



Annual Report

2012 - 2013



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1. WELCOME AND INTRODUCTION

I am delighted to introduce this Nottinghamshire Safeguarding Adults Board Annual Report for 2012/2013.

During this year we have achieved a number of significant developments building upon our work in recent years.

Examples of this include the Multi-Agency Safeguarding Hub (MASH) which went live with the adult element in January 2013. This model bears testimony to the huge commitment and investment by partners to ensure that our most vulnerable people are safeguarded.

Another important piece of work has been the revision of the Multi-Agency Procedures and Guidance. In carrying out this work we have consulted with service users, staff from a variety of organisations and the public in a number of ways including local events; drop in sessions; and on line questionnaires. These are due to go live later this year. These Procedures are the tools that support our staff to operate in a professional manner.

During the year we have welcomed Ruth Hyde, Chief Executive of Broxtowe District Council to the Board to represent local Districts. This has enabled us to widen our partnership to reach out to more people in their own homes. This had been a gap that we had identified locally which was later also identified by Central Government.

I believe that these examples clearly demonstrate the commitment of everyone involved in Safeguarding in Nottinghamshire to continue to seek improvement and I personally thank everyone involved for their ongoing support in these extremely challenging times. We must not forget that "Safeguarding is everyone's business".



Allan Breeton
Independent Chair – Nottinghamshire Safeguarding Adults Board

2. NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD (NSAB)

Nottinghamshire Safeguarding Adults Board (NSAB)

The Nottinghamshire Safeguarding Adults Board is the multi-agency group of senior managers from key organisations responsible for developing and implementing Nottinghamshire's strategy to safeguard vulnerable adults. Created in April 2008, the Board builds upon the seminal work undertaken by its predecessor, the Nottinghamshire Committee for the Protection of Vulnerable Adults (NCPVA).

Safeguarding adults is a phrase which means all work which enables an adult who is or may be in need of community care services to retain independence, well being and choice and to access their human right to live a life that is free from abuse and neglect.

Our vision for Nottinghamshire with regard to safeguarding adults is of a County where all adults can live a life free from any form of abuse or neglect.

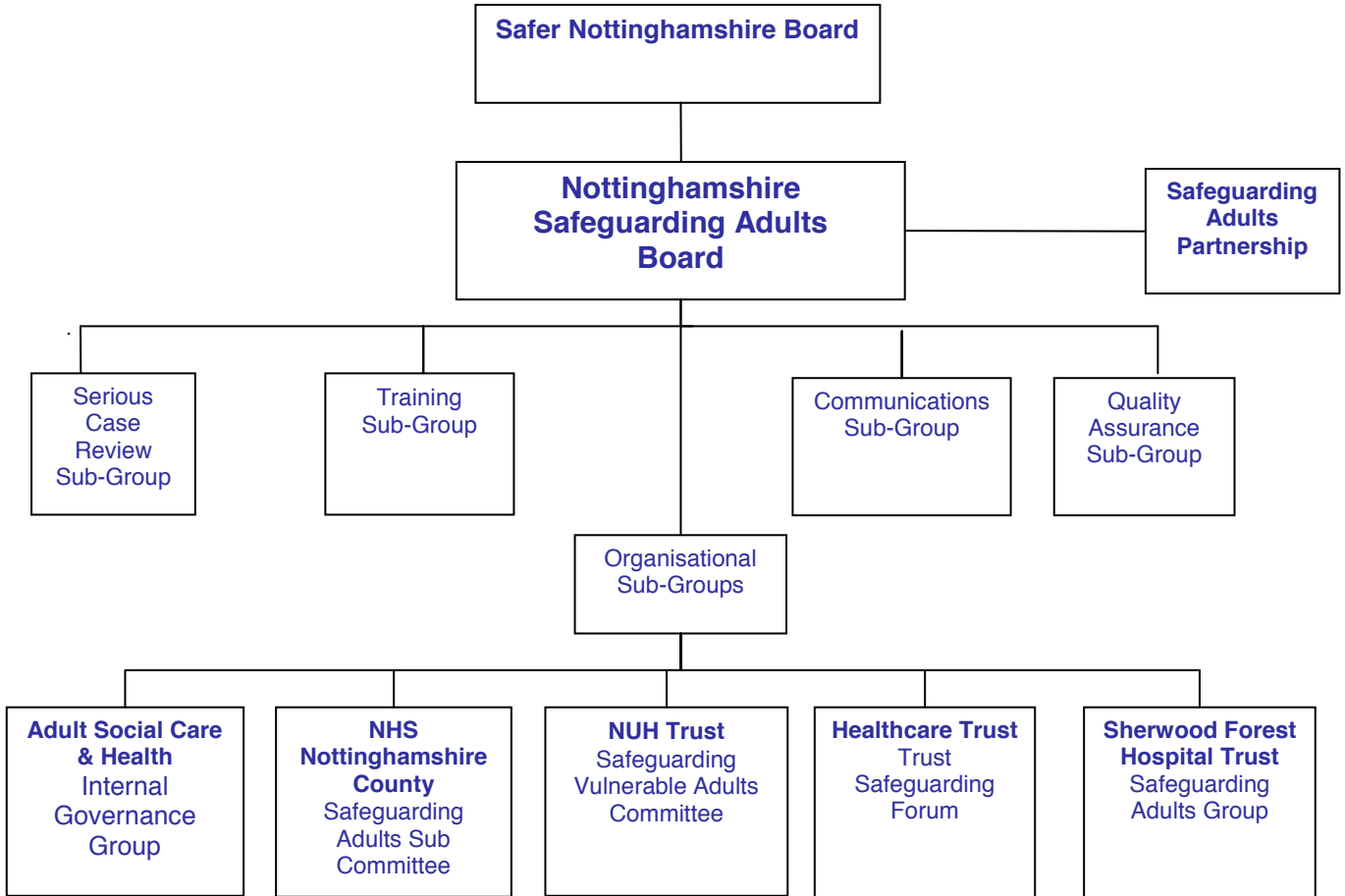
The aim of the Board is **“to safeguard vulnerable adults from harm and abuse by effectively working together”**. Full details of the terms of reference can be found at www.safeguardingadultsnotts.org.

NSAB has four standing sub-groups: Communications, Training, Quality Assurance and Serious Case Review. It is through these sub-groups that the work of the Board is delivered. Each of these groups has specific aims and objectives which contribute to the overall NSAB strategy and business plan.

In addition to the Board, a countywide safeguarding adult partnership is established which is currently coordinated by Chris Hooper, Engagement and Partnerships Manager, Nottinghamshire Fire and Rescue Service. The Partnership has over forty organisations, service users and carers who come together to advise the Board, participate in safeguarding developments, and act as a conduit for dissemination of information across the County. Partnership events are held every 6 months and this year our focus was on the Mental Capacity Act and safeguarding in the community.

