Derby Safeguarding Adults Board

Annual Report 2019-2020

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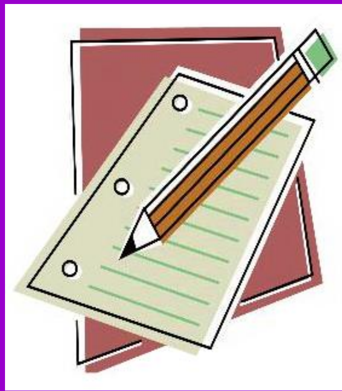
1. Statement from the Chair



1.1 Foreword

Welcome to this Derby Safeguarding Adults Board (DSAB) Annual Report for 2019 – 2020. This year has seen us work through year one of our new 3-year strategic plan developed in accordance with The Care Act, 2014.

During the year our sub – groups have refreshed their individual action plans to enable us to deliver on our 3 strategic priorities:

- Making Safeguarding Personal (MSP)
- Quality Assurance
- Prevention

Further details can be found within this report.

During the year we have also strengthened our links with other Strategic Boards across the City and our Adult Safeguarding colleagues in the County to try and minimise duplication of effort and make the best use of ever scarce resources.

I would like to place on record my sincere thanks to everyone involved in contributing to the work of the Board as without these I really believe adults in Derby would be at greater risk of harm and abuse.

I do hope you will find time to read this report.

Best wishes

Allan Breeton

Independent Chair, Derby Safeguarding Adults Board

2. Derby Safeguarding Adults Board (DSAB) 2019-2020

2.1 Derby Safeguarding Adults Board (DSAB)

Who are we and what we do:

The Derby Safeguarding Adults Board (DSAB) is a multi-agency partnership which became statutory from 1st April 2015 following the Care Act 2014.

The DSAB consists of senior representatives from the following:

- Derby City Council (DCC)
- NHS Derby and Derbyshire Clinical Commissioning Group (CCG)
- Derbyshire Constabulary
- Derbyshire Healthcare NHS Foundation Trust (DHCFT)
- Derby Homes
- DHU Healthcare
- East Midlands Ambulance Service (EMAS)
- Derbyshire Community Health Service NHS Foundation Trust (DCHS)
- University Hospitals of Derby and Burton (UHDB) NHS Foundation Trust
- Derby City and Neighbourhood Partnership
- Care Quality Commission (CQC)
- Derbyshire Police and Crime Commissioner (PCC)
- Derbyshire, Leicestershire, Nottinghamshire & Rutland Community Rehabilitation Company (CRC)
- National Probation Service Midlands
- Derbyshire Fire and Rescue Service
- University of Derby
- Public Health
- HealthWatch Derby
- NHS England

The Board has been independently chaired for ten years by Allan Breeton and he continues to provide an independent perspective, challenge and support to the Board in order that it can meet its strategic objectives.

The Board meets quarterly and has robust governance arrangements across and within agencies. The Chair of the Board ensures that links are made with other Boards that impact on Safeguarding Adults in Derby, these being the Derbyshire Safeguarding Adults Board, Derby City and Derbyshire Safeguarding Children Boards, the Health and Well Being Board and the Derby City Prevent Strategy Board.

The DSAB plays an important role in the strategic development of adult safeguarding locally. The objective of the DSAB is to assure that local safeguarding arrangements and partners act to help and protect adults in Derby City who meet the criteria set out in the Care Act 2014.

The criteria apply to anyone aged 18 or over who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs), and
- Is experiencing, or at risk of, abuse or neglect, and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

2.2 Derby Safeguarding Adults Board Aims:

Derby Safeguarding Adults Board recognises that being greater than the sum of its parts it will ensure that partners work together to:

- stop abuse or neglect
- prevent harm
- reduce the risk of abuse or neglect to adults with care and support needs
- safeguard adults in Derby in a way that supports them in making choices and having control about how they want to live

2.3 Resources and Funding:

All partners who sit on DSAB contribute resources for the Board to meet its statutory requirements. This is achieved through:

- Funding from statutory and non-statutory partner agencies (Derby City Council, NHS Derby and Derbyshire Clinical Commissioning Group, Derbyshire Constabulary, Derbyshire Fire and Rescue Service and Derby Homes). The total contribution that the Board received for 2019-2020 was £152,102
- Staff support/resources – for example attending Board and Subgroup meetings, providing administrative support
- Projects/work run by partner agencies that contribute towards the work of the Board

2.4 Board Subgroups:

The Board work programme is supported by its six sub-groups. Each subgroup comprising multi-agency representation across statutory and non-statutory services as well as health and social care organisations. Each subgroup is accountable to the Board in relation to achievements against the business plan and provides a highlight report for each Board meeting which focuses on the subgroups progress in respect of actions

needed to implement the current Board Strategic Plan. The four key subgroups are:

2.4.1 Learning and Development (L&D) Subgroup – 2224 trained

The Learning and Development (L&D) Subgroup was chaired by the Deputy Chair Lorraine Testro, Derby Homes.

The L&D Subgroup is a joint Derby City and Derbyshire Subgroup. The aim of the L&D Subgroup is to:

- take direction from Derby and Derbyshire SABs in relation to Learning and Development and agree priorities which meet the strategic objectives of both Boards.
- support both SABs in meeting the requirements of national guidance/legislation, and standards in service provision to safeguard adults who are in need of care and support.
- identify, develop and maintain and promote a multi-agency safeguarding adults training programme.
- promote a consistent approach to safeguarding adults across Derby and Derbyshire.
- embed the principles of Making Safeguarding Personal within safeguarding training.
- develop quality assurance tools to evaluate safeguarding training and take appropriate action.
- analyse learning identified multi agency reviews and audits in relation to existing safeguarding adults training and identify gaps and areas for development.

The Learning and Development Subgroup has had another productive year. The subgroup has continued to arrange and facilitate two multi-agency training courses, ‘Making Enquiries under s42 of the Care Act (2014)’ and ‘Chairing Meetings’ during 2019/20. Making Enquiries under s42 of the Care Act (2014) aims to provide staff groups with the skills and knowledge to undertake safeguarding enquiries This course has been running since February 2017. The Chairing Meetings training course is designed to provide professionals with the knowledge and skills to chair multi agency meetings in relation to safeguarding adults and has been running since March 2019. Both courses were formally reviewed by subgroup members and trainers in September 2019 and some minor changes were made to reflect feedback provided by attendees and trainers. It was agreed that four sessions of each course would run during 2020, although due to Covid-19 there has been some cancellations in early 2020 and other virtual methods of running the course are currently being considered.

Previously all SAB courses had been administrated via Derby City Council but in November 2019 the courses were moved onto the Derbyshire County Council system, Derbyshire Learning Pool, where all partner agencies can access and book onto the courses electronically.

During 2019/20 the subgroup supported the, ‘Domestic Abuse Matters’ training administered by Safe Lives for Derbyshire Police which commenced in July 2019. Several members of the subgroup attended as a limited number of places were allocated to partner agencies. It is hoped that moving forward the training will be rolled out to multi agency professionals across Derbyshire and Derby City via the, ‘train the trainer’ model.

A new Making Safeguarding Personal (MSP) training template was developed and agreed to ensure that MSP is covered in all new safeguarding training courses. The organiser of any new course would be required to complete the template to provide evidence and assurance that MSP is considered in the content. Partner agencies will submit the completed form on a self-reporting basis to the subgroup and it will be used as part of quality assurance monitoring to both Boards around safeguarding training.

A task and finish group met during 2019/20 to discuss MCA training gaps and to scope how the L&D subgroup could support with consistent messages within training around mental capacity assessments. It was agreed that a standard set of slides/scenarios would be developed for all agencies use within their own training packages and this work is underway.

Learning from a Derbyshire Safeguarding Adult Review (SAR17A) was shared with the group to allow the learning points to be embedded within current training. Feedback from multi agency audits continues to be shared with the group to enable training implications to be considered.

The subgroup has an action plan linked to the three strategic priorities which both Derbyshire and Derby City Safeguarding Adults Board have adopted; these are Making Safeguarding Personal, Quality Assurance and Prevention. This action plan is reviewed at each meeting and reviewed by both Boards to monitor progress.

2.4.2 Quality Assurance (QA) Subgroup

The Derby City Safeguarding Adult Board’s Quality Assurance (QA) Sub-Group is chaired by Bill Nicol, NHS Derby and Derbyshire Clinical Commissioning Groups and is primarily concerned with assessing the quality and standard of inter-agency and partnership collaboration in ensuring that adults at risk are protected from abusive behaviour and practice.

The Quality Assurance Subgroup have focused upon laying the groundwork to ensure that the Derby Safeguarding Adult Boards (DSAB) 3-year strategic objectives are met.

The primary goal has been to establish a robust method for operational data collection and analysis in order to better understand the adults experience and ultimately to improve upon our interventions.

This has been achieved with data reporting becoming more reliable, comprehensive, informative, and intelligent.

The case file audits have also found evidence of consistent and robust joint working. Referral rates continue to grow but adult safeguarding systems and processes have been able to meet demand and provide a consistently robust and effective response.

The QA Subgroup has also considered findings and outcomes from national safeguarding adult reviews in an effort to identify areas for local learning and development.

