

SAB Strategic Priorities: April 2019 – April 2020

1. Prevention

For example:

- Successful agency co-operation in relation to adult safeguarding
- Successfully launched 'preventative' or 'early intervention' strategies in relation to adult safeguarding
- Contributions towards the Board communication strategy
- 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
- Organisational HR & recruitment practices that take account of the need to protect adults at risk, including policies concerning 'persons in positions of trust'.

BASSETLAW CLINICAL COMMISSIONING GROUP

BCCG has good engagement across the local health partnership which is seen in responding to SARs, DHRs, Sis and been involved in sharing learning and developments.

The care home and home care provider engagement is strong with quarterly forums: the move this year has seen the leadership moving from just being the CCG to partnership leadership with NCC.

BROXTOWE BOROUGH COUNCIL

- Monthly multi agency Complex Case Panel meetings are held to discuss cases and case conferences around an individual are also convened where appropriate
- The Safeguarding Coordinator is located in the Police Station working alongside the Police giving a multi agency approach to cases and enabling cases to be discussed in real time minimising delays in referrals
- Agencies use the ECINs secure information sharing and case management system to enable appropriate information sharing to take place between agencies facilitating an holistic picture of complex cases to be created. This prevents individuals from falling between agencies and being lost in the system. This also enables other concerns formed from disparate information e.g. CSE, CE or cuckooing to be identified which may otherwise be missed
- Safeguarding training is mandatory for all staff. Leaflets raising awareness of signs to look for and the referral procedures have been updated and issued to all staff and members
- The safeguarding webpage has been updated and made accessible

- A dedicated safeguarding email address has been created with multiple users to prevent emails to key officers being delayed or lost when officers are unavailable
- A Threat of Suicide form has been developed to assist staff dealing with those who threaten suicide during contact with the council. The form assists officers in handling the call appropriately, obtaining information required, giving advice and referring to appropriate agencies.

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

The DBTH Safeguarding Team have close links with both Local Safeguarding Partnerships. They have representatives on the Board, and the subgroups.

DBTH is represented at the NSAB Partnership events.

DBTH provides an annual and quarterly reports in respect of all safeguarding activity which will contribute to the NSAB Annual report.

Safeguarding Training is developed and delivered by the Safeguarding team, who maintain and update the presentations. This year we have 18 scheduled face to face sessions. We offer seminar training in the lecture theatre training up to 150 staff at a time or smaller sessions of approximately 20 staff being more interactive sessions.

Training compliance is monitored within the Trust using the traffic light system for individual care groups/teams. This is embedded in the quarterly reports.

The Safeguarding Nurses contribute to SARs, and Lessons Learned review, and produce IMRs and chronologies where requested. They also develop action plans resulting from the review process. They attend the associated panel meetings and LLR meetings. We share any lessons/actions within the Trust either in a variety of ways, in training, small learning groups, supervision, safeguarding newsletter, the DBTH weekly newsletter, on our Safeguarding Facebook page or DBTH Facebook page and on our safeguarding intranet page.

The Safeguarding team maintain the profile of safeguarding within the Trust by being visible and offering guidance and support when requested. They also offer safeguarding supervision to wards and departments.

DBTH have a strict recruitment process ensuring enhanced DBS checking, there is also an organisation policy on safe recruitment.

NATIONAL PROBATION SERVICE NOTTINGHAMSHIRE

- Training is a key focus in this area
- As an organisation we have put the majority of staff, who already have enhanced HMPPS vetting in the majority of cases, through VISOR vetting, which is Police Level 2 partnership vetting and this applies to all operational staff as well as some administration staff. This offers additional level of assurance that those working with vulnerable adults are vetted appropriately.

NPS staff are involved in a number of boards and meetings which focus on adult safeguarding including strategic boards eg CDP, SAB, Safer Nottinghamshire Board, and in other arenas- DHR ALIG, Stalking Clinic, MAPPA. All of these involve significant partnership working related to safeguarding. We also have two safeguarding SPO leads and the Deputy Head is part of the SAB.

NOTTINGHAM AND NOTTINGHAMSHIRE CLINICAL COMMISSIONING GROUP

The CCG's continue to be active members of the safeguarding partnerships across both the City & County SAB's including their subgroups. We also attend and participate at the local PREVENT & MAPPA boards as well as supporting the Community Safety Partnerships in areas such as domestic & sexual abuse, HBVA/FM and the FGM steering group.

The LeDER programme is now in a position whereby themes and trends are able to be identified. The CCG facilitates the LeDER Steering Group which is developing action plans based upon the learning from the reviews. These feed into the strategic transforming care agenda, which will then influence the services that are commissioned for people with a learning disability and or autism across the ICS.

We continue to support Primary Care across all 6 CCG's by contributing to the GP Safeguarding Leads forums and delivering bespoke training when required. We have piloted a webinar for Adult Safeguarding Training through the GP Team Net platform which evaluated well and is now being trialled by the Children's team. Newsletters and targeted bulletins have also been distributed to Primary Care through the year, example attached.



DHR Newsletter-
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The CCG's have been part of the NHSE/I Safeguarding Assurance Tool pilot and we were compliant in all of our statutory responsibilities for safeguarding adults and for safe recruitment practices.

All of our HR policies were reviewed and updated to ensure compliance in preparation of us becoming one CCG in April 2020.

NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST

Nottingham University Hospitals ensures that the safety and wellbeing of adults at risk is at the core of everything it does

The trust is mainly a referring agency; we share information when abuse or neglect is identified with a team of safeguarding specialists available for staff to contact for support. The team act as a single point of contact and quality assure all referrals. The trust specifically employs two safeguarding/domestic abuse workers to provide initial urgent interventions when a disclosure of domestic abuse is made.

Primary prevention of abuse sits within the role of all clinical teams within the trust. They continue to work with partnership agencies on a daily basis identifying individual risks and planning a multi-agency approach to allow people to live a life as free as possible

from abuse, considering the rights of individuals to make decisions about their own welfare.

All NUH Staff receive annual mandatory safeguarding training.

The 2019/20 training focussed on a think family back to basics theme, this incorporated MCA, deprivation of Liberty safeguards and domestic abuse but included the 10 categories of abuse to promote discussion, particularly relating to those adults without identified care support needs. This training was developed in line with adults and children's intercollegiate documents to ensure that over the three year programme all criteria were met for safeguarding adults at level 2, it is planned that by the end of the three year programme adults training will meet the level 3 requirements.

The Trust plan has always been to maintain face-to face sessions that allow dialogue and questions, however due to government guidance around Covid-19 and social distancing this is not currently possible. The safeguarding teams alongside learning and organisational development (L&OD) have provided a podcast for this year's mandatory training, monitored by L&OD for training data and compliance. This will be reviewed regularly and adapted as guidance changes.

The Trust follows safer recruitment guidelines to ensure the recruitment of appropriately qualified, training and DBS checked staff.

The Trust has a policy for Assessment and Management of Individuals who Pose a Risk, the use of which is audited. The Trust is also engaged in the MAPPA arrangements.

NUH has a Patient and Public Involvement (PPI) Group. This group has a wide representation from our patient group and includes a patient with a learning disability. All changes to the delivery of services go through the PPI group - for example the needs of vulnerable adults are considered when specialties move between campuses. PPI is part of Trust quality agenda. Patient and carers group were consulted in the rewrite of the NUH safeguarding adult's policy.

All Divisions have processes in place for patient and public involvement in the improvement of services they deliver (service specific examples can be given on request)

The Trust has done work around carer's survey and policy- NUH has a carer's policy and carers cards and NUH took part in promoting this work during carers week.

NUH has been involved in Learning Disability community events involving service users and their carers.

The Trust has a patient experience survey and monthly collection on wards of the inpatient survey. This includes vulnerable adults who are involved in patient feedback. Feedback cards are available in accessible format and staff assist with completion of these. This survey was paused briefly during COVID19. The Safeguarding Team and the LD team have also attended Day centres to collect patient feedback and to help them understand how to raise any concerns.

Visiting hours have been reviewed and extended as a result of patient feedback. Visiting has been very limited during Covid-19 lockdown measures but this has been assessed on a patient need basis and there has been flexibility around visitors and carers to ensure minimal distress for patients with Learning difficulties and disabilities.

Patient's with a Learning Disability (LD) are flagged on Trust's computer system to alert staff when they will need extra input from LD Liaison team and reasonable adjustments to be made.

NUH uses a range of alerts on the IT systems to highlight patients with additional needs for example frailty.

NUH uses the Hospital traffic light/ Passport for patients with LD this has been extended to other patient groups. For patients with dementia there is a document called 'About Me' which is completed in conjunction with family meetings to help with addressing their needs within care plans.

NUH can provide many examples of reasonable adjustments for example double appointment times at clinic, pre visits to theatre and MRI to alleviate anxieties.

All patients with a LD who die whilst at NUH are subject to a Structured Judgement case review, the patients clinical care is reviewed by the Named Doctor for safeguarding and a LD specialist nurse. This helps to identify any learning. All deaths are reviewed prior to referring to LEDeR and this is something we have done at NUH for the last three years before the mandatory reporting to LeDeR was introduced.

There is evidence of personalisation in care planning around Mental Capacity. Trust staff receive training around best interests. This is included in the mandatory training and on trust induction MCA and LD training.

The Trust uses DATIX to report incidents, all safeguarding concerns, falls, pressure ulcers etc. are reported on this system and it is mandatory to follow up and provide evidence of learning where appropriate.

Incidents, complaints and claims are monitored. The Head of Safeguarding and safeguarding adult team receive an email alert whenever an incident form is completed with 'Safeguarding' as a category. The Safeguarding adult specialists look for trends and identify any possible issues with regards to poor care. If there any concerns about practice in a particular area then the senior nursing team has agreed terms of reference for a 'safeguarding review'.

The Head of Safeguarding manages the Matron for Harm free care and therefore the Tissue Viability team now sit within the safeguarding unit.

The Trust has an effective complaints system. The safeguarding team work closely with complaints and the Adult Safeguarding Lead and Head of Safeguarding communicate regularly with this team to discuss any complaints that may have a safeguarding element to them. NUH has an easily accessible PALS and formal complaints process available for patients/carers who voice concerns about care.

The Trust carries out an annual staff survey.

There are ' Board to the floor' events monthly. This is where an exec, non-exec and member of the governance team visit a ward/ department and has a safety conversation with front line staff. Staff have the opportunity to raise concerns directly to the executive team. In addition before every board meeting the trust Board members visit clinical areas to talk to staff and patients. The Board also hear patient stories at each meeting.

Trust policies that relate to safeguarding (Safeguarding, MCA, DOLS, Consent, Privacy and Dignity etc.) all promote informed patient involvement in care delivery.

All such policies are underpinned by training which puts patients and their carers at the heart of decision-making about their care.

The Trust's values and behaviours support the above.

There are numerous examples of where decision making has been maximised. The communication toolkit has been rolled out across all areas of NUH, this is used for many different groups of patients, there is a library of easy accessible information, DVD's and NUH has a pictorial menu to assist patients with meal choices.

