



Sheffield

Protecting vulnerable adults in Sheffield

Sheffield Adult Safeguarding Partnership

Annual Report 2011-2012

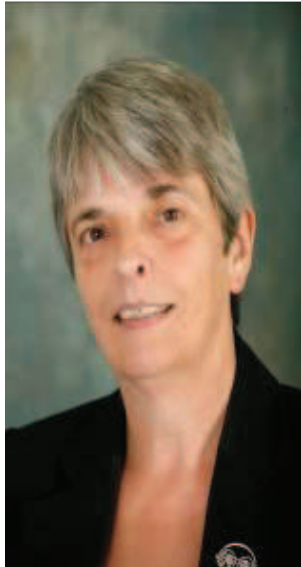


Sheffield **Adult** Safeguarding **Partnership**

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Foreword



Sue Fiennes
Independent Chair

Dear Colleague

This annual report for Safeguarding Adults continues the improvement and development in this area of work.

Towards the end of 2011/12 the Board was able to implement the plan for independent chairs of case conferences. This will bring increased consistency, quality and, given the recent successful recruitment, very experienced practitioners to support decision making.

The use of VARMM has developed ensuring the same standard of multi agency consideration for vulnerable adults who may not meet service thresholds, but who may be at risk of harm or abuse. This approach is welcomed by practitioners and is bringing confidence to decision making and risk assessment in these circumstances.

The level of alerts of concern increased over the year and this demonstrates that awareness of abuse is leading to more determination to state concerns, however Sheffield is still below the figures for other comparable cities and this needs further analysis.

The Board continues to support conducting case reviews where there are significant concerns about practice, and these have led to improvements in practice and agency arrangements.

The Board has been able to sustain progress in difficult financial circumstances and to ensure continuity of agency contribution through organisational change.

I would particularly like to thank NHS Sheffield for ensuring that safeguarding leadership and capacity are robust going forward to the CCG accreditation later this year.

In addition, I would wish to thank all safeguarding leads in the partnership for their commitment and continued contribution to best practice and all the practitioners for taking safeguarding seriously.

Glossary

- **SASP** - Sheffield Adult Safeguarding Partnership Board
- **SAO** - Safeguarding Adults Office
- **Communities** - Sheffield City Council portfolio that has responsibility for responding to Safeguarding Concerns
- **CQC** - Care Quality Commission, regulates and inspects all adult health and social care providers
- **DOLS** - Deprivation of Liberty Safeguards
- **Housing Solutions** - Sheffield City Council department in Communities that responds to the needs of adults with housing issues
- **MCA** - Mental Capacity Act
- **NHS Sheffield** - Commissioner of health services in Sheffield City Council
- **SHSC** - Sheffield Health and Social Care NHS Foundation Trust - provides a wide range of social care, inpatient and community services across the city including all age range services for Mental Well-Being, Learning Disabilities and Neurological Assessment and Rehabilitation. SHSC also provides a number of specialist Older Adults services and supports the Clover group of GP practices. SHSC have lead responsibility for providing Safeguarding services to vulnerable adults under the age of 65 who are experiencing mental ill health.
- **STHFT** - Sheffield Teaching Hospitals Foundation Trust - provider of secondary medical services from the

following hospitals: Royal Hallamshire Hospital, Weston Park Hospital, Northern General Hospital, Jessop Wing and Charles Clifford.

As a result of the Transforming Health Care legislation the Community services have now merged with the Trust to deliver quality health services within the community.

- **SYFR** - South Yorkshire Fire and Rescue.
- **SYP** - South Yorkshire Police.
- **YAS** - Yorkshire Ambulance Service.
- **Alert** - concern raised by any person about the safety of a vulnerable adult.
- **Referral** - Concern passed to Communities or Sheffield Health and Social Care NHS Foundation Trust for a decision for admission into safeguarding processes.
- **Case conference** - meeting to discuss the findings of the investigation and reach a “balance of probabilities” decision as to whether or not abuse has occurred and create a protection plan if required.
- **VAP** - Vulnerable Adults Panel - a strategic meeting responding to the high risk cases involving vulnerable adults who misuse services attended by senior managers.
- **VARMM** - vulnerable adults risk management model - used when people have capacity and their choices are leaving them at risk of significant injury/death.

DOLS

Annual statement and statistics for the Deprivation of Liberty Safeguards (DOLS) for 2011/12

Activity

■ Table 1- New assessments in care homes

Year	Number of new assessments	Number authorised	Number not authorised
2009/10	49	25	24
2010/11	57	34	22
2011/12	58	28	30

■ Table 2 - New assessments in Health settings

Year	Number of new assessments	Number authorised	Number not authorised
2009/10	26	17	9
2010/11	46	34	12
2011/12	61	35	26

Reassessments and Part 8 reviews

■ Table 3 - Care Homes: 2011/12

Reassessments in care homes	57
Part 8 reviews in care homes	16

■ Table 4 - Hospitals: 2011/12

Reassessments in hospitals	3
Part 8 reviews in hospitals	40

■ Table 5 - Total Activity: 2011/12

Care homes	131
Hospitals	104
Total combined work (assessments and reviews)	235

Previous year total activity was 175.

This is a 25% increase in activity based on the previous year.

Key trends in care homes

Number of new assessment requests has remained the same - however less where authorised: 28 in 2011/12 compared with 34 the previous year (see table 1).

Key trends in hospitals

Significant increase in the number of applications in hospitals. For the first time exceeding new requests from care homes.

The number of requests increased from the previous year from 46 to 61 however the actual number authorised only increased by 1. Consequently the number of requests not granted more than doubled from 12 to 26. (see table 3)

Total assessments undertaken overall has increased by 25%. (See table 5) This is largely due to an increase in hospital applications and an increase in reassessment of existing DOLS authorisations - from 33 to 60 the vast majority of reassessment 57 took place in care homes. Hospital applications are usually short term and end with a part 8 review and are extensions to DOLS authorisations are rare (see table 3 and 5).

Whilst hospital applications continue to increase 17 from March to 15th May 2012 in the same period there were only 7 new care home applications (less than for the whole of December).

Given that the majority of care home applications are from recent admissions it is difficult to explain fluctuations. Work continues to promote the Deprivation of liberty safeguards and educate care homes in the process understanding the complexities of the DOLS process.

Safeguarding

Requests for Case Advice

During 2011/12 we received 397 formal requests for case advice compared with 538 in 2010/11, this is not a true reflection of the volume of case advice given as an increasing number of health and social care colleagues email individual managers in the team to request help and support which makes formal recording more difficult. This will need to be addressed to accurately record the support offered by the safeguarding adults' office.

We have increased the number of professionals who are now acting as referrers and providing support to colleagues within the full range of agencies in the city.

Alerts/Referrals

■ **Table 6 - Alerts received**

Alerts/Referrals	2010/11	2011/12
Alerts received	1586	2069
Alerts accepted into Safeguarding	428	709

The numbers of alerts received has increased, this is comparable with other cities and we are in line with the number of cases accepted into safeguarding (approximately 33%). Some notable exceptions exist to this trend Kirklees received 2625 alerts and screened 365 into safeguarding (20%) and Bradford received 2050 alerts and screened 1790 into safeguarding. Leeds received 3450 referrals however screened approximately a third into safeguarding at 985. It would be helpful to analyse the consistency of decision making in the city as practice appears to differ by team/service that does not appear to wholly relate to the number of alerts received by each service area. This is being addressed within the Local Authority and Sheffield Health and Social Care NHS Foundation Trust by reaching agreement to complete audits and report to the Safeguarding Adults Best Practice Group.

Cases by service area

■ **Table 7 - Number of cases by service area (Screened into Safeguarding)**

Service area	2010/11	2011/12
Physical disability and sensory impairment	49	80
Older adults	254	412
Learning disabilities	62	137
Mental health	60	52
Substance misuse	3	19
Other vulnerable adults	-	9

Source of referrals

Table 8 - Source of referrals into Safeguarding

Referrals source	2011/12	Referrals source	2011/12
Family and Friends	52	Housing	17
Primary care	72	SDS	0
Secondary care	41	Day care	7
Communities	50	Education settings	2
Domiciliary care	60	Mental health	22
Police	62	Other	162
Other social care	43	CQC	5
Residential and nursing care	107	Self referral	7

The number of referrals from Primary Care settings which is really encouraging and a reflection of the work undertaken with nursing teams and GP practices, combined with additional information hosted on the NHS Sheffield's web site.

The increase in referrals from residential and nursing care suggests that they do not view safeguarding as a punitive process that always results in negative consequences. A joint piece of work completed with Sheffield City Council's training and development unit has delivered a bespoke training for trainers course into the Independent, Private and Voluntary sectors to equip them to deliver safeguarding training in house using materials and methods validated by the Education and Development sub group.