The group has also received a range of information from partners on how they are working to achieve both the groups and the boards' key priorities. This aspect of assurance will be developed further throughout the duration of the SABs Strategic Plan

2.4.3 Mental Capacity Act Subgroup

The Mental Capacity Act Subgroup is chaired by Emily Freeman, Derby City Council. This is a joint subgroup with Derbyshire Safeguarding Adults Board. It is positively supported with representation from key statutory and non-statutory partners and is well attended.

The Mental Capacity Act was introduced in 2005 to cover situations where someone is unable to make a decision because of the way their mind or brain works or is affected, for instance by illness or disability or the effects of drugs or alcohol. The Mental Capacity Act establishes the definition of mental capacity, sets out the framework for assessing mental capacity, determines how decisions should be made if a person lacks mental capacity and establishes statutory guiding principles for practice.

The Mental Capacity Act relates to everyday decisions as well as major decisions about someone's property, financial affairs, health and welfare. It is an important safeguard, protecting the rights of people who lack mental capacity.

Through Lasting Powers of Attorney, Advance Decisions and Advance Statements, the Act also provides the means by which people can plan for a time when they no longer have mental capacity to make decisions.

The Mental Capacity Act introduced Independent Mental Capacity Advocates (IMCAs) to represent and safeguard people's best interests when certain important decisions are made. The Act also introduced a specialist court, the Court of Protection, for all issues relating to people who lack mental capacity in relation to specific decisions.

The Deprivation of Liberty Safeguards, often referred to as DOLS, was also introduced by the Mental Capacity Act and came into effect in 2009. DOLS are a legal safeguard for people who cannot make decisions about their care and treatment when they need to be cared for in a particularly restrictive way. They set out a process that hospitals and care homes must follow if they believe it will be necessary to deprive a person of their liberty, in order to deliver a particular care plan in the person's best interests. The DOLS Activity Report is provided at Section 3.1 below.

While neither the Derby nor Derbyshire Safeguarding Adults Boards strategic plans have a specific set of objectives for the MCA Subgroup to contribute towards, the principles and framework of the Mental Capacity Act are fundamental to Safeguarding Adults. As such it is imperative that there is oversight and scrutiny of the continued implementation of the Mental Capacity Act by all partners, and collaborative working to improve awareness and standards.

Key achievements in 2019-2020 to meet the Boards priority:

- Making Safeguarding Personal (MSP):
    - ➢ Promote MCA and Dignity in Care to raise awareness
    - ➢ Seek feedback about the experience of the adult/representative about safeguarding, in particular around MCA
        - partner agencies confirmed assurance process for dignity in care
        - partners have shared tools to promote and raise awareness on MCA and safeguarding
        - partners have shared good practice and feedback from customer experience
- Quality Assurance (QA):
    - ➢ Contribute to the development of training
        - analysed feedback and identified barriers from the snapshot survey completed by agencies on MCA, providing feedback to the L&D Subgroup
        - developed MCA training questionnaire to benchmark training available by partner agencies and findings were fed-back into the L&D Subgroup
        - provided feedback to the QA Subgroup on themes for cases that needed to be audited
        - where MCA was identified, analysis of review and identified learning for sharing from SARs, DHRs, FFRS etc
        - agreed key information that were included by all agencies in MCA training
- Prevention:
    - ➢ Identify tools to support best practice from local, regional and national forums
    - ➢ Explore and discuss legislative changes and implications for practice, policy and procedure
        - received assurance from agencies to confirm they have relevant, up to date policies and procedures regarding MCA in place

- shared existing tools and processes to support professionals within their role
- as information became available, partner agencies shared process for implementing LPS

2.4.4 Safeguarding Adults Review (SAR) Subgroup

The Safeguarding Adults Review (SAR) Subgroup is chaired by Andy Smith, Derby City Council. The SAR Subgroup looks at referrals submitted to the group which need to be assessed against the SAR Criteria.

The SAR Criteria is:

(1) A Safeguarding Adult Board (SAB) must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if:

a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult **and**

b) either of the following conditions are met

(2) Condition 1 is met if:

a) The adult has died, and

b) The SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died)

Condition 2 is met if:

a) The adult is still alive, **and**

b) The SAB knows or suspects that the adult has experienced serious abuse or neglect

The SAR Subgroup have commissioned their first Safeguarding Adults Review (SAR01) which the Subgroup agreed met the criteria of a SAR.

SAR01 has been commissioned to an Independent Reviewer and it is hoped that the learning will be shared with partner-agencies in 2020-21.

2.4.5 Making Safeguarding Personal (MSP) Subgroup

The Derby City Safeguarding Adult Board's Making Safeguarding Personal (MP) Subgroup is chaired by Perveez Sadiq, Derby City Council.

The focus of the MSP subgroup is to promote awareness of Safeguarding Adults across Derby City and to ensure that the views of Adults who have experience of safeguarding processes are used to inform practice development and stronger multi-agency working.

The Subgroup is attended by representation from partner agencies and we were also fortunate, this year to have representation from Matthew Fowler, who is a resident in Derby City.

During 2019-2020 the Subgroup continued to raise awareness of Safeguarding across all groups in Derby.

The members of the subgroup have attended a number of events to promote adult safeguarding. The very important message members try to get across is the importance of making referrals as soon as anyone becomes aware of abuse and neglect.

There are printed materials available to support the communication of this important key message.

The subgroup continues to support the Dignity Award and the Community Respect Award which encourages smaller and voluntary organisations to apply for the Award, who are unable to complete the Main Dignity Award.
This year, we have given the Dignity Award to nine teams and issued 13 Community Respect Awards.

The group has also received a range of information from partners on how they are working to achieve both the groups and the boards' key priorities. This aspect of assurance will be developed further throughout the duration of the SABs Strategic Plan

The MSP Subgroup also successfully supported the National Safeguarding Adults Week 2019 and held a Practice Development Week 2019. The Ann Craft Trust worked in partnership with Safeguarding Adults Boards across the country, and with the University of Nottingham to promote the National Safeguarding Adults week 2019, highlighting a number of themes for focus and exploration across the week. The MSP Subgroup coordinated this practice development week to present briefing events on those key themes.

The MSP subgroup meets quarterly and reports back to the Safeguarding Board at every Board meeting.

Key achievements in 2019-2020:

- Making Safeguarding Personal (MSP):
  - Partner agencies informed the MSP Subgroup of any events taking place and existing service-user groups to raise awareness
  - Discussed and liaised with the Communication Team about a Communication Strategy
  - Looked at existing safeguarding awareness materials/information
  - Obtained list of self-referrals and established communication to obtain information about customer(s) self-refer experience
  - MSP Subgroup received quarterly MSP data reports to identify any trends and agree on action that needs to be taken
  - Promoted the Dignity Award which most partners of the MSP Subgroup have completed and received the Dignity Award
  - Partner agencies obtained views from customer(s) when attending service user groups, surgeries or meetings and shared good practice and feedback from customer experience
  - Held and promoted the Digni-Tea Event and the Safeguarding Adults Awareness Week
- Quality Assurance (QA):
  - Identified themes for the QA Subgroup that are relevant to MSP Subgroup's agenda

2.4.6 Matthew Fowler – How I got involved with the Making Safeguarding Personal (MSP) Subgroup

My name is Matthew Fowler.

I have Autism and ADHD but more importantly I am a spoken word artist, blogger and member of the MSP Subgroup, Derby Safeguarding Adults Board (DSAB).

I first got involved with the MSP Subgroup when I attended the National Safeguarding Adults Awareness event last year, which was run by DSAB at Saint Martin's Community Centre in Allenton.

This was where I where performed some of my poetry that I had written around Hate Crime Awareness.

When I was there, the audience and representative from DSAB loved my challenging: tell it how it is style of poetry which I write to represent people like me.

It was at this event where I spoke to the DSAB Business Manager, Sana Farah, and Head of Service, Emily Freeman, who invited me to come along to the DSAB meeting where I read some of my work to the members of DSAB, which was awesome.

It was also where I was given the opportunity to attend the MSP Subgroup and that was right up my street.

I feel that having a disability and being a part of the community, I am able to offer my experiences and make a real valued contribution to how we can better safeguard and support people like me.

I love being involved and feel like my voice is heard so I can help other people.

In February 2020, I published my first collection of poetry on Amazon called 'A Different Kind of School'. This is a collection about my experiences of bullying at secondary school and how I used writing rhymes as a way of dealing with bullying.

The book is for young people, teachers and educational professionals to use as a conversation starter to raise awareness of bullying and make it a thing of the past.

For more information on my book my blog please, visit my website matthewjfowler.co.uk.

2.5 Safeguarding Adults in Practice

The Adult Safeguarding Team received a referral from Z's allocated Social Worker following a home visit with concerns that Z was potentially experiencing financial abuse, psychological abuse and Neglect and Acts of Omission.

Z is a 64-year-old female who has a physical disability and lives in her own home with her son (V), daughter (main carer) and grandchildren.

Allegations were made that Z's living conditions were not good, as the house smelt of stale urine and her medication had not been collected for over a year. Z had informed the referrer that she was at times locked in her bedroom with no access to food or drink.

Further allegations were that Z's CareLink pendant was lost and no money was available to pay for a replacement one. V was managing Z's finances. Z had a care and support package of three calls a day and the care provider had also raised concerns that V had informed carers only to attend the morning call as he would be able to support Z at other times.

