Nottingham City Safeguarding Adults Board

Annual Report

April 2024 – March 2025

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For explanation of acronyms used throughout this document please see the glossary of terms on page 102.

Our vision

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

Message from the Chair

Welcome to Nottingham City Safeguarding Adults Board's Annual Report for 2024/2025. I am proud to present the report which demonstrated the hard work undertaken by Board Partners. It has been, and continues to be, a challenging time for those involved with safeguarding adults.

This year has been busy as we have been working on delivering our commitments in the final year of the 2022/2025 Strategic Plan and developing our new plan for 2025/28 which you can find on our recently launched independent Safeguarding Adult Board website https://www.nottinghamcitysab.org . The new plan sets out the Strategic Priorities which have been agreed through a series of development days and consultation activities.

One of our commitments last year was to increase our focus on raising awareness, improving our communication and expanding our reach. We have made progress with this but there is still more to do, and we have committed to joining with the Nottinghamshire County Safeguarding Adults Board Communication and Engagement Subgroup to help move this forward. I would like to thank all partner agencies but particularly Nottinghamshire Police colleagues for supporting with this.

We have routinely sought assurance from NHS Nottingham and Nottinghamshire Integrated Care Board regarding their oversight and delivery of the Improvement Plan following the tragic death of three citizens and three attempted murders which occurred in June 2023. We have also sought assurance from Nottinghamshire Police however there has been limited updates available as the decision on a judge led inquiry was awaited – this has now been confirmed. The independent Mental Health Homicide Review into the care and treatment provided to Valdo Calocane was published in February 2025.

We are proud that we have completed recommendations from SARs Billy and Valentina and have had the Joint Working Protocol for the Department for Work and Pensions and Safeguarding Adult Boards signed off and rolled out nationally. It has also been considered as part of the parliamentary Work and Pensions Select Committee review into Safeguarding Vulnerable Claimants.

We are watching closely on how the more recent changes announced in relation to ICBs and NHS England will have regarding the work of the SAB, particularly in light of the ICB being a key statutory partner – this has been formally raised.

Finally, I would like to say thank you to all Board members for their work and continued commitment to supporting the citizens of Nottingham - we could not continue to safeguard adults without your commitment. It is not common for me to do this as Chair, however I want to take the opportunity to highlight the work that the Nottingham City Council Slavery and Exploitation Team have been doing, as this has been raised in many national forums as good practice and is being replicated to help improve the lives of some people least able to protect themselves.

Thank you,

Lesley Hutchinson
Nottingham City Independent Chair

Case studies – Nottingham City Council Adult Social Care Safeguarding Team

Case A: A 67-year-old lady with learning difficulties and complex health issues, lives with her partner JP, who has an acquired brain injury. Safeguarding concerns were raised due to JP's inability to manage JS's care needs and his expressed intentions to take an overdose. Multi-disciplinary team (MDT) meetings were held, and support was provided, including food parcels. Eventually, JP allowed carers and district nurses to provide support. JS was admitted to the hospital and later to a care setting for assessment. Professionals worked to facilitate JS's return home with a care package and increased assistive technology. Both JS and JP are now happy, and JP is cooperating well with the care team. The outcome was positive, achieved through multi-agency collaboration and building a positive relationship with the family.

Case B: A citizen who was in a cycle of self-neglect and repeated safeguarding referrals has now been successfully stable at home for several months. Their outcomes are being achieved, and they are part of their local community more and allowing support. This case highlights the importance of MDT professionals working together to respect the citizen's wishes and work positively around risk.

Case C: A safeguarding enquiry was undertaken regarding allegations involving the son blocking care from being delivered safely in the home setting. The citizen had high care needs and required care and support from a care agency. The social worker worked in partnership with the citizen and in a multi-agency framework, resulting in the citizen being able to live the end of their life in an appropriate setting receiving dignified and safe care.

Case D: The citizen reported a long history of domestic abuse and has now left their husband and obtained a non-molestation order. Multiple actions were taken, including visits to the GP practice, DASH risk assessment, MARAC referral, Women's Aid referral, strategy meetings, and liaising with various professionals. MSP was obtained through long-term engagement with multiple visits and telephone calls to the citizen, recognizing their wishes and working with them to achieve these.

Case E: The case involved a citizen living in their parent's council property after their parent moved into a residential home. Housing had spent 18 months trying to engage the citizen to help them move to more appropriate accommodation. The worker was able to get engagement with the citizen following multiple attempts at contact. The citizen accepted needing help to move to another property, support with debts, and sorting out gas/electric supply. This case highlights the importance of persistence in making safeguarding personal, even when the citizen initially did not want to engage.

These case studies provide evidence of Making Safeguarding Personal (MSP) through Multi-Agency collaboration, building positive relationships, respecting the citizen's wishes, and working persistently to achieve positive outcomes.

Core duties of Nottingham City Safeguarding Adults Board

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

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

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

A SAB has three core duties:

Strategic Plan

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

Annual Report

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

Safeguarding Adults Reviews (SARs)

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

Our strategic priorities and what we achieved

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

Strategic priority 1: Prevention

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

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

What we achieved; we have:

- Utilised the Partner Assurance Tool (PAT) return to seek direct assurance from partner agencies.
- Continued to work with the Community Safety Partnership by raising issues related to the Multi-agency Risk Management Conference (MARAC) and endorsed the MARAC review and transition to the new model.
- Continued to support the work led by the Nottinghamshire and Nottingham ICB (Integrated Care Board) on closed cultures through the Mental Health Assurance Task & Finish Group.

- Worked to improve the range and efficiency of responses received by people with Severe and Multiple Disadvantage (SMD) through a face to face conference for professionals.
- Chaired the new Nottingham City Collective Review Subgroup which will triangulate learning from statutory and non-statutory reviews to escalated common themes and share learning with practitioners.
- Worked jointly on Transitional Safeguarding with Nottinghamshire County SAB through a working group which has this year produced guidance and training materials.
- Reviewed the priorities set by the National SAB Chairs network and the 2nd National SAR Analysis and incorporated them into the Annual Development Day and the new 2025-2028 Strategic Plan.
- Created Learning Briefings for all completed Safeguarding Adults Reviews.
- Developed a new independent website to ensure professionals can access adult safeguarding policies, procedures, guidance and resources.
- Worked with Adult Social Care and Housing to take forward the recommendations for SABs in a Ministerial Letter on Homelessness.

Strategic priority 2: Assurance

- ✓ **Receive assurance from all partner agencies on the effectiveness of their safeguarding adult arrangements**
- ✓ **Receive assurance that arrangements in specific areas promote effective adult safeguarding practice**

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

What we achieved; we have:

- Received assurance from Nottinghamshire Healthcare NHS Foundation Trust and Nottingham and Nottinghamshire ICB on the adult safeguarding related recommendations within the published CQC report and Mental Health Homicide Review.
- Received, in conjunction with Nottinghamshire County SAB, annual assurance from all partners via completion of the Partner Assurance Tool (PAT) that their adult safeguarding arrangements remain effective.
- Completed and agreed a Joint Working Protocol with HMP Nottingham in line with best practice set out in Social Care Institute of Excellence (SCIE) Guidance and The National Offender Management Service PSI 16/2015 on Adult Safeguarding within Prisons.
- Piloted, reviewed and refined the new multi-agency data dashboard in order to improve the range and quality of safeguarding data available to the Board.
- Sought assurance from POhWER Advocacy and Adult Social Care Commissioning on the provision of advocacy for city residents.
- Maintained a central risk register to monitor current and emerging themes.

- Continued liaison with the Chairs of the Community Safety Partnership, Safeguarding Children's Partnership, Health and Wellbeing Board and Local Resilience Forum via a quarterly meeting to look at cross-cutting themes.
- Continued to ensure learning from case reviews is embedded across the partnership to improve practice through the SAR Impact Tool, audits and the PAT return.
- Received regular updates on the proposed implementation of Right Care, Right Person.
- Sought assurance on how well the SAB PiPOT (People in Positions of Trust) policy has been embedded via a Policy Impact Tool.
- Developed a framework for undertaking a Training Assurance Exercise in 2025/2026.

Strategic priority 3: Engagement

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

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

What we achieved; we have:

We have taken some positive steps in taking forward our engagement work, this has primarily been through the support of Nottinghamshire Police and have made contact with their extensive **Independent Advisory Group (IAG) network**. We have met with their Disability IAG lead and are attending in June 2025. The IAG forums have an incredible reach with leads for the following areas:

- African and Caribbean Community
- Asylum seekers and refugees
- Disability groups
- LGBTQ+
- South Asian
- Students
- Traveller communities
- Youth

We have also made links with the **KINS (Key Individual Network System)** database developed by Nottinghamshire Police. This is a database which contains links with community leaders, faith and community groups and forums on it for Nottingham City and County.

We have also met with colleagues from Nottingham Community and Voluntary Service – a connection which was made following our meeting with the Health and Wellbeing Board back in November 2024. Our Board Manager attended the Voluntary and Community

Sector Forum on 13th March 2025 to give an overview of the Board and SARs, and to talk about how the sector can become more involved in Board work.

We have also:

- Published a 3 year Comms and Engagement Strategy
- Reviewed the results of MSP Questionnaire
- Received updates from POhWER Advocacy and ASC Commissioning on the advocacy provision in the City
- Continued to begin every Board meeting with an MSP case study to make sure the discussions stay focussed on the person's voice and to share good practice. This year, the MSP case studies have come from Carer's Federation, POhWER Advocacy, Department of Work and Pensions (DWP) and Nottingham University Hospital High Intensity Team.
- Invited Carer's Federation to support a Safeguarding Adults Review as a special advisor to champion the voice of carers.
- Worked with Nottingham Community and Voluntary Sector to ensure that individuals with lived experience had an opportunity to contribute to the messages and information shared at the SAB Conference in May 2024.
- Agreed in principle a new joint Comms and Engagement Subgroup with Nottinghamshire County to work on safeguarding messages and campaigns for professionals and the public.

The Board has three subgroups to support it:

The Quality Assurance Sub-group

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

The Training, Learning and Improvement Sub-group

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

The Safeguarding Adults Review Sub-group

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

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

Quality Assurance (QA) Sub-group

Achievements

Partner Assurance Tool

The Subgroup received the annual Partner Assurance Tool (PAT) submission from the following partner agencies: Adult Social Care, Framework, Healthwatch, Nottingham and Nottinghamshire ICB, Nottingham City Council Communities, Nottingham CityCare Partnership, Nottingham Probation, Nottingham University Hospitals, Nottinghamshire Fire & Rescue, Nottinghamshire Healthcare NHS Foundation Trust, Nottinghamshire Police and POhWER Advocacy. More bespoke assurance was also received from East Midlands Ambulance Service (EMAS) and HMP Nottingham.

This year, the PAT return included new points for consideration on staff wellbeing and removed questions relating to service delivery being impacted by the Covid pandemic. Agencies were also asked to look forward for any emerging or anticipated risks relating to the priorities within the new 2025-2028 Strategic Plan.

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

- Supporting people experiencing severe and multiple disadvantage

- Complexity of safeguarding cases, with mental health issues, domestic abuse, modern day slavery and exploitation all prevalent

Agencies are also dealing with issues around:

- Ability to attend and support MARAC
- Lack of staff confidence in applying the Mental Capacity Act and understanding safeguarding pathways
- Staff wellbeing and retention of staff
- Limited resource within safeguarding teams

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

Audits

Self-Neglect Audit

The Sub-group completed a face-to-face case file audit looking at Self-neglect which was linked to a recommendation in a Safeguarding Adults Review (SAR). The purpose of the audit was to identify whether practitioners were utilising the SAB Self-neglect Toolkit, whether they were recognising self-neglect and whether cases were being referred to Adult Social Care Safeguarding in a timely manner.

The audit found evidence that although some staff were confident in identifying self-neglect, others found it challenging to recognise and provide support as individuals may mask or hide self-neglect, decline to engage with services and can even be abusive to staff. Staff reported that with short visits, it can be hard to establish whether there is self-neglect as it can be difficult to build a rapport. If you have different support workers going into a home at each visit, deterioration in home environments cannot then be picked up as easily.

It was noted that information on self-neglect within adult safeguarding training can be limited, and staff reported that even if they do receive training, if it is not put into practice regularly it can be difficult to remember and apply the details. In most cases, the SAB Self-Neglect Guidance was not known, used or accessed as front line practitioners tended to rely on internal guidance and advice from their safeguarding leads.

The audit did identify areas of good practice, with accurate recording and referrals being made to Adult Social Care Safeguarding evidenced. Making Safeguarding Personal was present throughout, with safeguarding referrals discussed with the individuals and evidence of liaison with family members. There was also evidence of good multi-agency communication and joint working, with referrals being made to agencies in addition to Adult Social Care, such as GP's and Fire and Rescue, and Multi-Disciplinary Team Meetings being convened and attended.

The information from this audit will be used to shape a review of the current SAB Self-neglect Guidance and Toolkit to include information about alternative pathways outside Section 42 such as the Complex Person's Panel and Hoarding Panel, case studies, and overlap of statutory responsibilities of agencies.

Discriminatory Abuse Audit

A small-scale desktop review was undertaken in November 2024 looking at discriminatory abuse. The review found that discriminatory abuse is not always recorded as the primary abuse type, as physical or psychological may be the abuse type presenting first. Discrimination manifests itself through other abuse types such as emotional abuse (name calling, threats etc.), physical abuse (attack), neglect and acts of omissions (poor service provision) etc. Discrimination can be seen as more of a cause or motivating factor rather

than a stand-alone abuse type and may be more subtle, meaning it can be difficult to find direct evidence to conclusively record the case as discriminatory abuse when other abuse types are easier to recognise. This may be a contributing factor for numbers locally and nationally being low when compared to other abuse types.

It was noted that when assessing cases for suitable for inclusion in the desktop review, it was difficult to find cases where the discrimination was towards the adult with care and support needs – the majority of cases on the Adult Social Care systems where there was discrimination present was where the abuse/discrimination was directed towards carers/workers/staff by the service user and/or their family.

Making Safeguarding Personal (MSP) Questionnaire

The results of the MSP Questionnaire which was undertaken in collaboration with Nottinghamshire County SAB were reviewed in terms of general findings and individual agency themes. There were 469 responses over two rounds with a variety of agencies and job roles completing the questionnaire. The exercise found that around half of respondents knew the phrase Making Safeguarding Personal, with most of those respondents being confident they could clearly explain MSP. However, of those involved in the safeguarding enquiry only 4% advised that they did not regularly ask the adult they were supporting about their views and wishes, which may indicate that people are practicing MSP under other names such as 'person-centred care'. Around half of respondents said that their internal Safeguarding Training included MSP, and most respondents had received Adult Safeguarding training within the last 12 months. 84% of respondents felt that they did have enough opportunities to discuss adult safeguarding concerns within their organisation which was positive. It was agreed to repeat the questionnaire every 2 years, to allow comparison of results but also to work on recommendations and embed learning.

Data

The Sub-group piloted the new Multi-agency Data Dashboard which was launched in 2023/2024 to obtain a broader range of data from several organisations as in the past, only Adult Social Care data had been requested. After a six-month pilot, the data set was further reviewed and updated with data now being requested quarterly from:

- Adult Social Care
- Nottinghamshire Police
- Nottinghamshire Healthcare NHS Foundation Trust
- Nottingham University Hospitals
- Nottingham CityCare Partnership
- Nottinghamshire Fire and Rescue
- Nottingham City Council Communities
- Nottingham City Council Public Health

The pilot of the multi-agency data set allows a wider lens on safeguarding, although further refinement may be needed to ensure the information collected is relevant, clear and focussed.

Impact

The collected and analysed PAT returns directly informed the new 2025-2028 Strategic Plan which was developed in this financial year, as well as the 2025/2026 Annual Delivery Plan. They provide the Quality Assurance Sub-group with assurance around individual agency safeguarding practice, as well as a multi-agency strategic summary of issues the system is experiencing. The self-neglect audit provided insight into practice and confidence around recognising and responding to self-neglect, and taking the approach of

speaking directly to front line staff gave a wider range of perspectives that reviewing audit returns completed by safeguarding leads. This has provided an evidence base for reviewing and updating the SAB Guidance to make sure it is useful for practitioners. The tabletop exercise on discriminatory abuse highlighted the complexities of recognising, reporting and recording this abuse type, with our local findings echoing those found nationally. The findings have shown that we have a lack of knowledge and resources locally, something which the TLI Subgroup will now take forward. By repeating the MSP Questionnaire with County, the Board have a clearer understanding of how fully the local system workforce understands MSP and is confident applying it in practice. By agreeing a new 2 year cycle for the questionnaire, it allows time to put recommendations into practice, embed learning and think about measuring impact.

Barriers

The expanded data set takes a significant amount of time to review, and as the Board does not have a data analyst, refining and reviewing data accurately is a challenge.

Return rates for the MSP questionnaire are low compared to the number of staff working in the City, and so different methods of gathering information may need to be considered in addition to electronic surveys.

Attendance at face-to-face audits isn't always possible for front line staff due to operational commitments, which limits the additional information gathered in conversation which doesn't always come through in written notes.

Priorities for 2024/2025

- To review the current PAT tool to reflect the new 2025-2028 Strategic Plan priorities.
- To continue to pilot, review and refine the multi-agency data dashboard to collect clear, relevant and useful data to provide assurance and inform further work.
- To carry out audit work on Transitional Safeguarding and PiPOT.
- To review the MSP Questionnaire by considering other methods of collecting information to ensure a higher return rate.

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

Achievements

SAB Conference

On 20th May 2024, we held a multi-agency conference for over 120 professionals at Police and Fire & Rescue Headquarters in Arnold with support from the Nottingham Practice Development Unit. The theme for the day was Safeguarding and Severe and Multiple Disadvantage with 17 different speakers from a variety of agencies in the city including Changing Futures, Adult Social Care, Public Health, Community Safety, Police, Fire & Rescue, Framework, Primary Care and the Financial Resilience Partnership. The day included feedback from people with lived experience from the Changing Futures Expert Citizens Group in the form of quotes and videos. Attendees were provided with information and resources, and had an opportunity for questions and discussion with the speakers at the end of the day. A programme for the event can be accessed via the link below:

NCSAB Conference Programme

As well as providing an opportunity for professionals to learn together, the conference generated recommendations for further work by the Board which have been agreed with the Health and Wellbeing Board and included in the 2025-2026 Annual Plan including:

- Information sharing guidance on Safeguarding and SMD
- Learning from SMD deaths to be brought into the new City Collective Review Subgroup
- To support the Trauma Informed Practice work being undertaken by the Violence Reduction Partnership
- Comms and Engagement around SMD
- Include SMD leads in the Transitional Safeguarding work being jointly undertaken with Nottinghamshire Couty SAB

SAB Website

In 2024/2025, one of the key tasks for the TLI Subgroup was to develop a new independent website for the Board. The purpose was to raise the profile of the Board with professionals and provide a hub of resources with all SAB Policies, Procedures and Guidance in one place together with published Safeguarding Adults Review, 7 Minute Briefings, signposting to local services and local and national Adult Safeguarding related news. The group reviewed a range of other SAB websites nationally to determine what would work best locally, and worked closely with a web developer to design a bespoke website for the SAB.

The website had a soft launch at the end of March 2025, and work will continue in 2025/2026 to build the content and seek feedback from professionals about how well it supports them in their role. The website can be accessed via the link below:

www.nottinghamcitysab.org

SAR Impact Tool

The group continued to seek assurance that learning from SARs was being embedded by using the SAR Impact Tool which was launched in the last financial year. This year the Impact Tools were for the Billy and Valentia SARs which were published in 2023.

National Adult Safeguarding Awareness Week

We supported National Adult Safeguarding Awareness Week from 18th – 22nd November 2024 by hosting a series of free webinars for professionals on adult safeguarding related topics such as Slavery and Exploitation, Advocacy, Safeguarding Adults Reviews, Illegal Money Lending and specialise services offered by Framework including the Wrap Around Multi-Disciplinary Team, Nottingham Recovery Network and Employability and Skills support for citizens. The webinars were accompanied by a Comms Pack which went out to all agencies with links to resources from the SAB, Nottingham Practice Development Unit, Financial Resilience Partnership and Ann Craft Trust.

Impact

- Both the public and professionals have a better understanding of adult safeguarding and when and how to report abuse and neglect.
- Professionals were provided with an opportunity to network and learn from each other at a face-to-face event.
- Professionals have gained skills and confidence in a range of adult safeguarding topics. This will reduce inappropriate referrals and help ensure professionals utilise alternative referral pathways.

- We can evidence that learning from SARs is being embedded.

Barriers

- There is a lack of multi-agency training opportunities for professionals.
- Agencies are not always able to release staff to attend webinars during National Adult Safeguarding Awareness Week.
- The part time SAB Training Officer post has not yet been recruited to.

Priorities for 2024/2025

- Hold a multi-agency Partnership Event on Transitional Safeguarding in conjunction with Nottinghamshire County SAB.
- Carry out a Training Assurance Exercise with City agencies to identify training needs and gaps.
- To continue to expand the suite of 7-Minute briefings through a newly formed 7 Minute Briefing Working Group.
- To explore a joint Comms and Engagement Subgroup with Nottinghamshire County SAB.
- To build the SAB Website into a hub for professionals.
- To hold a Prevent and Serious Organised Crime Week with Community Safety and Nottinghamshire County SAB.
- To support existing campaigns which allow for raising awareness of key issues, such as Carer's Week and Safeguarding Adults Awareness Week.

Safeguarding Adult Review (SAR) Sub-group

Safeguarding Adults Reviews Commissioned:

There were three referrals considered against the SAR criteria by the multi-agency SAR Sub-group via extraordinary meetings in 2024/2025. Of these, it was agreed that two of them did not meet the SAR criteria set out in Section 44 of the Care Act (2014). However, it was agreed by multi-agency decision that the other case did meet the SAR criteria and so a review should be commissioned.

The case is an individual with Autistic Spectrum Disorder who experienced serious injury within an inpatient care setting due to extreme levels of self-harm. This mandatory SAR had an independent reviewer appointed in March 2025 and Terms of Reference for the review have been drafted. This review is expected to be completed in 2026.

Safeguarding Adults Reviews in progress:

There are two reviews which were started in 2024/2025 which are in progress. The first case is an individual in their late 20s who was non-verbal with severe physical and learning disabilities who died in hospital. Their care spanned across two local authority and health areas, and the review and practitioner event have been well supported by agencies in both areas. We are currently awaiting a first draft of the report and expect this SAR to conclude in 2025.

The second case is an individual who died in their 50's where there were concerns about severe self-neglect and non-engagement with services linked to long-term anxiety, agoraphobia and deep-rooted trauma. An Independent Reviewer was appointed in June 2024 and a practitioner event has been completed. As one of the key themes in this review is around unrecognised carers, Carers federation have supported the SAR process as an

expert advisor/critical friend. We are currently awaiting a first draft of the report and expect this SAR to conclude in 2025.

Safeguarding Adults Reviews Completed and/or Published:

The non-mandatory SAR for 'Antoni' which was signed off by the Board in March 2024 has had a multi-agency action plan created and agreed by the Business Management Group which has been progressing throughout 2024/2025. This SAR relates to an individual who was exhibiting extreme levels of hoarding and had to leave his property. A decision was made not to publish this review due to the potential negative impact on the individual, who still lives locally and is being supported by services. However, in addition to agencies working together on the action plan, a learning briefing has been created to ensure learning can be shared with front line staff.

We still await the outcome of criminal proceedings in relation to a previous SAR, 'Bob', which until concluded we are unable to publish a briefing. We have remained in contact with the Police regarding progress on this and they are themselves waiting on the Crown Prosecution Service. An executive summary has been drafted which is currently with Police for agreement. However, assurance has been sought from the agencies involved and all actions from this SAR have been completed.

In December 2024, a mandatory SAR for 'Chris' was signed off and subsequently published in January 2025. 'Chris' died in late 2022 in a housing association property housing a number of adults with care and support needs; there were concerns of cuckooing and exploitation. As a result of this SAR, Nottingham City Safeguarding Adults Board are part of a national SAB working group on Cuckooing, linking in with other Boards, the Home Office and the University of Leeds.

A further SAR for 'Lisa' was completed at the end of 2024/2025 and is due to go to the Board for sign off in April 2025. This review was for an individual that died in hospital following a 999 call from their son. Ambulance staff had been advised that the individual had been unresponsive after weeks of lying on the sofa refusing food, drink or any help and was found to have multiple pressure sores. There were concerns relating to neglect, self-neglect, alcohol use, non-engagement with services and missed identification of their son as a carer. Due to alcohol use being a key theme of this review, Public Health supported the SAR process as an expert advisor/critical friend.