We should be particularly encouraged by the, still small, number of self referrals as these have been absent in previous years. The very public advertising on public transport, DeCaux boards and the revised leaflets for service users appear to have increased confidence to make referrals. It will be interesting to note, following the launch of the "tear and share" leaflet the impact on the number of self referrals at the end of 2013.

Table 9 - Types of abuse reported

Type	2010/11	2011/12
Physical	140	226
Sexual	28	55
Psychological	110	134
Financial	206	221
Neglect	144	239
Discriminatory	1	4
Institutional	26	51
Total	655	930
Of which multiple abuses	129	179

The increase in multiple abuses is a worrying trend, as most of these cases relate to individuals in care settings, a smaller number of individuals who are subject to multiple abuses by family members.

We are really encouraged to see the significant rise in the number of cases where discriminatory abuse has been identified, indicating that the messages given to service users and workers that discriminatory behaviour is not acceptable is starting to become embedded in practice. We are confident that these figures will grow as the work with the service user forum expands and the close working relationships with Hate Crime and Anti-social behaviour becomes embedded.

Less positive is the rise in the number of cases of neglect, many of these relate to adults in twenty four hour care settings, some of these are units who have been found responsible for neglect of a number of adults and for a smaller number repeatedly responsible for institutional abuse.

We continue to work closely with colleagues in Health and Contracts to implement sustainable improvements and where necessary take actions to remove or restrict numbers of residents in these “struggling” private sector care providers.

Sheffield is broadly comparable with most of its colleagues in the region for physical, sexual, discriminatory and institutional abuse. Sheffield has higher rates of financial abuse ranking fourth in the region; third in the region for neglect and second for multiple abuses. Without greater analysis it is difficult to determine if this is related to increased awareness and reporting or a higher incidence in Sheffield. The comparator data which suggests that Sheffield is directly comparable for four of the categories of abuse does suggest that we may have a higher incidence?

Table 10 - Location of abuse

Location	2010/11	2011/12
Own Home	180	307
Care Home - Permanent	65	130
Care Home with Nursing - Permanent	53	73
Care Home - Temporary	10	23
Care Home with Nursing - Temporary	15	9
Mental health inpatient setting	1	4
Alleged Perpetrators Home	37	45
Acute Hospital	3	16
Community Hospital	2	3
Other Health Setting	3	1
Supported Accommodation	20	32
Day Centre/Service	5	13
Other	10	22
Not known	23	17
Public place	12	12

The significant increase in the numbers of cases in the following settings will require review in the coming year.

The 50% rise in the number of cases of abuse in care settings compared with the previous year, suggests that we may need to review if adults needs are best met in these settings? A number of the local cases involved care providers who were repeatedly involved in both individual and institutional abuse of service users. As a direct response to this the Safeguarding Board has endorsed the creation of the Quality in Care Homes Executive to address strategic issues around care provision and quality in the city and receives regular reports from them.

The rise in cases in acute hospitals, which indicates a confidence to refer issues into safeguarding for an independent scrutiny by an external process; the number of cases that are proven to be abusive, remains low. The low numbers of cases from health is consistent with both regional and national trends, this appears to be linked to use of more established mechanisms such as complaints, serious untoward incidents, patient safety etc. This is an area of work the Safeguarding Board have identified to examine through an audit of alerts and referrals and will shape training and policy development in the coming year.

Table 11 - Relationship with the alleged perpetrator

Relationship	2010/11	2011/12
Partner/spouse	37	47
Other family member	74	123
Neighbour /friend	47	66
Health worker	13	14
Volunteer	0	2
Social care staff	129	93
Other vulnerable adult	23	34
Stranger	10	6
Not known	55	256
Other	34	57
Other professional	6	4

In 123 cases the alleged perpetrator lived with the vulnerable adult and in 72 cases the alleged perpetrator was the main carer. As many cases are screened out of safeguarding when carer stress is identified and support offered. This raises questions about the motivation of family who are identified as the alleged perpetrators and indicates we need to try and provide additional support for isolated vulnerable adults who are reliant on family for support and care and who may be denied access to alternative care options. Work with the service user forum may assist us access vulnerable adults more directly to voice concerns about the quality of care/life they receive from family members.

Table 12 - Ethnicity of the alleged victim

Ethnicity of the alleged victim	Alerts 2011/12	Referrals 2011/12
Asian or Asian Indian	54	18
Black	46	11
Mixed	12	8
Other ethnicity	19	8
White	1866	650
Not stated (including refused)	72	14

These figures indicate a significant improvement on the previous year with over 50% more cases involving mixed and other ethnicity groups. Whilst this is encouraging further work will need to be completed to reflect the ethnic demographics of Sheffield. The production of safeguarding adults' information in all the main community languages in audio form which will form part of the revised web page in the future will support individuals whose first language is not English to access help and support.

Case Conference Activity and Outcomes

Ninety initial case conferences were held in 2011/12 in addition 45 virtual case conferences were held. The criteria for virtual case conferences are:

- The case has been subject to a process of equal or higher burden of proof, this could include disciplinary action, criminal outcomes etc.
- No ongoing risk remains for the vulnerable adult.
- The alleged victim or perpetrator does not wish to attend a meeting and support a conclusion virtually.

These cases avoid the need to bring professionals together to discuss a case that will not require a protection plan and are a very resource effective mechanism for concluding safeguarding concerns.

6 number of RCC were held, which indicates that very few case conferences resulted in protection plans requiring review.

Table 13 - Safeguarding outcomes for victim (all referrals)

Outcome for victim	2010/11	2011/12
Increased monitoring	104	115
Vulnerable adult moved from property or service	3	9
Community care assessment	39	38
Civil action	0	1
Application to Court of Protection	1	1
Application to change appointee ship	6	2
Referral to advocacy scheme	2	6
Referral to counselling/training	2	1
Moved to increased/different care	27	25
Management of access to finances	15	14
Guardianship/use of Mental Health Act	1	0
Review of Self Directed Support (individual budgets)	2	13
Restriction of access to alleged perpetrator	14	7
Referral to MARAC	1	3
Other	39	35
No further action	203	337

The increase in the review of Self Directed support packages will continue to grow in line with the change in policy in relation to accessing social care support. This is supported by the creation of Risk Enablement Panels to review packages that have significant risks associated with them to support a **transparent assessment of the risk with the service user and/or their family.**

Sheffield remains high in the region for cases with no further action and this has increased again from 48.8% in 2010/11 to 58.3% in 2011/12. This could be an indication of effective earlier protection planning but will require a level of scrutiny which will be gained by use of the independent case conference chairs who will report back to the Safeguarding Adults Office.

Table 14 - Safeguarding outcomes for perpetrator (all referrals)

Outcome for perpetrator	2010/11	2011/12
Criminal prosecution/caution	8	10
Police action	9	27
Removal from property or service	5	7
Management of access to vulnerable adult	14	9
Referral to POVA/ISA	4	15
Referral to registration body	1	2
Disciplinary action	37	28
Action by CQC	1	0
Continued monitoring	76	111
Counselling/treatment/training	22	17
Action by contract compliance	3	6
Exoneration	15	7
No further action	202	257
Not known	30	92
Community Care assessment	12	11

Multiple entries are allowed in this chart so many of the case involving disciplinary action will have included referral to ISA and/or registration body and a number of nurses in private care settings were subject to this outcome. The low numbers of exonerations indicates that we have very few malicious allegations made into safeguarding as this would not include individuals who were not found responsible in a criminal court but were found “on the balance of probabilities” to have abused a vulnerable adult.

The significant increase in both the number of cases involving the police and/or courts is encouraging and indicates the close working relationship with the Public Protection Unit locally. To retain this upward trend work will need to be completed with the police to embed their knowledge and use of the Mental Capacity Act to support people to access the criminal justice system; this work is planned for 2012.

The high numbers of no further action places us third in the region, though the picture indicates that either other Local Authorities have comparably high rates or have very small numbers. A discussion at regional level to analyse this may be helpful in the next year.

Vulnerable Adults Risk Management Model (VARMM)

Practitioners continue to report that this model of working with adults with capacity who chose to decline services or actively self neglect is an effective tool in facilitating multi-agency response to:

- Accurately assess the risks.
- Provide creative and flexible solutions.
- Support active monitoring.
- Enable senior managers to be notified of high risk situations.

On average seven cases per quarter are reported to the safeguarding adults office, this may be an under-reporting as unlike safeguarding no specific recording tools exist on care first and it relies on the team sending the data via email to the office. We hope to agree that the paperwork will become part of the new IT solution “Wisdom” and create a more robust reporting framework in the next year.

