectations. The day resulted in a refreshed strategic plan for the Board and a revised sub structure that would support delivery of the 3 year Strategic Plan for 2016-19. Our aims moving forward are;

1. SHARING AND ENGAGING

“Sharing information and engaging with the people of Doncaster”

2. HELPING, EMPOWERING AND SUPPORTING

“Provide quality safeguarding services when abuse or neglect is identified and putting adults at risk at the centre of what we do”

3. PREVENTION

“Ensure agencies are working together to prevent abuse or neglect and take appropriate action when needed”

4. PREPARE

“Ensure the Board is fit for purpose through transformation and to ensure an effective response to safeguarding trends.”

The draft Strategic Plan 2016-19 will be presented to the Board for approval and embedded across the partnership commencing April 2017 and will be available on the DSAB webpage www.doncaster.gov.uk/safeguardingadults

Doncaster Keeping Safe Forum



To promote Keeping Safe in Doncaster

The Forum meets every 2 months hearing from speakers on different and informative topics with an average of 24 members attending the Keeping Safe Forum meetings in 2016/17. In addition the Forum have attended engagement activities to promote safeguarding, including local libraries in Scawthorpe, Denaby, Woodlands and a presence at Cusworth Hall and Elmfield Park fun days plus Balby Street School's summer fayar.

To be inclusive

The Forum has welcomed 32 new members during 2016/17 and information about Keeping Safe is now distributed to 86 members, whilst promoting membership registration at meetings and events. Open discussions and ideas at the Task and Finish group for the Keeping Safe Event linked to this was involvement in preparing the booking information for the event and associated publicity. Forum meetings continue to encourage everyone to become involved in sharing their views and information on Keeping Safe in a professional and personal capacity.

To provide information

Guest speakers at the Forum meetings have given talks on the Eat Well Live Well Project, Scam Awareness, Mental Health, Keep Warm Keep Well and Advocacy services in Doncaster. We have used Twitter providing information to our 710 followers about health and social care services, opportunities for people to share their views on local strategies/plans alongside information on Adult Safeguarding, also distributing flyers, cards and posters to a range of organisations. Find the KSF agendas /minutes plus any flyers/posters on the Doncaster Keeping Safe Forum section on Healthwatch Doncaster website <http://www.healthwatchdoncaster.org.uk/get-involved/doncaster-keeping-safe-forum/>

To be reliable

The forum continues to hold its meetings at venues in the Borough, informing attendees with all the relevant information such as agenda, meeting minutes and supporting documents via email/post. All work of the Forum is reported to the Share and Engage Sub Group meetings

Eyes, ears, voice and action for Keeping Safe

The Forum agreed to support ChAD (Choice for all Doncaster) with their Safety in Doncaster awareness campaign and provided feedback on the DSAB Communication and Engagement Strategy that was launched at the 2016 Keeping Safe Event.

To represent the views of all in Doncaster

A consultation on the future of the Forum resulted in agreement for Healthwatch Doncaster to continue to support the group rather than become independent. The Forum gave feedback on an easy read leaflet for Keeping Safe in Doncaster at one of its meetings and Forum members participated in discussions around the Sustainability and Transformation Plans (STP). In addition a consultation was undertaken with young people on the Keeping Safe campaign and who keeps their family safe.



Reports from Safeguarding

Adult Board Partners

Doncaster Council

Doncaster Metropolitan Borough Council has the lead responsibility for co-ordinating safeguarding adults as outlined under the Care Act 2014. During 2016/17 we have led on this by creating the Safeguarding Adults Hub, a specialist team resourced and trained to receive and respond to safeguarding adults concerns. The Hub is located at the Mary Woollett Centre which is co-located with other safeguarding teams such as Safeguarding Children, Police and Independent Domestic Violence Advocacy Service.

The focus of Adult Social Care is changing and transformation in Doncaster is now well underway and picking up speed. During 2016/17 Council has given great emphasis to supporting culture change to embed the principles of Making Safeguarding Personal, moving away from a process led system to an outcomes focused approach. This puts the adult at the centre of the process asking them what they want to achieve in response to a safeguarding concern allowing for early and proportionate resolution.

Governance

Damian Allen, Director of People is the designated lead responsible for Safeguarding Children and Adults across the whole of Doncaster Council supported by the Assistant Director, Adult Social Care and Safeguarding. In addition a Head of Service for Safeguarding and Specialist Teams and Operational Safeguarding Adults Hub Team Leader posts are designated professional leads within the organisation.

As a local authority Doncaster Council commission and provide care for vulnerable adults across Doncaster and are accountable for the quality of these services. Robust governance arrangements are in place to commission and monitor contracts to ensure high quality services are delivered and people are kept safe. Weekly multi-agency meetings are held to focus on providers and to target support early to prevent escalation of issues.

Safeguarding Adult Board Contribution

As the lead for Safeguarding Adults, Doncaster Council contributes both financially and with staff resource to the Doncaster Safeguarding Adults Board. All designated posts are actively involved in the work of Doncaster Safeguarding Adults Board to ensure the Council are represented fully at both strategic and operational levels including the Board, Prepare Group and all sub group meetings by the relevant senior or operational leads.

Prevention and Early Intervention

A number of services are provided by the Council to provide support in the community to proactively prevent issues escalating into safeguarding concerns.

- Safer communities - tackling anti-social behavior and lower level community safety issues within neighborhoods
- Well-being, early intervention and prevention service - a community and family approach to supporting people to live in their own homes and be supported within the community
- Stronger Families – works together with families on the things they want to change, offering support to the whole family to make their own decisions wherever possible.
- Community capacity and engagement - stimulating local community activity, increase volunteering and support communities to do more for themselves

Future Intentions

Moving forwards Doncaster Council will be building on this work to transform services in line with the Doncaster Place Plan alongside our partners to ensure safeguarding is at the forefront of what we do.

Care Quality Commission (CQC)

In our approach to regulating, inspecting and rating services our inspectors use their professional judgement, supported by objective measures and evidence, to assess services against our five key questions. Our approach includes our use of Intelligent Monitoring to decide when, where and what to inspect, methods for listening better to people's experiences of care, and using the best information across the system. We rate services to highlight where care is outstanding, good, requires improvement or inadequate and to help people compare them.

The five key questions we ask

To get to the heart of people's experiences of care, the focus of our inspections is on the quality and safety of services, based on the things that matter to people. We always ask the following five questions of services.

Are they safe?	By safe, we mean that people are protected from abuse and avoidable harm.
Are they effective?	By effective, we mean that people's care, treatment and support achieve good outcomes, promotes a good quality of life and is evidence-based where possible.
Are they caring?	By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.
Are they responsive to people's needs?	By responsive, we mean that services are organised so that they meet people's needs.
Are they well-led?	By well-led we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our approach was launched on 1 October 2014. This approach was developed over time and through testing and consultation with the public, people who use services, providers and organisations with an interest in our work. We will continue to learn and adapt how the approach is put into practice. However, the overall framework, including our five key questions, key lines of enquiry, characteristics of ratings and ratings principles will remain the same.

CQC role in safeguarding

As a regulator the main responsibility of the Care Quality Commission (CQC) is to ensure that all health and adult social care providers have clear and robust systems in place to keep people who use their services safe, that there is clear governance and oversight of those systems and that they employ staff who are suitably skilled and supported. The role and overarching objective of the CQC in safeguarding is to protect peoples' health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect.

As a regulator we are keen to work with local safeguarding teams and to establish effective working relationships and we see this as part of our function. These relationships help keep people safe.

We commit to CQC representation at a SAB meeting at least once per year in each local authority area. As a partner, as opposed to a member of the SAB, and a national regulator, the focus of our local inspection teams is on inspecting regulated services against our five key questions of safe, effective, caring, responsive and well-led. In doing this we work in partnership with local authorities and local CCGs to highlight areas of concern within regulated services. We will take regulatory action as appropriate.



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NHS England (Yorkshire and Humber)

NHS England responsibilities in relation to direct commissioned services

NHS England ensures the health commissioning system as a whole is working effectively to safeguard adults at risk of abuse or neglect, and children. NHS England is the policy lead for NHS safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes. Key roles are outlined in the Safeguarding Vulnerable People Accountability and Assurance Framework 2015.

Yorkshire and the Humber has an established Safeguarding Network that promotes shared learning across the safeguarding system. Representatives from this network attend the national Sub Groups, which have included priorities around Female Genital Mutilation (FGM), Mental Capacity Act (MCA), Child Sexual Exploitation (CSE) and Prevent. NHS England Yorkshire and the Humber works in collaboration with colleagues across the North region on the safeguarding agenda and during 2016/17 a Clinical Commissioning Group (CCG) peer review assurance process was undertaken covering all 44 CCGs in the North region.

