

Nottingham City

Adult Safeguarding

Partnership Board

ANNUAL REPORT

2014-15

FOREWORD FROM THE INDEPENDENT CHAIR



I am pleased to present the Annual Report for the Nottingham City Adult Safeguarding Partnership Board (NCASPB) for 2014/15. Publication of annual report for Safeguarding Adult Boards became a statutory requirement following the implementation of the Care Act 2014 from 1st April 2015. In Nottingham City we have been publishing such reports for some years. Last year we published a combined annual report for the Children and Adult Safeguarding Boards.

Changes to the statutory frameworks for the two Boards together with feedback from stakeholders has resulted in our reverting to the publication of two annual reports, one for the Nottingham City Safeguarding Childrens Board and the other for the NCASPB. Some parts of the annual reports are shared since a key part of our Business Plan was to secure effectiveness across the children and adult arenas, reflecting our aim to 'think family' in the delivery of our work.

The key purpose of the report is to assess the impact of the work we have undertaken in 2014/15 on service quality and effectiveness and on safeguarding outcomes for children, young people and adults in Nottingham City. Specifically it evaluates our performance against the priorities that we set in our Business Plans 2014/15.

The last twelve months have witnessed some significant changes in the way we operate as a Board. At national level the implementation of the Care Act 2014 has moved the NCASPB on to a statutory footing and a key focus of our work in 2014/15 was to prepare the Board for the expectations of this new legislation that 'went live' in April 2015. In addition, the NCSAPB has closely monitored the impact of the Supreme Court judgement relating to Mental Capacity Act/Deprivation of Liberty Safeguards (MCA/DoLS) application and the resulting significant increases in DoLS referrals. The Board has continued the work it began in 2013/14 in monitoring local implementation of recommendations arising from the Winterbourne View and North Staffordshire Hospital review recommendations as they apply to safeguarding practice.

At a local level we have continued our vigilance in assessing the impact of the financial constraints within which partner agencies have operated and the

structural and organisational changes that have taken place in response to both national reforms and local strategies to secure efficiencies. In addition we have focused on adapting our operations to reflect changes flowing from the Care Act. This has included closer working with Prisons and their engagement in the work of the NCASPB. The Board has been closely monitoring and evaluating these initiatives.

I am pleased that this report presents a considerable range of success and achievement for the Board. The assessment of our performance also indicates areas for further development and improvement which have been incorporated into our Business Plan for 2015/16.

Many of you will know that this will be my last Annual Report since I am stepping down from the Independent Chair role in the early autumn of 2015. I would like to take this opportunity to thank all Board members and those who have participated in Subgroups for their continued commitment not just in 2014/15 but across the three years in which it has been my privilege to chair the NCASPB. In addition I would like to thank staff from across our partnerships for their motivation, enthusiasm and continued contribution to keeping the people of Nottingham safe.

Safeguarding is everyone's business. The achievements set out in this Annual Report have been achieved not just by the two Safeguarding Boards but by staff working in the agencies that form our partnership. The further improvements we seek to achieve in 2014/15 will require continued commitment from all to ensure that adults in Nottingham are safe.

I commend this report to all our partner agencies.

A handwritten signature in black ink, appearing to read 'P. R. Burnett', with a large, sweeping flourish underneath.

Paul Burnett, Independent Chair, Nottingham City Safeguarding Children Board and Nottingham City Safeguarding Adults Partnership Board.

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CHAPTER 1 LOCAL SAFEGUARDING CONTEXT

1.1 Introduction

- 1.1.1 The Nottingham City Safeguarding Adults Partnership Board (NCASPB) serves the City of Nottingham.
- 1.1.2 The population of Nottingham at the time covered by this report was around 308,700.
- 1.1.3 The number of adults 18+ living in the City is approximately 246,306 which represents around 80% of the total City population.

1.2 Demographic, social and economic context

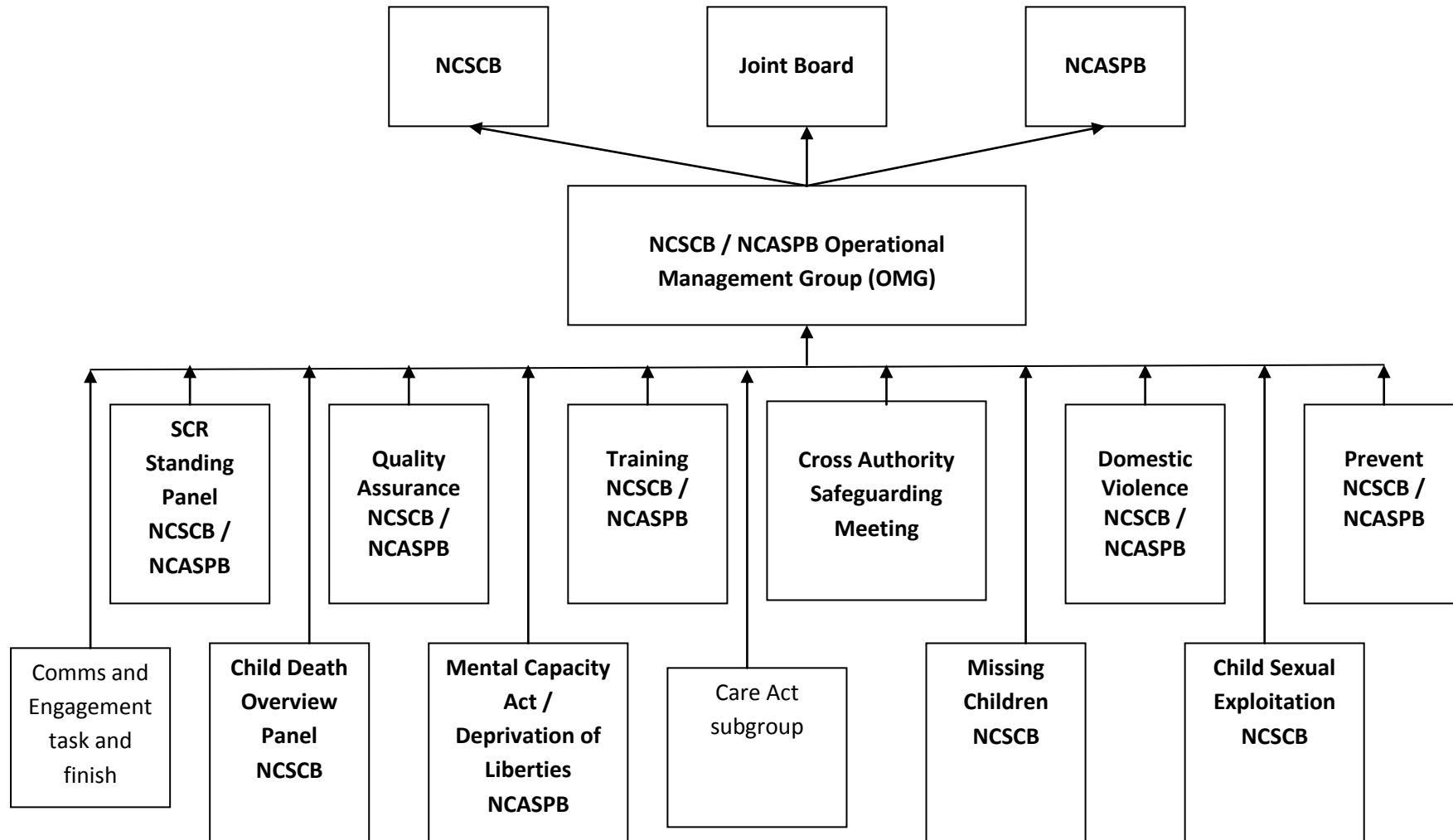
- 1.2.1 The population is growing and has risen by almost 5000 since the census of 2011. International migration (recently from Eastern Europe) and an increase in student numbers are the main reasons for the population growth since 2001, together with an excess of births over deaths.
- 1.2.2 The 2011 Census showed 35% of the population as being from black minority ethnic (BME) groups; an increase from 19% in 2001.
- 1.2.3 Despite its young age structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability. White ethnic groups have higher rates of long term health problems or disability overall, although this varies with age, with some BME groups having higher rates in the older age-groups.
- 1.2.4 The City gains young adults due to migration, both international and within Britain, whilst losing all other age groups. There is a high turnover of population.
- 1.2.5 From a social and economic perspective Nottingham is ranked 20th most deprived district in England in the 2010 Indices of Multiple Deprivation (IMD), a relative improvement on 7th in the 2004 IMD. Crime is the Index of Deprivation domain on which Nottingham does worst, followed by Education, Skills & Training and Health & Disability.
- 1.2.6 A higher proportion of people aged 16-64 in Nottingham claim some form of benefit than regionally and nationally. The unemployment rate is lower than the recent peak in March 2012, but remains higher than the regional and national average.

CHAPTER 2 GOVERNANCE AND ACCOUNTABILITY

2.1 Introduction

- 2.1.1 The Nottingham City Children's Safeguarding Board and NCASPB have been aligned since March 2012 and since that time have had the same Independent Chair, Paul Burnett.
- 2.1.2 The two Boards have always remained distinct entities with their own constitutions, governance and memberships. This reflects the differing statutory status of the Boards. A decision has been taken in January 2015 to more clearly distinguish between the two Boards and steps will be taken to recruit independent chairs for each Board during 2015/16.
- 2.1.3 The NCASPB became a statutory body on 1st April 2015 as a result of the Care Act 2014. The role of the NCASPB has been to safeguard and promote the welfare of vulnerable adults and to ensure that local agencies co-operate and work well to achieve this. A key priority of the NCASPB during 2013/14 has been to review and revise its arrangements to secure compliance with the Care Act. The Board continues to undertake this work in 2015/16.
- 2.1.4 The Board has met four times during 2014/15. Each Board meeting has comprised a meeting of the NCASPB together with a joint meeting with the NCSCB to focus on those elements of our Business Plan that cross-cut. Changes to these arrangements may result from the appointment of new chairs during 2015/16.
- 2.1.5 An Operational Management Group (OMG) was established in 2012 following the decision to align the two safeguarding boards. OMG covers business relating to children and adult safeguarding. The OMG is also chaired by the Independent Chair and all the chairs of the NCSCB /NCASPB Sub Groups are members of the OMG, both to represent their agency and to report on the work of the subgroup. Any agencies which provide services to children or vulnerable adults with significant involvement in safeguarding who are not represented through the chairing of sub groups are invited to become member of the OMG. All of the sub groups work towards the priorities of the Business Plan and some of them work to both boards, as described in the diagram below.

BOARD GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS 2014/15



- 2.1.6 The NCASPB, OMG and each of the Sub Groups have their own Terms of Reference, work plans and reporting expectations. Each group is chaired by an agency representative, has multi-agency membership and is supported by the NCSCB / NCASPB Business Office where possible.
- 2.1.7 The OMG receives reports from all the sub groups on a regular basis and makes a full report to the NCASPB Strategic Board on progress, exceptions and risk.

2.2 Independent Chair

- 2.2.1 During 2014/15 the NCSCB and the NCASPB continued to be led by a single independent chair. The Independent Chair during 2014/15 was Paul Burnett. He is a former Director of Children's Services in two local authorities and an experienced independent chair.
- 2.2.2 Line management arrangements for the Independent Chair transferred to the Chief Executive of Nottingham City Council. The independent chair has agreed performance targets that are monitored through quarterly meetings. It also provides an opportunity to address strategic issues including the inter-relationships between the safeguarding boards and other partnerships.

2.3 Membership

- 2.3.1 The NCASPB membership for 2014 – 15 is set out below in Fig 1 including the attendance levels of constituent members/agencies.

Fig 1 - NCASPB Strategic Board Membership / Attendance

Name	Organisation	Role	Attendance
Paul Burnett		Independent Chair	100%
Alison Michalska	Nottingham City Council	Corporate Director Children & Families	100%
Cllr Liversidge/Cllr Alex Norris	Nottingham City Council	Nottingham City Council Portfolio Holder for Adult Services & Health	75%
Helen Jones	Nottingham City Council	Director of Adult Services	100%
Supt Helen Chamberlain (Vice Chair)	Nottinghamshire Police	Head of Public Protection	100%
Sally Seeley/ Teresa Cope (Vice Chair)	NHS Nottingham City Clinical Commissioning Group	Assistant Director of Quality Governance	100%
Julie Gardner	Nottinghamshire Healthcare NHS Trust	Associate Director of Safeguarding and Social Care	100%
Sarah Kirkwood/ Phylis Brackenbury	Nottingham City Care Partnership CIC	Director of Governance and Nursing	75%
Dr Stephen Fowlie	Nottingham University Hospitals Trust	Medical Director	75%
Nigel Hill	National Probation Service	Nottinghamshire Director	75%
Alastair Mclachlan	GP Safeguarding Lead	Clinical Commissioning Group	25%
Peter Moyes	Crime and Drugs Partnership	Director, Neighbourhood, Crime and Justice	25%
Claire Knowles	Legal & Democratic Service Directorate	Nominated Solicitor	75%
Hayley Frame/Clive Chambers/	Children's Safeguarding	Head of Safeguarding & Quality Assurance (Children)	100%
Julie Sanderson	Adult Safeguarding	Head of Safeguarding & Quality Assurance (Adults)	100%
Nicola McGrath	Children & Families	Safeguarding Partnerships Service Manager	100%

2.3.2 The NCASPB membership complies with the expectations of the Care Act 2014 in terms of both the representation expected and the levels of seniority that enable members to:

- speak for their organisation with authority;
- commit their organisation on policy and practice matters; and
- hold their own organisation to account and hold others to account.

2.3.3 The continued commitment of partners at times of significant change and re-organisation provides strong evidence of cross-agency commitment to safeguarding.

2.4 The Lead Member

2.4.1 The NCASPB Lead Member transferred from Councillor Liversidge to Councillor Norris, and both have been regular attendees and contributors at the NCASPB, providing consistent political support and challenge to the board. Councillor Norris chairs the Health and Well-Being Board and provides support to the inter-relationship and cross-scrutiny and challenge between the two Boards.

2.5 Budget

2.5.1 To function effectively the NCASPB needs to be supported by member organisations with adequate and reliable resources. Contributions from the three key agencies (Nottingham City Council, Nottinghamshire Police and NHS Nottingham City CCG on behalf of all health trusts) were agreed for 2014/15.

2.5.2 The Business Office resources are split between the NCASPB and NCSCB with each having a dedicated Board Officer, a shared Service Manager, Training Coordinator and administration. The budgets for both boards have also been amalgamated.

2.5.3 The budget statement for 2014-15 is in Fig 2:

Fig 2 – Budget statement for 2014-15

NOTTINGHAM CITY CHILDREN/ADULT SAFEGUARDING BOARD

FINANCIAL STATEMENT FOR THE YEAR 2014-15

SAFEGUARDING BOARD CONTRIBUTORS

	£
NOTTINGHAM HEALTH	181,833
POLICE	32,698
NATIONAL PROBATION SERVICE	2,392
NOTTINGHAM CITY - HOUSING	4,260
NOTTINGHAM CITY - CHILDRENS SERVICES	114,426
CAFCASS	550

TOTAL INCOME	336,159
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	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>
		<u>Expenditure</u>	
	<u>2014/15</u>	<u>2014/15</u>	
<u>Safeguarding Children Information Management Team</u>	£	£	
<u>EXPENDITURE</u>			
STAFFING	92049	74,650	17,400
NON PAY COSTS:	260	260	0
TOTAL	92,309	74,910	17,400
	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>
		<u>Expenditure</u>	
	<u>2014/15</u>	<u>2014/15</u>	
<u>CHILDREN/ADULTS SAFEGAURDING BOARD</u>	£	£	
<u>EXPENDITURE</u>			
STAFFING	212,008	218,043	-6,035
NON PAY COSTS:	53,940	53,776	164
LESS INCOME RECEIVED RE TRAINING COURSE		-22,321	22,321
TOTAL	265,948	249,499	16,449
	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>
		<u>Expenditure</u>	
	<u>2014/15</u>	<u>2014/15</u>	
<u>SAFEGUARDING BOARD - TRAINING</u>	£	£	
<u>EXPENDITURE</u>			
STAFFING - under Safeguarding Board Staffing			
NON PAY COSTS:	10,210	3,387	6,823
TOTAL	10,210	3,387	6,823
BOARD TOTAL EXPENDITURE FOR 2014-15	368,467	327,795	40,672

2.6 Relationships with other Partnership bodies

2.6.1 To maximise their effectiveness, specifically in relation to their scrutiny and challenge roles, the NCASPB has developed robust protocols and arrangements to secure effective inter-relationships with other key partnership bodies including One Nottingham, the Health and Wellbeing Board and the Children's Safeguarding Board

2.7 Safeguarding Assurance Group

2.7.1 Strategic co-ordination across the partnership geography of Nottingham City is driven through the Safeguarding Assurance Group. This group comprises the Chairs of all the key partnerships together with the Corporate Director for Children and Adults and key officers. The Group was established to enable discussion of key safeguarding matters in the City and to determine how these would be addressed through the various partnership bodies. An important priority was to secure clarity in the roles and responsibilities of each partnership body in improving safeguarding in the city, to secure coherence and co-ordination in this activity and to avoid duplication.

