Helen Dabbs,
Deputy Chief Executive / Director of Nursing and Partnerships

Chris Prewett,
(Interim) Deputy Director of Nursing and Standards

Joanna Painter,
(Interim) Head of Safeguarding and Standards

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As stated in last year’s annual report, every person has the right to live a life free from abuse and neglect. Therefore, it is everyone’s business to ensure that we continue to work together as an organisation to safeguard and support the most vulnerable people.

The Safeguarding Vulnerable Adults Annual Report 2013/14 outlines the progress made by the Trust in safeguarding vulnerable adults during the period 1 April 2013 to 31 March 2014 in pursuance of this goal. This enables us to reflect on our achievements during this period and to plan our programme of work for the forthcoming year, 2014/15.
Within Safeguarding Adults a **Vulnerable Adult** is defined as:

“a person aged 18 years or over, who is in receipt of or may be in need of community care services by reason of ‘mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation’” (‘No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse’, 2000)

As an organisation providing relevant health services to people who are defined as Vulnerable Adults, it is our duty to **safeguard** these people from **abuse**.

**Abuse** is defined in the ‘No Secrets Guidance’ as; “a violation of individual’s human and civil rights by any other person or persons”.

There are several different ways in which someone’s human and civil rights can be deemed to have been violated, which predominantly fit into the following categories of abuse:

- **Physical** – includes hitting, slapping, pushing, kicking, and the misuse of medication, restraint, or inappropriate sanctions.

- **Psychological** – includes emotional abuse, threats of harm or abandonment, forced marriage, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

- **Sexual** – includes rape and sexual assault or sexual acts to which the person has not consented, or could not consent or was pressured into consenting.

- **Financial or Material** – includes theft, fraud, exploitation, pressure in connection with wills property or inheritance or financial transactions, or the misuse of misappropriation of property.

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

- **Discriminatory** – includes discrimination based on race, sex, disability, and other forms of harassment such as slurs or similar treatment.

- **Institutional abuse** – can be different from other forms due to who the perpetrator is and how the abuse is manifested. Institutional abuse can be any of the other forms of abuse.

- **Hate Crime** – is harassing, victimising, bullying or abusing someone because of their race, faith, religion, disability or because they are lesbian, gay, bisexual or transgendered. A hate crime can include physical attacks, harassment, threats and disputes with neighbours as well as people swearing at you or making abusive remarks, people doing things that frighten, intimidate or distress you.

Consequently, this report outlines the Trust’s work in protecting persons using RDaSH services, who may be “unable to protect him or herself from significant harm or exploitation” from “a violation of human and civil rights by and other person or persons”.
While there is no specific legal obligation to safeguard vulnerable adults, as there is with children, there are several other relevant pieces of law and guidance which ultimately impose a duty on us, as a provider of relevant health services to vulnerable adults, to safeguard the people in our care from abuse. These are summarised below:

- **The Six Guiding Principles**: In May 2011 the Care Services Minister announced the Government’s six guiding principles that must underpin local Safeguarding Vulnerable Adults arrangements:
  - **Empowerment** – supporting people to make decisions and have a say in their care
  - **Protection** – support and representation for those in greatest need
  - **Prevention** – it is better to take action before harm occurs
  - **Proportionality** – safeguarding must be built on proportionality and a consideration of people’s human rights
  - **Partnership** – local solutions through services working with their communities
  - **Accountability** – safeguarding practice and arrangements should be accountable and transparent.

As well as the above principles there are a number of national documents in relation to safeguarding vulnerable adults that provide us with guidance about how to do our job in the best way possible. These are summarised below:

- **No Secrets - Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse** (Department of Health, 2000) – commended to all providers of health services, this guidance states that all statutory agencies should work together in partnership to ensure that appropriate policies, procedures and practices for the protection of vulnerable adults are in place and implemented locally, directing local agencies who have a responsibility to investigate and take action when a vulnerable adult is believed to be suffering abuse.

- **Safeguarding Adults - A National Framework of Standards for good practice and outcomes in adult protection** (The Association of Directors of Social Services – ADSS, 2005) – a national framework comprised of 11 sets of good practice standards which underpin the safeguarding adults’ agenda.
• **Mental Capacity Act 2005** - the Mental Capacity Act, supported by a Code of Practice, provides the legal framework for the assessment of whether someone has the capacity to make decisions about their lives, such as their healthcare, as well as how to act when people lack capacity. This Mental Capacity Act is relevant when people lack capacity as they are likely to become vulnerable and will need to be safeguarded from potential abuse of this vulnerability.

