Nottingham City Safeguarding Adults Board

Annual Report

April 2023 – March 2024

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For explanation of acronyms used throughout this document please see the glossary of terms on page 33.

Our vision

'A city where all adults can live a life free from abuse or neglect'

Message from the Chair

Welcome to Nottingham City Safeguarding Adults Board's Annual Report for 2023/2024. I am proud to present the report to you and share with you the work of the Board and Partners.

You will see in the report there has been a significant amount of work undertaken and partners have focussed on delivering the commitments in the Annual Action Plan to achieve our Strategic Priorities to safeguard citizens of Nottingham City. You will also be acutely aware however that this has been a difficult year. In June 2023 there was the tragic deaths of three citizens and three attempted murders (leaving those with severe injuries). Whilst the court case concluded in January 2024 and the perpetrator was found guilty of manslaughter with diminished responsibility and attempted murder; the extent of his mental health needs was revealed, and serious questions are being asked of Nottingham Healthcare NHS Foundation Trust and Nottinghamshire Police. Investigations are taking place into both agencies, with the CQC report publishing their report relating to NHFT in August 2024. NHFT have an Improvement Plan in place which addresses the recommendations made by the CQC and the Board will ensure it monitors the work undertaken on recommendations made.

In November 2023 Nottingham City Council declared it was unlikely to balance its budget and Commissioners have come to help oversee financial management. Significant savings plans and financial management measures have been put in place and the Board has sought assurance that this will not adversely impact on the Councils ability to keep people safe. Whilst assurance has been provided by the Elected Member Portfolio Holder and Corporate Director (Director of Adult Social Services) agencies and the Board are alert to impacts this may have.

At the end of this reporting period, we also experienced a change in key Officers from each of the three statutory partners named in the Care Act 2014 and whilst we welcome our new colleagues, we are cognisant of the impact of these changes all at the same time and assurance has been provided that work will continue at pace in 2024/25. I take the opportunity to thank Catherine Underwood, Natasha Todd and Rhonda Christian for their commitment and leadership on the Board.

Despite the above partners have remained focussed and committed to the work of the Board. The report articulates the achievements but there remains important work to progress. We held a productive Development Day during the year to ensure we are focussing our capacity on where it is needed, and you will see in the actions for 2024/25 section where we are placing our efforts. We have continued to strengthen our work with the Community Safety Partnership (particularly around domestic abuse and asylum seekers and refugees) and are committed to developing that further as well as focussing on transitional arrangements with the Safeguarding Children's Partnership. We have welcomed representation from our local advocacy service and carers organisation and strengthened our housing input. Following on from one of the recommendations from SAR Billy and Valentina we have worked closely with the National Independent Chairs Network and DWP and developed a joint working protocol which is being implemented with all SABs. Out of this we have also developed our relationship with the Nottingham Financial Resilience Partnership.

The work of the Board will be shared widely as it was last year and in accordance with Care Act requirements. It is important to us to strengthen our communication methods and promote the importance of safeguarding. Please do look out for the programme we will be running in November 2024 for National Adult Safeguarding Awareness Week.

Thank you to all Board and sub-group members for all of your time and commitment and to the Business Unit who without their support our work would not progress at the pace it does.

Lesley Hutchinson

Nottingham City Independent Chair

Case study - work of Nottingham City Council Adult Safeguarding Quality Assurance team

Setting

A residential care home with 17 residents.

Scenario

The Integrated Care Board (ICB), Care Quality Commission (CQC) and Nottingham City Council Adult Social Care (NCCASC) all had concerns about the care provider which were raised at the monthly multi agency Quality Information Sharing meeting. The Provider Investigation Procedure was followed, and work took place in partnership with the care provider to rectify issues and re-establish required standards of care. Adult Safeguarding Quality Assurance Team led and coordinated the Procedure from May 2023 to January 2024, however despite ongoing monitoring and evidence gathering, the required remedial actions were not delivered by the care provider and NCCASC served a 90-day notice to terminate the contract, whereupon the Provider Failure Procedure was coordinated from January 2024.

Citizens impacted

Many of the residents had specific, complex needs. Successful alternate care was identified through careful exploration of available resources within the termination time frame. This was achieved through the newly Councils established Adult Social Care Brokerage Team

Positives

There was good collaboration both internally and across external agencies; this was enabled through continuous communication and frequent updates.

Staff members went above and beyond and with no complaints, in what was an extremely unsettling time for both residents and their significant others.

The Provider Failure Procedure is an established process and ASC staff are, familiar with the process and what is required of them. This allows ASC to proceed in such circumstances rapidly and with confidence.

Five vacancies at one other residential care home in the city really helped, meaning that friendship groups were maintained.

Case study - work of the City Council Adult Safeguarding Quality Assurance team

Challenges

Communication to residents differed at times between the care provider and NCCASC. Outward facing communication is always a focus for provider failure work but in this situation the care provider unfortunately stepped outside of what was agreed.

One citizen with capacity to decide where they wanted to move to, did not accept the care offer leading to a situation of homelessness. All appropriate support was offered. A difficult experience for staff despite this being an expressed outcome for the citizen.

The service user group needed specialised residential care. A few residents required specific settings e.g. male only. This made it difficult in some instances to identify suitable alternative accommodation.

One resident required Court of Protection involvement for an anticipated ‘compelled’ move. However, due to safe, good practice, and positive working on the day, this was not required, and the citizen left voluntarily.

Core duties of Nottingham City Safeguarding Adults Board

Each local authority must set up a **Safeguarding Adults Board (SAB).**

The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria set out in the Care Act (2014).

The SAB has a strategic role that is greater than the sum of the operational duties of its core partners. It oversees and leads adult safeguarding across its locality and is interested in a range of matters that contribute to the prevention of abuse and neglect.

A SAB has three core duties:

Strategic Plan

- **It must publish a Strategic Plan for each financial year that sets out how it will meet its main objective and what the members will do to achieve this**

Annual Report

- **It must publish an Annual Report which details what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy, as well as the findings of any Safeguarding Adults Reviews (SARs) and subsequent action.**

Safeguarding Adults Reviews (SARs)

- **It must conduct any SARs in accordance with Section 44 of the Care Act 2014**

We said, we did

Within our last annual report, we set out the aims for the next financial year. Here's an update on how we met those aims:

We said……	We did……
Develop a Comms & Engagement Strategy	We have developed a three year Communications and Engagement Strategy for 2024-2027 to provide structure and detail to the Board's public and professional awareness raising. By amplifying local, regional and national messages, the Board increases awareness of understanding of safeguarding issues and how to address them. We have also committed to developing our approach to co-production.
Develop a new Quality Assurance Framework	We launched a new Quality Assurance Framework which is monitored by the Quality Assurance Sub-group. This Framework sets out the annual assurance activity of the Board which includes receipt of single agency reports, data, audits and the PAT return.
Develop a new multi-agency data dashboard	The Quality Assurance Sub-group launched the new Multi-agency Data Dashboard which sought to obtain a broader range of data from several organisations. In the past, only Adult Social Care data has been requested, and although this provides oversight of statutory safeguarding activity in the city, by reviewing data from other agencies the Board may be able to identify emerging themes and risks. The new dashboard has been trialled throughout 2023/2024 and will be reviewed and refined in the next financial year.
Utilise census data to recognise 'communities of identity'	The Quality Assurance Subgroup identified three key areas to review – Age, Ethnicity and Deprivation. Initial data has been collected and will be analysed in 2024/2025.
Launch new 'SAR Impact Tool'	We launched the SAR Impact Tool and received and analysed the multi-agency returns to ensure that the learning from SARs is shared internally within single agencies and embedded into practice within policies, procedures, training and staff culture.

Work more closely with Public Health and Housing colleagues and consider drug- and alcohol-related deaths and homelessness/rough sleeper deaths	Our new data dashboard includes data on drug related deaths and homeless/rough sleeper deaths. Both Public Health and Housing colleagues have a direct route into the SARSG to refer cases they feel may meet SAR criteria. A collective working group looking at learning from reviews including SARs, DHRs, drug related deaths and homeless/rough sleeper deaths has been set up and will become more established in the next financial year.
Start to review existing policies and procedures	All current Terms of Reference for the subgroups and the SAB Constitution have been reviewed. We also formally published the new SAB Guidance on People in Positions of Trust (PiPoT) and the new SAB Information Sharing Agreement after launching them with partners earlier in 2023. We have started to review our shared documents with Nottinghamshire County SAB, with a Task and Finish group spanning the two Boards working on the Multi-Agency Adult Safeguarding Procedure for Raising a Concern and Referring. We expect this document to be complete and published in 2024/2025.
Establish a local multi-agency working group looking at Transitional Safeguarding	A small multi-agency Task & Finish group carried out a mapping exercise to establish current provision. This fed into a focussed session on Transitional Safeguarding at the SAB Development Day with a number of new priorities developed for the new 2024/2025 Annual Plan. This work will be taken forward with colleagues from the Safeguarding Children's Partnership and colleagues from Nottinghamshire County.
Support National Adult Safeguarding Awareness Week	Our TLI Subgroup produced a detailed multi-agency comms plan which was sent to all agencies in advance with details of webinars and resources. Webinars included CHARLIE P training from Fire & Rescue, SAB & SARs from the SAB Chair and Manager, Slavery and Exploitation from the Communities team, an introduction to the Practice Development Unit and the NCCASC Safeguarding Team on what happens after a safeguarding referral is made.

Our strategic priorities and what we achieved

The Board's Strategic Plan for 2022-2025 has three key strategic priorities, with three operational priorities sitting underneath. In 2023/2024, the Board have continued to build on the work that was started in 2022/2023.

Strategic priority 1: Prevention

- ✓ **Increase public and professional awareness of adult safeguarding**
- ✓ **Reduce abuse of adults in specific risk areas**
- ✓ **Ensure learning from case reviews is embedded across the partnership to improve practice**

Priorities include ensuring that lessons from Safeguarding Adult Reviews improve staff practice and that our adult safeguarding data reflects the latest local demographic information contained in the national census

What we achieved; we have:

- Utilised the Partner Assurance Tool (PAT) return to seek direct assurance from partner agencies with bed-based care that sexual safety was promoted in line with Care Quality Commission (CQC) and Skills for Care recommendations.
- Continued to work with the Community Safety Partnership by raising issues related to the Multi-agency Risk Management Conference (MARAC) and supporting the MARAC review and transition to the new model, which is scheduled for October 2024.
- Supported the work led by the Nottinghamshire and Nottingham ICB (Integrated Care Board) on closed cultures through the Mental Health Assurance Task & Finish Group.

- Linked in with NCC Strategic Housing on their preventative work to minimise the likelihood that people will be housed in supported housing operated by 'rogue' providers. This included NCC Strategic Housing developing a new framework for practitioners, as well as setting up the Supported Housing Intervention and Prevention Team (SHIP).
- Worked to improve the range and efficiency of responses received by people with Severe and Multiple Disadvantage (SMD) and those who self-neglect/hoard via a series of webinars during National Adult Safeguarding Awareness Week and planning a multi-agency 'Safeguarding and SMD' Conference for May 2024.
- Linked in with Community Safety Partnership on their Prevent Action Plan, as well as receiving an annual overview of Prevent work and including Prevent and Channel data in the SAB dashboard for the Quality Assurance and Performance Sub-group.
- Reviewed the priorities set by the National SAB Chairs network and incorporated them into the Annual Development Day and the new 2024/2025 Annual Plan.

Strategic priority 2: Assurance

- ✓ **Receive assurance from all partner agencies on the effectiveness of their safeguarding adult arrangements**

- ✓ **Receive assurance that arrangements in specific areas promote effective adult safeguarding practice**

Priorities include making sure that care home and home care provision remains safe, and that effective transitional safeguarding arrangements are developed.

What we achieved; we have:

- Received, in conjunction with Nottinghamshire County SAB, annual assurance from all partners via completion of the Partner Assurance Tool (PAT) that their adult safeguarding arrangements remain effective.
- Sought assurance that commissioned services have adequate adult safeguarding arrangements in place and asylum seekers and refugees are being referred to ASC as required.
- Started to trial the new multi-agency data dashboard in order to improve the range and quality of safeguarding data available to the Board.
- Developed a Memorandum of Understanding (MOU) between SABs and Department of Work and Pensions in response to a recommendation in two local Safeguarding Adults Reviews (SARs). This MOU has been adopted nationally.
- Maintained a central risk register to monitor current and emerging themes.
- Established a relationship with HMP Nottingham and drafted a Joint Working Protocol which sets out how the Board and HMP Nottingham will interact.
- Continued liaison with the Chairs of the Community Safety Partnership and Safeguarding Children's Partnership via a quarterly meeting to look at cross-cutting themes.
- Continued to ensure learning from case reviews is embedded across the partnership to improve practice by trialling the SAR (Safeguarding Adults Review)

Impact Tool. This work was led by the Training, Learning and Improvement Sub-group and forms part of their core work.

Strategic priority 3: Engagement

- ✓ **Ensure there is a strong commitment to 'Making Safeguarding Personal' across the partnership and that the principles are embedded in local safeguarding practice**

Priorities include seeking assurance that frontline staff work in accordance with 'Making Safeguarding Personal' best practice and that referrals to local advocacy services continue to be promoted.

What we achieved; we have:

- Reviewed the results of the 2022/2023 Making Safeguarding Personal questionnaire. This questionnaire sought information from front line practitioners about their confidence in applying Making Safeguarding Personal (MSP). Towards the end of this financial year, the Subgroup reviewed and refined the questionnaire and sent it out again, this time in conjunction with Nottinghamshire County SAB. The results are expected in 2024/2025 and will benchmark against the 2022/2023 results.
- Continued to seek assurance around the quality of local advocacy provision with the local commissioned provider invited to sit on the Board and to provide an annual report.
- Started each Board meeting with a partner agency case study which demonstrated good MSP as a way of maintaining partner focus on overarching priorities. So far, case studies have been received from Adult Social Care, Nottinghamshire Healthcare NHS Foundation Trust, Nottinghamshire Fire & Rescue and Nottingham CityCare Partnership. A rota is in place for 2024/2025 which includes Carer's Federation, POhWER Advocacy and Nottingham University Hospitals.
- Started to build a relationship with Carer's Federation to ensure the voice of the carer is heard, with Carer's Federation playing a key part in the Development Day and regularly attending the Board as a new member.
- Held a focussed session on Engagement and MSP at the annual SAB Development Day with all outputs being used to shape the new Communications and Engagement Strategy. One of these includes commitment to develop our approach to co-production.
- Worked with Nottingham Community and Voluntary Sector to ensure that individuals with lived experience have an opportunity to contribute to the messages and information which will be shared at the SAB Conference.

Case study – Nottingham City Council Adult Safeguarding Team

Background

A safeguarding concern was made to NCCASC Safeguarding Team for 'M' by the hospital Safeguarding Lead following a hospital admission. 'M' is a middle-aged female, living in private rented property with her younger husband / perpetrator (the alleged person responsible for abuse). The Perpetrator was verbally, emotionally, and psychological abusive towards her. 'M' is disabled and lives upstairs in the bedroom, remaining in bed unless she is supported to the stairlift. Once supported on the stairlift she is able to sit downstairs.

The perpetrator repeatedly threatened to stop providing food for 'M' and to leave her. He had access to her finances and all of her online accounts including her social media and banking etc. 'M' relied on him for food/drink and personal care. She required a wheelchair however this was kept outside in the garden she has been unable to access it. The Perpetrator isolated 'M' from her family and friends and is also reported to have belittled and bullied her.

Making Safeguarding Personal

When the Social Worker visited, 'M' stated "I have been trapped in this room on this bed looking at the same spot out of the window for two years, I have been waiting for you to come through the door and change my life".

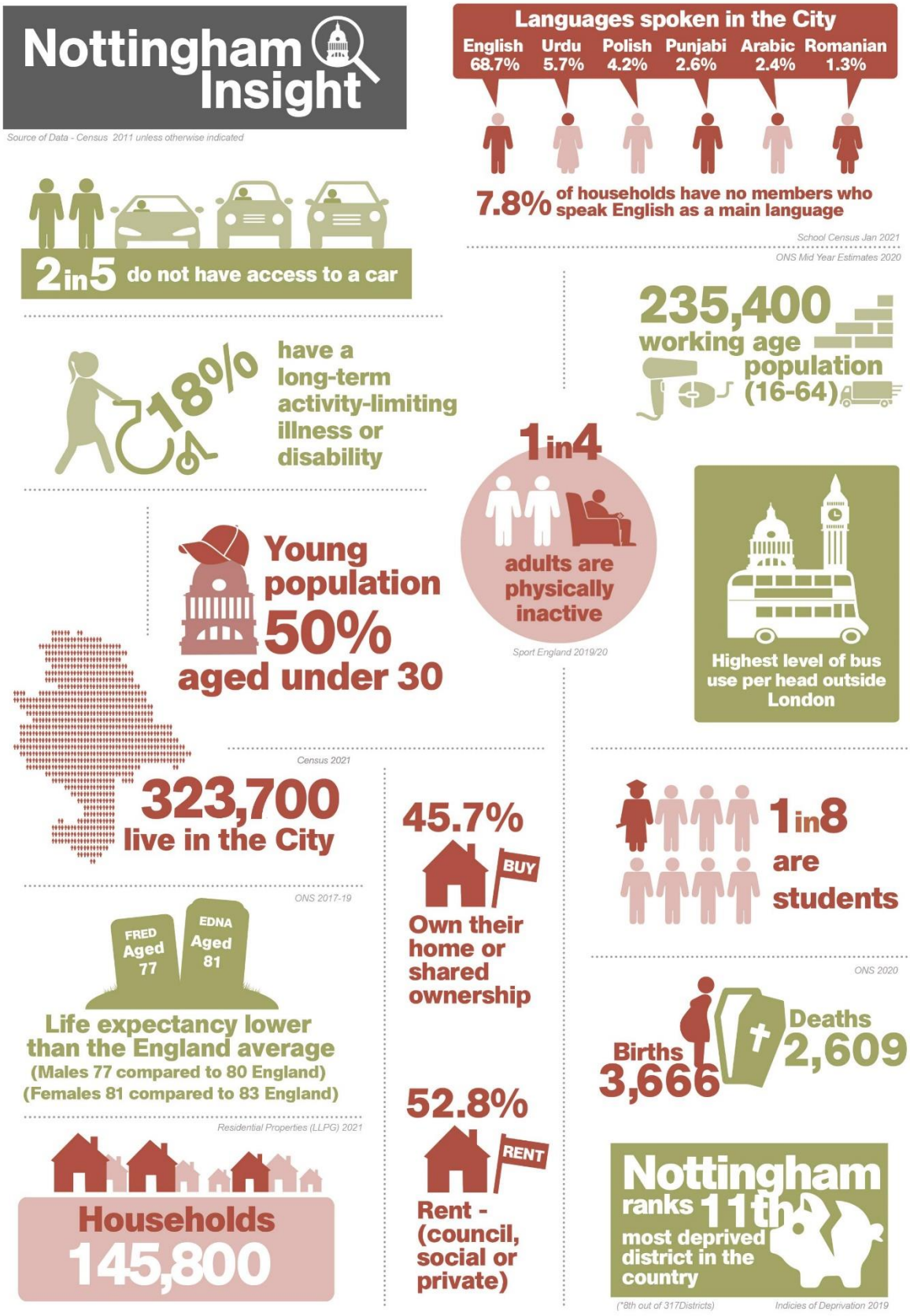
'M' stated she would like to move to her own property and have her own tenancy and end the relationship with her husband/perpetrator. She was clear that she did not want the perpetrator to know where she moved to. 'M' wanted to see her friends and family. 'M' wanted to rebuild her physical strength and mobility and begin walking and build up to meeting her own care and support needs as much as possible.

Outcomes

'M' agreed to a respite placement, she found the move extremely difficult and was withdrawn on the initial days. During her time there she began using a self-propelling wheelchair and gained strength in her upper arms, improving her self-care and stated she felt she had regained her dignity. 'M' began to socialise and developed good relationships with residents and staff. 'M' is now waiting for her offer of housing. She says that the safeguarding team 'changed her life'. She has now re-established her contact with friends and family. She continues to grow from strength to strength physically and emotionally.

About Nottingham City

Data provided by Nottingham Insight: [Key facts about Nottingham - Nottingham Insight]



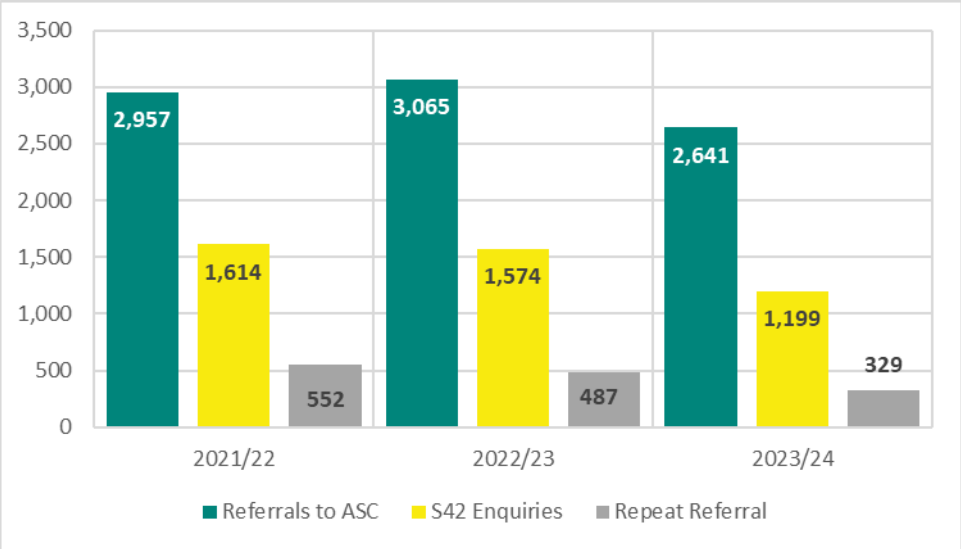
Safeguarding Adults Activity

Section 42 of the Care Act 2014 requires local authorities to make enquiries, or cause others to do so, if they believe an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom. These enquiries are commonly referred to as 'Section 42 enquiries'.

Every local authority in England must collect specific data relating to their safeguarding activity and report this to NHS Digital every year. NHS Digital then publishes the data collected, together with some national averages.

NHS Digital Safeguarding Adults Collection data analysis for 2023/24 was published on 29th August 2024 and provides the benchmarking information for this report and safeguarding activity and outcomes.

Chart 1: Adult safeguarding concern referrals and Section 42 enquiries by financial year



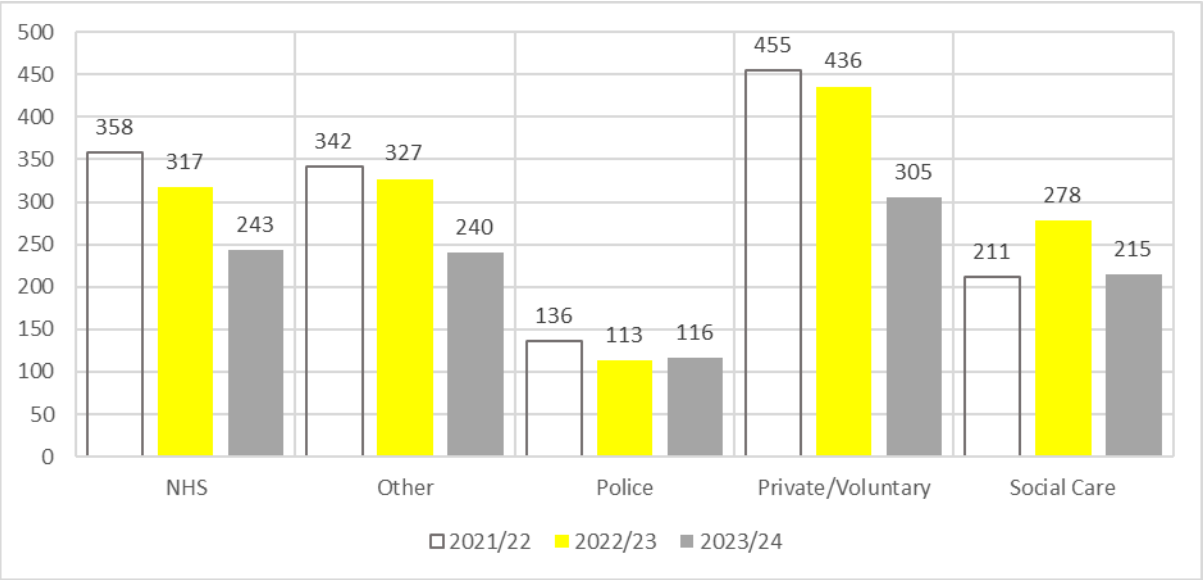
There has been a national increase of 5% in the number of concerns raised, which is less than the annual growth rate of 9% the year before. In comparison, Nottingham City's data shows a 13.84% decrease in adult safeguarding referrals when compared to 2022/2023.

