

NSAB ANNUAL REPORT 2017/18 – PARTNER’S CONSOLIDATED RESPONSES

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PREVENTION

NSAB will develop preventative strategies that aim to reduce instances of abuse and neglect within Nottinghamshire.

Examples of evidence

- Examples of successful agency co-operation.
- Examples of preventative and early intervention strategies in your agency.
- Any contribution your organisation has made towards the Board's communication strategy.
- The impact of any relevant training delivered and analysis of future learning required to safeguard adults from abuse.

ASHFIELD DISTRICT COUNCIL

The Council takes leadership for the district Complex Case Panel (previously named Vulnerable Persons Panel). The meeting is chaired by the district Council and takes place on a monthly basis. The range of complex needs being managed by the Panel include: mental health issues, poor self-care, inadequate or concerns for housing including unstable tenancy, poor conditions, social exclusion, issues with accessing support services, advice and guidance arrangements, health difficulties, substance misuse, crime and ASB. Resulting in victimisation by others, involvement in antisocial behaviour, unable to protect themselves from danger and harm, substance misuse, unhelpful thinking patterns and behaviours, substance misuse, low self-esteem and aspirations, inadequate housing. The panel is multi agency, accepting of referrals from any agency that requires additional and collective support to manage a range of issues.

The Council's Complex Case Team has been set up to support vulnerable residents and to concentrate on highly complex individuals who often present with multiple support needs and appear in crisis. The team can act as a single point of contact for the resident and assists them with a range of issues including; housing needs and standards, debt and finances, anti-social behaviour and crime, mental and physical health, drug and alcohol misuse, domestic abuse, employment and environmental concerns.

With engagement, the team can work with residents in an early intervention capacity, or in a more intensive manner should the situation require. This approach has been proven (with external evaluation provided through Nottingham Trent University) as a cost effective solution in prevention. The team has seconded officers from the Police and Department for Work & Pensions as well as Council Officers.

In-depth case studies:

Example 1 – provided by the Tenancy Services Team (Housing Services – Ashfield District Council)

An elderly tenant lived with his brother and his stepson in a 3 bed semi-detached house managed by Ashfield District Council. Both brothers have disabilities, are considered to be vulnerable and were living in very poor conditions. The stepson attracted a lot of anti-social behaviour to the property and there was evidence of drug use in the gardens from suspected associates of the stepson which left the brothers in even more of a vulnerable position. The stepson had also caused a nuisance in the local town centre.

There were concerns of neglect, suspected financial abuse and criminal activity. The case was referred to MASH originally over the phone and was given a care concern but due to further reports of alleged financial abuse it was reported a second time and a Social Worker was allocated to support the brothers. A lot of Council internal departments worked together to support the brothers in making improvements to the property, arranging repairs and rechargeable repairs, checking their income and expenditure and ensuring they were on the correct benefits, arranging a transfer inspection which they passed following the support, bidding for properties on the brothers behalf and a let to a 2 bed bungalow. Support has continued with help to obtain new furniture and white goods and setting up all bills and utilities etc. at the new property. The Community Protection team and Police worked closely with the Tenancy Services Team to tackle the issues relating to the stepson and his associates and also joint visits have been carried out with Social Care, Police, Community Protection and Tenancy Services to ensure the safety and wellbeing of the brothers. Social Services and the Tenancy Services (Tenancy Sustainment Team) ensured the Brothers were set up with a GP and specialist medical services to ensure they received the correct medical assistance for their disabilities. A care package was set up and the support and joint working will continue when they move to their new bungalow to ensure there is not a repeat of the issues which effected their enjoyment of their previous property.

Example 2 – provided by the Tenancy Services Team (Housing Services – Ashfield District Council)

A female tenant lived alone with her young daughter in a 2 bed first floor flat. During a home visit by a Housing Management Advisor (HMA) from the Tenancy Services Team, the tenant presented in a highly emotional state in front of her young daughter and stated she was suicidal. We had also received reports from neighbours of shouting, banging and screaming which caused concern. The original MASH referral was for the child but when Social Care picked up the case they advised it didn't meet the threshold as the child had a lot of family support from grandparents who visited on a daily basis so it was decided to down grade to a referral to the Early Help Unit. On further investigation it came to light that it was the adult in the situation that was crying out for support and even though she was capable of supporting her daughter with the help of her family and Social Care didn't have any concerns regarding this, it did raise concerns of the lack of agency support for mum. The tenant disclosed to a HMA and Team Leader that she is mentally ill and she believed she would benefit from the involvement of Mental Health Services. The tenant had previously tried to access this service but was told the earliest they can see her was in 3 months, out of desperation she had presented at A&E but was told the same that it would be a 3 month waiting list. The Tenancy Services Team liaised with the GP and Social Care to try and bring the appointment forward as the tenant had disclosed that she was having panic attacks and struggling generally due to her mental health issues. A support plan was put in place for the daughter and the adult and Adult Social Care were also involved purely to support the tenant and ensure her mental health issues were addressed. Due to the joint approach of agencies and putting the adult's needs as a priority the original safeguarding issues were no longer a high level concern.

Example 3 – Anti-Social Behaviour (ASB) and Nuisance Team, Community Safety, Ashfield District Council

A male tenant lived alone in a ground floor flat and it was alleged that he was being financially abused by another male to the Council's Anti-social Behaviour Officer. Home visits were made to the tenant and it was identified that the male tenant was allowing another male access to his bank card and pin number. It became apparent the male tenant also had other issues that was affecting his judgement and quality of life. The male was suffering from mental health issues that were preventing him from leading a normal day to day life. He was drinking heavily and allowing other people into his property. The alleged abuser was also being allowed to live at the property. A Multi-Agency Safeguarding Hub (MASH) referral was made and 2 Social workers were assigned to work with the tenant. Social care and the Anti-Social Behaviour (ASB) officer made frequent joint visits to assess the tenant's capacity and health care needs. Offers of supported living was an option but the tenant declined this. A financial capacity assessment was undertaken and social care concluded he had capacity to manage his own finances. The tenant was referred into CGL and further partnership working was undertaken in relation to reducing the tenant's alcohol intake. The tenant was assessed by the CGL doctor and a recommendation was made to the tenant to attend inpatient detox, this was declined by the tenant. Several multi agency meetings were held to ascertain how we could further reduce the risks to the tenant. A social care package was put in place and carers attend on a daily basis. It was also evident that the property the tenant was in was not suitable for his needs due to him feeling isolated, the tenant is in band 1 for rehousing. Partnership working is continuing due to the concerns, the tenant is still declining further help and is advising he is not being financially abused and is happy for the male to be staying at his property.

Example 4 – ASB and Nuisance Team, Community Safety, Ashfield District Council

A female tenant lives alone in an upstairs flat and was brought to the attention of the Councils ASB and Nuisance team by the police. The tenant is a heavy drinker and when under the influence of alcohol she rings the police reporting things are happening when, after investigation, they are not. The issues were ongoing and having a significant impact upon police time. The resident is a difficult individual to work with and does not often willingly engage or seek support. The police prosecuted the tenant and she was given a Criminal Behaviour Order (CBO), the tenant is currently under the Community Rehabilitation Company (CRC) probation service, however misses appointments. The tenant has a "friend" who manages her finances and purchases/supplies alcohol however her cupboards are bare. A MASH referral was made by the ASB and Nuisance Officer and a social worker was allocated. Through Partnership funding there is a fixed term Substance Misuse seconded officer from Change Grow Live (CGL) within the Councils integrated services Hub who undertakes outreach work on the most complex and vulnerable cases. The CGL officer once in post also engaged to try to support the tenants with her alcohol intake. The tenant is very vulnerable, when she is heavily intoxicated and goes out into the community, often undressed and falls over resulting in being hospitalised. Her flat has been covered in faeces and urine as the tenant has no control over bodily functions which was understood to be as a result of alcohol. Partnership working sought to eliminate the risks the tenant was putting herself in. A Community Protection Officer (CPO) has developed positive relationship with the resident who is very difficult with services and has had constant engagement alongside the ASB and Nuisance officer and CGL worker.

Through the hard work, intensive support and determination of three key officers – CGL, ASB and Nuisance and CPO the tenant attended assessments with CGL doctors who recommended she attend Park House, inpatient detox. The tenant was receptive and was driven to Birmingham for a look round Park House to eliminate any anxieties that she had. The tenant agreed to a 3 week period of detox, and the Community Protection Officer and CGL key worker drove her to Birmingham for her admission. Since the tenants discharge the tenant has made significant progress in reducing her alcohol intake.

Numerous referrals had previously been made into Adult Social Care and the tenant was deemed to have full capacity and making choices around her alcohol issues. After a period of input from the CGL worker, ASB Officer and the Community Officer working closely together with the tenant, they arranged meetings with Adult Social Care Management and Probation. This initiated Social Care offering sessions of Enablement after the client finished her detox. Currently with all these services working together the tenant appears to be moving forward. CGL also arranged for the tenant to have a home appointment with CGL Lead Dr/Psychiatrist who completed a Cognitive Assessment, with the tenants consent this will be shared with all partner agencies and her G.P. Multi agency working is still ongoing and with this joint up approach has made a positive impact on the tenants quality of life and has reduced the risks of harm.

Example 5 – Complex Case Team Community Safety, Ashfield District Council

A resident presented with a history of substance misuse, self-harming, debt and mental ill-health. The individual has always been on benefits and never been in paid employment. There were additional issues including housing disrepair and concerns that the individual was a victim of sexual exploitation. Prior to the team's involvement, her child had been taken into care for reasons of child neglect. The child had poor school attendance and levels of educational attainment.

The team provided intensive support and assigned a Caseworker who provided a non-judgemental, holistic response to need. After a number of visits it became apparent that the resident was being sexually exploited by her landlord and several other members of the community. In addition, she had a long history of domestic abuse and was subject to sexual abuse from the age of 14. This resulted in her having low confidence and frequently self-harmed/medicated to help relinquish the pain. She later reported to the Support Team that she had been in contact with over a 110 professionals in the last 18 months and not one service looked at the issues together but concentrated on their little bit. This resulted in the resident repeating her story multiple times to different professionals with no service taking ownership of the case and no positive outcomes for the resident.

The resident had found it extremely difficult to approach services and articulate her support needs to them. The resident did not meet their thresholds for support resulting in her situation deteriorating year on year. This created an increased and repeated demand on services.

Through close internal working relationships with Ashfield District Council and partner services; DWP, Social Care, Nottinghamshire Fire and Rescue and Nottinghamshire Police we became aware that the resident had repeatedly presented in chaotic states to each service provider. This involved weekly calls to the Fire Service stating there were fires that the team later discovered was a result of her hallucinations and substance misuse.

It was also identified that a number of local residents had complained to ADC's Community Safety Team and Nottinghamshire Police regarding significant waste, daily party's and drug activity from the property resulting in a number of visits by Police, CPO's and Environmental Health.

This resident was unable to take control of her life and admitted she felt worthless. She admitted that was receiving money from men in exchange for sexual favours in order to feed her drug addiction. It was apparent that the resident was unable to function with the most basic day to day activities and often wore her clothes inside out and frequently had conversations with herself. She also perceived that she was receiving messages directly from her radio.

The Caseworker being the main point of contact for the resident offered help with all aspects of her chaotic life. Over a period of nine months they worked intensively with the resident on a daily basis to build a trusting relationship having been very anxious and distrusting of services previously. The Caseworker helped the resident to tackle each issue separately at a realistic pace, co-ordinating several key services to support her in a way she could understand and to set her realistic, achievable goals that were eventually sustained.

The resident's Caseworker discussed her safety with regards to sexual exploitation and co-ordinated support that she needed as opposed to what services assumed. All concerns were relayed back to services in terms of risks associated with other individuals so that this could also be addressed, some via support and others via enforcement. She was supported in finding new accommodation with a supportive landlord and the Caseworker assisted her to set up a new bank account and she began a debt management plan via the Citizens Advice Bureau.

The resident was then supported in attending drug counselling groups via CGL and assisted the resident in attending rehabilitation meetings and regular drug testing appointments. Alongside frequent GP appointments and accessing counselling support services her situation began to improve. With the teams encouragement and her willingness to improve her life she began reducing her intake of amphetamine, cannabis and vodka usage until she had ceased its consumption altogether. Despite her ongoing mental health concerns resulting in hallucinations, panic attacks and her unwillingness to attend mental health appointments in the past she trusted her caseworker and was empowered to begin attending appointments on time; this included assistance from the Women's Aid integrated Services.

Alongside this, the Caseworker liaised closely with Social Care to formalise a support plan that factored in intensive support from the Support Team. This was designed to improve her ability to form routine, boundaries and plan for important events. This included money management and supervised access with her young child who was in temporary foster care at the time. The Support Team established trial runs to school every day for 8 weeks to ensure the resident could get herself up on time and plan her morning. At first this was difficult but over time the resident's became punctual and well organised. Her Caseworker assisted the resident with parenting technique courses, healthy eating and meal preparation and over a period of several months showed great improvement.

