



**Cambridgeshire
Safeguarding Adults Board**

making a difference together

Annual Report

April 2016 – March 2017

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1. Welcome from the Chair

It is my pleasure to introduce the Cambridgeshire Safeguarding Adults Board's Annual report. The aim of the report is to capture the difference we made in 2016/17, set against the priorities we had identified in our business plan.

I am delighted to be the Board's first Independent Chair and would like to place formal thanks to both Adrian Loades and Claire Bruin from Cambridgeshire County Council for the great work that they have done in chairing and leading this board prior to myself. They were also incredibly ably supported by Caroline Webb.

The biggest challenge the board has had to face is dealing with the requirements, from the 1 April 2015, of the Care Act 2014. The guidance that the Government sent out has been tested during this time and as a result updated guidance was also issued in 2016, which has involved during this reporting year further changes to working practices in safeguarding.

As well as this, once again, our work over the year took place in an environment of organisational change and resource constraint across the whole partnership, in particular with the continuing reconfiguring of the Local Authority, health system and probation system.

Nevertheless, I think that we have made some considerable progress again this year, particularly around our monitoring and oversight of the quality of care within Cambridgeshire.

This year the board ran a "Domestic Abuse and Adult Safeguarding" conference, which over 120 delegates attended and there was good feedback from those that attended.

I realise there is much more to be done and we must strive to work with all of the organisations and providers of adult care in Cambridgeshire to make this a safe county to be a resident of, in particular when you are vulnerable and in need of care and protection.

We have maintained close links with both the Peterborough Safeguarding Adult Board and the Cambridgeshire Safeguarding Children Board in recognition of those organisations that deliver services to both children and adults and across the local authority boundaries. Both the Adult Boards now have a Joint Executive Board and this will set and monitor the business priorities going forward in 2017-18. A number of the sub-groups are now joint one's as well.

There are many challenges to do this and the board are striving hard to work on improving how we do this, through writing policies, guidance and improving frontline practice, with a full and challenging training programme.

The frontline staff and their managers from local agencies need particular mention for their commitment to safeguarding adults in Cambridgeshire.

This annual report provides a background to adult safeguarding work in Cambridgeshire and a summary of the work undertaken by the Safeguarding Adults Board (SAB), the sub groups, the Adult Safeguarding Team and partners with insight into local issues. It showcases the developments and initiatives pertaining to safeguarding that have taken place during April 2016 to March 2017.

In doing so, it aims to provide a level of assurance that the organisation is fulfilling its statutory duties and responsibilities for safeguarding adults in Cambridgeshire.

The underpinning message however remains the same in that safeguarding is everyone's business irrespective of role or position. It is everyone's responsibility to safeguard and protect the most vulnerable adults in our society. The adult at risk must remain at the centre of all our actions.

Dr Russell Wate QPM
Independent Chair

2. Members of the Cambridgeshire Safeguarding Adults Board

Chairperson: Russell Wate – Independent Chair

Representatives from:

Addenbrookes Hospital, Cambridge University Hospital NHS Foundation Trust

Adult Safeguarding Team, Cambridgeshire County Council (CCC)

Adult Social Care, CCC

Age UK Cambridgeshire

Cambridge Regional College

Cambridgeshire and Peterborough NHS Foundation Trust

Cambridgeshire Community Services NHS Trust

Cambridgeshire Constabulary

Cambridgeshire Fire & Rescue Service

Care Quality Commission

Children Safeguarding and Standards Unit, CCC

Community Network Representatives

County Councillor, CCC

Healthwatch Cambridgeshire

Hinchingbrooke Health Care NHS Trust

Mental Capacity/Deprivation of Liberty Safeguards Team, CCC

National Probation Service - Cambridgeshire

NHS Cambridgeshire and Peterborough Clinical Commissioning Group

Papworth Hospital NHS Foundation Trust

South Cambridgeshire District Council representing District Councils across Cambridgeshire

3. Safeguarding Nationally

During 2016/17 there was a strong focus by the Association of Directors of Social Services (ADASS) on understanding how well Making Safeguarding Personal (MSP) was being embedded in practice within local authorities and the organisations that they work with to safeguard people. The principles underpinning safeguarding in the Care Act 2014 (set out below) support MSP which was an initiative developed by ADASS and the Local Government Association prior to the Care Act 2014.

Empowerment: People being supported and encouraged to make their own decisions and informed consent. *“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”*

Prevention: It is better to take action before harm occurs. *“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”*

Proportionality: The least intrusive response appropriate to the risk presented. *“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”*

Protection: Support and representation for those in greatest need. *“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”*

Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. *“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”*

Accountability: Accountability and transparency in delivering safeguarding. *“I understand the role of everyone involved in my life and so do they.”*

MSP, which is referred to in the Department of Health guidance for the Care Act 2014, (link below) recognises that safeguarding arrangements are there to protect individuals and that people “.....all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.” The guidance goes on to say that “Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.”

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>

In developing the MSP approach, ADASS and the Local Government Association (LGA) developed a range of resources to support implementation that can be found at <https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal>

To understand the progress in implementing MSP, ADASS commissioned a 'temperature check' across 76% of local authorities. Through interviews with Safeguarding Leads in each authority, this work covered the impact on people experiencing safeguarding, staff and practice; recording systems, evaluation of outcomes and performance monitoring; strengths and good practice; barriers to implementation and what is needed to overcome them; and level of partner organisations' commitment to MSP.

The results indicated that the majority of local authorities had completed the first steps to implementing MSP i.e. staff were trained in the approach and systems modified and were progressing with embedding person centred work in their practice and culture. There was less progress in engaging partner organisations beyond gaining agreement that MSP was a good approach.

The report provided a set of recommendations at national, regional and local level to support local authorities on the journey to make safeguarding truly person centred and can be found at the link below.

<https://www.adass.org.uk/making-safeguarding-personal-temperature-check-2016>

Following this report, the local ADASS Eastern Region Group commissioned a further report to bring together the 'temperature check' information for all 11 local authorities in the Region. This report has provided a comprehensive set of recommendations that the Cambridgeshire Safeguarding Adults Board will be considering in June 2017 and using to guide current and future work to fully embed MSP as our approach to safeguarding adults.

The ADASS Safeguarding Adults Policy Network with membership from each Region is continuing to prioritise the implementation of MSP in its work for 2017/18, with further resources being developed to support local authorities and Safeguarding Adult Boards in this work.

The Policy Network will also be working on three other key areas:

- prevention and safeguarding with a focus on social isolation and how addressing this can contribute to keeping people safe from harm
- quality and safeguarding, focusing on quality of care and support delivered by providers and how to recognise and respond to quality issues early, that might otherwise lead to safeguarding issues
- support the development of a library for Safeguarding Adult Reviews (SARs) being led by SCIE (Social Care Institute for Excellence) and RiPfA (Research into Practice for Adults) that will offer a way for Safeguarding Adult Boards and local authorities and partner organisations to search SARs for specific themes and take the learning from these.

The Cambridgeshire Safeguarding Adults Board will be able to benefit from the work of the ADASS Safeguarding Adults Policy Network and any linked work undertaken through the Eastern Region ADASS Safeguarding Network through representation at these groups.

4. Analysis of Adult Safeguarding Referrals

Table 1: Number of incidents received per year

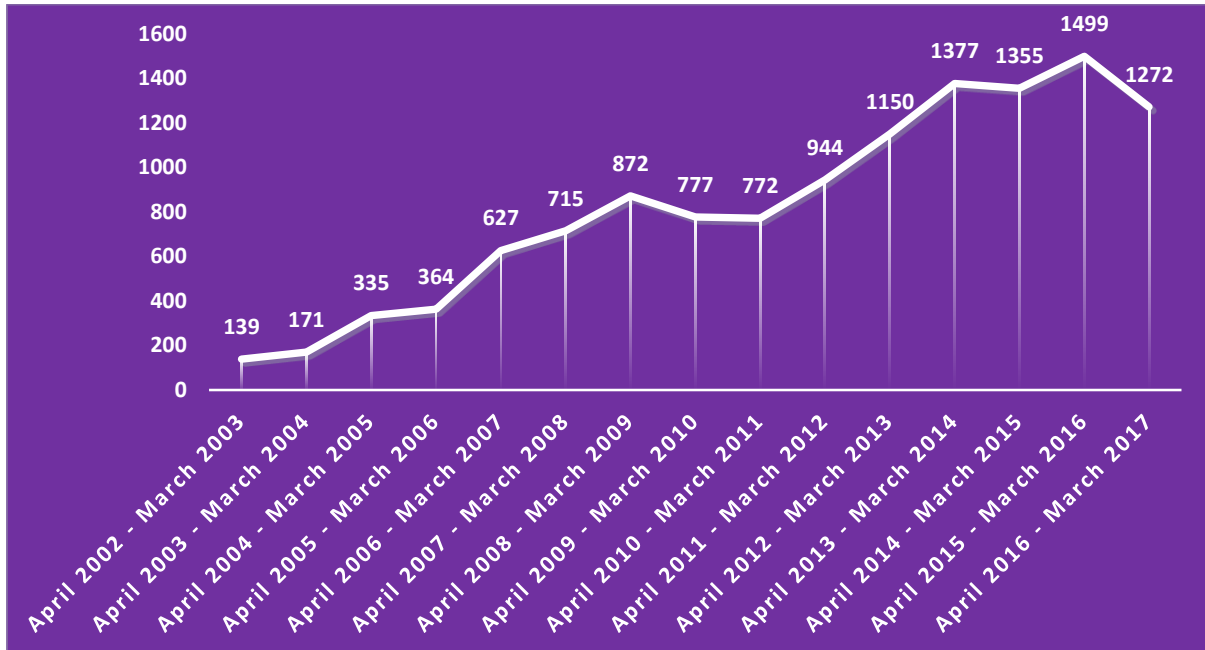


Table 1 indicates the number of safeguarding referrals made in Cambridgeshire from April 2002 through to March 2017.

Despite the rise in referrals the previous year, the number of incidents received between April 2016 and March 2017 has showed a decrease of 227 referrals, equating to a 15% decrease from the previous year.

Since April 2016 all adult safeguarding referrals, excluding adult mental health referrals, have been through the Multi-Agency Safeguarding Hub (MASH) and the reduction is likely to be as a result of a consistent approach to concerns received and appropriate signposting where a Section 42 enquiry is not the most appropriate option.

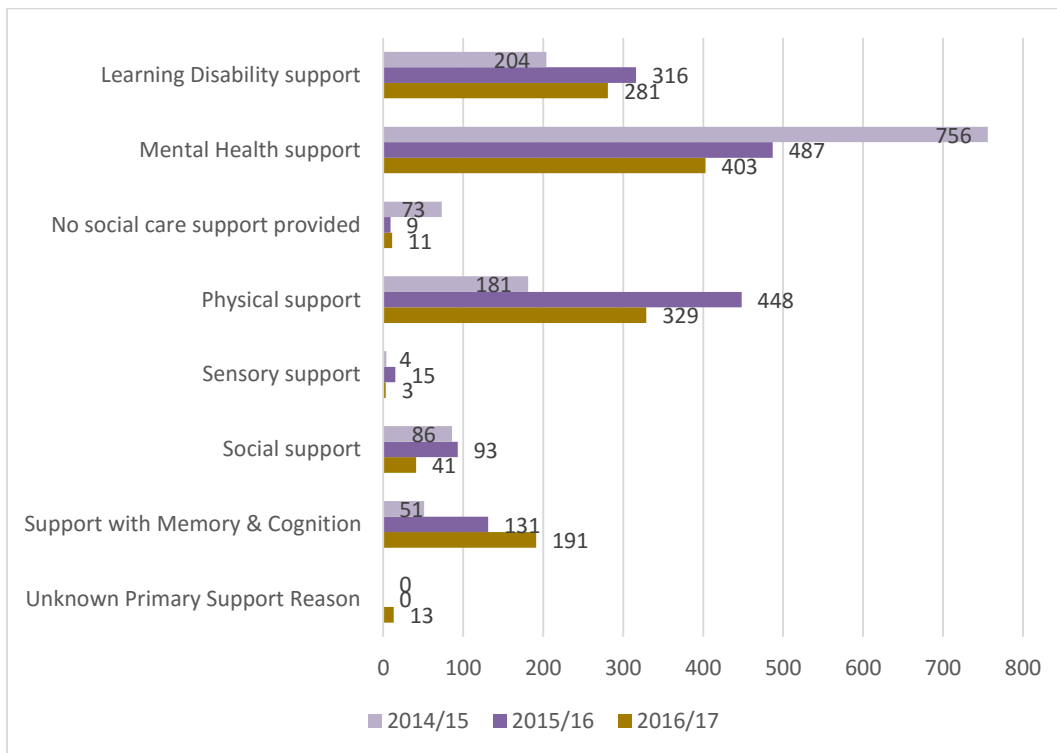
Table 2: Types of Abuse

	2014-2015	2015-2016	2016-17	Trend
Discriminatory Abuse	0%	0%	1%	↑
Domestic Violence	-	6%	6%	↔
Emotional/ Psychological Abuse	13%	10%	8%	↓
Financial Abuse	9%	9%	12%	↑
Neglect and/or Acts of Omission	22%	24%	30%	↑
Modern Slavery	-	0%	0% (1 case)	↔
Organisational Abuse	2%	2%	3%	↑
Physical Abuse	48%	42%	33%	↓
Self Neglect	-	3%	2%	↓
Sexual Abuse	6%	4%	5%	↑
Sexual Exploitation	-	0% (5 cases)	0% (6 cases)	↔

The most commonly reported type of abuse continues to be physical abuse at 33% although this has showed a downward trend over the past two years with a significant decrease since 2014-2015 when physical abuse was nearly 50% of all the types of abuse that was reported. There is no clear rationale for this although domestic violence is now recorded as a separate category of abuse and many of the previous physical abuse cases will now be reported under domestic violence. Self-neglect is also a category that was not used in 2014-2015 although it is not clear that this would impact on the physical abuse category.