The referral was a third reported safeguarding concern received by the Adult Safeguarding Team in three years chronicling similar concerns about Z's circumstances.

A Safeguarding Adults Initial Enquiry Meeting was held collaboratively with key partner agencies, including health services and Police. This meeting was grounded by the need to develop a holistic safety plan in which all agencies would engage with Z to reduce the identified experience of abuse.

It was collectively agreed that the allocated Social Worker and CPN who had a good rapport with Z, would engage with Z in meaningful conversations and empower her to make choices about the support that was available, discuss the effects of living in an unhealthy environment and offer that she went into short-term respite care to enable the property to be deep cleaned.

There was a dilemma in how best to support Z into respite as V had previously informed the social worker that Z did not have any money due to historic debts from gambling and mortgage arrears. In discussions, the Multi-Agency Team considered requesting respite funding, whilst further enquiries were made in relation to Z's financial standing because there was evidence to suggest that she was in receipt of a state pension and PIP.

The Multi-Agency Team were mindful of the complexity of family dynamics and that if Z went into respite this could leave V homeless while the property was being cleaned. The other point considered was how V had taken on the role to manage Z's finances and whether he was financially exploiting his mother to meet his own needs.

It was agreed at the meeting that conversations needed to be held with Z to explore whether she was happy with V continuing to manage her finances and if she was, whether she would like to make arrangements for a Lasting Power of Attorney in relation to her finances.

Z was spoken with about the options of what she may want to happen following respite in a care home, and the risks that were noted about her being locked in her room without any food.

The Multi-Agency Team had to be proportionate in the intervention they deemed appropriate to reduce or prevent Z from experiencing any form of abuse and balance this with Z's views and wishes. To achieve this, there was a consensus that the care provider be requested to ensure that the lock outside Z's bedroom door was removed by V and during care calls, carers were to observe and raise any concerns that they encounter to the Adult Safeguarding Team. The allocated Social Worker and CPN were asked to continue engaging with Z and ensure that her health and wellbeing needs were effectively met through continuous monitoring and evaluating the efficacy of the agreed safety plan.

The outcome of this safeguarding enquiry was that Z agreed to go into respite after the family was reassured that the placement was to be funded by Derby City Council and her property was deep cleaned. Z returned home following the respite, the lock was removed from the bedroom door and currently, enquiries are progressing in relation to addressing Z's financial circumstances. There are no further concerns in relation to Z's daughter and her children as they have been re-housed nearby, and Z occasionally visits them over weekends and her package of care continues even when on these visits.

2.5 Safeguarding Adults in Practice

A referral came into Adults Multi-Agency Safeguarding Hub (MASH) regarding a customer, referred to as A. A was experiencing domestic abuse, was using illicit substances and was homeless. A was known to services and it had been previously difficult for services to find ways to engage and support A.

Colleagues and the Social Worker in the MASH Team had tried several times to contact A, but A had put the phone down. The Social Worker eventually managed to speak to A during a time when they were not intoxicated, and this enabled the Social Worker to have a more open and clear discussion with A. After some negotiation, A agreed to meet with the Social Worker at the Council House, so they could speak in more detail and see what support and help could be offered to A.

Together with partner agencies, professionals were able to address A's priority, which was to move into their own accommodation. A meeting was coordinated with Derby Homes while A was in the building, as this was a good time for A to engage, as A was not intoxicated, and was saying they wanted support. A did not acknowledge that they were experiencing domestic abuse and continued to be in touch with the source of risk. The Social Worker had to acknowledge that A had the capacity to make an unwise choice, however, ensured that A had all the relevant information regarding domestic abuse services and that A knew to contact the police if they were in immediate danger. The Social Worker sign-posted A to charities which could help with food parcels and clothing, while A was still awaiting the allocation of their own property.

A was rehoused and this was a great outcome. A was happy about being in their own place and somewhere they could feel safe and call their own home. A was then able to make contact with both of their adult sons, which was really important to A. This meant that A then felt more connected and had more of a purpose to life.

Unfortunately, another serious assault took place, as A continued to have contact with the abusive partner. After several attempts, A did agree to have support from an Independent Domestic Violence Advocate (IDVA) and steps were taken with IDVA, police and Derby Homes working together, to ensure that A's property could be safe, and that A was receiving the support A required.

A also received support from the Local Area Coordinator (LAC), with a view to helping to access GP services and local activities. A was not ready at the point of the Social Worker involvement to address their alcohol or drug intake; however, A had a good rapport with her LAC as this was something that they could support A to access when A felt the time was right.

Throughout this process, several strategy meetings were held, and A was also referred to Multi Agency Risk Assessment Conference (MARAC). Professionals worked well together to ensure a safety plan and A was clear about what A wanted. It was important to support A with what their priorities were and take things at A's pace, as it had taken a long time for A to accept any involvement at all.

Overall, the risks to A were reduced and A was able to be rehoused and receive support in relation to abuse.

3. Safeguarding and Deprivation of Liberty Safeguards (DoLS) Activity Report

3.1 Activity Reports:

3.1.1 Safeguarding Adults 2019-2020 Data

The 2019-2020 Safeguarding Adults Collection (SAC) records details about safeguarding activity for adults aged 18 and over and was amended in line with the changes brought about by the Care Act 2014.

Here is an explanation of some of the terminology used in the following data reports:

Safeguarding Concerns: This means cases where a sign of suspected abuse or neglect is reported to the council or identified by the council. Derby City Council have captured information about concerns that were raised during 2019-2020, that is the date the concern was raised with the council falls within the reporting year, regardless of the date the incident took place.

Safeguarding Enquiries: This means the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult to a more formal multi-agency plan or course of action.

Section 42 Safeguarding Enquiries: The enquiries where an adult meets ALL of the section 42 criteria.

Other Safeguarding Enquiries: The enquiries where an adult does not meet all of the section 42 criteria but the council considers it necessary and proportionate to have a safeguarding enquiry.

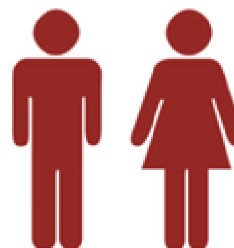
The next two pages will highlight the total number of safeguarding referrals received 2019-2020 with the following breakdown:

- **Number of safeguarding referrals received during 2019-2020**
- **Safeguarding enquiries started and concluded during 2019-2020**

Total Number of Safeguarding Referrals received during 2019-20 and breakdown of individuals

Total Number of Safeguarding Referrals Received in 2019-20	3712
Total Percentage increase in Referrals from 2018-19	23%
Total Number of Section 42 Safeguarding Enquiries	2194

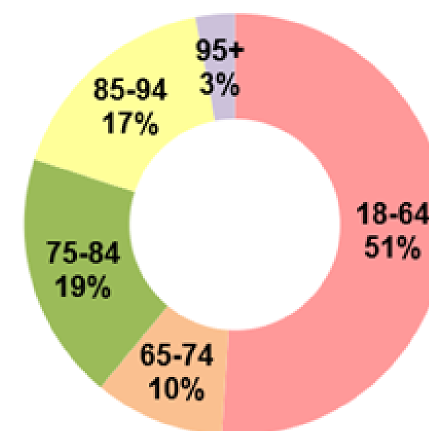
Age and Gender



41% of those referred were males whilst 59% were females. This is an increase in Referrals for females from 2018-19 by 1%

The average population of females in Derby is 50.5%

The highest figure for age group is 18-64 amounting to 51%, a 3% decrease from 2018-19



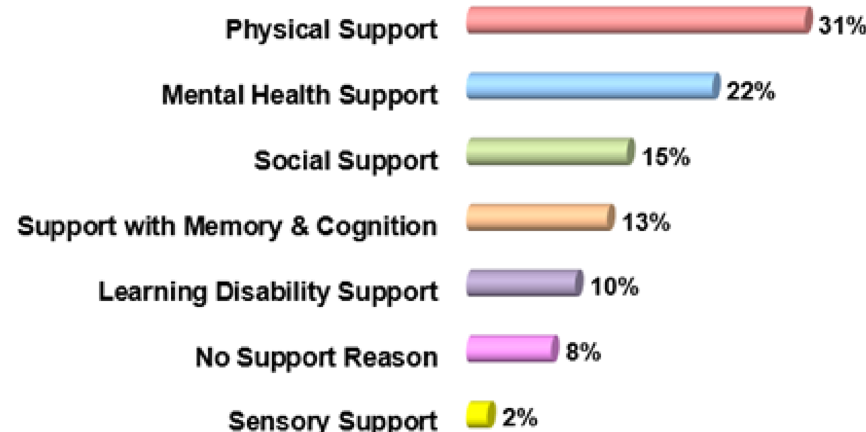
Ethnicity

2018-19	2019-20	Ethnicity
73%	73%	White / White British
1.5%	1.5%	Mixed / Multiple
6.5%	6%	Asian / Asian British
3%	4%	Black / African / Caribbean / Black British
1%	1%	Other Ethnic Group
14%	14.5%	Undeclared / Not Known

The average population of Derby City who are White/White British is 80%

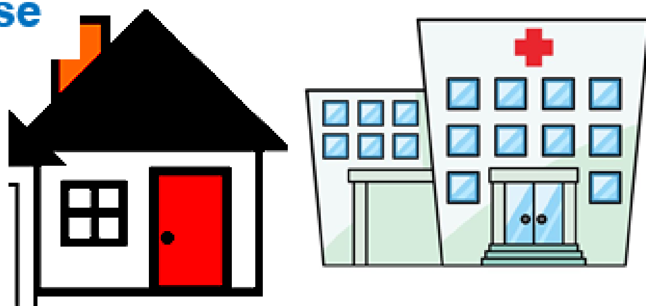
White/White British is the largest ethnicity group for safeguarding referrals with 73%. The percentage remains the same as 2018-19

Primary Support Reason



Safeguarding Enquiries started and concluded during 2019-20

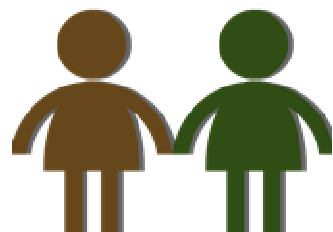
Location of Abuse



53% of Safeguarding Enquiries concluded were where alleged abuse took place in the individuals own home. This is the same as 2018-19.