When considering S42 enquiries, there is also a decrease of nearly 24% (23.83%) in 2023/2024, whereas the national trend has seen an increase of 2%. Locally, there is robust screening and signposting in place meaning that many safeguarding referrals can be closed at concern stage. For example, Care Homes are required to report 'falls' to the local authority safeguarding team which would be recorded as a 'concern', however it is common that the fall has been properly managed, there is no further risk, and the fall has also been reported to CQC and the ICB. There has been close partnership working between the Safeguarding Team and partners to create a robust screening tool by which the assurance that risks mitigations are in place can be clearly communicated to the Local Authority and the referral can be closed. Closing these referrals at concern stage is a proportionate and appropriate response.

The number of concerns which were repeated referrals has also decreased steadily since 2021/2022, with a reduction of around 40% which is seen as a positive. National data on repeat referrals is not collected, and so there is no national benchmark.

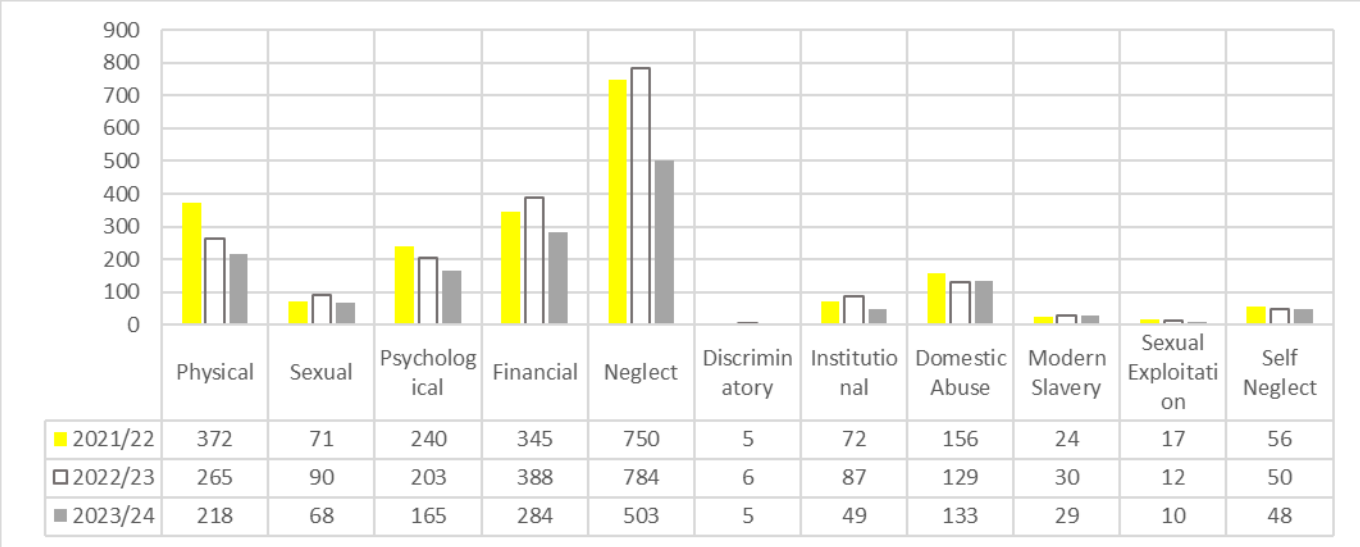
The SAB will continue to seek assurance that safeguarding concerns are being raised where appropriate, that agencies are well informed about when to raise a concern and demonstrate good decision making.

Chart 2: Volume of Section 42 enquiries by Agency Referring a Concern



With the reduction in the number of S42 enquiries, the chart above is expected, showing a reduction from all sectors except for Police which saw a marginal increase in 2022/2023.

Chart 3: Volume of Section 42 enquiries by type of abuse

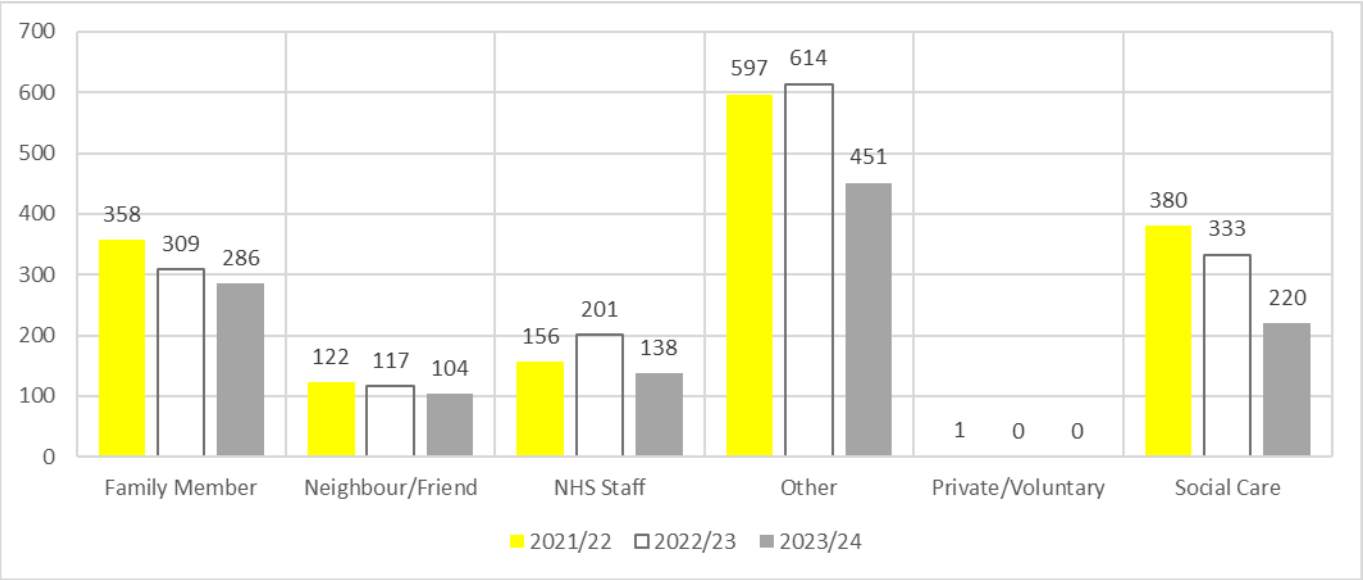


	Physical	Sexual	Psychological	Financial	Neglect	Discriminatory	Institutional	Domestic Abuse	Modern Slavery	Sexual Exploitation	Self Neglect
2021/22	372	71	240	345	750	5	72	156	24	17	56
2022/23	265	90	203	388	784	6	87	129	30	12	50
2023/24	218	68	165	284	503	5	49	133	29	10	48

Nationally, the most common type of risk in Section 42 enquiries that concluded in 2023/2024 was Neglect and Acts of Omission, which accounted for 32% of risks. The data for Nottingham City shows that neglect and acts of omission are also the most common risk locally, followed by financial abuse, physical and then psychological risks. This has remained unchanged since 2022/2023. Some categories have seen a significant change since 2022/2023, with S42 enquiries for sexual abuse, physical abuse, psychological abuse, financial abuse, neglect and institutional (organisational) abuse all having noticeable reductions. Numbers for discriminatory abuse, modern slavery, sexual exploitation and self-neglect have remained steady, with a small increase in numbers for domestic abuse.

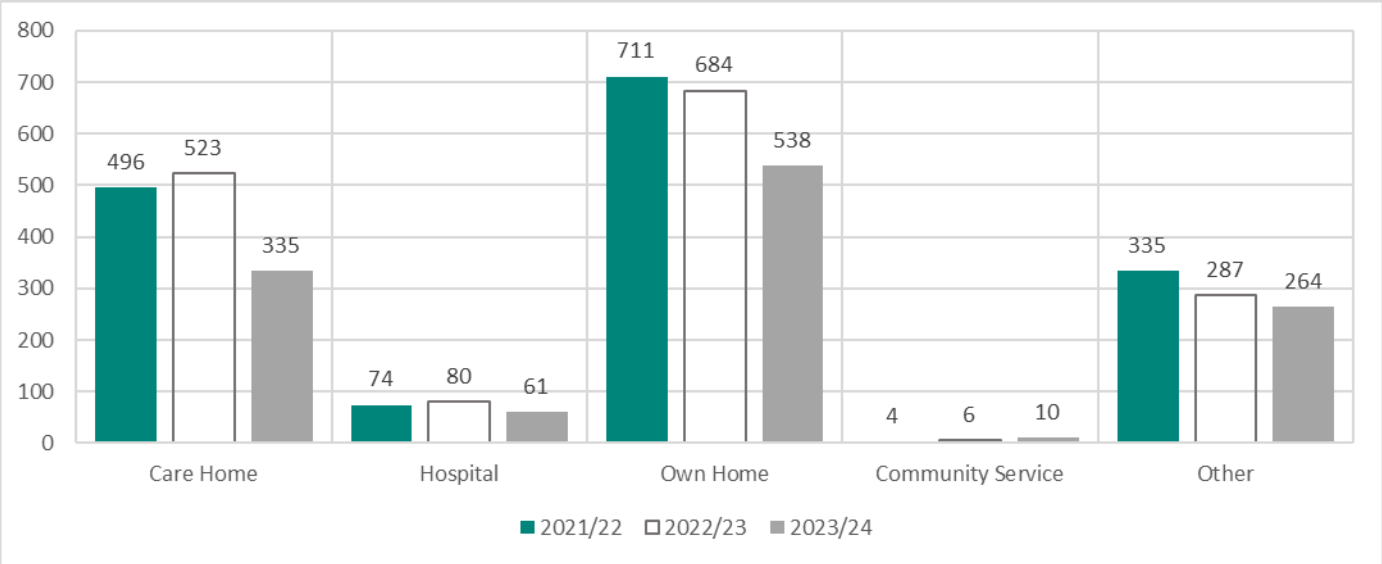
Neglect and acts of omission account for nearly 50% of S42 enquiries. Discriminatory abuse remains consistently low, something which has been raised nationally as an area for Safeguarding Boards to focus on.

Chart 4: Volume of Section 42 enquiries by perpetrator relationship



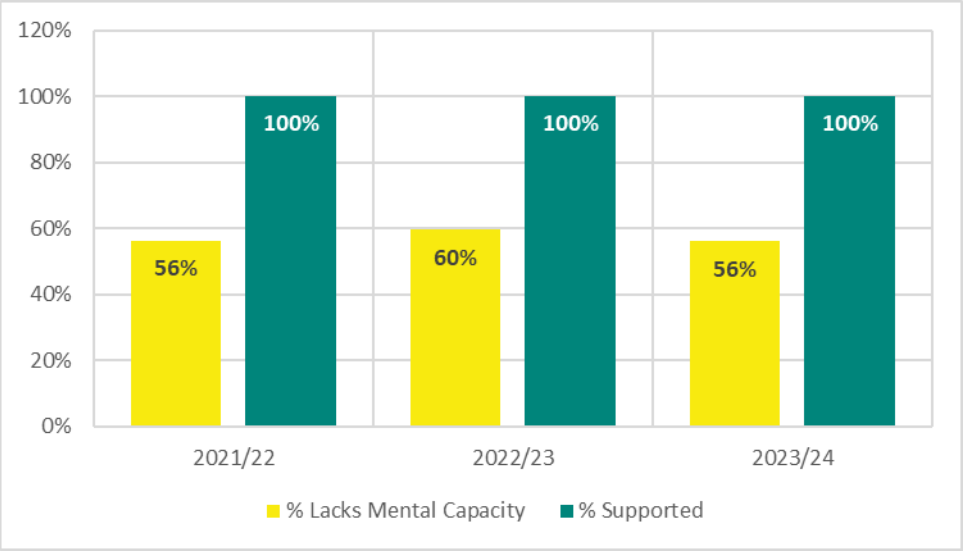
All categories have seen a decrease since 2022/2023, which is to be expected given the decrease in concerns and enquiries. The largest decreases are NHS staff and social care at over 30% on the previous year. Whilst the category of 'other' has also decreased, the Board will explore which types of perpetrator relationships are included.

Chart 5: Volume of Section 42 enquiries by location of abuse



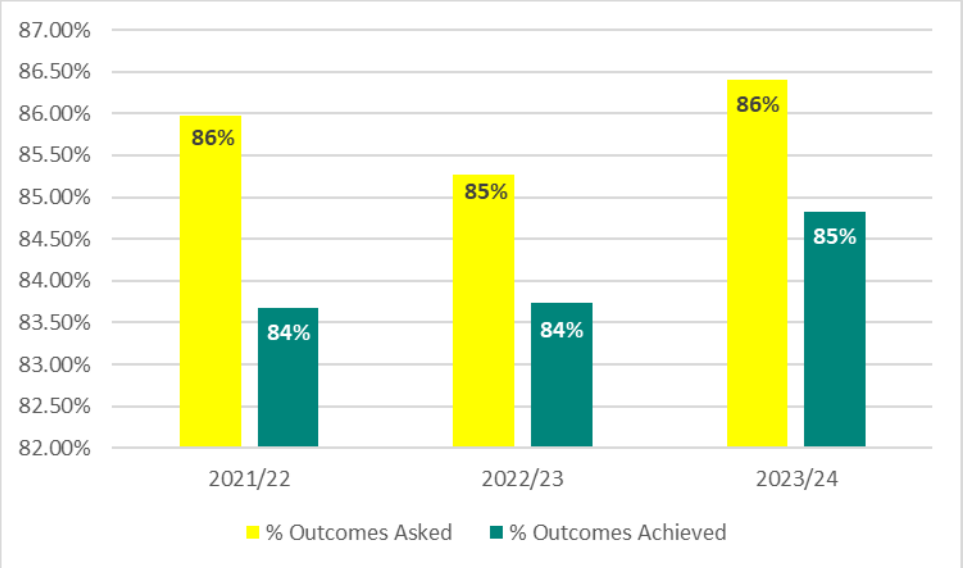
Nationally, the most common location of the risk in Section 42 enquiries that concluded in the year was the person's own home at 46%. Nottingham City has seen a decrease in all categories except for community services when compared to 2022/2023. 'Own home' remains the largest category of location of abuse, however Care Homes have seen the highest percentage decrease in the number of Section 42 enquiries.

Chart 6: Proportion of Section 42 enquiries where the adult lacked mental capacity



The data above has remained consistent over the last few years. It is extremely positive to see that 100% of people who 'lacked mental capacity' are supported through the safeguarding procedure; this is exactly as would be expected. NCCASC are confident that capacity is assessed. The advocacy provider is now a member of the Board and brings information and data.

Chart 7: Section 42 enquiries where the adult was asked about their desired outcome



The percentages of individuals asked what outcomes they wanted, and of outcomes achieved, were both slightly higher than in 2022/2023, something the Board were keen to see this year. Making Safeguarding Personal sits within the Engagement strategic priority of the Board and this chart is part of the evidence the Board uses to assure itself that safeguarding support is personalised to people's views and situations.

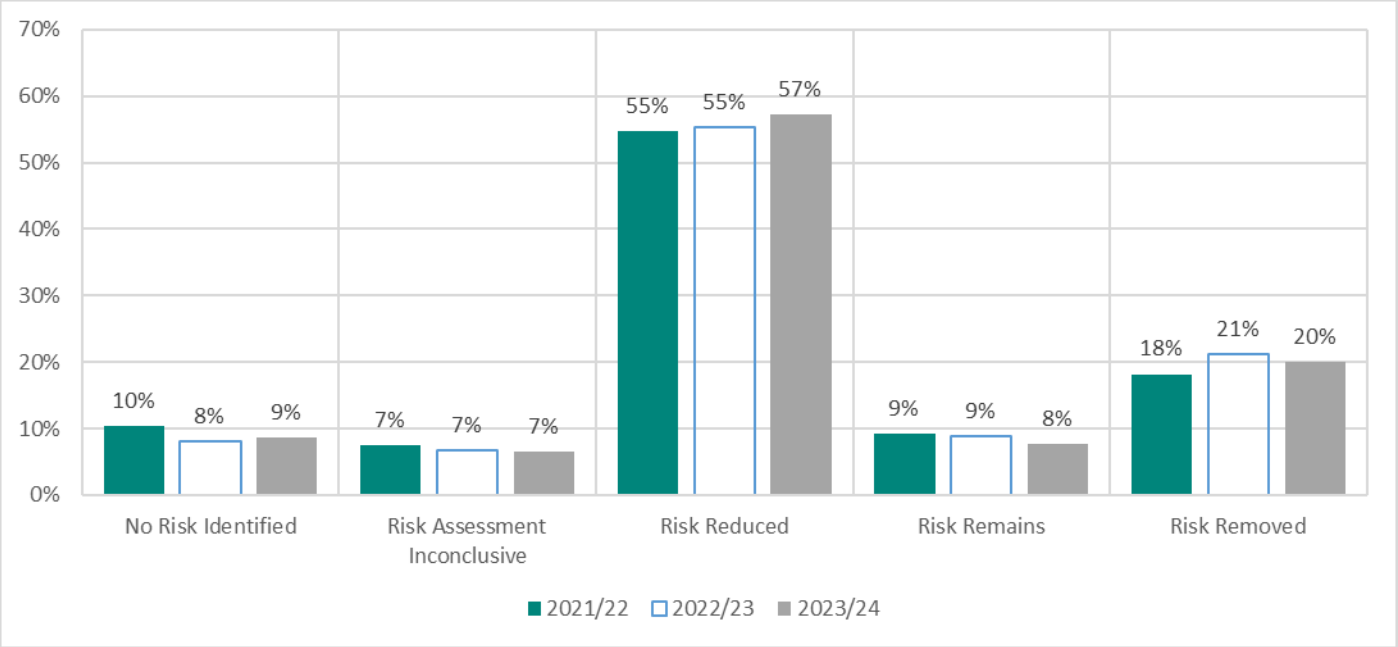
On the 14% of citizens that were not asked, there can be several reasons for this, including:

1) Person lacking capacity and unable to provide a view.
2) Non engagement – there is a high level of self-neglect, hoarding and Severe Multiple Disadvantage cases referred. It is often difficult to establish contact and

there is refusal of engagement from the citizen despite multiple attempts to visit and make appropriate contact.

3) A safeguarding referral has been received in relation to neglect and the person has died, so obviously been unable to consult them.

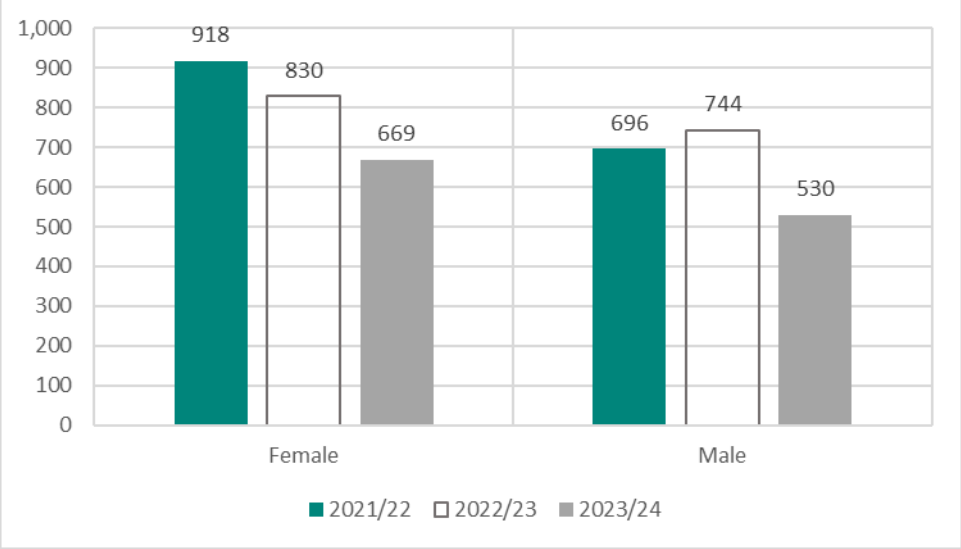
Chart 8: Percentage of Section 42 enquiries by risk outcome



Nottingham City, in 86% of cases the risk was reduced or removed, or no risk identified. However, if we include those cases which were inconclusive, the percentage would be 93% which is slightly higher than 2021/2022 and higher than the national average of 91%. The Board will seek to monitor this though the quarterly data received but accepts that risks might always remain for some situations. The Board will seek reassurance that monitoring arrangements are in place to ensure citizens are supported.

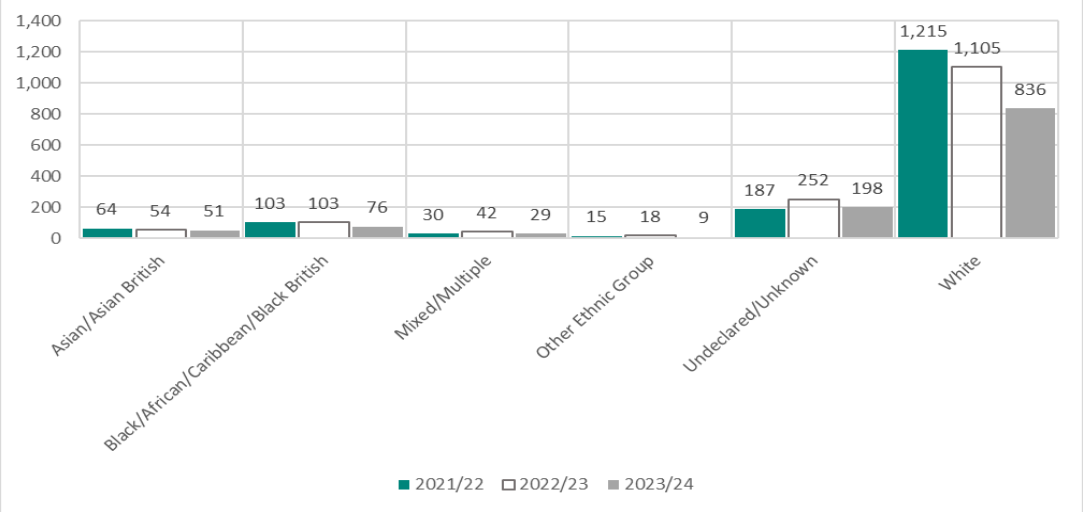
Demographics

Gender



The number for males has reduced since last year, following an increase in 2022/2023.

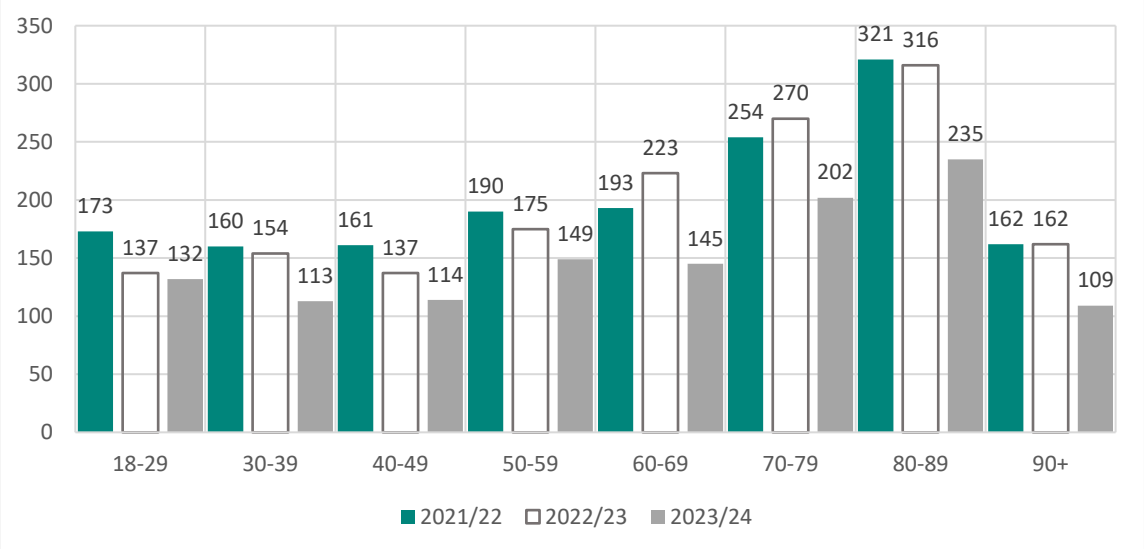
Ethnicity



The majority of Section 42 enquiries are for citizens that are white, with numbers for Asian/Asian British, Black/African/Caribbean/Black British, Mixed/Multiple and Other ethnic groups much less. Last year, it was noted that the figures did not necessarily reflect the demographics of the City as per the census results. Some work has been carried out by other SABs and Local Authorities to understand how to better interpret this data, with the best way forward to measure against the ethnicity of adults accessing social care services or in receipt of care packages rather than the whole population. The Quality Assurance Sub-group have started to replicate this work in the city.

There are still a significant number of enquiries where ethnicity is not recorded (Undeclared/Unknown), although this number has reduced by nearly 22% since 2022/2023. It has been identified by Adult Social Care that this is primarily a process issue within the Electronic Social Care recording system used, which does not prompt allocated workers to review or enter ethnicity when they are involved with a citizen. Adult Social Care are currently exploring how the system can prompt workers to improve recording in this area.

Age



The majority of Section 42 enquiries are for adults in the 80–89-year-old age bracket, which is consistent with the figures for the previous two years. There has been a decrease in Section 42 enquiries for adults in all age groups, which is consistent with the overall reduction in concerns referred and Section 42 enquiries for the year.