Additional SAR Work:

A review of the current SAR Procedures has been in progress throughout 2024/2025, with the updated document due to be complete early 2025/2026.

The group continue to develop Learning Briefings for any new SARs completed as a way of sharing learning with front line staff. These briefings will be posted on the new SAB Website.

Regionally, the East Midlands Safeguarding Adults Boards have endorsed National Best Practice Guidance on Managing the Interface between SARs and Coronial Processes which was published in October 2024. This document has been included within the revised SAR Procedures and is also on the SAB website.

A 2nd National Analysis of SARs was published in 2024/2025, and Nottingham City SAB are currently reviewing the recommendations in collaboration with Nottinghamshire County SAB so that they can be implemented locally and regionally.

What difference have we made?

We said, we did

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

We said……	We did……
Ensuring the recommendations of SARs, learning reviews and the investigations into the deaths on 13th June 2023 are progressed. In addition, ensuring the findings from the forthcoming Second National SAR Analysis are reviewed	We continue to deliver the recommendations from our SARs and are raising awareness at every opportunity we can. We have reviewed the Second National SAR Analysis and are supporting national work where capacity allows. Finally we have received assurance through out the year both directly from the mental health trust and from the ICB in relation to progress on the Improvement Plan following the tragic deaths and attempted murders on 13th June 2025.
Delivering our commitment to the Communication and Engagement Strategy 2024-27	Published our 3-year Comms and Engagement Strategy and completed our workplan for year 1
Ensuring we make best use of the new multi-agency data dashboard	The multi-agency data set has been piloted, reviewed and refined to make sure the data we collect is easily obtainable by agencies and helps inform the Boards priorities. There is still further work required in this area.
Hosting National Adult Safeguarding Awareness Week and a conference on Safeguarding those in Severe and Multiple Disadvantage	Delivered a multi-agency conference for professionals on Safeguarding and SMD in conjunction with Changing Futures and the Practice Development Unit. Continued to support National Adult Safeguarding Awareness Week with a series of free webinars and a comms pack of resources
Ensuring the delivery of the 2024/25 Annual Action Plan with particular focus on progressing specific work on safeguarding those in transition, those in need of mental health support and ensuring a trauma informed response is applied	Progressed the work in the 2024/2025 Annual Action Plan
Reviewing the implementation of Right Care Right Person	We have been provided with updates on progress in terms of preparation and

	proposed implementation. This continues to be an area of focus on our new Annual Plan.
Strengthening our relationship with the Nottingham Community Safety Partnership and Safeguarding Childrens Partnership (including keeping abreast of changes brought about by Working Together to Safeguard Children)	'Partnerships' has been added as an additional priority in the new 2025-2028 Strategic Plan, with several shared areas of focus including domestic abuse and slavery and exploitation.
Developing and consulting on our forthcoming Strategic Plan for 2025-28	We held a multi-agency Strategic Plan Development Session in person in November 2024 to draft the new outline strategic plan. This draft was then sent out for a 4-week consultation period to partner agencies and the voluntary and community sector. In February, all feedback was reviewed and a new Draft 2025-2028 Strategic Plan developed and signed off in March 2025.

Feedback from partners:

"The SAB Conference on SMD featured 17 speakers from multiple agencies across the city. Not only did this support referrals of vulnerable citizens into relevant agencies and panels but also served as a great reminder to make your own training; this doesn't always have to be formal and accredited and can include shadowing, networking, attending events/forums, information sharing"

"Great to network face to face at the annual conference, I felt this was incredibly helpful"

"The relationship between Community Safety and the SAB was strengthened even further in 2024/25, with joint work progressed in relation to domestic abuse, slavery and exploitation, and communications"

"The safeguarding adults week's activities gave my team to broaden their knowledge on subjects like Illegal Money Laundering and What Happens after an Adult Safeguarding Referral in concise lunchtime webinars; subjects that are not core to our day to day, so we're unlikely to enlist in full training, but relevant to wider context"

"The dynamic collaboration among Safeguarding Adult Board partners is positive. Colleagues are committed to proactively creating innovative learning opportunities for all agencies, driving positive change and development"

New Strategic Priorities for 2025-2028

In November 2024, partner agencies met for a face-to-face Strategic Plan Development Session in Council House on the new SAB 2025-2028 Strategic Plan. The session included:

- Reflection on the 6 Statutory Safeguarding Principles
- Reflection on the Role of the Board
- Review of our shared vision
- Delivery of the 2022-2025 Strategic Plan
- Links with Nottinghamshire County SAB
- Local areas of concern from partners
- Themes from audits, the Partner Assurance Tool and Safeguarding Adults Reviews
- The regional and national steer from the National SAB Chairs Network and East Midlands Chairs Network
- Areas of crossover with the Community safety Partnership, Safeguarding Children's Partnership and Health and Wellbeing Board

A new 3-year Strategic Plan was drafted and sent out to partner agencies and the voluntary and community sector for a 4-week consultation. The Board then reconvened in person in February 2025 to review the feedback, agree the new 3-year Strategic Plan and develop the annual delivery plan for 2025/2026. Our new Strategic Priorities are as follows:

Our 2025-2028 Strategic Priorities

Organisational Activity of the Board These priorities relate to how Board agencies will work together to understand and improve the wider adult Safeguarding system			**Impact on Individuals** These priorities relate to areas where Board agencies will work together to reduce, remove and prevent the impact of abuse and neglect		
1. Assurance	**2. Communication, Engagement and Participation**	**3. Partnerships**	**4. Prevention and Early Intervention**	**5. Domestic and Sexual Violence and Abuse (DSVA)**	**6. Self-Neglect/ Hoarding**
Seeking assurance that effective adult safeguarding arrangements are in place. This will be demonstrated by sharing what's working well; by identifying improvements in practice; by seeing an increase in the risks associated with abuse and neglect being removed or reduced	By raising awareness, involving our stakeholders and citizens in the work of the Board, we will ensure people are equipped to identify and respond to safeguarding concerns, and ensure the voices of individuals and carers influence our work	By strengthening relationships with other multi-agency partnerships and forums, we will reduce duplication and ensure a joined-up approach to cross-cutting themes is prioritised	Supporting professionals to identify risks and provide the right support at an early stage. We will work together to evidence the impact of this	By working together, we will improve the safeguarding experience and outcomes for all adults with care and support needs experiencing Domestic and Sexual Violence and Abuse	Helping to create a more skilled and confident workforce that have the right tools to support individuals who self-neglect and/or hoard and provide appropriate support. We will evidence this through our training and development and quality assurance arrangements

Case study – Nottingham University Hospitals

The adult safeguarding and domestic abuse practitioners have been working with a survivor of domestic abuse, I will use the name Sue, who also has care and support needs. The survivor has a learning disability and has reduced mobility and has multiple health conditions which make her reliant on her partner for washing, dressing, meals, shopping and getting to appointments. There have been a number of disclosures of domestic abuse and evidence of coercion and control over a period of 3 years, Sue has been heard at MARAC as a survivor. There have also been many attendances related to poor management of a health condition resulting in her becoming clinically unwell and requiring treatment in the adult intensive care unit.

There have been a number of agencies involved but Sue has always wanted to remain with her partner and is deemed to have capacity to make those decisions. Over the last year her health has deteriorated, and she has had unexplained injuries.

The safeguarding team and the social worker have met with Sue to discuss our concerns and explain why safeguarding teams were involved. Her partner was brought into some of the multi-disciplinary meetings as this was Sue's wish. When spoken to alone Sue is clear she wants carers and additional support with her medication, when her partner is involved, she denies this and says they can cope without additional support, this has been a common theme with adult social care over a number of years.

Her safeguarding social worker has completed multiple capacity assessments for decisions around her living arrangements, care and support needs and understanding of domestic abuse. Health teams have completed capacity assessments in relation to her health, medicine management and discharge destination. There have been times when she was clinically unwell that she has lacked capacity and decisions have been made in her best interest but always factoring in her previous wishes and feelings.

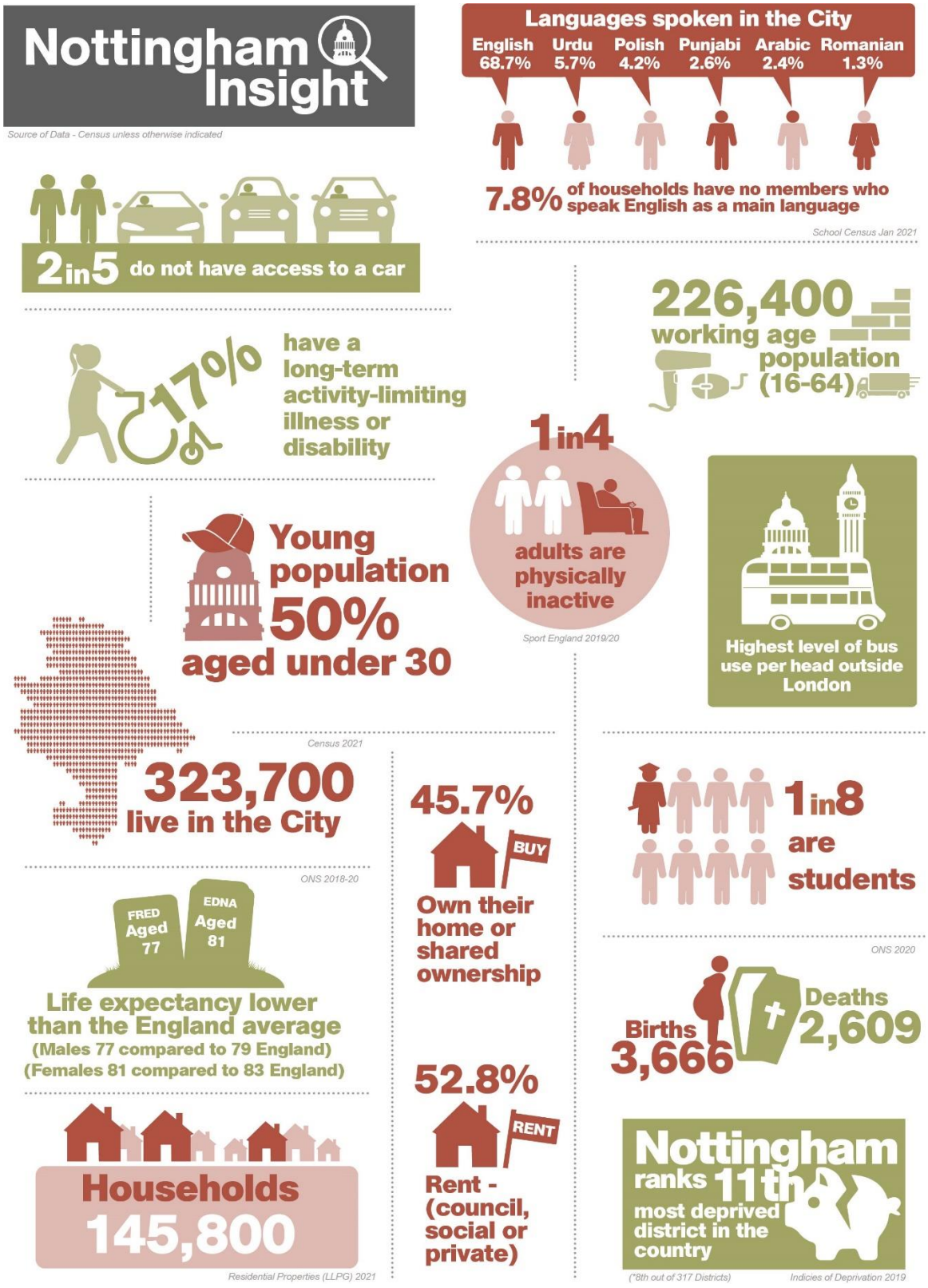
The risks around the management of her health and medication have increased so the hospital domestic abuse practitioner, adult safeguarding lead, social worker and other community partners have worked to minimise risk while listening to what she wants.

Sue is currently living at home with her partner, they both understand that if carers or other professionals are not allowed entry into the home then this will be considered unlawful behaviour by her partner and the police will be involved and that the local authority will consider discussing the concern with the court of protection.

Although Sue's partner does not want carers in the home and Sue will only admit that she wants help when he is not around this is felt to be the least restrictive option to minimise risk for Sue while allowing her to make decisions about where she lives and accessing the care and support that she needs.

About Nottingham City

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



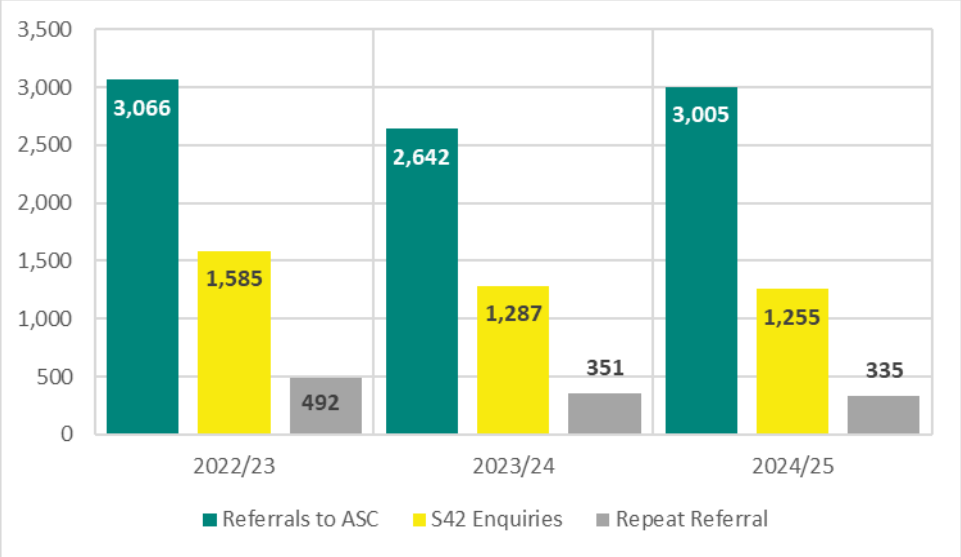
Safeguarding Adults Activity

Section 42 of the Care Act 2014 requires local authorities to make enquiries, or cause others to do so, if they believe an adult with needs for care and support (whether or not the local authority is meeting any of those needs) is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom. These enquiries are commonly referred to as 'Section 42 enquiries'.

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

NHS Digital Safeguarding Adults Collection data analysis for 2024/25 is due to be published in late August/early September 2025 and will provide the benchmarking information for this report and safeguarding activity and outcomes.

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



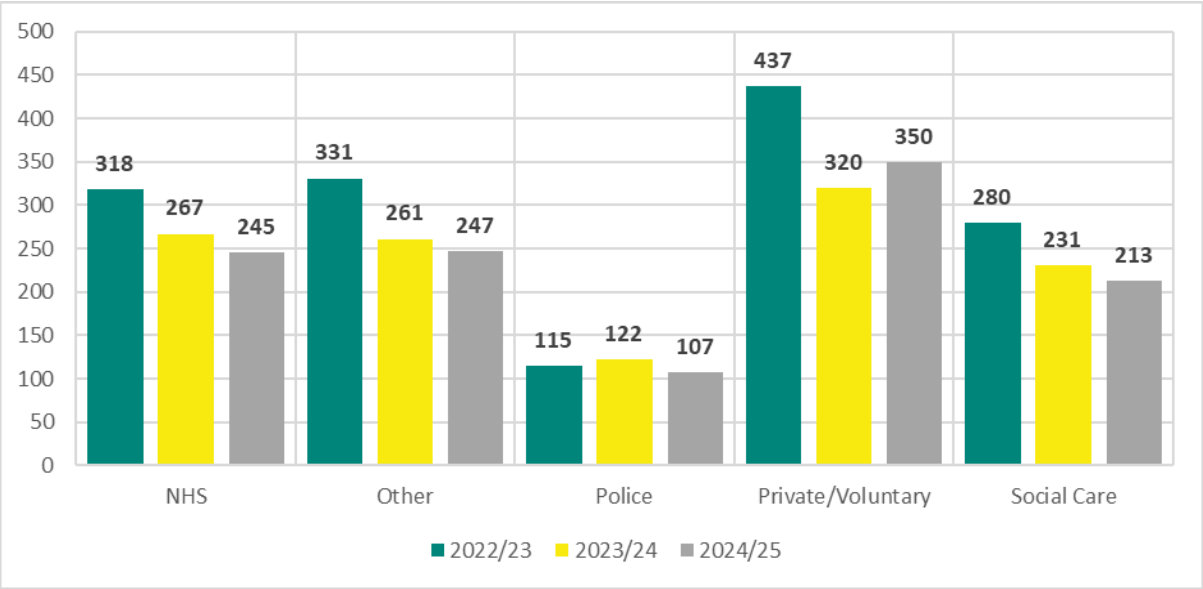
Nottingham City's data shows a 13.8% increase in adult safeguarding referrals when compared to 2023/2024, with them being a similar level to 2022/2023.

When considering S42 enquiries, there is a small decrease of 2.4% in 2024/2025. Nottingham City Council Adult Social Care department has robust screening frameworks in place to determine if Safeguarding concerns require further Enquiry. For example, Care Homes are required to report 'falls' to the local authority safeguarding team which would be recorded as a 'concern', the team have formalised this process and Care Homes are required to evidence what action has been taken to address the potential risk of further falls with the resident or resident. The team quality assures this information and if it has been determined that the fall has been properly managed, there is no further risk, and the fall has also been reported to CQC and the ICB, no further action is required. Closing these referrals at concern stage is a proportionate and appropriate response.

The number of concerns which were repeated referrals has also decreased steadily since 2021/2022 which is seen as a positive as this can be interpreted that Safeguarding interventions have had positive outcomes for citizens where the risk has been removed, reducing the likelihood of a repeat referral. National data on repeat referrals is not collected, and so there is no national benchmark.

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

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



With the reduction in the number of S42 enquiries, the chart above is expected, showing a reduction from all sectors except for Private/Voluntary which saw a marginal increase in 2024/2025.

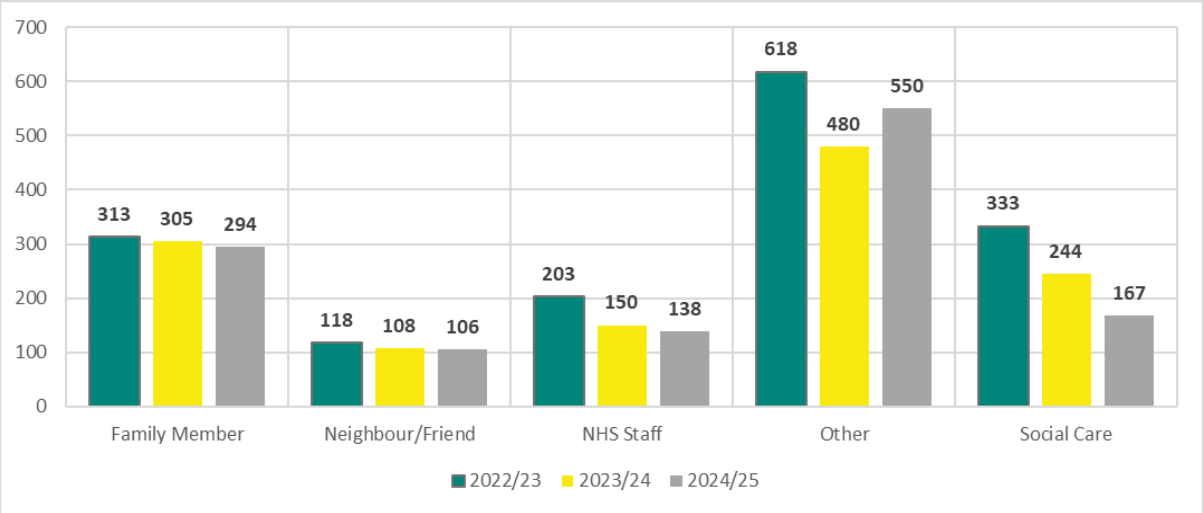
Chart 3: Volume of Section 42 enquiries by type of abuse

	Physical	Sexual	Psychological	Financial	Neglect	Discriminatory	Institutional	Domestic Abuse	Modern Slavery	Sexual Exploitation	Self Neglect
2022/23	265	91	203	391	788	6	87	131	30	12	51
2023/24	224	69	172	311	549	6	51	146	31	10	56
2024/25	220	91	156	315	531	7	68	114	36	14	53

Nationally, the most common type of risk in Section 42 enquiries that concluded in 2023/2024 was Neglect and Acts of Omission, which accounted for 32% of risks. In 2024/2025, the data for Nottingham City shows that neglect and acts of omission are still the most common risk locally, followed by financial abuse, physical and then psychological risks. This has remained unchanged for several years since 2022/2023. Some categories have seen changes since last year, with S42 enquiries for sexual abuse and institutional (organisational) abuse both showing an increase. Numbers for physical abuse, financial abuse and self-neglect have remained steady, with a small decrease in numbers for domestic abuse.

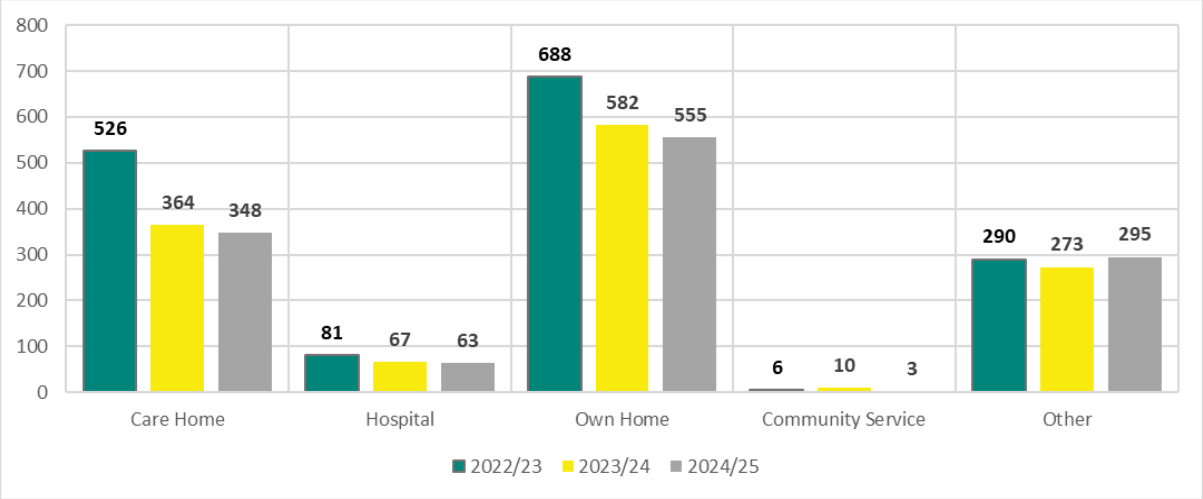
Neglect and acts of omission account for around a third of S42 enquiries and are often related to care delivery from providers of care in both home and care settings.

Chart 4: Volume of Section 42 enquiries by perpetrator relationship



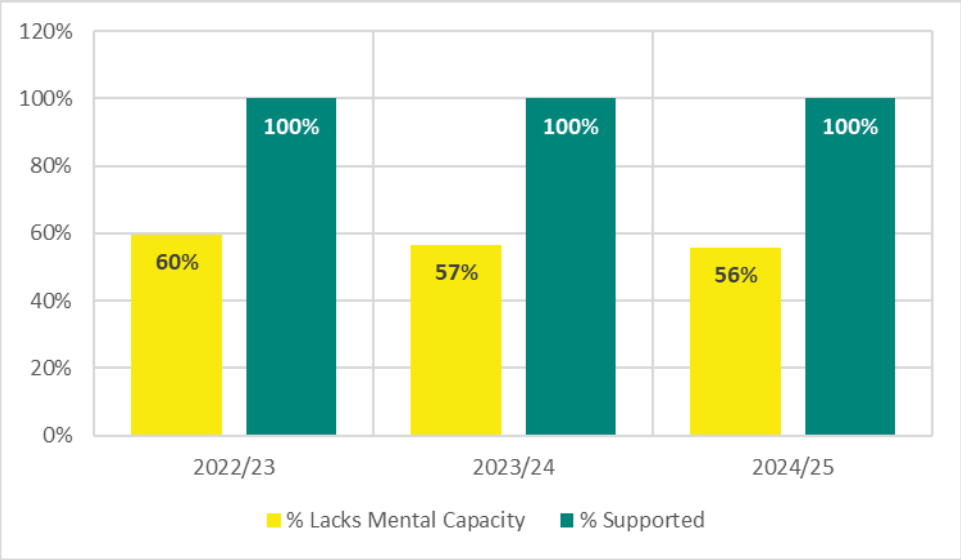
All named categories have seen a decrease since 2023/2024, although the category of 'other' has increased by 14.5%. Adult Social Care are to address data recording in this area to ensure categories of perpetrator are fit for purpose, with the aim of reducing the use of the 'Other' category.

