



# Northumberland Safeguarding Adults Board Annual Report 2015-2016

Report of Paula Mead, Independent Chair

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Adults Manager



## 1.0 Introduction / Foreword

As Independent Chair of Northumberland's Safeguarding Adults Board, I am pleased to introduce our annual report for 2015-16.

This report provides an insight into the work of the Safeguarding Adults Board, highlighting the progress we have achieved in Northumberland over the past year.

Our work as a Board takes place within a dynamic context of continual change. Safe practice is prioritised, however this has been within a challenging financial environment whereby all partners needed to achieve significant efficiencies. Nevertheless the Board have continued to work together effectively, retaining focus on our priority of protecting adults at risk of abuse and neglect, whilst striving all the time to improve.

This work has been achieved through partners engaging actively with the Board and its sub groups by working together to deliver our commitments. We have continued to focus on making safeguarding a personal experience; something that people feel a part of, and in control of, rather than something which is process-driven and service-led.

As a Board, we have worked together to make sure that we are meeting our statutory duties under the Care Act 2014, within this, the Board's core purpose is to assure the quality of the local safeguarding system, ensuring it is safe, well-led and

effective in helping and protecting adults at risk in Northumberland. During the last year, members of the Board have challenged and scrutinised safeguarding arrangements to ensure that all partners deliver on their responsibilities.

Demand for safeguarding services continues to increase. Although the number of Adult Concern Notifications were almost the same in 2015/16 (4782) compared to 2014/15 (4795), there were 908 safeguarding referrals during 2015/16, which is 20% higher than the previous year (754 referrals in 2014/15). Of these, 54% were assessed as requiring investigation. These increases present a challenge but reflect on-going work to raise awareness of adult safeguarding, encouraging members of the public, carers and agencies to report concerns at an early stage. The increase in referrals shows the good quality work in identifying and responding to concerns, leading to the application of appropriate thresholds for action.

We hope this Annual Report will assure the residents of Northumberland that the adult safeguarding system in the county is person-centred, proportionate, safe and effective.

Our priorities for 2016/17 reflect our commitment to continuing improvement, and our Strategic Plan, which accompanies this report details how we propose to achieve our objectives.

We are interested in your views about this report or any other feed-back you may wish to give about adult safeguarding. If you wish to offer feed-back please email;

[safeguardingadults@northumberland.gcsx.gov.uk](mailto:safeguardingadults@northumberland.gcsx.gov.uk).



Paula Mead  
Independent Chair Northumberland Safeguarding Adults Board



## 2.0 Executive Summary

A full Executive Summary of this report identifying key findings, analysis and challenges for 2015/16 is available on the NSAB website.

### 2.1 Key Board Impacts in 2015/16





- (3.0) The NSAB, its statutory responsibilities and the purpose of the annual report
- (4.0) NSAB vision, values and principles
- (5.0) Developments in National Policy and Guidance
- (6.0) Developments in local policy and guidance
- (7.0) Serious case Reviews
- (8.0) Overview of Safeguarding Activity in Northumberland
- (9.0) Improvements to Safeguarding Arrangements in 2015-16
- (10.0) The local safeguarding Context
- (11.0) Issues and developments within Individual Agencies
- (12.0) Breakdown of safeguarding Data
- (13.0) Case Examples
- (14.0) How effectively are people being safeguarded in Northumberland?
- (15.0) How well has the NSAB progressed its objectives and met its statutory responsibilities
- (16.0) What Impact is the Board having?
- (17.0) Priorities for 2016-17
- (18.0) Emerging challenges for the NSAB in 2015/16
- (19.0) Conclusions

### **Appendices**

- (1) Safeguarding Arrangements in Northumberland 2015/16
- (2) Membership of Northumberland Safeguarding Adults Board
- (3) Governance, planning and reporting cycle
- (4) Contributions from Partner Agencies

### 3.0 The NSAB, its statutory responsibilities and the purpose of the annual report

#### 3.1 The Care Act 2015

The Care Act sets out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect. Chapter 14 of the [final statutory guidance](#) issued March 2016 refers to the relevant safeguarding sections (42 – 46)

Under the Care Act, safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

In addition, organisations should always promote the adult’s wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be

best achieved. Professionals and other staff should not be advocating “safety” measures that do not take account of individual well-being as defined in Section 1 of the Act.

#### 3.2 Local Authority Duties

The Care Act requires that each local authority must:



Make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom;



Set up a Safeguarding Adults Board (SAB)



Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has ‘substantial difficulty’ in being involved in the process and where there is no other suitable person to represent and support them



Co-operate with each of its relevant partners in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

### 3.3 Safeguarding Adults Board (SAB)

The Act requires local authorities to set up a Safeguarding Adults Board (SAB) in their area, giving these boards a clear basis in law for the first time. The SAB has a strategic role to oversee and lead adult safeguarding across the locality, assuring itself that all partners are working together to prevent or respond to all types of abuse and neglect.

The Act says that the SAB **must**;



The Act places a duty on those approached by the SAB's to provide information in prescribed circumstances.

### 3.4 Annual Report

After the end of each financial year, the SAB must publish an annual report that;

- must clearly state what both the SAB and its members have done to carry out and deliver the objectives and other content of its strategic plan
- provide information about any safeguarding adults reviews (SARs) that the SAB has arranged which are ongoing or have reported in the year (regardless whether they commenced in that year)
- state what the SAB has done to act on the findings of completed SARs or, where it has decided not to act on a finding, why not
- set out how the SAB is monitoring progress against its policies and intentions to deliver its strategic plan.

The SAB should consider the following in coming to its conclusions:

- evidence of community awareness of adult abuse and neglect and how to respond
- analysis of safeguarding data to better understand the reasons that lie behind local data returns and use the

information to improve the strategic plan and operational arrangements

- what adults who have experienced the process say and the extent to which the outcomes they wanted (their wishes) have been realised
- what front line practitioners say about outcomes for adults and about their ability to work in a personalised way with those adults
- better reporting of abuse and neglect
- evidence of success of strategies to prevent abuse or neglect
- feedback from local Healthwatch, adults who use care and support services and carers, community groups, advocates, service providers and other partners
- how successful adult safeguarding is at linking with other parts of the system, for example children's safeguarding, domestic violence, community safety
- the impact of training carried out in this area and analysis of future need; and
- how well agencies are co-operating and collaborating

The SAB is expected to publish the report with a strategic plan, sending a copy to:

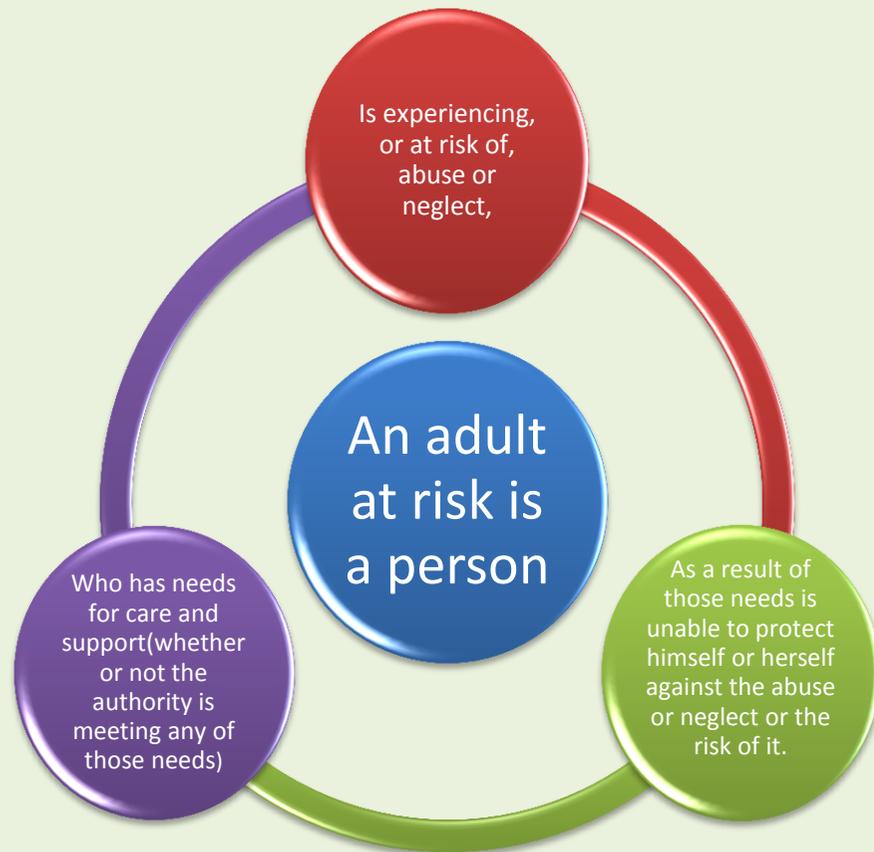
- the Chief Executive and leader of the local authority;
- the Police and Crime Commissioner and the Chief Constable;
- the local Healthwatch; and
- the Chair of the Health and Wellbeing Board.

We expect that those organisations will fully consider the contents of the report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the Board.



### 3.7 Definition of an Adult at Risk

The Care Act tells us who should be offered support to keep themselves safe:



## 4.0 NSAB vision, values and principles

### 4.1 Our Vision

The vision of Northumberland SAB is to promote the individuals human rights, their capacity for independence, ensuring each person is treated with dignity and respect and able to enjoy a sustained quality of life and improved wellbeing. That at all times they are afforded protection from abuse, neglect, discrimination or poor treatment and that their carers whether paid or unpaid, are safe.

As no single agency can act in isolation all constituent members of the Safeguarding Adults Board recognise the need for and give a commitment to work in partnership and collaboration, to ensure positive outcomes in the welfare and protection of all citizens at risk of harm from abuse.

### The aim of the SAB is to

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;

- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- address what has caused the abuse or neglect.

#### 4.3 Our principles

NSAB adheres to the principles which underpin all adult safeguarding work as set out in Chapter 14 of the [Care Act Statutory guidance](#) :



#### 4.4 Our Values

Northumberland’s Safeguarding Adults Board consists of executive partners who focus the direction of work to safeguard adults at risk in our county. The Board is committed to work with people at risk of harm, their families, carers and support staff in a least intrusive and choice enabling way. We recognise that we are responsible for leading on the co-ordination of safeguarding; and seek assurance that all agencies have designated leads and collaborate fully in safeguarding activity.

#### 4.5 Improving outcomes - Making Safeguarding Personal

Making Safeguarding Personal is a sector led initiative in response to findings from Peer Challenges, No Secrets consultation and other engagement and is led by the Local Government Association. North Tyneside and Northumberland SAB’s are committed to implementing a Making Safeguarding Personal Approach. This includes:

- Involving adults at risk and their families/carers in safeguarding in the outset of safeguarding activity
- Making sure adults at risk and their families/carers receive information which allows them to understand the process, so that they can make informed choices about the outcomes they would like to achieve

- Making sure adults at risk and their families/carers are supported to enable them to participate fully in discussions and meetings
- Ensuring that adults at risk are offered advocacy services as appropriate to their needs.
- Working at all times in accordance the Mental Capacity Act 2005 and Mental Capacity Act Code of Practice.
- Seeking the consent of the adult at risk unless he or she lacks capacity about the safeguarding interventions; there is a wider public interest or a concern that a crime has been or maybe committed. In these circumstances consent can be over-riden.



## 5.0 Developments in national policy and guidance

### **5.1 Controlling and Coercive Behaviour**

Section 76 of The Serious Crime Act 2015 explicitly criminalises patterns of coercive or controlling behaviour where they are perpetrated against an intimate partner or family member. Like stalking this behaviour, when viewed in isolation, may appear unexceptional, but the cumulative impact on the victim's everyday life will be significant, causing the victim to feel fear, alarm or distress

Home Office guidance issued March 2015 recognises the importance of ensuring this new offence is clear, proportionate and does not impact on ordinary power dynamics in relationships. As such, the repeated or continuous nature of the behaviour and the ability of a reasonable person to appreciate that the behaviour will have a serious effect on its victim, are key elements of the new offence. See also [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/482528/Controlling\\_or\\_coercive\\_behaviour\\_-\\_statutory\\_guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf)

### **5.2 New offence of wilful neglect or ill treatment for people with capacity**

The Criminal Justice and Courts Act 2015 makes a new criminal offence of wilful neglect or ill treatment on the part of an

individual who has the care of an individual where the person being cared for **has capacity** under Section 20. Section 44 of the Mental Capacity Act 2005 already covered those situations for people who may not have the capacity to consent to care and treatment

### 5.3 Female Genital Mutilation

FGM is any procedure that is designed to alter or injure a girl or woman's genital organs for non-medical reasons. It is sometimes known as 'female circumcision' or 'female genital cutting'. It's mostly carried out on young girls. FGM procedures can cause: severe bleeding, infections, problems with giving birth later in life - including the death of the baby.

Female genital mutilation (FGM) is illegal in the UK. It's also illegal to take a British national or permanent resident abroad for FGM or to help someone trying to do this.

The Serious Crime Act 2015 amended the [Female genital Mutilation Act 2003](#) and this now includes:

- An offence for failing to protect a girl from the risk of FGM
- Extra Territorial jurisdiction over offences of FGM committed abroad by UK nationals and those habitually as well as permanently resident in the UK
- Life Long anonymity for the victims of FGM

- FGM protection orders which can be used to protect girls at risk of FGM
- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18's to the police

In April 2016 [HM Government multi-agency statutory guidance on female genital mutilation](#) was also issued.

### 5.4 Human Trafficking

In December 2015 the National Crime Agency published their [strategic assessment](#) which looks at the nature and scale of human trafficking across the UK during 2014. This assessment explores the number of potential victims of trafficking, their country of origin and exploitation types, who is enabling trafficking, recruitment methods, transport methods and documentation. The assessment shows that trafficking in the North East predominantly relates to sexual exploitation.

### 5.5 Modern Day Slavery

[The Modern Slavery Act 2015](#) was enacted on 26<sup>th</sup> March 2015 to provide a statutory framework with stronger tools to stamp out modern slavery, ensure slave drivers receive suitably severe punishments and enhance protection of and support for victims. The Act places a legal duty on public bodies, including the police,



local authorities and borders and immigration, to notify the National Crime Agency about potential victims of modern slavery.

The Home office also introduced [Victims of modern slavery – frontline staff guidance](#) in March 2016.

The guidance clearly sets out how to identify, refer and support potential victims of modern slavery in England and Wales due to being potential victims of human trafficking, slavery, servitude, or forced or compulsory labour.

### **5.6 Prevent Duty in England and Wales**

In July 2015 the Government revised the [Prevent Duty Guidance: for England and Wales](#). Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on certain bodies in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”.

### **5.7 Ending Violence against Women and Girls**

In March 2016 HM Government introduced the [Ending Violence against Women and Girls Strategy 2016 – 2020](#) the strategy aim is that by 2020 there will be a significant reduction in the number of VAWG victims.