Who sits on the Board and how does it work?

Throughout 2023/24, the Board was chaired by Lesley Hutchinson. A new Board Manager, Emma Coleman, was appointed in January 2023 and started in March 2023.

The Board met quarterly, with senior representatives attending from the following organisations:

- Nottingham City Council Adult Social Care
- Nottingham and Nottinghamshire ICB
- Nottinghamshire Police
- Carers Federation
- Department for Work and Pensions
- East Midlands Ambulance Service (EMAS)
- HMP Nottingham
- National Probation Service, Nottinghamshire
- Nottingham CityCare Partnership
- Nottingham City Council Communities
- Nottingham City Council Housing
- Nottingham City Council Public Health
- Nottinghamshire Fire and Rescue Service
- Nottinghamshire Healthcare NHS Foundation Trust
- Nottingham University Hospitals NHS Trust
- Nottingham Community and Voluntary Service
- Nottinghamshire Healthwatch
- POhWER Advocacy

Funding

Nottingham City Council, Nottinghamshire Police, and Nottingham and Nottinghamshire ICB jointly fund the Nottingham City Safeguarding Adults Board. During 2023/24 these statutory partners continued to provide financial support in line with previously agreed contributions, and the budget was balanced at year end.

Contributions

Nottingham and Nottinghamshire ICB	45.3%
Nottingham City Council	45.3%

Nottinghamshire Police	9.1%
Nottinghamshire Probation	0.3%

Nottingham City Safeguarding Adults Board 2023/24	Annual Cost (with on costs) 2023/24
Staff costs	£89,388
Running costs (IT, comms etc.)	£1668
SARs	£9050
Total	**£100,106**

Board Constitution

How the Board works is set out in the published Constitution, which states that:

- ✓ The aim of the Board is to ensure the effective co-ordination of services to safeguard and promote the welfare of adults in accordance with the Care Act 2014 and the Statutory Guidance.

- ✓ The NCSAB is a multi-agency Board that will coordinate the strategic development of Adult Safeguarding across Nottingham City and ensure the effectiveness of the work undertaken by partner agencies in the area.

- ✓ The Board aims to achieve its objectives through partner agencies supporting individuals in maintaining control over their lives and in making informed choices without coercion.

- ✓ Whilst NCSAB has a role in coordinating and ensuring the effectiveness of work being done by local individuals and organisations in relation to safeguarding adults, it is not accountable for their operational work. Each Board Partner has their own existing lines of accountability for safeguarding adults by their services. The Board does not have the power to direct other organisations but aims to assure itself that members and partners act to help and protect adults experiencing or at risk of abuse and/or neglect.

The Board has three subgroups to support it:

The Quality Assurance Sub-group

This is a proactive subgroup, responsible for supporting Nottingham City SAB in its assurance responsibilities by collecting evidence concerning the quality of local safeguarding interventions and the performance of agencies and their staff in carrying out their safeguarding responsibilities. This includes a focus on the principles of MSP.

The Safeguarding Adults Review Sub-group

This is a reactive group, responding to any SAR referrals the Board receives and responsible for the operation of the SARs it commissions to ensure that agencies learn lessons and improve the way in which they work with adults at risk. The SAR subgroup seeks to develop SAR processes in line with the Care Act and local and national best practice.

The Training, Learning and Improvement Sub-group

This is both a reactive and a proactive group, responsible for disseminating learning identified in SARs as well as acting as a conduit for identifying and passing on safeguarding messages and available training to partner workforces. Additionally, the subgroup can arrange training on behalf of the Board as well as reviewing the effectiveness of multi-agency learning and improvement activities.

In addition to the three Sub-groups and the quarterly main Board, the Independent Chair and representatives from the three funding agencies meet with the Sub-group Chairs and Board Manager on a quarterly basis at the Business Management Group to assist in the implementation of the Board's Annual Action Plan.

Quality Assurance (QA) Sub-group

Achievements

Partner Assurance Tool

The Sub-group received the annual Partner Assurance Tool (PAT) submission from partner agencies including NCC Adult Social Care, NCC Communities, CityCare, Department of Work and Pensions (DWP), Nottinghamshire Fire & Rescue, Nottinghamshire Police, Nottingham University Hospital (NUH), Nottinghamshire Healthcare NHS Foundation Trust, Nottinghamshire Probation and Nottingham and Nottinghamshire ICB. For the first time, returns were received from new Board members Carer's Federation and POhWER Advocacy. This year, the PAT return included new questions on Transitional Safeguarding and PiPOT (People in Positions of Trust). These areas were identified as priorities for 2023/2024.

PAT returns were of good quality and provided a good level of assurance. Agencies raised issues around:

- Urgent care home closures and suspension of sponsorship licences
- Availability of appropriate housing

- Increase in complex cases with high levels of need/risk
- Closed cultures
- Lack of resource and capacity
- MARAC Demands
- Ability to support people with Severe and Multiple Disadvantage
- Recruitment and retention of staff
- High level of demand on services

Agencies are also dealing with issues around:

- Changes in contract for both Carer's and Advocacy and the impact on the individuals they support
- Embedding the PiPOT Guidance
- Training compliance
- Confidence in applying the Mental Capacity Act
- Increase in Out of Hours checks needed
- Increase in Prevent referrals
- Funding for voluntary and community sector services for DSVA
- Streamlined asylum process led to increased homelessness and pressure on health, GP services, schools and housing

The full agency returns can be found in **Appendix 1**.

Data

The Sub-group launched the new Multi-agency Data Dashboard which sought to obtain a broader range of data from several organisations. In the past, only Adult Social Care data has been requested, and although this provides oversight of statutory safeguarding activity in the city, by reviewing data from other agencies the Board may be able to identify emerging themes and risks. The new dashboard has been trialled throughout 2023/2024 and will be reviewed and refined in the next financial year.

Audits

The Sub-group commenced a face-to-face case file audit looking at Self-neglect which was linked to a recommendation in a Safeguarding Adults Review (SAR). The first full day was held in March 2024, with the second day scheduled for April 2024. The purpose of the audit is to identify whether practitioners are utilising the SAB Self-neglect Toolkit, whether they are recognising Self-neglect, and whether cases are being referred to NCCASC Adult Safeguarding in a timely manner. The audit will identify areas for improvement as well as highlighting good practice in the system.

Making Safeguarding Personal (MSP) Questionnaire

The MSP Questionnaire which was developed and distributed last in 2022/2023 was repeated, this time in collaboration with Nottinghamshire County SAB. The questionnaire aims to establish a baseline of practitioner confidence in applying the principles of MSP so that recommendations can be made to further embed MSP in practice. The Board will consider general points of learning from the responses collected, as well as asking each agency to provide an overview of their own single agency responses.

Impact

The collected and analysed PAT returns have enabled the Quality Assurance Sub-group to provide the Board with assurance around individual agency safeguarding practice, as well as a multi-agency strategic summary of issues the system is experiencing. This has

directly informed the annual plan for 2024/2025. The newly expanded quarterly data report enabled the Sub-group to keep the main Board and the Business Management Group informed of themes, trends and areas of concerns. However, careful consideration needs to be given to the breadth of information collected to ensure it remains focussed and clear. Through repeating the MSP Questionnaire, the Board will have a clearer understanding of how fully the local system workforce understands MSP, and how each agency intends to respond to any gaps identified. Working with County has allowed identification of areas where we can work together on awareness raising and developing additional resources for professionals.

Barriers

Agencies are not always able to release staff for face-to-face audit sessions, meaning relying on written submissions instead of speaking directly to the practitioner. This can limit the breadth of information.

The Board does not have a data analyst meaning it can be difficult to accurately refine and review the larger data dashboard.

Census data is not broken down into adults with Care and Support Needs, meaning it does not necessarily correlate with Adult Safeguarding data.

Priorities for 2023/2024

- To update the current PAT tool with any new operational priorities for 2023/2024. This may include the implementation of 'Right Care, Right Person', Trauma Informed Practice and Mental Health.
- The Sub-group will refine the data dashboard to ensure only relevant, meaningful data will be collected and reviewed.
- Further auditing work will be scheduled in on themes within Safeguarding Adults Reviews.
- To review, update and repeat the MSP Questionnaire to build on the learning identified in 2023/2024. This work will be in collaboration with Nottinghamshire County SAB.

Safeguarding Adult Review (SAR) Sub-group

Safeguarding Adults Reviews Commissioned:

There were seven referrals considered against the SAR criteria by the multi-agency SAR Sub-group via extraordinary meetings in 2023/2024. Of these, it was agreed that three of them did not meet the SAR criteria set out in Section 44 of the Care Act (2014). However, it was agreed by multi-agency decision that the other four referrals did meet the SAR criteria and so reviews should be commissioned.

The first case is an individual that died in late 2022 in a housing association property housing a number of adults with care and support needs; there were concerns of cuckooing and exploitation. This non-mandatory SAR has had an independent reviewer appointed, Terms of Reference agreed, and a practitioner event scheduled. This review is expected to be completed towards the end of 2024.

The second case is an individual that died in hospital following a 999 call from their son. Ambulance staff had been advised that the individual had been unresponsive after weeks of lying on the sofa refusing food, drink or any help and was found to have multiple pressure sores. There were concerns relating to neglect, self-neglect, alcohol misuse, non-

engagement with services and missed identification of their son as a carer. This mandatory SAR has had an independent reviewer appointed, Terms of Reference agreed, and a practitioner event scheduled.

The third case is an individual who died in their 50's where there were concerns about severe self-neglect and non-engagement with services linked to long-term anxiety, agoraphobia and deep-rooted trauma. An expression of interest for potential Independent Reviewers is due to go out in early 2024/2025.

The fourth case is an individual in their late 20s who was non-verbal with severe physical and learning disabilities who died in hospital. Their care spanned across two local authority and health areas. An expression of interest for potential Independent Reviewers is due to go out in early 2024/2025.

Safeguarding Adults Reviews Completed and/or Published:

The two SARs ratified by the Nottingham City Safeguarding Adults Board in June 2022 have both now been published. The first, 'Billy', was published on Thursday 11th May 2023 on the Safeguarding Board web page. The second, 'Valentina', was published on Thursday 25th May 2023, also on the Safeguarding Adults Board website. For both these reviews, a multi-agency Communications Plan was developed and in place prior to publishing, and the families and reviewer were informed of publication in advance. For one of these SARs, Billy, an addendum to the original report was published on 2nd November 2023 following consideration of information that was not available to the reviewer at the time of the original review. The publication of these SARs also led to the Board establishing a relationship with the Nottingham Financial Resilience Partnership, which has been a positive outcome.

A further non-mandatory SAR, 'Antoni' was signed off by the Board in March 2024. This SAR relates to an individual who was exhibiting extreme levels of hoarding and had to leave his property. A multi-agency practitioner event was held in June 2023, with good attendance from a wide range of agencies. As the individual is still alive and living locally, there has not yet been a decision made around publication although this is expected in the coming months. Although the default position of the Board is always to publish to ensure openness, transparency and to share learning, any potential negative impact on the individual must be carefully considered.

We still await the outcome of criminal proceedings in relation to a previous SAR, Bob, which until concluded we are unable to publish a briefing. We have remained in contact with the Police regarding progress on this and they are themselves waiting on the Crown Prosecution Service. However, assurance has been sought from the agencies involved and action plans have been completed.

Ongoing SAR Action Plans:

The two SARs published by the Nottingham City Safeguarding Adults Board in May 2023 have action plans in progress which are reviewed at the quarterly SAR Sub-group meetings. There are currently no outstanding actions from SAR's which are not under review.

Two actions were escalated to the National SAB Chairs Network to discuss whether they should be taken forward nationally. One of these was from the Billy SAR, with a recommendation to work with DWP to produce a National Joint Working Protocol (JWP) between the National SAB Network and DWP. The recommendation was that the JWP would set out how DWP would contribute to SAR work nationally under Section 44 of the Care Act (2014). On discussion with DWP, it was expanded to also include Section 42 of

the Care Act (2014). The document is now complete and signed off, and this locally led JWP has been published and adopted nationally.

Additional SAR Work:

The SAR Procedures are currently due for review. This joint piece of work with Nottinghamshire County SAB will take place in 2024/2025.

The new SAR Impact Tool which was developed in 2023 has been completed for one SAR with nearly all responses now received. The SAR Impact Tool goes out to all agencies involved in the review with a six-month deadline for completion and is used to gain assurance that agencies have embedded the learning from the review. SAR Impact Tools for the two SARs published in May 2023 will go out in 2024/2025, again with a six-month completion date.

In order to ensure learning from SARs is accessible and widely shared, a 7 Minute Briefing has been developed and published for the 'Billy' SAR with key learning points for front line staff. Production of a 7 Minute Briefing for front line staff for every published SAR will be standard practice going forward.

SAR work locally and nationally has increased significantly in the last 12 months.

Reviews into the killings of Ian Coates, Grace O'Malley-Kumar and Barnaby Webber.

On the 13th June 2023 Valdo Calocane fatally stabbed Ian Coates, Grace O'Malley-Kumar and Barnaby Webber. He also injured three other people when he drove Ian Coates van into them. He was convicted of manslaughter on the basis of diminished responsibility and three counts of attempted murder in January 2024 and was sentenced to indefinite detention at a high-security hospital. The sentence was appealed and found to be appropriate. Mr Calocane was known to Nottinghamshire Healthcare NHS Foundation Trust and had been detained in mental health units in Nottingham on four occasions during 2020 and 2022, he was also known to the Police. The incident correctly had significant media coverage and four reviews were commissioned as set out below:

- NHSE Independent Mental Health Homicide Review
- A Section 48 of the Health and Care Act 2022 review of the Trust to be carried out by CQC (this report has been completed and was published on 13th August 2024 with a set of recommendations)
- The Office of the Police and Crime Commissioner have requested are review of the police investigation by the College of Policing
- Nottinghamshire Healthcare NHS Foundation Trust are also carrying out an independent investigation

NCSAB await the findings of each of these reports and have received update positions throughout the year. As soon as the findings are available NCSAB will be seeking assurance that recommendations are implemented in the hope of preventing such a tragedy happening again.

The Training, Learning and Improvement (TLI) Sub-group

Achievements

- Launched the SAR Impact Tool and received and analysed the multi-agency returns to ensure that the learning from SARs is shared internally within single agencies and embedded into practice within policies, procedures, training and staff culture.
- Promoted National Adult Safeguarding Awareness week with a programme of free webinars, resources, a comms pack and a blog for the Ann Craft Trust
- Updated our suite of '7-minute briefings'
- Promoted partner agency and voluntary sector training
- Planned and organised a multi-agency Conference scheduled for May 2024
- Carried forward the recommendations from the 2022/2023 MSP Questionnaire
- Worked with the Practice Development Unit (PDU) to understand the local offer and identify areas for collaboration.
- Developed a three-year Communications and Engagement Strategy for 2024-2027.

Impact

- Both the public and professionals have a better understanding of adult safeguarding and when and how to report abuse and neglect. This will reduce inappropriate referrals and ensure professionals utilise alternative referral pathways.
- We are able to evidence that learning from SARs is being embedded.

Barriers

- There is a lack of multi-agency training for professionals. However, this position will change following the approval of one of the recommendations in SAR Antoni.
- The current Board website has limitations in terms of communication and resources.

Priorities for 2024/2025

- Hold a face-to-face multi-agency Conference in Nottingham for multi-agency staff on Safeguarding and Severe and Multiple Disadvantage.
- To continue to expand the suite of 7-Minute briefings.
- To support campaigns which allow for raising awareness of key issues, such as Carer's Week, Money Week and Safeguarding Adults Awareness Week.
- To look into developing an Independent SAB website.

What difference have we made?

"The TLI subgroup has provided an essential platform to share learning and best practice across partner agencies"

"The progress NCSAB and DWP have made together to agree a joint working approach for all SABs, means DWP colleagues can engage much more confidently and consistently with their own local SAB. The Contacts, Learning and contribution to discussions are helping DWP to support our most vulnerable customers."

"The 7-minute briefings have proved really helpful for frontline colleagues, distilling complex SAR learning into bitesize knowledge and action points."

"Stronger collaboration between the SAB and other partnerships such as Community Safety Partnership and Safeguarding Children's Partnership"

"During National Safeguarding Adults Week in November the board offered a suite of learning and development opportunity to all staff across the partnership. We really appreciate the efforts that went into arranging this as the opportunities for our staff to learn and get a better understanding of key safeguarding issues was really timely. We particularly found the resource pack helpful!"

"All those who undertake the business of the board, in one way or another, are passionate about doing their very best to make our communities safer. I love being part of something that is innovative, free thinking, open to new ideas and astute to the ever-changing landscape we work in."

"Adult Safeguarding Week gave opportunity for 9 separate webinars spanning subjects on Hoarding, the Practice Development Unit, Slavery/Exploitation, How the SAB Functions, Introduction to Barring and What Happens After A Safeguarding Referral Is Made."

The SAB has been really supportive in taking learning from local SAR's to national forums to influence national policy and embed changes.

What next for 2024/25?

2024/25 will be another busy year for the Board. We will be focusing on the following actions;

1. Ensuring the recommendations of SARs, learning reviews and the investigations into the deaths on 13th June 2023 are progressed. In addition, ensuring the findings from the forthcoming Second National SAR Analysis are reviewed
2. Delivering our commitment to the Communication and Engagement Strategy 2024-27
3. Ensuring we make best use of the new multi-agency data dashboard
4. Hosting National Adult Safeguarding Awareness Week and a conference on Safeguarding those in Severe and Multiple Disadvantage
5. Ensuring the delivery of the 2024/35 Annual Action Plan with particular focus on progressing specific work on safeguarding those in transition, those in need of mental health support and ensuring a trauma informed response is applied
6. Reviewing the implementation of Right Care Right Person
7. Strengthening our relationship with the Nottingham Community Safety Partnership and Safeguarding Childrens Partnership (including keeping abreast of changes brought about by Working Together to Safeguard Children)
8. Developing and consulting on our forthcoming Strategic Plan for 2025-28

Reporting abuse

You may know a person carrying out abuse and be worried about reporting them. If you are being abused, you do not have to put up with it. If someone you know is being abused, or you have a concern that they may be, you should first make sure that they are safe if it is possible to do so. You can report abuse to Nottingham City Council in the strictest confidence and your identity can be kept private.

- If you live in Nottingham City, call Adult Social Care on 0115 8763330. Lines are open 9am to 5pm
- If you live in Nottinghamshire County, call Nottinghamshire County Council on 0300 500 8080

If you are unsure, please call any of the numbers and report what is happening to you or the person you are concerned about. You can report abuse in the strictest confidence and your identity can be kept private.

If you believe that you (or someone you know) may be at risk or experiencing neglect, explore the Safeguarding information within the hub. If necessary, you can complete Nottingham City Council's online Safeguarding referral form to tell them about your concerns.

For all queries and referrals for Nottingham City Adult Social Care please use the Adult Social Care Hub. The hub is home to information on preventive and community care options that can support you (or those that you are acting on behalf of) to remain independent and prevent the need for long term care.

You will also be able to Complete an on-line form to request support or advice.

Adult Social Care service is operational between 09:00 – 17:00, Monday to Friday – not including bank holidays. Outside of these hours if you have a social care need that requires an immediate response please call the Emergency Duty Team on 0115 8761000

If it is an emergency, dial 999

Glossary of acronyms

ASC	Adult Social Care
CSP	Community Safety Partnership
CHARLIE-P	Care and support needs; hoarding and mental health issues; alcohol and medication; reduced mobility; lives alone; inappropriate smoking; elderly; previous signs of fire
CHC	Continuing healthcare
COP	Court of Protection
CQC	Care Quality Commission
DBS	Disclosure and Barring Service
DHR	Domestic Homicide Review
DNACPR	Do not attempt cardiopulmonary resuscitation (CPR)
DoLS	Deprivation of Liberty Safeguards
DSL	Designated safeguarding lead
DWP	Department of Work and Pensions
EMAS	East Midlands Ambulance Service
GDPR	General data protection regulation
HMICFRS	Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services
HMIP	Her Majesty's Inspectorate of Prisons
HMP	Her Majesty's Prison
ICB	Integrated care board
ICP	Integrated care partnership
ICS	Integrated care system
IICSA	Independent inquiry into child sexual abuse
JWP	Joint Working Protocol
LD	Learning disability
LPS	Liberty protection safeguards
MAPPA	Multi-agency public protection arrangements
MARAC	Multi-agency risk assessment conference
MASH	Multi-agency safeguarding hub
MCA	Mental Capacity Act
MOU	Memorandum of Understanding
MSP	Making Safeguarding Personal
NCVS	Nottingham Community and Voluntary Service
NHS	National Health Service
NICE	National Institute for Health and Care Excellence

NUH	Nottingham University Hospitals
PAT	Partner Assurance Tool
PiPoT	People in a position of trust
PoP	People on probation
PP	Public protection
QA	Quality assurance
SAB	Safeguarding Adults Board
SAR	Safeguarding adults review
SCP	Safeguarding Children's Partnership
SERAC	Slavery and exploitation risk assessment conference
SHIP	Supported Housing Intervention and Prevention Team
SMD	Severe and Multiple Disadvantage
SPOC	Single Point of Contact
SWV	'Safe and well' visit
VAPN	Vulnerable adults provider network

Appendix 1 - Partner contributions

Our partner agencies promoted adult safeguarding within their own organisations in numerous ways throughout 2023/2024. These are their reports.

Nottingham City Council Adult Social Care

Case study - Adult Safeguarding Team

Summary

A referral about 'D' was received from a landlord due to a high level of hoarding with a risk of repossession imminent. There was a risk of homelessness and deteriorating mental health which was exacerbated by 'D' not receiving and care or support services due to lack of engagement.

MSP

'D' did not want to lose his flat but lacked the mental capacity to use and weigh information to make the required changes in a timely manner to prevent this. 'D' agreed to receive support from a Care Provider, but this was slow progress. 'D' needed time to look at each item in his cluttered property before deciding what would be done with it and became very distressed, agitated when encouraged to work more quickly. 'D' wanted to keep a large amount of his belongings in a safe place and agreed to remove some of his belongings and store them in a garage in order to reduce the risk of fire and to reduce risk of re-possession.

Outcome

This was a creative solution that took some negotiation with the landlord to agree to, however the City Safeguarding team through its' person-centred approach supported 'D' to keep his tenancy, minimise the impact upon his mental health and manage his hoarding going forward.

Organisational Risks and Mitigation

Neglect & Acts of Omission by Regulated Care Providers

Whilst NCC Adult Social Care has robust structures and processes in place to intervene early, investigate and coordinate Safeguarding investigations in care homes, in 2023/2024 we once again experienced urgent care home closures in Nottingham due to building compliance, low quality care delivery and contractual requirements. As the cost-of-living crisis continues, and the number of vacancies in residential and nursing homes in the city increases, the financial pressures upon care providers are potentially impacting upon their capacity to maintain buildings and meet training and development needs of staff. NCSAB has asked for assurance from the ICB and NCC ASC commissioning about the quality and viability of its commissioned services.

NCC ASC already have a longstanding Adult Safeguarding Quality Assurance team, with specialist Senior Practitioners who coordinate and oversee Safeguarding Investigations in Provider settings. The team also leads a monthly multi agency Quality Information Sharing meeting where agencies responsible for the monitoring and inspection of regulated care provision can share information and concerns and decide collectively upon appropriate action. In 23-24, 13 Early Intervention meetings were held in relation to 9 providers, and 8

providers were subject to Provider Investigation Procedures involving 31 multi agency meetings.

Nottingham City Council and Nottingham and Nottinghamshire ICB have collaborated to adopt a partnership approach to system wide risks in this sector, and in addition to closer partnership working and action, have implemented an On-line monitoring tool which gathers data and supports analysis of themes and trends which may initiate early intervention with a provider. Data such as Falls, Pressure Ulcers, and medication incident s all contribute to the Dashboard. Reviewing current monitoring tools to make them more robust is a new priority and there is a program of regular Provider Forums to ensure there is regular engagement with the Market.

Domestic Abuse – pressures with available housing / refuge.

NCC Adult Safeguarding team experience significant barriers in accessing appropriate housing for citizens fleeing domestic abuse. Capacity in Refuge accommodation is frequently severely restricted and citizens with care and support needs can often not be accommodated in Refuge environments. Housing solutions are often hostel accommodation which is not normally a conducive environment for recovery for adults with care and support needs fleeing a domestic abuse situation. The citizens will normally not require a 24-hour residential care placement and are not in need of this type of provision. This places very limited options for people to move to. The risks are that the citizen will choose to return back to the perpetrator as their options are so limited and this is deemed to be more favourable than sofa surfing or hostel accommodation.

Housing and Homelessness in Nottingham

NCCASC have initiated strategic work with Nottingham City Council Housing Services to explore and address the pressures Adult Social Care face in accessing accommodation for citizens with health and social care needs who cannot be accommodated in the 'traditional' offer of hostel or bed and breakfast. This work forms part of our Care Quality Commission Action Plan 2024-5 and will be reported back to NCSAB.

