

## Board of Directors – Public

### SUMMARY REPORT

Meeting Date: 22<sup>nd</sup> September 2021

Agenda Item: 17

<b>Report Title:</b>	<b>Safeguarding Adults and Children Annual Report</b>	
<b>Author(s):</b>	Salli Midgley, Director of Quality	
<b>Accountable Director:</b>	Beverley Murphy, Executive Director of Nursing, Professions & Operations	
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	Quality Assurance Committee
	<b>Date:</b>	June 2021
<b>Key Points recommendations to or previously agreed at:</b>	<p>The Annual Performance Report covers the reporting period of April 2020 – March 2021. We continue to implement the rapid development plan and demonstrate that the Trust is committed to the robust and effective safeguarding of adults and children in Sheffield.</p> <p>The Quality Assurance Committee took assurance from this report, noting the significant improvement in the detail and scope.</p>	

### Summary of key points in report

This report provides information on the performance of safeguarding in clinical services, and the work of the Corporate Safeguarding Team in ensuring compliance with the statutory framework for safeguarding adults and children:

- Care Act 2014. Sections 42-46 of the Act address adult safeguarding, and s.14 of associated statutory guidance issued by the Department of Health & Social Care sets out the Trust's obligations in fulfilling its duty to protect adults from abuse and neglect.
- Children Act 2004. Part 2 of the Act sets out the statutory framework for children's safeguarding, and s.11 'Arrangements to safeguard and promote welfare' references the applicability of the Act's provisions to NHS bodies in England.
- Counter Terrorism & Security Act 2015. Part 5, Chapter 1, s.26 of the Act places a 'General duty of specified authorities' to have 'due regard to the need to prevent people from being drawn into terrorism'. The Trust is a 'specified authority' under Schedule 6 of the Act.

The following areas of good practice are highlighted :

- Improved communication between Adult Mental Health Services and Children Safeguarding Partnership.
- 100% attendance at case conferences
- Compliant with Level 1 and 2 Safeguarding Adults and Children training.
- 100% attendance at Channel Panel and MARAC

Recommendation for the Board/Committee to consider:							
Consider for Action		Approval	✓	Assurance	✓	Information	✓
Board to be informed of the retrospective performance made during the year 2020 – 2021 and looking forward, details the annual work plan for 2021 - 2022.							

Please identify which strategic priorities will be impacted by this report:					
Covid-19 Getting through safely	Yes		No	✓	
CQC Getting Back to Good	Yes	✓	No		
Transformation – Changing things that will make a difference	Yes	✓	No		
Partnerships – working together to make a bigger impact	Yes	✓	No		
<b>Is this report relevant to compliance with any key standards ? State specific standard</b>					
Care Quality Commission	Yes	✓	No		
IG Governance Toolkit	Yes		No	✓	
<b>Have these areas been considered ? YES/NO</b>					
Patient Safety and Experience	Yes	✓	No		If Yes, what are the implications or the impact? If no, please explain why
Financial (revenue & capital)	Yes		No	✓	
OD/Workforce	Yes	✓	No		
Equality, Diversity & Inclusion	Yes	✓	No		<i>Please complete section 4.2 in the content of your report</i>
Legal	Yes	✓	No		

<b>Title</b>	<b>Safeguarding Adults and Children Annual Report</b>
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## Section 1: Analysis and supporting detail

### Background

- 1.1 The Trust holds a statutory responsibility to safeguard children and adults under the Care Act (2014) and accompanying guidance Care and Support Statutory Guidance (DoH 2016), Children Act 2004, Working Together to Safeguard Children 2018, Safeguarding Vulnerable People in the NHS, Accountability and Assurance Framework 2018 and the Children and Social care Act 2017.

We aim to achieve these responsibilities through:

- Providing effective, robust safeguarding policies and procedures that reflect best practice, including safe recruitment and ensuring all staff and volunteers are aware of and follow these policies and procedures.
- Delivery of safeguarding training that meets the needs of staff and fulfils the requirements of the intercollegiate guidance.
- Providing expert safeguarding advice and support to all staff. We will introduce safeguarding supervision to all clinical staff within the year.

Providing ongoing data and assurance of compliance to the Trust Quality Assurance Committee and Safeguarding Children and Safeguarding Adults Partnerships.

## Section 2: Risks

- 2.1 The following areas of concern are recorded in the Risk Register, with active management plans reported to the Quality Assurance Committee:
- Management of safeguarding information.
  - Gaps in Level 3 safeguarding training.
  - Delegated safeguarding function.

## Section 3: Assurance

### Benchmarking

- 3.1 The Quality Assurance Committee now received regular safeguarding reports and has noted the improvements in depth of scope.
- 3.2 The Rapid Improvement Plan has been received through to conclusion by the Quality Assurance Committee.

### Triangulation

- 3.4
- The daily incident huddle is an opportunity to review incidents across all services.
  - The use of Ulysees in the future will aid triangulation across incidents of all kinds.
  - The partnerships and engagement provide opportunities for external triangulation.

## Engagement

3.5 The Trust Lead for Safeguarding and the Named Nurse for Safeguarding Children attend a variety of external meetings:

- Vulnerable Adults Panel (VAP)
- Multi-Agency Risk Assessment Conference (MARAC)
- Vulnerable Adults Risk Management Model (VARMM)
- City Centre Anti-Social Behaviour Information Sharing Meetings
- Rough Sleeper Meetings
- Human Trafficking and Modern Slavery
- Channel Panel
- Prevent Silver Group
- Domestic and Sexual Abuse Provider Consultation Group
- Safeguarding Adults and Children Health Reference Group
- Sheffield Adult Safeguarding Partnership (SASP) Performance and Quality Meeting
- Sheffield Safeguarding Children Learning and Practice Improvement Group (LPIG)
- Sexual Exploitation Project Board
- Multi-Agency Pregnancy Liaison and Assessment Group (MAPLAG)
- Parental Mental Ill Health Task/Finish Group
- Operation Fortify Silver and Bronze
- Vulnerable Young People's Executive Board

We value our work with the Sheffield Adults and Children's Safeguarding Partnerships and these relationships have been strengthened in the last year, despite the national pandemic.

The work between the Named Nurse for Safeguarding Children and the Vulnerabilities Manager in the Local Authority in particular, has resulted in joint training sessions, increased attendance at Child Protection Conferences and a greater understanding of types of support that secondary mental health services can offer to children's services.

There are clear points of contact for both SHSC clinicians and Local Authority Children's services which ensures that all services are aware of others involved and can work together to mitigate risk.

## Section 4: Implications

### Strategic Aims and Board Assurance Framework

- 4.1
- Deliver outstanding care.
  - Partnerships.

### Equalities, diversity and inclusion

4.2 We are interested in the potential over representation of people from a BAME community in safeguarding concerns. This is an area of interest for 2021-22.

### Culture and People

4.3 We are building a culture where people have understanding that safeguarding is everyone's business and that staff are confident that support is at hand to progress concerns.

### **Integration and system thinking**

4.4 Effective safeguarding is achieved by health, social care, police and other community partners working together. The extent of this is demonstrated at 3.5.

### **Compliance - Legal/Regulatory**

4.5 The report demonstrates how the Trust meets the statutory responsibilities to safeguard children and adults under the Care Act (2014) and accompanying guidance Care and Support Statutory Guidance (DoH 2016)

## **Section 5: List of Appendices**

Safeguarding Annual Report 2020 - 21

# **Corporate Safeguarding Team Annual Report**

**2020-2021**

**Safeguarding Children and Adults is everybody's business**



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## **1.0 Introduction and Background**

The Trust holds a statutory responsibility to safeguard children and adults under the Care Act (2014) and accompanying guidance Care and Support Statutory Guidance (DoH 2016), Children Act 2004, Working Together to Safeguard Children 2018, Safeguarding Vulnerable People in the NHS, Accountability and Assurance Framework 2018 and the Children and Social care Act 2017.

We aim to achieve these responsibilities through:

- Providing effective, robust safeguarding policies and procedures that reflect best practice, including safe recruitment and ensuring all staff and volunteers are aware of and follow these policies and procedures.
- Delivery of safeguarding training that meets the needs of staff and fulfils the requirements of the intercollegiate guidance.
- Providing expert safeguarding advice and support to all staff. We will introduce safeguarding supervision to all clinical staff within the year.
- Providing ongoing data and assurance of compliance to the Trust Quality Assurance Committee and Safeguarding Children and Safeguarding Adults Partnerships.

