

Agenda item:	6
Date of meeting:	23 September 2026
Report to the:	Trust Board
Title of report:	Safeguarding Annual Assurance Report – Cambridgeshire Community Services NHS Trust (CCS) 2025-2026
Report author:	Debbie Shulver – Assistant Director of Safeguarding Lucy Parsons – Head of Safeguarding
Executive sponsor:	Kate Howard – Chief Nurse & AHP Officer
Recommendation:	Approve

Assurance level:	Substantial ✓ Reasonable ☐ Partial ☐ Minimal ☐
Rationale:	The safeguarding children and adults strategic sub-committee reports quarterly into the Quality Committee (with escalation to Board), where scrutiny and oversight is afforded and assurance obtained through the following: • Risks and mitigations. • Governance. • Adult and children safeguarding activity. • Children in Care outcomes. • Learning from deaths. • Partnership working inclusive of key learning themes from Safeguarding Reviews.

1.0 Executive Summary

- 1.1 As part of commissioning agreements Cambridgeshire Community Services NHS Trust (CCS) is required to be compliant with the NHS England Safeguarding Accountability & Assurance Framework, NHS England July 2024 and mapped against the updated publication of March 2026. This annual report provides substantial assurance of the safeguarding work which has been undertaken across the Trust in 2025-2026.

2.0 How the report supports tackling Health Inequalities

- 2.1 Safeguarding teams respond to inequalities in social, health and education experiences of our service users and support staff with ways in which the most vulnerable in our society can be offered an enhanced lived experience. This document has been developed with due regard to the elimination of discrimination, harassment and victimisation, to advance equality of opportunity and to promote inclusivity of all persons.
- 2.2 The safeguarding teams across the Trust support the ambition to be an anti-racist organisation and this document is written through the lens of inclusivity and justness.

3.0 Links to Board Assurance Framework / Trust(s) Risk and Issue Registers

- 3.1 Mental Capacity Act Assessments. Issue ID 3651 - The issue was identified through a repeat audit undertaken in 2024 and report finalised August 2024., A Trust wide action plan was supported through the clinical quality team and has been completed this year in full. Audit has been undertaken and evidence significant improvements across all services in the use of and quality of mental capacity act assessments to inform best interest decision making. (Issue rating 2).
- 3.2 **Closed Risks:**
- 3.3 **Peterborough Health Child Service TUPE. Issue ID 3695 –** Handover of cases in TUPE process may require additional support and escalation. Named professionals are supporting the team with caseload reviews and spending 2 days a week face to face in Peterborough to enable relationship and trust building with the healthy child programme teams. (Issue rating 3).
- 3.4 **Adoption Records. Issue ID 3681 –** The management of records when a child is adopted have been identified for many years as a national and local issue requiring a clear process to ensure safe transfer of information and maintain continuity of care. Several incidents and an audit of records demonstrated that internal and external processes are causing a delay in NHS number generation, migration of the records and a need to have clear guidance for staff managing their records. Actions have been identified to support this across the Trust. (Issue rating 3).

4.0 Legal and Regulatory requirements

- 4.1 The Crime and Disorder Act 1998
Children Act 1989, 2004 & 2014
Children and Social Work Act 2017
United Nations Convention on the Rights of the Child 1989
UN Convention on the Rights of Persons with Disabilities 2006
Mental Health Act 2007
Working Together to Safeguard Children 2023 & 2026

Inter Collegiate Guidance Adults 2024; Children and Young People & Children and Young People in Care 2025.
Care Act 2014 & Care Act Statutory Guidance 2015
Sexual Offences Act 2003
Mental Capacity Act 2005
Domestic Abuse Act 2021 & Domestic Abuse Act Statutory Guidance 2022
Serious Violence Duty 2022
Prevent Duty 2023
Modern Slavery Act 2015
FGM Act 2003
Safeguarding Vulnerable Groups Act 2006 and Protection of Freedoms Bill
Public Interest Disclosure Act 1998
Equality Act 2010

5.0 Previous consideration by Committee or Executive

5.1 Safeguarding Annual Assurance Report 2024-2025

6.0 Introduction

6.1 The Assistant Director of Safeguarding and the Head of Safeguarding present this annual report as 'substantial level' assurance against the NHS England Safeguarding Accountability & Assurance Framework 2024 and 2026 that Cambridgeshire Community Services NHS Trust (the Trust) has effective safeguarding arrangements in place which seek to protect individuals from harm caused by abuse or neglect occurring regardless of their circumstance. The 2026 document reinforces the commitment to ensure the safety, protection and welfare of babies, children, young people and adults – including the prevention of harm and upholding the dignity of the deceased.