Reports from our partner agencies

Customer Advisory Forum

The Safeguarding Adults Customer Advisory Forum was formed in June 2011. The main aim was for service users and family to be actively involved in the work that the Sheffield Safeguarding Adults Office does around policy and procedure and training. Sheffield City Council Staff supporting and encouraging the group are:

- Dawn Shearwood - Safeguarding Adults Office
- Gillian Hallas - safeguarding Adults Office
- Christina Shipley - Quality and Development Team
- Ed Sexton- Partnership Support Manager

The group have had four meetings to date, during which they have negotiated between themselves a Terms of Reference and Code of Conduct. They have also planned the dates of the meetings for 2012, and these dates will allow the group members to provide information and feedback to the Policy, Practise and Review Group, the Training and Development Group and the Operational Board.

The dates are:

Date	Location	Time
Tuesday 6 March 2012	Town Hall G42	1.30- 4pm (1pm for coffee/tea)
Wednesday 6 June 2012	Howden House R1050	1.30 - 4pm (1pm for coffee/tea)
Friday 31 August 2012	Howden House R1050	1.30 - 4pm (1pm for coffee/tea)
Tuesday 6 November 2012	Town Hall G42	1.30 - 4pm (1pm for coffee/tea)


The group have now elected a Chair person and Vice Chair and secretary.

The Chair Person will be in office for 12 months and all officials will receive training and support to help them in their posts. The group members will also receive training about safeguarding adults to help them understand the policies and procedures and processes. It is hoped that in the future customer forum members will be involved in the delivery of training sessions.

Adam Butcher
Chairman, Customer Service Forum

Communities (Sheffield City Council)


Achievements in the year


 **Creation of the Vulnerable Adults Panel.** Co-chaired by Community Safety and Safeguarding Adults Heads of Service, this forum provides a strategic response to high risk cases, defined as:


- High risk of harm to the individual or people involved with them.
- High cost due to inappropriate use of services.
- High risk to organisation's reputation.

The panel has membership from all key agencies in the city including police, health, ambulance service, probation, mental health services, social care etc and has created some creative and positive solutions for a number of individuals referred to the panel.

An audit is planned to analyse the cost savings to agencies as a result of the panel and to identify changes that may reduce the number of cases that need to be referred. Referrals are made via the safeguarding adults' office and screened by the joint chairs in advance of the meetings


 **Creation and consultation on a Hate Crime action plan.** The hate crime plan will be signed off in 2012 and will lead to a city wide strategic and operational board being established to implement the plan and report back to the Community Safety and Safeguarding Adults Board. Safeguarding Adults is a key attendee and vulnerable adults and safeguarding are key themes within the action plan. Implementing a third party reporting of Hate Crime has been adopted by Community Safety who are working to establish a city wide model in the coming year.

 **Close working links with Domestic Abuse Partnership.** A number of training sessions have been provided for staff working on the helpline to assist them to identify vulnerable adults and make referrals into safeguarding processes. Joint meetings are held with the service manager of DAP and Safeguarding to support effective working on joint issues such as forced marriage etc.


 **Creation of the Quality in Care Homes Executive.** As a direct response to the identification of repeat concerns in a small number of care providers, combined with the desire to create a cohesive strategy to support the deliver of high quality care led to the creation of this group. Chaired by the Head of Service for Commissioning and attended by counterparts from health, social care and safeguarding it has developed a number of work streams and progress is reported to the Safeguarding Adults Board. It is anticipated that this approach will support:

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- Attracting new providers to the city.
 - Combining agenda's to support more effective implementation and monitoring.
 - Identify sources of support and development for existing care providers.
 - Engage service users and their families in shaping existing and new care provision for the city.


Progress will be reported to the Board and a full summary will be included in the next annual report


 **Establishing a safe in Sheffield Scheme.** Funding has been agreed to establish a safe in Sheffield scheme which will initially focus on adults with learning disabilities but will extend to cover older adults with cognitive issues, adults with brain injuries and adults with mental health issues.


A steering group has been established to lead the work which has been contracted to Heeley City Farm who will centrally involve service users in the design, delivery and evaluation of the project.


 **Performance Monitoring.** In collaboration with colleagues within Business Strategy weekly updates are provided to Assessment and Care Management about their compliance with safeguarding. Advice and support is available from the safeguarding adults office to assist them to resolve issues with progression of cases through the process.

Targets for the coming year

 Community Safety staff undertake safeguarding training and identify 'Safeguarding Champions'.


 ASB Champions network to be established by October 2012, with safeguarding incorporated in their expertise.


 Introduction of the Partnership Resource Allocation Meeting (PRAM) which will bring police and partner ASB data and intelligence together for the first time and improve our ability to identify vulnerable people suffering from ASB, respond to issues of vulnerability, and signpost to agencies to ensure that they are receiving the appropriate level of support and interventions. PRAM will not replace pre-existing structures or procedures, but will instead provide an early warning system forging strong links with MARAC and Adult Safeguarding.


 Reviewing the internal Best Practice group membership and terms of reference to assist the dissemination and embedding of safeguarding best practice within the portfolio.


Sheffield Health and Social Care NHS Foundation Trust (SHSC)


Achievements


 SHSC has made significant progress against its strategy for Safeguarding Adults and has detailed this progress in its Annual report to the Board and Quality Assurance Committee.


 SHSC has continued to work in partnership with the Local Authority and NHS Sheffield to deliver best practice in Safeguarding throughout the organisation and to protect those vulnerable to abuse who use our services.


 The Community Mental Health Teams have also worked closely with private organisations in developing their safeguarding standards for protecting vulnerable working age adults.


 The SHSC Safeguarding office has begun a programme of work with the new services joining the organisation, in order to ensure they have systems and policies that are commensurate with Trust's high standards in Safeguarding Adults.

 Throughout the year the SHSC Safeguarding office has endeavoured to integrate newly reviewed Safeguarding documentation onto its electronic data system (Insight), in order to simplify the alerting process for staff and to make data extraction easier and even more robust. This work will be fully completed in January 2013.


 The SHSC Safeguarding office is also planning to simplify the process for receiving alerts into the organisation via dedicated secure e-mail addresses in each of its Community Mental Health Teams. This work will be completed in December 2012.


 SHSC has continued to monitor and respond to National changes in Safeguarding via its internal governance processes and via attendance at all external partnership meetings held in the city.


 SHSC has also attended all regional Safeguarding meetings and conferences in order to forge new and maintain old, links with other NHS organisations.


 The SHSC Safeguarding office has intentionally focused on whole team training that is directly relevant to the work of these individual teams, as well as offering internal generic 1 day awareness training to all staff within the Trust. SHSC delivered 12 internal awareness courses during this period, all


of which were well received and evaluated to an exceptionally high standard by staff.


 SHSC has maintained robust governance standards by providing the Local Authority with AVA data, producing quarterly and annual Board reports and completing internal practice audits.

 SHSC has been represented on all relevant city-wide Serious Case Reviews and is currently producing a report in regard to a recent Domestic Homicide.


 SHSC Safeguarding processes are over-seen by the SHSC Safeguarding Steering Group and they maintain an updated and contemporary action plan throughout the year.


 The Safeguarding Steering group has also focused its attention on the implementation and monitoring of the Mental Capacity Act and Deprivation of Liberty Safeguards and has a Trust wide lead for these areas of work as well as a Local Authority expert within the group.


 Following this year's internal audit inspection recommendations SHSC has developed specific intranet pages for Safeguarding Adults that are aimed at providing a range of relevant guidance and support to all staff. These pages include information on Domestic Abuse, the Vulnerable Adults Risk Management Model (VARMM) and details of all other relevant agencies.


 SHSC has a named doctor, a named nurse and named executive and non-executive Directors in relation to Safeguarding Adults.

Looking Ahead

 High on the Safeguarding offices agenda for 2013 is the development of embedded processes to ensure we routinely gather feedback from vulnerable adults who experience safeguarding processes.

 SHSC will continue to focus on the integration of Safeguarding procedures into its risk management strategy and electronic assessment pathways, with the ultimate aim of making the process of alerting as simple and streamlined as possible for all staff and clients.

 Internal training will be fully reviewed in January 2013 to ensure that the training being delivered meets practice requirements for the forthcoming year.

 The Safeguarding office will re-write its policy and procedures in-line with the review of the South Yorkshire procedures.

Sheffield South Yorkshire Police

Achievements in the year

Because of the units' previous mentioned co-location to Sing Hill, Sheffield multi agency working continues to be an important and developing facet of work. There is a continued commitment to immediate working between the Police and differing agencies, which is supported by the close proximity of Sheffield Domestic Abuse partnership.

The PPU investigation team continue to provide a robust response to those matters, which require a joint approach. Dedicated staff have responsibility and a growing expertise in the investigation of such matters utilising specialist skill such as advocates where necessary to enhance these processes.

Throughout the last year, there was a need to bolster the police response to the non-investigation matters that are reported by either the Police to social care or the other way around. Historically one person acted as the liaison officer to Adult services. This may have assisted communication with agencies however highlighted the lack of resilience built into the process when that person was not available. As such, the eight Domestic Violence officers now rotate responsibility for addressing Adult protection matters building resilience into the process and providing a cohesive response to matters reported.