2.8 The Health and Wellbeing Board.

2.8.1 The Health and Wellbeing Board leads and advises on work to improve the health and wellbeing of the population of Nottingham City and specifically to reduce health inequalities. The Board is responsible for agreeing the Joint Strategic Needs Assessment (JSNA) for Health and Social Care, agreeing a statutory Health and Wellbeing Strategy and promoting the integration of health and social care services for the benefit of patients and service users.

2.8.2 The opportunities presented by a formal working relationship between the Nottingham City Health and Wellbeing Board and the NCASPB can be summarised as follows:

- Securing an integrated approach to the JSNA, ensuring comprehensive safeguarding data analysis in the JSNA
- Aligning the work of the NCASPB business plan with the HWB Strategy and related priority setting.
- Ensuring safeguarding is "everyone's business", reflected in the public health agenda and related determinant of health policies and strategies
- Evaluating the impact of the Health and Wellbeing Strategy on safeguarding outcomes, and of safeguarding on wider determinants of health outcomes
- Identifying coordinated approach to performance management, transformational change and commissioning

- Cross Board scrutiny and challenge and “holding to account”: the Wellbeing Board for embedding safeguarding, and the Safeguarding Boards for overall performance and contribution to the HWB Strategy

2.9 Children’s Safeguarding Board

2.9.1 As outlined above, the children’s and the adults safeguarding boards have the same independent chair to allow for joint working across the two boards. This has resulted in a joint action plan for cross cutting themes such as domestic abuse, priority families and transitions.

CHAPTER 3: BUSINESS PLAN PERFORMANCE 2014/15

3.1 Introduction

3.1.1 The Business Plan for 2014/15 was the second integrated plan for the NCSCB and NCASPB. The following priorities were identified for the period 2014/15:

- Priority 1: To be assured that 'Safeguarding is Everyone's Responsibility' (shared with the NCSCB)
- Priority 2b: To be assured that adults in need of safeguarding are safe.
- Priority 2c: To be assured that safeguarding services are effectively coordinated across children and adult services – applying the 'Think Family' concept.
- Priority 3: To be assured that our Learning and Improvement Framework secures a workforce fit for purpose and is raising service quality and safeguarding outcomes for children, young people and adults.

3.3 Business Plan Priority 1 - To be assured that 'Safeguarding is Everyone's Responsibility'

Ensure Boards' and partner agency compliance with the emerging expectations of the Care Bill – now the Care Act 2014

3.3.1 A key element of the Board's work during 2014/15 has been preparation for the implementation of the Care Act 2014. This key piece of legislation had major implications for the work of the NCASPB and as a result it was agreed to establish a Care Act Task and Finish Group to ensure focus on key issues and prepare the NCASPB for implementation of and compliance with the new legislation. The Care Act makes it a statutory requirement that Local Authorities set up a safeguarding board and Boards now have a statutory duty to hold safeguarding adult reviews and to hold partner agencies to account regarding information sharing.

3.3.2 The subgroup is a multi-agency group that meets monthly and is well attended. The functions of the Care Act task and finish group are:

- To agree and implement the project plan for ensuring the NCASPB is compliant

- To ensure delivery of work required to update and amend policy and procedures
- To make recommendations on further work required of the NCASPB

3.3.3 The group has had 4 meetings since inception. The phase 1 project plan has been completed within timescales and phase 2 is in development. The following tasks have been completed:

- Multi-agency procedures and guidance and the SAR procedures have been amended and created as cross authority documents
- A training strategy has been written, training has been updated in line with Care Act requirements and agencies have been asked to submit evidence that their training has been updated as part of the training QA scheme
- DASMs and safeguarding leads have been identified in relevant partner agencies and this is reflected in the Governance document
- Assurance has been given that contracts with providers have safeguarding clauses including a duty to share information
- If necessary advocates can be commissioned to support citizens during the SAR process
- Partner agencies have submitted a statement of assurance stating that they are compliant with Care Act requirements

3.3.4 No barriers to progress have been encountered. Partner agencies are committed to ensuring the Care Act is implemented within their own organisations as well as Board compliance. Cross authority working with Nottinghamshire County has been successful in the completion of cross authority Multi-agency Adult Safeguarding Procedures and Guidance and the cross authority Safeguarding Adults Review (SAR) Process.

Ensure full agency compliance in Safeguarding Adult Assurance Framework (SAAF) Audit processes

3.3.5 In 2013-14, the NCASPB agreed that the Safeguarding Adult Assurance Framework (SAAF) would take place on a biannual basis. Having been completed in 2013-14, agencies that reported to be working towards an objective produced and completed an action plan within 2014-15. Action plans were requested from the Police, Nottingham Healthcare Trust and Nottingham University Hospital Trust, and in May 2014, these agencies were able to report that they were delivering against all objectives in the SAAF.

3.3.6 The SAAF has been updated in line with Care Act requirements and will be completed within 2015-16 to be reported on in the next Annual report.

Ensure that the Board, OMG and Subgroups:

a. have appropriate and regular attendance rates

b. have capacity to deliver Business Plan expectations

3.3.7 The NCASPB met four times during 2014/15 and attendance at Board meetings has continued to be strong. Membership meets the new Care Act requirements and extends beyond the statutory requirement. Attendance levels at NCASPB are reported in Chapter 2.

3.3.8 The OMG and Subgroups have also operated effectively and sustained relevant membership and, in most cases, good levels of attendance. Difficulties have been experienced in sustaining quoracy at the Quality Assurance Subgroup.

3.3.9 The chairing of subgroups is well distributed across partner agencies as is set out in detail in the impact section below.

The Board drives partnerships and partner agencies to own, prioritise, resource, improve and positively impact on safeguarding

3.3.10 The NCASPB completes an organisational audit (the SAAF) on a biannual basis as mentioned in 1.3. The purpose of the audit is to ensure that there are effective safeguarding mechanisms across the partnership.

3.3.11 The NCASPB also initiates Serious Case Reviews (SCRs) where the criteria is met which focuses partner agencies on identifying where there are issues with safeguarding mechanisms and ensures these are addressed. Other learning processes are instigated where SCR criteria are not met but there is learning to be identified. Further details on SCRs are included in chapter 4.

The Board receives management information to evidence, scrutinise and challenge performance so that it knows the safeguarding strengths and weaknesses of agencies, both individually and collectively, and the safeguarding outcomes for service users

3.3.12 The Board has received a range of management information to enable it to evidence, scrutinise and challenge performance including:

- Annual safeguarding reports from all constituent agencies (in Chapter 5 of this report)
- Reports on the implementation of the Care Act

- Reports on MCA/DoLS including performance data on Dols
- Staff survey
- Organisational audit (SAAF)

3.3.13 Securing regular meetings of the Quality Assurance Sub-Group has presented a challenge primarily from the perspective of quoracy but also in terms of securing comprehensive submission of performance information. This is commented on further in the impact section below. Action is planned which will address this issue moving forward.

Secures the effective implementation of new practice guidance issued in 2014

3.3.14 Transitions good practice guidance has been issued within 2014-15 as a result of an action from a Nottinghamshire County SCR. The document is a joint document across Nottingham City and Nottinghamshire County, and has been disseminated to partner agencies. The document will be updated in line with the Care Act.

3.3.15 Work began on amending the Nottingham and Nottinghamshire multi-agency procedures to ensure they are compliant with the Care Act and the amended versions were issued on 1st April 2015.

3.3.16 The SCR procedures were amended as a cross authority document with Nottinghamshire County to ensure they are compliant with the Care Act.

Formulate and implement the Information Sharing Protocol

3.3.17 The NCASPB works to the Nottingham and Nottinghamshire Information Sharing Protocol which most statutory partner agencies of the Board are signed up to. The Police were identified as not forming part of the protocol but they signed up to the protocol in March 2015. Work will be undertaken in 2015-16 to ensure that the protocol is still fit-for-purpose and meets the requirements of the Care Act.

Safeguarding roles and responsibilities and outcomes are explicit in the commissioning, contracting, monitoring and review of services

3.3.18 In response to an action from a SCR and in preparing for the Care Act, assurance was sought from the Local Authorities commissioning department and from the Nottingham CCG that safeguarding is built into the commissioning and contracting processes where appropriate. Assurance was given in response and accepted by the relevant subgroups.

The 'voice' of adults and practitioners is heard and acted on across all priorities

3.3.19 It is standard practice within SCRs and other learning reviews that the views of the adult, if possible, and/or their family members are sought for inclusion in the review. It is also standard practice to ensure that practitioners' voices are sought in reviews, not only to ensure that reviews are thorough and take into account all opinions, but also to improve communication between frontline staff and strategic managers. During 2014-15, one SCR and one learning review took place and in both, views of the subject and/or their family and practitioners were sought as appropriate.

3.3.20 A staff survey takes place on an annual basis. This is the second year the staff survey in adults has been completed. The key headlines are as follows:

- There has been a significant drop in the number of responses from 552 in 2013 to 382 in 2014. Two agencies to increase their number of responses were the Police and Nottingham City Homes. There was a significant reduction in responses from all health agencies except NUH.
- The number of practitioners aware of the multi-agency procedures and guidance has dropped. This could be because the procedures have not been publicised recently; however, they have been refreshed as part of the work on the Care Act so we should see an increase next year.
- Although nearly 30% of practitioners have never referred to the multi-agency procedures and guidance, nearly all practitioners are aware of their agency's internal safeguarding procedures.
- The number of practitioners who have completed a DASH RIC assessment and feel confident in doing so has increased.
- The number of practitioners aware of DOLs has increased which could relate to the publicity around Cheshire West.

3.3.20 Some progress has been made in securing greater engagement of service users. The Communications and Engagement Sub-Group was created during 2014/15 to drive forward improvements specifically in relation to the engagement of adult service users and opportunities for Service User engagement has been mapped out across Nottingham City.

What has been the impact?

3.3.21 As stated above attendance at NCASPB has, in the main, continued to be strong. Attendance levels for 2014/15 were set out Chapter 2: Governance and Accountability. One key concern has been the representation of NHS England. Since the organisational changes of 2013/14 that created the new NHS structures, NHS England has not been represented at the board despite expressions of concern to local area management.

3.3.22 At the annual development session held in January 2015 NCASPB members, alongside their counterparts on the NCSCB, reviewed the governance arrangements that have been in place for the past two years. Reflections on NCASPB arrangements were positive and there was recognition that the refocusing of Board and OMG agendas in the past year had enabled the Board to better focus on key strategic issues and decision-making with OMG focusing on the operational implementation of decisions and on managing Board agendas to sustain strategic focus. However, outcomes from the Peer Review of adult safeguarding, led to a review of the alignment of the NCSCB and NCASPB (see appendix A). Whilst it was felt important to sustain a focus on shared safeguarding priorities through the creation of a shared element of the new Business Plan for 2015/16 and for the two Boards to meet together on a regular basis during 2015/16, it was also agreed that greater distinction between the work of the two Boards be secured. This has subsequently resulted in the appointment of different chairs for the NCSCB and the NCASPB following the decision of the current chair to stand down.

3.3.23 OMG has similarly been well attended and received positive evaluation in the governance review at the Development Day.

3.3.24 At sub-group level we have sustained partnership engagement in the chairing of meetings. During 2014/15 chairing has been shared across the partnership as follows:

- | | |
|------------------------------|--|
| ○ SCR Subgroup | Bella Furse, NUH |
| ○ Quality Assurance Subgroup | Sarah Kirkwood/Sandra Morell, CityCare Partnership |
| ○ Training Subgroup | Janet Lewis, VCS |
| ○ Domestic Violence Subgroup | Sue Barnett, CityCare Partnership |
| ○ MCA/DoLs Group | Steve Oakley, Nottingham City Council |
| ○ Care Act subgroup | Hayley Frame, Independent |

3.3.25 Dialogue through other partnerships has resulted in a range of actions and impacts that evidence the influence of the NCASPB in driving safeguarding improvement and effectiveness. Examples include:

- The Health and Well-Being Board's considerations of strengthening the inclusion of safeguarding requirements within commissioning and contracting arrangements across the City;
- The work of the Nottingham Priority Families initiative
- A Communication and Engagement Subgroup was established during 2014/15 primarily targeted at enhancing the 'voice of the service' in the work of the NCASPB.

3.4 Business Plan Priority 2b: To be assured that adults in need of safeguarding are safe

Vulnerable adults are receiving the support they need at the earliest possible stage and any safeguarding concerns are appropriately identified and referred

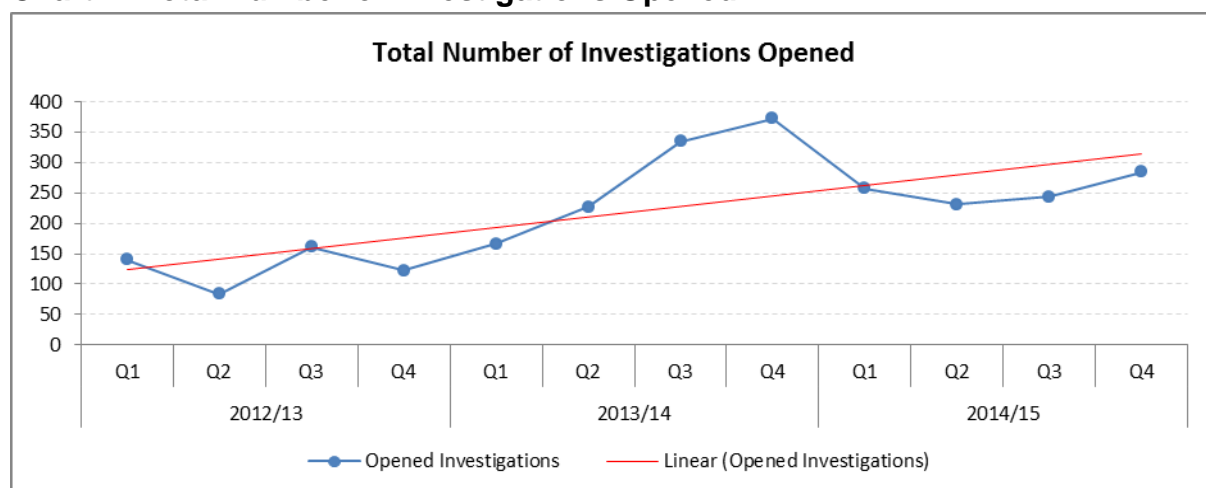
3.4.1 At the beginning of April 2014 the way in which safeguarding alerts and investigations were recorded changed. Instead of separate alert and investigation forms, a single safeguarding referral form was designed and built, allowing for a more streamlined approach to recording safeguarding. The new process means that the 2014/15 is not comparable to previous data.

3.4.2 The following data was received by the NCASPB to provide assurance that safeguarding alerts and investigations were being processed as appropriate.

Adult safeguarding data

3.4.3 There were 1,017 investigations opened in 2014/15, with a slight upward trend in quarter 3 and quarter 4 (see chart 1). This is a similar number to that opened in 2013/14; however the distribution of opened investigations is more even across the four quarters than in the previous year, when there was a large increase recorded in quarters three and four.

Chart 1: Total Number of Investigations Opened



3.4.4 Examining the demographics of citizens that alleged abuse took place against shows that the majority were of a White ethnicity (78.2%), a marked reduction in the percentage recorded in the three previous years (2011/12 – 86.6%, 2012/13 – 86.4%, 2013/14 – 83.2%). Citizens of a Black/Black British

ethnicity account for 7.5% of citizens, an increase of 1.3% from the previous year, with citizens of an unknown ethnicity also accounting for 7.5% of citizen's ethnic make-up. Comparing this to the ethnic make-up of the older local population (60+), as supplied by the 2011 census, shows that the high proportion of citizens with a white ethnicity is representative of the population as a whole. The increase in numbers from BME background could be indicative of an increase in awareness. This is an issue which will be further explored in 2015/16. Please see charts 2, 3 and 4 for further details.