Sharing learning from safeguarding reviews

In order to continuously improve local health services, NHS England has responsibility for sharing pertinent learning from safeguarding serious incidents across Yorkshire and the Humber and more widely, ensuring that improvements are made across the local NHS, not just within the services where the incident occurred. The NHS England Yorkshire and the Humber Safeguarding Network meets on a quarterly basis throughout to facilitate this. Learning has also been shared across GP practices via quarterly Safeguarding Newsletters, a safeguarding newsletter for pharmacists has been circulated across Yorkshire and the Humber and one for optometrists and dental practices is being scheduled for March 2017.

Safeguarding Serious Incidents

All safeguarding serious incidents and domestic homicide's requiring a review are reported onto the national serious incident management system – Strategic Executive Information System (STEIS). During 2016/17 a review of current systems for recording safeguarding incidents and case reviews across the North Region was undertaken to support the identification of themes, trends and shared learning. The Yorkshire and the Humber process to jointly sign off GP IMRs, as CCGs responsibilities for commissioning of primary care services is increasing, has been adopted across the north of England region to ensure consistency. NHS England works in collaboration with CCG designated professionals to ensure recommendations from reviews are implemented.

Assurance of safeguarding practice

NHS England North developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which was implemented in 2016/2017. The Regional Designated Nurses undertook the review which included all action plans to identify key themes and trends across the North Region with a view to identifying common areas requiring support. Themes from this process have influenced the commissioning of leadership training for safeguarding professionals and there are future plans for a national assurance tool for CCG's.

Learning Disabilities Mortality Review (LeDeR) Programme

Over the last 2 years a focus on improving the lives of people with a with learning disabilities and/or autism (Transforming Care) has been led jointly by NHS England, the Association of Adult Social Services, the Care Quality Commission, Local Government Association, Health Education England and the Department of Health. In November 2016 the national LeDeR Programme was established following the Confidential Enquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD).

All NHS regions have been asked to establish the LeDeR process locally to undertake the reviews. LeDeR also complements the NHS Operational Planning and Contracting Guidance for 2017/19 which contains 2 'must-dos' for people with learning disabilities:

- "Improve access to healthcare for people with a learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.
- Reduce premature mortality by improving access to health services, education and training of staff, and by making reasonable adjustments for people with a learning disability and/or autism.

LeDeR involves:

- Reviewing the deaths of all people aged 4 years and over
- Identify the potentially avoidable contributory factors related to deaths of people with learning disabilities.
- Identify variation in practice and best practice.
- Develop action plans to make any necessary changes to health and social care service delivery for people with learning disabilities.

A national database has been developed and anonymised reports will be submitted. This will allow, for the first time, a national picture of the care and treatment that people with learning disabilities receive. Good practice examples will be written up and shared nationally.

Prevent

Across NHS England North there are a number of priority areas which are designated by the Home Office, who fund two Regional Prevent Coordinator posts. These posts support the implementation of the Prevent Duty and ensure that Health embeds the requirements of the Contest strategy and specifically Prevent into normal safeguarding processes. Funding to support this work was secured from the North Region Safeguarding budget which has facilitated a number of projects including supporting partnership working with the North East Counter Terrorism Unit, delivering a conference in October on 'Exploitation, grooming and Radicalisation' and an Audit of referrals to Prevent /Channel where Mental Health concerns are understood to be a contributing factor. A research project to scope the current, attitudes, awareness and practice amongst GP colleagues has also been commissioned in the Region.

In December 2016, a North Regional Prevent conference was held to raise awareness of Prevent, delegates found this event a good opportunity to increase their knowledge and confidence in the role of the health sector in Prevent. Feedback received supported that there was an overall improvement in understanding the requirements of health organisations e.g: CCGs under the new statutory duty.

Pressure Ulcers – "React to Red"

React to Red was launched on 01 February 2016 at the Pressure Ulcer Summit in Leeds. It is a bespoke training package for pressure ulcer prevention which is competency based and designed specifically for care home staff and care providers. Since its launch in February 2016, there has been significant interest in this resource from CCGs: private organisations; secondary care; hospices; domiciliary care providers; tissue viability nurses and care homes. During 2017/18 this work will continue to be a priority across NHS England North and will focus on embedding the programme as a quality improvement initiative using a focused approach co-ordinated by CCG's and robust evaluation by NHS England North.



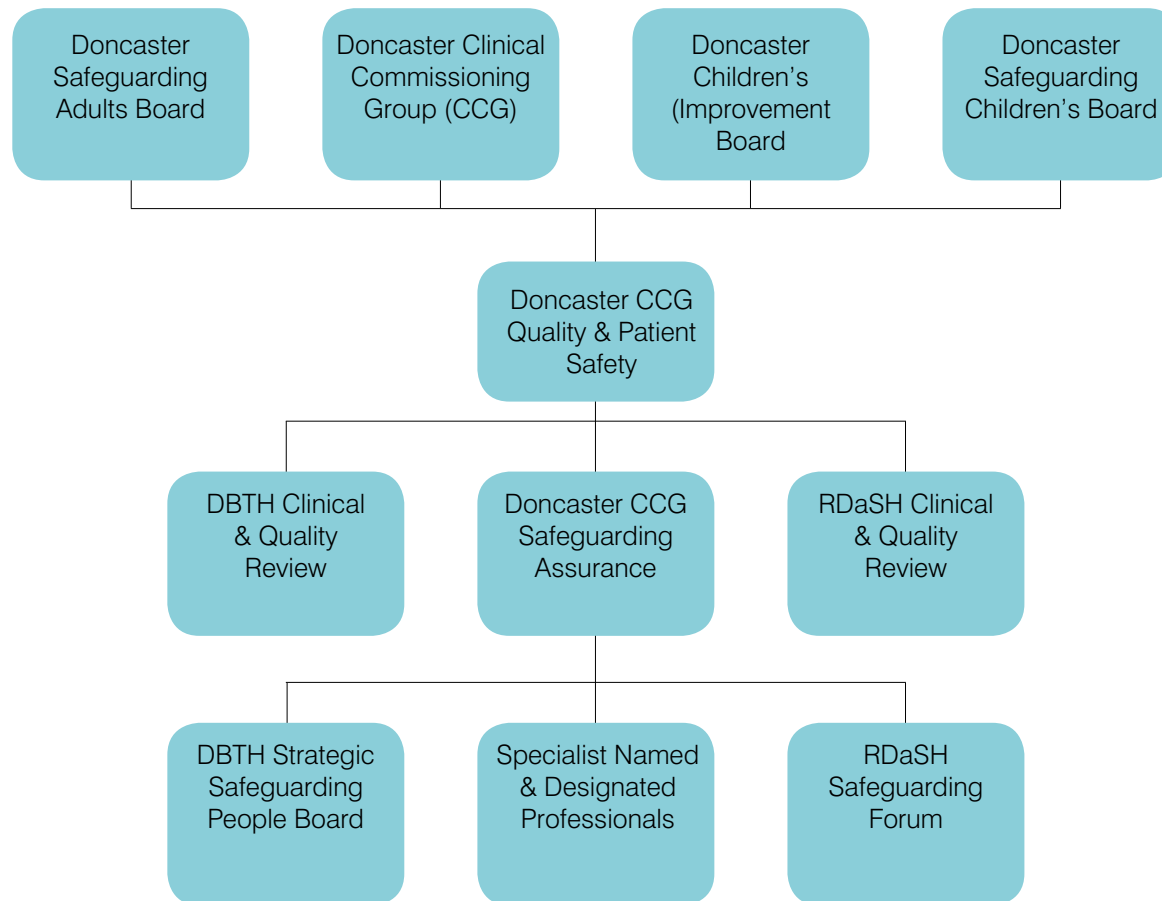
Doncaster Clinical Commissioning Group

As commissioners of high quality, safe healthcare, Doncaster Clinical Commissioning Group (DCCG) has responsibility for ensuring that the health contribution to safeguarding is discharged effectively across the whole local health economy through its commissioning arrangements and partnership working.

All healthcare providers commissioned by Doncaster CCG are accountable for the quality of the service they provide. The Doncaster CCG Safeguarding Assurance Group has the responsibility for Safeguarding within Doncaster and covers the commissioning responsibilities of the Doncaster CCG.

Governance

Doncaster CCG continues to monitor quality via the safeguarding standards and safeguarding annual declarations which are included within existing and new contracts. During 2016/17 Doncaster CCG has received quarterly safeguarding reports from both main provider organisations which have been discussed and reviewed by the Doncaster CCG Safeguarding Assurance Group.



Doncaster CCG is required to have a Lead Professionals for Safeguarding Adults and a Lead Professional for Mental Capacity. These roles are fulfilled by a single post holder. The Designated Nurse provides professional advice on safeguarding adults matters to the Doncaster CCG, health professionals, Local Authority and Doncaster Safeguarding Adults Board. Doncaster CCG continues to commission Strategic Leads and Lead Professionals in the main health providers to ensure:

- Accountability for safeguarding adults within their organisation.
- Provide representation at the Doncaster Safeguarding Adults Board at a strategic level.
- Robust and effective governance systems exist within their organisation.