Looking Ahead

Work is ongoing to integrate Sheffield Adult Protection Staff into the day to day work of the PPU by having a member of staff collocated on a daily basis within the unit. This would further enhance multi agency working by providing a joined up response to reports of elder abuse.

Opportunities will be sought to ensure that training remains an instrumental part of Police Officers 'Street Skills' and all avenues are explored to further develop officers in this field of work.

NHS Sheffield

NHS Sheffield remains committed to keeping vulnerable adults safe while they are in NHS care in Sheffield. To achieve this Safeguarding and Adult Protection is at the heart of all our planning and decision making.

We have continued to work hand in hand with our partners to do this and make sure that everyone in the city's NHS understands their role in the health and wellbeing of vulnerable adults.

Safeguarding vulnerable adults remains integral to commissioning, primary care services, contracts with providers and clinical governance. We strive for good practice in everything we do, learn from safeguarding incidents, both those which became serious case reviews and those which did not and ensure that changes are put in place quickly across the local health system. We also ensure that all health professionals in the city working with vulnerable adults understand their role in safeguarding and how to report concerns and act to safeguard vulnerable adults.

Partnership Working

NHS Sheffield has continued to be an active member of the safeguarding adult's partnership. We have maintained our financial commitment to the partnership on behalf of all the health agencies within Sheffield and contributed to the successful achievement of the actions within the 2011/2012 SASP Development and Improvement Plan.

Specifically in respect of action 5 we have ensured our Associate Director with the lead for Safeguarding is a member of the emerging Clinical Commissioning Group (CCG). Along with one of our Clinical Directors this provides a Safeguarding Champion at a senior level to ensure the CCG understands and meets its Safeguarding responsibilities. Our Associate Director with the lead for Safeguarding remains a member of the SASP Executive Board thereby ensuring the link between this and the Sheffield CCG. We have planned for September 2012 a development session for the CCG re their safeguarding responsibilities. This will be led by SASPs Independent Chair.

Re action 6, we have secured three GPs to undertake Independent Management Reviews (IMRs) to contribute to Serious Case Reviews. One of these is also undertaking other duties of the named GP role and is supporting us in developing a business case for a substantive named GP.

As well as our membership of the SASP Executive Board we continue to play an active role within SASPs subgroups, chairing the Policy, Practice and Review (PPR) subgroup and attending the Health Reference Group.

Internal safeguarding structures/accountability

We have made significant progress against our objectives from our Safeguarding Adults strategy and further detail re this work is contained within NHS Sheffield's Safeguarding Adults Annual Report.

Our internal 'Commissioning Safeguarding Adults Group' has continued and provides assurance to our Board in respect of Safeguarding Adults work undertaken within the organisation.

Transition

We have undertaken significant work in the last year to ensure the Safeguarding Adults agenda remains firmly at the heart of the emerging CCG. As above, we have ensured Safeguarding Adults leadership continues

The CCG structure has identified staff to ensure it meets its safeguarding responsibilities and transition work is a priority for 2012/2013.

Commissioning and Provider Assurance

We continue to actively performance manage our health providers around both Safeguarding Adults and MCA/DoLS and through evidence gained, including SASP assurance processes undertaken with organisations, we assure our Board of our providers safeguarding activity.

We have developed a safeguarding commissioning policy which details standards our providers must meet. Our providers have agreed these and adherence to the policy will form part of our contracts with them.

Strengthening Safeguarding Adults work with GPs

We held our first Safeguarding Adults Protected Learning Initiative (PLI) this year. 250 GPs attended and the event covered recognising and reporting abuse, Domestic Abuse, Hate Crime, recognising abuse in care homes and assessing Mental Capacity. The event evaluated extremely well, some comments being: *'I feel more confident'*, *'I now have relevant contacts for advice'*, *'have more knowledge about pathways'*, *'I will do further e-learning'* and *'I now know the relevant high risk circumstances to look out for'*.

We undertook a baseline audit to better understand GPs level of knowledge and confidence in Safeguarding Adults and will use the results to inform further training.

Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS) activity

This year has seen the sign off of a section 75 agreement between us and Sheffield City Council (SCC). This allows both organisations to enter into a range of shared operational and administrative arrangements to most effectively carry out our respective MCA/DoLS functions. Operating jointly has removed the need for separate systems and processes and separate cover arrangements.




The agreement also prepares both organisations for the transfer of DoLS responsibilities to SCC from April 2013.

As the CCG becomes a legal body, it will retain the responsibility for ensuring its providers are compliant with their MCA responsibilities. Ensuring this work takes place is one of our objectives for the coming year.

For NHS Sheffield DoLS activity please see the MCA/DoLS section of this report.

Objectives for 2012/2013

We will continue to achieve the objectives set out in our Safeguarding Adults Strategy for 2011/2013. Priorities also include:

-  Ensuring a smooth transition of Safeguarding and MCA/DoLS responsibilities from NHS Sheffield to Sheffield CCG and Sheffield City Council.
-  Further work with GPs to ensure they meet their safeguarding responsibilities.
-  Embedding the Safeguarding commissioning standards with our providers and being assured by them.

Sheffield Homes

In April 2011 Sheffield Homes re-organised its management structure with corporate responsibility for both adult and child safeguarding being allocated to one senior manager with the Tenancy Management and Enforcement Team overseeing the day to day development of safeguarding systems.

Sheffield Homes manage approximately 42000 council properties for Sheffield Homes and work is continuing to develop systems which will ensure that vulnerable and potentially vulnerable customers are identified at the earliest opportunity, receive appropriate advice and support and have access to external partners and organisations that can assist in meeting their individual needs.

Since 2010, 80 staff have been trained to assist them to identify and report cases involving vulnerable adults and safeguarding, with an additional 192 staff being trained to act as referrers. As of the 1 July 2012 there are only seven members of staff waiting for safeguarding training. However, during 2012/13 additional training is planned for 234 staff on domestic abuse and MARAC. This continual development programme ensures that Sheffield Homes Staff are provided with the best training and guidance to meet the needs of its most vulnerable customers. Sheffield Homes have agreed to engage with Professional Boundaries training to assist them to deal with tenants more effectively.

During 2011/12 work continued in ensuring that the equalities data was collected for as many customers as possible with Sheffield Homes holding data on all of the equality strands for 83.3% of its customers but more specifically:

- Ethnicity - 97.3%
- Disability - 92.4%
- Date of Birth - 99.9%
- Language need - 91.6%
- Religion - 90.4%
- Sexuality - 85.9%

This data is used to ensure services are personalised to an individual's needs. During 2012/13 Sheffield Homes will be reviewing how it allocates vulnerability codes to customers and how we should support and respond to the needs of different client groups. This will form a big part of any review into delivering preventative strategies for vulnerable groups to prevent cases escalating to safeguarding levels.

Sheffield Homes public access points have all of the up to date literature on Safeguarding, ASB, domestic abuse and hate crime and will be working in 2012/13 to ensure all information and links are available electronically and online for maximum exposure and access.

Sheffield Homes are also members of the Stay Safe in Sheffield initiative with all relevant staff to be trained on responding to specific requests within this initiative.

Sheffield Homes will also be developing a Quality Assurance Framework for safeguarding and vulnerability to ensure that the organisation can ensure that systems are in place to deliver best practice in all cases. This work will be completed in 2013/14.

Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)


Partner Agencies Achievements and Internal Governance Arrangements


Following the successful integration of Adult Community Services from NHS Sheffield, the Trust has an integrated adult safeguarding team which covers both adult community and hospital services.


The adult safeguarding team has continued to embed the safeguarding and Mental Capacity Act (MCA)/Deprivation of Liberty Standards (DOLS) awareness across the organisation, advising and supporting staff to make timely and appropriate safeguarding referrals and best interest decisions.


The safeguarding adults' governance and performance framework ensures accountability and reporting through timely submission of performance and governance data both internally and to the SASP.


Achievements


 The safeguarding adults' policies from the former acute and community services have been amalgamated into a joint policy to ensure a consistent and standardised approach to adult safeguarding across STHFT.


 Links between the Sheffield Adult Safeguarding Office and other health partners have been strengthened by participation in the quarterly Health Partnerships meetings and by the attendance of the individual safeguarding team members at supervision sessions with the local authority Sheffield Safeguarding Adults team.


 A '4 Steps to raising a safeguarding alert' flowchart has been developed for community staff to complement the existing flowchart for staff working in the acute setting.


 A database of safeguarding adults' referrals has been established to enable monitoring of sources of referrals, identify any gaps and facilitate a future audit of the appropriateness of referrals.


 Work has been undertaken with the Patient Partnership Department to establish a process for escalation of potential safeguarding concerns identified from complaints received by the Trust.


 An audit of compliance with Mental Capacity Assessments and best interest decision making was undertaken in September 2011 which highlighted some examples of good practice, but also some gaps in knowledge and variations in practice. An action plan to address the gaps in knowledge is in place.