• **The Deprivation of Liberty Safeguards Code of Practice (DoLS)** - supplementary to the main Mental Capacity Act 2005, this Code of Practice explains “how to identify when a person is, or is at risk of, being deprived of their liberty and how deprivation of liberty may be avoided.” It also explains the safeguards that have been put in place to ensure that deprivation of liberty, where it does need to occur, has a lawful basis.

○ Cheshire West and Chester Council v P (2014) UKSC 19 - local authorities and their partners face a rise in Deprivation of Liberty Standards (DoLS) cases following the recent landmark Supreme Court ruling in ‘Cheshire West’. The case has provided agencies with a simple test to decide if an individual is being deprived of their liberty. The test is easier to apply than previous procedure and has set a precedent in that anyone who meets the new legal test will be considered to be deprived of their liberty and subject to a specific and appropriate care plan. Practitioners working with patients who are subject to a DoLS order need to formerly review the patients care plan to ensure that the level of restrictions placed upon them are kept to a minimum. Following the review, if it is established that a deprivation of liberty for any patient has been identified against the new criteria this must be now authorised in accordance with one of the following legal frameworks:

○ Deprivation of Liberties Authorisation

○ Court of Protection Order within the Mental Capacity Act 2005

○ Mental Health Act 1983.

• **Care Quality Commission (2009) Essential Standards of Quality and Safety, Outcome 7** - Safeguarding people who use services from abuse - this guide is designed to help providers of health and social care to comply with Section 20 of the Health and Social Care Act 2008, which together with the Care Quality Commission (Registration) Regulations 2009 “set out the essential standards of quality and safety that people who use health and adult social care services have a right to expect”.  

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The Care Quality Commission is currently in the process of changing its methodology and as such the Essential Standards of Quality and Safety will be replaced by five key questions about services, as follows:
- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well-led?

The CQC is currently piloting the new methodology for Trust’s such as RDaSH following which the new model will be rolled out to all providers from October 2014. Consequently, the methodology used for 2013/14 remained the Essential Standards of Quality and Safety, which forms the basis for this Annual Report.

- **Multi-Agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (Home Office, 2011)** - this guidance implements Section 9 of the Domestic Violence, Crime and Victims Act 2004, putting into place statutory domestic violence reviews following the death of a person aged 16 years or over as a result of violence, abuse, or neglect by a member of the same household or intimate relationship.

- **Safeguarding Adults: The role of health services (Department of Health, 2011)** - provides principles and practice examples to aid health services in achieving desired outcomes while also describing the responsibilities of health organisations to safeguard vulnerable adults.

- **Health and Social Care Act 2013** - This Bill has created an entirely new commissioning framework for the provision of health and social care in England. Clinical Commissioning Groups (CCGs) led by GPs now have the responsibility for local service commissioning. Local Health and Well Being Boards (LHWBB) have been established which will facilitate multi-agency collaborative working by bringing together the NHS, public health, adult social care, children’s services and the police with the aim of improving local health inequalities.
**Introducing the Team**

**Trust-wide Governance arrangements**

**RDaSH Safeguarding Unit**

The aim of the unit is to support all Trust staff in fulfilling their legal duty to safeguard and promote the welfare of vulnerable adults.

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**RDaSH Trust-Wide Safeguarding Adults Unit Management Structure**

- **Trust Board Lead**
  - Deputy Chief Executive / Director of Nursing

- **Strategic Lead**
  - Deputy Director of Nursing and Standards

- **Operational Lead**
  - Head of Safeguarding and Standards

- **Admin Support**

- **Lead Professionals**

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**RDaSH Safeguarding Governance Structure**

- **Board of Directors**

- **Clinical Governance Group**

- **Trust Safeguarding Forum**

- **Safeguarding Unit Team Meeting**

- **Locality Named / Designated Professionals Meeting**
The key elements of reporting in the governance structure provide a minimal number of steps from clinical safeguarding activity to the Board of Directors as illustrated above, mirrored in the connection between the Trust Lead Professionals and the Board of Directors in the management structure.

