Board of Directors – Open

SUMMARY REPORT	**Meeting Date:** 28th September 2022 **Agenda Item:** 14

Report Title:	**Safeguarding Annual Report 2021-2022**
Author(s):	Hester Litten, Head of Safeguarding and Angela Whiteley, Named Nurse for Safeguarding Children. Salli Midgely, Director of Quality
Accountable Director:	Beverley Murphy, Director of Nursing, Professions and Operations
Other meetings this paper has been presented to or previously agreed at:	Safeguarding Assurance Committee 07.09.22 Quality Assurance Committee 14.09.22
Key points/ recommendations from those meetings	Committee received report and were significantly assured that Safeguarding at SHSC is well led.

Summary of key points in report

This Annual Performance Report covers the reporting period of April 2021 – March 2022. During this year we have completed and achieved the rapid development plan from 2020-2021 and this work is now embedded in the team annual workplan and audit plan. Sheffield Health and Social Care is committed to the robust and effective safeguarding of adults and children in Sheffield.

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 are areas of improvement in the reporting period:

➢ Implemented Level 3 Safeguarding Adult Training and are on target to achieve compliance by December 2022.
➢ Implemented Level 3 (WRAP) Prevent training with additional presentation to ensure staff know how

- to respond locally to a Prevent concern.
- ➢ Compliant with Level 1 and 2 Safeguarding Adults and Children training.
- ➢ 100% attendance at Channel Panel
- ➢ Reviewed all safeguarding related policies and developed a Safeguarding Supervision Policy and Allegations Against Staff policy.
- ➢ Safeguarding Supervision is now being delivered in our acute and PICU wards.
- ➢ Continued to build our relationships with the Sheffield Adult and Children's Safeguarding Partnerships and the Domestic Abuse Coordination Team.

The key risks to the activity and performance of the team are recorded in the report. In summary, the key risks are:

- ➢ There were periods of extensive sickness due to Covid and related winter illness during Q3 and Q4. Whilst all referrals have an initial review the same or next working day, this led to delays in external referrals being fully triaged. Data reporting is provided twice weekly to the Director of Quality and staff resource has been redirected to prioritise triaging of external referrals.
- ➢ Disaggregation and handover of delegated duties - Team Audit and the 360 Assurance Audit has highlighted the lack of recording when referrals are made to the Safeguarding Children's hub. This raises concern that staff may also fail to complete referrals for adult service users when the delegated function is returned to Sheffield City Council and referrals are no longer made internally on Insight.
- ➢ As part of the handover of our delegated duties there is also the risk that SHSC staff may not receive feedback/outcomes of their referrals from Sheffield City Council as has been identified within our Older Adults and Learning Disability Services.

Recommendation for the Board/Committee to consider:						

Consider for Action		Approval		Assurance	X	Information	

The Board is asked to receive the annual report and is asked to accept the assurance from the Quality Assurance Committee that the SHSC Safeguarding approach is well led and that we have delivered our statutory safeguarding functions in 2021 – 22.

Please identify which strategic priorities will be impacted by this report:					
Covid-19 Recovering effectively	*Yes*		*No*	X
CQC Getting Back to Good – Continuing to improve	*Yes*	X	*No*	
Transformation – Changing things that will make a difference	*Yes*		*No*	X
Partnerships – working together to make a bigger impact	*Yes*	X	*No*	

Is this report relevant to compliance with any key standards?					State specific standard
Care Quality Commission Fundamental Standards	*Yes*	X	*No*		*Safeguarding From Abuse* *Safety* *Person Centred Care (Making Safeguarding Personal MSP)*
Data Security and Protection Toolkit	*Yes*		*No*	X	
Any other specific standard?					

Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	*Yes*	X	*No*		*Continuous improvement to ensure our practices, processes and policies promote Making Safeguarding Personal*
Financial (revenue &capital)	*Yes*	X	*No*		*Failure to comply with Safeguarding Legislation will risk the quality of care provided and will breach patients' rights, including human rights, with the potential for legal action and financial*

					compensation
Organisational Development /Workforce	*Yes*	*X*	*No*		*The Trust must ensure that staff are competent to recognise and respond to safeguarding concerns and abuse and protect our service users from harm. The Trust must ensure our delegated duties are enacted in accordance with the contract and Care Act 2014.*
Equality, Diversity & Inclusion	*Yes*	*X*	*No*		*See report.*
Legal	*Yes*	*X*	*No*		*Failure to comply with Safeguarding Legislation may leave SHSC open to regulatory action by the CQC, with a potential financial and reputational impact.* ▪ *CQC fundamental standards* ▪ *The Care Act (2014);* ▪ *Working together to Safeguard Children 2018* ▪ *Health & Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 13* *Human Rights Act 1998*
Sustainability	*Yes*		*No*	*X*	

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Corporate Safeguarding Team Annual Report 2021-2022

Safeguarding Children and Adults is everybody's business

Contents

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. SHSC's Adult Mental Health Services has delegated duties for safeguarding adults aged 18-65 who are known receiving SHSC services.

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 and embedding a model safeguarding supervision based on an Action Learning Set approach, for all clinical staff within the year.

- Provide 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 in the last year financial year and now comprises of Named Nurse for Safeguarding Children, Adult Safeguarding Advisor, 2 Safeguarding Practitioners, Team Administrator and Head of Safeguarding (Interim). A full time Mental Health and Safeguarding Practitioner joined the team as joint roll with SPA in May 2022. The Adult Safeguarding Advisor is also our MARAC and Prevent Lead.

The team also has 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. There have been difficulties recruiting to this post and it is still covered by the Deputy Medical Director.

1.2 Key Achievements for 2020-21

In our previous annual report, we set out the following priorities for the year ahead

- *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.*

Safeguarding Supervision Policy has been written and ratified and safeguarding supervision is now being delivered in our acute and PICU wards. Please see Section 11 for further information.

- *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.*

> The Interim Head of Safeguarding now attends the Mental Health Legislation Committee and Operational Group. The team have worked in partnership with the Head of Mental Health Legislation to support service users and staff keep up to date with impending changes to Liberty Protection Safeguards

- *Finalise the training package for Level 3 Adult Safeguarding across the trust.*

> L3 Safeguarding Adults training has been written and developed by an external provider alongside the safeguarding team. The training meets all 99 requirements of the NHS intercollegiate guidance. Please see section 10 for further information.

- *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.*

- > The Named Nurse has produced learning briefs and presentation that can be viewed on Jarvis about the importance of thinking about the whole family and recording details of dependents and children in the service users demographics section of their Insight record. In collaboration with the Vulnerabilities Manager, they are delivering sessions to staff the focuses on safeguarding children and the safeguarding children's policy was reviewed to ensure staff are recording when they refer to the safeguarding children's hub. We have further work to do to improve this area and envisage that the introduction of the Electronic Care Record will support with staff recording. See Children's section and section 10 for more information.

SSG manager roles in the Trust to support the timely and high-quality review of safeguarding concerns, particularly within inpatient environments.

> SHSC now have a total of 53 staff who have completed the Safeguarding Manager training with the Local Authority.

- *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.*

> We have ensure the templates we use for our Section 42 Terms of Reference have standing points of investigation that must include the wishes and feelings of the service user. the enquiry template also mandates that the service user is asked what outcome they desire and what will make them feel safe. We have recently invited a service user to help with a piece of work on confidentiality and hope they will also attend our Safeguarding Assurance Committee once they have completed their induction with the Engagement and Inclusion team. We have further work to do to embed the Making Safeguarding Personal toolkit as not all areas are relevant to SHSC and requires adaptation and as a team we identify that we need to think creatively about how we can collaborate with service users in a meaningful way.

Successes of the Safeguarding Practitioners

Over the last year staff have actively sought support and advice from the safeguarding practitioners and will make contact via phone or email to seek this. Staff have appreciated the advice and support that is given by practitioners (see anonymised feedback below) and positive feedback has been received regarding the assistance that has been provided. The practitioners have noted there has been an increase in contacts via the internal email address or directly to practitioners from staff to the safeguarding team following training. The practitioners have noted an increasing number of high-quality internal safeguarding concerns from teams across SHSC where there is clear, concise, and well considered immediate actions taken to safeguard individuals.

The post of Adult Safeguarding Advisor and the Mental Health and Safeguarding Practitioner has positively impacted on the safeguarding practitioners, and this has allowed them to gain advice around clinical knowledge and have a point of contact for support when considering internal or external concerns.

2.0   Governance Arrangements

2.1   Internal Governance and Assurance

The Safeguarding Assurance Committee has been in place for over a year which has a key role in holding the safeguarding team to account for delivery of key performance indicators and wider safeguarding responsibilities, including Adult Safeguarding Assurance audit and Section 11 audits. The quarterly reports are shared and scrutinised at the Safeguarding Assurance Committee and then presented at the Quality Assurance Committee, which is chaired by a Trust Non-Executive Director and ultimately will report into Trust Board.