Prevention

Early Intervention – Preventative Approaches

The Training and Development Manager continues to lead the early-intervention multiagency hoarding panel. This initiative is aimed at supporting citizens to stay safe in their own homes and to prevent the need for statutory safeguarding intervention. This proactive approach demonstrates our commitment to early intervention and prevention, ensuring the safety and well-being of all citizens in their own homes.

Training & Development

The Adult Social Care Training and Development Team Manager regularly reviews the integration of Adult Safeguarding principles into all training delivered. To support continuous learning and maintain a skilled workforce, Nottingham City Adult Social Care continue to develop 7-Minute Briefings as a quick and simple way to share learning on a range of topics. The briefings provide a mixture of new information or a reminder of previously shared information with challenge questions for teams to think about the application to practice. We now have fifteen 7-minute briefings accessible to all staff. Some of the briefings, including on "Homelessness: Duty to refer," have been jointly designed with colleagues from various departments across the council.

Our latest Adult Social Care Newsletter template now features links to our Adult Safeguarding policy, toolkit, and resources. It also promotes upcoming internal and external

training opportunities, including the Equations Domestic Abuse Training. Our training offers are regularly reviewed to ensure that emerging themes are incorporated into our courses and updated frequently. This includes recent topics such as covert surveillance at home, professional curiosity, and unconscious bias in practice.

We have collaborated with the Nottingham Fire and Rescue Service to conduct home safety courses for Adult Social Care staff. The most recent course was fully attended, reaching its maximum capacity. This is a testament to the value and relevance of these courses.

Our Adult Safeguarding Training is conducted in collaboration with colleagues from the Adult Safeguarding team. This approach will foster shared learning experiences among colleagues who are involved in Adult Safeguarding enquiries which will enhance our collective knowledge and skills in this critical area

Over the past 12 months, the Training and Development Team has conducted two sessions for elected councillors. The aim of these sessions is to facilitate the early detection of safeguarding concerns and to establish appropriate referral pathways.

The Training and Development Manager has played a supportive role in reviewing the 'Improving Agencies' Engagement with Service Users Framework'. This framework outlines a multi-agency approach to assist adults in Nottingham City who encounter challenges in engaging with services.

In line with the council's development of the new online citizen referral portal and the implementation of our new Strengths and Needs Assessment, the Training and Development Team has conducted a comprehensive review of all adult safeguarding contact points. This is to ensure that appropriate adult safeguarding processes are consistently applied throughout a citizen's journey through adult social care.

Assurance

Care Quality Pilot Assessment 2023

The Care Quality commission were given a new duty in the Care Act 2022 to assess how local authorities meet their duties under Part 1 of the Care Act (2014). Nottingham City Council volunteered to participate in a pilot assessment over the summer of 2023 along with 4 other Local Authorities.

During the pilots, CQC applied 9 of their 'quality statements' to assess how well each local authority was meeting its responsibilities. This enabled the CQC to give an indicative rating ranging from 'Outstanding/Good/Requires Improvement/Inadequate'.

The Nottingham CQC Report and Rating were published on 17th November 2023 and the CQC reported that Nottingham City Council need to **make improvements** to ensure people have access to a good standard of adult social care and support. As a department fully invested in a Transformation programme, the judgement was of no surprise as we had demonstrated to CQC through our self-assessment, an awareness of our position with strengths and areas for development. It was reassuring that through meeting social care managers and practitioner, citizens and stakeholders, the CQC came to the same conclusion as ourselves about two of the most important areas relating to Adult Safeguarding and Quality assurance;

- **Safeguarding**

'I feel safe and am supported to understand and manage any risks'.

The CQC concluded that Adult Social Care was '**good'** in this theme and '**evidence shows a good standard'.** They commented in their report Key Findings

'Staff who told us about safeguarding were very passionate about the work despite having some higher caseloads which could mean at times prioritising the more serious safeguarding cases over others. Positive risk taking was felt to be a strength of the team.

They told us team management was fantastic with good opportunities to reflect, learn and the skills of their colleagues helped them develop. Feedback was that training and supervision was very good and a debrief was offered when they had worked on difficult cases.

And;

'Partners told us about good preventative work happening, that they had good links with safeguarding teams and an open relationship with the local authority leadership team, who they described them as open, transparent, and willing to discuss issues'.

- **Learning, improvement and innovation**

CQC concluded that '**Evidence shows a good standard'.** Some of the key findings were;

'Support for staff training, development and career progression was positive'

'*Career development was positive, training was generally good, but time was their biggest challenge. Support for Newly Qualified Social Workers was described as 'excellent'. Workloads were good, they gave positive accounts of their induction training and of a good learning environment.'*

Adult Social Care has a CQC Action Plan to address the assessment findings. Both Safeguarding and Leadership, Training and Innovation form part of this plan with clearly identifiable actions to maintain and develop these very welcome conclusions

The Mental Capacity Act

The Mental Capacity Act training is a crucial component of the 'core' training for Adult Social Care colleagues and is conducted as a comprehensive one-day course. The Mental Capacity Act training course is reviewed after each session, allowing for continuous improvement and adaptation. Over the past 12 months, the course has been reviewed, developed, and revised. It includes substantial content on case law, legislation, and case scenarios for workers to consider. This iterative approach ensures that our training remains current, relevant, and effective in equipping our staff with the necessary knowledge and skills.

Comprehensive reference to our Mental Capacity is incorporated into several of our policies, such as those related to Adult Safeguarding and Ordinary Residence.

Appropriate Arrangements

The City benefits from a dedicated City Safeguarding Team who undertake the majority of Safeguarding Enquiries. Due to the specialism, there are strong partnerships with Safeguarding Leads in other agencies across the City, which is evidenced through the local, bespoke partnership procedures we have developed, including Cause to Enquire. Provider Investigation, and Provider Failure.

The City Safeguarding Team provide advice and support to colleagues undertaking Safeguarding Enquiries in other Adult Social Care Teams, and all colleagues can access the advice and guidance of the Adult Safeguarding Quality Assurance Team.

All colleagues receive supervision on a regular basis in accordance with our Supervision policy, and Safeguarding case discussion is a standing item. Within the City Safeguarding Team, a case audit is undertaken prior to supervision to provide assurance re practice and identify learning needs. A Quality Assurance Framework will be implemented in 2024 which will ensure case audit is applied consistently across Adult Social Care and provide evidence of adhered to Safeguarding policy and Procedure, and application of the Mental Capacity Act where appropriate.

Governance & Partnership

Adult Social Care have a Head of Service for Adult Safeguarding & Quality Assurance who is formally recognised as the organisations 'Safeguarding Adults Lead'. Within this service area, we have 2 Principal Social Workers with lead responsibilities Quality Assurance, Training & Development, and Strengths Based Practice development. We are represented at the CSP Domestic Homicide Review Assurance & Learning Implementation Group and representation at the Safeguarding Adults Board and all subgroups. We are assured through this structure and through participation in internal and partnership forums that we are sighted on 'all things safeguarding', and that safeguarding is robustly embedded in decision making, escalation and working arrangements.

Engagement

CQC Assessment – Strengths Based Practice

Making Safeguarding Personal extends beyond citizens who are subject to Safeguarding Procedures through the departments application of Strengths Based Practice, therefore it was reassuring that CQC sought citizen and staff feedback regarding how citizens felt in control and empowered through their contact with Adult Social Care, which can be seen as a preventative tool in reducing potential exposure to abuse and neglect. The Care Quality Commission commented in the theme;

Summary of people's experiences

- '*People overall were positive about the approach of front-line local authority staff with good relationships.'*

- '*Staff worked to provide services to people which were flexible to their needs. For example, using direct payments to source care which was personalised.*
  Staff took a 'strengths based' approach to social work practice where they focused on what people could do and their abilities, knowledge, and strengths. Staff told us they felt confident in using a strength-based approach in their practice'.

Making Safeguarding Personal

Making Safeguarding Personal (MSP) is integrated into both our Adult Safeguarding and Mental Capacity Act Training. The council has embraced the LGA Making Safeguarding Personal toolkit, which is available to all colleagues via our Adult Safeguarding Intranet Resources.

Case examples of MSP are disseminated during our Safeguarding Training sessions. This is further bolstered by the participation of colleagues from the Adult Safeguarding Team, who are beginning to assist with the co-delivery of training.

The 2024 Adult Social Care Training-Needs-Analysis, set to be completed in Autumn 2024, will feature a dedicated section to assess the implementation of MSP in practice.

MSP Case Studies

As an organisation, we feel the best method to demonstrate our commitment to MSP is through the Case Studies within this annual report.

Emerging or Anticipated Organisational Risks

On the 29 November 2023 the Corporate Director of Finance and Resources (Section 151 Officer) issued a Section 114 Report, which immediately stopped all new activity which could incur expenditure, unless it gained explicit approved by the Section 151 Officer. Spend Controls remain in force, and as Adult Social Care holds the biggest budget in the Council, mainly due to purchasing services for citizens with health & social care needs, Adult Social Care is actively addressing savings targets for the forthcoming years.
As part of this work, Adult Social Care will need to undergo Organisational redesign in 2024/5. We will ensure that the Board will be sighted as appropriate, to provide assurance that our Safeguarding Duties and Responsibilities under the Care Act continue to be adhered to.

Nottingham and Nottinghamshire Integrated Care Board

Organisational Risks and Mitigation

Following the completion of the work of the Mental Health Task & Finish group set up in late 2022 to address key concerns following the BBC's panorama programme, the report on the outputs of the T&F group was presented to both Nottingham City and Nottinghamshire SAB's in March 2023 to provide a framework against which to assure quality and safety in these settings. The key recommendations following this piece of work were pulled into an action plan identifying the best placed agencies to progress the actions. This included both statutory and voluntary agencies.

Following a period of engagement with private providers of in-patient Mental Health beds and involvement of advocacy services a Mental Health Quality and Safety Group was established led by the ICB. This group meets in person and includes representatives from both local authority safeguarding teams, private providers, quality assurance, advocacy and commissioning teams. The meetings are held quarterly and chaired by the ICB in an 'informal' host commissioner arrangement.

The Adult Safeguarding Team have continued to be key stakeholders in working with the Community Safety Partnerships in both Nottingham & Nottinghamshire and the Police and Crime Commissioners Office to meet our statutory requirements under the Domestic Abuse Act (2021) and improve early identification, intervention, and outcomes for survivors of Domestic Abuse and Sexual Violence. Through delegation of Quality Assurance responsibilities for Quality Assuring Domestic Homicide Reviews (DHR's) from NHS England, we identified a gap in involvement and notification of some DHR's to both the ICB and health providers. This identified a gap in both information sharing and learning following reviews, so we have worked closely with Police colleagues and local Community Safety Partnership leads to develop pathways for reporting and requesting information and involvement in DHR's for both the ICB safeguarding team and safeguarding leads across health.

Following the implementation of the Domestic Abuse Act (2021) the offence of Non-Fatal Strangulation came into force in June 2022. Through NHSE funding the ICB developed in conjunction with key stakeholders and the guidance of IFAS (institute for addressing strangulation) an animation on non-Fatal Strangulation and its affects. Youtube Link

The Adult Safeguarding Team have been involved in escalation of risk due to the high number of MARAC cases being listed and the impact this is having across the health provider sector. Increasing MARAC's and additional MARACs are putting pressure on existing teams and placing people at risk form domestic abuse at higher risk. We worked with health providers to look at a data and cost analysis of resource both on individual providers abut also on a cross provider level. This work has been paused pending the commencement of new processes in Nottingham City to hopefully reduce the number of full MARAC's taking place, this should significantly decrease the number of MARAC's health providers are required to attend and research, it is hoped that if successful a similar model may be rolled out across Nottinghamshire.

The Adult Safeguarding Team have identified a lack of confidence across some CHC teams and GP services around application of the Mental Capacity Act and documenting decision making. We have continued to work with CHC teams to identify patients who are in receipt of NHS fully funded care packages and progress cases where Deprivation of Liberty is occurring through the Court of Protection for either authorisation under RE:X or Welfare orders as required. We identified a risk in relation to some community-based packages which were on held pending the implementation of Liberty Protection Safeguards, when this was further delayed. The Adult Safeguarding Team commenced a rolling training programme in relation to Mental Capacity act, Best Interest and Executive Functioning across all CHC teams, health providers and primary care. This rolling programme can be accessed online to maximise opportunity for attendance and attendees are sent case studies and questions to consider in advance of attendance which has ensured a more interactive approach to the sessions. The Adult Safeguarding Team have also undertaken a review of all CHC funded cases where Deprivation of Liberty may be occurring and have started to progress these cases through the Court of Protection.

The NNICB Care Home and Home Care Quality Assurance team continue to make quality monitoring visits to homes where required. The team use a hybrid approach of face-to-face visits as well as virtually reviewing documents to ensure providers are progressing against their action plans. The team offer virtual support and guidance when requested by providers and will sign post as required. During outbreaks assurances are gained virtually by holding provider meetings and reviewing documents.

One of the biggest risks to the home care market has been increased activity by the United Kingdom Visa and Immigration service (UKVI) who have suspended several sponsorship licenses for providers operating in and around Nottingham and Nottinghamshire following concerns about potential illegal activity and misuse of visas for overseas workers. There has been a system agreement that for any suspensions that we are made aware of we will issue a joint contract suspension until UKVI have concluded their enquiries. Due to the complexity of the concerns raised these enquiries can take some time which impacts on the providers ability to deliver care. This has not impacted on ICB delivered care as we have sufficient providers on our framework.

Risk is monitored via our Quality Concerns Log which then feeds into our Master Risk Matrix. These are reviewed regularly by the individual quality officer for each home but also reviewed monthly within our team meeting. Homes are RAG rated based on a number of factors including but not limited to the number of quality concerns, the number of EMAS call outs (particularly conveyance versus non conveyance) as this identifies if the home are using the service appropriately, number of falls and serious incidents.

Prevention

The NNICB sit as equal partners on both the Nottingham City and the Nottinghamshire SAB, with representation from the NNICB Chief nurse. Colleagues from the Adult

Safeguarding Team in the NNICB chair/co-chair or are representatives on all subgroups of the SAB's.

NNICB are proactively represent health providers at both the local and regional Prevent Board, work closely with the Police and Crime Commissioners office and Community Safety Partnerships to support with the development of the Violence Against Women and girls strategy, embedding of the statutory duties under the Domestic Abuse Act (2021) and the Serious Violence Duty which came into force from March 2023.

The NNICB has continued to provide and deliver updates and support to Primary Care through our GP Leads programme, TeamsNet and Provider forums. These continue to be provided 'virtually' as following Covid we identified a 'virtual' approach significantly increased attendance. As part of the GP Leads sessions there are a minimum of 2 session per year with a focus on adult safeguarding which includes sharing and embedding learning from statutory reviews. We have seen a year-on-year increase in attendance at these sessions due to the virtual nature of the delivery.

We have also provided 6 Protected Learning Time sessions which have been delivered to all GPs across Nottingham & Nottingham. This year's sessions have focussed solely on Adult Safeguarding having previously been very much Children and Young people focused. We have had external providers delivering these covering Suicide, Self-Harm, Mental Health in Menopause, FGM reporting and Mental Capacity and executive Functioning.

We have reviewed Safeguarding Policy and procedure in line with the reviewing schedule and have worked with HR to review the Domestic Abuse Policy and Procedure, which as well as detailing support for survivors also as a section on supporting perpetrators in line with best practice.

NNICB adult safeguarding team has been involved in Transitional Safeguarding work alongside our Safeguarding Children's team and Looked After Children Designated in line with local progress made in this area.

Assurance

NNICB have a robust structure of governance. The Safeguarding and Public Protection Assurance Group (SPPAG) meets bimonthly and continues to be chaired by NNICB. This includes attendance and reporting by both community and acute health partners and representatives from both local authorities. The SPPAG is the ICS assurance group for health providers and this feeds into the Quality & People Committee and ultimately the ICB Board.

As an individual organisation the ICB also reports into the Designated Professionals and Chief Nurse meeting, and this is where we examine our internal safeguarding arrangements and highlight and mitigate any risks. As a ICB we remain compliant with all our statutory duties in relation to the Care Act (2014) & Statutory guidance and monitoring of statutory reviews is via the NHSE Safeguarding Statutory Review case tracker. NNICB are also measured through their submission for the NHSE Safeguarding Commissioning Assurance Tool which was submitted in April 24, this is a self-assessment RAG rating tool completed by the NNICB in relation to meeting its statutory duties under safeguarding. In addition to this NHSE carry out "assurance conversations" with the Chief Nurse and Assistant Director of Safeguarding. These conversations focus upon the ICB Heat Map

returns that are submitted to NHSE on a quarterly basis. NHSE base these upon emerging national key themes. The Heat Map for 23 -24 was about the development and maturity of Mental Capacity and deprivation of Liberty Safeguards within the ICS which Nottingham & Nottinghamshire ICB were able to evidence that we were fully compliant with by Quarter 3.

The NNICB are actively represented on all SAB subgroups, this has ensured consistency across both Nottingham City and Nottinghamshire in relation to shared learning, implementation and embedding following statutory reviews.

We continue to monitor training compliance across NNICB for safeguarding adults in line with requirements set out in the intercollegiate document and are meeting requirements on all training levels. Currently mandatory safeguarding training compliance across the ICB sits at 96%.

Across both City and County Councils there are embedded processes for the sharing of information to include quality and safeguarding concerns. These meetings have an MDT approach and there will be representation from IPC, Medications Management, the CQC, Healthwatch as well as Local Authority and Care Home Quality teams. These meetings are also used to share good practice and notify colleagues of improvements where made.

The Care Home and Home Care Dashboard continues to be utilised by partner agencies. Data streams continue to be added which are reviewed on a regular basis. This information continues to be used across the system to identify areas of concern, prioritise resources and support providers.

Integration between the ICB and Local Authority continues under the Joint Group Manager covering both the ICB and the County Council Quality and Market Management Teams. IT systems continue to be a challenge but there is a much greater level of sharing including weekly market risk meetings which review risk at a system level and also a weekly 'Ageing Well' risk review meeting where individual safeguarding and quality concerns are reviewed at a granular level.

Both LA's and the NNICB have been working collaboratively to agree a Quality Monitoring Framework that will be used to assess the quality of care across all homes. The content has been agreed and the final version will be published shortly across all organisations. This will ensure providers will have a clear picture of commissioner expectations in relation to quality-of-service delivery.

Engagement

MSP has been on the Quality Schedule for NHS Providers for the past 5 years and they are required to give assurance to NNICB as to how MSP is being delivered within their individual organisations.

NNICB has several internal teams that work directly with our patients. All receive safeguarding training which includes Making Safeguarding Personal. All patient facing teams have received enhanced MSP training in the last 2 years.

Mental Capacity Act (2005) has also been rolled out across all relevant staff and Primary care as part of the programme of training in preparation for LPS implementation. We have previously matched Mental Capacity Training with certain job profiles to make it mandatory for the role, this sits within out ESR system to ensure compliance.

The Adult Safeguarding Team have a rolling programme of Mental Capacity Act training which is available to both ICB practitioners, and those in Primary Care and provider organisations, which can be adapted to meet the needs of those in attendance and covers

both application and documenting use of the MCA but also Best Interest Decision making, executive functioning & court of Protection processes.

When NNICB are leading on submitting a case to the Court of Protection for consideration, NNICB will ensure that the adult and where appropriate their family have access to advocacy services. Where required we will fund the cost of the official solicitor to ensure all patients receive proper representation and the Court are fully sighted on the outcomes the individual wishes not just those of statutory agencies involved.

Nottingham CityCare

Organisational Risks and Mitigation

MARAC:

Historically, safeguarding sat within the 0-19 service at Nottingham CityCare Partnership (NCCP), consequently only children's information has been shared at MARAC. The Head of Safeguarding identified this as a risk and instigated the sharing of adult information immediately to prevent the risk being added to the risk register. Although this initially created a lengthier process this has been adjusted and streamlined and mitigates the risk.

Despite this extra sharing of information, the volume of work MARAC creates has been escalated across the health Integrated Care System.

Mitigation strategies include:

- Immediate implementation of adult case being researched, and relevant information shared.
- NCCP have contributed to the review of Nottingham City MARAC process. Our Specialist Practitioner for Domestic Abuse is participating in task and finish groups to enable implementation. Each health provider has completed a mapping exercise to calculate the time and cost of MARAC over the year.
- The Head of Safeguarding is a member of the Task and Finish group led by the ICB and including health providers across the ICS addressing the workload and cost related to MARAC. Coincidentally this has ran in parallel to the MARAC Review in the City with the new process to commence in October 2024.

Training compliance:

Safeguarding training was placed on the organisational risk register in 2022 in respect of low compliance levels. Safeguarding training delivery and availability within NCCP was reviewed in January 2024. The NCCP inhouse safeguarding training offer only consisted of face-to-face training for all levels of safeguarding requirements dependent to role.

Safeguarding training within the organisation has been reviewed to align with both the Core Skills framework and the Intercollegiate documents for Safeguarding Children (RCN, 2019) and Safeguarding Adults (RCN, 2018) there have been some changes to the offer.

Prior to January 2024 all NCCP safeguarding training was delivered solely on a face-to-face basis by the safeguarding team.

E-Learning for level 1 safeguarding children and adults for non-clinical staff has now been introduced as part of the induction. To ensure visibility of the safeguarding team at day one of the induction, members of the safeguarding team hold a stand in the marketplace.

The safeguarding team continue to deliver face to face safeguarding training on day 2 of the induction to all clinical staff; staff working predominantly with adults receive safeguarding adults and safeguarding children's both at level 2.

For maintaining competencies (required 3 yearly), eLearning is now available at level 2 for safeguarding children and adults as an alternative to face-to-face training, this gives clinical staff the option of adopting a 'blended approach' when they are required to update their training.

For specialist subjects such as domestic abuse and the Mental Capacity Act, training remains face to face at induction, with the option of e-learning or a face-to-face session after 3 years.

Safeguarding training compliance at the end of Q.4 (2023/24) is now 90% hitting the organisational target. The plan is to remove this item from the risk register following Q.1 (2024/25) compliance to assure consistent compliance.

The safeguarding team are up to date with their recommended levels of training as guided by the Intercollegiate Documents. Those outstanding attended level 4 safeguarding training in November 2023. New starters are booked onto planned level 4 training in 2024/25.

CityCare electronic staff record has also been cleansed supported by the education department as it was suspected some staff members had been allocated the incorrect level of safeguarding training. All employees should now be allocated the correct level of training for their role and communications have been circulated for staff to check their own training records.

Safeguarding Supervision for the wider adult workforce:

There has been an increase in the number of cases where there are complex needs instigating high levels of risk (homelessness, substance misuse, mental health issues, domestic abuse). We circulate learning from SARs, send out quarterly updates, update our intranet pages, share new guidance but practitioners require protected time to discuss, reflect and then embed these changes into their practice, particularly in light of all the other changes that have occurred within adult services (proposed nursing cap / PSIRF / InPhase). Practitioners receive management supervision, but feedback anecdotally is that safeguarding is not covered within these 1:1's.

NCCP recognise that adult services are working with increasing levels of complexity in the community.

All District Nursing students now have a placement within the safeguarding team, which includes information in relation to the role and function of the SAB / SARs.

The Safeguarding Team are in the process of devising a 'Supervision Framework' for adult services and plan to offer supervision to community nursing colleagues in the first instance. Rolling this out more widely would have resource implications for the safeguarding service.

NCCP have a safeguarding practitioner attend both the SERAC and the Hoarding Pilot Project on a monthly basis, information is shared at these forums as required.

Safeguarding and MCA drop ins for adult community nursing and specialist services continue and the safeguarding team has recently moved to the Meadows Health Centre which has increased visibility of the safeguarding team within adult services. See 'Safeguarding Champions' in section B.

NCCP are signed up to the charter Sexual Safety Charter. There have been communications to the organisation and links circulated in the NCCP weekly newsletter. This will also be an addition to the 'Allegations Against Staff policy' which is currently under review and update.

Quality Assurance Framework for adult safeguarding and performance measures and indicators:

The Strategic Safeguarding Group was developed and introduced in February 2024. This enhances safeguarding within the NCCP governance process. This meeting is chaired by the Director of Nursing who is the Executive Lead for safeguarding within the organisation. There is representation from heads of service across the organisation along with ICB representation. The safeguarding quarterly report is ratified here along with relevant policy and feeds into the Quality Committee. There is no specific performance measure and indicator requirement, but the report contains performance data providing safeguarding assurance to the organisation and ICB.

Prevention

Staff:

The safeguarding service is a mix of adult and children's practitioners. Roles relating to adult services include:

- Safeguarding Adults and MCA Lead
- New Named Nurse / Head of Safeguarding
- 1 full time equivalent (2 x PT practitioners) to support adult workload. These practitioners have been in place since June and October 2023 respectively.

We have staff with formal lead responsibilities in MCA & DoLS / Prevent / Domestic Abuse.

At NCCP, prevention takes place in the context of person-centred support, with the aim that individuals are empowered to make choices and manage risks safely. We place emphasis on everybody having a role to play in preventing abuse and neglect and we work with a Think Family ethos, underpinning all safeguarding work.

