

Nottingham City

**Safeguarding Adults**

Board

# Annual Report

April 2021 – March 2022

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For explanation of acronyms used throughout this document please see the glossary of terms on page 40.

## Message from the Chair

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Welcome to Nottingham City Safeguarding Adults Board's Annual Report for 2021/22. I am very pleased to be able to introduce the report to you, however, having taken on chairing the Board in May 2022, it is my predecessor Helen Watson to whom we, the Board, owe our thanks and appreciation for her stewardship and commitment.

In addition to Helen's departure, we have seen a number of changes to Board members and subgroup chair arrangements, which is not uncommon but important to acknowledge. The Board is extremely grateful for all the hard work those members and chairs have contributed throughout the year.



Ross Leather, Board Business Manager, deserves a special mention as he supported partners and the Chair to ensure the strategic aims and statutory duties of the Board were carried out.

Despite the continued impact of Covid-19 on services, citizens and communities, this report evidences the strength of the Partnership's commitment to adult safeguarding within the city. Services have continued to work tirelessly to prevent and reduce the risk of abuse. In the performance section you will see the amount of activity that has taken place and throughout the report you will see how the strategic priorities have been addressed both by the Partnership and by individual agencies.

Since the beginning of my tenure I have been very impressed by the dedication and willingness of all partners to actively engage in the business of safeguarding adults and am very much looking forward to working more closely with partners.

We will continue in 2022/23 to build on the work already taking place and ensure our particular focus is given to making safeguarding personal and prevention.

A handwritten signature in blue ink, which appears to be 'LH' followed by a long, flowing horizontal line.

Lesley Hutchinson

Nottingham City Independent Chair

## Case study

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'Tom' is an 80-year-old white British widower with multiple health conditions, living independently in a housing association. He was referred to the city safeguarding team following concerns about his friendship with a 50-year-old female, formed during lockdown.

The female had control over Tom's bank card, ostensibly supporting him with money management and shopping. She gave him small amounts of money, saying that the rest of his benefits would be put in a separate account towards their wedding.

Tom's family told him the female was financially abusing him. Tom was defensive and told the female, which caused conflict.

The housing patch manager reported that Tom never had food in the cupboards and was using public transport to visit the female and get his 'pocket money'.

The safeguarding social worker met with Tom, who said he felt his family had abandoned him. He was lonely and grieving the loss of his wife. In line with MSP, Tom was asked what outcome he wanted. He wanted access to his money but was worried the female would abandon him.

The social worker spoke to Tom about financial abuse. They undertook mediation with his family, supported him to contact the police and report the abuse, discussed options to give him control over his finances, made a referral to 'Community Together' to tackle his loneliness, identified social groups and activities within his complex, and provided information about bereavement therapies.

Tom now sees his family regularly and says he couldn't be happier.

This case study confirms the fears of professionals that the Covid-19 lockdown exposed isolated citizens to heightened risks of abuse and exploitation. However, through a holistic, supportive intervention, the safeguarding social worker achieved the desired outcomes.

## Core duties of Nottingham City Safeguarding Adults Board

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

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

A SAB has three core duties:

- It must publish a strategic plan for each financial year that sets out how it will meet its main objective and what the members will do to achieve this.
- It must publish an annual report which details what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy, as well as the findings of any safeguarding adults reviews (SARs) and subsequent action.
- It must conduct any SARs in accordance with Section 44 of the Care Act.

### Our vision

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

## Our strategic priorities and what we achieved

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The Board had four strategic priorities for 2021/22 and worked throughout the year to make good progress across all four.

### Strategic priority 1: Prevention

To promote effective strategies for preventing abuse and neglect and to ensure that there is a proactive framework of risk management.

#### What we achieved:

- Promoted World Elder Abuse Awareness Day across the partnership
- Promoted and participated in the Ann Craft Trust safeguarding awareness week
- Transferred existing briefings onto a new template and published new 7-minute briefings on 'professional curiosity' and 'using chronologies' as well as a 'what is a SAR' guide for families.
- Disseminated a 'perception vs reality' poster about exploitation
- Continued to promote training events taking place across the partnership, including domestic abuse training by locally commissioned training partners
- Promoted the Council's Hate Crime Strategy among partners, encouraging staff to access the online toolkit for community conversations and support greater reporting of hate crime by victims
- Used local schools census data to identify whether local population groups were accurately represented in adult safeguarding data
- Promoted completion of National Trading Standards 'Friends against scams practitioner e-learning' by partner agencies' frontline staff
- Devised and monitored an action plan responding to the NICE 'Care homes and adult safeguarding' report recommendations
- Began work on a draft protocol between the Department for Work and Pensions and Adult Social Care (ASC) about improving effective partnership
- Resumed attendance of the East Midlands Safeguarding Adults Network (EMSAN) 'community of practice'
- Reviewed SARs of national significance to identify and implement learning that was applicable locally

## Strategic priority 2: Assurance

To develop and implement robust mechanisms of quality assurance which are used to monitor the effectiveness of local safeguarding adults' arrangements and ensure that safeguarding adults reviews are undertaken for any cases meeting the criteria outlined by the Care Act 2014.

### What we achieved:

- Sought assurance from local Diocesan safeguarding leads that the IICSA Anglican Church report recommendations were being implemented
- Gained assurance that the Crime and Drugs Partnership (CDP) had completed priority actions identified in the Domestic Violence Act, including the statutory needs assessment and strategy
- Gained assurance from ASC about the use of 'trusted assessors' within voluntary sector partner agencies
- Gained assurance that ASC's provider investigation procedure continued to provide effective support for failing care homes and home care providers
- Received assurance from ASC and clinical commissioning group (CCG) commissioning regarding use of the Care Quality Commission's (CQC) 'closed cultures checklist' and about the support offered to home care providers during the pandemic
- Adopted the North East SAB region's Quality Marker Scheme for commissioning and quality assuring future SARs
- Agreed and implemented a local action plan following publication of the 'National SAR Analysis' report
- Gained assurance from the integrated care system (ICS) and integrated care partnership (ICP) that adult safeguarding would continue to be included in their workstreams
- Gained assurance from Opportunity Nottingham that the local care pathway for people experiencing 'serious and multiple disadvantage' was robust and made less likely a serious incident of the type that took place in a neighbouring local authority
- Gained assurance from the CCG about correct application of DNACPRs following publication of the March 2021 CQC report
- Received assurance from PoHWER, the commissioned advocacy provider, that they continued to have due regard for adult safeguarding when undertaking their advocacy functions
- Continued monitoring homeless deaths to determine whether SAR criteria were met
- Received assurance from Nottinghamshire Police about the continued efficacy of the 'Banking Protocol' and 'operation signature' processes
- Gained assurance from the ICS that learning disabilities mortality reviews continued to include consideration of adult safeguarding and that identified adult safeguarding issues were acted upon
- Received assurance from partners on the cross-cutting themes of: housing and homelessness; financial scams and abuse; Prevent\*; modern slavery; female genital mutilation; domestic and sexual violence and abuse
- Presented a co-authored paper to the health and wellbeing board about the impact of the pandemic on adult safeguarding, domestic abuse, modern slavery, exploitation and child protection

- Oversaw completion of ASC's domestic homicide review (DHR) action plan after it was agreed with Nottingham CDP that scrutiny by adult safeguarding professionals would be helpful
- Began sharing quality assurance (QA) best practice between QA subgroup partners
- Devised an adult safeguarding QA checklist for use by partners and the voluntary sector
- Received assurance about the successful implementation of the Single Point of Contact (SPOC) by Nottinghamshire Healthcare NHS Foundation Trust
- Started monitoring Nottinghamshire Police's monthly public protection notification referral rates
- Received assurance that commissioning colleagues had implemented all identified lessons learnt following the closure of two county care homes

*\* s.26 of the Counter-Terrorism and Security Act 2015 places a duty on certain bodies in the exercise of their functions to have 'due regard to the need to prevent people from being drawn into terrorism'. References to 'Prevent' throughout this document relate to this duty.*

### Strategic priority 3: Making Safeguarding Personal (MSP)

To promote person-centred and outcome-focussed practice.

#### What we achieved:

- Asked all partners to report via the performance assurance tool how they ensured MSP practice in their own agencies
- Started development of a local MSP toolkit, based on the Local Government Association version, with partner agencies
- Began work on 'transitional safeguarding', with the Board receiving a briefing from the director of Research in Practice about the issue
- Started design of an 'MSP and adult safeguarding' questionnaire for all frontline staff



## Strategic priority 4: Board performance and capacity

To ensure that the Board has full engagement from relevant partners and is sufficiently resourced and that adequate arrangements are in place to enable it to discharge its responsibilities.

### What we achieved:

- Merged the Covid-19 risks and issues tracker with the Board risk register
- Continued the good practice example rota for Board meetings
- Continued quarterly joint agenda-setting meetings with Children's and Crime and Drug Partnership colleagues
- Continued monitoring of real-time adult safeguarding metrics via the Council SharePoint
- Began monitoring for changes in partner agencies' s.42 referral conversion rates
- Continued ongoing scrutiny of the annual report from the Council's leadership team, executive board and panel, as well as the health and wellbeing board and overview and scrutiny committee
- Evaluated existing Board scrutiny arrangements, with agreement reached to develop a brief Board evaluation tool
- Started writing a draft city and county 'persons in positions of trust' policy
- Adopted the national escalation policy agreed between the SAB Chairs Network and the Department for Health and Social Care about SAR reports with regional or national recommendations
- Continued to work towards GDPR compliance in all areas of Board activity
- Agreed the Board budget for 2022/23
- Wrote and distributed the Board's annual report and two-page graphical summary to all members and statutory stakeholders
- Continued to refresh and expand membership of the Board's subgroups
- Continued to update the Nottingham City SAB webpages

## Case study

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'Pearl', a 72-year-old female with limited mobility and extensive care and support needs, was living with her adult son when she was referred to the city safeguarding team following domestic abuse concerns. The son had a diagnosed learning disability and refused to engage with services. Pearl had historically declined all involvement from Adult Social Care and had a mistrust of social workers. A long history of domestic abuse included reports of the son shouting at her and neighbours calling the police multiple times. Pearl wished for her son to remain in the property, as she felt that the shouting was down to his – as she put it – 'special needs'. Despite several calls to the police, Pearl consistently declined to give a statement.

The safeguarding social worker developed a rapport with Pearl and was able to access her house and discuss concerns. They did this by undertaking tasks like collecting food parcels and sourcing much-needed domestic appliances, working at a pace that suited Pearl to ultimately explore how tension could be reduced between mother and son. This gentle, measured intervention proved highly effective.

