**APPENDIX 1**

**SAFEGUARDING ADULTS - PERFORMANCE REPORT TO SAFEGUARDING BOARD – 22 OCTOBER 2010**

## 1. INTRODUCTION

1.1 The Board is asked to receive and discuss this performance report which provides outcomes and data updates for July and August 2010.

## 2. PERFORMANCE DATA AND ANALYSIS

2.1 The alerts and referrals since the last report are attached at Appendix 1.

## 3. PROFILE OF CASES

3.1 The number of matters proceeding to a safeguarding adults referral and hence an investigation has varied from April to August 2010 with the average over the five months from April to August being 31 cases. This equates to 59%.

3.2 The new reporting framework provides information about the location where the alleged abuse took place. As previous months, for the month of August the location was 'Own home' or 'Supported accommodation' in 19 of all the cases proceeding to a safeguarding adults investigation.

3.3 During April and May there were a number of multiple Safeguarding Adults Referrals regarding residents of two local care homes. There was sufficient concern to hold four Senior Strategy meetings regarding one of them. (as 2.2.5)

3.4 At the final Senior Strategy Meeting of this home we agreed that the suspension would remain only partly in place with a condition attached that they supply evidence to NHSP Contracts' of information on a Staff Training Audit.

3.5 It was previously noted that in the month of July 2010, there was a significant increase in the number of Safeguarding Referrals with concerning reports around the decision making process within the Continuing Health Care (CHC) service. This was identified during a senior strategy meeting. Service users needing CHC had been transferred from another placement without consideration of capacity to consent and Deprivation of Liberty in the recording of decision making involved in changes to accommodation. The incident was reported to the relevant Service Manager, discussions took place with commissioners of CHC and Mental Capacity Act training was provided for the relevant CHC staff.

3.6 The impact of this has been that mental capacity, the importance of choice and the upholding of a person's human rights is now always considered as part of regular practice in Continuing Health Care cases.

3.7 In July, there was referral which led to a discussion about the complexity of safeguarding alerts and a need for closer scrutiny on the recording of incidents. A PCS member of staff was suspended and the discussion was around who was involved at the initial stages and who had access to what information. Operational staff worked concurrently with the Police to ensure the evidence was preserved. The impact of this was that further internal disciplinary investigations were able to

continue and to date both the Police investigation and the internal disciplinary investigation continue.

3.8 In the figures for August, there appears to remain a significantly higher number of females recorded in our Safeguarding Referrals. 19 females and 12 male victims were identified. This is in part related to the age profile of vulnerable people with women living longer than men.

3.9 Again in August 2010, the client group where there is consistently the highest proportion of vulnerable adults who are the victims of alleged abuse (that proceeds to a safeguarding adult's investigation) is that of Physical Disability or Frailty (including Sensory Impairment). This client group covers all age groups. The category of 'Other Vulnerable People' is used for service users that cannot be appropriately linked to other categories.

3.10 Over the five month period from April to August 2010 records show that 46 referrals were made as a result of Physical Abuse and 57 were due to suspected financial abuse. These are consistently the main types of abuse reported but other types follow closely. In the five months from April to August 2010 there have been 11 reports of Sexual Abuse that progressed to Referral.

3.11 As mentioned in the last report, a new reporting area of "Referral Source" has been added to the report (Appendix 1). During August the category of Social Worker/Care Manager is the biggest source of referral.

## 4. OUTCOMES

4.1 Outcomes for Safeguarding Adults Alerts that do not proceed to a Safeguarding Adults Referral are recorded as unsubstantiated.

4.2 Outcomes (both for the vulnerable adult and for the alleged perpetrator/ organisation/service) are recorded for Safeguarding Adults Referrals. For the vulnerable adult there is a specific outcome regarding the conclusion of the investigation:

- Allegation Substantiated
- Allegation Partly Substantiated
- Allegation Not Substantiated
- Allegation Not Determined/Inconclusive/Unresolved

4.3 52 alerts were received in August, 31 progressing to a referral outcome

4.4 Of the 31 referrals commencing in August 2010 six have closed with the following outcomes:

- 0 substantiated allegations
- 0 partly substantiated allegations
- 2 unsubstantiated allegations
- 4 not determined/inconclusive/unresolved

4.5 Some examples of the cases in the latter category can be where a third party has referred a concern and the service user does not wish to progress, and there is insufficient evidence of harm to continue without their agreement. Sometimes a situation is unresolved because of contradictory information that cannot be clarified or

is anecdotal or there is family conflict. In these situations staff do undertake considerable work to ascertain there is no further action that can be made under safeguarding and will often refer cases into the assessment and care management process for ongoing support, which do sometimes then result in further safeguarding referrals.

4.6 The updated position on July referral outcomes on cases which have been completed and closed are 5 substantiated and 5 unsubstantiated.

4.7 Work continues across organisations in Peterborough to appropriately include other agencies, including CQC and Action 4 Justice to protect vulnerable adults placed in the Independent Sector and Local Authority Homes where there have been multiple concerns raised. These referrals are being made by staff within the units, providing evidence of increased awareness of abuse by staff in these sectors. The increase in these referrals also gives rise to the number of outcomes that remain outstanding as Senior Strategy Meetings require further and more in-depth partnership investigation work before the cases can be completed and reported on.