7.0 Governance

7.1 The annual report provides assurance that the Trust is fulfilling its statutory safeguarding obligations and demonstrates the Trusts' safeguarding activities over the year. The definition of safeguarding is necessarily broad as there is an ever-widening range of risk of abuse or neglect that can result in harm to children and adults. This report incorporates oversight of the safeguarding work undertaken across the life course in all services provided by the Trust and reflects the diversity of the populations served.

7.2 Legislation (See section 4.0) provides the framework for the organisational accountability and responsibility to safeguard children and adults. It defines the expectations for multi-agency working to safeguard both children and adults at risk and supports the identification of learning through incidents, inquiries and all national and local safeguarding reviews.

7.3 The Trust has safeguarding leadership, expertise and commitment at all levels of the organisation that engage and support local accountability and assurance structures. Safeguarding teams support all services and have specific role specialisms for either adults or children.

7.4 The Trust demonstrates that safeguarding is embedded at every level of the organisation by the following arrangements being in place:

- Identification of a named nurse and named doctor for safeguarding children

- Identification of a named nurse and named doctor for children in care
- Identification of a named lead for adult safeguarding and a Mental Capacity Act (MCA) and Liberty Protection Safeguards lead – this role should include the management of adult safeguarding allegations against staff
- An executive lead for safeguarding children, adults at risk and Prevent
- Safe recruitment practices and arrangements for dealing with allegations against staff
- An annual report for safeguarding children, adults and children in care to be submitted to the trust board
- A suite of safeguarding policies and procedures that support and comply with national and local multi-agency safeguarding procedures
- Effective training of all staff commensurate with their role and in accordance with the intercollegiate safeguarding competencies
- Safeguarding is included in induction programmes for all staff and volunteers
- Provision of effective safeguarding supervision arrangements for staff, commensurate to their role and function (including for named nurses/professionals)
- An organisational culture where all staff are aware of their personal responsibilities for safeguarding and information sharing
- Developing and promoting a learning culture to ensure continuous improvement
- Policies, arrangements and records, to ensure consent to care and treatment is obtained in line with legislation and guidance.
- Learning from Deaths processes which support internal and external learning involvement by safeguarding teams in all service areas covered by the Trust.

7.5 Section 11 of the Children Act (2004) places a duty on the organisation to ensure that the functions, and any services offered or contracted out are discharged having due regard to the need to safeguard and promote the welfare of children. The Trust actively participates in all Section 11 reporting across the localities. In 2025-2026 all Section 11's has been submitted by our safeguarding children's teams as requested, within timescales. In addition, there is 100% compliance with completion of actions and learning identified through the assessment process involved in each locality.

7.6 Self-assessments for adult safeguarding focus on the duties as set out in the Care Act (2014), specifically for health these are likely to cover the following areas:

- Promoting individual well-being
- Preventing needs for care and support
- Promoting integration of care and support with health services
- Meeting the duty of co-operation (with relevant partners)
- Meeting needs; safeguarding adults
- Effective transition from children's services

Section 6 of the Care Act (2014) places a specific duty on NHS bodies to co-operate with local authorities in their enquiries and activities relating to adults with care and support needs, and carers. This includes supporting the smooth transition of young people from children's services to adult care and support services.