21% of concluded referrals were where abuse took place in a care home, which is a 2% increase from 2018-19 whilst 11% were in a hospital setting, which is the same percentage as 2018-19

Alleged Source of Risk



11% were experiencing abuse from a stranger or person not known

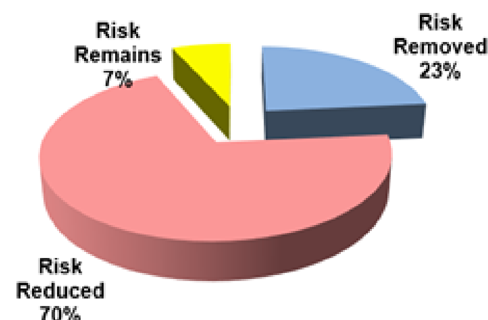
62% of abuse allegedly was by someone they knew. This is a 4% decrease as 2018-19 reported 66% of abuse was carried out by someone who they knew

27% of abuse was allegedly by a professional, which is an increase by 6% from 2018-19

Type of Abuse

2018-19	2019-20	Type of Abuse
23%	23%	Physical Abuse
4%	4%	Sexual Abuse
17%	15%	Psychological Abuse
13%	12%	Financial or Material Abuse
1%	1%	Discriminatory Abuse
3%	3%	Organisational Abuse
18%	21%	Neglect and Acts of Omission
9%	6%	Domestic Abuse
1%	1%	Sexual Exploitation
1%	0%	Modern Slavery
10%	13%	Self-Neglect

Risk Outcomes



93% felt that following the completion of the Safeguarding Enquiries, the risk was removed or reduced. This is the same as 2018-19

3.1.2 Deprivation of Liberty Safeguards (DoLS) Data – 2019-2020

The Deprivation of Liberty Safeguards, often referred to as DOLS came into effect in 2009. They are part of the legal framework set out in the Mental Capacity Act 2005 to safeguard the rights of people who lack the mental capacity to make decisions for themselves.

The European Court of Human Rights established in principle that 'no one should be deprived of their liberty unless it is prescribed by law'. The Deprivation of Liberty Safeguards were subsequently introduced to ensure, that in circumstances where a hospital or care home believe it will be necessary to deprive a person of their liberty in order to deliver a particular care plan, that any deprivation of liberty:

- is in the person's best interests
- is necessary and proportionate to prevent harm
- is with representation and rights of appeal
- is reviewed, monitored and continues no longer than necessary

What amounts to a deprivation of liberty depends on the specific circumstances of each individual case. As a result, there is no single definition or a standard checklist that can be used. However, in March 2014, a landmark Supreme Court judgement set out an 'acid test' for determining whether a person is being deprived of their liberty. The judgment states that if a person:

- lacks capacity to consent to their care and treatment and
- is under continuous supervision and control and
- is not free to leave

the person is being deprived of their liberty.

In July 2018, the government published a Mental Capacity (Amendment) Bill, which passed into law in May 2019. It replaces the Deprivation of Liberty Safeguards with a new scheme known as the Liberty Protection Safeguards.

The following information is a summary taken from www.scie.org,uk/mca/dols/practice/lps about the key features of the Liberty Protection Safeguards (LPS):

- They start at the age of 16-year-old.
- There is no statutory definition of a deprivation of liberty beyond what is set out in the Supreme Court judgement of March 2014, known as the acid test.
- Deprivations of liberty have to be authorised in advance by the responsible body.
    - For NHS hospitals, the responsible body wll be the hospital manager.
    - For arrangements under Continuing Health Care outside of a hospital, the responsible body will be the local CCG.
    - In all other cases, the responsible body will be the local authority.

- For the responsible body to authorise any deprivation of liberty, it needs to be clear that
    - The person lacks capacity to consent to the care arrangements
    - The person has a mental disorder
    - The arrangements are necessary to prevent harm to the cared for person and proportionate to the likelihood and seriousness of that harm
- In order to determine this, the responsible body must consult with the person and others, to understand what the person's wishes and feelings about the arrangements are.
- An individual from the responsible body, but not someone directly involved in the care and support of the person subject to the care arrangements, must conclude if the arrangements meet the three criteria above (lack of capacity; mental disorder; necessity and proportionality).
- Where it is clear, or reasonably suspected, that the person objects to the care arrangements, then a more thorough review of the case must be carried out by an Approved Mental Capacity Professional.
- Where there is a potential deprivation of liberty in a care home, the Act allows care home managers – if the local authority felt it was appropriate - lead on the assessments of capacity, and the judgment of necessity and proportionality, and pass their findings to the local authority as the responsible body. This aspect of the Act has generated some negative comment, with people feeling that it might lead to insufficient independent scrutiny of the proposed care arrangements.
- Safeguards once a deprivation is authorised include regular reviews by the responsible body and the right to an appropriate person or an IMCA to represent a person and protect their interests.
- As under DoLS, a deprivation can be for a maximum of one year initially. Under LPS, this can be renewed initially for one year, but subsequent to that for up to three years.
- Again, as under DoLS, the Court of Protection will oversee any disputes or appeals.

The implementation date is now set as April 2022.

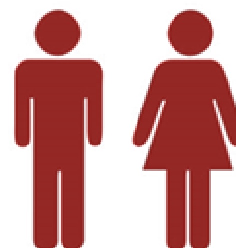
Total Number of Deprivation of Liberty Safeguards (DOLS) applications received – 2019-20

Total Number of DOLS Applications received in 2019-20: **906**

Total Numbers of Applications Granted in 2019-20: **126**

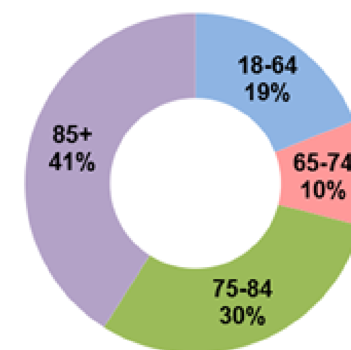
Total percentage of applications received from the hospital: **6%**

Age and Gender



There were **40%** of applications received for males and **60%** of applications received for females. This is an increase of **1%** from 2018-19 for applications received for males.

The highest figure for age group is over 85 amounting to **41%**. This is a decrease from 2018-19 by **1%**



Location and Primary Support Reason

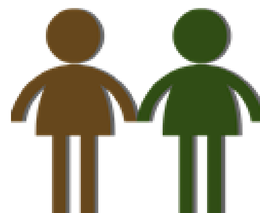
6% of referrals were received from the hospital whilst **94%** of applications were received from a care home. **5%** decrease in hospital and 5 decrease in care home referrals from 2018-19

57% of applications were for individuals with dementia. This is a **9%** decrease from 2018-19

Ethnicity

2018-19	2019-20	Ethnicity
92%	91%	White / White British
>1%	1%	Mixed / Multiple
3%	3%	Asian / Asian British
2%	3%	Black / African / Caribbean / Black British
0%	0%	Other Ethnic Group
2%	2%	Undeclared / Not Known

White/White British is the largest ethnicity group for applications received in 2019-20 with **91%**. This is a decrease of **1%** from 2018-19



3.1.3Deprivation of Liberty Safeguards (DoLS) in Practice

A DOLS request was received to authorise a DOLS for an elderly woman (referred to as C) living in a care home. C has advanced dementia and a high degree of nursing care needs and had become increasingly frail. C can at times become agitated and resistant to care.

C had been living in the care home for 1 year and was admitted directly from hospital with significant pressure sores. A safeguarding referral was made by the care home on her arrival (this was dealt with separately via MASH and closed).
C's placement is funded by 100% NHS continuing healthcare and all previous care was either provided by intermediate care services or privately. C has not had contact with Adult Social Care (ASC) for over 1 year.

C's daughter is her only relative and she visited regularly until COVID-19 precautions and restriction were implemented. Since these restrictions had been implemented, C's daughter had not seen C but contacted the care home regularly for updates.
The Best Interest Assessor (BIA) assessed C and liaised closely with the care home and her daughter to complete the assessment remotely.

The BIA considered how best to engage and involve C in the assessment, but she could not participate due to her cognitive impairments' severe communications difficulties and hearing loss.
After some preparatory discussion the home completed a proforma we have designed in the DOLS team to capture key information. Through this and during the BIA assessment call with the home, they provided good information about C's responses non-verbally and through her behaviours.
During consultation with C's daughter, she provided good information about her mother's past life, interests, characteristics, personality and preferences.

