

Board of Directors - Open

Date: 11th November 2020

Item Ref: 13

TITLE OF PAPER	Safeguarding Children, Adults and Prevent Annual Report 2019/20
TO BE PRESENTED BY	Beverley Murphy, Executive Director of Nursing, Professions and Operations
ACTION REQUIRED	Board to consider if there is sufficient assurance of progress made during 2019/20 regarding the Safeguarding Children, Adults and Prevent agenda and associated work plans

OUTCOME	Board to be assured on all aspects of Safeguarding Children, Adults and Prevent.
TIMETABLE FOR DECISION	11 th November 2020
LINKS TO OTHER KEY REPORTS / DECISIONS	Risk Management Strategy
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Create a great place to work CQC: getting back to good BAF.0002 There is a risk the Trust does not deliver on its Well-Led Development Plan. This would result in a failure to meet the regulatory framework, get back to good and a failure to remove additional conditions placed on the Trust's Provider Licence.
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	<ul style="list-style-type: none"> ▫ Care Quality Commission's Fundamental Standards ▫ Care Quality Commission's Enforcement Policy ▫ Working Together to Safeguard Children ▫ CQC Back to Good Programme ▫ Safeguarding Adults Framework NHS England ▫ Safeguarding Think Family
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	None identified.
CONSIDERATION OF LEGAL ISSUES	Legal requirement to comply with The Care Act (2014); Health & Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 13

Authors of Report	Angela Whiteley, Diane Barker, Brenda Rhule
Designations	Named Nurse for Safeguarding Children, Safeguarding Lead, Head of Nursing
Date of Report	4 th November 2020

Summary Report

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
✓	✓			✓		

2. Summary

This report provides the Board of Directors with an overview of Safeguarding activity 2019 / 20. The Board is asked to review the Annual Report 2019/20 and consider if there is sufficient assurance that progress is being made as planned.

This annual report provides information in relation to the Safeguarding Children, Adults and Prevent agenda across services in the Trust. The report evidences how the requirements of the commissioning policy for safeguarding children and adults are met.

The data for the reporting period and supporting narrative highlights continuing progress with the Trust's Annual Safeguarding Work Plan. Where there are challenges, work is underway with local and regional stakeholders, to improve including addressing the relatively high number of inappropriate referrals entering the safeguarding process. The following summary provides a headline overview of the principal areas of activity covered in detail by the Annual Report 2019/20.

Training

Throughout the year training compliance has remained stable and within target range except for PREVENT.

Training	2018/19	2019/20
Safeguarding Adults Level 2	84%	82%
Domestic Abuse Level 2	83%	83%
PREVENT (WRAP)	82%	83.7%
Safeguarding Children Level 2	82%	81%
Safeguarding Children Level 3	87%	83%

Due to the Covid 19 restrictions, training delivery towards the end of the reporting year was suspended and alternative methods used. This utilisation of National online training courses and exploration of other training methods including the use of virtual training courses, promoted an increase in training compliance which will be evidenced in the reporting for 20/21.

Notifications of Concern (NoC)

There has been an overall increase in the total number of external NoC. The Trust has received a total of 1635 external NoC's this year compared to 1298 in the previous year, this is a 26% increase in referrals. However, many of the NoC's are inappropriate referrals and do not meet the 3 Point Test for safeguarding (Appendix 2).

Internal referrals are largely consistent with previous years, a total of 474 safeguarding concerns were raised and actioned by Trust Staff compared with 436 in the previous year.

Due to the overall increase in referrals to the Trust screening times for Safeguarding concerns have deteriorated. Screening times in Q1 were at 98% against target and by Q4 had reduced to 87.47%. Engagement with key stakeholders has commenced to address the issue of inappropriate referral and will progressed across 2020-2021.

Making Safeguarding Personal (MSP) / Service User Experience Feedback

MSP is one of the remaining Annual Work Plan actions for delivery. This action is proving a challenge for all agencies. The receipt of all NoCs to the Safeguarding Team are triaged by contacting the service user and feedback will be sought about their experience. The feedback will be evaluated to inform further service development.

Children's Safeguarding

Every Child Matters compliance tool has now been amalgamated and is available for use by all staff. The Multi-Agency Confirmation Form referral form has been embedded onto EPR and is available for use by staff when referring to children's safeguarding. There remains some inconsistency in recording child details on Insight, and work continues to address these issues.

From the end of Q4 the Safeguarding Nurse Advisor has taken on the role of Named Nurse for Children and has begun to work closely with the Vulnerabilities Manager for Sheffield Children Safeguarding Partnership in relation to child protection, safeguarding children level 3 training and promoting multi agency working and the 'whole family approach'.

COVID 19

The Team is working remotely and regular meetings (e.g. Channel Panel and MARAC) have continued virtually. All face-to-face training is currently suspended, and the Team has developed some training packages alongside reviewing online training from NHS England, to fulfil the mandatory training requirements. Attendance in a range of forums (MARAC, virtual SG meetings, child protection etc.) continues to be facilitated and reports are being provided in a timely manner.

3. Next Steps

- To identify the priorities for 2020/21.
- To review and implement action plans for 2020/21.

4. Required Actions

The Board of Directors to consider if there is sufficient assurance of progress made with the Safeguarding Children, Adults and Prevent Annual work plan 2019/20.

5. Monitoring Arrangements

- Combined Quarterly Safeguarding Adults & Children Steering Group.
- Monthly Care Network Governance & Performance Meetings.
- Quarterly Performance Reports to QAC for Assurance.
- Children's KPI data to NHS Sheffield Clinical Commissioning Group (CCG) for Monitoring and Assurance.
- PREVENT Data is uploaded quarterly to NHS England and a copy sent to CCG for information.
- Submission of an Annual Assurance declaration to the Clinical Commissioning Group
- Significant Issues are reported to the Board via the QAC Significant Issues Report.

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Safeguarding Children Adults and Prevent

Annual Report 2019-20

Contents

No	Item	Page
1.	Introduction	2
2.	Section 1: Structure Safeguarding Team Structure and Functions	2
3.	Safeguarding Objectives	3
4.	Key National Themes	3
	4.1 Female Genital Mutilation	3
	4.2 Child Sexual Exploitation	4
	4.3 Modern Slavery	4
	4.4 MCA/DoLs	4
	4.5 Making Safeguarding Personal	4
	4.6 Domestic Abuse and Violence	4
	4.7 Safeguarding Think Family Champions	4
5.	Partnership Working	5
6.	Safeguarding Performance	5
	6.1 Child Death Overview Panel	6
	6.2 Multi Agency Pregnancy Liaison Assessment	6
	6.3 Safeguarding Adults Reviews	6
	6.4 Domestic Homicide Reviews	6
	6.5 Training Compliance	6
	6.6 Notifications of Concern	7
	6.7 Source of Harm	11
7	Safeguarding Challenges	12
8.	Learning the Lessons	12
9.	Section 2: Assurance	13
	Staff Support	13
	9.1 Safeguarding Supervision and Practice Development	13
	9.2 Specific Safeguarding Children Supervision	13
	9.3 Safeguarding Managers Numbers	13
	9.4 Enquiries	14
	9.5 Insight Electronic Records	14