Mental Capacity Act Training	
CCS (includes DoLS)	94%
Prevent	
CCS	96%
WRAP	
CCS	98%

- 8.2 Mental Capacity Act (MCA) and Deprivation of Liberty training was relaunched as an alternative package in April 2025 for the CCS staff and was part of the action plan following an audit of MCA undertaken in 2024-2025. The action plan has evidenced substantial improvements in many services. Further work to continue this improvement will be considered within each service to ensure accountability for clinical service practice is held within the operational teams.
- 8.3 Prevent and WRAP (Workshop to Raise Awareness of Prevent) training compliance has consistently remained above compliance targets across the year.
- 8.4 The training strategy for safeguarding was reviewed and updated to reflect changes in the Intercollegiate Document for Adults (2024) and children and young people & children and young people in care (2025), this new approach has been successfully piloted in Quarter 4 within the Norfolk Healthy Child Programme; with a plan in place to begin roll out across the new Trust in 2026-2027. Changes agreed are:
- Level 3 training refresher compliance to be gained via a blended approach of internal training, external training, supervision and reflective case reviews.
 - MCA training package was replaced with the SCIE (Social Care Institute for Excellence) online package and all level 3 internal packages to reflect MCA and Deprivation of Liberty as standard learning.
 - Prevent training will include an annual 30 mins update by briefing papers and newsletters which will be shared by Prevent Lead bi-annually and used within team meetings as their update.

9.0 Safeguarding Supervision

- 9.1 Safeguarding supervision is an opportunity for support, challenge and learning around safeguarding cases, which are often sources of significant stress for practitioners leading to burnout and reported vicarious trauma.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Norfolk SG Children	95%	95%	89%	86%
Cambridgeshire SG Children	90%	87.5%	80%	66%
Bedfordshire & Luton 0-19 Team	99%	94%	96%	94%
Bedfordshire & Luton Children's Specialist Nurses	93.5%	91.5%	93.5%	92%
Overall Total	94%	92%	91%	84.5%

- 9.2 The figures for Cambridgeshire safeguarding supervision were reviewed, an administration error has occurred with the database, which has now been corrected, the Quarter 1 2026-2027 data show a compliance rate of 90%.
- 9.3 Safeguarding children supervision is offered to staff as both formal and informal opportunities within which they can reflect on their practice and to consider case management within the multi-agency context. The staff who are expected to access formal safeguarding supervision, are within children's services such as health visiting, school nursing, children's community nursing; and the compliance with this offer is tracked and reported through the operational safeguarding groups in each locality. Robust processes are in place to support staff with their compliance for the formal supervision offer, which includes direct liaison with service leads to ensure that they can work with staff to enable their attendance.
- 9.4 Ad hoc safeguarding supervision is available to all staff for both children and adult services.
- 9.5 The Safeguarding supervision policy has been updated to reflect the Trust's risk based supervision expectations.
- 9.6 A safeguarding supervision database is now in the process of being cascaded out to all teams, following alignment to the PowerBi Hub which will support improved reporting facilities.
- 9.7 To have assurance that the safeguarding children supervision provided is of good quality an annual peer review of supervision is completed and themes identified are shared with the Head of Safeguarding and Assistant Director of Safeguarding. A plan is in place to begin to capture themes arising from adult safeguarding supervision once fully embedded in practice.

10.0 Multi-Agency Safeguarding Hubs (MASH)

- 10.1 The Trust has MASH functions in Norfolk, Cambridge, Peterborough, Bedfordshire & Luton. This year has seen Cambridgeshire and Peterborough MASH functions working as separate services with collaboration in both from CCS as health representatives.
- 10.2 Cambridgeshire and Peterborough MASH lead has been working closely with the Safeguarding Business Support Manager and Systems team to find solutions to capture of data for strategy meeting attendance. This is still in the pilot phase but is proving to have potential to support data collection.
- 10.3 As a Trust we have attended 4074 Section 47 Strategy Discussions which indicate the level of complexity and significant harm that children are experiencing. The majority of Strategy Discussions are conducted in the MASH and require a level of analysis and often challenge to ensure that children are safeguarded.

10.4 MASH SystmOne templates have been updated and successfully launched across the CCS footprint of services in September 2025.

11.0 Adult Section 42 Enquiries & Safeguarding Referrals

11.1 The Care Act (2014) describes organisational abuse as "neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in the adult's own home". Organisational abuse can range from a one-off incident through to on-going ill treatment. The Trust maintains oversight of any allegations made against it in relation to our clinical care offered (Section 42 enquiries).