## **6.0 Developments in local policy and guidance**

### **6.1 Self Neglect**

Although Northumberland had previously considered self-neglect as an issue which may require a safeguarding response, self-neglect was statutorily included in the safeguarding criteria by the Care Act in 2015. [Self-Neglect Guidance](#) has been developed for staff on a North of Tyne basis to provide clear advice regarding how best to respond to issues of self-neglect. It is recognised within this guidance that self -neglect can take many forms, including hoarding, substance misuse, and failure to meet personal care or medical needs.

The guidance was launched at a Regional Conference in March 2016 with over 100 people attending

### **6.2 Sexual Exploitation and Prevent**

Northumberland Safeguarding Adults Board, Northumberland Safeguarding Children’s Board and Safer Northumberland Partnership have co-produced our Sexual Exploitation Strategy and Action plan, and Prevent Strategy and Action Plan to support staff working in these areas.

Both available at

<http://www.northumberland.gov.uk/Care/Professionals.aspx#informationforsafeguardingadultspractitioners>

## 7.0 Serious Case Reviews

There have been no adult Serious Case Reviews commissioned in Northumberland in 2015/16. There have been two cases which have resulted in Appreciative Enquiries being commissioned but not completed in year. Reports in these cases will be shared in due course. The lessons learned from adult SARs, children serious case reviews and domestic homicide reviews both local, regional and national continue to be considered through the Safeguarding Adults Review Committee and key messages are disseminated through our learning and development team to frontline staff.

## 8.0 Overview of Safeguarding Activity in Northumberland

During 2015/2016 there were 8 care homes where new admissions were restricted for a period because of safeguarding issues. Three of the homes affected were part of a group where there were concerns about leadership and the suspension was enforced by the council. In the other five homes, the providers themselves voluntarily suspended new admissions until the concerns which led to the safeguarding enquiry had been resolved. Examples of concerns in these services include medication management, service quality, safe recruitment, adequate staffing and timely reporting of incidents.

A further two homes had their registration temporarily suspended by the Care Quality Commission due to concerns about the quality and safety of the service. This meant that new admissions could not be arranged until improvements had been confirmed and the suspension lifted.

At the 31<sup>st</sup> March 2015 the three group homes were still subject to suspension.

A detailed breakdown of safeguarding activity is provided in Section 12. In summary:

- The number of Adult Concern Notifications<sup>1</sup> was almost the same in 2015/16 (4782) compared to 2014/15 (4795).
- There were 908 Safeguarding Referrals<sup>2</sup> during 2015/16, 20% higher than the previous year (754 referrals in 2014/15) and of these 54% were assessed as requiring an investigation.
- Over the last five months (November 2015 – March 2016), the percentage of cases where abuse was substantiated or partly substantiated has fluctuated, peaking at 61% in February, the highest level this year

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<sup>1</sup> A Notification is information from other agencies which does *not* (on its own) indicate that there has been a significant incident of abuse or neglect, but which may, taken together with other information, call for further investigation.

<sup>2</sup> A referral is a situation which the referrer believes may call for investigation.



- The main sources of referral are the Police (43%), Care Home staff (10%) and Social Care Staff (7%)
- During 2015/16, 91% (291/319) of Service User/Representative's desired outcomes were fully or partially met. This figure is based on closed referrals where people have expressed the outcomes they wanted.
- There have been 2 cases of modern slavery investigated in this period. With both cases involving forced manual labour.
- The main location of abuse is "Own Home" at 48% of concluded referrals which may be a reflection on the fact that more people are being supported in the community.

#### **9.0 Improvements to safeguarding arrangements in 2015-16**

- During 2015-16 we have continued to work closely with our colleagues in North Tyneside and Newcastle to produce joint policies and procedures wherever possible. In January 2016 we entered into discussions about merging the Northumberland and North Tyneside SABs to offer greater efficiency and consistency.
- We have been working locally with the Northumberland Safeguarding Children Board and the Safer Northumberland Partnership Board to develop shared policies regarding sexual exploitation and radicalisation, and sub groups for all three boards now operate for sexual exploitation, Prevent, and Communication and Engagement.

- We have continued to review and improve the membership and representation at the Safeguarding Adults Board and the constituent sub groups to ensure that we have suitably skilled and experienced people to deliver the best possible safeguarding arrangements across the county.
- We have continued to promote the Making Safeguarding Personal (MSP) agenda
- We have offered training and support to all teams in order to support the culture change required by MSP so that safeguarding is person led and not process driven. The success of this is demonstrated through the increasing feed-back we are getting from service users and carers that they are being asked about the outcomes they wish to achieve and whether these have been met.
- We have continued to make improvements to our recording and statistical monitoring systems which have allowed us to monitor more systematically the progress of all cases open in Northumberland at any given time.
- The Safeguarding Adults Board and other Strategic Boards (for example the Health and Wellbeing Board, Ageing Well Partnership Board, Learning Disability Partnership Board, Safer Northumberland Partnership Board and Northumberland Safeguarding Children Board) have continued to look for shared priorities and objectives leading to greater efficiency across the systems.

## 10.0 The local safeguarding context

### 10.1 The County of Northumberland

Northumberland is geographically the sixth largest county (5013 km<sup>2</sup>) in England but with a population of approximately 313,000 people is the least densely populated (63 per km<sup>2</sup> compared with 302/406 (NE/England)).

The largest towns are Ashington, Bedlington, Berwick, Blyth, Cramlington, Hexham, Morpeth and Alnwick which are set within extensive rural areas and uplands.

Northumberland is generally seen as a healthy place to live, but there is variation within the county. According to national statistics the average Northumberland resident is expected to live in good health until the age of 63, which is more than 75% of their lives. However, this varies widely across the county. In some areas of Northumberland healthy life expectancy reaches 74 years but in other areas it is as low as 51 years ([Director of Public Health Annual report 2015](#)). Northumberland has a higher than average older population, with some people living in rural or semi urban poverty which impacts on safeguarding.



## 10.2 The Northumberland Safeguarding Adults Board (NSAB)

The Northumberland Safeguarding Adults Board (NSAB) is made up of nominated lead officers from key organisations within Northumberland. It includes those organisations that have statutory responsibilities for promoting the welfare of adults and protecting adults at risk of abuse and neglect. The role of the NSAB is to maintain and develop multi-agency frameworks to safeguard adults within Northumberland, to coordinate what is done by each person or body represented on the Board in relation to the safeguarding of adults to monitor and to evaluate the effectiveness of what is done by each person or agency that contributes to work of the board.

Appendix 1 shows the current overall organisational arrangements overseen by the Safeguarding Adults Board.

In 2015/16 a new Independent Chair was appointed.

Membership of the Board includes senior representation from the key statutory organisations involved in safeguarding. Details are provided in Appendix 2.

Appendix 3 shows our governance and accountability structure and our development and reporting cycle.

The SAB identified their priorities at a joint Development Session held in January 2016. This allowed members time out of formal Board matters to take stock of progress and identify



what was important to focus on in the coming year. These priorities will be translated into the strategic annual plan for 2016/17. This annual report tells our public how we have achieved our aims and met our priorities in 2015/16. Each partner assesses their own contribution on an annual basis to help inform the development day.

### **10.5 The Strategic Safeguarding Team**

In Northumberland, operational safeguarding activity to protect individual adults at risk of abuse and neglect is carried out by care management staff working for Northumbria Healthcare NHS Foundation Trust or Northumberland, Tyne and Wear NHS Foundation Trust. However, in line with the model in operation elsewhere in the region, a central strategic safeguarding adults team supports this work.

The safeguarding team manage cases of serious abuse, where someone has died as a result of neglect or abuse, where there are a number of people affected, organisational cases, or where there are significant complexities and risk in the situation.

The team also reports into local Multi-Agency Public Protection Arrangements (MAPPA) and the Multi Agency Risk Assessment Conference (MARAC) and have a strategic function to co-ordinate any safeguarding meetings relating to vulnerable adults under the Prevent agenda. Prevent is part of the overall Contest Strategy to combat extremism and tackles the radicalisation of

vulnerable adults and children to avert potential acts of terrorism. This process has been used twice (an increase from once last year) in 2015/16 in Northumberland.

The strategic team offer assurance to the board that serious and complex cases are being managed and that statutory responsibilities are being met.

### **10.6 The Deprivation of liberty (Dols) team**

The Dols team coordinates assessments under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards with respect to people without mental capacity who are deprived of their liberty in a care home or hospital.

They liaise with other relevant professionals, including the coroner where the person has died whilst subject to a Dols authorisation, and co-ordinate referrals to the Court of Protection.

In 2015/16 there were a total of 2070 cases referred for authorisation in Northumberland (an increase from 1253 in 2014/15)

In response to the extra-ordinary demand on resources, during 2015/16 Northumbria Healthcare Foundation Trust have trained a significant number (60) of social work staff so that they can undertake best Interest assessments under Dols, and additional



signatories to cope with the demand for authorisations to be signed. These additional resources have allowed for better through put of requests and a reduction in waiting times for people to be assessed and authorised.

### **11.0 Issues and developments within Individual Agencies**

Each of the key agencies represented on the Safeguarding Adults Board has arrangements within its organisation to ensure an appropriate focus on safeguarding issues. Detailed reports are provided by those agencies in Appendix 4.

### **12.0 Breakdown of Safeguarding data**

The number of Adult Concern Notifications was almost the same in 2015/16 (4782) compared to 2014/15 (4795). A Notification is information from other agencies which does *not* (on its own) indicate that there has been a significant incident of abuse or neglect, but which may, taken together with other information, call for further investigation.

The final quarter of 2015/16 shows an unusually high number compared to the previous year, and to previous months in 2015/16. The high numbers reflect on going work to encourage agencies to report low-level concerns which could cumulatively be evidence of issues.

There were 908 Safeguarding Referrals during 2015/16 (A referral is a situation which the referrer believes may call for investigation.) This was 20% higher than the previous year (754 referrals in 2014/15) and of these 54% were assessed as requiring an investigation.

Over the last five months (November 2015 – March 2016), the percentage of cases where abuse was substantiated or partly substantiated has fluctuated, peaking at 61% in February, the highest level this year

The main sources of referral are the Police (43%), Care Home staff (10%) and Social Care Staff (7%).

During 2015/16, there were 45 referrals from Hospital Wards/A&E, and 34 referrals from Community Health Staff.

During 2015/16, there were 12 referrals from NTW.

During 2015/16, 91% (291/319) of Service User / Representative's desired outcomes were fully or partially met. This figure is based on closed referrals where people have expressed the outcomes they wanted.

'Modern slavery' has been added as a Type of Abuse. There have been 2 cases investigated in this period. With both cases involving forced manual labour.

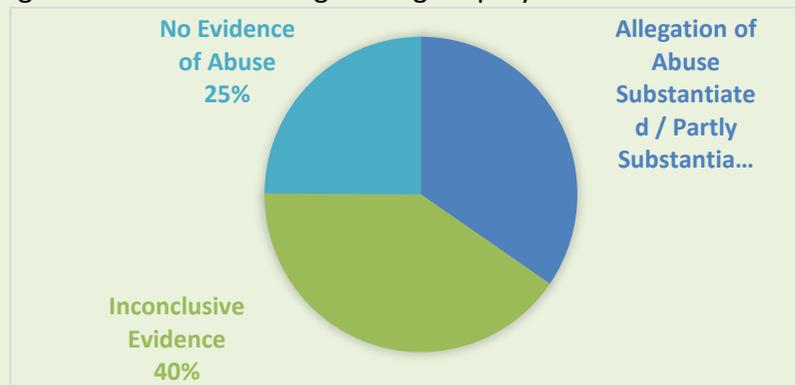
## Location of Abuse

The main location of abuse is “Own Home” at 48% of concluded referrals. This has increased compared to last year from 39%. In contrast “Care Home” location of abuse has reduced from 37% to 33%. These figures may be a reflection on the fact that more people are being supported in the community.



## Safeguarding Enquiry Conclusions

Figure 1: Section 42 Safeguarding Enquiry Conclusions



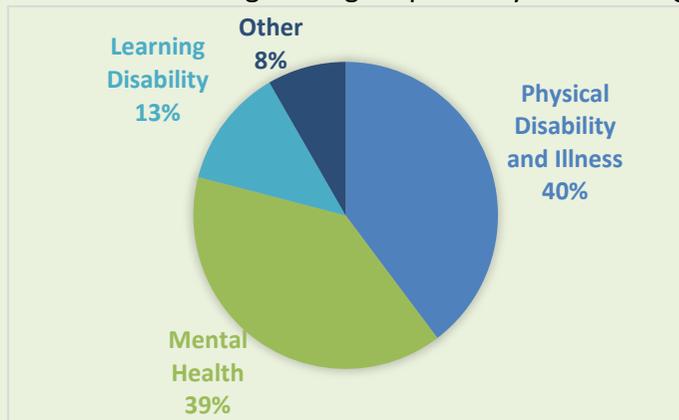
Where investigations concluded that there was no evidence of abuse this does not necessarily mean that referrals are inappropriate; often the evidence initially available presents real reasons for concern, but further investigation shows that there is an innocent explanation. Of the 506 cases that were closed during the year, investigations led to the conclusion that:

- 35% of cases were substantiated or partially substantiated (a decrease from 45% last year)
- 40% had inconclusive evidence (an increase from 27% last year)
- 25% had no evidence of abuse (a decrease from 28%)

## Client Group

Referrals in 2015/16 related to people from all client groups with a wide range of disabilities. Figure 2 below shows numbers broken down according to the broad categories of disability by which care management teams are organised. (All categories include adults of all ages, so older people appear under all the main headings).

Figure 2: Section 42 Safeguarding enquiries by Client Category

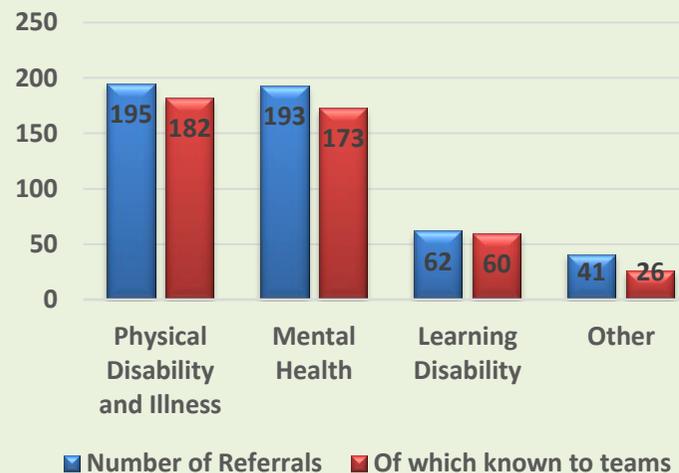


### Number of people already known to social care teams

Almost all of the referrals investigated by learning disability teams were of people already known to the team. The two people not already known were placed in care services in Northumberland by another local authority area. Physical disability and illness and mental health teams were

comparatively more likely to receive referrals about people who they had not previously been working with, but the “other” category showed the highest number of people not previously known (26 cases out of 41).