The structure on the following page shows how NSAB connects to other groups.

2. NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD (NSAB)



3. MEMBERSHIP

The membership of the Nottinghamshire Safeguarding Adults Board during 2012/13 is shown below.

- ❖ **Independent Chair**
- ❖ **Chief Operating Officer**, NHS Newark and Sherwood CCG (Vice Chair)
- ❖ **Corporate Director**, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- ❖ **Superintendent, Head of Public Protection**, Nottinghamshire Police
- ❖ **Pathway Lead Clinician for Older People and Named Doctor for Adult Safeguarding**, Nottingham University Hospitals NHS Trust
- ❖ **Regional Lead for Learning Disability, Health and Adult Safeguarding**, NHS East Midlands
- ❖ **Service Director**, Joint Commissioning Quality and Business Change, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- ❖ **Associate Director for Safeguarding and Social Care**, Nottinghamshire Healthcare, NHS Trust
- ❖ **Group Manager**, Safeguarding Adults, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- ❖ **Engagements and Partnerships Manager**, Nottinghamshire Fire and Rescue Service
- ❖ **Assistant Director of Nursing**, Doncaster and Bassetlaw Hospitals NHS Trust
- ❖ **Head of Assurance/Deputy Nurse**, NHS Bassetlaw CCG
- ❖ **Chief Executive Officer**, Broxtowe Borough Council
- ❖ **Service Director**, Nottinghamshire Probation Trust
- ❖ **Executive Director of Nursing and Quality**, Sherwood Forest Hospital Trust
- ❖ **Locality Quality Manager**, East Midlands Ambulance Service
- ❖ **Voluntary Sector Support Manager**, Nottinghamshire Association of Voluntary Organisations (NAVO)
- ❖ **Training Co-ordinator**, Safeguarding Adults Strategic Team, Adult Social Care, Health and Public Protection, Nottinghamshire County Council
- ❖ **Senior Audience and Communications Officer**, Nottinghamshire County Council
- ❖ **Board Manager**, Safeguarding Adults Strategic Team, Nottinghamshire County Council
- ❖ **Chief Executive Officer**, Ann Craft Trust (*associate member*)
- ❖ **Local Service Manager**, POhWER, Advocacy Service (*associate member*)
- ❖ **Crown Advocate**, Nottinghamshire Crown Prosecution Service (*associate member*)
- ❖ **Advanced Legal Practitioner**, Nottinghamshire County Council (*associate member*)
- ❖ **Compliance Manager**, Care Quality Commission (*associate member*)

4. THE SUB-GROUPS

Communications

Julie Cuthbert, Senior Audience and Communications Officer for Nottinghamshire County Council, is the Chair of the Communications Sub-Group.

“The Communications Sub-Group has two important roles. One is to raise awareness about safeguarding adults with front line staff such as social workers, police officers and healthcare workers so they understand how to recognise adult abuse, how to report concerns and what processes are involved.

We also have a duty to raise awareness with the general public so they know what adult abuse is, who might be affected and how they can report it.”

Quality Assurance

Claire Bearder, Group Manager, Safeguarding Adults Group, is the Chair of the NSAB Quality Assurance Sub-Group.

There are three main strands to the work of the Sub-Group.

Firstly, the Sub-Group provides the Board with quarterly performance data and seeks to identify and explain any trends. It recommends remedial action to address problems.

Secondly, it oversees a quality assurance process which is used to assess the quality of safeguarding activity within the individual organisations which are members of the Board.

Thirdly, the Sub-Group seeks to quality assure the response of agencies to a safeguarding concern to provide assurance that the response is robust, in line with policy and procedural guidance and most importantly, meets the needs of the individual service user.

4. THE SUB-GROUPS

Serious Case Review

Amanda Sullivan, Chief Operating Officer for NHS Newark and Sherwood CCG, is the Chair of the Serious Case Review Sub-Group.

“The Serious Case Review Sub-Group ensures that cases of death or serious harm that involve abuse or neglect are thoroughly investigated. Our aim is find out why things went wrong and then to ensure that lessons are learned and shared across agencies.

We have representation from health, social care and the police. When we are alerted that a case may require a full multi-agency investigation, we find out the key facts of the case. If we think that a full investigation is required across all of the agencies involved, we recommend that a serious case review is undertaken. Ultimately, the NSAB Chair makes this decision.

Sometimes, when abuse or neglect has resulted in serious harm, we don't carry out a full multi-agency review, but we ask individual organisations to carry out an investigation and report back to us. Part of our role is to make sure that review recommendations are actually implemented across the partnership.”

Training

Tina Lowe, Multi-Agency Training Coordinator with the Safeguarding Adults Strategic Team, is the Chair of the Training Sub-Group.

The Training Sub-Group is made up of managers who hold key learning and development roles within their agencies.

“The Sub-Group exists to ensure that single and multi agency training is provided across the County at an acceptable standard and that this is accessible to statutory, Independent and Voluntary organisations.

Education and training are essential to ensure all staff and volunteers are fully equipped to fulfil their role in safeguarding.

The Sub-Group ensures that all safeguarding adults training that is delivered in Nottinghamshire is giving out the right messages, is delivered in a consistent way and is of the right quality.

The Sub-Group seeks to share best practice and incorporate the learning from serious case reviews into its training programme.”

5. AGENCY CONTRIBUTIONS

Broxtowe Borough Council

It is important to have district councils directly linked in to work to safeguard vulnerable adults. We have an important role in housing provision, which brings us into contact with large numbers of older and vulnerable people, and the work of community safety partnerships also involves district councils in identifying and putting in place measures to support and protect vulnerable victims.

East Midlands Ambulance Service NHS Trust

East Midlands Ambulance Service NHS Trust (EMAS) continues to prioritize safeguarding as a crucial part of providing high quality care. Our approach to safeguarding is based on promoting dignity, rights and respect, helping all people to feel safe and making sure safeguarding is 'everyone's business'. Over the past 3 years the Safeguarding agenda has continued to gain momentum and energy across EMAS from Board to frontline. This can be evidenced by the development of structures to support staff, provide information, monitor activity and learn from safeguarding-related events.

Nottinghamshire Fire and Rescue Service

Nottinghamshire Fire and Rescue Service (NFRS) is a committed member of the Nottinghamshire Safeguarding Adults Board which is attended by the Partnership Manager. NFRS also has a place on the City Board and to assist with the forthcoming Safeguarding training, now attend their Training Sub-Group.

NFRS has recently produced a Safeguarding Policy and Procedure that has been endorsed by its Corporate Management Board, and is now in the

process of delivering Alerter and Referrer training to all fire crews and associated personnel. NFRS views the Safeguarding Adults Board as an excellent opportunity to work alongside those organisations that have responsibility for the most vulnerable in society and through the sharing of information and joint activity, make these people as safe as possible from fire and other avoidable injuries.