The Safeguarding Lead has strong links with Safeguarding Leads in other agencies across the city, working together to ensure that a multi-agency partnership approach is embedded across Nottingham City in relation to the Adult Safeguarding agenda.

The Strategic Safeguarding meeting (commenced in February 2024) This group provides leadership and strategic direction for maintaining, developing and implementing safe and reliable safeguarding systems and processes within NCCP.

NCCP is a member of Nottingham City Safeguarding Adults Board. The Director of Nursing, Allied Health Professionals and Quality attends this meeting, with the Named Nurse, Head of Safeguarding deputising.

We are represented at all 3 subgroups to the Board (TLI / QA and SAR) and ensure that learning from the Board, from SARs, DHRs and Coroners cases are communicated to colleagues via learning events and 7-minute briefings. Information sharing and responses to requests are always completed in a timely manner.

Safeguarding Champions:

Historically NCCPs 'safeguarding champions' have attended quarterly meetings facilitated by the safeguarding team and then acted as link workers, promoting expected and best practice and cascading relevant information and learning to their teams. Whilst this approach was liked, it met the needs of a few rather than the needs of many and not all adult services had the capacity to release staff to attend.

A proposal has been made that looks to replace the Safeguarding Champions offer within

adult services with face to face ‘Safeguarding Briefing Sessions’, which would involve a safeguarding practitioner attending a team meeting for each adult service, on a quarterly basis. The safeguarding practitioner would raise awareness of any new policies, guidance, learning and facilitate a Q&A session. Safeguarding is everybody’s business, and the new proposal will allow all staff members to have the opportunity to be upskilled.

Safeguarding duty line for discussion and support regarding complex cases:

The Safeguarding adult and children’s practitioners, all provide safeguarding advice via our “duty telephone advice line”. This operates Monday to Friday between 8:30am-5:00pm and is available to all staff who have a complex case or have identified safeguarding concerns in their practice.

Advice given by the Safeguarding service is regularly dip tested for quality monitoring purposes and key emerging themes and trends are identified on a monthly basis, which helps to form the basis of guidance, resources and training provided to staff via our bitesize learning packages.

Patient records and data collection:
In April 2023, following an extensive project with Nottinghamshire Health Informatics Service (NHIS) and our Business Support Team, A ‘Safeguarding Unit’ was launched on SystmOne and the Safeguarding Team began routinely documenting their advice and communications relating to patients directly in this unit as opposed to the unit from the referring NCCP service. This has facilitated in depth data collection around the direct work the adult services are undertaking and reflects how our safeguarding activity is impacting and supporting front line work. It is anticipated that this will enable the service to readily identify themes and adapt training, communications, and supervision in a more responsive way.

Templates on SystmOne:
All adult services on SystmOne have templates relating to MCA, best interests and safeguarding on the clinical tree. There has been extensive communication with the adult workforce in relation to the importance of recording on the templates. ‘How To’ guides have been completed for each of the templates and adult practitioners have facilitated demonstration sessions over MS Teams to assist practitioners in familiarising themselves with the new templates. Use of the templates has improved record keeping, with staff capturing safeguarding concerns more consistently and ensuring that concerns are viewed cumulatively, rather than in isolation.

Policies and guidance:
All standard operating procedures, pathways, guidance, and support for staff promote an early intervention approach to safeguarding practice and are overarched by the Local Authority multi-agency guidance and procedures for safeguarding.

All policies, procedure, guidance in ratified via the Clinical Policy Approval Group (CPAG). All documents are shared with the Safeguarding and MCA Lead prior to ratification to ensure consideration of safeguarding and MCA. All policies are available to the workforce via the POD (intranet). Regular reviews are built in for all documents.

The Safeguarding Adult’s Standard Operating Procedure was reviewed and replaced with a Safeguarding Adults policy in October 2023. The policy now provides an internal framework for the identification and response to adult abuse and provides guidance for the implementation of inter-agency procedures for the protection of adults at risk.

The MCA is fully referenced within all policies and procedures relating to adult safeguarding.

Non concordance with recommended care

The above Guidance document has been ratified at the Clinical Policy Approval Group and is available for Practitioners on the POD and also via a link on their SystmOne unit. The purpose of the change is to ensure that we are working in line with the Nottingham City Improving Agencies' Engagement with Service Users Framework. The Non-Concordance document contains guidance on actions for professionals to take, a template for a letter to be sent to patients who continue to decline recommended treatment, and a flow chart to guide practitioners thinking and documentation around incapacitous Vs unwise decisions.

Domestic abuse

Guidance has been developed to support staff to undertake domestic abuse enquiries and complete appropriate referrals. This has been added as an appendix to the CityCare Domestic Abuse Policy. Practitioners also have access to 2 voice over PowerPoint presentations available on our safeguarding pages of the intranet that cover the domestic abuse referral process and routine enquiry.

PiPoT

Although PiPoT and information to support it has been circulated throughout the organisation further work is needed around this. It is not fully embedded in practice and at times misinterpreted. The Allegations Against Staff policy is currently in review and will include more information around PiPOT. As an organisation we would need to investigate and make the LA aware where appropriate.

Prevent policy / pathway

This guidance is currently being re-written in the form of a policy due to go to the internal policy group (CPAG) in April 2024.

Assurance

The Director of Nursing, Allied Health Professionals and Quality holds executive responsibility for safeguarding adults within the organisation. The executive leads responsibilities and the Named Nurse, Head of Safeguarding responsibilities are clearly set out in their job descriptions.

Recruitment:

NCCP has a recruitment policy and procedure in place. All staff working with children, young people and adults are required to undertake an enhanced DBS check prior to commencing employment. Clinical staff are not permitted to start in post until checks have been returned. NCCP staff are required to renew DBS checks on a 3 yearly cycle in line with good practice guidance. Monthly reports from Workforce are sent to managers, highlighting professional registration renewal dates. Staff are expected to adhere to a code of conduct for any professional body that they are a member of and NCCP ensures that all staff are aware of their personal responsibility to raise safeguarding concerns as well as ensuring that poor practice is identified. There is a section regarding safeguarding roles and responsibilities is included for all employees in the job specifications and contracts. All staff are required to undertaken mandatory training which is a combination of e-learning and face to face dependant on role / level of training required.

Training at the induction (for all new starters) and the 3 yearly refresher training includes information on all different types of abuse and neglect, how to recognise and report a

safeguarding concern, consideration of the importance of effective risk assessment, risk management, multi-agency working. As already documented NCCP are now offering a blended approach to safeguarding training. NCCP monitor attendance of staff at training events by recording all training on the "ESR" system. Feedback and evaluation is required after all face to face training offered.

NCCP have an 'Allegations Against Staff Policy' which is utilised where any allegation is made against a member of staff working with children, young people, or adults at risk. This policy is currently being updated and due for submission in April 2024. All allegations against staff are reported to the Named Nurse/Head of Safeguarding and the Executive Lead for Safeguarding in line with the policy and statutory requirements to enable appropriate risk assessment and management plan where there has been an allegation.

The Safeguarding Service provides a "duty phone advice line" which is a single point of access to all aspects of safeguarding to ensure that staff can access specialist support and be sign posted to the correctly identified lead where appropriate. The duty service is available to all staff and well known and utilised throughout the organisation. In addition to this, we provide targeted "drop in" visits to teams to provide support around complex cases.

Safeguarding templates on the electronic patient record allow us to report on safeguarding activity. There are bitesize training sessions and 'how to guides' on templates (MCA / BI and Safeguarding adults – including use of the national node).

The Safeguarding team ensure the workforce is fully informed of new documents, locally and national, learning and changes in practice by issuing Quarterly updates, Intranet pages, NCCP Facebook page, emails and team meetings. The team are thinking more creatively about sharing learning therefore social media platforms are being introduced.

There have been some partnership changes re: Domestic abuse referrals and pathways. The 'DART' no longer exists as a service, but all referrals got to social care and are assessed on an individual basis ensuring referral to adults if threshold/criteria is met. As part of the current MARAC review the DASH RIC is being updated and streamlined. All these changes will be reflected in updated NCCP policies.

NCCP is introducing a new way to report incidents and how we learn from them. PSIRF is a new framework which focusses more on learning and systems to avoid apportioning blame. This will instigate a change in governance processes and meetings for a more effective process and outcomes.

Community Nursing is our largest staff cohort within adult services. A large proportion of the care provided by this group of staff relates to wound care / pressure ulcers. The DoH Pressure Ulcer Protocol is applied at PSIRF triage panels to consider whether an adult safeguarding response is required. The Safeguarding Lead reviews all protocols that achieve a score of 15 or above and raises a safeguarding concern with the relevant LA where appropriate. NCCP complete the S.42 enquiry on behalf of the LA where this is requested.

Complex patient meeting:

Staff can access additional supervision, bring complex cases for discussion at our internal Complex Patient Panel, where there is representation from senior management, health and safety, safeguarding, quality, tissue viability and any other specialist services required to ensure there is a joined up supportive approach to early intervention and prevention.

Removal of MCA from the risk register:

MCA practice was placed on our organisational risk register in January 2021, concerns were predominantly around training compliance and practice issues such as inconsistencies in recording, failure to recognise the need for an assessment or not moving on to make a best interest's decision. The Quality Committee selected MCA for external audit by 360 Assurance in May 2022. The Safeguarding and MCA Lead had an existing 5-year plan in place at the time that comprehensively identified practice issues and solutions. It was agreed with 360 Assurance that the audit would focus on policies, guidance, training, reporting and escalation. 360 Assurance initial findings offered limited assurance regarding practice and processes but full assurance about the efficacy of the MCA plan.

By the end of May 2023, the following actions had been implemented:

- MCA SOP replaced with the 'Consent to Treatment and MCA Policy'.
- Extended face to face and bespoke training implemented as required.
- The MCA forum was replaced with MCA drop-in sessions or Q&A sessions.
- All MCA and BI templates were revised to allow for proportionate recording of MCA and BI decisions (text boxes replacing tick boxes).
- Adoption of Microsoft business intelligence to provide organisational ability to report upon and distinguish between those with capacity from those lacking capacity and whether a subsequent BI decision was made.
- The introduction of a monthly consent to treatment and MCA audit looking at the legal basis for clinical interventions (see MCA audit).

MCA will always present a challenge. NCCP provides care and support to increasingly complex patients, so staff knowledge and understanding must continually be refreshed and developed. Removal from the risk register is not a declaration of perfection, poor practice remains a possibility, but these new system and governance processes considerably reduce that likelihood.

Having robust reporting processes and KPI measures will allow us to confidently recognise early indicators of potentially declining quality, so that remedial action, including a return to the risk register, can be quickly taken. This is a continual cycle of review and evaluation. Our next step will be piloting the upskilling of clinical service managers & district nurses to provide effective MCA case management advice and support (see Safeguarding Adults supervision).

MCA audit:

The purpose of the MCA audit is to establish if people who lack capacity to consent to their care and treatment are consistently and appropriately identified and to establish if practitioners are adequately recording the legal basis for their interventions (consent or MCA). Where an MCA assessment has been completed, this has provided the opportunity to look at the quality of those assessments and identify any areas of strength or conversely areas that require improvement.

The monthly audit commenced in May 2023 and is completed by the Lead Practitioner for Safeguarding Adults and MCA with the support of a Safeguarding and MCA Practitioner. In essence, the audit establishes whether there is any indication in the records that the patient's capacity to make decisions regarding their care and treatment should be considered and if so, whether an MCA assessment was completed.

The current MCA audit does not only look at those cases where an MCA assessment has been completed; it looks at all cases. Taking this approach allows us to be assured that patients who may lack the capacity to make decisions are consistently and appropriately identified, i.e., we can see if staff recognise that they need to complete a mental capacity assessment.

15 patient records are reviewed each month from a different specialist service or nursing PCN. 7 patients are selected at random from the main caseload and 8 patients are selected via the MCA Microsoft Business Intelligence report.

The audit examines the process of gaining valid consent as well as assessing capacity. A range of documentation within the patent record is examined (not just the MCA template) to ensure consistency of practice and establish whether there is any indication in the records that the patient's capacity to make decisions regarding their care and treatment should be considered and if so, whether an MCA assessment was completed. Where an MCA assessment has been evidenced, the audit looks at whether the relevant information was presented to the patient and whether the level of evidence recorded is proportionate to the complexity of the decision in question.

Community Deprivation of Liberty (DoL):

We have a designated Court of Protection Officer attached to our Continuing HealthCare Team, who works closely with the ICB in order to progress community based fully funded (CHC) support and care packages where a Deprivation of Liberty is occurring through the Court of Protection for either authorisation under RE:X or welfare orders as required.

Quality Assurance processes and governance:

NCCP has internal and external governance processes and lines of escalation.

ICS Safeguarding & Public Protection Assurance Group (SPPAG) is a multi-agency safeguarding assurance group, it provides a structure for health providers to give safeguarding assurance and it feeds into the ICB Board. It is attended by the Named Nurse / Head of Safeguarding.

Freedom to speak up (FTSU):

NCCP supports Freedom to Speak up with a policy, lead professional, guardians and champions across the organisation. Policies and procedures to support staff formally should they identify a need to report concerns include the complaints procedure, Grievance Policy or Dignity at Work: Prevention of Bullying and Harassment Policy. Our Freedom to Speak Up Guardian and Champions are responsible for providing an independent, objective ear for all workers who wish to raise a concern which they feel cannot be dealt with informally with the manager. FTSU has is promoted across the organisation.

Engagement

Making Safeguarding Personal (MSP) underpins all our adult safeguarding policies and procedures, training, safeguarding supervision and advice. We have also provided additional guidance to staff on our safeguarding intranet to further support practice in this regard. MSP aligns with the principle of person-centred care which is a thread that should run throughout all healthcare interventions and staff are encouraged to talk to adults and establish their wishes and feelings and to ascertain what they would like to happen when safeguarding concerns are identified.

New Non-Concordance with recommended care focuses on overcoming barriers to engagement and working with adults who make unwise decisions – people who disengage or refuse elements of a service. How we can create person centred care plans to meet needs.

The Making Safeguarding Personal survey was circulated across the organisation. Unfortunately, we received a low return rate. Although not clarified anecdotal evidence suggests this could be due to survey fatigue and other demands on the workforce.

All safeguarding practitioners who cover the Safeguarding Duty line have access to resources and promote MSP during advice calls and have access to resources to share with practitioners.

Carers Federation

Organisational Risks and Mitigation

Identified risks include:

- Implementation of a new carers contract in October. Changes for carers can be difficult, so there becomes a risk of carers not wanting to access a service with new provider, or not giving consent to transfer information over to the new provider. This means they do not access support.
- Service delivery can be a risk due to supply and demand. Due to aging population and individual care needs, this can automatically bring on caring responsibilities within the home setting. This in turn creates waiting times for individual to access support from the Carers Hub.
- Ensuring website/resources are accessible to various cultural needs/languages and disabilities.
- Recruitment drive in a new service – ensuring recruitment is covered and in line with safety measures/GDPR/Disclosure and barring processes. Until fully recruited, this impacts on service delivery.
- Ongoing monitoring of various trends in terms of carers and those being cared for with additional needs. These include hoarding, Mental Health, Dementia and various other conditions and environmental issues that impact on individuals and families. Many carers may live with or would be in the category of Severe and Multiple Disadvantage. This may be due to isolation, reliance on alcohol or substance use, mental ill health, or domestic abuse. They are generally physically, emotionally, and mentally unwell. As part of this, there are concerns for carers and those they are caring for being subject to cuckooing. It's about trying to keep them safe.
- For the Board to have a better understanding of carers and the impact/pressure carers are constantly under. We would recommend carer awareness training to Board members and wider agencies.

Mitigation strategies include:

- Partnership working with a variety of agencies.
- Offering a variety of service support for those carers on the waiting list, including access to information, advice and guidance alongside carer groups.
- Developed a tier process to identify those at most risk of harm of carer impact on their own mental health, physical health and emotional wellbeing.
- Robust recruitment process inhouse support by HR, and an established link with Nottinghamshire County Council for disclosure and barring processes.

- Robust policies that are reviewed on a yearly basis. These include Safeguarding, Whistleblowing, GDPR etc.
- Safer recruitment training for all staff involved in recruitment.
- Ongoing reviews of the service through quarterly monitoring meetings with commissioners.
- Links with various groups with representation from Health & Social Care, Local Authorities and Voluntary Sector Services.
- Carers Federation have representation on the Safeguarding Adults Board for Nottingham City.
- Circulate training for staff relevant to their post and to safeguarding.
- Trained Designated Safeguarding Leads in all areas of the organisation.

Prevention

Carers Federation and the Carers Hub service are commissioned to provide holistic support to unpaid carers living within and across Nottingham city/county. As part of service delivery, the Carers Hub are committed and commissioned to work closely with local authorities providing carers assessments, identifying carers at risk of safeguarding due to caring responsibilities, reducing or mitigating risk through carers statutory assessment and other agency involvement to ensure support provided links in with the Care Act (2014).

For 2023/2024, our prevention work included:

- Ongoing partnership working with a variety of agencies both universal and voluntary, train GP champions within City and County GP surgeries.
- Identifying respite needs.
- Ensuring a holistic assessment to identify cared for needs and risks (Early Intervention Approach).
- Completing carers risk assessments and emergency plans with carers.
- Carers Federation representation on Nottingham City Safeguarding Adults Board and County subgroup. We are supporting the Board to become more aware of unpaid/hidden carers and the impact caring has on individuals who are unsupported i.e. accessing additional support through various relevant agencies.
- Introducing the Carers Strategy to Safeguarding Adults Boards and partners to raise the profile of the carer strategy and unpaid carers voices.
- Staff receive regular supervisions and appraisals to identify training gaps.
- Carers Federation have their own in house adult safeguarding training/DOLS training/GDPR/Care Act training. Carers accessing the service are also able to access safeguarding training.
- Identifying outside agency training and bespoke training relevant to cultural change and service delivery.
- Team meetings to highlight safeguarding issues/challenging cases or successful outcomes.
- Development of transitional group for Young Carers aged between 16-18yrs, linking in with young Carers services.
- Currently working with the following group to represent hard to reach groups:
    - BAME community
    - Deaf community
    - My sight for those carers or cared for with visual impairment
    - Farmers
    - Young adult carers

- Working carers
- Sibling carers
- Asian women

- Carers Federation played an active part in the NCSAB 2024 development day in January, with particular focus on helping to shape the new Comms & Engagement strategy.
- In 2024/25, we will support the Board to better engage with the public and groups with lived experience.

Assurance

All staff within the organisation complete a full enhanced DBS before being employed. Board members and senior management also undergo full DBS enhance checks in line with safer recruitments processes.

As part of the recruitment process all staff must give two referees before being employed, and all recruitment is managed by HR recruitment.

Safeguarding policies are regularly reviewed by the CEO and adapted in line with local/national safeguarding standards.

Having representation on the Safeguarding Adults Board enables Carers Federation to embed any learning within their practices and share information to ensure staff are upskilled and aware of changes/challenges/identified difficulties.

Within the organisation there are three safeguarding leads and a clear process around disclosure and reporting of safeguarding concerns.

The Care Act and Mental Capacity Act are both embedded within the induction process for staff and Carers Federation deliver in house Adult Safeguarding training, Care Act training and DOLS training.

As part of our training, we deliver level four Advocacy training and Quality Standard training to higher education and health to support with identifying and supporting Young Adult Carers and Carers in general.

Carers Federation adhere to CHAS (Contract Health Assessment Scheme) requirements on a yearly basis, which is an in-house quality manual updated yearly. We work in line with City & Guilds requirement through the delivery of Advocacy level 2 and level 4 qualifications.

Carers Federation carry out internal audits of all services on a yearly basis. Outcomes are discussed as part of management meetings and any identified risk factors dealt with within a suitable time frame before being signed off by a qualified internal auditor.

Engagement

Carers Federation is a person-led organisation for adult carers, and all assessments are carried out by ensuring the carer has a voice and can contribute to identifying needs, risks and support.

Carers are given the option to complete either online or face to face feedback, which is embedded within the service and therefore supports the service to further develop to ensure it is person centred.

All feedback is quantified and reported back to commissioners and local authorities.

The Care Act and Mental Capacity Act are both referenced within our safeguarding policies.

Communities

Organisational Risks and Mitigation

Community Protection

Community Protection Officers

Out of hours checks on behalf of adult services continue and are increasing. The Modern-Day Slavery and Exploitation team continue to make real time referrals, using the digital referral tool, which has seen an increase in cases and improved governance. The Community Protection teams are in the midst of a significant staffing reduction and service redesign, which will impact the deliverance of all its services and core offers.

A new reactionary working model will be implemented to ensure reactive demand management. This will allow for urgent referrals to be prioritised where possible. A revised specialist team will carry out the bulk of any safeguarding, safe and well checks or out of hours checks, to ensure continuity and appropriate management of cases.

Anti-Social Behaviour team

The ASB team has changed its procedure in line with the Council's hybrid operational model therefore there are a reduced number of visits conduced; but low-level visits should still be completed by CPOs or Nottingham City Housing Services. Risk mitigation in regard to missed visited is that this is covered in partnership with CPOs, Nottingham City Housing Services and Nottinghamshire Police. Safeguarding checks are completed at this stage and referrals made when needed to the gateway and/or adult social care.

Community Safety

Community Safety Team – Violence against women and girls and domestic and sexual violence and abuse (NCSP)

The key issues and mitigations impacting our workstream including safeguarding adults are as follows:

Risk	Mitigation	Measure	Resource
Demand	VAWG Strategy and various Needs Assessments have been commissioned	Data is collected to understand demand and how much can be met	Further resources are required right across the sector.
DHR	DHR's are a Statutory Duty and the learning is disseminated through the ALIG. SMD is a key element of the DSVA strategy and some services are commissioned. There is a strong partnership with CF. A national review of DHR's is currently under way	Assurance Learning and Implementation Group (ALIG) has an action plan. Data from the SMD service is included in the Needs Assessment and Changing Futures.	Further resources are required for the link between DSVA and SMD.

MARAC	The MARAC Steering Group has reviewed the MARAC process and an implementation plan is in place aligned with the County.	The MARAC actions and outcomes are measured.	IDVA's who support the MARAC process are at funding risk as MoJ funding ends in March 2025
DART	The DART Review has been rolled into the MARAC review.	Further work is required on how this will impact on Adults and Health	Further work is required to understand the impact on resources
Funding	The VCS may loose almost 40% of service in 2025 if national government funding is cut. The VCS is already under pressure from cost of living increases. Mitigation for this is difficult.	The VCS and commissioners are in dialogue about posts, impact on service and future funding options.	Further funding is required to maintain the service at its current stretched state, more investment is required across the sector to enable it to meet the needs of survivors.
CJS	The courts are a national issue and HMIC have looked into Notts Police, the OPCC is working with them to progress improvements. We do not have a local link into CPS at present.	Data is collected on CJ outcomes.	It is unclear what resources are required within the CJS. But we know that survivors require support from IDVA's and these roles are due to be cut in March 25
Homelessness	Under the DA Act 21 NCC has a Stat Duty to develop a strategy and actions to improve access to Safe Accommodation. The Strategy sets out a plan to become accredited under Domestic Abuse Housing Alliance. A DAHA board has been launched and meets in	Data is collected and submitted to DLUHC every 3 years. NCC has a homeless and housing strat in addition to the DVA strat.	Further housing is required across Nottingham, more access to stable and secure private rented accom is required and additional approaches to homelessness are needed, including increased use of the Sanctuary

	July.		Scheme.
Accessibility to service	OPCC have commissioned Definitely Women for deaf and hearing impaired survivors. NCC has one wheel chair accessing refuge space. An older women and DVA post has been established.	Data is collected from services on disability, long term health issues and other impairments, age and vulnerability including mental ill health. This is included in the Needs Assessment.	Further resources are required.
Sexual violence and abuse demand and recommissioning	Demand for services is increasing, OPCC have commissioned a SVA Needs Assessment and have begun discussions with commissioning partners on managing waiting lists and future funding.	SVA NA will be published in July 24	Contracts come to an end in Dec 2025.

Sexual violence and abuse

Nottinghamshire Sexual Violence Support Services currently have extremely large waiting lists for their ASA (therapeutic) and their Independent Sexual Violence Advocacy Service (advocacy) services. Imara have seen a large increase in referrals to the CHISVA service.

The Children's Society's Safetime service are delivering the therapy for children affected by sexual abuse in Nottinghamshire County (outside of Nottingham City). The referral route remains the same via East Midlands Children and Young People Sexual Assault Service.

The demand on the adult and child sexual violence support services increases year on year. The impact of continuous court delays/adjournments and disruption throughout the criminal justice process results in:

- Increase waiting lists for the advocacy and therapeutic support services
- Holding survivors for longer within the service
- Continued trauma and stress for survivors and families
- Wellbeing of staff

Notts SVS Services are working with Nottingham and Nottinghamshire commissioners to review the most appropriate measures to reduce the waiting lists. The adult and child sexual assault referrals centres (SARC & EMCYPSAS) contracts are due to end in March 2025. NHS England are meeting with co-commissioners of the contracts and meetings are taking place to understand what the best model is for the local population. The Office of the Police and Crime Commissioner for Nottinghamshire is in the consultation process for their draft Nottinghamshire Sexual Violence Needs Assessment. This will be published in the summer of 2024.