The Trust Safeguarding Forum meets bi-monthly and has a varied membership. All business divisions are represented either directly by the Assistant Director or non-medical consultant lead or by an agreed representative covering a number of business divisions. This Forum provides assurance on the delivery of statutory guidance and adherence with national guidance and requirements, including the Care Quality Commission regulations to the Clinical Governance Group which then reports directly to the Board of Directors.

Locality level safeguarding vulnerable adults arrangements

The Trust provides clinical services in five localities; Rotherham, Doncaster, North Lincolnshire, North East Lincolnshire and Manchester. Each differs in terms of services provided, population size and geographical location. Consequently the safeguarding resources associated with each locality differ to ensure an appropriate and responsive service is available for all clinicians, patients and service users that it serves. The resource available to each locality is based upon staff numbers and the types of service provided. Illustrated below are the safeguarding vulnerable adults’ arrangements specific to each of the five RDaSH localities.
Lead Professionals

The Trust has three Lead Professionals within the Nursing and Partnership Directorate, who have responsibility for safeguarding vulnerable adults across the Trust. Each Lead Professional is the ‘link’ for their designated areas, however, due to the nature of their work each will have involvement in safeguarding adults across all areas of the Trust. Together, the Lead Professionals provide a support service Trust-wide that is responsive to the diverse needs of the seven business divisions.
What do we do to safeguard vulnerable adults?

Safeguarding vulnerable adults is the multi-disciplinary, multi-agency work that we do as a Trust to minimise and manage risk to adults who may be described as vulnerable.

As part of this work, we have a framework in place specific to each of the five localities that we serve, detailing the necessary steps in all aspects of an investigation into an allegation of abuse against a vulnerable adult. We aim to support and guide the vulnerable person throughout the safeguarding process and offer them as much choice as possible.

Adult Local Authority Designation Officer (LADO)

There is not an official equivalent of the children’s LADO in safeguarding adults. However, due to the similarity of the system of investigations involving staff, the Trust Safeguarding Unit has developed an Adult LADO database which enables the Safeguarding Adults Team to monitor and report on current cases involving staff who are alleged perpetrators of abuse and work with vulnerable adults. The information collated is presented to the Safeguarding Forum on a monthly basis.

During 2013/14, 14 cases were investigated and closed, of these 11 were unsubstantiated and 3 were substantiated.

There are currently 4 investigations on going. Themes and trends identified from the investigations indicate that there is an equal balance between qualified and unqualified staff involved in the allegations and all forms of abuse have been investigated. Psychological abuse is the most commonly reported category followed by sexual and physical abuse.

Safeguarding Adult Policies and Procedures

All safeguarding policies and procedures continue to be reviewed according to their planned time frame and to address arising needs. Policies and procedures that have been reviewed from 1 April 2013 to 31 March 2014 include:

- The RDaSH Safeguarding Adults Policy has been reviewed and updated to reflect current practice and guidance with advice on PREVENT, incident reporting, Pressure Area Care and Domestic Abuse.
South Yorkshire Procedures

The South Yorkshire Procedures are multi-agency guidelines for safeguarding vulnerable adults, published in 2007. It was identified that due to significant changes in language, terminology and processes as well as the emergence of additional concerns falling into the safeguarding vulnerable adults threshold, such as forced marriage and female genital mutilation, the procedures needed reviewing and updating. This has been completed via multi-agency work throughout South Yorkshire and a full consultation process throughout the region.

The South Yorkshire Procedures have now been completed and are available for launch and integration into each local agency. The procedures have been developed as part of a multi-agency policy group with Doncaster Metropolitan Borough Council (DMBC), with Wendy Proctor as lead professional and representative for RDaSH.

The new procedures will be presented at the Local Safeguarding Adults Partnership Board on 10 June 2014 with a view to an area-wide launch in week commencing the 16 June 2014. There will be an advice sheet circulated to all agencies with the procedures and an identified contact for each organisation. Due to the anticipated implementation of the Care Bill in April 2015, there

Positive and Proactive Care: reducing the need for restrictive interventions

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

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

The main recommendations from the presentation were:

- All incidents should be monitored and recorded as to what type of restraint was used, rationale for restraint, duration of restraint, who was involved and debrief procedures. This should be linked in to risk management and clinical governance processes.

- There should be an on-going audit of restraint procedures and statistics which should highlight areas of concern and trends. This should be linked to quality assurance encompassing the service user experience.
• There should be a clear record of debrief for staff and patients alike which should be collated and evaluated as part of internal audit.