Newark and Sherwood Clinical Commissioning Group

The NHS has undergone a significant organisational change during the past year, alongside which the publication of the Final Francis Report in February 2013 has underpinned the importance of recognising and safeguarding adults. We welcome comments about the need for cultural changes and we will continue to be active partners in initiatives to improve patient care and safeguarding agenda.

The joint working arrangements and willingness to share and learn from other organisations via the Nottinghamshire Safeguarding Adults Board is essential and has continued to demonstrate a professional open and transparent local culture.

NAVO

NAVO is committed to the safeguarding of vulnerable adults and ensuring their well-being. As an organisation we recognise that we all have a responsibility to help prevent the physical, sexual, psychological, financial and discriminatory abuse and neglect of vulnerable adults and to report any such abuse that we discover or suspect. We recognise the personal dignity and rights of vulnerable adults and will ensure all our policies and procedures will reflect this. NAVO is committed through shared networks to

5. AGENCY CONTRIBUTIONS

offering signposting, guidance and support to front line services who enable all people to live lives that are free from violence, humiliation and degradation.

Nottinghamshire Healthcare NHS Trust

Safeguarding within Nottinghamshire Healthcare Trust continues to be underpinned by our Trust-wide Safeguarding Strategy, which aims to ensure that safeguarding is embedded throughout all levels of the organisation. Strong local partnership work has continued throughout 2012/13 and we have strengthened our internal processes to help ensure that the right action happens at the right time with regard to safeguarding children, young people and adults. We recognise that there are a number of considerable challenges and opportunities ahead. We will therefore keep our approaches under constant review.

Nottinghamshire Probation Trust

Nottinghamshire Probation Trust is fully supportive of the work of the Nottinghamshire Safeguarding Adults Board. Guided by the Board, the Trust is committed to ensuring that its staff takes full advantage of multi-agency training opportunities on offer; additionally, a revised Safeguarding Adults Policy is due to go before the Trust Board. The Trust has a particular interest in working with partner agencies to tackle domestic abuse, when it is uncovered in an adult safeguarding setting.

Nottingham University NHS Trust

Nottingham University Hospitals NHS Trust (NUH) is a committed member of the Nottinghamshire Safeguarding Adults Board and has representation on all of its sub-groups.

NUH has safeguarding leadership and commitment at all levels of the organisation and is fully engaged in supporting local accountability and assurance structures. The Trust now has 50 safeguarding adult and mental capacity act champions with coverage in each directorate, including community services.

NUH works hard to ensure that a culture exists where safeguarding is everybody's business and poor practice is identified and tackled. NUH is fully committed to the adult safeguarding agenda and this year has expanded the team to include an adult safeguarding specialist practitioner and a domestic abuse specialist nurse.

Nottinghamshire Police

Nottinghamshire Police continues in its role to safeguard adults and support the Nottinghamshire Safeguarding Adults Board. This is manifested by the continued attendance and involvement of the head of Public Protection and also the presence of staff within the Sub-Group process. The service has widened the role of referral staff to ensure that their work within the MASH also deals with Adult referrals. This is a new concept for the Service. We have widened our referral process for frontline staff to include adults and children, making it simpler for officers to make contact with the MASH. We have carried out a number of sessions on alerter and referrer training for front line staff and officers. We continue to develop and learn from our work with colleagues in other agencies how to better protect those who are most vulnerable.

Sherwood Forest Hospitals NHS Foundation Trust

Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) supports a

5. AGENCY CONTRIBUTIONS

zero tolerance approach to abuse and neglect throughout the Trust. The Trust is committed to safeguarding adults. The Executive Director of Nursing and Quality or her deputy attends NSAB and information is fed back to the Trust's own internal Safeguarding Adults Board. This Board meets on a bi-monthly basis; there is a multi-disciplinary, multi-agency membership. There is excellent attendance. This Board reports to the Trust's Clinical Management Team on a quarterly basis. The Trust has a safeguarding team comprising of 1.6 WTE Safeguarding Adults Specialist Nurses, a Practice Development Nurse for Dementia, Learning Disability Specialist Nurse and Domestic Violence Specialist Nurse. The Trust has an excellent training strategy which encompasses all aspects of safeguarding adults, dementia, domestic violence and learning disability.

Doncaster and Bassetlaw Hospitals NHS Foundation Trust

The Doncaster and Bassetlaw Hospitals NHS Foundation Trust is committed to the Safeguarding of vulnerable adults and ensuring their well-being. We are supportive of the work of the Nottinghamshire Safeguarding Adults Board and will ensure that information from Board meetings is fed back to the internal Strategic Safeguarding People Board in order to direct strategy and practice during 2013-2014. The Trust has a Professional lead for Safeguarding Adults and is currently recruiting a Specialist Nurse for Safeguarding Adults in order to increase capacity within the Safeguarding team. The Safeguarding team takes action to ensure that all staff are aware of and supported in applying safeguarding procedures and the Trust recognises the importance of ensuring that all staff understand their safeguarding roles and responsibilities. Whilst achieving full compliance with Safeguarding Adults and Mental Capacity

Act training is a challenge to the Trust, ongoing work has ensured significant progress to address this requirement. We continue to contribute to both single agency and multi-agency processes in order to share learning and promote the protection of vulnerable adults.

Nottinghamshire County Council

Safeguarding of vulnerable adults continues to be a key priority within Nottinghamshire County Council. In keeping with the Council's role as 'lead agency', there is wide representation of adult social care staff across all areas of safeguarding activity, both at strategic and operational levels.

The link between Dignity and Safeguarding is well recognised within the Council and we continue to maximise our efforts in this regard. The Council maintained its delivery of safeguarding training to social care workers both within the Council and within the independent and voluntary sectors. The Council's market management and quality assurance activities include proactive work with social care and health care providers to share best practice and to address concerns about the quality of care or safeguarding incidents. Over the past year, the Council, together with its NSAB partners, has co-ordinated and completed the review of the multi-agency safeguarding procedures and guidance.