Domestic violence is at 6%, this is a category that has only been monitored as a category in its own right since 2015 and it is possible that these are under reported and domestic abuse may continue to be categorised by the workforce as physical abuse, neglect or emotional/psychological abuse. There is a risk that the 6% does not accurately capture the level of domestic abuse in Adults at Risk and work is required to ensure this is captured correctly.

Table 3: Client category

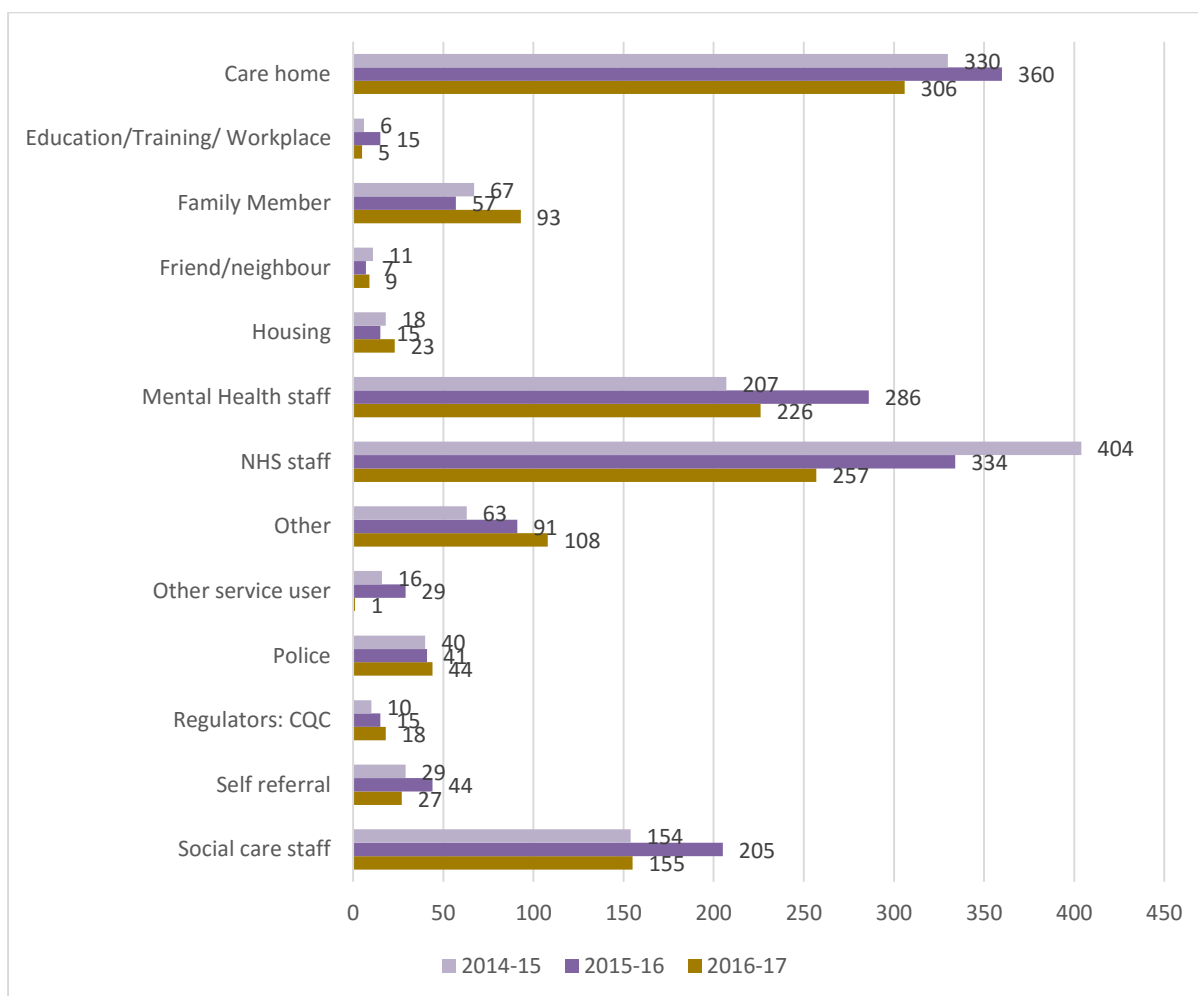


This table shows the 'client category' where there has been a Section 42 enquiry.

This data shows a further decline in Section 42 enquiries for adults who receive mental health support, a decline of 33.5%. There is no clear rationale for this and a piece of work should be completed to ensure that where adults are in need of mental health support, abuse is recognised and reported in the same way as other adults at risk. Currently this group of people are the only group not going through the MASH and action needs to be taken to ensure a consistent approach across all client groups.

Whilst adults who require support due to a memory or cognitive condition has risen over the past 3 years there is still a considerable lower number of Section 42 enquiries than for adults who require support due to a physical condition. It is important to understand whether there is any risk that adults who have cognitive difficulties are less able to report and therefore is there a gap?

Table 4: Source of referral

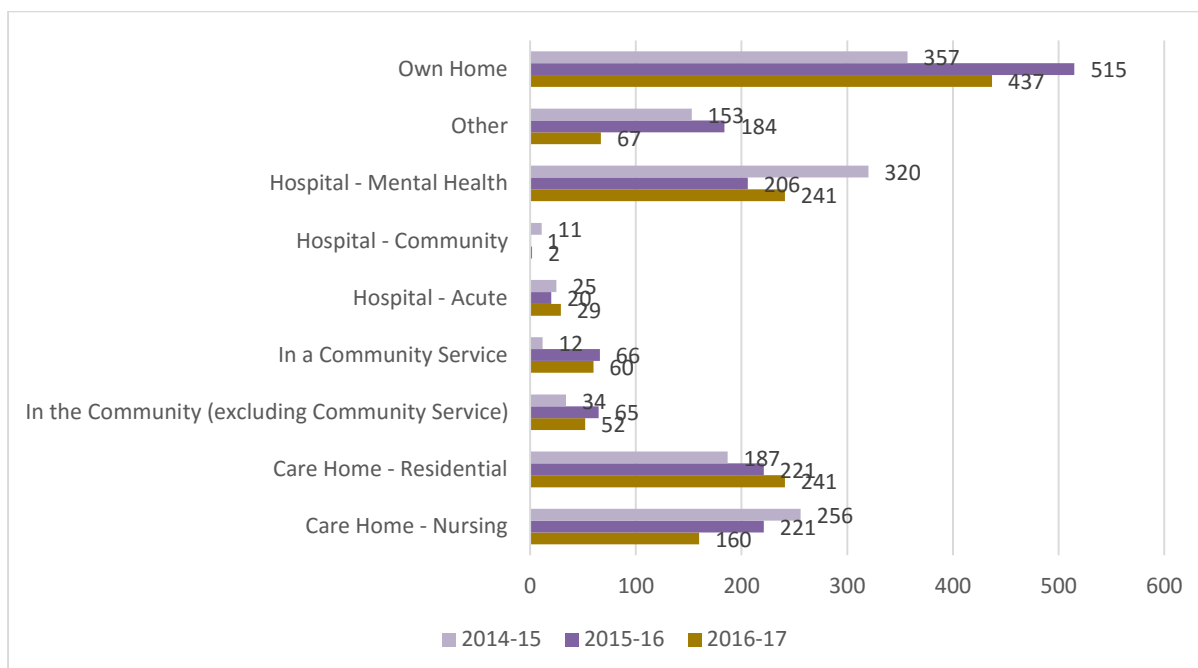


The number of care homes who are referring through for a safeguarding enquiry has reduced over the past 12 months. This may be attributable to the MASH and a consistent message being delivered to care homes about what constitutes a safeguarding concern.

There is also the possibility that with the implementation of Making Safeguarding Personal, adults at risk are requesting that other routes are taken to address concerns rather than the formal safeguarding process. It is essential that providers are clear on the Making Safeguarding Personal Principles and how the outcome of the adult is heard whilst ensuring that others are not at risk and safeguarding referrals are still made.

There has been a decrease of referrals from NHS staff from 404 to 257 in the past 3 years, equating to 36.4% and there is no obvious rationale for this. On the surface this would appear concerning and raise questions about whether referrals are being missed, however, unless this information is broken down further it is difficult to make assumptions about this and clarify whether there is a concern or where anything needs to be done.

Table 5: Number of incidents at each location

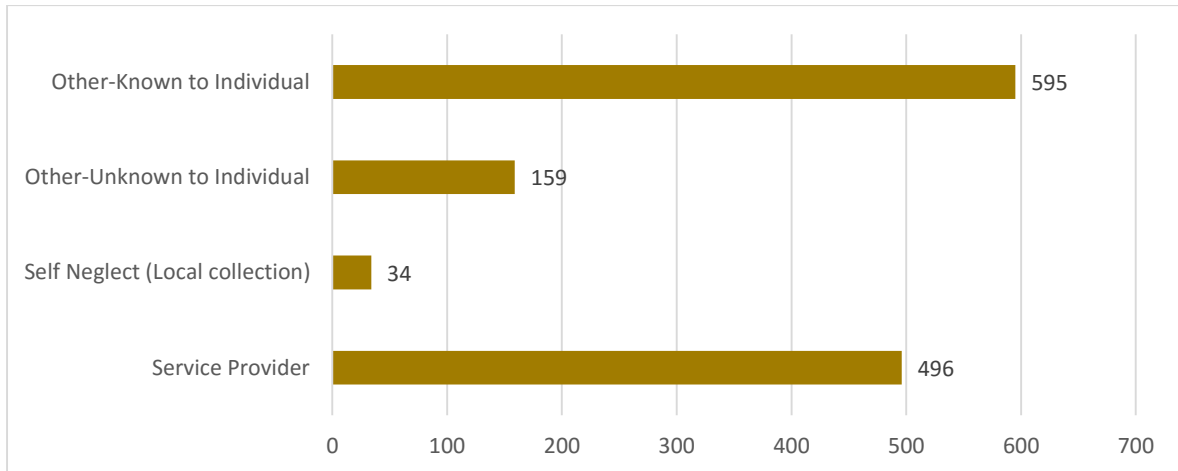


The number of safeguarding incidents within an acute hospital setting in the past three years is less than 30 each year. Within Cambridgeshire there are 2 acute hospitals, with a total of 1223 beds, therefore less than 30 Section 42 enquiries seems relatively low. However, the bigger hospital carries out specialist work for patients from outside of Cambridgeshire and therefore any safeguarding work for those patients would not be captured within this report.

It would be helpful to understand this data further and explore with acute hospital colleagues if there is a need for further training for staff particularly in the context of the recognition of domestic violence, coercive control, female genital mutilation and modern slavery within safeguarding under the Care Act 2014. Hospital staff may be well placed to identify signs of these types of abuse.

Incidents within care homes have increased consistently over the past three years and this may be as a result of a greater awareness of reporting, however the number of incidents increasing does not reconcile with the reduction in the number of care home referrals. Further work would need to be completed to understand this.

Table 6: Alleged perpetrators – 2016-2017



Due to a change in the way that safeguarding information is being collected in the “alleged perpetrators” category we are only able to show one years’ worth of data, the preceding years are below.

The alleged perpetrator information indicates that more abuse occurs by people known to the adult rather than unknown. However it is not clear where the perpetrator is known to the adult what the relationship is, friends and family, people who access the same services or potentially other social contacts.