The resident made excellent progress throughout the intervention. The resident's child was returned to her care full time and has had between 95%-100% school attendance for each term since.

The team continued to provide low level support to the resident for 2 months after to ensure the resident could sustain the positive developments in her life, which she did.

To date, the resident has remained drug free and is now employed as a Drug Counsellor for local organisation. In a recent evaluation we undertook with the resident she informed us that she had never been better and was extremely happy and had it not been for the Support Teams help that she would have taken her own life and her son would have remained under the provisions of Social Care.

To this day, the resident has sustained her employment and has a new found confidence and positive self-belief. Social Care are no longer involved in the family and the child is healthy and happy. Unnecessary demand to multiple services has ceased and this resident is able to live a self-sufficient and balanced lifestyle as a result of the support teams' assistance.

Example 6 – Complex Case Team Community Safety, Ashfield District Council

Through our investigations into antisocial behaviour on a specific street we became aware of a family with complex needs in a state of crisis. There were repeated noise complaints from the property and house parties were held throughout the day and night at the address on an almost daily basis causing severe disruption for neighbours. This caused particular high demand to Police, Council and Social Care who were all working in isolation.

Drunken teenagers were seen at the premises during these parties and violent altercations and arguments would often spill out into the street. The residents of the house were a single mum with four daughters aged 17, 14, 13 and 3. Police had already visited the address on a number of occasions, the house was in a state of disrepair. The front window of the house had been smashed and not replaced during one party that got out of control and a dispute incurred. This was not reported to the landlord, ADC or Police at the time it happened.

The team quickly established that 13, 14 and 17 year old daughters were ruling the house and had full control over their mum. They were openly drinking alcohol, smoking cigarettes and cannabis. Their behaviour was extremely disrespectful and aggressive and they were out of control. It was clear that order and parental discipline needed to be restored in the household. The troubling events at the address came to a head when two underage girls were sexually assaulted at a party taking place at the address (unsupervised by mum). The Caseworker notified Social Care immediately of the concerns. And started to build a trusting relationship with the family and facilitated the repair of the smashed window amongst other disrepair issues. The mother confided in her Caseworker that she let household get out of control, the children and the ASB get on top of her and felt powerless to tackle it she said she wasn't listened too.

Social Care did an assessment and all 4 daughters were placed on Child Protection registers under the category of neglect. They remained on child Protection register for 8 months. During that time we worked with mum on almost a daily basis. Social Care instructed for the family to work closely with the Support Team during their child protection plan.

The Caseworker her assistance from school who helped with courses to build her self-esteem and confidence. The Caseworker helped her to set boundaries for the children and to implement them at home. The children were later taken off child protection.

Had the team not be involved then there would have been a significant risk to two younger children being removed and placed into care because the ASB and housing issues would not have been dealt with. They would have also resulting in them remaining on child protection for a much longer period which would have been costly for multiple services.

The mother of the children completed the Child Sexual Exploitation course online and has also took steps of having trackers on the girl's phones so she knew where they were. They were later downgraded to child in need level and due to significant improvements over a period of time, social care closed the case.

The mother felt that were many negative influences in the area that kept drawing her children back and decided it was best to move away from the street. The team supported her with home finder and we completed a Welfare assessment form to assist her move. The Caseworker obtained letters from the Police to support what happened at the house relating to ASB. She obtained band 1 status and was offered a property through a housing association within Ashfield which gave her the motivation and new start that allowed to apply and be successful for a job as a part time waitress at a local café.

The eldest daughter felt aimless and had no future goals. She had left school with no GCSE's. She had started College but due to her issues with anxiety she had left and was no longer in education or employment. She was classed as young person who is Not in Education, Employment, or Training (NEET). We contacted Futures Advice Centre, who support 16 – 19 year olds, to upgrade their results and also give them employability training and work experience. The older daughter attended this course for 6 months with our support. She had work experience at a care home which built her confidence up and helped with her anxiety. She obtained permanent employment and has been at this job for about 8 months and is now being trained as a supervisor. She really enjoys her work and is happy. She has a new found sense of confidence.

The mother has control over the household and the teenagers all behave appropriately. She is able to deal with behaviour and their boundaries are in place. Since moving address there have been no further issues with ASB with the family or social care despite several months' previous they believed the children may have to be taken into care. Their previous address was an epicentre for ASB but since they have left there have been no issues relating to that residence.

Training attended by the Tenancy Services Team

- What's new in Safeguarding (Nottinghamshire Safeguarding Children's Board – NSCB)
- Working Together to Safeguard Children training (Nottinghamshire Safeguarding Children's Board – NSCB)
- Safeguarding presentation and training – Lucy Gifford (Social Care)

Training attended by Community Protection

- Safeguarding Adults Referrer Training, Nottinghamshire Safeguarding Adults Board

BASSETLAW DISTRICT COUNCIL

Bassetlaw District Council has in the past year worked with the Police, Housing Providers, Drug & Alcohol Services, Community Rehabilitation Company and DWP to ensure that the most vulnerable in our community are protected from self-harm and neglect. This work has ranged from those in supported accommodation, rented and owner occupiers, to those living on the streets. This work has been targeted and person centred which has been demanding, frustrating and rewarding all at the same time. However, the benefits to the wider community and the individuals is tangible and there for all to see.

Case Study:

When we first met Client 1 in February 2018 he was insecure and felt so badly let down, it was hard to convince him to come through the door. When he eventually did, we sat down with a cup of tea and made him feel as comfortable as we could. CLIENT 1 had been living street homeless but was engaging with CGL who recommended CLIENT 1 for supported accommodation.

Although we first thought that with CLIENT 1's mental health problems he would find it difficult to settle in; he was completely the opposite.

We figured out that that CLIENT 1 likes his own space and struggles with sorting things out over the phone and in interviews, so he has support with these tasks. CLIENT 1 is not pushed or pressured to do things he cannot cope with, because of this he will complete tasks in his own time without feeling pressured.

CLIENT 1's confidence has begun to grow as we have events we hold for residents such as BBQ's/Sunday lunches/Birthday parties etc. At first CLIENT 1 just came down and grabbed a plate and take it back to his room. He recently surprised us by actually walking around the house with a clipboard gathering what meat and veg the residents wanted for their Sunday lunch. For CLIENT 1 this is huge leap in confidence and shows skill and responsibility in gathering information.

CLIENT 1 attends all his appointments with the local drug services/dentists/doctors. Our hopes for CLIENT 1 is that he becomes Methadone free and he is able live independently and contently.

BROXTOWE BOROUGH COUNCIL

A Safeguarding Adults Policy, taking on board the new Care Act, Safeguarding Children and Domestic Violence Policies have all been developed.

Safeguarding Children, Safeguarding Adult and Domestic Abuse training is mandatory for all staff through an e-learning portal this is updated annually. In addition to this all safeguarding reps and leads have undertaken additional training. Members have been offered both e-learning and face to face training.

The Borough Council has produced internal leaflets for Safeguarding Adults, Safeguarding Children and Domestic Abuse raising awareness and highlighting key indicators and referral pathways these were issued to all members of staff and are issued to all new staff on induction.

The Broxtowe Complex Case Panel meets monthly with partner agencies working together to identify support for vulnerable people in the district.

The ECINs multi agency information sharing and case management system is being used to manage Complex Case Panel meetings. ECINs was implemented to case manage and securely share information between partner agencies in 2016 this has enabled real time sharing of information between partners working together to support a person at risk. The system has also enabled complete information from all agencies about a vulnerable person to be transferred to another district and the case handed over to a new lead worker in cases where the vulnerable person moves to another area.

Broxtowe has worked in Partnership with Gedling and Rushcliffe Borough Councils to fund a social worker post working across the south Nottinghamshire area. This post spans mental health and social care and provides advice to The Complex Case Panels and provides 1:2:1 support to individuals identified by the panels who do not meet the threshold for MASH or other services or who are difficult to engage. The funding is secure until October 2018.

A Sanctuary Scheme is in place to fund essential security works to properties of domestic abuse survivors.

Broxtowe has a Community Covent Group which responds to the needs of the serving forces community, their families and veterans, delivering an action plan and making applications for funding and delivering projects where appropriate. Many of these projects have focussed on the isolation of parents and children whilst serving parents are abroad and the disruption to lives caused by frequent transfers to new schools and housing.

Broxtowe Housing is pioneering assistive living solutions which offer technological solutions to enable people at risk of harm or neglect to remain independent. Solutions include the implementation of SMART messaging technology enabling adults to receive medical and safety reminders via a TV screen in their home to improve personal safety and enabling them to receive messages from friends and relatives to reduce loneliness. The Council's Retirement Living Officers also provide over 200,000 visits a year to older people in both Council owned accommodation and private sector accommodation. Plans are now being developed to provide monitors to record daily blood pressure, pulse rate weight and oxygen and glucose levels to reduce the need to spend time travelling to GP or hospitals with the data transmitted through a wireless network or mobile phone.

Broxtowe is also pioneering the building of specialist accommodation for adults living with dementia. Six specialist bungalows have been built taking on board the latest good practice on how to support people with this condition.

Broxtowe has adopted a corporate vision relating to supporting people in the community who are living with dementia.

- Over 130 employees and members have received dementia friends training
- A very successful Memory Café has been set up in Beeston

Broxtowe's Local Strategic Partnership has an Older People Group which works to :

- support older people to live independently in their own homes
- prevent slips trips and falls
- generate ideas and schemes to improve the overall wellbeing of older people

Broxtowe's Local Strategic Partnership Learning Disabilities Network identifies what partner agencies can do to support people with learning disabilities can do to live happily in Broxtowe through maximising effectiveness and accessibility of preventative services in order to enable the aging population in Broxtowe to remain living independently for as long as possible in their own homes and to enhance their wellbeing and quality of life.

The Borough Council also;

- Identifies extended work placements for individuals with learning disabilities
- Raises awareness of learning disabilities amongst staff
- Provides training on disability awareness
- Identifies gaps in learning disabilities provision in the district

CCGS – MID NOTTS, BASSETLAW & GREATER NOTTS

Contribution to NSAB Business Plan

- Mid Notts, Greater Notts CCGs and Bassetlaw CCG are active members of the NSAB and the related subgroups, acting in the capacity of Chair and vice chair for the Safeguarding Adults Review (SAR), Learning and Development and Quality Assurance subgroups.

Learning and Development

- Information and learning from SARs has been disseminated to CCG staff and GP practices, via CCG newsletters and bulletins. GPs have received specific training at Protected Learning Time sessions regarding the management of self-neglect and steps that can be put in place to support and intervene where necessary.
- The CCG has circulated NSAB information in the form of posters, leaflets and the NSAB Bulletin to Care Homes.
- Information and guidance relating to health topics specifically related to safeguarding has been shared with NSAB for circulation. Specific work has been undertaken to cascade findings from Coroner's inquest regarding the dangers of individuals smoking whilst using airflow mattresses and paraffin based emollients.
- CCG quality team staff are active members of the training pool. Multi-agency safeguarding training is actively promoted across the partnership.

Agency Co-operation

- Working in partnership with agencies through the following routes:
 - Regular Care Homes of concern meetings involving Local Authority Quality Monitoring team and Care Quality Commission (CQC)
 - Mash Health Partners meetings.
 - Care Homes Forums
 - Community of interest group

- The quality monitoring team have supported Section 42 enquiries when requested to do so by Social Care.

Prevention and Early Intervention

- The CCGs have a Whistle Blowing policy and 'Freedom to speak up' guardians in place, which enables staff to feel confident to act if they suspect abuse or neglect may be occurring.
- Review of MASH procedures which include :
 - Working with the Local Authority and East Midlands Ambulance Service to ensure smooth referral processes are in place.
 - Streamlining of Quality concerns referral process to improve interagency information sharing.
- Implementation of 'Red bag' project within care homes to improve information sharing between Care Homes and Secondary Care. This is an initiative from the Enhanced Health in Care Homes Framework.
- SystmOne F12 now in place for adults so GPs have access to up to date Safeguarding information, whilst using the patient's records.
- Implementation of SystmOne pilot project in selected care homes to promote information sharing between GPs, Community Services and Care Homes.
- The Heads of Quality and Adult Safeguarding have provided support and signposting for CCG staff and GP Services.
- GP Practices have continued to work to the 'Prevent' guidance compiled by the CCG/NHS England.
- Work is underway to roll out Prevent Training within the Care Home sector.
- Implementation of LeDeR programme across Nottinghamshire.
- Sharing of learning from the NSAB is taken forward through the Bassetlaw CCG Care Home Practice Development Forum.