 A service evaluation of the in house safeguarding basic awareness training was undertaken from September to December 2011. An audit of safeguarding awareness was undertaken in the Community Care Group in October 2011


 Both the audit and the service evaluation demonstrated a variation in staff recollection of how to recognise and report abuse. The safeguarding adults' basic awareness training materials have been updated to reflect the findings from these evaluations.


 100% attendance from STHFT at the Multi Agency Risk Assessment Conference (MARAC)


 Completion of two Internal Management Reviews (IMRs) in response to a Case Review and a Serious Case Review (SCR) held in Sheffield.


 Completion of an IMR in response to a Serious Case Review held in Nottinghamshire, where the individual at the centre of the SCR had received care within STHFT. STHFT has been commended by the Nottinghamshire SCR Panel for the high standard of the IMR submitted.

 Completion of an IMR in response to a Domestic Homicide Review held in Sheffield.

 Updated the Nursing Care Guidelines for Domestic Abuse as part of the action plan following the Domestic Homicide Review.

 Participation in a multi agency 'Lessons Learned' review in response to a death in the community which did not meet the criteria for a Domestic Homicide Review.

 A guidance document for provision of safeguarding adults' supervision to staff working with complex and challenging individuals has been developed and is available on the STHFT Safeguarding Adults intranet site.

 A model of reflection has been used to develop a tool to enable staff to reflect on significant events. This model has been trialled by the Named Nurse following a specific incident and early indications are that this is a useful tool to identify lessons learned and inform future practice.

Partner Agency Involvement in Safeguarding Adults Education

STHFT reviewed and updated its training needs analysis relating to safeguarding adults to reflect the requirements of the Bournemouth competencies for safeguarding adults.

The STHFT safeguarding team has updated the in house training materials to reflect developments in safeguarding adults. Referrer training is now offered in house.

The STHFT safeguarding team has provided a rolling programme of Safeguarding Adults Basic Awareness training, as well as bespoke training sessions to specific staff groups in both the acute and community settings in line with the training needs analysis and as requested.

MCA/DOLS awareness is delivered as part of the newly qualified staff nurse induction programme.

A rolling programme of Dementia Awareness training has been commissioned and is facilitated by the Sheffield Hallam University.

In addition to these sessions staff can access e-learning and where appropriate, multi -agency training in subjects relating to safeguarding adults.

The Lead Nurse for Adult Safeguarding and the Named Nurse for Adult Safeguarding are members of the multi-agency training pool.




The Lead Nurse for Adult Safeguarding and the Named Nurse for Adult Safeguarding undertook the training for trainers' course for the Prevent anti-terrorism strategy and now provide in house Prevent training.










The Named Nurse attends the Sheffield Adult Safeguarding Educational Development group (SASED)

The Lead Nurse for Adult Safeguarding attends the Yorkshire and Humber regional safeguarding training sub-group meetings.

Looking Ahead - Partner Agencies

The Action Plan for the year ahead includes:

-  To provide referrer training to heads of therapy and other allied health services and to senior staff within the community care group.
-  To provide awareness of the Government's Prevention strategy.
-  To provide training on Vulnerable Adults Risk Management Model (VARMM).

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-  To provide further training and support in embedding the MCA/DOLS/best interest principles into practice.
 -  To undertake an audit of complaints to identify whether safeguarding concerns are being correctly recognised via the complaints review and risk grading process.
 -  To develop an appropriate audit tool and undertake a re-audit of safeguarding awareness across both community and acute staff.
 -  To maintain an excellent attendance record at the delegated safeguarding meetings and sub groups.
 -  To work with Human Resources to develop guidance for line managers to support staff who may be victims of domestic abuse or forced marriage.
 -  To develop a system of identification of vulnerable adults accessing services at STHFT who may need referral into the vulnerable adults' panel.
 -  To develop a robust system for implementing recommendations and actions from the vulnerable adults panel, MARAC, SCRs and DHRs, reporting progress to the associated operational Boards as required.
 -  To identify key individuals from within the trust who have the skills to lead on safeguarding investigations.
 -  To provide specialist training for key staff in undertaking IMRs.

South Yorkshire Fire and Rescue

South Yorkshire Fire and Rescue continue to employ a designated lead Safeguarding Officer for safeguarding children, young people and vulnerable adults. Key responsibilities include the development of policy, guidance & procedures, implementation and delivery of training and specialist advice and reporting internally and externally. Group Managers are identified to deputise out of hours and in the absence of the Safeguarding Officer.

Safeguarding Alerts & Referrals

- All Safeguarding Alerts are triaged through Safeguarding Officer or via Control and Group Managers.
- A central database collates all alerts and referrals from a Single Point of Contact.
- 51 Alerts triggered April 2011 - March 2012 throughout South Yorkshire, the majority are linked to Fire Safety and are linked into appropriate Adult Services, 5 Referred into Safeguarding and 1 into VARRM.

Policy

Safeguarding policy, guidance and procedures were initially approved in 2010 and an annual review and update together with an Equality Impact Assessment has recently been completed and communicated across the organisation.

A Safeguarding page on the SYFR Intranet is being developed and information will be made available on the external website directing the public to information on child and adult protection

Training

All Community Safety staff, Human Resources, Equality & Diversity Team, Technical Fire Safety and 85% of Operational Fire Fighters have received Basic Awareness Training.

Vulnerable Persons Advocates are in the process of attending multi agency training courses across their given districts.

An internal electronic Refresher programme is to be developed for 2013.

Board Membership

The Safeguarding Officer/Group Manager or Community Partnership Officer represents SYFR at the SAPB meetings across South Yorkshire.

SYFR is also now represented on both Safeguarding adult and children boards in each district.

Priorities

Key priorities for South Yorkshire Fire & Rescue are:

- reducing deaths and injuries as a result of fire or road traffic collisions;
- safeguarding property and reducing the impact of fire;
- reducing arson;
- educating communities; and
- protecting the environment.

In addition to the Operational Fire & Rescue emergency response Prevention and Protection initiatives are key drivers for an extensive range of Community Safety activities which include:

- Home Safety Checks - fire risk assessment, advice, plan and fitting of smoke alarms.
- Vulnerable Persons Advocates and Fire Community Support Officers provide additional risk assessments and advice to vulnerable people in their homes and to families and carers.
- Multiagency Partnerships providing targeted services and training to specific staff and care groups.



Contribution to Case Reviews and Serious Case Reviews

SYFR would contribute to any review commissioned by the Board, especially if this involved fire safety.


Report from the Safeguarding Adults Partnership Board

Significant progress has been achieved by the Board against its Development and Improvement plan.

Key Targets

-  Establish a policy and process to safeguard vulnerable adults who do not traditionally fit safeguarding.
- VARMM training has been established for partner agencies and cases of self neglect are being managed by social care, health and housing to produce a multi agency response to reduce risks.
- Vulnerable Adults Panel established to respond to very high risk VARMM cases, adults who inappropriately use services of a frequent basis etc. Early evaluation suggests that this is an effective model, a more formal evaluation, including cost analysis will be completed in 2012/13.
- A South Yorkshire agreement has been reached to include VARMM and self neglect within the new Safeguarding procedures.
-  All partner organisations to develop quality standards for service users to assure the board of safeguarding best practice.
- Progress has been made on this area, especially by Communities who have established a service user forum to shape the work of the board and a system for seeking feedback from service users and their families about their satisfaction with the safeguarding process. This is an area of work that will require further action in 2012/13.
- Create a governance document for one good learning system to include realistic models that are audit compliant and risk management compliant.
- SASSED (education and training sub group) have agreed a competency model for safeguarding adults and work has progressed in all agencies to agree its adoption and associated training needs analysis. Once this has been completed this will assist the board set realistic priorities for education in the coming years.

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- A review of all E learning packages has been completed by the Safeguarding Adults Office at the request of SASED and improvements made. A more robust mechanism for recording the numbers of staff accessing and completing these has been established and this data is shared with SASED on a regular basis.

 Consider the benefits of share/pooled services and co-location for safeguarding generally.

- Outline agreement between South Yorkshire Police and Sheffield City Council to progress a partial co-location within the Public Protection unit as been reached. All staff vetted to support this move. A date to be agreed to commence pilot.
- Begin formal approaches to GP Consortia to engage them in Safeguarding and seek to appoint a GP champion to join the Executive Board. Create a business case for a named GP.
- Lead GP identified and with support from him and NHS Sheffield a protected learning event will be held in 2012 to provide GPs with information about safeguarding, VARMM and MCA/DOLS.
- Strong links with CCG established via NHS Sheffield and safeguarding adults is regularly discussed at CCG meetings.
- Strong links have been established with the Local Medical Council and a number of practice agreements have been reached as a result of these meetings.
- This work will continue into 2012/13 as the transition from NHS Sheffield to Clinical Commissioning Groups (CCGs) is completed.
- Develop a business case for a named GP to undertake serious case reviews and independent management reviews (IMRs).
- A GP has been identified as the lead for Safeguarding Adults and contributes to the NHS Sheffield Safeguarding Adults Steering group. A number of zero hours GPs have been identified to complete individual management reviews for case reviews and serious case reviews. These appointments will create a valuable link with the emerging CCGs.