Safeguarding Adult Board Contribution

Doncaster CCG contributes both financial and with resource to the Doncaster Safeguarding Adults Board. The CCG is represented at the Board, Business Coordination Group and Sub Group meetings by the Chief Nurse, Designated Nurse and/or the Named Nurse for Safeguarding Adults. Doncaster CCG supports all appropriate Safeguarding Adults work streams accordingly.

Health Support in the Safeguarding Adults Hub

The CCG has supported the provision of a Nurse into the Safeguarding Adults Hub. The post has enabled health expertise to become a central part of the evaluation process of the safeguarding process

Low Level Concerns

The low level concerns that are raised within Doncaster CCG relate the patients within a Care Home setting or patients receiving Domiciliary Care. These concerns are managed via the Weekly Risk Meeting which is attended by the Local Authority and Doncaster CCG. Clear escalation processes are in place to support the more complex issues.

Future Intentions

Doncaster CCG are currently developing their Safeguarding Work Programme for 2017/18, safeguarding adults will be a key focus within the Work Programme.





NHS Case Study – Making Safeguarding Personal

Mr A has Parkinson's Disease. His medication regime is very specific for him to maintain his independence and wellbeing. They continue to have a reasonable social life together within the confines of Mr A's capabilities. Mrs A is his main carer and manages his medication administration. In the summer of 2016 Mr A was admitted for a weeks respite in a care home to allow Mrs A to have a break with friends. Mr A went to the care home and during this time his condition deteriorated dramatically, he was telephoning his wife and wanting to go home. This caused distress to both Mr and Mrs A. When Mrs A collected him from the home she was shocked at how unwell Mr A was. She checked his medication and realised that Mr A had not received the correct regime.

Safeguarding Concern

Mrs A contacted Safeguarding Adult Hub and this concern was passed to Lead Nurse within the hub and a face to face meeting was arranged with Mr and Mrs A to explain the safeguarding process and identify what their outcomes were in line with the principles of Making Safeguarding Personal. Mr A was fully capacitated and was able to express his views although, his verbal communication was impeded and Mrs A provided support when he was recounting his experience. Mr A's outcomes were;

- No other resident should have to go through the experience he had.
- That care staff should have listened to his concerns regarding his medication
- Residents to be treated with dignity and respect as he felt the home was very institutionalised
- Improvement to moving and handling (he was not given opportunity to walk independently, he was put in a wheelchair)

Mr and Mrs A were asked if they wished to attend a planning meeting. They declined saying they wished to be informed of the progress and were happy to contribute in any way they could.

Safeguarding Enquiry

The Safeguarding Enquiry was conducted by the Enquirer and supported by the Lead Nurse

Outcomes for Mr and Mrs A

The outcomes from the enquiry were presented at the Outcomes meeting and all concerns were substantiated.

- The care home was supported by the Lead Nurse to implement changes to reduce the risk of similar concerns occurring.
- Mr A and Mrs A were able to have a single point of contact and felt empowered throughout the process and informed of process
- Mr and Mrs A were able to build a trusting relationship with the Lead Nurse and were confident in the enquiry
- Lead Nurse supported the Enquirer in regards to understanding the complexity of the medication regime for Parkinson's disease.

This case demonstrates that using the Making Safeguarding Personal Model enables the individual and their outcomes to be the central focal point of the safeguarding process. This is a critical development in the safeguarding process that provides practitioners with a unique learning opportunity that each case provides. Clearly there are still residual actions required to fully embed MSP by adapting the technology, this remains on-going.

Rotherham Doncaster and South Humber NHS Foundation Trust

The Trust works closely with a wide range of agencies, carers and the wider community to ensure that the whole range of services provided have regard to the duty to protect human rights, safeguard against abuse, neglect, poor practice and ensure each person is treated with dignity and respect. There is always a balance between a person's rights and choices and the need to protect those at risk is acknowledged.

All safeguarding work undertaken is underpinned by the Trust values of providing services that are:

- Passionate
- Reliable
- Caring and safe
- Empowering and supportive staff
- Open, transparent and valued
- Progressive

In addition, all safeguarding developments and initiatives are aligned to the Trust's strategic goals:

- Continuously improve service quality (safety, effectiveness and patient experience) for our service users and carers
- Nurture the talent, commitment and ideas of our staff in order to deliver excellent services
- Ensure value for money and increased organisational efficiency whilst maintaining quality
- Adapt and deliver services to meet agreed commissioned needs through enhanced multi-agency partnerships
- Maintain excellent performance, governance and a strong market position, and improve further our reputation for quality

Safeguarding is a fundamental component of all the care provided by the Trust. RDaSH acknowledges and appreciates that safeguarding is everybody's responsibility and that regardless of what position we hold in the trust we all have a duty to protect those accessing our services from abuse and harm.

Embedding personalisation

A "Making Safeguarding Personal" approach has been adopted within any safeguarding enquiry that has been undertaken during this period. There has been a commitment to moving enquiries away from being process driven to experience which fully involve the adult at risk or their carer/advocate as appropriate

Accountability

Overall responsibility for safeguarding adults at risk within the organisation rests with the Board Executive Lead Dr Deborah Wildgoose and the Board Non Executive Lead Pete Vjestica.

Board Contribution

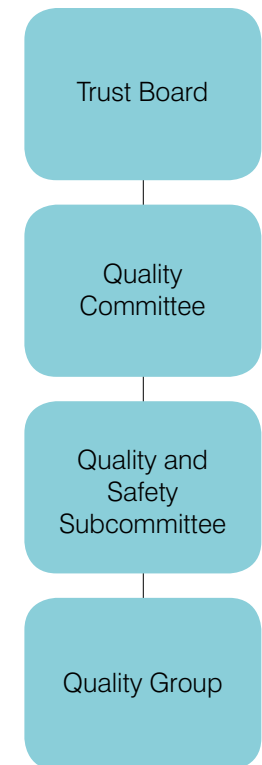
A financial contribution comes from Doncaster CCG on behalf of the Health Community. RDASH contribute through Board and Sub group membership and provide support to multi-agency training programme

Low level concerns

Low level concerns are managed through the organisations Incident Management Policy. These concerns are reviewed by the safeguarding adult leads and those identified as potential safeguarding adults concerns are reported as appropriate. Senior managers review all safeguarding adults concerns.

Future intentions

Moving forwards the Trust is looking to develop a joint safeguarding team including children's and adults services. In addition it will look to continue to provide health support to Safeguarding Adults Hub building on the positive work achieved throughout 2016/17.



Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

The Director of Nursing, Midwifery and Quality is the Trust Executive Lead for safeguarding and chairs the Trust Strategic Safeguarding People Board (SSPB), which oversees the safeguarding arrangements in the Trust. As well as safeguarding professionals the membership includes Care Group Heads of Nursing, Midwifery and Quality and Head of Therapy so that each Care Group has a representative that provides assurance to the Board. In addition, each Care Group has its own internal safeguarding arrangements.

The SSPB oversees the safeguarding arrangements in the trust. Its purpose is to:-

- Provide leadership and strategic direction for maintaining, developing and implementing safe and reliable safeguarding systems and processes within the Trust.
- Provide the Trust Executive Group and the Board of Directors with assurance of the Trusts compliance with statutory regulations, obligations and standards in relation to safeguarding.
- To receive feedback and assurance from the Care Groups

From April 2016, the Safeguarding Team underwent a review using the Calderdale Framework. Changes to the team structure were implemented. Building on progress from last year's key priorities "getting the 'safeguarding' message across to all staff" and "Visibility and accessibility of the safeguarding team" the safeguarding nurses now wear uniforms making them more visible to patients, staff and visitors while acknowledging their knowledge and expertise in their field. Regular drop-in sessions and ward rounds across the organisation make the nurses more approachable to staff and patients raising the profile of safeguarding. As an organisation who involve patients in making decisions about their care 'Making Safeguarding Personal' is not a new concept, however MSP has been incorporated into training to ensure our staff understand the importance of involving patients in safeguarding decisions as well as medical and nursing care.

The team held a safeguarding awareness week in December, holding stands across the organisations main 3 sites along with short teaching sessions. Seasonal safeguarding newsletters inform staff of hot topics and updates.

Audits have been undertaken in 2016/2017 by the Lead Professional and Specialist Nurse for Safeguarding Adults in relation to staff awareness of the MCA 2005 and compliance with DoLS. Currently there is another MCA and DoLS audit being carried out by internal auditors. Year by year we increase awareness, knowledge and compliance.