The daughter was a little guarded and uncertain about the value and purpose of DOLS at the beginning of the conversations but became relaxed and engaged in the process and really appreciated the level of focus the assessment process has, and the emphasis upon her mother and HER best interests.

The daughter was also slightly nervous about the process involved undertaking the role of representative for her mother, but the BIA was able to explore this with her during their phone call and provide her with supplementary written information. Following on from this the daughter was able to confirm she could take on this role and shared her growing confidence that the Mental Capacity Act (MCA) and DOLS was a positive, empowering and protective piece of legislation that she had not known even existed.

3.1.4Deprivation of Liberty Safeguards (DoLS) in Practice

The Best Interest Assessor (BIA) was initially allocated D's DOLS assessment whilst D was in hospital.

D had previously been subject to a DOLS authorisation whilst living in a care home but was admitted to hospital under the Mental Health Act due to agitated behaviour.

The care home felt unable to meet D’s needs. The BIA went to visit D in hospital where D was receiving five to one care due to distress during personal care.

D was being physically restrained and administered with sedative medication. D was under 15-minute observations and was being supervised at all times when mobilising. It was also noted that D had sustained a pressure sore. A safeguarding referral was made in relation to D's pressure sore and this was resolved by the MASH team.

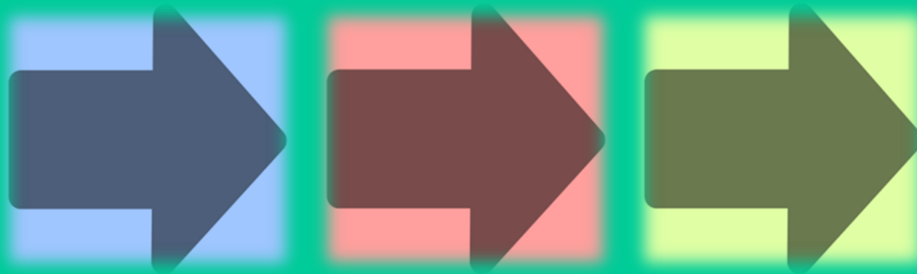
The BIA met with D who said that they were happy at the hospital, however it was clear that D was not able to understand, retain or use and weigh the information in relation to this. The BIA assessed that D lacked capacity to make decisions around their accommodation at the hospital for the purpose of receiving care and treatment.

The BIA had a discussion with the hospital staff to explore the restrictions that were in place for D, and asked that they be reviewed to ensure that they were the less restrictive options available to support D.

The BIA requested a Section 12 doctor to undertake the Mental Health and Eligibility assessments. D was assessed as being ineligible for DOLS as she was still receiving treatment for her mental ill health. D was detained for a further period under the Mental Health Act and the DOLS was not granted.

While the DOLS authorisation was not granted in this case, the BIA was able to reflect with the ward staff to explore the restrictions that were being used and challenge them to think creatively in finding less restrictive methods of support. The BIA was also able to ensure the correct legislation was being used to support D and give D access to the correct safeguards.

4. Moving Forward…



4.1 Board Priorities for 2020/2021

DSAB Vison

“Helping people make choices to keep safe”

DSAB Strategic Priorities for 2019 - 2022

Derby Safeguarding Adults Board is working closely with its partners and the following three strategic priorities have been agreed to achieve its vision:

1) Making safeguarding Personal (MSP)

DSAB will develop and embed an approach to its work that puts the adult at the heart of safeguarding. We will also support partners to develop processes which engage the adult, or their representative, in a conversation about how best to respond to individual safeguarding concerns

2) Quality Assurance

DSAB will develop and implement systems to assure itself that it and all partners have appropriate arrangements in place to safeguard those adults most at risk in Derby

3) Prevention

DSAB will develop and implement preventative strategies that seek to reduce incidence of abuse and neglect within Derby

Priorities for 2020-2021

Making Safeguarding Personal

- To identify existing customer groups where safeguarding adults awareness can be raised
- To develop a communication strategy, ensuring the use of plain English
- To consider safeguarding adult data about self-referrals
- To ensure MSP is demonstrated in safeguarding practice
- To receive feedback from Adults / their representative after completion of the safeguarding process
- To provide data on outcomes and making safeguarding personal to the Board

Quality Assurance

- To scope options for an assurance framework for partners
- To ensure systems are in place for identification and delivery of appropriate learning and development opportunities
- To evaluate management performance information and develop an action plan

- To consider methods of increasing case file audits completed in the year
- To identify learning from multi-agency reviews nationally and locally where safeguarding adult issues arise
- To implement systems for DSAB Policy & Procedures and Practice Guidance to be developed, updated and maintained

Prevention

- To scope out preventative strategies currently in place in relation to safeguarding adults

5. Statements from Partners

Derby City Council (DCC)

Safeguarding work undertaken and key achievements in 2019-20

During 2019-20 DCC completed and achieved the following:

- Managed and responded to 3712 safeguarding adult referrals through the single point of access based within the Multi-Agency Safeguarding Hub
- Continued to host the co-location of the Multi-Agency Safeguarding Hub partner agencies within the Council House
- Worked in partnership with the Ann Craft Trust to promote the National Safeguarding Adults Awareness Week, to highlight a number of themes for focus and exploration across the week
- Updated the Derby City Safeguarding Adults Board Information Sharing Agreement
- Hosted the Derby Dignity Day Event in February 2020, showcasing the national ‘Shared Histories Project’ which included a presentation that explored the contribution of Commonwealth force in the British army
- Continued to prioritise Making Safeguarding Personal (MSP), keeping the individual at the heart of safeguarding
- Outcome measures of MSP continue to be embedded within the safeguarding process
- Delivered a range of Safeguarding Adults training courses to 2224 delegates from across private sector and partners agencies
- Supported the Multi-Agency case file audits that were led by the Quality Assurance Subgroup
- Provided local coordination in respect of the Safeguarding Adults Collections (SAC) Returns and Deprivation of Liberty Safeguards (DoLS) Collection for NHS Digital 2018-19
- Represented on the Derby Safeguarding Adults Board and it’s five subgroups (Learning and Development Subgroup, Mental Capacity Act Subgroup, Quality Assurance Subgroup, Making Safeguarding Personal and Safeguarding Adults Review Subgroup), ensuring that the Agenda of the DSAB was being followed
- Attended the Regional East Midlands Safeguarding Adults Network (EMSAN)

Clinical Commissioning Groups (CCG)

Safeguarding work undertaken and key achievements in 2019-20

Derby & Derbyshire Clinical Commissioning Group (DDCCG) continues to support and influence the work of the Derby Safeguarding Adult Board (SAB). DDCCG ensures that it plays an active role in implementing the SABs Strategic Plan by contributing to all of the Boards associated work streams and programmes.

The DDCCGs Adult Safeguarding Lead is Vice Chair of the SAB, Chair of the Quality Assurance Subgroup, Chair of the Case File Audit Committee, and is a member of both the Boards Core Business Group and its Safeguarding Adult Review Subgroup. The DDCCG has had full attendance at the SAB and its subgroups throughout 2019-20.

DDCCG have also prioritised the SABs 3 core strategic objectives when seeking assurance from NHS care provider settings that adults at risk are being protected from abusive behaviour and practice at all times.

All the CCGs key lines of enquiry within its Safeguarding Adult Assurance Frameworks pay due regard to the SABs 3 key priorities of Making Safeguarding Personal, Prevention, and Quality Assurance. All NHS care settings from large Trusts to GP surgeries have completed an assessment in order to demonstrate that they are compliant with both local and national adult safeguarding requirements.

DDCCG delivered a variety of staff training events throughout the year in accordance with those standards required within the Department of Health Intercollegiate Guidance. Other staff awareness initiatives have included the distribution of information sheets and podcasts on a range of safeguarding related topics all of which embrace to core elements of the SAB Strategic programmes.

DDCCG enjoys positive and productive relationships with partners and these are enhanced by the cooperative nature of multi-agency working in meeting the SABs objectives and strategic priorities.

Derbyshire Police

Safeguarding work undertaken and key achievements in 2019-20

Derbyshire Constabulary remains committed to protecting the vulnerable and working with our partners to achieve positive outcomes for those in need of care and support.

Over the last year the Constabulary has continued to assess the structures within the Public Protection Unit in order to ensure that resources are utilised effectively in the areas of Vulnerable children and adults, Domestic Abuse and Sexual Violence.

With the concept of MARAC Plus developed, an uplift of staff in this area has been agreed and recruitment is underway for this are which will achieve consistency regarding the assessment of risk to individuals and will allow support and further engagement with repeat DA victims. Planning around responsibilities and expectations for this unit has been ongoing throughout 2019-20.

Recruitment in additional staff for the Neighbourhood Safeguarding Team is also underway with planning taking place around further support to Missing people investigations with a view to providing further consistency and expertise around missing once established.

There has been a focus on the quality of investigations and identifying vulnerability over the last year and this is reflected in the increase in referrals around Adults at Risk and follow up support alongside our partners.

Derbyshire Fire and Rescue Service

Derbyshire Fire and Rescue Service (DFRS) remain committed to the safeguarding adults and children.