Figure 3: Number of people referred who were already known to teams



## Type of Abuse

2015/16 saw a decrease in number of referrals in the category of physical abuse (186 cases compared with 234 in 2014/15) whilst the number in the neglect category also fell from 202 cases in 2014/15 to 175. Though it is obviously important to capture any changes in safeguarding data, some of these changes reflect improved recording by staff who now have more defined categories e.g. the addition of sexual exploitation, modern slavery, domestic abuse and self-neglect to record against.

Figure 4 below shows numbers classified according to the standard categories used in national statistics – but within each of these categories concerns could be seen to be on a continuum, for example physical abuse can be anything from a minor physical altercation between two service users, to assault by a member of staff against a vulnerable person. Of note there were no cases recorded as organisational abuse in 2015/16 compared with 6% of cases last year. This would appear to reflect ongoing prevention work with commissioning and regulatory teams to improve systems in residential and nursing care environments but may also reflect more accurate recording of issues under different categories.

Figure 4: Nature of Abuse

Type of Abuse	Total	%
Physical	186	26%
Neglect	175	24%
Emotional/Psychological	130	18%
Financial	99	14%
Self-Neglect	57	8%
Sexual	34	5%
Domestic	31	4%
Discriminatory	9	1%
Sexual Exploitation	3	0.4%
Modern Slavery	2	0.3%
Organisational	0	0%
<b>Total</b>	<b>726</b>	<b>100%</b>

Note: 168 referrals included multiple types of abuse

### Source of Referral

The sources of referrals are shown in Table 1. Police and residential care staff were (individually) the most frequent sources of referrals; with social care staff demonstrating the highest levels of reporting and awareness as an overall category. These figures reflect the training and commissioning/regulatory expectations of provided care and adult health and social services in relation to adult safeguarding.

**Table 1 Sources of Safeguarding Referrals**

<b>Social Care staff</b>	Care home staff	<b>59</b>
	CSBU- Social Care Staff	55
	Domiciliary Care Staff	25
	Social Care- Other Local Authority	23
	<b>Social Care staff Total</b>	<b>165</b>
<b>Health Staff</b>	Hospital Staff A&E	31
	CSBU Health Staff	24
	GP/CCG	13
	NIW Community Staff	6
	<b>Health Staff Total</b>	<b>74</b>
<b>Other Sources or referral</b>	Police	112
	Family/Friend/Neighbour	53
	Other Emergency Service	24
	Self-Referral	13
	Care Quality Commission CQC	18
	Housing	9
	Education/training/Workplace Establishment	5
	Other	18
	<b>Overall Total</b>	<b>491</b>

### Location of Abuse

**Table 2 Location where alleged abuse took place**

Own home	257
Care home	175
In the community	32
Hospital	32
Other	29
Service in the community	8
<b>Total</b>	<b>533</b>

*Note more than one location for the alleged abuse can be recorded per referral.*

The location of alleged abuse in the past year is shown in Table 2. Referrals alleging abuse in people's own homes have continued to increase (from 230 cases last year) making a person's own home the most likely place for abuse to be reported. The figure appears to reflect the rising number of people being supported to live at home independently for longer, and an overall increase in reporting of safeguarding concerns by community health, social care and police staff showing greater general community awareness and multi-agency reporting of safeguarding issues.

## Source of Risk

**Table 3 Breakdown of closed referrals by source of risk**

Known to victim	222
Service provider (Health or Social Care)	267
Stranger	17
<b>Total</b>	<b>506</b>

Note: more than one source of risk can be reported

Abuse and neglect can be perpetrated by anyone; professionals, spouses, family members, strangers. Referrals in 2015/16 identified a broad cross section of sources of risk. Referrals relating to unknown sources/strangers can relate to telephone scams, cyber bullying or internet exploitation as well as abuse directed towards people who may not have the capacity to identify the perpetrator.

## Results of Action on risk

**Table 4 Breakdown of closed referrals by results of action**

Risk reduced	278
Risk removed	164
Risk remains – Persons choice	64
No further action under safeguarding	0
<b>Total</b>	<b>206</b>

Table 4 shows that in 278 (compared with 297 cases last year) the risk was reduced, in 164 cases (compared with 176 cases last year) the risk was removed and in 64 cases (71 cases in 2014/15) the risk remained at the person's choice. In no cases was "no further action" selected.

## 12.1 Outcomes for Service Users and Families

Making safeguarding personal requires that we understand the outcomes people wish to achieve for themselves through the safeguarding process. The following data shows the percentage of those people able to identify the outcomes they desired who were wholly or partially satisfied with the outcome they received:

Figure 7: Quality - Service User / Representative Desired Outcomes Achieved - Monthly Trend

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total
Number of Closed Referrals *	52	38	42	46	25	36	48	37	35	51	28	52	490
Number of people (or their representatives) who expressed the outcomes they wanted.	27	26	31	31	18	24	33	26	18	34	16	35	319
% of Closed Referrals where people have expressed the outcome they wanted	52%	68%	74%	67%	72%	67%	69%	70%	51%	67%	57%	67%	65%
Number of people whose desired outcomes were realised fully	23	16	25	21	13	21	25	20	15	24	8	20	231
Number of people whose desired outcomes were realised partially	4	9	5	6	3	3	3	3	2	8	6	8	60
Number of people whose outcomes were not realised.	0	1	1	4	2	0	5	3	1	2	2	7	28
Of those who expressed the outcomes they wanted: % of people whose desired outcomes were fully or partially met	100%	96%	97%	87%	89%	100%	85%	88%	94%	94%	88%	80%	91%

Recommended actions from a Making Safeguarding Personal Audit undertaken in 2015 by Northumbria Healthcare (detailed below) are expected to continue to improve these figures.

### 13.0 Personal Stories

The range of safeguarding activity in Northumberland during the year can be illustrated through the following examples which have been anonymised to protect the identities of those involved:

#### Mr A

An anonymous alert was raised regarding a care home which indicated potential harm to residents. This resulted in an unannounced visit by the Strategic Safeguarding and Contracts Teams which raised concerns about medication management, intentional falsification of medication records, transparency, infection control, environmental concerns, safeguarding/police reporting, recording on care documentation, contact with medical professionals and knowledge of Deprivation of Liberty Safeguards (DOLS). The home was engaged in an organisational safeguarding process.

The home had not been involved in a safeguarding process before and anxieties were high. The manager was emotionally affected by the concerns raised as they had not been aware of some of the inappropriate practices within the home and no concerns had previously been raised to them. For this reason, safeguarding practitioners spent a lot of time with the Manager, explaining the process and providing support and reassurance.

Safeguarding practitioners attended a staff team meeting to educate the staff about their role and what to expect as part of the enquiry process. Staff were also given the opportunity to discuss their feelings about the process.

The Care Home produced an action plan for improvements and this was shared with the Safeguarding and Contracts teams and Care Quality Commission. The Care Home voluntarily suspended new admissions until the improvements had been completed.

There were weekly unannounced visits by the Safeguarding team to monitor the action plan; the frequency of visits being reduced as improvements were observed. A positive working relationship was established and the home worked very hard to improve the standards of their care. They made changes quickly and implemented appropriate strategies to maintain the improvements made. They engaged in training provided by the Local Authority and worked well with the Medicines Optimisation team to improve medication systems.

### **Mr B**

Ms B was a student who alleged she had been sexually assaulted by a male peer whilst at college. Both students had a learning disability. The police were contacted and Ms B's mother supported her through the police and safeguarding process. Ms B was supported to provide a police statement; however further criminal action could not be taken due to capacity issues on the part of the alleged perpetrator. It was felt he did not

understand the consequences and implications of his actions. Support was offered to Ms B in terms of managing potential contact with the alleged perpetrator, and accessing the Josephine<sup>3</sup> course where she will have the opportunity to learn about sexual rights and consent, and to discuss her experiences should she wish to share those. Ms B declined to be part of the safeguarding investigation but her mother was involved on her behalf and attended safeguarding meetings.

Because the alleged perpetrator also had a learning disability, support was provided to him. The safety plan incorporated the opportunity for him to complete his education and continue to access his work placements. In addition, on completion of the police enquiry, he was offered to attend the Jack Course<sup>4</sup>, which would allow him the opportunity to learn about sexual rights, personal space and consequences of inappropriate sexual behaviour.

Lessons were learned with regard to communication, as the education placement was not aware the alleged perpetrator had a history of inappropriate sexualised behaviour, so had not planned for this eventuality. Following the event, they devised appropriate strategies, recognising that the incident may have

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<sup>3</sup> Josephine is an anatomically correct cloth woman who is used to facilitate individual or group sessions with women who have learning disabilities to discuss topics such as sexual relationship, health and wellbeing, keeping safe etc. Jack is the male equivalent.

<sup>4</sup> As above

been avoided had agencies better communicated with each other about potential risks.

### **Mr C**

Mr C is a man in his forties who currently lives in supported accommodation. He has received support from adult services for many years and within that time Mr C has struggled to establish and maintain appropriate safe relationships. He is vulnerable to emotional and financial exploitation from the friendship groups that he chooses to be involved with.

The aim of the safeguarding enquiry was to work with Mr C to create a report that could help adult services identify any triggers which could reduce the need for crisis intervention and for more planned interventions to take place.

Over a 3-month period the safeguarding practitioner developed a relationship with Mr C where he was comfortable to share information about his general life, hobbies and interests but he found it very uncomfortable to talk about any of the negative aspects. Mr C gave permission for his extended family to be consulted and they explained key events in Mr C's life including address changes, why he moved and who was involved. This helped build a timeline of Mr C's life and with the use of pictorial aids Mr C confirmed the key stages within the timeline and the different adults involved at that time. The investigation looked closely at each of his address changes in detail to establish what had happened and the support he had received.

The investigation found that since the age of 26 there have been 19 recorded Social Work Professionals involved with Mr C. He has lived in 6 different addresses in his adult life, in 4 of these addresses he has suffered different types of abuse and the 2 addresses where no concerns were raised were supported addresses. There is no evidence that Mr C has learned from these experiences and will be able to manage future tenancies without adult care support. A Mental Health Capacity Assessment concluded that Mr C does not have capacity at the current time to manage his finance's or keep himself safe.

A robust communication strategy needed to be put in place and a consistent care team offered. Historically Mr C has shown that when he tries to avoid the support of his family and professionals this can be a sign that he is at risk. The most important outcome for Mr C is that all people involved in his support will now notify his care manager when he has not been available for appointments or they have any concerns so that the appropriate support can be put in place at the earliest possible time. Mr C now has a more consistent care team, communication between Mr C, family and professionals has improved and appropriate community activities are being offered.

### **Care Home D**

Following an unannounced visit to a care home, the safeguarding team triggered a referral to occupational therapy

based on their observations. The Occupational Therapist visited the home and reviewed moving and handling practice within the home. They recommended changes to the moving and handling procedures and equipment used within this care home. This effectively reduced the risk of significant injury to the residents within the home and improved quality of life for some residents who were opting to stay in bed due to a want of seating that was comfortable and safe for them to use.

### **Mr E**

Mr E was referred to adult safeguarding due to concerns about potential mate crime, substance use, financial exploitation and homelessness. It was alleged that Mr E was using Heroin and other substances and had been admitted to hospital with a suspected overdose. It was also alleged that Mr E's money was being forcibly taken by his peers. Mr E was part of group of people well-known to the police. He was of a "low rank" in the gang and concerns were increased by the imminent release of the gang leader from prison. Mr E has a mild learning disability and no direct family ties in the community; he viewed his peers as his family. Mr E's engagement with services was sporadic and he often did not have a mobile phone so was difficult to contact. He also had difficulty reading.

The safeguarding adults team became involved to explore Mr E's capacity with regard to his friendships, accommodation, substance use and finances, as capacity was unclear. A

safeguarding plan was agreed including taking opportunities to assess Mr E's capacity as it was difficult to see him when he was not under the influence of substances and difficult to contact. Mr E's capacity was assessed and he was found to have capacity in all areas assessed. He was supported to make a housing application and his outcomes were established; he consented to the safeguarding process but declined active involvement in this. Agreements were made in attempts to minimise risk within the confines of the decisions Mr E was making.

Mr E would not admit to his peers having any involvement in his criminal behaviour or his substance use and therefore the police were unable to take criminal action, however orders were used to try and limit contact. The multiagency decision regarding abuse was that on the balance of probability abuse had occurred, perpetrated by Mr E's peers. Mr E then moved out of the area and appropriate information about potential risk and vulnerability was passed to the safeguarding team in the relevant local authority.

The safeguarding process involved looking at the effectiveness of each agency role, and analysed the involvement of community services, adult social care, safeguarding adults, community safety and probation, police, housing and primary health services. This was to identify positive practice and any learning for future regarding engaging with people who are more difficult to maintain a relationship with, and who make unwise decisions which places them at risk.



#### 14.0 How effectively are people being safeguarded in Northumberland?

As stated last year, leaving people in “risky” situations feels counter-intuitive in safeguarding situations, but one of the key principles of the Mental Capacity Act 2005 is that a person should not be deemed to lack capacity to make a decision simply because that decision may appear to be unwise. In some cases, the decision to remain at potential risk of harm may appear unwise, but if the person has the mental capacity to make that decision, there is no legal authority to intervene to safeguard that person unless it is clear that others, including children may be at significant risk of harm or a crime has been or could be committed.

The Care Act guidance describes safeguarding as the protection of an adult’s right to live in safety, **free** from abuse and neglect. People and organisations are asked to work together to **prevent and stop** both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. The “making safeguarding person” agenda recognises that adults sometimes have complex interpersonal relationships and that they may be ambivalent, unclear or unrealistic about their

personal circumstances; being safe is therefore only **one of the things** they may want for themselves.

Cases where risk remained after safeguarding procedures have concluded include situations of domestic violence between spouses, situations where older people are being taken advantage of financially by their children/grandchildren, and risks to people who chose to continue to use drugs and alcohol or to neglect themselves. In the cases concerned, the people were deemed to have the mental capacity to make the decision to remain at risk.

In order to further evaluate the effectiveness of safeguarding and how the welfare of adults at risk is being promoted in Northumberland, evidence can also be drawn from additional sources:

#### **14.1 External Inspections and Reviews**

During 2015/16 a number of SAB partners have been through external inspections or reviews.

#### **Northumberland County Council Children’s Services**

In January 2016, the Local Authority was the subject of an Ofsted inspection focussed on Children who need help and protection, experiences, progress of care leavers and Leadership, management and governance. These areas were



graded as 'Requires improvement' with adoption performance graded as 'Good'. [The inspection report](#) details the findings.

The report highlighted key strengths in a number of services, including the risk management framework, sexual exploitation/missing children processes, and services to prevent radicalisation. These are all shared initiatives with the SAB.

Of note, the Northumberland Safeguarding Children's Board overall performance was rated as Good.

Ofsted commented that,

*The local authority's corporate vision and service priorities are appropriately ambitious and well aligned with those of other strategic bodies.*

### **Northumbria Healthcare NHS Foundation Trust**

A [Care Quality Commission inspection](#) of Northumbria Healthcare Trust was conducted in October 2015.