• All staff should have training in restraint techniques within the last 12 months and the integration of techniques such as RESPECT should be considered.

• There should be an identified trust lead at board level for the reduction of restrictive practice and to lead on data collation, service user involvement in the development of restrictive practice training.

• There should be a focus group for service users views to be collated outside of the debrief structure.

• Providers must publish meaningful data which should include progress against restrictive practice intervention reduction programmes and details of training and development.

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

Care Quality Commission
Review of Arrangements for Safeguarding Adults - Commissioner Declaration

Each year the Trust is required to submit an Annual Safeguarding Declaration to all of the Trust’s commissioners to provide assurance of compliance against National Standards including ‘CQC Essential Standard of Quality and Safety, Outcome 7 – Safeguarding people who use services from abuse’.

RDaSH has declared compliant on all the standards for 2013/14.

Serious Case Reviews and Lessons Learned Reviews

During the period 1 April 2013 until 31 March 2014, there have been no Serious Case Reviews (SCRs) that the Trust has had involvement with. There is however 1 Serious Case Review which was opened in 2012 that two members of the team have continued to contribute to during 2013/14.

During the period 1 April 2013 until 31 March 2014, there has been 1 Lessons Learned Review at the time of writing the report is on-going.
Domestic Abuse

There has been considerable emphasis over recent years on the role of the Trust in responding to and preventing domestic abuse. The prevention of domestic abuse continues to be a successful joint venture involving the Safeguarding Adults Lead Professionals and the Safeguarding Children Named Nurses. Changes that have arisen out of this collaborative work during 2013/14 are detailed below:

• **Training**
  A leaflet to meet the requirements of Level 1 Domestic Abuse training is in development and will be made available to all staff in 2014. In addition the Adult Professional Leads and Safeguarding Named Nurses continue to provide evidence based single agency Level 3 training within the organisation. Going forward, this approach will be reviewed to reflect recent themes from on-going Domestic Homicide Reviews with much heavier focus being on a programme of multi-agency training.

• **Strategy**
  Representatives from the RDaSH Safeguarding Unit attend a Doncaster Borough Domestic Abuse Theme Group on a regular basis and are active partners in reviewing and developing a robust multi-agency strategy for tackling domestic abuse.

The Safeguarding Adults Team also continue to work with multi-agency partners in Rotherham and North Lincolnshire to develop training and increase awareness of Domestic Abuse and its impact.

Domestic Homicide Reviews (DHR)

RDaSH has been involved in three Domestic Homicide Reviews, one in Rotherham and two in Doncaster. The Safeguarding Lead Professionals have been involved in supporting the Rotherham case, and have facilitated a full report and chronology for the two Doncaster cases. This involves a full analysis of the circumstances of the involvement with RDaSH, interviews with staff and analysis of any relevant material, recommendations and outcomes. Recommendations are likely to focus on the following themes:

• Ensure good communication between services.

• Strengthen awareness of domestic abuse via multi-agency training, rather than single agency to share learning, experience and improve awareness of a multi-agency approach to domestic abuse.

• Amend and strengthen existing domestic abuse policies to take account of mutually abusive relationships and same sex relationships.

• All agencies to be aware of what constitutes domestic abuse and facilitate the appropriate advice and support for victims.
How do we make sure we are Continually Improving?

External Reviews

CQC Inspection – October 2013

In October 2013, RDaSH was subject to a Trust-wide CQC Inspection, in which seven of the sixteen essential standards of quality and safety were assessed, including Outcome 7 – Safeguarding people who use services from abuse.

The Trust was found to be fully compliant with all of the essential standards of quality and safety assessed during the inspection, providing assurance about the safeguarding practices and procedures across the Trust. There was one recommendation contained within the report that related to safeguarding procedures, as follows:

- The provider may find it useful to note that the Doncaster Safeguarding Adults Partnership Board (DSAPB) felt there were differences in approach between the way the Trust investigated safeguarding, and the way safeguarding was investigated by the local authority.

In response to this recommendation, discussion has taken place at the Doncaster Safeguarding Adults Partnership Board (DSAPB) to jointly review and agree safeguarding thresholds. Following this, the Lead Professionals have worked with their local partners to strengthen the consistency of the investigation process and achieve closer alignment between the approaches of each agency. A recent safeguarding forms audit undertaken by Doncaster Safeguarding Adults Partnership Board has identified an outstanding example of an investigation form completed by one of the Trust’s Lead Professionals, providing independent assurance about the quality of safeguarding investigations.