Pearl agreed to a deep clean of her property and a Homecare care package, and now has frequent support from carers who monitor and report any concerns to the city safeguarding team. This was the first time that Pearl had accepted any level of support from Adult Social Care.

Sometimes, citizens with mental capacity choose to continue to live with risk, and it is the social worker's role to ensure that this risk is minimised as much as possible. Levels of domestic abuse have reduced since Adult Safeguarding became involved with mother and son.

# About Nottingham City

## Nottingham Insight

Source of Data - Census 2011 unless otherwise indicated



**2 in 5** do not have access to a car



**18%** have a long-term activity-limiting illness or disability



**50%** Young population aged under 30



**323,700** live in the City

Census 2021



Life expectancy lower than the England average (Males 77 compared to 80 England) (Females 81 compared to 83 England)

ONS 2017-19



**Households 145,800**

Residential Properties (LLPG) 2021

## Languages spoken in the City

English 68.7% Urdu 5.7% Polish 4.2% Punjabi 2.6% Arabic 2.4% Romanian 1.3%



**7.8%** of households have no members who speak English as a main language

School Census Jan 2021

ONS Mid Year Estimates 2020

**235,400** working age population (16-64)

**1 in 4**

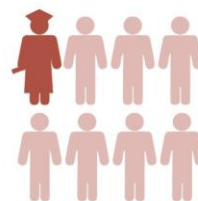


adults are physically inactive

Sport England 2019/20



Highest level of bus use per head outside London



**1 in 8** are students

ONS 2020

**Births 3,666** **Deaths 2,609**

**45.7%**



Own their home or shared ownership

**52.8%**



Rent - (council, social or private)

**Nottingham** ranks **11th** most deprived district in the country

(\*8th out of 317 Districts)

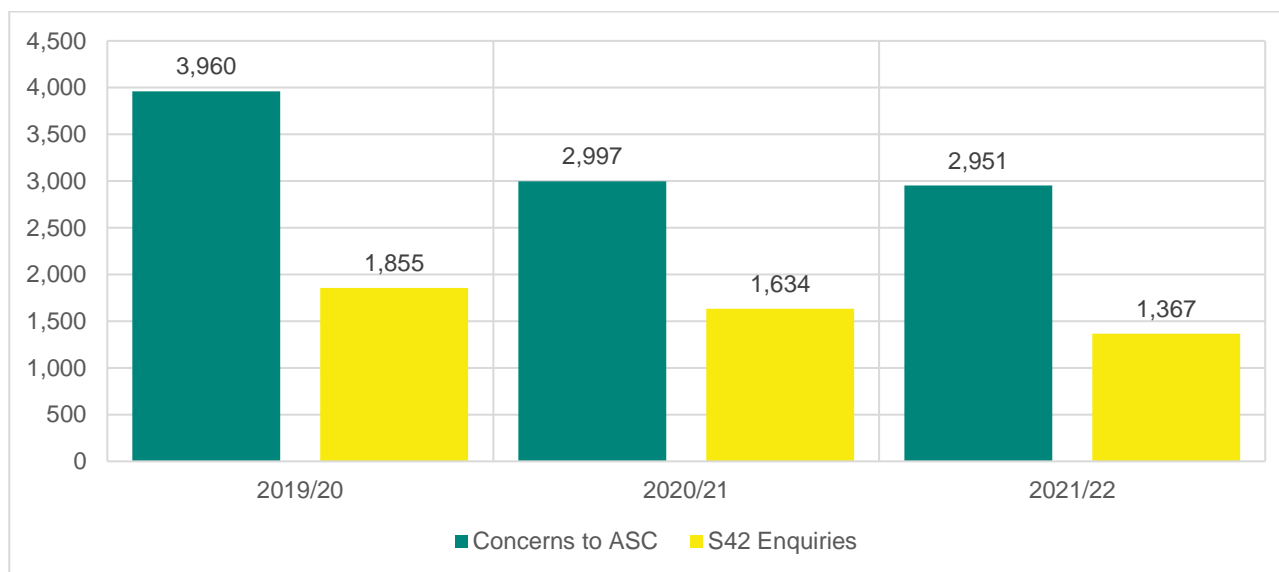
Indices of Deprivation 2019

## Safeguarding Adults Activity

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

The charts that follow are drawn from local authority safeguarding data and show key safeguarding measures.

Chart 1: Adult safeguarding concerns and s.42 enquiries by financial year



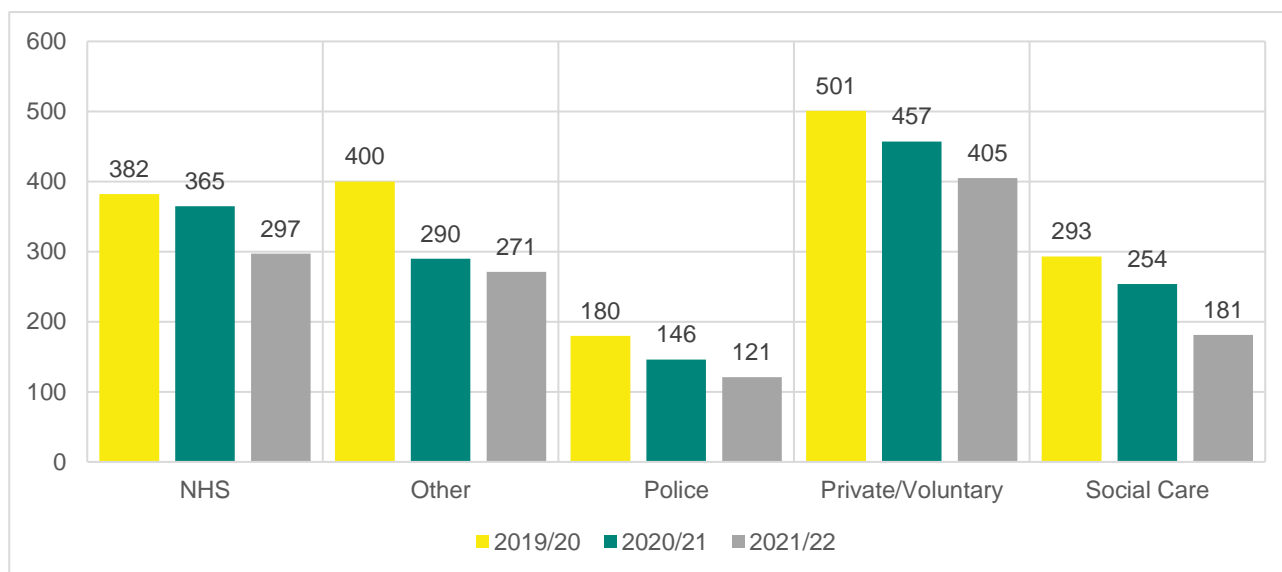
NHS Digital Safeguarding Adults Collection data analysis for 2021/22 was published on 25 August 2022 and provides the benchmarking information for this report and safeguarding activity and outcomes.

There has been a national increase of 9% in the number of concerns raised. Conversely, Nottingham City's data shows a slight decrease, which continues to be against the national trend; this was also the case in 2020/21. When comparing the actual number of concerns raised to Nottingham City's CIPFA statistical neighbours, we are in position 13 out of 16, with 1/16 being the local authority area with the highest actual number of concerns raised. The position improves when considering concerns per 100,000 population, rising to 12/16. From a regional perspective, the picture is the same and we are low, in position 8/10.

This is also the case for s.42 enquiries – nationally, there has been an increase of 6%, whereas in Nottingham City we have seen a decrease by 16% in comparison to last year. In terms of our statistical neighbours, the position is 6/16, which demonstrates a high number of concerns which lead to s.42 enquiries, and when compared to regional neighbours, we are 5/10. This improves further when taking the s.42 enquiries per 100,000, with us placed 4/16 and 3/10 in the region.

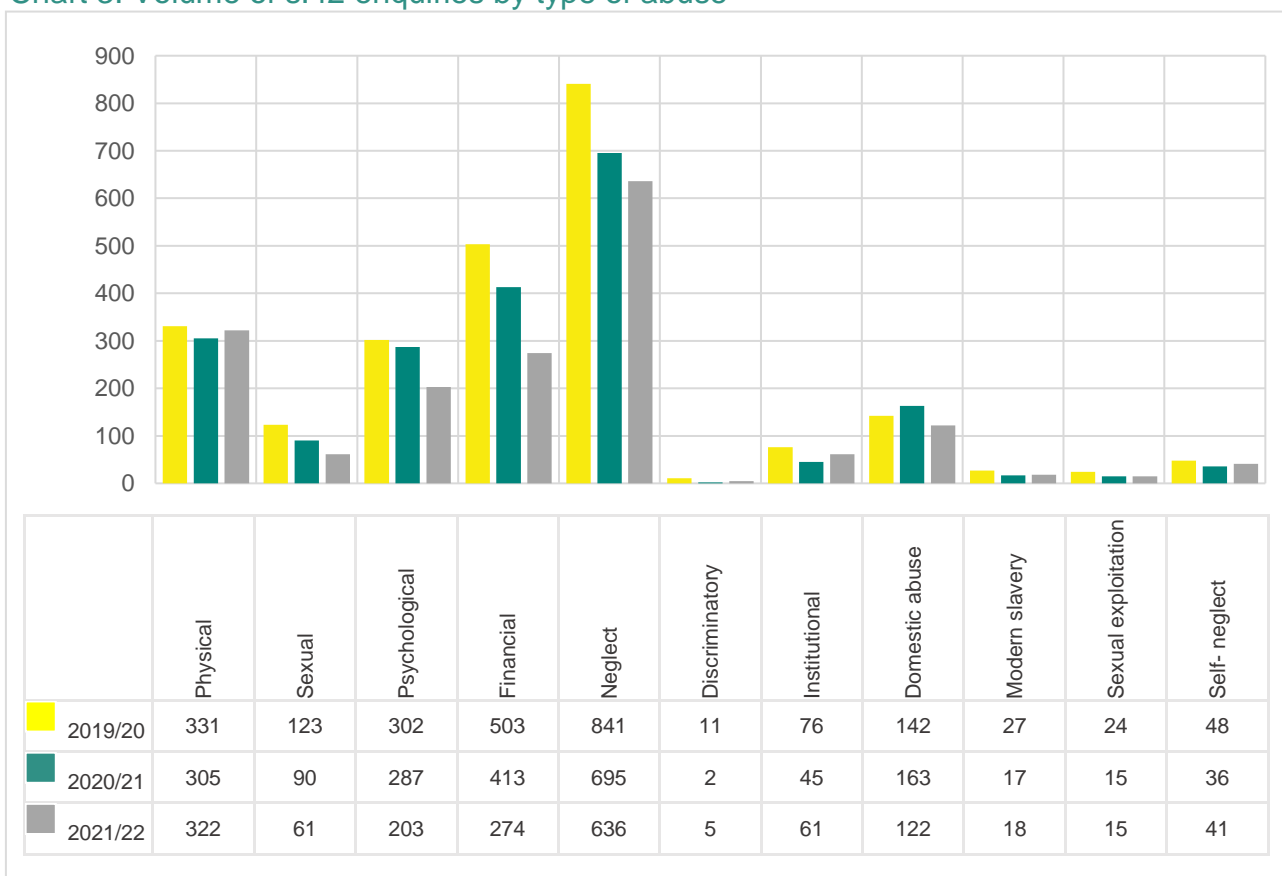
The SAB will seek assurance to ensure all concerns are being raised. It is possible that agencies are all very clear about when to raise a concern and are raising appropriately, which would account for the higher number of s.42 enquiries despite there being a significant decrease in the number of concerns raised.