Chart 2: Nottingham City Population by Ethnicity (60+)

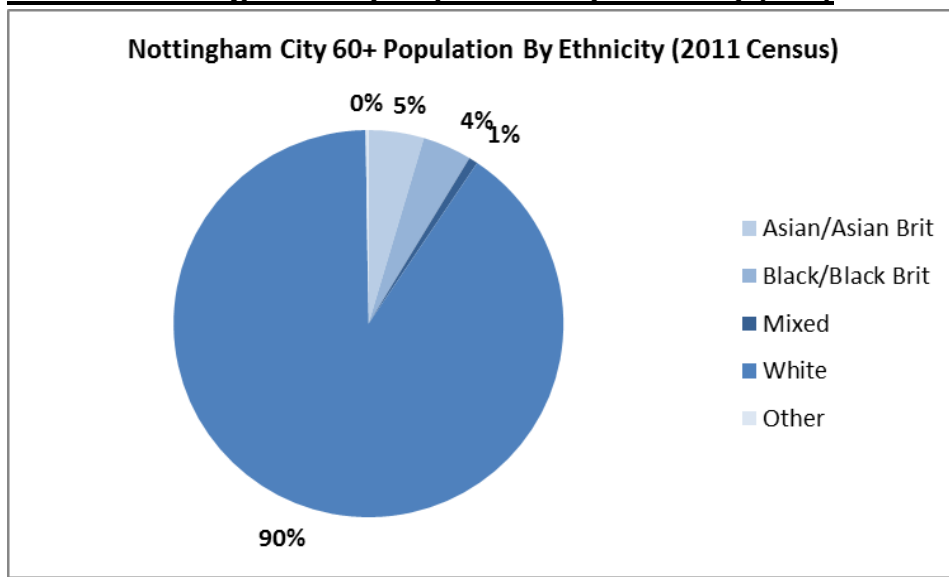


Chart 3: Ethnicity of Citizen for Opened Investigations in 2014/15 (Volume)

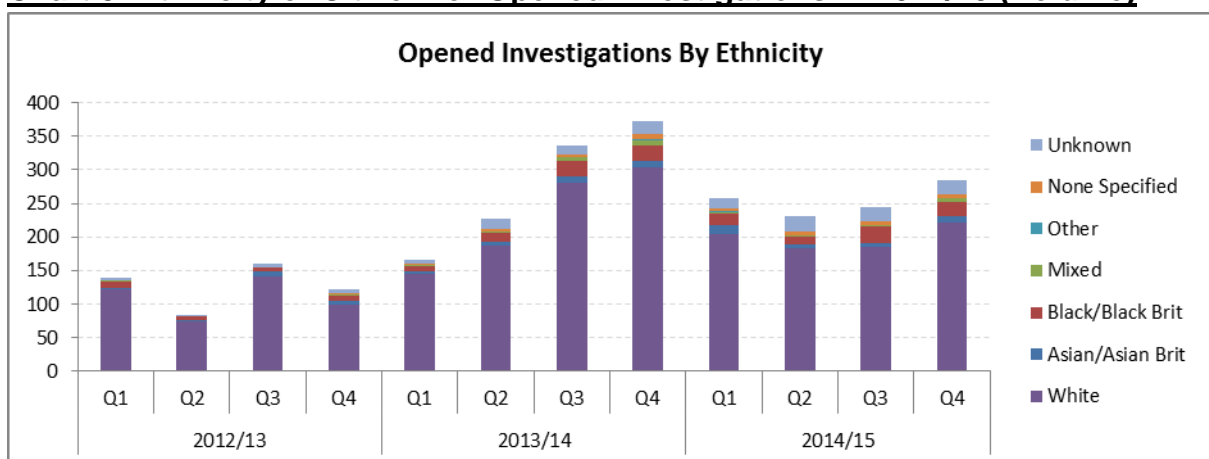
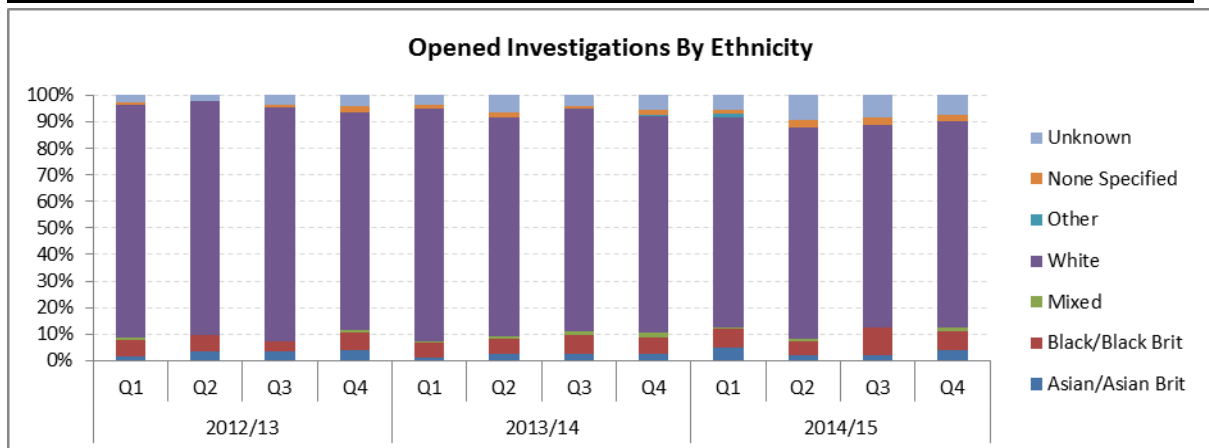


Chart 4: Ethnicity of Citizen for Opened Investigations in 2014/15 (Percentage)



3.4.5 In terms of age range the highest proportion of citizens were aged 81 years old or over (45.4%), with a slight increase in percentage recorded compared to 2013/14 and a similar level to that seen in 2012/13. 20.1% of citizens were aged between 71 and 80 and a further 10.0% were aged between 61 and 70 years old, meaning that 75.0% of citizens against whom alleged abuse took place were aged 61 and over. The increased percentage in alleged abuse against those aged 81 or over coupled with 75.0% of citizens being over the age of 61 shows that despite a similar percentage of citizens aged 61 or over having alleged abuse recorded against them, the citizens within this group are distinctly older than in 2013/14, with the average age of citizens (chart 5) indicating this, particularly in quarters 1 and 4 of 2014/15 when the average age of a citizen was 73 years old (the oldest average age since quarter 2 of 2012/13). Please see charts 6 and 7 for more information on citizen age breakdown.

Chart 5: Average Age of Citizen

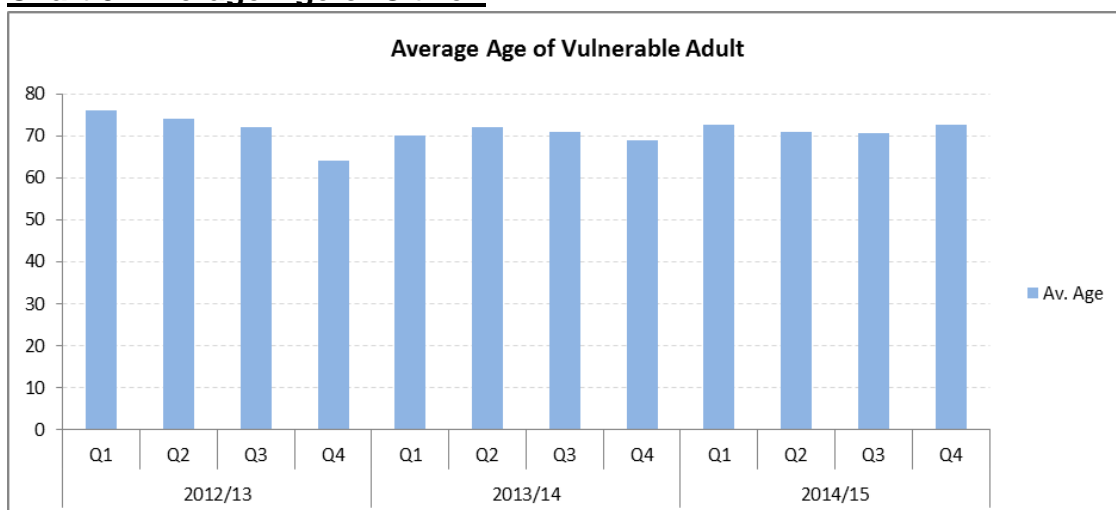


Chart 6: Age Band for Citizens with Opened Investigation (Volume)

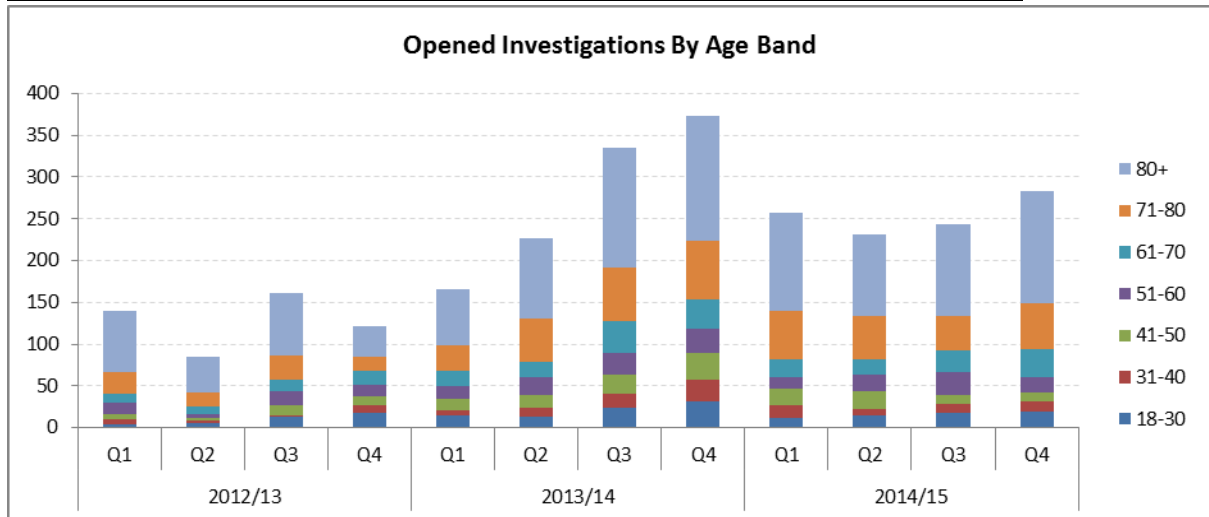
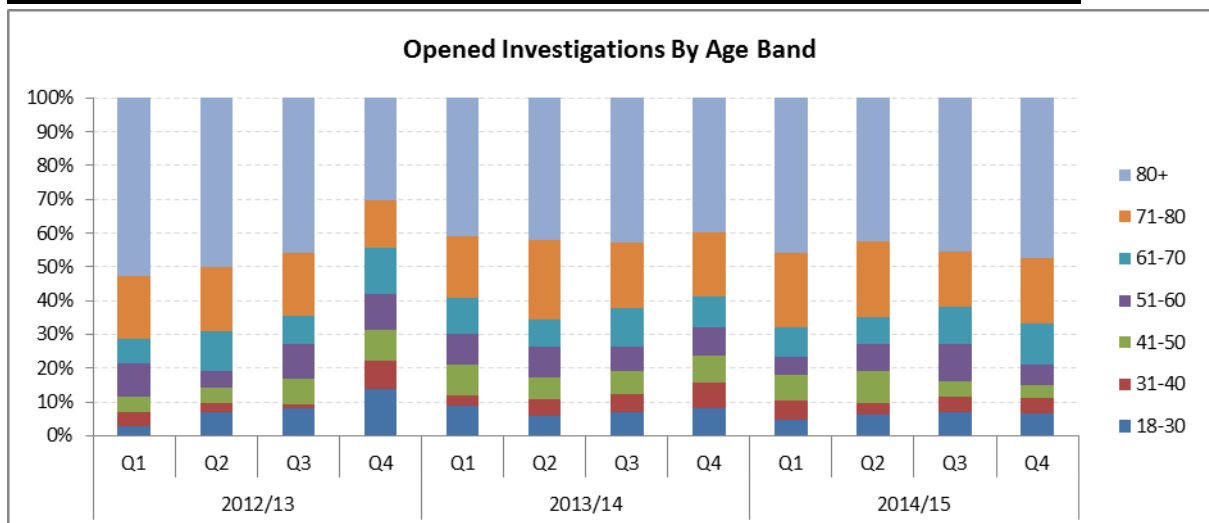
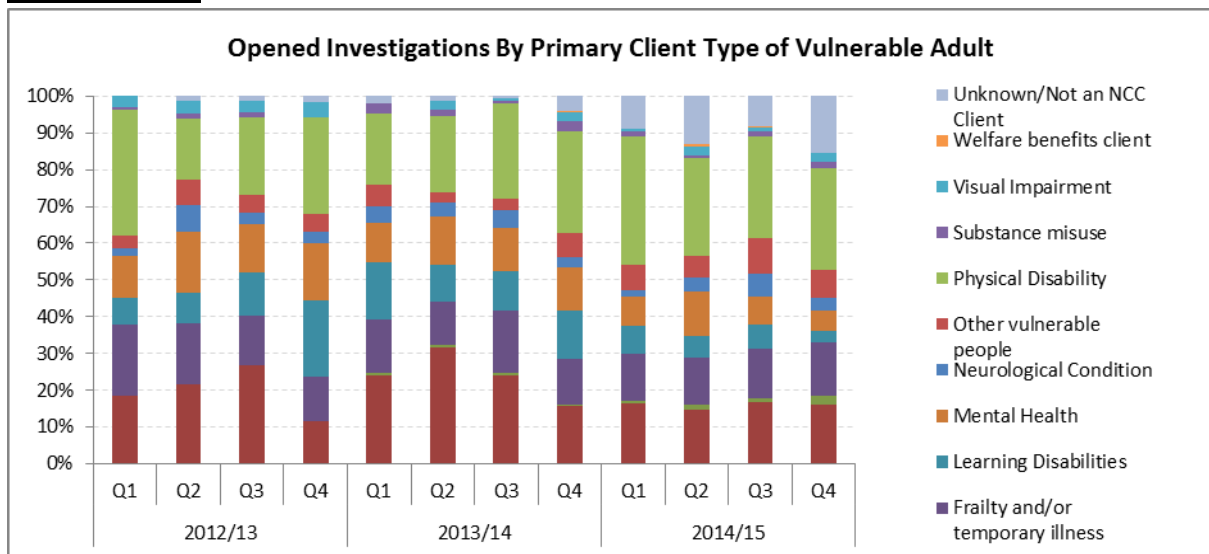


Chart 7: Age Band for Citizens with Opened Investigation (Percentage)



3.4.6 Looking at the Primary Client Category (PCC) of the citizen with an opened investigation shows that around 30.0% of citizens had a physical disability, 16.0% had dementia and 13.5% had frailty and/or a temporary illness. The PCC of citizens with an opened investigation is much more varied than in other demographic categories, partly because there are so many categories, but the percentages recorded reflect the overall profile of the population to which Nottingham City Council provides a service to. Please see chart 8 for a full breakdown of citizen PCCs.