6. WHAT HAVE WE DONE...AND HOW HAS IT MADE A DIFFERENCE?

What have we done...	...and how has it made a difference?
<p>We have provided a number of learning opportunities across a range of subjects for staff and volunteers throughout Nottinghamshire, including:</p> <ul style="list-style-type: none"> • 14 “referrer” training courses which have resulted in 185 Managers and Supervisors being able to act as referrers. • 37 people have been trained to undertake the role of investigating officer. • 2 “training for trainers” events resulted in 24 delegates being equipped with the knowledge to deliver safeguarding training. • 2 “Safeguarding Manager” courses for 22 delegates who will manage safeguarding assessments. • individual agencies have been supported by the Board training co-ordinator in providing a range of safeguarding awareness training to front line staff. 	<p>✓ Provided staff with knowledge and awareness of how to act in relation to safeguarding concerns.</p>
<p>All partner agencies have training plans in place which have been quality assured.</p>	<p>✓ People who work for partner agencies who come into contact with vulnerable adults have received training and are equipped to carry out their duties in relation to safeguarding adults.</p>
<p>Worked with Nottingham City Safeguarding Adults Partnership Board, Nottingham City Safeguarding Children Board and Nottinghamshire Safeguarding Children’s Board to develop and introduce a quality assurance (QA) scheme for training.</p>	<p>✓ Training is subject to independent scrutiny and QA process to ensure a high quality and consistent message is delivered to all staff.</p>
<p>We have introduced the “National Capability Framework” for safeguarding across partner agencies and organisations.</p>	<p>✓ This framework has been used so that we know that our people have the necessary skills to do the things that matter to make people safer.</p>

6. WHAT HAVE WE DONE...AND HOW HAS IT MADE A DIFFERENCE?

<p>We have worked with the Nottinghamshire County Council, Adult Social Care, Health and Public Protection Involvement Group to develop a service user involvement strategy for the Safeguarding Board.</p>	<p>✓ More people who use services, or care for those who use services, are given the opportunity to help direct the work we are doing.</p>
<p>We have audited our processes for receiving 'referrals' via the NCC Customer Services Centre and for providing feedback to referrers.</p>	<p>✓ The results of this survey were used to guide how we have improved feedback to referrers through the newly formed Multi-Agency Safeguarding Hub (MASH).</p>
<p>On 28th January 2013 we went "live" with the adult part of the Multi-Agency Safeguarding Hub (MASH) which has brought together a number of agencies who share information and act as a single point of contact for adult safeguarding and Children's Social Care referrals.</p>	<p>✓ Adults at risk of abuse receive a consistent response from professionals who are fully informed by information from a number of agencies.</p>
<p>We completed a Serious Case Review following the death of a woman with spina bifida and agencies have implemented a number of recommendations.</p>	<p>✓ Learning has been shared to try to prevent something similar happening again.</p>
<p>We held two workshops in February involving workers from a number of agencies to share the learning from the Serious Case Review.</p>	<p>✓ Workers are more able to recognise individuals in similar vulnerable circumstances and take action to prevent harm.</p>
<p>We have considered the findings from serious case reviews carried out in other areas in an effort to learn from others.</p>	<p>✓ Agencies have reviewed their practices and procedures to take account of the lessons learnt.</p>
<p>We have commenced a review of the Nottingham City and Nottinghamshire multi-agency procedure and practice guidance for referrers.</p>	<p>✓ Our procedures provide professionals and members of the public with the information they need to recognise adult abuse and how to raise a concern with the Local Authority.</p>

6. WHAT HAVE WE DONE...AND HOW HAS IT MADE A DIFFERENCE?

<p>We have worked with our partners from the Community Safety Partnership to develop a strategy to tackle “mate crime”. This is a form of abuse whereby vulnerable service users with a learning disability are targeted by their “so called” friends.</p>	<p>✓ Professionals and service users will be aware of the concept of “mate crime” and know more about how to stop it from happening and what to do if it does.</p>
<p>We have held regular six-monthly “Partnership Events” which focused on important topics such as the Mental Capacity Act and safeguarding in the community.</p>	<p>✓ The safeguarding message is delivered to a wide range of organisations which are able to help to keep vulnerable adults safe.</p>
<p>In June 2012 we launched our “Good Neighbour Campaign” to encourage the public to “look out” for their elderly or disabled neighbours.</p>	<p>✓ People have been reminded of the need to be vigilant and to be a “good neighbour”. They have been updated as to how to recognise abuse and where to go to get help if they suspect abuse or neglect.</p>

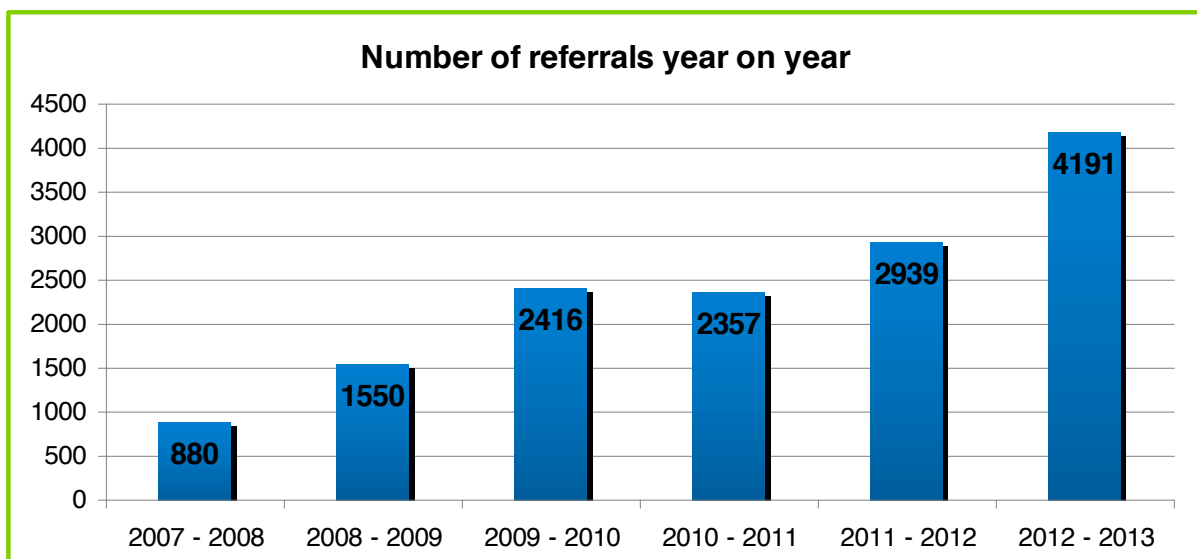
7. FACTS AND FIGURES

Introduction

Information-gathering systems within Nottinghamshire are compatible with central government reporting requirements. The data complies with government guidelines, is in line with that provided by other Local Authorities, and allows comparison year on year.