South Yorkshire Police

The Safeguarding Adults Teams (SAT) established in September 2015 are co- located with partners at the Mary Woollett Centre in Doncaster. The SAT is comprised of 2 Detective Sergeants supervising a mixture of experienced Detective and Police Constables, and Police Civilian Investigators. The department manages all cases of domestic abuse classified as high risk by the South Yorkshire Police Domestic Abuse Risk Assessment Unit. This includes evidence gathering, safeguarding of the victim, and processing of the suspect from arrest to final disposal at court. Further areas of responsibility managed by the SAT include serious sexual offences where the offender is known (domestic sexual abuse) and offences perpetrated against vulnerable adults as defined by the Care Act 2014.

Over the last 12 months professional relationships with practitioners from other members of the Safeguarding Adults Board have been forged in a drive to work more effectively in the response to protecting vulnerable people. The SAT has managed several high profile and resource intensive investigations to a successful conclusion. This has been achieved by collaboration with these practitioners through a joint approach.

Examples of work in practice include the death of an elderly resident at a local Care home. This brought together representatives from the Police, Adult Safeguarding, DMBC, CQC and HM coroner. The huge amount of work involved in this case could not realistically have been completed in a reasonable timescale by any single agency. As a result, vastly improved safeguarding measures have been implemented at the Care Home since this multi-agency-intervention.

A safeguarding referral made to SAT, of suspected sexual abuse of a vulnerable elderly lady by her son, required a comprehensive multi agency approach to manage the

subsequent investigation. The criminal aspect of the referral became the focus of by the SAT. The safeguarding, re housing and any subsequent needs of the victim were professionally managed by partner agencies. Ultimately, the sexual abuse case was unfounded. However, as a result of this intervention the lady now has a comprehensive respite care and support package. Her son, (the perceived source of harm) is also now subject of assessment to determine if he has care and support needs under the Care Act.

SAT staff attend the Keeping Safe and Growing Futures conferences and events, conducting presentations and raising awareness of the Police's roles, responsibilities and innovative ways to protect vulnerable people.

In January 2017 Police and Crime Commissioner (PCC) Dr Alan Billings visited the Mary Woollett Centre. He met staff and practitioners from across the spectrum of Doncaster Safeguarding and later made the following statement:

Dr Billings said: "The model that they have here in Doncaster to work closely together is obviously working very well. It was interesting to see how partners share information quickly and efficiently when working in person at the same location. This means they can utilise most of their time putting measures in place to keep people safe, rather than chasing up emails and administration.

"It is a difficult subject to discuss, as for each case the unit handles there is a potential risk to a person's safety. We should not forget the work the practitioners undertake on a daily basis, and I am very grateful for their professionalism and dedication in working so hard to address these issues that now present themselves not only in South Yorkshire, but across the country"

In March 2017 Dr Billings set out in his 4 year Police and Crime Plan. One of his 3 main priorities is 'Protecting Vulnerable People'. <http://www.southyorkshire-pcc.gov.uk/About/Police-and-Crime-Plan.aspx>. It is the intention of the SAT to continue working alongside partners to prevent abuse of vulnerable people using safeguarding and preventative measures. However, where suspected abuse has already occurred the SAT will be proactive in investigating, and ultimately prosecuting the perpetrators of abuse.

St Leger Homes

At St Leger Homes we have a comprehensive safeguarding approach embedded throughout our organisation which enables us to provide protection and support services to our most vulnerable and socially excluded individuals and families. We have established a single point of contact for all employees to report any concerns they have seen, heard or received from residents or other professionals whilst carrying out their day to day duties. Any actions arising from this are recorded and managed. St Leger Homes also works closely with partner agencies to take a proactive approach to safeguarding adults. We conduct courtesy visits and actively engage with our customers to identify issues, and then offer and arrange tailored support to meet their individual needs at an early stage.

Making Safeguarding Personal Principles

We have developed a strong safeguarding culture within the business that focuses on delivering the best personalised outcome for individuals with care and support needs. We place the adult at risk at the centre of all decision making to ensure that their desired goals and outcomes are recognised and achieved. Our safeguarding policy and procedure is underpinned by the six safeguarding principles; Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.



Governance

Paul Tanney, Chief Executive of St Leger Homes, has overall responsibility for adults at risk and provides both strong leadership and a clear vision to St Leger Homes. Paul is a member of the DSAB and chairs the Sharing and Engagement sub group which delivers the DSAB Communication Plan. In addition, there is a Designated Safeguarding Lead Officer whose role is to ensure we fulfil our responsibilities and promote positive practice within our organisation. They are a member of several DSAB sub groups; and sit on the Safeguarding Adult Review and Domestic Homicide Panels as and when required.

Preventative Measures

At St Leger Homes we recognise the importance of people and organisations working together to prevent abuse and neglect. We identify, engage and empower individuals to make choices and support them in accessing a range of options for support to keep them safe from abuse and neglect, tailored to meet their personal needs, at an early stage. Other preventative measures include safe recruitment practices, effective safeguarding training for all staff, effective supervision arrangements and the identification of a named safeguarding lead. We have ensured that we have a robust safeguarding policy and procedure, and that staff know how to raise safeguarding concerns.

Performance Information and Activity

St Leger Homes deal with many calls for advice and support relating to both adults and children. During 2016/17 a total of 308 concerns were received which resulted in 495 referrals for varying support services. All safeguarding concerns received are treated as a high priority and visits are made to the individuals address within 24 hours. All concerns are case managed by an Estates Officer and through engagement with the individual the best support services are identified, offered and arranged to meet their personal needs.

All low level concerns are dealt with through the organisations safeguarding arrangements. These concerns are reviewed by the safeguarding lead and those identified as potential safeguarding concerns are reported as appropriate.

Future intentions for Safeguarding Adults

St Leger Homes will continue to learn, develop and fulfil its safeguarding responsibilities to the highest standards by:-

- Continuing to build on our collaborative approach to safeguarding children and adults, and continue to be a key partner in delivering the vision for Doncaster.
- visible and influential in the delivery of Doncaster's approach to safeguarding through effective engagement with other multi agency partnerships, partner agencies, frontline practitioners and adults at risk.
- Continue to deliver our rolling programme of safeguarding training and refresh training, both for our own staff and partners through the Review and Learning Sub Group and the training pool.
- Continue as chair of the Share and Engage Subgroup to build on the successful launch of the Board's "Keeping Safe" campaign (via posters, leaflets, cards and visits to other agencies) to a wider audience.

South Yorkshire Fire and Rescue Service

Governance

In the last 12 months South Yorkshire Fire and Rescue have introduced an internal Safeguarding Executive Board and Reference Sub group. The purpose of these new arrangements, are to strengthen governance, through scrutiny and challenge across departments and to learn and improve in areas relating to multiagency working and information sharing.

Case Management and Policy

Safeguarding Concerns are triaged by the designated Safeguarding Advisor and out of hours by the Group Managers and data relating to this is published in the Prevention and Protection Quarterly report. The cases are predominantly related to self-neglect, often in association with fire risks and concerns about health and wellbeing. The High Risk Coordinators (2) manage the high fire risk cases locally. Policies, relating to Safeguarding, are updated annually together with an Equality Analysis and for adult safeguarding Making Safeguarding Personal is included and for child protection a Strengths Based Approach "Signs of Safety".

Contribution at Safeguarding Boards

South Yorkshire Fire and Rescue continues to be represented at both Local Authority Safeguarding Children and Safeguarding Adult Boards across the county (and SYP County Wide Safeguarding Board) and has contributed to a number of initiatives in policy development relating to self-neglect and hoarding.

Developments

In addition to the Fire Risk Assessment and Fire Safety advice given during the Home Safety Check, additional screening questions and signposting have been incorporated as a "Safe and Well Check". This now includes "Falls", "Crime Prevention" and "Sight testing" and has been piloted in Doncaster and is now being rolled out across South Yorkshire.

Doncaster College

The College has linked the 'Making Safeguarding Personal' principles into the curriculum for students on Health and Social Area Courses. Promotional materials have been utilised across the College and linked to the website: www.don.ac.uk.

The Assistant Principal Inclusion, Student Experience and Commercial Development, who is also a member of the College's Executive Team, has overall responsibility for safeguarding adults within the College. The College has 8 Safeguarding Designated Officers overall. Complex cases are discussed by at least 2 Designated Officers with oversight by the Senior Safeguarding Designated Officer (Assistant Principal Inclusion, Student Experience and Commercial Development). There is a Safeguarding Vulnerable Adults Policy which is reviewed annually in line with government legislation and guidance. The College has completed the following audits:

- Education and Standards Effectiveness Service Annual Safeguarding Audit/Report 2015-2016
- Doncaster Safeguarding Children and Adults Boards Audit of Strategic and Organisational Arrangements to Safeguard and Promote the Wellbeing of Children and Adults at Risk 2017
- Safeguarding Adults Performance Dashboard Data Collection (October 2016).