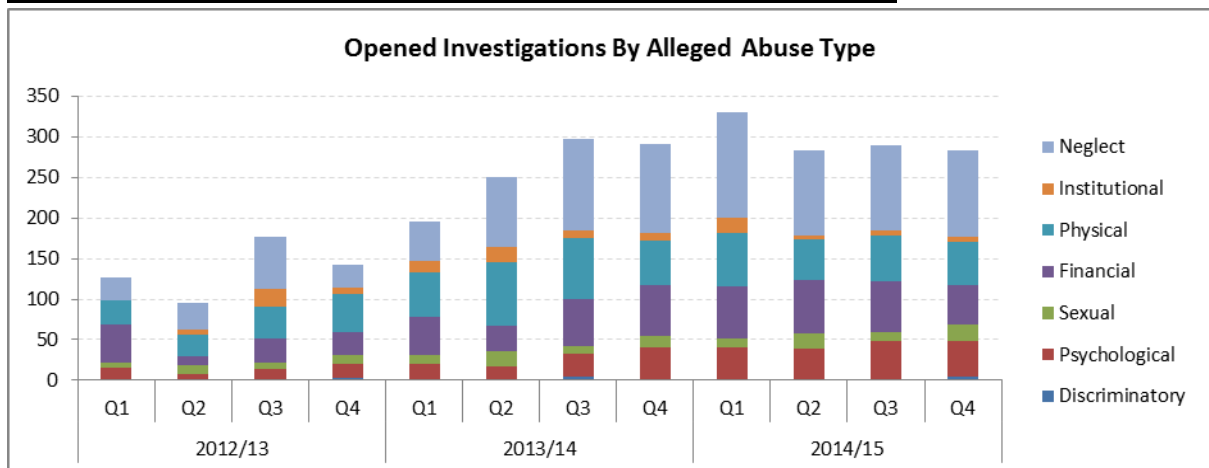
Chart 8: Primary Client Category of Citizens with an Opened Investigation (Percentage)



3.4.7 Before examining the type of alleged abuse in opened investigations, please note that more than one type of abuse can be alleged in an investigation and so percentages described in the below section may not add up to one hundred percent. Although neglect was the most common type of abuse recorded, alleged in 44.0% of investigations, financial abuse continued the trend seen in quarters 3 and 4 of 2013/14 by accounting for a growing number of investigations (23.9% of investigations alleged financial abuse in 2014/15). Alleged physical abuse (22.0%) and psychological abuse (16.3%) also accounted for a significant proportion of investigations.

3.4.8 Chart 9 also shows that despite a similar number of investigations opening in 2014/15 than in 2013/14, a larger amount of abuse was alleged this year than in the previous one. There are two key reasons for this, the first is an increase in the number of investigations that had two or more types of abuse alleged, and the second is due to a change in the process of recording safeguarding on the system. Significantly fewer investigations were not taken further this year compared to last allowing for all the details of alleged abuse to be recorded, something that was not the case in every instance if an investigation was not taken further at an early stage in 2013/14.

Chart 9: Alleged Abuse of Opened Investigations (Volume)



3.4.9 The location of alleged abuse was most likely to be in a care home, with 39.0% taking place in these settings (21.8% in residential care homes and 17.2% in care homes with nursing). Slightly less, 37.3% of investigations stated that the alleged abuse was in the citizen's own home. Proportionately this pattern is similar to that seen in the previous year, however far fewer investigations have an unknown/not completed yet location in 2014/15 than in the previous year with investigation revealing that the majority of the unknowns in the previous year relating to investigations which were not taken further (something that is far rarer in 2014/15 due to a process change). Please see charts 10 and 11 for further detail on location.

Chart 10: Opened Investigations by Location (Volume)

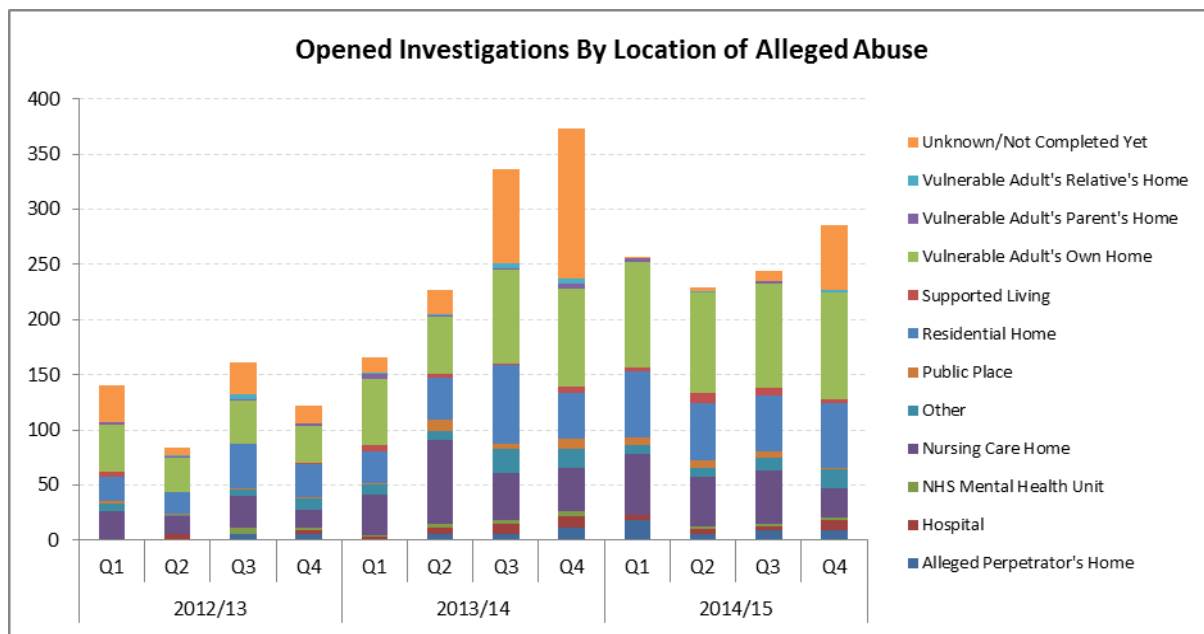
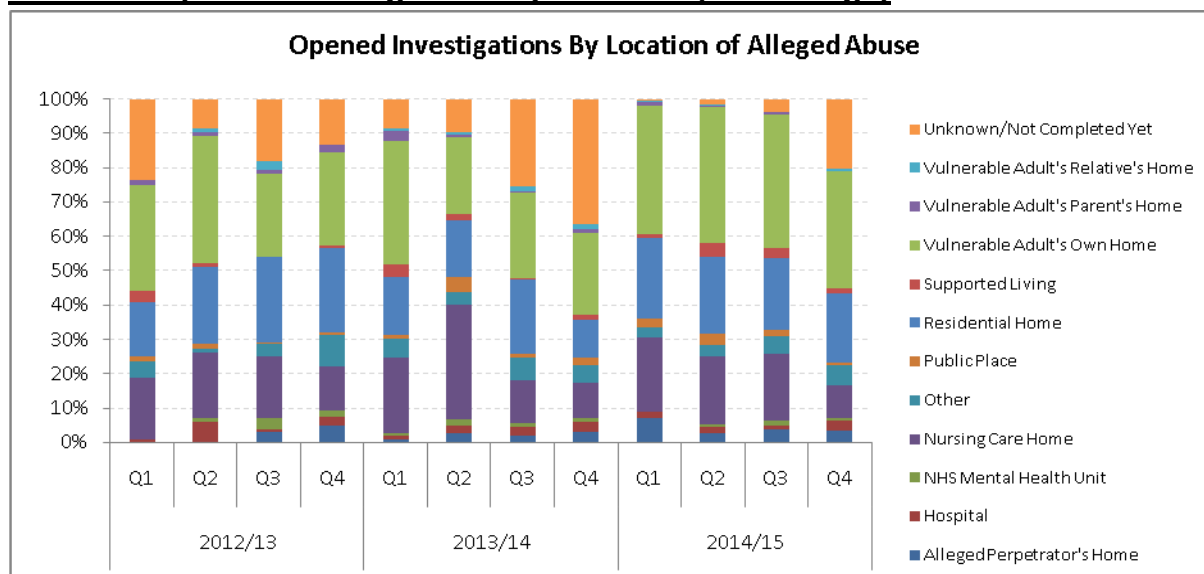


Chart 11: Opened Investigations by Location (Percentage)



3.4.10 In terms of outcome of the investigations opened in 2014/15 49.3% were substantiated, with 45.6% unsubstantiated. However there are still a number of investigations not concluded from quarter four of this year and this could change the above percentages. The first three quarters of 2014/15 recorded a substantiated rate of 50.8%, with this dropping to 44.4% in quarter 4 mainly due to a number of investigations not yet being completed. The percentage of investigations substantiated is at a similar level to that seen in 2013/14 (see chart 12), which was an increase on the two previous years. 5.0% of

investigations were partially substantiated, and as with fully substantiated investigations, the volume of those partially substantiated was much higher in the first two quarters of the year than in the second two (7.6% quarters 1 and 2 compared to 2.3% quarters three and four). See charts 13 and 14 for a full breakdown of conclusions for opened investigations.

Chart 12: Opened & Concluded Investigations by Conclusion (Volume)

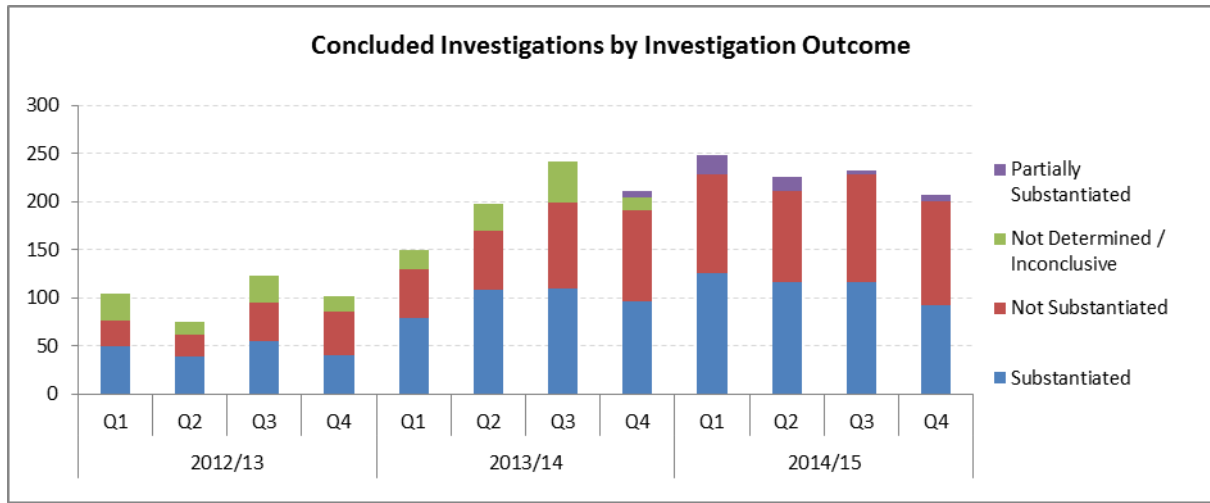


Chart 13: Opened & Concluded Investigations by Conclusion (Percentage)

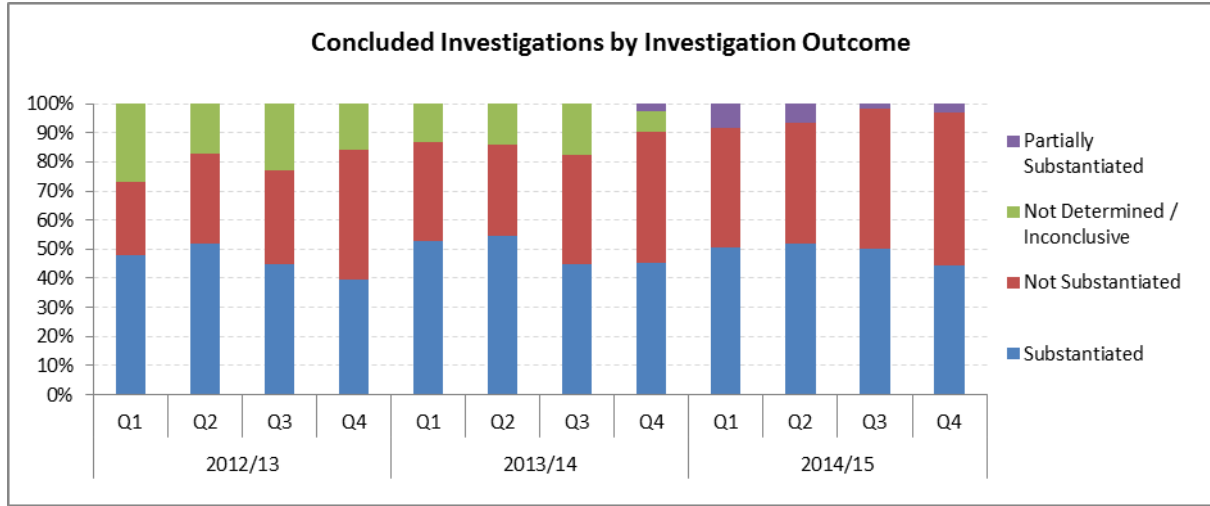
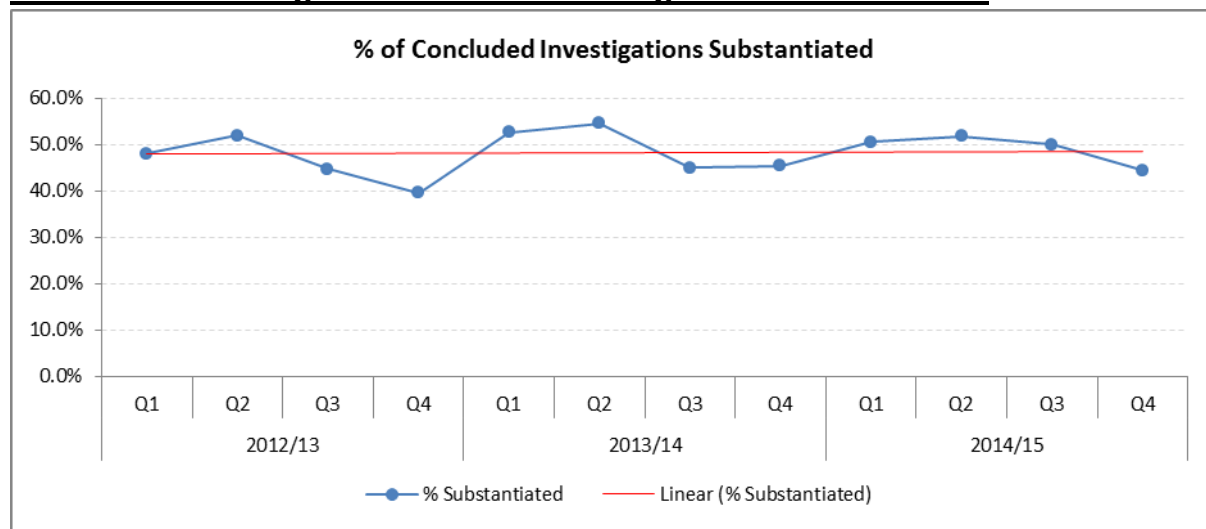


Chart 14: Percentage of Concluded Investigations Substantiated



Thresholds for safeguarding adults are clear, understood and consistently applied

3.4.11 Data as above in 2b.1 was received from adult social care to provide assurance that safeguarding alerts and referrals were dealt with as appropriate. However, the NCASPB agreed that this objective was no longer relevant once the Care Act became 'live' as there are no thresholds under the Care Act legislation.

Quality and impact of single agency and multi-agency provision to adults in need of safeguarding

3.4.12 It has not been possible to implement a programme of audits due to capacity issues and given the fact that implementation of the Care Act was a priority piece of work. However this has been remitted to the business plan for 2015-16 and a programme of audits based on the Care Act has been devised.

The followings groups that have been previously identified at risk are adequately safeguarded:

- a. those receiving self-directed support and personal health budgets & those adults living with or receiving services from registered providers;
- b. those affected by Mental Capacity Act/Deprivation of Liberty Safeguards
- c. those experiencing domestic abuse

a) Those receiving self-directed support and personal health budgets & those adults living with or receiving services from registered providers

3.4.13 Issues regarding this are identified and addressed via SCRs and other learning reviews. See Chapter 4 for more details.

b) Those affected by MCA – Dols

3.4.14 Work in relation to MCA and DoLS has been led by the MCA/DoLS subgroup the chair of which has been Steve Oakley, previously Head of Quality and Efficiency and now Head of Contracting and Procurement. He has been chair since May 2013. The officer providing support to the group is Nicola McGrath, Adult Safeguarding Board Officer, and members are as follows:

- Head of Contracting and Procurement, Nottingham City Council
- Appropriate Head of Service, Nottingham City Council Adult Social Care
- Adult Safeguarding Coordinator, Safeguarding Adults Quality Assurance Team, Nottingham City Council
- Representative from NHS Nottingham City CCG

3.4.15 The MCA/Dols subgroup has met three times in 2014-15 due to one meeting being cancelled.

3.4.16 The MCA/Dols subgroup meets quarterly and it's aims are to identify appropriate assurance processes that enables NCASPB to be assured that the MCA in relation to safeguarding is being implemented in line with best practice and to provide oversight and strategic direction of the Mental Capacity Act in relation to safeguarding and Deprivation of Liberty Safeguards (DoLS). The MCA/Dols subgroup oversees the statutory returns for Dols data and has strategic oversight of the Mental Capacity Act in relation to safeguarding and Dols.