During COVID19 the Lead Exec for safeguarding was very clear that the safeguarding team was not redeployed to any other areas, extra support was offered if required. This demonstrates the organisations commitment to ensuring our most vulnerable patients are safeguarded.

NOTTINGHAMSHIRE COUNTY COUNCIL – ADULT SOCIAL CARE

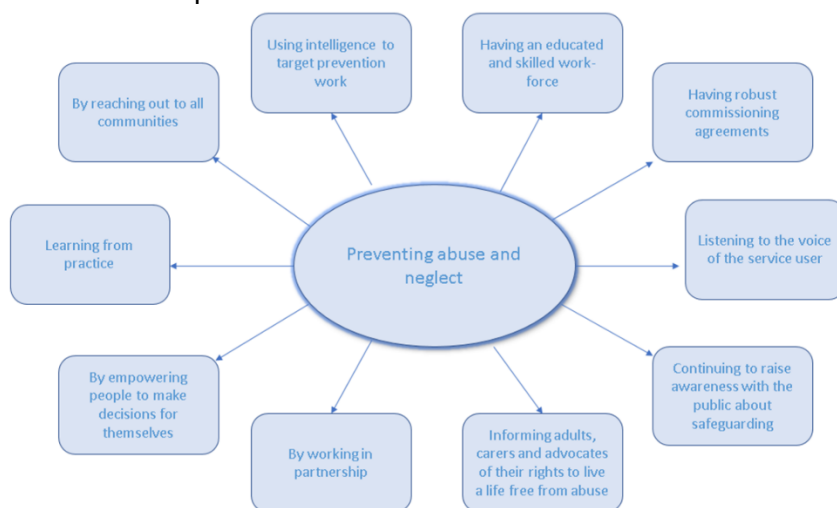
- Nottinghamshire County Council successfully developed a multi-agency tool working with NCSAB & NSAB to align across both City and County services. A multi-agency audit with statutory partners (Police, Sherwood Forest Hospital) looking at Domestic Abuse cases was completed in January 2020. A report was developed and shared with NSAB Quality Assurance Sub Group. Wider learning was also shared with Public Health Colleagues. A further audit is planned (once operating models to adapt to Covid 19 are reviewed) with NHCT and the Police linked to Self neglect following the launch of the Self Neglect Toolkit.
- Ongoing contributions to NSAB Partnership events to input into the strategic direction of NSAB. The ASCH Communication team promoted this internally to showcase when looking at work in our communities, with shared aspirations to empower and keep people safe. This directly supports the NSAB communication strategy. Nottinghamshire County Council has raised awareness about what adult abuse is, the different forms it takes, who is at risk, how it can be reported and how it can be prevented.
- The Communications Sub Group carried out an audit of information materials and distributed more posters and leaflets about adult abuse, with a particular focus on libraries, GP surgeries and hospitals, as these were the places people fed back in a survey, they were most likely to want the information. Publicity campaigns were carried out for Elder Abuse Awareness Day and Safeguarding Adults Week. A dedicated web landing page was also set up to encourage people to find information about how to stay connected and active in their local community to help prevent them from becoming socially isolated.
- A culture of strength-based practice is being driven within Adult Social Care department. The Owning and Driving Performance Programme (ODP) places equal emphasis not only on *what* we are doing – priority setting, planning, delivery and monitoring – but also on *how* we do it – values, behaviors, skills and knowledge. Our working environment can play a significant part in how we feel, contribute to and deliver our service goals. This has been supported through the development of PIMS meetings within all operational teams. This enables dedicated time for teams to put this approach into practice. A core matrix and management review are

currently being undertaken to look at systems and data collection in delivering this approach and culture.

- Staff training/ restructuring to improve practice- based on evidence. Nottinghamshire County Council re structure in response to NHS changes in operating model to PCN's. Extensive consultation and planning completed with workforce changes agreed and requiring implementation. This will support integrated teams in effectively supporting local populations. The restructure has strengthened three tier working and START services, designed to provide the right amount of support for a short period of time to maximise independence.

Specific training has been delivered to teams to complete the Safeguarding Competency Framework aligned with Nottinghamshire County Council EDPR yearly review. Following a launch in November 2019, safeguarding Officers and Managers have the tools to reflect on their performance in delivering effective safeguarding. It also provides evidence for their social work registration. The competences will be reviewed by the PSW & DASQAM to look at trends and future training needs to improve service delivery. The Safeguarding level 1 & 2 training has now been converted to an online platform, to support social distancing guidance in place and reduce face to face sessions.

- Human Resources department provided this statement in relation to recruitment practices and addressing 'persons in a position of responsibility'- 'The Local Authority remains fully committed to ensuring that effective safeguarding principles are robustly embedded into HR and Recruitment procedures. In addition, we continue to review and evaluate existing policies and processes to ensure they remain fit for purpose and in line with statutory requirements in order to protect adults at risk.'
- Nottinghamshire County Council contributions to reviewing the Prevention strategy 2019-21- This can be found below and informs the Safeguarding Adults Governance Group in their associated workflows:



NOTTINGHAMSHIRE FIRE AND RESCUE SERVICE

NFRS launched an online referral process for Safe & Well visit requests from our professional partners for residents of Nottingham City and Nottinghamshire who are at

an increased risk of fire. The Service website now has a separate area for 'professionals only referrals' that incorporates our fatal fire CHARLIE matrix (which identifies 10 characteristics which determine a level of risk).

An e-learning package has been developed to support the completion of the CHARLIE matrix by partner organisations. In addition to this, face-to-face training has been provided to Safeguarding Boards as well as partners across the county and city.

For the last two years NFRS has had an Occupational Therapist seconded into the Prevention Team from Health. This post has now been extended for a further three years and has proved to be incredibly valuable in supporting the co-operation with partner organisations.

Ongoing training within the service to support safeguarding includes e-learning, case studies and their reviews, external training days, supervision, attending the boards, the forums and the sub-groups.

NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST

The Associate Director for Safeguarding and Social Work is a key member of the SAB and members of the safeguarding team ensure the Trust is represented on all the local safeguarding board subgroups. The Named Nurse is the NCSAB Learning and Improvement Subgroup chair and the Corporate Safeguarding Lead chairs the Quality Assurance Subgroup.

In terms of prevention work, the key focus areas for the Trust include:

Domestic violence: This remains a high priority in our strategic safeguarding work. Our MARAC practitioner has continued to lead Trust involvement in the local MARAC processes, supported by two specialist domestic violence practitioners. The Domestic Violence Subgroup has continued to meet until paused due to Covid-19. The workstreams have been realigned to ensure key areas are focused on and this work will resume as soon as it is safe to do so.

Sexual safety: Work has continued on the research project with Nottingham University into sexual safety on inpatient wards. This work has included development of resources, staff engagement and training and engagement with our female service users to inform the work undertaken. The project lead continues to be involved at a national level in the development of this important area of work. The project was paused at the end of the year but will recommence as soon as possible to ensure the Trust remains a safe place to be admitted.

We are currently strengthening our approach to allegations against people in positions of trust (PiPoT). Our guidance will ensure that the Trust's arrangements for managing concerns about staff /volunteers in positions of trust are robustly, consistently and fairly applied and managed. We will report on the impact of this next year.

Learning and improvement: The Trust has a specialised safeguarding training team who deliver safeguarding training to all staff. Training is reviewed on an annual basis and specific areas of need are identified and addressed as necessary, including training around DASH Rics and referrals to MARAC. Evaluations of training (by both attendees and observers) are consistently high. The team have continued to develop a number of safeguarding adults training packages, including around domestic violence and self-neglect.

The Named Nurse for Safeguarding continues to lead this work in line with her statutory responsibilities. The training packages have been reviewed and updated in the light of the adult safeguarding roles and competencies for health staff. Work has commenced on the development of a safeguarding training passport to ensure staff can easily record the training and development opportunities that they access.

Recruitment: The operational Safeguarding Leads continue to support the volunteering service with advice and attendance at the DBS panel, which meets to consider issues around new volunteer applications.

NOTTINGHAMSHIRE POLICE

Prevention and early intervention for vulnerable victims of fraud continues to be a focus for Nottinghamshire Police. Our fraud department have heavily invested in new forms of engagement with our communities, advising and alerting our public on current frauds and scams including

Nottinghamshire Alert (with over 24,00 subscribers)
Instagram
Facebook (300,00 reaches)
Radio Nottingham and Notts TV

Modern Slavery is led by our designated team. The profile in 2019/20 showed that the vast majority of our adult victims in Nottinghamshire were subjected to labour exploitation, contrasting the previous year's spike in sexual exploitation. The use of the National Referral Mechanism provides nationwide structure and provision in terms of safeguarding these victims.

Prevention of re-victimisation of domestic abuse continues, as mentioned previously, with new initiatives for 2019/20 including the recruitment of a civil order officer and a stalking prevention officer. These will increase the scrutiny and use of staking protection and domestic violence protection orders.

Working alongside our Health colleagues, the Mental Health Triage car has increased its use and, from Oct 2019, now provides daytime as well as evening time provision. This service is designed to provide immediate support to people suffering from mental health who are subject to calls to the Police, whilst eradicating the use of police custody suites for people requiring a place of safety. Over 3,000 incidents were resourced by this team in the first six months of 2020.

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST

Sherwood Forest Hospital Foundation Trust is a member of the Nottinghamshire Safeguarding Adults Board and its supporting multi agency sub groups.

SFHFT has a safeguarding strategy in place and supporting policies and procedures in respect of safeguarding adults

During 2019/20 we have worked to continue to embed the requirements of the Care Act 2014, ensure staff are able to use the Mental Capacity Act, aware of the DOLS and respond appropriately to issues raised by these whilst also ensuring that any interventions made are in line with the patient's wishes and beliefs and so therefore

ensuring we are 'Making Safeguarding Personal'.

The safeguarding team has advice processes in place to ensure staff can access help and support in response to safeguarding issues and we use the data from these responses to identify trends and themes around safeguarding adult issues. This enables us to target areas and provide of support.

We work closely with our partner agencies to ensure that any safeguarding concerns are responded to and addressed from a multi- agency perspective.

During 2019-2020 in partnership with Nottinghamshire Police the safeguarding team has delivered allegation against professional training to senior leadership on call teams. This is in response to lessons learnt including forensic evidence.

The safeguarding training has been developed in line with Learning and Development. We provide safeguarding training at all levels within the trust which evidences intercollegiate recommendations.

The development of training embedding learning from incidents within safeguarding training.

All training is evaluated and adapted in line with feedback and in response to local and national guidance and learning.

The safeguarding team also supports experiential learning and action learning/ table top event with wards following an incident datix, and where required development of action plan and competencies.

The sharing of safeguarding learning from referrals, incidents communicated at ward /department level through communication cells / whats app to support real time change.

Domestic abuse has been a strong focus within organisational communication and a strong campaign of #you are not alone and The silent solution and domestic abuse within Covid has been implemented.