The College's Ofsted Inspection 2016 noted that:

- 'Safeguarding is highly effective, steered by a clear policy that includes the promotion of tolerance, democracy and respect. The college provides an inclusive, welcoming and respectful environment. Students feel safe and know how to keep themselves safe online.'
- 'Leaders, managers and staff promote an inclusive approach to education that includes developing students' understanding of the Prevent duty and British values.'
- 'Students and apprentices feel safe. They know how to seek help or raise concerns about incidents of bullying or unfair treatment and have confidence that managers and staff will respond quickly and effectively to resolve any concerns raised.'

The College has embedded safeguarding adults into the cross College Mandatory Safeguarding Training, which is updated by all staff every 3 years. The compliance rate as at 12th April is 91.46%. All 8 Safeguarding Designated Officers have attended the DSCB level 3 Training. 2 Safeguarding Officers have attended the Level 3 Safeguarding Adults Training. Designated Officers have attended DSAB sub group meetings and conferences. The College offers the Safeguarding Adults Board facilities for events and meetings.

Key Priorities for 2017/18:

- To embed safeguarding through online tutorial My SOLE using national noted dates and events as well as key themes in line with legislation.
- To facilitate staff training in British values and to ensure curriculum observation process takes account of this cross College.
- To undertake a cross College Prevent audit review – completed in September.
- To streamline the SC1 tracker to enable more specific detail of cases taken.
- To research online safeguarding tracking software.
- Two appointed safeguarding officers to undertake Mental Capacity Training to further enhance knowledge levels within DSO team.



In terms of promoting and developing its role as a relevant partner in Adult Safeguarding, Her Majesty's Prison and Probation Service (HMPPS) formerly known as National Probation Service (NPS) continues on a journey to embed the safeguarding of adults into everyday practice and to improve co-operation with all relevant partner agencies.

At a national level, the recently published National Probation Service Policy Statement and associated Practice Guidance (Jan 2016) makes clear the NPS commitment to safeguarding and promoting the welfare of adults at risk. It recognises the importance of people and organisations working together to prevent and stop both the risk and the experience of abuse and neglect, whilst at the same time making sure an individual's well-being is being promoted with due regard to their views, wishes, feelings and beliefs. It also identifies that Offenders in the community should experience the same level of care and support as the rest of the population and acknowledges the contribution NPS staff can make to the early identification of an offender who may have care and support needs, or of an offender who may benefit from preventative support to help prevent, reduce or delay needs for care and support. We are also aware of the NPS role with Victims under the Victims Charter and how they are often vulnerable adults.

In terms of the practical application of this policy statement, 2017 has seen the continuing programme of NPS mandatory e-learning training on adult safeguarding for all staff, followed by mandatory class room events for operational staff. The development of policy and guidance has been accompanied by the introduction of a new process mapping system (EQUIP) which provides front-line staff with easily accessible information on policies, processes and guidance around adult safeguarding. Each National Probation Service Division has a designated strategic lead for Adult Safeguarding. As part of the National Probation Service NE, the responsible strategic lead is Julie Allan, but our South Yorkshire Lead is Sally Adegbembo Head of Rotherham/Doncaster NPS Cluster .

It is explicitly recognised that Safeguarding is everyone's responsibility and that the need to promote individuals welfare and protect them from abuse, neglect and serious harm will apply at every point of an offender's journey. However, we recognise the importance of identifying at an early stage whether an offender has care and support needs, is a carer of a person with care and support needs, poses a risk of harm to adults at risk, and/or if they themselves are an adult at risk. There is a specific expectation that staff at pre-sentence report stage are pro-active in identifying adult safeguarding concerns. There is also a specific expectation that any identified offenders are appropriately 'flagged.'

However, it is recognised that practice locally needs to be developed. From a strategic management perspective there is a continuing need to ensure that we get better at identifying and 'flagging' relevant cases, to help promote learning and improve service delivery. To ensure this is in place this year, as a priority, an audit of adult safeguarding cases will be performed on a six monthly basis alongside our child safeguarding audit which is already embedded in practice. From a frontline service perspective, we will continue to develop partnership working and to identify and promote those services which appear to be most effective, such as the close cooperation with social workers based within the South Yorkshire custodial estate. To help achieve this, Doncaster LDU have recently identified that Josie Turgoose , Senior Probation Officer/ Victims Team Manager , will have a specific responsibility for Adult Safeguarding in Doncaster.

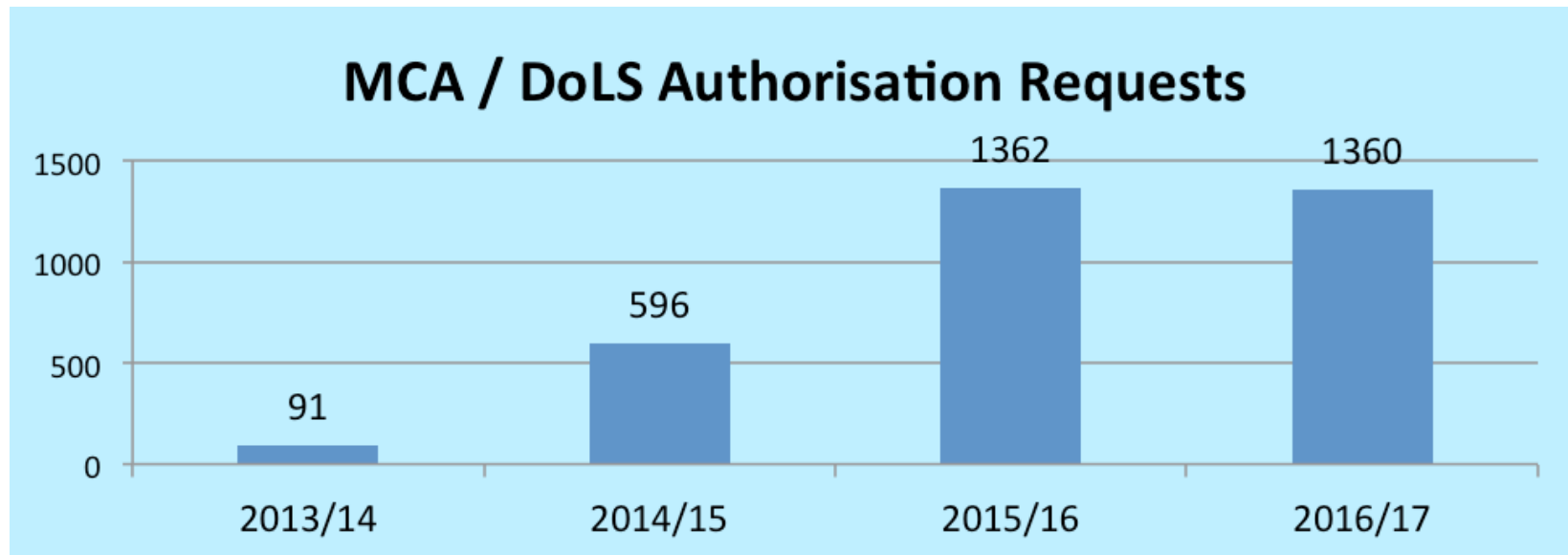
Mental Capacity Act

Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 and subsequent Deprivation of Liberty Safeguards 2007 became statutory from April 2009. On 19th March 2014 the interpretation of the law by the Supreme Court changed, which has had a dramatic impact on Councils nationally due to a significant increase in Deprivation of Liberty Safeguard authorisation requests with no additional resources nationally identified to meet the increased demand. The safeguards are there to ensure;

- A deprivation of liberty is a last resort
- Their care and treatment is in their best interest and least restrictive
- They have someone appointed to represent them
- The person is given the right of appeal
- The arrangements are reviewed and not continued for longer than necessary

Over the period of April 2016 to end of March 2017 there have been 1360 requested authorisations to deprive individuals of their liberty, this is a similar number when compared with 2015/16 figures.