It would be helpful to understand the alleged perpetrator group in correlation with the abuse type in order to look at whether there are gaps in the market for services that may reduce risks. For example, you would assume that where the alleged perpetrator is the Service Provider the majority of this would fall into “neglect/acts of omission”, whereas when the perpetrator is known to the individual it is more likely to be associated with domestic abuse. This further analysis may be useful when considering services to perpetrators and also highlighting training needs across the County.

7: Alleged perpetrators – 2015-2016

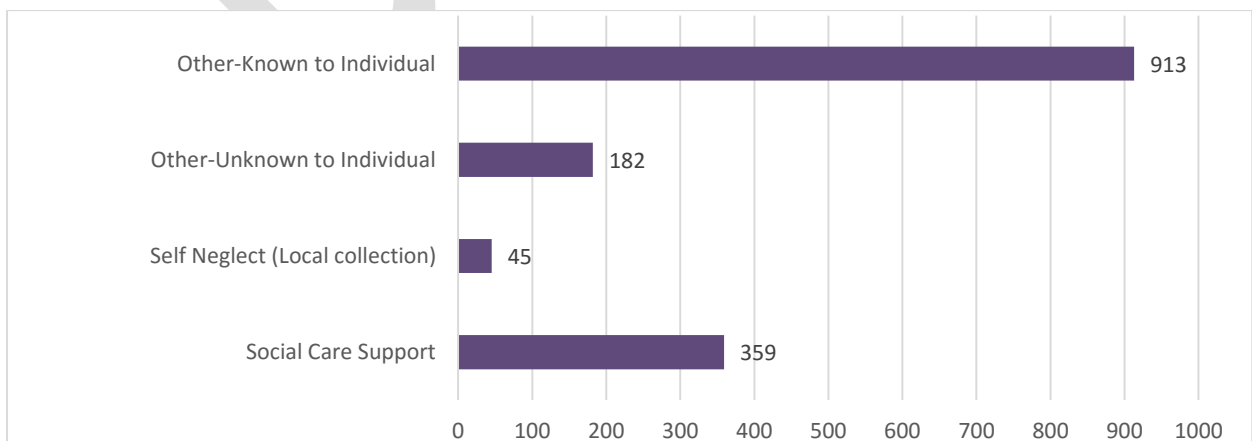
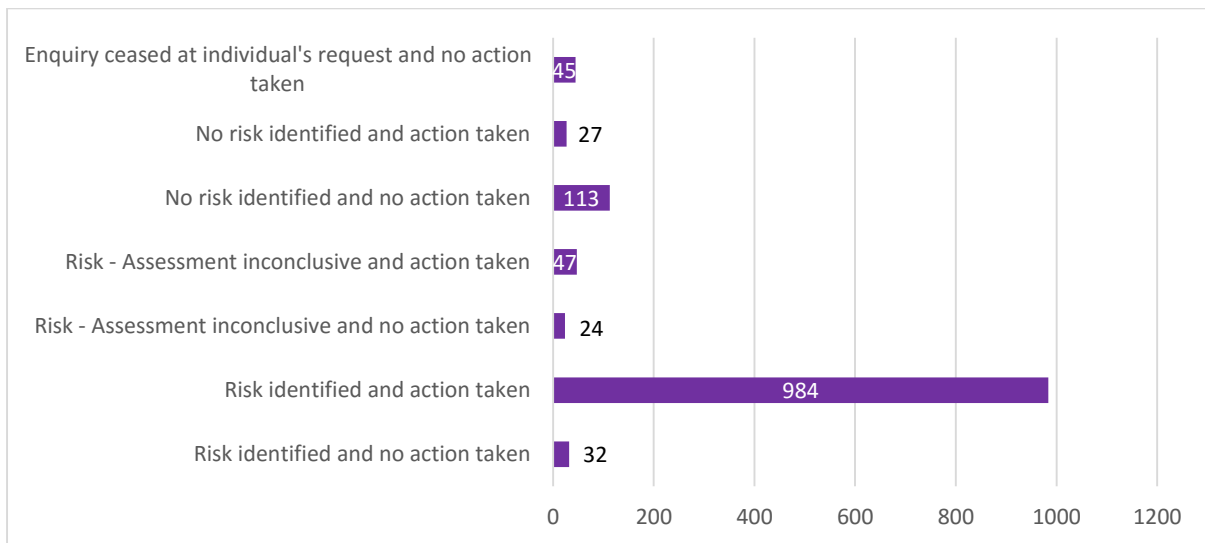


Table 8: Outcomes for victims, action taken

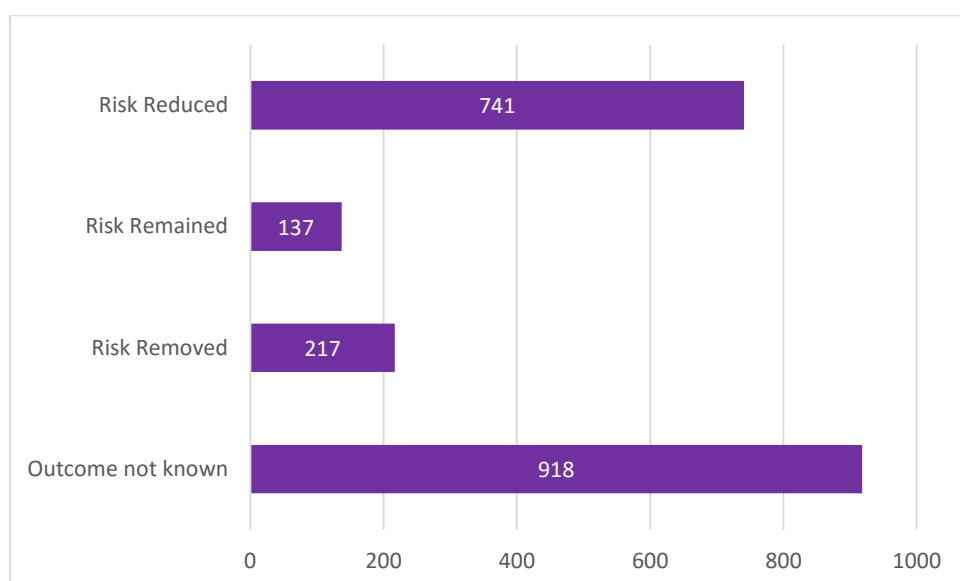


2016-2017 is the first year that the outcomes for victims has been recorded in this way and therefore it is not possible or helpful to compare with previous years as the information is different.

However, what can be seen from this data is that out of 1272 Section 42 enquiries only 113 were identified as no risk identified indicating that 91.12% of referrals taken to Section 42 enquiries were appropriate.

5% of cases were identified risks but no action taken, it could be assumed that the majority of these cases are because the adult at risk has capacity and has made a choice for no further action to be taken, in line with the Making Safeguarding Personal Principles. It is not clear if the no further action is also due to the perpetrator no longer being a risk.

Table 9: Outcomes for victims regarding ongoing Risks



918 cases were recorded as Outcome not known, it is essential that further training is carried out with the workforce to drastically reduce this number and establish what the outcome was regarding risk.

Out of 1272 safeguarding adult enquiries, this information shows that in 58% of enquiries the risk was reduced and in 10% of cases the full risk remained. It was only in 17% of cases that the risk was totally removed.

Safeguarding adults is complex and whilst there are now statutory duties to carry out enquiries there are still no powers for Adult Social Care to take action. Adults live complex lives. The disparity between the criminal threshold of “beyond reasonable doubt” and the safeguarding threshold of “the balance of probability” continues to be a cause of tension when trying to take action where abuse is occurring. Adults also have rights to make their own decisions and there are often very complex relationships involved between the perpetrator and the adult at risk.

Whilst the law has gone some way to try to support safeguarding over recent years the only way to truly reduce risks to adults at risk is to work with them in a way that empowers them to take action themselves. The knowledge and skills that professionals have around Systems Theory, Attachment Theory and carrying out some Solution Focussed work should not be underestimated and with an increase in this practice and working across agencies maybe then the risk removed data will increase and be higher than 17%.

5. Quality Assurance

Monitoring quality in practice in safeguarding adults was a key priority for the Board in 2015-16. Safeguarding practice has been included on the framework shaping our future: A Quality Assurance framework for Adult Social Care Practice.

The framework was developed in 2015-2016 and auditing to assure CCC social work practice began in a consistent way in April 2016 with Safeguarding being one of the 6 areas of practice which will be consistently audited. The 6 practice areas which are audited are:

- Assessment
- Care and Support
- Review
- Safeguarding
- Mental Capacity Assessments
- Case Recording

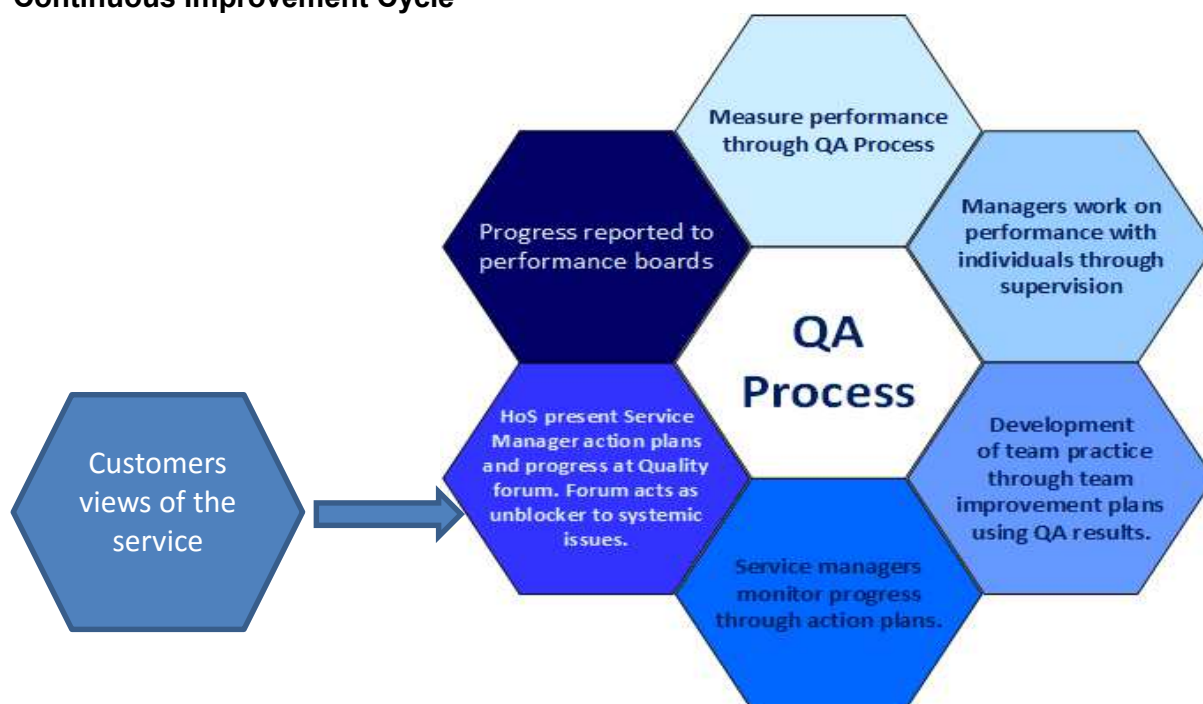
The expected standards of practice for each of the 6 areas are set out in the Quality Assurance (QA) case file audit toolkit as prompts for practitioners and managers. The toolkit was developed with practitioners and specialist teams within Adult Social Care (ASC). The safeguarding standards of practice were written by the Safeguarding Team ensuring we meet our legal duties and the experience of people who use the service is of a standard we would expect. Making Safeguarding Personal is at the heart of the practice expected and measured in the case file audit.

The Process

The QA practice audit has now been implemented across ASC including mental health social work within Cambridgeshire & Peterborough NHS Foundation Trust. The following process is consistently applied across all social work teams and includes the work of Adult Support Coordinators.

- Case file reviews are carried out by supervising managers.
- Each practitioner has their practice audited once every three months.
- Measurement is by grading which reflects the Care Quality Commission (CQC) grading of quality these are *outstanding*, good, requires improvement and inadequate.
- Monthly reporting of the results of the audits is broken down by team and reported through the Performance Management portal which is presented to the Older People Mental Health Performance Board, ASC Performance Board, CPFT Integrated Service Committee and Adults Committee and Safeguarding Board.
- The results and analysis of performance inform the continuous improvement cycle as illustrated below. The areas of practice which are identified as requiring improvement are presented to the newly formed Transforming Lives and Practice Governance Project TLQGP (referred to below as the Quality Forum) where the actions to be taken are agreed and monitored. The TLQGP is chaired by Claire Bruin (Director for Adult Social Care) and take place on a monthly basis.
- The Continuous Improvement Cycle as detailed below shows how the information from the audit process is used ensuring we have the mechanism to improve practice and answer the “so what” question from the collection of the results.