### **1.1 Team**

The team has grown from 2 members of staff at the beginning of the financial year and now comprises of Head of Safeguarding, Named Nurse for Safeguarding Children and 2 Safeguarding Practitioners. A full time Team Administrator is due to start in July 2021 and the Adult Safeguarding Advisor will join the team in August 2021, bringing the team to 6 people.

The team also have a Designated Safeguarding Doctor. This role has been undertaken by the Deputy Medical Director as part of that portfolio, however as part of the Improvement Plan, and in line with external advice, the role has now been expanded and a recruitment process is underway for an enhanced role for Designated Safeguarding Doctor who will work closely with the Safeguarding Team to provide medical leadership for the adult and child safeguarding processes in SHSC (which include issues related to human rights, trafficking & modern slavery, child, adult and elder abuse and institutional abuse amongst other areas). This person will also be involved in collaborative work with the wider system stakeholders across the city.

### **1.2 Duty Service**

The Safeguarding Team implemented a Duty Officer role in April 2021 to ensure there was a dedicated staff member to provide advice and support to SHSC staff and attend the incident huddle. Whilst providing a dedicated person for advice, this also enables the opposite Safeguarding Practitioner to complete triages for external notifications of concern and review internal safeguarding concerns.

The role of the Duty Officer is:

1. Take calls from SHSC staff who require safeguarding advice and support. Any advice or agreed actions will be documented on Insight in a progress note.

Escalate any complex cases or urgent concerns to the Named Nurse for Safeguarding Children or the Interim Head of Safeguarding. This is until the Adult Safeguarding Advisor is in post.

2. Complete spreadsheet to audit the number of calls for advice and support.
3. Attend the daily incident huddle. Review incident forms that have been notified to Safeguarding on Ulysses and any incidents that have been highlighted during the daily incident huddle. Incidents will be sent to the Safeguarding Team using the [SHSCsafeguarding@shsc.nhs.uk](mailto:SHSCsafeguarding@shsc.nhs.uk)
  - Practitioners will make checks on Insight to confirm if a safeguarding concern has been completed where appropriate.
  - In cases where it is not clear what the safeguarding issues is, the practitioner will contact the person reporting the incident and discuss/advise on any further action they have taken and what they think is the safeguarding issue.
  - Agreed action taken and advice given will be added to the 'Additional Information from Senior Managers/Trust leads' section of the incident on Ulysses.
  - If the reporter/manager cannot be contacted that day, suggested actions will be documented in the 'Additional Information from Senior Managers/Trust leads' section and an email sent to the reporter and manager.
4. **If capacity allows**, the Duty Officer will support colleague to oversee and review/triage all external safeguarding concerns that come into the trust via SPA. However, points 1-3 should be the priority for the Duty Officer.

The incident huddle is currently covered by the Interim Head of Safeguarding following a large number of outstanding referrals being sent by South Yorkshire Police that required triaging by the Safeguarding Practitioners. This was a ripple effect following Adult Social Care changing their referral email address without adequate notification to partner agencies and subsequently, police referrals to the Adult Access Team had gone to an email address that was no longer in use. This has now been rectified but resulted in SPA staff supporting with triages.

## **2.0 Governance Arrangements**

### **2.1 Internal Governance and Assurance**

Initially in 2020 the safeguarding team reported directly into the Quality Committee via quarterly reports which were written by the Deputy Chief Nurse. Since this time, a significant change in governance has taken place to improve reporting, scrutiny and assurance to Trust Board on the discharge of statutory duties. A new Safeguarding Assurance Committee has been introduced which has a key role in holding the safeguarding team to account for delivery of key performance indicators and wider safeguarding responsibilities, including Section 11 audits. The Safeguarding Assurance Committee will report to Quality Assurance Committee, which is chaired by a Trust Non-Executive Director and ultimately will report into Trust Board.

Reports are now written by the safeguarding team who deliver safeguarding interventions across the Trust and as part of the delegated duties for the Local Authority. During Q4 of 20/21 minimal assurance was gained on a review of internal safeguarding processes which led to a rapid development plan for the Trust Safeguarding Team. In addition to investment in safeguarding



practitioner posts to support the delegated function, further funding was established to recruit an Adult Safeguarding Practitioner and fulltime administration support. The new team will have the capacity to fully engage in Sheffield safeguarding activity, meetings, and boards, supported by the Director of Quality and the Executive Director of Nursing, Professions and Operations. Whilst at the end of Q4 limited assurance was received by the Quality Assurance Committee, it was evident that the completion of the Rapid Development Plan by Q1 21/22 would improve the assurance rating to moderate.

## **2.2 Audit and monitoring**

The final audit plan is in development and will be signed off at Safeguarding Assurance Committee in Q1 before coming to Quality Assurance Committee as part for the Q1 report. However, the Named Nurse for Safeguarding Children has participated in multiagency child protection audit and has completed 4 multi-agency reviews as part of the Parental Mental Health Group.

## **3.0 Multi-Agency Reviews**

### **3.1 Safeguarding Children Practice Reviews (SCPR)**

Child Safeguarding Practice Reviews replace Serious Case Reviews and are conducted under the new safeguarding partnership arrangements (Working Together to Safeguard Children 2018). Part of the new process is to complete the research for potential reviews using a rapid review process. There have been no reviews in the 2020-2021.

### **3.2 Safeguarding Adult Reviews (SAR)**

A Safeguarding Adult Review must be conducted where “there is reasonable cause for concern about how the Safeguarding Adults Partnership, members of it or others worked together to safeguard the adult and death, or serious harm arose from actual or suspected abuse” (Care Act 2014). A review may also be commissioned in other circumstances where it is felt one would be useful, including learning from “near misses”. There are no current SAR’s with SHSC involvement however there is 1 active action plan.

### **3.3 Domestic Homicide Reviews (DHR)**

A DHR must be conducted where the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom the victim was related or with whom the victim was or had been in an intimate personal relationship, or a member of the same household. This definition has been extended to include deaths by suicide where domestic violence has been identified. The timescale for completion of a review is approximately 6 months. Some reviews are also subject to Coronial and criminal proceedings which can impact on the timescale for completion. All Trust DHR’s in 2020-2021 were submitted within timescales to the Director of Nursing, Professionals and Operations for assurance before submission to the DACT. There is currently 1 active DHR which has been submitted to the DACT with recommendations and awaiting final report from the author and 1 DHR plan was completed in February 2021.

## **4.0 Safeguarding Adults**

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs);
- and is experiencing, or at risk of, abuse or neglect;

- and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

‘The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case and, if so, what and by whom.’ (Care Act (DH, 2014b) Section 42 Enquiry)

SHSC strive to establish a safe environment where staff and patients recognise, report and prevent safeguarding concerns from escalating.

We uphold the **six key principles** that underpin safeguarding:

- **Empowerment:** people being supported and encouraged to make their own decisions and give 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.

#### 4.1 Making Safeguarding Personal

The Care Act 2014 emphasises that a personal approach to safeguarding is essential for making our service users feel they are the focus and have control over the safeguarding process. Making Safeguarding Personal has been a driver since 2014. Where a person has capacity, we want to understand what outcome our service users want to enable them to feel safer. Whilst we have anecdotally identified that staff do ask questions regarding the wishes and feelings of our service users, external referrals and concerns reviewed as part of the delegated function do not evidence this approach. Templates on our electronic care system also do not encourage staff to apply a Making Safeguarding Personal approach. Our planned transfer to Ulysses from Insight will enable us to ensure safeguarding templates prompt staff to think about the service users desired outcomes throughout the process. We will continue to work with the partnership as part of the rapid development plan and the Adult Safeguarding Advisor will provide leadership advice across the Trust to ensure our commitment to this agenda. Over the next year, we will be working closely with the Engagement and Experience Team to gather data about the experience of “being safeguarded” to inform the way in which we support teams to deliver interventions in a way which emphasises the personalised approach to safeguarding which we are aiming to provide.