3.4.17 The key priorities outlined in the groups' work plan for 2014-15 were:

- To be assured that safeguarding is everyone's responsibility
- To be assured that adults in need of safeguarding are safe

3.4.18 Activity undertaken to support key objectives has been as follows:

- Regular Dols data presented to the group on a quarterly basis to be scrutinised by members, issues identified and action taken.
- Regular updates on the progress of updating the MCA policy and procedure from Adult Assessment who are the lead agency in completing this piece of work. Assurances were sought and received that practitioners are working to best practice.
- Coordination and responses to training needs to identify and feed into training subgroup.
- Monitoring of the action plan in response to Cheshire West.

- Challenge of areas for development and under performance.
- 3.4.19 At each meeting, data on Dols is presented to the group which is analysed and assessed for action to be taken. The staff survey specifically asks staff about their understanding of MCA and Dols.
- 3.4.20 A number of challenges have been presented in this area of work, not least the Cheshire West judgement, which has increased workload in Dols and created a situation where not all Dols assessment can be completed within timescales due to the volume of referrals. This is a national issue and has made it difficult to assess meaningful Dols data; however, the group monitors data relating to the triage system implemented as a result of Cheshire West.
- 3.4.21 The group took on MCA as requested by the Board and completed a scoping exercise. Based on the results, further assurance has been sought from the Police and the National Probation Service. Identified issues with Police and Probation with regards to MCA addressed leading to a change in process for provider investigations and the home closure process.
- 3.4.22 As a result of the above, there has been significant staffing issues across City that along with pending new national MCA guidance has resulted in a delay in completing the update of the MCA policy and procedure.

c) Those experiencing domestic abuse

- 3.4.23 The DSVa Strategy Group is the overarching group which monitors the following working groups:
- Nottingham City Multi Agency Risk Assessment Conference (MARAC),
 - Domestic Homicide Review Assurance and Learning Implementation Group,
 - Children and Domestic Violence & Abuse group,
 - Health and Domestic Violence & Abuse group,
 - Local Criminal Justice Board (LCJB),
 - Voluntary Sector Domestic and Sexual Violence Forum.
- 3.4.24 The MARAC Steering group focuses on the progression of the Risk Register and the merge of the MARAC Development Day action plan with the CAADA Self-Assessment feedback. The MARAC Steering Group will be reviewing the number of cases heard at the MARAC where the perpetrator is on the Police Domestic Abuse Investigation Team top ten list.
- 3.4.25 The work of the Domestic Abuse Referral Team (DART) and the MARAC continue to complement each other and the MARAC remains the most appropriate place to share high risk information across the wider partnership and identify actions for each agency to implement.

The workforce has capacity to deliver effective safeguarding

3.4.26 Partner agencies were requested to raise issues of capacity as and when required to do so. In 2014-15, no agency raised this issue. Although there is a recognition that shrinking resources will impact, safeguarding remains a priority for all agencies as it demonstrated by good multi-agency attendance at board, OMG and subgroup meetings.

What has been the impact?

MCA Dols

3.4.27 At the request of the subgroup, an Adult Social Care manager attended the care home manager's forum to address concerns regarding recording of restraint.

3.4.28 The group has ensured that practice has improved around signing off and authorising Dols. The group has successfully impacted on practice with a change in the process around signing off Dols authorisations and the group have completed an MCA scoping exercise which has identified and acted on areas of concern.

3.4.29 As a result of the work with Probation on MCA, they will be updating their vulnerable adults procedure to include MCA processes.

Domestic Abuse

3.4.30 In consultation with County colleagues the Domestic Abuse Stalking Harassment & Honour Based Violence Risk Identification Checklist (DASH RIC) has been revised making it more streamlined and clarified the referral process and action for referrers to take. The 27 risk assessment questions remain the same except the following four amendments:

- A note if the survivor would like to report the incident as a crime, for the survivor or agency worker to contact the police control room and report the incident.
- The classification grid which outlines referral points and action for the referrer to take has been streamlined.
- The MARAC referral form has been amended to highlight it is for high risk referrals only.
- The information sharing agreement without consent on the MARAC referral form has been amended to advise the process when consent has been provided.

3.4.31 It is proposed that a Safeguarding Group is established which will consider adults and children's safeguarding themes. The Children's Domestic and Sexual Violence Safeguarding Good Practice Guidance is currently being

refreshed. A strategic review of the response to adults at risk who experience domestic abuse will be undertaken in 2015/16.

3.4.32 A data and performance group will be established which will consider the data report ahead of the main meeting and provide headline information, identifying themes and trends which will be presented to the DSV Strategy Group for consideration as to whether further action is required.

3.5 Business Plan Priority 2c To be assured that safeguarding services are effectively coordinated across children and adult services – applying the ‘Think Family’ concept

Adult services consistently to consider the safeguarding of children in households where they are working with an adult and make referrals for support and intervention where necessary

3.5.1 The NCSCB has an annual audit programme within which they consider the role of adult’s workers and the quality of their joint working in respect of the child in the household. In July 2014, an audit of the Voice of the Child was completed and the following was identified in relation to adults in the household:

- NHCT checked the records of two adults in relation to one case and found good evidence of the children’s needs being considered, and that the adult workers were part of the multi-agency team working with the child.
- Probation identified one case where adults in the house were known to them, and they reported that procedure in relation to children in the home had been followed.

3.5.2 An audit on referrals was completed in January 2015 and the final report noted:

- Evidence of adult services appropriately referring concerns in respect of the children of adults they were working with.

Children’s services consistently to consider the safeguarding of adults in households where they are working with children and make referrals for support and intervention where necessary

3.5.3 This objective has been remitted to the business plan for 2015-16.

Services that work with “whole” families are effectively coordinated (e.g. Priority Families) and secure added value in ensuring and co-ordinating effective safeguarding

3.5.4 This objective has been remitted to the business plan 2015-16.

3.5.5 Work completed on this priority has been limited due to capacity issues. However, partners at the NCASPB development session were keen to ensure that this objective and joint working across the NCASPB and the NCSCB remained a priority for the future.

3.6 Business Plan Priority 3 To be assured that our Learning and Improvement Framework secures a workforce fit for purpose and is raising service quality and safeguarding outcomes for children, young people and adults

Ensure learning from national, regional and local SCR's and other review/audit processes is incorporated into the practice of partner agencies and the partnership as a whole

3.6.1 The SCR subgroup considered learning from two national reviews The Overview report following the serious case review into the death of Gloria Foster was assessed at the SCR subgroup in December 2013. The case revolved around a self-funder who was left without care following the closure of the domiciliary care agency providing her with home care. The subgroup agreed that there was learning to be sought from the review around the following:

- 1) Home closure processes – does the current process cover domiciliary care providers?
- 2) Approved providers – does Nottingham City Council (NCC) have processes in place to provide citizens on personal budgets access to a list of providers they can appoint as carers?
- 3) Police involvement in strategy meetings

3.6.2 Assurance was sought from Adult Social Care (ASC) that the home closure process covered domiciliary agencies. It was confirmed that the process had been updated and covers both care homes and domiciliary agencies.

3.6.3 Assurance was sought from NCC Quality and Commissioning that citizens can access good quality homecare, and they confirmed that there is an approved provider list available for citizens. Providers have to meet a set criteria to confirm they are meeting certain standards before they are added to the list.

- 3.6.4 The Police confirmed that where they are invited to strategy meetings, they do their best to ensure attendance.
- 3.6.5 A small task and finish group was set up to look at the 34 recommendations made in the SCR into Orchid View, a care home in East Sussex that was closed due to concerns around neglect. An action plan was created based on the 34 recommendations and is currently being monitored by the Safeguarding Adults Review subgroup (previously SCR).

Review safeguarding procedures and practice guidance to ensure they are 'fit for purpose' and reflect current learning and best practice

- 3.6.6 A Transitions document was created as a cross authority document with Nottinghamshire County Council due to this being a common theme across a number of reviews. A small task and finish group was set up to focus on this piece of work and a good practice guidance document was created to be disseminated across the partnership. It was agreed that the document would be reviewed in 2015-16 in light of the Care Act.

Implement the communication and engagement strategy and ensure it is fit for purpose in order to secure awareness of safeguarding issues and the responsibilities of the Boards' partner agencies and the wider community in safeguarding

- 3.6.7 A Communication and Engagement Subgroup was established during 2014/15 primarily targeted at enhancing the 'voice of the service' in the work of the NCASPB. It was agreed there should be representatives on this subgroup from the following areas:

- Schools (teachers or support staff).
- Providers – Health & Wellbeing Board.
- Vulnerable Adults Provider Forum co-ordinated by Nottingham CVS
- Children & Young People Provider Network – also co-ordinated by Nottingham CVS
- Representative from Nottinghamshire Health Care Trust

- 3.6.8 Two meetings took place in 2014-15 and work undertaken included:

- Formulation and agreement of a revised communication and engagement strategy for the NCSCB and NCASPB
- An audit of existing engagement work across the partnership in relation to the three key engagement levels: strategic engagement; community of interest engagement; and engagement at service delivery level

- Commissioning of activity to secure feedback from adult service users on their safeguarding priorities through existing mainstream engagement initiatives

Establish a learning and improvement framework for adults

- 3.6.9 A learning and improvement process was created based on the model required for the Children’s learning and improvement framework under Working Together 2013. The learning and improvement process ensures that learning from SCRs and other learning processes are fed into other subgroups, as appropriate, to inform future training and/or audit work.
- 3.6.10 The Learning and Improvement process sets out a framework for monitoring and evaluating the effectiveness of training and development in terms of the impact on the quality of safeguarding practice and outcomes for service users.
- 3.6.11 The co-ordination, monitoring and evaluation of safeguarding training and workforce development is undertaken by the Training Sub Group. The Chair of the sub group during the majority of 2014/15 was Janet Lewis, the Chief Executive Officer of Base 51 in the voluntary sector. The Board Officer supporting the work of the Sub Group is Paul Langley – Safeguarding Partnerships Training Officer. There are 15 agencies represented on the sub group
- 3.6.12 The Sub Group met 4 times in 2014-15 and the aims and objectives of the sub group were:
- To be assured that the workforce in Nottingham City are aware of their responsibilities in safeguarding vulnerable adults
 - To be assured that the workforce have access to learning and improvement opportunities to support them to be competent in delivering appropriate services to protect and promote the welfare of vulnerable adults in the City
 - To promote learning and improvement opportunities that respond to learning from Serious Case Reviews, Audits and other work of the Boards and their partners agencies
 - To be assured of the quality of safeguarding training across the City and to monitor the effectiveness of learning and improvement opportunities, including training, delivered by partner agencies and the Boards

3.6.13 Achievements in 2014 / 15 against objectives included:

- All Board training materials and the criteria for the Quality Assurance Scheme (where appropriate) were updated in the light of the Care Act 2014.
- A short programme of 'Raising a Concern' and 'Referrer' courses was provided for the PVI sector.
- An adult safeguarding Learning and Improvement process was developed and agreed.
- The Training Quality Assurance Scheme was reviewed and improvements agreed to enable more effective ongoing validation of partner agency training materials, and the resulting annual review process started.

Workforce is safely recruited

3.6.14 The SAAF Organisational audit asks partner agencies on their recruitment practices and seeks assurance that all agencies have implemented safe recruitment practices. All agencies involved in the completion of the SAAF assessed themselves as meeting this objective.

Allegations made against people who work with adults are dealt with effectively

3.6.15 Under the Care Act, the role of the Designated Safeguarding Adults Manager (DASM) has been created to specifically address allegations made against people who work with adults. In 2014-15, work undertaken included ensuring that all partner agencies had identified a DASM and to update the governance arrangements with this information, as required by the Care Act. Work started on creating DASM procedures which were finalised in 2015-16.

What was the impact of work undertaken?

Attendance at 'Raising a Concern' and 'Referrer' adult safeguarding training commissioned by the NCASPB

3.6.16 There were two 'Raising a Concern' Courses and one 'Referrer' course, delivered in February and March 2015, and these were specifically for the Private, Voluntary and Independent (PVI) sectors. The late addition of these courses to the programme was a result of difficulties in finding someone to deliver them.

3.6.17 **41** people attended the 'Raising a Concern' courses and **24** attended the 'Referrer' course.

Qualitative evidence

3.6.18 All the courses offered were fully booked and attended by a wide range of largely voluntary sector organisations. Additional 'Raising a Concern' training targeted to private residential providers was introduced near the year end, but take up of this has been slow.

Analysis of course evaluation (adult safeguarding training)

3.6.19 There are two elements to the qualitative evidence we can provide this year:

- End of course evaluations for the training' delivered by NCASPB.
- Quality assurance of the adult safeguarding training materials used by Partner agencies.

3.6.20 Although the number of courses provided on behalf of the NCASPB was small the evaluations confirmed they were well received. The Raising a Concern course increased confidence from an average of 45.6% to 97%. The Referrer's course increased confidence on average from 64.6 to 88.8%.

Quality Assurance of Adult Safeguarding Training Materials

3.6.21 At the end of the previous year (2013 / 14), we were able to assure the NCASPB that the content of any introductory level adult training being delivered by the Partner agencies was accurate, up-to-date and fit-for-purpose. During 2014 / 15, the scheme has been reviewed to include a more robust Annual Review Process to assure the Boards that any training having been validated through this process continues to meet the required standards and has been appropriately updated. This process happens at the end of each financial year.

3.6.22 It has also been agreed to publish the annual checklists of content so that other organisations are able to 'self-assess' their content to assure themselves they are providing fit-for-purpose and up-to-date content, and so those commissioning training can require this of their providers.

CHAPTER 4 SERIOUS CASE REVIEWS

4.1 Introduction

4.1.1 During 2014/15 the chair of the SCR subgroup for NCASPB has been Bella Furse, the Designated Adult Safeguarding Nurse for NUH and Adult Safeguarding Lead for Nottingham City CCG.

4.1.2 The following agencies are represented on the subgroup:

- Nottinghamshire Police
- Nottingham University Hospitals
- Children & Adults Legal Team Nottingham City Council
- National Probation Service
- Derbyshire, Nottinghamshire, Lincolnshire and Rutland Community Rehabilitation Service
- Nottingham CityCare Partnership
- Nottinghamshire Healthcare NHS Trust
- Nottingham City Council – Adult Social Care
- Nottingham City Council – Adult Safeguarding Board
- Nottingham City CCG
- Adult Social Care Quality Assurance Lead

4.1.3 The SCR subgroup has met on a bi-monthly basis and meetings are two hours in duration. The aims and objectives of the group are to:

- ensure the multi-agency protocol for the commissioning and undertaking of a Serious Case Review is fit for purpose;
- discharge the Serious Case Review functions on behalf of the NCASPB;
- manage Serious Case Review processes and provide information and support to panel members and overview authors;
- receive and consider reports on Serious Case Reviews and ensure that action plans from the findings and recommendations of reviews and audits are implemented;

- create or contribute to revised and or new policies and procedures following the recommendations of a Serious Case Review from either Nottingham or from other Local Authorities;
- consider the impact of local and national Serious Case Reviews and ensure robust media management protocols are in place;
- explore the funding implications of Serious Case Reviews and report these findings to OMG;
- share findings of Serious Case Reviews conducted in Nottingham as appropriate.