1. Referrals

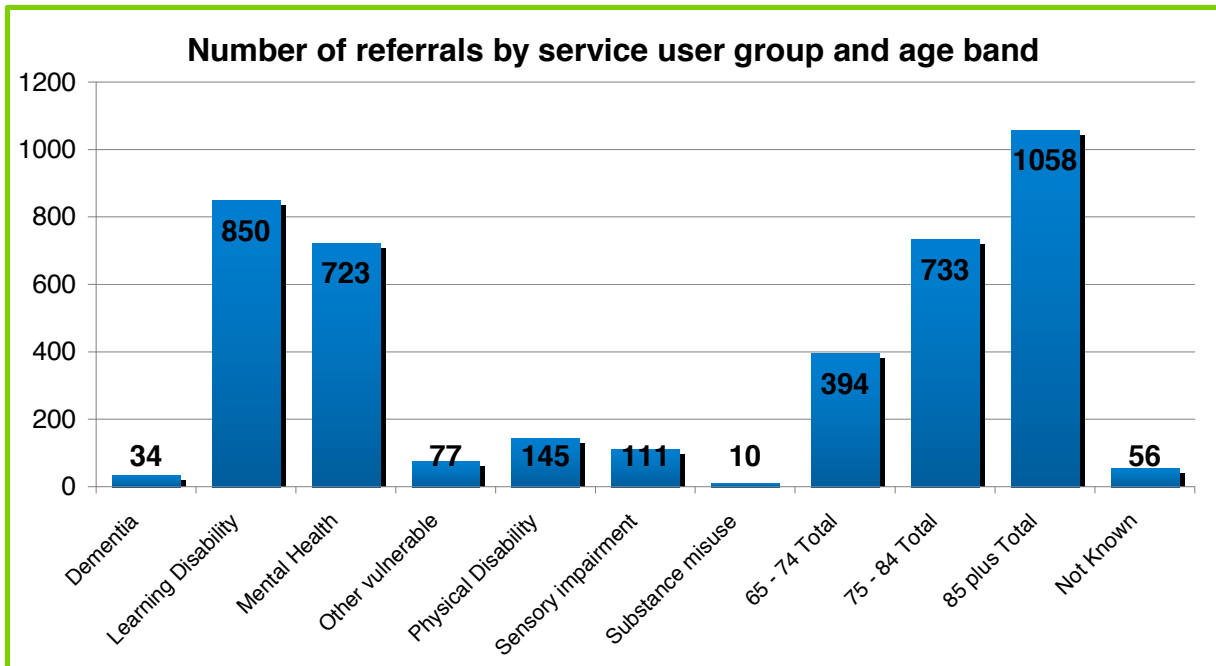
Graph 1.1



Graph 1.1 above shows the number of safeguarding referrals year on year. In 2012/13 the upward trend in safeguarding referrals made to Nottinghamshire County Council continues with a total of 4,191 referrals being received. It is not known whether the increased number of safeguarding referrals is due to increased incidence of abuse of vulnerable adults or due to a greater awareness of adult abuse, including how to recognise signs of abuse, and an increased willingness to report concerns. The majority of safeguarding referrals made to Nottinghamshire County Council come from professionals whose work brings them into direct contact with vulnerable adults. Increased referrals may be the result of the success of our local training strategy which seeks to target those who work with and care for vulnerable adults such as health professionals and care workers.

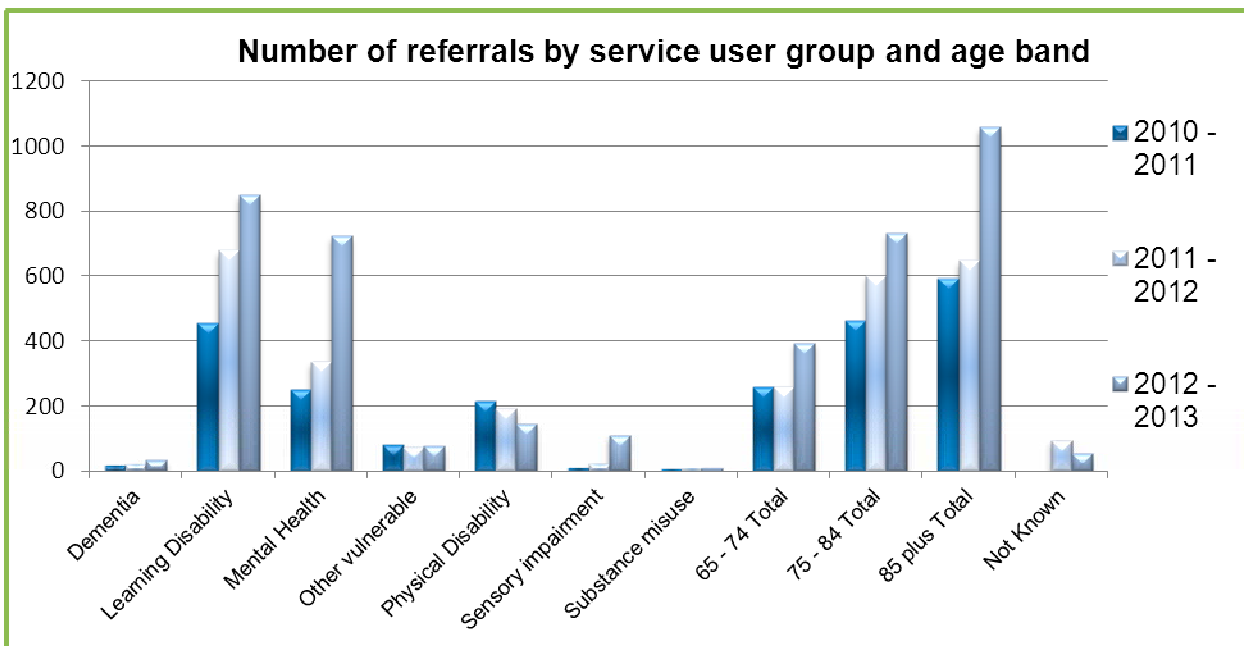
7. FACTS AND FIGURES

Graph 1.2



Graph 1.2 above shows the number of referrals by service user group and age band. As with previous years, the figures show high numbers of referrals relating to the elderly with significant numbers in the 75-84 and 85 plus categories. This data emphasizes the increased vulnerability of the oldest members of society and this is reflected in the disproportionate number of referrals which they attract. The other service user groups with high numbers of referrals are Learning Disability and Mental Health.