2. Assurance

For example:

- Having appropriate arrangements in place to safeguard adults
- Assurance that learning from Safeguarding Adults Reviews and other serious incidents or internal audits are embedded
- Analysis of statistical data collected by your organisation in relation to safeguarding adults
- Brief summary of your organisation's quality assurance / governance arrangements in relation to safeguarding adults

BASSETLAW CLINICAL COMMISSIONING GROUP

BCCG has a well-established safeguarding assurance group which reports to the BCCG quality and patient safety committee (Q&PS: a sub group of the Governing Body), the safeguarding annual report and LeDeR annual reports have been approved for this period.

BCCG's LeDeR steering group reports into Q&PS the LeDeR annual reports have been approved for this period; this year we have produced the first learning briefings from the annual reviews one is in an accessible version.

BCCG's transition steering group reports into maternity, children and young people's group; an annual summary report has been produced and taken through the governance processes. The maternity, children and young people's group considers adults in relation to pregnant mothers (over the age of 18 years) and parents, and young people up to the age of 25 years.

In year BCCG has formed the mental health assurance group which reports to Q&PS; our CAMHS meeting reports into both the this group and the maternity, children and young people's group.

BCCG has regular contract and quality monitoring progress of which were impacted in March 2020 due to the Covid-19 response.

BROXTOWE BOROUGH COUNCIL

- A Safeguarding Adults policy is in place and is regularly reviewed
- The Countywide TriEx Policy System is used in conjunction with the local policy to ensure officer are kept up to date
- All staff undertake mandatory training on safeguarding and are offered additional training opportunities where appropriate
- Processes are in place for making safeguarding referrals and referrals to the Complex Case Panel

- Referrals are quality assured before submission to MASH or Family Services
- All Serious Case Reviews and Domestic Homicide Reviews are analysed and recommendations implemented and embedded within depts. as appropriate
- Internal safeguarding data is analysed and reviewed at safeguarding workshop meetings chaired by the Chief Exec
- Issues are escalated to the District Safeguarding Officers meeting and the Safer Notts Board where appropriate
- Safeguarding is subject to internal audit processes – latest audit 2018/19

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

DBTH safeguarding team has a Lead Professional for Safeguarding Adults and a Specialist Nurse for Safeguarding Adults. They work alongside other safeguarding professionals in the organisation.

DBTH has an up to date Safeguarding Adults Policy, written in line with local and regional guidelines, as well as a Mental Capacity Act and DoLS policy. These can be accessed by all staff working within the organisation via the DBTH intranet.

DBTH has robust governance and assurance processes in place, via the SSPB. This group meets quarterly and is chaired by the Director of Nursing, Midwifery and Allied Professionals, who is the Executive Lead for Safeguarding within DBTH.

The group is attended by key staff from the safeguarding team and has multi-professional representatives from across the organisation, mainly associate Directors of Nursing Divisions as well as both CCG representatives.

The group is an approval group for internal policies associated with Safeguarding. Including the three yearly updates. It also accepts and approves the quarterly and annual reports produced by the Safeguarding team. These reports are shared with the Trust Patient Safety Review Group (PSRG) and Clinical Governance Committee, as well as the Local Safeguarding Adults Boards and the CCGs

A safeguarding self-assessment and safeguarding declaration are also submitted to the Safeguarding Boards and Partnerships and CCGs.

The team has developed the DATIX recording system in order to record and report any allegations made against the Trust.

The Safeguarding Team share lessons learned from SARs, LLRs and DHRs through the Safeguarding newsletter, the weekly staff bulletin and the DBTH & Safeguarding Team social media pages.

Audits are carried out throughout the year in respect of safeguarding and MCA/DoLS. Serious incidents are shared within the Trust as relevant and with the CCGs.

NATIONAL PROBATION SERVICE NOTTINGHAMSHIRE

- Staff receive training in safeguarding adults, domestic abuse, sexual offending
- Assessments and reports are routinely quality assured by managers to ensure they meet appropriate quality levels and where they don't remedial work is undertaken. We also have wider assurance and quality teams who undertake work and additional support for staff who need this.
- We are starting to look at processes to review cases who have been subject to various reviews to ensure learning is embedded.

NOTTINGHAM AND NOTTINGHAMSHIRE CLINICAL COMMISSIONING GROUP

The CCG has appropriate arrangements in place to safeguard adults and this has been strengthened by the additional staffing resources within the nursing team.

The CCG's internal governance procedures have been amended in light of the pending CCG mergers and they adhere to the Royal Colleges Intercollegiate Documents for Health as well as the Safeguarding Adults Assurance Framework.



Governance
Arrangements.docx

The CCG Safeguarding Assurance Group (SAG) is responsible for reviewing and monitoring the learning and actions assigned to the CCG and Primary Care from Adult Statutory Reviews. Each quarter the reviews are presented to the SAG with an update on the implementation and the outcomes.

In the latter part of the year GP Practices also began to submit safeguarding self-assessments on to the Primary Care Dashboard. Practices that self-identify as requiring support with safeguarding will then be assisted by the safeguarding and quality teams to reach and maintain the required standards.

Where the CCG Quality Team or CQC identifies any safeguarding concerns in a GP Practices the Safeguarding Team are available to offer support in addition to the GP Safeguarding Leads Forum.

All NHS Trusts provide a quarterly update on their PREVENT training figures to NHSE and each Trust has submitted their returns each quarter. These are monitored by the CCG and where any additional assurance is required the CCG has liaised with the provider organisations to ensure that this is received and any risks identified and mitigated.

NHSE run a quarterly Senate for Designated Professionals which the Adults Team attend in addition to receiving safeguarding supervision from professionals outside of the CCG to ensure that the team remain fully abreast of emerging themes and trends as well as maintaining the resilience and wellbeing of the team.

The CCG published its Modern Slavery Supply Chain Statement which covers all of the 6 CCG's.



The CCG continues to identify patients that are subject to a deprivation of liberty within the community and seek authorisation from the Court of Protection in relation to any restraint or restrictions that are required within their care plan. The CCG has also taken the lead and supported patients where we fund their care and they are objecting to a Deprivation of Liberty authorisation. Throughout these cases we work closely with our local authority colleagues and family members to ensure that we are working in the patient's best interest and their families' wishes and feelings are taken into consideration from the start of the process.

NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST

Safeguarding Arrangements

All health providers are required to demonstrate that they have safeguarding leadership and commitment at all levels of their organisation and that they are fully engaged and in support of local accountability and assurance structures, in particular via the local safeguarding boards. The Head of Safeguarding represents NUH at the Local Safeguarding Adult's Boards (LSAB)

Health providers must ensure that a culture exists where safeguarding is everybody's business and poor practice is identified and tackled. They are required to have effective arrangements in place to safeguard adults and to assure themselves, regulators and their commissioners that these are working.

These arrangements include:

- Safe recruitment
- Effective training of all staff
- Effective supervision arrangements
- Working in partnership with other agencies
- Identification of named professionals for safeguarding

Named professionals have a key role in;

- promoting good professional practice in their organisation
- supporting the local safeguarding system and processes
- providing advice and expertise for fellow professionals; and
- ensuring safeguarding training is in place

At NUH we have a dedicated team of safeguarding professionals. This includes Head of Safeguarding, Named Doctors for Safeguarding, Named Nurse, Named Midwife, Adult Safeguarding Lead and specialist nurses and practitioners for adult and children's safeguarding and domestic abuse.

The Executive lead for Safeguarding is the Chief Nurse

The Trust has approximately 70 safeguarding champions, with coverage in each Division, including community services. Their role is to:

- a) give advice and support around mental capacity and safeguarding adults, children and young people to staff in their respective divisions;
- b) to assist with the embedding of the Mental Capacity Act 2005 within the specialties in which they are based;
- c) To drive forward the awareness of domestic and sexual abuse and the implementation of the use of the domestic abuse, stalking and harassment risk assessment tool (DASHRIC).

Each safeguarding champion can be identified by their 'safeguarding champion' lanyard. The safeguarding champions have clear objectives.

Four Safeguarding champion's forums took place in 2019/20, Trust champions attended and received level 3 safeguarding training and updates, topics included male victims of domestic abuse, domestic abuse, Mental Health Act, learning disability support and an MCA refresher. These sessions are very well attended and evaluate well. They provide a forum for open discussion and allow staff to develop support networks. We aim to continue running these forums but they have been on hold during the Covid-19 issues. This will be reviewed in the coming months and look at ways of maintaining learning and support via electronic systems if face to face is not an option

NUH has a suite of Safeguarding Policies and associated guidelines. These are aligned to the Multi-agency Safeguarding policies and Procedures.

NUH has a safeguarding strategy this combines babies, children and adults and has a 'think family' theme.

NUH also has a safeguarding adults intranet site; this is used to hold a variety of information. There is a virtual staff resource folder and safeguarding newsletters from the Boards are also shared this way.

The adult, children's and midwifery safeguarding teams jointly share information Trust wide via a quarterly newsletter including learning from DHR's, SPR's and SAR's.

Care Quality Commission

All health providers must be registered with the Care Quality Commission (CQC) and are expected to be compliant with the fundamental standards of quality and safety. Two of these standards have particular relevance in safeguarding – regulation 11 (consent to care and treatment) regulation 13 (safeguarding vulnerable people from abuse).

NUH has not been inspected during 2019/20. NUH was inspected by CQC during quarter three of 2018/19 and assessed as 'good' overall and 'outstanding' in caring. Here are just a few extracts from the report;

'Safeguarding training was mandatory and staff demonstrated understanding of the resources available to them, including the trust specialist safeguarding team and online tracking system to identify patients known to be at risk.'

'The safeguarding team were working with regional partners to standardise safeguarding training in line with new intercollegiate guidance. This would ensure local practice was benchmarked against national standards.'

'The safeguarding team worked across medical inpatient areas and provided on-demand patient reviews and coordinated care with other specialist teams.'

'Without exception, staff told us that safeguarding was given the highest priority. All the staff we interviewed were very knowledgeable about their patients and could identify any children who were on a child protection plan or who had been assessed as a child in need.'

As a team we are very proud of these comments and of the staff we work with.

Safe recruitment and managing allegations against staff

NUH continues to operate a safe system of recruitment which is in line with the NHS employment check standards. There have been 19 (22 in 2018/19) allegations in the past twelve months managed by the named professionals for safeguarding and the HR Head of Operations. Four of these allegations were directly related to patient care; one required a referral to the Local Authority Designated Officer (LADO) and three were unsubstantiated following investigation. The remaining 15 were allegations not directly related to their work but where statutory agencies have been involved in incidents outside of work, for example domestic abuse/ safeguarding children.

Effective staff training

Safeguarding training is delivered on a three yearly rolling programme. This year's training included a back to basics theme, including MCA, deprivation of Liberty safeguards and domestic abuse but included the 10 categories of abuse to promote discussions. The training is delivered face to face and has been very well received. (Please see information in relation to training during the Covid-19 pandemic).

Compliance with mandatory training attendance has been reported to both safeguarding committees. Mandatory training compliance is reported to the Trust Board and is also part of the Divisional Performance meetings.