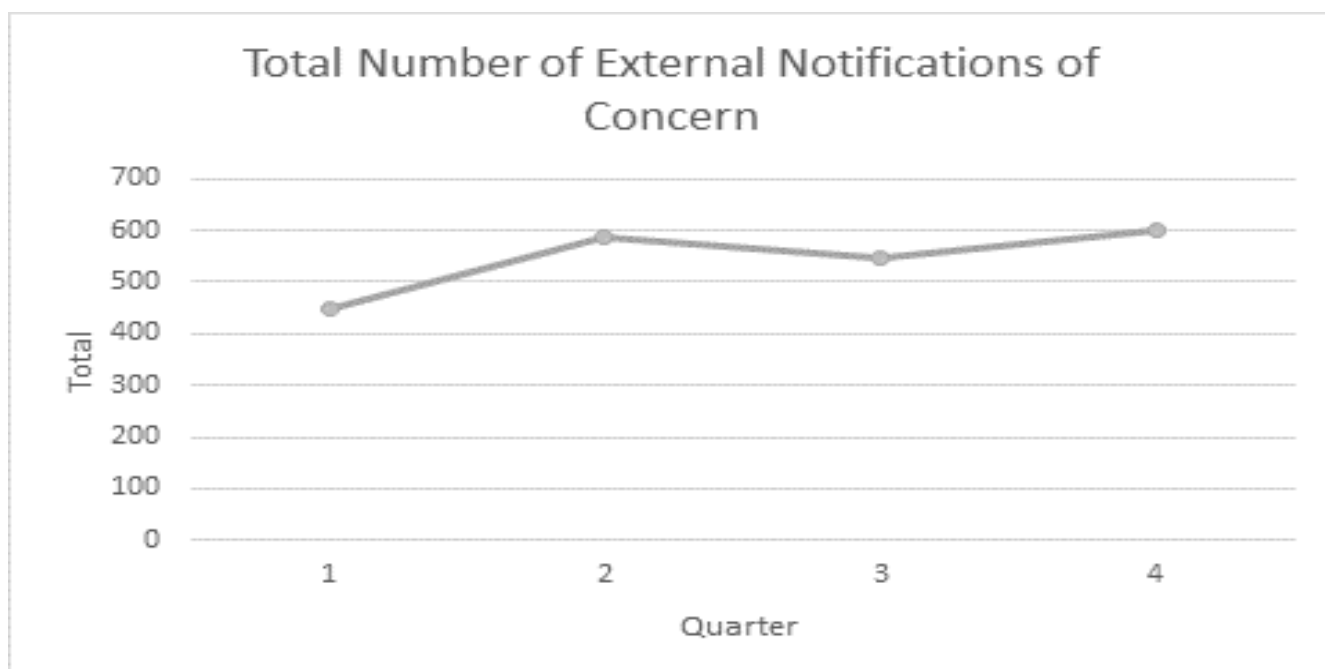
#### 4.2 Adult Concerns Data

Concerns from external agencies, for adults between 18 -64, are currently received via the Single point of Access. This route of referral will be changing during Quarter 1 to ensure all referrals go directly to the Safeguarding Inbox from the Local Authority. Once reviewed they are attached to the individuals Insight record (or a new record is made up). Where no further action is required, the concern is closed, and the GP informed that a concern was raised but that no further actions

was considered necessary. The majority of the external concerns continue to be raised by South Yorkshire Police.

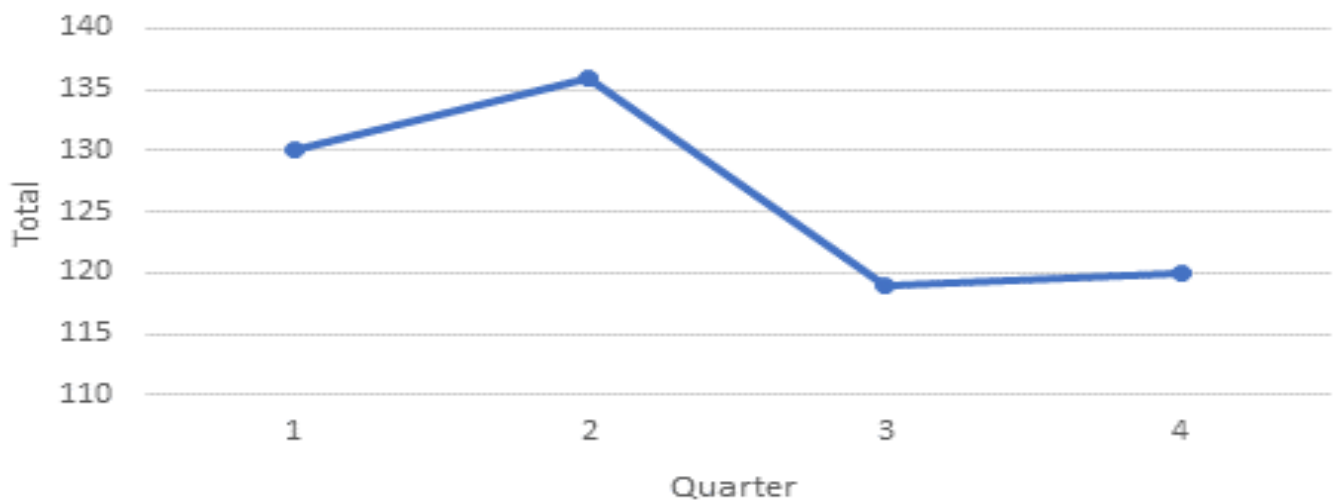
SHSC clinicians should submit all safeguarding concerns for a child, adult, Older Person or person with a learning disability, directly to the local authority, copying in the safeguarding team via use of Ulysses as a “back up” system.

In addition, if staff have a query rather than raising a concern, they can access advice and support from the safeguarding team to discuss and consider next steps or plans to reduce risk. Previously this activity was not monitored in the team but there the Safeguarding Practitioners now keep a log of calls for internal advice and we can monitor the workload for the SHSC safeguarding team.

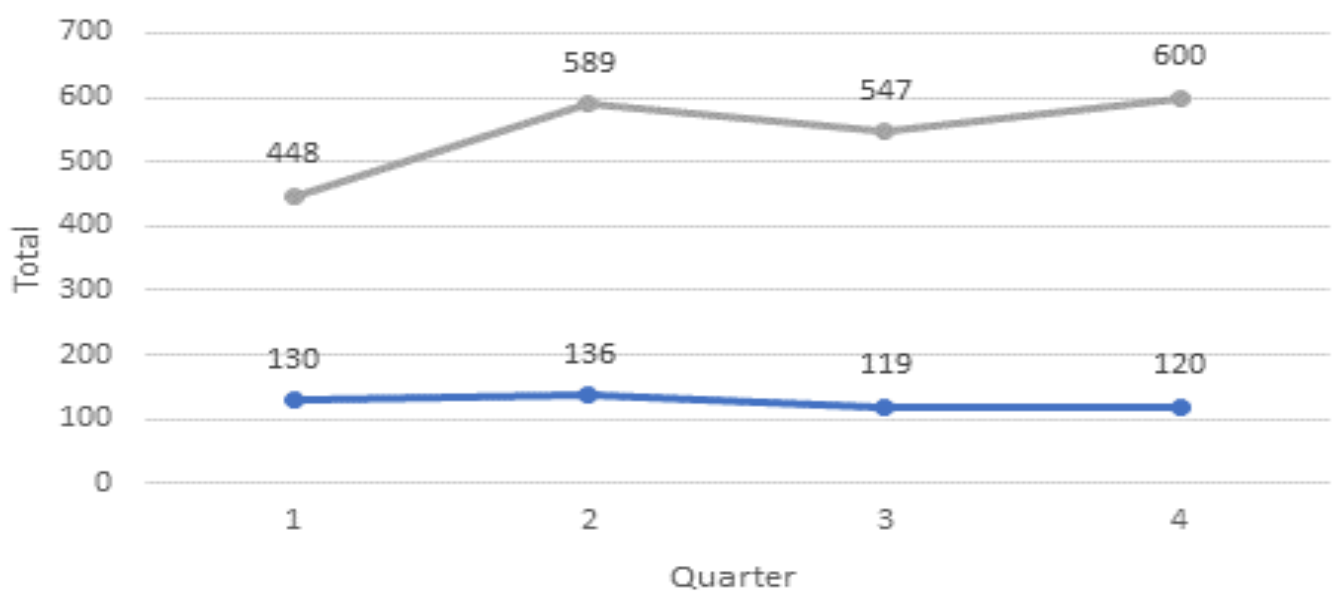


In Quarter 1, only 5 external referrals met the legal criteria for safeguarding, also known as the 3-stage test. There is no comparable data for Q2 but in Q3 and Q4 only 17 external referrals met the legal criteria.