Slavery Exploitation Team (SET)

There continues to be an increase in referrals; in 2022/2023 the average number of referrals per month was 23, in 2023/2024 the average number of referrals per month was 28. The most common referral type in this time was financial exploitation (114 cases) which has continued to rise since the pandemic and cost of living crisis. Cuckooing continues to be a high referral type (104 cases); of particular concern is repeat offenders and more frequently, perpetrators occupying multiple accommodations in supported living blocks for the purposes of using it as a base or 'trap house' for the distribution of drugs and other criminal activity. Other case types include sexual exploitation, criminal exploitation, forced labour/labour exploitation, human trafficking, domestic servitude, false imprisonment, debt bondage, county lines, Child Criminal Exploitation and Child Sexual Exploitation.

People who are exploited are often vulnerable in multiple ways and are likely to have been targeted due to these vulnerabilities. There were 991 vulnerabilities identified over the year, with half of referrals having 4 or more identified vulnerabilities, and just under third (32%) having 5 or more. This demonstrates that people who are exploited are often vulnerable in multiple ways and may be more susceptible because of these severe multiple disadvantages.

Nottingham City Council have ownership of SERAC (Slavery Exploitation Risk Assessment Conference) including the SET holding chair responsibility. The SERAC model supports the identification of a cohort of people that don't meet care act or police thresholds and offers a pathway to intervention. It creates an instant response to safeguard, tackle criminality and hold agencies accountable. SET provides a single point of contact for agencies concerned about potential slavery/trafficking/exploitation.

Safeguarding Gateway

The Communities directorate has multiple service areas that keep records on different IT platforms. They also have not recorded 'low level' concerns that wouldn't result in a child or adult safeguarding referral, therefore frontline officers who observed a 'low level' concern would have no way of knowing if other officers had previously observed multiple other 'low level' concerns. In response to cases where earlier intervention could have been instigated, CP created the Safeguarding Gateway (launched in August 2021). Following affiliated face to face safeguarding training to all frontline officers, the service offers assurance to service areas in the Communities Directorate that any concerns for safeguarding or welfare have been adequately dealt with and referred to the relevant agencies.

Migration Team

Asylum Seekers have been in hotel accommodation for extended periods of time with reduced levels of security, leaving them more open to right wing visits and due to their vulnerability, they are more likely to be victims of hate crime and modern slavery. GP's and other health services also do not always provide correct interpreters, or often no interpreter, resulting in medical issues not being diagnosed at early stages and correctly. This is also duplicated within the Mental Health system.

Many asylum seekers face a risk of exploitation as it is illegal for them to work and income is extremely low or non-existent. Some asylum seekers are victims of sexual abuse and exploitation from other males in the accommodation and externally, due their vulnerabilities or due to trying to secure an additional form of income. Asylum Seekers safeguarding issues are less likely to be identified due to lack of trust, fear of impact on application status, lack of awareness laws, rights or understanding of reporting. There is

also an increased risk due to SERCO not informing the Local Authority via the MASH or MARF referral processes resulting in children and adults being put at risk.

Domestic abuse and sexual abuse is also an increased risk for some refugees on a visa with their partner who believe they have to stay in the relationship to stay in the country and do not know their rights and support available to leave an abusive relationship. This is often not addressed until becomes a high-risk situation. Women with no recourse to public funds have increased difficulty accessing refuges, especially those with no children.

The Safeguarding Forum was established in 2023 with key stakeholders with a TOR, extended to support refugees as well as asylum seekers as their needs also needed to be addressed by partners including health services (eg, Health visitors/midwives) and VCS partners who are key to working with asylum seekers and refugees. This was set up to hold SERCO (who house asylum seekers) accountable who and get them to work in partnership with the other local services to get the best outcome for the adult and child. This meets every 3 weeks and have looked at 40 cases since established with only 3 currently open. A VCS grants scheme funds integration and wrap around support eg, mental health support, ESOL, activities to address isolation, Life in the UK courses, Women's empowerment and advocacy. There is a DBS process and assessment of each Host to decide suitability to support the scheme. Work is done with partners to education and address flaws in their service in relation to the safeguarding of asylum seekers and refugees. Relationships are being established with key staff in services like the Police and Health.

Prevent

The Counter Terrorism Local Profile for 2024 has identified the main risks in Nottingham/Nottinghamshire as:

• AQ/ISIS Inspired Terrorism

• Extreme Right-Wing Terrorism

• Online Extremism

• Self-Initiated Terrorists (S-ITs) .

Prevent Referrals in Nottinghamshire Prevent have increased by 27% compared to the previous year. The highest number of referrals were received from Nottingham City, followed by Broxtowe and Mansfield. ERWT is the recurring dominant established ideology recorded within Nottinghamshire Prevent casework (16% of total referrals). Nearly 55% of the ERWT referrals relate to adults over the age of 25. AQ/IS inspired referrals account for 7.4% of the total referrals. Self-Initiated Terrorism is the most dominant methodology threat to the UK due to the lack of preparation or skill required and the easy access to knives and vehicles.

The Situational Risk Assessment for 2024-25 identified the following as the key issues in Nottingham:

- Community tensions arising from the Israel/Gaza conflict
- Anti-Prevent Sentiment
- Anti-Migrant Narratives
- Decrease in Hate crime but sustained level of repeat victims
- NCC S114 Declaration and end of Home Office funding in March 2025.

The key risks currently highlighted in the Corporate Risk Register for Prevent include:

- Training
- Venue Hire Policies

- Resourcing of Prevent following withdrawal of Home Office Funding in April 2025.

Prevention

Community Protection

Community Protection Officers

Officers work closely with Adult Safeguarding providing updates and have made referrals: Nottingham Recovery Network, Framework, Notts Fire and Rescue Service and SERAC. Early intervention strategies have included referring citizens into community support networks and supporting multi agency structures (such as SERAC) to provide a continuation of monitoring for citizens where there are ongoing concerns for welfare.

Anti-Social Behaviour team

Due to the triaged operational work with CPOs early intervention strategies have included referring citizens into community support networks and supporting multi agency structures (such as SERAC) to provide a continuation of monitoring for citizens where there are ongoing concerns for welfare. ASB officers remain focused on safeguarding and per the case management risk assessment process.

Community Safety

Violence against women and girls and domestic and sexual violence and abuse (NCSP)

Nottingham Community Safety Partnership governance structure includes a Prevention Working Group and a Perpetrator Board. These are lead in partnership with the Violence Reduction Partnership and the Office of the Police and Crime Commissioner and aim to reduce DSVA and manage perpetrators more effectively. NCC is reviewing the employee DSVA policy in line with the Employee Domestic Abuse Initiative best practice. The intention is to include SVA and also managing perpetrators who are staff more effectively. Employee policy work is being done in partnership with Health Services. Joint work is being undertaken with County, OPCC, ICB on sexual violence services for children and how to ensure the transition into young adult hood is considered. Services are commissioned to enable a flexible approach to this.

Slavery Exploitation Team

Identifying emerging trends and issues in the field of slavery and exploitation and provide leadership to adapt working practice internally and via the wider SERAC partnership, performance monitoring and policy and strategy development with stakeholders.

A recent discovered gap was inconsistency in training; Non-Government Organisations were delivering training on the National Referral Mechanism and the Slavery Exploitation Team on local pathways. A working group was established to agree content on local approaches and national pathways and standardised training was developed. This was scrutinised by the Nottingham and Nottinghamshire Modern Slavery Partnership and is now used as a template of best practice by the LGA.

Development and maintenance of a continuous process for identifying and disseminating best practice in relation to tackling slavery and exploitation and delivering Awareness Raising sessions to internal and external partners. Delivery of workshops to cohorts of newly qualified social workers via social care's Assisted and Supported Year of Employment programme.

Migration Team

- Staff are enhanced DBS checked due to vulnerabilities of the cohorts worked with.
- Staff team being expanded to support capacity and use the safer recruitment practice.
- New Migration Operations post (April 24) reviewing current processes and training needs.
- A service tool kit is being created with the Slavery Exploitation Team Manager.
- All staff have completed safeguarding training and domestic abuse training. A bespoke training session is being planned for September for existing staff and new recruits with relevant case studies and training on the tool kit and processes.
- DBS policy regarding checks was initially set up and is currently being reviewed for assessing Hosts on the H4U scheme.
- Setting up and maintaining partnerships eg, Safeguarding forum and Multi Agency Forum
- No Guest from the H4U scheme has presented as homeless due to the teams support for rematching or transition into private rented accommodation when relationships between Hosts and Guests have broken down. New team roles are being created and commissioning services around employment support etc are being developed support this work to avoid potential homelessness.

Prevent

Nottingham and Nottinghamshire have an effective and well-established multi-agency Channel Panel in place which has a track record of safeguarding both adults and children against radicalisation. During 2023-24, the Prevent Co-Ordinator and Prevent Education Officer have trained over 2000 staff from across the partnership.

Environmental Health and Public Protection

All staff have completed safeguarding training and are aware of signposting and referral routes.

Assurance

Community Protection

Community Protection Officers

All Officers have completed eLearning training on safeguarding. Officers work closely with Adult Safeguarding providing updates following any cases referred to them. Officers will also make proactive referrals as the required. Community Protection Officers are Non-Police Personnel Vetted (NPPV) level 2, provided by Nottinghamshire Police. Which is renewed every three years. This allows for a greater level of security for staff to access police systems and resources.

Anti-Social Behaviour team

Officers have completed eLearning safeguarding training, all colleagues assess the needs of victims and offenders upon being commissioned a case to the ASB team. Officer can refer at any point to the appreciate agency or support function.

Community Safety

Violence against women and girls and domestic and sexual violence and abuse (NCSP)

1. Commissioned services – contracts include Safeguarding & serious incident reporting.
2. DART/MARAC review is engaged with Adults Safeguarding.
3. Joint approach to learning from DHR's, Safeguarding Adult Reviews, Suicides, Drug Deaths and Child Serious Case Reviews has been identified and colleagues engaged.
4. Needs Assessments and commissioned services include Safeguarding issues.

Slavery Exploitation Team

The SERAC model supports the identification of a cohort of people that don't meet Care Act or police thresholds and offers a pathway to intervention. It creates an instant response to safeguard, tackle criminality and hold agencies accountable. SERAC unites agencies to discuss cases, hold agencies to account and plan a joint response to manage risk and intervene depending on the individual's needs. Discussions also feed into National Referral Mechanism referrals, concerns around capacity/decisions to conduct assessments and police investigations. It creates an instant response to safeguard, tackles criminality and provides a function to look at cases where initial concerns don't necessarily meet care act thresholds or have enough evidence for police interventions.

- SET provides a single point of contact for agencies concerned about potential slavery/trafficking/exploitation.
- Days of action conducted with police targeting specific businesses and joint visits conducted to private dwellings to ensure survivor focussed support for first intervention.
- Early intervention is addressed by use of RAG Rating tool on initial referral and information sharing with relevant agencies at SERAC.
- The SERAC partnership works to find pathways to safeguard, taking into account and addressing each individual's vulnerabilities. Cases are not discharged due to 'non-engagement'.
- Referral pathways have been established for cases to be directed to SERAC from MARAC and Juno Women's Aid have representation at SERAC.

Due to inconsistency in training, relevant agencies collaborated to produce a standardised package to include content on local approaches and national pathways (which had currently been delivered separately resulting in agencies choosing between the 2). This was scrutinised by the Nottingham and Nottinghamshire Modern Slavery Partnership and is now used as a template of best practice by the LGA.

Migration Team

- The Staff team is being expanded to support capacity and use the safer recruitment practice. There will be an induction and training to promote individuals' responsibilities regarding safeguarding.
- There is promotion of an organisational culture that encourages all staff to be aware of their personal responsibility to report safeguarding concerns as well as ensuring that poor practice is identified and improved.
- There is a named Safeguarding lead in the team and positive working relationship with the Slavery Exploitation Team Manager for advice and support. All staff have completed safeguarding training and domestic abuse training.

- A bespoke training session is being planned for September for existing staff and new recruits with relevant case studies and training on the tool kit and processes.
- H4U DBS process regarding checks on Hosts was initially set up and is currently being reviewed for assessing Hosts suitability. Improving accountability, awareness of needs and planning for potential risks.
- Setting up and maintaining partnerships eg, Safeguarding forum, Homeless partnership forum and Multi Agency Forum.
- Yearly report to the Adult Safeguarding Board.
- Safeguarding is addressed in tender and procurement processes, contractual arrangements in place and small grant allocations, eg, Case work provision, ESOL provision. This is monitored and we are in the process of recruiting to a Project and Contracts Officer post who will be responsible for working on this.

Prevent

As outlined above, NCC's compliance with the Prevent Duty is managed through the Annual Assurance process which, in turn, was informed by the Independent Review of Prevent published in 2023. Prevent threats and priorities are informed by statistical data provided by Police and Home Office. Quality assurance and governance under the Prevent Board/Prevent Steering Group is outlined above.

Environmental Health and Public Protection

- Frontline officers attend relevant partnership meetings as required (hoarding panel, Complex Persons Panel, SERAC).
- Training around relevant safeguarding is provided for identified different groups, such as taxi drivers. This works in conjunction with proactive taxi licensing operations.

Engagement

Community Protection

Community Protection Officers

The role of Community Protection Officers requires day to day work to be focussed on the whole person they are dealing with. On conducting welfare checks, officers will respond to immediate risk but consider the individual's needs (ensuring there is food in the cupboards and people aren't without electricity/gas). On making a referral to Adult Safeguarding, officers will meet interim needs: taking a person to a place of safety (potentially hotel accommodation), sourcing a meal. Some of this activity has been curtailed by the financial situation of the Local Authority. Support is also offered to multi agency panels to monitor ongoing support needs.

Anti-Social Behaviour team

ASB officers can become involved in the investigation of possible modern day slavery cases due to examples like Nottingham City Housing Services properties being used to the production, sell or usage of illegal drugs. Including vulnerable Council tenants properties being 'cuckooed' (taking over the property, facilitating exploitation).

Community Safety

Violence against women and girls and domestic and sexual violence and abuse (NCSP)

1. Commissioned Survivor Engagement service based within the sector and ongoing activities and reports to NCSP Board.
2. Staff Survey for the DAHA accreditation due to be conducted in 2024.

Slavery Exploitation Team

The SERAC partnership aims to ensure effective communication with relevant agencies to formulate a joint approach with clear actions. A best practice case study on NCCs SET and SERAC model can be found in the Local Government Association Guidance on Tackling Modern Slavery. The team also organise and co-ordinating high-level emergency strategy meetings and challenge agencies when necessary around their action/response whilst maintaining positive working relationships. Establishment of partnerships with statutory and non-government organisations has improved projected outcomes for future cases as contacts and parameters of agencies capabilities have been identified.
The RAG Rating tool allows areas of vulnerability to be explored and addressed at an early stage (once referred to the team).

Examples of Outcomes:

- Supporting police investigations.
- Feed into National Referral Mechanism referrals.
- Appropriate accommodation sourced.
- Safety planning – POI, safe and well checks, lock changes, emergency accommodation, flags on systems.
- Capacity assessments.
- Safeguarding/other agency referrals.
- Identification and referral into most appropriate advocate.
- Support to return to home country (when desired).
- Continuation of monitoring – CPOs, NPT , POW, housing managers.
- Civil actions – prohibition orders, injunctions.

Safeguarding Gateway

Having the Gateway offers assurance for the directorate that opportunities to safeguard are not missed.

Migration Team

Partnership working ensures providing wrap around support to look at an individual's needs as well as risks posed. The team challenge agencies when necessary, around their action/response whilst maintaining positive working relationships. Establishment of partnerships with statutory and non-government organisations has improved projected outcomes for future cases as contacts and parameters of agencies capabilities have been identified. VCS grants to provide wrap around support and preventative work.

Prevent

The CTLP is, in part, informed by feedback from partnership staff through an annual questionnaire. In 2023, over 400 responses were received which described awareness and perceptions of the threat. In 2023-24 Prevent funded a number of community initiatives which set out the role of the programme and how it can protect against radicalisation. In 2024, Prevent staff will be attending Police led Independent Advisory Groups to raise awareness of the programme and gain feedback.

Environmental Health and Public Protection

Proactive visits are conducted in instances where information is received indicating concerns such as overcrowding or exploitation.

Department of Work and Pensions

Organisational Risks and Mitigation

We understand that individuals' circumstances and customer needs differ and can change over time, and some customers may find it more difficult to make use of our services. We want everyone in DWP to be able to support our customers in a manner appropriate to their needs. For example, our mental health training helps empower our colleagues with the skills to support customers. We know that some of our customers may, at times in their lives, still require additional support and we have in place specialist services, roles, and procedures to provide this, such as the DWP Visiting Service and Advanced Customer Support Senior Leaders. We are committed to listening to our customers and their representatives to understand their needs, and we use this and other feedback to improve our services for example through the Serious Case Panel and the Customer Experience Survey.

We provide additional support for customers at serious risk of harm, neglect, or abuse through our network of frontline operational colleagues and Advanced Customer Support Senior Leaders (ACSSLs). ACSSLs coach and mentor DWP colleagues across our services to support customers experiencing or at risk of vulnerability. ACSSLs supported over 12,000 customer cases in 2022-23. We have a departmental network of over 450 national visiting officers who provide visits for customers requiring additional support to access our benefits and services. We have an established Six Point Plan for DWP colleagues to follow when they identify a customer who may be at risk of harming themselves. This helps to ensure the customer is given the appropriate support and may involve notifying emergency services in the event where they are at immediate risk. The Six Point Plan is under continuous review to ensure it aligns with current thinking on mental health.

In response to the Covid-19 pandemic we introduced telephone and video health assessments, which we continue to deliver alongside face-to-face and paper-based assessments. To help make health assessments less stressful information is available in advance to help customers understand the process, and customers can bring companions to the consultation and have interpreters to provide support.

We strive to set repayment plans that are affordable and sustainable, encouraging customers to contact us if they are unable to afford the proposed repayment rate, whilst enforcing the obligation to repay where it is appropriate to do so. When a customer makes contact, we may be able to reduce the rate of repayment, or temporarily suspend repayments depending on the customer's financial circumstances. There is also the Debt Respite Scheme 'breathing space' that allows for a temporary protection from creditors.

Prevention

We provide additional support to help customers manage their money. We work with the Money and Pension Service under its brand name MoneyHelper, who offer free independent and impartial money and debt advice and indebted customers are routinely offered a referral with the majority of those meeting the criteria taking up the offer. We know it is important for our colleagues to handle challenging situations effectively and with confidence. We have introduced a mandatory two-day mental health training that every new joiner to service delivery receives as part of their induction programme. As of August 2023, 51,000 operational delivery colleagues have undertaken this training.

The joint DWP and Department of Health and Social Care, Work and Health Unit works to improve the health and employment outcomes for disabled people and those with health conditions. We do this through challenging siloed ways of working to deliver evidence-based programmes, trials, and tests. We work with employers, local areas, and wider government to remove the additional barriers these groups face when in and out of work, with a focus on better aligning the work and health systems.

Assurance

The Serious Case Panel makes recommendations to address themes and issues identified from serious cases to prevent similar cases occurring in the future. It meets quarterly and is made up of the department's most senior leaders, including the Permanent Secretary and all Director-Generals. It is chaired by a non-executive Director and includes the Independent Case Examiner and Chief Medical Advisor. Serious Case Panel outcomes have included changes to processes around stopping payments and making large payments, which helps to protect customers in vulnerable circumstances. Minutes of Serious Case Panel meetings are published on GOV.UK.

We are committed to understanding our customers' needs and have driven organisational learning through Internal Process Reviews (IPR). The principal reason for conducting IPRs is to ensure we learn lessons where the customer experience has fallen short of expected standards, and to see what improvements we can make from a review of the case. This has supported work to improve customer journeys within individual service lines right through to cross-cutting changes such as making payments safely and changes to visiting guidance.

We appointed a new Chief Medical Advisor in September 2023 and have additionally strengthened our policy team of clinicians. These changes will help to ensure that health related vulnerabilities are carefully assessed to make more informed decisions on eligibility for benefits or support. We further reviewed the internal clinical governance with a plan in place to provide robust assurance to the department to be implemented in 2024.

Engagement

We actively use customer feedback to improve our processes and enhance overall customer experience. DWP carries out a Customer Experience Survey every quarter. This gives us information directly from customers and helps us to understand their experiences. Along with wider customer and colleague insight, the survey is used to identify areas of improvement.

The Independent Case Examiner (ICE) provides a complaint resolution and investigation service for DWP customers. As part of their review, they can identify service improvements. A recent change based on feedback from ICE has enabled Debt Management colleagues to more easily identify customers who request a letter in an alternative format.

Our User Centred Design (UCD) practices ensure we put the needs of our customers, especially the most vulnerable, at the heart of our design processes by embedding UCD capabilities across DWP.

The Customer Proximity Programme has been created with the aim of bringing the customer experience closer to senior leaders across DWP. We regularly share a random selection of anonymised customer call recordings with Senior Civil Servants. The calls act as a stimulus to Senior Leaders to ask more questions, identify trends, launch related pieces of work, or review the impact of their decisions on customer experience.

We are exploring ways to integrate a Trauma Informed Approach into our service, which recognises that trauma can have a profound impact on a person's physical, emotional, spiritual and psychological wellbeing and that services such as the DWP have a powerful role in creating safe and empowering journeys of support which are compassionate to these experiences.

Nottinghamshire Probation Service

Organisational Risks and Mitigation

Nottingham City Probation teams operated within the 'red prioritisation framework' for a prolonged period during 2023/24 which represented a significant and ongoing risk to front line delivery. This meant that some activities were stopped to focus resource on those people with the highest risk and need profiles. MAPPA cases, domestic abuse perpetrators and those who were identified as adult safeguarding cases were given the highest priority within this framework however there were delivery challenges to those who fell outside of this cohort. Cases outside of this cohort would have included some severe and multiple disadvantage cases who may have been impacted by these reduced activities. 'Probation Reset' measures have been introduced to relieve workload pressures to allow front line staff to focus on those in the early stages of their order or licence, also with a focus on the highest risk and need profiles.

Staff recruitment and retention was a challenge for City Probation teams with staffing levels dropping under 70% during the year. This challenged influenced the introduction of the 'red prioritisation framework' as referenced above. Recruitment activity was a priority action area for us and was identified as an organisational risk. Due to ongoing recruitment and retention drives staffing levels are now above 90%. The drive to maintain these staffing levels continues with both local PDU and Regional HR resource being dedicated to support a longer-term solution and oversight to ensure that the risk does not reoccur to the same degree.

Prevention

Notts City Probation are consistently represented at Board and sub-group level, contributing to the annual plan and priority setting.

All Probation staff are required to undertake annual safeguarding training and domestic abuse modules to ensure that the most up to date practices are implemented. This was mandated for 2023/24 with the significant change being that it was linked to pay progression via the annual appraisal process.

Together with Youth Justice colleagues, a review of the 'Transitions Protocol' for cases moving from Youth Justice to Probation Services was undertaken. A 1 FTE Probation Officer was seconded into YJS, replacing the Probation Officer/Probation Service Officer split arrangement with the aim of providing a smoother transition. The revised process for this includes early allocation of all transitions cases to the PO and earlier consideration of MAPPA arrangements for cases in scope to support early formulation of a robust risk management plan.

We have national policies and procedures with regards to the following:

- Safeguarding adults and making a referral
- Whistleblowing & management of allegations against staff
- Complaints

- Staff supervision
- Information sharing
- MCA/DoLS including 'best Interest' and consent
- Prevent
- Risk assessment & management
- Domestic abuse.

Our recruitment approach includes thorough Police vetting processes in order to support safe recruitment.

Assurance

Safeguarding adult referral and communication policies are embedded into our systems and processes. Our case recording systems and assessment tools carry the function of clearly identifying those who are at risk and also perpetrators of harm towards others, for example, victims of domestic abuse or those who are subject to safeguarding procedures.

Annual safeguarding (including Capacity Act) and domestic abuse training is mandated with 100% completion being expected before a practitioner can progress along the pay scale.

The IOM team have a dedicated DVIOM cohort with a model of multi-agency support to provide additional monitoring and oversight of domestic abuse perpetrators whilst at the same time offering support to survivors via the co-located Juno service.

Nottingham City Probation have a mandated ‘protected learning time’ every month. Within this time findings from SARs and our own SFO’s are discussed and reviewed. By way of assurance, we work with the OSAG team who provide regular oversight and feedback on how these learning points are being responded to and embedded into practice.

All of the Assurance and QA tools used in the Probation Service include guidance and require reference and assessment of Adult Safeguarding issues. All high risk of serious harm assessments are quality assured and counter signed by a Senior Probation Officer, all assessments identifying an individual as posing a very high risk of harm are countersigned by the Head of service. Management oversight of cases of interest/safeguarding concerns/MAPPA are discussed in supervision sessions with staff and we promote the Touchpoints Model which is guidance for managers on where case discussion is required. Internal assurance is provided by our Operational and Systems Assurance Group, external audits are undertaken by HMIP and we have ad hoc audits completed by our performance team.