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



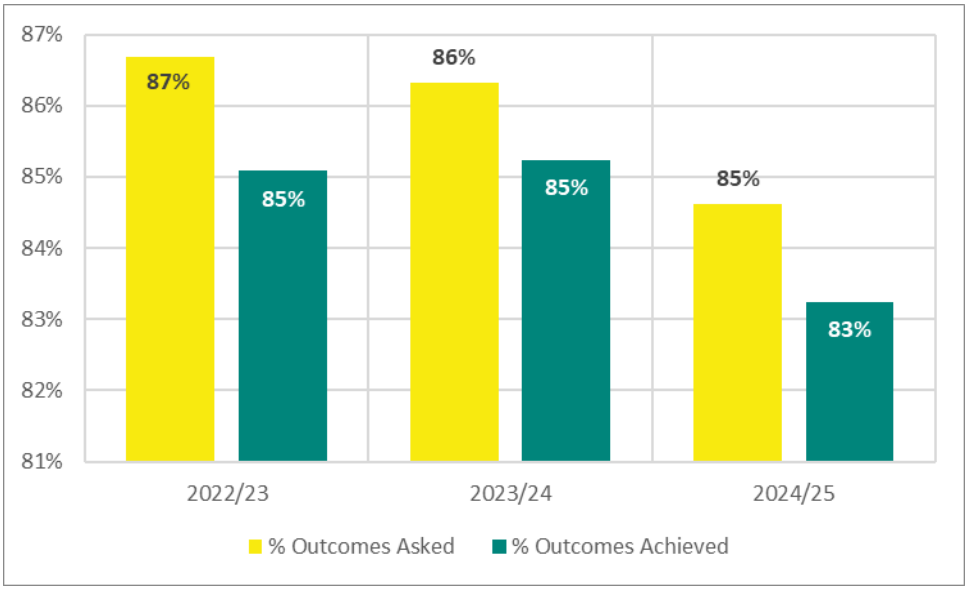
Nottingham City has seen a decrease in all categories since 2023/2024 except for 'other'. 'Own home' consistently remains the largest category of location of abuse.

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



The data above has remained consistent over the last few years. It is extremely positive to see that 100% of people who 'lacked mental capacity' are supported through the safeguarding procedure; this is exactly as would be expected. NCC Adult Social Care has a robust Mental Capacity Act training programme to ensure that all practitioners consider Mental Capacity and advocacy in all assessments and reviews. The commissioned advocacy service has been a member of the Board since 2023 bringing information and data.

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



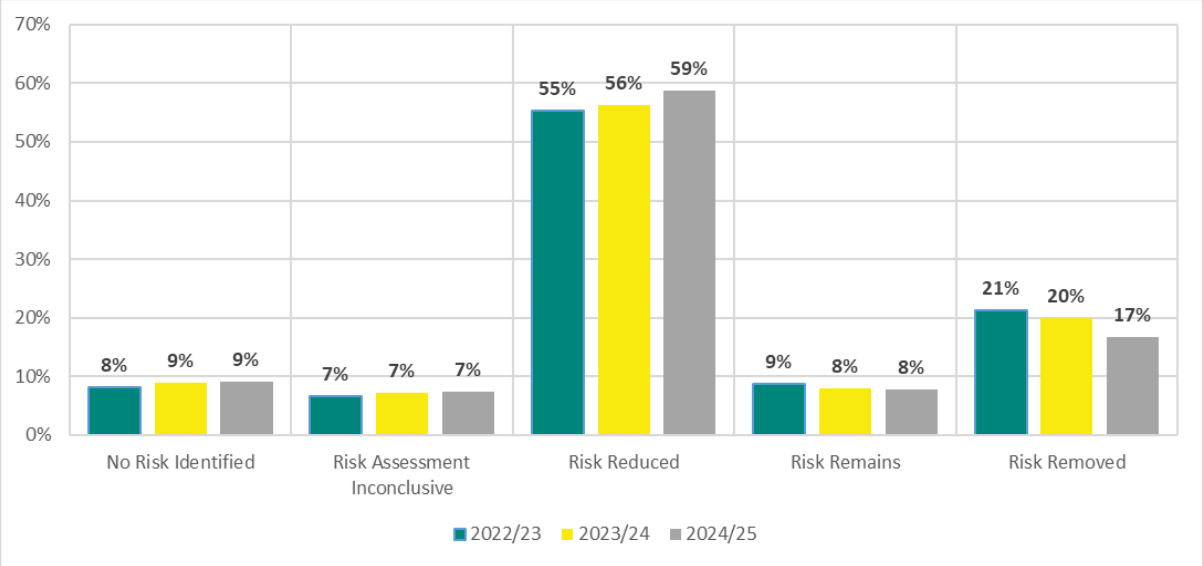
85% of individuals were asked what outcomes they wanted, and of those, 83% had their outcomes achieved. On the 15% of citizens that were not asked, there can be several reasons for this, including:

1) Person lacking capacity and unable to provide a view.
2) Non engagement – there is a high level of self-neglect, hoarding and Severe Multiple Disadvantage cases referred. It is often difficult to establish contact and there is refusal of engagement from the citizen despite multiple attempts to visit and make appropriate contact.

3) A safeguarding referral has been received in relation to neglect and the person has died.

Making Safeguarding Personal sits within the Engagement strategic priority of the Board and this chart is part of the evidence the Board uses to assure itself that safeguarding support is personalised to people's views and situations.

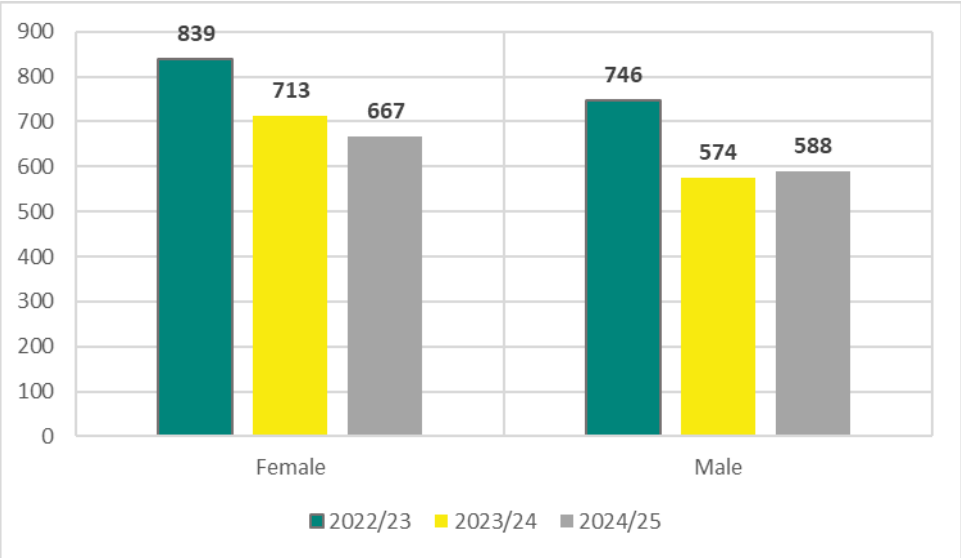
Chart 8: Percentage of Section 42 enquiries by risk outcome



Nottingham City, in 85% of cases the risk was reduced or removed, or no risk identified. However, if we include those cases which were inconclusive, the percentage would be 92%. This figure has remained fairly consistent for several years. The Board monitors this figure though the quarterly data received but accepts that risks might always remain for some situations. Some citizens, if there is no evidence of mental impairment, may choose to live in a risky situation despite Social Work intervention, as under the Mental Capacity Act, citizens have the right to make 'unwise decisions'.

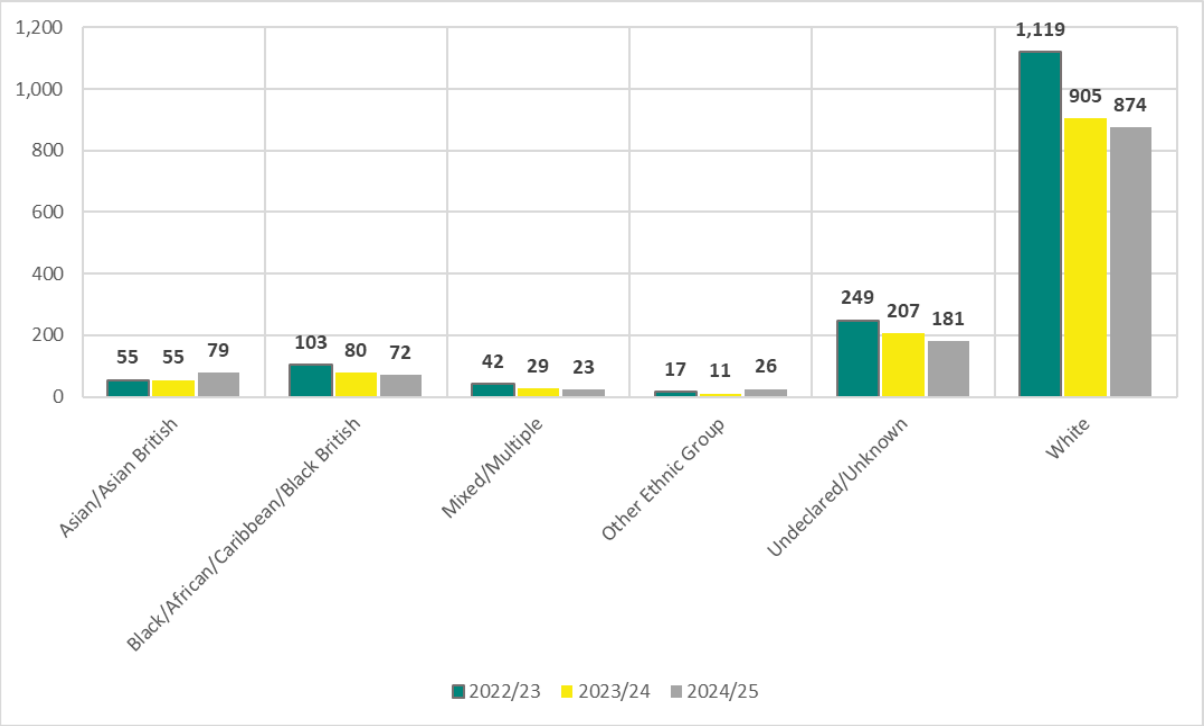
Demographics

Gender



The number for males has slightly increased since last year, following a decrease in 2023/2024. The number for females has reduced by 6.45% since last year, and by 20.45% since 2022/2023.

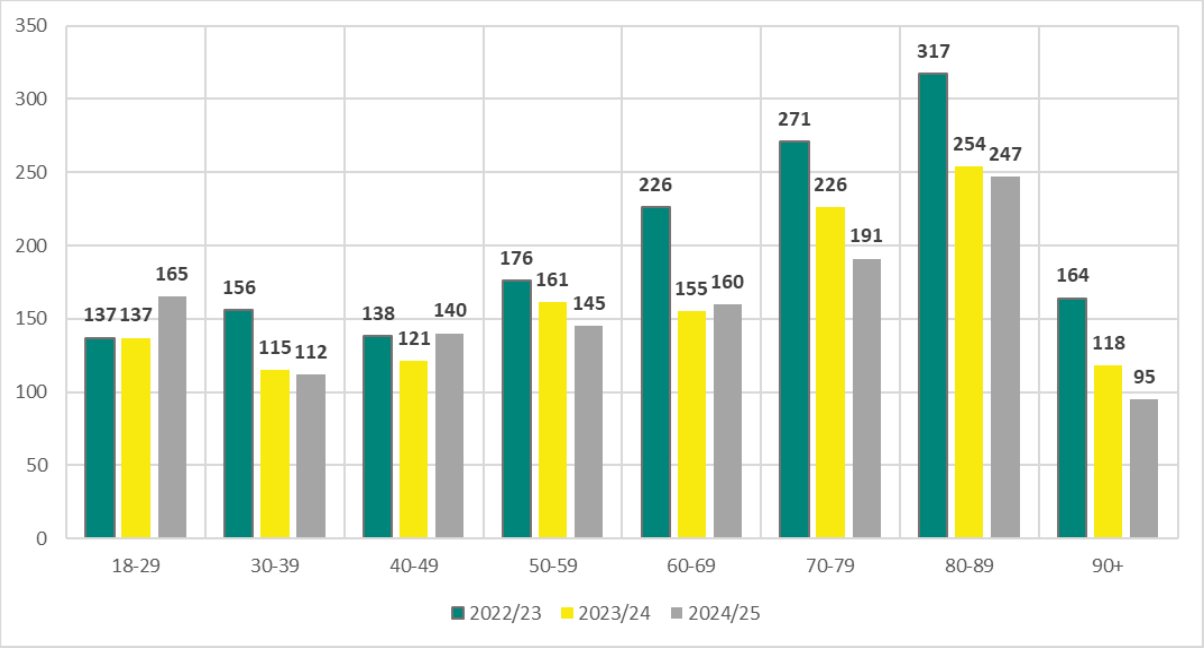
Ethnicity



The majority of Section 42 enquiries are for citizens that are white, with numbers for Asian/Asian British, Black/African/Caribbean/Black British, Mixed/Multiple and Other ethnic groups much less. In the past, it was noted that the figures did not necessarily reflect the demographics of the City as per the census results, however the Quality Assurance Subgroup has replicated work carried out by other Boards and Local Authorities to attempt to measure the figures against the ethnicity of adults with care and support needs rather than the whole population. This was done by using the figures of adults in receipt of a package of care, and when reviewed in this way there were no groups which stood out as being underrepresented in safeguarding referrals. However, it is a priority of the Board to raise awareness about adult safeguarding and how to make a referral in all local communities.

There are still a high number of enquiries where ethnicity is not recorded (Undeclared/Unknown), although this number has been steadily decreasing, and has reduced by nearly 28% since 2022/2023. It was previously identified by Adult Social Care that this is primarily a process issue within the Electronic Social Care recording system used, which does not prompt allocated workers to review or enter ethnicity when they are involved with a citizen. Work within Adult Social Care to address this recording issue is to be addressed in 2025/6.

Age



The majority of Section 42 enquiries are for adults in the 80–89-year-old age bracket, which is consistent with the figures for the previous three years. There has been an increase in several age groups (18-29, 40-49 and 60-69) with the 18-29 age group seeing the biggest increase since last year of 20.43%.

Who sits on the Board and how does it work?

Throughout 2024/25, the Board was chaired by Lesley Hutchinson, with Emma Coleman as the full time Board Manager. In January 2025, Iqra Khan was appointed as the Business Support Officer for the Board.

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

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

Funding

Nottingham City Council, Nottinghamshire Police, and Nottingham and Nottinghamshire ICB jointly fund the Nottingham City Safeguarding Adults Board.

During 2024/2025 these statutory partners continued to provide financial support in line with previously agreed contributions, and the budget was balanced at year end.

Contributions

Nottingham and Nottinghamshire ICB	45.3%
Nottingham City Council	45.3%
Nottinghamshire Police	9.1%
Other	0.3%

Nottingham City Safeguarding Adults Board 2024/25	Annual Cost (with on costs) 2024/25
Staff costs	£93,061
Running costs	£3857
SARs	£13,700
Total	**£110,618**

Board Constitution

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

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

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

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

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

What next for 2025/26? Continuing our journey

2025/26 will be another busy year for the Board. We will be focusing on the following actions;

1. Start progressing the new 2025-2028 Strategic Plan and ensure delivery of the 2025/2026 Annual Delivery Plan.
2. To prioritise work on the response to the Ministerial Letter on Homelessness with local partners as well as Regional SAB Chairs.
3. To seek clarification and assurance around the impact on safeguarding of proposed local, regional and national changes within the ICB and local government.
4. Continue to build our independent website as an important resource for professionals and the voluntary and community sector with the addition of guidance, podcasts, videos and training opportunities.
5. To extend our awareness raising to include Carer's Week and a Prevent and Serious Organised Crime Week in addition to supporting National Adult Safeguarding Awareness Week.
6. To set up a joint Comms and Engagement Subgroup with Nottinghamshire County SAB to explore communication and participation opportunities with professionals and people with lived experience.
7. Work with Nottinghamshire County SAB on Transitional Safeguarding through multi-agency workshops to develop a maturity matrix, embed the resources developed in 2024/2025, and hold a multi-agency practitioner event.
8. Continue to prioritise embedding learning from SARs.

Reporting abuse

Safeguarding is the process of protecting individuals, especially vulnerable ones, from abuse, neglect, and harm. If you suspect that you or someone is being abused or neglected, it is important to report your concerns.

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

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

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

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

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

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

If it is an emergency, dial 999

Appendix 1 - Partner contributions

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

Nottingham City Council Adult Social Care

Organisational risks and mitigation

1. **Neglect & Acts of Omission by Regulated Care Providers**

Adult Social Care has robust structures and processes in place to intervene early, investigate and coordinate Safeguarding investigations in care homes and domiciliary home care providers. In 2024-25, the Adult Safeguarding Quality Assurance Team (ASQA) who hold a vital role in holding providers to account in delivering the expected standards of care led and coordinated Provider Investigations into 9 registered providers within the Nottingham City boundary. Providers remain subject to this procedure until they are able to consistently provide assurance that identified improvements have been made.

ASQA has also overseen 5 Provider Failures where a service for a variety of reasons has been unable to meet its contractual requirements ranging from serious care concerns to financial viability. The services contracts have subsequently been terminated.

Emerging Issue during 2023 -24

The Home Office have intervened with 12 providers within Nottingham City, suspending or fully revoking the providers right to sponsor (the process of facilitating a visa for someone to work in the UK).

The impact of this is that workers operating through this scheme cease to be able to work legally in the UK, with this taking effect immediately when the Home Office intervene (reducing the care providers workforce and ability to deliver care)

In the past 12 months 2 sponsorship licenses have been suspended, 2 sponsorship licenses reinstated after suspension, 1 revoked and 1 process led to a provider closure. ASQA and the Councils contracting Team worked closely with the Home Office to ensure action did not impact upon citizens delivery of care.

Multi Agency Lessons Learned processes are consistently applied following critical incidents to ensure that good practice is celebrated and opportunities identified for development and changes in practice and procedure. The Adult Safeguarding Quality Assurance Team is currently reviewing the multi-agency Provider Investigation Procedure and an Early Intervention Procedure is currently being developed.

ASQA Coordinators worked in partnership with NCC Contracts team and received training from representatives from the Home Office on the subject of care provider Sponsorship Licensing (the process of facilitating a visa for someone to work in the UK).

2.Individuals with Severe and Multiple Disadvantages (SMD)

Individuals with Severe and Multiple Disadvantages (SMD) face compounded risks due to their complex needs, including homelessness, substance misuse, mental health issues,

and offending. Such individuals often experience domestic abuse, poor physical health, and community isolation, particularly among Black and Ethnic Minority groups. Addressing these multifaceted issues requires a coordinated approach across both statutory and voluntary services. Appropriate accommodation options are frequently limited and a multi-dimensional approach to supporting such individuals is a challenge. This group often fall between services and have multiple complex needs to manage. Given the intensity of Social work input required, this impacts upon the capacity of Social care to meet demand.

Adult Social Care Training & Development Team have launched several new training initiatives. One of the key developments has been the launch of a course on Supporting Citizens Experiencing Severe Multiple Disadvantage (SMD). This training is designed to improve outcomes for people dealing with issues such as homelessness, substance misuse, mental health difficulties, and involvement with the criminal justice system. The outcome of the course is to ensure colleagues gain valuable knowledge and practical strategies to better assess need and coordinate and plan support of citizens experiencing SMD.

Multi agency working is key in risk assessment and care planning. Adult Social Care actively participate in the Nottingham City Wrap Around Multi-Disciplinary meetings, led by Changing Futures. Appropriate agencies who work with citizens with SMD attend this meeting and collectively explore the services and resources that can be explored to improve outcomes.

3.Hoarding

Hoarding cases present unique challenges for Nottingham City Council. These challenges include:

Mental Health Involvement: Engaging individuals with hoarding disorder can be challenging. Due to the non-engagement and complexities of diagnosis, effective treatment and positive outcomes are limited

Housing and Tenancy Issues: Housing services often face challenges in addressing hoarding cases, particularly when tenants refuse access to their properties. This can lead to significant risks, such as fire hazards, and complicates the ability to carry out necessary inspections and repairs.

Multi-Agency Coordination: Effective management of hoarding cases requires coordination between multiple agencies, including adult social care, housing services, mental health services, and environmental health. The lack of clarity regarding the roles and responsibilities of each agency can hinder the resolution of hoarding cases

Legal and Enforcement Actions: Legal tools and enforcement actions are sometimes necessary to address extreme hoarding cases. However, the process can be lengthy and complex, particularly when considering applications under the Mental Capacity Act (MCA) or the Court of Protection

Tackling Hoarding in Nottingham City: Multi-Agency Coordination and Pathway Development

- **Chairing the Hoarding Panel and Early Intervention Work**: The Adult Safeguarding team has taken on the responsibility of chairing the hoarding panel, focusing on early intervention work. This proactive approach aims to address hoarding behaviours at an early stage, preventing escalation and ensuring timely support for individuals.
- **Developing Work with Hoarding Pathways/Framework Development**: The Local

Authority has been actively involved in advancing the hoarding pathways and framework development. This initiative aims to create a more effective and inclusive referral pathway for hoarding cases, ensuring clarity around agency responsibilities, legal powers, and intervention thresholds. The group has brought together representatives from housing services, adult safeguarding, environmental health, mental health, fire services, and community protection to develop a more effective and inclusive referral pathway.

- **Key Developments:**
  Referral Pathway Design: The group is working to streamline the referral process for hoarding cases, ensuring clarity around agency responsibilities, legal powers, and intervention thresholds.

Prevention

Training & Development

Over the past 12 months, the Adult Social Care Training and Development Team has continued to enhance and expand its training resources to support colleagues across the department.

We have further developed our 7-Minute Briefing Library, which now includes 18 briefings. These concise resources are designed to support continuous learning and help maintain a skilled and informed workforce. The briefings offer a mix of new insights and reminders of previously shared knowledge, accompanied by reflective questions to encourage practical application in day-to-day work.

Our Adult Safeguarding Toolkit has been regularly updated to reflect current best practices. Recent additions include guidance on collaborative decision-making, information sharing, staying warm in winter, Severe Multiple Disadvantage (SMD), and updated MARAC processes.

We continue to share updates through our Adult Social Care Newsletter, including special editions for Adult Safeguarding Week and Universal Human Rights Month. Since April 2025, we have introduced a monthly policy spotlight, recently featuring the Improving Agencies' Engagement with Service Users Framework.

We have collaborated with our Prevent Lead to develop a new face-to-face Prevent training offer. This enhanced training builds on the foundation of Basic Prevent Awareness and provides a deeper understanding of the roles and responsibilities within the Prevent agenda. The sessions are now running monthly and have been consistently fully booked.
We have introduced a New Starter Insights and Practice Review session to reflect on key learnings from the first three months of colleagues' induction (including a review of colleagues Adult Safeguarding Training). This includes reviewing training outcomes, sharing best practices, engaging in practical exercises, and planning ongoing professional development.

We continue to deliver Adult Safeguarding Training and have recently introduced a Safeguarding Training Quality Assurance Tool. This tool evaluates training content across service areas—including Adult Assessment, Adult Provision, and Occupational Therapy—against 30 quality indicators, incorporating learning from SARs and 7-Minute Briefings. Trainers have also engaged in peer reviews to ensure consistency and quality.

Review of Safeguarding Policies and Procedures:

The Local Authority has undertaken a comprehensive review of safeguarding policies and procedures, providing tool kits and support for practitioners. This review aims to enhance the effectiveness of safeguarding practices and ensure that practitioners have the necessary resources to protect adults at risk.

PIPOT Policy Implementation:

The Local Authority has successfully implemented the Persons in Positions of Trust (PIPOT) policy. This policy is designed to manage and mitigate risks associated with individuals in positions of trust, ensuring that safeguarding measures are in place to protect vulnerable adults

Early Intervention 'Waiting Well'

Adult social Care have adapted the IMPACT regionally coproduced *Waiting Well* guidance for citizens on waiting lists to receive meaningful, supportive information about what to expect from adult social care and how to seek further support if required. The adult social care department have led a project with managers, seniors and practitioners to customise this guidance, so it is more relevant and practical for our local context, including information about what to do if they are concerned about safeguarding issues. This information will be sent out to all citizens who are referred to adult social care.