By the end of March 2020 safeguarding all staff mandatory training was at 77%, below the Trust target of 90%,

Mandatory training compliance very much relies on staff being released from Divisions to attend training. Learning and Organisational Development (L&OD) arrange mandatory training sessions and divisions are responsible for release of staff and to follow-up non-attendance

In addition to mandatory training, the safeguarding team deliver tailored training on a variety of topics as required, for example: domestic abuse, Mental Capacity Act and the deprivation of liberty safeguards. During 2019/20 police colleagues provided training on 'Managing Significant Safeguarding incidents' - this was well received and 45 senior staff, many with sliver on call responsibilities, attended this training.

The teams also support training programmes for student nurses/midwives and foundation doctors and work closely with the University of Nottingham.

This year the safeguarding team have continued to train and assess the competence of additional trainers within Divisions as requested to enable more staff to be trained at departmental training days in addition to the centrally arranged mandatory sessions.

Prevent training

Prevent is delivered on a 3 yearly cycle, NUH delivered this in 2017/18, at the end of the year 2018/19 the Trust were compliant with the NHS England target of 85% of staff trained.

NUH's performance against this training is currently at 76% compliance. This falls short of the mandated 85% requirement. This drop had been anticipated as the team had previously delivered Level 3 Prevent in 2017/18 and a number of staff now requires their three yearly update. The Head of Safeguarding has discussed this with both the CCG and NHSEI and explained the reason for the decrease and described the recovery plan. Prevent is now available as an e-learning package or via a filmed version that can be used when classroom sessions are facilitated.

Effective supervision arrangements

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 and as a formal debrief after a complex case. Currently where staff require specialist input 100% of the requests are being met.

During 2019/20 the safeguarding teams have continued delivering a programme of safeguarding supervision to the Emergency Department. This is protected time where staff can share safeguarding concerns and experiences both good and bad. The safeguarding practitioner facilitates the session but there is a lot of peer support and learning from this activity which has continued to evaluate very well.

The Adult Safeguarding Lead provides supervision for the learning disability liaison team and adult safeguarding specialist nurses.

The Head of Safeguarding provides supervision for the adult lead and named nurse. The Head of Safeguarding receives supervision from the Local Authority Head of Safeguarding and Quality Assurance and also chairs the Regional NHS Provider Safeguarding Forum where peer supervision forms part of the agenda.

Working in partnership with other agencies

The Trust continues to be represented on the Local Safeguarding Adults Boards and their relevant sub-groups by the Head of Safeguarding (HOS) and Adult Safeguarding Lead.

Multi-agency risk assessment conferences (MARAC)

MARAC's are risk assessment conferences for high- risk survivors of domestic abuse.

MARAC's continue to challenge the capacity of the team. There are six full day meetings per month and each of these meetings requires at least six hours of case preparation in advance.

ECINS is now used for information sharing relating to the City MARAC.

The Head of Safeguarding continues to chair a full day meeting every eight weeks.

Governance

NUH has robust Governance structures in relation to safeguarding adults.

The organisation has a Safeguarding Adults Committee, this meet quarterly. 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 number of DOLS is also reported to this committee.

The committee is attended by a representative from each of the five Clinical Divisions and the information is then disseminated via the Divisional Governance meetings. Performance issues for example attendance at mandatory training are escalated to the Divisional Performance meetings led by the Corporate team.

The NUH safeguarding committee receives any emerging risks for example, where there have been themes of concerns relating to discharge these have been raised via the committee.

The Safeguarding Adults Committee reports to the Trust Quality Risk and Safety Committee which then reports into the Quality Assurance Committee, a subgroup of the Trust Board.

The Trust Board receives an annual Safeguarding Report- this is a combined Adults and Children report. A six monthly interim report is presented to the Quality Risk and Safety Committee. Both reports are shared with our commissioners and the Safeguarding Board Chairs.

NUH provides safeguarding assurance data to the Greater Nottingham Clinical Commissioning Group on a quarterly basis.

Prevent data is also submitted to the CCG and to NHS England. This is mandatory and covers numbers of staff trained, compliance with the national target of 85% and number of referrals made to Channel.

Performance monitoring responsibilities

NUH provides CQC, CCG and local safeguarding board with evidence that it is discharging its safeguarding reporting duties.

Safety of Vulnerable Patient Benchmark.

The benchmark is scored annually in all patient areas. The benchmark audits staff understanding of types of abuse, recognising and responding, Mental capacity and DOLs, restraint and there is always a question relating from learning from reviews and this year this was identification of carers and those with caring responsibilities.

98.9% of all areas at NUH scored green or gold.

The Mental Capacity Act was identified as an area for learning, an action plan has been developed and there is a mandatory role related training package for all staff with patient contact.

Mental Capacity Act and Consent Audit

A Trust wide audit of compliance with the Mental Capacity Act was carried out during February/March 2019, the audit report was positive in terms of compliance with the Act
A re-audit was planned for quarter 1 and 2 in 2020/21, this is currently on hold due to Covid-19

Safeguarding Adults Review (SAR)

The safeguarding adult team contributed to two safeguarding adults reviews (SAR) on behalf of NUH during 2019/20. One of these is complete and the learning has been shared via the safeguarding adults committee, the clinical team involved with the care of this patient also attended a learning review. The second SAR is not yet complete however an extensive

review of the case was carried out to inform the NUH IMR. The IMR evidenced good clinical practice, appropriate responses to safeguarding concerns and good information sharing with relevant partners. There is no identified learning for NUH.

The adult team have provided summaries for three requests for information under the statutory Safeguarding Adults Review process; none of these progressed to a safeguarding adults review.

Domestic Homicide reviews (DHR)

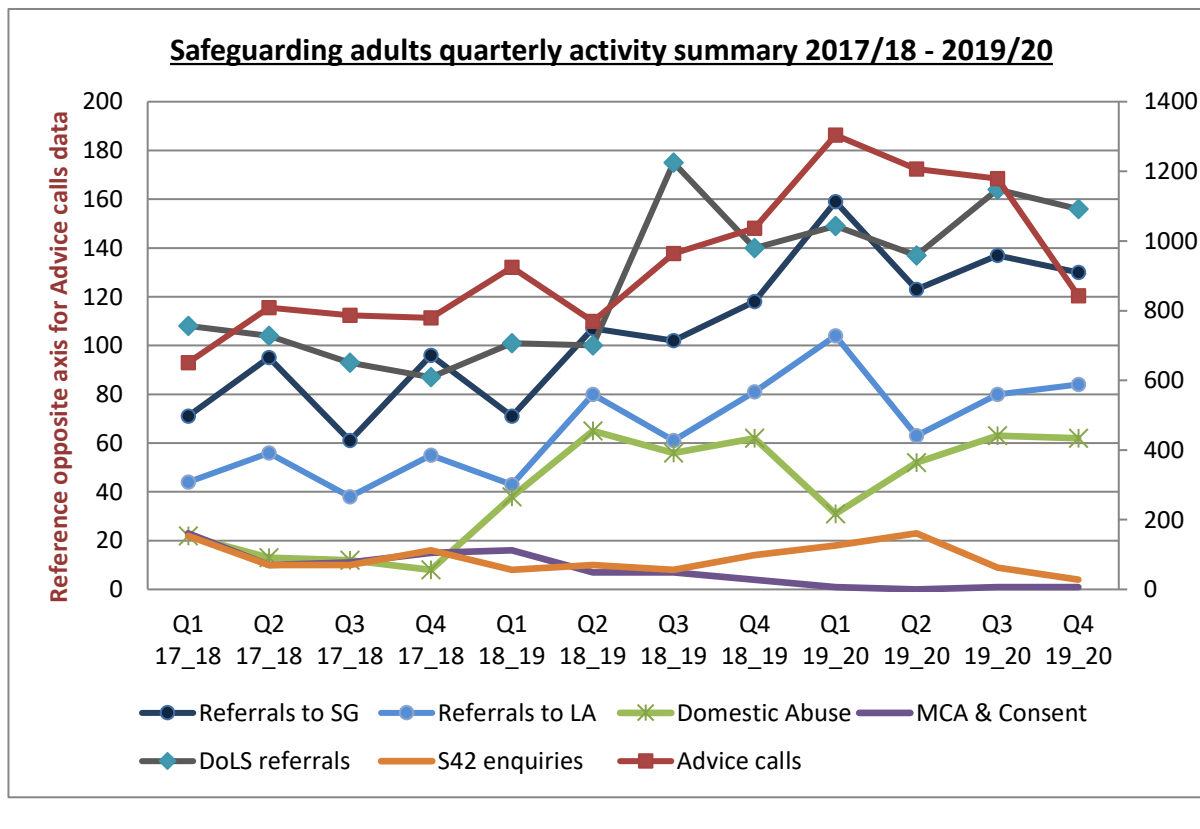
Within Nottingham and Nottinghamshire there are currently 14 domestic homicide reviews in progress.

NUH is currently involved in five of these reviews. One of these is complete but awaiting sign off by the Home Office. The other four are at different stages; some have been postponed due to Covid-19 but will continue when normal practice is resumed.

Adults- Activity data (see appendix 1 for breakdown)

This is now reported quarterly to commissioners via the quality scrutiny panel. Data presented in this report will be on for Q1-Q4 2019-20 (see appendix 1 for breakdown)