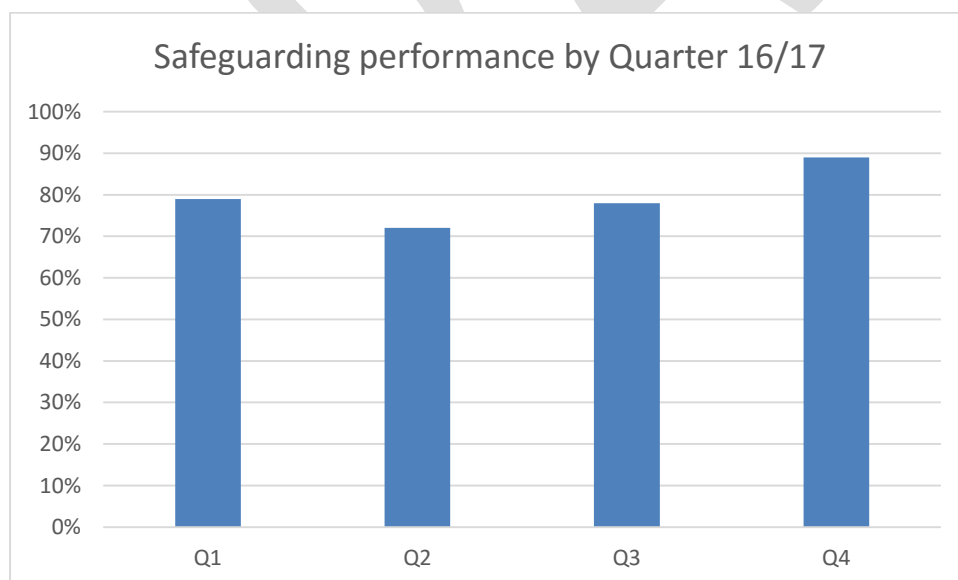
Continuous Improvement Cycle



Results of safeguarding audits

Safeguarding practice has improved as illustrated in the chart below from 79% in quarter 1 to 89% in quarter 4.

The figures represent audits graded as good or outstanding.



It is important to note the numbers of case file audits focusing on safeguarding was 63 cases in total over the year. This will increase as we target this practice area for case file audit over the year 17/18.

There is a clear divide between practitioners who produce excellent practice in this area and those where improvement is required. It maybe that practitioners who do not frequently undertake safeguarding work do not retain the learning in practice.

There is good evidence of Making Safeguarding Personal in the documentation seen by auditors. The challenge remains in evidencing what actions have been taken when a case is transferred from Multi Agency Safeguarding Hub (MASH) to the locality team for a Section 42 investigation.

MASH team are now carrying out case file audits.

Recommendations and Actions

- Practitioners Pathway has been revised to ensure practitioners are competent in all areas of practice including safeguarding. This work is led by work force development and has been informed by the results of the QA case file audit.
- Through a coaching approach to learning areas of excellent practice are shared within teams to improve practice across the team.
- Safeguarding practice is an area of priority for improvement for the TLPGP. The QA results are scrutinised by the project group. Each Head of Service is responsible for the action plans for improvement in their area supported by WFD and Quality Governance and Practice Development Teams.
- Individual practitioner's performance is managed by team managers where they are not meeting the required standard with individual improvement plans.

Next Steps – Thematic review

Safeguarding practice is an area of priority to quality assure through the thematic audit process and will be included in a themed audit this coming year.

Section 42 Enquiry practice is scheduled for an audit in July 2017 which will look at:

- Triage within the MASH process.
- Transfer to Long Term teams for Section 42 enquiry.
- Evidence of actions recorded as taken by the receiving team.
- Experience of the individual.

6. Progress on priorities in 2016/17

The report to the Health and Wellbeing Board in September 2016 identified a number of priority areas of work for the SAB in 2016/17. An update on each of these priorities is provided below.

Embedding the practice of MSP across all organisations involved in safeguarding. Use feedback from a “Temperature Check” commissioned by ADASS and due out in the Autumn 2016 to focus further development of MSP practice.

Building on experience since the implementation of the Care Act in April 2015, all safeguarding courses delivered by the CCC Safeguarding Adults Team were updated in 2016/17 to strengthen compliance with the Care Act 2014, and in particular, the focus on MSP. This work informed a new Training Programme that was launched on March 2017, with MSP Training being the prerequisite to all other safeguarding training courses.

Following the feedback from the national “Temperature Check”, the Eastern Region of ADASS agreed to commission a regional report to provide more detailed feedback and recommendations for action. This report and the recommendations will be considered fully at the SAB meeting in June 2017 and will inform the work required to continue to embed the practice of MSP across Cambridgeshire.

Headline recommendations from the national “Temperature Check” for SABs are set out below, with comments about progress:

- Local organisations should improve ways of managing the increase in safeguarding alerts and referrals by considering integration of front doors either through MASH or a jointly staffed Single Point of Access.
 - MASH established in April 2016.
- Local organisations (Safeguarding Adults Boards) should develop a means of gaining a picture of what happens to safeguarding alerts that do not progress to a Section 42 enquiry.
 - Data collected in the MASH includes alerts that do not progress to a Section 42 enquiry.
- Directors of Adult Social Services should take stock of where their service stands on the road to full implementation of MSP and then reflect on their current plans using the evidence in this temperature check.
 - A stocktake across Cambridgeshire and Peterborough has collected information on the implementation of MSP.
- Adult Social Care departments should consider how they can get greater corporate council buy-in to MSP and ensure local authority councillors are aware of MSP and are supportive of the changes required to implement it, particularly the need to promote personal empowerment and positive risk management.
 - The principles of MSP have been included in formal reports to the CCC Adults Committee, linked to the development of the MASH.

- Local training commissioners should ensure that staff training providers review their materials to modify and update them according to evidence of effective practice and blockages in shifting the culture to embed MSP values.
 - Training provided by CCC Safeguarding Adults Team has been updated.
- All organisations and SABs need to do more to meaningfully engage service users in planning and shaping safeguarding services.
 - The Community Network Representatives on the SAB are involved in sub group work and have developed public material to raise awareness of abuse and actions that people can take.
- Statutory organisations should enhance prevention of abuse by building a pathway from alerts and referrals into voluntary and community assets for lower levels of safeguarding intervention.
 - The MASH has close links with the Adult Early Help Team that can signpost people to voluntary and community resources.
- Local adult social care and health commissioners need to work more closely with independent care providers to link and embed MSP into good service quality.
 - Training offered to independent care providers focuses on MSP.

Embedding the MASH arrangements and understanding the impact on numbers of safeguarding referrals being passed to locality teams. Explore why cases that are not safeguarding are passed to the MASH and provide guidance as necessary to other organisations.

The adults' team in the Multi-agency Safeguarding Hub (MASH) has been operating since April 2016, providing a consistent approach to all safeguarding adult concerns, liaising with the Police and other agencies as necessary, and advising the next steps in responding to the concerns.

Data collected from April 2016 to January 2017 showed that 30% of cases were referred to long-term care teams for general case work and a further 12% of cases being passed to teams to carry out a Section 42 enquiry, as required under the Care Act 2014. Approximately 60% of the concerns coming into the Adults MASH were being handled by the MASH team rather than being dealt with within the long-term care teams freeing up capacity in these teams to focus on the more complex safeguarding cases and assessment and review work for people who require support from the long-term care teams.

Confirm the appointment of an independent chair for the SAB. Review the operation of the SAB with the new chair.

Russell Wate was confirmed as the Independent Chair for the Cambridgeshire SAB in September 2016. Russell's appointment has brought together the chairmanship of the SABs for Cambridgeshire and Peterborough and the Local Safeguarding Children's Boards for both local authority areas. This arrangement supports closer collaboration across the Cambridgeshire and Peterborough locality which mirrors the area covered by key partners including the Constabulary and Cambridgeshire and Peterborough Clinical Commissioning

Group. A joint business unit is being established to support Russell in the work of all four boards.

Develop the joint working arrangements across SAB subgroups with Peterborough colleagues, including agreement on joint procedures.

Joint arrangements were established across SAB subgroups with Peterborough colleagues during 2016/17 and work has progressed on developing joint procedures. The development of the joint business unit will support the collaborative work of subgroups going forward.

Review dataset of information that allows effective monitoring of safeguarding activity and outcomes, doing in depth data and trend analysis.

This work has been postponed until 2017/18 to allow the data from the MASH and the new recording requirements introduced by the Care Act around the person's desired outcomes to be fully considered in this work.

Priorities for 2017/18

The following priorities have been identified for 2017/18.

- **Domestic Abuse** (including SV, FGM, HBV, FM, across all genders) – To ensure that adults at risk of abuse and neglect are protected from all types of Domestic Abuse; and when victims are identified they are provided with appropriate support to recover and are safeguarded in line with the principles of Making Safeguarding Personal.
- **Neglect** (including self-neglect and hoarding) – To ensure that adults, at risk of abuse and neglect, in all settings, are protected from neglect; and when victims are identified they are provided with appropriate support to recover and are safeguarded in line with the principles of Making Safeguarding Personal.
- **Adults living with mental illness** - To ensure that adults at risk of abuse and neglect are protected, and that practitioners are skilled and trained appropriately to recognise changes in symptoms and behaviours that may indicate a deterioration in their mental health and that a change in care management/planning is required; and when victims are identified they are provided with appropriate support to recover and are safeguarded in line with the principles of Making Safeguarding Personal.

In support of these priorities, work on embedding the practice of MSP across all organisations involved in safeguarding, will need to be informed by the report and recommendations from the "Temperature Check" commissioned by Eastern Region ADASS.

7. Safeguarding Adults Team Training and Development

Introduction

The County Council's Safeguarding Adults Training Team offers training to our statutory partners and independent, private, voluntary and charitable organisations across Cambridgeshire.

A commitment towards improving the lives of adults at risk remains central to the work of the team, which is reflected in the changes that have been made during the past year and are planned for the coming year.

Staffing

The Safeguarding Adults Specialist Training Team is currently made up of two part-time trainers and a part time manager, supported by 1.5 administrators.

During the year the training manager and two training organisers left the team, resulting in a period of seven months from September to March 2017 with one part time trainer acting up as manager/trainer and one part time trainer (seconded). Since March 2017, one new part-time trainer has been recruited and the seconded part time trainer has now accepted a permanent part time post.

Work completed during 2016 – 2017

Core objectives for the team for the year have built on the targets set in the Training Teams Care Act Action Plan, June 2015. The Action Plan was updated June 2016 to have a clear definition of tasks required, which included a complete review and redesign of the range of courses and content of all courses, to ensure compliance with The Care Act 2014 and Cambridgeshire County Council Safeguarding Adults Procedures.

To be able to take a systematic approach to updating courses, as identified in the action plan, a framework, with SMART targets, was used by the team, whereby, every course was scrutinised and either radically updated or removed.

Main drivers for training courses from this year was to build on and meet the requirements of the Care Act and to keep in line with any updates identified by this legislation by providing practical guidance relating to the different types of abuse (including domestic abuse, self-neglect and modern slavery) and guidance on how to respond to concerns and how to evidence decisions made – with a central theme of Making Safeguarding Personal – the adult at risk is central throughout and involved in any safeguarding activity or decisions made. All course outcomes are aimed at meeting the learning needs of course attendees and ultimately appropriate responses for adults who may be at risk.

The joint training programme between the Safeguarding Adults Team and the Education Child Protection Service, which was developed last year, continued to be successful. There has been an increase in requests for bespoke Making Safeguarding Personal (MSP) training from other areas within the Education Sector e.g. Homerton/Cambridge University.

Partnership working continued with Anglia Ruskin University delivering the adult safeguarding modules within the BA/Masters Social Work programme.

An effective working relationship has continued with the Diocesan of Ely Safeguarding Officer to review their training and contribute towards updating knowledge of internal trainers on adult safeguarding. Similar work has now started with the Head of Safeguarding, Cambridgeshire Fire and Rescue.

Adult safeguarding training sessions have now been developed for informal or unpaid carers and volunteers.

The team continued to deliver a tailored adult safeguarding training service to specialist organisations such as the housing and homeless sector and responded to support requests from Section 42 Safeguarding Meetings, Care Quality Commission (CQC) and Contracts.

Course and Resource Development during 2016 to 2017

All safeguarding adults courses have been updated and are compliant with the Care Act and Making Safeguarding Personal. The new Training Programme was launched in March 2017, with Making Safeguarding Personal training being the prerequisite to all other training courses.