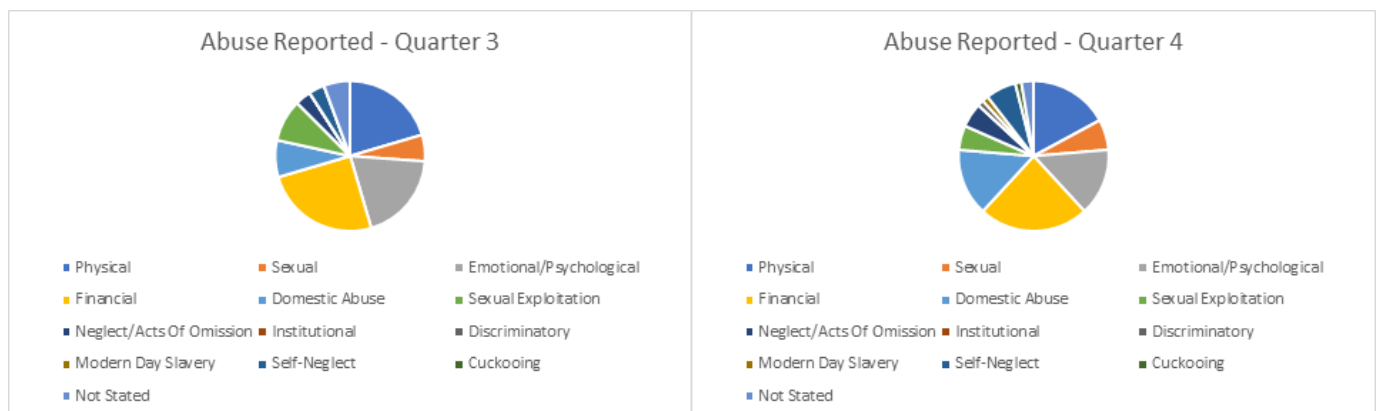
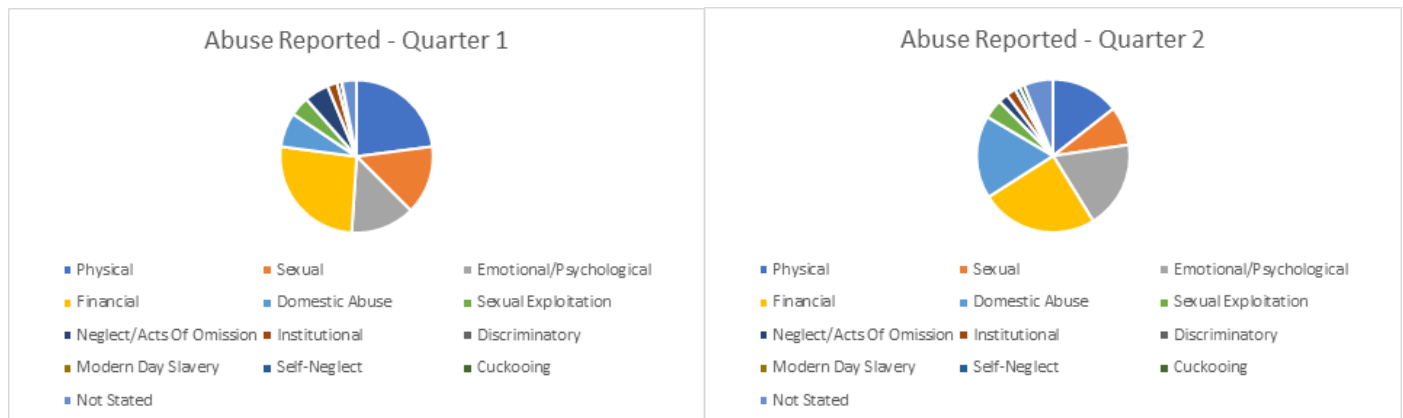
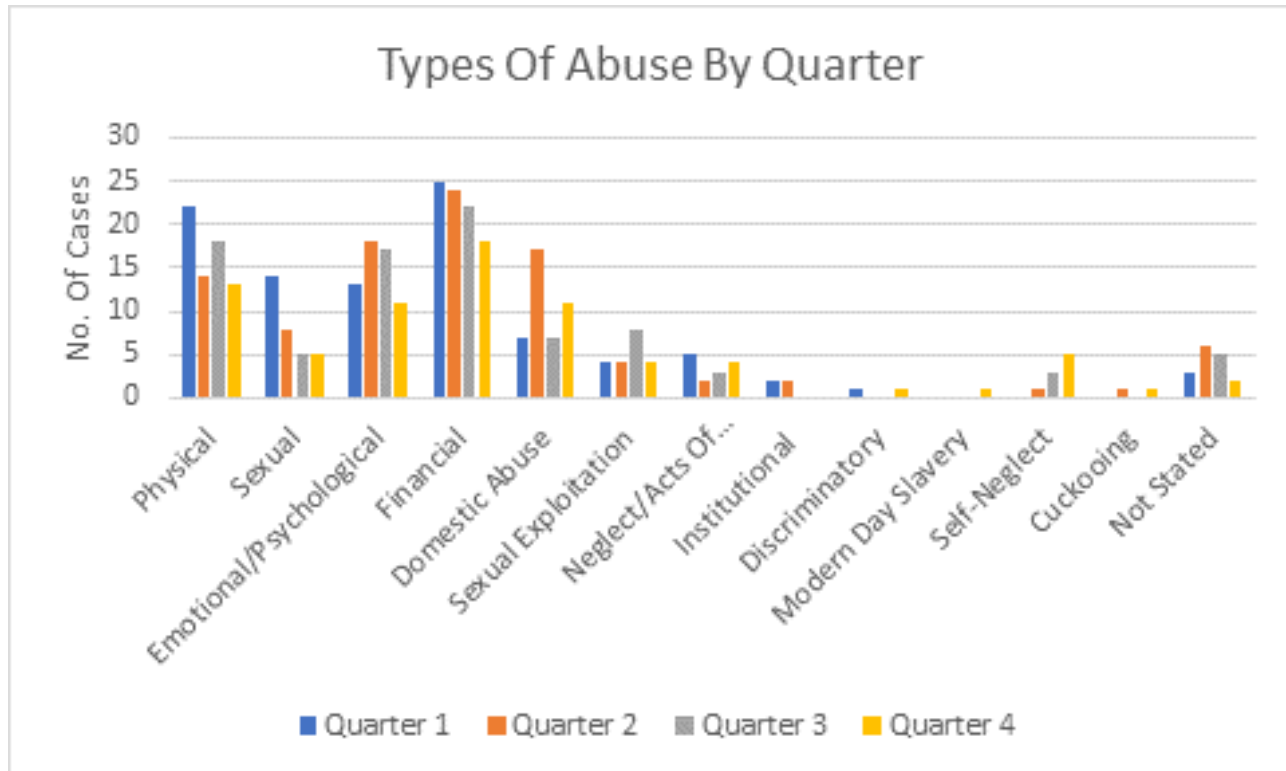
Total number of Internal Notifications of Concern raised via Insight/Ulysses by Adult Mental Health, Substance misuse, older Adult and Learning Disabilities Services.