Chart 2: Volume of s.42 enquiries by referral source



Given the reduction in the number of concerns and s.42 enquiries, the chart above is expected. However, the Board seeks to undertake further analysis of the 'other' category. This will be carried out in 2022/23 to enable the Board to be assured that awareness of keeping people safe and how to report is understood across the city.

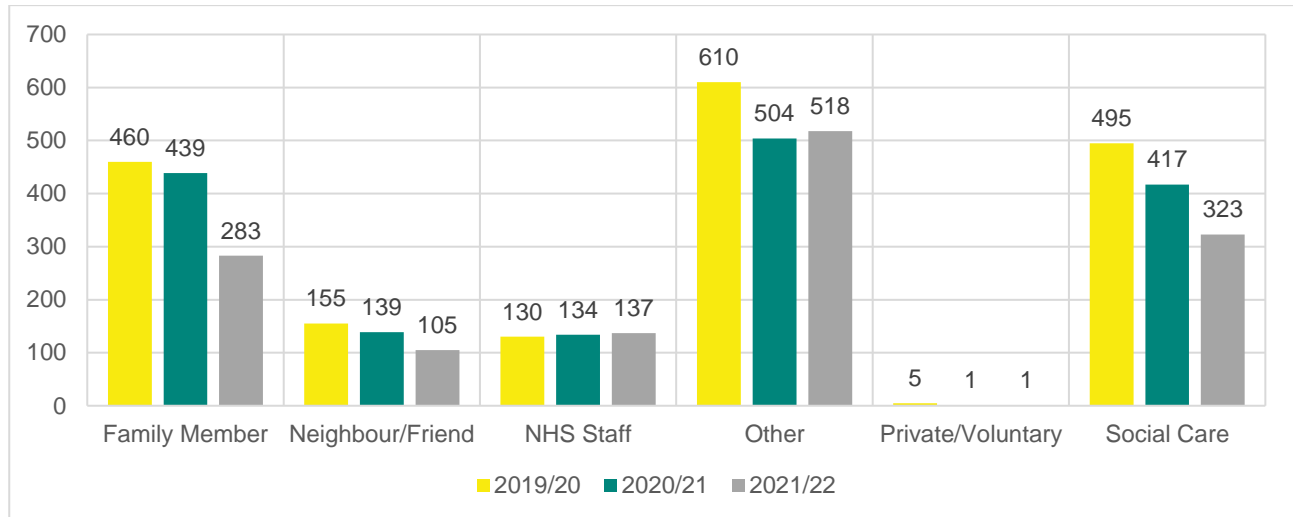
Chart 3: Volume of s.42 enquiries by type of abuse



The most common types of risk in s.42 enquiries in 2021/22 nationally were neglect and acts of omission, which accounted for 31% of risks. In Nottingham City, the activity is consistent with this pattern, showing neglect and acts of omission as the most common

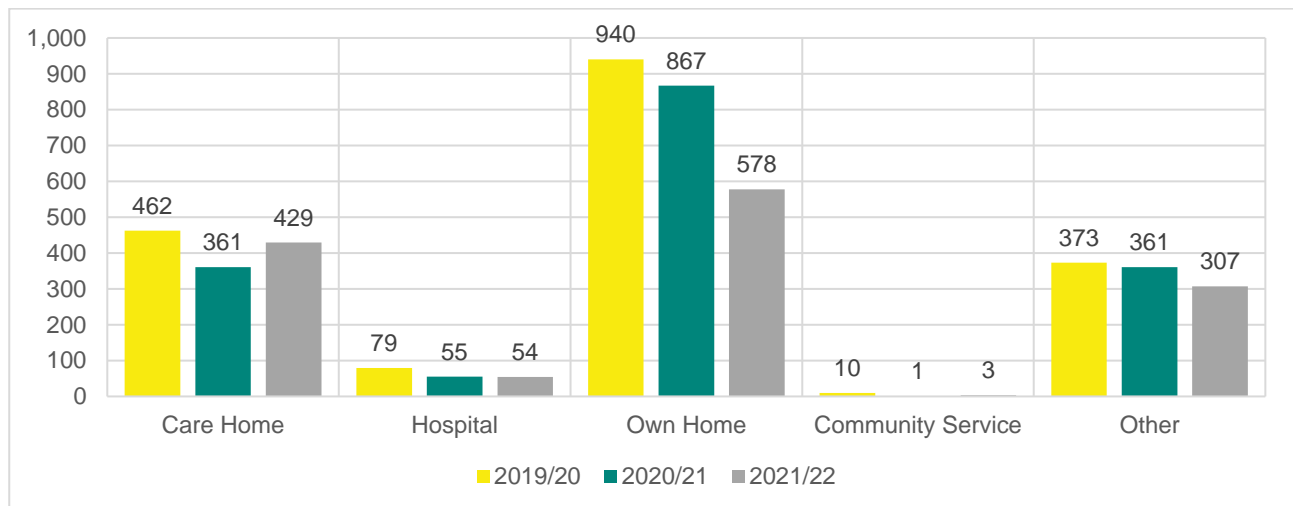
risk, followed by physical abuse, financial and then psychological risks. Domestic abuse figures have remained at around 7% of all cases for the last two years. There is emerging work taking place nationally on the identification of discriminatory abuse, and the Board will be discussing this in 2022/23 and seeking assurance that these concerns are identified and reported in.

Chart 4: Volume of s.42 enquiries by perpetrator relationship



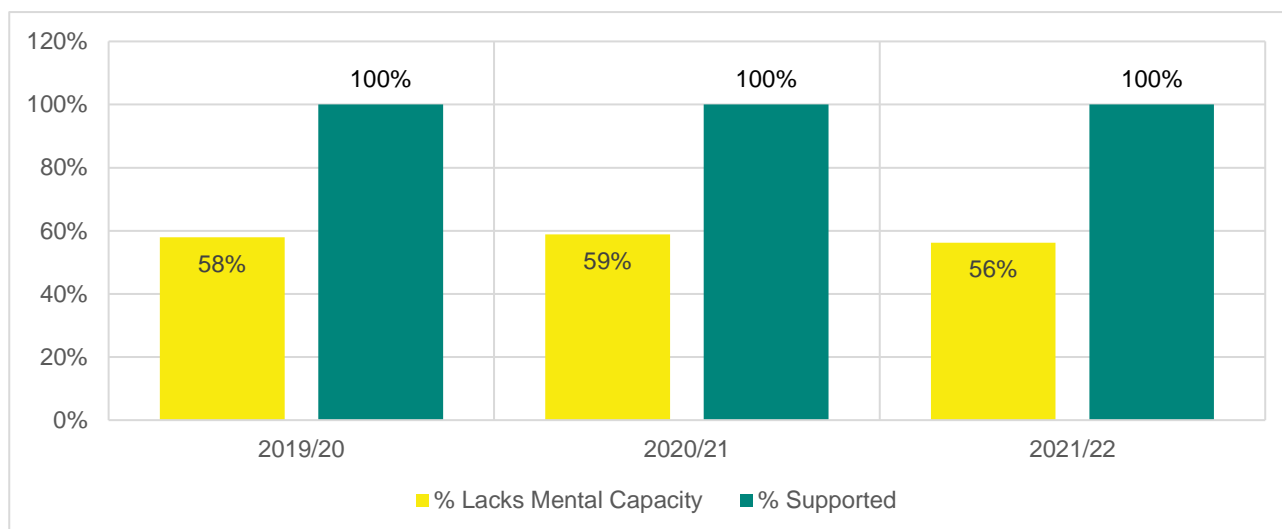
The Board will seek assurance on what is contained within the 'other' column to be clear what types of relationships are included here, and will separate this column out in next year's annual report but will include the perpetrator being unknown to the individual.

Chart 5: Volume of s.42 enquiries by location of abuse



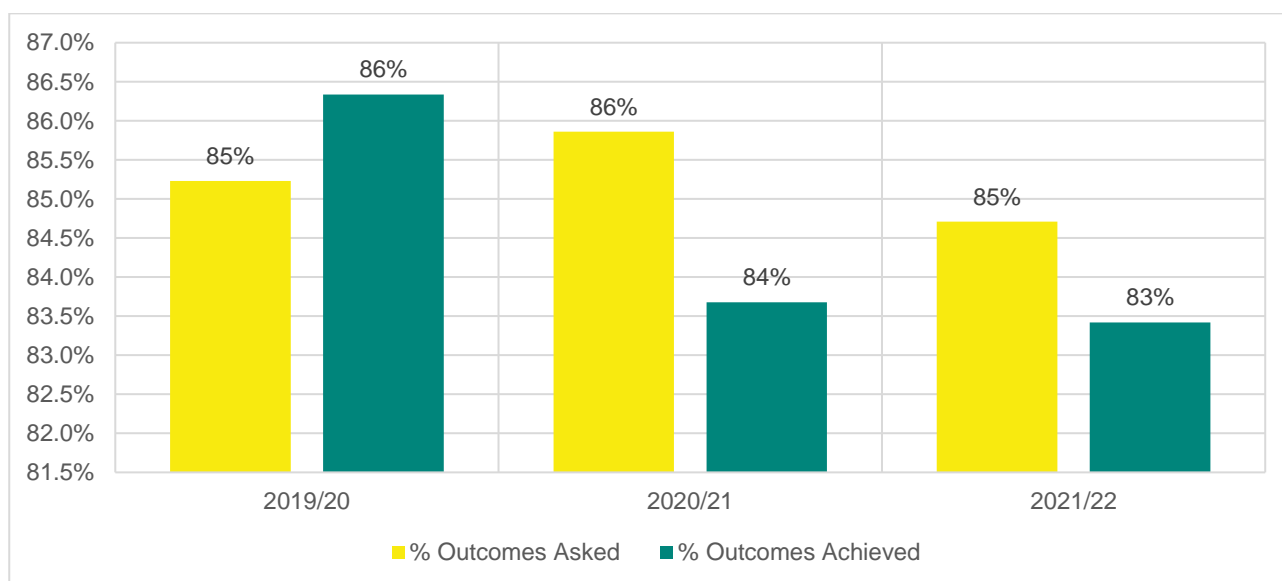
Nottingham City is comparable to the national average for the location of abuse, with 42% being in the person's own home; the national figure is 48%.