Graph 1.3



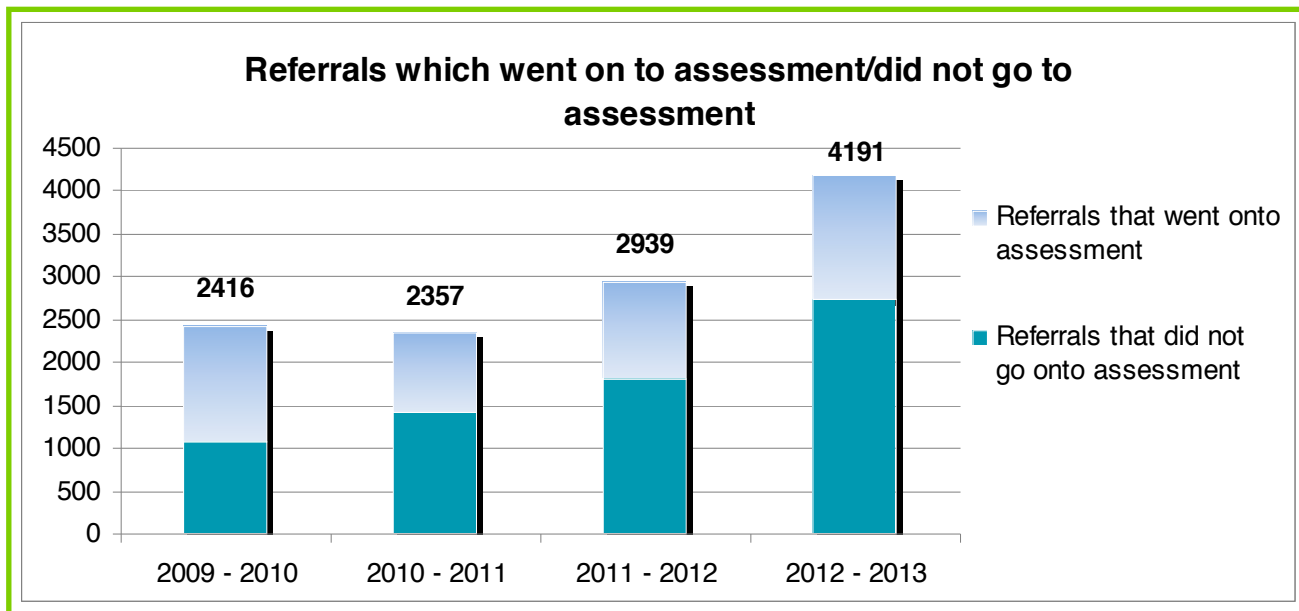
Graph 1.3 above provides a comparison of the last 3 years' figures showing the number of referrals by service user group and age band. Of note is the significant increase in the

7. FACTS AND FIGURES

number of referrals in the Mental Health (336 to 723), Sensory impairment (24 to 111) and the 85 plus (649 to 1058) categories.

2. Referrals which led to Assessment

Graph 2.1



The statistical returns provided to central government concentrate on those referrals which were accepted by the safeguarding manager and which led to a safeguarding assessment. In Nottinghamshire, 1,441 of the 4,191 referrals received in 2012/13 went on to assessment. Work is on-going to embed our “Thresholds and Pathways” guidance document which compliments the multi-agency procedures and provides practical examples of circumstances which require a safeguarding referral. It is important that Nottinghamshire County Council and its partner agencies target its safeguarding resources towards those referrals where there is greatest risk of harm and which require a safeguarding response. Referrals which did not go on to assessment received an appropriate response which may, for example, have been an assessment of care needs or specific staff training.

Type of Abuse

Table 2.2 - numbers of assessments by type of abuse and service user group

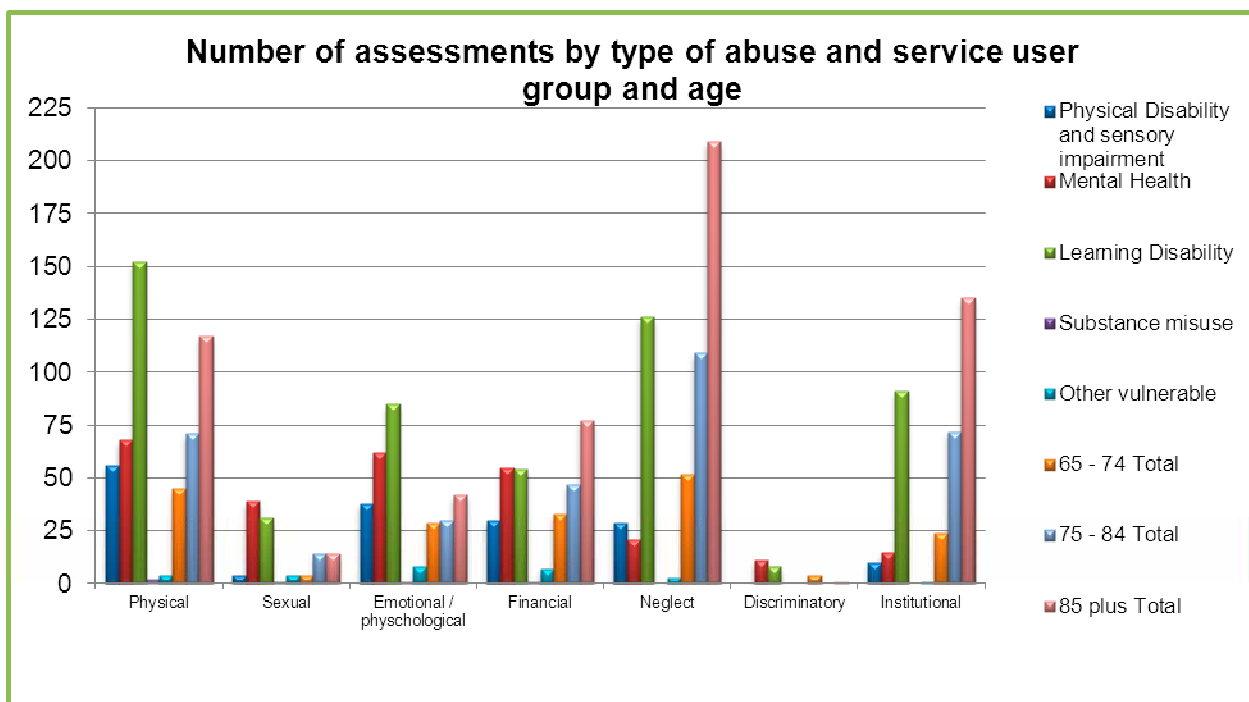
Type of abuse	Physical Disability and sensory	Mental Health	Learning Disability	Substance misuse	Other vulnerable	65 - 74 Total	75 - 84 Total	85 plus Total	Grand Total*
Physical	56	68	152	2	4	45	71	117	515
Sexual	4	39	31	1	4	4	14	14	111
Emotional / psychosocial	38	62	85	1	8	29	30	42	295
Financial	30	55	54	1	7	33	47	77	304
Neglect	29	21	126	0	3	52	109	209	549
Discriminatory	0	11	8	0	0	4	0	1	24
Institutional	10	15	91	0	1	24	72	135	348
Grand Total*	167	271	547	5	27	191	343	595	2146

7. FACTS AND FIGURES

The data shown in Table 2.2 above is consistent with the data for all referrals, in that it shows the largest numbers of referrals which went on to a safeguarding assessment are within the “85 plus” category (595). This category is followed closely by Learning Disability with 547 referrals going on to assessment. The type of abuse which attracts the largest numbers of referrals which go on to assessment is neglect (549). Neglect has overtaken physical abuse as the most prolific type of abuse perpetrated against vulnerable adults. This is likely to be the result of a greater awareness of this type of abuse and a reflection of our ageing population with older adults who may have significant care needs more vulnerable to neglect.