Training

The internal RDaSH Training Matrix reflects the National Competency Framework and provides a description of what level of training is required by each member of Trust staff depending on their business division, role and level of responsibility. The training needs analysis that was undertaken as part of the development of the training matrix has enabled the Lead Professionals to develop a robust training programme that will ensure that all staff can meet their mandatory and statutory training requirements.

For clinical staff, the delivery of the identified training is provided through a number of methods. Level 1 training is now provided via a leaflet designed by the Lead Professionals and distributed to all staff in February 2014. All other levels of training may be provided by the Trust as a single agency, by health partners facilitating joint training and also as multi-agency training, facilitated by the relevant Local Safeguarding Adults Partnership Boards. This has resulted in a multi-agency approach to delivery of the Trust Training Matrix.
During 2013/14 the Lead Professionals identified a need for refresher training for those staff in RDaSH who have previously trained as Safeguarding Adult Investigators and Managers. An evidence based training programme was formulated internally and is currently being rolled out, with positive feedback received to date. The Lead Professionals identified this gap to the Multi-agency Training Lead at DMBC, who is reviewing the training materials used, and is to attend a training session with a view to future multi-agency provision of this package. Training will be delivered during the first quarter of 2014/15.

In addition to formal training, the development of skills and competence occurs on an ongoing basis through supervision, complex case working and support provided by the lead professionals and other partner agencies.

- **Trust-wide Training Compliance**

  The Chart below illustrates the Trust-wide training compliance, across all levels for safeguarding vulnerable adults, as well as totals in 2013/14 compared with 2012/13 and 2011/12. This analysis allows for greater understanding of the training requirements of staff and to focus priorities for the forthcoming year.

[Graph 1: Trust-wide safeguarding adults training compliance]
Graph 1 on page 18 that Trust-wide, overall compliance with training has improved when compared to the two previous financial years. This improvement is as a result of the 100% compliance achieved at Level 1 following the Safeguarding Adults Awareness leaflet developed by the Team. Compliance with Level 2 and Level 3 training has reduced in 2013/14 when compared to the improvements made in 2012/13. Consequently, improving training at these levels will be a key priority for the Safeguarding Adults Team in 2014/15. It should be noted that Level 2 training is available via e-learning.

- **Training Compliance by Business Division**

A more comprehensive breakdown of the training received by business division is provided in the table below, illustrating the percentage of training compliance in all seven business divisions and across the Trust, at each training level for safeguarding vulnerable adults. The numbers of staff who require training at each level are identified through discussion between the Trust Safeguarding Team and the Assistant Director for each business division and reflects a high target of training across the Trust.

<table>
<thead>
<tr>
<th>Level and Method of Delivery</th>
<th>Substance Misuse</th>
<th>OPMH</th>
<th>AMH</th>
<th>LD</th>
<th>CYPMH</th>
<th>Forensic</th>
<th>DCIS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 (Leaflet, Face to Face, E-Learning)</td>
<td>100% (227/227)</td>
<td>100% (408/408)</td>
<td>100% (619/619)</td>
<td>100% (27/27)</td>
<td>100% (132/132)</td>
<td>100% (83/83)</td>
<td>100% (225/225)</td>
<td>100% (1721/1721)</td>
</tr>
<tr>
<td>Level 2 Basic Awareness (Face to Face and E-Learning)</td>
<td>42% (73/175)</td>
<td>81% (92/113)</td>
<td>43% (178/414)</td>
<td>80% (292/365)</td>
<td>19% (21/110)</td>
<td>99% (82/83)</td>
<td>100% (579/579)</td>
<td>70% (1214/1736)</td>
</tr>
<tr>
<td>Level 3 Referrer (Face to Face – Multi-Agency)</td>
<td>67% (35/52)</td>
<td>58% (69/118)</td>
<td>51% (63/123)</td>
<td>78% (18/23)</td>
<td>N/A</td>
<td>62% (8/13)</td>
<td>87% (193/223)</td>
<td>71% (390/552)</td>
</tr>
<tr>
<td>Total</td>
<td>74%</td>
<td>89%</td>
<td>74%</td>
<td>86%</td>
<td>63%</td>
<td>97%</td>
<td>97%</td>
<td>83%</td>
</tr>
</tbody>
</table>