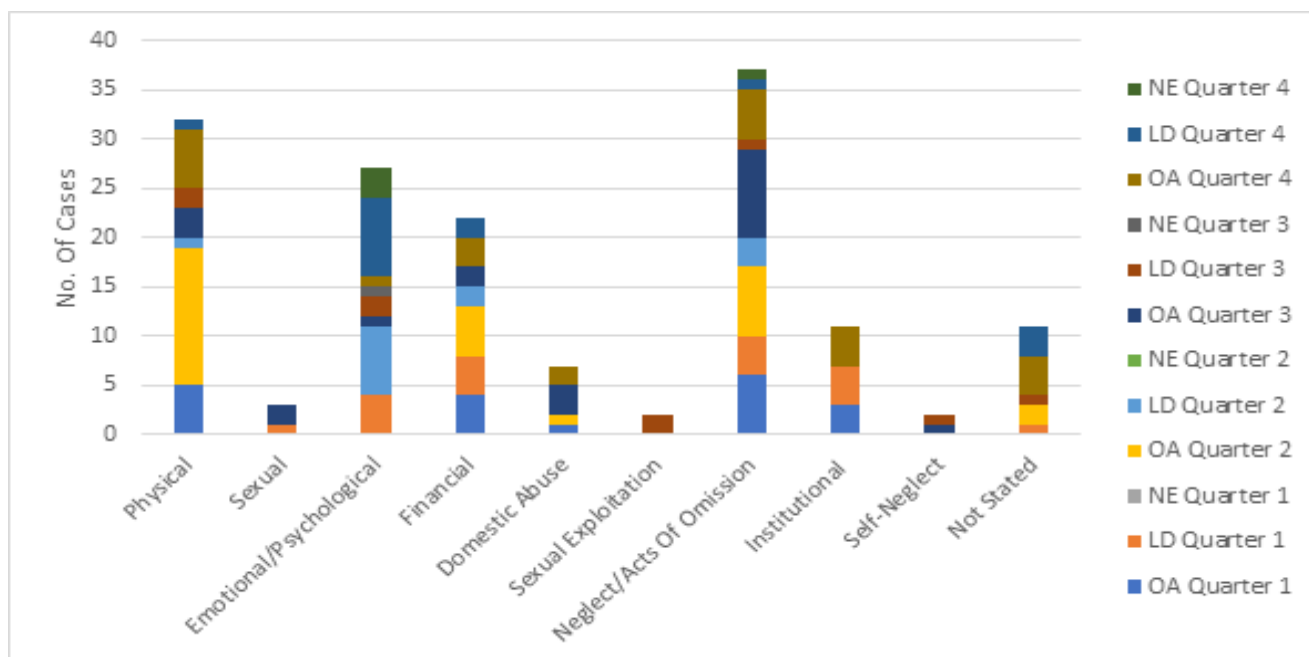
Comparison



## Notifications of Concern by Types of Abuse (Adult Mental Health)



**Notifications of Concern by Types of Abuse (Older Adults, Learning Disabilities and Neuro-Enablement service)**



**4.3 PREVENT**

The Corporate Safeguarding Lead is the Operational Lead for Prevent on behalf of the Trust.

Prevent is part of the Government’s Counter Terrorism Strategy CONTEST. As part of this, all healthcare staff have to receive training. Prevent training is mandatory and should be completed every 3 years (training figures are contained within this report).

All staff have a responsibility to raise concerns where they believe that a client is at risk of being drawn into terrorist activity or committing a terrorist act. Concerns are reported to the South Yorkshire Police Prevent Team. These concerns will be investigated and if felt to be appropriate the client will be offered the option of being supported by the Channel Panel.

The Safeguarding Lead remains a member of the Channel Panel Meetings and continues to attend monthly meetings. Channel provides support across the country to those who may be vulnerable to being drawn into terrorism. The overall aim of the programme is early intervention and diverting people away from the risk they may face. If one of our clients is being supported by Channel the relevant worker or team member will be invited to attend.

Channel uses existing collaboration between partners, to support individuals and protect them from being drawn into terrorism.

SHSC have 100% attendance at Channel Panel this reporting figure.

Prevent data is official sensitive and therefore cannot be reported in quarter.

## 5.0 Safeguarding Children

The Trust appointed Named Nurse for Safeguarding Children July 2020. Throughout the reporting period the Named Nurse for Safeguarding Children has begun to establish closer working relationships with partner agencies and is continually promoting multi agency working.

The overall aim is to work seamlessly with other agencies to safeguard the children of Sheffield. To achieve this Named Nurse provides advice and support to both SHSC clinicians around referrals to children's services and clinicians from partnership agencies around mental health, mental health services and how to access appropriate services.

In addition to this SHSC attend Safeguarding Sheffield Children Partnership meetings and multiagency sub-groups.

Specific areas of focus this year have been:

**Child Safeguarding/Protection** – Identifying parents of children that are subject to child protection processes who have mental ill health and are known to SHSC. This ensures that SHSC clinicians are aware of proceedings and can participate in the process. This provides both; a level of support to SHSC clients but also ensures that the safety and welfare of children at risk are a priority for SHSC.

**Strategy Discussions** – A strategy discussion is held when there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm. It will involve children's social care, the police, health, and other parties such as the referring agency. SHSC clinicians participate in Strategy discussions for families where parents are known to SHSC services. The Named Nurse has attended Strategy discussions at the request of Children's Social Services where families are not open to SHSC services, but it is felt that mental health support may be needed or in cases where the parent/parents have previously struggled to engage with mental health services. The Named Nurse has been able to encourage engagement with services and offer signposting advice. This process will continue.

The Named Nurse for Safeguarding Children also attends and contributes to a number of multiagency meetings. See 9.0 Partnerships and External Meetings

**Safeguarding Children's Hub** - The Safeguarding Hub no longer accepts the MACf as confirmation of referral, staff have been advised to complete and incident form in Ulysses to document their referrals into the Hub. This will provide staff with documentation of their discussion, an audit trail to demonstrate information sharing and data to understand the number of referrals our staff are making to the Safeguarding Children's Hub. A Blue Light alert was sent out to staff to advise of this change in process.

The Think Family Agenda and the Contextual Safeguarding Agenda are a continuous thread running through by the safeguarding team and is considered in a large proportion of the meetings and forums attended by the team. Moving forward into the coming year the aim is to promote both these agenda's further within the Trust and embed them in all safeguarding activity.

Moving forward, learning briefs from the Parental Mental Health Group are being delivered to both SHSC staff and Children's Social Care staff by Named Nurse and Vulnerabilities Manager for Sheffield Children Safeguarding Partnership, these will promote multiagency assessment and planning meetings and will also include the need to look at the wider family and community when assessing needs and risk. SHSC will relaunch Every Child Matters Form (this allows collation

details of services and workers already involved with the family unit) and the Joint Working Protocol between Sheffield Safeguarding Children Board and Sheffield Health and Social Care is to be reviewed and updated.

## **6.0 Domestic Abuse**

The Domestic Abuse Bill is reaching its final stages before reaching Royal Assent and becoming an Act. Although the definition of domestic abuse remains largely the same, it now also includes abuse relating to gender identity or sexuality. There is a new clause that acknowledges children who see or hear, or experience the effects of domestic abuse, who is related to the person being abused or the perpetrator, is also to be regarded as a victim of domestic abuse and not just a bystander. The Domestic Abuse Act has created a Domestic Abuse Commissioner statutory office. This office will provide leadership on domestic abuse issues and oversee and monitor the provision of domestic abuse services in England and Wales. The NHS, as well as other public bodies will be under a duty to cooperate with the Commissioner.

Aside from mental health issues and substance misuse, domestic abuse is the most prominent reason for external referrals into SHSC. The COVID-19 pandemic had a particularly profound negative impact on survivors of domestic abuse and many survivors were prevented from being able to access help and support. The Perfect Storm report by Women's Aid found that "over 90% (91%) of respondents currently experiencing domestic abuse said the Covid-19 pandemic had negatively impacted in at least one way". Of those women living with their abuser during lockdown, 61% said the abuse had worsened. Many of the assessments carried out during the pandemic have been via skype/zoom/teams or telephone assessments. Practitioners have voiced concerns on several occasions as to whether the clients are able to speak freely. Survivors became invisible to the services that may normally have seen them face to face, thus reducing opportunities for opportunistic or routine enquiry. Staff now receive robust national Domestic Abuse L1 and L2 training on e-Learning for Health. Training figures are below.

### **6.1 MARAC**

A MARAC or Multi-Agency Risk Assessment Conference is a multi-agency meeting which domestic abuse victims who have been identified as at high risk of serious harm or homicide are referred to. The MARAC is attended by representatives from a range of agencies including police, health, child protection, housing, Independent Domestic Violence Advisors (IDVAs), probation, mental health and substance misuse and other specialists from the statutory and voluntary sectors. The MARAC functions on the collective understanding that no single agency or individual can see the complete picture of the life of a victim or is able to identify and manage the risks, but all agencies may have insights that are crucial to the persons safety.

The Sheffield MARAC is held weekly and is attended by a Social Worker who is currently working for the Corporate Safeguarding Team. The new Adult Safeguarding Advisor will take over as the permanent representative. At the beginning of the COVID-19 pandemic, the MARAC became a virtual meeting, and it continues to function in this way. Throughout the year, the team have maintained 100% attendance at this important multiagency meeting. The DACT do not keep data on actions being completed by agencies but will be starting to collate this info for 2021-2022.



## 7.0 MAPPA

Multi Agency Public Protection Arrangements or MAPPA is the process through which the police, probation and prison services work together with other agencies to assess and manage violent and sexual offenders in order to protect the public from harm. It is a system of sharing information and combining resources to maximise the risk management in place for each individual offender. An SHSC Approved Mental Health Professional (AMHP) manager represents statutory mental health services at the local MAPPA Level 2 panel every 4 weeks, and also the extraordinary Level 3 MAPPA meetings in response to immediate and serious threat.

This panel is the highest localised level of inter-agency public protection and information sharing that exists. As part of this process, the representative is asked to contribute senior professional advice and guidance regarding the Mental health management and risk profile of some of our communities most dangerous members.