Assurance

Appropriate Arrangements in Place to Safeguard Adults

Adult Social Care has established robust arrangements to safeguard adults at risk. This includes a dedicated Adult Safeguarding team responsible for the majority of referrals received in the City and offer support and advice to other Adult Social Care teams who undertake Safeguarding enquiries.

We also benefit from a specialist Adult Safeguarding Quality Assurance Team who oversee Provider investigations where a number of citizens are affected. There is no national requirement for this type of service, but the effectiveness of the team has been proven over the years through successful interventions, and feedback from providers and partners.

Deputyship Service

The Local Authority has invested in the expansion of its internal Deputyship Service to widen the scope of new referrals into the service of citizens who lack mental capacity and require money management because there is no-one else suitable, able or willing to undertake this role. Referrals often result from financial safeguarding concerns in relation to family or friends, and the Service is able to step in and safeguard the citizen from further abuse or neglect. Over the past 12 months the service has expanded from 250 to 500 citizens supported by taking over the management of cases from another Directorate of the Council. This has enabled a more client focused case work service to be provided to over 250 citizens.

Case studies – Nottingham City Council Deputyship Service

Case Study A

A was referred to the Deputyship Service from the Safeguarding team following financial abuse by his relatives who held Lasting Power of Attorneys – a legal authorisation which allows a person to manage someone else's finances. As well as theft of money and assets, A was left with no access to money for food or day to day needs.

The Deputyship Team was able to provide the Department of Work and Pensions with evidence of wrongdoing to gain DWP appointeeship which allowed the Team to take over management of A's benefits. This allowed the team to speedily provide funds for A's food, boiler repair, and essential needs. The Deputyship Team subsequently became A's appointed Deputy ensuring his assets are protected and they receive a person-centred money management service, preventing the risk of any further financial abuse.

Case Study B

Following a referral to the team the Deputyship service uncovered that B had a family member who held over £30.000 of their savings that they had not be utilising in his best interests. The deputyship team took control of the external savings. The Deputy was able to safeguard these funds for B's needs, including making decisions to purchase specialist equipment to improve his health and wellbeing which they had been deprived of. A hugely successful person-centred outcome for the citizen who is now enjoying a better quality of life and is safeguarded from further exploitation.

Safeguarding Adults Reviews

To ensure that learning from Safeguarding Adults Reviews (SARs) is both accessible and embedded in everyday practice, SAR summaries have been integrated into our internal learning resource hub. All managers have been reminded to reinforce the importance of using these summaries as discussion points in team meetings, during supervision sessions, and as part of ongoing familiarisation with safeguarding policies and procedures.

Mental Capacity Act Assurance

A new quality assurance process has been introduced as part of Adult Social Care and Support Plan framework. Assessment and Care and Support Plans are now reviewed at multiple stages, with specific checks in place to ensure the completion of Mental Capacity Assessments. These quality checks are embedded within the approval workflow, and data analytics are compiled centrally to monitor compliance, identify trends, and support continuous improvement in practice.

Stakeholder Engagement Officer

A new role has been established within the Training and Development Team: Stakeholder Engagement Officer. This role is currently supporting the development of an online 'easy-read' resource aimed at helping citizens better understand adult safeguarding processes. As part of this work, the officer is researching best practice examples from other local

authorities to inform the design and content.
The Stakeholder Engagement Officer is also contributing to the redesign of the 7-Minute Briefing template. This follows a recent Task and Finish Group under the TLI workstream, which reviewed a range of existing 7-Minute Briefings to identify opportunities for improvement in format and accessibility.

DBS Checks and Safer Recruitment Practices

We comply with safer recruitment practices by conducting Disclosure and Barring Service (DBS) checks for all staff members. These checks are regularly updated to ensure that staff meet the required standards for working with vulnerable adults.

Engagement and Making Safeguarding Personal

Evidencing an Organisational Approach to MSP that is Person-Led and Outcome-Focused

Our organisation is committed to implementing Making Safeguarding Personal (MSP) in a way that is both person-led and outcome-focused. This approach ensures that safeguarding practices are tailored to the unique needs and preferences of each individual, promoting their autonomy and well-being.

Embedding MSP into Safeguarding Policies & Procedures

MSP is fully embedded into our safeguarding policies and procedures, as well as our Training & development Safeguarding programme. This integration ensures that all safeguarding activities are aligned with MSP principles, promoting a culture of person-centred care and continuous improvement.

Anonymised Case Examples Demonstrating MSP

Anonymised case examples have been provided that illustrate what MSP looks like in practice within our organisation. These examples highlight the positive impact of MSP on individuals' lives and demonstrate our commitment to person-centred safeguarding.

Case studies – Nottingham City Council Adult Safeguarding Quality Assurance Team

Situation

As part of our embedded Quality Information Sharing process, several agencies raised concerns with the Team about a residential care provider at the monthly multi agency Quality Information Sharing meeting. The Provider Investigation Procedure was initiated, and work took place in partnership with the care provider to rectify issues and re-establish required standards of care. This included some Enforcement action

The Adult Safeguarding Quality Assurance Team led and coordinated the Procedure from August 2024 to March 2025, through 8 PIP meetings, which led to a successful outcome.

Citizens impacted

All the residents required complex mental health support in the setting with some receiving a high level of 1:1 staffing. During the process, two residents moved to alternative placements as it was identified as part of the PIP process that the home were unable to meet their needs.

Positives

All partners worked proactively together, and communication was good throughout.

The Director for the provider service was fully engaged and cooperated with the PiP.

The provider thanked the attendees of the PIP for all their support and have continued to access this support where appropriate.

The CQC have completed a follow up inspection, and the outcome was very positive.

Evidence of Mental Capacity Act Implementation

Our safeguarding policy and procedures fully reference the Mental Capacity Act, and our staff are trained to implement the principles when working with adults at risk. This ensures that individuals' rights and autonomy are respected, and that decisions are made in their best interests.

Framework

Organisational Risks and Mitigation

Top risks

- Staffing shortages both internally and in the agencies that we work with.
- Housing shortage limiting the options available to people with Severe and Multiple Disadvantage (SMD) or other homelessness needs, bed blocking in existing provision due to the inability to move people into longer-term accommodation.
- Cuckooing and serious crime, challenges of drug dealing and exploitation in services.

- Challenges in developing frontline staff teams to understand and evidence key safeguarding concepts such as capacity, care act needs, thresholds, fluctuating capacity and executive function.
- Managing staff wellbeing when dealing with complex issues, risk of violence, vicarious trauma, staff shortages and funding uncertainty.

Mitigations

- Recruiting qualified social workers to support people to engage with assessments and to advocate on their behalf. Escalation routes to senior staff to support and advocated in individual cases. Seeking strategic-level engagement with key partners who control access to services. Ongoing.
- Developing internal capacity, training and senior/qualified social work support to build staff capability. Ongoing.
- Increasing pay at the frontline to support recruitment and retention of staff. Completed at start of the current financial year.
- Developing and acquiring housing stock specifically for people with SMD and/or who are rough sleeping. Ongoing.
- Working closely with the police to ensure joined up responses to cuckooing, crime, drug dealing and exploitation. Ongoing.
- Working with Public Health to support the delivery of system change, allowing us to influence strategically and advocate for those with SMD. Ongoing.
- Overhaul of learning sets for frontline staff, including the centralisation of compliance monitoring. Due to complete Sept 2025.

Prevention

Highlights:

- Enhancement of safeguarding training via our overhaul of learning sets, with enhanced centralised reporting driving increased compliance with mandatory learning.
- Strengthening of ‘Transitional’ safeguarding arrangements, driven by compliance with Ofsted standards for supported housing for young people.
- Strategic Safeguarding Group (more detail below under Assurance).
- Safeguarding Champions (more detail below).

Safeguarding Champions

Introducing Safeguarding Champions in Framework has significantly enhanced frontline safeguarding practice, built a stronger organisational culture of safety, and improve outcomes for service users. Here are the key benefits we’ve noted:

1. Strengthening Frontline Safeguarding Practice
   - Champions act as accessible points of contact for staff with safeguarding concerns or questions, providing immediate guidance and signposting.
   - They help embed safeguarding into day-to-day practice, ensuring it's not just seen as a compliance issue but a core responsibility.

- Champions can help identify early signs of abuse, exploitation, or neglect—critical in homelessness settings where risk is often high and complex.

2. Promoting a Culture of Safeguarding
   - Champions help create a visible safeguarding presence across teams and services, reinforcing that safeguarding is everyone's business.
   - They can model good practice, encouraging peers to adopt trauma-informed, person-centred approaches.
   - Regular communication from champions (e.g. in team meetings or bulletins) keeps safeguarding high on the agenda.
3. Building Staff Confidence and Competence
   - Champions help bridge the gap between policy and practice, making safeguarding more accessible for staff who may be less experienced or lack confidence.
   - They support the dissemination of training updates, learning from incidents, and changes in legislation or policy.
   - Champions can assist in onboarding new staff, ensuring early and consistent exposure to safeguarding expectations.
4. Early Identification of Themes and Risks
   - Acting as the "eyes and ears" on the ground, champions can escalate emerging safeguarding trends or systemic issues to strategic leads.
   - They provide valuable intelligence for shaping training, service development, and risk management strategies.
5. Enhancing Multi-Agency Working
   - Champions often serve as liaisons with external partners, improving the flow of information between frontline staff and safeguarding leads or statutory services.
   - They can advocate effectively for service users during multi-agency meetings or case conferences, given their in-depth knowledge of individuals and service contexts.
6. Supporting a Trauma-Informed and Empowering Approach
   - In homelessness settings, safeguarding must account for past trauma, fear of authority, and distrust of services. Champions can promote approaches that are respectful, empathetic, and culturally competent.
   - They can help staff balance safeguarding with autonomy, particularly where clients are adults with capacity but live in risky circumstances.

Having champions can also improve regulatory and commissioner confidence, showing that the organisation is proactive in embedding safeguarding throughout its operations.

Assurance

Highlights:

- Strategic Safeguarding Group (more detail below)
- Serious and Untoward Incident Panel which reviews serious incidents to identify good practice and areas for improvement
- Assistant Directors take learning from SARs and incorporate into policy, procedure & training
- Reporting against compliance with training requirements overhauled and on track to hit target date of Sept 2025

- DBS compliance rate 99% with appropriate responses/explanations in place for small number of non-compliant (e.g. long-term sickness absence).
- Datix system (more detail below)
- Increased Board oversight of safeguarding performance – new Service Delivery Committee and Performance Dashboard
- Internal Audit

Strategic Safeguarding Group
We have recently established an internal Strategic Safeguarding Group which will bring significant benefits across governance, operational effectiveness, staff confidence, and—most importantly—service user safety. Here are the key advantages we have noted thus far:

1. Improved Governance and Accountability
   - Provides clear oversight of safeguarding practices across the organisation.
   - Ensures policies, procedures, and training remain current and compliant with legislation and best practice.
   - Supports a culture of transparency and continuous improvement, with regular reviews and audits of safeguarding incidents and learning.

2. Stronger Cross-Service Coordination
   - Facilitates collaboration between departments (e.g., outreach, accommodation, clinical teams), reducing siloed working.
   - Enables early identification of emerging safeguarding themes and systemic risks affecting multiple services (e.g., exploitation, modern slavery, county lines).
   - Coordinates safeguarding responses for complex or high-risk cases involving multiple stakeholders.

3. Embedding a Preventative Approach
   - Moves the organisation beyond reactive safeguarding to strategic risk prevention.
   - Promotes learning from incidents, case reviews, and audits to mitigate future harm.
   - Enables targeted interventions and resource allocation based on trend analysis and risk mapping.

4. Staff Support and Development
   - Enhances staff confidence through clear decision-making structures and escalation pathways.
   - Creates a forum to share best practice, highlight gaps, and feed back on policy implementation.
   - Oversees and supports delivery of specialist safeguarding training tailored to the unique needs of homelessness services.

5. External Assurance and Partnership Working
   - Strengthens relationships with statutory partners (e.g., local safeguarding boards, police, social care) through a coordinated, professional interface.
   - Demonstrates strategic leadership and compliance to commissioners, funders, and regulators (such as the Charity Commission or CQC).

- Positions the organisation as a thought leader in safeguarding practice within the homelessness sector.

Datix

Key Benefits of Using Datix, Framework's incident management system.

1. Centralised Reporting
Datix offers a single, consistent platform for logging all incidents—safeguarding, health and safety, medication errors, or near misses—reducing the risk of missed or inconsistent reporting.

2. Improved Risk Management
Helps identify patterns and recurring issues across services, enabling proactive interventions and better risk mitigation.

3. Real-Time Oversight
Provides immediate visibility of incidents for managers and safeguarding leads, with full audit trails to support governance and inspections.

4. Promotes a Learning Culture
Encourages non-punitive reporting, supporting continuous learning and service improvement based on real incidents.

5. Strengthens Safeguarding
Improves tracking of safeguarding concerns, actions, and outcomes—ensuring transparency and accountability in multi-agency work.

6. Enhances Compliance
Demonstrates robust incident management to regulators and commissioners, supporting CQC, Ofsted, and contract readiness.

7. Custom Reporting & Dashboards
Offers powerful analytics tools for spotting trends, informing decisions, and targeting improvements.

8. System Integration
Often links with complaints, audits, and risk registers to provide a joined-up view of quality and safety.

New Service Delivery Committee

2024/2025 has seen Framework introduce a Service Delivery Committee. It's essentially a sub-group of the Board with specific responsibility to assure the Board about services delivery.

The SDC will provide assurance to the Board that effective systems are in place to monitor and improve service delivery. Its key responsibilities include:

1. Service Quality Assurance
   Ensure a robust quality assurance framework is in place and responsive to underperformance by:
   - Reviewing annual Quality Assurance Framework (QAF) self-audits.
   - Receiving reports on Quality Team interventions in underperforming services.

- Monitoring services triggering concerns on the Performance Assurance Dashboard.

2. Safeguarding Oversight
   Oversee safeguarding processes and review trends from Datix reports. The Board may delegate approval of safeguarding policies to the SDC.

3. Learning from Serious Incidents and Reviews
   Ensure implementation of learning from serious incidents, statutory reviews, and relevant audit findings. The ARM Committee will retain oversight of Internal Audit approvals, but relevant findings will be shared with the SDC.

4. Complaints and Compliments
   Monitor complaint trends and ensure learning is applied to service improvements. The Committee will receive quarterly updates, offering more frequent scrutiny than the full Board currently provides.

5. Celebrating Good Practice
   Promote service excellence and innovation through presentations on successful practices, research findings, and pilot evaluations.

6. Service User Insight
   Use data from Tenant Satisfaction Measures, surveys, and consultations to drive service improvement. The Committee will handle data-driven insights, while the full Board focuses on service user influence.

7. Commissioner Feedback
   Monitor and respond to concerns raised by commissioners through quarterly reports on contractual underperformance or formal complaints.

8. Workforce Development
   Ensure staff development is integrated into service delivery by conducting 'deep dives' into areas like leadership, supervision, and communication.

Engagement and Making Safeguarding Personal

Frameworks direct engagement with the SAB is relatively limited (and we are open to increasing this) but has yielded positive implementation of several initiatives that were perhaps not as well embedded or were embedded albeit it by a different name.

Introducing "Making Safeguarding Personal" (MSP) into a Framework's safeguarding practice offers significant benefits by empowering service users to be active participants in decisions about their safety. This person-centred approach prioritises the wishes and needs of individuals, fostering a sense of autonomy, dignity, and respect. We continue to work with service users whose voices are often not heard, especially true for those who may have experienced trauma or distrust of services. We use the principles of Person-Centred approaches in our service delivery – all people using our services have personalised support plans (with new improved version due to be launched in the Autumn). All staff have received training in 2024/5 on 'Meaningful Conversations' – designed to improve the quality of engagements with service users, by focussing in on their strengths and hopes as the vehicle by which to shape their service.

Framework's Tenant Satisfaction Measures and Satisfaction Survey confirmed that people using our services value their relationships with their workers.

The Mental Capacity Act is contained within our Safeguarding policies and procedures. Capacity. Understanding of the MCA, and its role in working with people with SMD, or who use substances is one of the most important areas for service development. Capacity is sometimes understood by our staff and partners throughout the wider system as 'the right to make poor choices.' Emerging evidence and practice that recognises that 'executive function' has a more significant part to play in determining capacity, assessing need and providing services, particularly for those experiencing SMD and addiction. This is likely to be a focus of Framework's next strategic plan and our service quality improvement work.

Healthwatch

Organisational Risks and Mitigation

The top risk in our organisation regarding Adult Safeguarding is failing to pick up on safeguarding cues from the people we interact and engage with in the community, whilst gathering their experiences of health and care services. Or being unable to act upon safeguarding concerns more effectively due to not having enough information about the person of concern via our 'have your say' form on our website. This risk is the challenge in navigating referral pathways for safeguarding in particular situations.

There is an additional burden of limited capacity and resource on top of concerns around long-term sustainability that could mean more safeguarding risks are missed due to lack of capacity. We are facing staff retention challenges due to being unable to keep up with the rising cost of living.

Awareness training is provided to all staff and volunteers on indicators and how to follow our policies and procedures, along with information on how to signpost people on to the relevant agencies for further advice or to make their own safeguarding referral.

Our safeguarding policy and procedures are updated regularly, to reflect any changes in the current pathways and contact details.

Before we visit service or carry out a project, part of the pre-visit session is to refresh/update all participants on our safeguarding process.

We also book annual Adult Safeguarding in person training for the whole team to keep knowledge up to date.

In terms of the challenge mentioned above, this has been raised directly with Nottinghamshire County SAB so that we can ensure our staff understand the referral pathways for suicidal ideation and how to respond to these concerns effectively in line with our policies and procedures.

Prevention

We run a bi-weekly 'issues' meetings where any safeguarding issues are identified and escalated to the appropriate lead. Our face-to-face engagement and outreach, gives us an opportunity to speak to communities and members of the public to offer information and signposting as appropriate or take issues for escalation.

Our Community Roadshow model of engagement hosted in Place Based localities also acts as a vehicle to strengthen community assets and resilience, as well as bringing providers together, and highlighting and spotlighting what is on offer for communities to

keep well and safe.

Our recruitment procedures ensure that at least 2 references, with one from previous employers where possible, are gathered and DBS checks for staff and volunteers who may come into contact with vulnerable adults are carried out.

Assurance

All staff and volunteers have an awareness of safeguarding and are familiar with our reporting process. We have ensured whole team training on Safeguarding has been delivered to ensure that we remain abreast of any changes or development in this area.

Staff and volunteers are only appointed after satisfactory references and/or checks and have a 3 month 'probationary' period.

Any member of the public who raises a concern to us is signposted to the relevant authority for further information or to make referral with support from our designated Safeguarding Lead (the CEO).

Engagement and Making Safeguarding Personal

N/A from service delivery perspective. However, we are keen to be working with providers and commissioners to ensure that citizen participation and engagement remains at the heart of all service design and delivery.

Nottingham and Nottinghamshire ICB

Organisational Risks and Mitigation

Following the completion of the work of the Mental Health T&F group set up in late 2022 to address key concerns following the BBC's panorama programme and the report which was presented to both Nottingham City and Nottinghamshire SAB's in late 2023 the group has completed the work identified on the action plan and continues to meet as a stakeholder group on a quarterly basis to maintain and provide assurance following the work undertaken. The group focusses on sharing and learning from good practice as well as identifying and escalating concerns/issues with a view to working towards shared solutions to resolve.

The Adult Safeguarding Team have continued to be key stakeholders in working with the Community Safety Partnerships in both Nottingham & Nottinghamshire and the Police and Crime Commissioners Office to meet our statutory requirements under the Domestic Abuse Act (2021) and improve early identification, intervention, and outcomes for survivors of Domestic Abuse and Sexual Violence. Through delegation of Quality Assurance responsibilities for Quality Assuring Domestic Homicide Reviews (DHR's) from NHS England, we identified a gap in involvement and notification of some DHR's to both the ICB and health providers by Nottinghamshire County CSP's. This identified a gaps in health being informed and included in DHR's limiting information sharing and learning following reviews.

The Adult Safeguarding Team have been involved in escalation of risk due to the high number of MARAC cases being listed and the impact this is having across the health provider sector. Increasing MARAC's and additional MARACs are putting pressure on existing teams and placing people at risk form domestic abuse at higher risk.

The Adult Safeguarding Team have identified a lack of confidence across some CHC teams and GP services around application of the Mental Capacity Act and documenting decision making. We have continued to work with CHC teams to identify patients who are

in receipt of NHS fully funded care packages and progress cases where Deprivation of Liberty is occurring through the Court of Protection for either authorisation under RE:X or Welfare orders as required. We identified a risk in relation to some community based packages which were on held pending the implementation of Liberty Protection Safeguards, when this was further delayed.

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

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

There are now two International Recruitment Leads employed by Nottinghamshire County Council and Nottingham City Council. The leads work to highlight services at potential risk, where a high proportion of the staff group are international employees, the leads will work with the providers to ensure compliance with all regulations. They also support displaced workers by sign posting them to the East Midlands International Recruit Hub who support them to find new employment. A local displaced worker pack has been developed to support in these situations.

Risk is monitored via our Quality Concerns Log which then feeds into our Master Risk Matrix. These are reviewed regularly by the individual quality officer for each home but also reviewed monthly within our team meeting. Homes are RAG rated based on a number of factors including but not limited to the number of quality concerns, the number of EMAS call outs (particularly conveyance versus non conveyance) as this identifies if the home are using the service appropriately, 12 month admission rate and serious incidents.

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

In regards to our statutory duties for undertaking DHR’s we have worked closely with Police colleagues and local Community Safety Partnership leads to develop pathways for reporting and requesting information and involvement in DHR’s for both the ICB safeguarding team and safeguarding leads across health. We have continued to work with CSP’s and County Council Domestic Abuse leads to try and close this gap but in some boroughs it remains unresolved.

Nottingham city have piloted and now embedded a new approach to MARAC’s which has seen a significant reduction in impact across partners and improved outcomes for survivors. Nottinghamshire is still considering whether to adopt this approach, partners are

keen to see the new approach adopted across Nottinghamshire and are working with DA leads to try and progress this.

The Adult Safeguarding Team commenced a rolling training programme in relation to Mental Capacity act, Best Interest and Executive Functioning across all CHC teams, health providers and primary care. This rolling programme can be accessed online to maximise opportunity for attendance and attendees are sent case studies and questions to consider in advance of attendance which has ensured a more interactive approach to the sessions.

The Adult Safeguarding Team have also undertaken a review of all fully CHC funded cases where Deprivation of Liberty may be occurring and have started to progress these cases through the Court of Protection.

Prevention

The NNICB sit as equal partners on both the Nottingham City and the Nottinghamshire SAB, with representation from the NNICB Chief nurse. Colleagues from the Adult Safeguarding Team in the NNICB chair/co-chair or are representatives on all subgroups of the SAB's.

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

The NNICB has continued to provide and deliver updates and support to Primary Care through our GP Leads programme, TeamsNet and Provider forums. These continue to be provided 'virtually' as following Covid we identified a 'virtual' approach significantly increased attendance. We have developed an all-age approach to our GP Leads sessions which includes sharing and embedding learning from statutory reviews. We have seen a year-on-year increase in attendance at these sessions due to the virtual nature of the delivery.

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

NNICB have signed up to the Sexual Safety Charter and are working to develop our Sexual Safety Policy and Procedure as well as developing communications around sexual safety in the workplace and a statement on our webpages.

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

Assurance

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

As an individual organisation the ICB also reports into the Designated Professionals and Chief Nurse meeting, and this is where we examine our internal safeguarding arrangements and highlight and mitigate any risks.

As a ICB we remain compliant with all our statutory duties in relation to the Care Act (2014) & Statutory guidance and monitoring of statutory reviews is via the NHSE Safeguarding Statutory Review case tracker.

NNICB are also measured through their submission for the NHSE Safeguarding Commissioning Assurance Tool which was submitted in April 25.

In addition to this NHSE carry out “assurance conversations” with the Chief Nurse and Assistant Director of Safeguarding. These conversations focus upon the ICB Heat Map returns that are submitted to NHSE on a quarterly basis. NHSE base these upon emerging national key themes.

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

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

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

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

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

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

Engagement and Making Safeguarding Personal

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

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

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

The Adult Safeguarding Team have a rolling programme of Mental Capacity Act training which is available to both ICB practitioners, and those in Primary Care and provider organisations, which can be adapted to meet the needs of those in attendance and covers both application and documenting use of the MCA but also Best Interest Decision making, executive functioning & court of Protection processes.

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

Nottingham City Council Communities

Organisational Risks and Mitigation

Community Protection

Anti-Social Behaviour Team

The ASB team has changed its procedure in line with the Council's hybrid operational model therefore there are a reduced number of visits conduced; but low-level visits should still be completed by Neighbourhood Safety Officers (NSOs) or Nottingham City Housing Services.