Reports are written predominantly by the Head of Safeguarding (Interim) and Named Nurse for Safeguarding Children with contributions from the whole team. The previous rapid development plan was completed, and the Quality Assurance Committee was satisfied that ongoing work is now embedded into the team annual workplan and audit plan.

The safeguarding team also have a 6 weekly governance team meeting to review our audit and work plan and Terms of Reference and a standing agenda have been completed.

2.2   Audit and monitoring

The Audit plan for 2021/22 was completed with the exception of the Making Safeguarding Personal Audit. The MSP Toolkit is a large piece of work and not all the themes and areas are applicable to SHSC. The Adult Safeguarding Lead alongside the safeguarding practitioners is building and collating appropriate tools and audits for us a mental healthcare trust and plans to pilot these with a team that are confident in their safeguarding, such as CERT. We can then produce a best practice tool based on the MSP Toolkit that is user friendly, robust and fits the needs of our services and service users. The final audit plan for 2022/23 was approved at Safeguarding Assurance Group in May 2022 and the Workplan has been completed and will be shared at the next committee.

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. SHSC have not been involved in any reviews in the 2021-22.

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". During the period covered by this report, SHSC provided information to the Sheffield Adult Safeguarding Partnership (SASP) for 5 cases that were considered for SAR or Serious Incident Review (SIR). 2 of these progressed to SAR. 1 case is now completed and has an active action plan. 1 case is ongoing and the IMR and chronology have been completed and submitted to SASP and the author.

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. SHSC provided information for 6 requests for consideration for DHR, 1 of which was out of area, but the persons had links to Sheffield. 1 case is ongoing and the IMR and chronology have been completed and submitted to the Domestic Abuse Coordination Team (DACT) and the author.

All Trust DHR/SAR/SIR reports are submitted to the Director of Nursing, Professionals and Operations for assurance before submission to the partnerships.

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 the Care Act 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 Patient Record (EPR) do have questions to prompt staff to inform of a referral and asks if the individual was "asked what their desired outcomes were?" but this prompts closed answers and no narrative about the persons wishes and feelings in line with a Making Safeguarding Personal (MSP) approach. The safeguarding team are involved in the development of the new safeguarding module on our new EPR, Rio and our aim is that the new safeguarding templates will prompt staff to think about the service users desired outcomes throughout the process. We will continue to work with the SASP and the Adult Safeguarding Advisor will provide leadership advice across the Trust to promote the MSP agenda.

In our previous report we identified that we needed to improve our service user engagement. We have recently spoken with a service user in our community services who has kindly agreed to offer her time and input into the safeguarding agenda. The service user is currently being supported by the Engagement and Experience Team to ensure she is appropriately recruited and supported in her volunteering role, and we hope they will be able to attend future Safeguarding Assurance Committees and help us develop our work around explaining our duty of confidentiality to service users.

4.2 Adult Concerns Data and Activity

Concerns from external agencies, for adults between 18 -64 who are open to SHSC services, are currently received by the Safeguarding Team via a secure email address from the Local Authority (LA).

SHSC staff submit all safeguarding concerns for a child, older person or person with a learning disability, directly to the local authority. Staff are asked to complete an incident form when completing referral to the Safeguarding Children's Hub. This should ensure SHSC have a record of all 'meaningful conversations' held with the children's hub even if the referral is not accepted. Referrals for older adults and adults with a learning disability are completed using the form on Insight, the pdf document is sent to the Local Authority (LA) and a copy is shared with the safeguarding team. We are aware through data from the LA, our internal audits and our 36 Assurance audit, that staff are not always completing incident forms. This will be discussed further in the Audit and risks sections below and has been identified as an area of development for 2022/23.

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. Due to limitations of Insight and the trusts transfer to a new Electronic Patient Record (EPR) the team do not currently monitor the activity and resource required to provide advice and suppport via telephone and email to SHSC staff and calls from external agencies. It is envisaged that the new EPR will allow this function.

Additional information on the process of triaging external and internal safeguarding concerns can be found in **Appendix 1.**

Provision of staff support

The Safeguarding Practitioners respond to all enquiries or requests for support and advice made by trust staff. This contact may be requested via email or telephone or Skype message. Requests vary in subject matter and can be basic requests such as support to open or exit a safeguarding form to more specialised and detailed requests for support and/or consultation.

The Safeguarding Practitioners provide support to staff to assist in the completion of DASH risk assessments, IDAS (local Domestic Abuse service) referrals and safety planning and provide review of DASH risk assessments and third-party intelligence reports prior to these referrals being sent. We additionally support staff to make appropriate and timely referrals.

Support is provided to staff in the referring into children's and adults social care for individuals not known to the trust and practical support in the completion of relevant documentation.

We provide relevant signposting information to staff and offer specialised advice in cases where staff have less knowledge such as for cases of cuckooing, human trafficking, and modern-day slavery.

In addition to manging external and internal safeguarding referrals and providing advice and support to staff, the Safeguarding Practitioners attend the Multi-Agency Tasking and Co-ordination (MATAC) meeting, deputise for Multi Agency Risk Assessment Conference (MARAC) and attend the daily (Monday – Friday) incident huddles. The incident huddle is currently covered on a rotational basis by the members of the team.

The Safeguarding Practitioners attend meetings whereby it is deemed that safeguarding oversight and support is required. This includes attending Multi-Disciplinary Team meetings, Complex Case Management, and professionals' meetings.

The Safeguarding Practitioners additionally have links to specific impatient wards to provide a direct link for staff to contact and have attended team meetings to provide space and time for staff to ask us questions or to gain further knowledge around safeguarding policy and procedures.

The Safeguarding Practitioners have delivered Bitesize training and have also assisted in the delivery of training and obtaining speakers at our annual Safeguarding conference that was held in September 2021.

Attendance at Incident Huddle

Incident Huddle is held Monday to Friday. This consists of representatives from the Risk Team, Safeguarding Team, Estates, Pharmacy and Physical Health Team. Incidents are sent for review prior to the meeting taking place. In huddle, all incidents that have been reported for the trust within the last 24 hours (or 72 hours on a Monday) are reviewed. The huddle representatives review the imminence, likelihood and review the actual impact of the risk.

Any incident identified to have an element of Safeguarding are discussed within the meetings and flagged to the safeguarding team to review and respond to. This will involve the safeguarding practitioners providing further review of records to ensure that the full detail is captured. Contact is made with the referrer/ward manager/matron to offer advice. Any internal safeguarding concerns raised because of the Incident Huddle, are then given oversight by the safeguarding team and support is provided to manage the concern. Should the legal criteria be met for a Section 42 Enquiry, the Terms of Reference (ToR) will be composed and submitted to the Head of Safeguarding. Following the review of the incident, an update is added to the incident form to record that the incident has had safeguarding oversight and actions required.

## Number of External Notifications of Concern received from the Local Authority

The graph below shows the number of external referrals (referred to as Notifications of Concern NoC) that were sent to SHSC as part of our delegated duty from the Local Authority. All of these referrals receive an initial review by Safeguarding Practitioner within 24 hours of receipt. This includes referrals triaged to meet the SG criteria + the ones which do not. The figures provide an overview of the workload involved in this particular part of the process. Please note, that prior to 12/7/2021, the safeguarding practitioners did not complete an initial review. This process was implemented due to the increase in volume of referrals from the Local Authority and aimed to reduce the risk of any referrals where an immediate or imminent risk of harm being delayed.