Whilst we do not have performance measures and / or indicators relating to adult safeguarding there are expectations in relation to safeguarding and risk management planning which would be picked up by the quality assurance process.

Safer recruitment is embedded across all staff, with DBS checks being a required component. This is managed within a safer recruitment approach. Our electronic recruitment system does not allow an offer to be made to a potential new employee without these checks first being returned with no identified concerns.

Engagement

Our OASys assessment tool incorporates a self-assessment tool which invites the individual to provide comment and review of their circumstances in relation to risk and need. This in turn allows a person led sentence plan which incorporates both the self-

assessment findings alongside the Probation Practitioner assessment. This is designed to increase ownership, understanding and motivation to make positive progress.

2023/24 saw the new EPOP (Engaging People on Probation) programme which invites People with lived experience to provide feedback on a range of areas within probation practice. This feedback is collated, shared and then used to inform future service delivery.

Our staff survey runs annually and asks practitioners to provide feedback on how well equipped they are to undertake their role from a training, information, resource and support angle. These findings are then used to inform our annual people plan and training plan.

The importance of safeguarding is reflected within the annual mandatory training schedule. Safeguarding discussions are also an integral feature of supervision sessions between the probation practitioner and the senior probation officer. Alongside, this our MAPPA protocols mandate consideration of Adult safeguarding issues within all formal meetings and our assessment tool OASys also gives specific consideration to adult safeguarding issues.

Annual safeguarding (including Capacity Act) and domestic abuse training is mandated with 100% completion being expected before a practitioner can progress along the pay scale.

Nottinghamshire Fire and Rescue Service

Organisational Risks and Mitigation

During 2023-24 Response to operational incidents remained constant, however, there has now been an increase in Prevention activity including using Data intelligence to increase those areas in the county and city which have low smoke alarm ownership.

Safe and Well visits had increased to by over 2,000 to 16255 visits, many of these from professional referrals where the occupants had already been seen by a professional and very few safeguarding issues were identified by NFRS.

Being a 24/7 Service, the main risk relating to Safeguarding for NFRS remains the need to ensure that all staff can identify concerns and refer them appropriately, and that Duty Managers have the qualification and competence to support the process and advise where necessary. Over half of all wholetime stations have now been upskilled to L3 Safeguarding plus the whole of our prevention and protection departments as well as all flexi officers.

We now have a confidential reporting line called Say So. This does not replace our current channels for raising a concern, which include your line manager, another colleague, HR Business Partner, or union representative, but supplements and strengthens our current approach.

We are introducing this anonymous reporting tool alongside Derbyshire and Leicestershire fire and rescue services following the HMICFRS Values and Culture report, as part of our efforts to aid transparency, support staff and improve culture.

Safeguarding L3 (as mentioned above) is now being rolled out to all stations. All Designated Safeguarding Leads undertake Level 3 DSL training. Two members of staff have completed the Level 4 NFCC Train the Trainer course to enable Safeguarding training to Fire Service personnel to be enhanced. On a quarterly basis under the ‘Service Delivery Evaluation & Quality Assurance Frameworks’, compliance levels with the above training requirements are monitored.

Complementing the Safeguarding training, NFRS staff complete mandatory Data Protection e-learning modules every two years to ensure compliance with information governance and GDPR guidelines. NFRS staff complete an Equalities and Diversity essentials CPD certified e-learning module to ensure the public-sector equality duty is adhered to.

NFRS is represented on the Training sub-groups and additional specialist Safeguarding courses and workshops that are offered by the Councils are disseminated to appropriate staff members. The NFRS DSLs meet on a quarterly basis to review cases, identify learning and plan suitable and appropriate actions against any emerging themes.

Prevention

The Education lead who is also the Child Safeguarding Lead has given extra support to education events. Safeguarding referrals from disclosures to the lead during Safety Zone and education led events.

NFRS support both the City and County safeguarding boards by consistently attending reviews, external training days, board meetings, forums and the sub-groups.

We are currently in the middle of a restructure, a new team structure and personnel will start officially on September 1st 2024.

Assurance

NFRS ensures that all staff have a level of Safeguarding training that enables them to identify concerns and refer them appropriately. The Service has a suitable structure in place for DSLs or Duty Managers to be available to advise where required and a clear, available and regularly updated Safeguarding Policy in place.

Where a threat is not immediate, NFRS has a process in place where staff report any Safeguarding concerns regarding service-users to an internal safeguarding team who triage the referral to determine a suitable course of action (i.e. a referral to MASH or for Care & Support Needs). By following this process 83.9% of Safeguarding referrals submitted by NFRS in 2023/24 to either county or city, have gone forward to a Section 42 enquiry or were already open to the enquiry from another agency when NFRS referred in. Although this is a reduction from last year. In 22/23 we only made 24 referrals and in 23/24 we have made 62, so we see this is a success that our crews are now more confident to recognise, respond and refer safeguarding concerns.

Engagement

The CHARLIE risk matrix used by partner organisations to refer, and Delivery Teams to complete Safe and Well Visits demonstrates NFRS's person-centred approach towards its service-users. The funding of an Occupational Therapist within the Prevention Department further establishes the Service's commitment to a person- centred approach, which extends to Safeguarding, and supports the Service's understanding of and adherence to the Mental Capacity Act.

MSP is embedded, and the Mental Capacity Act is referenced within the NFRS Safeguarding Policy and in-house Level 1 Alerter Training. The requirement to put an individual's needs and wellbeing at the centre of all actions is fundamental to everything the Service does. The Occupation Therapist seconded to the team also provides advise to the service on cases where mental health is listed as a concern. NFRS uses anonymised

case studies, focused on MSP, as a Continuous Professional Development resource for front-line staff.

Early 2024 we launched Safelincs as a way for members of the public to refer to Nottinghamshire Fire and request a Safe and well. This is more user friendly than our previous service. We still have the CHARLIE pathway for Professional to refer in.

Nottinghamshire Healthcare NHS Foundation Trust

Organisational Risks and Mitigation

The Executive Director of Nursing, Quality and AHP's maintains overall responsibility to ensure that Nottinghamshire Healthcare NHS Foundation Trust (The Trust) has effective safeguarding arrangements in place. Much of this responsibility for this is delegated to The Trustwide Safeguarding and Public Protection Service (TSPPS), which sits corporately within The Trust, led by the Head of Safeguarding who assumes responsibility for strategic safeguarding leadership. The Head of Safeguarding is accountable to the Deputy Director for Nursing and Director of Nursing, Quality and AHPs. The wider safeguarding team including the Named Nurse, Named Clinical Associate, Service Managers, Safeguarding Leads, Administration Team, Quality Team and Communications department support the safeguarding agenda across the Trust.

The Trustwide Strategic Safeguarding Group meets quarterly to maintain oversight of the Trust safeguarding arrangements. Representatives of this group include senior leaders and managers from each of the three care groups as well as senior safeguarding leadership.

Update on the risks identified in 2022-2023

Closed Cultures

As the pandemic restrictions abated through 2022/23 the TSPPS recommenced face to face safeguarding assurance visits. There is a recognition that there is an inherent risk of closed cultures developing with health care settings where vulnerable people access support. To review this risk internally the TSPPS developed a closed culture improvement plan which identified priority areas to support open cultures:

- Information and intelligence
- Empower colleagues and promote speaking up, encourage open cultures
- Seclusion and Restrictive practices

Progress has been made against these areas throughout 2023-2024 and the work to further develop open cultures continues into 2024-2025.

Sexual Safety

Sexual safety has been identified as a risk within mental health services by the CQC and other more recent reviews. Apparently, less than 1 in 10 NHS trusts have a sexual safety policy (An epidemic of sexual assault: How the NHS can better protect staff and patients, BMJ and Guardian). The Trust has had a sexual safety policy in place since 2020. Since this time the policy has been reviewed and updated twice to ensure it includes the most up-to-date evidence-based practice and research. Sexual safety continues to be a priority area for the Trust and recognises the risk to patients and staff should sexual safety incidents occur. The Trust has committed to funding a full-time sexual safety lead that will

sit within the TSPPS. This post will drive forward the sexual safety agenda across the Trust with a focus on improving staff understanding, reporting and patient experience. This post will be advertised and appointed to during 2024-2025. The TSPPS are also developing a sexual safety workforce policy to support service improvements and fulfil its responsibilities as set out within the NHS England sexual safety in healthcare organisational charter which the Trust has signed up to.

Sub-contracted Services

Over 2022/23 quality concerns were raised in respect of some sub-contracted services. These included safeguarding relevant risks around usual line of sight/oversight of safeguarding activity and reporting within these services. Quality concerns have reduced secondary to the Trust overseeing the formulation of robust quality improvement plans and supporting the delivery of sustained improvements.

Identified risks in 2023/2024

Risk 1

Due to the increased demands on the Care Groups then safeguarding responsibilities may not be prioritised and we may be unable to safeguard people at risk, leading to avoidable harm to individuals, regulatory intervention, adverse publicity that would damage the Trust's reputation, litigation and negative impact on staff morale.

Mitigation strategies include:

- The Trustwide Safeguarding Strategic group (TSSG) has a focus on membership, terms of reference and engagement with the care groups and units to strengthen our ability to triangulate data, intelligence and emerging themes. New reporting templates will facilitate care groups to triangulate risk and concerns. Attendance by the care groups at the TSSG has improved
- Closed Culture Quality Improvement Plan
- Increased visibility of the safeguarding service across the organisation. Our current priority is around increasing support to leaders as part of the various improvement boards
- The Safeguarding Service are represented on all of the Improvement Boards
- 2 of the Safeguarding Leads have developed a Safeguarding Leadership Training Package which is being offered across the Trust to address local areas of need and to address any theory practice gaps. In addition, we have met with Head of People development and will be introducing this package as a module on the Management Essentials facilitated by the Trust’s Training and Development team
- Implementation of the Trustwide Safeguarding Strategic subgroups: Safeguarding, Public Protection, TLI, Quality Assurance and Multi Agency Reviews. The business plans for the subgroups promote collaboration with services across the Trust
- Strengthening our engagement with internal Trust assurance groups
- Link Champions Forum enables us to promote learning more widely. We have increased focus on MCA within the forum and are looking to improve this further. Support colleagues in applying MCA to safeguarding principles and enabling a collective reflection around complex cases has been positively received. The first focussed session was around adult self-neglect

- Improved collaboration with quality standards, freedom to speak up guardian, EDI colleagues, and Experience, Volunteering and Involvement to promote safeguarding and support the early identification of themes and trends
- Safeguarding and Quality Standards are working in a more joined up collaborative way through undertaking joint quality and assurance visits to services. This is providing greater opportunity for collaboration, streamlining objectives and aims, triangulating information to identify key hot spots and celebrate great practice.
- Wider exploration of how the safeguarding service and advocacy services, used in the Trust, can be better engaged.

Risk 2

Due to the inherent risk of closed cultures within our services then patients may experience abuse perpetrated by our staff leading to avoidable patient harm to individuals, regulatory intervention, adverse publicity that would damage the Trust's reputation, litigation and negative impact on staff morale.

Mitigation strategies include:

- Recent changes to the Trust Serious Incident Reporting Group (SIRG) have enabled a sharper focus on high level incidents within the Trust. The Safeguarding Service are contributing to Patient Safety's Pre SIRG meeting to support the process. In addition, safeguarding now have a weekly SIRG standing agenda item which includes all section 42, cause to enquire' requests received during the previous week and sharing of key learning from multi-agency reviews or other identified learning.
- Considering these changes it is essential that the allegations of abuse against Persons in Position of Trust are received at the Care Group Allegation Forum and Trustwide Allegation Forum to ensure key learning is elicited and disseminated across the Trust. Work will start to review how we can strengthen and relaunch these forums to share learning
- Refreshed and relaunched 'Management of Allegations of Abuse made against Persons in a Position of Trust'
- Collation of data concerning allegations of abuse against a PiPOT have historically been difficult to assume accurate due to the high number of inaccuracies in reporting. Inaccuracies arise when colleagues incorrectly categorised an incident as an allegation of abuse against a PiPOT. Our new policy supports colleagues to improve on categorising allegations of abuse against PiPOTs and there are measures built into the new policy to confirm and challenge where an incident may have been incorrectly categorised. The reporting process will enable us to report on:
    - Number of allegations of abuse against a PiPOT raised in a defined period
    - Number of these raised allegations that are closed as inappropriate (due to wrong categorisation/malicious/robustly assessed as symptomatic of the patient's ill health)
    - % of these raised allegations that are closed as inappropriate (due to wrong categorisation/malicious/robustly assessed as symptomatic of patient's ill health)

Prevention

The TSPPS is committed to ensuring active contribution to both Nottingham City and Nottinghamshire adult safeguarding boards. We actively engage in workstreams, working groups, subgroups, board meetings and the development of strategies and toolkits. The TSPPS has established a public protection and a safeguarding subgroup to align priorities with the board and ensure continued development and awareness across the trust; this is supported by the quality assurance, multi-agency review and training, learning and improvement subgroups to share and monitor ongoing work. The TSPPS has worked closely with Nottinghamshire safeguarding adult board in relation to offender health and facilitating a working relationship.

The TSPPS continues to run the single point of contact (SPOC) where early intervention and preventative strategies are advised and discussed in relation to the care of service users such as the use of the self-neglect toolkit. A self- neglect trustwide integrated safeguarding review was completed by trainee health psychologist, safeguarding lead, and clinical safeguarding associate. This has been shared via the trustwide strategic safeguarding group and work continues around the recommendations. A project has been undertaken by the TSPPS regarding routine enquiry across the trust. Identifying barriers and actions required to make routine enquiry standard practice. Work is ongoing in this arena and includes working alongside the patient involvement group looking at service user experiences of being asked routine enquiry.

The TSPPS continues to engage in multi-agency meetings such as MARAC, SERAC, MACE, Channel Panel, DVSA. A working group has been developed to ensure that there is a standard approach to these meetings by the trust and the most appropriate information is being shared by the most appropraite professionals, this will enhance the engagement at these meetings. The TSPPS also offers chairs to the MARAC meetings and is part of the MARAC steering group.

To enhance the workforce's knowledge and understanding around certain safeguarding issues and to therefore increase the safety of service users, a variety of policies have been reviewed and training developed and delivered. Domestic abuse training has been developed and is being rolled out across the trust. There is an emphasis on face-to-face level 3 training to enhance discussion and development to try and bridge any theory practice gaps. There is a DASH RiC and MARAC specific training that is offered across the trust which focusses on when and how to complete the forms. The workforce domestic abuse policy is under review. A stalking and harassment policy has been developed and shared across the trust. To accompany this posters and MS Teams backgrounds have been developed.

The TSPPS has developed a leadership in safeguarding workshop aimed at all clinical leads to provide a more in-depth knowledge of safeguarding to ensure the wellbeing of service users and to provide support to staff in service areas.

The TSPPS has had agreement to recruit to a sexual safety lead for the Trust, the job is currently going through the recruitment process. This is to ensure sexual safety is considered and acted upon timely and effectively across the trust with the underpinning processes and support from the lead. This role will also ensure that the trust is adhering to the sexual safety charter.

Work has been developed with employee relations and recruitment colleagues to look at safer staffing within the recruitment process. Updates to the model A and model B forms and the interview pack have been developed and are in sign off process. There have been several agreed actions to take place to tighten the process, with additional checks and training being implemented.

The PiPoT policy has been reviewed and updated and a training session developed to accompany the role out. Training sessions are being delivered focussing initially on Rampton Hospital staff but will be rolled out across the Trust over the following year.

The TSPPS is part of the rapid involvement groups for MHSOP, adult mental health and offender health. This ensures a safeguarding focus on aspects of work and improvement being undertaken and is an opportunity to share good practice across the Trust.

The trust has a transitional safeguarding working group, work completed to date is to add transitional safeguarding into current training packages. The Norfolk 7-minute briefing has been shared, information shared via safeguarding newsletter, during safeguarding link champions session and via SEND champions. Comments have been made to inform five policy updates. A transitional information tab has been added to the adult safeguarding template on SysmOne and a link to both child and adult safeguarding templates on SystmOne. Ongoing work is to ensure transitional safeguarding is reflected in all relevant trust policies, for the TSPPS to be an active part of the adult board and children's partnership working group, and to further identify awareness opportunities.

Assurance

The Trust has an Adult Safeguarding Policy (06.04 Safeguarding Adults at Risk) which aligns with the Local Authority processes and reflect the requirements of the Care Act 2014. All staff are required to complete the Safeguarding Think Family Safeguarding training which lays out the individual’s responsibilities in respect of safeguarding adults.

The Trust has Policy and Procedure in place which highlights the pathway to referring victims of domestic abuse to the relevant specialist service.

The organisation is committed to learning lessons from serious incidents and has well established networks for the dissemination of information trust wide. One notable inclusion is the safeguarding Link Champions network, which is a group of practitioners from across the trust who have a specific interest in safeguarding. This group meets for one day per quarter to receive safeguarding updates and focused training which they then take back into their service. Additionally, the Safeguarding Service produces regular thematic bulletins which highlight lessons from reviews.

Quality and Performance data collection and analysis continued to improve throughout 2023-24 and the Q4 report is embedded below. This data includes information relating to staff training, safeguarding activity, highlights and hotspots, as well as trends and themes. The report is produced quarterly and is scrutinised at the quarterly Trustwide Safeguarding Strategic Group, along with other relevant reports. For example, in 2023-2024 there was a sexual safety clinical audit report, a MAPPA Project Plan Update, a report of the safeguarding review of CAMHS inpatient wards at Hopewood. A sample agenda is embedded below.

The Trust has a Mental Capacity Act Team consisting of specialist practitioners who offer support, advice and guidance to staff in all aspects of the Mental Capacity Act, as well as providing training to staff.

During 2023-24, a survey was circulated for staff to complete about their experience of using routine enquiry in everyday practice in order to assess barriers and inform future improvements in services to survivors of Domestic and Sexual Violence and Abuse.

Engagement

During 2023-24, the Safeguarding Team developed and launched a Making Safeguarding Personal Strategy which was widely promoted across the Trust through assurance visits and roadshows, as well as inclusion in the programme of events arranged for Adult Safeguarding week in November 2023.

The TSPPS oversees all section 42 enquiries to ensure that the enquiries are robust, and a Making Safeguarding Personal approach is embedded. Within the process a planning meeting is convened between the TSPSS, the local authority and the service involved in the enquiry. This process has been effective in supporting services to understand their role in enquiries and to ensure they have a patient focused approach to developing any required safeguarding plans.

The service undertakes a programme of assurance visits to sites across the Trust; as part of these visits, the Involvement, Experience and Volunteering (IEV) Service are contacted to gain any feedback for the service.

The IEV are invited to attend team meetings to share the voice of the service user and provide feedback gathered through a range of sources, including online and direct contact.

The Freedom to Speak Up agenda at Nottinghamshire Healthcare is supported by a network of FTSU Champions across the organisation. They regularly facilitate quality improvement conversation meetings.

The IEV contributed to the Routine Enquiry work described above, developing a survey to get patient feedback around routine enquiry.

The Mental Capacity Act is referenced in the Trust Adult Safeguarding Policy as well as being a stand-alone Procedure. Its impact is supported and monitored by the Trust's Mental Capacity Act Team, which includes delivering specific, mandatory training to staff throughout the organisation.

Nottingham University Hospitals NHS Trust

Assurance

Roles and Responsibilities

NUH has a dedicated team of safeguarding professionals in line with statutory requirements as described in the Safeguarding Accountability and Assurance Framework 2024- (SAAF) At NUH, the Chief Nurse is the executive lead for Safeguarding delegating key responsibilities to the Head of Safeguarding and Harm Free Care. Other key roles include, Named Doctors for Safeguarding, Named Nurse for Children, Named Midwife, Adult Safeguarding Lead, Specialist Nurses and Practitioners for adult, children's and midwifery safeguarding and domestic abuse. The teams are available for all staff to contact for support and act as a single point of contact, quality assuring all referrals prior to sending to external agencies.

NUH has safeguarding policies, procedures and associated guidelines. These are aligned to the multi-agency safeguarding policies and procedures.

Despite capacity issues the team have continued to prioritise immediate safeguarding and work closely with our partner organisations. The Safeguarding teams are split into 3

specialities; Childrens, Midwifery and Adults and have a close working relationship as caseload often overlaps. Staff support is in place, including appraisals, 1:1 meetings, team meetings, supervision and debriefs.

Mandatory training

The safeguarding teams design and deliver a new mandatory training session every year. In a 3 yearly cycle, this covers all aspects of the intercollegiate document at level 1, 2 and 3 for children's safeguarding and level 1 and 2 for adults, and meet all the requirements from the core skills framework. This is updated with learning from local reviews and incorporates new legislation. At the end of Q1 the trust was at 87% compliance for 'Think Family' mandatory training

Prevent training data

At the end of Q4 the Prevent training figures are:

Level 1-87%

Level 3-79%

At the end if Q4 NUH are below the required figure (85%) for Prevent, level 3.

Learning and organisational development continue to provide additional sessions to support staff that have difficulty accessing IT systems.

The estates and facilities department run an increased number of training sessions in quarter 1 to reduce the number of staff needing to attend training in the winter months when teams are under greater pressure so it is likely that these numbers will improve significantly in quarter 1 of 2024/25.

OMMT (Oliver McGowan Mandatory Training)

In July 2022, the Health and Care Act 2022 introduced a requirement that regulated service providers ensure their staff receive training on learning disability and autism, which is appropriate to the person's role. Care Quality Commission (CQC) registered health and social care providers must ensure that all staff, regardless of role or level of seniority, have the right attitude and skills to support people with a learning disability and autistic people. Providers will need to demonstrate to the CQC how their training meets or exceeds the standards set out in this code of practice. NUH learning and organisational development team (L&OD) have been part of the implementation steering group, the adult safeguarding lead has been part of the task and finish group.

The commitment to complete this training, which includes a full day of face-to-face training, provides a significant challenge to the trust. Currently there are approximately 13,000 staff identified as needing the Tier 2 training. With limited trainers' available, issues with training spaces and the numbers able to be trained in each session it will be challenging to reach the required targets.

L&OD are working with the ICB and HEE and other partners to support the roll out of this training. NUH have signed up as a pilot area for the training to be trialled regionally. The online learning and supporting data collection programmes went live on 01/07/2024. The Deputy Chief Nurse has presented a paper to the Children and Young People Board at NUH, in relation to this training and for consideration of how learning disability and autism training can delivered once the pilot is complete.

MARAC

The number of MARAC's has continued to have a significant impact on the safeguarding teams. The adult safeguarding team have been unable to attend many of the MARAC's

due to reduced capacity within the team and the increased number of cases being heard at MARAC. The team have continued to provide research and have attended when capacity has allowed. The adult safeguarding lead has continued to chair MARAC's in Nottingham City.

Nottingham City MARAC has been part of an extensive review led by Philip Broxholme, the outcome of this review has been shared with the safeguarding adult's board. A new process has been identified that will begin on 01/10/2024, it is expected that the new process will significantly reduce the number of cases heard at a full MARAC and will reduce the impact on wider organisations. If the new process is deemed successful on evaluation, it is hoped that the County will adopt this process. NUH adult safeguarding lead has been involved in the review and the task and finish groups.

The Survivor Advocacy Support Service (SASS) IDVA role has been recruited, new staff are now in post.

Mental health in an acute trust

There are increasing numbers of patients attending the trust requiring support with their mental health. There are appropriate services commissioned to provide liaison psychiatry support across the organisation.. The Deputy Medical Director has presented a paper for the Trust Leadership Board outlining the gaps in provision of care for patients suffering with mental health conditions and to consider what is needed to provide the appropriate support for staff and patients and to improve outcomes for patients. This paper was approved at Board. A working group is in progress, with a planned business case.

SERAC

NUH safeguarding teams continue to work closely with the Slavery and Exploitation teams to ensure concerns are escalated and appropriate information shared. NUH currently do not have the capacity to attend the monthly SERAC's but do share information where requested and have excellent working relationships with the slavery and exploitation team. This has been a longstanding issue. We have built strong relationships with the slavery and exploitation team and share information as appropriate between teams to safeguard those at risk.

Prevention

Rapid review process regarding staff allegations with safeguarding element

The Rapid Review Process supports the principles of 'Person in a Position of Trust' guidance (PiPOT) and is embedded within the Trust. The process has led to improved communications, and supportive discussions when cases do not meet a criminal threshold but may meet a safeguarding threshold. The team work closely with Divisional teams and the Acting Operational Head of People. A policy is in place and is currently being updated.

High Intensity User service

The role of the High Intensity Use (HIU) team is to identify individuals attending the Emergency Department at NUH more frequently than expected, establish the underlying unmet need(s) and support people to engage with the most appropriate services for those needs. A significant proportion of people that meet HIU inclusion are experiencing

significant deprivation, based on Index of Multiple Deprivation (IMD) scores, and many would be considered to be experiencing severe multiple disadvantage. The challenge for the HIU team is in developing meaningful relationships with people experiencing disadvantage to rebuild trust in traditional services, and advocate for care to be personalised to enable engagement. The national objectives for the HIU service are to reduce ED attendances and non-elective admissions. 307 individuals have met the inclusion metrics for the HIU caseload since May 2022. 180 of those people live in Nottingham City, 100 live in Nottinghamshire, 23 live in bordering areas and for 4 people their location is unclear. 155 are female, and 149 are male with 3 remaining people unknown.