The Service has a Strategic Manager who has overall responsibility for safeguarding supporting by two safeguarding officers who manage the day to day running of the safeguarding function.

This year DFRS have referred 11 adults to the safeguarding process and 5 children. Alongside this we have supported 1400 vulnerable adult referrals and 210 vulnerable children. All of these have been managed via a multi-agency setting or via the Vulnerable Adult Risk Management process.

DFRS have made a significant commitment to safeguarding this year by procuring on-line training for all staff to include safeguarding models for adults and children and understanding the categories of abuse. These packages will give our frontline workers the knowledge and skills to ensure that they continue to understand safeguarding legislation and are equipped to spot the signs of abuse. Furthermore, all frontline staff have been given refresher training on our internal policies and procedures.

DFRS safeguarding officers have ensured attendance at all sub-groups and Boards this year and have been active in planning days. Alongside this we continue to run our internal Safeguarding meeting which ensures that safeguarding principals and practice are embedded throughout the organisation. Our action plan has also been updated and continues to support the training, audit and quality assurance of our portfolios.

We continue to work closely with our colleagues in the National Fire Chiefs Council (NFCC) Safeguarding Group and have this year undertaken their self-assessment to quality assure what we do against the standards of the NFCC. We were pleased to report that we had the correct policies and procedures in place and feel confident that we have everything in place to safeguard our communities.

Finally, to give assurance to the Board and our partners DFRS were rated ‘Good’ by Her Majesty’s Inspectorate Constabulary and Fire and Rescue Service (HMICFRS). This was our first independent inspection and we proud to give assurance to the board, our partners and members of our community that we are keeping our people safe and secure.

Derby Homes

Safeguarding work undertaken and key achievements in 2019-20

Derby Homes continue to play a very active role in the work of the adult safeguarding board. They are represented on each of the 4 sub-groups. Derby Homes are not a statutory partner however show a commitment to the board by making a 4% contribution to the board running costs. Their representative on the board is also the vice-chair of the Learning & Development sub-group and has chaired several meetings in the absence of a chair.

In line with the work of the Making Safeguarding Personal sub-group, Derby Homes are continuing to work to identify community groups with which they have an existing relationship to encourage them to attend the Derby City Council Safeguarding training and complete the Community Respect Award where appropriate. Over 15 community organisations have now achieved the Community Respect standard with the support of Derby Homes.

Several Derby Homes Teams who have direct contact with service users have also successfully achieved the Dignity Award which is a higher-level award intended for more established groups.

Derby Homes in partnership with Derby City Council hosted a safeguarding event in November 2019 and a Shared Histories Project & National Dignity Action Day on Friday 31 January 2020. The events involved several voluntary sector partners from across the City and raised awareness around Safeguarding vulnerable adults and providing dignity in housing.

Following the establishment of the Covid Community Response Hub, Derby Homes are working with several of the voluntary organisations involved to ensure they have received up to date Safeguarding training and have robust Safeguarding policies and procedures in place. Free digital Exploitation training is currently being organised for these groups.

They are also working with a local community group, Aspire Wrestling to map their journey through their understanding and development of Safeguarding practices within their organisation. As part of this they will also be detailing their service users' experiences. This information once collected will be shared with the Making Safeguarding Personal subgroup.

As part of the MCA subgroup Derby Homes issued questionnaires to staff in order to establish how much they understood “capacity”. The results, together with those provided by other agencies were used by the sub-group to develop multi-agency training materials.

Working with the Learning and Development sub-group, Derby Homes have been involved in the ongoing review and delivery of both the S42 Enquires and Charing Meetings training provided by the board.

Derby Homes also play an active part on the performance sub-group by analysing trends in safeguarding statistics. They are part of the auditing group responsible for auditing safeguarding work both by providing information and working with other agencies to establish how well the selected cases were handled and whether there is anything to learn for the future.

Learning from the audits and serious case reviews is discussed with the safeguarding champions within Derby Homes and information is disseminated appropriately. Safeguarding features as a standard agenda item on team meetings and safeguarding training is refreshed and updated regularly

Derbyshire Healthcare Foundation Trust (DHCFT)

2019-20 has been a busy year for Derbyshire Healthcare NHS FT.

We have redesigned our Safeguarding Strategy to focus on seven pillars of practice.

We developed this from our learning from our interagency practice reviews, feedback we had received and what we felt was important for people who use our services. Making Safeguarding Personal (MSP) has been taken into account in this learning.

Safeguarding Strategy

NHS
Derbyshire Healthcare
NHS Foundation Trust

We ensure that our staff receive and maintain appropriate training in safeguarding adults and children

We routinely involve families and carers when we are supporting the person in our care, both when they come into our services and within 72 hours on an in-patient stay. We gather information and family history to help us assess and make good safety plans with the person

We are working to be able to show that we provide trauma-informed care and clinical practice, particularly in safeguarding. This means that we will be able to understand the impact of trauma better and work with people to achieve the outcomes they seek.

We are growing in our demonstration of professional curiosity and are able to have richer conversations with people that enable us to consider a range of possible interpretations, rather than a single narrative. This helps us to be able to safety plan more effectively with people.

We will be able to show that our teams are working together, using intelligence, joint planning and creativity to safeguard individuals and families across our care pathways.

We want people who have experience of abuse to feel safe and supported in our services and to know what is going to happen next in the safeguarding pathway.

If people working in our organisation cause hurt or harm we will take this seriously and work with our partner agencies to apply legal and safeguarding processes, reporting to the police and professional bodies whilst upholding a just culture in which staff and people who use our services can have confidence.

Making a positive difference

For more information about our Safeguarding Strategy please visit www.derbyshirehealthcareft.nhs.uk

Prevention

We have worked across many of our clinical areas to increase the knowledge base of our staff and to ensure they are spotting signs and making connections with the people we serve and their families. We have made headway as we see accurate and clear professional curiosity and our staff taking action. This is positive progress. Our Trust teams continue to support Prevent with attendance at monthly Channel Panel meetings and referral related activity on a daily basis.

Quality Assurance

Accountability and transparency in the Trust in delivering safeguarding procedures, we continue to publish our safeguarding annual reports, committee papers and our learning.

The CQC inspected our Trust and published our report on the 6th March 2020. Our Trust was rated as Good. Some highlights of key information pertinent to our contribution to standards of practice in our Safeguarding Board and with regard to making safeguarding personal. Governance processes operated effectively at trust and operational, performance and risk were managed well. Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had access to advocates when needed. Safeguarding was reported to be solid with improvements only in Level 3 Safeguarding adults training levels one area to maintain training levels.

We continue to support the Safeguarding Adults Board in its endeavours and business plan. DHCFT is a key member of all subgroups and contributes to Safeguarding Adults Reviews and learning reviews.

DHU Healthcare

DHU Health Care is a 'not-for-profit' Community Interest Company. We provide a wide range of health care services, which include Out-of-Hours, NHS 111 and Integrated Urgent Care for several Clinical Commissioning Groups. Our mission is to provide caring, high quality, safe and effective health care with a clear vision to engage with our employees and our patients in order to improve our services, and to be the health care provider of choice to Commissioners.

Our Urgent Care Derbyshire division delivers health care from the centres across the county, providing urgent care services in the Out-of-Hours period. This also includes evening and overnight community nursing services, helping people to maintain their independence, facilitate the avoidance of unnecessary admission to acute services by managing patients at home and supporting patients to manage their health conditions.

DHU 111 division proudly covers a population of approximately 5 million across the East Midlands which includes Derbyshire, Nottinghamshire, Northamptonshire, Leicestershire, Rutland, Lincolnshire and Milton Keynes ensuring that the communities we serve who contact our services are delivered or directed to the most appropriate care.

DHU Health Care CIC continues to prioritise safeguarding as an integral part of providing high quality care and a key component of our safe clinical practice and standards. To support the delivery of the safeguarding agenda within DHU Health Care CIC there is a clear governance and accountability framework in place. The framework provides assurance to our commissioners, whilst the ultimate responsibility and accountability for adult safeguarding lies firmly with the Board of Directors.

DHU have robust referral pathways and strong communication and information sharing links with other organisations. In addition to this, the safeguarding team is also responsible for providing all staff with regular extensive training updates relevant to their roles, in line with the intercollegiate documents.
DHU Health Care CIC continues to participate and contribute throughout the year to the work of the Board through membership and collaborative multi-agency working.

Key Achievements for 2019-20

Training in this past year has focussed on current national concerns in safeguarding including Modern Slavery, County Lines and Child Sexual Exploitation. The DHU safeguarding policies follow both national and local safeguarding guidelines taking into account the local Safeguarding Board agenda and outcomes.

Local Safeguarding Boards and commissioners seek assurance from DHU that we meet the safeguarding responsibilities and improve outcomes for our patients. In order to provide such assurances DHU complete the Safeguarding Adults Assurance Framework (SAAF) for Derbyshire. This assurance process collates and evaluates evidence on a wide range of safeguarding work, including abuse and neglect, Mental Capacity Act, Prevent, Modern Slavery, referrals and staff

knowledge and training. A comprehensive raft of strong evidence was presented by DHU to commissioners, with subsequent action plans developed to improve services. In addition to the local arrangements of quality assurance the Care Quality Commission inspected DHU in March 2019. This provided the safeguarding team the opportunity to showcase the assurance evidence, governance structure and developments within the service, to the inspectors. The feedback provided was positive and provides evidence of DHU's commitment to safeguarding throughout the organisation.