Total External Concerns Received - Starting 01/04/21
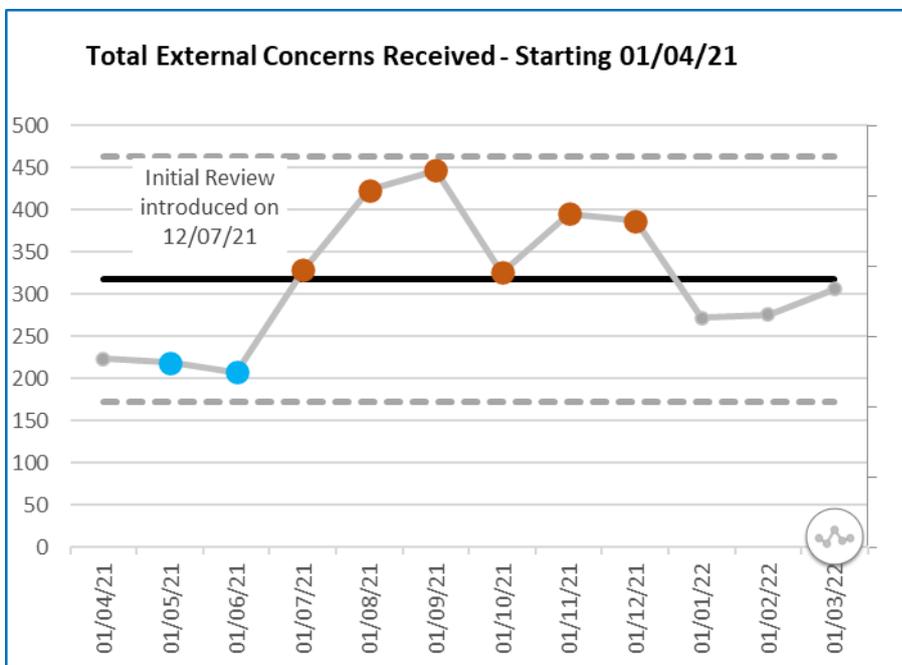
Appropriate referrals that have been initially reviewed by the practitioners, where the service user is known to SHSC mental health services and is aged 18-64 years, are a then fully triaged. The practitioners use Situation Background Assessment Recommendation (SBAR) triage which is a common technique in healthcare. Where a safeguarding concern is not identified, referrals may be sent on to:

- the GP for information and management in primary care,

- sent to the service that the individual is currently open to for information and management

- reviewed by the Safeguarding and Mental Health Practitioner to identify if a referral to our Single Point of Access (SPA) may be identified

The graph below shows the number of external Notifications of Concern (NoC) that were fully triaged by the Safeguarding Practitioners.

NoC's from LA and triaged (SBAR) by Safeguarding - Starting 01/04/21
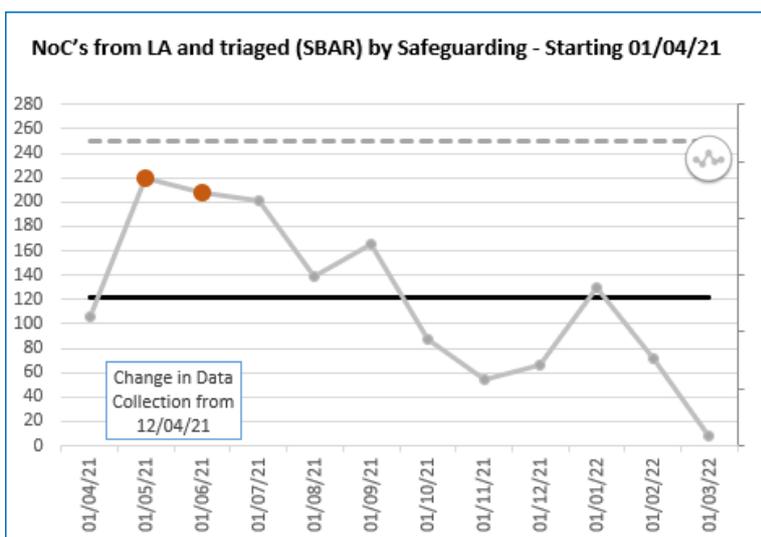
The data reflects periods of extensive sickness and absence across the safeguarding team. During November 2021 and February/March 2022 at varying times, around 50% of the team were absent due to Covid and other cold/flu symptoms. Regrettably, 1 member of staff was absent for 7 weeks during Q4 and then had a period of phased return during Q1. This had a knock-on effect on the support that could be offered to the remaining safeguarding practitioner. It is

important to note that work completed for most of Feb/March was largely the work of 1 practitioner.

As part of a strategic and operational plan to manage the volume of external referrals and staff absence, we advertised for Expressions of Interest for SHSC staff to come and join the team to assist in triaging safeguarding referrals. 1 member of staff joined us from Forest Close and was able to offer support when there was capacity within their clinical team.

The staff member went on to apply for the secondment post and was successfully appointed in role as the Mental Health and Safeguarding Practitioner on 23rd May 2022 which is funded via Single Point of Access.

Whilst the data shows a significant drop in number of referrals that were fully triaged during February/March, all 306 referrals received were reviewed by a safeguarding practitioner the same day (if received before 4.30pm) or the next working day. To ensure we identify immediate risks, NOC's which suggest an individual may be at risk of imminent harm, have a same day full SBAR triage and actions are taken aligned to the SBAR findings.
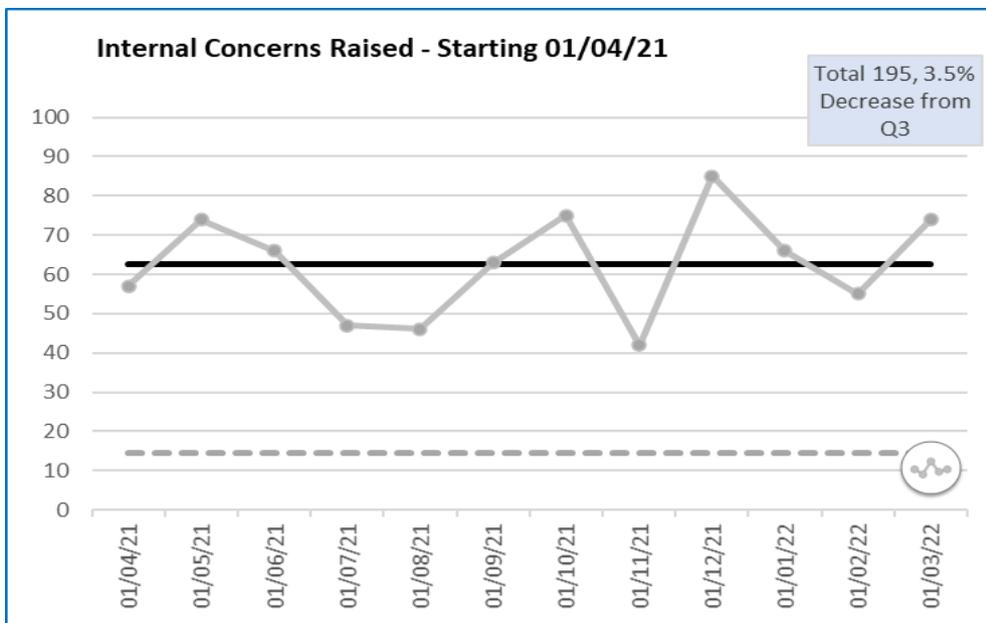
External NOC's with a safeguarding element, where the individual is in receipt of SHSC services, will also be sent to the allocated team or worker for their review and information and to allow for additional support if needed. If no safeguarding need is identified but there is a mental health concern, this concern was forwarded to SPA. These concerns are now reviewed by the Mental Health and Safeguarding Practitioner.

Whilst we aim to ensure all safeguarding referrals receive a full (SBAR) triage, the initial review of concerns by the practitioner ensures that support and action is taken to safeguard those at imminent risk. The vast majority of external referrals come from other statutory agencies such as South Yorkshire Police, Yorkshire Ambulance Service, Housing and they will have taken action at the time of contact to ensure the persons immediate safety and signpost to other relevant services.

During this Q4 period, no external safeguarding concerns triaged met the legal criteria for Section 42 (2) Enquiry and in Q4 out of 210 external NoC's only 1 case was assessed as requiring further review/investigation under safeguarding. There have been no subsequent Section 42 (2) Enquiries identified when the external NoC's were triaged.

The practitioner that was available focussed on managing internal concerns to support SHSC staff and service users and managed over 70 referrals in February. They were therefore unable to attend professionals' meetings and MDT's. The 3 practitioners now have a daily meeting and allocate tasks such as managing calls, internal referrals, external referrals and follow up from incident huddle. This ensures that the practitioner who is working on triages is not distracted with advice calls.