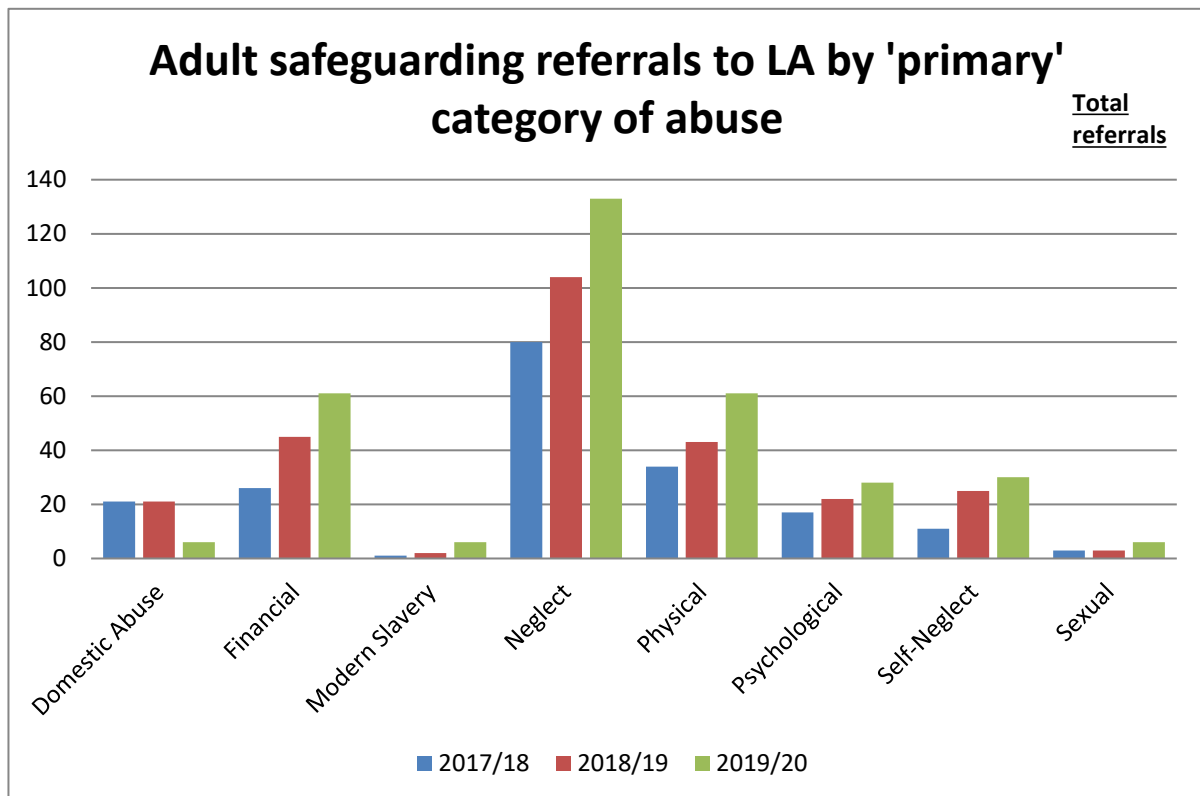
The chart below illustrates the advice calls dealt with by the team, referrals to the team, referrals to adult the local authority, section 42 enquiries and domestic abuse cases. We have used comparable data from 2018/19 and 2019/20. The adult team receive all of the adult safeguarding referrals before they are sent to the relevant local authority. This has proven to increase the quality of referrals and also ensure the team are aware of any cases requiring additional support.



NUH has made 331 referrals to the local authority between 1 April 2019 and 31 March 2020 (265 in 2018/19). 126 of these were to Nottingham City, 152 to Nottinghamshire County and 53 out of area. The safeguarding team are core members of the Nottingham City and County Safeguarding Boards Quality Assurance groups. Quality of referrals and abuse trends are monitored.

The Nottinghamshire Safeguarding Adults Board has a performance target of 55% of referrals into the local authority progressing to Section 42 enquiries. NUH has achieved this target.

Referrals from NUH to the local authorities increased this year. This reflects the year on year increase in advice calls to the safeguarding team. In 2016/17 the team recorded 1124 advice calls and in 2019/20 there were 4533 (see chart above and Appendix 2)



Referrals concerning NUH (section 42 enquiries)

1 April 2019- 31 March 2020, NUH was the subject of 54 safeguarding adult referrals. This number has increased by 14 compared with the previous year. A large number of these referrals have been identified as a complaint rather than an issue related to abuse or neglect.

All allegations continue to be investigated by the departmental manager along with a member of the safeguarding team and reported back to the allocated social worker.

The Head of Safeguarding has been working with colleagues within the Local Authority to ensure consistency in section 42 enquiries and has benchmarked cases using multi-agency audit. A process has also been put into place to offer an alternative route of investigation where appropriate. These processes are now working well particularly around tissue viability and discharge issues.

The adult safeguarding lead meets regularly with the safeguarding team from Nottingham City Council to review the section 42 process and discuss relevant cases. This is to ensure that the process is working effectively and investigations take place via the most appropriate pathway.

The adult safeguarding lead has been working closely with the complaints team as many of these enquiries are also received as complaints to the organisation or should be investigated as a complaint rather than as an accusation of abuse or neglect.

The Head of Safeguarding has been working with the patient safety team to ensure that any incidents with a safeguarding concern highlighted are shared and addressed. The Head of Safeguarding attends the weekly incident review meetings, where appropriate. This ensures that the patient safety team is aware of any significant safeguarding investigations and the process is working well.

Deprivation of Liberty Safeguards (DOLS)

The Trust is a 'managing authority' with respect to the Deprivation of Liberty safeguards by virtue of being an organisation providing care. The local authorities are the 'supervisory body'.

During 2019/20 606 urgent deprivation of liberty authorisations were approved by the adult safeguarding team and submitted to the supervisory body (nearly 100 more than 2018/19). This is 17.4% increase on the urgent authorisations in 2018/19 (516)

Nine standard authorisations were granted during 2019/20. The local authorities continue to follow guidance from the Association of Directors of Adult Social Services (ADASS) in the prioritisation of case allocation to Best Interest Assessors due to the volume of DOLS requiring approval across the health and social care system. The adult safeguarding team work closely with the local authority DOLS teams and escalate any referrals that require urgent assessment to ensure the most urgent cases are assessed within an appropriate timeframe.

Learning Disabilities

NUH has access to a team of acute learning disability liaison nurses (2.2 wte band 6) who are employed by Nottinghamshire Healthcare Trust and funded by the Greater Nottingham Clinical Commissioning groups.

This team provide support to patients with a learning disability. They help with planning admissions and respond to acute admissions. They support NUH staff to make reasonable adjustments and provide training.

The nurse led team continue to be involved in the Learning Disability Mortality Review (LeDeR) Process (commenced October 2017). In addition to this all learning disability deaths are subject Structured judgement case reviews. Each division will review each death to ensure learning can be taken from each case. The Learning disability team will review alongside divisions to give a learning disability perspective. These are all then presented to the safeguarding adults committee. There has been good practice identified which includes early involvement of the acute liaison nurses.

The learning disabilities team have provided some good examples of reasonable adjustments made in partnership with NUH, for example:

- *MRI playing Spotify (using Thomas the tank music) to alleviate fear.*

- *MRI allowing Acute Nurses into room whilst scanning taking place.*
- *Initial appointment and pre-op discussion in a neutral area to alleviate anxiety*
- *Electronic appointments*
- *Therapy dogs (Pets Offering Ongoing Care Help & Extra Support) being booked for patients within hospital to reduce anxiety.*
- *Desensitization visits to wards prior to admission.*
- *Non dental tests taking place under dental examination under GA*
- *Sign placed on side room door to remind staff of needle phobia, also all about me placed on door to inform staff of needs*
- *Wait in empty clinic room, rather than busy waiting area/ consultation going to quite room rather than having to walk through busy area.*
- *Patient accessing Emergency department, bypass clerking, escorted straight from transport into side room. Flexibility to allow transport to park in ambulance bay*
- *Cystic fibrosis reviewed a patient at home, rather than in clinic due to Patients anxiety and consequent behaviours when accessing the hospital setting. Pre planning meetings held to assist in least restrictive practice. Forward planning rather than reactive planning.*
- *Anaesthetics letting familiar staff in room.*
- *Operating areas moving equipment out of sight also hiding extra staff.*
- *Consultant writing letter in an understandable manner to patient.*
- *Looking round ultra sound before scan*
- *Risk assessments of wards*
- *Additional medications prescribed emla, medication to reduce anxiety*
- *Extra time in appointments factored in.*

The Learning Disability Liaison team and Head of Safeguarding continued to visit a day centre in Nottingham City following feedback received from patients, with a learning disability that they wanted the opportunity to give their feedback to NUH face to face. This continues to be a very positive event and will be continued.

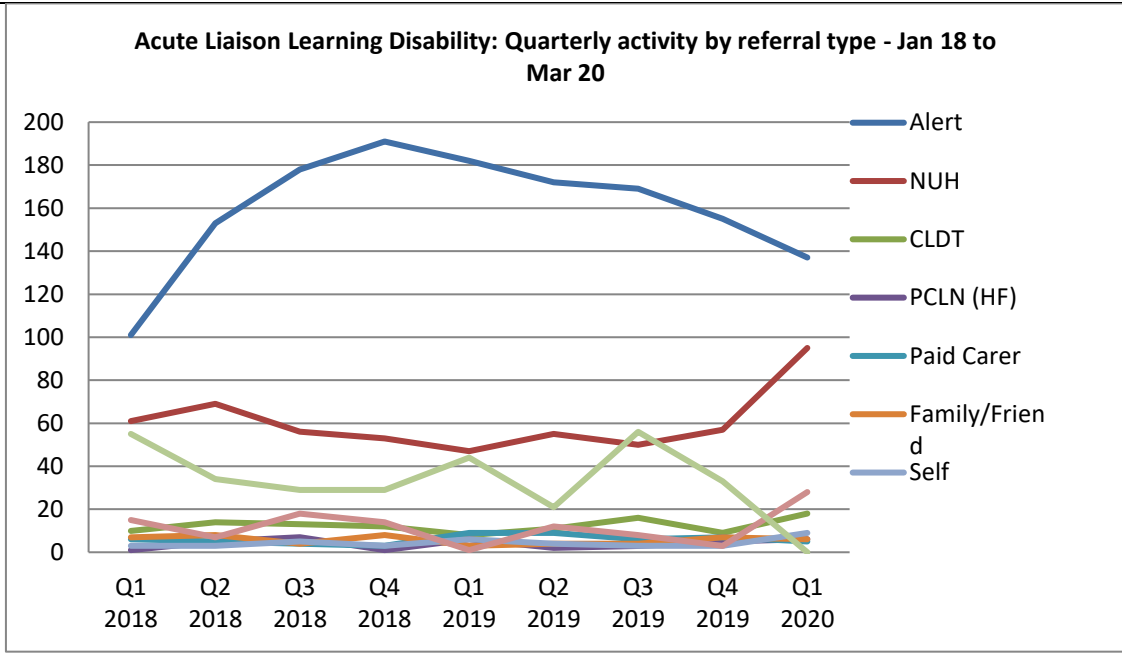
The team applied and won a bid for an artist to produce some posters to represent the first accessible feedback day held by NUH.

The team have worked closely with the palliative care team regarding people with learning disabilities and death, including a joint visit to a hospice to gain learning to bring back to the Trust. There are plans to speak at the Dying Matters conference in May.

Following an idea from a patient to create accessible badges, the team has worked with the Head of Safeguarding to develop the idea into reality. The badges are being developed and the team have gathered feedback from patient groups to ensure that the symbols are meaningful. The badges will include a symbol to illustrate job title for example nurse, doctor, porter etc. Funding has been secured for a pilot across three wards at NUH.