 Develop relationships with HealthWatch.


- The Safeguarding adults' office has contributed to the design of the service specification for the new service and has strong relationships with LINK. Further work will continue in 2012/3.
- Re-write South Yorkshire procedures to include VARMM and communities of interest/diversity.


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- Broad agreement to include these has been reached with South Yorkshire colleagues. The tender process has not yet been established but will be completed in 2012/13.


 Consider the impact of the Domestic Homicide Reviews (DHR) on SASP Board activity and capacity

- Evaluation of the DHRs completed by the Domestic Abuse Partnership indicate that they will have significant resource impact for safeguarding and this will need to be considered in future financial planning

Summary of partner's progress against key themes

 **Theme 1 - managing and recording alerts and referrals.** Significant progress has been made by all agencies to create a system to log all safeguarding concerns with no agency unable to complete this, the wider challenge of being able to report centrally is still to be addressed by a small number of SASP partners. A city wide register of all safeguarding data has been explored but would be financially and resource intensive and will have to be evaluated as to the benefits of its implementation in 2012/13

 **Theme 2 - Involving service users and other relevant participants.** Partners have a number of internal and external forums to share best practice and learning and this provides SASP with evidence of coordinated and consistent working to key objectives. Feedback from service users and their families needs to be improved across the partnership to demonstrate our success against this criterion. The creation of the service user forum group will generate evidence in the coming year

 **Theme 3 - People know how to get help.** Joint work with a range of service user groups and partners have resulted in all of the safeguarding leaflets being re-written and circulated to all partner agencies to distribute. A publicity campaign using DeCaux board and buses and trams has provided information to all service users to their families in a non targeted way, evaluation on the number of self referrals made in the coming year.

Report from the Safeguarding Adults Office

Work with partner agencies

The office supports the internal safeguarding adults and MCA groups in all partner agencies and facilitates a safeguarding health partnership meeting to create opportunities for sharing of best practice and joint working. Evaluation of the latter indicates that health colleagues have found this very beneficial.

The office meets regularly with South Yorkshire Police, locally and regionally to address any practice concerns and create multi agency learning opportunities.

Health colleagues are provided professional development opportunities on a regular basis by shadowing “duty” cover dealing with all aspects of safeguarding and mental capacity/deprivation of liberty.

The office supports the following:

- Hate crime strategy and executive meetings
- Vulnerable adults’ panel
- Monitoring of all VARMM cases
- Management of all SASP meetings
- Service user forum meetings

Regular meetings and information sharing take place between the office and:

- Safeguarding Children’s Services
- Domestic Abuse Partnership

Quality assurance Audit and monitoring

A wide range of monitoring is undertaken on behalf of the board and partner agencies, in 2011/12 these included:

- All Deprivation of Liberty safeguards application body for both the Local Authority and NHS Sheffield under the Section 75 agreement.
- Review of all completed safeguarding adults investigations in advance of conference.
- In collaboration with colleagues from business strategy monitor the performance of the Board against agreed target.
- Monitor VARMM and Safeguarding compliance and update partners when areas of concern or non compliance are identified.

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- Monitor the budget and provide recommendations for spending.
 - Complete service user satisfaction surveys via a range of mechanisms.
 - Complete, support and monitor case reviews and serious case reviews as required.
 - Supervise and provide development opportunities for the Best Interest assessors, mental health assessors and independent case conference chairs.
 - Coordinate and chair MCA/DOLS governance meetings.
 - Advise agencies on internal safeguarding and MCA policies.
 - Provide reports to partner agencies on areas of concern.
 - Complete audits and support audits within agencies covering safeguarding and mental capacity.
 - Support elected members via scrutiny and other mechanisms.
 - Case advise to all agencies.
 - Monitor performance detailed in action plans linked to case reviews and serious case reviews.
 - Contract monitoring of the IMCA and Paid Representative services linked to DoLS.

Education/Training/professional development

The office has a pool of accredited trainers who work with the office, free of cost, to deliver a full range of education and training opportunities - see next section. In addition the office provides:

- Bespoke events on safeguarding, MCA and DOLS for partner agencies.
- Advise on the quality of internal training programmes and provide updates on local and national developments.
- Produce a bi-monthly newsletter.
- Act as a moderator for accredited education programmes in collaboration with further education partners.
- Contribute to the design and delivery of regional and sub regional events.
- Design and delivery quarterly development events for Best Interest Assessors, Mental Health Assessors and Independent Case Conference Chairs.

Project management

- Oversee the management of the Safe in Sheffield Project on behalf of the board.
- Transitions project across adult and children's social care to improve quality of safeguarding and MCA/DOLS.
- Other short term projects - eg Changes to CareFirst etc.


View from the Chair of SASSED

The Sheffield Adults Safeguarding Education and Development Group met quarterly throughout 2011/12. The group comprises of representatives from across partner organisations and meets to oversee the development and implementation of adult safeguarding education both through multi-agency and in-house activities.


Throughout 2011/12 SASSED has been supported by the temporary Development and Training Manager within the SAO who has now moved into the post on a permanent basis from June 2012.

Achievement 2011/12

Progress across all areas of the Training Strategy for 2011/12 has been good, key achievements across a broad range of targets include:

 **Multi Agency Training Safeguarding Adults/Safeguarding Children.** This initiative started as a pilot in March 2011 to provide information and guidance regarding safeguarding children and adults and to raise awareness of issues in multi generation families and communities. Following positive feedback four further workshops have been delivered to March 2012. It is anticipated that further workshops will be organised and advertised in 2012/13.

 **Community Partnership Multi Agency Training.** A new multi agency workshop was run in September 2011 with over 50 delegates from the Police, Social Care, Health, Housing, Environmental Services and Fire service. The aim of the workshop was to promote the need for closer multi agency and partnership working in the community and included 'hate crime' issues. The feedback was excellent, however funding and organisational changes have delayed development and running of further workshops for the present. Although the programme has been adapted and run very successfully with Sheffield Homes.

 **Specialist Workshops.** 14 Specialist Courses have been run in 2011/12 as an extension to the core programme. These have proved very popular and have evaluated extremely well. They will continue to for a key part of the training programme for 2012/13 with 38 planned for this year.

E learning Programme. This has been fully updated and re-launched this year. The Safeguarding Operational Board endorsed SASED request that organisations commit to using this e-learning programme to support basic awareness training across organisations and where organisations used other e-programmes that the Safeguarding Office quality assure these.

Training For Trainers Courses. In 2011 we ran one 8 day training for trainers' course, as a result the multi-agency training pool membership swelling to a very healthy 45 active trainers. We also ran a 5 day train the trainers aimed specifically at the independent care sector. This resulted in 8 staff from the sector being trained and now able to deliver safeguarding awareness training to their own and other independent sector organisations. This new 'IPV' pool is being supported by SCC's workforce development unit at Brockwood.

Cert Ed/PGCE achievements. Members of the multi-agency training pool have successfully undertaken an abridged Cert Ed/PGCE course through Sheffield Hallam University.


Training Pool Delivery. The trainers in the multi-agency training pool have increased the range of programmes they can deliver on this year. The training pool continues to show great commitment to supporting the delivery of the multi-agency programme. Their dedication is reflected in the number, range and quality of programmes being delivered and SASED wishes to formally thank each of them and their organisations for their contribution, it is an essential and highly valued part of the multi-agency training delivery.

Service User Engagement. Forum in place and involved in advising and developing training materials for multi-agency programmes.






Engagement with GP Consortium. Inclusion of Safeguarding at GP Consortium Meetings has been well received resulting in plans to roll out training to all GP Consortium in 2012/13.

Hate Crime Materials. Hate crime training materials have been developed and incorporated into multi-agency training programmes and included in in-house safeguarding awareness programmes.




Working Relationship with Colleges and Universities. Safeguarding is now included as a module in Sheffield Colleges Health and Social Care programme for 16-17 year olds.

 **Developing a Safeguarding Competency Framework linked to roles and training.** Good progress has been made to map the national Learn to Care Adult Safeguarding Competency framework against the multi-agency training programmes and types of roles within health and social care organisations. The Operational Board has endorsed SASSED's proposal that in 2012/13 all organisations will be required to map all their organisational job roles against both the competency framework and the related multi-agency training, and subsequently complete a full training needs analysis of their organisations safeguarding training requirements based on this framework.