<u>Number of internal Notifications of Concern raised by SHSC staff.</u>

Internal Concerns Raised - Starting 01/04/21

Total 195, 3.5% Decrease from Q3

(Chart showing monthly internal concerns from 01/04/21 to 01/03/22, with values ranging approximately 42 to 85, a solid horizontal average line near 62, and a dashed lower control line near 14.)
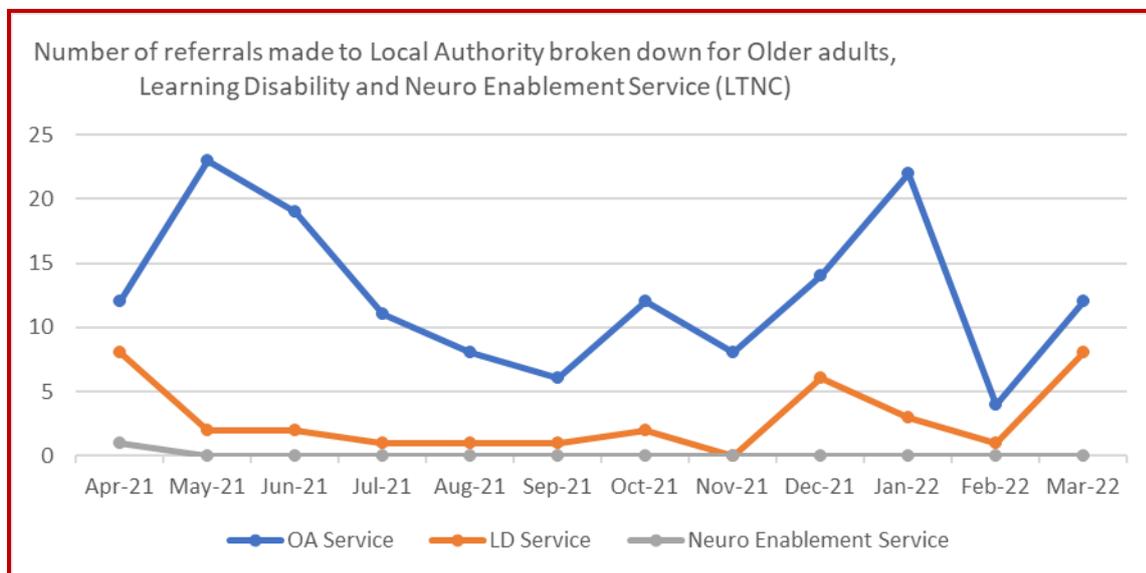
Internal concerns and supporting our SHSC staff and service users are staff are prioritised by the Safeguarding Practitioners.

Number of referrals made to Local Authority broken down for Older adults, Learning Disability and Neuro Enablement Service (LTNC)

The most referrals made in a month in 2020/21 for Older Adults was 14 referrals in January 2021. This year has seen an overall increase in referrals by Older Adults services. This could reflect the increase in advice and support available, increased awareness through staff attending Level 3 safeguarding adult training and there have been individuals that have been complex to manage who posed a risk to themselves and others.

The most referrals made in a month in 2020/21 for our learning disability services was 10 in March 2021. In comparison to the previous year, referrals from learning disability services are lower during the majority of 2021. This reduction likely coincides with the poor practice that was identified at Firshill Rise and its subsequent closure and the increase towards the end of the year may reflect the combined efforts and impact of new staff, a Modern Matron, Level Safeguarding Adult training and improved communication and support between LD and safeguarding services.
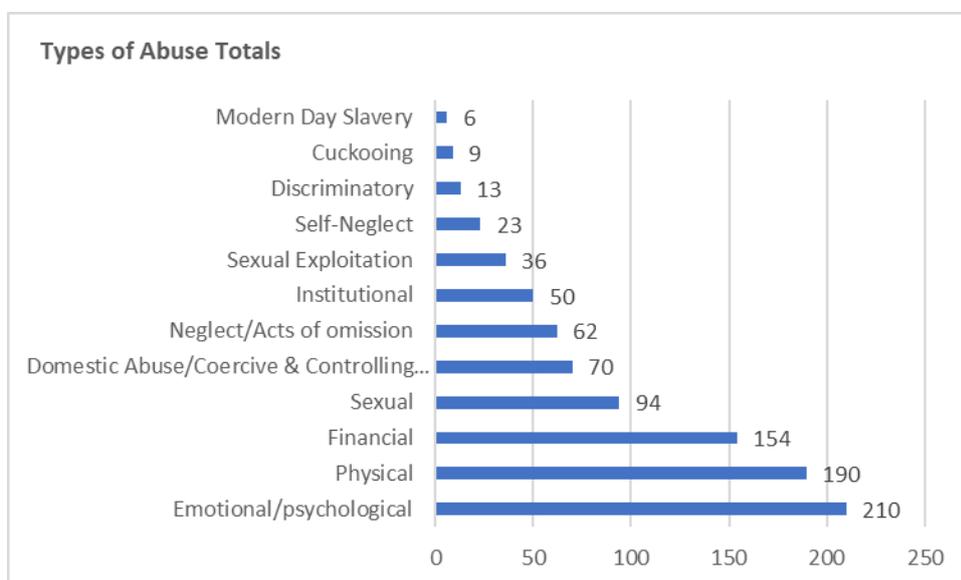
Number of referrals made to Local Authority broken down for Older adults, Learning Disability and Neuro Enablement Service (LTNC)

Section 42 Enquiries

SHSC have completed a Standard Operating procedure (SOP) for our Section 42 Enquiries and all enquiries are now quality assured via the weekly investigation panel. A S42 tracker ensures we can adequately monitor progress of our enquiries and escalate to colleagues in the directorates where necessary. SHSC has raised and investigated 22 Section 42 Enquiries in 2021/22.

The majority of enquiries were from our acute and community directorate (8 acute and 9 community). The most common type of abuse noted in the concern was physical abuse (9 enquiries) which is consistent with our highest recorded type of abuse across all referrals (see below). 5 Enquiries related to care and treatment either by SHSC or other providers that were involved in the care of our service users.

We have improved our process of recording recommendations and action plans. Plans are shared at the weekly investigation panel and ownership of these now lies with the relevant service with oversight from the directorate. Emerging themes relate to communication with service users, family members and from external providers/agencies during patient transfer and management of individuals where their needs and risks are complex. There has been individualised learning in other cases but the specificity of this may risk identifying the service user.

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

Types of Abuse Totals

Type of Abuse	Total
Modern Day Slavery	6
Cuckooing	9
Discriminatory	13
Self-Neglect	23
Sexual Exploitation	36
Institutional	50
Neglect/Acts of omission	62
Domestic Abuse/Coercive & Controlling…	70
Sexual	94
Financial	154
Physical	190
Emotional/psychological	210

Overall, this year emotional and psychological abuse is the highest recorded type of abuse and physical abuse is second. Emotional and psychological abuse can be more difficult to recognise and may be indicative that staff have an increased awareness and are acting if they see signs of abuse or are seeking advice. The impact of physical abuse is often more visible and therefore professionals may make enquiries about a visible injury. Whilst the figures remain relatively low, we have identified 6 concerns relating to Modern Slavery and 9 concerns relating to cuckooing.
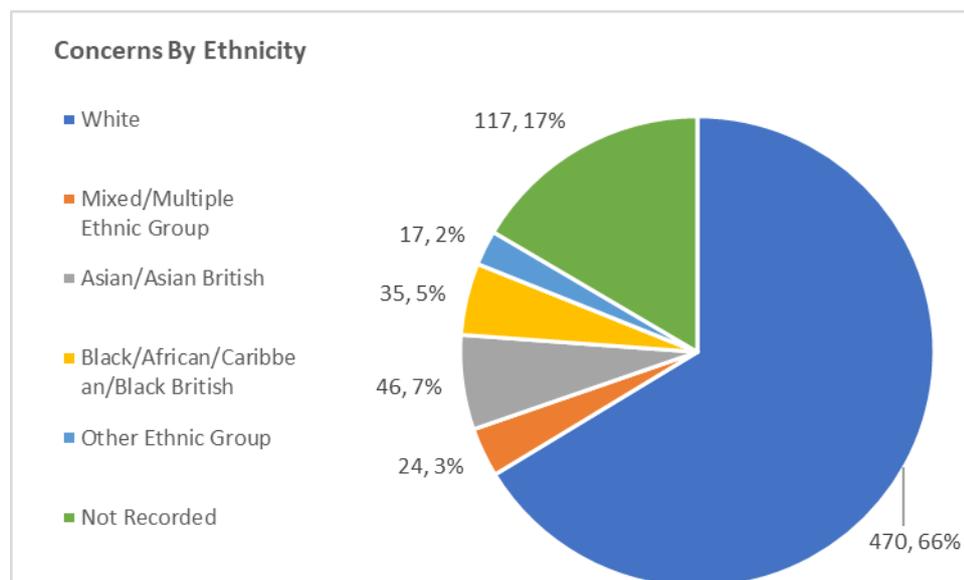
Notifications of Concern by Types of Abuse (Older Adults, Learning Disabilities and Neuro-Enablement service)