Priorities for the future

New innovations in training in 2020/21 will include the development of quick reference fact sheets for staff to supplement the taught face to face training.
The safeguarding Leads are continuing to work with DHU Human Resources department, on initiatives to safeguard and support the staff themselves as well as our patients.

DHU will continue to ensure that learning is shared and disseminated from both Adult and Children's Safeguarding Adult Reviews and Serious Case Reviews.
The Safeguarding team will continue to work closely with governance personnel in order to safely manage Safeguarding Incidents and Serious Incidents requiring Investigation in line with company policy.

Safeguarding policy and guidance documents will be reviewed to ensure they are current, keeping abreast of important safeguarding initiatives both local and national and easily available to all staff across DHU.

Going forward DHU Health Care CIC will continue to be vigilant about the expanding range of initiatives and disciplines that come under the 'safeguarding' umbrella. DHU Health Care CIC will continue to focus upon safeguarding practice and as a partner agency within the Safeguarding Board, we will continue to work collaboratively, supporting the development and implementation of agreed safeguarding strategies and policies.

Care Quality Commission (CQC)

Safeguarding is a key priority for CQC and people who use services are at the heart of what we do. Our work to help safeguard children and adults reflects both our focus on human rights and the requirement within the Health and Social Care Act 20081 to have regard to the need to protect and promote the rights of people who use health and social care services. Regulated providers of health and adult social care services all have a key role in safeguarding children and adults in their care who may be at risk of abuse and neglect. We monitor how well providers are doing this by assessing the quality and safety of care they provide, based on the things that people tell us matter to them.

Our role is to monitor, inspect and regulate services to make sure they meet the fundamental standards of quality and safety. For safeguarding, we do this by:

- Checking that care providers have effective systems and processes to help keep children and adults safe from abuse and neglect
- Using Intelligent Monitoring of information, we receive about safeguarding (intelligence, information and indicators) to assess risks to adults and children using services and to make sure the right people act at the right time to help keep them safe.
- Acting promptly on safeguarding issues we discover during inspections, raising them with the provider and, if necessary, referring safeguarding alerts to the local authority – who have the local legal responsibility for safeguarding – and the police, where appropriate, to make sure action is taken to keep children and adults safe.
- Speaking with people using services, their carers and families as a key part of our inspections so we can understand what their experience of care is like and to identify any safeguarding issues. We also speak with staff and managers in care services to understand what they do to keep people safe.
- Holding providers to account by taking regulatory action to ensure that they rectify any shortfalls in their arrangements to safeguard children and adults, and that that they maintain improvements. Regulatory action includes carrying out comprehensive and follow up inspections, requiring providers to produce action plans, taking enforcement action to remedy breaches of fundamental standards, and taking action against unregistered providers.
- Publishing our findings about safeguarding in our inspection reports, and awarding services an overall rating within our key question ‘Is the service safe?’ which reflects our findings about the safety and quality of the care provided.
- Supporting the local authority’s lead role in conducting inquiries or investigations regarding safeguarding children and adults. We do this by co-operating with them and sharing information where appropriate from our regulatory and monitoring activity. We assist the police in a similar way.
- Explaining our role in safeguarding to the public, providers and other partners so that there is clarity about what we are responsible for and how our role fits with those of partner organisations

Although we do not have a formal role on Safeguarding Adults or Children's Boards we work closely with local teams, sharing as appropriate and where asked provide information and intelligence to help them identify risks to children and adults.

East Midlands Ambulance Service (EMAS)

East Midlands Ambulance Service NHS Trust (EMAS) continues to prioritise safeguarding as an essential part of providing high quality care. EMAS have a "Think Family" approach to safeguarding ensuring all patients, staff and members of the public are treated with dignity and respect, and all staff recognise that safeguarding is 'everyone's business'.

The safeguarding service within EMAS is a dedicated seven-person team that provide strategic, clinical and operational leadership and administrative support regarding Safeguarding and its associated agendas.

Safeguarding in EMAS is well embedded and encompasses:

- Highly skilled staff with the ability to recognise and respond to abuse
- Compliance with both statutory requirements and local arrangements for safeguarding adults and children
- Supportive pathways covering early help to safeguarding
- Prevention of harm and abuse through provision of high quality care;
- Effective organisational responses to allegations of harm and abuse;
- Utilisation of local and national learning to improve service delivery and quality of care to patients

Key Achievements

During 2019-2020 there have been several key achievements in relation to safeguarding:

- Development of a New Safeguarding education e-learning pack for delivery during 2020-2021
- Continued delivery of education in the form of an education booklet moving competence from level two towards level three
- Delivery of LD and Autism education to all staff
- Active involvement in the local safeguarding boards, regional and local multiagency groups has helped our organisation's capacity to protect vulnerable people from abuse including participation in three board led multi-agency audits
- Full review of the suite of safeguarding policies including Chaperone, Safeguarding Child and Young Person, Safeguarding Adults, Capacity to Consent, Media, VIP and Celebrity and Absconding policies
- Pathways developed with SSAFA supporting ex armed forces personnel who are patients and staff members
- Full compliance in SAAF
- Review and update of Modern Slavery statement
- Release of an MHA/MCA supportive poster
- Ongoing achievement of Prevent training trajectory
- Organising and hosting a safeguarding conference for ambulance service personnel
- Safeguarding section created for apprentice handbook

- Adoption of Bright Sky across the organisation to support staff and patients who are survivors of domestic abuse

Safeguarding sits within the Director of Quality Improvement and Patient Safety portfolio and forms part of the quality strategy.

EMAS complete one Safeguarding Adult Assurance Framework (SAAF) and provide this to the coordinating and associate commissioners. During a challenge visit undertaken in November 2019 the Commissioners recognised that EMAS continued to engage with the safeguarding adult's agenda and that there is ongoing work to drive the agenda forward.

EMAS continue to be vigilant about the evolving safeguarding agenda, locally and nationally. They ensure that staff are able to recognise and act on safeguarding concerns appropriately and effectively, sharing relevant information in the best interests of children and adults at risk.

EMAS safeguarding team produce regular communication for staff on a variety of topics across the safeguarding agenda as well as contribute to campaigns from other teams.

During 2019-2020 additional communications have been completed in relation to:

- How to make an immediate referral
- Learning from incident MCA case study
- Taking pictures to support referrals
- Safeguarding and using an interpreter
- Modern slavery
- Promotion and roll out of Bright Sky App
- Safeguarding and pressure area care
- Fire risk and keeping patients safe
- Mental capacity assessment and the Getac
- Lasting power of attorney and impact on care
- Homelessness reduction act and how it affects EMAS

National Probation Service (NPS)

The actions of the National Probation Service Derbyshire in support of the delivery of the Safeguarding Adults Strategic Plan in 2019/20 include:

- Mandatory training for all new staff, comprising both E-Learning and face to face training on Adult Safeguarding. This is delivered nationally and is an objective within all staff appraisals. We also support attendance at local training where possible.
- Attendance at board meetings by Charlotte Dunkley, Head of LDU or Marion Page-Smith, Deputy Head of LDU. Other meetings are attended by Senior Probation Officers as required.
- Full participation in Safeguarding procedures, including chairing meetings where relevant.
- Work on County Lines is being taken forward by our link SPO who works across City and County jointly with police.
- We have made considerable progress in our joint work with mental health partners to establish a new community forensic service to better meet the needs of complex offenders with multiple vulnerabilities. The team is now better staffed with psychologist time, and joint working practices are being devised. Plans for the team to co-locate in our building are on hold currently owing to COVID 19 but remain an aspiration. This will greatly enhance our ability to work together with health and social care to safeguard adults with complex presentations under our supervision.
- Participation in all statutory enquiries such as SARs and DHRs, where the agency has information or a perspective to contribute.
- Joint work within the MAPPA framework at management levels 2 and 3 where adult safeguarding is an issue in a case. This has included Court of Protection work in a case relating to capacity issues.
- We have continued to promote awareness of referral pathways into adult safeguarding assessments in order to develop staff understanding of thresholds. There is further work to do in relation to escalation processes where disagreements arise as we are aware that this process is not well understood.
- We have participated in the PIPOTs procedure in Derby City resulting from a disciplinary allegation that related to Misconduct in a Public Office.
- Significant work has been undertaken with Safeguarding, Police and Housing colleagues this year in response to concerns about vulnerability of people who experience homelessness or rough sleeping. This has been a particular focus during COVID 19 measures and has led to enhanced levels of joint working that we wish to take forward with District and County colleagues in future.
- We are working jointly with partners to progress a ‘MARSH’ model for rough sleepers going forward and work closely with the Safe Space in the City.
- We have continued to attend the Domestic Abuse Best practice group reporting to the Criminal Justice Board which has sought to improve the experience of victims within the CJS.
- We have continued to roll out the involvement of Life Sentenced prisoners in the quarterly Lifer panels that we hold to review their risks and needs. This has helped us gain an insight into user engagement with us for a complex,

potentially vulnerable and dangerous cohort of offenders. Physical attendance at these is paused during the COVID 19 measures but will be resumed one face to face meetings occur again.

The NPS in Derbyshire continues to experience resource challenges in staffing, particularly at Probation Officer grade. We have looked to work creatively with partners to mitigate this risk, utilizing agency staff and other grades, and look forward to further work with partners over the next year.