In response DMBC have continued to target resources to deal with the significant increase in DOLS requests. The Doncaster MCA / DoLS Team provides a single point of contact for organisations, professionals and the public in relation to Deprivation of Liberty issues. For further information visit <http://www.doncaster.gov.uk/services/adult-social-care/raising-concerns> or email dols@doncaster.gov.uk



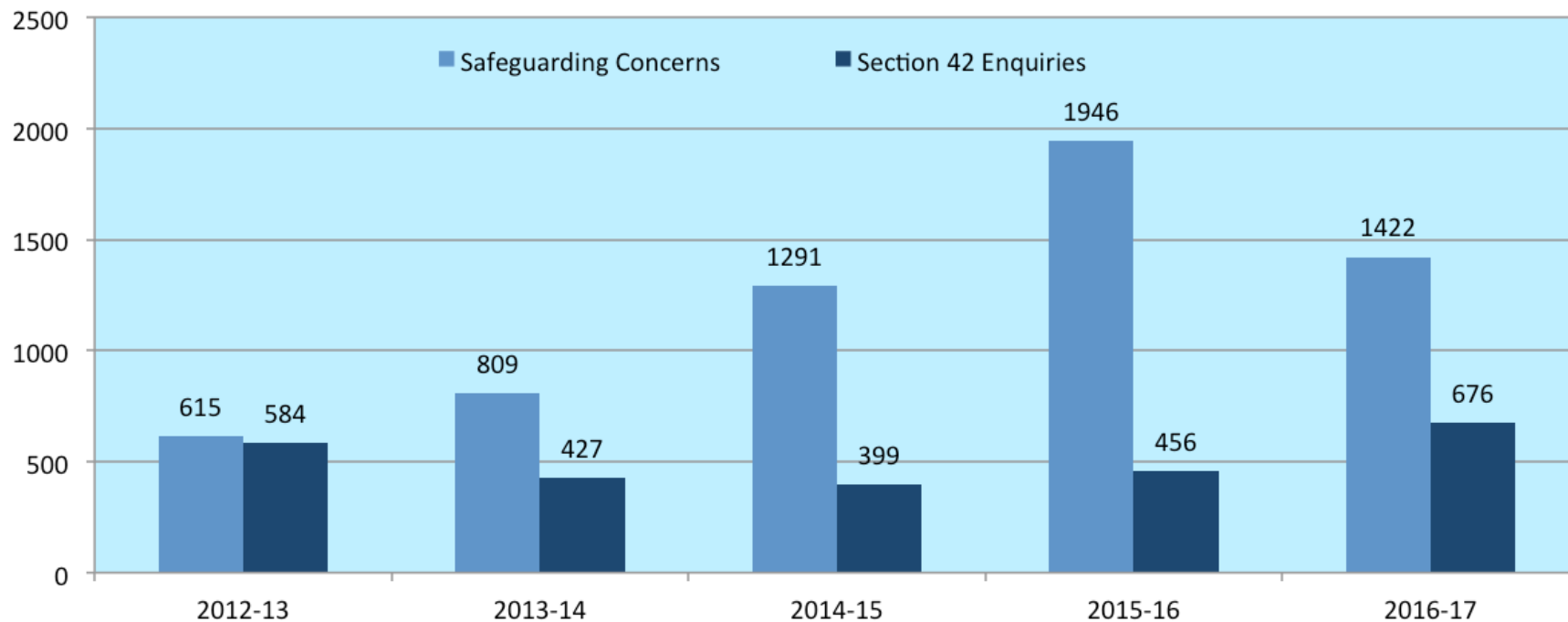
Monitoring Themes and Trends

Safeguarding Adults Activity 2016/17

The number of Safeguarding Concerns has reduced by 12.7% from 2402 in 2015-16 as compared to 2098 in 2016-17.

Despite this, there has been an increase in the proportion of concerns that convert into Section 42 Enquiries meaning that we are receiving more appropriate concerns about abuse or neglect that require further intervention. The introduction of the Care Act 2014 has seen a broadened definition of abuse and people defined as adults at risk, in addition people are becoming more aware of abuse and how to report safeguarding concerns. Moving forwards we need to use management information to target bespoke support and multi-agency training to those agencies/care providers who raise the highest number of concerns which do not lead to enquiries

Number of Safeguarding Concerns and Section 42 Enquiries



The data illustrated within the graph may include people who have been referred into the system more than once n=676

The Board published guidance in September 2016 to assist independent providers to identify appropriate safeguarding concerns and reduce the number of inappropriate safeguarding concerns being reported to the Safeguarding Adults Hub which could be dealt with through other processes. This guidance will be reviewed and re-launched during 2017/18 to ensure a consistent approach to identifying and preventing safeguarding concerns is applied within the independent sector.

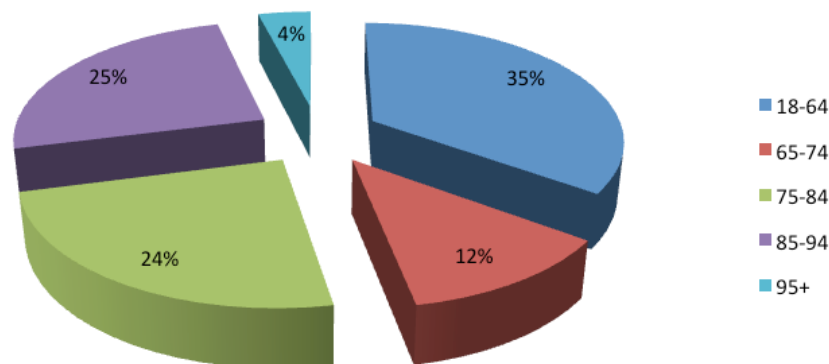
Safeguarding Concerns received by Source of Referral

Source of Referral	2015-16	2016-17
Voluntary	6	7
Police	67	63
Primary Health Care	122	127
Regulator	27	19
Relative / Family Carer	121	34
Community Health Care	55	19
Secondary Health Care	104	153
Social Care staff (statutory and independent)	1585	1261
Individual - Unknown / Stranger	15	77
Individual - Known but not related	47	6
Other private sector	253	332
Total number of concerns received	2402	2098

The above table considers all safeguarding concerns received by operational services including those that progress to a Section 42 enquiry, therefore the number is 2098.

The majority of concerns are received by care workers employed in the statutory and independent care sector. This demonstrates robust governance procedures in this sector indicating that care workers know how to identify abuse and respond to safeguarding issues

Section 42 Enquiries by Age Groups

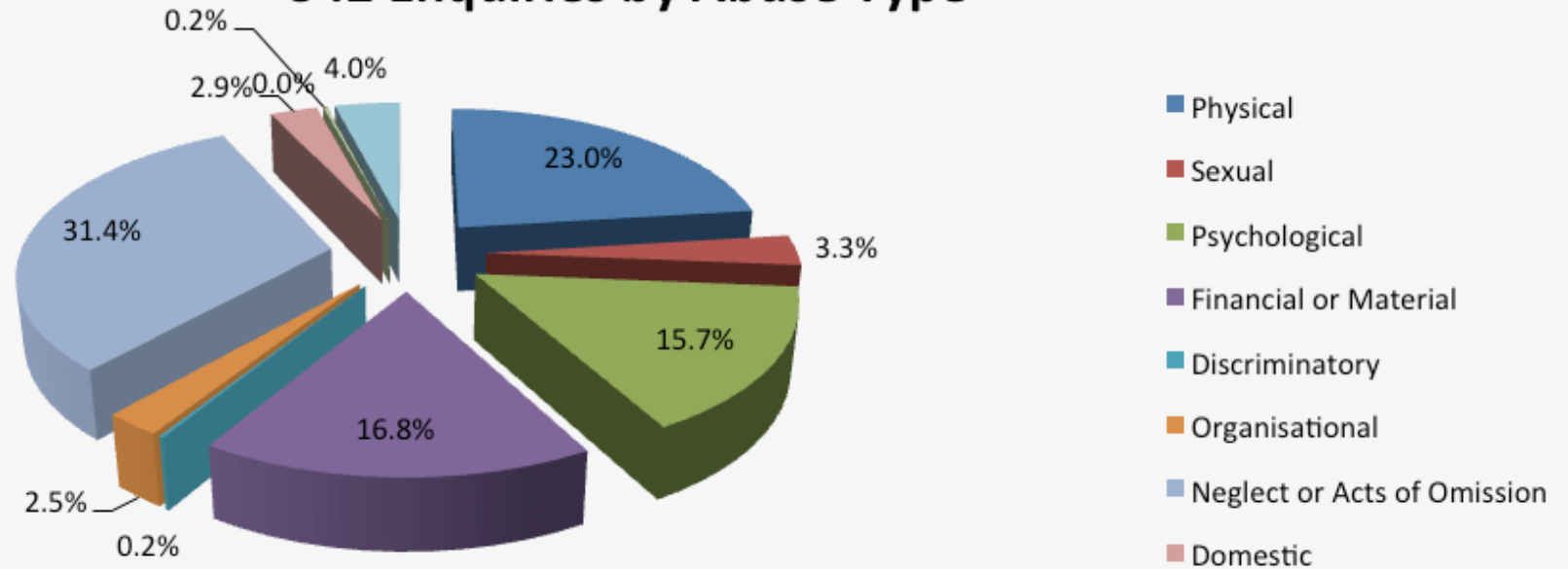


35% of enquiries related to the under 65 age group this includes people who have learning or intellectual disabilities and who are more vulnerable to situations such as exploitation. This is closely followed by the 75–84 and 85-94 age groups as demonstrated in the table adjacent.

61% of enquiries received by the Safeguarding Adults Hub are related to females and 39% for males. 94% of enquiries were categorised as 'White' (NB – not solely White British). This reflects the total population of Doncaster that are categorised as such in the latest census return (March 2011). This notes a slight decrease (2%) in Black and Minority Ethnic groups accessing the safeguarding adult service. The largest proportion of safeguarding adults Section 42 enquiries relates to people with physical support needs at 42%.