Types of Abuse for OA / LD / Neuro

Type	OA	LD	NE
Physical	66	9	0
Sexual			0
Emotional/psychological	35	13	0
Financial	31		0
Domestic Abuse/Coercive &…	16	4	0
Sexual Exploitation		1	0
Neglect/Acts of omission	37	6	1
Institutional	13	6	1
Discriminatory			0
Self-Neglect	11	4	0
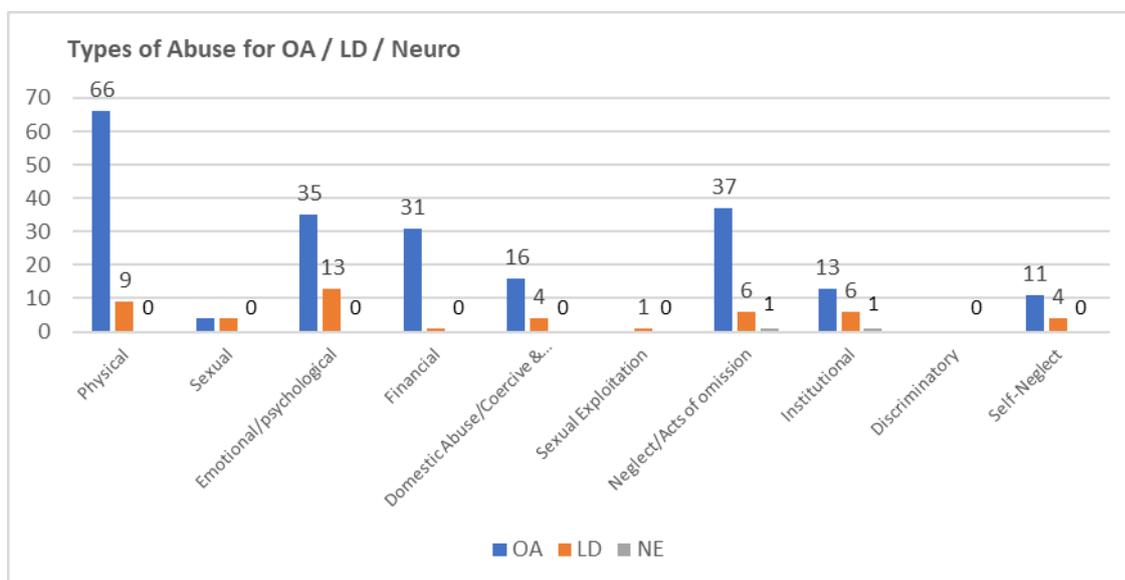
Physical abuse remains the more prevalent type of abuse in OA. As it is the most visible form of abuse it is more easily recognised and reported. There were no reported incidents of discriminatory abuse. Discriminatory abuse requires victims to speak out against their abuser who is providing their care and treatment and will likely fear negative consequences of reporting. Similarly, reports of sexual abuse are very low as survivors /victims or sexual abuse will carry shame about the abuse and older adults and individuals with learning

disabilities may have additional difficulties in making a disclosure due to communication issues, confusion, memory loss or the perpetrator acting as their carer.

Notifications of Concern by Ethnicity

Concerns By Ethnicity

- White — 470, 66%
- Mixed/Multiple Ethnic Group — 24, 3%
- Asian/Asian British — 46, 7%
- Black/African/Caribbean/Black British — 35, 5%
- Other Ethnic Group — 17, 2%
- Not Recorded — 117, 17%

https://www.ukpopulation.org/sheffield-population/

Black/African/Caribbean/Black British service users remain overrepresented in our referrals compared with the overall population in Sheffield of 3.6%. Safeguarding concerns relating for White adults (British/Other) remain lower than the percentage population of Sheffield (86.7%). Please note that we record data based on national safeguarding assurance requirements and data for the population is Sheffield is taken from the census. The census does not have data for Mixed/Multiple Ethnic Groups. In 17% of referrals ethnicity was not recorded. Reviews, audits, and investigations have highlighted that completion of demographic information including ethnicity requires improvement. It is envisaged that the introduction of our new Electronic Care Record, Rio, will improve recording. The disproportionate number of people from black and minority ethnicities detained under the Mental Health Act is a national concern and the rate of safeguarding concerns may reflect our current service user population. Further work is required to gather this data and make comparisons.

4.3 PREVENT

The Adult Safeguarding Advisor is our operational Lead for Prevent and, alongside the Interim Head of Safeguarding, attends Channel Panel on behalf of SHSC.

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

All staff have a responsibility to raise concerns where they believe that a service user 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.

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 service users 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 year.
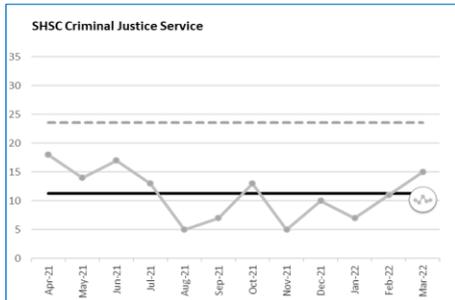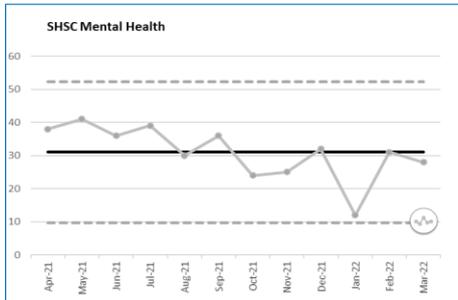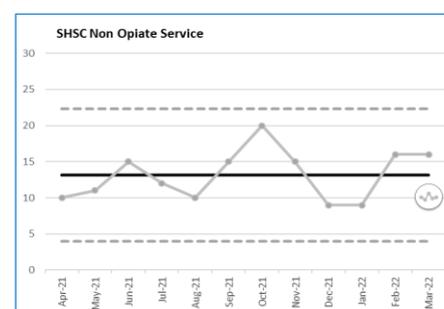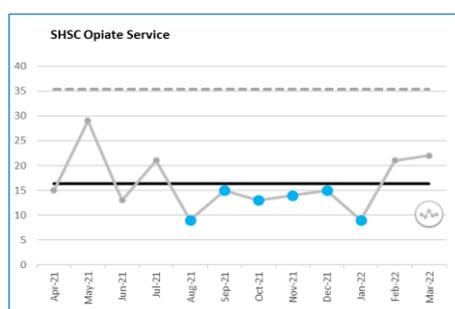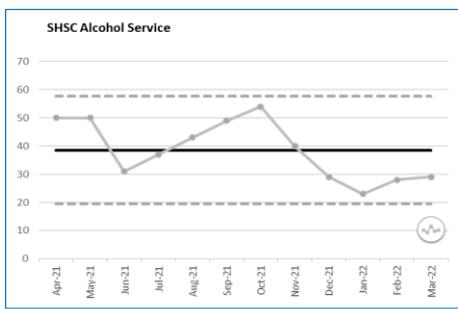
5.0 Safeguarding Children

Child Concerns Data

Throughout the reporting period the Named Nurse for Safeguarding Children has continued to develop closer working relationships with partner agencies promoting effective 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. The Named Nurse also works in close partnership with the Vulnerabilities Manager for SCSP who provides advice and support to SHSC clinicians on referrals to the Safeguarding Hub and other appropriate sources of support available. The graphs below demonstrate that SHSC clinicians are seeking support and advice in relation to children of our clients.

Advice Calls Made by SHSC Services to SCSP Vulnerabilities Manager 2021/2022

Please note that the slide for SHSC Mental Health includes Older Adult and Learning Disability advice calls

SHSC Alcohol Service

SHSC Opiate Service

SHSC Non Opiate Service

SHSC Mental Health

SHSC Criminal Justice Service

SHSC clinicians attend Sheffield Children Safeguarding Partnership meetings and multiagency sub-groups.

Specific areas of focus over the past 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 by provision of a detailed report and attendance at the Child Protection Conference. In cases where the parents have historic contact a short report is provided noting contact with SHSC services, engagement and any relevant risk factors.

This provides both; a level of support to current SHSC clients but also ensures that the safety and welfare of children at risk are a priority for SHSC. This process will continue.

Child Protection Conferences Where Adults are Known to SHSC Services 2021/22

Legend:
- % of Child Protection Conferences where 1 or more of the adults are known historically Substance Misuse
- % of Child Protection Conferences where 1 or more of the adults are known historically Mental Health
- % of Child Protection Conferences where 1 or more of the adults are currently receiving care from SHSC Substance Misuse
- % of Child Protection Conferences where 1 or more of the adults are currently receiving care from SHSC Mental Health

	Q1	Q2	Q3	Q4
Substance Misuse (historically)	16.90%	21.00%	14.50%	23.78%
Mental Health (historically)	51.00%	58.00%	53.00%	59.46%
Substance Misuse (currently)	7.20%	16.00%	12.00%	12.43%
Mental Health (currently)	17.40%	21.00%	18.00%	15.95%

Multi Agency Safeguarding Hub – the safeguarding hub screens all referrals into Children's Social Care. Where the referral is of a safeguarding nature the Safeguarding Hub will seek further information from partner agencies in relation to the family and support available by means of a short report. This report is completed in most cases by the Named Nurse. This report also gives the opportunity for the named nurse to provide contact information of workers in cases where one or more of the family is known and accessing mental health services. This process facilitates a multi-agency approach to working with families.

Safeguarding Children Referrals – safeguarding referrals for children are made by SHSC clinicians into the Multi Agency Safeguarding Hub by via telephone. Staff complete an incident form in Ulysses to document their referrals into the Hub. This provides 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 Hub. This process is not fully embedded within SHSC therefore information of referrals is currently provided by SCSP.