Category	Level 1	Level 2	Level 3	Level not yet set	Total
1	11	9			20
2	5	32	2	1	40
3	2	13		1	16
Total	18	54	2	2	76

## 8.0 Vulnerable Adults Risk Management Model (VARMM) and Complex Case Management (CCM)

VARMM is the Vulnerable Adult Risk Management Model, a multi-agency process which helps manage complex high-risk cases where the person is considered to be at significant risk of serious harm/death through self-neglect and poor engagement with services. The VARMM process is also used to improve collaborative multi agency working and information sharing. The VARMM Advanced Practitioner/Social Worker sits within the Sheffield Treatment and Recovery Team (START) which is a specialist prescribing service within SHSC for clients whose substance misuse is often complex resulting in co-morbid mental health issues, poor engagement in treatment and complex child protection issues. As a consequence of these factors and the client's lifestyle, social and environmental circumstances can mean they become the victim of abuse or at risk of serious life-threatening harm. The VARMM Advanced Practitioner/Social Worker is utilised to ensure a robust risk management plan is devised between all agencies involved with the client to work towards reducing risk and improving engagement.

The effectiveness of the VARMM Advanced Practitioner role has been increased by building networks and relations with services and professionals across Sheffield and neighbouring counties, including statutory and third sector services. This has increased the number of collaborative multi agency teams who could expedite often complex and creative risk management plans to effectively try and save a vulnerable adults life.

This vital multiagency work has raised the profile and effectiveness of VARMM across Sheffield and South Yorkshire, enabling services to quickly address high risk and complex cases, sometimes in a matter of hours or days whereas previously this same process could have taken weeks or even months to execute. The VARMM process facilitates and expedites referrals,

streamlines information sharing and provides a platform where support can be quickly provided and documented.

For a period, the criteria and use of VARMM was expanded. However, this resulted in the process being diluted and began to lose its validity, and 'buy in' from professionals started to decline. Also, cases that exited VARMM would often come back into VARMM or experienced significant decline within the first 3-6 months of not being collaboratively managed.

This evidenced there was a need for another process to manage cases that did not meet VARMM or Safeguarding threshold. Complex Case Management (CCM) was implemented in October 2018. CCM provides a platform for early intervention and prevention with an aim of addressing risk, improving collaborative and robust working around complex individuals and providing a long term multi agency case management process that reduces the need for crisis interventions such as VARMM and Safeguarding. This has helped improve quality of life longer term, reduce anxiety for professionals who would previously be managing cases in isolation and evidence extensive efforts of services trying to support high risk and complex patients. CCM evolves and responds to partner feedback, for example there has been standardisation of how the confidential email groups are coordinated including templates used for sending invitations to professionals when creating email groups, meetings and the sharing of information.

CCM and VARMM are now established and respected processes with clear terms of reference that supports professionals to manage risk as a partnership. This has helped improve the understanding of data protection and overall efficiency of these processes.

Cases are managed in three tiers:

- **Tier 1** - Safeguarding, VARMM, high risk/critical cases, daily case management, meetings 1-4 weekly (approx. 8 cases currently).
- **Tier 2** – CCM cases, daily/weekly case management, meetings 4-8 weekly or as and when required (approx. 128 cases currently).
- **Tier 3** – Cases that have been previously managed under Safeguarding, VARMM or CCM, stable, long term collaborative case management, monthly or annual interventions. If crisis occurs, case can quickly move into Tier 1 or 2 and have prompt response from previous multi agency group (approx. 384).

To support the implementation of CCM and VARMM, multi-agency training has been delivered to partners across Sheffield and South Yorkshire. In 2020 six full day sessions were arranged for approximately 160 professionals. Due to Covid only one session was held. Training focused on developing professionals' ability in recognising what Safeguarding and VARMM criteria looks like and give them the tools and confidence to set up and manage cases where a multi-agency approach is required rather than a S.42 enquiry.

Since the introduction of CCM there has been a decline in the need for crisis interventions through VARMM and Safeguarding. CCM has seen an increase in the amount of vulnerable, high risk adults who now have a 'safety net' of professionals offering daily support, responding to need, preventing escalating risk and improving quality of life. Responsibility for these cases is now shared between multiple agencies, which dramatically increases expertise, knowledge, helping address complex needs and educate professionals.

## **9.0 Partnerships and External Meetings**

The Trust Lead for Safeguarding and the Named Nurse for Safeguarding Children attend a variety of external meetings.

- Vulnerable Adults Panel (VAP)
- Multi-Agency Risk Assessment Conference (MARAC)
- Vulnerable Adults Risk Management Model (VARMM)
- City Centre Anti-Social Behaviour Information Sharing Meetings
- Rough Sleeper Meetings
- Human Trafficking and Modern Slavery
- Channel Panel
- Prevent Silver Group
- Domestic and Sexual Abuse Provider Consultation Group
- Safeguarding Adults and Children Health Reference Group
- Sheffield Adult Safeguarding Partnership (SASP) Performance and Quality Meeting
- Sheffield Safeguarding Children Learning and Practice Improvement Group (LPIG)
- Sexual Exploitation Project Board
- Multi-Agency Pregnancy Liaison and Assessment Group (MAPLAG)
- Parental Mental Ill Health Task/Finish Group
- Operation Fortify Silver and Bronze
- Vulnerable Young People's Executive Board

We value our work with the Sheffield Adults and Children's Safeguarding Partnerships and these relationships have been strengthened in the last year, despite the national pandemic. The work between the Named Nurse for Safeguarding Children and the Vulnerabilities Manager in the Local Authority in particular, has resulted in joint training sessions, increased attendance at Child Protection Conferences and a greater understanding of types of support that secondary mental health services can offer to children's services. There are clear points of contact for both SHSC clinicians and local authority Children's services which ensures that all services are aware of others involved and can work together to mitigate risk.

### **9.1 Parental Mental Health Group**

SHSC are active members of the Parental Mental Health Group and have fully participated in joint case reviews and workshops during the year. Learning briefs from these reviews are disseminated to all relevant agencies via virtual/face to face sessions. The aim of the group is to improve multi agency working for families where there is or has been mental ill health within the household and to encourage clinicians to 'look beyond the person in front of them'. The active involvement of the team has improved partnership working across agencies. There have been 4 Multi Agency

Reviews completed. The last one was in November 2020 which was fully attended by the SHSC services involved in the case.

Thematic learning from this review were:

- understanding coercive control,
- lack of professional curiosity,
- consideration of unresolved trauma,
- continuity of workers and
- recognising the impact of parental conflict.

Recommendations from this were to improve partnership working by means of effective multiagency co-operation. A learning brief was disseminated, and a workshop was held on 21/4/21 for partner agencies. Findings from this review have been disseminated to all Senior Managers by the Vulnerabilities Manager from the SCSP. The Named Nurse for Safeguarding Children alongside the Vulnerabilities Manager SCSP have also delivered some presentations on the findings of the review to various Partner Agencies and received positive feedback. Further sessions have been planned for delivery over the coming quarter.

## **9.2 Child Death Overview Panel (CDOP)**

Sheffield is part of the South Yorkshire Child Death Overview Panel.

The CDOP reviews all child deaths that occur within the Sheffield area. The purpose of CDOP is to collect, collate and analyse data from all child deaths to determine any contributory factors and identify any learning that may prevent future child deaths both locally and nationally. It will also highlight any death as a result of abuse and/or neglect. The aim of the panel for 20/21 was to improve data collection and to improve the experience and support for bereaved families. The last report for 19/20 can be found here :

[https://www.safeguardingsheffieldchildren.org/assets/1/sycdop\\_2019-2020\\_annual\\_report\\_final.pdf](https://www.safeguardingsheffieldchildren.org/assets/1/sycdop_2019-2020_annual_report_final.pdf)

The Safeguarding Team continue to provide information to the Child Death Overview Panel relating to close family members of the deceased child, this is provided by means of a short report. This information is limited to any recent contact. Child death reviews are held for all partners that have had significant contact with the child or family.

## **9.3 MAPLAG**

Multi Agency Pregnancy Liaison Assessment Group is a Safeguarding Children Group who meet and discuss issues around women and their partners who experience difficulties with drug and alcohol use in pregnancy. The meeting focuses on sharing of information and assessment of risk enabling core agencies to agree appropriate interventions. The aim of the group is to ensure that right support package is offered to women and their unborn babies.