11.2 All safeguarding referrals and cases in Luton adult services are held within a shared weekly process involving primary, secondary and social care. This enables discussion, information sharing and resolution or escalation of professional concerns in a timely and responsive way.

11.3 Work to align Norfolk Community Health & Care (NCHC) and Cambridgeshire Community Services (CCS) safeguarding model will be commenced from the 1 April 2026.

11.4 In Quarter 2 of this year, the Trust requested reporting on all Section 42 enquiries related to care provided by the organisation. There were two referrals received from Luton in 2025-2026, these referrals were not substantiated following wider investigation by the local authority.

11.5 The adult safeguarding team now work closely with the Luton District Nursing team to review complex cases, develop ongoing action plans and support escalation where there is professional disagreement.

12.0 Quality Improvement

12.1 A Day in the Life tool has been developed by the Adult Safeguarding team this year and this is awaiting a roll out to be planned to ensure that it is understood and utilised to improve practice in the assessment of need and Making Safeguarding Personal.

12.2 The use of the Mental Capacity Act assessment audit has been repeated in Quarter 3 of this year, and this demonstrated a significant improvement in the practice across services. The action plan developed following the previous audit was completed and all services will now be expected to complete an updated action plan specific to improving the practice within their own service.

12.3 Processes are now fully embedded in practice to ensure adult safeguarding referral outcomes are received and risks assessed to identify if escalation is required. These include a clear administrative pathway and weekly meetings with Adult Social Care where required escalations can be discussed and next steps agreed.

- 12.4 CCS has embedded a routine domestic abuse enquiry question into the electronic patient record (SystmOne) for adult services (some children's services also have this embedded already in their assessment templates). A workplan has been developed to address the implementation of routine enquiry into all assessment templates commencing in 2026-2027 in response to the report from the Joint Targeted Area Inspection findings report and government report related to domestic abuse and health role in supporting people to make disclosures and seek safety.
- 12.5 A new pathway to support complex care patients who have been assessed to have mental capacity to make unwise decisions has been agreed with the Luton local authority safeguarding team. This process is now becoming embedded into weekly complex care meetings and is enabling greater system oversight and management of care offers to patients.
- 12.6 Local reviews using the Patient Safety and Incident Response Framework (PSIRF) highlighted the increased risk to children under the age of 2 years due to possible non-accidental injuries. A review of the data was undertaken on a weekly and monthly basis, this identified some reporting inconsistencies which were addressed, alongside the identification of a number of preventable injuries to children. The Head of Safeguarding, Named Nurses, Safeguarding leads and the Comms team developed an awareness campaign to support parents with accident prevention at differing ages. This was released onto the Website in time for the Christmas build up in December. It proved very successful and was the subject of a significant increase in the traffic through the sites over that period. Further campaigns are planned to continue this work and ensure the momentum is maintained to support families.
- 12.7 An annual audit plan is now in place to include quality of referrals, resolution of professional disagreements, use of the safeguarding node and the bi-annual safeguarding supervision. Additional audits planned are based on themes and learning identified through the incident reporting, local and national safeguarding reviews and themes from practice. In addition, the safeguarding teams participate in all multi-agency audits within their locality and specialism for either adult or child safeguarding. All findings are cascaded to teams, and action plans are developed to ensure that learning is embedded.
- 12.8 A one number duty system for safeguarding has been agreed and progressed to implementation stage for roll out from May 2026.
- 12.9 New safeguarding children Systm1 templates have been developed to support consistent recording and data analysis, these were launched in September 2025. Practitioners were involved in the development of these, and the initial feedback has been positive.
- 13.0 Policy Reviews / New Legislation**
- 13.1 Two policies have been reviewed and aligned with NCH and C (Norfolk Community Health and Care NHS Trust) to commence from 1st April 2026 as we merge to form the new East of England Community Health & Care NHS Trust. These are the Prevent and Safeguarding People: A Think Whole Family & Contextual Approach.