Risk mitigation in regard to missed visits is that this is covered in partnership with NSOs, Nottingham City Housing Services and Nottinghamshire Police. Safeguarding checks are completed at this stage and referrals made when needed to the gateway and/or adult social care.

Migration Team

Asylum Seekers have been in hotel accommodation for extended periods of time, leaving them more open to right wing visits and due to their vulnerability, they are more likely to be victims of hate crime and modern slavery.

This community has also had to negotiate access to various health services for lengthy periods for those not yet in the asylum system and with no recourse to public funds.

GP's and other health services also do not always provide correct interpreters, or often no interpreter, resulting in medical issues not being diagnosed at early stages and correctly. This is also duplicated within the Mental Health system. The Mental Health Crisis Team have not provide interpreters at appointments and people are just go back to their Asylum accommodation where their mental health deteriorates even further and they do not get the treatment and support to avoid escalation of issues and improve their mental health. There are some individuals who significantly self harm and are not getting any support.

GP's charge for support letters to get their health issues addressed by the Home Office, and people seeking asylum only get £8 per week this is not affordable.

Case study – Nottingham City Council Communities – Migration Team

A family at a hotel did not have access to a correct interpreter regarding the language spoken (Persian instead of Dari) so could explain her past medical history to be understood by the GP. This meant this delayed the correct diagnosis and treatment plan and incorrect mediation was issued. As a result, the Asylum and Resettlement team had to pay for an accurate interpreter to go to the next appointment to support. Then ensured the correct support and PIP claim was actioned.

Many asylum seekers face a risk of exploitation as it is illegal for them to work, and income is extremely low or non-existent. Some asylum seekers are victims of sexual abuse and exploitation from other males in the accommodation and externally, due their vulnerabilities or due to trying to secure an additional form of income.

Asylum Seekers safeguarding issues are less likely to be identified due to lack of trust, fear of impact on application status, lack of awareness laws, rights or understanding of reporting. There is also an increased risk due to SERCO not informing the Local Authority via the MASH or MARF referral processes resulting in children and adults being put at risk.

Domestic abuse and sexual abuse are also an increased risk for some refugees on a visa with their partner who believe they have to stay in the relationship to stay in the country and do not know their rights and support available to leave an abusive relationship. This is often not addressed until becomes a high-risk situation. Women with no recourse to public funds have increased difficulty accessing refuges, especially those with no children. Lack knowledge of the 3 months leave to remain application is also barrier as they believe leaving will affect their stay and rights in the UK.

There is an increased risk of suicide with negative asylum decisions or in cases of prolonged time in temporary accommodation or homelessness. There is also an increase of mental health issues escalating due to being confined to one room in the hotels and having to share with a person whom you don't know.

Supporting Ukraine guests to the city. Central government policy is being reviewed constantly so work regarding DBS checks on sponsors, safeguarding and unaccompanied minors must be closely monitored. Sponsors and Guests do not have safeguarding awareness or knowledge of support services and reporting mechanisms.

Initial case records received by the United Nations High Commissioner for Refugees (UNHCR) on the Resettlement schemes are reviewed by the Resettlement team to identify and to plan for safeguarding issues. E.g. referral into appropriate specialist services and informing key services such as schools and GP's.

Initial arrival planning – Nottingham Refugee Forum (NNRF) case workers commissioned by NCC are updated on key issues and concerns. They will then get a copy of the UNHCR report. The Furniture Project is used to create a trauma informed set up of accommodation. RAG meetings are held with NNRF 6 weekly and assess all new arrivals as Red, which are monitored and moved down to Amber and Green once safeguarding issues are addressed.

Migration Team Safeguarding Forum was established in 2023 with key stakeholders with a TOR, extended to support refugees as well as asylum seekers as their needs also needed to be addressed by partners including health services (eg, Health visitors/midwives) and VCS partners who are key to working with asylum seekers and refugees. This was set up to hold SERCO (who house asylum seekers) accountable who and get them to work in partnership with the other local services to get the best outcome for the adult and child. This meets every 3 weeks and have looked at 40 cases since established with only 3 currently open. This forum now has a section at the end to discuss emerging concerns to respond to issues to avoid them becoming safeguarding concerns in the future.

Asylum Dispersal funding has been in place since 2022 and has enabled increased support and services to asylum seekers.

A VCS Asylum integration grants scheme funds integration, welcome and wrap around support eg, mental health support, ESOL, activities to address isolation, Life in the UK courses, Women's empowerment and advocacy.

Work is done with partners to education and address flaws in their service in relation to the safeguarding of asylum seekers and refugees. Relationships are established with key staff in services like the Police and Health.

Homeless meeting set up with key partners to mitigate increased homelessness due to the new Streamlined Asylum Process.

Mental Health - There are ongoing issues with the Mental Health Crisis support; residents are getting appointments however when they arrive there is no translator available, so this is providing no support to the individual. There are some individuals who significantly self-harm and are not getting any support. This is being raised with the Mental Health Commissioning Team to determine what is included in the contract regards interpreting services.

The Migration team are doing some focused work with public health, ICB and other partners to identify issues, concerns and gaps in support and best practice around mental health in order to commission a new service or establish a new grants programme.

Homes for Ukraine (H4U) There is a DBS process and assessment of each Host to decide suitability to support the scheme – we also use our profession judgement to do DBS checks on guests where Hosts have vulnerabilities. The team has established a Support and Resettlement Officer post and is increasing support to Guests to transition into private rented accommodation to promote integration, less dependency on Hosts and to mitigate the changes to the Thank you payments since March 25 (reduced amounts – flat rate of £350 from government regardless of how long hosting arrangement has been in place) and a risk of increased homelessness.

Neighbourhood Safety

Out of hours checks on behalf of adult services continue. The Slavery and Exploitation Team continue to make real time referrals, using the digital referral tool, which has seen an increase in cases and improved governance.

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

Community Safety

Domestic and Sexual Violence and Abuse

Equation

Mental Health

The DA Support Services saw an increase of 8% in clients stating they are struggling with their mental health from the previous financial year. In addition, there was a 13% increase in clients disclosing a mental health disability. However, clients are informing the service that options available to them are limited, don't always meet their needs and the waiting lists are usually very long. This is a concern for Equation's services as we are aware of an increased risk of poor mental health and suicidal ideation in males and those who identify as LGBTQ+.

The service now has The Gateway Programme available for clients, trauma work around DA experiences delivered by our Trauma and Resilience Champion, and alternative options are explored such as the counselling service now available through the pathway put in place by Nottinghamshire County Council as well as working with student therapists.

Crown Court Delays

Survivors are facing increased waiting times for court hearings listed at Crown Court following backlogs which can result in them disengaging from the process. This includes Non-Fatal Strangulation cases which are now being listed at Crown Court.

Crown Court now offering a fast-track service in cases where perpetrators elect a Crown Court trial. Equation continues to support clients around evidence-collection and encourage them to continue to engage with the process. Likewise, our service will keep some cases open for longer to ensure support at court is provided where capacity allows and where there is a need.

Adult Social Care

There are barriers to identify allocated worker for service users or determine whether Adult Social Care are involved in a case as there are long wait times on the phone line.

Equation ask for details of workers from the client or other agencies involved in the case wherever possible or utilise forums such as MARAC to gain this information.

MARAC

City changes to MARAC have helped eased pressures of capacity of staff but with requirements to also attend the County MARACs this has not seen as much of the pressure reduced as would have hoped for. The DA Service is still stretched.

Sharing responsibility for MARAC attendance across management and only asking support workers to attend where there is no cover from management. Equation are also using own funds to invest in a Helpline and MARAC Coordinator.

Juno

Risks

- Where there are care needs and the alleged perpetrator is the main carer
- Where both survivor and alleged perpetrator have care and support needs
- Where alleged perpetrator has diagnoses of Dementia
- Under reporting due to threshold criteria
- In cases where survivor has SMD the risk is that they are deemed to have capacity,

even though frequency of domestic abuse incidents is increasing
- Finding appropriate accommodation for survivors with additional needs e.g. requires detox before being accepted into refuge.
- Appropriate refuge accommodation for older and disabled survivors
- Staff well being compromised due to them managing safeguarding risk.
- Adult Safeguarding training for front line staff.

Mitigations

- We continue to work in all the above scenarios, Juno will seek support from specialist agencies to respond to survivor needs. We are participants in the Wrap around MDT, R2C and Women's SMD Subgroup and MARAC
- To support staff, we provide; regular case management reviews, 1:1 supervision and offer clinical supervision. We report concerns to commissioners.
- Where the risk is out of Juno's control, we will always seek support from Adult Social Care and specialist services.
- Training – we have paid for bespoke Adult Safeguarding training and deliver in-house briefing sessions for new and existing staff facilitated by the Adult Safeguarding lead.

Prevent and Community Cohesion

The Counter Terrorism Local Profile for 2025 has identified the main risks in Nottingham/Nottinghamshire as:

• AQ/ISIS Inspired Terrorism

• Extreme Right Wing Terrorism

• Online Extremism

• Self-Initiated Terrorists (S-ITs) .

Prevent Referrals in Nottinghamshire Prevent have increased by 2% compared to the previous year. The age group with the highest rates of referrals are individuals aged 12-16 (32% of total referrals), and 63% of all referrals are 21 and under. ERWT is the recurring dominant established ideology recorded within Nottinghamshire Prevent casework (29% of total referrals). AQ/IS inspired referrals account for 2% of the total referrals despite presenting the highest threat nationally and locally. Self-Initiated Terrorism is the most dominant methodology threat to the UK due to the lack of preparation or skill required and the easy access to knives and vehicles.

The following are identified as key issues for Prevent in Nottingham:

- Continuing community tensions arising from the Israel/Gaza conflict
- Anti-Prevent Sentiment
- Anti Migrant narratives and tension associated with the Southport murders.
- Increase in referrals around those with a fascination for committing extreme or mass violence but without an identified ideology.

The key areas outstanding from the 2024-25 Prevent Delivery Plan include:

- Training
- Venue Hire Policies
- Communications

Resourcing of Prevent and Community Cohesion activity following potential withdrawal of Home Office Prevent Funding in April 2026 and Community Recovery Funding in September that year.

The Nottingham/Nottinghamshire Prevent Partnership is governed by a multi-agency board supported by a Tactical Delivery Group. Priorities have been set based on the above risks and an action plan put in place.

Activity by these groups, partners and dedicated staff is informed by regular Prevent data and the annual CTLP which identifies new trends and risks. All actions are RAG rated, progress monitored and blockages addressed by the two groups. Compliance with the statutory Prevent Duty is assessed annually though a Home Office Assurance process.

Cohesion activity is resourced through the MCHLG Community Recovery Fund which has enabled the temporary recruitment of a Cohesion and Hate Crime Officer and the funding of a number of community projects.

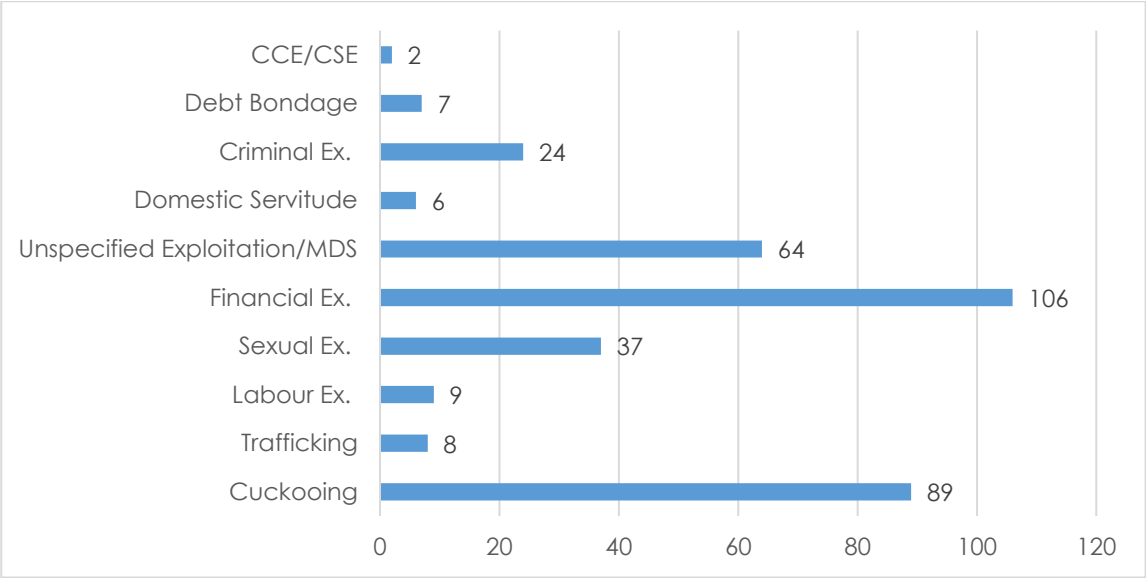
Slavery Exploitation Team

The Slavery Exploitation Team (SET) has dedicated officers who work with partners to identify and tackle exploitation, modern slavery and trafficking and establish pathways to support for survivors. To drive a multiagency approach to identification, prevention and management of cases, the team established a Slavery Exploitation Risk Assessment Conference (SERAC). The SERAC unites statutory and non-statutory agencies to discuss suspected or known cases and plan a joint response to manage risk and intervene, increasing effectiveness and co-operation between agencies and resulting in better service provision, greater protection for victims and better outcomes and safeguarding interventions for individuals who have been exploited. Discussions also feed into NRM referrals and police investigations.

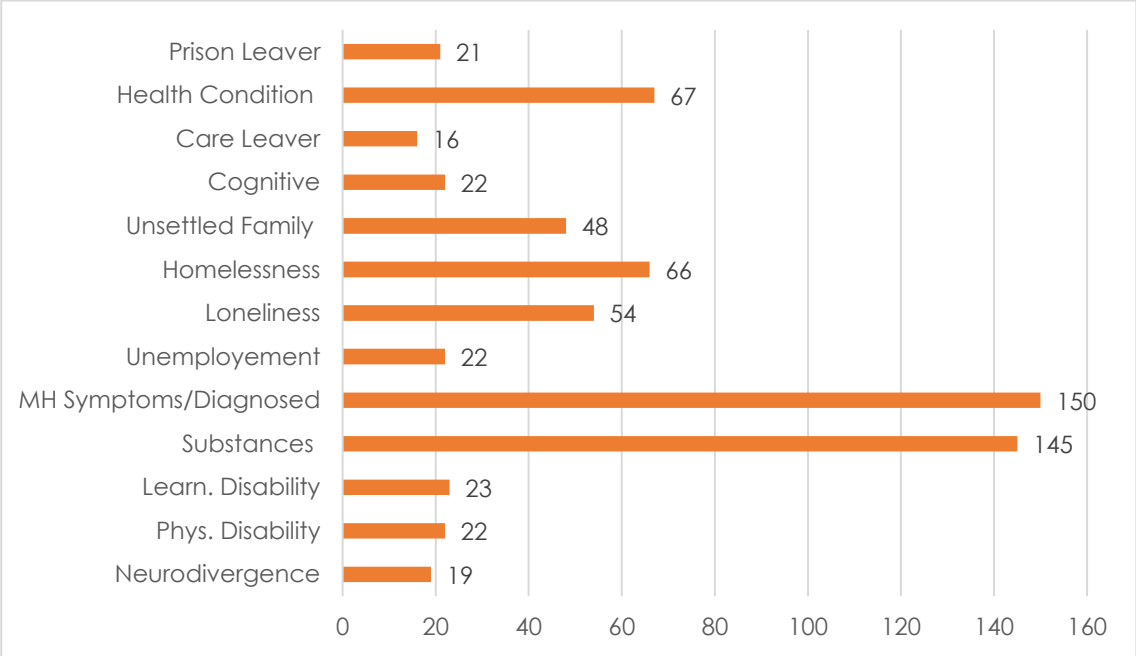
Outside of the SERAC arena, SET triage referrals, liaise with other agencies, conduct low-level investigations, offer specialist guidance to professionals and advocate for survivors. The team also delivers awareness raising sessions and support Police on pre-planned operations to provide a survivor centred approach from first interventions in both business settings and dwellings.

There were 295 referrals from the City over the year.

The most common referral type in this time was financial exploitation (106 cases), followed by cuckooing, when a vulnerable person’s home is taken over for the purpose of criminal activity (89 cases). The graph below shows the types of exploitation referred to the team.



People who are exploited are often vulnerable in multiple ways and are likely to have been targeted due to these vulnerabilities. There were 675 vulnerabilities identified over the year, demonstrating that people who are exploited are often vulnerable in multiple ways and may be more susceptible because of these severe multiple disadvantages. Below shows the recorded vulnerabilities over the year.



The team has ownership of SERAC (Slavery Exploitation Risk Assessment Conference) including the SET holding chair responsibility. The SERAC model supports the identification of a cohort of people that don't immediately meet care act or police thresholds and offers a pathway to intervention. It creates an instant response to safeguard, tackle criminality and hold agencies accountable.

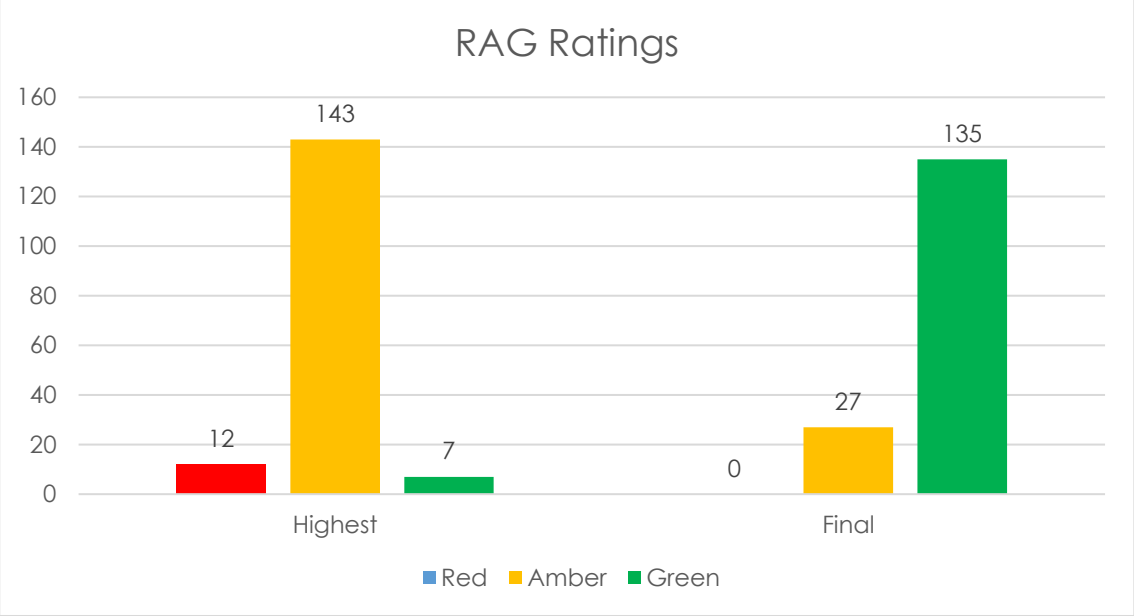
SET provides a single point of contact for agencies concerned about potential slavery/trafficking/exploitation.

A RAG Rating tool is used to support in identifying risks in the areas of housing, disability, mental health, substance use, agency involvement, immigration status, risk of absconding, police incidents, hospital presentation and slavery/exploitation/trafficking. This allows the

team to prioritise focus and action plan, but also ensures all complexities are being addressed and the correct agencies brought into the SERAC multi agency arena.

There were 162 cases from 2024-25 that were RAG rated. The remainder were either still open (and so have not had final RAG rating for comparison), were advice/signposting cases, or cases where a RAG rating wasn't appropriate.

The below shows the comparison of the highest and final RAG ratings for these cases.



Prevention

Community Protection

Anti-Social Behaviour Team

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

Migration Team

- Staff are enhanced DBS checked due to vulnerabilities of the cohorts worked with.
- Staff team expanded from 5 to 10 to support capacity and use the safer recruitment practice. Also fund 3 other internal posts to support with safeguarding duties including a Neighbourhood Safety Officer to do property checks and take evidence for DBS checks on H4U hosts, and Educational Welfare Officer to support with school applications, free school meals and SEND issues and a post in the Modern Day Slavery team.
- New Migration Operations post (April 24) reviewing current processes and training needs.
- A service tool kit created with the Slavery Exploitation Team Manager.
- All staff have completed safeguarding training and domestic abuse training. A bespoke training session held for existing staff and new recruits with relevant case studies and training on the tool kit and processes.
- DBS policy regarding checks reviewed for assessing Hosts on the H4U scheme.

- Setting up, coordinating and maintaining partnerships eg, Safeguarding forum and Multi Agency Forum
- No Guest from the H4U scheme has presented as homeless due to the teams support for rematching or transition into private rented accommodation when relationships between Hosts and Guests have broken down. New team roles are being created and commissioning services around employment support etc are being developed support this work to avoid potential homelessness.

Neighbourhood Safety

Officers work closely with Adult Safeguarding providing updates and have made referrals: Nottingham Recovery Network, Framework, Notts Fire and Rescue Service and SERAC.

Early intervention strategies have included referring citizens into community support networks and supporting multi agency structures (such as SERAC) to provide a continuation of monitoring for citizens where there are ongoing concerns for welfare. A new self-referral tool has been implemented for citizens to contact Nottinghamshire Victim Care, at the source of their initial contact with Community Protection. This is done via the digital reporting system and has seen a large increase into this service.

Community Safety

Domestic and Sexual Violence and Abuse - Equation

MARAC

- Supporting to deliver training and awareness on the new MARAC Model.
- Recruitment of a dedicated Helpline and MARAC Coordinator to help pressures of support staff capacity.
- Equation have funded SafeLives Chair training to support with chairing of City MARACs.

Training

- Safer Recruitment training for all hiring staff.
- Enhanced DBS checks.
- Police vetting where needed.
- Staff all have individual training and further development plans.
- Training on Prevent.
- Specialist domestic abuse training.

Referrals/Partnership Working

- Further signposting survivors to relevant other services.
- Creating effective partnerships and relationships.
- Inviting other services to Team meetings to present their work and how they can support survivors.
- Attendance at strategic meetings including Prevention Working Group and Perpetrator Board.

Policies

- Review of Recruitment Policy.
- Enhanced policy on working with people with criminal records.
- Annual safeguarding policy review.

Communications

- Monthly professionals' newsletter to the sector to disseminate new and relevant information to professionals.
- Equation website – added in dedicated page for DHR Leanings, MARAC Processes and referral forms, Sanctuary Housing Support.
- Development of animations and resources for shared use across partnerships.

Domestic and Sexual Violence and Abuse - Juno

- We have a designating Safeguarding Lead and Safeguarding Sub-Group to review policies and procedures, including review of staff training.
- We have enhanced DBS checks for all that directly and indirectly work with vulnerable adults and children's staff.

Prevent and Community Cohesion

Nottingham and Nottinghamshire have in place a well-established and effective multi-agency Channel Panel which has a track record of safeguarding both adults and children against radicalisation.

During 2024-25, the Prevent Co-Ordinator and Prevent Education Officer have trained over 2000 staff from across the partnership. In addition, two CSO-led projects have been run aimed at reducing the number of young people exposed to radicalising messages.

Slavery Exploitation Team

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

Training, developed by the team with support from academics, the police and leading NGOs in the field and scrutinised by the Nottingham and Nottinghamshire Modern Slavery Partnership, is offered to all partners. It is now used as a template of best practice by the Local Government Association nationally. It includes:

- Perceptions and reality of slavery
- Understanding the role of SERAC and the Slavery Exploitation Team
- Forms of exploitation and indicators
- Case typology and vulnerabilities
- How to refer and what we do with partners
- National Referral Mechanism
- Professional Curiosity
- Case studies and data on outcomes

Environmental Health and Public Protection

Staff work with licensed premises to promote good practice, eg challenge 25, violence against women campaigns, sales refusal data.

Underage sales operations covering knife, alcohol, fireworks, vapes.

Use of fraud investigation powers especially where it concerns vulnerable adults, eg older citizens with doorstep crime or exploitation.

Assurance

Community Protection

Anti-Social Behaviour Team

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

Migration Team

The Staff team expanded from 5 to 10 to support capacity and use the safer recruitment practice. There was an induction and training programme to promote individuals responsibilities regarding safeguarding.

There is promotion of an organisational culture that encourages all staff to be aware of their personal responsibility to report safeguarding concerns as well as ensuring that poor practice is identified and improved.

There is a named Safeguarding lead in the team and positive working relationship with the Slavery Exploitation Team Manager for advice and support.