Due to the reduction in team members and current training taking priority, the development of the Modern Slavery and Discrimination course, Making Safeguarding Personal Advanced for the Independent Sector and Management Responsibilities for Safeguarding Lead Managers has been temporarily suspended. This development will continue once the team is back to full capacity.

A joint training programme has been developed with Workforce Development to provide both adults and children's safeguarding training. This is mandatory training aimed at all staff within the Children's, Families and Adults Social Care Directorate.

Bespoke training sessions for specific groups of people are constantly being developed to meet the needs of their client group. The Framework used to monitor the development and delivery of the training is still being used to maintain the quality and momentum of work required. There has been an increase in bespoke training requests in relation to last year.

An information guidance card is being developed to support the shortened adult safeguarding/MCA/DoLS training for GP Practices.

In conjunction with the Network Community Group, an Adult Safeguarding Newsletter and poster has been developed and launched.

This year has been a very busy one for the whole training team, with every team member being involved in updating materials and courses and in the organisation and delivery of courses, with constant reviewing, to ensure learning outcomes have been met.

Training Figures

- We have had an increase of 15% in attendees for all courses since 2015-2016, Training 2495 staff during 2016-2017.
- All courses directly link to the Training Strategy 2015-2018 and directly to the core principle of Making Safeguarding Personal.
- 10 different programmed courses are now provided via the Safeguarding Adults Training Programme, this does not include courses that are provided on a 'bespoke' basis for services. The courses can be found in the Safeguarding Training Programme launched in March 2017.
- In 72 separate sessions, 885 people from 22 Independent Sector providers, have received training via a bespoke in-house course. This was mainly for Making Safeguarding Personal Training.
- Taking into consideration all the development work during the past year and lack of staff in the team, this year has proved productive and positive for the team.
- GP Practice training was a shortened, summary version of the Making Safeguarding Personal course, mainly delivered by MCA and DoLS trainers. This has been provided to 268 health professionals across 16 different surgeries.

The team administrators also support the Mental Capacity Act and Deprivation of Liberty Safeguards Team with their training programme. These figures are not included in these statistics.

Table 1: People Attended All Courses

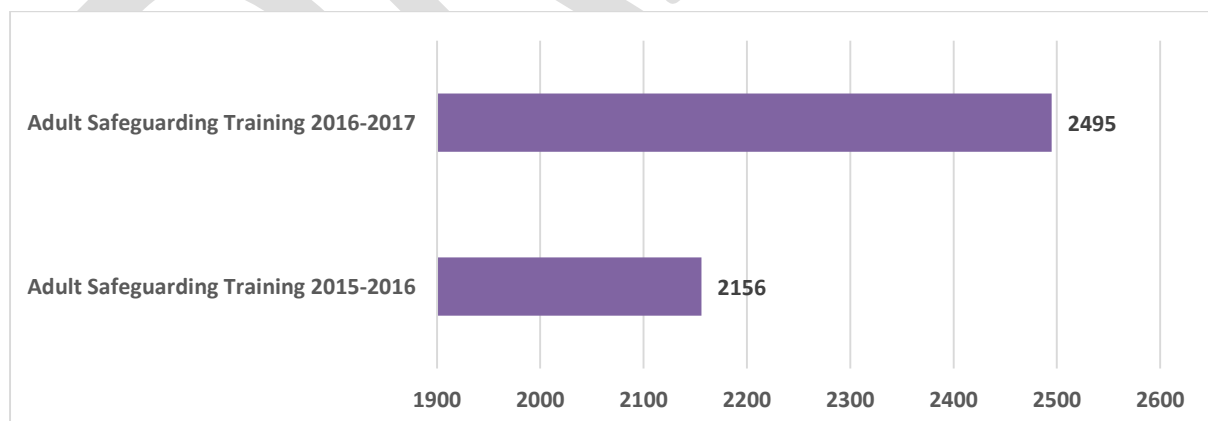


Table 2: Service/Sector Attendance (All Courses)