10	Monitoring Arrangements 10.1 Delegated Authority Performance Reporting 10.2 Female Genital Mutilation 10.3 Prevent Channel Panel 10.4 Local and Regional Meeting	14 14 14 14 14
11.	Summary of achievements	16
12.	Priorities 2020/21 and future developments 2020/21	16
13.	Conclusion	17
14.	<u>Appendices</u> Appendix 1: Safeguarding Adults Action Plan Appendix 2: Safeguarding Duties Three Point Test Appendix 3: Safeguarding Process Terminology and Timescales Appendix 4: Ethnicity Categories Appendix 5: Children’s Safeguarding Data	18 23 24 25 26

1.0 Introduction

Welcome to the Sheffield Health and Social Care NHS FT (SHSC) 2019/20 Safeguarding, Children, Adults and Prevent Annual report, the purpose of which is to demonstrate the progress with the annual work plan which will support effective safeguarding arrangements. This Annual Report demonstrates that the Safeguarding Team discharges its statutory duties, working within existing statutes in line with Section 11 of the Children Act 2004 and the Care Act 2014.

The report aims to:

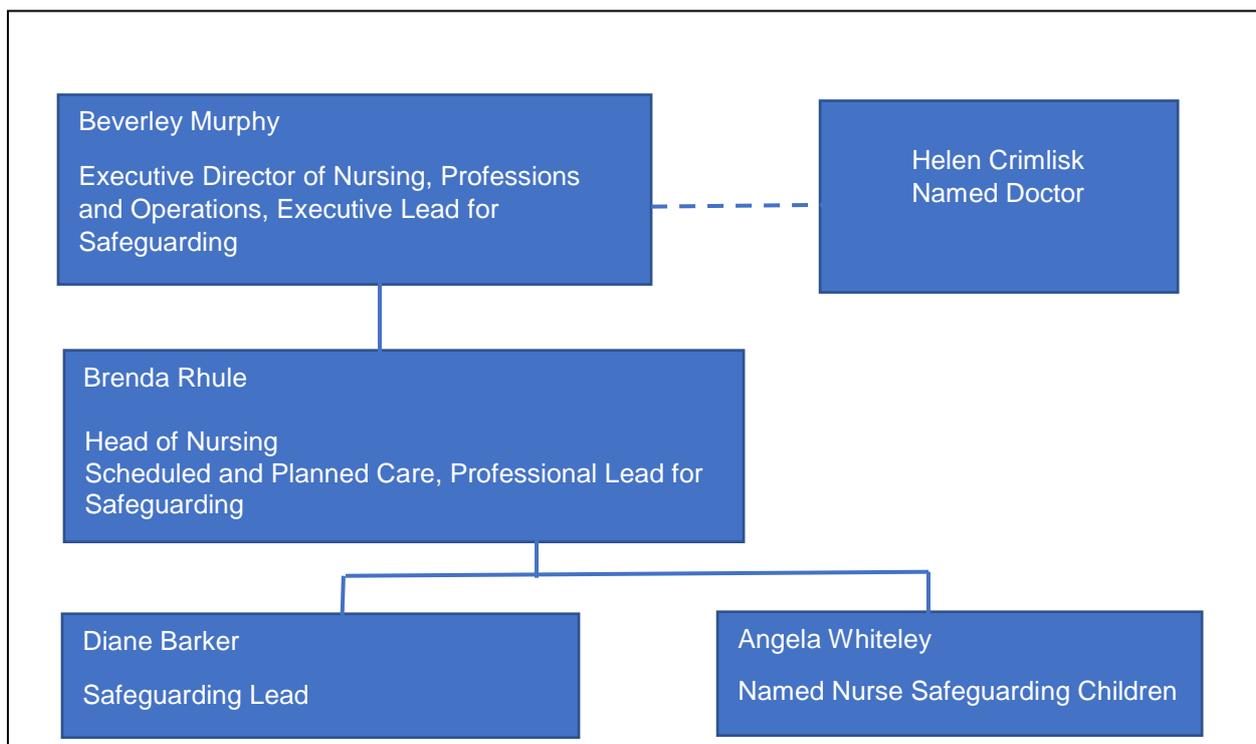
- Provide assurance to the Board that the Trust undertakes its safeguarding obligations
- Assure commissioners and regulators that safeguarding activities have developed on the prevention of harm and reduction of abuse agendas
- Ensure service users, families and carers experience safeguarding children and adults as a Trust priority.

Section 1

2.0 Safeguarding Team and Function

SHSC has a statutory responsibility for ensuring that all services provided have safe and effective systems in place to safeguard adults, children and young people at risk of abuse, neglect and exploitation. The safeguarding team ensure support is provided to the workforce to enable safe clinical service delivery.

The safeguarding team consists of:



3.0 Objectives

SHSC has a statutory responsibility for ensuring that all services provided have safe and effective systems in place which safeguards adults, children and young people at risk of abuse, neglect and exploitation.

The aim of this report is to give an overview of safeguarding work undertaken for the period 2019/21 against set objectives aligned to Sheffield Safeguarding Adult Partnership (SASP) and Sheffield Safeguarding Children's Partnership (SSCP) reporting requirements and national and legal requirements to provide set actions for 2020/21. The priorities for 2019/20 were:

1. **Hear the Voice** – to gather feedback from people's experience of safeguarding, to provide effective challenges and safeguarding arrangements have a positive impact.
2. **Learn and Improve** – Keeping vulnerable people safe, use of case studies and reviews Safeguarding Adults Reviews, Domestic Homicide Reviews, and Serious Case Reviews. To ensure that the workforce is equipped with the right tools, resources and training to identify risk, spot signs, to take appropriate action whilst utilising professional judgement and challenge.
3. **Governance** – Board arrangements make the most effective use of time and can develop, review and monitor the annual work plan and ensure that the procedures enshrine the principles of Making Safeguarding Personal.
4. **Partnership** – Be proud of the achievements as a partnership in the pursuit of making Sheffield a great place to live and ensure the workforce of all partners has the skills to keep people safe in Sheffield.

The report will also:

- Give an overview of the national and local context of safeguarding
- Give an overview of the areas of practice included in safeguarding within SHSC
- Give an overview on of any significant risk or issues and the actions being taken to mitigate these
- Highlight the challenges and the learning to be addressed in 2020/21.

4.0 Key National Themes

4.1 Female Genital Mutilation (FGM)

In line with the Serious Crime Act 2015 which requires regulated professional to complete mandatory reporting of any incidents of FGM, the Trust's Insight Service User Care Records are reviewed each quarter, to identify if any service users have disclosed or been identified as having had FGM. In 2018/19 there was 11 reported disclosures and a further three received from the Clover Group (GP surgeries must report disclosures separately to SHSC), there were no disclosures in 2019/20.

ACTION: Further work required in 2020/21 to ensure that all FGM disclosures that are recorded are inclusive of the Clover Group data.

4.2 Child Sexual Exploitation (CSE)

CSE is defined as a form of sexual, emotional and physical abuse which involves the manipulation and or/coercion of a child /young person under the age of 18 into sexual activity including through social media platforms. CSE referrals are managed by the Local Authority Operational Board. CSE is included in the comprehensive training provided by the safeguarding team and delivered to all SHSC workforce.