All staff have completed safeguarding training and domestic abuse training. A bespoke training session held for existing staff and new recruits with relevant case studies and training on the tool kit and processes.

H4U DBS process regarding checks on Hosts was reviewed for assessing Hosts suitability. Improving accountability, awareness of needs and planning for potential risks.

Setting up and maintaining partnerships eg, Safeguarding forum, Homeless partnership forum and Multi Agency Forum.

Yearly report to the Adult Safeguarding Board to be developed in line with a new Migration Strategic Partnership that is being considered. A draft TOR has been created. Details to be confirmed.

Safeguarding is addressed in tender and procurement processes, contractual arrangements in place and small grant allocations, eg, Case work provision, ESOL provision, IAG and Welcome Grants. This is monitored and we have recruited to a Project and Contracts Officer post who is responsible for working on this.

We are setting up safeguarding training for the VCS who access our grants programme and working with the Community Recovery Fund – Cohesion and Hate Crime Officer to develop this work.

Hate Crime – re-establishing the Anti Asylum and Vulnerabilities forum. Work has taken place with the Jo Cox Foundation to look at Anti Minority issues and a conference planned in Nottingham for 4 April 25.

Neighbourhood Safety

All Officers complete eLearning training on safeguarding. Officers work closely with Adult Safeguarding providing updates following any cases referred to them. Officers will also make proactive referrals as the required.

Neighbourhood Safety Officers are Non-Police Personnel Vetted (NPPV) level 2, provided by Nottinghamshire Police. Which is renewed every three years. This allows for a greater level of security for staff to access police systems and resources.

Community Safety

Domestic and Sexual Violence and Abuse - Equation

Equation's Assurance and Governance across all services:

- Training Plans.
- Policy Reviews.
- Internal Case File Audits.
- Respect Accreditation Standards.
- DBS Checks and Police Vetting.
- Attendance at DHR Panel Meetings and the Assurance Implementation and Learning Groups.

Domestic and Sexual Violence and Abuse – Juno

- We have a safeguarding sub-group that has a terms of reference and action plan to quality assure Juno's processes to safeguard adults and children.
- As part of ongoing work Juno will undergo audits to ascertain safeguarding training needs and review data. In addition, safeguarding data is reported on a quarterly basis to our commissioners.

Prevent and Community Cohesion

As outlined above, NCC's compliance with the Prevent Duty is managed through the Annual Assurance process which, in turn, was informed by the Independent Review of Prevent published in 2023. Prevent threats and priorities are informed by statistical data provided by Police and Home Office. Quality assurance and governance under the Prevent Board/Prevent Steering Group is outlined above. In Spring 2025, NCC were assessed as exceeding six of the seven Prevent benchmarks set by the Home Office and as meeting the remaining one.

Slavery Exploitation Team

The SERAC model supports the identification of individuals currently held in slavery, experiencing exploitation or who have been trafficked and offers a pathway to intervention. It creates an instant response to safeguard, tackle criminality and hold agencies accountable. SERAC unites agencies to discuss cases, hold agencies to account and plan a joint response to manage risk and intervene depending on the individual's needs.

Discussions also feed into National Referral Mechanism referrals, concerns around capacity/decisions to conduct assessments and police investigations. It creates an instant response to safeguard, tackles criminality and provides a function to look at cases where initial concerns don't necessarily meet care act thresholds or have enough evidence for police interventions.

Days of action have been conducted with police targeting specific businesses to ensure survivor focussed support for first intervention.

Early intervention is addressed by use of RAG Rating tool on initial referral and information sharing with relevant agencies at SERAC.

The SERAC partnership works to find pathways to safeguard, considering and addressing each individual's vulnerabilities. Cases are not discharged due to 'non-engagement'.

Environmental Health and Public Protection

Staff have attended prevent training and other safeguarding training and use referral routes for any issues identified. Frontline officers attend relevant partnership meetings as required (hoarding panel, Complex Persons Panel, SERAC).

Training around relevant safeguarding is provided for identified different groups, such as taxi drivers. This works in conjunction with proactive taxi licensing operations.

Engagement and Making Safeguarding Personal

Community Protection

Anti-Social Behaviour Team

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

Migration Team

Partnership working ensures providing wrap around support to look at an individual's needs as well as risks posed.

The team challenge agencies when necessary, around their action/response whilst maintaining positive working relationships.

Establishment of partnerships with statutory and non-government organisations has improved projected outcomes for future cases as contacts and parameters of agencies capabilities have been identified.

VCS grants to provide wrap around support and preventative work.

Work around the wider cohesion and hate crime agenda with national organisations and local funding streams has taken place including the Jo Cox Foundation, The City of Sanctuary LA Network, More in Common and the Community Recovery Fund.

Neighbourhood Safety

The role of a Neighbourhood Safety Officer requires day to day work to be focussed on the whole person they are dealing with.

On conducting welfare checks, officers will respond to immediate risk but consider the individual's needs (ensuring there is food in the cupboards and people aren't without electricity/gas). On making a referral to Adult Safeguarding, officers will meet interim needs: taking a person to a place of safety (potentially hotel accommodation), sourcing a meal. Some of this activity has been curtailed by the financial situation of the Local Authority.

Support is also offered to multi agency panels to monitor ongoing support needs.

Community Safety

Domestic and Sexual Violence and Abuse - Equation

Equation Engagement:

- Service User feedback following support.
- Support to the commissioned survivor engagement service provided by Juno Women's Aid.
- Case Studies for contract reporting requirements.

- Staff surveys and feedback.
- Case File Audits.
- Service Exit Forms.

Domestic and Sexual Violence and Abuse – Juno

- Mental Capacity Act is stated in Juno's Adult Safeguarding Policy.
- As part of Juno's safeguarding action plan and survivor engagement work we will ensure that MSP approach is adopted.

Prevent and Community Cohesion

The CTLP is, in part, informed by feedback from partnership staff through an annual questionnaire. In 2024, over 300 responses were received which described awareness and perceptions of the threat.

In 2024-25 Prevent funded a number of community initiatives which set out the role of the programme and how it can protect against radicalisation.

In 2025, Prevent staff will be attending Police led Independent Advisory Groups to raise awareness of the programme and gain feedback.

The recently recruited Community Cohesion Officer will be actively engaging with community leaders and organisations as a key part of her role.

Slavery Exploitation Team

The SERAC partnership aims to ensure effective communication with relevant agencies to formulate a joint approach with clear actions. A best practice case study on the SET and SERAC model can be found in the Local Government Association Guidance on Tackling Modern Slavery.

The team also organise and co-ordinating high-level emergency strategy meetings and challenge agencies when necessary, around their action/response whilst maintaining positive working relationships.

Establishment of partnerships with statutory and non-government organisations has improved projected outcomes for future cases as contacts and parameters of agencies capabilities have been identified.

The RAG Rating tool allows areas of vulnerability to be explored and addressed at an early stage (once referred to the team).

Examples of Outcomes:

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

Nottingham CityCare Partnership

Organisational Risks and Mitigation

Safeguarding Adult & MCA Practitioners:

The resource within the Safeguarding Team at Nottingham CityCare has been historically weighted towards safeguarding children. Although delivery of training and the duty worker role is shared across the whole team, safeguarding adult specific work is allocated to adult practitioners, which consists of 1 x WTE Lead Professional for Safeguarding & MCA and 1 x WTE Specialist Practitioner (2 x part time workers). The Head of Safeguarding (for Children & Adults) constructed a business case for an additional adult lead; however, this was rejected due to financial constraints. CityCare, like other health and social care agencies is experiencing financial stresses and any underspend within the safeguarding budget has gone towards SIP savings. Due to the inequity between the children's and adults' elements of the service, the Head of Safeguarding has been tasked with re-structuring the safeguarding team to enable fair resource and representation between safeguarding children, adults and MCA. The deadline for completion of the restructure is September 2025.

This is currently a live risk on the corporate risk register.

Within the safeguarding team, 1 practitioner covers duty each day. Safeguarding Adult Practitioners have been given less days on the duty rota to account for the inequity in resource. One of the Safeguarding Adult Practitioners has been given an extra day on a permanent basis (to commence 05.05.25). Any vacancies that arise within the team will be considered prior to going to advert, to ensure that there is a more equitable balance between children's and adults.

Working with increasing complexity and safeguarding supervision for the wider adult workforce:

There continues to be an increase in the number of complex cases which include homelessness, substance misuse, mental health issues, domestic abuse and self-neglect. Whilst we circulate learning from SARs / DHRs, provide the workforce with quarterly safeguarding updates, update our intranet pages and share new guidance, practitioners require protected time to enable them to discuss, reflect and then embed these changes into their practice. The management supervision that adult practitioners receive does not cover safeguarding in any depth.

The Safeguarding Adult Practitioners have developed a 'Supervision Framework' for adult services and the roll out of this commenced in October 2024 with newly qualified District Nurses receiving quarterly Safeguarding Supervision (small group or 1:1) for their first year of practice. There is no requirement for CityCare staff working in adult services to attend safeguarding supervision sessions, however, this is an opportunity to develop learning and practice. Resource does not currently permit this to be rolled out to other adult services, however, teams can access safeguarding supervision on an ad hoc basis.

Safeguarding and MCA drop ins for adult community nursing teams and specialist services continue. The Safeguarding Team moved to the Meadows Health Centre in April 2024, and this has increased visibility of the team within adult services. In October 2024 Safeguarding Practitioners started to attend all adult services team meetings on a quarterly basis in order to deliver the safeguarding updates face to face.

MARAC research and attendance:

The Safeguarding Team continue to contribute to MARACs in Nottingham City. The Domestic Abuse & Sexual Violence Lead chairs the MARAC approximately every eight weeks on a rota along with other agency representatives. The Head of Safeguarding attends the MARAC steering groups every quarter. CityCare are committed to attending and providing research and as a key partner we attend all meetings.

The number of MARAC cases in Nottingham City has increased significantly over recent years. The increase in the numbers of high-risk cases impacts on the time required by the allocated safeguarding practitioner to complete the relevant research and attend the MARAC. Considering this the process underwent a review and significant change to the process has been implemented towards the end of 2024. With more frequent meetings to mitigate risk earlier the complex meeting every fortnight is now shorter, with less cases indicating a more qualitative approach for survivors. Early evaluation and review of the new process are positive.

Prevention

CityCare are committed to contributing towards the work of the Nottingham City Safeguarding Adults Board (SAB), engaging in board meetings, subgroups and associated workstreams. We are represented at all 3 subgroups to the Board (TLI, QA and SAR) and ensure that learning from SARs, DHRs and Coroners cases are communicated to the workforce via learning events and 7-minute briefings. Information sharing and responses to requests from the Board are always completed in a timely manner.

The Head of Service and Lead Professional for Safeguarding Adults & MCA have ensured that the priorities within the Safeguarding Adults annual workplan are aligned to the Board's strategic priorities and those of the organisation.

The safeguarding service continues to attend all multi-agency safeguarding meetings as detailed below:

- Slavery & Exploitation – research and attendance at the SERAC monthly panel
- Hoarding Panel Pilot – research and attendance at the monthly meeting
- Attendance at the Complex Patient Panel and Wrap around MDT are on a case-by-case basis.
- Transitional safeguarding currently every eight weeks.
- MARAC Steering group every quarter.
- ALIG every quarter.
- Safeguarding Public Protection and Assurance Group every eight weeks.
- MARAC - attendance at MARAC meetings and at the MARAC steering group. The Domestic Sexual Violence and Abuse Specialist within CityCare has been integral to the review and implementation of the New City MARAC model. The CityCare safeguarding team continue to have 100% attendance at the weekly MARAC Complex risk panel in which they are responsible for identifying actions for CityCare and the survivors GP. (If the survivor is registered with a GP in Nottingham and Nottinghamshire).

Staff:

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

- Head of Safeguarding (also Named Nurse for Safeguarding Children) 1 x WTE
- Safeguarding Adults & MCA Lead Professional 1 x WTE
- 1 x WTE Specialist Safeguarding Practitioner (2 x part time practitioners) to support adult workstreams.

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

Prevention takes place in the context of person-centred care and support, ensuring that patients are actively involved in making decisions about their care, including preferences in care planning, management and review with the aim that individuals are empowered to make choices and manage risks safely (see section on MSP). We place emphasis on everybody having a role to play in preventing abuse and neglect and we work with a Think Family ethos, underpinning all safeguarding work.

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

The CityCare Strategic Safeguarding Group was developed in 2024 and has now been in place over 12 months. This group provides leadership and strategic direction for maintaining, developing and implementing safe and reliable safeguarding systems and processes within our organisation, there is also ICB representation at this group in order to take assurance.

Team Briefing Sessions:

Face to face 'Safeguarding Briefing Sessions' commenced in October 2024, these were set up in response to frontline workers advising that they did not have the time to read and process the contents of the safeguarding quarterly updates which are circulated in our internal newsletter (Cascade).

Briefing sessions involve a Specialist Safeguarding Practitioner attending a team meeting for each adult service, on a quarterly basis in order to raise awareness of any new safeguarding policies, guidance or learning and then facilitate a brief Q&A session. Safeguarding is everybody's business, and the new process allows all staff members to have the opportunity to be upskilled. This is evaluating positively with the adult workforce.

Insight Days for Leaders:

Over the last 18 months, we have worked closely with our Community Nursing service to ensure that all student District Nurses have a 2-day placement with the Safeguarding Team in order to develop a deeper understanding of safeguarding and MCA including strategic level insight and an introduction to the role of the SAB.

We also offer an upskilling opportunity for our team leaders across adult services. This is a one-day placement and covers MCA, Best Interests and a more basic safeguarding and documentation overview.

Safeguarding Duty Line:

The Safeguarding Team operate a dedicated safeguarding duty line between the hours of 9:00a.m. – 5:00p.m. (Monday – Friday) in order to provide adults and children's services with access to specialist safeguarding advice and support. The duty line is well utilised by adult practitioners throughout the organisation.

Recruitment:

CityCare has a recruitment policy and procedure in place. All staff working with children,

young people and adults are required to undertake an enhanced DBS check prior to commencing employment. Clinical staff are not permitted to start in post until checks have been returned. Staff are required to renew DBS checks every 3 years in line with good practice guidance.

Monthly reports from Workforce are sent to managers, highlighting professional registration renewal dates. Staff are expected to adhere to a code of conduct for any professional body that they are a member of.

CityCare ensures that all staff are aware of their personal responsibility to raise safeguarding concerns as well as ensuring that poor practice is identified. A dedicated section regarding safeguarding roles and responsibilities is included for all employees in job specifications and contracts.

All staff are required to undertaken mandatory training which is a combination of e-learning and face to face dependant on role / level of training required.

Allegations Against Staff Policy:

This policy was updated in August 2024 and now includes links to Nottingham City SAB and the Safeguarding Children's Partnership documents including the practice guidance in relation to Persons in Positions of Trust (PiPoT). The Safeguarding Team have worked with HR, to ensure that these processes are reflected within their policies and procedures.

Transitional Safeguarding:

The Head of Safeguarding at CityCare is the representative on the Nottingham(shire) Transitional Safeguarding Group. The safeguarding team have developed an action plan in relation to transitional safeguarding. Work is underway and is expected to be completed within the agreed timescales.

Slides issued by the Nottingham(shire) Transitional Safeguarding Group have been adapted and embedded in internal safeguarding training slides for children and adult practitioners. Meetings have been arranged between safeguarding practitioners and our 0-19 service to look at how they consider transitional safeguarding in their practice and to identify potential gaps in provision and future areas for development.

Assurance

Assurance:

Assurance is given at the internal Strategic Safeguarding Group which meets quarterly and is chaired by the Director of Nursing. There is representation from the ICB. Quarterly and annual reports are submitted, checked and challenged. These are then presented at Quality Committee and subsequently to the Board.

Policies and guidance:

All policies, pathways, guidance and support for staff promote an early intervention approach to safeguarding practice and are in line with the overarching Nottingham(shire) Multi-Agency Adult Safeguarding Procedures and Guidance.

All internal policies, procedures and guidance are ratified via the Clinical Policy Approval Group (CPAG). All documents are shared with the Lead Professional for Safeguarding & MCA prior to ratification to ensure appropriate consideration has been given on relation to safeguarding and MCA. All policies are available to the workforce via the POD (intranet). Regular reviews are built in for all documents.

A new Domestic Sexual Violence and Abuse and Honour Based Abuse Standard Operating Procedure (SOP) has been written, disseminated to staff and incorporated

within our essential training offer. The SOP sets out a clear procedure for CityCare staff to follow in responding to domestic, sexual violence and abuse and so called 'honour-based abuse'. It outlines the requirement for staff to routinely enquire about domestic abuse with all service users (when it is safe to do so) across all services even when there are no identifiable indicators of abuse. It emphasises the importance of professional curiosity and highlights services and support available to survivors and perpetrators, as well as clearly highlighting appropriate referral mechanisms for practitioners to follow when a disclosure is made. This includes the updated 2024 DASH/RIC and the revised 2024 MARAC model for high-risk cases.

The Female Genital Mutilation Policy has also been updated and provides clearer expectations regarding responding to concerns in relation to FGM, including referral mechanisms and the mandatory reporting duty.

Training:

All Safeguarding training is delivered by the safeguarding team and is aligned with both the Core Skills Framework and the Intercollegiate Documents for Safeguarding Children (RCN, 2019) and Safeguarding Adults (RCN, 2024).

Since the introduction of eLearning, as an alternative learning option, compliance rates have improved significantly. Face to face sessions at induction training have been reduced and replaced with eLearning at level 1. To maintain visibility of the team at induction the safeguarding team holds a stand in the marketplace for non-clinical staff.

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

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

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

Competence	Q1 %	Q2 %	Q3 %	Q4 %
NHS|CSTF|Safeguarding Adults - Level 1 - 3 Years|	82.37	85.16	91.35	91.42
NHS|CSTF|Safeguarding Adults - Level 2 - 3 Years|	87.70	91.95	90.55	87.94
NHS|CSTF|Safeguarding Children - Level 1 - 3 Years|	83.53	84.67	87.61	84.62
NHS|CSTF|Safeguarding Children - Level 2 - 3 Years|	82.11	89.97	87.73	85.56
NHS|CSTF|Safeguarding Children - Level 3 - 3 Years|	87.76	83.54	87.15	91.25
NHS|MAND|Mental Capacity Act - 3 Years|	88.42	88.77	88.91	88.64

The safeguarding team are up to date with their recommended levels of training as guided by the Intercollegiate Documents.

It should be noted that the newly revised Intercollegiate Document for Safeguarding Adults (RCN, 2024) indicates that clinical staff within our organisation should undertake safeguarding adult's level 3 training, this includes those clinicians working predominantly with children. While the content of the face-to-face level 2 training delivered by CityCare meets the recommended content requirement there is no eLearning option available at level 3. Limited adult resource within the safeguarding team means that we are unable to facilitate face to face level 3 training sessions to all clinical staff within the organisation. Whilst the Intercollegiate Document and recommended levels of training are guidance, this has been raised regionally by the ICB.

Specialist Domestic Abuse Training:

In addition to the induction and essential domestic abuse training that all CityCare staff are required to attend, Equation Nottingham have also provided bespoke domestic abuse training for CityCare clinical and patient facing staff.

The CityCare Safeguarding team have developed and started to deliver bespoke Domestic Abuse training to clinical staff who work in the Urgent Treatment Centre (UTC). The training reflects the unique nature of this service and aims to increase the confidence and knowledge of staff in recognising and responding to domestic abuse. In order to facilitate attendance by all UTC clinicians, these sessions will continue to be delivered throughout 2025.

MCA:

MCA will always present a challenge. CityCare provides care and support to increasingly complex patients, so staff knowledge and understanding must continually be refreshed and developed. Having robust reporting processes and KPI measures around MCA practice, however, allows us to confidently recognise early indicators of potentially declining quality, so that remedial action, including a return to the risk register, can be quickly taken as required. This is a continual cycle of review and evaluation.

MCA audit:

A monthly MCA audit commenced in May 2023. By April 2025 all adult services within the organisation will have been audited. The purpose of the MCA audit is to establish if people who lack capacity to consent to their care and treatment are consistently and appropriately identified and to establish if practitioners are adequately recording the legal basis for their interventions (consent or MCA). Where an MCA assessment has been completed, this has provided the opportunity to look at the quality of those assessments and identify any areas of strength or conversely areas that require improvement.

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

While we await the final report (not completed at time of writing) during the last quarter the MCA Data Reporting Tool saw an increase again in the use of MCA templates, with usage hitting a peak in December 2024 (294 MCA assessments recorded). 808 MCA

assessments were recorded by adult services in Q.4 of 2025 (compared to 500 in Q4 of 2024). There also continues to be a corresponding upward trajectory in relation to Best Interest Decisions being captured on the templates.

Worthy of note is that GP Practices in the City requested and have since successfully adopted our SystmOne MCA & BI templates.

The Pressure Ulcer Protocol:

A specific piece of work has been undertaken to develop a dashboard that enables us to look at pressure damage that has been acquired by a patient whilst under our care. The dashboard assists the Lead in ensuring that for acquired pressure ulcers, the 'Department of Health's Pressure Ulcer Protocol' is applied and that where there is an omission in our own care and treatment, a safeguarding concern is raised accordingly with the Local Authority.

Duty Call Data:

Data collection in relation to the advice provide by the duty worker on our advice line is collated monthly and a more detailed analysis is provided at the Safeguarding Strategic Group. The data obtained from duty calls and from drop-in sessions, is used to inform future safeguarding priorities.

Record Keeping:

Record keeping audits and multi-agency reviews have highlighted the need to change the way we record safeguarding information. Safeguarding information was historically saved in different sections of SystmOne and could easily be lost within the tabbed journal; resulting in safeguarding concerns being viewed in isolation as opposed to cumulatively

In response to this the safeguarding team have worked with NHIS and developed two Safeguarding templates, one for adults and one for children. The templates allow safeguarding concerns, actions, and any relevant documentation to be stored in one place within the patients record, promoting accuracy, visibility, and facilitating safeguarding analysis. The templates also contain direct links to relevant resources and referral pathways.

The 2024 DASH/RIC and MARAC referral form, and the DASH/RIC guidance has been added into all CityCare units within SystmOne. The DASH/RIC and MARAC referral can be downloaded as a word document within the unit making it accessible and easy for practitioners to complete and attach to the patients SystmOne record.

In addition to this a bespoke Safeguarding template has been created on SystmOne for the Urgent Treatment Centre. This template now has a section to document when a routine domestic abuse enquiry has been made, including the service user's response and the action taken by the practitioner. The template also has a section to document when a routine enquiry has not been made and the reason why. This is something we will continue to develop across all CityCare SystmOne units.

MASH Domestic Abuse Information Sharing:

A clear process has been implemented for saving and sharing DASH-RICs or PPNs for adults (with no children):

DASH-RICs and PPNs are sent by various partner agencies to the City MASH, who then screen and forward onto relevant partners for risk assessment and management, including the MASH Health team. Generally, the DASH-RICs and PPNs that the MASH Health Team receive in relation to adults (with no children in the family) are for Medium and High-risk incidents only. They do not typically receive notification of adult only standard risk

incidents; however, an exception to this would be where there has been a previous High-risk incident and MARAC within the past 6 months.

Medium risk incidents – The survivor is located on the Spine and registered into the Safeguarding Advice Unit. The risk level and date of incident is recorded in the Safeguarding Information node, deducted, and saved with 'Normal' visibility settings to ensure the information can be viewed by partner agencies. The DASH-RIC or PPN is then saved onto the record, and a summary is saved in the Safeguarding Template under MADA/Domestic Abuse. A task is sent to the survivor's GP surgery to notify that Safeguarding Information has been added to the record for them to review. If the GP surgery uses EMIS this is sent to them via NHSmail on SystmOne – this also attaches the DAPPN to the email.

High risk incidents – Follow the same process as medium risk incidents, however within the Safeguarding template there is also a request for GP to complete research for the forthcoming MARAC and directs them to the MARAC information form.

Perpetrator's record - Nothing is recorded on the perpetrator's record for medium risk incidents. For High-risk incidents, the MASH would task the GP to an entry in the Safeguarding template which notifies the GP that the patient has been identified as High-risk perpetrator for domestic abuse and to not share that information so as not to place the survivor at greater risk. The GP is directed to complete the MARAC information form. The DASH-RIC or DAPPN would not be attached.

Engagement and Making Safeguarding Personal

Making Safeguarding Personal (MSP):

MSP underpins all our adult safeguarding policies and procedures, training, safeguarding supervision and advice. We have also provided additional guidance to staff on our safeguarding intranet pages to further support practice in this regard.

MSP aligns with the principle of person-centred care which is a thread that should run throughout all healthcare interventions and staff are encouraged to talk to adults and establish their wishes and feelings and to ascertain what they would like to happen when safeguarding concerns are identified.