Benefits and Challenges

-  **Key benefits to organisations being part of SASSED are opportunities to share development needs and opportunities with partner organisations and share best practice.**
-  **Be able to raise practice issues and respond through agreed and standardised multi-agency training**
-  **Be supported to benchmark organisation requirements against national competencies and standards.**
-  **Develop skilled Safeguarding trainers who can deliver both into the multi-agency pool, but also directly back into own organisations.**
-  **Challenges facing organisations and SASSED members are maintaining member engagement and contribution to the multi-agency work of SASSED.**

Looking Ahead 2012/13

-  **SASSED priorities continue to include ensuring committed partner representation and engagement in Safeguarding Training and Development through attendance at SASSED meetings.**
-  **An increase in service user involvement in the safeguarding training we develop.**
-  **Ensuring that the organisational mapping of roles and training requirements is completed by all partner organisations to enable a competency based education training model can be rolled out by 2013.**

*Sarah Pack
Chair of SASSED*

Report from the Development & Training Manager: Education & Training

The Safeguarding Adults Office Development and Training section continue to offer a core multi agency training programme across the city. These courses are constantly being reviewed, monitored and updated in line with changes in policy and procedure, legislation and feedback from students and trainers. We review current trends, media coverage and information and ensure that our courses fully support staff to safeguarding adults at risk of harm or abuse.

To maintain our high standards we routinely offer high quality training; the Safeguarding Adults Development and Training section has rolled out the following development options in 2011/12:

- New partnerships with local Colleges and Universities.
- Development and Training of GPs and GP surgery staff.
- South Yorkshire Training Group.
- Competency Framework.
- New initiatives and development events.
- Sheffield Trainers Group.

The core programme and many of the additional development training and initiatives are delivered by members of the Sheffield Trainers group, who are qualified, competent and dedicated trainers, who volunteer their time with the support of their host organisations. Without their commitment we would not be able to offer the vast range of training and development opportunities on offer in the city.

Development and Training Manager

This post has been covered on a secondment basis until May 2012, when a permanent post was agreed. This is a positive step forward for the Safeguarding Adults Office. It means that initiatives and training events can be planned and rolled out across the city with the security that they can be sustained. Discussions about training and development needs can take place with partners and other providers to identify training needs and plan for their scheduling.

Amalgamation with Mental Capacity and Deprivation of Liberty (MCA)

In early 2011 the Safeguarding Adults office joined forces with the MCA office and as a result the training programme now includes MCA training inclusion in core programmes and specialist MCA development events to increase practitioners' confidence in practice. We have introduced workshops, master classes and also invested in a new e learning programme.

New Partnerships with Colleges and Universities

One of the initiatives identified in last years report was in relation to developing and maintaining working partnerships with further education and higher education providers in Sheffield and these exciting new partnerships with were established in late 2011. This included:

- Delivering a Safeguarding Adults session on the Health and Social Care course at a range of Sheffield College sites; these sessions enabled us to raise awareness around adults at risk, to young people who were considering health and social care as a profession.
- Delivering a safeguarding awareness session to psychology students.
- Contributing to a trial careers day at Peaks College for health and social care students, the careers day was very well received and there are plans to organise a second one in 2012 and extend it to all students from all four college sites.

Sheffield University in 2011 also invited us to provide regular inputs on the Social Work degree courses and the Clinical Psychologist courses which have been well received and the feedback has been very positive. In 2012 the Sheffield Training Group gained two new members, who are lecturers at Sheffield Hallam University and along with an exiting member, they will continue to deliver safeguarding sessions at Sheffield Hallam and be champions within their own organisation.

Development and Training of GPs and GP surgery staff

In early 2011, there was a great deal of national debate in relation to 'GP Consortiums' and the way forward. We wanted to try and be pro active and deliver training and awareness sessions before the consortiums were formed to raise the profile of safeguarding and agree its inclusion as a key target In f 2011 we began delivering mini workshops at GPs surgeries on both safeguarding and MCA. We are working with Sheffield PCT to deliver a specialist PLI event for GPs in the near future.

South Yorkshire Training Group

The South Yorkshire Training Group consists of representatives from the four South Yorkshire local authorities and South Yorkshire Police and all members have a key role in their organisations in relation to training and development. The group meet on a regular basis and one of their main aims is to ensure there is good practice across the county. Over the past few years the group have worked closely on designing and sharing delivery of a two day “Working Together” course which is attended by staff from health, social care and the police with the primary goal of supporting effective information sharing. In light of positive evaluation and a commitment to continuing professional development (CPD) the following courses have been added to the regional programme:

- Three, two day ‘Working Together’ courses.
- Two development workshops (hate incidents and interpreting care plans etc).
- Two master classes (Sexual Trauma Syndrome and second to be confirmed).

These will be actively evaluated to determine if they will remain priorities in 2012/13.

Competency Framework

In November 2012, Bournemouth University published a set of competencies for staff and volunteers working with vulnerable adults. The document outlined a number of competencies and performance indicators for staff. In collaboration with our South Yorkshire colleagues have developed a framework which has been circulated to all partner agencies for discussion and will result in the creation of a formal assessment tool to map competence in 2012/13.

Safeguarding Advisory Forum

This was one of the key targets for 2011/12 was a more formal engagement of service users within Safeguarding adults, the enthusiasm the service users has shown has been very positive and we would like to thank colleagues in business strategy for their support and assistance with this work. The group held its first formal meeting and has since agreed Terms of Reference and contributed to the review of education and training materials. We are confident that this positive relationship will bring greater benefits in the coming year.

New Initiatives and Development

- Eight day, accredited trainers course.
- Two day investigating skills course for safeguarding investigators.
- Two day Safeguarding Managers Course.

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- Five day, non accredited trainers course for Independent, Private and Voluntary Sector staff.
 - Vulnerable Adult Risk Management Model (VARMM).
 - Mental Capacity Act Master Classes.
 - Assessing Mental Capacity throughout the Safeguarding process.
 - Implementation of the Mental Capacity Act in Care Home Settings.
 - Implementation of the Mental Capacity Act in Health Settings.
 - Managing Safeguarding Alerts.
 - Running Effective Strategy Meetings.
 - Conducting Effective Investigations.
 - Interview Skills/Interview Recording Skills.
 - Quality Assurance of the Investigation Process and Preparing for Case Conference.

These courses are well attended and receive excellent feedback. The dates are planned for 2012 and hopefully the programme will be sustainable throughout 2013.

Sheffield Trainer's Group

A huge thank you is extended to all the trainers who form part of the Sheffield Trainers Group. The member's commitment to safeguarding adults at risk and ensuring staff receive quality training is exemplary.

The training group in Sheffield is a key factor in all of the information provided for this report, as many of the sessions would not be possible without the commitment of the trainers on the pool. We continue to invest in the group membership by not only training new trainers, but also ensuring we offer development workshops and training sessions to maintain their own CPD around training methodology, materials and course content but also around changes in safeguarding policy and practices. The members are also actively engaged in the design and development of new material and courses, sharing their wealth of experience and knowledge.

The past eighteen months has seen many organisations undergo cuts in budget and staffing levels. Many members of the group have seen an increase in their own work load and responsibilities. However they have continued to engage with the programme and deliver quality, effective sessions to over 2741 attendees. Their knowledge, willingness and professional and personal commitment are a credit to Sheffield.

Safeguarding Adults Education and Development Activity

A total of 2741 training places were delivered in 2011/12 compared with 2276 in the previous year. The increase is directly linked to the employment of a permanent Development and Training Manager, which has not only facilitated the running of the core training programme but also further development workshops, seminars and conferences. A total of 1399 training places were delivered “in house” by accredited trainers who form part of the Sheffield Safeguarding Adults Training Pool.

The tables below indicate the breakdown of courses and their attendance by organisation.

The half day and one day courses are still popular and continue to evaluate well and meet attendee’s needs, assisting them to transfer knowledge into the workplace. This year we have piloted training for trainer’s course for the Independent, Private and voluntary sector so that training can be delivered within those organisations. It is also hoped that our statutory partners will increase their ability and capacity to deliver this course in house in the coming year and there are plans to support this by running a similar training course, to equip staff to deliver safeguarding at ground level within their own work environments.

Half day Safeguarding awareness

Organisation	Number of delegates
Communities	22
Sheffield Teaching Hospitals NHS Foundation Trust	33
Sheffield Health and Social Care NHS Foundation Trust	34
Sheffield Homes/ Housing Associations	17
Sheffield Primary Care Trust	15
Nursing and Residential care	21
Home Care	4
Charity/Voluntary Sector	89
Other	6
Totals	241

Update course

Organisation	Number of delegates
Communities	5
Sheffield Teaching Hospitals NHS Foundation Trust	28
Sheffield Health and Social Care NHS Foundation Trust	80
Sheffield Homes/ Housing Associations	10
Sheffield Primary Care Trust	8
Nursing and Residential care	12
Home Care	4
Charity/Voluntary Sector	66
Other	1
Total	214

Uptake of this course remains constant, Sheffield Health and Social Care NHS Foundation Trust demonstrated a strong commitment to staff training this year, taking up large numbers of places on all courses and commencing the process of developing and enhancing their own internal group of accredited trainers.