Figure 1- sample badge



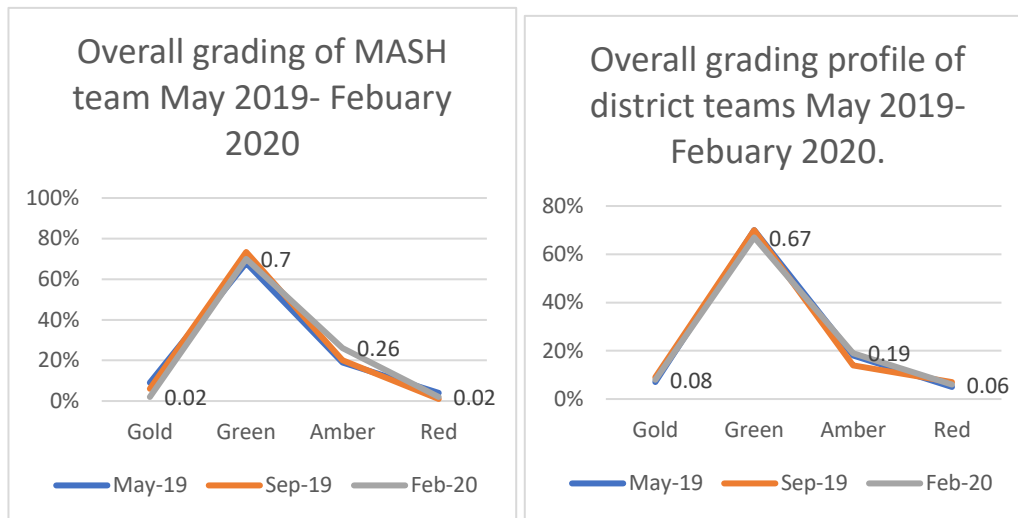


NOTTINGHAMSHIRE COUNTY COUNCIL – ADULT SOCIAL CARE

- Nottinghamshire County Council has appropriate arrangements in place to Safeguard adults. This is evidenced by the below processes:
 - Quality assurance cycle to measure the standard of section 42 enquiries. This is completed tri annually (pre covid) and tracks performance of operational teams against the Care Act 2014 ‘making safeguarding personal’ guidance and compliance in following NSAB following a safeguarding referral procedure. Nottinghamshire County Council has engaged in the review of this process based upon ADASS guidance through the Designated Adults Safeguarding Quality Assurance Manager (DASQAM) & Principal Social Worker (PSW). There is a system of validation within the audit cycle and this is reviewed by the Internal audit department within Nottinghamshire County Council. A reference group of managers and operational practitioners look at exemplary practice and agree learning that is disseminated to teams through workshops and briefings. Senior management scrutiny of findings is overseen by the Safeguarding Adults Governance Group.

- Safeguarding Adult Reviews (SARS) are overseen by NSAB sub group and attended by a Senior representative of Adult Social Care. Nottinghamshire County Council support learning in an open and transparent partnership by completing SAR’s returns when this is identified as being required due to the death of a person or life changing impact due to multiple failings in services. The learning from these independent reviews are shared by the DASQAM and PSW to inform practice or processes. This is monitored through the Safeguarding Adults Governance Group where findings are discussed, and learning agreed for dissemination to operational teams through the associated workflow.

- Graph1 -Stats provided from Quality Assurance Audits- May 2019- Feb 2020.



Graph 1 demonstrates a high standard of work being delivered constantly over the year by operational teams. The end of year report December 2019 recognised a good standard of work being achieved by 82.1% (percentage decrease 0.8% from 2018 end of year report) so remains a consistent trend of performance. The overall performance of teams remains constantly high in year two with the elimination of low assurance criteria being met.

- A brief summary of quality assurance and governance arrangements can be found below:
 - Adults at risk feedback on their experiences collated independently by Health Watch Nottingham & Nottinghamshire. This independently commissioned pilot evidenced positive feedback overall, but the sample size needs to be increased for additional assurances. The findings and recommendations of this report will be used to inform developing the voice of the service user in the organisation's quality assurance.
 - Tri annual audits on reviewing year 2 audits it was recognised that 391 audits had been completed since January 2019. The total number of section 42 enquiries completed by Adult Social Care between December 2018- November 2019 was 1799 cases. This means 22% of cases have been audited against a target of 20%.
 - Validation process in place and reference group review data and 'best practice' examples to share and improve strength-based practice.
 - Process and actions reviewed by Internal audit.
 - Analysis of key performance indicators. Feedback provided to operational teams through line management supervisions & briefings.
 - End of year report provides an analysis of teams and an approach to develop practice is agreed with Group Managers.
 - Collaborative working with involvement in NSAB L&D, QA, SAR sub groups. DASQAM attends MASH case learning conference quarterly to review the quality of work and collaborative working.
 - BI hub data analysis reported to Governance chaired by a member of the Senior Leadership Team.

Safeguarding Adults Governance Group have strategic oversight. Monitored through workflows including QA, L&D, Operational practice & QMMT. The group meets every six weeks.

NOTTINGHAMSHIRE FIRE AND RESCUE SERVICE

The Service has designated fire stations which are 'safe places' for people in crisis. For NFRS our care will only be temporary (e.g. following an emergency incident until duty worker/EMAS/Police arrive) however, all operational staff have been trained to effectively manage these situations.

All staff are trained to report any Safeguarding concerns regarding service-users or internal staff practises to the internal safeguarding team and should there be immediate danger the appropriate emergency services would be contacted.

Safeguarding cases are reviewed six-monthly by the Safeguarding Team and lessons learned are shared with employees.

Policy and Procedures are in place and accessible to all staff via the intranet and reviewed yearly.

Flexi-duty officers take the lead out of hours and make referrals to EDT's or Police should a serious safeguarding concern arise.

NFRS staff ensure that the safeguarding team are made aware of any referrals that have been made and the NFRS Safeguarding Leads record this on an audit log. The Safeguarding team undertake regular quality assurance checks of referrals. Any subsequent learning or development is provided to maintain quality and appropriateness of referrals.

Safeguarding statistics are reviewed on a quarterly basis and, whilst the number of Safeguarding referrals that are made are low, the percentage that are go forward for Section 42 enquiries (for example) exceed the targets of the Safeguarding Board.

NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST

Our Trust-wide Safeguarding Strategy underpins both adult and child safeguarding, ensuring all staff are aware of their responsibility across all areas of safeguarding, whatever their role. This is an integral part of the service provided and is overseen via the Trust-wide Safeguarding Strategic Group with further reporting into the Quality Committee. Our Think Family Safeguarding Strategy aims to improve outcomes for children and adults and forms the basis for all our safeguarding training, focusing on the need for awareness of the wider family in all interactions with service users. These strategies are underpinned by our Domestic Violence and Training Strategies so that key areas are highlighted at a strategic level across the Trust.

Safeguarding remains a priority for the Trust and all Equality Impact Assessments include a specific requirement to address the potential safeguarding implications of any proposed service change.

The Trust has an established system for learning from incidents, with the learning being shared both divisionally and Trust-wide. Areas identified as requiring improvement are monitored to ensure completion and the embedding of new practice. Work has continued to

strengthen our links with our Patient Safety, Inquests and Communications Teams with a lead role focusing on the management of serious incidents.

The learning and areas of good practice identified from multi-agency reviews are shared Trust-wide via briefings (which can be used by teams or individually) and the staff intranet. Our Safeguarding Training Team continually update the training to ensure that learning from reviews is included in our training packages.

Our Safeguarding Link Practitioners group continues to meet, with excellent engagement from many services. The group meet four times a year with different facilitators, both internal and external. We hope to develop this forum further to include lived experience from adults who have experienced safeguarding.

The Trust believes that effective monitoring and management of our activities are key to measuring our performance in order to be continually assured that we are delivering safe, efficient, high quality service and making safeguarding personal to our clients, patients and service users. We have greatly strengthened our performance information reporting to provide a statistical analysis of how the Trust has been complying with safeguarding duties over the year and highlighting good areas of practice, trends and themes and key areas for future developments. We have continued to improve the reliability of our data and to further extend our datasets across a number key areas and recording systems.

We are pleased to be able to demonstrate the steady, continued progress that is being made towards providing helpful, credible and timely data. The improvements made have enabled us to use the information that we collect to identify emerging themes and to prioritise areas for improvement as they emerge, as well as to celebrate our activity and achievements.

We have a robust governance system incorporating divisional assurance up to the Trust Board. Safeguarding assurance is provided annually via our annual report to the Trust Board which is an opportunity to celebrate our success, achievements and lessons learnt during the year. The structure for the safeguarding annual report for 2019/20 has changed as part our COVID response. It will be presented in a new 'infographic' format. This new approach is intended to present information quickly and clearly. Our aim is to provide visual representations of information, data and assurance whilst ensuring that our Annual Trustwide Safeguarding Report remains easily accessible to all of our staff, partners and key stakeholders.

The use of our Compliance Framework, which can be used by individual services to measure their safeguarding compliance against the CQC standards for safeguarding, has continued over this year. If areas of improvement are identified, a quality improvement plan is developed and supported by the safeguarding specialist practitioners.

A review of the current safeguarding supervision framework has been commenced following the evaluation by Nottingham University and the restructure of the Trust as a whole. The safeguarding trainers have continued to deliver Safeguarding Supervision Skills training to managers across the Trust.

We continue to review and update compliance using the Safeguarding Adults Assurance Framework (SAAF) to ensure safeguarding arrangements remain robust.

NOTTINGHAMSHIRE POLICE

Nottinghamshire Police's major step forward in terms of assurance is the introduction of the Safeguarding Adults Scrutiny Board in early 2020. This board, held quarterly, is chaired by an Assistant Chief Constable and scrutinised by the Chief Executive of the Office of the

Police and Crime Commissioner. The board scrutinises the performance, improvement and learning in respect to all forms of adult safeguarding including

- Domestic abuse
- Sexual abuse
- Mental Health
- Missing people
- Modern Slavery
- Elder Abuse

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST

SFHT has a Safeguarding Adults work plan which is monitored through the safeguarding steering group.

All Serious Incidents are managed through action plans and monitored through the Trust Governance processes. Thematic reviews and learning issues are feedback to teams through division.

All SARs are monitored through robust action plans. Accountability and assurance for lessons learnt is through the SFHT Safeguarding Steering Group and Patient Safety and Quality Group.

The safeguarding team complete quarterly reports which are reported through the safeguarding steering group and the patient safety and quality group. The activity contained within the reports focuses on training; MCA/DoLS, referrals to adult social care and, advice and support requested from the SFHT safeguarding team.

SFHT present a safeguarding annual report to the quality committee for assurance, this assurance is then fed into the Trust board via the Trusts reporting mechanisms.

When the safeguarding team become aware of emerging themes a table top discussion is organised with wards/divisions to be able to identify early any actions and to formulating an action plan.

Communication of themes, incidents and learning takes place in a variety of formats including an I-Care will be generated to cascade the learning across the organisation, communication calls and whats app within wards, teams and departments.

Safeguarding Think Family training incorporates any learning from SARs.

Work surrounding MCA/DoLS continues to be a priority with audit being a focus to benchmark and assess the current level of understanding and implementation into person centred care and record keeping. This is a key focus for 2020-2021 as the legislative changes for LPS are anticipated.

3. Making Safeguarding Personal (MSP)

For example:

- Evidencing an organisational approach to MSP that is person led and outcome focused
- Providing qualitative or quantitative citizen feedback from adults who have experienced the process, evidencing the extent to which their desired outcomes have been met
- Staff surveys recording what front-line practitioners say about outcomes for adults and their ability to work in a personalised way with those adults
- How your organisation has embedded MSP into its safeguarding policies & procedures / corporate governance
- Anonymised case examples demonstrating what MSP looks like in your organisation

BASSETLAW CLINICAL COMMISSIONING GROUP

Where the CCG is involved in specific individual cases MSP is a priority and is reflected in patient records for example continuing health care packages of care, personal health care budgets, care and treatment reviews, overseeing transfer and placement of specific patients.