Disadvantage and SMD:

51.4% of the HIU caseload are considered to reside in the most deprived areas of Nottingham/Nottinghamshire.

Index Multiple Deprivation (IMD) [1] score 1 = 32.5%, (n=100) and IMD score 2 = 18.9% (n=58).

68.4% of the HIU caseload reside in the 4 lowest IMD scored areas.

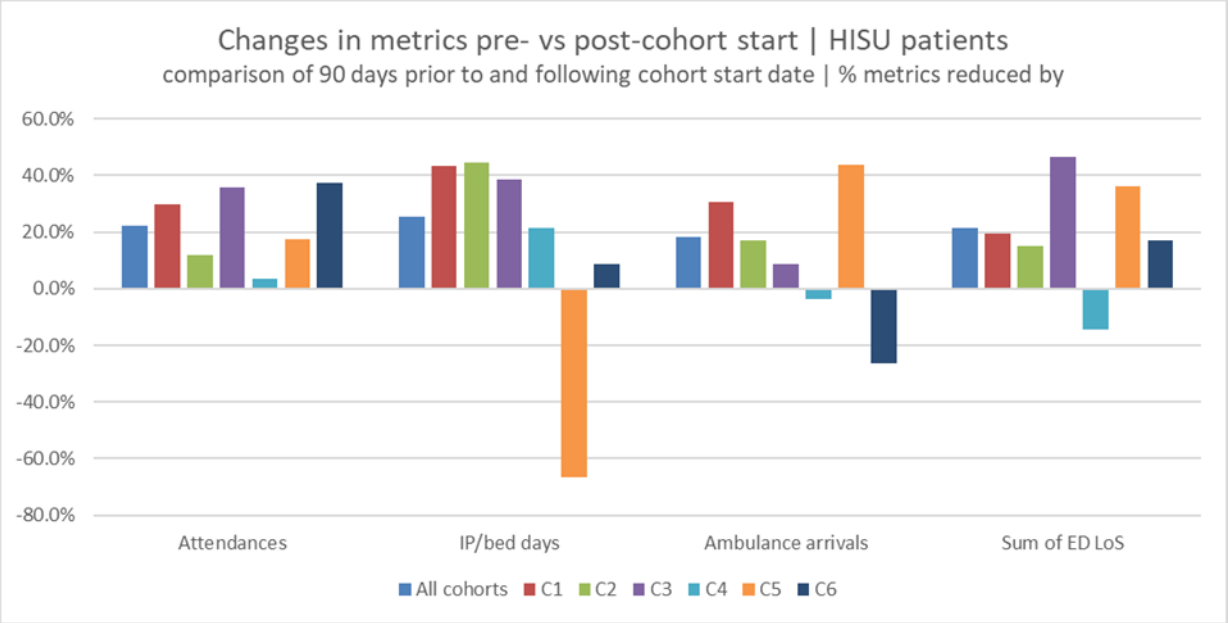
The HIU team work directly with patients attending the emergency department to enable them to access the services and social support they need. They also work closely with community partners and organisations to ensure there is joined up working and appropriate and effective information sharing to support and safeguard.

Results:

Please see tables below for impact on ED attendances and IP/bed days for individuals allocated to a cohort that received some form of intervention from the HIU team.

Difference (total/all cohorts)

	Attendances	IP/bed days
All cohorts	22.1%	25.4%
C1	29.8%	43.2%
C2	12.0%	44.7%
C3	35.8%	38.5%
C4	3.4%	21.3%
C5	17.4%	-66.7%
C6	37.5%	8.9%



Learning disability:

Patients with a known Learning disability (LD) and/or Autism diagnosis are alerted on Trust's computer system. The alert informs the LD team when a patient attends, and they can identify those patients that may require their input and they can offer support early in the hospital journey. This also triggers information regarding reasonable adjustments to be easily available to staff on Nervecentre which is the trusts 'live' system for in-patient care. The LD team work closely with the safeguarding teams and attend Adult Safeguarding Committee; they provide data and information to this committee as part of their governance process. The Trust continues to support the Structured Judgment Case Review and LeDeR process and ensuring any learning is shared widely and processes are implemented to support service improvement.

Persons who pose a risk:

The Trust has a policy for Assessment and Management of Individuals who Pose a Risk. The Head of Safeguarding attends the Trust's Security Management Committee. The ICB representative attends MAPPA and shares any appropriate information with the NUH Adult Safeguarding lead. This information is shared with appropriate teams and risk assessments are undertaken as per Trust policy. The Head of Safeguarding and the Adult Safeguarding lead have met with Probation and the ICB lead to look at any gaps in information sharing. There is work ongoing to put processes in place to agree what information needs to be shared with acute trusts and who is responsible for sharing.

Patient engagement and co-production

NUH has a 'Patient Engagement and Experience Steering Group'. There is wide representation from our patient groups at various trust committees and governance groups. All changes to the delivery of services are discussed at this group, and governance forums have patient representatives. The NUH lead for this is working with the County lead for co-production to ensure organisations are sharing the views and expertise of their patients to plan, design and deliver effective training programmes.

Mental Capacity Act

Training is available online for all staff. In addition, all medical staff complete a module through EIDO healthcare. An MCA audit is completed every quarter by the clinical areas. Feedback regarding results and learning are discussed at Divisional governance meetings and Safeguarding Committee. The teams provide support to the clinical areas and attend MDT meetings for patients with complex needs.

Learning from Safeguarding and Domestic Homicide Reviews

The Head of Safeguarding is a member of the Safeguarding Adults Boards, the Adult Safeguarding Lead nurse is a member of the SAR and QA subgroups for Nottingham City and County, the MARAC steering groups and the DHR ALIG. The Safeguarding Adults' Team Leader attends the training learning and implementation subgroups. Information and learning is then shared via a number of forums and processes including policy and guidelines, governance processes, training, both face to face and e-learning, via emails and documents and via the safeguarding intranet site. Audit and impact documents are then completed 6 months post review to evidence how the learning has been embedded and evidence learning or changes to practice.

Safeguarding Champions

The Trust has approximately 180 safeguarding champions. The safeguarding teams provide quarterly training and updates to this group to support dissemination of learning from SAR's, DHR's and CSPR's across the organisation and increase knowledge and understanding of safeguarding legislation. External organisations support by providing training about their organisations, recently, the Topaz centre team delivered training.

Sexual Safety Charter

NUH has signed up to the Sexual Safety Charter (NHSE) A task and finish group is in progress to ensure that the 10 points of the charter are embedded in policies procedures and guidelines and are easily accessible for staff. The group will also address the requirements from The Workers Protection Act 2023.

Supervision

The Safeguarding Supervision policy forms part of the NUH generic clinical supervision policy. Safeguarding supervision is provided on an ad-hoc basis to members of staff when requested or as a formal debrief after complex cases. As described in the risk, the ability to provide supervision for all staff is currently limited.

Audit

The Trust uses the Tendable audit App to seek assurance of knowledge and understanding of Trust processes. The Adult Safeguarding lead and Team Leader review scores from the audit to identify areas that require additional support, they deliver additional training for identified areas.

Governance

NUH has robust Governance structures in place, A Joint Committee, including the Safeguarding Childrens, Adults and Midwifery teams is held every quarter and chaired by the Chief Nurse.

The Safeguarding Committee receives quarterly activity data from the safeguarding team, updates from SCR's, DHR's and lessons learned from these and other complex case reviews. The divisional teams attend this committee to share relevant information and to take learning back to the clinical teams. The TOR has recently been reviewed and members are asked to provide a quarterly assurance update report to Committee,

including audit feedback, training figures and actions plans. Relevant information from this committee is escalated through the wider Trust assurance/governance groups. A bi-monthly report is completed and presented to the Quality Assurance Committee.

Operational Risks and Mitigations

Safeguarding Establishment Risk

The current risk score associated with an under established safeguarding team following the increase in demand on the service and financial constraints is high. The risk assessment has been approved at the trust's 'Risk Management Operational Group' (RMOG) and is awaiting further discussion at the Risk Management Committee (RMC). The risk is a live managed risk. A gap analysis has been completed and a business case is in progress.

Performance monitoring responsibilities

NUH provides the CQC, ICB and local Safeguarding Boards with evidence that it is discharging its safeguarding reporting duties. Assurance is gathered via audit, staff feedback and surveys, training questionnaires and evaluations and data relating to referrals, Deprivation of Liberty Safeguards and Section 42 enquiries.

The management and reduction of pressure ulcer incidents is a Trust Quality Priority (QP) for 2024/25, with the aim to reduce incidents by 15% each year. A Lead Nurse is in post, with an in-house Tissue Viability team who provide expert advice to the clinical areas. A number of interventions and work streams are in progress to reduce the incidence of hospital acquired category 2 and 3 pressure ulcers, including new beds and pressure relieving mattress provision trust wide, audit and focus work in clinical areas. The investigation process of pressure ulcers adopts a 'PSIRF' approach (Patient Safety Incident Response Framework) Terminology has changed to identify contributory learning or no contributory learning for all acquired category 3 and 4 pressure ulcers. The safeguarding and tissue viability teams support with the completion of complaints and claims, offering expert advice to clinical and legal teams providing reports for HM Coroner as required.

Closed Cultures

As part of the People Strategy at NUH, the Trust aims to embed a 'Just Culture' creating a culture of fairness, openness and learning. This encourages colleagues to feel confident to speak up when things go wrong, rather than fearing blame. There are well established support processes in place, including psychological wellbeing and TRIM (Trauma Risk Management) sessions available for staff who have been involved in incidents.

Recruitment

The Trust follows safer recruitment guidelines to ensure the recruitment of appropriately qualified, trained and DBS checked staff. The Trust does not repeat DBS checks every 3 years. DBS checks are completed when staff change a role or when initially recruited. The 'Fit and Proper Person' test has been completed for all Board members and the Trust made a submission to NHSE at the end of June 2024 to confirm that the trust has met the requirements.

Engagement

Making Safeguarding Personal (MSP)

As part of the work in the Quality Assurance (QA) sub-group, NUH contributed to the 'making safeguarding personal' audit. The data from this audit has been shared with each organisation. The Adult Safeguarding lead will review the data for NUH and feedback at

the September QA meeting to identify areas for training and share an action plan to improve knowledge and understanding. Making Safeguarding Personal is already included in the mandatory and domestic abuse training.

There is still work in progress to improve knowledge around MSP but there is evidence in referrals to suggest that staff take a person-centred approach. Many NUH services are back to pre-pandemic processes however, some of the virtual contacts are identified as appropriate for some patients who have difficulties attending in person. There is a robust governance process in place to identify whom this virtual contact is appropriate for and to ensure that staff undertake a risk assessment, which includes health and safeguarding risks. Any concerns would then mean that those patients would not be offered a virtual contact.

Case study – Nottingham University Hospitals

Lady in her 70's is a regular attender to the trust. She has multiple health issues, and her husband has declining physical health and a likely undiagnosed cognitive impairment. She has been disclosing domestic abuse from her husband including physical assaults for a number of years. She would engage initially then decline to support any referrals or to speak to any partner agencies. DASH-RIC's were completed on a number of occasions often resulting in a referral to MARAC without her consent due to the high levels of harm and ongoing risk.

This lady does not have a cognitive impairment, she is able to make her wishes and feelings known and understands that her decision to return home carries significant risk.

They have been married a long time, they have joint finances, and she feels she has limited options if she decided to leave. Refuge would not be appropriate due to her health issues.

In the last year, her health has declined further but she insists she wants to return home to her husband despite the increasing risk of harm because she is less able to protect herself and get to a place of safety. The safeguarding teams, clinical staff in ED and on the ward have formed a relationship that allows her to disclose and stay in hospital as a place of safety while she considers her next steps. In the last six months, she has become more accepting of support and is more willing to engage in services. She has now agreed to speak to a safeguarding social worker and is starting to engage. On her last few admissions, she has remained in hospital spoken to the safeguarding team and allowed the social worker to visit and discuss safety and look at her care and support needs and discuss options for leaving her husband.

It is not clear currently if the risk has decreased, but she is starting to trust staff, she is starting to engage and she has all of the information she needs to make an informed choice.

Hospital teams have linked in with social care colleagues and the GP to consider whether her husband lacks capacity to make decisions about his own care and support needs. So far, he is deemed to have capacity for these decisions.

This evidences making safeguarding personal, good multi-agency information sharing and working to safeguard, and wider consideration of others with vulnerabilities. This also evidences good use of the mental capacity act to support appropriate referral and intervention.

POhWER Advocacy

Organisational Risks and Mitigation

A change in contract resulting in less resources to deliver Advocacy locally, potentially impacting independent identification of safeguarding concerns. A key role of the Independent Advocate is to recognise and raise safeguarding concerns as they meet and work with people at risk through the course of their work. The requirement to meet increasing demands with constrained resources means advocates are less able to spend quality time with their clients which might enable them to identify safeguarding concerns. The mitigation to this is a full return to face to face working to those clients most at risk, and continued training in identifying and escalating safeguarding. There is also an opportunity for advocates to attend the quarterly safeguarding forum at POhWER and case discussions at team meetings and supervisions. There is continued valuable engagement with wider Nottinghamshire and Nottingham City Safeguarding Adults Boards and subgroups.

Risks around recruitment and staffing continued during the last year as the impact of the challenges around the labour market and cost of living continue. They continue to impact our ability to recruit and re-train along with others in the Health and Social Care Sector. The mitigations put in place for this were an exceptional 3% pay rise during the year, a one-off payment for staff and a review of the pay policy and progression pathway which are in preparation for Board review at POhWER.

Prevention

Successful agency co-operation in relation to adult Safeguarding:

- POhWER attends the Nottinghamshire Safeguarding Adults Board Partnership Events and sessions and values the strategic overview this gives us. We liaise closely particularly with Adult Social Care professionals and the Safeguarding Teams to ensure our beneficiaries are appropriately represented and safeguarded. We do sometimes have to prompt referral for advocacy support where we have made a safeguarding concern for someone we know will have substantial difficulty engaging with the safeguarding process. Our Care Act advocates and IMCAs (Independent Mental Capacity Advocate) are greatly experienced in supporting people who find themselves in safeguarding enquiries.
- Senior level attendance at SAB meetings in Nottinghamshire and also the ICS Mental Health Quality & Safety Group. These both provide an opportunity to discuss Advocacy and to bring the voice of the person to the Board.

Staff training, new ways of working or new posts created that bring about an improvement in an agency's ability to safeguard the people they work with, ideally grounded evidentially or analytically:

- As part of a regular audit programme POhWER's Board of Trustees instructed an independent audit of POhWER's Safeguarding polices procedures and culture. This will report in July 2024 with any recommendations forming an action plan.

Organisational HR & recruitment practices that take account of the need to protect adults at risk, including polices concerning 'persons in positions of trust':

- Our People Director continually reviews and revises the policies and procedures relating to HR and recruitment practices, but also develops tools and training for managers across the organisation. Already all staff must have an enhanced DBS check before working in the Charity and a minimum of two references are taken up before formal offer of contract of employment.
- All Leaders who are involved in recruitment for POhWER attend Mandatory Safer Recruitment training.

Assurance

Having appropriate arrangements in place to safeguard adults:

- POhWER has robust policies and processes in place to escalate safeguarding concerns to the appropriate authority safeguarding team. Data on this is monitored and reported on to our Board of Trustees on a quarterly basis; with further analysis to identify themes and trends, particularly if single incidents don't merit escalation on their own but do form a pattern or theme or trend. In addition, the independent safeguarding audit will be making any best practice recommendations to the policies and processes.

Assurance that learning from Safeguarding Adults Reviews and other serious incidents or internal audits are embedded:

- This is done at both local team level and organisationally through the senior management team safeguarding roundtable that takes place every month.

Analysis of statistical data collected by your organisation in relation to Safeguarding adults:

- See above under appropriate arrangements.

The number of staff undertaking safeguarding training against our organisations targets and any evaluation undertaken:

- 100% compliance is required from Nottingham/shire Advocacy team, compliance at 98% in June 2024 with one staff member completing as part of induction.

How we ensure staff can apply the Mental Capacity Act in practice:

- POhWER Independent Advocates all work to delivery Advocacy in line with the Mental Capacity Act and are expected to attend and participate in mandatory training.

Brief summary of your organisation's quality assurance / governance arrangements in relation to Safeguarding adults:

- POhWER is regulated by the Charity Commission and our safeguarding framework follows the 10 key Charity Commission principles on safeguarding. The processes that govern how we achieve compliance are part of our Quality Management System which is accredited to ISO 9001. In 2024 POhWER has been re-awarded the QPM (Quality Performance Mark for Advocacy) this will be re-assessed in 3 years (2027).

Engagement

Evidencing an organisational approach to MSP that is person led and outcome focused:

- It is a key tenant of POhWER's advocacy that it is person led, issue specific and outcome focused and this is embedded in our safeguarding policies and procedures. Each safeguarding concern is logged as a new issue on our client record database, with the person raising the concern exploring with the beneficiary what outcome they want to achieve. If we have to breach confidentiality due to the nature of a disclosure we will always, where it is safe to do so, inform the person before we do breach confidentiality.

Providing qualitative or quantitative citizen feedback from adults who have experienced the process, evidencing the extent to which their desired outcomes have been met:

- We ask for feedback from every beneficiary we support. We also use an outcomes framework (National Development Team for Inclusion - NDTi Outcomes) to capture the impact advocacy support has had on the person and this is included in the quarterly reporting we provide to our commissioners.

Anonymised case examples demonstrating what MSP looks like in your organisation:

- We utilise anonymised case studies in our internal discussions, training and quarterly safeguarding forums as well as during case discussions at Team meetings and peer groups. Case studies are also shared with commissioners at our quarterly contract monitoring meetings.

Staff surveys recording what front-line practitioners say about outcomes for adults and their ability to work in a personalised way with those adults:

- As part of the independent safeguarding audit a staff survey was conducted with all staff at POhWER in relation to their views on achieving outcomes and ability to work in a personalised way when working with adults. This includes both when they are working in an instructed capacity under section 42 of the Care Act and also when they have had safeguarding concerns disclosed to them or have observed anything that concerns them.

Evidence that the Mental Capacity Act is fully referenced within our safeguarding policy and procedures and that staff have properly implemented these when working with adults at risk:

- As a significant amount of our advocacy work relates to people for whom we have received Mental Capacity Act statutory referrals (either for IMCA support or in the Relevant Person's Paid Representative role within Deprivation of Liberty Safeguards - DOLS), the Mental Capacity Act is embedded in our safeguarding adults policy and procedures. Our staff understand the requirement to treat everyone as having capacity unless it has been assessed that they lack capacity in a time and issue specific situation. Along with all others who we make safeguarding referrals to the local authority for, even if someone is deemed to lack capacity about an issue, we engage with them to try to ensure they understand the issue, gain their views and wishes and ultimately explain if we have to breach confidentiality to make a safeguarding report.

Nottinghamshire Police

Our duty is to deliver the best policing service we can on behalf of the public of Nottinghamshire.

Over the last year the force's 'Proud to Serve Pledge' has been developed and embedded; this provides clarity of purpose and direction for our staff. It also represents a tangible commitment, by which the public can hold us to account.

We will only meet the challenges facing policing by building trust and confidence within our communities. We do this by serving the public with pride, compassion, and integrity as we relentlessly fight crime, protect vulnerable people, and participate in meaningful engagement with our communities to ensure they feel safe and listened to.

Adult safeguarding

The way in which we manage safeguarding and mitigate threats has seen huge improvements, and we are in a good position to manage demand in this area with our current staffing and resources, utilising our partnerships with other agencies. Although we see a continuous increase in the volume of work, we are managing this effectively and processes are continually reviewed to ensure we remain in a position to manage our demand. Our forecasting of demand shows an increase, and we are continually reviewing staffing to ensure that it meets the needs of our partnership working arrangements.

There is a continual increase in the demand of the city and county Multi-Agency Safeguarding Hubs (MASH). We assess all Public Protection Notices (PPN), which go through the MASH, allowing prioritisation of risk. This process allows us to maintain stability and manage our workload in a way that prioritises the highest risk PPNs and enables efficiency.

Given the level of social need emerging from the cost-of-living crisis, there is ongoing training for frontline staff around PPN necessity and quality, to ensure that we continue to drive up quality of PPNs.

From June 2023, National Referral Mechanism (NRM) contacts have been processed within the MASH. The projection for NRM numbers in 2024/25 will create further demand.

Our staffing levels within the MASH (both city and county) are good, and we are at establishment to meet demand. During times of annual leave there is an increase to our work, but we have processes in place and staffing levels are sufficient to meet this temporary rise in demand.

There is ongoing training to improve the quality of PPN submissions across the force. All PPNs are quality assured before referral and training will assist in minimising the oversight demand within the MASH.

Prevention Hub

The Prevention Hub was launched on 6 November 2023 and brings together prevention activities from across the force into one department. The aims of the Prevention Hub align with the National Prevention Strategy: fewer victims, fewer offences, and less demand on policing, achieved by addressing underlying causes and using partnership-oriented problem solving. Ensuring prevention underpins what we do helps to earning the trust and confidence of the public through coordinated and meaningful engagement, preventing crime, disorder and ASB while ensuring the most suitable outcome is achieved.

The Prevention Hub is divided into two sides: Prevention and Engagement, and Safeguarding and Reducing Reoffending.

This new approach to prevention focuses on embedding problem-solving across the organisation and a preventative thread throughout the force to break offending cycles to make positive changes in public and private spaces. It is anticipated this approach will have a significant positive impact to community safety, reducing crime and victimisation, while increasing trust and confidence in the police and partners through collaborative working.

Missing persons

Through our Vulnerability Hub and Missing Persons Team (MPT), we have a dedicated resource who have developed expertise in the locating and safeguarding of missing people.

The MPT, together with the Mental Health Street Triage and Hate teams, form part of the Vulnerability Hub and are based within our Contact Management centre. The purpose is to provide faster information to real-time incidents and advise dispatchers and officers around techniques to help resolve MFH enquiries faster.

The MPT coordinate and oversee our response to missing persons through the activities of our investigation, safeguarding and prevention functions.

Our response is proportionate to the assessed risk of each case, with those assessed as high requiring significant resources to manage the perceived risk posed.

People with mental ill-health

Policing has found itself increasingly drawn into the management of those in mental health crisis. Right Care Right Person (RCRP) is a national approach and provides definition and clarity for when the police should be responding to mental health crisis and otherwise deemed non-police matters, not only ensuring the most suitable care for the individual but allowing appropriate prioritisation.

We look to build on our Most Appropriate Agency policy in line with RCRP, and our aim is to deliver this in 2024/25. RCRP is an approach that looks at ensuring that the right agency respond to those in need. RCRP utilises a partnership approach and will empower Call Handlers, via a decision-making framework, to determine when it is appropriate for police to attend.

Mental health demand can be subject to significant change based upon regional and national landscape, and the financial constraints on mental health services. This increases pressure on policing. We hope that this will be mitigated in some part by our Most Appropriate Agency policy in line with the RCRP approach.

Social vulnerabilities

While dealing with the impact of social vulnerability has long been the preserve of policing, the management of those in deprivation has become an increasingly central role undertaken by the service. The challenge, particularly with the ongoing cost-of-living crisis, is significant but we continue to engage with partners to identify long-term solutions to safeguard the vulnerable and provide support to those living with deprivation in our communities.

Social vulnerabilities, including alcohol and substance use, deprivation and homelessness can have a direct impact on our demand. We recognise we have a significant role to play in the identification of social vulnerabilities, and the subsequent safeguarding and investigation and prevention of offending as a result.

As a force we have recognised the requirements of these areas and to reflect the varying needs and a more proactive approach to prevent offending as a result, alcohol and substance use has now been placed under our Prevention Hub.

We are working closely with Changing Futures supporting the Home Office evaluated pathway, which has been developed by the city to combat begging and homelessness. This has been evaluated by Home Office researchers and highlighted several positive outcomes, including preventing people from entering the criminal justice system.

We continue to undertake reviews of all drug-related deaths to establish any learning or underlying trends.

Internally, vulnerability is managed and overseen within the Strategic Vulnerability Board.

There continues to be a significant increase in the number of recorded rough sleepers within Nottingham which is exacerbated by the ongoing cost-of-living crisis.

The crisis continues to make predicting future demand difficult, given it is having such a fundamental effect on deprivation levels within society. The longer the crisis continues, the larger the numbers drawn into deprivation will become.

Following a change programme our establishment in neighbourhood policing teams (NPT) provides greater support to local areas and risk.

Key policing departments including custody, our Control Room and NPTs have specific structures in place to identify, risk assess and support people exhibiting signs of social vulnerability.

Whilst there is an ever-increasing requirement for policing support within this area, we believe that working within partnerships with other agencies ensures that the demand will be met moving forward. We will continue to review this regularly.