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



The data above has remained consistent over the last few years. It is excellent to see that 100% of people who 'lacked mental capacity' are supported through the safeguarding procedure; this is exactly as would be expected. Further information from the service providing advocacy support will be welcomed in next year's report.

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



The percentages of individuals asked what outcomes they wanted, and of outcomes achieved, were both slightly lower in 2021/22 than in 2020/21. The Board will seek to understand the reason why 15% of individuals were not asked what outcome they wished to achieve, and would hope to see a rise in both domains during 2022/23. Making Safeguarding Personal is one of the strategic priorities of the Board and this chart is part of the evidence the Board uses to assure itself that safeguarding support is personalised to people's views and situations.



Chart 8: Percentage of s.42 enquiries by risk outcome



Nationally, 91% of concluded s.42 enquiries found that risks identified were reduced or removed. In Nottingham City, this is 84%; however, if we included those cases which were inconclusive, the percentage would be 91%. The Board noted that it would undertake a desktop review of the cases that were found to be inconclusive, but accepted that risks might always remain for some situations. The Board will seek reassurance that monitoring arrangements are in place to ensure citizens are supported.

The Board has identified above a number of areas which need further assurance. In addition, the Board will look at the age profile of individuals, will consider ethnicity, will analyse information on the alleged perpetrator and the location of abuse, and will ensure that acts of discriminatory abuse are recorded.



## Who sits on the Board and how does it work?

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Throughout 2021/22, the Board was chaired by Helen Watson. Ross Leather, Board Manager, continued in his role; Emma Such, Board Administrator, continued in her role until October 2021.

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

- Nottingham City Council Adult Social Care
- Nottingham City Council Community Protection
- Nottinghamshire Police
- NHS Nottingham and Nottinghamshire CCG
- National Probation Service, Nottinghamshire
- Department for Work and Pensions
- Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company
- Nottinghamshire Fire and Rescue Service
- East Midlands Ambulance Service
- Nottinghamshire Healthcare NHS Foundation Trust
- Nottingham CityCare Partnership
- Nottingham University Hospitals NHS Trust
- Nottingham Community and Voluntary Service
- HMP Nottingham
- Nottinghamshire Healthwatch
- Nottingham City Council's strategic housing service

The Board has three subgroups to support it:

- **The Quality Assurance subgroup**

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

- **The Safeguarding Adults Review subgroup**

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

- **The Training, Learning and Improvement subgroup**

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

In addition to the three subgroups, the independent chair and representatives from the three funding agencies (see below) meet with the subgroup chairs and Board manager on a quarterly basis at the Business Management group to assist in the implementation of the Board's annual action plan.

## **Funding**

Nottingham City Council, Nottinghamshire Police, and Nottingham and Nottinghamshire CCG jointly fund the Nottingham City Safeguarding Adults Board. During 2021/22 these statutory partners continued to provide financial support in line with previously agreed contributions, and the budget was balanced at year end.

## Safeguarding adults reviews

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During 2021/22 the Board received one SAR application, in February 2022. ASC made the referral for a male in his early 70s who hoarded extensively (he experienced harm but is alive). Agency information is being collected and a meeting was scheduled for May 2022 to decide whether the criteria for a statutory or non-statutory SAR were met. Further information on this will be included in next year's annual report.

The two SARs which were initiated in 2020/21 – one involving a man who died of starvation, and the other involving a woman who overdosed on insulin and subsequently died in hospital – were presented to the Board in June 2022. The reports and their recommendations were both approved, and progress of the action plans will be included in next year's report.

There is one remaining outstanding action from a SAR relating to 'Bob', which is the development of a multi-agency pathway for practitioners to access support when working with those suspected of being victims of exploitation or modern slavery. This is included in the 2022/23 annual action plan and will be drafted in conjunction with Nottinghamshire SAB. We continue to wait for agreement from the Criminal Prosecution Service and the Police before we can publish this SAR. However, with the exception of the action above, all other recommendations have been completed.

## Case study

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Adult Social Care stepped in to help CityCare when they were struggling to build a relationship with a disengaged patient.

‘James’, a 30-year-old man living in a supported living flat, was palliative due to refusing treatment for a groin abscess. He had experienced severe multiple disadvantage and had previously been homeless. With significant substance addiction, including heroin, crack cocaine and mamba, agencies were concerned he would suffer an unpleasant death.

Adult Social Care had already formed a good relationship with James, so were able to help CityCare gain better understanding of how best to approach his needs. From this, they could develop a personalised care plan, providing James with as much continuity of care as possible. They were able to offer care at times when he was most amenable to support. This ‘light touch’ approach kept numbers of visiting staff to a minimum, made James less overwhelmed and allowed CityCare to build trust and rapport.

James has since agreed to a specialist mattress, and consented to hospital admission following a bleed, where he had surgery to improve his prognosis. Once he had been discharged to his mother’s address on a temporary basis, the community nursing team continued visiting to provide support to James and his family, including training his mother to provide wound care.

An MDT approach, with drugs services, social care and mental health services, helped James remain drug-free. He engaged more with care and support, his wounds healed, and he no longer required community nursing service input. CityCare are now focusing on helping him find appropriate housing to live independently.

## Partner contributions

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Our partner agencies promoted adult safeguarding within their own organisations in numerous ways throughout 2021/22. These are their reports.

### Nottingham Community and Voluntary Service (NCVS)

While NCVS does not deliver a direct service to vulnerable adults, it still has adult safeguarding policies and procedures in place for all staff and volunteers. These are available electronically and as hard copies for staff and volunteers to access easily.

We continue to follow safe recruitment guidelines in respect of references and suitability checks, and we have a dedicated safeguarding page on our website, where resources and information shared at the designated safeguarding lead (DSL) meetings and vulnerable adults provider networks (VAPNs) can be sourced. Safeguarding is an annual agenda item at the NCVS trustees' board meetings, and we have coordinated briefing sessions for Nottingham's voluntary, community and social enterprises (VCSEs) on best practice (e.g., trauma-informed practice).

During the year, we delivered several services which incorporate safeguarding considerations:

- **The NCVS Volunteer Centre:** The centre provides a volunteer brokerage service which includes opportunities to work with voluntary organisations or groups who work or come into contact with vulnerable adults; the volunteering development officer may come into contact with adults at risk during advice sessions; we encourage people to share their interests and concerns in the context of volunteering and, on occasion, this may lead to the disclosure of a safeguarding concern.
- **Group support:** NCVS group development officers work with local VCSE organisations and community groups to ensure effective policies and procedures. This includes safeguarding adults policies for those groups and organisations who work directly with adults at risk.
- **The Practice Development Unit (PDU):** The PDU facilitates learning and support for practitioners and volunteers who are attached to organisations working with vulnerable adults experiencing multiple and complex needs. Any safeguarding concerns that arise from learning sessions are reported to the beneficiary's personal development coordinator.

### Training and development

To ensure awareness of categories and indicators of abuse that may become apparent in advice sessions, the volunteer coordinator attended regular safeguarding adults training throughout 2021/22.

Our DSL and safeguarding policies and procedures meant staff knew how to raise concerns if, for example, group development officers became aware of safeguarding concerns in their one-to-one work with groups and organisations.

We also delivered low-cost sessions on 'introduction to safeguarding adults', 'trustees' safeguarding responsibilities' and 'DSL training'. Those who attended the DSL training were sent a template safeguarding adults policy that could be adapted to reflect the activities of the group/organisation.

All new starters at NCVS this year completed safeguarding training as part of their induction, and any posts with access to vulnerable adults were subject to DBS checks.

We have coordinated a VAPN and a DSL network, both of which have input from the SAB manager. Agendas included information from the SAB, including updated procedures, best practice and presentations from providers. Understanding the client group better has led to practitioners being able to safeguard better.

## HMP Nottingham

HMP Nottingham continues to respond to the needs of prisoners being received who have safeguarding issues. On arrival, all new prisoners receive one-to-one interviews with a registered nurse and a member of the prison's safety team to assess their needs. Interviews take place within our healthcare setting and before the prisoner moves to the wing. Immediate needs are assessed and appropriate referrals are made. The biggest risk remains that we do not know who might arrive each day, and what their needs are.

Those identified as needing help are referred to the weekly multi-agency safeguarding meeting, overseen by the deputy governor and attended by members of various teams including safety, healthcare, community rehabilitation and psychology, as well as the chaplain and operational manager. Individuals are discussed and appropriate care plans are developed.

Assurance is provided by visits from the regional safety team as well as statutory inspections by the Prisons and Probation Ombudsman and Her Majesty's Inspectorate of Prisons (HMIP). Issues identified are added to the safety team action plan and an appropriate timescale is allotted. These plans are discussed one-to-one with the head of safety and their line manager in their meetings.

We continue to refresh staff in suicide prevention and will be delivering the new HMPPS safety training to staff over the next few years.

We have a comprehensive local policy outlining what safeguarding is, who may fit the criteria of a safeguarding concern, and what processes to follow. One element of the safeguarding process is the use of an assessment care in custody (ACCT) book for those who have self-harmed or are otherwise at risk. An individual care map is drawn up with the person, outlining what is needed, who is responsible and the timeframe to complete it. A review date is decided on, when the case manager and the person will formally meet to discuss progress. Each book is audited within 72 hours, at random by a senior manager, and on its closure. Issues are addressed immediately where identified. Within seven days of the ACCT being closed, a 'post-closure' interview is conducted with the person at risk. The person can provide written feedback on how well they were supported, following discussion in the interview.

We are currently facing no known risks. We work closely with our healthcare providers to address any safeguarding concerns.