4.2 What we did in 2014/15

- 4.2.1 Until April 2015 there was no statutory requirement for the work of the subgroup. However from 1st April 2015 the Care Act 2014 came into force which made it a statutory requirement that SABs conduct safeguarding adults reviews (SARs). It has always been the practice in Nottingham City to undertake serious case reviews and other types of review in adult cases from which learning and improvement could be secured. This has been a core part of our learning and improvement process.
- 4.2.2 As stated above the key priorities of the group have been to assess SCR referrals appropriately, identify and disseminate learning from local and national reviews and to update the SAR policy and process. During 2014-15 the SCR subgroup had three referrals for consideration. One of these has been taken forward in the SCR process and the others were felt not to meet the criteria and appropriate feedback was given to the referrers. The SCR that was undertaken did not conclude in the year that we are reporting so will be included in our annual report 2015/16.
- 4.2.3 The SCR subgroup considered learning from two national Serious Case Reviews. One of these pieces of work involved the creation of a small task and finish group to look at recommendations from a care home closure which proved to be a very valuable piece of work. (See chapter 3, business priority 3 for more information).
- 4.2.4 The SCR subgroup published the Executive Summary for an SCR completed in June 2014 and a multi-agency review report that was completed in May 2014. The group also published a newsletter with key learning from reviews which was circulated to all agency representatives and disseminated to frontline practitioners.
- 4.2.5 The Nottingham City and Nottinghamshire County cross authority working group on transitions submitted a 'Transitions Best Practice Guidance' to the subgroup and this was approved. The SCR subgroup also approved the best

practice guidance on working with adults that 'do not attend' appointments. This has been made available to both the City and County Board and was written by the SCR subgroup Chair. The SAR policy and procedures have been re written to reflect changes in the Care Act 2014- this work was delayed at the end of last year in anticipation of the Care Act coming into force.

- 4.2.6 It was agreed that the SCR subgroup will act as the decision making forum for Domestic Homicide review referrals. Additional members from the Crime and Drug Partnership (CDP) attend when a referral is received and this process has demonstrated better multi-agency working and use of agencies representatives' time. One referral was received and considered in 2014-15 and a Domestic Homicide review commissioned by the CDP.
- 4.2.7 The SCR subgroup encountered some challenges in completing its programme of work. For example, the ongoing Police investigation and delayed CPS decision into a care home that was closed in the city has created a significant barrier to the completion of the Serious Case Review commissioned in 2013. This work will now proceed in a different format with a report being pulled together reviewing all the information that is available to date. Learning from this review has already been implemented in individual organisations as Individual Management Reviews were completed and signed off by agencies some time ago. The CPS made a decision to move forward with a criminal prosecution which is currently underway in the court system.
- 4.2.8 The SCR subgroup is an effective group that has good attendance and meets on a regular basis. There is always good interaction and challenge by members. One serious case review has been initiated this year. National reviews have been considered and best practice guidance produced as a result of this.

4.3 Learning from reviews

EW Multi-agency learning event - Summary of lessons learned and how these have translated into recommendations

- 4.3.1 The multi-agency learning event aims to identify lessons learned and then translate the learning into recommendations that are relevant for the multi-agency partnership. At the event, safeguarding leads, case summary authors and practitioners directly involved in the case discuss the case openly and critically.
- 4.3.2 EW was an individual well known to staff at the GP surgery and at LIFE, a supported living service. Although she had a mild to moderate learning difficulty, EW lived an independent life and took on a caring role for her mother and brother. EW was eligible for services and as such, had an

appropriate care package in place which she accessed. When her mother died, EW continued to access that care. Appropriate referrals were made at the time of her mother's death, but EW declined additional support.

- 4.3.3 Adult Social Care identified that they could have been more robust in assessing EW's capacity to make the decision to refuse additional support; however, ASC representatives believed it was unlikely that her package of care would have increased greatly as she was accessing the care already in place. This was supporting her to live independently and her health needs were being addressed. The Police described EW's flat at the time of her death as 'squalid'; however, this description was surprising to the agencies involved, as practitioners entering her flat described it as cluttered and no concerns were raised by tradesmen entering the flat. Tradesmen would not have entered the flat had it been in the state described by the Police at point of death.
- 4.3.4 This appears to be a tragic case of someone's health deteriorating rapidly. The analysis of the case showed that EW had an appropriate care package in place and access to support networks through LIFE and her GP, which EW accessed when she required. Members at the Multi-Agency Learning Event concluded that as there was no evidence of significant harm attributed to any agency, the case did not meet the threshold for safeguarding interventions.
- 4.3.5 The multi-agency learning event did not determine a need for multi-agency action, but a number of individual agency actions were identified which formed part of an action plan monitored by the SCR subgroup. This included:
- ASC will develop a comprehensive record-keeping policy ensuring intervention in cases is based upon key historical and chronological factors.
 - When citizens make unwise decisions that impact upon their health and wellbeing, ASC will ensure practitioners consider the Mental Capacity Act.
 - LIFE will access further training and support on the Mental Capacity Act to improve their awareness and understanding.

Adult A SCR Recommendations

- 4.3.6 The learning points from the SCR highlighted several areas for improvement. The following recommendations were aimed at improving the safeguarding process and to avoid a similar situation from arising in the future:

4.3.7 Clarity on 1) the purpose of a carer's assessment to be shared with partner agencies, 2) with a clear outline of what to do if safeguarding concerns are raised about the carer's suitability and 3) what action should be taken if a carer refuses an assessment where there are known safeguarding concerns.

Action:

- Assurance that carer's strategy includes a communication strategy and educational materials about the purpose of carers' assessments
- Assurance to be sought that safeguarding is embedded in carer's strategy and guidance
- Review of carer's assessment in Adult Social Care

4.3.8 Practice guidance in respect of managing the behaviours and impact of carers' who obstruct care.

Action:

- Practice guidance on working with carers who obstruct care
- Training audit to ensure obstruction of care is covered in Adult Safeguarding training
- Be assured that domiciliary care provision understand what action to take when access is denied through contracting arrangements

4.3.9 The NCASPB requires that staff in partner agencies are confident in recognising indicators of financial abuse and raising it as a concern within their assessments and in supervision.

Action:

- Training audit to ensure indicators of financial abuse is covered in Adult Safeguarding training.

4.3.10 Supervision for those assessing or working with vulnerable adults should consider safeguarding concerns and challenge practice where necessary.

Action:

- Assurance from partner agencies that safeguarding is covered in supervision with staff

4.3.11 The safeguarding investigation should include the production of a safeguarding protection plan when the person remains at risk. The plan should outline all the agencies involved in that person's care (including the landlord and any homecare), what their role is and what action they have undertaken/will undertake. This plan should be shared with all agencies and should:

- strengthen the role of the lead professional to help them coordinate agency involvement.
- aid agencies to escalate and track escalation of concerns.
- support agency ownership of actions
- be reviewed at an agreed frequency
- have clear contingency plans when it cannot be implemented and /or is not yielding the desired change

Action:

- Review existing multi-agency procedures
- Develop Adult Social Care policies and procedure in relation to safeguarding protection plans.
- Training on protection plans to appropriate Adult Social Care staff

4.3.12 The NCASPB requires assurance that staff in partner agencies are 1) knowledgeable about the purpose of the Mental Capacity Act, 2) understand their role in Mental Capacity assessments and that 3) capacity assessments are completed appropriately and effectively.

Action:

- Audit of cases where capacity has been assessed to address the quality and effectiveness of the capacity assessment.
- Outcome of assessment is shared appropriately and the outcome impacts on action taken.

4.3.13 Contracting arrangements with homecare providers need to make clear that care workers should receive training on recognising those individuals who are at high risk of developing pressure ulcers and should feedback concerns to Adult Assessment to aid in the prevention of ulcers developing.

Action:

- NCC Quality and Commissioning to update their contract to ensure care workers working with high risk individuals understand tissue viability and are trained to recognise risk factors.

4.4 What was the impact of work undertaken?

4.4.1 The SCR subgroup has had many achievements this year aligned to the agreed work plan as outlined above. As a direct result of one review, a seminar based on working with carers who obstruct care is planned for 2015-16. Impact evaluation of this seminar will take place and results will be fed back to the SAR subgroup.

CHAPTER 5 INDIVIDUAL AGENCY PERFORMANCE

5.1 Introduction

- 5.1.1 Whilst the Annual Report focuses on multi-agency priorities set out in the Business Plan, safeguarding effectiveness in individual agencies is an important facet of performance. Indeed effective partnership working to secure effective safeguarding relies heavily on the quality of safeguarding practice and performance in individual agencies that form the Board partnerships.
- 5.1.2 This section of the Annual Report draws on the annual reports of constituent agencies and headlines key safeguarding achievements and issues that have arisen in 2013/14.

5.2 NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP (CCG)

What we did:

- 5.2.1 With regards to training, during 2014/15 money was secured from NHS England to help with the embedding of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards 2009. With this money an app was devised for smart phones in conjunction with Derbyshire CCG's. This is now live for health professionals to access free of charge. An e learning package was also designed. This is complete and due to go live by the end of May 2015.
- 5.2.2 Training events were held for GP's, community health professionals and care home managers across Nottingham and Nottinghamshire. These were well attended and in total circa GP 23 practices were represented at these events out of a possible total of 59 and there are still events planned during 2015/16.
- 5.2.3 All CCG staff are up to date with their Safeguarding training.
- 5.2.4 The CCG has been represented at learning events following adult safeguarding reviews and GP's have been part of this process.
- 5.2.5 With regards to DOLS, all managing authorities in the City were written to by the CCG to inform them of the Supreme Court judgement and highlighting their responsibilities under this change.
- 5.2.6 The CCG has also scoped the number of citizens living in their own homes who may require application to the court of protection for a deprivation of

liberty authorisation. This work continues and applications are starting to be made.

- 5.2.7 Work with the Coroner's office took place to devise guidance for staff when a city resident dies under a DOLS and is living in a care home or in their own home. This work will be complete by end of May 2015.
- 5.2.8 In terms of the Care Act, the CCG has been well presented on the multi-agency groups in relation to the implementation of the Care Act. The CCG internal adult safeguarding policy has been updated to reflect the changes and training content reviewed appropriately.
- 5.2.9 Communication around Duty of Candour has been communicated to providers.
- 5.2.10 The CCG continues to be well represented at the Local Safeguarding Boards and subgroups and members of the CCG chair two of the associated subgroups.
- 5.2.11 The CCG is a key stakeholder in provider investigations supporting the mantra that we will not accept substandard care in our nursing and residential homes.
- 5.2.12 The CCG has been a key stakeholder in safeguarding adults reviews and domestic homicide reviews.
- 5.2.13 The CCG provides assurance to the local safeguarding board in the form of the completion of the safeguarding adult's assurance framework (SAAF).
- 5.2.14 Internally there are robust governance arrangements within the CCG. The CCG has a regular Safeguarding forum and safeguarding health overview group. These are fed into the CCG Quality improvement committee.

What has been the impact of that work?

- 5.2.15 The biggest impact of the last year is the training to GP's, community health professionals and care home managers. The training events were evaluated by an external company to ensure that the impact of these events was captured. Set out below are some examples given by GP's of how the training has helped them provide better patient care.
 - GP's reported that the training clarified the law and provided them with the confidence to undertake capacity assessments. One GP reported that he was asked to assess the mental capacity of a patient with learning difficulties and specifically his capacity to look after his finances. He reported that 'going into the detail of day to day capacity helped reinforce my decision.' Another GP explained how it has helped her when undertaking on the spot capacity assessments on hospital wards, saying

she feels 'so much more confident' and that the 'training gave me the confidence to make the decision'. Another GP also provided an example of where she was asked to comment on a dementia patient's deprivation of liberty. Normally, this would have concerned the GP, but she was able to assess the patient effectively following the training.

- Surgeries reported that they have 'revamped' their MCA templates which have especially helped with assessing dementia patients' capacity. GP's have also updated their adult safeguarding cards and policies. They have held meetings within their practices to discuss the training with staff and to ensure that any queries are answered.
- The training has also had positive impact on patient care. One GP used the example of her 80 year old dementia patient. As part of the lady's care package she was seen 4 times a day by carers from a private healthcare company. The carers believed that because the lady had dementia she was unable to make any decisions for herself. This had made the relationship strained. After the training the GP explained to the carers that just because the lady has dementia this does not necessarily mean that she is unable to make any decisions. After she had relayed the principles of the training, the carers were extremely grateful and changed the way they cared for the lady, who is now a lot happier.
- The training has also helped strengthen relationships between GPs and patients. One example is a GP whose patient is a lady in her late 70's with a personality disorder. The GP explained that she is highly suspicious of the care team entering the property. The training on assessing capacity helped her change her approach to her patient which has meant the woman is no longer suspicious of her intentions.
- Feedback demonstrates that GPs are now taking a more active role in care homes. For example, one practice has now implemented a system of asking the care home managers when a patient with dementia dies in the home whether a DoLs Authorisation was in place.
- It was also reported that the training helped provide clarity on a patient's capacity to refuse treatment. One example given was one of the GP's patients was mentally ill and diagnosed with cancer, they refused treatment and had regular reviews of their capacity. The GP helped review her capacity and found that she did have the capacity to make this decision. The training meant that the GP decided this confidently and they also commented that it helped clarify his role alongside the psychiatrist.

5.3 NOTTINGHAM CITY COUNCIL, DIRECTORATE OF ADULT SOCIAL CARE

5.3.1 Adult Social Care Adult Safeguarding Annual Report 2014 -15

The Adult Social Care Directorate is responsible for assessing and commissioning services to some of the City's most vulnerable adults. The Council must make sure that the services provided, are consistently safe and of high quality and that customers, carers and residents can rely upon this

What we did.

5.3.2 **Restructure** In anticipation of the new statutory duties placed upon the local authority in relation to Safeguarding we created the new position of Head of Adult Safeguarding and Quality Assurance responsible for the City Safeguarding Team, Adult Safeguarding Quality Assurance Team, Placement Review, Deputyship and Safeguarding Training and Development.

5.3.2 **Care Act training** We ensured that social workers and their managers were fully briefed through a training programme to ensure that they were prepared for the changes in Safeguarding Policy and Procedure as a result of the Care Act 2014.

5.3.3 **Internal Procedures** April 2015 saw Safeguarding become a statutory responsibility through the Care Act, which meant that our procedures were reviewed and appropriate changes made to our Electronic Social Care records to ensure that we could monitor and report upon our new reporting requirements for the Department of Health

5.3.4 **Reflective Practice** We continued to run a bi-monthly Safeguarding Manager Forum facilitated by the Head of Safeguarding, and a Practitioner forum facilitated by the Safeguarding Training and Development manager to allow managers and practitioners to meet and reflect upon their practice and learn from one another's experiences

5.3.5 **'Smarter Safer Stronger' Networking Events** Adult Social Care led a project team, kindly funded by Nottingham Clinical Commissioning group and held several events aimed to improve front line practitioners' knowledge of the services available to citizens in care settings in order to improve their health and wellbeing.

5.3.6 **Making Safeguarding Personal & Nottingham Trent University** We utilised the links with NTU and a small research project was initiated by an academic colleague to benchmark where Adult Social Care were in the implementation of Making Safeguarding Personal.

5.3.7 **Peer Review** A team of specialist Safeguarding Managers alongside the two senior managers and the Director of Adult Social Services participated in a 3 day peer review of another Local Authority which included case file audit, and consultation and interviews with Local authority staff, partners from the Private, Voluntary and Independent Sector and Users and Carers. Such work

is extremely helpful in bringing back good practice and learning to the Directorate.

5.3.8 Quality Assurance We continued to undertake monthly audits of Safeguarding Investigations across our Directorate, the findings of this feed into the development of training and procedural revision and in tackling poor practice should this be identified as a result of the audit process.

5.3.9 Board responsibilities Adult Social Care continues to be well represented at the Board and within subgroups, and the Adult Safeguarding Training & Development Officer chairs the Training subgroup. We also are represented on the East Midland Adult Safeguarding Board.

What has been the impact of that work?

5.3.10 Care Act Training We evaluated our training and over 84 % of staff who replied stated they understood the new forms and the concept of the Care Act. A rolling programme has now been implemented to embed in practice the Care Act changes.

5.3.11 Smarter Safer Stronger The events were attended by over 300 practitioners over six sessions held at the Council House. Each session examined different aspects of elderly care ranging from Dementia, Falls, medication management, incontinence and other subjects. Feedback was very positive. Over 98% of attendees scored the event as very good or excellent. 85% of attendees felt their knowledge of other specialist services available had increased and gave them confidence to contact safeguarding services if required.

5.3.12 Early Intervention Strategy As a result of the success of the Networking events, Nottingham City Council collaborated to develop 2 projects which will come into fruition in 2015. A virtual Dashboard will be developed with the aim of holding all monitoring and regulatory information from the City Council and partners in relation to registered care homes, and two Early Intervention Officers will be appointed in a year long pilot.