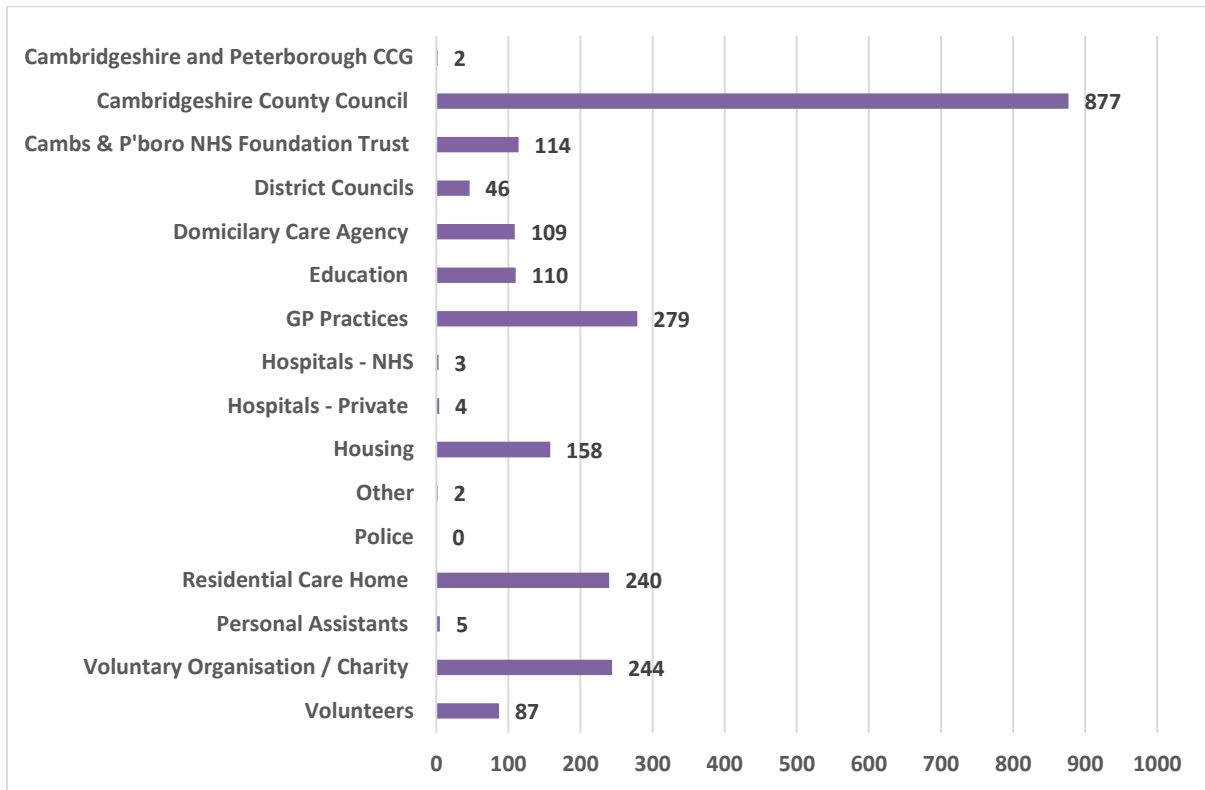


Table 3: Making Safeguarding Personal Sector Attendance

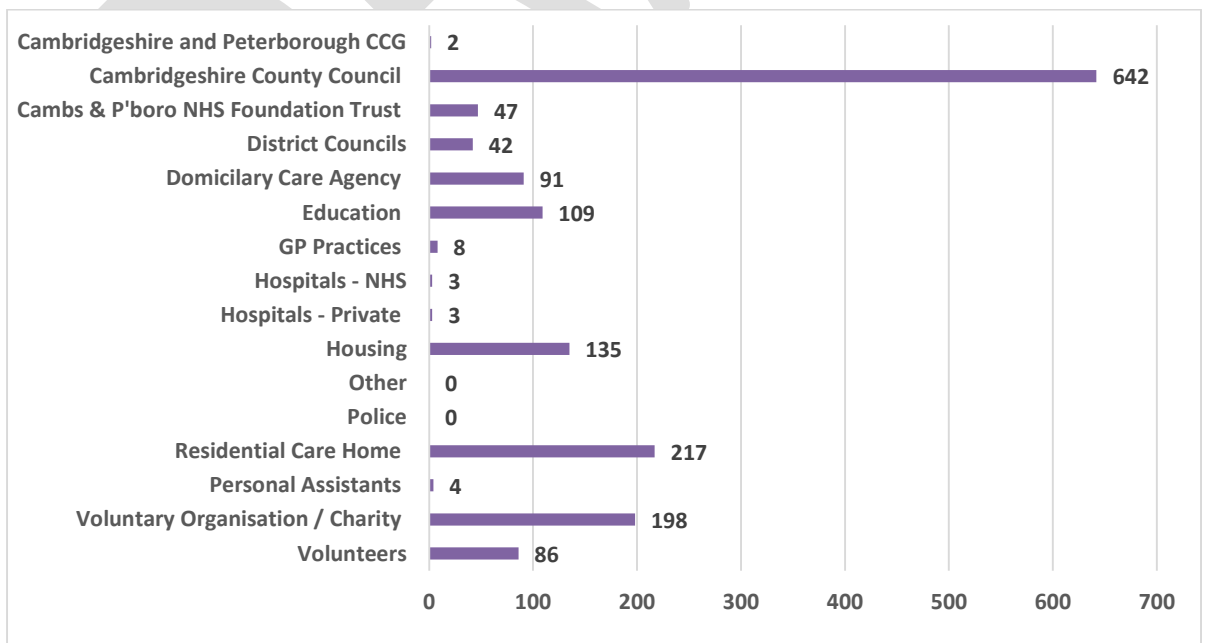


Table 4: Course Attendance by Course and Sector

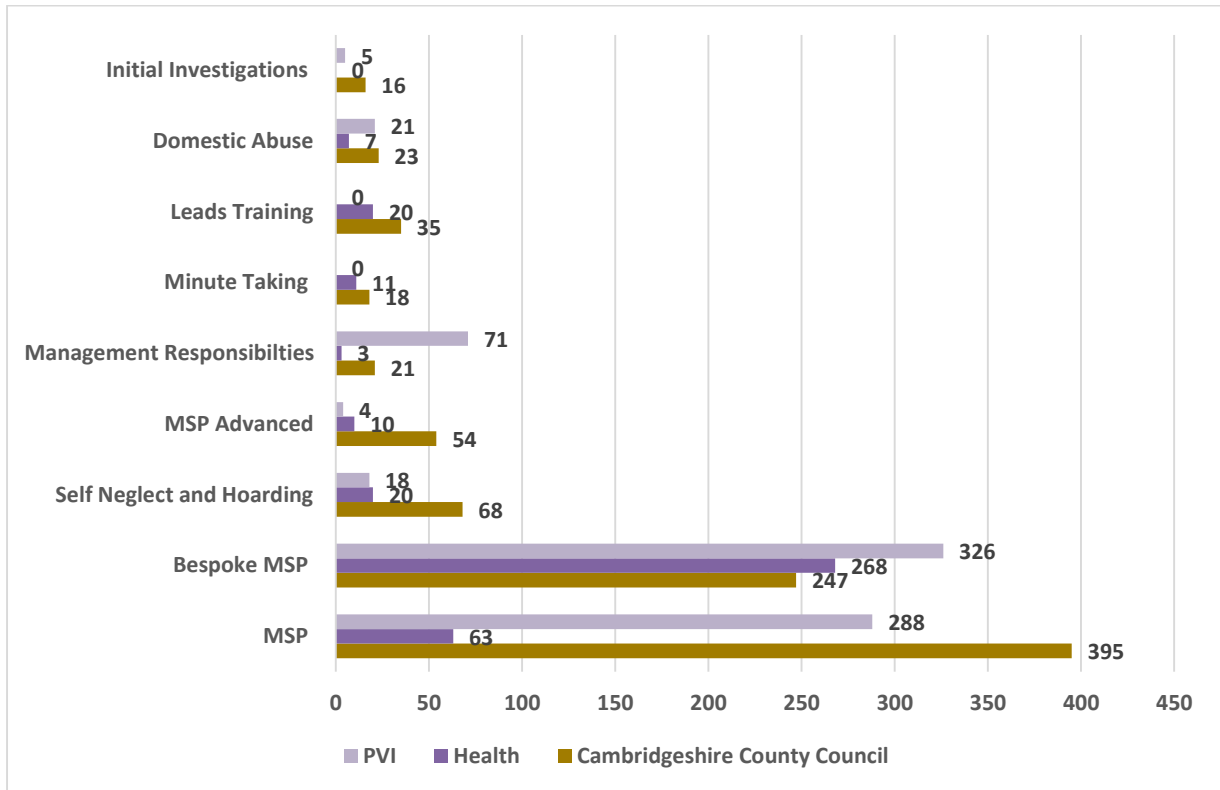
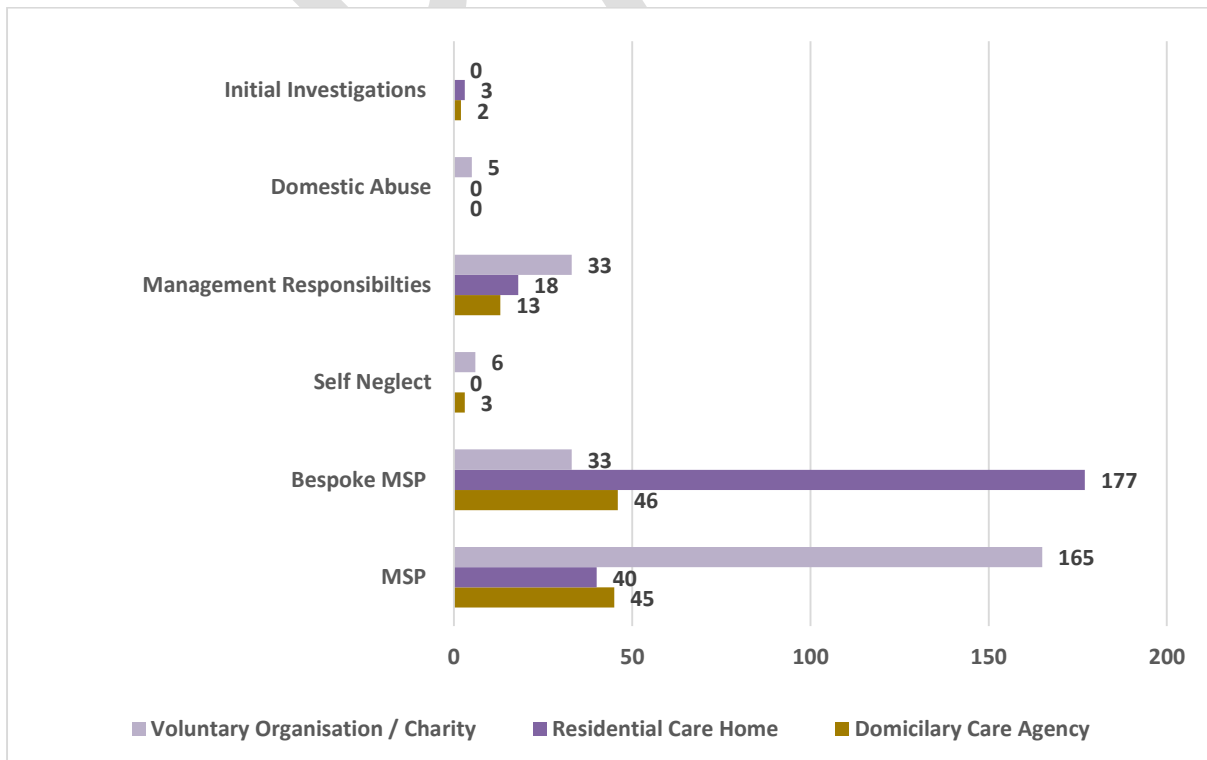


Table 5: Course Attendance for PVI Sector



Training evaluation comments

“Would recommend course and would like to attend further training facilitated by Christine. Great subject knowledge”
Management Responsibilities
12 December 2016

“Looking at how you put the person at the centre of safeguarding and it becoming less of a policy lead activity”

“Really enjoyed/understood training. Good mix of visual and group interaction”
Making Safeguarding Personal
Bespoke for Anglian Ruskin University – 27 October 2016

“I wasn't sure that this would be a relevant course but I found it very useful – particularly in re-examining what constitutes abuse”
Making Safeguarding Personal
15 December 2016

“Really enjoy my safeguarding courses. They are very comprehensive and upbeat. Thank you. A great team.
Self-Neglect and Hoarding
13 July 2016

“Most useful training course that I've done for a long time, really relevant and useful, huge confidence in Christine's knowledge, Thank you”
Management Responsibilities
11 October 2016

“I wish I could offer some help to promote this and bring it more to the public domain, as it's so important. I have learnt so much as well as having existing knowledge re-enforced. Thank you”
Domestic Abuse - 18 April 2016

Future work plan

- Referring to the Training Strategy, the Adult Safeguarding Training Team and the Safeguarding Adults Board Community Network Sub Group have developed two separate sessions specifically for service users and carers. These are now available and will be provided directly for adults with care and support needs and/or who may be at risk; and for informal carers of people who have needs for care and support. It is planned to run these with a member of the Adult Safeguarding Training Team with support from a member of the SAB Community Network Sub Group.
- To continue with the development of the Modern Slavery and Discrimination course, Making Safeguarding Personal Advanced for the Independent Sector and Management Responsibilities for Safeguarding Lead Managers.
- To continue to develop and deliver the Safeguarding Leads training and Development Days. To develop a competency framework to support and enable effective supervision of S42 Enquiry work for Safeguarding Leads.
- Bespoke in-service training has increased over the last year and is set to rise with requests being received. Bespoke training is adapted to meet the needs of particular services, or roles, to enhance practice with service users.
- To ensure continuity of the Safeguarding Adults Newsletter - the Community Network Sub Group are involved in its development and circulation.
- Core objectives for the team for the next year include providing all courses as described in the Training Strategy, to respond to the increased requests for in-service bespoke training and a review of attendance and outcomes.

In the coming year:

- All courses will be reviewed and updated as a collective, to ensure they meet the learning needs of attendees.
- All courses will be reviewed and updated to link to the updated joint Cambridgeshire and Peterborough SAB Safeguarding Adults Procedures and updated with any national guidance.
- To link and align the current training strategy with the updated procedures and national guidance and to develop a competency framework.
- To develop a Making Safeguarding Personal e-learning package in line with the updated procedures.
- To continue to develop the information guidance card to support the shortened adult safeguarding/MCA/DoLS training for GP practices.

8. Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguard (DoLS) is a statutory practice and administrative arrangement managed by Cambridgeshire County Council in its capacity as the Supervisory Body and through which a person can be lawfully deprived of his or her liberty when all six requirements are met.

As with most other Local Authorities in the country, we are continuing to face the challenge to manage the more than tenfold increase in applications for Standard Authorisations for DoLS following the Supreme Court's ruling back in March 2014.

The Policing and Crime Act 2017 (PCA 2017) makes a significant change to coroners' investigations into deaths in deprivation of liberty cases in that an inquest is no longer needed and we welcome this change.

We are also continuing with all of the actions as listed in last year's report and in particular, we will be updating our Action Plan in relation to administrative processes in managing referrals and signing off authorisations.

DoLS' activity April 2016 to March 2017

Month	Total No. of Applications	Assessment Completed and Withdrawn	Outstanding Waiting list
April 2015 to March 2016	2078	684	1394
Apr-16	116	85	1425
May-16	100	225	1300
Jun-16	113	210	1203
Jul-16	94	76	1221
Aug-16	107	115	1213
Sep-16	125	91	1247
Oct-16	115	103	1259
Nov-16	150	120	1289
Dec-16	134	114	1309
Jan-17	149	128	1330
Feb-17	160	101	1389
Mar-17	161	121	1429
Total	1524	1489	

Looking forward

In March this year, the Law Commission published their Draft Bill to change the legislation relating to Deprivation of Liberty with a name change to Liberty Protection Safeguards. With the sudden call for a General Election, we now await a response from the next government as to whether it will be introduced into Parliament for debates or not. However, it is important to note that with the current demand for Parliamentary time relating to BREXIT, it will be difficult to forecast when the legislation for DoLS be changed and we may need to contend with a few more years to come with the current legislation.

MCA Training and other developments

Over the past year the MCA and DoLS' Training and Development Team in collaboration with the Quality Governance and Practice Development team and the MCA/DoLS Operational Manager have delivered the following projects to improve practice in our Social Care workforce:

- New Practitioner Factsheets on the MCA DoLS for our Social Workers and Adult Support Co-ordinators to use as they apply the Care Act to their day to day practice.
- A quality assessment toolkit to evaluate how well the MCA & DoLS is being applied in practice in our Locality Teams.
- Updated the Supported Decision/Capacity Assessment Form ASC 1708 – and delivered bespoke training sessions to our workforce to learn how to use the assessment tool in practice.
- Agreement sought from the Transforming Lives/Care Act Project Board that all Adult Social Care Locality Teams to access a 1 day in house training session every year covering both the MCA and DoLS. The aim is to ensure all Social Workers, Locality Team Managers, Adult Support Coordinators and other registered professionals who work within Children, Families and Adults Services (CFA) remain up-to-date with the changing legal landscape of the MCA and DoLS and that practice will be improved in these areas of law. However, the take up of this training and mentoring opportunity which offered a more tailored & blended approach to learning has been slower than anticipated with many staff still attending our community courses which do not offer the opportunity to discuss and work through practice dilemmas. This will be addressed throughout 2017/18.
- We have continued to deliver Re. X training to our workforce (applications to the Court of Protection for DoLS in the community).

Beyond our CCC social care workforce we have been as always delivering our community based training sessions for commissioned services. However, we are beginning to see an increase from Commissioned Services purchasing our training in house (often for senior & management staff) as they realise the benefits of the tailored and blended approach to learning and appreciate the time and effort our team take beyond the training day to offer mentoring and advice to help them apply the law to day to day practice.

The training and work we do across primary health in Cambridgeshire and Peterborough continues to grow, with many GP Practices having talks in their practice from our team on a yearly basis. We are also in the process of moving into phase 2 of training for the physical health workforce in CPFT, which will support community based therapists and nurses to apply the MCA to their day to day practice. In this sector we also this year had the launch of our online learning for Health Professionals which was supported by Medical Protection Society and endorsed by NHS England. Since the launch of our online learning, we have now received accreditation from the Royal College of GP's and we are in the process of getting accreditation from the Royal College of Nursing.

9. A word from some of our Partners

Addenbrooke's Hospital, Cambridge University Hospital NHS Foundation Trust

Addenbrooke's Hospital, part of Cambridge University Hospitals NHS Foundation Trust (CUH) has continued over the course of the last twelve months to implement our Trust Improvement Plan, devised following the Care Quality Commission inspection of 2015. Developed in collaboration with CUH staff from across the Trust, the plan has brought together a number of work streams designed to improve delivery and efficiency of services across selected priority areas.

Following the resignation of the Chairman to the Board of Directors in 2016, the Vice-Chair Dr Mike More stepped into the role as an interim measure before becoming the substantive post-holder in April 2017.

Completion of the new Papworth Hospital is now scheduled for less than a year's time. Moving into a purpose-built hospital will provide Papworth with the bespoke facilities required to continue the delivery of patient care at the forefront of heart and lung medicine. Whilst remaining clinically and organisationally autonomous, Papworth Foundation Trust will benefit from co-location with research and development facilities as well as the opportunity to work alongside health partners such as the School of Medicine, Addenbrooke's and the Rosie.

Governance and Accountability

The recent CQC inspection in September gave the Trust an overall rating of 'good' and again rated care as "outstanding". The report referred to an improvement in quality and safety and also referred to the revised governance systems now in place and ensuring that the CUH senior team has robust information upon which to make decisions.

As part of the overall review of internal governance mechanisms, the Trust's Serious Incident strategy has undergone revision. Measures have been taken to provide further clarity with regard to the definition of roles and responsibilities within investigations and have included the provision of standardised Root Cause Analysis training across the Trust to key senior staff. The Internal Adult Safeguarding Process is acknowledged and incorporated as an integral part of the SI process and the new Quality and Safety reporting system forms an effective communication tool both in support of investigations and the dissemination of learning from incidents.

Mental Capacity Act/Deprivation of Liberty Safeguards

The Trust continues to respond to national developments in this continuously evolving landscape of legislation. One recent change with an impact on all acute hospitals has been the Coroner's duty with regard to patients subject to the Deprivation of Liberty Safeguards (DoLS). Since April 2017 it has no longer been necessary for Coroners to undertake an inquest for all patients who die whilst subject to DoLS authorisation.

Local Authorities have generally been more able over the last year to collaborate with the Trust in order to identify and prioritise DoLS applications. This has led to an increase in the number of supervisory bodies providing timely reviews to support patients with complex capacity issues.

Case law continues to illustrate legal challenge to the DoLS framework. The Law Commission has prepared a document detailing recommended changes to legislation and some recent cases have held interest for the acute provider. The Trust currently adheres to the 'acid test' and the ruling from Cheshire West. Of recent significance to acute Trusts is the ruling of the Court of Appeal in January 2017 in the case of Ferreira v. Coroner of Inner South London. However, as this case is likely to go back later in the year for review by the Supreme Court, our current practice remains consistent with the earlier rulings.