ACTION: CSE work will continue in 2020/21 with more focus on county lines and criminal exploitation which will be supported by the attendance at Fortify¹

4.3 Modern Slavery

Modern Slavery became part of the Care Act 2014 in relation to adults at risk. The Modern Slavery Act 2015 recognises it as a national and local priority. The safeguarding team provided bespoke training to medical staff in November 2019. Modern Slavery is included in the comprehensive training provided by the safeguarding team to all SHSC employees.

ACTION: In 2020/21 further work required to ensure the workforce has a full understanding and actions required when responding to any concerns /disclosures of Modern Slavery.

4.4 MCA/DoLS

MCA/DoLS compliance is audited and monitored by the Mental Health Act Officers. Particular concerns are the legislative changes as MCA move towards Liberty and Protection safeguards to replace DoLS.

ACTION: In 2020/21 explore the potential requirements of the Safeguarding Team following introduction of Liberty and Protection Safeguards.

4.5 Making Safeguarding Personal (MSP)

It is important to hear the voice of the service user, family and carer, by capturing the feedback of people's experience of safeguarding and ensure that there are effective challenges and our safeguarding arrangements have a positive impact on our communities. This is an area where the safeguarding team have not progressed as planned.

ACTION: Throughout 2020/21 the focus will be on MSP and capturing service user stories, learning from their experience to improve safeguarding arrangements.

4.6 Domestic Abuse and Violence

The safeguarding team continually reviews the services provided to improve the quality of care delivered to survivors of domestic abuse and violence. The safeguarding team have close links with Independent Domestic Violence Advocates (IDVA). There has been an increase in referrals from SHSC teams. The safeguarding team receive and provide safeguarding supervision.

4.7 Safeguarding Think Family Champions

The role of Safeguarding Family champions is to provide general advice relating to safeguarding and to support the safeguarding team in raising and embedding awareness of safeguarding across our Trust. Currently we have no Safeguarding Think Family Champions and it is an area the safeguarding team need to develop and progress.

¹ Tactical Serious Violence and Organised Crime Local Partnership Board (Silver Fortify)

ACTION: In 2020/21 to focus on the promotion of Safeguarding Think Family Champions across the Trust.

5.0 Partnership Working

SHSC works in partnership with over 14 statutory agencies and many non-statutory and voluntary sector organisations to safeguard the people of Sheffield. SHSC's Adult Mental Health Service has Delegated Authority for Safeguarding Adults aged 18-65 from Sheffield City Council (SCC) and Community Team Managers undertake Safeguarding Manager duties. SCC manages all Safeguarding duties regarding older adults, children and people with a learning disability. The Local Authority has responsibility for safeguarding adults within the Trust autism and neurodevelopmental services. Children's safeguarding is not managed by SHSC, however for completeness and multidisciplinary healthcare team awareness, some data in relation to children is collected (appendix 5).

In addition, the Professional Lead for Safeguarding, the Safeguarding Nurse and clinical services Staff/Senior Operational Managers (SOMs) attend external meetings as and when required relating to the following panels:

- 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
- Complex Case Housing Panel
- Human Trafficking and Modern Slavery
- Channel Panel
- Prevent Silver Group
- Domestic and Sexual Abuse Provider Consultation Group
- Safeguarding Adults Health Reference Group
- Sheffield Adult Safeguarding Partnership (SASP)
- Sheffield Safeguarding Children Learning and Practice Improvement Group (LPIG)
- Sexual Exploitation Project Board
- Children's Conferences
- Multi-Agency Pregnancy Liaison and Assessment Group (MAPLAG)
- Substance Misuse Services
- Parental Mental Health Task/Finish Group
- Sheffield Exploitation Services
- SHSC Lifestyle Screening and Referral Tool (LASAR) central to the cities hidden harm agenda through the provision of a platform that supports universal service providers in the identification of problematic drug and alcohol misuse.
- SHSC clinicians are integrated within the MAST teams – offering advice and support to MAST workers and families.

6.0 Safeguarding Performance

Progress Summary of the Annual Work Plans

The Corporate Safeguarding Team is responsible for delivering the Trust's annual safeguarding work plan and do so with support from the Local Authority (LA) and Sheffield Clinical Commissioning Group (CCG). The annual work plan, incorporates both adult and children. The work plan is divided into 4 key work streams. The aim is for all actions to be completed by 31st March 2020, however some actions have not been achieved and will be brought forward to 2020/21 and reviewed monthly to assist completion in a timely manner.

The Annual Plan is colour rated, referring to the different stages of each objective's progress (Appendix 1). There is one remaining action outstanding, which is Making Safeguarding Personal, Service User Feedback. Service Users are given the opportunity to feedback on safeguarding interventions to enhance service provision. This is included in the annual work plan however little progress has been made in this area. This is proving a challenge to all partnership agencies. The Corporate Safeguarding Team, when expanded and receiving referrals directly, will have the opportunity to ask the individual referred how the Safeguarding process had impacted upon them.

6.1 Child Death Overview Panel (CDOP)

The Corporate Safeguarding Team received and checked 37 information requests from the Child Death Overview Panel as part of the investigation into child deaths within Sheffield. None of the cases had any significant contact with SHSC services.

6.2 Multi Agency Pregnancy Liaison Assessment Group (MAPLAG)

The Corporate Safeguarding Team ensured contributions to the Multi Agency Pregnancy Liaison Assessment Group, this is a Safeguarding Children Board Meeting who meet and discuss issues about women and their partners who experience difficulties with drug and alcohol use in pregnancy. The meeting is also attended by Trust staff from Perinatal and Substance Misuse Services.

6.3 Safeguarding Adult Reviews (SAR)

Safeguarding Adult Reviews are statutory reviews commissioned by the Safeguarding Adults Board, in response to the death or serious injury of an adult with needs of care and support, regardless of if the person was in receipt of service, and it is believed abuse or neglect was a factor. The safeguarding team contribute to the reviews and ensured any learning from the SARs is disseminated to Trust Staff.

6.4 Domestic Homicide Reviews (DHR)

Since 2018 all DHRs are managed by the Patient Safety Team within the Trust. The Safeguarding Team are developing closer links to ensure that data is provided in a timely manner.

6.5 Training Compliance

Compliance at the end of 2019/20 is broadly in line with 2018/19. Throughout the year training compliance has remained stable and mainly within target range except for PREVENT.

Table 1: Training Compliance

Training	2018/19	2019/20
Safeguarding Adults level 2	84%	82%
Domestic Abuse level 2	83%	83%
PREVENT (WRAP)	82%	83.7%
Safeguarding Children level 2	82%	81%
Safeguarding Children level 3	87%	83%

Prevent Training and Compliance

Prevent training is completed every 3 years and is aligned with the comprehensive safeguarding training. In 2018/19 the compliance rate was 82% and currently is 83.7% which is slightly below the national level of 85%. An online training package has been identified and will be disseminated to staff to ensure compliance throughout COVID 19 restrictions. Compliance rates will be closely monitored and when restrictions allow the Corporate Safeguarding Team will arrange virtual training sessions in clinical areas.