## 5. QUALITY

5.1 Audits have continued to be undertaken by all Team Managers in all safeguarding cases during supervision. These are recorded and evidence improvement of understanding of the social workers lead role, evidenced by the use of correct forms and timescale compliance in the wider co-ordination of safeguarding and the increase of confidence in safeguarding work. The Service Manager and Assistant Director continue to audit randomly until the Co-ordinator is in post. External support and mentoring has been commissioned for first line Team Managers in PCS to provide further support for safeguarding work. The focus will be on

- Considering and responding to safeguarding alerts,
- Assessing or investigating safeguarding referrals,
- Care or protection planning to safeguard vulnerable adults, and
- Reviewing or monitoring safeguarding plans.

5.2 This work will also draw on the discussions in the mentoring sessions to develop some safeguarding practice guidelines for the practitioners and professionals that the first line managers manage.

5.3 The desired outcomes are to:

- Improve Peterborough Community Services' capacity to respond to safeguarding concerns;
- Reinforce the value and importance of the first line manager role, and
- Have some additional Peterborough written safeguarding practice guidelines for the staff the first line managers manage – to assist them when responding to safeguarding concerns.
- A main mentoring activity will be auditing - by the first line managers and with response and input from the mentor - safeguarding cases recorded on RAISE. This will be used to explore, review and discuss the first line management role in safeguarding cases. The mentor plans to demonstrate what he looks for and how he makes analysis and hypotheses when reading safeguarding case files.

## 6. SAFEGUARDING DATA COLLECTION

6.1 We can confirm that there is a much improved system for data monitoring and over August and September, there continues to be positive feedback with regard to the new RAISE procedures.

6.2 Under the previous structure we only had 3 people accessing the safeguarding data. Since introducing a structure to support the new safeguarding co-ordinator and team and embed practice with all social workers, there is an increase in the number of people inputting data. There are regular meetings with the performance team in PCS to ensure data is accurately input and identify actions to mitigate any changes required.

6.3 Managers are creating accountability and ownership of recording. They are auditing using supervision (planned 1:1 and ad hoc) to check real time appropriate recording of case notes, strategy discussions/meetings. They are also using this auditing process to encourage staff to be smarter about using prompt accurate safeguarding reporting more effectively in other appropriate RAISE documents to cross reference and make best use of time and process.

6.4 Outcomes of open Safeguarding Referrals remain an area of challenge to report to PASB. This is due to the functionality of RAISE, which makes it difficult to report before a case is closed, even if the outcome is known sooner, which is sometimes the case. This is because the outcome is recorded on the checklist (where performance data is collected from in RAISE) which is not input into RAISE until after the case has been fully closed. A meeting was arranged on 13th October to discuss this. The outcome was the RAISE support team will be looking to refine the administrative process to support good practice, so that the outcome information, if known prior to the completion of the referral, can be obtained for performance reporting.