University Hospitals of Derby and Burton NHS Foundation Trust

University Hospitals of Derby and Burton (UHDB) NHS Foundation Trust continues to be committed to the safeguarding of adults and children. The Trust has invested resources into the safeguarding team to ensure appropriate advice and support is available across all five sites of the organisation.

The Trust has well established governance arrangements and safeguarding is regularly reported to the Board. The Trust is also subject to the Safeguarding Adult Assurance Framework. The latest review provided assurances to the CCG that the Trust continues to comply with promoting local safeguarding arrangements across Derby and Derbyshire. This is also mirrored in the self-assessment audits for Staffordshire.

The Safeguarding Team has continued to provide a consistent presence at the Safeguarding Adult Boards and their associated sub committees.

Actions that have been implemented across the trust in 2019/20:

- Robust systems and training have been implemented to manage the allegations of neglect or abuse against the Trust. The processes ensure learning outcomes are identified and action plans are formulated in collaboration with the nursing divisions.
- Re introduction of a Named Doctor for Safeguarding Adults in order to provide advice to UHDB staff, support with medical concerns that arise and to facilitate training to medical staff.
- Increased awareness on the management of domestic abuse cases including training on use of CAADA DASH risk assessments and supporting victims with safety planning and considering the THINK Family approach.
- Revision and relaunch of the trust safeguarding intranet pages, including up to date resources and guidance on how to complete referrals.
- Introduction of regular safeguarding meetings within the emergency department, identifying vulnerable patients and liaising with external agencies in order to support those individuals.
- Strengthened links with the risk and governance teams and improvements in processes for managing serious incidents that are received via the safeguarding route.
- Improvements made with internal and external communication links when managing of PIPOT / LADO cases within the trust.
- Visible Safeguarding Team presence across all five sites of the Trust promoting safeguarding and providing advice and support to the clinical areas.
- Improved focus on quality of adult safeguarding referrals ensuring Making Safeguarding Personal (MSP) is considered throughout the process.
- Regular safeguarding updates and communications posted across the Trust IT systems and Intranet.
- Alignment and updating of policies and procedures across all sites of the trust.

Adult activity across all five sites 2019/20:-

- Adult Social Care referrals made 661
- Section 42 allegations against the Trust responded to 25
- Advice calls 735
- Information exchanges with MASH 543
- DoLS applications made 128
- MARAC cases responded to 876
- DV logs received 2041

The Safeguarding Adult Team have contributed to strategy discussions and the safety planning for those individuals deemed at risk of harm throughout the year.

All adult safeguarding referrals are reviewed by the Adult Safeguarding Team in order to review the quality of the referrals and ensure that consent is gained, and the voice of the patient is heard wherever possible, in line with the MSP principles.

The Team continues to provide safeguarding supervisions to relevant professionals across the Trust. They also deliver mandatory level 3 safeguarding adults and children training ensuring a THINK Family and MSP approach is embedded at all times.

Mental Capacity Assessments continue to be high on the Trust's agenda. An area of focus is on developing training for MCA and consent by the medical teams. The Safeguarding Team has been working alongside the Trust legal advisors and the Named Doctor for Safeguarding Adults to develop a training package in response to this.

Priorities for the forthcoming year:

- Implementation of Liberty Protection Safeguards (LPS) across all areas.
- MCA compliance

Derbyshire Community Health Services (DCHS) NHS Foundation Trust

Safeguarding children, young people and adults from abuse and harm is everybody's business. It is an important part of everyday healthcare practice and should be an integral part of patient care. DCHS has a dedicated Safeguarding Team of Named Nurses/Professionals and administration staff who provide advice/support, supervision and training to DCHS staff. All staff working within DCHS who have a responsibility for the care, support and protection of children and adults at risk should ensure that they are safe.

If staff witness or have suspicions of abuse or neglect, they are under an obligation to report it without delay even if they have not witnessed the abuse or neglect, themselves. The Safeguarding Team advocates a Think Family approach to safeguarding work to promote the importance of ensuring that safeguarding is personal and that the voice and lived experience of the person at risk is heard and known.
DCHS is a proactive member of the Board and sub-groups; contributing to the Board work streams and working with partner agencies to enable people in Derbyshire to live a life free from fear, harm and abuse

Making Safeguarding Personal

The Safeguarding Team advocates making safeguarding personal through the provision of advice, support, training and supervision. The team advises that staff have conversations with the person they are providing care for and/or where there is a safeguarding referral. This gives the person the opportunity to voice what they want and reflects the making safeguarding personal agenda.

DCHS currently delivers 'Think Family' level 2 training which incorporates learning and messages regarding 'making safeguarding personal' including scenario-based activities. Moving forward the team plan to deliver 'Think Family' level 3 training; implementation has been hindered by the Covid 19 working arrangements, which were in place in response to the pandemic.

Safeguarding supervision enables the Named Nurse/Professional Safeguarding Adults or Children to explore with staff the lived experience of the patient/service user, reflecting what it is like for that person and their current level of need and/or support.

DCHS is currently completing an audit to review the quality of safeguarding referrals and this will also include a review of whether the referral reflected 'making safeguarding personal'. This will run throughout 2020.

Prevention

DCHS has Safeguarding Adult and Safeguarding Children Policies that provide guidance regarding the roles and responsibilities of staff. Including how to seek help

and make a referral to Social Care; to enable them to safeguard and protect patients/service users.

Advice and support provided by the Safeguarding Team includes conversations around safety netting/planning and to prevent harm when either someone makes an unwise decision and/or they don't have capacity.

As part of the prevention agenda, DCHS has created a domestic abuse portal; that provides information for staff and managers on how they access support and help and/or how to support someone who has disclosed domestic abuse. DCHS has completed work regarding mental health and has created a mental health awareness portal for DCHS staff, which provides a range of information including support services.

Quality Assurance

DCHS has demonstrated compliance with the Safeguarding Adult Assurance Framework (SAAF), Section 11 Audit and the Markers of Good Practice, Looked After Children Audit. DCHS had a follow up site visit on 24 October 2019, for the SAAF; the outcome being: assurance was provided. DCHS is required to provide quarterly information to the Clinical Commissioning Group regarding safeguarding data and activity which includes 'making safeguarding personal', quality assurance, Board/sub-group activity and learning.

The DCHS Safeguarding Governance Group (SGG) provides assurance to the Quality Services Committee (QSC) and the DCHS Board. The Group meets bimonthly and provides assurance to QSC on the following:

- That the experience/care our patients receive is fully compliant with the MCA 2005 and the CQC's Key Lines of Enquiry in relation to the Safeguarding agenda.
- The different elements of Safeguarding Children, Adults and 'Think Family' are comprehensively addressed across DCHS.
- Lessons learned from Child Practice Reviews, Serious Incident Learning Reviews, Domestic Homicide Reviews and Safeguarding Adults Reviews, both local and national, are actioned and embedded in practice.
- DCHS is compliant with The Care Act 2014 and Section 11 of the Children Act 2004 which places a statutory duty on DCHS to make arrangements to ensure that in discharging their function, they work with the Local Safeguarding Children Partnership and Adults Boards.

The SGG also develops, agrees and monitors the implementation of policies and strategies which will support staff and managers in the implementation of the Safeguarding Children, Adults and 'Think Family' agendas.

The Safeguarding Team has an audit schedule in place; that will run throughout 2020. This includes a safeguarding adult and children supervision audit and the quality of referrals to adult social care audit, which will incorporate questions regarding making safeguarding personal.

Derbyshire, Leicestershire, Nottinghamshire & Rutland Community Rehabilitation Company (DLNR CRC)

Safeguarding work undertaken and key achievements in 2019-20

Making Safeguarding Personal (MSP)

- An adult safeguarding refresher briefing which includes content relating to MSP and MCA has been compiled and will be shared with the L&D group for sign off. This will then be delivered to all DLNR CRC staff.

Prevention

- An adult safeguarding refresher briefing which includes content relating to identification of warning signs has been compiled and will be shared with the L&D group for sign off. This will then be delivered to all DLNR CRC staff.

Quality Assurance

- DLNR CRC now has a representative who attends the P&P sub-group to provide feedback on policy and procedure implementation.

Healthwatch Derby

Healthwatch Derby has supported the DSAB strategy by:

- Helping local people having a voice in the local Health and Social Care environment
- Using their experiences to help improve the quality of service design and delivery
- Help empower local people by helping them understand how things work, what to expect and provide information to enable them make decisions through informed consent. This helps people recognise good and bad, helps assess risks to allow prevention planning
- Providing a route for people to raise safeguarding concerns and work with partners to highlight possible risks and we act as a conduit to enable partner organisations support and represent those in greatest needs
- Healthwatch Derby actively supports and promotes the work of the DSAB

Healthwatch Derby seeks the views of local people through outreach work, face to face, surveys, Enter and View of Health and Social Care establishments and Mystery Shopper activity.

We provide the experiential data to all services, commissioners and monitoring bodies. We raise awareness of local services and how people can stay healthy and safe.

Healthwatch Derby have supported DSAB in sharing safeguarding initiatives across our networks and provided space allowing DSAB to promote awareness in a 5000-leaflet publication that was distributed across Derby City.

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derby **safeguarding adults** board