Training delivery during Q4 2019/20 was changed due to COVID 19 restrictions. All face to face training across the Safeguarding Partnership was suspended and alternative methods were sought to ensure all staff remained compliant. This has seen the increase in the use of National Online Training courses being utilised. With regards to more interactive training sessions, the safeguarding team plan to develop some short training packages that can be delivered within the clinical environment as COVID 19 restrictions allow.

It was noted part way through the year that the Trust was not fully compliant with the Safeguarding Children Intercollegiate Document with regards to level 3 safeguarding children training. There were numerous staff members that were not identified as requiring Level 3 training. All level 3 training should be multi agency which has proved a challenge to address mainly due to the logistics of the Trust facilitating multi agency training or SHSC staff accessing training from other agencies. Working together with the Vulnerabilities Manager for Sheffield Children Safeguarding Board we have begun to address this matter.

Going forward, the safeguarding team aim to complete a full training needs analysis, to ensure that all staff members are trained to the appropriate level as set out in the Intercollegiate documents for safeguarding both adults and children.

During 2019/20 the Team have promoted safeguarding manager training with the aim to have a safeguarding manager within all Trust areas. All courses are run by the Local Authority and delivery has been disrupted by Covid 19.

The Corporate Safeguarding Team has reciprocal training agreements with the following agencies; South Yorkshire Police, South Yorkshire Fire & Rescue and the Domestic Abuse Service.

6.6 Notifications of Concern (NoC)

A Notification of Concern (NoC) may be raised within the Trust and by external sources e.g. from other agencies, relatives or members of the public. External NoCs are sent to the Adult Mental Health Single Point of Access (SPA) Service by the Local Authority (LA) for screening. For service users already receiving Adult Mental Health Services, the team involved will be informed and asked to take on Safeguarding duties. The Corporate Safeguarding Team monitors the receipt of Safeguarding Notifications of Concern (NoC). Definitions of safeguarding stages and timescales are included at appendices 2 and 3. Due to on-going pressures within the Single Point of Access (SPA) the decision has been made that the Corporate Safeguarding Team will be best placed to triage and manage all safeguarding NoC's. This will involve an increase in staffing and relocation of the team base. The business case for team expansion is moving forward with a planned completion date of December 2020.

Table 2: Annual NoCs Received: Male / Female Ratio

	Received from External Source				Raised within SHSC				TOTAL
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Male	179	206	177	220	44	49	52	60	987
Female	195	196	247	215	51	81	65	72	1122
TOTAL	374	402	424	435	95	130	117	132	2109

There has been an overall increase in the total number of external NoC received by the Trust in the past year. A total of 1635 external NoC's compared to 1298 in the previous year, this is a 26% increase in referrals. A large proportion of these NoC's are inappropriate referrals and do not meet the 3-point test for safeguarding (appendix 2).

Internal referrals for 2019 / 20 were 474 compared with 436 in the previous year.

Table 3: Source of External Notifications

Stakeholder	Q1	Q2	Q3	Q4	Total
Police	244	277	275	324	1120
Accommodation Providers / Community Support	51	37	54	29	171
Health	39	38	36	38	151
Local Authority	25	37	44	31	137
Other	15	14	15	13	57
Total	374	403	424	435	1636

Whilst this appears to represent a co-ordinated, strong partnership relationship with other providers a continued detailed review of external NoCs confirms that a large majority of these that are sent via SCC by the South Yorkshire Police do not meet the 3 Point Test for safeguarding (appendix 2) and appear to be related to concerns about mental health rather than safeguarding.

Engagement with key stakeholders has been commenced to address the issue of inappropriate referrals and will progressed across 2020-2021.

Table 4: Reasons for External NoC Referrals

Reason for NoC Referral	Q1	Q2	Q3	Q4	Total
Mental Health / Self-Neglect / Sub misuse	228	265	234	269	996
Domestic Abuse / Incident / Altercation	51	55	80	54	240
Emotional	9	13	28	17	67
Financial	25	17	23	27	92
Sexual	12	15	22	19	68

Physical	28	18	19	24	89
Cuckooing	1	4	6	9	20
Neglect	4	7	5	3	19
Other/ Not Known	14	3	3	7	27
Modern Slavery/Human Trafficking	1	2	2	3	8
Institutional/Organisational	1	2	0	3	6
Honour Based Violence/ Forced Marriage	1	1	1	0	3
Discriminatory	1	1	1	0	3
Total	376	403	424	435	1636

A large proportion of NoC's have more than one abuse type stated, the table shows only the main type of abuse. Main reasons for external NoC's continue to be mental health/self-neglect/substance misuse and domestic abuse/incident/altercation.

All the NoCs received are managed appropriately. If they do not meet safeguarding thresholds other actions are completed, see Table 6. For clients known to Mental Health Services the information is sent to the appropriate clinical team. For clients not known to Mental Health Services the information is sent to the GP. An assessment of mental health needs will be completed if appropriate.

Table 5: Actions Taken

Actions	Q1	Q2	Q3	Q4	Total
Info to GP	191	190	217	232	830
Info to Team	152	186	177	131	646
Info to Both	29	26	28	68	151
No GP	2	1	2	4	9
Total	374	403	424	435	1636

Table 6: External Notifications Entered into Safeguarding

	Q1	Q2	Q3	Q4	Total
Entered	17	14	10	9	50
Not entered	357	389	414	426	1586
Total Referred	374	403	424	435	1636

In 2019/20 1586, 97.9%, of NoC's received in the reporting period did not enter the Safeguarding Process/Procedure, this percentage has been consistent throughout each quarter. There were several reasons for this:

- i. The majority were raised by South Yorkshire Police and did not meet the Safeguarding Duties Three Point Test which applies to an adult who
 1. Has need of care and support (whether or not the local authority is meeting any of those needs)
 2. Is experiencing, or at risk of abuse or neglect and

3. Because of those care and support needs is unable to protect themselves from either risk of, or the experience of abuse and neglect.

In these cases, the GP is informed of the concerns.

- ii. The concerns were related to mental health and were known and being managed by services.
- iii. Or other processes were more appropriate or were already in train such as Multi-Agency Public Protection Arrangements (MAPPA), Multi-Agency Risk Assessment Conference (MARAC) and Vulnerable Adults Risk Management Model (VARMM).

Only 50 of the external NoC's received met the 3 Point Test and entered safeguarding procedures.

Ethnicity

Breakdown of NoC's as per Standardised Ethnicity Categories, Census 2011 (see Appendix 4). The collection of ethnicity data commenced in December 2019 so unable to provide a comparative figure for 2018/19.

Table 7: NoC Breakdown by Ethnicity

Ethnicity	Q1	Q2	Q3	Q4	Total
White	327	357	353	362	1399
Not asked	78	99	116	134	427
Black/African/Caribbean/Black British	22	27	26	33	108
Asian/Asian British	22	26	16	16	80
Mixed/ Multi Ethnic Group	10	13	21	18	62
Other Ethnic Group	8	10	8	3	29
Refused to Answer	2	0	1	1	4
TOTAL	469	532	541	567	2109

The ethnicity breakdown are absolute numbers and not weighted

Learning Disability and Older Adults NoCs

These are screened directly by the Adult Access Social Care Team at Sheffield City Council (SCC) as per city-wide agreements. The Trust's Corporate Safeguarding Team has a system in place to monitor cases raised / referred to the Local Authority (LA) by Trust staff.