5.3.13 Making Safeguarding Personal & Nottingham Trent University The findings of the research concluded that in most cases, vulnerable adults were involved and consulted during Safeguarding investigations. The report also indicated that involvement could be strengthened, and therefore a training programme in relation to Making Safeguarding Personal was agreed to be designed and implemented, and monitoring of Outcomes and advocacy were added to our performance management framework.

5.3.14 Internal Procedures Our internal procedures are now Care Act compliant in relation to our Safeguarding duties becoming statutory in April 2015, and we have ensured that Citizen involvement and the principles of Making Safeguarding Personal are embedded both in our procedures and performance management reporting.

5.3.15 Lessons Learned Adult Social Care has been a key stakeholder in safeguarding adult reviews and Significant Incident Learning sessions and we have ensured that the learning from these processes is disseminated across the workforce. We have also ensured that following any large scale safeguarding investigation a stakeholder “Lessons Learned” session has been led by the Directorate. The most recent impact of this was a multi-agency improvement plan for Early Intervention and Provider Investigations.

5.4 NOTTINGHAMSHIRE POLICE

WHAT WE DID

5.4.1 The Nottinghamshire Police completed several areas of work as described below:

- Conducted a self-assessment for the HMIC and a series of audits
- Secured assistance with other teams outside of Public Protection to assist with crime recording compliance.
- Implemented daily domestic violence meetings in the County and assisted with the implementation of Operation Encompass (schools project).
- Rolled out awareness sessions to all control room operatives to reinforce the need to ‘flag’ incidents where children reside or frequent domestic abuse households.
- Created a specialise cadre of on-call Detective Inspectors available 24/7 from Public Protection to take primacy for dealing with child deaths and associated investigations.
- Implemented the victim’s code throughout the force. Mandatory e-learning to be completed by all officers.
- The Force commissioned a peer review which was undertaken by the College of Policing on 1st-3rd December 2014.
- The force has established and maintained productive relations with CEOP/NCA who have lead on a number of national operations.
- The staffing establishment for Public Protection has increased with the creation of an additional Detective Sergeant and 4 full time equivalent officers for SEIU alone.

What has been the impact?

5.4.2 The impact of the work has been as follows:

- HMIC identified areas of vulnerability for the organisation and this has enabled a targeted action plan to be developed.
- Robust and accurate recording in line with NCRS, ensuring victims of abuse are afforded all of the rights with victim code.
- Op Encompass - improved communication between police, social care and health
- Investigations receive increased internal scrutiny so as to ensure that all reasonable opportunities for disruption/prosecution are pursued. The department can now attribute the officers with the correct skill set to the most appropriate investigation type.

5.5 NOTTINGHAM UNIVERSITY HOSPITALS TRUST

What we did

- 5.5.1 Training was reviewed at NUH and updated to include Prevent.
- 5.5.2 The number of potential deprivation of liberty authorisations was scoped during June and July 2014. The results of this scoping exercise were reported to the Trust Board. The scoping exercise predicted that approximately 22% of inpatients at NUH would meet the 'acid test' on any day.
- 5.5.3 Work was done with the local authority and a triage system was agreed for referrals of deprivation of liberty authorisations, with the Trust Board agreeing a measured approach to reflect the average length of stay.
- 5.5.4 Training was updated to ensure the 'acid test' was communicated to staff at NUH and guidance in the form of printed posters and flowcharts was designed by the adult safeguarding team and distributed to inpatient wards.
- 5.5.5 NUH has been well presented on the multi-agency groups in relation to the implementation of the Care Act. The NUH internal adult safeguarding policy and procedures have been updated to reflect the changes and training content reviewed appropriately.
- 5.5.6 NUH continues to be well represented at the Local Safeguarding Boards and subgroups and the Designated Adult safeguarding nurse chairs the Safeguarding Adults Review subgroup.
- 5.5.7 NUH has been a key stakeholder in safeguarding adults reviews and domestic homicide reviews and has a subgroup of the safeguarding adults and children's committee which monitors NUH action plans from safeguarding reviews and domestic homicide reviews.
- 5.5.8 As a result of reviews during 2014-15, training has been reviewed to include a focus on 'think family' and of ascertaining carers and those with caring responsibilities.

5.5.9 NUH provides assurance to the local safeguarding board in the form of the completion of the safeguarding adult's assurance framework. This is due to be submitted at the end of May 2015. NUH also provides assurance to Nottinghamshire County CCG.

5.5.10 Internally NUH has a regular Safeguarding Adults Committee and an annual report is submitted to the Trust Board, with a half annual report submitted to the Quality Assurance Committee. NUH has robust internal governance arrangements.

What has been the impact of that work?

5.5.11 Each year during November and December NUH completed the Safety of the Vulnerable Patients benchmark. Year on year this demonstrates improvement and this year has been no exception.

5.5.12 Every November and December all wards and departments score the essence of care safety of the vulnerable patient's benchmark. In order to gain a better understanding of staff knowledge across the trust, minimal changes were made to the benchmark since it was last scored in 2013. The indicators that are used are:

	Indicator
1.	Staff are aware of types of abuse and potential indicators of abuse
2.	Staff are aware of how to make a safeguarding children or adults referral
3.	Staff are aware of the NUH restraint policy and have an understanding of what constitutes proportional restraint
4.	The ward/department has a safeguarding folder, which is accessible to all staff OR staff are aware of how to access information in the virtual folder on the safeguarding vulnerable adults or children's intranet sites
5.	Staff are aware of who the safeguarding leads are for both: <ul style="list-style-type: none"> • The clinical area • The Trust
6.	Staff know how to access the mental capacity act/deprivation of liberty safeguards policies
7.	Staff know how to perform a mental capacity assessment and in what circumstance they should perform one
8.	Staff are able to describe what should be considered and who should be consulted when making a best interests decision for a patient who lacks

	capacity
9.	Staff are aware how to access the advocacy service for patients who are vulnerable e.g. Independent Mental capacity Advocate Service (IMCA)
10.	Staff are aware of which consent form should be used if a patient lacks capacity

5.5.13 To attain Gold, general areas needed to achieve all 9 indicators (10 indicators for inpatient areas); green was attained in general areas if 7-8 indicators were achieved (8-9 inpatient areas); and red was scored if 6 or less indicators were achieved (7 or less inpatient areas)

5.5.14 For those areas using the benchmark, 8 of the 10 indicators of best practice were achieved by at least 90% of wards and depts.

5.5.15 There are two indicators that are not consistently scored at 90%. The first is Indicator 7: “Staff know how to perform a mental capacity assessment and in what circumstances they should perform one.” Action taken is as follows:

- The safeguarding team will engage with clinical area safeguarding champions, specifically looking at the application of the Mental Capacity Act in their area
- The MCA is legislation and as such, clinical teams have a responsibility to follow this. The adult safeguarding team has delivered multiple sessions on its usage. Non-compliance with this will be escalated to directorate meetings for action

5.5.16 The second indicator is Indicator 9: “Staff are aware how to access the advocacy service for patients who are vulnerable e.g. Independent Mental Capacity Advocate Service (IMCA).” Action taken is as follows:

- The adult safeguarding team will provide information during the 2015-16 Mandatory Training programme on the role of the IMCA

5.5.17 Four areas scored red for this benchmark but these areas were all individually supported by the NUH Adult Safeguarding team and were all rescored as Green.

5.5.18 Comparison of scores 2011-2014:

Nov/Dec 2011	Nov/ Dec 2012	Nov/Dec 2013	Nov/Dec 2014
177 areas scored	168 areas scored	183 areas that scored:	170 areas that scored:
20 (11%) areas scored GOLD	61 (36%) areas scored GOLD	94 (51.4%) scored GOLD	110 (65%) scored GOLD
24 (14%) areas scored GREEN	33 (20%) areas scored GREEN	80 (43.7%) scored GREEN	55 (32.5%) scored GREEN
119 (67%) areas scored AMBER	72 (43%) areas scored AMBER	9 (4.9%) scored RED	
14 (8%) areas scored RED	2 (1%) areas scored RED		4 (2.3%) scored RED
25% of areas scoring GREEN/GOLD	56% of areas scoring GREEN/GOLD	95.1% of areas scoring GREEN/GOLD	97.5% of areas scoring GREEN/GOLD

5.5.19 Between April 2015 and March 2015 NUH submitted 90 deprivation of liberty applications to the local authority only 19 of these were granted Standard Authorisations this was largely due to the patient being discharged from NUH prior to assessment.

5.6 CityCare Partnership

5.6.1 Safeguarding Adults

- During 2014/15 CityCare prepared for the implementation of the Care Act (2014) which resulted in the review and re-writing of the safeguarding adults policy and procedures to ensure that the organisation is commensurate with the requirements of the Act.
- The Lead Practitioner for Safeguarding Adults is an active participant of the NCSAPB Care Act task and finish group; reviewing the multi-agency response to the implementation of the Care Act.
- A Care Act briefing which outlined both the requirements of the Act and the new roles and responsibilities of staff has been cascaded to staff and

delivered via face to face sessions with clinical teams as part of a targeted roll out plan. This will continue over the forthcoming year.

- Development of a Vulnerable Adults Risk Management (VARM) tool to support staff with decision making and the recording of concerns in a consistent and robust way.
- A comprehensive review of Safeguarding Adults activity within CityCare has been completed which informed capacity mapping and shaped the basis of the proposal for a new Safeguarding Adults service which was submitted to the CCG for consideration. A decision regarding the service development is expected shortly.
- CityCare completed Individual Management Reviews for a substantial Serious Case Review.
- CityCare also developed an internal information sharing meeting to capture and analyse the data and soft intelligence regarding concerns raised by staff in relation to Care Homes (QUIF).
- CityCare have had significant involvement in the Care Home closure process to ensure that the safety, dignity and well-being of residents remains paramount, once a decision to close a Care Home has been made.
- The Lead Practitioner for Safeguarding Adults has also reviewed the internal process for CityCare attendance at multi-agency safeguarding adults meetings to provide clarity both internally and to external organisations regarding roles and responsibilities.
- Development of specific advice recording sheets for Care Homes
 - Care Home Equipment Prescription Process
 - Care Home Concern Sheet

5.6.2 **PREVENT**

- Following the completion of the PREVENT 'Train the Trainer' course, the accredited trainers have delivered PREVENT training to over 300 staff since July 2014. A rolling programme of PREVENT training is in place as part of the safeguarding 'Think Family' training matrix.
- The PREVENT lead has supported practitioners with managing a number of PREVENT concerns that have been raised by frontline staff, liaising with statutory organisations to ensure a co-ordinated multi-agency response is in place.

5.6.3 **Mental Capacity Act**

- Citycare achieved 91% compliance with Mental Capacity Act training.
- 2 further staff have been supported by CityCare to undertake 'Best Interest' assessors training.

- Development of an MCA / Best interests aide memoire card for clinical staff which is currently in printing process and will be provided to staff at induction and training.
- Review and rewrite of the CityCare Mental Capacity Act Policy and Consent to Treatment Policy.
- Completion of an MCA clinical audit to inform practice and demonstrate compliance with MCA legislation. Report on audit findings due to be completed Spring 2015.

5.6.4 **Domestic Abuse**

- Review of Domestic Abuse Referral Team Pathways and procedures
- Implementation of the Domestic Violence Disclosure process (DVDS – previously referred to as Claire’s Law)
- Domestic Abuse Nurse Specialist gained accreditation as a trainer for Honour based Violence and Forced marriage.

5.6.5 **Strategic work**

- Introduction of the Serious Incident Review Group (SIRG) which is a sub group to the Safeguarding Group, tasked with reviewing and implementing recommendations from serious safeguarding incidents (including SCR / SILP).
- Development of the CityCare safeguarding intranet pages – a one stop shop for policy and guidance documents (internal, local and national documents) relating to safeguarding.
- Development of a Carers strategy and ‘Supporting Carers’ factsheet for frontline staff
- Development of the ‘Think Family’ factsheet for frontline staff

5.6.6 **Key Priorities for 2015/16**

- Development of level 2 Safeguarding Adults and Safeguarding Children training for identified Adult Services staff
- Safeguarding Conference for CityCare staff
- Safeguarding Champions Network
- Completion of Safeguarding Adults Self-Assessment Framework
- Appointment of designated MCA Lead Practitioner role
- Development and Implementation of Safeguarding Adults service
- Audit of ‘Think Family’ group supervision model

5.7 Nottinghamshire Healthcare NHS Foundation Trust

The Nottinghamshire Healthcare NHS Foundation Trust sees an effective safeguarding service as one that ensures that vulnerable people, whether our patients, their carers, or our staff and their relatives, are kept safe and have the best possible experience whilst in our care.

5.7.1 What NHCT planned to do?

Nottinghamshire Healthcare's Business Plan was developed to cover a three year period 2012 – 2015.

What we did this year:

- Review the recommendations that have emerged from reviews, reports and other national enquiries
- Embed and consolidate our approach to domestic violence and abuse by ensuring that it is aligned to that of our partners in order to avoid duplication of effort and maximise our effectiveness.
- Ensure organisational learning from internal and external issues, Serious Case Reviews, Domestic Homicide Reviews, alternative reviews and audit is embedded and evaluated against impact and sustainability
- Develop new, imaginative and innovative ways of extending learning and development.
- Refresh our approach to Think Family 'in order to support the implementation of the Trust's first 'Think Family Strategy'.
- Improve our involvement with members, service users and carers to guide our development and measure our effectiveness
- Align our programme to the Strategic Objectives of the Trust and the identified priorities of the Local Safeguarding Adults and Children's Boards.
- Deliver a robust governance system and continue to develop our methods of reporting to reflect the quality of the service we deliver.
- Provide a greater focus on the quality of safeguarding leadership and integration to ensure that all our staff are supported, confident and well-equipped to meet the demanding challenges of the safeguarding responsibilities they undertake on behalf of users of our services and their families

5.7.2 What has been the impact?

The plan between 2012 and 2015 has been reviewed and established that all the actions planned for completion by the end of 2015 have been achieved on time or have been embedded into our longer term and ongoing activities.

Highlights this year include

- Our active participation on Safeguarding Boards / DV multi – agency executive Groups and sub structures

- Robustly responding and adapting National, regional , local changes and emerging themes - including , e safety , modern slavery , child sexual exploitation
- Delivering a Trustwide Think family approach in everything we do
- The delivery of high quality accessible training , supervision and support
- Consolidation of our approach to Domestic Violence & Abuse including sexual violence
- Engagement in safeguarding research
- Development of the first Trustwide Quality and Performance framework
- Producing high quality individual and multi - agency investigation reports such as SCRs and DHRs to ensure learning is timely , effective and respectful to the Service user, their family and our staff

5.7.3 What we need to do in the future

The year ahead sees the launch a new phase in our work , a refreshed 5 year plan with an emphasis on leadership , learning and improvement and a commitment to strengthen of our ability to evidence we are making a difference,

Priority 1: To demonstrate Nottinghamshire Healthcare has a strong integrated and sustainable culture of both safeguarding leadership and strategic and operational working across the Trust.

Priority 2: To demonstrate that we are assured that safeguarding is everyone's responsibility and we are able to evidence that we are making a difference.

Priority 3: To demonstrate that we are assured that learning and improvement is raising the awareness and the quality of safeguarding practice and ensure that training, procedures and guidance support improvements in safeguarding children and adults.

This approach is in line with the POSITIVE values and vision of Nottinghamshire Healthcare Foundation Trust. Furthermore it encompasses a clear overarching message and framework for all staff which ensures safeguarding is

'Everyone's business.'