## 7. LEGAL AND GOVERNMENT GUIDANCE UPDATE

7.1 There are no current changes to note.

## 8. RECOMMENDATION

8.1 The Board is asked to consider and comment on information provided in this report.

## CONCERNS, SUSPICIONS OR ALLEGATIONS OF ABUSE REPORTED
## APPENDIX 1

| | Apr-10 | May-10 | Jun-10 | Jul-10 | Aug-10 | YTD |
|---|---|---|---|---|---|---|
| **TOTAL Referrals** | | | | | | |
| **TOTAL Referrals** | 36 | 24 | 36 | 28 | 31 | **155** |
| **Age breakdown** | | | | | | |
| 18 to 30 | 6 | 4 | 1 | 3 | 2 | **16** |
| 31 to 45 | 5 | 5 | 6 | 3 | 2 | **21** |
| 46 to 64 | 7 | 7 | 5 | 7 | 7 | **33** |
| 65 to 79 | 8 | 2 | 10 | 3 | 8 | **31** |
| 80+ | 10 | 6 | 14 | 12 | 12 | **54** |
| Unknown | 0 | 0 | 0 | 0 | 0 | **0** |
| **Whereabouts at time of incident** | | | | | | |
| Care home permanent | 4 | 4 | 1 | 2 | 2 | **13** |
| Day Centre / service | 1 | 0 | 0 | 0 | 0 | **1** |
| Local acute hospital | 1 | 0 | 0 | 0 | 0 | **1** |
| Multiple | 2 | 1 | 0 | 1 | 0 | **4** |
| Nursing home permanent | 2 | 2 | 7 | 0 | 4 | **15** |
| Own Home | 16 | 6 | 14 | 17 | 16 | **69** |
| Public place | 0 | 0 | 2 | 0 | 0 | **2** |
| unknown | 1 | 1 | 2 | 1 | 3 | **8** |
| Care home temporary | 1 | 0 | 0 | 0 | 2 | **3** |
| Supported accommodation | 6 | 9 | 6 | 4 | 3 | **28** |
| Alleged perpetrator's home | 0 | 1 | 1 | 1 | 0 | **3** |
| Other health setting | 1 | 0 | 0 | 0 | 0 | **1** |
| Mental health in patient setting | 0 | 0 | 2 | 0 | 1 | **3** |
| Education / Training / Workplace | 1 | 0 | 0 | 1 | 0 | **2** |
| Community Hospital | 0 | 0 | 1 | 0 | 0 | **1** |
| Nursing home temporary | 0 | 0 | 0 | 1 | 0 | **1** |
| **Gender** | | | | | | |
| Female | 27 | 14 | 26 | 16 | 19 | **102** |
| Male | 9 | 9 | 10 | 12 | 12 | **52** |
| Unknown yet | 0 | 1 | 0 | 0 | 0 | **1** |
| **Ethnic origin** | | | | | | |
| 1 - White | 29 | 21 | 33 | 26 | 27 | **136** |
| 2 - Mixed | 0 | 0 | 0 | 0 | 0 | **0** |
| 3 - Asian or Asian British | 2 | 1 | 2 | 1 | 2 | **8** |
| 4 - Black or Black British | 0 | 1 | 0 | 1 | 0 | **2** |
| 5 - Other Ethnic Groups | 0 | 0 | 0 | 0 | | **0** |
| 6 - Not stated | 5 | 1 | 1 | 0 | 2 | **9** |
| **Vulnerable adult client group** | | | | | | |
| Learning Disability | 10 | 4 | 9 | 3 | 1 | **27** |
| Mental Health | 1 | 1 | 2 | 0 | 2 | **6** |
| of which Dementia | 0 | 0 | 1 | 0 | 0 | **1** |
| Physical And Sensory Disability/frailty | 17 | 17 | 23 | 24 | 22 | **103** |
| of which Sensory | 3 | 4 | 5 | 2 | 2 | **16** |

| | | | | | | |
|---|---|---|---|---|---|---|
| Other Vulnerable People | 0 | 0 | 0 | 0 | 1 | **1** |
| Substance Misuse | 0 | 1 | 1 | 1 | 0 | **3** |
| **Self funding** | | | | | | |
| Commissioned by Another CASSR | 2 | 0 | 1 | 0 | 1 | **4** |
| No Service | 3 | 5 | 3 | 4 | 6 | **21** |
| not recorded | 12 | 8 | 3 | 4 | 3 | **30** |
| Own Council Commissioned Service | 15 | 8 | 22 | 18 | 20 | **83** |
| Self Funded service | 1 | 2 | 0 | 0 | 0 | **3** |
| Service funded by Health | 3 | 1 | 7 | 2 | 1 | **14** |
| **Type of Abuse** | | | | | | |
| Emotional | 6 | 3 | 2 | 2 | 3 | **16** |
| Financial | 6 | 9 | 14 | 11 | 3 | **43** |
| **Multiple** | 10 | 4 | 6 | 5 | 13 | **38** |
| Neglect | 7 | 6 | 1 | 6 | 6 | **26** |
| not recorded | 0 | 0 | 0 | 1 | 2 | **3** |
| Physical | 3 | 2 | 12 | 2 | 3 | **22** |
| Sexual | 4 | 0 | 1 | 1 | 1 | **7** |
| **Break down of Multiple abuse type** | | | | | | |
| Physical abuse | 8 | 3 | 3 | 4 | 6 | 24 |
| Sexual abuse | 0 | 1 | 1 | 0 | 2 | 4 |
| Emotional abuse | 7 | 3 | 3 | 3 | 8 | 24 |
| Financial abuse | 4 | 0 | 2 | 1 | 7 | 14 |
| Institutional abuse | 0 | 1 | 0 | 0 | 0 | 1 |
| Neglect abuse | 2 | 1 | 3 | 2 | 6 | 14 |
| **Referral Source** | | | | | | |
| Police | 0 | 1 | 0 | 1 | 2 | **4** |
| Other | 5 | 10 | 4 | 6 | 4 | **29** |
| Self referral | 1 | 0 | 0 | 0 | 0 | **1** |
| Family member | 1 | 2 | 2 | 1 | 1 | **7** |
| Health primary/community health staff | 5 | 2 | 0 | 2 | 3 | **12** |
| Social worker/Care manager | 10 | 0 | 20 | 14 | 13 | **57** |
| Social care Other | 1 | 0 | 0 | 0 | 0 | **1** |
| Health secondary | 1 | 1 | 2 | 1 | 0 | **5** |
| Housing | 4 | 7 | 2 | 0 | 0 | **13** |
| Day care staff | 3 | 0 | 0 | 0 | 1 | **4** |
| Mental Health | 0 | 0 | 1 | 0 | 2 | **3** |
| Education/training/workplace establishment | 1 | 0 | 0 | 1 | 0 | **2** |
| Friend/neighbour | 0 | 1 | 2 | 0 | 0 | **3** |
| Residential care staff | 4 | 0 | 3 | 1 | 4 | **12** |
| Domiciliary staff | 0 | 0 | 0 | 1 | 1 | **2** |
| **Non Alerts** | | | | | | |
| **Non Alerts** | **21** | **17** | **25** | **24** | **21** | **108** |