Children's Safeguarding Referrals made to the Safeguarding Hub 2021/2022

Information provided by SCSP.

It has become apparent though audit that there are some inaccuracies in the recording of referrers details at the point of referral. This indicates that the number of referrals by SHSC services is higher than reported above and explains the lack of referrals from substance misuse services. This will be addressed in the coming year.

Service	Q1			Q2			Q3			Q4		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
SHSC Alcohol Service	50	50	31	37	43	49	54	40	29	23	28	29
SHSC Opiate Service	15	29	13	21	9	15	13	14	15	9	21	22
SHSC Non Opiate Service	10	11	15	12	10	15	20	15	9	9	16	16
SHSC Criminal Justice Service	18	14	17	13	5	7	13	5	10	7	11	15
SHSC Mental Health	38	41	36	39	30	36	24	25	32	12	31	28

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. We continue to promote both these agenda's further within the Trust and embed them in all safeguarding activity.

Learning briefs from the Parental Mental Health Group were delivered to both SHSC staff and Children's Social Care staff by Named Nurse and Vulnerabilities Manager for Sheffield Children Safeguarding Partnership, these promote multiagency assessment and planning meetings and include the need to look at the wider family and community when assessing needs and risk.

The Joint Working Protocol between Sheffield Safeguarding Children Board and Sheffield Health and Social Care was reviewed and updated in Q2.

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

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The Joint Working Protocol between Sheffield Safeguarding Children Board and Sheffield Health and Social Care is to be reviewed and updated.

Moving forward, SHSC will review the Every Child Matters Form (this allows collation details of services and workers already involved with the family unit) and incorporate this into the new Electronic Records System that is planned for 2023.

Review and embed the internal process for recording safeguarding concerns.

The Named Nurse alongside the Vulnerabilities Manager for SCSP are to deliver safeguarding children case supervision within SHSC services in the coming year. This will not only enable SHSC staff to seek support in managing specific cases, but facilitate learning around referral processes, child protection procedures and multiagency working. Sessions are already planned for Early Intervention Services, Single Point of Access, Perinatal Services and Recovery Teams, with plans to include other specialist services, IAPT and inpatient services.

6.0   Domestic Abuse

The Domestic Abuse Bill received Royal Assent and was signed into law in 2021. The Domestic Abuse Act will provide further protection to victims of domestic abuse and strengthen measures to tackle perpetrators. There is now a wide-ranging legal definition of domestic abuse which incorporates a range of abuse beyond physical violence, including emotional, coercive or controlling behaviour and economic abuse.

Under the Act, Police have also been given new powers including Domestic Abuse Protection Notices, providing victims with immediate protection from abusers, whilst Courts can now issue Domestic Violence Protection Orders to help prevent offending by enforcing perpetrators to engage in support.

The Government have also added in new measures to further strengthen the law including creating a new offence of non-fatal strangulation and threats to disclose intimate images.

Other measures included in the Act include extending the controlling or coercive behaviour offence to cover post separation abuse. Explicitly recognising children as victims if they see, hear or experience the effects of abuse and establishing in law the office of Domestic Abuse Commissioner and set out its functions and powers.

6.1 MARAC

The MARAC is a multi-agency meeting which takes place to discuss high risk cases of domestic abuse, including Honour Based Abuse cases.

It is designed to enhance, not replace, existing arrangements for public protection, including safeguarding children and adults, and has a specific focus on the safety of the victim and any children. 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 and risk management plan.

The Sheffield MARAC is a full day, held every Tuesday and is led by the Adult Safeguarding Advisor. Following the meeting, outcome and actions pertaining to risk are documented on Insight for the victims. A 'warning' is added to the alleged perpetrator and the victim's record. We do not make any documentation on the alleged perpetrators Insight records as this may increase risk to the victim. We are working with our colleagues in IT to improve the 'warning' information that will direct staff to contact the safeguarding team for more information and we are working with the EPR team to ensure RiO would provide a confidential space for MARAC documentation.

The DACT report highlighted a low number of referrals from SHSC Adult Mental Health, despite there being a high number of cases in which mental health is reportedly prevalent. However, it is important to note that many individuals identified as having mental health issues will be in receipt of services from primary care/GP and may not enter secondary mental health services.

In Q3 and Q4, the safeguarding team noticed a significant increase in calls for advice relating to domestic abuse. As the team do not currently record activity for advice calls this is anecdotal information. We envisage that the new EPR system will be able to assist with recording advice activity.

DASH- RIC are reviewed by the Adult Safeguarding Advisor before submission. We identified that some staff were inexperienced in completing the DASH form and required support to complete. The Adult Safeguarding Advisor ran a bitesize training session to increase awareness of MARAC and the importance of completing the DASH-RIC.

The Adult Safeguarding Advisor has developed a SOP for the MARAC process, this includes guidance on the MARAC checks, meeting preparation, SHSC referrals, presentation of the DASH, inviting SHSC referrers and documentation post MARAC, including SHSC actions. This will support staff members who cover the meetings.

We have identified that information from IAPT is not shared at the MARAC as the team use a national electronic record for their service, IAPTUS. We explored the contribution of primary care to the MARAC as IAPT information would be available to GP's. However, this was not possible as Primary Care do not attend the MARAC. We have subsequently met with the team General Manager and Head of Service for IAPT to consider how we can ensure relevant information is shared. There is a resource implication for additional checks to be made on an additional system which has been escalated with the corporate and executive safeguarding leads. We are seeking information from colleagues in other mental health trusts as to how they manage this issue and will discuss intermediate options to manage risk at our

Safeguarding Assurance Committee. Our MARAC partners have also been made aware of this issue.

6.2 MATAC

The Sheffield Multi-Agency Tasking and Co-ordination is a multi-agency meeting which provides identification and management of the most harmful serial domestic abuse perpetrators. In October 2020, the Police and Crime Commissioner for South Yorkshire and the four Local Authorities secured funding from the Home Office Domestic Abuse Perpetrator Programme Fund to adopt MATAC into existing processes within South Yorkshire. The intended overall outcome of the MATAC approach is to reduce re-offending of the most harmful and serial domestic abuse perpetrators and to safeguard victims and families. A range of interventions can be delivered via MATAC, including support, prevention, diversion, disruption, and enforcement, in order to reduce harm. This method is intended to identify harm rather than risk, where high-risk offenders are identified through other risk assessment processes.

Some of the top offenders are serial perpetrators of low-level violence to a multitude of standard risk and medium risk victims, so high levels of harm to a multitude of victims but not necessarily a high level of risk to a particular individual. However, partners do recognise that the MATAC can only have a positive impact on the MARAC by either targeting the perpetrators of those high-risk victims or focussing on those serial perpetrators and potentially preventing that escalation of violence which would lead to another high-risk victim. Running a successful MATAC process can only have a positive impact and reduce the demand on the MARAC. Currently, only perpetrators identified by the police are referred into MATAC however there are plans in place to consider in the longer term accepting referrals into ATAC by partner agencies.

A MATAC meeting takes place monthly in each Local Authority area and is chaired by the Police. It is attended by a broad range of relevant partners who are signed up to an Operating Protocol and Information Sharing Agreement. This meeting is attended by one of the safeguarding Practitioners who is currently working for the Corporate Safeguarding Team and has been attended since the end of March. Unfortunately, prior to this the safeguarding team were unaware of this meeting and our required attendance and it became apparent that invites had been sent to an incorrect staff member. We have rectified this and the team have maintained a 100% attendance at MATAC since this time.

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.

MAPPA Levels	
Level 1	Ordinary management where risk can be managed by lead agency (police or probation). Low to medium risk of serious harm to others.
Level 2	Active multi agency management requiring regular meetings. High or Very high risk of harm to others.
Level 3	Active enhanced multi agency management, reserved for those deemed to pose the highest risk of causing serious harm or whose management is problematic

MAPPA Categories	
Category 1	Registered sexual offender
Category 2	An offender convicted under the Criminal Justice Act 2003 who has been either been; sentenced to 12 months or more in custody, sentenced to 12 months or more in custody and is transferred to hospital under section 44/49 of MHA, or detained in hospital under section 37 of MHA
Category 3	A person cautioned or convicted under Criminal Justice Act 2003 for an offence which indicates they are capable of causing serious harm

Data for Sheffield

Category	Level 1	Level 2	Level 3	Level not set yet	Grand Total
1	11	9			**20**
2	3	34	3	1	**41**
3	2	12		1	**15**
Grand Total	**16**	**55**	**3**	**2**	**76**

District	Total
Sheffield	73
Rotherham	2
Doncaster	0
Barnsley	1
Grand Total	**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.

Complex Case Management (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.