START and Perinatal Services attend on a regular basis. The Safeguarding Team provide information to MAPLAG from a mental health perspective and attend when necessary, for clients not known to Perinatal or Substance Misuse Services.

## 9.4 Operation Fortify (Serious and Organised Crime)

SHSC Safeguarding team attends Silver and Bronze Fortify meetings and contributes valuable information to enable the reduction and disruption of Serious Organised Crime (SOC). SHSC sees service users admitted onto our inpatient wards and Health Based Place of Safety (Section 136) who are involved in gang activity. CYP who have been exploited attend the Emergency Department at NGH and this can result in contact with our Liaison Psychiatry team. Our Street Triage team are also potential points of contact with people at risk of gang violence and criminal exploitation.

## 9.5 Multi Agency Safeguarding Hub

Over the course of Q4, the Named Nurse for Safeguarding Children has become involved with the Multi Agency Safeguarding Hub and is now frequently requested to provide information for the purpose of child protection/safeguarding.

The information requested is regarding contact with mental health services both current and historic, diagnosis, risk and service provision.

Requests are made directly to the Named Nurse for Safeguarding Children. All requests have a timescale attached of between 2 to 6 hours to ensure that any risk is managed both timely and effectively.

## 10.0 Training

One of the most important principles of safeguarding is that it is everyone's responsibility. Sheffield Health and Social Care (SHSC) staff frequently work with people in their moments of greatest need and can witness health and social inequalities which have a direct impact on the lives of people they care for. To protect adults, children and young people from harm, and help improve their wellbeing, all SHSC employees are required to have the competencies necessary to recognise adult and child maltreatment, the opportunities to improve wellbeing, and the knowledge necessary to take effective action as appropriate to their role. The Adult<sup>1</sup> and Children's<sup>2</sup> Safeguarding Intercollegiate documents provide a clear framework which identifies the required competencies. Levels 1-3 relate to different occupational groups, while level 4 and 5 are related to specific roles. PREVENT training should be accessed at Levels 1-3<sup>3</sup>. There is specific training at Level 3 for those working in Mental Health.

As of 31/5/21 our training compliance was:

Training	Compliance (comparison to Q1)
Safeguarding Adult level 2	91.16% ↑
Safeguarding Children level 2	90.69% ↑
Safeguarding Children level 3	84.19% ↓
Domestic Abuse	87.58% ↑
Prevent	91.02% ↑

<sup>1</sup> [Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/~/media/RCN%20org/pdfs/Adult%20Safeguarding%20Roles%20and%20Competencies%20for%20Health%20Care%20Staff.pdf)

<sup>2</sup> [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/~/media/RCN%20org/pdfs/Safeguarding%20Children%20and%20Young%20People%20Roles%20and%20Competencies%20for%20Healthcare%20Staff.pdf)

<sup>3</sup> [prevent-training-competencies-framework-v3.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/prevent-training-competencies-framework-v3.pdf)

A safeguarding training matrix has been produced to assist staff to clearly identify their training requirements.

	Level 1 Adult Safeguarding Level 1 PREVENT	Level 1 Domestic Violence Level 2 Adult Safeguarding Level 2 PREVENT	Level 2 Domestic Violence Level 3 Adult Safeguarding Level 3 PREVENT	Level 3 Domestic Violence Level 4 & 5 Adult Safeguarding	Level 1 and Board Level Adult Safeguarding
ADULT SAFEGUARDING	ALL STAFF	PATIENT CONTACT	WORKING CLINICALLY WITH ADULTS	NAMED /DESIGNATED NURSE/DR	BOARD
STAFF GROUP	ALL STAFF Including Contractors and executive members	All clinical and non clinical staff who have regular contact with patients, their families or carers, or the public	All registered health and social care staff working with adults who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns	Named doctor or nurse - designated professionals	Chair, Chief Officer, Board Members including Executives and Non Executives
REQUIREMENT	Level 1 safeguarding, Mental Capacity Act, PREVENT and Domestic Violence e-learning to be completed at induction (maximum 6 weeks) or before any patient contact, whichever first.	Level 1 adult safeguarding (once) plus L2 Safeguarding, Domestic Violence and PREVENT E-learning which must be repeated in every 3 year period.	Levels 1 and 2 Safeguarding to be completed to proceed to L3 training which is repeated in every 3 year period. This should be a minimum of 50:50 e-learning and face to face multi disciplinary. L3 Domestic Violence and L3 PREVENT (MH). To be completed within 12 months of starting role	Supervision, professional courses, peer review, reflection	Level 1 Safeguarding; Domestic Violence and PREVENT at induction and additional strategic safeguarding training specific to Board role as set out in intercollegiate document

	Level 1 Childrens Safeguarding	Level 1 PREVENT	Level 1 Domestic Violence	Level 2 Childrens Safeguarding	Level 2 PREVENT	Level 2 Domestic Violence	Level 3 Childrens Safeguarding	Level 3 PREVENT	Level 3 Domestic Violence	Level 4 & 5 Childrens Safeguarding	Level 1 and Board Level Childrens Safeguarding
CHILDRENS SAFEGUARDING	ALL STAFF	PATIENT CONTACT	WORKING with children/parents/carers	Named or Designated Nurse	Board Level						
STAFF GROUP	ALL STAFF (INCL CONTRACTORS) and executive members	All non-clinical and clinical staff who have any contact (however small) with children, young people and/or parents/carers or any adult who may pose a risk to children	All clinical staff working with children, young people and/or their parents/carers and/or any adult who could pose a risk to children and who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not)	Named doctor or nurse - designated professionals	Chair, Chief Officer, Board Members including Executives and Non Executives						
REQUIREMENT	Level 1 safeguarding, PREVENT and Domestic Violence e-learning to be completed at induction (maximum 6 weeks) or before any patient contact, whichever first.	Level 1 adult safeguarding (once) plus L2 Safeguarding, Domestic Violence and PREVENT E-learning which must be repeated in every 3 year period.	Levels 1 and 2 Safeguarding (once) then 12 hours of L3 training which is repeated in every 3 year period. This should be a minimum of 50:50 e-learning and face to face multi disciplinary. L3 Domestic Violence and L3 PREVENT (MH). To be completed within 12 months of starting role	Minimum of 24hrs of education, training and learning over 3 year period plus regular supervision.	Level 1 at induction and additional strategic safeguarding training as set out in intercollegiate document						
<p>NOTE: Depending on roles and responsibilities some staff may require additional training hours. This is identified on a case by case basis in line with the Intercollegiate document for children and adults or as part of your annual appraisal.</p> <p>REFERENCES: <a href="https://www.rcn.org.uk/professional-development/publications/pub-007069">https://www.rcn.org.uk/professional-development/publications/pub-007069</a> <a href="https://www.rcn.org.uk/clinical-topics/children-and-young-people/safeguarding-children-and-young-people">https://www.rcn.org.uk/clinical-topics/children-and-young-people/safeguarding-children-and-young-people</a> <a href="https://www.england.nhs.uk/publication/prevent-training-and-competencies-framework/">https://www.england.nhs.uk/publication/prevent-training-and-competencies-framework/</a></p>											

The majority of training currently provided is via online learning or via various online platforms due to Covid 19. As part of the Rapid Development Plan work has concluded to outline the new training packages for levels 1&2 to Health Education England online training. The new requirement for Level 3 in Adult Safeguarding will be assigned in ESR and a package developed to support multi agency training. It should also be noted that the compliance rate for safeguarding training in the CCG contract is 90%. As work commences to realign staff to the new training requirements, compliance may initially drop but an implementation plan will be put in place.

## 11.0 Supervision

Safeguarding Supervision requirements are currently not clearly articulated in Trust policy, the rapid development plan outlines plans to introduce focused safeguarding supervision for registered practitioners in the Trust with an accompanying policy during Q2 21/22. Compliance will be monitored as the model is introduced and formally reported through the quarterly report to Safeguarding Assurance Committee. The model will be based on Action Learning sets and cascading safeguarding from the Corporate Safeguarding Team to the Safeguarding Managers, Leads down to services.

## 12.0 Risk Register

As reported verbally in April 2021 to the Quality Assurance Committee the following risks are under active management:

1. Use of Insight to manage safeguarding concerns and information. Currently due to the arrangement of record management, all referrals received through the single point of

access for individuals aged 18-65yrs are recorded into Insight. Insight is the Trust mental health and learning disability record system. It is unclear of the information governance agreements which allow the Trust to open new case records for mental health to individuals who do not require mental health services.