The Overall rating for the Trust was Outstanding with services measured against the following 5 categories:

- |  |                    |
|--|--------------------|
| 1. Are services at this trust safe?      | <b>Good</b>        |
| 2. Are services at this trust effective? | <b>Outstanding</b> |

3. Are services at this trust caring? **Outstanding**

4. Are services at this trust responsive? **Outstanding**

5. Are services at this trust well-led? **Outstanding**

### **Key findings were as follows:**

- The trust had appropriate safeguarding policies and procedures were in place for both adult and children. The policies and procedures were supported by staff training.
- The trust's director of nursing was the executive lead for safeguarding adults and children.
- There were effective processes for safeguarding mothers and babies. The trust had dedicated midwives responsible for safeguarding children.
- The trust had an action plan in place in response to the Savile Inquiry.
- Community adult services had a named lead district nurse specialist for adult safeguarding.
- Appropriate staff across both acute and community services received one-to-one child protection supervision sessions from the safeguarding team at least every six



months (sometimes more frequently), complying with trust policy.

- The safeguarding children named nurse and senior nurses had a high profile across the community children and young people's services.
- Staff had access to the Patient Administration Systems (PAS), which alerted staff to identify any child subject to a child protection plan, or who was looked after, or where a Multi- Agency Risk Assessment Conference (MARAC) had occurred.
- The trust had a safeguarding strategy and monthly safeguarding board meetings were held. Minutes and action plans were in place and meetings were attended by senior staff from across the trust. This meeting provided a forum for staff to discuss safeguarding concerns and share learning across the trust. Local safeguarding leads had been appointed.
- They found the infant abduction policy had not been tested since the move to the new birthing unit at NSECH, despite an incident reported by a member of the public who was able to leave and enter the unit unchallenged.

#### **Northumbria Police:**

Northumbria Police is one of the largest and top performing police services in the country, serving a population of 1.5 million

people from a wide range of communities, covering an area of more than 2,000 square miles in North East England and is rated as "Good" by Her Majesty's Inspectorate of Constabulary

Northumbria Police has been subject to numerous inspections by HMIC including vulnerability and Honour Based Violence (HBV), the force was deemed to be good in Vulnerability and prepared in all aspects for Honour Based Violence. Although still one of the top performing forces, the Chief Constable is committed to achieving outstanding in all areas of vulnerability.

Northumbria Police have also been involved with partner inspections by Ofsted, HMIC, CQC and HMIP.

Northumbria Police were subjected and inspection following PEEL: Police effectiveness inspection in 2015 by Her Majesty's Inspectorate of Constabulary with the following observations,

*"The force has trained officers to investigate more complex and serious crime, such as child abuse, serious sexual assault and homicide. The force has increased the numbers of specialists for the investigation of complex sexual exploitation cases involving vulnerable children and adults. Most of the serious and complex crime cases that HMIC reviewed had evidence of thorough investigations with clear investigation plans, and strong and consistent supervisory oversight. In particular, we found*



*evidence of strong efforts to keep vulnerable victims engaged and supported within the investigative process.”*

## 14.2 Single Agency Audit (Care Management)

Making Safeguarding Personal, (MSP) develops an outcomes focus to adult safeguarding work and a range of responses to support people to improve or resolve their circumstances. This should result in safeguarding being done with, and not to, people.

Following Northumberland’s success in obtaining a Silver Award in 2014 in relation to MSP, the Board requested more detailed assurance that MSP practice had been properly embedded across the care management system. It was therefore agreed to carry out an audit in order to identify good practice, highlight any gaps and use any learning to improve future practice.

A total of 65 case file audits were conducted, with approximately 5 cases being selected from each care management team. Cases were selected at random, with the criteria that they had been closed within 2014 or there had been inactivity for some months.

### Areas considered

- Leadership and management in safeguarding cases

- Engagement with people within the safeguarding process (are people enabled to say what they want from the safeguarding procedure and how they want to achieve this?)
- Have staff development or training needs been identified or met?
- Is our Local Authority better placed to develop an outcomes approach as a result?

### Key findings:

- There was evidence of good, clear decision-making but inconsistent evidence of the use of the ADASS threshold document. This is non-mandatory but recognised as best practice when giving a rationale for the decisions made.
- The vast majority of cases were already allocated to a qualified worker
- 88% of alleged victims, families or advocates were contacted immediately on the initial alert.
- Strategy Meetings/Discussions were held wherever possible within the expected ADASS Standard timeframe of 5 days (84%).
- Strategy meetings were attended by appropriate multi-agency representatives in the vast majority of cases;

- Of the 65 cases initially taken into safeguarding procedures, 40 progressed to a Planning Meeting.
- 40% of planning meetings were held within the appropriate timeframe. The reasons for delays were recorded in the majority of cases, and included the additional time taken to collate more information from the service user to produce a report, contact with families being delayed due to their commitments etc. All planning meetings held involved multi-agency approach.
- Interim action plans were being put in place in the majority of the cases
- Recording of identified actions to safeguard the individual (exit plan) when the case is closed at strategy needs to be strengthened.
- 48% of vulnerable adults/families/advocates were present at the Planning Meeting or their views recorded.
- Mental Capacity was not overtly assessed in 5% of cases – though it appeared that those people were presumed to have capacity.
- There is evidence that when an IMCA was appointed, they were involved fully in the safeguarding process.
- There is evidence of very good practice but there are wide variations in recording for example

Safeguarding Investigations are being carried out in accordance with procedural guidance, but the recommended report template is not being always used.

The Recommended actions have all been completed and included:

- Update of the level 3 investigation skills training
- Team Manager Refresher Training Autumn 2015
- Review of recording – looking at mandatory fields/validation fields in electronic system
- Continued quarterly meetings with partners to improve quality of referrals from them (Action complete – ongoing meetings across North area command
- Central Referral Unit Supervisor to spend a day with safeguarding team and adult social care to see how we respond to referrals and ACN's (Action complete)
- Additional support to be made available to team managers by strategic team
- Locality team manager meetings to look at findings from the audit and reinforce the MSP approach

## Conclusions from this audit

Where MSP approaches are being used consistently, service users and carers appear to have a positive experience of adult safeguarding. In the majority of cases, people are being asked to identify the outcomes they wish to achieve, and these desired outcomes are often being met.

The evidence from this audit (corroborated by the annual return) demonstrates that members of the public now have the confidence to ask for safeguarding procedures to be commenced because they expect to remain in control of the process as much as they can/wish to. Further work is needed to

ensure that service users and families are included in planning meetings wherever possible. As a local authority, we are well placed to fully adopt the outcomes approach but we need to ensure that this is consistent and recommended actions have been given priority.

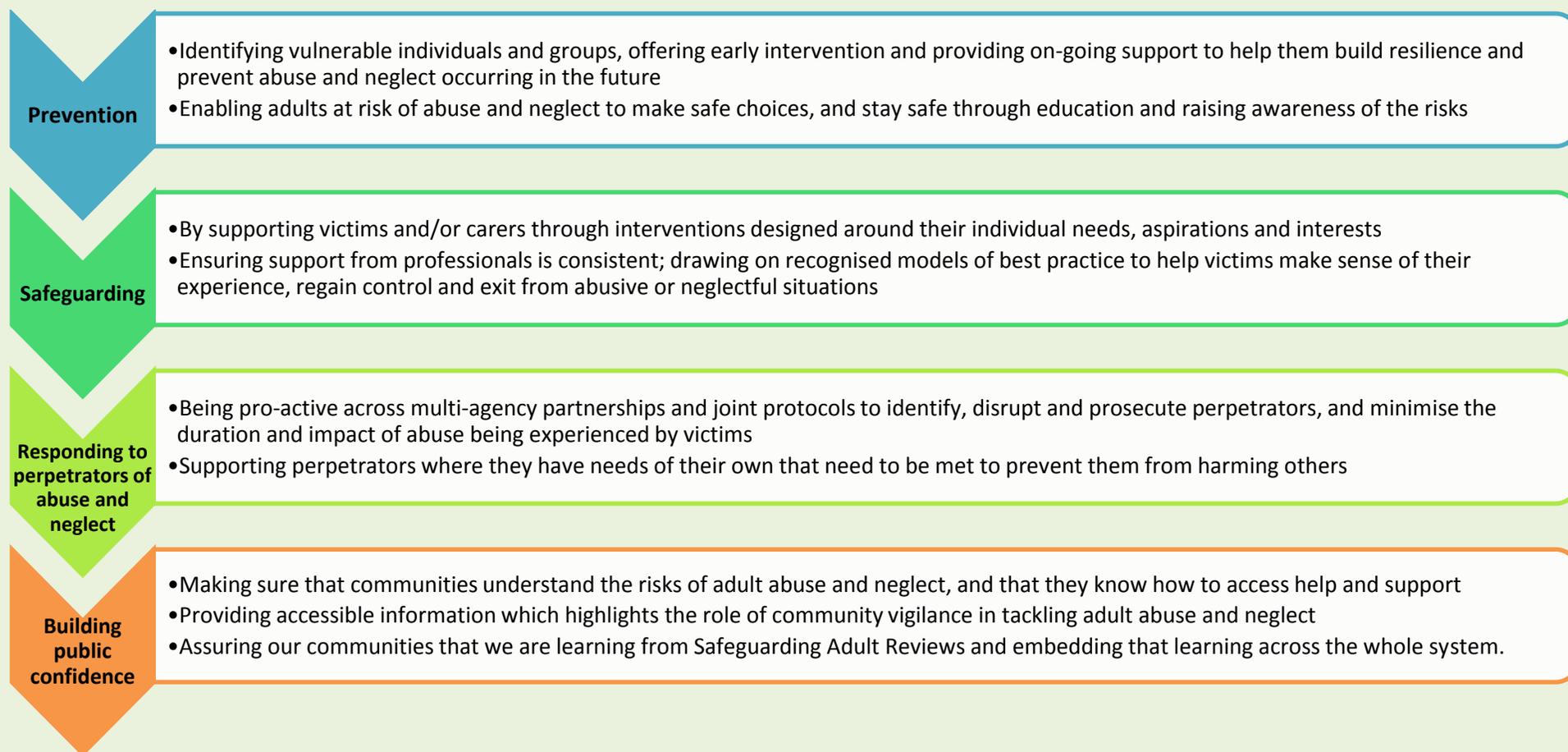
The role of NSAB will be to monitor progress of the recommended actions, to ask for regular reports and assurance that these are being implemented and to seek further audits to measure progress.



## 15.0 How well has the NSAB progressed its objectives and met its statutory responsibilities

### 15.1 Summary of progress to address Strategic Objectives and specific challenges set for 2015/16

The strategic plan (2015-16) is based on the NSAB key priorities:



## 15.2 Implementation

The NSAB Strategic Plan for 2015 – 2016 outlined the work to be undertaken by the NSAB in association with other partnership boards to safeguard those people in Northumberland who have care and support needs and require help to stay safe. To implement this strategy and meet our shared priorities we agreed to focus on:



**Providing leadership and working in partnership**



**Identification and understanding risk**



**Engagement, intervention and supporting victims**



**Training and awareness raising**



**Responding to perpetrators**

Our Strategic Action Plan has been used to monitor the Board's work over the course of the year and an update on progress has been given by sub groups at each Board meeting.

## 15.3 Strategic Priority 1: Providing leadership and working in partnership

Throughout 2015/16 new members joining the board have been supported by the independent chair and strategic manager by way of induction. The Northumberland SAB and North Tyneside SAB have continued to work closely together through shared sub groups, reaching a point by April 2016 of a proposal to merge the two boards into one. This proposal is now being progressed with the aim that a single board will be in operation by December 2016.

The Northumberland SAB has met its statutory requirements under the Care Act, and there has been a continued focus on embedding person centred safeguarding practice across the county.

Learning from Serious Case Reviews, Domestic Homicide Reviews and Safeguarding Adult Reviews has been cascaded via training and communications sub groups, social work forums and learning events to ensure that lessons learned are shared and practice improvements can be embedded.

The work of the SAB, the annual report and strategic plan will all be presented to the Health and Wellbeing Overview and Scrutiny Committee to ensure oversight and governance.



All partners were asked to complete a self-assessment Quality Assurance Framework document, and to attend a joint challenge event with North Tyneside colleagues in January 2016. This gave the opportunity to identify strengths and weaknesses, and for partners to hold each other to account. The suggested priorities have been incorporated into the forward plan and are detailed later in this report.

The feedback from the Quality Assurance Framework development day raised several generic issues and some specific issues for partner agencies. These will be used to identify further priorities and inform the work of the board over the coming year. Examples include:

- Clearer identification of whether safeguarding/complaints procedures are required
- Making Safeguarding Personal
- Right people,
- Individual driving the car
- Their experience and feedback
- Where does that learning go?
- Need better recognition of prevention work e.g. fire training
- Need to ensure Board members receive
  - Induction pack
  - Updates
  - Training and development days

- Development of Escalation Policy for organisations.
- Issues re dealing with failing organisations
- Market oversight information to be shared?

Attendance at the SAB and Board sub groups has been generally good, though some partners, for example probation have struggled to maintain representation due to a number of internal restructure processes. Attendance at safeguarding meetings themselves has been good with no major exceptions.

Partners have continued to give assurance with regards safeguarding within their own services, and have reported to the board where they have been through an external inspection/audit.

The Contest Thematic Group has continued to monitor partner contributions to the Prevent agenda, and has developed a multi-agency training strategy to ensure all partners have the appropriate levels of expertise within their service to protect and prevent vulnerable people from being drawn in to extremism.

#### **15.4 Strategic Priority Two Identification and understanding of risk**

All policies and procedures have been reviewed and updated as appropriate, though the development of a prevention policy and



risk enablement policy remains outstanding and will be taken forward into 2016/17.

Information sharing with Care Quality Commission at a local level remains excellent. The development of a local electronic solution was superseded by a national response by CQC which now allows for the secure exchange of data between services.

There is now a sexual exploitation strategy for Northumberland which is monitored by the SAB, the NSCB and the Safer Northumberland Partnership. The shared sexual exploitation sub-committee is a well-attended and efficient group chaired by the CCG designated nurse for child protection.

The SAB has published the co-produced self-neglect guidance document (shared with North Tyneside and Newcastle SABs)

The SAB has continued to monitor the implementation of the MCA and Dols through routine reports. There continues to be a challenge to meet the demand for authorisation under Dols, and this has resulted in a co-ordinated response via Northumbria Health Care Community Business Unit to ensure that appropriate resources are available.

### **15.5 Strategic Priority 3: Engagement, Intervention and Supporting victims**

#### **Communication and engagement**

NSAB, NSCB and the safer Northumberland Partnership have developed a three board sub-committee which is responsible for a communications plan that sets out how the boards

communicate the work to keep children and adults safe across the county to board partners, the public and stakeholders.