SHSC now has a CCM Policy and a new partnership VARMM Self Neglect policy is in the final process of being ratified after considerable review by all partners agencies. The new policy includes CCM and hoarding. A training programme has been created by Sheffield Council which now a full day which includes participants taking part in mock VARMM meetings which should help improve professionals confidence and ability to manage the process effectively.

To support the implementation of CCM Policy, training is being delivered to SHSC staff. 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.

This year seems to have seen a significant increase in the amount of cuckooing style safeguarding referrals where someone property is taken over by drug dealers and gangs. Some of these cases have involved OCG's which has increased the level of violence and risk towards the victims. On occasions the individual has been forced to rough sleep to escape the abuse.

There have been significant delays in progressing some of these cases with Housing which in my opinion has exposed the victim to further abuse. I have and continue to make extensive efforts to try and address this issue with Housing moving forward. Senior management in Housing are aware of this issue and on occasions have expedited the housing transfers.

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 now been 6 Multi Agency Reviews completed. The last one was in October 2021 which was fully attended by the SHSC services involved in the case.

Thematic learning from this review were:

•   understanding coercive control,

•   professional curiosity,

•   trauma informed practice,

•   attachment

•   joint working

also included as part of the workshops were presentations on ICON (a program that provides parent information and advice on infant crying and how to cope) and on the impact of Borderline Personality Disorder on parenting.

 Findings from these reviews 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.

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 last report for 2020- 2021 can be found here :]https://www.safeguardingsheffieldchildren.org/assets/1/sycdop_2020-2021_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.

Substance and Alcohol services (START) attend MAPLAG on a regular basis. The Safeguarding Team ensure attendance in cases where parents are open to SHSC services and provide information to MAPLAG from a mental

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. Children and Young People 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.

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[1] and Children's[2] 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[3]. There is specific training at Level 3 for those working in Mental Health.

Subject	Level	Frequency	Figures as of 03 April 2022			
			No Requiring	No Achieved	No NOT Achieved	Compliance
Safeguarding Children	1	3 Years	2615	2390	225	91.40% ⇧
	2	3 Years	1085	990	95	91.24% ⇨
	3	3 Years	1079	797	282	**73.86%** ⇩
Safeguarding Adults	1	3 Years	2615	2412	203	92.24% ⇧
	2	3 Years	1115	1024	91	91.84% ⇩

[1] Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing (rcn.org.uk)
[2] Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing (rcn.org.uk)
[3] prevent-training-competencies-framework-v3.pdf (england.nhs.uk)

	3	3 Years	1049	302	747	**28.79%**	⬆
Basic Prevent Awareness	1	3 Years	2164	1990	174	91.96%	⬇
Preventing Radicalisation (specifically for Mental Health care staff) Level 3	3	3 Years	1049	305	744	**29.08%**	➡

We are compliant across all areas of Level 1 and 2 Adults and Children safeguarding training and Basic Prevent Awareness which offers assurance that staff have completed training to recognise and respond to abuse.

Level 3 Safeguarding Children

L3 safeguarding children training fell in the last 2 quarters. A factor to this decline may be in part due to the increased number of Covid infections across the organisation. Also, the Sheffield Children's Safeguarding Partnership (SCSP) request that health staff attend 2 hours a year rather than 6 hours over 3 years and this means our data can fluctuate. Our training team have provided us with a breakdown of services that are particularly struggling, and the safeguarding team has worked closely with general managers to identify gaps and target staff groups. The Vulnerabilities Manager has also been able to provide more detailed information of the number of staff who have completed and/or booked on training.

The team has continued to deliver safeguarding training in our monthly bitesize training events. These can be short 30 minutes sessions to share new processes or changes to policy or can be up to 2 hours on a specialist topic. Dates are set and booked throughout 2022. Information has been put on our Jarvis pages and circulated to managers. The team also arranged training to medics as part of their CPD requirements in November 2021 to ensure compliance with L4 Safeguarding Adult training and in March 2022 on Modern Slavery which was kindly delivered by the Salvation Army.

Level 3 Safeguarding Adults

Training has been delivered by an external Training Consultancy and has received very positive feedback. The training is of an excellent standard and covers all of the 99 competencies required for registered professionals at Level 3. The training also includes Domestic Abuse and Modern Slavery. Compliance for Safeguarding Adults Level 3 has increased month on month. As at 26th June 2022 compliance was at 48.22% and we are on target to achieve 90% compliance by 31st December 2022 and therefore comply with Regulation A2: *The trust must ensure that the statutory and delegated safeguarding functions are carried out effectively and robust reporting, governance processes and oversight is in place*.

To support the development of the Whole Family Working Model within CYPF, mental health and substance misuse services are delivering lunchtime CPD sessions to CYPF and adult social care workers. These sessions have been well evaluated and are facilitating a greater understanding of mental ill health and mental health services provided by SHSC whilst improving partnership working.

Prevent

Level 3 E-Learning - Preventing Radicalisation (specifically for Mental Health care staff) is now on ESR for all registered professionals. As of 26th June 2022 Prevent WRAP is up to 47.17% compliance. SHSC continues to be above compliance in Basic Prevent Awareness training.

11.0 Safeguarding Supervision

Since the previous annual report, SHSC now has a standalone Safeguarding Supervision Policy which was ratified in November 2021. Compliance is being monitored using the existing supervision dashboard and is monitored via the Safeguarding Assurance Committee. The model is based on an Action Learning approach and seeks to ensure staff have a dedicated safe space with peers and a facilitator that promotes learning and reflection. The policy uses a cascade model whereby the Corporate Safeguarding Team supervise Safeguarding Managers and Safeguarding Managers supervise staff groups. The safeguarding team concentrated on delivering facilitator workshops and supporting the implementation of supervision in our acute and PICU areas from March 2022. We have also delivered facilitator training to staff in our low secure forensic services and older adult services. These service areas are in the process of implementing their safeguarding supervision and we will then move to support implementation in our community teams and specialist teams. The figures below represent the ongoing roll out of safeguarding supervision and progress will be reported in our quarterly reports to the Safeguarding Assurance Committee.

Based on figures provided by our training department, 1110 staff are eligible for safeguarding supervision. Staff are required to attend 4 sessions per year and can attend either a group supervision or 1-1 with their line manager, 1 session per year must be face to face. In addition to this, the Vulnerabilities Manager and Named Nurse are delivering sessions to Perinatal Mental Health Team, Single Point of Access (SPA), Home Treatment Team, Liaison Psychiatry and Early Intervention Service (EIS). The sessions will provide staff with safeguarding children updates, opportunity to ask questions about safeguarding children, case discussion and advice and can offer updates on existing cases. The response has been very positive so far.

	No of Registered Professionals receiving safeguarding supervision	% Compliance based on 1110 eligible staff
Q2	161	14.5%
Q3	351	31.6%
Q4	341	30.7%

12.0 Risk Register and Challenges

We currently have 1 risk on our SHSC safeguarding team risk register

Lack of access to records held for people with Learning Disabilities (LD) and older adults' (OA) safeguarding concerns.

We have completed a referral flowchart/process for our LD services, and this can also be used by our OA. The services also have a Safeguarding Practitioner as their point of contact and when referrals are completed and sent to the team, a response email reminds staff to ensure the referral is sent in pdf format to the Adult Contact Team in the LA. We are also working with our colleagues in the LA to ensure that they are feeding back outcomes of referrals to staff and have asked that if they cause a S42 Enquiry to our services, that they also notify the safeguarding team. We will continue to monitor this as we move through the disaggregation and handover of our delegated duties back to the LA. We envisage that the current practice for our LD and OA services will become standard practice for all of our services. Having one process for all SHSC referrals this could avoid confusion and improve feedback from the LA but there is also the risk that current practices will prevail and SHSC will receive limited information about the outcome of our referrals. This risk will be escalated to our corporate risk register.

We currently have 1 risk on the SHSC corporate risk register.
There is a risk that staff will fail to identify, act upon, report and manage safeguarding risks in their line of duty.
Working with an external provider and our training department we project that SHSC will achieve 90% compliance of L3 Safeguarding Adult Training by 31st December 2022 and we are over 90% compliant in our adult safeguarding level 1 and 2 training (please see training section for further details). Training is the cornerstone of ensuring that our staff know how to recognise and respond to abuse and neglect but there are a number of other tools and initiatives that we have and are developing to ensure staff act with confidence when they identify safeguarding issues such as:

Triaging of internal concerns – the safeguarding practitioners ensure staff can see the SBAR assessment on Insight and via email and send suggested actions and advice to ensure the safety of the service of user

Safeguarding Supervision – dedicated safeguarding supervision is an evidence based and valuable tool to help staff share difficult scenarios, positive outcomes and share learning in a reflective space.

Advice and Support – staff can access safeguarding advice from any member of the team via phone or email and we ensure that our Jarvis pages have up to date guidance and links to external sources of support.