- 13.2 Domestic Abuse and Staff Experiencing Domestic Abuse Policies have begun to be reviewed to align within the new organisation.
- 13.3 A panel briefing called 'It's Silent': Race, racism and safeguarding children, was published in 2025 this was shared with practitioners across the Trust to reflect how we use and consider race, ethnicity and culture in our practice and in our analysis of practice.
- 13.4 A full review of the Standard Operating Procedure for Section 42 Enquiries was completed in Quarter 1 and this was published with new timescales agreed with Luton Local Authority.

14.0 Children in Care

- 14.1 **Bedfordshire & Luton Children in Care Service** is the Trusts largest commissioned service for children in care and includes a leaving care service.
- 14.2 Overall Initial Health Assessment (IHA) compliancy with statutory framework for children in care: In and out of area combined compliancy is 67% completed in timeframe. This is a decrease of 12% from 2025/26, due to an increase in DNA/was not brought and late cancellations. Work is taking place with all three local authorities to improve their referral timeframes and to better support attendance to assessments.
- 14.3 Unaccompanied Asylum Seeker Children (UASC) initial health assessments – in and out of area:
- 62 referrals were made to the service for UASC.
 - Top three countries in 2025/26 were Sudan, Somalia and Iran.
 - Arabic, Kurdish, and Somalian were the top three languages for this area of work.
- 14.4 Overall Review Health Assessment (RHA) compliancy with statutory framework for children in care: In and out of area combined compliancy is 96% completed in timeframe, which is a 2% increase from 2024/25.
- 14.5 Unaccompanied Asylum Seeker Children (UASC) review health assessments – in and out of area:
- 52 referrals were made to the service for UASC.
 - Top three countries in 2025/26 were Sudan, Afghanistan, and Turkey.
 - Arabic, Pashto, and Turkish were the top three languages for this area of work.
- 14.6 Leaving and After Care:
- 156 health passports were completed, compared with 127 in 2025/26.
 - 123 19+ letters were completed, compared with 148 in 2025/26.
- 14.7 Beds and Luton Children in Care service have work collaboratively with the multi-agency partners in the Integrated Care Board and the Local Authorities to ensure that pathways for the service delivery are scrutinised and adapted as needed to support timely and effective care delivery.

- 14.8 **The Cambridgeshire & Peterborough Children in Care (CIC) Health Service** is delivered by a dedicated nursing team, supported by a Consultant Paediatrician and a Specialty Doctor, and is responsible for undertaking Initial and Review Health Assessments for all children aged 0–19 years. The service also commissions and quality-assures health assessments for Cambridgeshire and Peterborough local authority children placed out of area.
- 14.9 On 1 August 2025, the Peterborough CIC Health Service transferred from Cambridge & Peterborough NHS Foundation Trust (CPFT) under TUPE arrangements. No paediatricians transferred as part of this process, resulting in capacity constraints and subsequent delays in the completion of Initial Health Assessments within statutory timescales. Mitigating actions have been implemented. A locum paediatrician commenced in January 2026 and has successfully cleared the backlog of outstanding Peterborough Initial Health Assessments. In parallel, substantive recruitment has been completed, with two nurses appointed and a permanent specialty doctor scheduled to commence in July 2026. As a result of these actions, performance has started to improve. While historic delays continue to impact reported data, March 2026 figures demonstrate a positive upward trend, with an increasing proportion of Initial Health Assessments completed within statutory timescales. From mid-March 2026, Initial Health Assessments in Peterborough have been routinely offered within statutory requirements.
- 14.10 Initial Health Assessment (IHA) compliancy with statutory framework for children in care Cambridgeshire - overall 34%
- 14.11 The main reasons for delay in the completion of IHAs:
- Paediatrician capacity in Peterborough
 - Late consents from social care
 - Appointment cancellation / non-attendance by carers and young people, carer availability.
- 14.12 Overall Review Health Assessment (RHA) compliancy with statutory framework for children in care:
- Cambridgeshire - overall 53%
 - However, when broken down 80% of Cambridgeshire children in area were seen within timescale.
 - Peterborough (from 1st August 25) - overall 12.6%
When broken down RHAs for in area children is 13%
- The main reasons for delay in completion of RHAs:
- Cambridgeshire- Late referrals, carer/child unavailability, placement moves, nurse capacity.
 - Peterborough - Nurse capacity following TUPE, placement moves, was not brought or Did not attend; carer unavailability.
- 14.13 Unaccompanied Children in Care: (UCIC)
Cambridgeshire - 48 referrals were made to the service.
- 11 remained in county.
 - 2 placed in county from other local authorities.