From a wider perspective BCCG takes a lead across the health system on transition from children to adult health services working in partnership with other providers, commissioners, NCC.

BROXTOWE BOROUGH COUNCIL

- The referral form for the Complex Case Panel has been updated to include a section where the vulnerable person can inform the panel what they would like to happen and this information is taken into account when the panel discusses the case
- Where individuals find themselves in debt to the council a range of options are available to tailor the response to the individuals needs

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

Making Safeguarding Personal (MSP) is a key element of safeguarding within DBTH and runs alongside Patient Centred Care which is the main focus of caring for our patients.

Face to face meetings with Adults at Risk are carried out by the most appropriate person for that particular adult. This may be a member of the clinical team, social care staff or a member of the safeguarding team.

MSP is included in the training and embedded in all safeguarding policies. It is also regularly included in the newsletter and the weekly bulletin which is cascaded to all our staff

The audit calendar also includes MSP related audit.

NATIONAL PROBATION SERVICE NOTTINGHAMSHIRE

- NPS Nottinghamshire manage a number of complex cases who have multiple safeguarding needs in addition to risks they pose that need to be managed. In those cases, we utilise the MAPPA process in many cases to bring together agencies to plan for the most effective ways of managing and supporting individuals in the community that take account of the needs and risks they pose.
- We have Safeguarding adult's policy that staff are required to work to.
- Approved premises all have made links with social care due to the needs of some individual residents to review working arrangements.

NOTTINGHAM AND NOTTINGHAMSHIRE CLINICAL COMMISSIONING GROUP

All safeguarding adult training delivered by the CCG and health providers ensures MSP is an integral component.

Provider's quality schedules include MSP and they provide assurance to the CCG evidencing how MSP is embedded through their safeguarding procedures.

All Section 42 enquires that are delegated to the CCG ensure that MSP is integral to the investigation and is clearly evidenced within the response.

NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST

Making Safeguarding Personal is a core principle of adult safeguarding at Nottingham University Hospitals NHS Trust. All non-urgent safeguarding referrals are passed through the trust team for quality assurance, specifically focussing on MSP and the outcomes the individual would like as a result of a referral. The NUH safeguarding referral form contains a mandatory MSP section that requires completion prior to the referral being processed.

The trust continues to monitor safeguarding and mental capacity knowledge through its annual Essence of Care benchmark audit and MCA and Consent audit.

MSP values continue to be delivered in annual training plans, in combination with theories relating to coercion/control, fear and the reasons why individuals may not disclose and choose to remain in harmful relationships. NUH staff are taught to assess safeguarding risk and respond accordingly.

From February 2020 all referrals are now captured via a safeguarding portal linked to Medway, part of the digital health records. MSP is part of this data collection and is reported quarterly into the adult safeguarding committee.

MSP case example- The safeguarding team worked with a 51 year old female, Know alcohol dependence – minimum 750ml 40% whisky daily, History of illicit substance misuse, HIV positive, Depression and anxiety – did not engage with community services due to alcohol dependence, recent death of son.

She was brought into the Emergency Department by ambulance. Disclosed an assault by an unknown assailant at her home address. Inconsistent dates and account of events, nasal fracture, significant periorbital haematoma and generalised facial bruising. A safeguarding

referral was completed by Emergency department, Advanced Clinical practitioner.

She was visited on the ward by a member of the safeguarding team. She was very difficult to engage with: frequently left ward or had visitors present. She disclosed that there were unwanted people in her property, that they were storing drugs in her home. She initially refused Police involvement as she described being 'fearful of her life'. She described some previous assaults including sexual assaults and was very frightened. Disclosed storage of drugs in her property. She consented to NCH conducting a property visit.

Whilst she was an inpatient on the ward the safeguarding nurse visited her daily, sometimes more and she finally agreed to an MDT. She agreed to the Police being present as the nurse describes the role of the modern slavery team and that they were a team of specialist that are used to dealing with such cases and would be sensitive and understanding of her fears. It was agreed that the following agencies would be represented; from housing, Police-Modern Slavery team, and adult social care. She wanted her friend to be present at the meeting (as an aside on the day her friend came to the hospital with her dog; it was facilitated for the dog to remain to enable the patient to have her friend with her). The professionals involved were very mindful that they wanted the patient to engage. During the meeting safety planning was discussed; the patient was fully aware of the risks of returning to the property but was keen to do so. She declined support to be re-housed in a different area but agreed to ongoing Framework involvement.

Police added a POI marker to the address. She agreed for social care to make contact with her GP to offer mental health support and she was provided with contact details from Nott's Recovery Network, however also consented for the safeguarding nurses to make a referral on her behalf. She was reminded that she was able to change her mind if she did want to be rehoused or further support but she was discharged to her home address the next day.

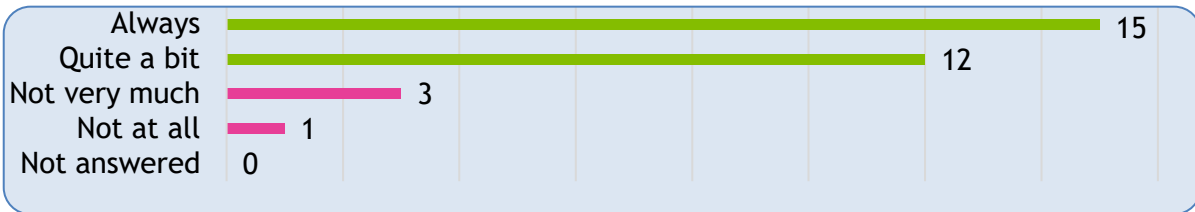
This case demonstrates well putting the patient at the centre of decision making and making safeguarding personal. The agencies worked very well together to minimise further harm to this patient.

NOTTINGHAMSHIRE COUNTY COUNCIL – ADULT SOCIAL CARE

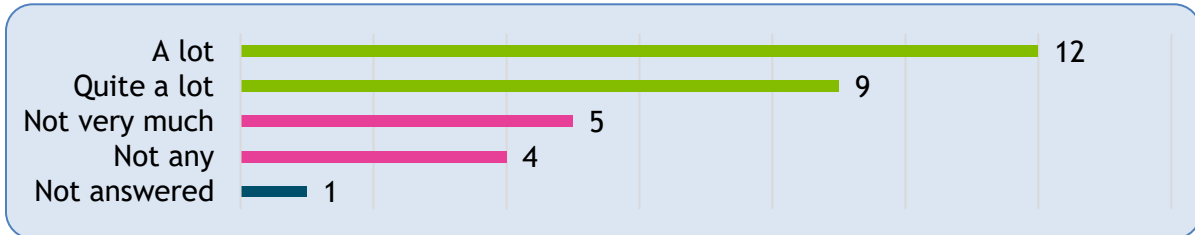
- The quality assurance activity is focussed around MSP practice, with exemplary practice being recognised within the highest standards of the grading criteria when quality reviews are undertaken. This is evidence based and measures how the outcomes of the adult at risk have been achieved by the approach of the section 42 enquiry.
- An independent report was commissioned concluding in May 2019 by Healthwatch Nottingham & Nottinghamshire. The findings have been fully adopted and incorporated into the Quality Assurance Framework. This report has been formally acknowledged by Nottinghamshire County Council and the report is awaiting sign off from the NSAB.

Summary of Findings- All Respondents

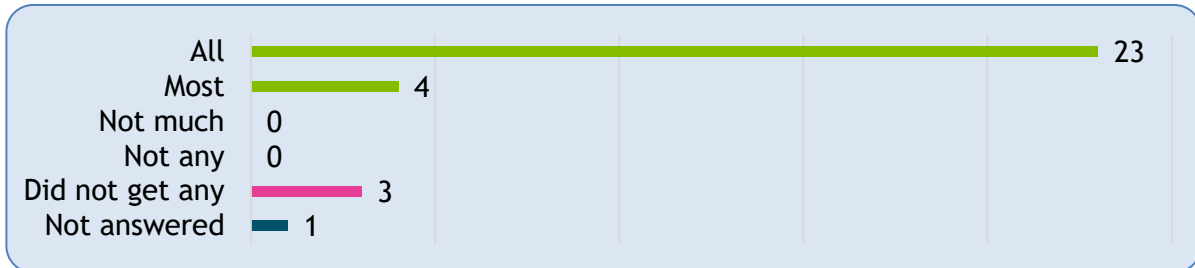
1. Did you feel listened to during conversations and meetings with people about helping you feel safe?



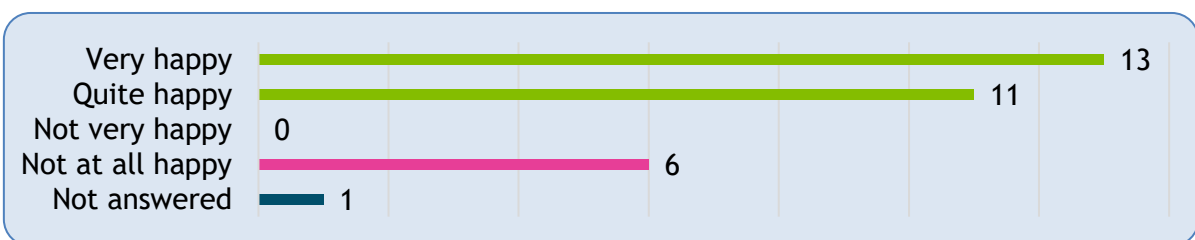
2. Did you get information during the concern? This could be spoken or written?



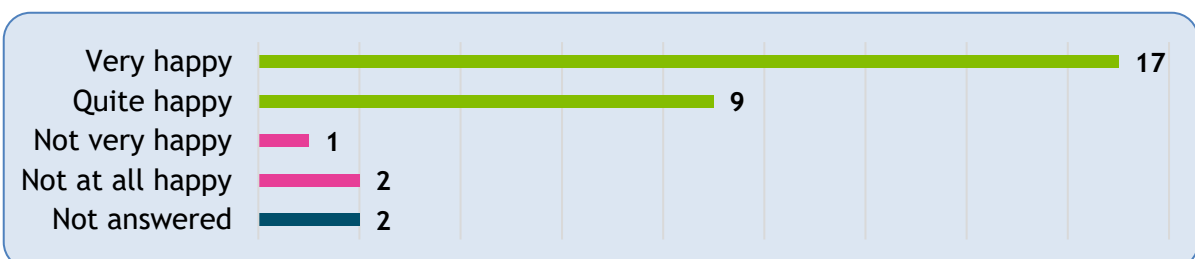
3. Were you able to understand the information given to you during the concern?