Referrers course

Organisation	Number of delegates
Communities	14
Sheffield Teaching Hospitals NHS Foundation Trust	8
Sheffield Health and Social Care NHS Foundation Trust	14
Sheffield Homes/ Housing Associations	6
Sheffield Primary Care Trust	4
Nursing and Residential care	5
Home Care	12
Charity/Voluntary Sector	20
Other	6
Total	101

In the referrers course we begin the process of looking at specific roles and responsibilities within the safeguarding process and the continuous demand for this course reflects the desire of staff to have a clear picture of how they contribute to the safeguarding process and clarity about their roles.

Beyond Strategy Meeting course

Organisation	Number of delegates
Communities	17
Sheffield Teaching Hospitals NHS Foundation Trust	3
Sheffield Health and Social Care NHS Foundation Trust	2
Sheffield Homes/ Housing Associations	5
Sheffield Primary Care Trust	2
Nursing and Residential care	3
Home Care	8
Charity/Voluntary Sector	16
Other	5
Total	51

Managing Staff in the Safeguarding Process course

Organisation	Number of delegates
Communities	6
Sheffield Teaching Hospitals NHS Foundation Trust	3
Sheffield Health and Social Care NHS Foundation Trust	4
Sheffield Homes/ Housing Associations	6
Sheffield Primary Care Trust	2
Nursing and Residential care	14
Home Care	5
Charity/Voluntary Sector	28
Other	4
Total	72

The Beyond Strategy and Managing Staff in the Safeguarding Process were both re designed and piloted towards the end of 2011. Both now contain a structure and material which looks at the more complex issues of safeguarding and managing staff. However there have been a couple of these courses in the last eight months which have had little or no response and have had to be cancelled even though both courses have continued to have excellent feedback and evaluation regarding course content and relevance to role and safeguarding. This year we intend to re visit the material and look at how we can market the two courses to achieve an increase in attendees.

Training for Trainers - accredited 8 day course

Organisation	Number of delegates
Communities	2
Sheffield Teaching Hospitals NHS Foundation Trust	2
Sheffield Health and Social Care NHS Foundation Trust	1
Sheffield Homes/ Housing Associations	2
Sheffield Primary Care Trust	2
Nursing and Residential care	2
Home Care	1
Charity/Voluntary Sector	2
Other	1
Total	15

This course continues to be in great demand, as it represents the only accredited course in the Yorkshire and Humberside region. It enables us to provide quality training and assessment and quality assure the training which is delivered by the Safeguarding Adults Office in Sheffield. It also means that with the managed expansion of the training pool, the demands on pool members are reduced and we have some flexibility when trainers are no longer able to commit to its membership.

In addition to this course we have piloted a five day training course (non accredited) for people who will be responsible for delivering training, in house in the Independent, Private and Voluntary Sector. A similar course is planned for 2012 for Sheffield Health and Social Care NHS Foundation Trust staff.

Workshops

Title of Workshop	Total
Joint workshop with children's services	36
VARMM (Vulnerable Adult Risk Management Model)	119
Mental Capacity Act (MCA and Deprivation of Liberty (DOL)	79
Managing Safeguarding Alerts	67
Assessing Mental Capacity in the Safeguarding process	43
Exiting the Safeguarding Process	10
Quality Assurance of the Investigation Process	15
Running Effective Strategy Meetings	29
Total	397

With the establishment of a permanent Development and Training Manager we wanted to ensure that as a training establishment we are continuously reviewing the courses we offer and tailor them to meet the ever changing needs of health and social care and its staff. We wanted to offer additional workshops which would compliment and build on existing courses and enable attendees to pick and mix courses which best suited their roles and responsibilities. This year has seen the introduction of new, innovative workshops, many of which focus on specific areas of the safeguarding process and provide more in depth knowledge, comprehension and application. These courses have received very positive and encouraging feedback and further workshops have been added to the above list and will be reported on in next year's annual report.

Investigator Training

Organisation	Number of delegates
Communities	18
Sheffield Health and Social Care NHS Foundation Trust	11
Other	2
Total	31

There have only been two investigators course offered in 2011/2012 so less people have received the training then did last year. This is because although we wanted to provide training to new attendees on this course we also wanted to provide some development workshops and events for existing investigators and invest in their continuous development. Further developments being explored for 2012/2013 are the accreditation of the investigators course and other courses. If successful these will quality assure the course and attendees and also provide evidence and supports the fact that we are committed to valuing are attendees and the work they do.

Safeguarding Manager

Organisation	Number of delegates
Communities	12
Sheffield Health and Social Care NHS Foundation Trust	3
Total	15

Evidence for last years report indicated that although this was an excellent course, Safeguarding Managers, Senior Practitioners and other Managers indicated that they would benefit from other specific workshops. These were instigated and as shown above as a pilot scheme, were well attended. These workshops are part of the programme for 2012/2013 and will become part of the core programme in January 2013. This is another course which we are seeking to be accredited and recognised as a quality course which meets national qualifying standards.

Working Together to Safeguard Adults course

Organisation	Total
Communities	5
Sheffield Health and Social Care NHS Foundation Trust	2
Police	
Other	8
Total	15

The South Yorkshire Training Group is made up of representatives from the four South Yorkshire local authorities and South Yorkshire Police. All members have a key role in Safeguarding Adults within their organisation and services. In essence the group is a support mechanism for members. It meets on a regular basis and allows for ideas and new initiatives to be shared between the members including good practice and developments in training. The group members are dedicated to ensuring that there is a multi agency, multi discipline approach to safeguarding and a corporate approach across the partnership areas. The two day Working Together programme will continue to run in 2012/2013. In past years there have been six, two day courses per year. This year we have decided to run three, two day courses and to use the other time and money to provide workshops and training sessions to people who have attended previous Working Together courses and require some networking or further development and training.

Education delivered within Partner Agencies (in house)

Organisation	Number of delegates
Communities	660
Sheffield Teaching Hospitals NHS Foundation Trust	40
Sheffield Health and Social Care NHS Foundation Trust	276
Sheffield Homes/ Housing Associations	212
Sheffield Primary Care Trust	19
Nursing and Residential care	51
Home Care	0
Charity/Voluntary Sector	17
Other	124
Total (2257 - 2009/10 total)	1399

This is an increase on last years figures, which were lower than previous years and we felt the following could be contributing factors:

- A number of partner agencies have already trained the majority of their staff.

- A lot of agencies are struggling to release staff for any education and training that is not classed as mandatory.

But the increase is very positive and reassuring that safeguarding training is still being delivered, despite the demands on agencies and we continue to offer our support and encouragement wherever possible.

Partner agencies uptake of Safeguarding Adults education and training - in house and multi agency

Organisation	Number of delegates
Communities	766
Sheffield Teaching Hospitals NHS Foundation Trust	161
Sheffield Health and Social Care NHS Foundation Trust	434
Sheffield Homes/ Housing Associations	231
Sheffield Primary Care Trust	68
Nursing and Residential care	122
Home Care	53
Charity/Voluntary Sector	304
Other	155
Total	2341

Trainers and their Host Organisation







Organisation	Number of trainers
Communities	10
Sheffield Teaching Hospitals NHS Foundation Trust	1
Sheffield Health and Social Care NHS Foundation Trust	6
Sheffield Homes/ Housing Associations	5
Sheffield Primary Care Trust	4
Private Sector	5
Charity/Voluntary Sector	6
Places	1
Private Training	2
South Yorkshire Fire Service	1
Sheffield Hallam University	3
Total	43

The training pool in Sheffield is unique in the region and is a key factor in the volume and quality of courses that Sheffield Safeguarding Adults Office is able to deliver. In the pool we have a committed group of qualified, competent and dedicated trainers, who have a huge amount of knowledge, experience, dedication and people who are passionate about safeguarding vulnerable adults.

A huge thank you is extended to the pool members as without those Sheffield Safeguarding Adults could not offer the comprehensive training opportunities that is currently offers.

Priorities for 2012/2013

The Board has agreed the following priorities:

-  Continue our relationship building with GPs, including the lead Adult Safeguarding GP and shadow Clinical Commissioning Group.
-  Develop the Safeguarding Adults Board Policy and Practice in relation to financial abuse.
-  Develop a Quality Assurance Programme across SASP to include standards, dignity and harm reduction, and links to the Quality Care in Care Homes Board.
-  Develop a personalised outcome based approach to Safeguarding, including obtaining views on whether risk has reduced, to be integrated into the safeguarding pathway.
-  Consider the under reporting areas, including Police, Criminal Justice and diversity characteristics, and develop best practice responses to the gaps following an assessment.
-  Continue the service improvement in relation to transitions (progressions) for young people and Safeguarding and MCA.