- 35 placed out of area of which 17 were in Peterborough.

Peterborough (from 1st August 25) - 54 referrals were made to the service.

- 20 remained in county
- 29 were placed in county from other local authorities including 14 from Cambridgeshire.
- 5 Peterborough UCIC were placed out of area.
- 0 Peterborough UCIC were placed in Cambridgeshire.

- 14.14 The Service is progressing through a transformation programme to integrate the two teams into a single, unified service. Good progress has been made, with key priorities including the alignment of processes, amalgamation of SystmOne units, and further development of data collation. Recent decreases in performance against timescales are primarily due to external factors, including the TUPE process, ongoing delays in receiving consents from social care, and challenges around the availability of children and carers for appointments. These issues are actively monitored and addressed through established partnership working arrangements.
- 14.15 **Norfolk Children in Care Service** has a dedicated team of specialist health visitor who complete Review Health Assessments for all children in care aged 0-5 years, regardless of whether they reside in or out of the county.
- 14.16 Overall Review Health Assessment (RHA) compliance against the KPI for children in care was 100%. Cancellation rates varied across the reporting period, ranging from 0% to 23.3%, while out-of-area assessments accounted for between 12.9% and 26.7% of monthly activity. A total of 303 RHAs were completed for children under five during the reporting period.
- 14.17 In response to changing need, the Service Lead and Named Professional for Safeguarding Children undertook a review of service delivery arrangements and analysing activity data to inform future planning. All looked after children receive a holistic health assessment from their LAC Health Visitor to determine the appropriate level of intervention through the Healthy Child Service (HCS). Support is individualised and provided across universal, targeted, or specialist pathways according to assessed need.
- 14.18 A joint Health Focus Group has also been established in Norfolk, bringing together all Children in Care health providers alongside wider health and social care partners. This group supports ongoing collaboration, improved communication, and continuous improvement in the care and wellbeing of the children in care.
- 14.19 To further promote service quality, the children in care health visiting team participates in quarterly system-wide peer review audits with the region's three providers. These reviews consistently highlight the team's strong performance, and the high quality and validity of the service delivered.

- 14.20 Strong systems and close collaboration between Children's Social Care and the Children in Care Health Team ensure effective communication regarding referrals, placement changes, and status updates.

15.0 Learning from Deaths

- 15.1 The Head of Safeguarding attends the quarterly meetings and provide a report for all deaths that may include elements or consideration of safeguarding for adults and children in our care. The SystmOne template for recording of any Child Death Overview Panel meetings attended following the death of a child has been reviewed and updated to reflect data findings and co-production requests from services.
- 15.2 There has been a small number of child suicides, where the child or young person has been known to the organisation over the previous year (e.g., for Physiotherapy) but had been primarily supported by another Trust. The Head of Safeguarding is reviewing the cases over the past 3 years to identify if there are any themes or learning.
- 15.3 The Learning from Lives and Deaths – people with a learning disability and autistic people (LeDeR) programme aims to improve health and care outcomes by learning from the lives and deaths of people with a learning disability and autistic people. Its focus is on preventing premature deaths, reducing health inequalities, and improving the quality of care.
- 15.4 In March 2026, NHS England made the decision to pause the LeDeR programme to enable a review of current processes. Prior to this pause, the Adult Safeguarding Team (ASG) routinely attended all locality LeDeR meetings and reviewed cases identified through this forum. In addition, the ASG completed six rapid reviews relating to deceased CCS patients who had a diagnosis of learning disability and/or autism.
- 15.5 This internal review process was developed to provide assurance that the care delivered was appropriate and of an acceptable standard, and to ensure that any identified learning was captured and acted upon appropriately.

16.0 Partnership Working, Key Learning Themes from Safeguarding Reviews, Audits and Inspections

- 16.1 Peterborough children's services participated in an Ofsted monitoring visit in April 2025 with a focus on children subject to child protection plans, child in need plans and children subject to pre-proceedings stage of the Public Law Outline (PLO). Health presence in meetings and the provision of reports was highlighted in the feedback.
- 16.2 Central Bedfordshire children's services participated in an Ofsted inspection in March 2025 and received a grading later in this year of Good in all areas inspected.