## Nottinghamshire Fire and Rescue Service

Nottinghamshire Fire and Rescue Service (NFRS), like other public services, was still impacted by the Covid-19 pandemic in 2021/22. Response to operational incidents remained constant but, as in the previous year, reductions in prevention activities were still in place to protect frontline staff and members of the public from the virus and ensure availability of crews. Therefore, although the total number of 'safe and well' visits (SWVs) increased to 12,456, many of these were from professional referrals where occupants had already been seen by a professional, and very few safeguarding issues were identified by NFRS.

The business continuity arrangement enacted during Covid-19 resulted in a backlog of physical visits for over 1,500 residents deemed to be at medium risk. To mitigate this risk, we employed four additional specialist home safety operatives on a fixed-term basis.

Where a threat was not immediate, we had a process whereby staff reported any safeguarding concerns regarding service users to an internal safeguarding team, who then determined a suitable course of action; for example, a referral to the multi-agency safeguarding hub (MASH). By following this process, 96.7% of safeguarding referrals we submitted in 2021/22 went to a s.42 enquiry or were already open to the enquiry from another agency at the time of referral.

As we are a 24/7 service, our main safeguarding risk is in ensuring that all staff can identify concerns and refer them appropriately, and that duty managers have the qualifications and competence to support the process and advise where necessary.

As well as safeguarding training, staff complete mandatory data protection e-learning modules every two years to ensure compliance with information governance and GDPR guidelines; they also complete an equalities and diversity essentials continuing professional development (CPD) certified e-learning module to ensure adherence to public sector equality duties. Additional specialist safeguarding courses and workshops offered by the councils are disseminated to appropriate staff members. Our DSLs meet on a quarterly basis to review cases, identify areas for learning and plan appropriate actions to tackle any emerging themes.

To ensure staff competence, all staff (not only those with frontline roles) were required to undertake mandatory Level 1 Alerter training in 2021/22. All members of the prevention team and duty group managers were required to undertake Level 2 Referrer training, and all DSLs undertook Level 3 DSL training. Two members of staff completed the Level 4 National Fire Chiefs Council Train the Trainer course, which enhanced safeguarding training for fire service personnel. Each training course was monitored on a quarterly basis to ensure compliance with service delivery evaluation and QA frameworks.

On 12 April 2021, we reintroduced SWVs, in line with step 1 on the government's roadmap. A new risk lay in ensuring crews were still able to identify the same level of safeguarding concerns as they were before Covid-19.

In 2022/23, we will launch a vulnerable person module, which will highlight specific fire risks regarding a certain person in the household, rather than just the property risk.

Our education events have been supported by the recruitment of an education and child safeguarding lead. During 2021/22, safeguarding referrals arose from disclosures made to the lead during boot camp, safety zone and education-led events.

We continue to support both the city and county safeguarding boards by attending reviews, external training days, board meetings, forums and subgroups. We also deliver CHARLIE-P and hoarding training for the board and their stakeholders at no cost.



The CHARLIE-P risk matrix, used by our partner organisations and delivery teams, demonstrates our person-centred approach. We have further established this approach by funding an occupational therapist within the prevention department, which supports our adherence to the Mental Capacity Act (MCA).

MSP and the MCA are embedded within our safeguarding policy and in-house Level 1 Alert training. We also use anonymised case studies as a CPD resource for frontline staff.

Annually, we commission a third-party organisation to survey our service users. This feedback helps improve services and ensure better outcomes for the individuals we visit through emergency calls or our preventative work.

## Nottingham CityCare

CityCare's safeguarding training compliance, identified as a risk before the pandemic, was made more challenging during Covid-19. However, NHS e-learning and local resource packs ensured that staff received appropriate training throughout. As the year progressed, we offered more training on MS Teams, which had a positive impact.

Our compliance with requirements of the MCA was also identified as a risk. During Covid-19, nurses and allied health professionals (AHPs) worked under increased pressures. In acknowledgement of this, drop-in sessions which provided safeguarding updates and opportunities to discuss complex cases were targeted towards community nursing.

Complex cases can also be brought to a weekly review panel, CHIRP, which has membership from across the organisation, and they may be discussed at senior management level to ensure a joined-up approach to early intervention.

Throughout Covid-19, the safeguarding service employed a more flexible delivery model to meet changing needs. They visited complex patients with health professionals, operating within the local authority's MASH and domestic abuse referral team. Multi-agency risk assessment conferences (MARACs) continued via MS Teams. Community health provision largely continued face-to-face, with additional protective measures.

Our duty telephone advice line provides support to staff with complex cases or safeguarding concerns. Calls are audited monthly to identify emerging themes and form the basis of staff guidance and training. Resources developed by the SAB subgroups are promoted regularly.

Safeguarding champions meetings, paused during Covid-19 due to pressures on frontline staff, now run quarterly.

Our monthly internal quality information-sharing forum (QUIF) enables practitioners to discuss good practice and concerns within care homes and agencies. This was invaluable during the pandemic, where staff were sometimes the only visitors to care homes. During the year, we worked with the local authority QUIF to develop a process to support timely sharing of information about care homes with them; this ensures that actions are monitored, enabling appropriate escalation.

Action plans from root cause analysis and SARs are monitored internally via the serious incident learning lessons forum, and we are represented by the safeguarding service at all subgroups of Nottingham City SAB.

Staff record safeguarding concerns via our safeguarding adults information template, which is promoted on SystmOne electronic patient records.



All staff working with children, young people and adults are required to undertake enhanced DBS checks. These are renewed every three years in line with guidance. Safeguarding roles and responsibilities are set out in all job specifications and contracts. Data from monthly workforce reports is reported to human resources and organisational development. Mandatory safeguarding training is completed at induction, then repeated every three years, with the opportunity to complete bite-sized sessions on topics identified through local and national learning.

Our policy mandates that allegations made against staff are reported to the named nurse or safeguarding head and executive lead, enabling appropriate risk assessment and management plans.

Our lead for safeguarding adults and the MCA works with the head of safeguarding and other safeguarding leads to promote the safeguarding adults agenda. Our safeguarding adults 'Think Family' standard operating procedure is aligned with multi-agency policies and procedures.

In 2021/22, we started attending slavery and exploitation risk assessment conferences (SERACs) to support information sharing and a partnership approach in the case of adult exploitation. We have 100% attendance at Nottingham City MARACs where there are concerns relating to high-risk domestic abuse. We are also a member of Nottingham City SAB.

MSP underpins all our adult safeguarding policies and procedures, training and supervision, and aligns with the principle of person-centred care. Staff are encouraged to talk to adults to ascertain what they would like to happen when safeguarding concerns are identified. We are currently participating in a multi-agency audit evaluating staff knowledge and awareness of MSP.

The MCA is referenced within all guidance and policies regarding safeguarding adults, and our monthly safeguarding advice call audits demonstrate consideration of a person's mental capacity for decision-making where there are safeguarding concerns.

We have worked with the training, learning and improvement subgroup to create accessible information leaflets, providing safeguarding advice to adults at risk.

When someone struggles to engage with recommended care, our non-engagement toolkit can be used alongside multi-agency guidance to ensure all avenues have been explored. All patients have personalised care plans, created in partnership with them to identify their priorities and goals.

## **Nottingham and Nottinghamshire Integrated Care Board**

Covid-19 reduced opportunities for disclosure, safety planning and fleeing for victims of domestic abuse, sexual violence, 'honour'-based abuse, and modern slavery, all of which typically take place behind closed doors.

To mitigate risk, we implemented learning from DHRs and raised awareness of domestic and sexual violence across partners and primary care. This included briefings on documenting relationships and households, safeguarding markers added to SystmOne records, and a training session attended by 68 GP practices (55%).

During lockdown, quality monitoring visits to care homes reduced and, in response, the multi-agency Covid-19 taskforce was developed to aid early detection of concerns in care homes and homecare. Risks were further mitigated with monthly MDT meetings. During 2021/22, care home visits from our care home quality team increased.

We also carried out safeguarding-focused quality visits for services where safeguarding alerts had increased. We reviewed safeguarding systems and processes and assessed promotion of MSP.

Following the CQC's report on closed cultures, we worked with our partners to identify these cultures and share learning through the ICS's QA improvement group. Our QA team, maintaining a hybrid approach with some virtual visits, completed over 100 face-to-face visits between July and December 2021.

Community DoLS for those who are fully CHC funded are still managed differently due to arrangements within the city and Mid Notts. Delays in implementation of liberty protection safeguards (LPS) have meant this inconsistency remains.

Community cases with a highly restrictive care plan, restraint or objection are progressed through the Court of Protection (COP). Less restrictive cases are considered under Best Interests. Where we lead on a COP case, we ensure access to advocacy services for the patient and family and pay for representation from an official solicitor.

The number of s21A DoLS appeals for which we have been involved in court proceedings, and the number of applications to the COP, have increased. We have made several applications to the COP relating to Covid-19 vaccine administration where a family member objected.

The delay in publishing the LPS code of practice for consultation, and subsequent delay in implementation, have also impacted on the number of people supported with a restrictive care plan who are not under any legal framework.

As part of the integration of the Nottingham and Nottinghamshire ICS to include Bassetlaw, a blueprint was created specifically to ensure that safeguarding sat as a priority across the ICS. This included alignment and development of policies, procedures and governance structures.

Following the government response to Afghan resettlement and the Ukraine war, we worked with SERCO to ensure healthcare access, including the Covid-19 vaccine, for asylum seekers.

Throughout 2021/22, the safeguarding team offered mutual aid and facilitated regular meetings with NHS safeguarding provider leads. This helped them identify and act upon emerging themes and situations that occurred as a health system. It evidenced that the health safeguarding community needs to work together as a collective, to ensure appropriate safeguarding is maintained during the Covid-19 incident response, and that we are moving into safeguarding in a system space in line with the formation of the ICS.

We had regular Safeguarding Assurance Group meetings and remained compliant with statutory duties, measured through our submission of the NHS England Safeguarding Compliance Assurance Tool in late December 2021.

Covid-19 hindered implementation of learning from statutory reviews, with only immediate needs being prioritised. This implementation restarted in 2021/22, as part of the restoration plan.

Following the Norfolk safeguarding adults review, we undertook SWVs on all learning disability (LD) patients in locked hospital settings to ensure patient needs were met and there were plans for safe discharge.

Action plans were developed where required, and emerging themes were presented to the ICS Learning Disability and Autism Board. This included reviews of host commissioner

guidance, highlighting concerns about placements within our area, regardless of whether the patients were individually funded.

We met with commissioners of LD services to gain specialist support regarding physical healthcare needs of patients placed in independent hospitals, including those with epilepsy, diabetes and other long-term conditions.