Our non-concordance with recommended care guidance focuses on overcoming barriers to engagement and working with adults who make unwise decisions or who disengage or refuse elements of a service.

The 'Making safeguarding personal survey' created by the QA subgroup, was circulated across the organisation with an initial low return rate. A recirculation of the survey provided an improved response; the findings highlighted that practitioners within CityCare recognise the importance of seeking an individual's wishes, feelings and desired outcomes.

All safeguarding practitioners who cover the Safeguarding Duty Line are encouraged to promote MSP during advice calls and have access to resources that can be shared with practitioners.

Our workplans (Safeguarding Adults & MCA) have been created in line with NICE quality statements in relation to MCA and the principles of adult safeguarding and MCA are integrated into our policies and procedures to ensure that our patients are able to exercise their autonomy and make their own choices as far as possible.

People who may lack capacity to make decisions are supported with decision making in a way that reflects their individual circumstances and meets their needs. Our practitioners are reminded during training and drop ins of the importance of taking practicable steps,

including the provision of information, support, and advocacy to assist individuals to make informed decisions where they can do so.

People at risk of losing capacity to make decisions, and those with fluctuating capacity, are given the opportunity to discuss advance care planning.

Where a patient is unable to make a decision in relation to their care or treatment, care plans reflect the person's wishes and preferences and are reviewed regularly to ensure they are still appropriate and, in the person's, best interests.

Nottingham Probation

Organisational Risks and Mitigation

Nottingham city is now in a stronger position in terms of staff in post following a couple of years of significant difficulties leading to the PDU operating within the 'red prioritisation framework' which represented a significant and ongoing risk to front line delivery. However, whilst this recruitment drive has boosted numbers it brings with it a lack of experience to the workforce for which there is no quick fix. This is identified as an area of organisational risk for the PDU.

Regionally we have increased our focus upon the quality of work. This is monitored via Senior Probation Officer dip testing during observations, through supervision conversations, with senior managers through enforcement conversations. Cases are thoroughly audited by performance and quality officers regularly and a regional 'PAR' undertake take audits of cases to ensure that any patterns in terms of practice are highlighted. This allows for individual, local or regional training to be tailored to the needs of new and experienced staff.

Mandatory training around adult and children's safeguarding and domestic abuse is monitored and staff need to have completed 100% to progress on their annual appraisal.

Prevention

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

All Probation staff are required to undertake annual safeguarding training and domestic abuse modules to ensure that the most up to date practices are implemented. This was again mandated for 2024/25 with the target again being linked to pay progression via the annual appraisal process.

This year has seen the PDU inspected by His Majesty's Inspectorate of Prisons and Probation. Within this inspection it was highlighted that:

Operational relationships with the Youth Justice Service (YJS) were effective, and there was evidence of strategic collaboration to maximise the seconded probation officer post. A PSO that had previously been seconded to YJS was deployed to the PDU young adults' team, and this supported effective transition between the youth and adult services.

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

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

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

Our recruitment approach includes thorough Police vetting processes in order to support safe recruitment which is reviewed at every role change.

Assurance

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

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

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

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

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

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

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

Engagement and Making Safeguarding Personal

Our OASys assessment tool incorporates a self-assessment tool which invites the individual to provide comment and review of their circumstances in relation to risk and need. This in turn allows a person led sentence plan which incorporates both the self-assessment findings alongside the Probation Practitioner assessment. This is designed to increase ownership, understanding and motivation to make positive progress.

For 2024/2025 we have looked to develop the EPOP (Engaging People on Probation) programme which invites People with lived experience to provide feedback on a range of areas within probation practice. This feedback is collated, shared and then used to inform future service delivery. We have utilised our dedicated EPOP team and peer mentors to engage those that use or service and building by asking specific structured questions such as

- Thinking about the building and facilities - is there anything that we could improve on? (free text response)
- Was the time that you spent with your officer - too short, just right, too long?
- What was your experience of the waiting area and reception? (free text response)

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

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

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

Nottingham University Hospitals

Organisational Risks and Mitigations

Safeguarding Establishment risk

The risk is a live managed operational risk. A gap analysis has been completed and recruitment in progress. The risk is regularly reviewed and escalated through appropriate governance processes within NUH.

Gaps identified include inability to provide frequent supervision sessions, completion DoLS referrals in a timely manner, inability to support the clinical teams, unable to attend all MARAC meetings; although research is completed as a priority, inability to release staff for development and delays with completing IMR's.

The risk remains high due to increased activity across all teams.

The number of safeguarding referrals received by the team has continued to rise over the last year and has impacted on the number of DoLS processed within the appropriate timeframe as the immediate safeguarding has been prioritised.

This has been escalated within NUH and to our local authority partners.

The team have not been attending the SERAC but share appropriate information as requested by the slavery and exploitation team.

The operational risk includes risks associated with the management of DoLS. The safeguarding team review each DoLS and escalate those with high levels of restriction and restraint. The recruitment of two new staff will enable the team to review and process the

DoLS in line with our statutory requirements.

An MCA specialist practitioner has been appointed on a fixed term contract to identify gaps in the use and documentation of capacity assessments and best interest decisions across the Trust. The post holder will also look at the current training and consider if it provides staff with the appropriate level of information for them to undertake their responsibilities under the MCA.

The practitioner is undertaking a trust wide audit that will start later in the year. The results/learning from this will inform future practice.

Sexual Safety Charter

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

The new policy and managers toolkits are available on the intranet.

MARAC/MARAC research:

The number of MARACs across City and County continues to be a challenge for the safeguarding teams.

The City and County MARAC are currently different processes, this means that some weeks there are 3 MARACs for the team to research and attend which can mean 66 cases to research. The team continue to provide research for all MARACs but have struggled to attend all MARACs due to previously described capacity issues.

In October 2024 Nottingham City piloted a new process for high-risk domestic abuse referrals, this process has reduced the number of MARAC's, reduced the amount of research needed and reduced the time spent at MARAC each week.

This process is currently felt to be working well, it will continue to be monitored and evaluated via the MARAC steering group to ensure that survivors and families are supported by the appropriate teams in a timely manner to minimise risk.

The issues remain related to the separate process in City and County. This has been escalated at the County MARAC steering group and to the domestic abuse board.

Mental health detentions

The numbers of patients detained to NUH in Q3 and Q4 has increased substantially.

The safeguarding teams currently have responsibility for managing the mental health act papers and working with the mental health act office to ensure we comply with our statutory and legal obligations within the mental health act.

The teams are responsible for ensuring that our patients or their nearest relative have all the information they need to understand the process and their rights. This needs to be completed in a timely manner so impacts the team's capacity to do other safeguarding work. Currently there is no resource within the team for this role.

The Trust board has recognised that there is a gap in senior management of mental health and mental health detentions within the acute trust. A proposal was submitted to the board outlining the gaps and risks associated with the lack of leadership for mental health at a strategic level. The proposal was accepted, and finance has been agreed to support a strategic and an operational post. Recruitment is in progress.

The handover from the safeguarding teams can begin, this will improve capacity within the

teams.

Management of Pressure Ulcers- Pressure Ulcer Risks:

NUH has a live managed risk for the management of pressure ulcers which is a moderate scoring risk. The investigation process of pressure ulcers adopts a 'PSIRF' approach (Patient Safety Incident Response Framework).

SERAC

NUH safeguarding teams continue to work closely with the Slavery and Exploitation teams to ensure concerns are escalated and appropriate information shared.

NUH currently do not have the capacity to attend the monthly SERAC's but do share information where requested and have excellent working relationships with the slavery and exploitation team. This has been a longstanding issue.

We have built strong relationships with the slavery and exploitation team and share information as appropriate between teams to safeguard those at risk.

Prevention

High Intensity User service (HIU)

This service is based within the emergency department and supports patients that meet their inclusion criteria (this can be shared if required). They engage with patients to signpost them to the most appropriate services. They attend appointments with them where required and work closely with community teams to support engagement in drug and alcohol services, housing and financial advice.

A large number of their patients have safeguarding issues and severe multiple disadvantage. They work closely with the safeguarding and domestic abuse team to share appropriate information and ensure there is a co-ordinated safeguarding response.

The outcomes from this service are:

- Rapport & Trust built by working with individuals for up to 6 months.
- Patients feeling more confidence to disclose due to improved relationships.
- Empowering people to seek help from the most appropriate agencies and support to attend appointments.
- Safeguarding is identified early.
- Attendance at MDT meetings to ensure relevant information is shared.
- ED attendances have been significantly reduced.
- The wider ED team have a better understanding when patient attends with challenging behaviours and have improved understanding of some of the reasons that people struggle to engage with care and treatment. This is helping to embed a trauma informed response where this may not have been recognised before.

Oliver McGowan mandatory training (OMMT)

This training is now being rolled out Trustwide. Staff are completing the online session and are being supported to attend the face-to-face session. Releasing staff for the full day continues to be challenging for clinical teams and does not yet link with our learning and organisational development system (ESR). NUH current compliance with OMMT for the online learning is 73%.

Learning disability

Patients with a known Learning disability (LD) and/or Autism diagnosis are alerted on Trust's computer system. The alert informs the LD team when a patient attends and they can identify those patients that may require their input and they can offer support early in the hospital journey. This also triggers information regarding reasonable adjustments to be easily available to staff on Nervecentre which is the trusts 'live' system for in-patient care.

The LD team work closely with the safeguarding teams and attend Adult Safeguarding Committee; they provide data and information to this committee as part of their governance process.

There have been some delays in completion of the structured judgment case reviews. This has been escalated through governance processes and additional training is currently being provided by the medical examiners office. The clinical governance teams are aware of the delays and are escalating those SJCR's where the patient had a diagnosed learning disability or Autism to ensure timely completion.

Assurance

Performance monitoring responsibilities

NUH provides the CQC, ICB and local Safeguarding Boards with evidence that it is discharging its safeguarding reporting duties.

Assurance is gathered via audit, staff feedback and surveys, training questionnaires and evaluations and data relating to referrals, Deprivation of Liberty Safeguards and Section 42 enquiries.

NUH Quality Assurance process

The adult safeguarding team receives all safeguarding referrals, DASH forms and DoLS requests.

Information is reviewed to ensure that the referrals are appropriate and include the information required by partner agencies to assess risk. The quality assurance process also ensures that patients are involved in the decision making or that appropriate capacity assessments have been completed and best interests decisions documented.

The children's safeguarding teams also quality assure all referrals and the safeguarding midwives are considering moving over to this model of working to safeguard.

Management of Pressure Ulcers- Pressure Ulcer Risks:

A Lead Nurse is in post, with an in-house Tissue Viability team who provide expert advice to the clinical areas. A number of interventions and work streams are in progress to reduce the incidence of hospital acquired category 2 and 3 pressure ulcers, including new beds and pressure relieving mattress provision trust wide, audit and focus work in clinical areas. Category 3 and 4 pressure ulcers continue to track below the mean indicating a potential sustained improvement.

Person in a Position of Trust: PiPoT Process

The rapid review process around staff allegations and safeguarding is now embedded within the trust processes. We have seen a continued rise in the number of allegations, we work closely with our People team (formerly human resources), our clinical senior teams and our community partners to safeguard our patients, staff and the wider public.

Audit

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

Governance

NUH has robust Governance structures in relation to safeguarding adults.

The organisation previously had a Safeguarding Adults Committee, meeting quarterly. This has moved to a new Joint Committee to include the Safeguarding Childrens and Midwifery teams.

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

Relevant information from this committee is escalated through the wider Trust assurance/governance groups.

MCA practitioner

This role commenced in May 2025. The purpose of this role is to strengthen the organisation's compliance with the Mental Capacity Act, support frontline staff, and lead on a Trust-wide quality improvement initiative in this area.

The role is managed by the adult safeguarding lead and the head of safeguarding. The post holder will report into the safeguarding committee and the capacity and consent committee.

Mandatory training Compliance

Safeguarding adults

Level 1 = 94%

Level 2 = 74%

Prevent:

Level 1 = 94.3%

Level 3 = 88.4%

MCA = 77%

Persons who pose a risk

The Trust has a policy for Assessment and Management of Individuals who Pose a Risk.

The Head of Safeguarding attends the Trust's Security Management Committee.

The ICB representative attends MAPPA and shares any appropriate information with the NUH Adult Safeguarding lead. This information is shared with appropriate teams and risk assessments are undertaken as per Trust policy.

Learning from reviews

The adult safeguarding lead is a member of the QA and SAR subgroups and is also a panel member for Domestic homicide reviews across the City and County, the safeguarding adults team leader is a member of the learning and development subgroups.

Immediate learning is identified in these meetings and the adult safeguarding lead shares this across the trust via the safeguarding intranet site, the safeguarding committee and the safeguarding champions. If staff groups are identified in this learning, then bespoke sessions are provided, this is followed up and assurance given via the audit and impact processes agreed across the partnership.

Learning from the learning and development subgroups is shared as above but also embedded in mandatory safeguarding training and in the domestic abuse training that we provide.

Closed Cultures:

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

Recruitment:

The Trust follows safer recruitment guidelines to ensure the recruitment of appropriately qualified, trained and DBS checked staff. The Trust does not repeat DBS checks every 3 years. DBS checks are completed when staff change a role or when initially recruited.

The 'Fit and Proper Person' test is completed for all Board members on an annual basis. and the Trust made a submission to NHSE to confirm that the trust has met the requirements.

Engagement and Making Safeguarding Personal

Patient Engagement

NUH has a 'Patient Engagement and Experience Steering Group'. There is wide representation from our patient groups at various trust committees and governance groups. All changes to the delivery of services are discussed at this group, and governance forums have patient representatives

The team support patient/carer engagement across the Trust. They support clinical teams and work with community partners around co-production to ensure patients voices are heard and identify learning and training needs.

Friends and family test

NUH do not ask for feedback from patients and their family's carers specifically related to safeguarding experiences. All patients/families and carers have the opportunity to complete the friends and family test on discharge to identify areas of good practice or areas of concern in relation to their hospital experience. Clinical areas monitor responses and feedback to appropriate teams.

MSP second audit

NUH were part of the review of the second MSP audit. The response level was relatively low in relation to the number of staff employed by the trust. The audit was positive in that it identified that the majority of staff knew where to get safeguarding advice but that they were still not fully aware of the terminology around MSP.

The safeguarding referrals and the phone calls received by the team evidence that some staff still lack confidence in asking safeguarding questions and having professional curiosity but that with support and advice are happy to then have those discussions and understand the need to ensure patients are involved in decision making for themselves. There is more work to be done to embed this further.

Nottinghamshire Fire & Rescue

Organisational Risks and Mitigation

The biggest risk NFRS has seen in the review period if the reduction of resource for safeguarding. NFRS have undertaken an internal restructure in which the number of individuals resourcing safeguarding has been reduced. From September 2024 the number of staff triaging and submitting safeguarding referrals has been reduced. The number of DSLs has remained constant, but their workload has been significantly increased with the addition of triage, administration, training and increased multiagency meeting attendance.

NFRS have faced challenges within this period with regards to staffing all statutory and partnership meetings post September 2024 with the same named contact responsible for both City and County boards and partnership meetings. Although this is not a change, the number of meetings has been increased with the reduction of resource.

The changes to quality assurance processes as a result of the restructure have also highlighted training needs for our front-line staff in understanding safeguarding thresholds. The changes to this quality and assurance process have led to an increase in workload for Designated Safeguarding Leads (DSLs).

In response to the reduction in staffing resource, NFRS have undertaken the following mitigating actions:

1. DSLs have reviewed and amended the safeguarding policy to reflect the change to process. This has been circulated to all staff via the NFRS policy centre. Policy Centre requires staff to navigate the document and ‘accept’ the changes as a measure of awareness. Staff who have not accessed and accepted the document are sent email reminders monthly of outstanding actions. The acceptance rate is reported as a measure of staff awareness.
2. An internal evaluation of the success of the restructure in March 2025 highlighted safeguarding resource as a continuing concern. Changes to resourcing are being investigated outside of the scope of this review and triage and referral workload is expected to be shared over an additional 3 FT equivalent members of staff. This change is expected to be implemented by June 2025. HR partners and staff have been consulted on this plan and a trail is due to start on May 2025 to assess impact on their existing workload. It is expected that sharing the triage and administration of safeguarding over more staff resource will free up time for DSLs to work at a strategic level and improve training for all staff.
3. A review of training for all staff is currently underway and extends past the review period for this document. Currently all staff undertake Safeguarding level 1 e-learning every 3 years. The percentage of staff ‘in ticket’ with this learning is reported monthly and DSLs held accountable for contacting ‘out of ticket’ staff to encourage compliance. NFRS have provided face to face

Safeguarding level 3 training to all staff prior to September 2024. Whilst all staff trained to Safeguarding level 3 is a continued ambition, a review of the delivery mechanism and course content is underway. A revised face to face courses is planned for delivery in May 2025. All ongoing budgetary and staffing resource questions will be considered as part of this evaluation and trial. This figure is recorded and reported in annual returns to the HMICFRS as evidence of compliance with the safeguarding Fire Standard. It is anticipated that NFRS will re-launch training and accompanying policy and promote during Safeguarding Adults Week, November 2025.

4. NFRS have communicated with all partners via email and verbally the impact of the restructure on safeguarding staffing resource. New DSLs are collaborating with networks as required. In some instances, this will be on an as required basis. Vice chair ships have been resigned for some safeguarding sub-groups and outstanding work handed over to new DSLs. Where applicable, NFRS information is communicated via email to partners under existing data share agreements rather than attendance at meetings. NFRS are looking to adopt a model of attending multiagency meetings only for cases currently open to NFRS. It is anticipated that 2024/25 will be a transitional year and that by the end of it, NFRS will ensure coverage of all statutory and partnership meets as required.
5. Quality assurance process have been changed and reporting parameters amended to reflect the new processes. This has enabled DSLs to identify learning needs and move to address these as an organisation or locally. This work is ongoing with quarterly reviews and reporting.

Prevention

Safeguarding within NFRS is rarely case work. Interactions and subsequent referrals are often one off. Where cases are held, NFRS policy directs either child or adult safeguarding pathways.

DSL (adults) is qualified to deliver Safer Recruitment Practice training within service. Training for HR and SLT planned for May 2025. Content created by National Fire Chiefs Council to be consistent across all Fire and Rescue Services in all devolved nations.

Assurance

Staff e-learning completion rates for Safeguarding level 1 (mandatory for all NFRS staff) in March 2025 were 97.8%

100% of staff in role by end of August 2024 had undertaken additional face to face Safeguarding level 3 training.

Internal fatal fire review groups established in January 2025. This process formalises the review and action process to embed learning from fatal fires into the organisation.

Safeguarding supervision meetings held biweekly. Established September 2024. Aim to review and discuss complex cases and ensure all appropriate, proportionate actions have been undertaken in a timely manner.

DSL has undertaken training to ensure safer recruitment practices are embedded in NFRS recruitment processes. Training provided by the National Fire Chiefs Council and DSL certified as competent to deliver national programme locally. Plan to deliver to NFRS HR and SLT in May 2025. National focus on safer recruitment in line with the change to Fire and Rescue Service Staff now being eligible for a standard DBS from April 2023. This will

form part of the review of policy and practice in the retrospective checking of all operational staff currently underway.

Engagement and Making Safeguarding Personal

NFRS is led by the guidance of the National Fire Chiefs Council and follows their person-centred approach to home fire safety checks / safe and well visits. These are often the interactions during which safeguarding needs are identified. Alongside the person-centred framework underpinning the practice during these visits, NFRS have included in the new (September 2024) internal safeguarding referral form, an emphasis on asking the individual what they would like the outcome of any onward referral to be. This and other changes to the form have been circulated in the internal policy and reiterated with middle managers to cascade to staff in briefings. NFRS have not yet quality assured the outcome section of the new internal safeguarding form so there is no evidence to present at this time as to the success of implementing the new emphasis on MSP within NFRS.

Page 15 of the NFRS safeguarding children and adults at risk policy references the MCA with regards to best interest decisions. NFRS staff are not responsible for the assessment of mental capacity (with the exception of the occupational therapist seconded from the NHS). Practice in NFRS is that should staff have a query about mental capacity / identify a need to make a best interest safeguarding decision, the OT will triage and review the referral and carryout any required subsequent actions regarding mental capacity.

The case study below from operational crew attending a safe and well visit arising following a professional referral outlines the confidence that crews have to engage in MSP conversations with members of the community. In this instance they also internally referred this to the OT to review in terms of the disclosed existing mental health conditions.

Case study – Nottinghamshire Fire and Rescue Service

On Tuesday, the crew from Z visited X at her home address for a Safe and Well visit.

X has currently broken both of her feet in different places and is not mobile. She has carers four times a day now to help her with basic daily tasks, but she is unsure how long this will be for. She is currently spending a lot of money on taxis for transport but does have good relationships with neighbours who help her. She says she is happy cooking for herself as she only uses the microwave, but she used to use the meals in the community service and is in the process of re-setting this up as the company changed hands.

X struggles with her mental health, although she is getting support and taking her medication presently, she openly acknowledged she does struggle with her mental wellbeing. X is already receiving support for her mental health via the hospital - she is on medication currently that is working for her, she is in therapy and receiving support through these channels. She did however inform crews that she drinks every day, although it was not disclosed how much.

X relies on herself and help from the neighbours. She has a son, but he is in the care system and has previously damaged her home and has physically assaulted X. She has also previously fled domestic abuse relationships and appeared very vulnerable. She said her son used to urinate around her house, and he has previously broken her ribs. X also admitted to crews she drinks every day- which combined with her mental health and vulnerability alarmed the crew.

There is a level of hoarding in the property, which X did acknowledge. There were large piles of magazines and reading materials, X did say before her accident she was trying to work through the hoarding but is falling behind again. It may be that she needs support in doing this. There were also batteries poked into the top of a disused fireplace, which we advised needed clearing out and she said her son was responsible for this when he lived at the property. X was telling crews that she has been through a lot and has a lot of issues which hinder her welfare, she feels she doesn't know if she needs any other support at the moment but is happy for a referral.

At present, X is very immobile due to breaking bones in her feet. She said usually she is mobile, but she always takes her walking stick out with her as she has very bad anxiety and it makes her feel more secure.

She was unsure of what a possible outcome from this referral could be, but she has said she would like all the help and support she can get for when her son returns.

Organisational Risks and Mitigation

MAPPA

The Trust's MAPPA responsibilities were historically managed outside of the safeguarding team however operational oversight of MAPPA is now part of the wider safeguarding portfolio. Areas for improvement have been identified, and we have a detailed work plan to improve MAPPA governance and training:

- A Trust MAPPA oversight group has been established with membership from safeguarding, mental health care group, CAMHS and forensic care group. The purpose of this new group is to establish, implement and review the MAPPA activity across the Trust, ensure MAPPA processes are up to date and provide escalation internally and externally where appropriate.
- In addition to the multi-agency MAPPA partnership training available to staff the safeguarding team have developed a local Trust related training package for the workforce that the safeguarding team are going to roll out to the relevant staff. This training will be delivered through local face to face training sessions/workshops for high-risk areas and generic training sessions will be delivered monthly. The training will incorporate key learning from MAPPA related patient safety incidents.
- Briefing sessions and workshops have been delivered to high-risk areas where they are deemed to have MAPPA nominals with additional complexity
- Increased safeguarding visibility within clinical areas have been built into our service delivery, including MAPPA drop-in sessions to support staff safely manage their MAPPA responsibilities
- We are building stronger resources and systems for staff to help them navigate MAPPA processes and standard operating procedures through:
- Developing an admission 'flow chart' to support staff with the process of managing a MAPPA patient
- Strengthen MAPPA alerts on our electronic recording system. We are improving our RiO alerts system to capture MAPPA status by increasing visibility of the alerts screen
- Improve engagement between Trust staff and MOSOVO officers to promote better understanding of how roles work together to safeguarding patients and improve joint working. Safeguarding lead for MAPPA and MOSOVO officers plan to undertake reciprocal in-site visits.
- MAPPA audits are being undertaken within our forensic services to ensure that all MAPPA cases are identified. A RIO flag has been developed for MAPPA cases, embedding this within practice will support data collection and ensure a patient's MAPPA status is not lost over time. Bespoke training has been offered in community forensic services to support the use of flags; this will also be a part of internal procedures and training.