Staff training for MCA/DoLS is incorporated into Level 2 Adult Safeguarding across the Trust, and is mandatory for all staff members in patient-facing roles. The training material is accessed via an 'e-learning' package and compliancy rates have consistently exceeded the target of 90% agreed with commissioning. In January 2017 the CQC reported that staff they had questioned across the Trust were familiar with adult safeguarding recognition and reporting and also had an understanding of the Mental Capacity Act, of the need for consent and of the criteria for DoLS.

Face-to-face training and support continues for clinical areas and specialist teams involved in cases where complex capacity issues are regularly encountered. Individual cases are also followed where capacity and consent issues are of particular significance and Best Interests meetings are promoted as good practice and facilitated by the Named Nurse for Adult Safeguarding where required.

Partnership Working

All adult safeguarding concerns are considered and investigated in collaboration with the Local Authority relevant to the patient. This has always been the process within our own locality, but the Trust's status as a tertiary facility has sometimes made management of patients from further afield more challenging. Improvement has been seen over the past year with regard to this issue – increased understanding about information-sharing and the 'making safeguarding personal' agenda has led to an improvement in liaison and willingness to share. This is a vital issue for Acute Trusts, impacting directly on length of stay and safe discharge.

A number of concerns related to perceived poor discharge processes levied against the Trust by community partners have led to the implementation of the monthly Discharge Assurance Panel. Senior staff members with responsibility for complex discharge are joined by representatives from community services including the local authority and district nursing. Each concern is investigated by the treating team and presented for discussion at the panel meeting. The resultant learning is relayed along governance routes and trends and themes are then considered by a steering group led by the Assistant Director of Nursing for Patient Experience. The process has been well received. Approximately 50% of concerns are upheld and have led to the identification of changes in Trust practice with an ultimate benefit to the efficiency of the discharge process.

CUH Safeguarding Service

Over the course of the year, the wider Trust Safeguarding Team (Children, Adult and Maternity) has relocated to a central 'hub.' Sharing offices has promoted collaborative practice and the exchange of information and also facilitates the development of joint management plans for patients with needs that meet a wider range of overlapping safeguarding requirements.

Implementation of local authority Multi-Agency Safeguarding Hubs across part of the region has the potential to increase the shared approach to adult safeguarding enquiries.

Safeguarding work at CUH is conducted against a background of development and change within the wider 'safeguarding family'. The Adult Safeguarding Intercollegiate Guidelines are to be published shortly, and will inform the activities of our commissioning colleagues and further define our training needs analysis. There have also been recent reforms to the local Adult Safeguarding Boards (SAB). Historically we have had two local SABs, one for Peterborough and one for Cambridge. The appointment of an independent chairman across both has been part of a move to consolidate and decrease parallel working. In future there will be a county wide board executive team and a single business unit serving all of the boards, adult and children. Whilst the boards remain separate, a number of the subgroups are now combined. Further developments when considered alongside the demographics of the regional acute hospital providers will be of considerable interest to CUH.

DRAFT

Cambridgeshire Constabulary have continued to work hard with partners to develop systems, processes, expertise and experience to better safeguard adults at risk. Referrals are made into the Multi Agency Safeguarding Hub (MASH) where assessments are made, information is shared and onward referral for joint investigations, single agency responses or other early intervention options offered. The MASH Governance Board has been re-invigorated and there is agreement that the adults' side of the MASH will be developed with vigour across Cambridgeshire and Peterborough over the next twelve months.

The Constabulary continue to operate Domestic Abuse Investigation and Safeguarding Units (DAISU) which investigate cases of domestic abuse, supporting victims and those close to them through positive action and bringing offenders to justice. The DAISU have achieved successful outcomes on Coercive Control cases involving adults at risk of harm. The Partnership have introduced daily Multi Agency Risk Assessment Conference (MARAC)s which are chaired by managers from the Constabulary and consider cases where a high risk of harm exists.

The Adult Abuse Investigation and Safeguarding Unit (AAISU) continue to undertake investigations into cases of adult abuse, including those in a health or care setting. These investigations include physical, sexual and financial abuse as well as neglect.

The Constabulary are working with the Board to examine the training offers on this topic from both the Board and the Constabulary. The intention is to develop a training offer which compliments that already delivered by the Constabulary to its own workforce and ensure what is delivered is quality assured against Safeguarding Board standards and that the offer by the board is accessible to this hard to reach workforce.

The Constabulary will be delivering Safe Lives Domestic Abuse training to 500 staff which will enhance the knowledge of the workforce in particular regarding coercive control.

In 2016-2017 we have:

- Continued the development of the MASH, firmly establishing Domestic Abuse and Adult Abuse as priority themes.
- Continued to work in partnership with Peterborough and Cambridgeshire Safeguarding Adult Leads.
- Continued to carry out investigations into cases of Domestic Abuse, safeguarding victims, in particular those that are at risk and bringing offenders to justice.
- Continued to train and prosecute the new Coercive/Control Legislation.
- Continued to investigate those who offend against the elderly, disabled and vulnerable and bring offenders to justice.

Cambridgeshire & Peterborough Domestic Abuse and Sexual Violence Partnership (DASVP)

Cambridgeshire DASVP continues to work closely with the Adult Safeguarding Team on awareness raising around adults at risk and both services work collaboratively on areas where domestic abuse and sexual violence overlaps with adult safeguarding. The monthly newsletter produced by the DASVP includes details of adult safeguarding training and our website also signposts professionals to the Adult Safeguarding Team.

Domestic Abuse Update

The Domestic Abuse and Adult Safeguarding Action Plan was implemented in 2013 and all actions have now been delivered. The DASV Partnership Officer has met with the Cambridgeshire Safeguarding Adults Board (SAB) to discuss new actions going forward and these will be signed off in Spring 2017.

The Partnership Officer now sits on the SAB Training Sub Group and attends the SAB Quality and Effectiveness Group meetings.

Peterborough SAB organised a conference around adult safeguarding and domestic abuse in March 2017 and the DASV Partnership Officer sourced speakers and provided materials for presentations at the event. Formal feedback is awaited but the event was well attended by a range of senior managers and front line staff.

Data around the number of adult safeguarding cases with a domestic abuse or sexual violence element is now being provided by the Adult Safeguarding Team located at the MASH.

The Care Act came into force in April 2015, setting out for the first time legislation around adult safeguarding. Domestic abuse is now a national category of abuse for adults at risk from harm (the new term for vulnerable adults). Whilst this legislation is welcomed, it has meant that some cases of domestic abuse or sexual violence involving people who were previously classed as 'vulnerable' now do not meet the threshold for adult safeguarding. Work is ongoing with the SAB and the Adult Safeguarding Team at the MASH to ensure appropriate signposting and services are in place. Furthermore, the DASV Delivery Group will be commissioning an audit of Safeguarding Adults cases where domestic abuse or sexual violence is a factor to be carried out during 2017 with the aim of ensuring responses from all services are appropriate and are meeting the needs of victims.

The Cambridgeshire IDVA team received training around domestic abuse and people with Disabilities from specialist support organisation Stay Safe East in November 2016. Following the training, an action plan was developed to ensure IDVA services are responding positively to victims with disabilities.

Our vision is for:

A safe community where there are no preventable deaths or injuries in fires or other emergencies.

To achieve this we need to strive for operational and community safety excellence, demonstrating value for money and by putting people at the centre of everything we do - that's people in the community in terms of their safety and diverse needs and our own staff in terms of training, development and health and safety.

We continue with our prevention work regarding multi-agency de-briefs should a fire death occur. Agencies who had previously been involved with the individual work in partnership to ascertain if together we could have intervened to prevent this fire from occurring, as well as identifying any similarities in individuals' life style choices with incidents of a similar nature.

As a direct result of two deaths early in 2016 and this multi-agency way of working the service has instigated a programme of activity (Olive branch) working directly with agencies who have staff visiting residents.

This ranges from voluntary British Red Cross practitioners, NHS employees (Train the trainer events) to Care Support workers. The service has been and will continue to educate employees on recognising risk for themselves and the resident they are visiting and as importantly what to do should they identify a risk, particularly in relation to fire and safety.

Over 200 front line staff in 2016 have benefited from the training with 98% stating they would now recognise fire hazards and 99% stating they know where to report their concerns to for assistance.

Do you have staff that need this training? Please contact firefire@cambsfire.gov.uk or Freephone 0800 917 9994 quoting "Olive Branch training".

CFRS has recognised by tackling the issues that make individuals a high risk of fire we can reduce their risk of dying as a result of fire.

Safeguarding and its broader agenda continues to be a high priority and to support this we have widened our on line learning tools for front line staff that can be monitored and reported on.

Statement of Purpose

Cambridgeshire and Peterborough NHS Foundation Trust is committed to the working with partner agencies to ensure the safeguarding of adults at risk of abuse and neglect.

Governance and Accountability

Safeguarding matters are reported to the Board via the Quality Safety and Governance Committee. The Director of Nursing is the Executive Director with Board responsibility for safeguarding adults; the Head of Adult Safeguarding is the lead officer for adult safeguarding with responsibility for developing policy and procedures within the Trust.

2016-17 Achievements

- **Training**
At April 2017, 97% of CPFT staff had trained in adult safeguarding. MCA training stood at 76% and 97% of staff had received PREVENT training.
- **Staff Supervision**
Safeguarding Leads are supported by the programme of peer supervision meetings where safeguarding staff visit the wards and teams in CPFT to discuss cases, issues and developments.
- **Healthcare Services**
Safeguarding referrals from CPFT community health services showed a significant increase over the previous year which is likely to reflect greater awareness.
- **Policy and Procedures**
The CPFT have contributed to the development of joint Cambridgeshire and Peterborough SAB adult safeguarding policy and procedures and self neglect and hoarding protocols.
- **Partnership Working**
A Multi Agency Safeguarding Hub (MASH) has been developed within Cambridgeshire as a single point for referrals and triage of all adult safeguarding matters. CPFT has an Advanced Practitioner post embedded within the MASH although the retirement of the post holder has meant that the development of the MASH for CPFT has been delayed.

Priorities for 2017-18

- Ensure all staff receive appropriate training and are able to identify and respond to safeguarding issues and that the target of 90% for staff training in adult safeguarding continues to be met.
- Ensure compliance with attendance at Mandatory MCA & PREVENT training.
- Ensure CPFT has a sufficient number of trained Safeguarding Leads.
- Work with partners (including Local Authorities & Police) to further develop the working of the Multi-Agency Safeguarding Hub (MASH).
- Revise CPFT policy & procedures in line with the SAB documents.

Cambridgeshire and Peterborough Clinical Commissioning Group (CAPCCG)

Cambridgeshire and Peterborough Clinical Commissioning Group (CAPCCG, 'the CCG') is one of the largest CCGs in England (by patient population), with 105 GP practices as members. They cover all GP practices in Cambridgeshire and Peterborough, as well as three practices in North Hertfordshire (Royston) and two in Northamptonshire (Oundle and Wansford). We are responsible for planning and buying local NHS services, such as the care you receive at hospital and in the community, as well as ensuring they deliver the best possible care and treatment for patients.

Our main Providers are:

- Cambridge University Hospitals NHS Foundation Trust (CUHFT - encompassing Addenbrookes and Rosie hospitals)
- Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT)
- Hinchingsbrooke Health Care Trust (HHCT)
- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
- Cambridgeshire Community Services (CCS)
- Papworth Hospital NHS Foundation Trust - specialist cardiothoracic hospital

There are also a range of other key Providers such as GP Out of Hours services, NHS 111, East of England Ambulance Trust and many other smaller specialised service Providers.

The monitoring of Providers compliance with the safeguarding adult's requirements in the quality schedule of the NHS contract was undertaken by the CCG on a quarterly basis as part of the Clinical Quality Review processes (CQRs). Specific metrics outlined in the CCG's quality dashboard were reviewed with no major shortcomings noted. Additional funding from NHS England has continued to facilitate organisations' ability to address issues with compliance with training requirements in relation to MCA/DoLS.

Attendance at CQC/Local Authority information sharing meetings also supports the CCG in maintaining a soft intelligence database which helpfully provides an overview, useful for quality surveillance and identification of systemic issues, particularly in relation to care homes and domiciliary care agencies.

Partnership working

CCG staff attend multiagency meetings in order to achieve partnership working. There has been regular attendance at the Cambridgeshire Safeguarding Adult Board (CSAB) meeting and its subgroups, as well as the Domestic Abuse Governance Board, the MASH Governance Board and the Prevent Delivery Board.