- 16.3 The Trust has participated in a number of child safeguarding practice reviews, domestic homicide reviews and safeguarding adult reviews. All such reviews seek to determine learning that can support changes and enhancements in practice, in the systems within which we are all working and identify interventions that will afford better outcomes for children, young people and adults at risk. A combined trust wide action plan is reviewed quarterly at the strategic safeguarding group (now SCASS), which corresponds to actions from all safeguarding reviews, audits and inspections. The Head of Safeguarding collates the information and supports achievement of actions alongside the named nurses in each locality and specialism.
- 16.4 LeDeR referrals have been noting an increase in autism only referrals over the last year. Much of the themes identified related to the need to include a multi-agency approach to care which includes placement quality of care, advanced care planning, advocacy and inappropriate learning disability support. Learning from identified themes is discussed in the meetings with a view to identifying work that can be considered to improve the wellbeing of our service users and improve their access to our services.
- 16.5 The Trust has provided Section 11 reports to all localities across the 2025-2026 period. Each locality has a differing approach to the timing, collection, collation and assurance mechanisms utilised to support this process. Each locality operational team supports the assurance process, and this is co-ordinated by the Assistant Director and Head of Safeguarding to ensure robust information and data is provided, compliance with timescales and the internal sign off process is managed.
- 16.6 Adult safeguarding boards use self-assessment tools, which are developed in each locality, to provide them with assurance of the quality of safeguarding work undertaken. The Trust has provided all reports as requested, within timescale.
- 16.7 All localities are now progressing with the implementation of the recommendations from the Families First Partnership (FPP) Programme Guide which is being led by each local authority. CCS has actively participated in all discussions and plans to support the implementation in each locality as part of the health contribution to the partnerships.
- 16.8 Working Together to Safeguard Children has been reviewed, updated and republished in March 2026. A briefing paper has been produced by the Head of Safeguarding and disseminated across the Trust through operational and strategic safeguarding forums.
- 16.9 The Head of Safeguarding worked with the Clinical Quality Manager to review the safeguarding incidents recorded on the Datix system to identify themes and learning. Fifteen themes were identified which have been shared with the Named Professionals who are taking these to their teams and the operational leadership to gain views and thinking about how to support practice in these areas.

17.0 Conclusion and work planned 2025-2026

- 17.1 This report is presented as 'substantial assurance' for the safeguarding work that has been undertaken across the Trust. There is substantial evidence of compliance with the requirement set out in the NHS England Safeguarding Accountability & Assurance Framework 2024 (new publication March 2026).
 - 17.2 2025-2026 has seen significant changes in operational service delivery, including the Trust moving forwards with the group model, then merger with NCH and C. In addition, agreement to take full responsibility for the Multi-Agency Safeguarding Hub, Children in Care team (Peterborough) and the Healthy Child Programme (Peterborough) has resulted in a larger workforce which has provided opportunity to deliver greater standardisation and resilience to these services.
 - 17.3 The audit plan has been reviewed and will be implemented over the 2026-2027 period. Any emerging themes and learning requiring audits of clinical practice will be added to the annual audit plan as needed.
 - 17.4 The safeguarding teams will move towards a fully integrated group model of working as a collaborative and inclusive approach to safeguarding as a larger and more sustainable safeguarding resource in East of England Community Health & Care NHS Trust. This will include a consistent governance approach and include reporting mechanisms which fulfil assurance requirements internally and externally.
 - 17.5 The pathway for adult section 42 safeguarding referrals will continue to be a focus for the coming year.
 - 17.6 A workplan is in place to support ongoing quality improvement plans for the safeguarding service across the Trust and includes collaborative working as part of a group model which will ensure standardisation of practice, service modelling and delivery.
 - 17.7 Progression of the one number duty system is a priority workstream for 2026-2027.
 - 17.8 Domestic abuse data collection and collation will be prioritised to establish firm reporting through the operational and strategic safeguarding groups in the coming months.
-