Graph 2.2 below gives a visual representation of the table. The graph shows that the highest number of safeguarding assessments relating to physical abuse were for people with learning difficulties. In relation to neglect the 85 plus group had the highest numbers of assessments followed by the Learning Disability group.

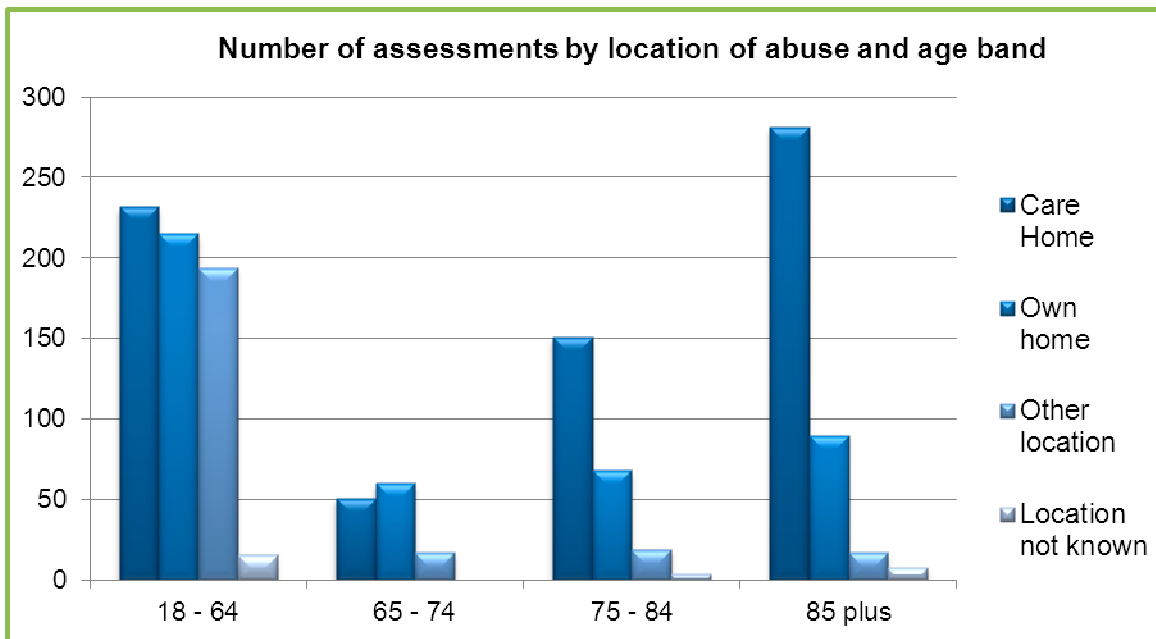
Graph 2.2



Graph 2.3 below shows the number of safeguarding assessments by location of abuse and age band. Amongst the oldest age groups, 75-84 and 85 plus, the highest number of referrals which went on to assessment relate to service users within “care homes”. Whilst the high numbers of assessments for people residing in care homes is a concern, it is important to note that this may be an indication of the high level of safeguarding awareness amongst staff working within care homes and a willingness for them to come forward and report concerns. Standards of care within care homes have been closely monitored. Where concerns have been raised about individual homes the Local Authority has worked closely with the home, regulators, contractors and other organisations to address standards of dignity and care.

7. FACTS AND FIGURES

Graph 2.3



The figures may also be a reflection of significant underreporting of abuse within the home which is much more likely to pass by “unseen” or “unchallenged”. It is an objective of NSAB in our new 3 year strategy (2013-2016) to increase awareness of safeguarding adults amongst the general public which may subsequently lead to increased reporting of safeguarding concerns within the home.

3. Outcomes

Some comparisons with previous years are possible here.

Table 3.1 Outcome of safeguarding assessment

Outcome of Safeguarding Assessment	2012 - 2013		2011 - 2012 percentage	2010 - 2011 percentage	2009 - 2010 percentage	2008 - 2009 percentage
	Number	Percentage				
Substantiated	507	49%	48%	52%	43%	35%
Not Substantiated	241	24%	24%	22%	27%	30%
Not Determined / Inconclusive	276	27%	28%	26%	30%	35%

The total number of completed assessments in the year 2012/13 was 1,024

Table 3.1 above provides information on the outcome of the safeguarding assessment. Of the 1,441 safeguarding assessments undertaken a total of 1,024 were recorded as completed by the end of the reporting period. The proportion of cases where a definitive outcome is reached remains fairly constant with only 27% of cases where it was not possible to determine conclusively whether or not abuse or neglect had occurred. Almost

7. FACTS AND FIGURES

half (49%) of all safeguarding assessments undertaken in 2012/13 resulted in a “substantiated” outcome.

Table 3.2 Support provided to vulnerable adults

Support provided to Vulnerable Adults	2012 - 2013		2011 - 2012 percentage	2010 - 2011 percentage	2009 - 2010 percentage	2008 - 2009 percentage
	Number	Percentage				
Action under the Mental Health Act	12	1%	1%	1%	<0.5%	0.50%
Advocacy	25	1%	2%	1.50%	1.50%	1.50%
Application to change appointeeship	10	1%	1%	<0.5%	0.50%	0%
Civil action	1	0%	0%	0%	<0.5%	<0.5%
Community care assessment and services	137	8%	11%	12.50%	13%	17%
Counselling / support	101	6%	6%	6.50%	6%	12%
Court of Protection	12	1%	1%	1.50%	1%	1%
Increased monitoring	448	26%	25%	29%	28%	42%
Management of access to alleged perpetrator	155	9%	6%	6.50%	9%	12%
Management of access to finances	56	3%	4%	3.50%	4.50%	5.50%
Moved to increased / different care	136	8%	7%	7.50%	2.50%	0%
Other	200	12%	16%	13%	12%	20.50%
Vulnerable Adult removed from property or service	36	2%	3%	2.50%	5%	9.50%
Referred to MARAC	11	1%	1%	0.50%	<0.5%	0%
Review of Self-Directed Support	74	4%	2%	0.50%	-	-
No Further Action	279	16%	14%	13.50%	-	-

Table 3.2 above details the wide range of support options provided for adults who are the subject of abuse and receive a safeguarding assessment.