Health Executive Safeguarding Board

The Health Executive Safeguarding Board (HESB) is a subgroup of the SABs, reporting to both Peterborough and Cambridgeshire SABs. HESB is chaired by CAPCCG Director of Nursing and Quality. The membership largely comprises Directors of Nursing from NHS Provider organisations across Cambridgeshire who work collaboratively taking a strategic 'Health' view in relation to safeguarding adults' issues.

Safeguarding Adults Health Sub Group

The Safeguarding Adults Health Subgroup (HSG) reports to the HESG and has membership of Health Providers across Peterborough and Cambridgeshire reviewing operational issues, receiving direction from HESB as required.

CAPCCG has strived to maintain a high profile around the importance of safeguarding adults to the health and well-being of our population and continues to promote a culture of Making Safeguarding Personal. Prevention is vital and staff training around safeguarding adults to raise awareness is both promoted and monitored closely by the CCG. The responsibility of all staff to recognise and respond to safeguarding concerns is emphasised in the training delivered to staff by Provider Safeguarding Adult Leads.

Priorities and challenges for 2016 -2017

- Review the recommendations from the Safeguarding Adults Reviews published and ensure these are being considered within CCG commissioned services.
- To respond to the forthcoming 'NHS England Roles and Competencies for Healthcare staff' document and consider the implications for the learning and development needs of NHS staff locally.
- Consider the impact of increasingly constrained resources upon both the CCG and Providers, while still striving to maintain a robust response to meeting safeguarding adults responsibilities.

Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England.

Our purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and to encourage care services to improve. We will develop our approach to inspection so we can respond to new models of care and new models of service which will develop over the next few years. We are clear that regulation will not act as a barrier to innovation.

Our role is to monitor, inspect and regulate services to ensure they meet fundamental standards of quality and safety and to publish what we find, including performance ratings to help people choose care.

CQC's four underpinning priorities are to:

- Encourage improvement, innovation and sustainability in care
- Deliver an intelligence-driven approach to regulation
- Promote a single shared view of quality
- Improve our efficiency and effectiveness

Care that fails to meet the expected national standards of quality and safety against which we regulate will not be tolerated. We will use our enforcement powers necessary to stamp out poor practice wherever we find it. Any form of abuse, harm or neglect is unacceptable and should not be tolerated by the provider, its staff, the regulators or by members of the public who become aware of such incidents. Safeguarding is everybody's business and CQC is aware of the role it can play in striving to reduce the risk of abuse from occurring.

Safeguarding is a key priority that reflects both our focus on human rights and the requirement within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to have regard to the need to protect and promote the rights of people who use health and social care services.

As the regulator of health and adult social care services, our primary role is to make sure that providers have appropriate systems in place to safeguard people who use the service and that those systems are implemented and followed in practice to ensure good outcomes for people who use the service. We will monitor how these roles are fulfilled through our regulatory processes by assessing how providers are meeting the national standards of quality and safety.

The CQC consists of three main inspection directorates of Hospitals, Adult Social Care (ASC) and Primary Medical Services (PMS). We now consider our inspection findings under the safe domain to seek assurance that people are safeguarded where we will always ask: Is the service safe?

We will continue to implement and improve the new approach to regulation. The CQC has introduced safeguarding leads who champion this subject through all three directorates supported by the Deputy Chief Inspector, PMS and Integrated Care. All CQC staff are expected to follow the CQC's Safeguarding Handbook which gives guidance and also all the statutory requirements that inspection and registration staff need to be mindful of. This handbook is also available to members of the public.

Community Network Sub Group

The three public representatives who make up the Community Network Sub Group have experience of using services as carers and patients and link into other networks in health and social care. They are supported by Healthwatch Cambridgeshire.

The representatives have been involved in various activities which have helped the Board better understand the patient and public perspective:

- Attending professional training courses and giving feedback – this has been enormously helpful to the training team to ensure the courses remain focused on the person rather than processes.
- Helping design public material – the group has worked with the training team to design and develop a poster and newsletter to raise public awareness of abuse and what actions people can take. The Group has helped to distribute the posters through the different networks they are involved in. The Safeguarding Adults Newsletter will be produced on a quarterly basis and seeks to have a person-centred ethos.
- Attending Safeguarding Adults Board meetings, contributing a service-user perspective e.g. questioning the jargon used. The Group has noticed a significant shift in language and tone within these meetings.
- Being involved in the interviewing process for appointing to senior positions.

The Community Network Representatives are very pleased to do this work and help make adult safeguarding more meaningful to people. The other Board Members always welcome comments. It is very rewarding to have our efforts appreciated.

Healthwatch Cambridgeshire

Safeguarding is a key priority for Healthwatch Cambridgeshire and we are delighted to be a member of the Cambridgeshire Safeguarding Adults Board. We welcome the commitment that the Board has made to the Making Safeguarding Personal agenda and are pleased to have worked closely with the County Council on improving the public understanding of safeguarding. The language used in safeguarding is highly jargonised and means little to the general public. By making the language used more understandable, the aim is that we raise awareness of the general public of safety and risk and appropriate ways to respond. By hearing the views of service users and the public organisations can learn from people's experiences; thereby improving their understanding of what helps people stay safe.

Healthwatch Cambridgeshire supports the Board's Community Safeguarding Network and the three representatives that attend the Board meetings. These meetings tend to feature very dry data and processes, the representatives have been vocal in their questioning of the purpose and meaning of these. This has been welcomed by the Board. We have undoubtedly seen an increase in the Board's awareness of how complex safeguarding processes are and the benefits of making safeguarding more meaningful to people.

Healthwatch Cambridgeshire continues to work closely with the Care Quality Commission and the County Council to ensure that there is a robust system for reporting safeguarding concerns and sharing intelligence. All Healthwatch Cambridgeshire staff and volunteers undertake safeguarding training, the CEO is the Safeguarding Lead and there is also a Safeguarding Adults Champion to make sure that safeguarding policies and procedures are current, practical and effective.

National Probation Service (NPS)

The National Probation Service (NPS) is committed to reducing re-offending, preventing victims and protecting the public. The NPS engages in partnership working to safeguard adults with the aim of preventing abuse and harm to adults and preventing victims. The NPS acts to safeguard adults by engaging in several forms of partnership working including:

- Operational: Making a referral to the local authority where NPS staff have concerns that an adult is experiencing or is at risk of experiencing abuse or neglect, including financial abuse, and is unable to protect oneself from that abuse or neglect.
- Strategic: Attending and engaging in local Safeguarding Adults Boards (SABs) and relevant sub-groups of the SAB. Through attendance, take advantage of training opportunities and share lessons learnt from Safeguarding Adult Reviews and other serious case reviews.

In 2016, NPS published its new strategic partnership framework outlining the ways in which we work, attend and engage in local Safeguarding Adult Boards (SABs). The NPS works closely with partner agencies to safeguard adults.

The six safeguarding principles that underpin our work are:

- Empowerment: People being supported and encouraged to make their own decisions and informed consent.
- Prevention: It is better to take action before harm occurs.
- Proportionality: The least intrusive response appropriate to the risk presented.
- Protection: Support and representation for those in greatest need.
- Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability: Accountability and transparency in safeguarding practice.

Much of our work relates to assessing and managing offenders who are registered sexual offenders and offenders with a pattern of serious violent offending. Some of this work involves NPS working with other agencies under Multi-Agency Public Protection Arrangements (MAPPA) and in Multi-Agency Risk Assessment Conferences (MARAC). There are also NPS staff working in the local Multi-Agency Safeguarding Hubs (MASHs) to help protect some of the more vulnerable members of our community.

In terms of adult safeguarding, NPS contributes to multi-agency work to protect and support victims of abuse and neglect and adults at risk of abuse and neglect. This includes victims of domestic abuse.

Adult safeguarding is a developing area for work for NPS and progress has been made in the following ways:-

- delivery of adult safeguarding mandatory training for all staff
- appointment of a NPS senior manager to lead on adult safeguarding in Cambridgeshire at a strategic level and who attends the Board on a regular basis
- starting discussions with partner agencies on developing a strategy for managing offenders who pose a serious risk to vulnerable groups but who themselves have acute health and other needs
- roll out of briefings to front line staff on the Care Act.

Papworth Hospital NHS Foundation Trust

Papworth Hospital NHS Foundation Trust is one of the largest specialist cardiothoracic (heart and lung) hospitals in Europe and includes the country's main heart and lung transplant centre. Over the last three years, it has performed the highest number of heart surgery procedures in the UK whilst achieving the country's lowest cardiac surgery mortality rate.

Governance and Accountability

The Director of Nursing is the Executive Director with Board responsibility for Safeguarding. Safeguarding matters are reported through the Trust's quarterly Joint Safeguarding Committee, which is chaired by the Deputy Director of Nursing. The Trust Board receives annual reports on safeguarding via the Quality and Risk Committee. In addition there is a monthly meeting of operational leads.

The trust has a named professional for safeguarding adults and a strong commitment to the safeguarding agenda.

Attendance at the Health Executive Safeguarding Board run by the CCG is prioritised. The Adult Safeguarding Lead attends the health sub group of SAB.

2016-17 Achievements

- Delivery of safeguarding training 2016/17 – see below:

	Safeguarding People L1	Safeguarding People L2	Safeguarding People L3	Safeguarding People L4
Add Prof Scientific and Technic	100%	95%		100%
Additional Clinical Services	96%	97%		
Administrative and Clerical	87%	64%		
Allied Health Professionals	80%	98%		
Estates and Ancillary	95%	92%		
Healthcare Scientists	93%	98%		
Medical and Dental	100%	99%		100%
Nursing and Midwifery Registered	60%	100%	87%	50%
Grand Total	89%	98%	87%	75%

- Safeguarding Adults Policy is care act compliant and in date. Review planned 2018
- update for VIP policy completed
- Audit to look at safeguarding referrals and whether they embody the principles of Care Act – Making Safeguarding Personal MSP – due to be reported end of May 2017

- Safeguarding link nurses training planned to focus on needs of patients with Learning Disabilities and Dementia and their carers (24/5/17).
- Safeguarding APP on front page of intranet to give staff an easily identifiable reference and thresholds for safeguarding. This is also embedded in the Datix reporting system.
- First safeguarding newsletter to be published May 2017.
- Learning from SUI published re falls.
- Falls policy/procedure and on call system to be looked at as result of this learning.
- Fatal Fire self-assessment completed.

2017-8 Action Focus

- Audit numbers of patients with dementia and learning difficulties and review if and what reasonable adjustments have been made
- New EPR system to be introduced which should give more robust information regarding quarterly reporting on dementia and learning disability activity
- Safeguarding training to mirror NHS England's stated developments for 2017/18 – focus on Modern Slavery and Trafficking; Impact of MCA and DoLS legislative review; Reform of child safeguarding; Domestic Abuse and looked after children see below:

Year	Adults	Children	Joint areas
2016/17	Care Act - Modern Slavery and Self Neglect Learning Disabilities and DoLS	Chaperoning	Prevent Safeguarding App
2017/18	MCA Consent and Capacity	CSE and on line safety Looked after children	Prevent
2018/19	Domestic Abuse	Complicated Matters ¹	FGM

- We also await the publication of Best Practice Guidance regarding standards for training – currently embargoed until after general election.

¹ Domestic and sexual violence, substance use and mental ill-health are three issues which often co-exist. And when they do, things can become complicated. The Toolkit is designed to 'uncomplicate' matters by raising awareness about how the three issues intersect and offer effective ways to engage with individuals and families who are affected by these issues.

10. Further information

If you are worried about an adult who is being abused or who is at risk of abuse you should contact the following numbers:

Customer services

For reporting adult safeguarding or urgent contacts between

8am - 6pm Monday to Friday & between 9am - 1pm on Saturday

Telephone: 0345 045 5202

Fax: 01480 498066

Email: referralcentre-adults@cambridgeshire.gov.uk

Minicom: 01480 376743

Text: 07765 898732

If you urgently need to make contact outside of the above hours call **01733 234724**

Cambridgeshire Constabulary

Non-Emergency Contact Centre

101

Cambridgeshire and Peterborough NHS Foundation Trust

Huntingdon and Fenland

01480 415177

Cambridge and Ely

01223 218695

Action on Elder Abuse Response Line

0808 808 8141

Age UK Cambridgeshire

0300 666 9860

For copies of this annual report or if you would like a copy of this annual report on audio cassette, CD, DVD or in Braille, large print or other languages, please call 0345 045 5202. Or write to Cambridgeshire County Council, Box No. SH1211, Shire Hall, Cambridge, CB3 0AP

We would like to thank everyone who has contributed to this annual report.

You can find out more information about safeguarding adults in Cambridgeshire on our website: www.cambridgeshire.gov.uk/safeguardingmca