In terms of mitigations, in addition to the MAPPA workplan above, work has begun to strengthen how the Trust works with partner agencies when working with risk, a working group is being set up with the Police

PREVENT

The safeguarding team are engaging with the local system to develop a new training strategy for Prevent. This is to ensure that staff have the appropriate level of training to fulfil their role. The strategy largely mirrors the levels for safeguarding training. All staff will still need to complete the basic Prevent awareness which will be offered through E-Learning For Health. However, the system is currently exploring face-to-face training for staff who are more likely to have contact with individuals who are under Prevent and more likely to make a referral. Previously face-to-face training has been done on an ad-hoc basis. We continue to see a high number of children within the Prevent space. We have been working with our partners in Prevent to look at how we can better respond to children and those with neurodiversity. There is currently a piece of work being undertaken to embed the 'Child First' model within Prevent. A child first model priorities positive outcomes for children and preventing offending by focusing on children's needs and potential, rather than viewing them as offenders. The recent Prevent Learning Review following the Southport killings has raised concerns about how individuals with a mixed and unclear ideology but are vulnerable to radicalisation should be supported.

The safeguarding team are engaging with the local system to develop a new training strategy for Prevent. The system is currently exploring face-to-face training for staff who are more likely to have contact with individuals who are under Prevent and more likely to make a referral. We have been working with our partners in Prevent to look at how we can better respond to children and those with neurodiversity.

Following the murder of 3 children in Southport a 'Prevent Learning Review' was undertaken. Following on from this review our regional Prevent team have reviewed their thresholds in relation to cases where there is a mixed or unclear ideology. They have shared a short presentation describing instances when individuals would meet the criteria for 'Fascination with Extreme Violence and Mass Casualty Attacks (FEV MAC). This category includes individuals who are fascinated with forms of violence, to the point where they focus on it to the exclusion of other occupations, access information to further their obsession, such as watching extreme violent content on-line (beheading videos, torture, sexual assault). They may also express fascination with or support for perpetrators of mass casualty attacks, such as the perpetrator of the attacks in Norway in 2011 where 77 people were killed at a summer camp or a number of individuals who perpetrated mass school shootings. The presentation is being disseminated across the Trust in order to raise awareness.

Sexual safety

Promoting and tackling Sexual Safety remains a high priority for the Trust, we recognise this is essential within our services. Sexual Safety has been identified as a patient safety priority and as such we have had a patient safety improvement group running in partnership with our Patient Safety Team. Key areas of work to improve the risks associated with sexual safety for our staff and patients:

- There is an extensive work plan for sexual safety to ensure we meet our statutory requirements; sexual safety also features within the Integrated Improvement Plan,

and we have signed up to the sexual safety charter.

- We are recruiting to a safety lead to focus on driving improvements in practice and meeting the requirements of our responsibilities around sexual safety.
- A mandatory sexual safety tick box has been added to Ulysses to help capture incidents that have a sexual safety element to them but may have been reported using a different cause group. These changes are likely to be the driver behind the increase in reported incidents.
- A guidance document for responding to sexual safety incidents has been updated and this is available on the sexual safety pages on connect and on the front page of Ulysses. There is continued work with the patient safety team on creating a dashboard that will be available in real time on Ulysses.
- We have facilitated several sexual safety patient focus groups in inpatient areas, this has been a highly valuable activity to help our understanding of what is working well and what is not having a positive impact on improving sexual safety for our staff and patients. Patients had dynamic conversations that has emphasised the importance of staff feeling comfortable and confident when talking about sexual safety. The focus groups were successful and a positive way of disseminating information around sexual safety in person. We will be further developing patient focus groups across.
- Ongoing work to reach compliance with:
    - NHSE sexual safety charter-the new workforce sexual safety policy to align with NHSE's policy.
    - Sexual safety standards
- Audits- bench marking against sexual safety standards and compliance with NHSE sexual safety charter
- Enabling anonymous reporting of sexual safety incidents, this has been recommended by NHSE
- Guidance documents for staff and managers
- Launch policy and guidance related to sexual misconduct including the e learning package and staff sexual safety page on connect.
- Improved training offer for staff
- Further develop the sexual safety champion role
- Ongoing contributions to the community of practice

There have been 2 sexual safety related patient safety incident investigations with common themes/learning that emphasis the sexual safety workplan:

- Incidents occurring whilst on section 17 leave from the ward
- Smoking – can be a trigger point for patients convening in shared areas. Across the mental health inpatient areas smoking areas are where the largest number of sexual safety incidents occur e.g. the main court ward at Sherwood Oaks, main entrance and car park at Highbury Hospital
- Pre –leave risk assessments need to be captured in patient records
- Risks need to be fully explored to ensure the risk assessment is thorough.
- Sexual safety needs to be part of care plans
- Wards respond appropriately in terms of support for survivors when there has been an incident

- Patients who pose a risk of sexual safety incidents should be discussed at hospital meetings and risks shared across the wards
- Coordination of grounds leave and communication between wards is required.
- Strengthen sexual safety discussions with patients

Closed Cultures and Regulatory Compliance Measures

Due to the nature of the services that the Trust provides there is an inherent risk of closed cultures. Extensive work has been undertaken over the last year to mitigate against the risks and identify any early indicators in a timely manner. This work forms part of the wider Theemis and section 48 regulatory compliance measures which have been in place throughout 2024/25. The safeguarding team's focus is around working collaboratively with the care units to strengthen our ability to utilise our data analytics collaboratively, with care units, to identify our risks, concerns, themes and trends.

The work on developing a closed cultures dashboard has been integrated into the wider piece of work to develop SafeNow. SafeNow was developed in response to the Section 48 review recommendations as a way to review key safety indicators on a weekly basis and identify any issues and patterns across our services. The electronic dashboard pulls together data on specific areas of safety within inpatient, community and crisis services. SafeNow is a weekly review of key safety indicators, to identify any safety issues and understand any patterns across our wards and services. It uses a specially developed electronic dashboard which pulls together data on the key areas of the S48 recommendations. SafeNow currently covers safety metrics for our Adult Mental Health and Older People's Mental Health Services including inpatient wards, community services and crisis services. This includes how long patients are waiting for services or beds, how well wards are staffed, how well we are assessing risk and the proportion of critical feedback received. Each week, all metrics are reviewed in detail, often at an individual patient level, to understand the data. Clinical leads come together in a weekly meeting to explain the data and actions are then taken to address any issues and these are reported to the Executive Leadership Team. The SafeNow dashboard content and associated actions are also reported on weekly to the Integrated Care Board and monthly to NHS England.

Since SafeNow was implemented we have seen a significant improvement in many areas, such as the number of risk assessments updated within the last 4 weeks for our ward patients which is now at 99%. We have also seen an improvement in the number of patients who have had their physical health issues escalated appropriately to a senior clinician, from 60% in May 2024 when SafeNow was launched to 96% now, and we expect further improvement in all areas.

SafeNow will continue to be used as business as usual in the areas it is already embedded. SafeNow will be rolling out in other areas of the Trust throughout 2025-26 and beyond

Progress against the wider integrated improvement plan and NOF 4 will continue to be monitored by the Nottingham and Nottinghamshire ICB, CQC and NHSE.

Strengthening safeguarding confidence and knowledge amongst the workforce

Quality visits to clinical areas and learning from incidents have identified a need to strengthen staff knowledge and application of safeguarding practice. In response to this the Trust's safeguarding Training, Learning and Development subgroup and Safeguarding Subgroup have made several improvements to support the workforce's understanding of

safeguarding with a focus on in person support:

Ward support visits- Increasing our visibility in patient areas, ward support visits have been positively received by services. We identified learning themes and trends in quarter 1 and 2, these have influenced our approach to these visits in quarter 3. We identified staff identified safeguarding well but sometimes lacked confidence in taking appropriate action. Our framework for conducting a ward support visit:

- Review core assessments, care plan and risk assessment for two recently admitted patients with a band 5 or 6 practitioner.
- The safeguarding issues are explored, and the practitioner guided through the appropriate response and actions required.
- This will hopefully increase confidence and upskill the workforce in this area.
- The impact of this will be assessed and reviewed.
- The aim is to promote safeguarding knowledge and confidence within the clinical workforce by coming alongside staff in a patient facing environment face to face.
- Feedback surveys have been completed reporting an increase in staff confidence in safeguarding following the ward support visit and many requests for follow on support visits. In all the visits an unaddressed safeguarding issue was identified in a patient record lending itself to opportunities for patient's to be safer and staff to reflect and learn with the safeguarding leads in real time. Learning, themes and actions from the visit are being shared across the teams at handover, MDT and / or team meetings. The extension of the ward support program across the Trust is underway
- The safeguarding supervision and leadership workshops are aimed at the band 7s and above. Therefore, we are hopeful this dual approach increases confidence and knowledge of the whole workforce.

Several measures have been implemented during 2024-25 to increase the support offered to staff to enhance their knowledge base and the practical application of safeguarding. See details above.

Training packages have been brought up-to-date and aligned with new NHS England requirements, this now includes additional videos. It has been agreed that domestic abuse training is to be mandatory for all staff. Work is underway to finalise the training package to be delivered.

Safeguarding briefings- Each month the group agrees a topic and produces a briefing on a particular safeguarding theme. These are in a short, easy read format and include a description of the issue, suggestions for supervision and links to further information on the subject. The latest briefing on the topic of professional curiosity is embedded below.

Leadership in Safeguarding Training – A new one day training session has been developed for clinical managers and leaders to build confidence in leading safeguarding to promote best safeguarding practice in their teams and support staff where safeguarding concerns have been identified. Details of this training:

- Help staff to understand their role and responsibility in safeguarding processes
- Increase awareness of safeguarding legislation and how this impacts on local practice
- Explain Safeguarding processes and principles so these can be applied to practice

- Explore best practice when making Safeguarding referrals
- Increase understanding of the importance of Safeguarding Supervision
- Explore the concept of Closed Cultures and aid management of allegations made against staff

Since this training was implemented in April 2024, 96 staff members have attended the training with representation Trustwide. An annual review of the evaluations from this training will be collated and analysed to inform this training moving into 2025-26.

Prevention

The introduction of safeguarding leadership training has provided our senior workforce with additional knowledge and skills to enhance their safeguarding leadership responsibilities.

The Trust have recognised the need for a dedicated Sexual Safety Lead within the safeguarding team and we will recruit into this post to drive forward our commitment to adherence with the NHSE sexual safety charter.

The Transitional Safeguarding working group have produced a poster to reflect the work that has been undertaken over 2024-25.

The safeguarding link champions network continues to meet every 3 months to update on important safeguarding topics. The Safeguarding Link Champions network was set up to support the function of the safeguarding team and is an important and effective means of disseminating information and good practice across the organisation. The Link Champions events offer attendees enhanced knowledge and skills within the safeguarding arena which is in addition to mandatory training. Link Champions are expected to act as visible role models and facilitate and promote robust and effective safeguarding practice within their teams.

Each month a safeguarding briefing is produced which focuses on one key safeguarding topic. Example of topics for these briefings for 2024-25 include; MAPPA, abuse of older people, DoLs, Pressure Ulcers, Transitional safeguarding, and professional curiosity. These briefings are shared via the trust communication team within the Trustwide updates. The topics for the briefings are taken from learning from multi-agency reviews such as safeguarding adult reviews and learning from safeguarding incidents.

Assurance

The Trustwide Safeguarding Adults at Risk policy has been updated to incorporate transitional safeguarding and learning from safeguarding adult reviews.

The safeguarding team are strengthening our internal audit program to provide assurance and consistency within the service. This includes a regular audit of safeguarding advice provided within the safeguarding Single Point Of Contact (SPOC).

The safeguarding team are liaising with the Ulysses team to explore ways in which to improve data reporting centrally to ensure information is contained within established risk management systems.

Learning from SARs and DHRs is taken to the Trustwide Safeguarding Strategic Group and Patient Safety Learning from deaths group to share learning and to explore ways in which the learning can improve systems, policies and practice.

Compliance against mandatory safeguarding training is monitored. Quarter 4 2024-25 safeguarding training compliance for Think Family level 1 was 88% (2805 staff members eligible) and compliance with level 3 Think Family safeguarding training is 93% (7679 staff members eligible).

The Trust has a domestic abuse policy to support staff to understand their roles and responsibilities around responding to disclosures of domestic abuse. The Trust also has a domestic abuse workforce policy to support staff to feel confident in reporting and responding to workforce disclosures of domestic abuse.

Trustwide Safeguarding Strategic Group (TSSG)

The governance and reporting both into and out of this group has been strengthened with a clearer reporting line established from ward to board.

- The TSSG reports to the patient safety and learning from deaths group and Quality Committee
- The care units are provided with a more detailed breakdown of quarterly safeguarding performance data which they are expected to provide analysis and identify gaps to report at TSSG. This supports a culture of transparency and continuous improvement and enhances engagement with the clinical teams

The TSSG aims to provide a strategic lens on safeguarding to use the data and learning to move towards prevention and improvement.

Engagement and Making Safeguarding Personal

Safe Spaces

This is an initiative where survivors of domestic abuse can present at a ‘safe space’ and be given space to access specialist domestic abuse services, through agreed helplines. Trust sites have been identified, they will display signage to highlight that they are a ‘safe space’. This will be rolled out across the Trust to sites that are appropriately staffed. This is part of a much bigger project across Nottinghamshire to identify safe spaces and has been embraced by our NHS partners.

Making Safeguarding Personal (MSP)

MSP is considered within our existing systems and processes and is an essential element of how we design our working practices to promote MSP across our workforce.

STAADA (standing together against domestic abuse) and RESPECT selected the Trust as a pilot site to strengthen how we respond to domestic abuse. The selected organisations are supporting STAADA and RESPECT to develop an accredited tool for domestic abuse which will be rolled out nationally. Key areas of our work with STAADA and RESPECT:

- Ensuring Trust policy reflects the need for a robust response to perpetrators of domestic abuse both within the workforce and within our patient group

- Pilot a programme of support for staff to increase their understanding and skill, increasing their confidence to recognise, respond and refer perpetrators to the appropriate services.
- The programme is being supported by a multi-agency steering group to ensure the transformation work is aligned with the system and referral pathways are appropriately supported ensuring sustainability
- Survivor and child safety is at the forefront of our response. This work is aimed at building on the survivor focused work we are already doing.
- STAADA have offered team specific domestic abuse training, there are 2 sessions remaining in mental health and 2 broader sessions accessible to anyone. STAADA have delivered sessions in IDD, CRHT, MHSOP and adult physical health services.

Nottinghamshire Police

Organisational Risks and Mitigation

Throughout the reporting period, Nottinghamshire Police has continued to face complex adult safeguarding challenges, particularly in the context of increasing mental health-related incidents, domestic abuse involving vulnerable adults, and rising cases of financial exploitation and modern slavery.

Key organisational risks identified:

Demand

Due to the wide ranging nature of adult safeguarding, the demand to deal with it and the related offences is ever increasing.

This increased demand, combined with new legislation (DV offences for example) means it's a constant challenge for the police, and partners, to keep on top of.

To give some reference, the police have seen an increase of DV offences by 3%

and Rape and serious sexual offences have seen a 13% increase over the last year.

There has also been a consistent rise in Adult safeguarding occurrences and referrals into the MASH with the numbers steadily increasing since 2023.

Staffing

The experience of the police has been drastically reduced over the years, resulting in nearly half of the front line having 5yrs service or less. This means there is a risk that offences are potentially being missed or dealt with in a less timely matter as officers don't have the necessary experience to recognise offences or complete the necessary file work in a timely manner.

To mitigate the above risks, an increase in staffing has been implemented across rape and serious sexual offences teams as well as within the MASH and domestic violence teams.

There are also improvements being made, complete with partners, across the MASH including upgraded case management software for faster triage and joint decision-making.

Training is also constantly being refreshed, improved and implemented across the force with departmental training days to keep officers up to date with the legislation and referral criteria and standards.

Prevention

Preventative activity has been a core component of the adult safeguarding approach:

- Deployment of Neighbourhood Policing Teams to engage with care providers, housing services, and voluntary sector partners to identify and support at-risk adults before harm occurs.
- Use of police powers under the Care Act 2014 to ensure safeguarding enquiries are initiated appropriately, including adult protection planning and issuing of Domestic Violence Protection Orders (DVPOs).

Assurance

Assurance activities have focused on governance, quality assurance, and internal scrutiny:

- Regular auditing of safeguarding referrals and outcomes by the Public Protection Quality Assurance Group, aligned with Nottinghamshire Safeguarding Adults Board (NSAB) priorities.
- Strengthening of internal Learning from Reviews processes, incorporating findings from SARs (Safeguarding Adult Reviews) into officer training and operational guidance.
- Quarterly reporting to the Force Vulnerability Governance Board, with oversight from senior leadership and cross-agency representation.

Engagement and Making Safeguarding Personal

Nottinghamshire Police has maintained and developed key strategic and community engagement around safeguarding:

- Active participation in the Nottinghamshire Safeguarding Adults Board and sub-groups, contributing to strategic planning and operational delivery.
- Co-chairing of the Exploitation and Vulnerability Strategic Group, focusing on adult sexual and criminal exploitation, cuckooing, and adult grooming.
- Development of community engagement initiatives with minority groups, including targeted safeguarding campaigns around “Safe Spaces”, and adult abuse awareness in underrepresented communities

POhWER Advocacy

Organisational Risks and Mitigation

POhWER are now managing waiting lists for Statutory Advocacy referrals which includes increasing demands in Relevant Persons Paid Representative referrals (RPPR under DOLS legislation). Discussions with our Commissioners continue in this area.

Potentially impacting independent identification of safeguarding concerns as some visits to people who are deprived of their liberty are not taking place.

POhWER has also had challenges in recruitment and staffing, however the Advocacy team is now fully staffed.

Mitigations

1. Change in contract

Change of contract resulting in less resources to deliver Advocacy locally potentially impacting independent identification of safeguarding concerns. A key role of the

Independent Advocate is to recognise and raise safeguarding concerns as they meet with and work with people at risk, through the course of their work. The requirement to meet increasing demands with constrained resources means Advocates are less able to spend quality time with their clients which might enable them to identify safeguarding concerns.

POhWER has worked with Commissioners through the last 12 months to identify ways to ensure that demands to the services are triaged and managed to ensure priorities in Advocacy support are recognised and responded to within the restrictions of the contract. We have seen increased demands in Relevant Person's Paid Representatives (RPPR) under the Deprivation of Liberty Safeguards (DOLS) which has meant waiting lists and prioritisation of referrals have been discussed regularly, to mitigate Commissioners have agreed an increase in resources locally to support this area of work which should help further with meeting the current demands. POhWER and DOLS operational staff meet regularly to discuss and monitor.

The mitigation to this is for Advocates to be visiting and working with those clients most at risk and have resource to respond to demands in referrals. Also continued training in identifying and escalating safeguarding; opportunity for Advocates to attend quarterly safeguarding forums at POhWER and case discussions at Team meetings and supervisions. Continued valuable engagement with wider Nottinghamshire Safeguarding Adults Boards and subgroups.

2. Recruitment and staffing

Risk continued during the last year as the impact of the challenges around the labour market and cost of living continue which continues to impact our ability to recruit and re-train along with others in the Health Social Care Sector. The mitigations put in place for this were additional resources awarded by Commissioners and continued recruitment support from POhWER's community Managers and Talent Acquisition Officer. Staffing position has improved and POhWER has a full Advocacy team, however this can change at any time and POhWER respond quickly to the need for recruitment to avoid low staffing in the team.

Prevention

Successful agency co-operation in relation to adult Safeguarding

POhWER attends the Nottingham Safeguarding Adults Board. We liaise closely particularly with Adult Social Care professionals and the Safeguarding Teams to ensure our beneficiaries are appropriately represented and safeguarded. We do sometimes have to prompt referral for advocacy support where we have made a safeguarding concern for someone that we know will have substantial difficulty engaging with the safeguarding process – our Care Act advocates and IMCAs are greatly experienced in supporting people who find themselves in safeguarding inquiries.

Senior level attendance at SAB meetings in Nottingham and also the ICS Mental Health Quality & Safety Group allows opportunity to discuss Advocacy and to bring the voice of the person to the Board. Demonstrating the importance of Independent Advocacy as our advocates, either through the observation of clients or through their general advocacy work, are able to recognise and escalate safeguarding concerns. POhWER shares information and updates to the joint safeguarding partnership with their unique independent perspective.

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

POhWER has introduced a new Learning Management System – Skillgate, which has improved Safeguarding training expectations. All Managers are now required to complete Safeguarding Adults and Children at level 3. We have developed our own safeguarding case management system which is integrated into our overall client record management system enabling better monitoring and reporting on safeguarding concerns raised by the charity.

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

Our People Director continually reviews and revises the policies and procedures relating to HR and recruitment practices but also developing tools and training for managers across the organisation. Already all staff must have an enhanced DBS check before working in the Charity and a minimum of two references are taken up before formal offer of contract of employment.

All Leaders who are involved in recruitment for POhWER attend Mandatory Safer Recruitment training.

Assurance

Having appropriate arrangements in place to safeguard adults

POhWER has robust policies and processes in place to escalate safeguarding concerns to the appropriate authority safeguarding team. Data on this is monitored and reported on to our Board of Trustees on a quarterly basis; with further analysis to identify themes and trends, particularly if single incidents don't merit escalation on their own but do form a pattern or theme or trend. POhWER has successfully completed the independent safeguarding audit and recommendations developed into an action plan which are reported on to our Board quarterly.

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

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

In Nottinghamshire County senior management from POHWER attend and participate in Safeguarding Adult Reviews by attending the SAR sub-group. Learning from these discussions feed into POhWER's continuing improvement processes and enable feedback to the SAR sub-group highlighting where some individuals may have benefitted from advocacy that was not referred for at the time, supporting learning.

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

See above under appropriate arrangements.

Please provide information about the number of staff undertaking safeguarding training against your organisations targets and any evaluation undertaken.

100% compliance is required from Nottingham/shire Advocacy team, compliance at 100% in April 2025

Please provide information about how you ensure staff can apply the Mental Capacity Act in practice

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

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

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

Engagement and Making Safeguarding Personal

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

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

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

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

Anonymised case examples demonstrating what MSP looks like in your organisation

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

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

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

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

As a significant amount of our advocacy work relates to people for whom we have received Mental Capacity Act statutory referrals (either for Independent Mental Capacity Advocate - IMCA support or in the Relevant Person's Paid Representative role within Deprivation of Liberty Safeguards - DOLS), the Mental Capacity Act is embedded in our safeguarding adults policy and procedures. Our staff understand the requirement to treat everyone as having capacity unless it has been assessed that they lack capacity in a time and issue specific situation. Along with all others who we make safeguarding referrals to

the local authority for, even if someone is deemed to lack capacity about an issue, we engage with them to try to ensure they understand the issue, gain their views and wishes and ultimately explain if we have to breach confidentiality to make a safeguarding report.

Appendix B – Agency Attendance

Agency	Main Board	Business Management Group	Quality Assurance Subgroup	Safeguarding Adults Review Subgroup	Training, Learning and Improvement Subgroup
Adult Social Care	4/4	4/4	2/2	4/4	4/4
Nottingham and Nottinghamshire ICB	4/4	4/4	1/2	4/4	3/4
Nottinghamshire Police	3/4	4/4	0/2	2/4	1/4
Carers Federation	1/4	N/A	N/A	N/A	N/A
Department for Work and Pensions	3/4	N/A	N/A	N/A	N/A
East Midlands Ambulance Service	2/4	N/A	N/A	N/A	N/A
Framework	1/2	N/A	1/2	3/4	1/4
HMP Nottingham	0/4	N/A	N/A	N/A	N/A
National Probation Service	4/4	N/A	0/2	3/4	1/4
Nottingham CityCare Partnership	3/4	N/A	1/2	4/4	4/4
Nottingham Community and Voluntary Service	N/A	N/A	N/A	N/A	2/4
Nottingham City Council Communities	4/4	3/4	N/A	4/4	4/4
Nottingham City Council Housing	4/4	N/A	N/A	2/4	N/A

Nottingham City Council Public Health	1/4	1/1	N/A	N/A	N/A
Nottinghamshire Fire and Rescue	4/4	N/A	N/A	N/A	N/A
Nottinghamshire Healthcare NHS Foundation Trust	4/4	4/4	2/2	4/4	2/4
Nottingham University Hospitals	4/4	N/A	1/2	2/4	3/4
Nottinghamshire Healthwatch	0/4	N/A	0/2	N/A	N/A
POhWER Advocacy	1/4	N/A	N/A	N/A	N/A

Appendix C - Glossary of acronyms

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

PAT	Partner Assurance Tool
PiPoT	People in a Position of Trust
PP	Public protection
QA	Quality Assurance
SAB	Safeguarding Adults Board
SAR	Safeguarding Adults Review
SCP	Safeguarding Children's Partnership
SERAC	Slavery and Exploitation Risk Assessment Conference
SHIP	Supported Housing Intervention and Prevention Team
SMD	Severe and Multiple Disadvantage
SPOC	Single Point of Contact
SWV	'Safe and well' visit
VAPN	Vulnerable adults provider network