DERBYSHIRE, LEICESTERSHIRE, NOTTINGHAMSHIRE & RUTLAND COMMUNITY REHABILITATION COMPANY

Overview

Derbyshire, Leicestershire, Nottinghamshire & Rutland Community Rehabilitation Company (DLNR CRC) is responsible for the supervision of low and medium risk of harm adult offenders, the provision of a range of rehabilitative interventions for CRC and National Probation Service (NPS) cases and the delivery of 'Through the Gate' (TTG) services in Resettlement Prisons. This work involves working with adult offenders who are both perpetrators of abusive behaviour and individuals who present with multiple vulnerabilities.

DLNR CRC are experienced in risk assessment and managing safeguarding risks on all levels. We also deliver a range of interventions to respond to specific needs both directly and in partnership. These include specific interventions to address alcohol misuse, substance misuse, homelessness and employment and training opportunities as well as interventions that address themes such as domestic abuse, anger management and general offending behaviour.

We also have distinct approaches in working with female service users and young adults.

Prevention

Safeguarding is a key statutory function of DLNR CRC. Risk assessment and risk management is one of its key activities, driving all its activities with service users. Safeguarding considerations are considered within assessment and risk management plans at all stages. DLNR CRC use specialist risk assessment tools such as OASyS and SARA (Domestic abuse) to support defensive decision making across all areas of risk. All operational staff are trained in safeguarding as part of their core training and DLNR CRC has a competency framework to ensure that all cases are allocated to appropriately trained staff on the basis of identified risk and need.

In addition to specific safeguarding adults and domestic abuse training DLNR CRC have recently rolled out training for its frontline staff to support trauma informed practice across the caseload.

Work with perpetrators

DLNR CRC work with a significant number of cases that are perpetrators of domestic abuse. All our case managers are specifically trained for this work and we also deliver two programmes dependent upon risk and need. These programmes are called Building Better Relationships Programme and Safer Choices respectively. In all this work we also employ partner link workers to provide support to victims of abuse through linking them with local specialist agencies.

In Nottinghamshire, DLNR CRC has worked with the Police and the Police & Crime Commissioner to provide Independent Domestic Violence Advocate support to partners of serial domestic abusers who are managed within the Integrated Offender Management Scheme.

Work with those at risk of domestic abuse

DLNR CRC are a key participating partner in local Multi-Agency Risk Assessment Conference (MARAC) arrangements. We have established protocols for the exchange of information to support decision making and also attend all MARACs with listed cases.

DLNR CRC also commission women's specific services with local women's specialise agencies. This includes commissioning services with Nottingham Women's Centre in Nottinghamshire. These services are designed to support female service users increasing their sense of autonomy and resilience (Change Programme) as well as to specific modules focusing on 'Health emotions', Health Relationships and Positive Parenting.

DLNR CRC recognise that men can also be at risk of domestic abuse and that abuse can also occur in other contexts and across other vulnerabilities. DLNR CRC is committed to working with its Adult Social care, Substance misuse, housing and health partners from both the statutory and voluntary sector to support a joined up approach to prevent and reduce the escalation of abuse and to respond to the impact of these behaviours in individual service users lives.

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

The safeguarding team at Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust continue to deliver safeguarding sessions at least once a month. The Safeguarding Adults Nurses provide bespoke training on request to departments and teams tailored to the need. The Specialist Nurse for Safeguarding Adults attends specific wards on a regular basis to support staff with safeguarding processes and interventions; we also provide a face to face response for support where possible. This strengthens relationships within the hospital and makes the safeguarding team more visible and approachable raising the profile of safeguarding across the organisation.

The team works cohesively within the Multi-Agency setting, representing the Trust at sub-groups, and Partnership events as well as the Board.

The Trust will be contributing to a Safeguarding week in South Yorkshire week commencing 09/07/18, and will be displaying awareness stands at various locations across the Trust which includes Bassetlaw Hospital.

GEDLING BOROUGH COUNCIL

Gedling Borough Council take the lead on partnership working to address identified vulnerability and working with partners access the ECINs multi agency information sharing and case management system for vulnerable people. The system enables the sharing of information between partners working together to support families or individuals identified as vulnerable and/or at risk. Case management meetings are held monthly, Complex Needs Panel meetings, and bring together key partners including Nottinghamshire Police, mental health services, social care and housing providers.

Gedling BC has an internal Corporate Safeguarding Working Group led by a Corporate Director who in turn reports back to the Senior Leadership Team. Further the Portfolio Holder for Public Protection within the authority has responsibility for safeguarding and vulnerability.

Through the South Nottinghamshire Community Safety Partnership (SNCSPP), Gedling have part funded, with Broxtowe, Rushcliffe and Nottinghamshire County Council, a social worker post working across South Notts. The post holder has specialist mental health knowledge and has strong links into social care and knowledge to access services across all sectors to provide support to vulnerable persons.

Gedling Borough Council has historically, and continues to provide and [promote awareness raising through training delivered to all staff and members across the authority. This is delivered through bespoke training sessions to promote how to recognise issues and concerns for example modern slavery and situations that officers may find themselves in as part of their job where there maybe indicators of modern slavery. Further the awareness of vulnerability of adults forms part of the sessions that Gedling Borough Council continues to deliver to taxi drivers applying for a licence. For front line staff where access to IT is rarely an option e.g. parks staff, rangers and refuse loaders, briefing sessions are arranged on a regular basis seeking to ensure safeguarding and vulnerability awareness and how to report concerns is maintained.

The authority is also a Dementia Friendly Council and delivers regular Dementia Friends training to front line staff but also delivers sessions, through the Public Protection service to external organisations and agencies including community groups, Patient Participation Groups at local GP surgeries and partner organisations.

Through the Complex Needs Panel meetings, working with NCC Family Service/Troubled Families programme complex needs cases where a Whole Family approach is required, identify vulnerable adults where support to the individuals is co-ordinated through partnership working.

Internal leaflets, policies and procedures for reporting in respect of safeguarding adults, and Domestic Abuse highlighting key indicators have been reviewed and produced.

The authority have a full time equivalent post of a Health and Housing Co-ordinator (2 part time staff) working with vulnerable persons leaving hospital. The authority also has delivered in excess of £1.1M of disabled facilities grants supporting vulnerable persons within their home.

HEALTHWATCH

Healthwatch Nottinghamshire collaborated with 51 organisations to arrange visits to carry out Awareness Survey Safeguarding Vulnerable Adults between 30th January and 2nd May 2018.

Healthwatch Nottinghamshire contributed to the Board's communication strategy by informing all groups visited how to report a safeguarding concern.

MANSFIELD DISTRICT COUNCIL

Case YB

YB lives with her partner in a Mansfield District Council (MDC) bungalow. YB is end of life and is waiting for continuing healthcare funding for a sitting service to relieve her partner of his caring role for a couple of hours each week. YB's partner is her main carer. The referral for our team was for help with shopping, however during the assessment it became clear that YB's partner enjoys doing the shopping but wanted someone to sit with YB so he knew that she would be fine and looked after until he came back.

Support agreed was a 2 hour sit on Wednesday afternoons, 2pm until 4pm to enable him to have a carers break and to do the shopping or if he did not want to do the shopping the couple had the opportunity to talk to the staff member that visited , this being a break from the norm. We supported the couple for 4 weeks, totalling 8 hours of support. When we finished our support I received a call from him to say that the continuing healthcare funding had taken longer than expected to come through and he wondered if we could extend our service until it does. It was agreed that we would and we are visiting this Friday to sit with YB whilst He attends a medical appointment at KMH. We will visit the couple each week, completing a 2 hour sit until the funding is in place and they have the correct support in place.

Case JN

JN lives in a MDC sheltered bungalow and was receiving a response service before her discharge home. The service level has been increased to silver and her response scheme officer visited her the morning after her discharge home to reassess her needs and risk assessment. JN was discharged home with no formal support in place. JN is a very strong and independent woman and she declined support on discharge. The referral to our team was one of assess and see what help can be provided and what JN would agree to receiving.

I visited JN on Tuesday 20th June to complete the assessment. JN had not eaten or had a drink so I made her some breakfast. JN said that her neighbour visits most days to make sure that she is ok and had taken her medication. JN stated that her son either does her shopping on a Thursday at Asda or he will pick her up and take her to complete the shopping task.

I asked JN how she makes her meals; JN said that she wasn't sure. She said that she cannot remember how to use the oven or microwave and she wasn't sure as to how she gets her meals throughout the day. I checked the fridge/freezer and JN has Wilshire Farm Foods Meals delivered on a Wednesday and this is put in the freezer to last JN a week. JN's neighbour stated that JN used to be independent at meal times but since her discharge home she is no longer able to do this.

I discussed support needs with JN and agreed with her that we would visit every morning, Monday to Friday to check that she is ok and to make her breakfast and remind her to take her medication. I also agreed that we would visit every lunch time to warm up her meal and to make a sandwich for teatime and put this in the fridge for JN to eat when she was ready. JN was very happy with our agreed support and the lunch call commenced on that very same day.

I received a call from the Community Team Social Worker to ask how we had become involved with JN and how we were supporting her. I explained our service to them, the referral from our Hospital Discharge team at Kingsmill Hospital and why I had been to assess JN. They had stated that they had been trying to put in a care package, and further confirmed that they had been to assess JN and has applied for a 3 care call a day care package to support with meals, personal care and meds. They had phoned JN's family about the social care assessment, the family wanted more detail about social care, so this was sent through to them. This may delay the care package being put in place, but only by a further week or two.

The Community Team Social worker kept in regular contact to update and advise me and has asked that I contact her if I feel that JN's needs increase during this time, if they do she will come back out and reassess.

Case Ms G

50 year old female, who was in hospital and ready for discharge, but her property where she had been residing was unsuitable, and the hospital staff did not know how to proceed with her discharge. She was then occupying a private room at the hospital when initially seen by MDC staff. She had part of her leg amputated and was unable to return to her property as it was upper floor flat and unsuitable. It was a tied tenancy through her employment which due to the amputation she could no longer carry out. This meant that Ms G and her teenage son were homeless. MDC staff sought a suitable property from their housing stock and arranged for the OT staff to assess its suitability.

The property appeared to be ideal for her medical requirements, and a temporary ramp was arranged and further adaptations were fast tracked and carried out by MDC works dept. the week after Ms G moved in.

Due to the concern from the hospital Occupational Therapists (OT) of the potential risk of Ms G falling from her wheelchair onto bare floor, the property was also carpeted using Hospital discharge funding. Staff arranged for the gas and electric to be put on and made safe so that she was able to use the utilities services as soon as she moved in. MDC staff arranged and supported her teenage son to pack and move all of their belongings to be moved from the property that was tied to her employment to her new bungalow. A food parcel was provided so that food was available over the weekend. Mansfield District Council's Specialist Welfare Rights Officer was then provided Ms G all the help, and advise so that her income was maximised.

Ms G benefited in many ways from the alternative accommodation provided by MDC, which included furniture project referrals to furnish her home. When she was first seen by MDC staff she scored low on half the 8 rating scales measured including those for self-care, money and admin, health/wellness and housing situation. The support that MDC provided Ms G improved her situation across all of these areas progressing from an initial score of 25 of a possible 40 to 38 of a possible 40 across all eight areas of the assessment.

Ms G feels that MDC have really supported her, was happy with the support offered throughout and this improved her welfare and housing situation 100% and says that she highly commends the service both she and her son have received as excellent.

Case Mrs M

Mrs M is 82 years old lady, and was referred to the MDC's hospital discharge officers because it was not appropriate for her to return to her existing accommodation. Ms M was in hospital as a result of an overdose as she stated that she was at the end of her tether in her existing housing situation. Hospital Medical staff was of the opinion that she would attempt suicide again if she returned home, and this time the outcome would be more severe, potentially resulting in her loss of life.

MDC staff registered a housing application as a matter of priority, and as an emergency hospital discharge patient. Arrangements were made to access MDC's secured temporary accommodation whilst she waiting for an allocation of a property.

When Mrs M came into temporary accommodation she was discharged from hospital with only the clothes she stood up in, she had no other clothes, shoes, or any personal effects. Support staff purchased basic clothing, including toiletries, underwear and footwear, and arranged for a food parcel to be delivered to ensure her basic needs were met. Staff then liaised with Mrs M's family to regain her personal possessions, as initially she was quite prepared to walk away from her home environment leaving everything. This also demonstrated that she was extremely low, full of despair, and she did not care about anything.

Mrs M benefited in many ways from the care, help and temporary accommodation which MDC provided. This then lead onto a secure tenancy in a complex full of bungalows with other people of the same age. She was able socialise, interact and enjoy her life in her own property.

When she was first seen by MDC staff she scored low on the outcome star rating scales for self-care, health/wellness and contentment. Moving to her new home and the range of support provided by MDC staff including welfare benefit advice, and a furniture project referral, improved the situation for Ms M in all of these areas progressing from an initial score of 23 of a possible 40 to 35 of a possible 40 across all eight areas of the assessment.