Table 8: Learning Disability & Older Adult NoC by Gender

	Learning Disabilities				TOTAL	Older Adults				TOTAL
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
Male	5	10	6	6	27	12	12	8	14	46
Female	5	7	5	12	29	14	17	14	11	56
TOTAL	10	17	11	18	56	26	29	22	25	102

In 2019/20 the total of 56 NoCs were raised within the Trust for Learning Disability and 102 for Older Adult's services, which is a decrease from the previous year which recorded 69 for Learning Disabilities and 131 for Older Adult Services. All concerns sent to the Local Authority are monitored by the Safeguarding Team. There is an acknowledgement that receiving timely feedback from the Local Authority is an issue that needs addressing. Preliminary discussions have been undertaken between the Safeguarding Team and the Local Authority to address this matter. This work will continue as part of the 20 /21 work plan.

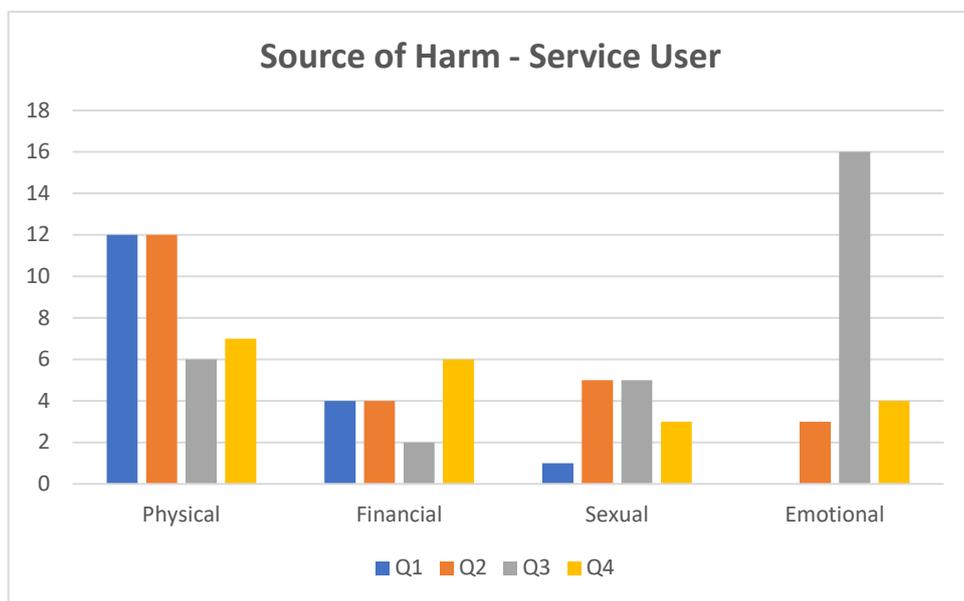
6.8 Source of Harm

Source of Harm

In most of concerns (1095) the source of harm was known and related to the service user either self-neglecting, self-harming and/or their mental health/substance misuse.

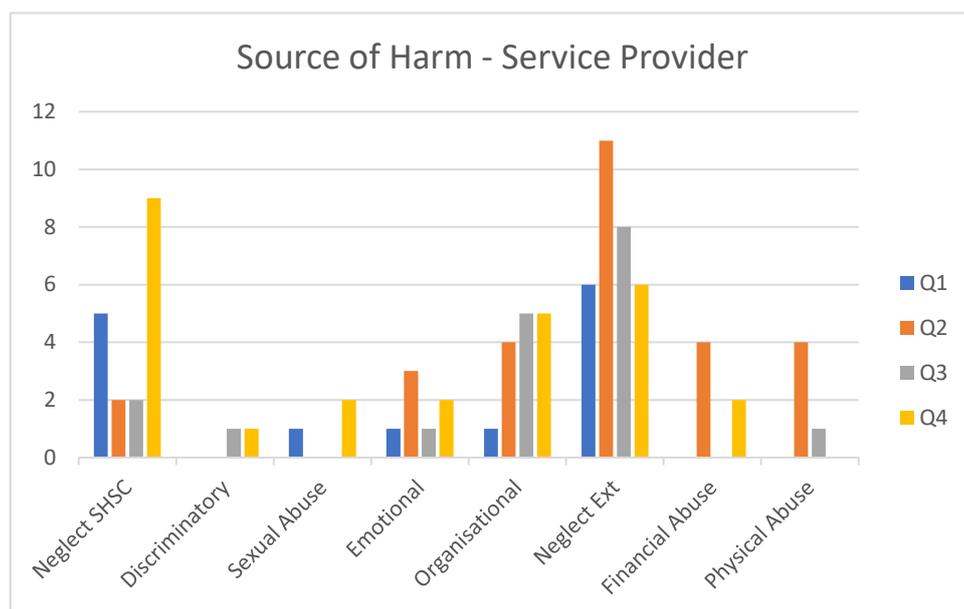
Abuse by Other Service Users - There were 100 cases where the alleged Source of Harm is a Service User, 49 were under the care of SHSC (alleged abuse occurred mainly within Trust services) and 51 under the care of an external accommodation provider (but in receipt of SHSC community services). Most of the concerns that occurred within Trust Services were related to some form of altercation between services users and were managed by the teams at the time of the concern.

Chart 1: NoCs by Source of Harm and Service User



Abuse by Service Providers - There were 92 cases recorded where the alleged source of harm was from an 'an organisation' providing care or support or an individual working for an organisation. 60 were for external providers and 32 cases from within the Trust. It is important to note that a large majority of the concerns relating to the Trust or Trust services were from older adult services and were raised because of fall, or were alleged assaults raised by clients when unwell. All allegations are investigated.

Chart 2: NoCs by Source of Harm and Service Provider



External Sources of Harm: Local Authority, Sheffield Teaching Hospitals and Accommodation or Care Providers.

The Board can be assured that EPR have been reviewed in all these cases and appropriate action taken. Evidence of appropriate action was identified within the daily records, collaborative care plans and incident reporting.

7.0 Safeguarding Challenges

In recognition the fact that negotiating safeguarding children systems can be challenging, stressful and time consuming for adult services, which can lead to delays in identifying safeguarding children needs, SHSC part fund the Sheffield Children's Safeguarding Partnership Vulnerabilities Service to support the SHSC safeguarding office through:

- The provision of safeguarding advice to clinicians about families they are working with, including names and contact details of children services that are involved so cases can be discussed.
- The provision of safeguarding case file supervision to substance misuse clinicians in response to a recommendation from CQC in 2015.
- The development of joint working models of practice between SHSC and children services.
- Enhancing and widening SHSC learning into how children and family factors can potentially impact on a parent's emotional health and well-being.
- Support in the adaptation of SHSC safeguarding children forms to fit with Signs of Safety (model used by Children's services in Sheffield).
- The impact of COVID-19 on training and potential under reporting of safeguarding concerns.