Table 1: Mandatory and Statutory Training Compliance by Business Division
(The figure in brackets provides the number of staff who have completed training at that level over the number of staff that require training at that level, correct to within 1 person)
Graph 2 below illustrates the overall safeguarding training compliance in each of the business divisions in 2013/14 compared with 2012/13 and 2011/12. This analysis allows for greater understanding of which business divisions require support in ensuring safeguarding training compliance.
On analysis of Graph 2 it can be determined that compliance in the Doncaster Community Integrated Services (DCIS), Forensic and Older People’s Mental Health (OPMH) business divisions has improved during 2013/14. The Adult Mental Health (AMH), Substance Misuse and Learning Disabilities business divisions have reported relatively consistent levels of training compliance. However, the Child and Adolescent Mental Health (CAMHS) business division has a comparatively low level of training compliance. A concentrated effort will therefore be made by the Safeguarding Unit, working collaboratively with the CAMHS business division to address the issues giving rise to low compliance.

The formal training represented in these figures is supported by a complex arrangement of on-going professional and clinical development of skills, knowledge and competence through:

- Work to support actions following lesson learned reviews
- Actions following audit results
- ‘1 to 1’ support and supervision
- Day to day safeguarding work and reflection on practice

The analysis above will continue to be updated on a quarterly basis to monitor ongoing compliance and reported to the Clinical Governance Group through the quarterly Quality Improvement Report.

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

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

  Currently 1741 members of staff have completed the training.

- **Prevent Referrals**
  
  To date the Trust has made 1 referral under the Prevent process.
Safeguarding Supervision

Safeguarding adults supervision is delivered in accordance with the Trust Clinical and Management Supervision Policy for Clinical Staff.

A Safeguarding Managers Forum is held in each of the Trust’s three main localities. The Forums enable managers to discuss specific cases and share best practice. In addition, Safeguarding Managers and Safeguarding Adults Lead Professionals provide supervision to practitioners who are involved in Safeguarding Cases.

In 2013/14 via a multi-divisional Task and Finish Group, the Safeguarding Adults Lead Professionals have worked with representatives from all business divisions to comprehensively review the model for the provision of safeguarding adult supervision across the organisation. The model has been designed to allow all staff to access safeguarding adult supervision appropriate to their role via a number of possible routes. In addition, a minimum mandatory requirement for this supervision has been agreed. The detail of the model is now being progressed for approval and implementation and will be reflected in policy in the future.
Progress against 2013/14 Core Work Plan

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

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

Operational leadership is provided by the Head of Safeguarding and Standards, while strategic leadership is provided by the Deputy Director of Nursing and Standards, with oversight from the Trust Board Lead, Deputy Chief Executive/ Director of Nursing and Partnerships. This arrangement is illustrated in the safeguarding governance structure on page 6.

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

- **Leadership**
  The Lead Professionals have provided an independent opinion on a range of strategies, policies and developments across the Trust throughout 2013/14, including the development of the Woodfield Park area of Trust premises.

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

  - Development of the mental health referral pathways for independent hospitals with DMBC, which has been recognised as good practice, and there is continued development via the practice sub groups and policy groups which influences practice, policy and procedure.

Further, each of the Trust’s Lead Professionals has an identified locality of the Trust which they are aligned to, providing safeguarding leadership and guidance for referrals in these localities. The Lead Professionals also provide guidance to support the development of multi-agency safeguarding processes within their designated area and identify specific needs or areas of development as part of their role. In addition, the Team has a central role in supporting, advising and developing staff skills in relation to safeguarding across the Trust.
North Lincolnshire Council and the Trust’s Safeguarding Team jointly reviewed and developed the Risk Management Policy for North Lincolnshire, culminating in the production of a joint training strategy and joint development of improved safeguarding processes.

The Vulnerable Adults Risk Management Model (VARMM) process has been jointly developed with Rotherham Metropolitan Borough Council.

There is now representation from the Safeguarding Adults Team at the quarterly Regional Police Forum.

Introduction of more user friendly forms developed as part of the multi-agency process which improves referral pathways.

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

**Links with Mental Capacity Act, Deprivation of Liberty Safeguards Lead**
Over 2013/14 the Team has worked collaboratively to further strengthen the interface between the Safeguarding Adults Team and the Mental Capacity Act, Deprivation of Liberty Safeguards Lead.