Table 3.3 Outcomes for perpetrators

Outcomes for Perpetrators	2012 - 2013		2011 - 2012 percentage	2010 - 2011 percentage	2009 - 2010 percentage	2008 - 2009 percentage
	Number	Percentage				
Action by Care Quality Commission	42	3%	3%	1%	4%	7.00%
Action under Mental Health Act	4	0%	1%	<0.5%	1%	1%
Community care assessment and services	33	3%	5%	5.50%	7%	6%
Continued monitoring	189	15%	15%	25%	11%	0%
Counselling / support	33	3%	11%	9%	5%	4%
Criminal prosecution	14	1%	1%	1.50%	1%	<0.5%
Disciplinary action	82	6%	7%	6%	7.50%	7.50%
Exoneration	7	1%	0%	<0.5%	<0.5%	0%
Management of access to vulnerable adult	80	6%	7%	7.50%	15%	7.50%
No further action	203	16%	25%	21%	29%	31%
Police action	72	6%	6%	7%	9%	9%
Referral to ISA (formally POVA)	29	2%	3%	2%	3%	0%
Removed from property / service	58	5%	6%	7%	<0.5%	7.50%
Referral to MAPPA	2	0%	0%	0%	0	0.00%
Not Known	422	33%	9%	6%	-	-

In terms of outcomes for perpetrators the majority of figures have remained fairly constant over the past 5 years during which records have been kept.

8. DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

Introduction

The Mental Capacity Act (2005) (MCA) came into force in October 2007. It provides a statutory framework to enable people to make decisions for themselves and, where they cannot, to enable others to make decisions on their behalf.

The Act was amended in 2009 and introduced the Deprivation of Liberty Safeguards (DoLS) to protect those people in hospitals and care homes who may not be able to make decisions for themselves about their care and treatment.

Managers of care homes or hospitals must ask for permission from a supervisory body to provide care or treatment in a way that deprives the resident or patient of their liberty. The supervisory bodies (currently the Local Authorities and PCTs) must then arrange for an assessment. Local Authorities are responsible for undertaking assessments in care homes and PCTs are responsible for assessments in hospitals.

The Safeguarding Adults Practice Team within Nottinghamshire County Council acts as the administrative centre to receive and process all DoLS referrals on behalf of the three Nottinghamshire Supervisory Bodies: Nottinghamshire County Council, NHS Nottinghamshire County PCT and NHS Bassetlaw PCT. Staff (social workers and nurses) who undertake the assessments are called Best Interests Assessors and are specially trained and qualified in this work.

As a result of the Health and Social Care Act, on 1st April 2013 the Supervisory responsibility for DoLS transferred entirely to the Local Authority, when the PCTs were replaced by Clinical Commissioning Groups.

For more information regarding the Deprivation of Liberty Safeguards please visit the Department of Health website at:

www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/MentalCapacity/MentalCapacityAct/DeprivationofLibertysafeguards/index.htm

How many applications were made for DoLS?

There are two types of authorisation:

- An urgent authorisation is where a managing authority determines that they need to deprive someone of their liberty immediately, for their own safety, before the standard authorisation process can be completed, and gives the supervisory body seven days to carry out the assessments.
- A standard application is where a managing authority determines that they may need to deprive someone of their liberty in the near future and gives the supervisory body 21 days to carry out the assessments.

Type of application	No. Requested 2012/13	No. Requested 2011/12	No. Requested 2010/11	No. Requested 2009/10
Urgent authorisation	124	112	115	148
Standard authorisation	61	71	71	39
Total	185	183	186	187

8. DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

The table above shows the total number of DoLS applications and breaks them down into “urgent” and “standard” authorisations. The total number of DoLS applications has remained very consistent over the 4 years since its introduction ranging from 183 (2011/12) to 187 (2009/10). However, for the first time since the introduction of DoLS in 2009, this year has seen an increase in urgent and a reduction in standard applications from the previous year. The Local Authority will monitor this closely in the current year to understand the reasons for the increase in urgent applications.

By Supervisory Body	Urgent 2012/2013	Standard 2012/2013	Urgent 2011/12	Standard 2011/2012	Total 2011/2012	Urgent 2010/2011	Standard 2010/2011	Total 2010/2011	Urgent 2009/2010	Standard 2009/2010	Total 2009/2010
Nottinghamshire County Council	93	55	83	58	141	95	61	156	116	37	153
NHS Bassetlaw	12	2	7	0	7	1	0	1	3	0	3
NHS Nottinghamshire County	17	4	18	9	27	19	10	29	25	2	27
Other Supervisory body	2	0	4	4	8	5	3	8	4	0	4

A supervisory body is the primary care trust, local authority or local health board that is responsible for considering, commissioning assessments and authorising deprivation of liberty requests. A managing authority is the person or body with management responsibility for the hospital or care home in which a person is, or may become, deprived of their liberty.

The table above shows the number of DoLS applications by “supervisory body”

On occasion, Nottinghamshire is asked to carry out DoLS assessments on behalf of other supervisory bodies whose residents/patients are placed in Nottinghamshire care homes or hospitals. Last year 2 such assessments were completed.

How many requests resulted in authorisation of Deprivation of Liberty?

Outcome of DoL Assessments	2012/13	2012/13 %	2011/12	2011/12 %	2010/11	2010/11 %	2009/10	2009/10 %
Authorised Deprivation of Liberty	83	44.86%	93	53.59%	98	52.69%	74	39.5%
Deprivation of Liberty not granted	98	52.97%	77	43.79%	84	43.16%	110	59.0%
Unauthorised Deprivation of Liberty	3	1.62%	5	2.61%	4	4.15%	3	1.5%
Terminated	1	0.54%						

Not all applications result in an authorisation. The table above shows the results of completed assessments, but not those (2) undertaken on behalf of other supervisory bodies. In 2012/13 there was one application “terminated” that is not completed. This is a local term used when an application is not processed which could be due to a number of reasons such as the service user has moved, been admitted to hospital or has sadly died.

9. FINANCE

DoL Safeguards and Mental Capacity Act

Item		
Employee Costs	163,693.62	163,693.62
Transport	2,020.06	2,020.06
Supplies and Services		
Office equipment	836.93	
Printing, stationary	377.28	
Services	2,042.72	
Communications	1,163.17	
		4,420.10
Third Party Payments	15,197.04	15,197.04
TOTAL EXPENDITURE		185,330.82
Income		
Nottinghamshire County Council	163,673.22	
Nottinghamshire County PCT	14,438.40	
NHS Bassetlaw	7,219.20	
TOTAL INCOME		185,330.82

9. FINANCE

Safeguarding Board (NSAB)

Item	Cost £	Total £
Employee Costs	261,934.92	261,934.92
Premises/Room Hire	2,492.90	2,492.90
Transport	3,222.61	3,222.61
Supplies and Services		
Office equipment	1,449.00	
Printing, stationary	2,435.98	
Services	30,469.30	
Communications	3,000.23	
Expenses	1,614.50	
Catering	341.30	
		39,310.31
TOTAL EXPENDITURE		306,960.74
Income		
Nottinghamshire County Council	188,154.74	
Nottinghamshire County PCT	93,482.00	
NHS Bassetlaw	12,000.00	
Nottinghamshire Police	12,000.00	
Nottinghamshire Probation Trust	1,000.00	
Sundry Income	234.00	
TOTAL INCOME		306,960.74

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