8.0 Learning the Lessons

- SHSC Lifestyle Screening and Referral Tool (LASAR) central to the cities hidden harm agenda through the provision of a platform that supports universal service providers in the identification of problematic drug and alcohol misuse.

- SHSC clinicians are integrated within the MAST teams – offering advice and support to MAST workers and families.
- Joint Case Reviews multi-agency review team developing shared thinking, shared understanding and shared analysis model of working in Sheffield. Learning from major themes to shape the future iterations of the joint working protocol.
- Joint Working Protocol between CYPF and SHSC highlighted the importance of CYP transitioning to Adult services and safeguards that need to be put in place
- Three Parental Mental Health Workshops- communication processes and more joint working across services. Focus on Hearing the Child’s Voice The remit of Hidden Harm, in Sheffield, has been widened to include parental mental health and domestic abuse as well as substance misuse.
- Focus on the Hearing the Child’s voice throughout the decision-making process where there is parental mental ill health or substance misuse within the household.
- Enhancing and widening SHSC learning into how children and family factors can potentially impact on a parent’s emotional health and well-being.

Section 2: Assurance

9.0 Staff Support

9.1 Safeguarding Supervision & Practice Development

In Q1 the safeguarding team began the Safeguarding Manager Forums. This is an open space for Safeguarding Managers to bring any issues relating to safeguarding processes and procedures for discussion. The team also provides safeguarding supervision to clinical areas and specific staff members ‘as and when required’.

The Corporate Safeguarding Lead remains responsible for providing 2 sessions per annum of training as part of the Continuous Professional Development (CPD) programme for medical staff. The Safeguarding Team receive supervision in house as per supervision policy. Specialist supervision is also provided by the Clinical Commissioning Group.

9.2 Specific Safeguarding Children Supervision

The Substance Misuse Service continues to receive regular Safeguarding Children supervision from the Sheffield Safeguarding Children Partnership (SSCP) Substance Misuse Worker, reflecting 100% compliance within that area.

9.3 Safeguarding Manager Numbers

The Trust had in 2018/19 32 Safeguarding Managers within clinical areas which has increased to 36 in 2019/20 (see table below).

Table 9: Safeguarding Managers Numbers

Team	Designation			Total
	Social Worker	Nurse	OT	
Single Point of Access (SPA)	7	9	0	17
Early Intervention in Psychosis (EIP)	0	3	0	3

Recovery South	0	1	1	2
Recovery North	3	2	1	6
Forest Close	0	4	0	4
Community Enhancing Recovery Team (CERT)	0	2	0	2
Forensic Community Team (new)	1	0	0	1
Eating Disorders Service (new)	0	0	1	1
Home Treatment Team	0	(1)	0	(1)
Total	11	21	3	36

* Adult Mental Health Services (AMHS) Safeguarding Manager's Delegated Authority on behalf of SCC

9.4 Enquiries

The Corporate Safeguarding Team are easily accessible to SHSC staff, providing advice about safeguarding in general, documentation, specific cases and management of these cases. The team facilitate communication between Trust staff and Partnership Agencies which is assisting agencies to work cohesively and share relevant information in relation to risk.

The Safeguarding Lead and the Named Nurse for Safeguarding Children support clinical services staff, Senior operational Managers (SOMs) to attend external meetings as and when required.

9.5 Insight Electronic Patient Records (EPR)

The Corporate Safeguarding Team will continue to support clinicians as and when necessary with regards to safeguarding documentation.

10.0 Monitoring

Delegated Authority Performance Monitoring

Timescales

Table 10: Safeguarding Timescales

Quarter	No. of NoCs Received	Screened within 24 Hrs	Not screened within timescale	Number progressing to Planning	Not actioned within timescale	Number reaching Investigation
Q1	469	460	9	11	2	1
Q2	532	494	38	7	2	0
Q3	541	478	63	12	1	0
Q4	567	496	71	11	5	0
TOTAL	2109	1928	181	41	10	1

Screening times for external safeguarding NoCs has decreased over the past year, in 2018/19 it was at 98% and deteriorated to 87.47% in 2019/20. A large proportion of these were screened within a further 24hours. None of these have entered safeguarding proceedings. The mobilisation of the new expanded Safeguarding Team will address the issue with screening timescales.

Table 11 details the number of Safeguarding Adults Cases managed by the Adult Community Mental Health Services (ACMHS) under an agreement pursuant to Section 75 (NHS Act 2006) throughout the reporting period.

Table 11: Numbers Entering Safeguarding Procedure

	Number Entering Safeguarding Process				Total
	Q1	Q2	Q3	Q4	
Male	31	34	42	44	151
Female	41	60	50	52	203
TOTAL	72	94	92	96	354

Figures for Older Adults and Learning Disability clients (table 10) are not included in this table.

Attendance at Child Protection Conferences (CPCs)

Historically attendance at Child Protection Conferences by SHSC has been lacking. All requests for attendance at CPC were being sent directly to the worker where known. Since the appointment of the Named Nurse for Safeguarding Children all requests are centrally managed. Whilst the process is a new way of working, initial feedback has been positive. Child protection reports are being submitted in a timely manner and SHSC clinicians can contact the corporate safeguarding team for support.

Female Genital Mutilation (FGM)

In line with national reporting requirements, the Trust's Insight Service User Care Records are reviewed each quarter, to identify if any service users have disclosed or been identified as having had FGM.

Prevent

Prevent is part of the Government's Counter Terrorism Strategy CONTEST. As part of this, all healthcare staff must receive training. Trust staff also attend relevant meetings.

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

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.

Channel uses existing collaboration between partners, to support individuals and protect them from being drawn into terrorism. SHSC have 100% attendance at Channel Panel for the reporting period.

In Q4 the Operational Lead for Prevent alongside 4 other members of Channel Panel from partnership agencies were invited to meet the Home Secretary. The purpose of this meeting was to demonstrate the workings of the Channel Panel. Feedback from this was extremely positive.

Local and Regional Prevent Meeting

Alongside representation at the Channel Panel, the Trust is also represented at the Regional Prevent Forum which is chaired by NHS England, at the Silver Prevent Meeting, local Prevent Meetings and Community Safety Partnerships.

11. 0 Summary of achievements

- Increased visibility by the team, supporting SPA to triage high levels of referrals
- The safeguarding team continue to be part of both regional and organisational leadership for Prevent
- Safeguarding reports are shared with the Care Networks
- Contribute to a wide variety of multi-disciplinary and multi-agency meetings in relation to patient need and complex cases.
- Continue to provide support and advice to our staff across the organisational
- Continue to provide Safeguarding Managers training
- Development of Safeguarding children forms on Insight system
- Provision of safeguarding supervision
- Safeguarding training as part of mandatory training and induction
- Business case produced for the expansion of the safeguarding team and sourcing alternative accommodation.
- Attendance at Safeguarding week in July 2019, in partnership with Sheffield City Council.
- Development of user guide for online training throughout COVID-19
- Development of Safeguarding Managers Forums
- Provision of safeguarding supervision and practice development.
- CPD training for medical staff

12. Future Priorities for 2020/21

The future priorities for the Safeguarding team demonstrates our Trust commitment to the delivery of safe and effective safeguarding services. These priorities will underpin the forward work plan for the safeguarding team.