S42 Enquiries by Abuse Type



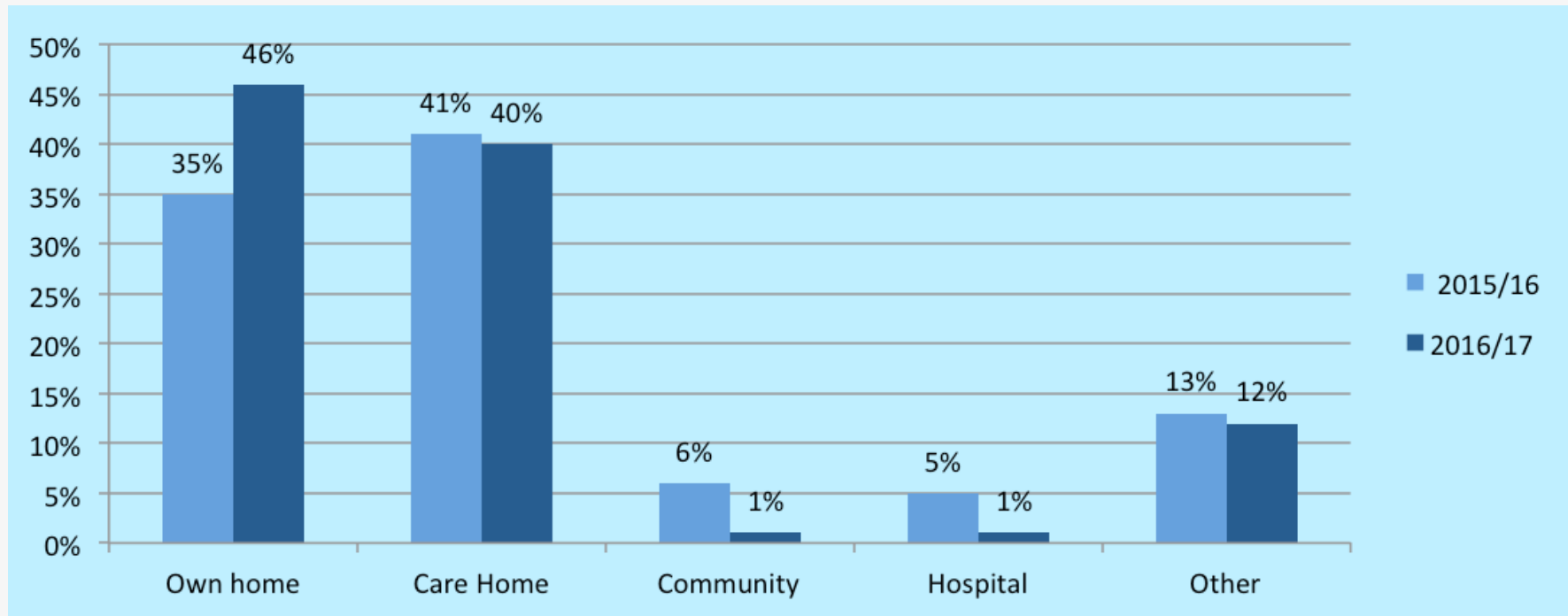
The data illustrated within the table may be subject to multiple entries per enquiry

Neglect (31%) and physical (23%) remain the most commonly reported typologies of abuse, followed by financial (16.8%) and psychological (15.7%) abuse. This is a slight shift when compared with last year's figures where financial abuse was the second most common type of abuse (21%) and physical third (19%). The Care Act 2014 introduced 4 more categories of abuse; domestic abuse, sexual exploitation, modern slavery and self-neglect. The Board is monitoring reporting of these new types of abuse to ensure awareness and reporting pathways are effective in these areas. To support with this a number of modern slavery training sessions have been delivered to staff across the multi-agency partnership with further training identified for 2017/18.

Issues relating to neglect and acts of omission most commonly relate to the independent care sector for example staffing levels, dependency of service users not assessed adequately to meet complex needs, lack of training for agency staff and a high turnover of staff.

Information continues to be shared at the multi-agency weekly risk meeting monitoring and escalating themes and trends across a range of commissioned services, to proactively improve quality, prevent abuse and respond appropriately and proportionately to safeguarding concerns within the independent care provider sector. Representation includes the Care Quality Commission, Health and Social Care Contract Monitoring Services, the Safeguarding Adults Board Support Unit and Operational Safeguarding Services. This model pools information on which to base sound and equitable decisions, also to identify support needed to improve quality.

Section 42 Enquiries by Location of Abuse



The most common locations of abuse are within an adults own home (46%) or within a Care Home (40%). The decrease in abuse occurring within a Care Home (40%) and increase in abuse with an adults own home (46%) marks a shift towards the national trend as Doncaster has been an outlier in this area previously. The reasons for this could be due to the following;

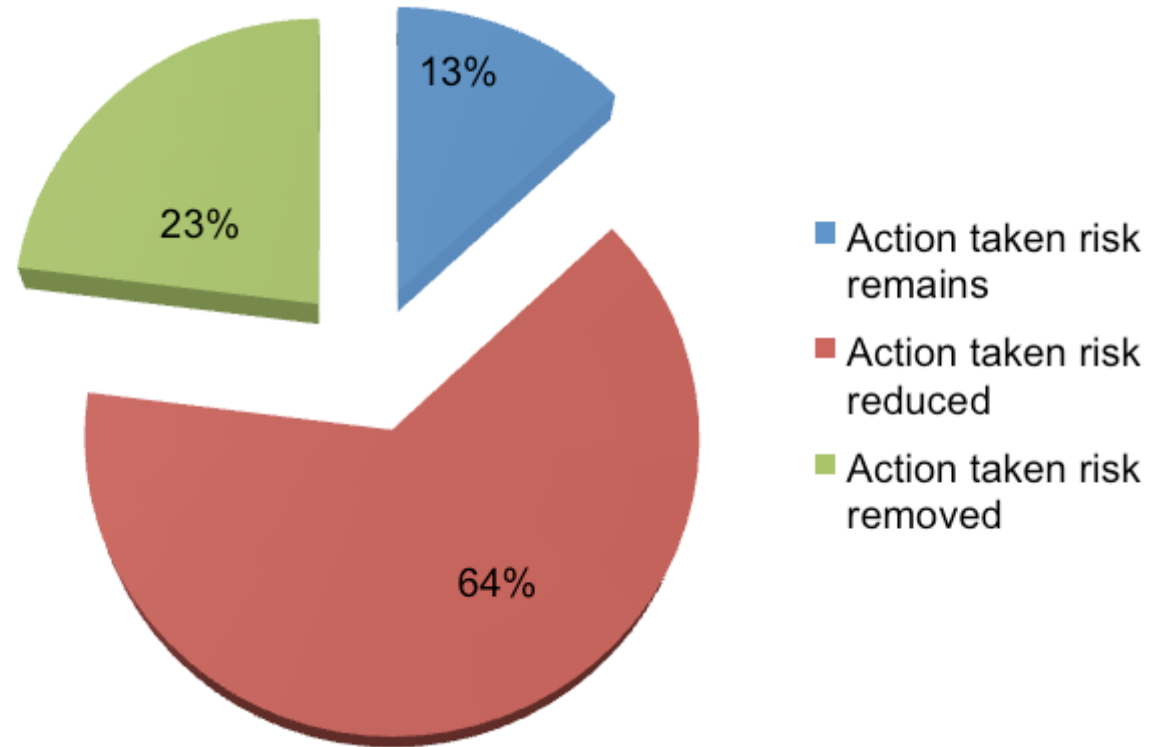
- The Board issued clear guidance to care homes to assist with identifying and reporting appropriate safeguarding concerns to reduce the number of inappropriate safeguarding enquiries in this location
- The Keeping Safe Campaign is being effective, getting the message out deep within the community of what abuse is and how to report it resulting in a rise in 'own home' enquiries

Section 42 enquiries relating to abuse occurring within hospitals has seen a decrease from 5% last year to 1% in 2016/17. The low number of cases from this area is consistent with both regional and national trends and appears to be linked to the use of more established mechanisms such as complaints, incident and serious incidents reporting frameworks.

The number of Section 42 enquiries relating to a Community Service has decreased from 6% during 2015/16 to 1% in 2016/17.



Section 42 Enquiries by Risk



While there has been an overall increase in the number of Section 42 enquiries the proportion of enquiries resulting in reduced risk has increased from 60% in 2015/16 to 64% in 2016/17. The percentage of enquiries where action was taken and the risk was removed has decreased during 2016/17 from 34% to 23%.