Care home monthly returns were re-evaluated to gain more insight into service quality and reports against indicators including falls, medication incidents and deaths to help identify potential breaches and ensure early intervention.

Internal patient-facing teams will receive enhanced safeguarding training, including MSP, over the next 18 months as part of the development of the integrated care board (ICB).

## Nottinghamshire Police

Domestic and sexual abuse remain a key priority for Nottinghamshire Police and our partners, further underpinned by the national introduction of the Violence Against Women and Girls strategy.

Throughout Covid-19, with services operating as normal, demand for domestic and sexual abuse services reduced by 6.9% for the 2020 calendar year and by 10.7% for the 2020/21 performance year. Lockdowns and the reduction in the night-time economy may have reduced reported crime in many areas, including domestic assaults. Levels of violence with injury offences within incidents of domestic abuse fell by 7.6% in 2020, and this remained consistent through the pandemic.

After restrictions lifted, reported incidents rose by approximately 12%, which could be linked to increased access to alcohol and/or drugs; and demand not only returned to but exceeded pre-Covid-19 levels. This heightened demand translates to increased work volume within the MARAC system, which now considers 231 cases per month compared with 75 in 2018/19.

We saw a 27.7% reduction in sexual offences during the pandemic but are now seeing a 20.4% increase for 2020/21 compared with the pre-pandemic figures.

While we work to fully understand this increase, we can be confident that some of it is related to the increased confidence in reporting, coupled with the significant development of training being implemented to identify and recognise risk and safeguarding. Continued media awareness also encouraged reporting and collaborating with partners to ensure support and positive action.

There was high demand in safeguarding referrals post-lockdown, regarding both adults and children. Some of these led to MARACs and subsequent single-agency responsibility.

Repeat victimisation rates are static, and every domestic abuse incident reported to us is put through our risk assessment process for right-to-know. Subsequently, our domestic violence disclosure scheme applications increased, as recognised during the HMICFRS inspection in early 2022, which rated our protection of vulnerable people as 'good'.

We have continued to recruit additional new officers and staff to meet increasing demands, including a 'fast track to detective' scheme to mitigate the national shortage of PIP2 investigators. All new recruits, whether Police constables or those in civilian roles, receive input stressing the importance of safeguarding across all areas of vulnerability. All frontline officers receive targeted input during the PIP1 investigators' course, and as staff progress to PIP2 they receive further input regarding vulnerability.

Demand is monitored daily and monthly through various governance structures. The public protection (PP) department strives to improve its workforce's capacity to realise improvements in prevention and safeguarding and reduce victim attrition by improving the quality of investigations.

A business case to secure resources to support the assessment process was approved, and we have since seen increased awareness of and demand for applications and disclosure, resulting in sustained safeguarding for survivors of domestic abuse.

A bespoke auditing schedule is in place within the PP department to examine the investigative process, victim care and support, and suspect management, to ensure victims' needs (established by victim needs assessments) are met. Rape and serious sexual offences, child abuse and domestic violence are among the areas being audited twice yearly.

Monthly performance meetings are held with the senior lawyers from the Crown Prosecution Service, where learning is identified and the quality of prosecution files reviewed. They also review the victim's journey, and their needs (and those of witnesses) when entering the prosecution criminal justice arena.

The PP and external force audit regimes examine performance across a range of areas affecting vulnerability, including safeguarding, domestic abuse and stalking. The PP department has also developed a series of video clips to raise staff awareness of these areas. Performance is reported at regular performance meetings, chaired by the detective superintendent, which subsequently feed into our operational performance review.

The 'Know it, Spot it, Stop it' campaign was launched to further increase knowledge around vulnerability, both within the force and to the wider public. It identifies and explains the 14 strands of vulnerability, signs that a person may be vulnerable, and how to stop vulnerability being exploited.

To support vulnerable adults in custody, an appropriate adult is available within the new custody suite in Nottingham's Justice Centre between 8am and 8pm. As well as providing a face-to-face presence, they assist in administering rights and charges over the telephone.

The MCA 2005 is clearly explained within the updated vulnerability procedure for officers to adhere to in all their dealings with vulnerable adults.

## Nottinghamshire Probation Service

During the pandemic, our Exceptional Delivery Model gave priority to people on probation (PoP) presenting the most serious risk of harm. We have now moved to a blended supervision approach for the management of PoP: probation practitioners assess the level and type of contact required to ensure balance, manage risk and meet the PoP's needs. Levels of face-to-face contact need to be appropriate for domestic abuse and safeguarding cases and for the very vulnerable.

In March 2021, funding for a homelessness prevention taskforce team – set up during Covid-19 by the Ministry of Justice to help homelessness prevention teams secure accommodation for people released from prison – ended. The scheme was a success overall, and its work is now devolved to local authority housing providers, as it was before the pandemic.

The return to face-to-face training, having moved online during Covid-19, was particularly important for us as we unified with the former Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company in June 2020, and transition training was

mandated for all staff. Completion rates of mandatory safeguarding training are monitored annually via the 'My Learning' system.

Unification, alongside Covid-19, presented challenges but had no significant impact on core service delivery to our PoP.

We have identified safeguarding leads who will continue to contribute to all relevant safeguarding subgroups and the Board. We are also confident that the processes established during Covid-19 to maintain service delivery and manage the associated risks to vulnerable PoP can be replicated in similar situations in future.

Safeguarding is paramount in all PoP assessments, in compliance with s.42 to s.46 of the 2014 Care Act, as well as chapter 14 of the statutory guidance. We have a formal process for identifying incidents of potentially concerning practice which may meet SAR criteria and referring them to our local SAB.

Our offender Personality Disorder Project continues to prepare case formulations for offender managers to help them work more effectively with people who are more difficult to engage.

Our recruitment policy still includes a requirement for at least two references, DBS checks and confirmation of professional registration; staff are expected to adhere to professional codes of conduct; we ensure all staff are aware of their responsibility to report safeguarding concerns and identify areas for improvement; and our induction programme ensures that staff and volunteers are made aware of their adult safeguarding responsibilities.

All our QA tools require assessment of adult safeguarding issues. High risk of serious harm assessments are quality-assured and countersigned by a senior probation officer, and assessments of individuals posing a very high risk of harm are countersigned by the head of service. Cases of interest, safeguarding concerns and multi-agency public protection arrangements (MAPPA) are discussed in supervision sessions with staff, and the Touchpoints model provides guidance for managers on where discussion is required. Internal assurance is provided by our operational and systems assurance group, external audits are undertaken by HMIP, and ad hoc audits are completed by our performance team. These processes each have expectations regarding safeguarding and risk management.

Learning from local and national subject access requests and DHRs is implemented via attendance by senior managers and devolved to staff via the middle manager group, through feedback to individual practitioners via the DHR process, and through our own serious further offence process.

Since unification, there has been renewed emphasis on the importance of safeguarding, reflected within the unification mandatory training schedule. Safeguarding discussions remain an integral feature of supervision sessions between the probation practitioner and the senior probation officer. Our MAPPA protocols mandate the consideration of adult safeguarding issues within all formal meetings, and our assessment tool OASys gives specific consideration to these issues.

We have worked to support the adaptation of licence conditions to support people with learning difficulties to understand the terms of their supervision. The Personality Disorder Project has helped us to support the individual, managing any barriers based on their individual needs and vulnerabilities.



## Nottinghamshire Healthcare NHS Foundation Trust

During 2021/22, our Trust-wide integrated safeguarding service saw changes in staffing across the workforce. We developed a programme of recruitment and succession planning to minimise the risks of these changes and ensure that core functions and statutory responsibilities were maintained.

Temporary staffing arrangements provided by bank and agencies required a robust response to patient complaints, allegations and patient safety incident monitoring. The service ensured a coordinated response with patient safety colleagues and employee relations, especially regarding allegations against people in a position of trust (PiPoT).

During Covid-19, the safeguarding training team were temporarily redeployed to help deliver the vaccination response. Before this, they developed a suite of e-learning packages and resources to ensure maintenance of mandatory levels 1 and 3 safeguarding training requirements. A Covid-19 recovery plan was implemented, prioritising a return to face-to-face training.

The number of staff completing mandatory Prevent training decreased in 2021/22. One possible barrier was accessibility, particularly for bank staff. The Notts Healthcare E-academy, launched in June 2022, should improve access to all e-learning packages.

The safeguarding SPOC was developed as a response to the Covid-19 pandemic to provide centralised access to specialist advice and support. Following a successful evaluation, further improvements were made to data collection and engagement, allowing the SPOC to become integral to the service's work.

In-person safeguarding assurance visits will be prioritised for return in 2022/23, having previously been conducted virtually due to Covid-19 restrictions.

We have developed a specific contextualised safeguarding quality improvement plan, which will continue into 2022/23, based on recommendations from a 2019 internal review of our attendance at external multi-agency safeguarding meetings. Meetings attended in 2021/22 included the MARAC, the SERAC monthly panel, and multi-agency child exploitation meetings.

MAPPAs are now part of the service's portfolio, with additional funding established to support improvement. A review to inform future planning was undertaken this year and will be developed into specific roles for public protection governance in 2022/23.

The Trust-wide safeguarding strategic group sits quarterly to oversee safeguarding activity, providing assurance and information. This was chaired in 2021/22 by the executive director for nursing, allied health professions (AHP) and quality.

The service continues to respond to requests for information from the safeguarding boards within allotted timescales. We are committed to learning from serious incidents and have established networks for the dissemination of information Trust-wide. One notable inclusion is the safeguarding link practitioners network, who meet quarterly to receive safeguarding updates and focused training.

Multi-agency audit engagement has continued, and internal audit planning has started for 2022/23 in relevant areas, including: SPOC advice, MARAC audits and Improving Access to Psychological Therapies services.

The service initiated a review of the safeguarding supervision currently available to staff. This included a supervision survey to gain user feedback, the outcome of which will be reported next year.

Data from staff engagement with the safeguarding SPOC is now reported on a quarterly basis and this enables us to provide a more effective service.

During 2021/22, the service developed a process to streamline adult safeguarding enquiries and improve our partnership with social care. This was achieved by requiring all s.42 requests to come through the SPOC.

A research-based and co-produced sexual safety animation and poster were developed and shared with safeguarding partners and the regional community of practice. This was widely adopted across the organisation.

The MSP subgroup was also developed and examined ways to integrate MSP into our core functions (e.g., in templates for SPOC advice, s.42 enquiries and PiPoT processes).

Throughout 2021/22, we conducted research into self-neglect by examining the use of focus groups in clinical service areas. The data compiled from this work will be analysed in an upcoming report.