Overall communications objectives:

- To raise awareness of the work of the three boards including ongoing campaigns for safeguarding children, adults and Safer Northumberland
- Promote awareness in our communities that everyone can contribute to safeguarding
- Promote the welfare and safety of residents of all ages in local communities
- Give reassurance and confidence regarding the safety of residents in Northumberland
- Encourage the participation of local communities in the work of the three boards where appropriate.
- The key messages to be included in all communications:
- Safeguarding is everyone's business and we all have a role to play
- There is a raft of working taking place to prevent and respond to issues of crime, disorder and anti-social behaviour.
- What to do if someone needs help and who to signpost to e.g. the Police, adult social care



- Safeguarding training and resources sign posting for people who work with young people and vulnerable adults
- Specific campaign messages

### SAFE WEEK 2015 - Zip wire



In November 2015, we worked with North Tyneside and Newcastle to build on the previous success of SAFE week to raise public awareness about adult safeguarding. This was launched with a zip wire challenge from the Tyne Bridge, Newcastle in aid of Action on Elder Abuse on 1<sup>st</sup> November:



### Yarn Bombing

A Yarn Bombing event saw many individuals, service users, community groups and members of the public get involved to decorate socks and gloves representing a Helping Hand or a Day in my Shoes. Over 700 socks and gloves were then hung up in the early hours of the morning in Northumberland Square, North Shields much to the surprise of members of the public the following morning!



Representatives of the groups of people who were involved in decorating the socks and gloves came along to see their work on display in Northumberland Square, North Shields. This received a lot of media attention with TV coverage on Made in Tyne and Wear, as well as front page of The Journal, and articles in The Chronicle and News Guardian. This proved to be an excellent

way to get the message about Safeguarding Adults to a much wider audience.

### School Poster Competition

There was a school competition for pupils across the region to design posters, leaflets or videos to help adults at risk of harm to keep themselves safe on the internet. There were over 200 entries from many schools in North Tyneside and Northumberland.

The posters were displayed in the local library and the overall winner has been printed and displayed throughout the area



Four Seasons Health Care sponsored the school competition donating the prizes and printing the winning poster. Emily Muir from King's Priory School Tynemouth was the overall winner with her Be Wise Online Poster.



The week received a lot of media attention through TV, Local radio and newspapers as well as social media on Twitter and Facebook. Across the week over £4,500 was raised for the chosen charity Action On Elder Abuse. There is a short film made by colleagues in North Tyneside on You Tube highlighting the events of the week <https://www.youtube.com/watch?v=J4-CGeRRmO4&feature=youtu.be>

In addition to SAFE week, Northumberland SAB has joined regional partners in a radio campaign supported by the Association of Directors of Adult Social Services (ADASS). Local engagement events were held across the region in conjunction with the radio campaign to raise awareness. In Morpeth, staff held a stall in Sanderson Arcade and gave out over 200 leaflets and spoke to several members of the public.

Work on an awareness raising DVD for young people has continued with the support of ADASS and training provided to designated teachers now includes information about adult safeguarding to ensure that young adults (those who have passed their 18th birthday) still in full time education are afforded the opportunity to access adult safeguarding services where appropriate.

Safeguarding is now on the agenda of all provider forums to ensure that there is a conduit for care providers to and from the SAB

In 2015/16, Northumbria Police developed the Victim First Service for those people subjected to safeguarding concerns that constituted a crime. Northumbria Healthcare and Northumberland Tyne and Wear Trust have also continued to ensure that safeguarding victims have been offered appropriate support and counselling as part of the safeguarding responses. This is monitored through supervision of safeguarding cases, and case file audits undertaken for the performance sub group.

#### **15.6 Strategic Priority 4: Training and awareness raising**

In 2015/16, the joint training sub group developed a safeguarding competency framework for staff, managers and board members. This helped to identify training needs and has led to further development of the training strategy.

Training for carers has been developed and rolled out

#### **Current Programme**

The Safeguarding Adults training programme continues to provide high quality learning and development opportunities for a diverse workforce including: statutory, private and voluntary sector organisations.

Multi agency and interagency initiatives have continued to develop and in particular our GP Training programme has gone from strength to strength.



The private and voluntary sector training has continued to develop and several new initiatives have been successfully achieved during the year. Our learning and development opportunities take place in a range of locations across the County to ensure maximum uptake.

**Headline Statistics:** (includes NHCT, NCC and Private, Voluntary, Independent Sector completions)

SUBJECT	FACE to FACE	WORKBOOK (NHCT only)	E-LEARNING	TOTAL
SA Awareness & Alerting (L1)	2046	3504	774	6324
SA Multi Agency Referral & Decision Making (L2)	488	632	68	1188
MCA Awareness	160	-	-	160
WRAP	197	-	1522	1719

#### Additional Learning Events to Support NSAB priorities

- **Sexual Exploitation Briefings for Taxi Drivers** – part of the Sexual Exploitation Strategy; 28 x 1-hour briefing sessions were delivered across Northumberland and approx. **1,460** delegates attended. These sessions were delivered by a Training Practitioner from either NCC or NHCT and were supported by both the Police and NCC Taxi Licensing Officers.
- **Response & Recovery Events** – as part of the Counter Terrorism and Security Act *Contest Strategy*; delivered to strategic and senior managers in a multi-agency forum these events used a ‘real time’ simulation exercise to raise awareness of contingency plans and critical incident procedural requirements.
- **Community Recovery Events** – in line with the above events but delivered to Team and Operational managers to raise awareness of the requirements for community recovery planning following a critical incident.
- **Self-Neglect Conference** – a joint conference between Newcastle, Northumberland and North Tyneside SAB’s to launch the joint Self-Neglect Practice Guidance. Supported by a number of key speakers and attended by delegates from health, housing, police and adult and children’s services.



- **BIA (Best Interest Assessor) Training** – in order to meet the growing demand for Best Interest Assessments as a result of the Deprivation of Liberty Safeguards, 2 x 4 day courses were provided by Legal Training specialists Bond Solon.
- **Jack & Josephine Programme** – during the period a Project Co-Ordinator was appointed to oversee and develop the programme of learning opportunities to the Learning Disability client group.
- **Webinar Developments** – in line with strategic priorities and to offer a broader range of learning opportunities we have produced webinar sessions to include MCA in Practice, Sexual Exploitation and Care Act briefings.

### GP Training Programme

As a result of our agreement with the Northumberland CCG there has been an increase in the training provided to our GP Partners. Specific subjects include Safeguarding Adults Awareness, MCA and Prevent Awareness.

SUBJECT	GP PRACTICE COMPLETIONS
SA and MCA (3 hour combined)	225
Prevent Awareness (WRAP)	69

There have been a number of successful working relationships established with several GP Partners and this has proved beneficial in the development of the Jack and Josephine programme. In particular, we were offered the opportunity to attend a GP Practice with Josephine whereby she underwent a range of health checks. Photographs were taken which resulted in the production of a Learning resource used to explain GP visits and raise awareness of the importance of health checks.

In addition, and more positively, the Safeguarding Adults Team has seen an increase in the contact from GP practices in relation to referrals and information sharing.

### Adult and Children’s Combined Training

We have continued to provide a number of learning events to enable practitioners from both adults and children’s services to extend knowledge and skills in wider range of subjects. These include:

- Safeguarding Adults Awareness and Multi Agency
- MCA Awareness
- Hate Crime Awareness
- Prevent
- MARAC
- Domestic Violence
- Sexual Exploitation Briefings



This collaborative approach continues to be developed and further opportunities will be provided as and when appropriate.

### **In-House Single Agency Training**

There continues to be a demand from a range of services for in-house Safeguarding Adults Training. Sessions have been delivered to domiciliary, residential and educational services during the period. In addition, there have been sessions provided to our Housing partners, Northumberland Care & Repair service and Adapt Advocacy Service.

We continue to provide in-house training at the request of the Safeguarding Adults Team where concerns have been identified.

Our own workforce continues to benefit from Team based briefings where required. During the period we provided a number of MCA briefings to the Community OT's.

### **Evaluation**

We continue to seek feedback from delegates using written evaluation gathered from specific forms given out on the day of training. Delegates are asked what they have learnt from the session and how this will impact on their practice. Some of the comments received over the year include:

- *“More aware of what a hate crime is and how to report incidents. Will be able to support clients better.”*

- *“My expectations were exceeded. I really benefitted from the group work and the different views and knowledge of colleagues.”*
- *“Thorough. Great presentation and hand-outs.”*
- *“Refreshed and updated my knowledge. To enable me to further improve my practice within health and social care.”*
- *“Reinforces good practice at work.”*
- *“Will enable me to ensure our policies are relevant and that staff are aware of the processes.”*
- *“Will introduce the supervision template.”*
- *“Good information and resources”*
- *“In depth information and real life examples.”*

We are seeking new and innovative ways to capture the impact of training in practice and have developed an Impact Evaluation questionnaire which was piloted on a small scale. Feedback was low and new methods to seek this information will be a priority during 2016-17.

### **15.7 Strategic Priority 5: Responding to perpetrators**

Board partners have continued to support prosecutions where appropriate in order to restore justice for victims.

Where perpetrators have been vulnerable people in their own right, sample audits have been undertaken to ensure that wherever possible, appropriate services are being offered to

prevent the perpetrator from being placed in a situation where another safeguarding situation might arise.

### 16.0 What Impact is the Board having?

The work of the SAB through its various sub groups, local and regional partners is promoting robust safeguarding services across the multi-agency partnership. Work with partners and other boards on key issues such as sexual exploitation, radicalisation, self-neglect and human trafficking/modern slavery mean that the safeguarding system is more equipped to support vulnerable adults in Northumberland in 2016/17.

The board has monitored and evaluated the progress of Making Safeguarding Personal and continues to prioritise MSP through the work of the sub groups. The momentum of implementation has been maintained through the strategic leadership of the board, and the proactive work of partners and Northumberland is considered to be well on the way to full implementation. The outcomes for service users and carers involved in adult safeguarding are more person-centred than ever before and the vast majority of those who can tell us what they want to achieve from safeguarding are telling us that they are happy with the outcomes. This will continue to be a priority.

We know from our performance information that more people than ever before are reporting abuse and neglect that is occurring in their own homes. The impact of training, communication and engagement and the fact that we are now recognised to be giving the decisions about safeguarding to the

people at the centre of the process shows that the work of the board is having a significant impact on front line services and people's experiences.

The high level of reporting of concerns shows us that people better understand what safeguarding is, and what it does. This is a significant achievement for the board and its partners.

Our work with Northumberland Safeguarding Children's Board, and the Community Safety Partnership has allowed for the development of robust Sexual Exploitation and Prevent strategies which have focussed on the needs of some of the most vulnerable adults in our communities, making sure that training has been made available, and clear referral routes are in place.

### 17.0 Priorities for 2016-17

The joint development day in January 2016 with North Tyneside SAB identified a number of priorities. These will be incorporated into our strategic plan along with any ongoing priorities from 2014/15.

- Raising awareness and highlighting the positive outcomes of safeguarding
- Continued joint working with children’s services – CSE, schools, colleges, FGM
- Improved visibility of board
- Review of performance framework
- Learning from SCRs, SARs and DHRs to be disseminated
- Improved escalation process
- Further improvement in service user and families’ involvement
- Improved analysis of unmet outcomes
- Improved means of sharing of information/electronically
- Appointment of lay person representatives to board
- Develop safeguarding training in voluntary organisations
- Develop induction packs for new members
- Improve reporting on multi agency safeguarding data
- Devise multi-agency audit process

### 18.0 What are the emerging challenges for the NSAB in 2015/16?



**Improved service user engagement in board**



**Information sharing – electronic solutions**



**Rolling out Making Safeguarding Personal so that it is firmly embedded across the system and evident in all safeguarding enquiries undertaken by partners**



**Multi agency Audit programme**



**Prevention and community solutions**

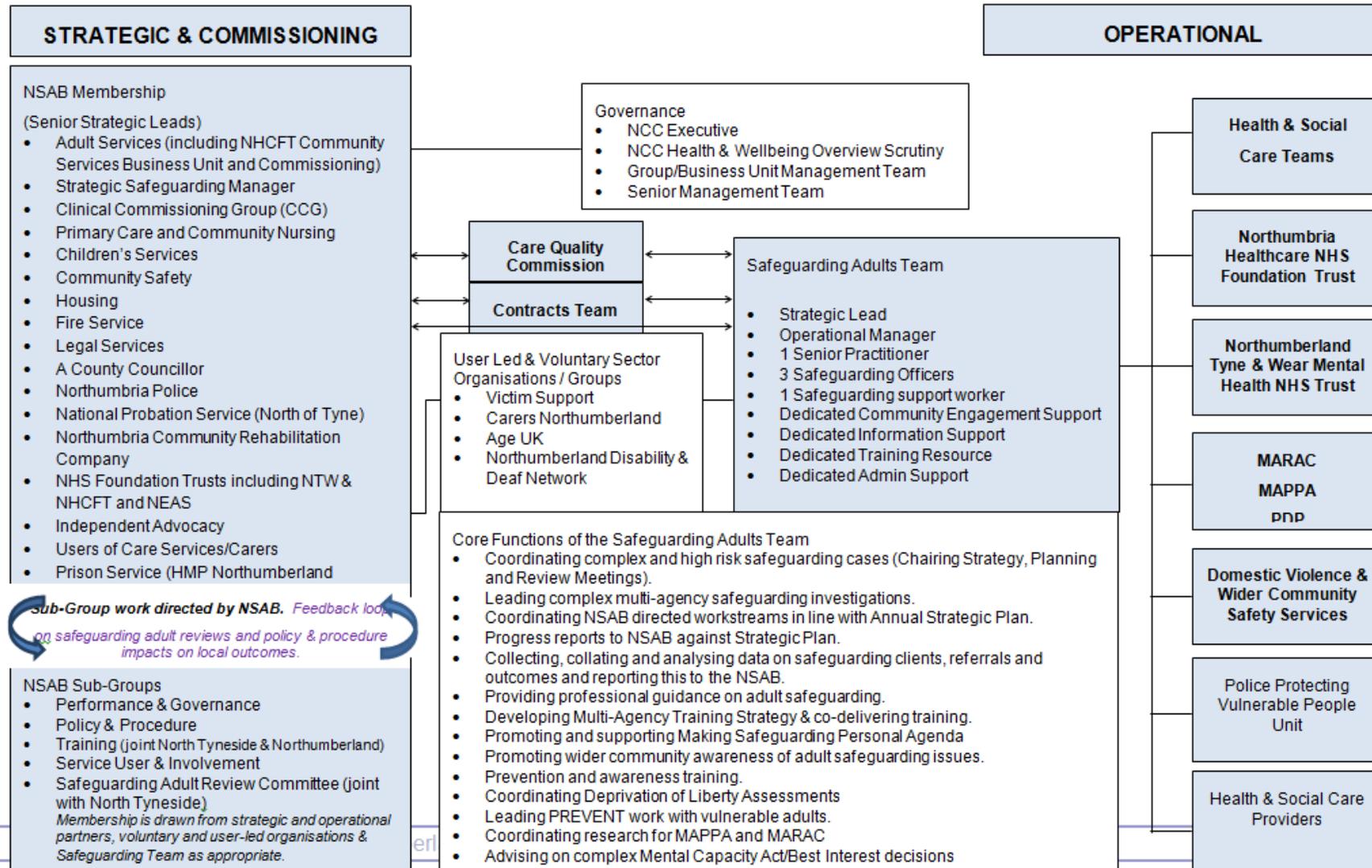
## 19.0 Conclusions

2015/16 is the first year that the Northumberland SAB has been on a statutory footing. This has brought a degree of expectation, but also a degree of recognition for the important work that we do to protect some of the most vulnerable members of our community. This report gives an overview of the functions, work plans and commitment by partners in Northumberland and demonstrates that there has been a year of continuous learning, development and challenge.