Mrs M stated that the service was excellent, and without MDC help she did not know where her life would be today.

NEWARK & SHERWOOD DISTRICT COUNCIL

The revised corporate Safeguarding structure adopted within the organisation in 2016/2017 remains the same and ensures strategic information and learning is cascaded appropriately and that operational processes remain consistent throughout the Council and its Companies (Active4Today, Southwell Leisure Centre and Newark and Sherwood Homes) in line with our joint Safeguarding Policy.

The Council maintains two officers who have “corporate safeguarding support” incorporated into their duties who continue to provide staff with named officers they can discuss concerns with for adults in need or at risk. The two safeguarding officers have responsibility to determine a course of action required in line with the adult safeguarding pathway and procedures and submit referrals, when necessary.

The safeguarding officers manage the internal cases and continue to undertake training to recently include, Hoarding Panel Workshop and Working with Survivors of Domestic Abuse with Complex Needs, Substance Use and Mental Illness as well as continued attendance at the NSAB trainers’ forum.

The Council’s Safeguarding Lead provided training to Members and Managers in safeguarding awareness in 2016 and provides corporate Safeguarding updates to Members via the Council’s Homes and Communities Committee.

The safeguarding officers have delivered training the in house level 1 and 2 safeguarding awareness course to all areas of the organisation and provide training to all new starters on a quarterly basis. The training is tailored to meet the requirements of each business stream, from half hour briefings to half day training sessions. The training incorporates domestic abuse training, which is delivered by the Council’s Domestic Violence Co-ordinator. Internal leaflets and provided at the training courses for staff and the training presentation, leaflet and information on internal referral pathways are available on the Council’s intranet.

Within the training delivery, early intervention and prevention is discussed and the safeguarding officers encourage staff to raise concerns to them to enable opportunities to offer individuals support and assistance before the issues escalate.

The Council is a Dementia Friendly Council and delivers regular Dementia Friends training to front line staff.

All training is evaluated and well received.

Current Live Cases awaiting further action/response	5
MARAC	4
MASH referrals awaiting outcome	3
MASH Referrals – made but unaccepted	3
MASH Referrals SC already involved	10
MASH Referrals made	7
Managed and Referred to Other	12
Managed and Referred to LMAPS	4
Managed and Referred to Early Help	0
NFA & Closed	15

Newark and Sherwood District Council continues to hold monthly Local Multi Agency Problem Solving Group (LMAPS) which is attended by agencies to include Mental Health Team, Change, Grow, Live, Framework, Fire Service, Housing and Police, and is aimed at reducing instances of abuse and neglect through preventative strategies and partnership working.

The Council’s Community Safety Partnership continue to fund the Complex Needs Worker post to work on a one to one basis with vulnerable rough sleepers within the District, which also aligns to the Council’s Homelessness Prevention Strategy and Action Plan.

The Community Safety Partnership also fund a support worker to support vulnerable and isolated individuals from the Gypsy and Traveller community on Tolney Lane, Newark.

For the year 1st April 2017 – 31st March 2018, a total of 47 Safeguarding referrals were made internally to corporate safeguarding, of these:

The Council’s Safeguarding Lead continues to chair the District/Borough Safeguarding Group and attends/feeds into discussions at the wider NSAB Partnership events.

NOTTINGHAMSHIRE FIRE & RESCUE SERVICE

The role of the Fire and Rescue Service has changed over the last thirty years. The number of fires has decreased in Nottinghamshire from around 30,000 per year in the 1990’s to around 10,000 per year today. This decrease has been the result of changes to the service which has shifted from responding to demand to focussing on prevention.

The decrease in the demand for the service has resulted in changes in the way that the workforce are utilised, with staff spending less time responding to incidents and with more capacity to support prevention and improving community wellbeing.

The Fire and Rescue Service is a trusted profession which has respect across all age groups and in a diverse range of communities. Sometimes this means that Nottinghamshire Fire and Rescue Service (NFRS) can gain access and a rapport with households deemed as ‘hard to engage’ by other services.

Every year NFRS completes over 3000 home visits with a focus on vulnerable groups such as the over 65’s or disabled people. The Service’s newly established Safe and Well visits, that will begin in June, are a good example of our dedication and commitment to early intervention and prevention.

It is envisaged that, through our interactions with people in their homes, and with the necessary additional awareness training, firefighters will be able to identify and act upon a significantly wider range of risks. Not only fire risks, but those that predispose people to a number of health and wellbeing issues that can significantly reduce life expectancy and/or quality of life as well as leaving them at risk from abuse and neglect.

To minimise dependency on external services, reduce the need for crisis interventions, and the cost that this incurs, as well as ensuring a better outcome for the individual, identifying those at risk and intervening early is crucial. In 2018 the Service seconded an Occupational Therapist (OT) from Nottinghamshire Healthcare NHS Foundation Trust into the Prevention Team. The secondment has been extremely positive and the OT is firmly embedded within the team. The OT is managing their own case load and contributing to many different work streams and training opportunities within Prevention and the wider Service. Whilst the Team can see the tangible difference this is making to people's lives (reduction in fire risk, reduced need for additional referrals and visits, support offered in timely manner) it is hard to assign a monetary value to this work. Therefore a student from the University of Nottingham will be joining the team to evaluate this secondment. In addition to the clinical responsibilities the OT has strengthened links with healthcare colleagues and promoted the fire service agenda to clinical colleagues. The manager of the Prevention Team is now submitting a paper to Senior Management in order to get this secondment extended for a further three years.

To ensure the organisation learns from fire fatalities and serious incidents NFRS review incidents. Following the fatality of a service user with care and support needs who smoked on an air flow mattress the Service has been working closely with Health Trusts, providers and other partner organisations to raise awareness of this issue. This work has resulted in procedural change, improved and more robust referral pathways, training and a much greater awareness around the issue.

NFRS is one of the founding members of the newly established "Greater Notts High Impact User Group". This group is made up of colleagues from the Police Control Room, East Midlands Ambulance Service (EMAS), Long Term Alcohol Conditions Team and Mental Health teams. The aim being all Emergency Services can bring repeat callers into this meeting to be identified and offered support to reduce their risk/vulnerability and potentially reduce the number of calls.

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 when abuse or neglect is identified with a team of safeguarding specialists available for staff to contact for support. 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 unwise decisions about their own welfare.

Staff receive annual mandatory safeguarding update training. This continues to be a face-to-face interactive session allowing staff to ask questions. This session receives very positive feedback. In 2017-18, the team focused on the PREVENT agenda, with the training identifying vulnerabilities similar to domestic abuse, child sexual exploitation and other forms of abusive relationships. In 2018-19 the trust has committed to delivering 'Think Family' safeguarding training, focusing on modern slavery, specifically focussing on why individuals do not disclose abuse and actions staff need to take in the event that concerns arise.

NOTTINGHAMSHIRE HEALTHCARE TRUST

Nottinghamshire Healthcare Trust safeguarding team has completed the fourth year of a five year plan to effect quality improvements in safeguarding across the Trust. We have three key priorities:

1. To demonstrate Nottinghamshire Healthcare has a strong integrated and sustainable culture of both safeguarding leadership and strategic and operational working across the Trust.
2. To demonstrate that we are assured that safeguarding is everyone's responsibility and are able to evidence that we are making a difference.
3. To demonstrate that we are assured that learning and improvement is raising awareness and quality of safeguarding practice and ensure that training, procedures and guidance support improvements in safeguarding children and adults.

All three link to the local safeguarding boards' priorities to ensure that we continue to support the work of the local adult and children boards.

The Associate Director for Safeguarding and Social work is a key member of the SAB and members of the corporate safeguarding team ensure the Trust is represented on all the local safeguarding board subgroups.

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

Domestic Violence (DV):

The Trust's DV subgroup has focussed on the use of routine enquiry, which will lead to earlier interventions when an adult is experiencing or at risk of domestic violence. A new DV training package has been developed to further enhance understanding in this challenging area.

In November 2017 the Trust made an active contribution to the 16 Days Of Activism campaign co-ordinated by Equation. This included a number of events, displays and the wearing of white ribbons by senior male managers. This coming November, we aim to develop this with a domestic violence conference for staff and partner agencies to launch the 16 Days Of Activism 2018.

Communications:

The safeguarding team continue to run a number of events throughout the year. From January 2018 there has been a monthly focus on different safeguarding topics, including Making Safeguarding Personal (MSP), eating disorders, 'was not brought' and self-neglect. The safeguarding team has continued to develop posters for both staff and service users and their families.

These now comprise: Care Act awareness; MSP; where to seek help if you are experiencing abuse.

Research and development:

The Trust has completed a research project in partnership with the University of Nottingham aimed at improving the sexual safety of patients which had been identified by the Care Quality Commission (CQC) as an area for improvement at a national level. Funding has been secured to develop this work further and it is hoped that we will be able to make a national contribution to the prevention of this emerging risk.

The Independent Inquiry into Child Sexual Abuse:

This year the Trust has continued to be represented at the Strategic Management Group meetings to ensure a proactive response. The Trust continues to play a key role in the Inquiry locally by supporting survivors via the survivors group, ensuring appropriate services are in place for survivors and supporting the multi-agency partnership in the preparation of information for survivors.

Internally, we have worked on ensuring that staff are kept up to date with the progress of the Inquiry and we have provided assurance around our current safeguarding policies and processes. A suite of leaflets for staff and service users related to historic abuse disclosures can be found on our website.

Learning and improvement:

The Trust has a specialised safeguarding training team who deliver safeguarding training across the Trust. Training is reviewed on an annual basis and specific areas of need are identified and addressed as necessary. Evaluations of training (by both attendees and observers) are consistently high. The Named Nurse for Safeguarding continues to lead this work in line with her statutory responsibilities. During 2017/18 the Trust has developed a safeguarding leadership programme for senior clinical leaders, led by the Safeguarding Clinical Lead and this will be launched in 2018/19.

NOTTINGHAMSHIRE POLICE

The Head of Public Protection attended the Making Safeguarding Personal workshop in February 2018 and is now the force lead for 'vulnerability'.

The force Vulnerability Policy (document PS 158) was updated in April 2018 and now reflects Working Together and Making Safeguarding Personal guidance. This policy provides staff guidance on safeguarding vulnerable people under the headline of "Know it, Spot it, Stop it!"

The force has embarked on a refreshed Vulnerability Training program for all front line staff providing practical guidance on safeguarding. This program commenced in January 2018 and will be delivered during 2018-2019.

Public Protection has recruited new staff employed to prevent victimisation and reassure vulnerable people. These include

- Safeguarding officers for domestic abuse
- Honour Based Abuse (HBA) safeguarding officers

- A Working Together team in the County and City MASH designed to provide more efficient safeguarding, information sharing and joint working.

The HBA safeguarding officers supported 87 cases in 2017/18. This is compared to 9 identified cases 2013/14.

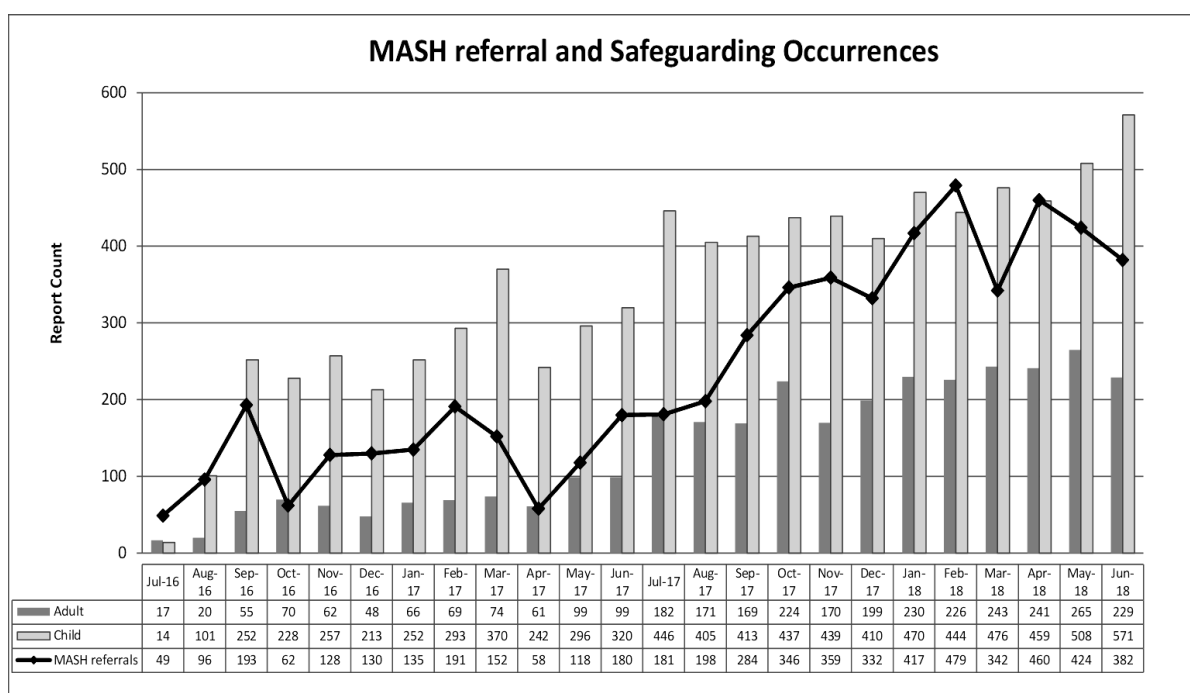
The Police and Crime Plan 2018 states the Police & Crime Commissioner (PCC) will:

- Invest in and co-commission a new Independent Sexual Violence Advisor (ISVA) and Children & Young People's Independent Sexual Violence Advisor (CHISVA) support service for victims and survivors of sexual abuse
- Work with health partners to drive forward improvements to therapeutic support for sexual violence victims and survivors
- Work with partners to invest in new facilities for the adult Sexual Assault Referral Centre (SARC)

In delivering this plan, the PCC has funded new ISVA services across Nottinghamshire, which commenced on 1st July 2018.