CHAPTER 6 FUTURE CHALLENGES: OUR BUSINESS PLAN FOR 2014/15

- 6.1. This year's plan is intended to deliver more than "business as usual" and take a more transformational approach. To be effective the "Making Safeguarding Personal" agenda requires leadership that supports less risk averse practice where this will ensure better outcomes for the citizen. Sharing the risk as a partnership provides a more resilient and robust approach. Our approach also recognises that social isolation can increase the risk of harm and focuses on addressing this as a method for reducing incidence of harm and neglect. Maximising partnership resources to deal with social isolation in our city will result in more deliverable outcomes than individual agency effort. Finally the Board recognises that by working in partnership and sharing information more effectively we can maximise the opportunity to intervene earlier to prevent harm occurring.
- 6.2. In setting our NCASPB Business Plan for 2015/16 we have elected initially to focus our objectives around the Care Act 2014 and from a Board perspective this will mean ensuring that we are Care Act compliant and targeted on the safeguarding related developments of this key piece of legislation.
- 6.3. As set out earlier in this section of our Annual Report the Care Act 2014 requires that all local authorities must have established a SAB as set out in the Act and the accompanying statutory guidance. Partners will find themselves more accountable for their actions and there will be higher public expectations. The statutory guidance encourages all three of the core partners to make a resource contribution to recognise the corporate partnership accountability and to ensure the SAB can carry out its functions.
- 6.4. The Care Act (schedule 2) gives the local SAB three specific duties it must:
 - 6.4.1 Publish a strategic plan for each financial year that sets out how it will meet its main objective and what each member is to do to implement that strategy. In developing the plan it must consult the Local Healthwatch organisation and involve the community.
 - 6.4.2 Publish an annual report detailing what the SAB has done during the year to achieve its objective and what it and each member has done to implement its strategy as well as reporting the findings of any Safeguarding Adults Reviews (SAR) including any ongoing reviews.
 - 6.4.3 Decide when a Safeguarding Adult Review (SAR) is necessary, arrange for its conduct and if it so decides, to implement the findings. Where the SAB decides not to implement an action from the findings it must state the reason for that decision in the Annual Report. Boards

will need to agree clear policy and procedures, membership, governance structure and communication plan, including how to obtain feedback from the local community. The local training and workforce development strategy will need updating in light of the Act; it should be competency based to ensure that workers' practice meets the Act's new requirements including the latest guidance on the Mental Capacity Act, undertaking MCA assessments, and Deprivation of Liberty Safeguards. The Care Act says that if a SAB requests information from an organisation or individual who is likely to have information which is relevant to the SAB's functions, then they must share it with the Board. Additionally agencies should have drawn up a common agreement relating to confidentiality and the sharing of information between themselves based on the well-being of the adult at risk of abuse or neglect. It should also set out in what circumstances information will be shared without the agreement of the individual. The Act introduces statutory Safeguarding Adults Reviews (previously known as Serious Case Reviews) and gives Boards flexibility to choose a proportionate methodology. The purpose of an SAR must be to learn lessons and improve practice and inter-agency working. It defines the circumstances under which a SAB must conduct a SAR as "there is reasonable cause for concern about how the SAB, members of it or others worked together to safeguard the adult and death or serious harm arose from actual or suspected abuse." It expects agencies to cooperate with the review but also gives Boards the power to request information from relevant agencies. The SAB may also commission a SAR in other circumstances where it feels it would be useful, including learning from "near misses" and situations where the arrangements worked especially well.

6.5 The detail of the NCASPB Business Plan is set out at appendix 1.

The Care Act

6.6 The NCASPB was in a good starting position prior to the Act coming into force. A SAB was in existence with good partnership attendance, Serious Case Reviews were commissioned as appropriate and the Board completed an annual report based on its business plan. It has been the role of the Care Act task and finish group to ensure that existing processes and structures are compliant, and this has been the focus of the work of the group.

6.7 The Business Plan for 2015/16 is, in essence, designed to continue the implementation of Care Act requirements both in relation to the Board itself but also to the wider development of adult safeguarding provision across the City.

6.8 Priority areas of work for 15-16 are as follows:

- The creation of a performance framework
- To consider the implications of DV as a type of abuse
- Ratification of information sharing protocol and implementation
- Updated information for publication
- Completion of the SAAF
- Self-assessment of the Board's compliance with the Care Act
- Audit of partner agencies compliance with the Care and Making Safeguarding Personal

MCA Dols

6.9 Concerns have been noted around the focus of the MCA DoLS subgroup group and discussions have taken place as to whether the NCASPB requires an MCA/Dols subgroup. The group was set up prior to the shift in responsibilities from NHS to local authorities and the remit was oversight of the implementation of DoLS to ensure compliance with legislation. To oversee the implementation of MCA would require a significant change in membership with resource implications for all partners. MCA is just one Act that partner agencies need to comply with that has an impact upon citizens. Given the implementation of MCA is the responsibility of individual agencies the Board could seek assurance of implementation via OMG as part of the overall quality assurance process. The implementation and oversight of DoLS is now the responsibility of the LA social care so multi-agency working is limited. Actions from Serious Case Reviews relating to MCA should be implemented by all agencies and monitored through the SCR sub-group in line with other actions arising from SCRs.

6.10 It has been agreed that we will assess the relevance of continuing to operate an MCA/DoLS subgroup and to decide whether to continue the group. If it is recommended that the group continues then clear direction and objectives will need to be set and if extended to oversee MCA then partner agencies will need to agree to the increased resource implications for the Board and their agency.

Training and Workforce Development

6.11 Key areas for development identifies for 2015/16 include:

- A review of membership of the Training Sub group to ensure the right representation of partner agencies and improved attendance.
- Increased participation of Sub Group members in leading on particular work streams.

- Board partners to be challenged to ensure staff co-operate with requests for evidence of the impact of training and other work of the sub group.
- The establishment of an adult safeguarding training pool, to ensure sustainable delivery of a programme of training for the PVI sector.
- To effectively implement the Learning & Improvement Process.
- To finalise and agree Competence / Capability frameworks for both Adult and Children Safeguarding and collect information from partner agencies regarding competence levels of their staff teams.

6.12 Safeguarding Adults Reviews (previously known as Serious Case Reviews)

The key focus for 2015/16 will continue to be the implementation of the Care Act 2014 to ensure that our SAR and other review processes reflect the expectations of the Act and that we continue to maximise the impact of the learning that is drawn from these and other reviews of practice that are undertaken.

Paul Burnett

Independent Chair, Nottingham City Safeguarding Children Board and Nottingham City Adult Safeguarding Partnership Board

APPENDICES

Appendix A Results of Peer review

Appendix 1: NCASPB Business Plan 2015/16

Appendix 2: Joint Business Plan for NCASPB and NCSCB

Appendix A PEER CHALLENGE OF NOTTINGHAM CITY SAFEGUARDING BOARD

During 2014/15 a Peer Challenge of our safeguarding arrangements was carried out as part of the East Midlands Network improvement framework. The Peer Challenge provided an external, objective judgement of our performance.

Key positives identified in the report included:

- Comprehensive senior level representation
- Very clear commitment to work in partnership
- Consistent attendance and representation
- All members feel able to contribute and provide challenge
- SCR sub-group is strong and works well
- Partners felt resources followed risk
- Good practice around safeguarding adult networking events

However a number of issues were raised by the peer reviewers notably

- An overall view was that adult safeguarding issues are being squeezed out by primacy of children's safeguarding
- The aspiration to support a Think Family approach through Board integration has yet to be realised
- Very little knowledge of Board's priorities across the workforce
- Business plan is more focused on business as usual rather than evidenced areas that require step change
- Combined infrastructure underneath also contributes to diminution of focus on adult safeguarding
- Too little opportunity for interagency learning and review

Recommendations for consideration were as follows:

- Consider 'splitting out' the Board and OMG
- Consider 'splitting out' Board sub-groups, particularly quality assurance and training
- Adult Safeguarding Board has a separate business plan
- Level 3 and 4 training should be multiagency
- Multiagency case file auditing
- Targeted work with BME communities to raise awareness of adult abuse and how to make a referral
- Board's analysis of safeguarding issues needs be informed by partners' data

**NOTTINGHAM CITY SAFEGUARDING
ADULTS PARTNERSHIP BOARD**

BUSINESS PLAN 2015/16

Nottingham City Adult Safeguarding Partnership Board

Priority: **Adults are able to protect themselves from harm with appropriate support.**

- Provide leadership to support less risk averse practice where this will ensure citizens' outcomes are better met.
- An early intervention approach that reduces preventable incidences of harm.
- Develop supportive communities and ensure people are befriended and have friends.

No.	What do we want to achieve?	How are we going to do it?	Who will lead?	How will we know we have achieved our goal?	When are we going to achieve this?	Comment on Progress	RAG rating
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1.1	The Board and partner agencies are fully compliant with the Care Act.	Delivery of phase 2 of the Care Act task and finish work plan including self-assessment of Board compliance	Care Act task and finish group	Care Act task and finish reports to OMG	April 15 July 15 Oct 15 Dec 15 Feb 15		
		Audit partner's implementation of the Care Act (SAAF).		Report received by Care Act task and finish group	June 15		
				Report to OMG	July 15		
1.2	Provide leadership to	Scoping of the MSP principles		Care Act task and finish	April 15		

	support less risk averse practice where this will ensure citizens' outcomes are better met.	<p>in relation to</p> <ul style="list-style-type: none"> ○ Their impact on cultural change in workforce interventions ○ Safeguarding board practice such as quality assurance ○ Leadership at safeguarding partnership level 	Board manager/Care Act task and finish group	reports to OMG	<p>July 15</p> <p>Oct 15</p> <p>Dec 15</p> <p>Feb 15</p>		
1.3	An early intervention approach that reduces preventable incidences of harm.	<p>Develop a multi-agency early intervention strategy in homecare and residential care</p> <p>Conduct a review of the early intervention approach in relation to homecare and residential care providers, and determine if we can improve.</p> <p>Map local profile to determine</p>	Early Intervention Subgroup	Early intervention subgroup reports to OMG	<p>Oct 15</p> <p>Feb 16</p>		

		where we have low levels of safeguarding referrals to focus safeguarding awareness raising.					
1.4	Develop supportive communities and ensure people are befriended and have friends.	To determine how the Looking After Each Other project led by the LA and CCG might impact on keeping people safe from harm and what more we might need to do to address this objective.	Board manager	Assurance report to OMG	Oct 15		
		Determine whether the wellbeing vision for the City and the workforce change implicit in that could include a focus on social isolation and friendship.	Helen Jones, Director of Adult Social Care	Assurance report to NCASPB	Sept 15		

RAG Rating key

Clear	Work is underway and, in the judgement of the lead individual/subgroup, is expected to be completed within the agreed timescale
Red	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either <ul style="list-style-type: none"> • The deadline will be missed by more than 3 months and/or • The impact of missing this deadline is likely to be significant
Amber	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either <ul style="list-style-type: none"> • The deadline will be missed by less than 3 months and • The impact of missing this deadline is unlikely to be significant
Green	Action completed
Blue	Impact of the action has been evaluated and found to have addressed the issue identified

**NOTTINGHAM CITY SAFEGUARDING
CHILDREN BOARD AND ADULT
SAFEGUARGING PARTNERSHIP
BOARD**

JOINT BUSINESS PLAN 2015/16

Nottingham City Children's and Adults Safeguarding Board

Priority 1: **To be assured that safeguarding services are effectively coordinated across children and adult services ('Think Family')**

- DV, modern slavery and FGM
- Priority Families
- Transitions
- Information sharing

Priority 2: **To be assured that our Learning and Improvement Framework secures a workforce fit for purpose and is raising service quality and safeguarding outcomes for children, young people and adults**

- To be assured that the workforce across all partner agencies has adequate basic knowledge and that this has been effective in improving practice, responding to areas of improvement identified.
- Ensure learning is identified and disseminated from and between partner agencies, including how this will be embedded into practice.
- Measuring the impact on practice and outcomes for children, young people and adults, basic and improved knowledge, demonstrated through a mechanism with clear outcomes identified.
- Improvement of citizen awareness of their responsibility for the welfare of children and adults.

No.	What do we want to achieve?	How are we going to do it?	Who will lead?	How will we know we have achieved our goal?	When are we going to achieve this?	Comment on Progress	RAG rating
1.1	Effective safeguarding arrangements in relation to domestic abuse are in place across the partnership.	Delivery of the domestic violence strategic group and action plan.	DVSG chair	DV strategic group reports to OMG	Oct 15 Feb 16		
		Delivery of the domestic abuse and children subgroup's work plan.	DA Children's subgroup chair	DV children's subgroup reports to OMG	Oct 15 Feb 16		
		Establish effective lines of connectivity with adult safeguarding board to reflect the requirements of the Care Act.	Care Act task and finish group	Care Act task and finish group reports to OMG	July 15 Dec 15		

1.2	The Boards receive a report on current intelligence in relation to modern slavery and identify further action that may be required in response.	Liaise with DVSG chair to add indicators to DV data regarding how many case of modern slavery there are and what action was taken.	DVSG/Board manager	DV strategic group reports to OMG	Oct 15 Feb 16		
1.3	The Boards are assured that work in relation to FGM is addressing key expectations in relation to awareness raising, identification and response.	Delivery of the FGM board work plan.	Chair of the FGM board	FGM update to Board	April 15 Oct 15	Green	

1.4	The Priority Families programme incorporates robust safeguarding arrangements and coordinates effectively with formal safeguarding processes where appropriate.	The board will receive a report from Vulnerable Children and Families Services evaluating the impact of the Priority Families service against the four quadrants of the Quality Assurance Framework. This report should provide a comparative analysis of the impact of the service in working with adults at risk.	Children's QA subgroup	Report received by Children's QA subgroup	Jan 16		
				Children's QA subgroup report to OMG	Feb 16		
			Care Act task and finish group	Report received by Care Act task and finish group	Dec 15		
				Care Act task and finish group report to OMG	Feb 16		

1.5	The Board is assured that agencies are successfully transitioning individuals from children's to adult's services, applying best practice principles.	Health, social care and education provide evidence that SEND forms are being completed and are effective.	Children's QA subgroup	Report received by Children's QA subgroup Children's QA report to OMG	Oct 15 Dec 16		
		The transitions document is updated in line with the Care Act.	Care Act task and finish group	Care Act task and finish group report to OMG	July 15		
		The transitions document in publicised.	Comms& Engagement task and finish	Comms and Engagement report to OMG	Oct 15		
		Boards receive reports from Children's social care setting out the efficacy of local arrangements to support care	OMG/Head of Safeguarding	Report to NCSCB	Jan 15		

		leavers. The Board will then formally communicate its views regarding these arrangements to the Corporate Parenting Panel.					
1.6	Information sharing protocols are fit for purpose	Information sharing protocol for children's amended in light of revised statutory guidance required in line with TriX updates.	Board Service Manager	Report on TriX updates to OMG	July 15		
		Information sharing protocol for adults benchmarked against requirements of the Care Act and amended if necessary.	Care Act task and finish group	Care Act report to OMG	July 15		

1.7	The Boards are assured that work in relation to children and vulnerable adults at risk of radicalisation is robust and effect in diverting and supporting the individuals and their families	The board will receive a report from local Prevent Leads evaluating the impact of local practice against the four quadrants of the Quality Assurance Framework. This report should provide analysis of the efficacy of local Chanel Panel arrangements	OMG/Head of Safeguarding	Report to NCSCB	Oct 15		
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Priority 2: To be assured that our Learning and Improvement Framework secures a workforce fit for purpose and is raising service quality and safeguarding outcomes for children, young people and adults

No.	What do we want to achieve?	How are we going to do it?	Who will lead?	How will we know we have achieved our goal?	When are we going to achieve this?	Comment on Progress	RAG rating
1.8	The Board is assured that the learning and Improvement Framework enables staff and volunteers to identify safeguarding risks for both children and	Embed the function of the Learning and Improvement process.	Training subgroup	Training subgroup report to OMG	Oct 15		
		Test that the training and development programme reflects key Business plan priorities and the recommendations arising from SCRs, SILPs and other	Training subgroup	Training subgroup report to OMG	Oct 15		

	adults, and act accordingly	reviews.					
		Strengthen the training and development evaluation process to test impact on service quality and safeguarding outcomes for children, young people and adults at risk including a safeguarding competence framework.	Training subgroup	Training subgroup report to OMG	July 15 Oct 15 Feb 16		
		Ascertain numbers of referrals from children's services to adult services.	Children's QA subgroup	Children's QA subgroup report to OMG	Oct 15		
		Ascertain number of referrals from adult services to children's services.	Care Act task and finish group	Care Act task and finish group report to OMG	Oct 15		

RAG Rating key

Clear	Work is underway and, in the judgement of the lead individual/subgroup, is expected to be completed within the agreed timescale
Red	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either <ul style="list-style-type: none"> • The deadline will be missed by more than 3 months and/or • The impact of missing this deadline is likely to be significant
Amber	Work is underway however, is not expected to be completed within the agreed timescale. In the judgement of the lead individual/subgroup either <ul style="list-style-type: none"> • The deadline will be missed by less than 3 months and • The impact of missing this deadline is unlikely to be significant
Green	Action completed
Blue	Impact of the action has been evaluated and found to have addressed the issue identified