Northumberland is recognised to working well in terms of the Making Safeguarding Personal agenda, and this will remain a strong focus for the board, and its partners. The last year has offered a firm platform for us to embed this approach and to continue to develop and improve. We remain committed to offering the best possible outcomes for all adults at risk of abuse and neglect and will continue to work together to achieve this.



## Appendix 1: Safeguarding arrangements in Northumberland 2015/16



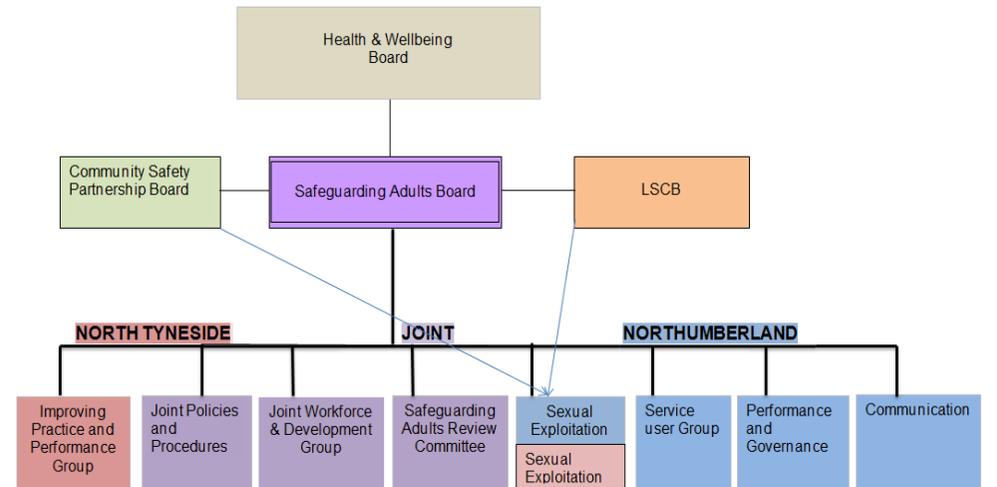


## **Appendix 2 - Membership of the Northumberland Safeguarding Adults Board 2015/16**

- Northumberland Clinical Commissioning Group
- Northumbria Police
- Northumbria Healthcare NHS Foundation Trust – including members representing key social care functions delegated from the County Council, as well as other community and hospital services
- Northumberland, Tyne and Wear NHS Foundation Trust
- National Probation Service
- Northumberland Community Rehabilitation Company
- Northumberland Safeguarding Children Board
- Northumberland County Council’s strategic housing services
- Northumberland County Council’s fire and rescue services
- North East Ambulance Service
- HMP Northumberland (Prison) services
- ADAPT advocacy services
- Carers Northumberland
- Safer Northumberland Partnership
- The County Councillor who has the responsibility for Adult Social care
- Healthwatch

## Appendix 3 – Governance, Planning and Reporting 2015/16

### 3. Governance Arrangements – NORTH TYNESIDE AND NORTHUMBERLAND



### Planning and Reporting Cycle 2015/16





## Appendix 4 Reports from Individual Agencies 2015/16

### Northumbria Police

Northumbria Police is one of the largest and top performing police services in the country, serving a population of 1.5 million people from a wide range of communities, covering an area of more than 2,000 square miles in North East England.

Northumbria Police is dedicated to building trust and confidence and reducing crime and disorder in the communities within the North East of England

There are around 4,900 people working at Northumbria Police and 480 more who contribute by volunteering for one of our various volunteer schemes. All work together to form one professional team who are dedicated to our vision of being outstanding in the service that we provide, this is underpinned by our mission to be Proud to Protect, proud of what we do and proud of who we are.

In a typical day Northumbria Police:

- Receives 3,395 phone calls
- Handles 628 “999” calls;
- Deals with 1,539 incidents;
- Investigates 207 crimes;

- Makes 187 arrests;
- Travels 44,000 miles;
- Records 154 sets of fingerprints
- Takes 39 DNA samples

In 2015 Northumbria Police submitted:

- 10, 812 Adult concern notifications;
- 30, 278 Child concern referrals/notifications
- 29, 141 Domestic abuse incidents

Northumbria Insight Team conduct customer satisfaction with victims of crime which informs service delivery in addition to this a bespoke survey for victims of domestic abuse and hate crime have also been embedded to improve victim outcomes.

A survey for rape is in the early stages of development.

The Policing Crime Commissioner Vera Baird and the Chief Constable Steve Ashman have a strong commitment to Safeguarding the vulnerable. Assistant Chief Constable Darren Best is the lead for Safeguarding with responsibility for oversight and scrutiny. To help us achieve the Forces commitment to Safeguarding significant investment has been made in the creation of a new safeguarding department.

The Force Lead is supported by a Senior Management Team within the Safeguarding portfolio led by T/Detective Chief



Superintendent Scott Hall and a specialist management structure.

The Safeguarding department is split into three locations; one south covering South Tyneside and Sunderland, one central covering Gateshead and Newcastle and one north of the River Tyne covering North Tyneside and Northumberland.

Each location has specialist officers working within Child Abuse Investigation, Vulnerable Adult Abuse investigation, Rape, Domestic Violence and Multi Agency Public Protection Arrangements. The co-location of these areas of public protection ensures that information, resources and specialisms are shared thereby further meeting the needs of Children, Young People and families. Officers working under Multi Agency Public Protection (MAPPA) are based at Middle Engine Lane. In addition to this two multi agency co located hubs are in place providing an enhanced victim focussed approach to sexual exploitation, trafficking and modern day slavery.

Northumbria Police work closely in partnership and are active members of all statutory boards and sub groups.

Policies and procedures are in place and subject to regular review to reflect national, regional and local drivers including lessons learnt from all Serious Case Reviews.

Strategic Objectives for the Force include:

- Putting Victims first
- Domestic and Sexual Abuse
- Reducing Crime
- Community Confidence
- Dealing with Anti-Social Behaviour.

Area Command frontline service delivery is monitored through assessment of set targets, performance data and team meetings.

Senior Management Board meetings address performance at a strategic level. Capturing and monitoring performance data, addressing emerging trends or training needs either locally or force wide.

All learning from national and local serious case reviews are scrutinised during the Critical Incident Boards which is attended by the Chief Officer Team and Senior Officers, they are able to look at learning and monitor the action plan.

Northumbria Police has been subject to numerous inspections by HMIC including vulnerability and Honour Based Violence (HBV), the force was deemed to be good in Vulnerability and prepared in all aspect for HBV. Although still one of the top performing forces, the Chief Constable is committed to achieving outstanding in all areas of vulnerability.



Together with partners we have also been inspected by Ofsted, HMIC, CQC and HMIP.

#### Summary of good news stories/campaigns/work

- Training was provided at the end of 2014-15 reinforcing, RARA, DASH.
- Coercive control training 2015
- Safeguarding risk assessment training will be delivered this year to reinforce
- Development of Multi agency tasking and coordination (MATAC) focussing on repeat domestic abuse offenders.
- MASH
- Operation Encompass
- Victim first Northumbria
- The PCC has supported a wide range of specialist support services for victims of domestic abuse based on our understanding of need and gaps in provision:
- Hope Consortium and Wearside Women in Need - Domestic Violence Support and advice (DVSA) car project in Newcastle and Sunderland providing connections to specialist support at the point of a domestic abuse crisis. The DVSA project aims to increase the level of long term victim support starting, most often, in the home where the offence occurred. The aim of the service is to offer specialist DVSA

support and signpost to appropriate services in an attempt to break the cycle of abuse. This project will be rolled out to all local authority areas during 2016-17.

- Northumberland Domestic Abuse Services NDAS - Provides holistic, tailored and specialist support to both female and male victims of domestic abuse – regardless of risk. Covering the whole of Northumberland - both deprived urban centres and also extreme rural locations. Provides initial support to enable victims to understand their situation and recognise the abuse they are suffering. Ensure every victim is risk assessed and work with them to ensure a safety plan is developed, implemented and monitored.
- Cygnus Support - targeting women and men in Northumberland who have/are experienced domestic/sexual violence. These services are accessed through their main centre; however, they further developed these services on an outreach basis in order to reach victims in more isolated areas of the county as well as targeting older clients (55+). Support included one to one work, groups, support to access housing, finance and family law information, training and goal setting. This tailored support impacts on the whole family creating a safe and comprehensive support system, which we hope will encourage more reporting of crime.

- Barnardos Circles 2 - Wrap around support for women and children experiencing domestic abuse with a focus on women with learning disabilities to break the cycle of abuse. Circles 2 is an innovative project modelled on the Circles of Support and Accountability (CoSA), a Canadian model developed in the mid-1990s. It utilises small groups of vetted, trained and supervised Barnardo's volunteers to provide practical and emotional support as needed for women and their children who have experienced domestic/sexual abuse.
- Apna Ghar - Specialist support for BME victims of domestic abuse, honour based violence and forced marriage and support for their children. A pilot project involving women and children of the BME communities in South Tyneside who have been victims of crime to raise awareness and tackle particular and emotive issues; including domestic abuse, hate crime, internet grooming and radicalisation – with the intention of developing a bespoke Advocacy service.
- Women's Health in South Tyneside - Supporting female victims of domestic abuse to flee violence through delivery of the 'Freedom Programme' and other counselling and support. This service offered a package of services to women living with domestic violence and abuse by working in partnership with Family Impact Services who facilitate the Freedom Programme course.

In addition, they have provided 3, 6-week support group programmes for victims of domestic violence.

- Riverside Community Health Project - Support for women who have experienced domestic abuse. The recovery programme accepts referrals from women and children across the city of Newcastle, specifically Eastern European and Roma women and their children who are victims of domestic violence and abuse. It is important to understand that it can be more difficult for Eastern European and Roma women to access support because of cultural barriers, problems with language and communication and racism
- Community Counselling Co-operative - Community Counselling Cooperative works with vulnerable adults often in areas of deprivation. They also often work with individuals who have not had access to counselling/therapeutic support before. The service provided for the PCC provides counselling for male victims of domestic abuse. They provide support to male victims and survivors in terms of one to one therapeutic work as well as peer support group work. The overall service provides emotional and psychological support to victims; provide information so as to give victims options/choices; support victims through the criminal justice system; for each participant to have an exit strategy at the end of

project; to continue the mapping exercise so that other agencies are aware of the work that they do.

- West End Women and Girls – DV Peer Educators  
Research demonstrates that young women aged 16-24 are most at risk of domestic abuse, reinforced by the government policy change to reduce the age at which the domestic abuse definition applies to 16. Research also advocates ‘group-based training interventions to empower women and girls’ (Lancet Nov 2015) and evidence shows that young women prefer to talk to other young women which is the focus and aim of this project through the domestic Violence Peer Educators and Domestic Violence Champions. 2 teenage peer educators have been trained as Young People’s Independent Domestic Violence Advocates (IDVAs). This is a nationally recognised qualification ran by Safe Lives (previously CAADA). They are some of the youngest to train as young people’s IDVAs in the country and stand as role models for other young women. Their work consists of the delivery of domestic abuse taster sessions in every secondary school in Newcastle and from these sessions they work directly with young women who present as a victim of domestic abuse. Holistic wrap around support is provided to the young victim of abuse to help them make informed

choices about exiting their relationship or recovering from their experience of crime.

- Angelou Centre – responding to developments within its own service and the wider community to develop further specialist support for victims of DVSA drawn from the Northumbria’s various BAMER communities including those at risk of FGM.
- Operation Encompass in Newcastle – introducing and building on the Operation Encompass model to provide social worker practical and emotional support for children who have witnessed DV in the home. Encompass provides support and access for families and the individual victim to cope and recover.
- Operation Encompass in North Tyneside – Practical and emotional support for children in a school setting who have witnessed DV in the home.
- West End Schools Trust – pilot project to provide direct support for victims of domestic abuse identified through Family Support Workers. The support provided includes a training course that offers a range of information including empowering people to take control over their own lives. Accessing victims through a school setting can be a useful way of engaging victims in a safe setting they are familiar with whilst at the same time providing support to those children affected by DV.



- Acorns – support targeted at children of domestic abuse victims. This service has increased the number of counselling and play therapy sessions offered to children and young people by recruiting a counsellor and play therapist.
- Victims First Northumbria – In addition to the specialist services VFN is the main referral and co-ordination service for victims of crime and therefore receive referrals for medium/standard risk victims who have experienced domestic abuse and violence. VFN in many cases go on to co-ordinate the support for victims frequently referring to specialist DV provision (many listed above). VFN work closely with a wide range of specialist victim services across Northumbria to ensure they fully understand all support available for victims and work closely to ensure, where needed, that the relevant referral is made. VFN use this intelligence to populate a Victim Services Directory that is available both internally to co-ordinators and also is available on the VFN website for those victims who may want to directly contact a service for support.
- Annual domestic violence campaigns.
- Problem profile of domestic homicide review

Northumbria Police make financial contribution to all Safeguarding Boards and provide considerable resources working with partners to drive the business and improve the outcomes for the vulnerable.

All staff receives training within the organisation relevant to their role, however training in areas of public protection such as child abuse, domestic abuse, vulnerable adults, vulnerability, sexual offences and child sexual exploitation, is mandatory and repeated throughout their service.

Training plans in areas of public protection are devised in conjunction with partner agencies.

Multi and single agency training is offered and attended. Specialist staff attends multi agency training and are all subject to continuous professional development.

Northumbria Police are in the process of creating an enhanced training schedule with regards to safeguarding.

The focus of the Safeguarding agenda is now on 4 key areas:

- Prepare
- Prevent (not to be confused with the contest strategy)
- Protect
- Pursue

Preventative work undertaken by Northumbria Police includes:

- Education



- Raising awareness internally and externally to increase confidence
- Numerous initiatives to support victims and divert offending behaviour, including Operation Encompass, MATAC, Domestic abuse perpetrator programmes.

Northumbria Police has been successful in securing funding to develop an innovative approach to the management of pre and post convicted sex offenders through the use of EyeDetect and Polygraph testing.

Nationally there has been a continual increase in the reporting of sexual offences (including historic reports) and domestic abuse. This increased demand is creating a significant resourcing challenge across the partnerships.