- Completion of the expansion of the safeguarding team, Named Nurse for Safeguarding Children, 3 x Safeguarding Practitioners and Safeguarding Referral Coordinator/Team Administrator.
- Focus on Making Safeguarding Personal and hearing the Voice of the Child. Embed Whole Family Working which incorporates all the evidence from the Think Family approach
- Focus on Adverse Childhood Experiences (ACE) and trauma informed approaches underpinning effective safeguarding of children and adults
- Continued development of support package for staff who have been affected by domestic violence and abuse
- Deliver training offer for 2020/21
- Attendance at Fortify Group, South Yorkshire Police, regarding gang culture.

- Offer opportunities for students/preceptorship placements as part of their development
- Continue to develop practice in line with national and local agenda.
- Continued development on care records for a quick link to children demographics.
- Focus on protective factors regarding Parental Mental Health
- Details of absent parent recorded
- Increase professional curiosity around potential safeguarding concerns.
- Attendance at CP conferences / CIN and TAF meetings.
- Focus on joint working and discussion with children services.
- Attendance on SCSP multi-agency training.

All areas identified for improvement will be included in the recommendations of the corporate services governance review for a potential reconfiguration and service relocation.

13. Conclusion

SHSC has a responsibility to meet the standards of good practice which are to

- Ensure appropriate structures are in place to manage and implement the safeguarding agenda
- Provide assurance to external agencies that safeguarding policies and procedure are robust and fit for purpose
- Raise the profile of safeguarding adults and children, ensuring that all staff are aware of their responsibilities in relation to the safeguarding agenda
- Strengthen and align safeguarding processes and practice Trust wide
- Ensure appropriate training is available, which is monitored and to improve staff training by identifying and addressing any limitations.
- Where concerns are raised regarding care provided by the Trust, the safeguarding team engage with managers to investigate incidents
- Safeguarding team to provide information for thematic reviews, learning the lessons and share good practice
- To have and awareness and key national themes and to support staff to work effectively.

The SHSC Annual Report for Safeguarding Children, Adults and Prevent, demonstrates our Trust commitment and arrangements that are in place.

Safeguarding Adult and Children Action Plan Annual Progress Report

Red	= Work not commenced
Amber	= Work in progress
Green	= Action nearing completion
Blue	= Complete and evidence recorded

Objective Area	Action / Activity	Timescale	Lead	Progress / Assurance	RAG
1. IMST Every Child Matters Form	Needs reviewing. Currently used by Substance Misuse, mental health needs including	31 st March 2020	Safeguarding Lead & Safeguarding Nurse Advisor	Q4 Update This is now available for use by all staff. it has been incorporated into the safeguarding training	
2.1 Audit and Clinical Risk of Children documented on Insight	Review of documentation to ensure that information of children in households is being captured in the demographics on Electronic Patient Records (EPR). Corporate Safeguarding Team add child details to EPR with information gained at MARAC	31 st March 2020	Safeguarding Lead & Safeguarding Nurse Advisor	To ensure consistency in capturing information of children in households, this is essential to safeguarding children. Q4 update This action will remain ongoing. Improvements have been made, the Corporate Safeguarding Team address any individual issues directly with the staff concerned, patterns of poor practice are addressed by visiting teams and providing extra training.	Green

<p>2.2 Audit and Clinical Risk Service Users are given the opportunity to feedback on interventions provided by workers, and this feedback is used to enhance service provision.</p>	<p>Review the information that is currently collected via the collaborative care planning process and other mechanisms to ascertain whether it can be</p>	<p>31st March 2020</p>	<p>Corporate Safeguarding Team</p>	<p>Feedback is sought as part of the collaborative care planning process. There is no data available on its use in service provision. Action required:</p>	<p>Amber</p>
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Objective Area	Action / Activity	Timescale	Lead	Progress / Assurance	RAG
	<p>used to enhance service provision</p>			<p>Deputy Chief Nurse to liaise with assistant clinical directors to establish what reviews are completed and if/how this information is utilised in enhancing service provision.</p> <p>This action is being progressed in partnership with the Sheffield Safeguarding Partnership Board Manager (Children and Adults) & SHSC Senior Operational Managers (SOM's) and will be carried over into the 2019/20 work plan.</p> <p>Q4 Update Following expansion of the Safeguarding Team feedback will be routinely sought from service users.</p>	<p>Amber</p>
<p>3. Child Protection Conferences</p>	<p>To audit attendance at CPC</p>	<p>31st March 2020</p>	<p>Safeguarding Lead & Safeguarding Nurse Advisor</p>	<p>Q4 update SSCB Safeguarding Vulnerabilities Manager has agreed to provide the data from Q1</p>	<p>Green</p>

4 Sheffield Safeguarding Children Board Workforce Development Strategy Actions					
4.1 Sheffield Safeguarding Hub Referrals a) must include a completed MACF which should clearly and briefly outline:	Agencies are undertaking a single agency audit of contacts and referrals that was reported to the Learning, Practice and	31 st March 2020	Safeguarding Lead & Safeguarding Nurse Advisor	Q3 Update Following discussions with IMST a request for the MACf template to be embedded into insight has been agreed. This	Blue

Objective Area	Action / Activity	Timescale	Lead	Progress / Assurance	RAG
<ul style="list-style-type: none"> • the concerns • historical information • current concerns • actions taken by your agency • impact on the child b) will only be accepted if there is concern of significant harm (otherwise this should be directed to the Early Help meetings or the MACCP) The SSH will ask each professional contacting them if they have discussed their concerns with the parents/carers (where appropriate and safe to do so). These should also be discussed with the child/young person, when it is appropriate to do so.	Improvement subgroup (LPIG) in 2018/19. SHSC were unable to complete this audit at the time due to reporting parameters on EPR. In Q3 a report request was made from IMST for all clients who had a MACf form within their records. The MACf was completed and uploaded to Insight. The title of the report in each case was decided upon by the clinician, therefore, this report was inconclusive.			will ensure consistency and enable an audit of MACf to be completed to ensure that information given is of good quality. The form will be on insight in February. Q4 Update MACf is now embedded into insight	Blue

<p>4.2 Evaluations from SSCB Training & Conferences -Children with Disabilities – to ensure practitioners are aware of the risk and vulnerabilities of this group of children and young people and understand pathways to support</p>	SSCB - To work with Children with Disabilities Team to develop and deliver multiagency training that focuses on this area	31 st March 2020	Safeguarding Lead & Safeguarding Nurse Advisor SOM's	Promote attendance at training once developed Q4 Update Still awaiting development of training by Local Authority. Corporate Safeguarding Team to clarify position with Local Authority	Red
<p>4.3 Signs of Safety – to encourage and support practitioners across children’s services to understand Signs of Safety principles and the impact on multi-agency ways of working</p>	SSCB -To embed signs of safety principles in SSCB multiagency training - To facilitate delivery of SoS training across the children’s workforce	31 st March 2020	Safeguarding Lead & Safeguarding Nurse Advisor	To be introduced in Comprehensive Safeguarding Training. Signpost staff to appropriate external training.	Blue
Objective Area	Action / Activity	Timescale	Lead	Progress / Assurance	RAG
	-To ensure staff access SoS training appropriate to their role - Support staff to adopt signs of safety approaches to their work as appropriate			Q4 Update Signs of Safety Training was disseminated to several clinical areas by the SSCB Safeguarding Vulnerabilities Manager. All future training will be available via the Local Authority	Blue
<p>4.4 Thresholds of Need – to support the embedding and understanding of Sheffield’s revised threshold guidance</p>	Sheffield’s Thresholds integrated into all multi-agency training. - Facilitate and support the delivery of discreet ToN training - Work with Children’s Social Care and MAST to disseminate key messages in relation to thresholds and referral processes	31 st March 2020	Safeguarding Lead & Safeguarding Nurse Advisor SOM's	Q4 Update Thresholds of Need Training was disseminated to some clinical areas by the SSCB Safeguarding Vulnerabilities Manager. All future training will be available via the Local Authority	Blue