Bitesize training – short training sessions delivered monthly by external speakers on a variety of topics such as hoarding, modern slavery, new and existing local support services or by the safeguarding team on a special interest topics, policies and processes.

Posters for service users and visitors – we have developed posters with local contact information in 'easy read' format so that people visiting our services will have information on how to respond if they see or are worried a person who is experiencing abuse or neglect.

Policies and Standard Operating Procedures – all policies and SOP's relating to safeguarding have been reviewed or written in the last year to ensure they are user friendly and offer staff direction, guidance and clear lines of accountability.

Throughout this past year, the Safeguarding practitioners and indeed the Safeguarding team have faced some unexpected challenges, which have impacted on our workload capacity. There has been a high level of sickness within the team with 5 members of the team being unwell with Covid-19 and with one of the

Safeguarding Practitioners being absent from work for a significant period. This left a period during Q4 where the team had only one Practitioner to complete the workload.

We continue to have delay in processing external referrals but to mitigate risk of concerns not being reviewed, the safeguarding Practitioners provide an initial review on the same day or the following day for referrals received after 4.30pm, to all notices of concern (NOC) that the trust receives. If the NOC details an adult at risk of imminent harm, this is forwarded immediately to the Safeguarding admin and a request made for this to be uploaded to allow immediate triage and application of the legal criteria.

Whilst the roll out of the Level 3 Adult Safeguarding has been a welcome addition, this has impacted on the workload of the Safeguarding Practitioners. With staff across the trust developing a deeper understanding of safeguarding and of their responsibility within this process, the number of staff contacting to seek advice and support and the number of internal concerns being raised has increased.

13.0 Key Priorities for 2022/2023

- Referrals to the Safeguarding Children Hub - Initial feedback from our 360 Assurance Audit and our internal audit of referrals to the safeguarding children's hub highlighted that staff are not consistently submitting incident forms following a referral or conversation with the safeguarding children's hub. The Named Nurse for Safeguarding Children will continue to monitor this on a quarterly basis as part our audit plan and work with leaders in clinical services to improve recording of referrals to children's hub.

- Disaggregation and handover of delegated duties - The risk relating to lack of recording of children's referrals to the hub raises concern that staff may also fail to complete referrals for adult service users when referrals are no longer made internally on Insight. As part of the handover of our delegated duties there is also the risk that SHSC staff may not receive feedback/outcomes of their referrals from the LA as is often the case with our Older Adults and Learning Disability Services. We will work with staff, our colleagues in the Local Authority and the partnership to ensure the safety of our service users and a smooth transition of our delegated duties back to the Adult Contact Team in the Local Authority.

- Embed safeguarding supervision across all SHSC services for registered professionals.

- Multi-Agency Safeguarding Hub (MASH) partner agencies have begun discussions around options for an Adult and/or integrated MASH and the Interim Head of Safeguarding is part of partnership working group. Initial working models have been presented to the group. We fully appreciate the importance of this collaborative way of working to safeguard our service users and will continue to support this initiative and participate in its implementation.

Anonymised feedback

"Thank you for getting back to me so quickly and for the clear advice – I really appreciate it" - Improving Access to Psychological Therapies service (IAPT)

"Thank you so much for this response, very much appreciated" – Older Adults Community Mental Health Team

"Thanks so much for responding so quickly. That's a big help" – Mood, Anxiety and Post-Traumatic Stress Disorder Psychotherapy Service (MAPPS)

"Thank you again for your suggestions and advice" – South Recovery Team

"Thank you for your help and time in going through this case with me" – Emotional Wellbeing Service

"Thanks again for all your help and support with this. It makes a huge difference and is really reassuring" – Mood, Anxiety and Post-Traumatic Stress Disorder Psychotherapy Service (MAPPS)
"Thanks both of you for your continued support" – Long Term Neurological Conditions Team (LTNC)

"Thanks for your speedy response. I will complete your suggested actions today" – Improving Access to Psychological Therapies service (IAPT)

"Thanks again for making some time for me today!" – Improving Access to Psychological Therapies service (IAPT)

"Thank you for your support and advice this morning – I will open a safeguarding concern on insight today. Many thanks" - Assistant Psychologist Specialist Services

"I have discussed all this with my manager. I will of course do whatever is necessary. Thank you very much for your help" – Improving Access to Psychological Therapies service (IAPT)

"Thanks for your email and for the advice, I will certainly look to explore this within her upcoming appointment" – Single Point of Access

"That's great thank you, I just wanted to be sure I was doing the right thing!!" – Community Learning Disabilities Team

"Thank you for reviewing and your response is really helpful" – North Recovery Team

Appendix 1

Fulfilling delegated responsibility – External notifications of concerns
When external concerns are received, these have an initial review by a safeguarding practitioner on the day received, or if after 4.30pm these are reviewed the following day.
When reviewing external concerns, practitioners will use all identifiable information from the external referral to search SHSC databases to confirm if the person is known to SHSC. During this process the concern will be read, and an initial decision will be made on whether the concern is in respect of an individual being at risk of harm, or they are in need of mental health support or both.
Practitioners will consider the nature of the concern and the immediacy; resulting in the external concern either being triaged on the day, or managed inline with other concerns. An external concern is managed on the day where there is reason to believe a person is at risk of imminent harm. When this occurs, an email is sent to admin with a request for this to be uploaded to Insight to enable an immediate triage.
•   If the person is identified as requiring support from safeguarding, but there is no immediate need for the external referral to be reviewed, an email is sent to any team supporting the individual to advice on managing the concerns raised within the

external referral and this will be reviewed by safeguarding. Admin will upload the concern to Insight and this would be reviewed at a later date.

• If the person is supported by a team in SHSC and there is no safeguarding, the external referral is forwarded to the team supporting the individual, requesting management and appropriate signposting provided if necessary.

• If the person is not known to SHSC the referrals are returned to the Local Authority.

• When a full assessment and triage of an external referral is undertaken, this is done so to ensure support is provided, and to consider if the legal criteria for safeguarding has been met.

Following any triage being completed where the legal criteria has not been met, notification will be sent to the team supporting the individual to ensure that they are aware of the recommendations of the triage; information can also be shared with the GP at this point, to ensure that they are kept up to date with their clients' needs for support.

Where there has been a triage completed and the legal criteria for safeguarding has been met, concerns are shared with the Head of Safeguarding to ensure oversight, and the Terms of Reference is created. The Terms of Reference outlines the points that are specifically to be considered within a s42 enquiry.

When the Terms of Reference has been agreed by the Head of Safeguarding, these are shared with the Local Authority to seek confirmation that they are satisfied for SHSC to undertake the enquiry. On confirmation from the Local Authority, a request will be made for a Safeguarding Manager to undertake the s42 enquiry.

To ensure that data is gathered to enable analysis of identification of patterns and/ or themes of concerns, the safeguarding practitioners record specific data from internal concerns on a spreadsheet. The information from the data is recorded within the quarterly and the yearly reports from the safeguarding team.

Fulfilling delegated responsibility – Internal Concerns

When an internal safeguarding concern is raised within SHSC, the safeguarding team are notified by way of an automated email into the SHSCSafeguarding@shsc.nhs.uk inbox.

Practitioners will review all internal concerns raised by trust staff; this should be undertaken within 72 hours (taking into account any concerns raised over the weekend).

When reviewing the concerns practitioners will apply the legal criteria to establish if the threshold has been met for undertaking a s42 enquiry.

Where the legal criteria has not been met and the client is between 18-65 years old, practitioners will respond via email to the individual raising the concern, including their manager and the clients allocated worker (if different from the person raising the concern). The email provides provisional advice based on the concerns raised, and will also highlight actions that may be required to support the management of the concern and aim to mitigate further risks.

Where the legal criteria has not met been met for individuals who are supported by the Learning Disabilities team or the Older Adults team, the practitioners will still respond via email to the individual raising the concern, including their manager and the clients allocated worker (if different from the person raising the concern). The email provides provisional advice based on the concerns raised, and will advise staff to forward the concern to the Local Authority via email, and to follow this up with a telephone call to confirm receipt. Furthermore, staff are encouraged to work alongside the Local Authority to support the management of the concern.

Where it has been established that the threshold has been met for undertaking a s42 enquiry an email is sent to the individual raising the concern, including their manager and the clients allocated worker (if different from the person raising the concern to confirm that on review and application of the legal criteria, threshold has been met for a S42 enquiry to be convened. Any advice or actions deemed to be required or which should be considered immediately are detailed. Where there has been a triage

completed and the legal criteria for safeguarding has been met, concerns are shared with the Head of Safeguarding to ensure oversight, and the Terms of Reference is created. The Terms of Reference outlines the points that are specifically to be considered within a s42 enquiry.

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