The Safeguarding Department has recently commenced with a project team to address various aspects of Safeguarding, including a project team to work closely with partners to have an enhanced model to streamline current systems whilst ensuring the safety of those most vulnerable in our communities.

An internal Safeguarding Board is also to be created to provide further scrutiny and governance across the safeguarding arena.

In the future we are developing a holistic performance framework which will provide qualitative data capture and analysis.

Work is on underway to improve data capture and the quality of Adult Concern Notifications and Child Concern Notifications.

### **Northumberland Clinical Commissioning Group**

NHS Northumberland Clinical Commissioning Group (the CCG) has a range of statutory duties including safeguarding adults and children. The CCG brings together 44 general practices to commission healthcare services for 330,000 people in Northumberland. The CCG as commissioner of local health services has a responsibility to assure the commissioned services have effective safeguarding arrangements in place. The CCG is responsible for securing the expertise of Designated Professionals on behalf of the local health system.

The CCG has robust mechanisms in place to ensure the organisation fulfils its statutory responsibilities in relation to safeguarding adults. Regular reporting is provided to the CCG's executive board on adult safeguarding issues via the Quality Report.

The CCG has procured a comprehensive single agency training package for primary care staff in relation to safeguarding adults,



mental capacity act, deprivation of liberty, prevent and domestic abuse.

Throughout the year the CCG have regularly attended and actively contributed to the multi-agency safeguarding adult's meetings: MATAAC, MARAC and MAPPA. This has improved the communication with primary care services resulting in positive engagement with the sharing of relevant, complex and sensitive information and resulting action plans. It has also raised awareness of domestic abuse, "Think Family Approach" and the importance of coding of domestic abuse on patients care records.

An Internal Audit has taken place to review the CCG's organisational arrangements around quality improvement, this included elements of safeguarding. The CCG has received a significant level of assurance with no issues of note. The CCG has also benchmarked against the standards in the NHS England Safeguarding Assurance Tool as part of a northern regional pilot, and no major concerns were highlighted.

The CCG has strengthened the process for disseminating learning from case reviews. A GP safeguarding network has been established and this provides an opportunity for peer support as well as sharing the learning.

The CCG continues to show strong commitment through partnership working with the Northumberland Safeguarding Adults Board (NSAB) and Safer Northumberland Strategy Board (SNSB).

The Director of Nursing, Quality and Patient Safety and the Head of Quality and Patient Safety Adults attend and contribute to the businesses of the two boards. The Head of Quality and Patient Safety Adults has actively engaged with the performance and governance and safeguarding adults review committee; subgroups of the NSAB and the domestic abuse and contest thematic groups; subgroups of the SNSB. The CCG has also worked as a partner organisation in the Domestic Homicide reviews and processes including the DHR panel.

The Head of Quality and Patient Safety Adults is an active member of multi-agency meetings including the information sharing meetings chaired by CQC, safeguarding adult's strategy and planning meetings, quality assurance visits and meetings, MAPPA, MARAC and MATAAC. The CCG has developed effective working relationships with members of both boards and its subgroups, and ensured sharing of complex and sensitive information with other partner agencies to safeguard vulnerable adults.

The CCG has commissioned The Learning & Development Unit at Northumbria Healthcare to provide bespoke training to CCG and



primary care staff including safeguarding adults at risk, Mental Capacity Act (MCA), Deprivation of Liberty (Dols) and Prevent. On-going operational support and advice for Northumberland CCG and primary care staff is delivered by the CCG's quality and patient safety team.

One of the challenges is to better engage general practices and raise awareness on safeguarding, MCA, Dols, prevent and domestic violence. Due to the busy workload in primary care, it is not always easy to free up time for staff to attend training. Primary care can also play a more active role in the safeguarding process to ensure effective information sharing, risk assessment and action planning. Through the safeguarding leads, the recently established GP safeguarding network can be the mechanism to help to increase the level of engagement in primary care on safeguarding issues.

The CCG's priorities for 2016/17 is to focus on quality assurance and continuing to drive up quality in relation to safeguarding adults, and ensuring that all commissioned services have safeguarding adult arrangements in place that meet the statutory Care Act requirements. The CCG has developed robust monitoring and audit processes to enable assessment of the quality of safeguarding adult arrangements within provider services. The CCG will be working with all providers to ensure that safeguarding adults, MCA, Dols and prevent is embedded in practice.

The CCG has further developed its quality visit programme and will be expanding it to include care homes. The CCG will continue to work together with Northumberland County Council to assure the quality of services in care homes, and provide nursing input into the process.

Working together with respective boards and partner agencies, the CCG will raise awareness of areas related to safeguarding adults at risk within primary care including MCA, Dols, prevent and domestic abuse.

#### **Northumbria Community Rehabilitation Company (NCRC)**

The focus of Northumbria CRC is the rehabilitation of offenders and protection of the public, and a priority of NCRC is to make communities safer, reduce re-offending and help our service users live better lives. The CRC supervises service users who are subject to community and custodial sentences. Service users supervised by NCRC are involved in all aspects of their sentence, and are consulted in relation to completion of their sentence plan.

NCRC reviewed the Safeguarding Adults policy and guidance in April of this year. This reflected the changes to the organisation and service delivery. There has been further development of Rehabilitation Activity Requirements (RARs), these are interventions based on desistance theory taking a strength based approach. As well as our established Positive Pathways programme and Positive Pathways Plus for domestic abuse



perpetrators, we now have RAR interventions: Alcohol; Cannabis, Legal highs, Masculinity and Aggression, Victims and Values, Attitudes and Behaviour.

Effective information sharing is essential to the work of NCRC. Information exchange with other agencies about safeguarding and vulnerable adults is governed by the same principles of necessity and proportionality which apply to all our work. There are information sharing agreements with partnership agencies in place.

It is the expectation that Responsible Officers will undertake Safeguarding Adults training a minimum of every three years. Due to major changes to the organisation and staffing a training audit was completed in March of this year and shared with line managers with the expectation that training will be undertaken where necessary. Attendance at SGA training is monitored by the Reviewing and Safeguarding Manager. Training is available via Laurus, the contracted training provider or the local authority. The training brochure for Northumberland safeguarding training is posted on the staff intranet. Safeguarding adult cases are readily identified by the relevant register on electronic cases records, and these cases are discussed in supervision with the team manager. Any learning from serious case reviews is disseminated via a number of routes: individual supervision, team briefings, practice guidance and the Practice Advisory Group.

The biggest challenge the CRC will face in the forthcoming year will be the implementation of a new service delivery model

which formed the basis of Sodexo's successful bid for a total of six CRCs across the country. The implementation of the new model is now well under way with the successful establishment of our HUB which now deals with all communications, intake of cases and enforcement of court orders. Phase two will include the introduction of volume management of identified cases supported by the interventions provided by our supply chain partners. These partners will focus on dynamic risks factors, housing, employment, finance & debt and substance issues. NCRC is due to migrate to a new IT case management system (OMS) which will include changes to our risk management tool and sentence planning document. This will require a large scale training programme to be rolled out across the organisation in the autumn of 2016

The key priority of NCRC is to make communities safer, reduce re-offending and help our service users live better lives. Although the focus of NCRC is on those who may cause harm, it is also in a position to identify service users who are themselves at risk from abuse. The CRC needs to retain this focus on risk management and planning as these are core elements in case management. Risk management activities must focus on preventing or reducing the risk the service user may present to others, as well as any risks they may be vulnerable to.

### **Northumberland Fire and Rescue Service**

Fire and rescue authorities have a number of duties as set out in the Fire and Rescue Services Act 2004. Under the Act, fire and rescue authorities must:



- Promote fire safety, including the provision of information and publicity on how to prevent fires, and on the means of escape from buildings in case of fire;
- Extinguish fires and protect life and property in the event of fires;
- Rescue people and protect people from serious harm in the event of road traffic accidents; and
- When necessary deal with emergencies other than fires and road traffic accidents.

Fire and rescue authorities in England have a responsibility under the Fire and Rescue National Framework for England 2012 (the Framework) to '*identify and assess all foreseeable fire and rescue related risks their communities might face*'. In particular, fire and rescue authorities have three priorities:

- To identify and assess the full range of foreseeable fire and rescue related risks their areas face, make provision for prevention and protection activities and respond to incidents appropriately;
- To work in partnership with their communities and a wide range of partners locally and nationally to deliver their service; and
- To be accountable to communities for the service they provide

In 2015/16 Northumberland Fire and Rescue Service:

- Attended a total of 3301 incidents

- Attended 166 dwelling fires
- Attended 222 Road Traffic Collisions
- Fitted 6613 smoke detectors
- Gave fire safety advice to 9692 households

Since Northumberland Fire and Rescue Service began to deliver against its risk based Fire and Rescue Plan priorities in 2003/4, the Service has:

- Reduced deliberate primary fires by 76%
- Reduced deliberate secondary fires by 67%
- Reduced all primary fires by 59%
- Reduced injuries from primary fires by 61%
- Reduced accidental dwelling fires by 41%
- Reduced fires in non-domestic premises by 66%
- Reduced malicious false alarms attended by 82%
- Reduced false alarms caused by fire detection systems by 66%

The Service has developed an accidental dwelling fire risk model to assist in predicting future risk in order to further refine its targeting of resources.

Number of safeguarding referrals has traditionally been low. A change in procedure and an introduction to new duty manager responsibilities has seen referrals slowly starting to increase in number.



Northumberland Fire and Rescue Service implements a priority model for Safe and Wellbeing Visits (Home Fire Safety Checks) taking into account the risk factors contributing to an increase in likelihood and/or impact of having a fire in the home. Sitting above this priority model are referrals from partner's organisations and agencies.

Northumberland Fire and Rescue Service is currently participating in a regional partnership trial with North East Ambulance Service (NEAS). The trial sees an Emergency Medical Responder (EMR) being dispatched at the same time as an ambulance. The aim is to improve the survival rate for those people who suffer from a life-threatening illness or injury in the community. The location of EMR's within local communities could mean they are nearer to the scene and can deliver lifesaving care in those first critical minutes until an ambulance clinician arrives, enhancing the usual emergency medical response from NEAS. Emergency Medical Responders (firefighters) have been trained to enhance their existing medical care knowledge, including basic life support by managing a patient's airway, giving oxygen therapy, including assisted ventilation, delivering cardio-pulmonary resuscitation (CPR) and defibrillation using a semi-automatic AED and controlling blood loss.

In addition, firefighters in Hexham are asking additional questions when conducting Safe and Wellbeing Visits. Where appropriate, referrals are being made to the Northumberland Falls Team. If successful, this partnership will be rolled out across the county.

All fire and rescue personnel have been requested to complete the Safeguarding Awareness and Prevent e-learning in accordance with Northumberland County Council Learning and Organisational Development policy. Safeguarding posters have been placed on all community fire stations. Duty Managers are meeting regularly to ensure consistent application of Safeguarding service orders. Safeguarding is now a standing item on both Service Leadership Team (SLT) and Service Delivery Group (SDG) agendas. Northumberland Fire and Rescue Service Safeguarding Lead has completed Domestic Violence Levels 1 and 2 and AVA Complex Matters training.

Continued public sector cuts have seen a reduction in Northumberland Fire and Rescue Service resources. Additionally, the profile of retained firefighters is changing, with many having to travel outside of the response area for employment. This has an impact in availability for community safety activity. The Service will continue to refine its risk prediction modelling, and review its Safe and Wellbeing Programme in order to effectively target its remaining resources.

Northumberland Fire and Rescue Service now has access to Exeter Data (Health) and will be reviewing its priority model to ensure this data assists in identifying those most at risk of having a fire in the home.

The Safe and Wellbeing Programme will be reviewed to reflect both risk modelling outcomes and the refreshed priority model. The review will take into account support of the wider safeguarding agenda.



The Service will also be developing a risk model for road traffic collisions, supported by North East Road Safety Resource research.

### **National Probation Service**

**Empowerment** - NPS will give individuals the right information about how to recognise abuse and what they can do to keep themselves safe. NPS will give individuals clear and simple information about how to report abuse and crime and what support NPS can give. NPS will consult with the individual before taking any action and will always act in the best interests of a person who lacks capacity to make a decision.

**Protection** - As an organisation, NPS has effective ways of assessing and managing risk. NPS will ensure that local arrangements for complaints and reporting arrangements for abuse and suspected criminal offences are robust. Ensure that service users and local partners understand how we work and how to contact NPS. Take responsibility for putting service users in touch with the correct services /agencies

**Prevention** - As an organisation, NPS will help the community to identify and report signs of abuse and suspected criminal offences. NPS will train staff to recognise signs and take action to prevent abuse occurring. NPS will work with partners to make communities safer.

**Proportionality** - As an organisation, NPS will discuss with the individual and where appropriate, with partner agencies what should be done where there is a risk of significant harm before NPS staff make a decision. NPS will see risk as an element of many situations that should be part of any wider assessment.

**Partnership** - As an organisation, NPS are proactive in sharing information and have multi agency partnership arrangements in place which involve NPS staff at all levels. NPS fosters a “one team” approach which places the welfare of the individual before the needs of the systems.

**Accountability** - As an organisation, NPS will help the community to identify and report signs of abuse and suspected criminal offences. NPS will train staff to recognise signs of abuse and take action to prevent abuse occurring. The Head of Service, North of Tyne sits on the SAB and a band 5 manager will sit on relevant subgroups. NPS staff are aware of the need to identify appropriate individuals who require safeguarding and are familiar with the referral route into adult services in Newcastle. Learning from cases reviews is a priority for the NPS and this learning is shared at the North of Tyne Management Meeting for dissemination to team meetings.

The National Probation Service, since its creation in June 2014, has focused upon defining its role under The Care Act 2014 and ensuring that staff are aware of their responsibilities within the



framework of that Act. In order to achieve this the following documents have been provided to NPS staff working in Newcastle:

- NPS National Partnership Framework - Safeguarding Adults Boards June 2015
- Safeguarding Adults at Risk – NPS Policy Statement January 2016
- Safeguarding Adults at Risk – NPS Practice Guidance January 2016

The National Offender Management Service (NOMS) has developed a national learning provision on safeguarding adults for NPS staff working with offenders in the community. The learning is comprised of an e-learning and a classroom course. In addition, NPS staff in Newcastle are expected to take advantage of any multi agency adult safeguarding training available in the area.

NPS priorities for 2016/17 are to ensure that staff completes the NOMS adult safeguarding training and multi-agency adult safeguarding training. Staff completion of these events will be tracked and will feature in the NPS Staff Personal Development Reviews.

Appropriate representation on the Safeguarding Adults Board and relevant sub groups of the Board is also a priority for the NPS.

#### **Northumbria Healthcare Foundation NHS Trust**

A CQC inspection of Northumbria Healthcare Trust was conducted in October 2015. The overall rating received for Northumbria Healthcare trust was 'Outstanding'

The trust had appropriate safeguarding policies and procedures in place for both adult and children. The policies and procedures were supported by staff training.

The trust's director of nursing was the executive lead for safeguarding adults and children.