The Mental Health Triage car is a joint Police and Health initiative with an input of 5 staff from the Police. This car responds to potential mental health incidents reported into the Police. The service is designed to prevent harm to both the subject and the public. In 2017 the triage car dealt with an average of 11 incidents per day, or over 4000 per year. They completed 998 mental health assessments in 2017 or 2.73 per day

The Public Protection Notice (PPN) is a referral mechanism where front line officers can highlight concerns for adults who may be at risk. The referrals are considered by the MASH (Multi Agency Safeguarding Hub) and decisions are made to share information, commence Police/Social Care investigations or requiring interventions/prevention plans from other strategic or third sector partners. This PPN transformed in July 2018, into a consolidated Domestic Abuse PPN. The increase in PPN submissions (shown below) highlights the increased awareness and identification of safeguarding concerns by front line officers responding to Police reports.



NOTTINGHAMSHIRE COUNTY COUNCIL

Nottinghamshire County Council's Adult Social Care Strategy is built around three key stages:

1. Helping people to help themselves
2. Helping people when they need it
3. Supporting people to maximise their independence and then keeping people's progress under review

NCC provides a number of commissioned services in conjunction with the voluntary sector, aimed at maximising people's independence before they require support from statutory services.

The Council implemented a 3-tier model of providing care and support to Nottinghamshire residents, aiming for early resolution where possible, both enabling adults to live independently for longer, and reducing potential for abuse and neglect.

The Council has also done some targeted and focused work with independent hospitals with the aim of increasing understanding of the local safeguarding adults procedures and pathways and thus reducing the number of referrals not going on to a Section 42 Enquiry.

Nottinghamshire County Council's staff in the Multi-Agency Safeguarding Hub (MASH) continue to receive and triage safeguarding adults referrals and gather information from partner agencies, helping to resolve issues and prevent repeat referrals for the same individuals.

During the period 2017/18, the Council's Adult Social Care department continued its rolling programme of safeguarding adults training for levels 1-3 (covering all frontline staff, Community Care Officers, Social Workers, Senior Practitioners, Team Managers and above, and all Safeguarding Officers and Managers). It has also developed and implemented a mandatory 'corporate' safeguarding adults e-learning package, aimed at those employed by the Council who do not work in Adult Social Care to further raise awareness that safeguarding is everybody's responsibility. This aims to raise awareness of abuse, improve the approach of staff and ultimately prevent abuse from occurring.

The County Council developed an updated web page for the Multi-Agency Safeguarding Hub (MASH) to make it easier to navigate. This has made it easier to find information, such as; what abuse is and how to report it, along with the procedures and guidance on dealing abuse and neglect. It also embraced available technology to implement an online referral form (replacing the old email/ word document) which aims to intuitively take the information given in the referral to the "right place, first time", whether that is to the MASH, or the Customer Service Centre. The Council implemented actions from the SAR H16 action plan around transitions, auditing, implementing the Quality Assurance Framework, and Early Health and Care assessments.

The Council also organised a falls prevention campaign, including an online training package, promotional materials and events.

It has also developed e-learning packages in regard of modern day slavery, human trafficking and financial scams.

The Council's Trading Standards department has undertaken a financial scams campaign, which has aimed to raise awareness and combat the growing problem of financial abuse, both through rogue traders and doorstep scams, as well as the emergence and increased reach of internet fraud aimed at adults at risk in Nottinghamshire.

RUSHCLIFFE BOROUGH COUNCIL

- Rushcliffe Borough Council (RBC) Antisocial Behaviour (ASB) working group and associated Vulnerable Persons Panel (VPP) – successful agency cooperation at meetings.
- Funded mental health case workers – link to cases – identifying risks.
- Links with other partner agencies – Notts County Council (NCC), Police.
- Number of examples of successful cases – secure the protection of individuals. Examples of successful agency co-operation provided in the attached table of cases:
- Eyes and ears system operating in RBC – frontline staff to report issues – this covers all safeguarding issues.
- Examples of where staff have helped vulnerable people – for example Refuse collectors helping older people who collapsed when putting out bins.
- RBC Policy for adult safeguarding and online referral form.
- E- Learning training for all staff and briefing for all managers at leadership forum.
- Modern slavery training carried out for visiting officers – Hope for Justice.
- Hate training – some staff have attended this.
- Communication strategy – informing staff on MASH.
- Safeguarding training carried out for all taxi drivers – RBC have taken lead for County Taxi licensing action plan and training over Notts Authorities.

SHERWOOD FOREST HOSPITALS NHS TRUST

Sherwood Forest Hospital Foundation Trust (SFHT) works closely with the local authority and partner agencies to ensure that safeguarding adults is embedded within our services. We practice using a Think Family safeguarding model and this is embedded within our Safeguarding Think Family Strategy and Safeguarding Think Family Training Strategy. We link closely with our partners to ensure that any training is aligned to both local and national safeguarding agendas.

SFHT works with partner agencies to review any safeguarding referrals and ensure that any responses are co-ordinated and timely. We use any learning to inform practice and monitor any areas of development.

It became apparent during 2017/18 that there was a delay within the county responding to Deprivation of Liberty Safeguards (DoLS) application, a presentation to the board identified that there was a county wide backlog- SFHT from our perspective have worked closely with the LA to develop a process whereby DoLS application are submitted via the DoLS portal- we are monitoring over the next year the responses and effectiveness of this process.

2017/18 saw the development of the 'Think Family' training programme. This full day event incorporates both adult and children safeguarding competencies set out by the intercollegiate standards. This emphasises and further embeds the 'Think Family' safeguarding approach throughout the Trust. This day equates to level 3 Safeguarding competencies for all staff who work with adults or children or both. A total of 2500 staff across the Trust require level 3 'Think Family' safeguarding training. The actual numbers of staff trained are lower than the predicted trajectory across all quarters during 2017/2018, the reason for this due to the training booking system and is being actively monitored moving forward to ensure the training trajectory is achieved. To ensure that all staff are trained to a comprehensive level whilst the transition from level 2 to 3 continues we also deliver a lessons learned session to annual mandatory update days. This training highlights lessons learnt from Serious Case Reviews (SCR) Safeguarding Adults Reviews (SAR) and Domestic Homicide Reviews (DHR) both locally and nationally and ensure that a consistent message regarding safeguarding issue is delivered to all staff. Each session is evaluated and the responses remain positive. Below are a selection of comments received:

Evaluation of the Think Family training sessions have on the most part been very positive, below are some examples of comments received:

"This is the best presented session I have attended."

"Very informative day that discussed distressing subjects relative to all health care roles"

"Very relevant training has left me with more confidence with regards to safeguarding".

"Don't usually look forward to safeguarding training as usually death by PowerPoint, this was not what I expected, very interesting, informative and presented very well- thank you".

ASSURANCE

NSAB will assure itself that all partners have appropriate arrangements in place to safeguard those adults most at risk in Nottinghamshire.

Examples of evidence:

- Any qualitative evidence e.g. from themes from internal audits, impact of changes to practice, learning from incidents, how any learning from SARS has been embedded in your organisation.
- A brief analysis of statistical data collected by your organisation in relation to Safeguarding Adults.
- A brief summary of your organisation's quality assurance/governance arrangements in relation to safeguarding adults.

ASHFIELD DISTRICT COUNCIL

Audit:

The last safeguarding internal audit was undertaken September 2016 which made recommendations which have been implemented and monitored through the Councils Corporate Safeguarding Board.

Referrals:

For example: 41 safeguarding referrals in 2017/18 were made by the Tenancy Services Team (Housing Services – Ashfield District Council) covering:

Physical Abuse – 4

Neglect – 16

Self-Harm – 6

Other Abuse – 6

Suicidal Thoughts – 1

Neglect and Financial Abuse – 2

Financial Abuse only – 5

Exposure to Potential Abuse – 1

Safeguarding referrals will be held centrally from 1 April 2018 to support coordination within the Council.

BASSETLAW DISTRICT COUNCIL

We are scrutinised by our internal auditors in terms of all actions and activities undertaken under the safeguarding agenda. Currently we are actively working with in excess of 40 adults who are at risk of self-harm or neglect due to life style choices and behaviours which put them at risk.

In terms of staff we use safeguarding champions as a way of highlighting risk and disseminating information throughout the organisation. This work is subject to constant review and updates.

BROXTOWE BOROUGH COUNCIL

In 2017/18 12 safeguarding referrals have been made to the Multi-Agency Safeguarding Hub (MASH) safeguarding 5 adults and 25 children.

29 vulnerable people have been supported through the Complex Case Panel

The ECINs system has been implemented to ensure information held by a range of agencies is shared in real time to safeguard vulnerable individuals.

Broxtowe has departmental safeguarding reps in place covering all key sections, and lead officer arrangements for safeguarding issues.

A group email address is used to receive internal MASH and Complex Case Panel referrals to prevent single point of failure. The Chief Communities Officer now acts as Single Point Of Contact (SPOC) between the MASH and the Borough Council to enable quality assurance to take place and better tracking of referrals.

An Internal safeguarding working group meets every 6 months receiving cascaded information from the chief executive on relevant safeguarding issues including reports on NSAB activity. The group also receives data regarding safeguarding cases identified by the council and referred into MASH or other support services and vulnerable people identified and supported through the Complex Case Panel. Learning from serious case reviews is also discussed at the meetings and internal activity reviewing systems and practices to ensure the safeguarding system is working is coordinated by the group.

The Chief Executive chairs the Safeguarding Children's Board and prepares regular briefings to the District Safeguarding Officers which is attended by the safeguarding reps of all Nottinghamshire Districts including the Chief Communities Officer for Broxtowe. Safeguarding information from the NSAB is cascaded through this group to local Authority reps who then cascade appropriate information internally within their organisations.

CCGS – MID NOTTS, BASSETLAW & GREATER NOTTS

Safeguarding Adults Reviews

- As a result of the learning from the case of RN work has been undertaken with the individual GP Practice involved regarding record keeping, record summarising and the recognition of vulnerable adults. This information has been collated into a good practice document.
- As a result from learning from the case H16 Bassetlaw CCG has established a transitions meeting to ensure all ongoing health care needs are transitioned between the child and adult health provision.

Quality Assurance

- The CCGs have participated in roll out of the NHS England Safeguarding Assurance Tool (SAT). Discussions have been held at the NSAB about how this information can be used to provide assurance.

- Whilst the CCGs do not work directly with adults at risk CCGs do have a responsibility to ensure that providers of services have appropriate arrangements in place to safeguarding adults. This is monitored through the Quality Schedule and Quality Review Meetings held with larger NHS providers. CQC inspect all providers of regulated activity of which safeguarding is a key component.
- The CCGs have completed Safeguarding Assurance visits to the following providers:
 - Nottingham University Hospitals
 - Sherwood Forest Hospitals Trust
 - Circle
 - Doncaster & Bassetlaw Teaching Hospitals
 - Insight IAPT service
 - Bassetlaw Out of Hours service
- The CCGs have also completed other Quality Assurance visits that whilst these may not be specifically safeguarding focused are linked with early intervention and prevention:
 - SFHT Discharge Pathway
 - PRISM team
 - Call for Care service
- Quality monitoring processes are in place in respect of services commissioned by the CCG, that ensure that early identification of concerns are appropriately managed to reduce the need for crisis intervention and reduce risk of significant harm.
- Risk is managed within the CCGs through the Risk Registers and Board Assurance Frameworks and are monitored and reported through CCG Quality and Risk Committees and where appropriate reported to the relevant Governing Body.
- Safeguarding leads within Primary Care have been identified and assurance gathered that leads are compliant with safeguarding training.
- GP Practices are required to complete the annual mini Safeguarding Adults Assurance Framework (SAAF).
- Annual safeguarding updates have taken place at each of the PLTs /BEST for the CCGs.
- Robust risk management processes are in place. E.g. serious incidents (SIs) are quality assured and signed off by the CCG.
- Safeguarding is a key component of the Equality and Quality Impact Assessments required for all commissioning decisions.