Accessible recording of safeguarding-critical activity has remained a priority, with the development of a safeguarding template on Rio to reflect the one on SystemOne.

In 2021/22, our PiPoT policy was embedded into practice, and it has generated a clear process and consistent involvement for the safeguarding service. We now have more insight into the issues faced by service leads, and therefore greater assurance related to this important area of work.

## East Midlands Ambulance Service

East Midlands Ambulance Service NHS Trust continues to prioritise safeguarding as an essential part of providing high-quality care, ensured by active communication plans, governance framework and strong leadership.

Our 'Think Family' approach ensures all patients, staff and members of the public are treated with dignity and respect, and includes all associated agendas such as Prevent, female genital mutilation, domestic abuse, learning disabilities and autism.

Safeguarding within the organisation was challenging during 2021/22, with a continued increase in information requests, referrals and contribution to statutory reviews.

The safeguarding portfolio sits under the leadership of the director of quality improvement and patient safety. This allows collaboration with the investigation team, frequent caller team and Patient Advice and Liaison Service, promoting better patient care by enabling identification of developing themes in relation to learning across the Trust.

During 2021/22, we received 1,267,624 emergency and urgent calls (compared with 994,144 in 2020/21). Accident and emergency crews responded to 711,414 of these calls, equating to 1,949 responses daily. Our staff responded to safeguarding and/or care concerns in 5.8% of these responses, equating to 41,460 referrals (an increase of 2,064 from the previous year). This partnership continues to safeguard staff, patients and their families. Processes are in place to protect those at risk of abuse.

Our adult safeguarding policy, containing processes for managing allegations and local authority referral guidance, is available to all visitors and staff. It was reviewed in 2022, with further clarity added around mental capacity and MSP, and aide-memoires to support decision-making. It has been bookmarked and cross-referenced to improve user experience.

Our peer-reviewed safeguarding training strategy is written and developed by trained educators and safeguarding experts, ensuring relevance and quality of content.

Safeguarding education is delivered via a blended approach over a three-year period. Frontline staff receive face-to-face clinical induction training, and Equal Opportunities Commission staff receive face-to-face advanced medical priority dispatch system training. Staff in support services receive Level 1 training on induction and an electronic copy of our education booklet. The safeguarding team support education colleagues in delivering face-to-face training.

During 2021/22, we developed scenario-based learning as part of safeguarding training. Alongside this, we developed a supplementary e-learning package to guide staff through legislation regarding referrals. Unfortunately, due to unprecedented demand, delivery was suspended, resulting in some staff not attending face-to-face training.

We commissioned a bespoke training package from Women's Aid to ensure all operational senior managers and human resource business partners could support staff experiencing domestic abuse.

We are represented at local safeguarding adult boards by our divisional senior manager – quality (DSM-Q), with our safeguarding team deputising if required. Information from local boards is shared at our integrated quality forum to identify themes across the East Midlands.

Supporting Board attendance was challenging in 2021/22 due to unprecedented demand, Covid-19 and recent operational restructure. During this time, the DSM-Q and the safeguarding team worked with boards and partnerships to maintain engagement, and attended virtually where possible.

Going forward, we must continue to be vigilant about the evolving safeguarding agenda. Early identification and effective information sharing are key to ensuring compliance and appropriate reactions to safeguarding and protecting vulnerable patients.

## Nottingham City Adult Social Care

ASC continues to fulfil its statutory responsibilities in relation to adult safeguarding. Our approach is strengthened through a specialist city safeguarding team and QA team, dedicated senior training consultant and head of service for adult safeguarding. Beyond our core responsibilities – and despite the challenges of austerity, the Covid-19 pandemic and recruitment and retention issues – our submission to the Safeguarding Adults Board annual report demonstrates our ongoing innovation and commitment to safeguarding adults with health and social care needs.

For several years, ASC has had recruitment and retention issues in relation to registered social workers. This is a national issue, but it has impacted significantly upon Nottingham City. During Covid-19, the number of registered social workers leaving the organisation exacerbated already challenging vacancy levels, partly due to the new opportunities of flexible working and attractive salaries elsewhere. This left us with fewer skilled, experienced professionals to undertake safeguarding interventions.

We applied a strategic response and created our workforce and organisational development strategy 2022–25, with the objective to consistently recruit, develop, reward, and retain talented people. A priority action of the strategy was to develop a pay and career progression model, offering competitive salaries and developmental opportunities to attract and retain skilled and experienced registered social workers. This has now been



fully implemented, and our newly established workforce strategy governance board will monitor the impact of this approach.

During the Covid-19 pandemic we delivered safeguarding training online and have started a review of the impact this change has had in practical terms. Early indications are that colleagues are keen to resume face-to-face training. We have recruited a senior development consultant to oversee safeguarding training and development, who will refresh our safeguarding training programme and review our internal adult safeguarding procedures.

MSP is embedded in our safeguarding training and interventions. The desired outcomes expressed by citizens, and the extent to which we meet them, are recorded electronically. This provides quantitative evidence of how our practitioners work alongside adults at risk. Closure of care homes and other providers due to safeguarding concerns is particularly challenging, but we have tried-and-tested procedures in place to deal with this, which are regularly reviewed. We have worked with Age UK Notts for many years to ensure our most vulnerable adults are supported and listened to when services end.

We asked our colleagues in Age UK Notts to provide feedback about our partnership work: *'The residents' representative service (RRS), delivered by Age UK Notts, has very much welcomed and valued the opportunity to be a regular attendee at operations meetings, enabling us to play an active part alongside our statutory partners throughout the care home closure process. Our service provision allows residents and their families to access independent advocacy and support, providing them with a voice during very challenging and uncertain times. We are delighted that the Adult Social Care quality assurance team recognises the value of the RRS and the independent support we provide; the benefits that a multi-agency approach brings cannot be overstated, with our joint working going from strength to strength.'*

We consistently receive a high number of financial abuse referrals. In January 2022, the deputyship service re-opened to accept new referrals, which often result from financial safeguarding concerns. This means that the finances of some of our most vulnerable and socially excluded citizens can be managed safely, reducing the risk of exploitation.

An innovative example of agency cooperation and early intervention is the development of the hoarding panel pilot. As the Covid-19 lockdowns reduced opportunities for professional visits, hoarding often went undetected and accelerated, creating very concerning situations in terms of citizens' wellbeing, public health and other risks associated with chronic hoarding.

During 2021/22, ASC and Nottingham City Homes began working together to tackle the problem, and the Nottingham City hoarding panel pilot was established in July 2021. The panel brings together agency representatives to plan and coordinate responses and aims to increase the safety and overall wellbeing of citizens, with a focus on strengths-based approaches, prevention and monitoring.

The panel is already demonstrating positive outcomes in terms of reducing or stabilising hoarding situations, and is active in seeking feedback from the citizens it works with. We will conclude our annual report submission with the positive words of a citizen who can now live in their clean and uncluttered home: *'With your huge workload in mind, I'd like to say that I've been very happy with – and grateful for – the wonderful service that you've given me ... I'd like to thank you for all you have tried to do for me in such a kindly, patient, and caring way.'*

## Community Protection

Community protection officers (CPOs) make referrals to residents development officers, Nottingham Recovery Network, Framework, Notts Fire and Rescue Service and SERAC. Early intervention strategies include referrals to community support networks and supporting multi-agency structures to provide continued monitoring of citizens with welfare concerns. All officers complete e-learning safeguarding training.

Although demand for Covid-19-related SWVs declined in line with the reduction and abolition of restrictions, additional demand was created by the Homes for Ukraine scheme. Out-of-hours checks on behalf of adult services continue, against a backdrop of reduced staffing and conflicting demands.

During welfare checks, officers respond to immediate risk but consider the individual's needs (e.g., ensuring they have food and electricity/gas). On making a referral, officers meet interim needs such as taking them to a safe place (e.g., hotel accommodation).

Asylum seekers, in hotel accommodation with reduced security, are more vulnerable to right-wing visits. They are more likely to be victims of hate crime and modern slavery and have to negotiate access to GPs, who sometimes provide incorrect interpreters (or no interpreter at all), resulting in fewer diagnoses of medical issues. Safeguarding issues are less likely to be identified due to lack of understanding of reporting and SERCO not putting referrals through.

Safer Housing has adapted to triaging emergency jobs, but officers have returned to the usual physical inspections of properties post-Covid-19. This means visual indicators of safeguarding concerns can be identified.

The increase in officers' knowledge of vulnerable citizens dictates an increased workload to support them. This will continue as demand resumes to normal levels after Covid-19.

Nottingham City Council has historically met its Prevent duty benchmarks through existing resource combined with extensive reach into local faith networks derived from community relations and intelligence-gathering functions.

For several reasons, including staff and budgetary pressures, Nottingham's ability to sustain delivery of the Prevent duty has been at risk. Prevent referrals increased during the period October 2020 to October 2021, in part due to the end of Covid-19 restrictions and educational establishments reopening fully.

Externally-funded resources have been awarded to support Prevent work and Ukraine work. Additional helpline workers have been recruited to manage calls regarding domestic and sexual violence/abuse.

Channel, a multi-agency panel benchmarked by the Home Office, provides good-quality interventions and tailored support packages. Data is reviewed at the Prevent steering group, and reports go to both the CONTEST partnership board and the CDP board.

We have developed and maintained a continuous process for identifying and disseminating best practice in relation to tackling slavery and exploitation, delivering awareness-raising sessions to internal and external partners.

Referrals to the slavery exploitation team (SET) have increased: in 2021 the average number of referrals per month was 12, while in the first quarter of 2022 it was 18. There is a risk of delayed responses.

The most common referral type continues to be cuckooing – occupying a property belonging to a vulnerable person to use it as a base or 'trap house' for drug distribution

and other criminal activity. Anti-social behaviour (ASB) officers may become involved in these cases.

Other cases include sexual, financial, and criminal exploitation; forced labour; human trafficking; domestic servitude; false imprisonment; debt bondage; and county lines.

We launched the Safeguarding Gateway in August 2021, enabling earlier safeguarding referrals. The gateway team drive a multi-agency response, liaising with Police, adult/child safeguarding and other relevant agencies to gather intelligence and ensure immediate safeguarding.

Nottingham City Council has taken ownership of SERAC, including chair responsibility. The SERAC model supports the identification of people who do not meet Care Act or Police thresholds and offers a pathway to intervention. It creates an instant response to safeguard, tackle criminality and hold agencies accountable.

Increase in domestic abuse is reflected in the number of calls received by the domestic violence helpline and referrals to the city MARAC. In January 2022, there was a 68% increase in MARAC referrals to the city.