Action: Advice has been requested from the Chief Clinical Information Officer to understand any current risks with data storage on insights. Plans are underway to utilise Ulysses, the Trust Risk Management system to store, manage and retrieve all future safeguarding information received within the delegated function.

2. Safeguarding Training. Concern has been raised with regards to the alignment of the training to the intercollegiate documents for safeguarding and the introduction of level 3 training for safeguarding adults.

Action: Director of Quality, External Safeguarding Specialist and Training department have met and agreed a new training outline which will utilise external training packages from Health Education England for levels 1 & 2 for both adults and children. Level 3 Adult training to be developed. ESR to be updated to align staff to the correct level of training.

3. Delegated Function. Concern has been raised at the content of the contract with the local authority and the specificity of the requirements between the Trust and Local Authority.

Action: Director of Quality to seek legal advice and engage with the Local Authority to ensure appropriate data sharing, assurance and oversight are in place for both partner agencies.

### **13.0 Key Priorities for 2021/2022**

- Introducing Safeguarding Supervision via action learning groups. Pilot process to commence in Q2 with a supporting policy for evaluation after 2 quarters. Focus on Children's Safeguarding Supervision to be delivered via the Named Nurse for Children
- Improving connections between MH legislation Team and Safeguarding Team, ensuring connectivity across the legislative agendas and shared objectives to focus on human rights and mental capacity.
- Finalise the training package for Level 3 Adult Safeguarding across the trust.
- Strengthen Think Family across the Trust with clear communications and a focus from the Named Nurse for Children through Safeguarding Supervision and learning bulletins about the importance of a whole family approach.
- Increasing SG manager roles in the Trust to support the timely and high-quality review of safeguarding concerns, particularly within inpatient environments.
- Making Safeguarding Personal - work in co-production with our service users to ensure our policies and procedures reflect a personalised safeguarding approach and the voice of our service users is evident throughout any safeguarding investigations.



SAFEGUARDING TEAM RISK REGISTER APRIL 2021											
	Risk level	Risk Type	Risk Source:	Department	Who assessed the risk	Risk details	Initial risk score	Controls	Actions to be taken	Residual risk score	April Revised score
1	Team Escalated	Safety	Internal ID	Safeguarding	Angela Whiteley	Inability of IAPTUS system to record safeguarding concerns due to incompatibility with INSIGHT compromises service user safety	15	Templates developed for IAPTUS team as interim solution; templates uploaded, protocol developed, agreed and communicated to staff. All internal safeguarding concerns on IAPTUS now go through SPA with covering email for internal referral. Incident form to be completed as safety net. Paper copies regularly sent to Safeguarding team	ongoing monitoring of all concerns and incident forms. All team to be compliant with safeguarding training.	6	6
2	Team Escalated	Safety	Internal ID	Safeguarding	Angela Whiteley	Lack of access to records held for people with Learning Disabilities and older adults' safeguarding concerns	16	Two new safeguarding practitioners (SP) have identified LD/Older Adults as areas of special interest which will improve 2 way communication and should prevent further increase in number of concerns. Team members have been introduced to locality staff/managers Staff have been advised the 2 SPs are first contact via email when safeguarding concern is raised.	This solution should assure regarding current and future safeguarding concerns but not address historical cases which could need reviewing. Trust safeguarding practitioners to develop relationships with LA safeguarding team to improve feedback mechanisms. Trust and LA to discuss opportunities for information sharing	12	12
3	Team escalated	Workforce	Internal ID	Safeguarding	Angela Whiteley	Lack of differentiation at Front Door between mental health referrals and safeguarding concerns increases unnecessary workload and may lead to individuals having safeguarding alerts opened as new referrals which is inappropriate	12	Two new practitioners are in place to improve 2 way communication with locality managers which will prevent further increase.	Workshop to consider current referral mechanisms in place and how to ensure safeguarding referrals are received as delegated duty. Discussions with LA and CCG/ SASP /Police re: criteria for safeguarding referrals	6	6
4	Team Escalated	Safety	Internal ID	Safeguarding	Diane Barker	Inability to manage/prioritise workload due to inconsistent flow of referrals through SPA and backlogs can be over 2 months out of date putting people at risk	25	Short term/temporary solution utilised in the past where SG Team contacted SPA and requested additional support when backlog was identified.	Referral route through designated Safeguarding inbox to be implemented. Discuss with IMST to check on flow through LA and Trust email systems understand blockages/batching	15	12
5	Team escalated	Quality	Internal ID	Safeguarding	Diane Barker	Lack of evidence/assurance from training department regarding staff use and understanding of L1 safeguarding training Training Dept informed no additional e-learning can be added until Oct 21 due to cost efficiency	20	Requested evidence of staff receipt and understanding of L1 training which currently consists of a presentation emailed to all new staff. Request evidence of L2 e-learning (adults and children)	Salli Midgley/Sally Rogers to meet with Training by end of April to clarify: date for adoption of Health Education England (HEE) e-learning L1 and L2 children's safeguarding training and HEE L1 and L2 adult safeguarding Training. All staff to refresh their L1/2 child and adult training by Q3 21 latest. SR to work with Local Authority L3 trainer to complete gap analysis to provide assurance regarding health specific elements. Training to send monthly training figures SG Team. Training audit to be completed by Q4	20	Reduced to 6 Agreement reached and documented for ongoing review
7	Team Escalated	Statutory	Internal ID	Safeguarding	Diane Barker	Lack of staff direction regarding how to escalate concerns within safeguarding children and safeguarding adults policies	20	Add hyperlink to SCSP board website and to the SY procedures. Add hyperlink to the adult procedures to the safeguarding adult policy. Communicate to staff	Hyperlink to children's safeguarding partnership board added April 21. Note the change of email for the LA referrals without due notice to the Trust.	15	Completed. No further Action required
8	Team Escalated	Quality	Internal ID	Safeguarding	Diane Barker	Lack of complete information in service users' records due to free text fields and lack of consistency leads to missed safeguarding issues	16	Manual data retrieval taking in excess of 5 working days for reporting every quarter. From end of Q1 two new members of team to support plus admin to support ongoing collection.	Utilise Ullyses as a potential solution to: Address gaps in information/inconsistency to improve data quality Ensure new data fields are mandatory eg number of children under 18 years old and DOB Reduce free text fields. Dip sample audit of children's information to be completed April 21. Staff informed via Trust communications the importance of completing information regarding children and DOB on existing system	12	In progress 12
9	Directorate	Workforce	Risk assessment	safeguarding/ clinical directorates	Salli Midgley	VARM co-ordinator is not aligned to the corporate safeguarding team and is working outside of SHSC approvals and governance	16	VARM is embedded in safeguarding practice and local authority/partner agencies are working across the partnership with the co-ordinator. No concerns raised	SM to work with MG and line manager to align VARM co-ordinator with Safeguarding. Work to progress to develop policy and protocols to go through governance and approval processes in SHSC	12	12 in discussion
10	Directorate	Statutory	Risk assessment	safeguarding/ clinical directorates	Salli Midgley	VARM co-ordinator has introduced a complex case management process which has not been approved by the Trust and requires safeguarding and legal oversight	24	local authority review has taken place. No concerns raised.	legal review has taken place. Position clear regards actions to be taken. Assurance given to CCG and LA	6	6 work in progress
11	Directorate	Workforce	Internal ID	safeguarding	Salli Midgley	Lack of engagement/utilisation of Safeguarding Managers	16	Clarification of role and responsibilities; broaden understanding how these do/could align with Safeguarding Team	Meeting with Heads of Service and Lead Social Worker to agree identification of SG managers, roles and responsibilities	16	16
12					Salli Midgley / Beverley Murphy				Legal advice received. To ensure SG managers are in place and supporting delivery of role. To ensure there is robust agreement with the LA on reporting of safeguarding activity and specifically oversight of any 542 enquiries raised against the Trust for LA oversight and agreement of investigation. Work in progress with SM / Simon Richards/ Alexis Chappell and Beverley Murphy		
13	Directorate	Statutory	Risk	Safeguarding		Potential conflict in completion of delegated duties	24			20	20 work in progress
	Directorate	Statutory	Internal ID	Safeguarding	Salli Midgley	Data management, storage and retrieval of external safeguarding concerns on the Trust MH Electronic record system which may breach GDPR and is not an efficient or effective records management system	20	explore the implementation of Ullyses safeguarding module to manage all concerns and referrals on behalf of the Local Authority and for SHSC advice and signposting.	SG team currently in training to implement Ullyses. Date to be set for handover to new system	20	20 work in progress