DERBYSHIRE, LEICESTERSHIRE, NOTTINGHAMSHIRE & RUTLAND COMMUNITY REHABILITATION COMPANY

DLNR CRC does not have the functionality to specifically track data relating to Adult safeguarding. However, DLNR has quality assurance mechanisms to support the maintenance of effective practice standards. All team managers within DLNR CRC attend 'Quality Days' on a monthly basis during which case records are sampled and quality assured. Such Quality Assurance days, whatever the specific theme, will always include scrutiny of case management with regard to safeguarding practice. Individual findings are fed back to case managers, and general themes are fed into the work of the organisation's Quality Improvement Group (QUIG).

The QUIG collate the findings from these Quality Assurance days, and combines them with any relevant findings from internal and external audits, Her Majesty's Inspectorate for Prisons (HMIP) Reports, Serious Further Offence Reviews, Serious Case Reviews, Safeguarding Adults Reviews and Domestic Homicide Reviews.

A centrally managed Organisational Improvement Plan then assigns actions to specific working groups for senior managers to implement.

DLNR CRC also have an Internal Audit team who undertakes themed audits across DLNR. This includes audits with a specific focus on Safeguarding practice. DLNR CRC are also subject to audits through Her Majesty's Prison and Probation Service (HMPPS) contract management team and HMIP.

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

A quarterly report is produced and approved at the DBTH internal Strategic Safeguarding People Board (SSPB). This is approved by the SSPB along with other documents and projects such as policies and audits, these are then shared more widely with partners including safeguarding boards and CCGs. The Safeguarding Team also report to the organisations Clinical Governance committee bi-annually.

Learning from Safeguarding Adults Reviews (SAR) and Domestic Homicide Reviews (DHR) is shared through training sessions, Quarterly Safeguarding Newsletter and the hospital's weekly bulletin.

The safeguarding team complete audits around staff knowledge and process & procedures in line with the annual audit calendar.

Current information, alerts and learning are shared via the intranet, through the newsletters, Buzz and re-enforced through training.

All Safeguarding policies include sections describing governance and assurance arrangements.

Serious Incidents involving safeguarding are shared within the Care Groups, and with the relevant CCGs.

GEDLING BOROUGH COUNCIL

The Corporate Safeguarding Working Group meets quarterly to discuss performance (reporting and response to identified cases) and to cascade relevant information received from the NSAB and NSCB as well as raising awareness of legislative changes and learning from SCRs.

Within the period April 2017 to March 2018 safeguarding referrals recorded on the authority database totalled 52 from across all sections of the authority. Services reporting/referring were predominantly Public Protection and Revenues and Benefits. Performance/referring is managed through the internal safeguarding working group and cases where learning can be identified are discussed with service safeguarding leads however the Community Safety & Safeguarding Manager acts as a single point of contact for referrals and quality assures such in addition to supporting officers from within the authority and where necessary the liaising with the wider partnership to assess needs and ensure referrals reach the appropriate agencies / organisations.

Of the referrals made internally, (authority) following assessment of each, referrals to the MASH for adults totalled 7 and for children totalled 5. It is following assessment that current involvement of agencies and organisations is identified and contact is made with agencies and where necessary professionals meetings will be called and action plans agreed in support of the individual.

A rolling cohort of vulnerable person cases is managed through the Complex Needs Panel in Gedling. During 2017 -2018 a total of 43 referrals were discussed and vulnerable persons supported. The range of issues identified and brought to the panel was wide in terms of complexity and age profile. Mental health concerns dominated the cohort with over 60% of referrals related to such.

As referred to above, the Corporate Safeguarding Working Group comprising of service managers from across the authority consider performance, learning from referrals, training, emerging issues (e.g. modern slavery), learning from case reviews, domestic homicide reviews and also review procedures and policies. The work of the group is reported to senior leadership team by the named lead Director responsible for safeguarding and to Cabinet by the Portfolio Holder responsible for Public Protection.

HEALTHWATCH

See Healthwatch Nottingham & Nottinghamshire Awareness Survey, Safeguarding Vulnerable Adults 2018 report.

We have a Safeguarding Policy and a trained Safeguarding referrer.

MANSFIELD DISTRICT COUNCIL

Over the last 12 months between 01/05/2017 and 01/05/2018, Mansfield District Council contacted the Multi-Agency Safeguarding Hub or Adult Social Care with 16 Adult safeguarding concerns.

NEWARK & SHERWOOD DISTRICT COUNCIL

Learning from Safeguarding Adults Reviews (SAR) are cascaded from the NSAB, to the district/boroughs and considered at our Corporate Safeguarding Group meetings. If required, any training and operation practice is amended. The Corporate Safeguarding Group meets on a quarterly basis, coordinating and managing the Council's, Newark and Sherwood Homes', Active4Today and Southwell Leisure Centre Trust's safeguarding activity to ensure compliance with safeguarding responsibilities, policies and procedures.

There is a Corporate Risk on Safeguarding (CORP_OR10) which is monitored by the Corporate Management Team and remains at "controlled" status; and is followed up via Internal Audit.

Internal Referrals 1st April 2017 – 31st March 2018

2017/18 safeguarding referrals	47
Adult safeguarding referrals	27
Child safeguarding referrals	20
Categories	
Self-Neglect	11
Emotional Abuse	1
Modern Slavery	1
Physical Abuse	0
Domestic	6
Sexual	0
Organisational	0
Financial	0
Neglect	0
Discrimination	0
Not safeguarding	2
Perpetrator	6

NOTTINGHAMSHIRE FIRE & RESCUE SERVICE

Having worked closely with the Multi-Agency Safeguarding Hub (MASH) management team NFRS have recognised that in previous years there have been a number of referrals made that have not met safeguarding thresholds. By having a member of the team seconded into the MASH one day per week, these inappropriate referrals have been lessened and our inter-agency working has been greatly improved.

As mentioned in last year's report submission the Service has a Serious Event Review Group established to review fire fatalities and serious incidents for adults at risk and children. Demonstrating commitment from the top of the organisation the Deputy Chief Fire Officer is Chair of this group.

The Service's Safeguarding lead sits on a national Safeguarding forum aligned to the National Fire Chiefs Council. This forum meets quarterly with the aim of providing peer support to strengthen and improve Safeguarding practises in Fire Services nationally. This group has developed a Safeguarding Self-Assessment Guidance, whilst still in draft form the Service has planned to undertake this assessment in July to gain a greater insight into areas needed for improvement and development.

NFRS employees are asked to inform the Service's Safeguarding team following every Safeguarding referral made. This allows the team to record and quality assure referrals, be aware of the type of incidents staff are coming across (ensuring training is appropriate) and also have an awareness of the volume of referrals being made into the MASH.

Through national SARS and partnership working with other fire services NFRS have done a lot of research in profiling our most at risk groups. This has led to the development of the CHARLIE profile, which is an acronym for all of the issues that we believe put individuals at an increased risk of dying in a fire. These stand for; Care and Support Needs, Hoarding, Alcohol issues, Reduced mobility, Lives Alone, Inappropriate use of electrics and Elderly. The profile of CHARLIE features in many of NFRS's prevention campaigns, raising awareness both internally and externally.

NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST

The trust is fully engaged with the Safeguarding Adult Board and has appropriate representation at the board itself and sub-groups. The adult safeguarding team have membership on the Quality Assurance, Safeguarding Adults Review (SAR) and training Sub-groups of the NCSAB.

The Trust has an effective governance structure which adult safeguarding sits within. Incident and risk trends are monitored closely.

The Trust has an Executive lead for Safeguarding- Chief Nurse. Nottingham University Hospitals (NUH) has a Safeguarding Adults Committee, Chaired by the named doctor for adult safeguarding. Safeguarding is reported six monthly to the Quality Assurance Subgroup of the Trust Board and the Trust Board receive a safeguarding report annually.

NUH reports to Commissioners quarterly, safeguarding is a standing item on the agenda for the Quality Scrutiny panel.

The Safeguarding Adults Assurance framework (SAAF) was updated and submitted to commissioners in March 2018. There are 22 areas of assessment relevant to providers and NUH is compliant in all areas and is excelling in 14 of these areas, especially in relation to workforce.

The trust completes an annual audit of safeguarding knowledge and practice across the organisation (Essence of Care Benchmark). This audit is completed in all clinical areas between November and December. Results of this are used to guide safeguarding training for the following financial year. It also provides detail to the safeguarding team about potential knowledge gaps in specific clinical areas and focus additional resources and training accordingly.

The results for 2017/18 are below.

Results

185 areas scored:

- 98 (52.9%) scored GOLD
- 78 (42.1%) scored GREEN
- 9 (4.8%) scored RED

95% of ALL areas scored Green/Gold

Summary

In the Adult areas, six of ten indicators of best practice were achieved by at least 90% of departments.

Safeguarding Adult Internal Audit - Follow up report

In 2016/17 there was an internal audit of safeguarding adults where significant assurance was obtained. In October 2017 a follow up report was received by the executive lead for Safeguarding which confirmed that all actions identified in the Internal Audit carried out in October and November 2016 were complete.

Clinical Commissioning Group Annual Safeguarding Visit - October 2017

In October 2017 representatives from Nottinghamshire County and Nottingham City CCG visited NUH. They were accompanied by the Chair of the Nottinghamshire Safeguarding Adults Board. This visit was positive.

NUH employs its own safeguarding adult's team who provide advice, support and initial interventions within the hospital setting when safeguarding concerns are raised. The team is led by the Head of Safeguarding.

The team provide assurance that referrals leaving the agency are necessary with good quality monitoring of staff safeguarding knowledge/practice. The initial interventions put in place also focus on stopping abuse when it is identified.

Learning from SAR and Domestic Homicide Reviews (DHR) is disseminated to clinical teams as required and changes to policies, procedures and care pathways are undertaken accordingly. The trust safeguarding team are fully engaged in the review process.

NOTTINGHAMSHIRE HEALTHCARE TRUST

There is a safeguarding strategy available Trustwide which underpins both adult and child safeguarding. This is an integral part of the quality of service provided and is overseen via the Trustwide Safeguarding Strategic Group and assurance is further provided quarterly to the Trust Board. Our Safeguarding Strategy is strengthened by the Trustwide Think Family Safeguarding Strategy which aims to improve outcomes for children and adults and forms the basis for all our safeguarding training. This is further reinforced by the Trustwide Domestic Violence and Training Strategies.

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

The learning and areas of good practice identified from multi-agency reviews are shared across the Trust via briefings which can be used by teams or individually, on Twitter and the staff intranet. This year has seen the establishment of a safeguarding link practitioners network which has provided another targeted method of sharing safeguarding learning and information. The safeguarding training team continually updates the training to ensure that learning from reviews is included in the training packages. Additionally, this year we have once again run our Lessons Learned seminars which cover the themes from recent reviews: we have identified domestic violence and abuse as the overarching theme for these sessions this year.

In order to ensure that learning is embedded across the Trust, we have recently introduced the framing of action plans into Quality Improvement (QI) Plans and our QI plans are revised on a regular basis to reflect accomplishments, changing priorities and the impact of lessons learned and changing priorities. We are also reviewing our practice across the Trust against the thematic SAR reports from London and the East Midlands and hope to be able to report on this next year.

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 continue to develop our performance information reporting to provide a statistical analysis on how the Trust has been complying with safeguarding duties over the year and highlights good areas of practice, trends and themes and key areas for future developments. We are continually seeking to improve the reliability of our data and to further extend our datasets across a number of key areas and recording systems.

We have a robust governance system which covers divisional assurance up to the Trust Board. Corporately, safeguarding assurance is provided annually via our annual report to the Trust's Board of Directors. Over the last 12 months, the corporate safeguarding team has worked hard to strengthen links with governance colleagues, particularly in the areas of serious incidents, allegations against staff and inquests. Work is underway to review the themes from serious case reviews against human factors (the understanding of interactions among humans and other elements of a system to optimise human wellbeing and overall system performance) to identify the most common issues and it is intended that this work will be developed to encourage a trust-wide focus on the key themes.

This year has seen the introduction of a Compliance Framework which can be used by individual services to measure their safeguarding compliance against the Care Quality Commission (CQC) standards for safeguarding. This has begun to be used across both divisions, supported by the safeguarding divisional teams. If areas of improvement are identified, a quality improvement plan is developed and monitored by the corporate safeguarding leads. Initial feedback is that this is a useful tool for staff to use to reflect on the quality of their safeguarding practice.