In 13% of cases the risk was reported as remaining. Safeguarding supports people in how they choose to live their lives in line with the wishes, feelings and identified outcomes of the adult at risk. As a person may decide not to accept support or to live in circumstances that place them at risk, safeguarding may not always be able to remove the risk. For example, a person may choose to live with a family member that has abused them. However, safeguarding will always look to empower people with options, that will help the person to be safe and in control of their own life.

Multi-Agency Safeguarding Adults

Learning and Development

Multi-Agency training courses are widely accessed by the workforce with attendance high demonstrating a demand for need. The training delivered over the year has had a real focus on embedding the Care Act 2014 and the principles of Making Safeguarding Personal. This has meant in a change in practice to focus on outcomes for adults at risk.

As we move forward we will continue to deliver training across Doncaster to ensure all agencies are equipped to undertake Section 42 Enquiries where appropriate. In addition a number of courses have been identified to address shortfalls in practice which have been identified through a training needs analysis. Below are attendance figures for 2016/17 for all Safeguarding Adults, MCA and DOLS courses.

Safeguarding Adults Courses - Overall attendance 669	DMBC	Independent/Voluntary	NHS/RDaSH	DCST	STLH	DCCG	Other
Safeguarding Adults – Enquirers Course	17	13	39	0	0	1	2
Safeguarding Adults – New Forms	0	0	10	0	0	0	0
Safeguarding Adults – Making Safeguarding Personal	21	7	6	0	0	0	0
Safeguarding Adults – Minute Taking	3	0	2	1	0	0	0
Safeguarding Adults – Raising Concerns	15	24	98	1	1	0	3
Safeguarding Adults – Chair Training	10	0	2	0	0	0	0
Safeguarding Adults – Manager Training	5	7	12	0	0	1	0
Safeguarding Adults – Level 2 Basic Awareness	107	210	31	2	0	0	10
Safeguarding Awareness for PA's	0	7	0	0	0	0	1
Modern Slavery and Human Trafficking Awareness Session	12	15	6	11	2	0	9
Total	190	283	206	15	3	2	25

MCA/DoLS Courses Overall attendance 301	DMBC	Independent/Voluntary	NHS/RDaSH
Assessing Capacity and Best Interest Decision Making	12	6	0
Complex decision making under the Mental Capacity Act	19	9	2
DOLS for Care Homes and Hospitals (Managing Authorities)	7	30	4
Introduction to DOLS – (Basic Awareness)	26	38	3
Judicial Deprivations of Liberty	4	1	2
Mental Capacity Act – Basic Awareness	45	67	1
Mental Capacity Assessments – Property and Affairs	24	0	1
Total	137	151	13



Single Agency Training

Doncaster Council

Safeguarding Children and Adults Training sits in the mandatory training requirements for the Council. In addition safeguarding adults training is hosted and coordinated by the Council to ensure agencies across Doncaster can access high standard multi-agency training to support the safeguarding adults workforce and framework.

Souht Yorkshire Police

Safeguarding awareness training is mandatory on induction for all staff who will have contact with children, families and vulnerable adults. Staff have access to online learning and associated policies and guidance and all front line staff receive and input into safeguarding, this includes call handlers, crime recording bureau and front desk staff. The crime training department has developed an online package around abuse which is to be launched 2017. Training includes spotting the warning signs and indicators of abuse and the channels of referral. Staff members can recognise the abuse or neglect of children / vulnerable adults and make referrals as appropriate. Staff understand the importance of intervening early.

Training pathways / individual training plans are in place for those staff members who will have more in depth contact with children and vulnerable adults. Additional training is proportional and relevant. Police officers also have 2-year student training programme which addresses safeguarding issues. The Police training centre hosts CID Protecting Vulnerable People Masterclasses at intervals during the year to “top up” both staff and officer knowledge across all areas of Safeguarding. Training needs are reviewed during staff annual reviews as well as dynamically through supervisory observation and monitoring and auditing of the systems used by staff. Staff can at any time request relevant additional training via the internal training request process.

The Force plan is available on the front page of the intranet and sets out the strategic vision for SYP with Protecting Vulnerable People as a core focus for the force. Force Policies and Procedures are linked to National best practice and guidance and is available to support and guide officers. A Specialist Safeguarding Adult Investigators Development Programme is nearing completion with material from the College of Policing and we expect to deliver this in 2017. Additional staff have been employed to deliver training within PPU specialisms.

St Leger Homes

Safeguarding children and adults features in our induction training for all new employees, and staff undertake mandatory Safeguarding Awareness training as part of our rolling programme of safeguarding training. Dependant on role, our staff also complete training on various topics including Prevent, Child Sexual Exploitation, Domestic Abuse, Sexual Abuse, Modern Day Slavery and Human Trafficking, Child Protection, Signs of Safety, Early Help and Suicide Prevention. All training delivered has been quality assured by the safeguarding boards.

DBTH

The corporate safeguarding team have continued to deliver the trust training programme and demonstrate an improvement in practice. In January 2017 following a regional review of safeguarding training across the acute hospital Trusts a new shorter training has been designed and implemented. This new training has just received quality assurance by local safeguarding boards.

DCCG

Safeguarding Adults Training sits in the mandatory training requirements for the Clinical Commissioning Group and is required on an annual basis or induction by all Clinical Commissioning Group staff.

RDASH

Safeguarding adults training is embedded within the organisation through the Trust Safeguarding Adult Policy through;

- Multi agency training
- Single agency training
- Clinical supervision

In addition through raising awareness and understanding of safeguarding adults, proactive risk assessments and planning for individuals and services and reporting and review of incidents (IR1's).

South Yorkshire Fire and Rescue

The SYFR internal training programme includes a face to face Safeguarding Induction for all frontline staff (this includes volunteers) and then dependent on role and responsibility additional and bespoke Introductory and Refresher. The latter may be blended learning and/or external trainers are invited in for e.g. Domestic Abuse, Modern Slavery, Tele-care training. Community Safety Staff also attend Multi-agency training in their respective districts.

NHS England

It is mandatory for all NHS England staff to complete on line e-learning on Safeguarding Children and Adults every 3 years. Staff working within Safeguarding receive training appropriate to their level of work. Designated safeguarding professionals are jointly accountable to CCGs and NHS England and oversee the provision of safeguarding training for primary care medical services. The main source of training for other primary care independent contractors is via e-learning training packages.

NHS England North hosted a safeguarding conference on 10 December 2016 which included presentations on forced marriage, honour based abuse, FGM and domestic abuse and adult safeguarding. The conference aimed to provide level 4 training for healthcare safeguarding adults and children professionals and leads in the North region.

A conference was held on 11 November in York for named safeguarding GPs in Yorkshire and the Humber attended by Bradford named GPs, it was well evaluated and plans for a north region named GP conference are in place for 2017/18.

NHS England has updated and is due to circulate the Safeguarding Adults pocket book which is very popular amongst health professionals and has launched the NHS Safeguarding Guide App and a North region safeguarding repository for health professionals.



Funding

Partner Agency Contributions For 2016/17	
DMBC – (Adult Social Care)	£111,660
CCG (including funding of Independent Chair)	£106,180
SY Police Crime Commissioner	£5,000
Total income	£222,840
Total Spend	£192,204
Total underspend	£70,114
Carry forward from 15/16	£39,478

Partners Attendance

2016/17

Board Attendance – 4 meetings held

Agency	Attendance
Independent Chair	100%
DMBC	100%
SYP	50%
DCCG	100%
Board Support Unit	100%
HMPS	25%
RDASH	100%
DBTH	100%
SYF&R	25%
St Leger Homes	100%
NHS England	50%

Prepare Group – 3 meetings held

Agency	Attendance
Independent Chair	100%
DMBC	66%
SYP	66%
DCCG	100%
Board Support Unit	100%
RDASH	33%
St Leger Homes	66%

Share and Engage sub group attendance - 6 meetings held

Agency	Attendance
Chair/Deputy	100%
DMBC	83%
SYP	0%
DCCG	0%
Board Support Unit	100%
RDASH	17%
SYF&R	0%
St Leger Homes	100%
Doncaster Advocacy	0%
DBTH	50%

Workforce and Practice sub group - 6 meetings held

Agency	Attendance
Chair	100%
DMBC	100%
SYP	0%
DCCG	100%
SAU	100%
RDASH	67%
DBTH	67%

Quality and Performance sub group - 6 meetings held

Agency	Attendance
Chair / Deputy	100%
DMBC	100%
SYP	0%
DCCG	100%
Board Support Unit	100%
RDASH	67%
DBTH	67%



To report a safeguarding adults concern

Adult Contact Team: 01302 737391 (option 3 for safeguarding)

Police: Non emergency 101 | Emergency 999

Care Quality Commission (CQC): 03000 616161

Emergency Out of Hours: 01302 796000

07786 220 022 (SMS) If you are deaf, hard of hearing or speech impaired

Deaf community: SMS text 07979 031116

(SMS) Police non emergency SMS 07786 220022



“If you see something, say something”