Services were assessed under the categories of: -

- safe
- effective
- caring
- responsive
- well led

The inspection report highlighted the following: -

There was a very clear vision of delivering the highest standards of patient care with quality and safety as a key focus. Staff from



all areas we visited were aware of the vision of promoting safe and effective care to improve patient experience. This was reflected in the 2014 NHS staff survey results as 84% of staff said that care of patients is my organisations top priority: the national average for this is 70%

There is a safety culture across the organisation which puts the patient first and patient experience is given the highest priority with the implementation of real time patient feedback through the development of patient feedback questionnaires. The trust has appointed a Director of Patient Experience. There was exceptional innovative practice and development of sustainable services across services in both acute and community settings

Departments had systems in place for the identification and management of adults and children at risk of abuse (including domestic violence). Staff said they knew how to recognise and report both adult and children safeguarding concerns and this was reflected in what the Inspectors saw.

There was safeguarding lead nurses and robust referral systems in place.

Mandatory training records indicated staff received safeguarding adults level one training and completed workbooks. In addition, staff had face-to-face level two training.

Staff received the appropriate level of children's safeguarding training to their role.

Staff were aware of the assessment for child exploitation and female genital mutilation and a policy was in place.

Feedback from patients and their relatives was consistently positive about all aspects of their care. All staff consistently communicated with patients in a kind and compassionate way and treated them with dignity and respected their privacy. The Inspection team saw and were told of many examples of staff at all levels going the extra mile to meet patient's needs.

Patients were involved and encouraged to be involved in their care and in making decisions. They received sufficient information in a way they could understand.

Patient feedback data across the trust showed a very high level of satisfaction across all care services. Information from 2 minutes of your time survey feedback showed very high levels

of satisfaction, with those surveyed stating they would recommend the service, were satisfied overall and were treated with dignity and respect.

Patients receiving end of life care had the opportunity to discuss their wishes for their future in terms of resuscitation, preferred place of death at end of life and decisions to refuse treatment.



There was a proactive approach to understanding and meeting the needs of different groups of people. The trust made sure services could meet every patient's individual needs, but in particular, those with conditions such as dementia, people with learning or physical disabilities, or those whose first language was not English. Staff, including reception and porter staff, knew how to support people living with dementia and had completed the trust training programme.

The trust had developed a Shared Purpose programme in partnership with a charity involved with older people to improve compassionate and dignified care. This has resulted in the recruitment of nutritional assistants to support elderly patients, increased staff training and improvements in facilities and the ward environments across the trust for patients living with dementia. Some patients with learning disabilities had patient passports. When the patient or carer presented this at the department, staff used the information to assist them in making decisions about patient needs and wishes.

If patients had specific needs, alerts were put on to the electronic record system to alert staff. The electronic records system had a built in alert system that highlighted any patients attending the department who were at risk of self-harm, or of harming others. This made sure that staff were aware of safety risks to patients and to themselves.

The trust has a comprehensive and current complaints policy in place that covers the complaints management process for the NHS services as well as the Adult Social Care services operated by the trust. The Chief Executive had overall responsibility for NHS complaint handling issues, reading complaints and signing off responses.

Complaints were actively reviewed in terms of how they are managed and responded to, and improvements were made as a result across the trust.

#### **Areas of Improvement identified during inspection:**

2 standards not fully met in relation to Maternity and Midwifery Services Regulation 17 Good Governance in relation to maternity dashboard and a gap analysis against Morecambe Bay NHS and Regulation 12: Safe Care and Treatment in relation to ward security to reduce the risk of infant abduction, storage of emergency drugs, Risk assessments in relation to falls, pressure ulcers, VTE and nutrition consistently completed.

#### **North East Ambulance Service**

The Safeguarding Annual Report reviews the work undertaken within the Trust over the last year in relation to the safeguarding of children, young people and adults at risk. The report also reflects the multi-agency partnership working across the wider health economy. Safeguarding has continued to remain high on



the agenda for all statutory organisations in relation to both adults and children.

The Trust is registered with the Care Quality Commission (CQC) and in order to remain registered it is required to demonstrate on-going compliance to the Fundamental Standards of Care and associated Key Line of Enquires (KLOE). The Trust has taken steps to implement suitable arrangements to ensure service users are safeguarded against the risk of abuse by identifying the possibility of abuse, preventing it from happening and by responding appropriately to any allegation of abuse.

This information is monitored through the Trust's governance arrangements and through the quality schedule incorporated within the Standard Ambulance Contract by the Clinical Commissioning Groups (CCGs).

The annual report provides an overview on how the Trust has performed over the reporting period 2015-16 in relation to safeguarding vulnerable groups. It aims to give the Trust Board the necessary assurances that the statutory duties under the Children Act 2004 and the Care Act 2014 legislation are being fulfilled.

It is important to recognise that the Named Professional for Safeguarding Children and Adults and the Safeguarding Team carry out necessary corporate function as well as supporting the

specific work of this Directorate. The key functions include ensuring appropriate policies, procedures; audit and training are developed and updated in line with national legislation and guidance.

In addition, the Safeguarding Team monitors and provides recommendations on any service developments and service level agreements which have the potential to impact on the well-being of children and adults.

The Safeguarding Steering Group during 2015-16 reported to the Patient Safety Group (PSG) which then reports to the Quality Committee. Going forward into 2016-17 this group will become a working group which involve representation from within the Trust, this will then report to a newly formed Strategic Safeguarding Committee which will include representation from the Trusts Directorate Heads of Service and the Designated Nurses for Children and Adults from the local Clinical Commissioning Groups. The purpose of the Strategic Safeguarding Committee is to improve communication between the local Safeguarding Boards, CCG Nurses and the Trust in order to provide a robust safeguarding function across the region from an ambulance service perspective. The Committee will also ensure that learning is effective and also a forum for sharing learning from across the North East region.



The Named Professional for the Safeguarding receives regular supervision from the Designated Nurse for Children and Designated Nurse for Adults from Northumberland and Newcastle / Gateshead CCGs. The Head of Clinical Care and Patient Safety provides monthly one to one meeting with the Named Professionals.

The Safeguarding Officer and Safeguarding Administrator receive regular supervision from the Named Professionals and have annual appraisal undertaken.

The Logistics Team within EOC are the first point of contact for all staff within the Trust to report safeguarding concerns. The Logistic Officer will complete the referral on behalf of the Alerter; they will then email via secure email to the appropriate first point of contact within children's and adult services within the Local Authority to which the service user resides.

Those concerns identified as urgent which occur in or out of hours (OOH) will be reported in real time to the Local Authority first contact teams (in hours) or the emergency duty teams (EDT, out of hours), following discussion with the OOH EDT the referral will be either sent via secure email.

**The Trust aims in 2015/16:**

1. To continue to strengthen the safeguarding of children and adults at risk within the Trust;

2. To establish robust communications and reporting within a multi-agency setting and engage with the Multi-Agency Safeguarding Hubs (MASH) / Adult Social Care departments regionally;
3. To install robust reporting mechanisms and improve information sharing with multi agencies.
4. To continue to develop the safeguarding module on the Ulysses Risk Management System;
5. To implement the requirements of the Care Act 2014 which came into force on 1<sup>st</sup> April 2015;
6. To develop the Safeguarding Dashboard to assist with recording and reporting of Safeguarding Activity;
7. To secure funding for the Safeguarding Officer post to be made permanent to strengthen the Safeguarding Team;
8. To maintain the Safeguarding Intranet page to ensure it holds all relevant and up to date information;
9. To review and update the Safeguarding Policies as per the Safeguarding Work Plan;
10. To develop a Safeguarding Training Matrix to ensure Trust compliance with the Intercollegiate Guidance for both Children and Adults.



11. To ensure there is a consistent approach to Safeguarding Training throughout the Trust;
12. To ensure the training programme delivers training regarding the MCA via external expert;
13. To ensure robust guidance for staff on Sexual Exploitation, Female Genital Mutilation and current safeguarding information.

#### **Our achievements in 2015/16**

1. Development of robust Safeguarding Case Management System - ULYSSES.
2. The Safeguarding Dashboard developed to provide the Trust and external agencies with data regarding SG activity.
3. Secure extra funding to retain the Safeguarding Officer post within the safeguarding team.
4. The Safeguarding Administrator continues to support the Logistic Officers in the completion of safeguarding referral documentation and referral process. Data quality audits are undertaken and reported to the Control Systems & Resilience Specialist.
5. The safeguarding business cards with safeguarding team's details for support and advice have been updated, the cards are provided to Patient Transport Service (PTS) and Voluntary Services Providers.
6. NHS England Safeguarding Adult Pocket Booklets have been distributed to Emergency Care Clinical Managers (ECCM) and PTS Team Leaders to pass to all staff they line manage.
7. The Head of Clinical Care in consultation with the Named Professionals produced a Business Case and secured funding from Sunderland CCG to be used within Safeguarding function to improve practice within the Trust and support external agencies.
8. The Named Professionals for the Safeguarding of Vulnerable Groups successfully delivered Children's Level 3 training and Adult Level 2 Training to ECCMs, Team Leaders, Operational Managers, Head of Service, Duty Managers, Paramedic and Nurse Clinicians, Advanced Care Practitioners and Third Party Provider Managers.
9. A review of the Safeguarding function within NEAS was undertaken in October 2015, which has identified a number of recommendations i.e. Band 7 MCA Lead, Strategic Safeguarding Lead.
10. Completion of the Care Quality Commission (CQC) Provider Information Return (PIR) in preparation for the CQC Inspection in April 2016.
11. Development of the Safeguarding Training Needs Analysis matrix in line with the Intercollegiate Document for Children and Adults.
12. Level 3 Safeguarding Training / Level 2 Adults at Risk has been delivered during Quarter 4 (Jan-March 2016) following



secured funding through submission of a business case to Sunderland CCG as a result of increased safeguarding activity within the Sunderland area

### **Areas to monitor**

- Changes to the logistic desk staffing levels and process remain a concern as demands on logistic officers' time whilst taking referrals is impacting on their commissioned role. The safeguarding team has continued to support logistic officers with the changes by providing guidance and training for staff to ensure information is relevant and correct to ensure data quality.
- Mental Capacity Act – named lead required to ensure it is integral to care and the management of safeguarding concerns.
- No Frequent caller policy in place.
- Capacity of safeguarding team to fulfil statutory requirements.
- Changes to safeguarding referral process.

Areas for further development - Safeguarding People		
Action Required	Action Progress	Action to Further Develop
<b>The Safeguarding Strategy review is overdue</b>	Draft document prepared	To be discussed and approved at the Strategic Safeguarding Committee meeting June 2016
<b>A Strategic Safeguarding Committee to be convened, terms of reference to be developed and representation and business monitored</b>	<ul style="list-style-type: none"> <li>• Terms of Reference in draft</li> <li>• Meeting dates arranged for 2016/17</li> </ul>	Terms of Reference to be agreed at meeting in June 2016
<b>Bespoke safeguarding training for non-patient facing clinicians in the contact centre.</b>	Discussions remain on going in order to consider the most appropriate method of delivery of this cohort of staff.	Discussions to be held between the Training unit, Safeguarding Leads, EOC trainers and work force management in order to ensure this cohort of staff receive the Safeguarding training necessary for their roles.
Action Required	Action Progress	Action to Further Develop
<b>Audit Programme of safeguarding referrals</b>	Developing an audit structure to ensure referrals are being made appropriately.	Provide staff with feedback from their referral to ensure that referrals are being made in accordance to legislation and guidance.
<b>Improve information sharing with the introduction of Multi-Agency Safeguarding Hubs (MASH)</b>	Information sharing of contact details between some MASH. Further engagement is required across the NEAS region to scope areas where MASH are established.	Direct points of contact re safeguarding information sharing.



This report reflects the Safeguarding Team’s collaborative working and stakeholder engagement with multi- agencies to ensure that the Trust and its staff fulfil their safeguarding responsibilities.

The Safeguarding governance frameworks have continued to support and guide everyday practice within NEAS. The Trust has maintained the commitment to The Safeguarding function will continue to develop over 2016/17 however; the external review supported the fact that as referrals rise and workloads increase it becomes a very challenging area, this also coincided with the introduction of the Care Act 2014. The Safeguarding Strategy 2011-2015 and annual work plan outlines the actions required with timelines to address any shortfalls. These documents have been monitored throughout the year by the Safeguarding Group which reported to the Patient Safety Group. However, going forward in 2016/17 following a governance review these documents will be monitored by the Strategic Safeguarding Committee.

The Safeguarding Team within NEAS continues to provide a cohesive approach in fulfilling the Trust’s safeguarding responsibilities. It is acknowledged that there are areas for further development within this annual report, which provides a focus for the Team to complete over the year ahead.

### **Northumberland, Tyne & Wear NHS Foundation Trust**

Northumberland, Tyne & Wear NHS Foundation Trust is one of the largest mental health and disability Trusts in England employing more than 6,000 staff, serving a population of approximately 1.4 million, providing services across an area totalling 2,200 square miles.

We work from over 60 sites across Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland. We also have a number of regional and national specialist services.

Trust safeguarding policies have undergone an external audit process in 2015 and assurance given. All clinical staff are trained in the Mental Capacity Act and apply the Act when deemed necessary to assist the safeguarding process. Learning from Safeguarding Adult Reviews work has strengthened clinicians understanding of self-neglect and the use of MCA in such cases.

NTW safeguarding training has been updated to include My Personal Safeguarding Report ensuring the adult is at the centre of the process ensuring the adults wishes and the desired outcome is achieved wherever possible. All trust volunteers have a safeguarding handbook to raise awareness to help keep adults accessing services safe. Any local and national



safeguarding campaigns are communicated across services via the trust intranet.

All service users are defined as adults at risk under the care act, staff work with the adults regarding proportionate referrals, whilst considering capacity and consent. Staff are encouraged to make low level referrals to assist the preventative agenda and to consider any public interest issues as part of any referrals made.

Within NTW all staff are trained including senior managers and executives from board to ward. Staff complete web based incident reports for all safeguarding concerns, these in turn are viewed by the trust safeguarding team and proactive contact made when necessary. Any learning from case reviews are incorporated into training as well as bespoke sessions to teams directly involved.

The Trust Safeguarding and Public Protection team have reviewed the working arrangements for initial contact into the team. A “triage system” has been developed to ensure staff are

responded to in a timely manner. All safeguarding training from June 2016 will be provided by the trust training academy in line with all other trust training. Within Corporate Transformation, the SAPP team practitioners from spring 2016 now provide safeguarding and public protection advice across the domains of, safeguarding adults, children, domestic abuse, public protection and prevent. This will increase the knowledge and skills of the SAPP team as well as ensuring trust staff have easy access to advice, supervision and support.

The positive reporting of safeguarding and public protection concerns identified by trust staff continues to rise year on year, in 2015 /2016 there were 3353 across the organisation. The challenge for the trust and other agencies is to continue to work in partnership across the safeguarding continuum to protect vulnerable people.

The priority for 16/17 is to consolidate the SAPP practitioner’s skills and knowledge to fulfil their new roles and responsibilities.