This year the safeguarding supervision framework has been introduced to ensure that all relevant staff are receiving appropriate safeguarding supervision. The revised system includes a central database which collates data around the level of compliance with this requirement. The framework is being independently evaluated by the University of Nottingham and we will report on the outcomes next year.

The Trust continues to review and update compliance using the Safeguarding Adults Assurance Framework (SAAF) to ensure safeguarding arrangements remain robust. This has included the appointment of a new Named Nurse for Safeguarding and the creation of a Clinical Lead for Safeguarding who have joint responsibility for ensuring the key statutory responsibilities (e.g. supervision and training) are discharged.

In February 2018 the Clinical Commissioning Group (CCG) undertook a safeguarding quality assurance visit. The outcome was positive in all respects and provided significant assurance that the safety and welfare of children and adults is a priority within the organisation.

NOTTINGHAMSHIRE POLICE

Nottinghamshire Police is fully committed to the statutory requirements of Working Together and provides consistent attendance at both Safeguarding Adults Boards and the associated subgroups, including Safeguarding Adults Review (SAR).

Our dedicated 'Audit and Compliance' Detective Chief Inspector has specific responsibility for SAR and Domestic Homicide Review (DHR) attendance and gathering of organisational learning.

There is a new robust process introduced in 2017, where identified learning from reviews are now recorded on the Police '4Action' database where audit and scrutiny can be provided for organisational learning. A monthly monitoring and update process is in place, led by the Head of Public Protection.

Organisational Learning is externally reviewed by the HMICFRS (Her Majesty's Inspectorate of Constabulary and Fire and Rescue Service) in their annual police effectiveness, efficiency and legitimacy (PEEL) effectiveness inspection. Additional audit of organisational learning is provided by the DHR Assurance, Learning and Implementation Group (ALIG).

Public Protection Senior management are fully aware of the SAR reporting process and requirement (e.g. SAR referral – G - 2018)

The East Midlands Special Operations Unit (EMSOU) Regional Review Unit provides professional and independent reviews for DHR and SRA reports.

In 2017/2018, Nottinghamshire Police were involved in separate 15 DHR or SAR.

Nottinghamshire Police is fully committed to the statutory requirements of Working Together and provides consistent attendance at both Safeguarding Adults Boards and the associated subgroups. This is primarily provided by the Head of Public Protection, the 'Audit and Compliance' Detective Chief Inspector or our 'Adults' DCI.

Nottinghamshire Police have a dedicated Public Protection webpage on force's Intranet. This provides a corporate reference library to its workforce for all matters in public protection. This includes vulnerability and safeguarding policy and procedures.

The 2018 PCC plan outlines his strategic direction to the force and is accessible to the public. This public document includes the PCCs commitment to:

- Invest in and co-commission a new Independent Sexual Violence Advisor (ISVA) and Children & Young People's Independent Sexual Violence Advisor (CHISVA) support service for victims and survivors of sexual abuse
- Work with health partners to drive forward improvements to therapeutic support for sexual violence victims and survivors
- Work with partners to invest in new facilities for the adult Sexual Assault Referral Centre (SARC)

Although challenging through these times of austerity, Nottinghamshire Police is committed to contributing to financial requirements of the Adult Safeguarding Boards.

NOTTINGHAMSHIRE COUNTY COUNCIL

The Council began the process of implementing recommendations within a new quality assurance framework across the Adult Social Care department, overseen by the internal safeguarding adults governance group. The Council recruited to a full time post, the new role of Designated Adult Safeguarding Quality Assurance Manager, whose main thrust will be to implement and oversee a rolling programme of internal quality assurance audits of completed safeguarding adults cases, looking at quality of practice, with a Making Safeguarding Personal focus. This is to ensure consistency of practice, to share best practice and to capture any themes or lessons learned and ensure that they are embedded within learning opportunities available for ASCH staff.

The Safeguarding Adults Governance Group continues to provide internal governance regarding safeguarding adults, including data oversight and scrutiny of practice. This work is supported by the Learning and Development, Quality Assurance, Practice/ Operational, and Quality Market Management & Commissioning Workstreams. The Council's IT department have supported the work around safeguarding adults by updating the internal case recording system to align the Making Safeguarding Personal report fields with those of the East Midlands Safeguarding Adults Network (EMSAN) to capture and support the wider cross-authority work around making safeguarding personal.

RUSHCLIFFE BOROUGH COUNCIL

- The RBC Safeguarding policy was adopted from the Nottinghamshire policy.
- A 6-monthly safeguarding steering group for RBC which oversees policy, training etc.
- Quarterly audit of cases, maintaining a list of vulnerable adults. Discuss actions and progress with cases.

SHERWOOD FOREST HOSPITALS NHS TRUST

A key focus for the Trust from an adult safeguarding perspective during 2017/18 has been in relation to Mental Capacity Act (MCA)/Deprivations of Liberty Safeguarding (DoLS).

A detailed MCA/DoLS Audit was completed in October 2017 which established the baseline of MCA/DoLS across all divisions within the Trust and a development plan was produced to address the areas of learning. The key areas of focus for this plan will be a focused intervention to embed three interlinked strands:

- Recognition of the Mental Capacity Act/ DoLS Framework as fundamental to care within the patient care pathway/ journey
- Process
- Ownership/ Sustainability

The plans progress is monitored via the Trust governance process and therefore sits within the remit of the Trusts Safeguarding Steering Group.

Another key area of focus in the forthcoming year is in relation to patients who are at the end of their life and ensuring they have the capacity to understand and make decisions about their subsequent care. This area of focus will be in conjunction with the Trust End of Life Specialist nurse.

Learning From Incidents

All incidents are alerted and monitored via the Trust datix reporting system; those that meet the criteria for a Serious Incident are then reviewed and investigated using a comprehensive reporting process. Safeguarding is a clear section within each report and senior members of the safeguarding team are part of both the scoping and sign off process for such reports. All learning is implemented using the appropriate route depending upon the issues and criteria, this can include local, divisional, Trustwide and if necessary wider communication strategies.

Data Collation

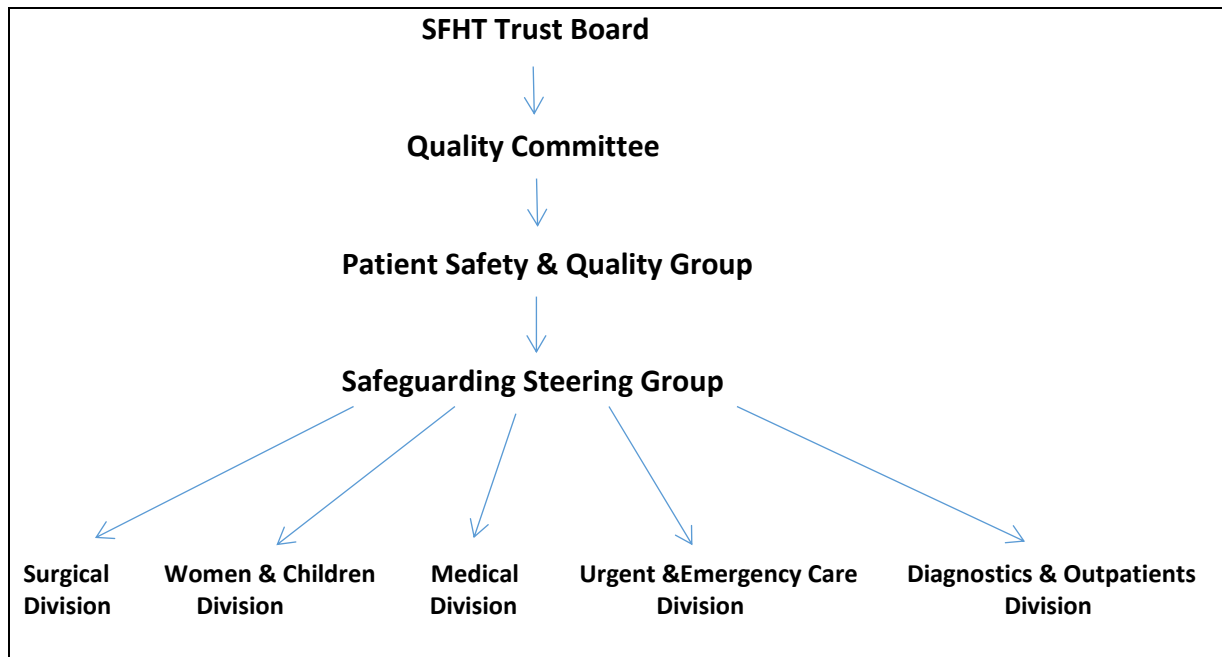
The safeguarding team produce quarterly reports which are overseen by the Safeguarding Steering Group and the Trusts Patients Safety and Quality Group which is aligned to the Trust board. The quarterly reports are against an agreed data dash board criteria and cover the following:

- Training
- Supervision
- Lessons Learnt
- Audit
- Safeguarding developments
- Safeguarding Adults referrals
- MARAC referrals
- DoLS referrals
- FGM referrals
- Policies and Procedures
- Allegations Against Professionals

This data set will provide an analysis of responses as each year progresses.

SFHT Governance Processes

The Trust has a clear safeguarding governance process which is demonstrated in the diagram below:



MAKING SAFEGUARDING PERSONAL (MSP)

NSAB will develop and embed an approach to its work that is person led and outcome focused. We will engage the adult (or their representative) in a conversation about how best to respond to the safeguarding concern.

Examples of evidence:

- **Citizen feedback - what adults, who have experienced the process, say and the extent to which the outcomes they wanted have been realised.**
- **Staff surveys - 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 safeguarding practice.**
- **Anonymised case examples demonstrating how you put adults at centre of your safeguarding work.**

ASHFIELD DISTRICT COUNCIL

The Council's complex case team put the residents' needs and outcomes they want for themselves at the heart of the service they provide. The Complex case team seek to build relationships and understand what really matters to the resident in every case and support and help people to help themselves and deliver sustainable outcomes. Residents determine what they want to work on which are recorded as personal subjects and outcome stars monitor the progress and improvement which is through resident scoring. Core subjects worked on with residents include community, housing, work, health and finances. Residents are also supported in setting long term goals which forms the basis of what matters to the resident and the methodology in helping to achieve this.

Additional Case studies are available on request.

BASSETLAW DISTRICT COUNCIL

[This has been] answered in the previous 2 sections.

BROXTOWE BOROUGH COUNCIL

During 2017/18 4 information days have been held one in each of the town centres throughout the borough, a further information day will be delivered at the playday event in Eastwood in 2018/19. Local people dropped in to learn more about services and had an opportunity to speak with representatives from organisations including Broxtowe Borough Council, Victim Care, Citizen's Advice Bureau, Metropolitan Housing and the Fire and Police Services. The opportunity was taken to raise awareness about a range of issues around harm and neglect, how to report concerns and where to get help and support.

The Complex Case Panel Referral Form has been amended to include information about what the vulnerable person would like to see happen and wants to achieve as an outcome.

The introduction of a social worker post jointly by Broxtowe, Rushcliffe and Gedling Borough Councils to support individuals referred to the Complex Case Panel who do not meet the threshold for Multi-Agency Safeguarding Hub (MASH) and other referrals has improved outcomes for vulnerable people.

Housing Officers carrying out homeless applications use the whole family approach to assess applications and take into account the wishes of every family member where appropriate.

There is widespread acceptance of the success of the social worker post for Complex Case Panels. The post has enabled a personalised response to the vulnerable people referred to the panel with visits being made to assess need in the home by a qualified and highly experienced social worker.

The recently introduced Exit Risk Assessments carried out by the Complex Cases Panel on case closure will highlight if the wishes of the vulnerable person have been met by the group.

The Broxtowe Learning disabilities network work to ensure that people with learning disabilities receive improved services from the council and have a positive experience working, living and playing in Broxtowe.

CCGS – MID NOTTS, BASSETLAW & GREATER NOTTS

Embedding MSP

- The CCG has been actively involved with partners at looking at how MSP can be embedded. The quality team has been part of the working group looking into this. The quality team review this with care homes and NHS organisations as part of their quality monitoring and compliance with quality schedules.
- CCG patient experience team work closely with service users and their relatives to address their concerns and support patients to empower them and find solutions that keep them safe whilst being right for them. The Patient experience department work closely with CCG safeguarding leads to ensure responses are client focussed.
- Development of an easy read document developed with regard to Community DoLS. (See attached document).
- Assurance sought from providers regarding compliance with Mental Capacity Act training and application
- Evidence of personalised care planning is obtained through quality monitoring audits within care homes

Case Examples:

- Nottingham South CCG - Case of a housebound bariatric patient who needed to access out-patient clinics. The patient experience team worked closely with the patient, their carer, the provider and ambulance service to ensure they were safe and that they received the care they needed. They carefully negotiated how and where this care was to be provided taking into account the patient's wishes.