**Strengthening User and Carer Engagement**
This has been a high priority for the Safeguarding Adults Team who together with the business divisions, developed a plan to ensure that service users are at the centre of the safeguarding adults process and have a strong voice in decision making. The multi-agency engagement sub-group at DMBC has been part of a process to engage service users more actively and has piloted a system for all service users to be interviewed face to face prior to strategy meetings. An audit is underway to assess the outcomes following this pilot, following which decisions about the future direction of travel can be made.

**Quality Referrals**
The Lead Professionals review all referrals into the RDaSH to ensure consistency and quality of the processes. Furthermore, the Lead Professionals have contributed to a number of internal and multi-agency quality audits and the development of action plans in line with the audit results throughout 2013/14, for example, contribution to the DMBC quality audit of all agency referral forms.
• **Consistent Safeguarding Documentation**  
Over 2013/14 the Team has worked with the Records Manager, Operational Leads in the business divisions and Local Safeguarding Adults Partnership Boards to develop and implement a consistent approach to safeguarding documentation both within the Trust and across the healthcare community. This has resulted in revised documentation at all levels of the safeguarding process for Doncaster and North Lincolnshire.

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

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

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

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

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

  ○ Transforming care: A national response to Winterbourne View Hospital report with regard to safeguarding adult practices.
• **Positive and Proactive Care: reducing the need for restrictive interventions**
  The Safeguarding Adults Team will focus on the Department of Health guidance ‘Positive and Proactive Care: reducing the need for restrictive interventions’, focussing on the following key actions:
  - Improving care
    - Abolishing of ‘face down’ techniques
    - Implement use of individual behaviour support plans for those who are identified as being at risk of restraint
  - Leadership and Accountability.
  - Transparency via audit and publishing of data.
  - Monitoring and oversight.
• **Supervision Model**
  To further develop and implement the revised supervision model for adult safeguarding supervision, update the policy accordingly and evaluate its effectiveness. The new supervision model is now ready for implementation and will be rolled out in July 2014. The new model encompasses various types of supervision and support available to all trust staff and reflects the need for safeguarding issues to be a standard part of supervision for all staff.
• **Domestic Abuse Policy**
  To review and revise the Trust Domestic Abuse policy in the light of new NICE Guidance, and also recommendations from the on-going locality Domestic Homicide Reviews, with the following key actions planned:
  - Emphasise the need for all staff to be aware of what constitutes domestic abuse and how to refer or advise any potential victim.
  - Work with business divisions to embed key principles via the Safeguarding Adults Clinical Supervision Model is planned, which will have domestic abuse and safeguarding as standard items for discussion.
  - Review the current training and align with multi-agency training where possible.
  - Review the Domestic Abuse Policy jointly with the Safeguarding Children Team.
• **Multi-agency training**
  Work with partner agencies to support the development and implementation of a robust programme of multi-agency training, available to RDaSH staff.
• **Quality documentation**
  Implement the recommendations of local authority quality documentation audits, develop guidance and support staff with appropriate completion of adult safeguarding documentation.
• **Establish storage methods of safeguarding documentation**
  Undertake Trust-wide baseline audit of where safeguarding adults documentation is stored both manually and electronically, in order to inform Trust policy and procedural development.
• **Case management and investigation procedures**

Work with business divisions to review the processes they have in place to enable timely and effective management and investigation of safeguarding adults cases. On-going support will be available from the Safeguarding Adults Team for complex cases and a quality audit will be an effective way of monitoring this process.

• **Business Division capacity and skills review**

Work with business divisions to review capacity to deliver their responsibility to manage and investigate safeguarding adult cases, liaising with Local Safeguarding Adult Partnership Boards regarding the provision of any additional training programmes that may be required. Developments as part of the newly provided refresher training for managers and investigators have identified additional managers and investigators which will support a safeguarding rota for business divisions which should improve the resource available.

• **Streamline administrative processes**

- to review, develop and streamline internal safeguarding adult administrative processes.

• **Safeguarding KPIs**

For 2014/15, Key Performance Indicators (KPIs) for Safeguarding Adults have been established. The Safeguarding Adults Team will be working with their operational colleagues to report against these indicators over the coming year, and will use the learning that the process provides to inform practice going forward.