Joint reviews are held with suicide prevention colleagues to review mental health pathways for domestic abuse survivors.

## **Nottingham University Hospitals NHS Trust**

The Trust's adult safeguarding team provides a single point of contact for advice and referrals to ensure the quality and timeliness of all written external information. The clinical team has remained onsite throughout Covid-19, and continues to see patients face-to-face where required.

We have a full-time survivor advocacy support service worker funded by the CDP and employed by Juno Women's Aid, who supports female survivors and advises staff on domestic abuse issues and referrals. The adult safeguarding team has additional training to help support those disclosing domestic abuse.

Basic Prevent Awareness Training is at 91.8% compliance. Workshop to Raise Awareness of Prevent training is at 81.8% compliance (below the NHS England target of 85%, but increasing monthly). Prevent training is available in e-learning, video and podcast formats. We support face-to-face training where possible, but most training is online.

Safeguarding training is delivered on a three-yearly rolling programme. A post-training quiz must be answered 80% correctly to achieve compliance. MCA training is delivered via an e-learning package. Compliance rates for both are 74%, below the expected target of 90%.

Our audit tool helps identify areas that need additional MCA training. The CQC highlighted areas for improvement around MCA within the surgical division, which have been embedded into practice.

MSP is a core principle of training. All non-urgent safeguarding referrals are passed through the QA team, focusing on MSP and individual desired outcomes. The MSP section on our safeguarding referral forms must be completed before the referral is processed.

Most referrals come from the emergency department or inpatient areas. As there has been no reduction in face-to-face contact for those attending the Trust, there is no apparent reduction in staff's ability to talk to and support patients.

Covid-19 inpatient numbers have reduced, but continue to impact training delivery. Staffing issues impact the numbers of staff who can be released from clinical work to complete training. All divisions have post-pandemic recovery plans.

We have a policy for assessment and management of individuals who pose a risk and are engaged in MAPPA.

In response to a SAR, IT systems have been updated to include safeguarding clinical notes. This allows easy visibility of those potentially at risk and those for whom there have been previous safeguarding concerns/contacts.

Patients with a learning disability are flagged on the Trust's computer system to alert staff when they will need extra input from the LD liaison team and for reasonable adjustments to be made. The LD team works closely with the safeguarding teams and attends the Adult Safeguarding Committee.

We use a range of alerts on the IT systems to highlight patients with additional needs (e.g., a frailty scoring tool).

We have around 130 safeguarding champions, with coverage in each division. The safeguarding team delivers quarterly training sessions via MS Teams. Learning from SARs, DHRs and child safeguarding practice reviews is shared.

We are represented on local SABs and their relevant subgroups. Attendance has reduced due to capacity and clinical pressures, but information-sharing and responses to requests have been completed.

Empowering Communities with Integrated Network Systems (ECINS) is embedded as an operating system for our MARAC information-sharing.

Our safeguarding adults committee meets quarterly. Activity data from the safeguarding team, updates from serious case reviews, and learning from DHRs and other complex case reviews are shared.

The team receives some non-safeguarding referrals that require follow-up. In 2021/22 they resolved 196 cases where there was no evidence of abuse or neglect but where other support was required.

During 2021/22 the adult safeguarding team approved 750 urgent DoLS authorisations and submitted them to the supervisory body, an increase of 23% from 2020/21. We made 218 safeguarding referrals to Nottingham City Council.

Implementation of the LPS will be challenging. The recent draft code of practice has aided understanding of what LPS means but does not clearly identify roles and responsibilities.

A business case was submitted which highlights the potential impact of introducing LPS. This was partially approved and a team leader has been appointed to support the adult safeguarding lead with implementation.

The head of safeguarding also submitted a further revenue request after scoping current DoLS applications, identifying the potentially significant impact on the safeguarding team's capacity to meet statutory requirements under LPS.

## Nottingham City Strategic Housing Service

Supporting tenants during and after Covid-19 continued to be a focus for Nottingham's social housing providers. The pandemic created an opportunity for landlords to engage with tenants like never before, and this direct contact helped to build a more detailed knowledge base to improve and enhance service delivery.

The cost-of-living crisis is squeezing the finances of all households, but particularly those on low incomes, who are often forced to make difficult financial choices just to stay afloat. We are collaborating with social housing providers to support these households and mitigate risks. Our fuel poverty strategy seeks to assist citizens in reducing their energy bills.

The housing strategy team has been in regular contact with its housing association partners, making them aware of services, support and information available to support their tenants.

The Notts Social Housing Forum was revived in early 2022, focusing on cost of living. All registered providers have a track record of protecting their vulnerable tenants through very challenging times, but it is helpful when this is done collectively and consistently across the city. A challenge faced is maintaining the momentum achieved thus far, particularly at a time when capacity within the Housing Strategy service is constrained by the small size of the team.

Enormous increases in energy prices leave many people at risk of being unable to heat their homes, with the accompanying health risks that brings. There is little that housing providers can offer other than ensuring their homes are as energy efficient as possible. We have yet to see the full impact of this.

The Domestic Energy Efficiency Fuel Poverty Group, made up of representatives from health, housing, energy and welfare services, is working with all households across the city – both private and social housing tenants – offering free energy saving 'MOTs'.

In September 2021, government funding to support low-income homeowners to apply for the installation of solar panels on their properties free of charge was announced, with additional top-up funding provided in May 2022. This will help to reduce energy bills and reduce carbon emissions.

The Housing Aid Service continues with its emphasis on early intervention, supporting households before they become homeless.

Partnership work continues with the Department for Levelling Up, Housing and Communities to tackle rough sleeping and homelessness in Nottingham. Our homelessness strategy manager has successfully placed bids in consecutive years for funding via the Rough Sleepers Initiative funds (now Rough Sleeping Accommodation Programme) and the Next Steps Accommodation Programme. These streams have enabled additional accommodation to be brought online for homeless households. We have also made a successful bid for Changing Futures funding to support people experiencing severe and multiple disadvantages, including rough sleepers. We maintain a strong multi-agency approach via the homelessness strategy implementation group.

We have also submitted an expression of interest to the Supported Housing Improvement Programme.

There has been an increase in non-commissioned supported accommodation providers in the city. These providers accommodate a range of vulnerable people with support needs, including those being released from prison. Some of these providers are failing to deliver adequate support and, in some cases, are gaining access to the welfare benefits of

service users. The powers available to local authorities to regulate this sector are negligible and there is therefore considerable concern about the quality of accommodation and support being delivered, and the risks posed to vulnerable adults.

Adult safeguarding is a core element of our staff training programme. On the back of national concerns, local social housing providers have been contacted to ensure that they have robust safeguarding processes in place. As has been noted in previous years, it is difficult to represent an entire sector comprising multiple tenures and providers, and this should be accounted for in terms of the level of assurance that can be achieved.



## What next for 2022/23?

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Nottingham City SAB has set itself an ambitious year ahead, with a new action plan. However, it is mindful of the continued impact of Covid-19.

The Board will develop its new three-year strategic plan (2022—2025) and will maintain a focus on three priorities: Prevention, Assurance and Making Safeguarding Personal. Our annual action plan will focus on developing the evidence to demonstrate the difference the partnerships work makes to the residents of Nottingham City. We will review the data we collect and our findings from audits to ensure we are focusing our resources in the right place. (The fourth priority has been removed from this report as this is business as usual for the Board.)

We will continue our learning. We will finalise the two SARs and put in place clear action plans to ensure the recommendations are completed. We will monitor and complete existing action plans and put measures in place to ensure practice changes have been embedded as needed. We will receive and consider new SAR referrals eligibility, and undertake statutory and non-statutory reviews as required. Partners will work more closely with Public Health and Housing colleagues and consider drug- and alcohol-related deaths and homelessness/rough sleeper deaths.

We will be reviewing our existing policies, procedures and protocols as necessary and will be raising awareness of the work of the Board through the introduction of a SAB newsletter.

The new ICB and ICS arrangements which came into effect in July 2022 are a significant change, and the Board will work closely with the ICB and ICP to seek assurance on new safeguarding governance arrangements.

Finally, we will strengthen the relationship with the Community and Drug Partnership and Children Safeguarding Partnership and set out shared priorities and areas of work. By doing this, not only will we ‘think adult safeguarding’, we will also ‘think family and community’, ensuring the widest reach to protect and support individuals at risk of abuse across Nottingham City.

## Reporting abuse

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You may know a person carrying out abuse and be worried about reporting them. If you are being abused, you do not have to put up with it. If someone you know is being abused, or you have a concern that they may be, you should first make sure that they are safe if it is possible to do so.

Tell someone you trust or call Nottingham City Health and Care Point on **0300 1310 300 and select option 2**. Our offices are open from 8am to 6pm. If you live outside Nottingham City but within Nottinghamshire County boundaries, call Nottinghamshire County Council on **0300 500 8080**. If you are unsure, call either of the numbers and report what is happening to you or the person you are concerned about.

**If it is an emergency, dial 999**

You can report abuse to us in the strictest confidence and your identity can be kept private.

## Glossary of acronyms

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ASC	Adult Social Care
CCG	Clinical commissioning group
CDP	Crime and Drugs Partnership
CHARLIE-P	Care and support needs; hoarding and mental health issues; alcohol and medication; reduced mobility; lives alone; inappropriate smoking; elderly; previous signs of fire
CHC	Continuing healthcare
COP	Court of Protection
CQC	Care Quality Commission
DBS	Disclosure and Barring Service
DHR	Domestic homicide review
DNACPR	Do not attempt cardiopulmonary resuscitation (CPR)
DoLS	Deprivation of Liberty Safeguards
DSL	Designated safeguarding lead
GDPR	General data protection regulation
HMICFRS	Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services
HMIP	Her Majesty's Inspectorate of Prisons
HMP	Her Majesty's Prison
ICB	Integrated care board
ICP	Integrated care partnership
ICS	Integrated care system
IICSA	Independent inquiry into child sexual abuse
LD	Learning disability
LPS	Liberty protection safeguards
MAPPA	Multi-agency public protection arrangements
MARAC	Multi-agency risk assessment conference
MASH	Multi-agency safeguarding hub
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
NCVS	Nottingham Community and Voluntary Service
NICE	National Institute for Health and Care Excellence
PiPoT	People in a position of trust
PoP	People on probation
PP	Public protection



QA	Quality assurance
SAB	Safeguarding Adults Board
SAR	Safeguarding adults review
SERAC	Slavery and exploitation risk assessment conference
SPOC	Single Point of Contact
SWV	'Safe and well' visit
VAPN	Vulnerable adults provider network