- Mid Notts CCG - Quality and Safety Managers have attended Safeguarding Strategy meetings in relation to 2 Care Homes where multiple safeguarding cases were discussed. When discussing outcomes there have been clear conversations that evidence what action had been specifically taken in response to the wishes and desired outcomes expressed by families. Specifically, a relative requested curtain or gate be put on the door to their relative's bedroom to restrict movement of others into the relative's personal space. For a number of safety reasons it was not possible to implement the request however it clearly demonstrates that relatives have been asked about the actions they would like to see in place to address concerns.
- Bassetlaw CCG – resident in care home referred by her mother about potential neglect in care. CCG actively participated in the safeguarding review relating to the nursing management of the resident. Both resident and mother actively participated during review process. The issue was about the timing of a specific procedure, realistic and achievable outcomes were proposed that suited the resident and the care home had to adapt their ways of working to ensure the regime was centred around the resident and not the care staff.

DERBYSHIRE, LEICESTERSHIRE, NOTTINGHAMSHIRE & RUTLAND COMMUNITY REHABILITATION COMPANY

DLNR CRC has tried to implement consideration for the service user perspective across our service delivery which would include its safeguarding work. This includes

- i. Full involvement in assessing and planning
 - ii. SU bi-annual survey
 - iii. SU council
 - iv. Peer mentoring scheme
 - v. Co-design and co-delivery of interventions
 - vi. Progression route into employment with us where appropriate
- Our approach to SU involvement extends to encouraging and enabling our Service users to engage in other service's involvement/participation systems, including adult safeguarding.

DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

Making Safeguarding Personal (MSP) is at the heart of medical and nursing care under a different guise. Care is patient focussed giving individuals a say in their care, MSP is applied in the same way to safeguarding and its processes. The Safeguarding Adult Nurses deliver a short session in the hospital's Patient Centred Care study day getting the message across to nurses and medical staff across the organisation.

Face to face meetings are conducted by the most appropriate person in order to ascertain the patient's desired outcomes. This may be a member of the clinical team, or the Safeguarding team.

Making Safeguarding Personal is included in the safeguarding policies, and is cascaded throughout the Trust via the newsletter and hospital weekly bulletin.

GEDLING BOROUGH COUNCIL

The authority is committed to Making Safeguarding Personal, and is constantly working through ongoing awareness raising and training of identified officers to embedding MSP into service delivery and support.

The safeguarding leads in service areas disseminate information, advice and good practice to officers within the service that are identified at the Corporate Safeguarding Working Group. Information is shared as regards support agencies and organisations that can be passed to identified vulnerable persons and further at a very local level, officers involved in private sector housing work with vulnerable persons to address issues like access to their property and aids within the property to assist them in staying in the home. Work is also undertaken with partners to support those facing concerns like hoarding. Further benefits advisers support customers facing issues of financial management and sign post vulnerable persons to relevant support organisations.

On regular basis officers, working with partners, face the issue of vulnerable persons initially refusing support and advice, however working together with partners and through face to face engagement with individuals, the choices of the individual are discussed and alternatives may be found working directly with the person.

There are occasions when the individual refuses any support or access to services available. However, contact is maintained with those persons through the authority and partners in consideration of any change in circumstances.

Case Study

A concern was raised by the housing officer of the local housing provider regarding the condition within a property that included hording, infestation and vermin. This was brought to the complex needs panel meeting chaired by the authority Community Safety & Safeguarding Manager. In discussions the concerns of the individual were highlighted as they recognised the need to address the hording for safety reasons but did not wish to throw away the times within the household in their entirety. It was agreed that Fire & rescue visited the property with environmental health officers from the authority and social care/mental health support workers. It also came to light that this individual may have been either a victim of financial abuse or was poor at managing money. The desire of the individual was to stay in the property feeling safe, on a more financially stable footing but they would like to keep their possessions that they felt useful.

Following partners and authority involvement and due consideration the resident remains in their home, hoarding was reduced through the agreed disposal of some items, with the agreement of the individual, and purchasing of a shed to provide space for items they wished to keep. Additionally the financial management element was addressed with social care assisting in day to day access to funds and ensuring the correct benefits were in place and bills paid.

HEALTHWATCH

Not applicable to our work.

MANSFIELD DISTRICT COUNCIL

MDC employees are always encouraged to ask what outcome any adult would want from any referral or intervention we do this to encourage MSP.

Our internal safeguarding form does include this. Any follow up reviews include that we are asking the question for adult concerns.

NEWARK & SHERWOOD DISTRICT COUNCIL

Please see below anonymised example of MSP:

A member of the public contacted the Council to raise concerns about an elderly male living in an old, un-roadworthy camper van in one of the villages in the Sherwood area of the District.

One of the Council's safeguarding officers attended with Police, who had also received reports of concerns for this male's welfare, and established that the male was 74 years of age, had physical and mental health issues, and was living in the camper van without toilet or running water facilities. The male stated he had spent his life on the road travelling for work and found it difficult to settle in fixed accommodation. He had recently been placed in temporary emergency accommodation within Lincolnshire however had felt unsafe and paid for vehicle recovery service to tow the camper van to the village, where he had previous connections during his working life.

The male stated he did not want support and assistance with care but would like help to move to Wales to live closer to his only relative, his sister.

The Police made a referral to the Multi-Agency Safeguarding Hub (MASH) but not opened to services as the male had capacity and it was deemed a housing issue.

Council officers supported the male to a local GPs surgery. Council officers in Housing Options and the Vulnerable Older Persons Officer supported the male, with assistance of his sister, to return to Wales as he wished to do and we understand he is accommodated and remains so today.

NOTTINGHAMSHIRE FIRE & RESCUE SERVICE

NFRS completes a citizen survey bi-annually. This forms a large part of work streams going forward in order to learn lessons and improve practise. Please see attached documentation that details this work further.

NFRS is committed to establishing a person-centred approach that in turn helps to embed Making Safeguarding Personal (MSP) principles. To this end, the Seconded Occupational Therapist (OT) and Student OT's have been working on a variety of projects, training exercises and internal guides to help improve these principles internally. I have attached the Safe and Well guide developed by the OT's to improve communication during visits and achieve better outcomes for both the individual and Service.

Please see below summary of a case study written by the OT highlighting the value of their partnership with NFRS:

Between January and March 2018 the OT accompanied a member of the Prevention Team on a HSC visit with a 92-year-old lady who had been referred by a member of the Prevention team following a number of cooking related fire calls. Thankfully the lady had been lucky and had been un-injured by the previous fires, however, there were serious concerns for her safety. The OT undertook Functional Assessments and a Montreal Cognitive Assessment which identified a significant degree of cognitive impairment. The OT has since liaised with family members who were unaware of the extent of their relative's issues and was able to support them in applying for an Attendance Allowance and Lasting Power of Attorney. The OT also made referrals for a social care assessment (the lady is now in receipt of a care package) and to secondary mental health services. At time of writing no further incidents relating to this lady have been reported to the Service.

NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST

Making Safeguarding Personal is a core principle of adult safeguarding at Nottingham University Hospitals (NUH) 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.

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.

NOTTINGHAMSHIRE HEALTHCARE TRUST

The Associate Director for Safeguarding and Social Work has worked with the local authority on the development of a pathway for the addressing of Section 42 enquiries.

There is evidence of Service User engagement and consultations throughout the Trust. The corporate safeguarding team have worked with the volunteering leads to review the recommendations from the Lampard Report (2015) to ensure that the Trust is compliant with its recommendations and to review the Volunteering Policy. There is now identified safeguarding lead to work with the volunteering service, including around issues arising from Disclosure & Barring Service (DBS) checks for volunteer applicants.

Making Safeguarding Personal (MSP) has continued to be a focus across the Trust, including the development of a poster to assist service users in self-referrals and a leaflet (using Somerset Symbols) for service users who have a learning disability and are experiencing domestic violence.

MSP continues to be a focus in all our safeguarding training and our revised clinical package delivers clear messages on this area, clearly linked with the expectation that all our staff will Think Family. As we develop new adult safeguarding training, MSP will continue to feature heavily so that staff strengthen their knowledge and skills for future practice. The complexities around MSP and domestic violence are explored in our newly developed domestic violence training package.

Aside of our strategic trust-wide work, our divisional safeguarding teams continue to focus on and challenge staff around MSP when giving safeguarding advice. It is our ambition to be able to monitor our MSP effectiveness via our performance reporting framework.

NOTTINGHAMSHIRE POLICE

In addition to the Making Safeguarding Personal (MSP) assurance contained within section 1, I add that Nottinghamshire Police consider a victim centred approach, from initial contact to conclusion.

On initial contact, the Control Room conducts an immediate vulnerability assessment and this dictates the speed of response to the call for service. As a result, police response is directly in correlation with victim need.

As mentioned in section 1, front line responders now have increased awareness and training of their safeguarding responsibilities under the vulnerability policy and headline of 'Know it, Spot it, Stop it'.

The Public Protection Notices (PPN) highlight concerns and safeguarding requirements to partnership agencies through the Multi-Agency Safeguarding Hub (MASH).

The mental health triage car enables the Police and Health to work together and prevent people suffering from mental Health entering the criminal Justice pathway, instead leading them to mental health support.

Investigation teams, particularly within the Public Protection Department, work more with a victim focussed ethos and less on criminal justice outcomes. The Police, more than ever, invest resources into safeguarding and prevention, particularly within the MASH and Multi-Agency Risk Assessment Conference (MARAC) processes.

Safeguarding is not restricted to Public Protection matters. Nottinghamshire Police's fraud department work in partnership with the banking sector in order to protect and prevent vulnerable people being subject of organised fraud. Organised criminal activity is highlighted via Suspicious Activity Reports (SARS). Additionally, a new protocol introduced in 2017 allows banks to report vulnerable people who present at branches, potentially subject to fraud crimes in progress. Enhanced and rapid response to such incidents protects and safeguards these adults from extensive financial loss.

The force has an extensive victim/survivor feedback department. Historically, this department has conducted daily victim satisfaction surveys from victims/survivors of domestic abuse. In 2017, these surveys expanded their data set to include non-cooperative victims, designed to increase our knowledge and learning.

The yearly report for 2017-2018 was drafted in August 2018 reported:

- 97% of DA victims were satisfied with how the initial contact with the Police
- 92% of DA victims were satisfied on the action taken by the Police
- 96% of DA victim were satisfied how they were treated by the Police

Furthermore, in 2018, we have commenced victim satisfaction surveys from victims of rape and people subject to 'Claire's Law' – the process of 'right to know – right to ask' in relation to people at risk of DA perpetrators.

NOTTINGHAMSHIRE COUNTY COUNCIL

The Council has continued to developed its network of 'Making Safeguarding Personal Champions' – qualified workers within adult social care operational teams who meet to discuss items and areas of work within safeguarding adults with a Making Safeguarding Personal focus. The 'champions' then disseminate this information within their own teams, promoting the Making Safeguarding Personal agenda and embedding the continuing Making Safeguarding Personal culture change in operational teams.

The Council has continued to work with POhWER to increase the number of adults subject to a safeguarding adults referral who are supported to give their views by an advocate. There has been work done within the district adult social care and health teams to encourage workers to use advocates where appropriate, and processes have been put in place to monitor and support this. There has been a marked increase in the amount of adults subject to a safeguarding adults enquiry being asked their outcomes, and this has led to an increase in satisfaction that desired outcomes have been achieved.

The project to implement the online safeguarding adults referral form and updated MASH website was completed. The new technology will support accurate information regarding safeguarding adults, assist referrers to provide all the information required at the point of making a safeguarding adults referral and encourage referrers to record the adult's desired outcomes. This is in line with the making safeguarding personal approach, giving adults an opportunity to give their views from the very beginning of the process.

The Council gave a presentation at the Learning Disability and Autism Partnership Board meeting regarding Making Safeguarding Personal and the work it has undertaken to support

the Making Safeguarding Personal agenda, and why it is important.

The Council's Quality and Market Management Team and the Multi-Agency Safeguarding Hub have continued to work together, improving information sharing between the two teams. This means they can address concerns more rapidly by having greater oversight and scrutiny of contracted providers.

Quality Market Management Team also attended training run by the safeguarding adults strategic team regarding making safeguarding personal and how that links with their work, and have since updated their guidance and audit paperwork to ensure that it reflects an MSP approach.

RUSHCLIFFE BOROUGH COUNCIL

All cases are treated individually and a "no one size fits all methodology" approach is adopted, with person-centred action.

SHERWOOD FOREST HOSPITALS NHS TRUST

Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process. SFHT promotes an inclusive way of working that puts the patients at the heart of the care we provide. This is reflected in all aspects of care and assessment. The Safeguarding Team work closely with the Patient Experience and Involvement team to review any safeguarding issues that arise and use the learning from any feedback both positive and negative to promote service development.

MSP aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end.

Moving forward in 2018/2019 this will continue to be of the part the 'Think Family' safeguarding priorities.