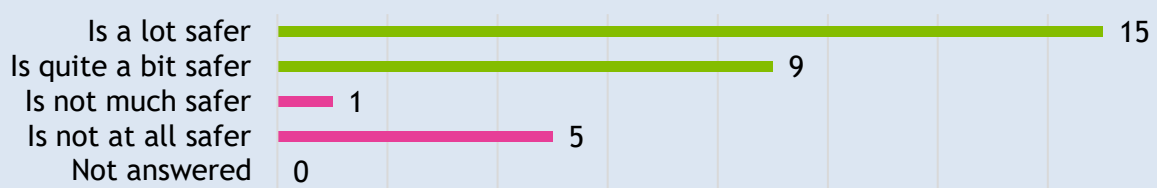
4. How happy are you with the end result of what people did to try and keep [the person you support/your client] safe?



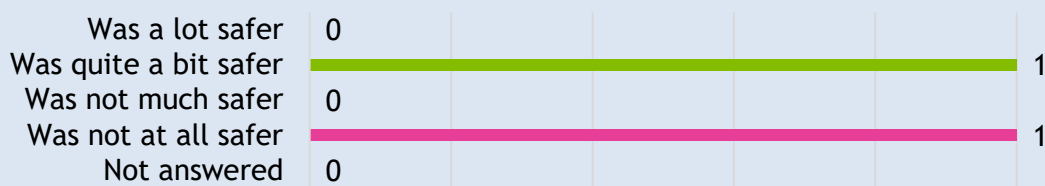
5. How happy are you with how people dealt with the concern throughout the process?



6a. Do you feel that the person in this case is safer now as a result of the help from people dealing with the concern?



6b. Do you feel that the person in this case was made safer as a result of the help from people dealing with the concern?

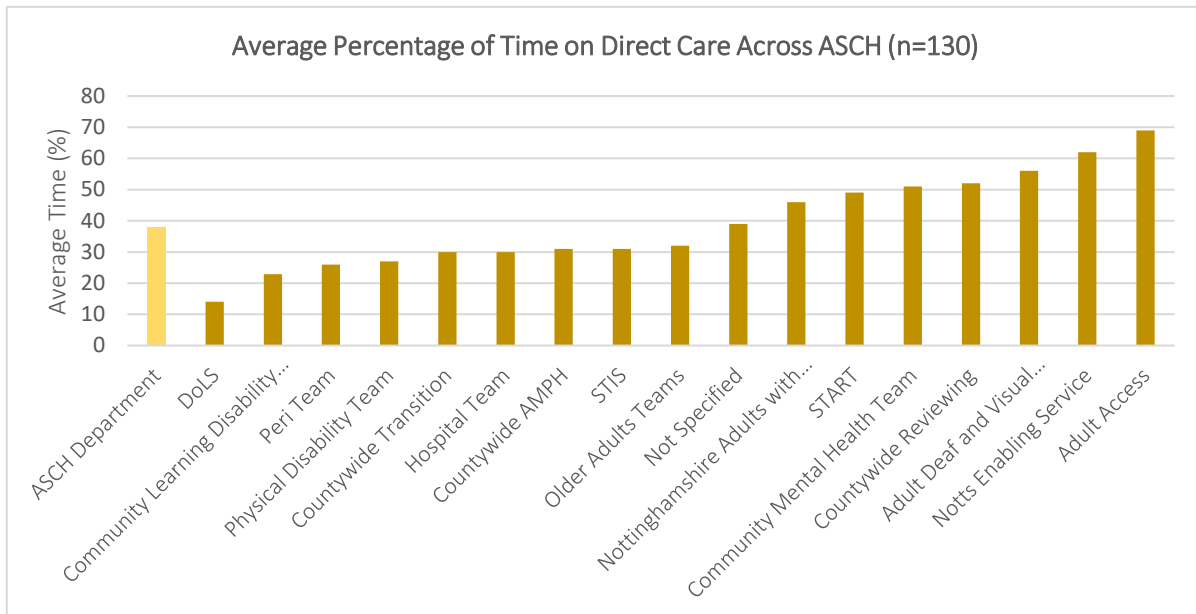


Summary	Number
Very happy, a lot safer	7
Very happy, quite a bit safer	6
Quite happy, a lot safer	5
Not at all happy, not at all safer	3
Quite happy, not at all safer	3
Not at all happy, quite a bit safer	2
Not at all happy, a lot safer	1
Quite happy, not much safer	1
Quite happy, quite a bit safer	1
Quite happy, quite safer	1
Incomplete answer	1
Total	31

Based on the findings in this report Healthwatch Nottingham and Nottinghamshire recommendation can be found below and have been accepted by Nottinghamshire County Council to inform the QAF:

1. Ensure that regular/timely updates are provided to the adult at risk or family, friends or carers based on their personal choice. At the start of the enquiry agree how much engagement is preferred.
2. Ensure that information provided is understood by participants and that it helps them make informed decisions.
3. Be clear about what the safeguarding process can and cannot provide to the adult at risk (or their representative) from the start, and review this with the individual throughout the process in order to help manage expectations.
4. Repeat the survey with additional open probing questions to find out in what way people do not feel safer after the intervention.

- Adults at risk (or advocates) are routinely asked if they are willing to provide feedback about their experience of Safeguarding. This is planned to form part of the QA process to provide 360-degree reviews in the audit process and workshops when operating models return to a new 'norm' following Covid 19.
- Staff review- Findings can be seen from 130 respondents across Adult Social Care Teams in February 2020. The simplifying processes transformation workflow to establish views of teams in relation to direct working with service users and process tasks inhibiting this engagement.



The above further breaks down the responses from ASCH operational teams, demonstrating that Adult Access responded with the highest average percentage of time spent working directly with service users at 69%, compared to the response of Older Adults Teams at an average of 32%. The team with the lowest average percentage of time spent working directly with service users is the DoLS Team at 14%.

Ongoing work will be undertaken to provide evidence improvements relating to direct work, this will positively impact on prevention and interventions at the earliest opportunity to mitigate against the escalation to safeguarding enquiries.

- MSP Case example:

Safeguarding Manager/ Officer: Paula Buchanan & Sarah Hewerdine Miller (ADVIS)

Safeguarding Concern: A concern was raised about Mrs B that alleged she had been Physically/ Psychologically abused by a paid carer. The witnessed incident reported that Mrs B fell out of bed and then the care staff member was described as 'roughly' handling and shouting at Mrs B. The incident was alleged to have resulted in bruising. This met the threshold for a section 42 enquiry and was progressed to the named team.

Approach taken: Mrs B was determined to lack capacity to make decisions about the safeguarding process by Paula, who also arranged for an appropriate advocate. A clear analysis of Mrs B current situation was undertaken and strategies to reduce risks were robust. Police had been contacted by the Care Home and an internal investigation was

underway with the collection of written statements. Paula's actions in contacting Mrs B family who were also her Lasting Power of Attorneys and her enquiries with the care home shaped the approach taken to make it personalised and proportionate. A review of care plan's and support measures ensured appropriate moving and handling interventions were in place to reduce the future likelihood of incidents occurring. Supported interviews were completed by Paula and longer-term outcomes were established through long-term care review. A good analysis was provided to support comprehensive outcomes linked to the Mrs B and the advocates wishes.

Reasons the work was exemplary:

'This safeguarding enquiry demonstrates an exceptionally high level of professionalism, and adherence to the principles of Making Safeguarding Personal. Throughout the adult at risk and her representatives are at the centre of the process. They are regularly updated, consulted and involved and their views are sought and respected. The enquiry is thorough, with all relevant parties being interviewed at length, and skilled analysis applied to their response. The analysis of the outcome is clearly explained. The detail of the explanation is impressive - the SW reinforces that it seems plausible that the abuse did take place given the behaviour of the AAR, but there is no evidence to corroborate this. The whole investigation was clearly conducted in a professional and sensitive manner, and this is reflected in the written documentation'. (Auditors analysis)

The Reference Group also reviewed the case and agreed with the above conclusions. The flow, clarity and personalised nature of the exemplar provided inherent good practice that was well captured in the report.

NOTTINGHAMSHIRE FIRE AND RESCUE SERVICE

On a bi-annual basis a third party is commissioned to take a sample of NFRS service users and contact them directly and gain their feedback on our services. This feedback helps to shape and improve services and ensure better outcomes for the individuals we visit through emergency calls or our preventative work.

The CHARLIE risk matrix makes the Safe & Well visit a person-centred approach and has outcomes to make the occupant safer in the home. The addition of the OT within the team has also enabled a more efficient and effective person-centred delivery of their needs.

During the coronavirus (COVID-19) pandemic, NFRS paused Safe & Well visits in person and responded to referrals via a telephone triage process. Those households scoring a high risk (50+) on the CHARLIE matrix continued to receive a physical visit (with safety measures such as PPE in place for the NFRS staff member) and interventions were put in place to reduce their risk. During this period safeguarding referrals following operational incidents continued and were dealt with in line with Service policy.

NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST

There is evidence of service user engagement and consultations throughout services across the Trust. As stated above, the Safeguarding Team continue to work with our Trust-wide volunteering service to support their work with service users.

MSP continues to be a focus in all our safeguarding training, clearly linked with the

expectation that all our staff will Think Family. Our new self-neglect and domestic violence eLearning packages have been launched this year.

The Trust has commenced a trauma informed approach to patient care and this is being extended to safeguarding activity to ensure the patient's voice is heard, particularly in relation to domestic abuse.

Aside of our strategic Trust-wide work, our divisional safeguarding teams continue to focus on and challenge staff around MSP when giving safeguarding advice. We have completed an extensive audit around our s42 enquiries which has provided a benchmark on the quality of referrals, including MSP. We are in the process of developing a quality improvement plan to address issues identified and will update on this further next year.

Our new SPOC processes have been developed to ensure we collect information around MSP from the staff member making the referral so we can establish where practice sits across the Trust and focus our future activity where needed. This data collection has just commenced and we will report further next year.

NOTTINGHAMSHIRE POLICE

Nottinghamshire Police continue to conduct monthly surveys of victims of domestic abuse. Any service recovery is actioned immediately via management intervention alongside positive feedback being conveyed to our officers.

Unlike many other forces, we additionally conduct surveys with victims of rape and those using Clare's Law (domestic violence disclosure scheme).

Each of these surveys are scrutinised in thematic assessments provided to the Head of Public Protection on a monthly basis and yearly report.

In 2019 Nottinghamshire Police commissioned an independent people survey with its employees in conjunction with the University of Durham. The survey was completed by a high percentage of our staff, with findings being placed into a force action plan. Results were encouraging with feedback being positive in terms of leadership of the force and job satisfaction. Wellbeing, including sleep, factored in subsequent action and support for our staff.

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST

SFHT have been a partner within the 2019-2020 NSAB themed multi-agency audit

Mandatory Training for 2020-2021 will focus on safeguarding risk assessment and referral. MSP will be focused within this training delivery.

DASH risk assessment training to ensure that the voice of the survivor is evidenced within assessment and any onward referrals. This will be audited in 2020-2021

During 2020-2021 there will be a safeguarding referral audit which will focus on Making safeguarding Personal.

SFHT seeks to ensure Best Interest meetings are undertaken and recorded to reflect their views in relation to what is identified as in the best interest of our patients who lack capacity, and the reasons why decisions have been made.