<p>4.5 Mental Health Services for young people – highlighted through various avenues</p> <ul style="list-style-type: none"> - Mental Health and Emotional Wellbeing of Young People in Transition age 16-25 – a need to raise practitioner awareness of services and pathways to support 	<p>SSCB:</p> <ul style="list-style-type: none"> - Working with partners, including Adult Safeguarding Partnership, to develop safeguarding training in transition, to include Mental Health provision - To ensure there is a clear protocol which maps the services available to 16/17 year olds with mental health issues 	<p>31st March 2020</p>	<p>Corporate Safeguarding Team.</p>	<p>Q4 Update</p> <p>Work is on-going within the Local Authority</p>	<p>Amber</p>
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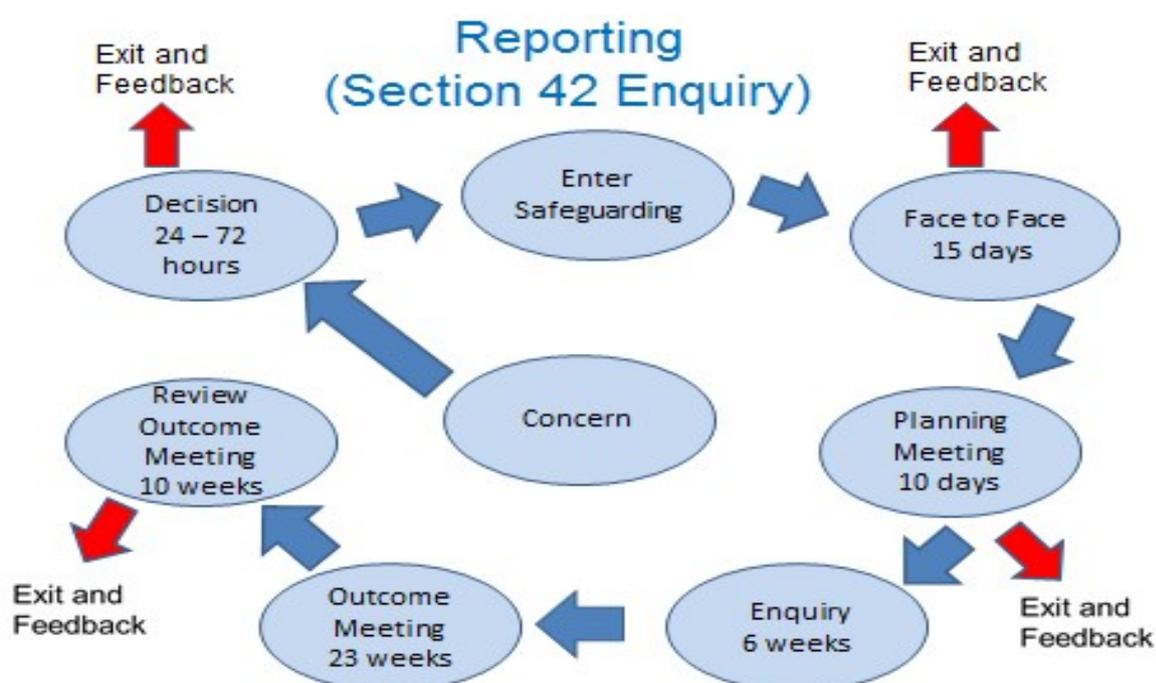
Safeguarding Duties

Three Point Test

Safeguarding Duties apply to an adult who:

1. Has need of care and support (*whether or not the local authority is meeting any of those needs*)
2. Is experiencing, or at risk of abuse or neglect: and
3. As a result of those care and support needs is unable to protect themselves from either risk of, or the experience of abuse and neglect

Flow Chart for Safeguarding Process & Procedure & Prescribed Timescales.



Safeguarding Process Terminology and Timescales

Term	Definition	Timescale	Rolling Days
Notification of Concern	A report made to the lead agency for the safeguarding process to raise concerns that an adult at risk may have been, is, or might be abused.	24 – 72 hours (to cover weekends)	
Face-to-Face Meeting	Face to face discussion with the adult at risk to clarify the concern and find out what the adult at risk wants from the process. This stage will sometimes be omitted or a telephone conversation will occur rather than face to face, depending upon risk posed.	15 working days	21
Planning Meeting	The purpose of a planning meeting is to share, consider the known evidence and agree protection actions. Plan the Enquiry. Other areas to consider are, is there any potential criminal element to the abuse and any potential disciplinary action. This can be completed virtually.	Completed within a maximum of 2 weeks from the face-to-face meeting.	35
Enquiry Stage	Agreed actions to be carried out.	To be completed within 6 weeks of the Planning Meeting	77
Outcome Meeting	Its purpose is to review whether the adult's outcomes have been met. Assess if the risk has been, removed, remains or has increased. Discuss if remaining risks can be addressed. Evaluate the Adults satisfaction with the process. Identify any further actions needed to improve practice.	Within 23 weeks of the enquiry commencing.	147
Outcome Review Meeting	This will review any outstanding actions from the Outcome Meeting. Ensure that any protection plans are working and ensure the adult is supported.	No longer than 10 weeks from the first Outcome Meeting	

Ethnicity Categories

Standardised Ethnicity Categories used in the Census 2011

White

- 1. English / Welsh / Scottish / Northern Irish / British
- 2. Irish
- 3. Gypsy or Irish Traveller
- 4. Any other White background,

Mixed / Multiple ethnic groups

- 5. White and Black Caribbean • 6. White and Black African
- 7. White and Asian.
- 8. Any other Mixed / Multiple ethnic background,

Asian / Asian British

- 9. Indian
- 10. Pakistani
- 11. Bangladeshi
- 12. Chinese
- 13. Any other Asian background,

Black / African / Caribbean / Black British

- 14. African
- 15. Caribbean
- 16. Any other Black / African / Caribbean background,

Other ethnic group

- 17. Arab
- 18. Any other ethnic group

Children's Safeguarding Data and Intelligence Collected

Intelligence and data gathered from a wide variety of sources including clinical practice, reviews of care, multiagency reviews, development of the policy and associated multiagency events.

Data

Number of children on CP plan, parents accessing SHSC services, as of December 2019:

- Five for Adult Mental Health excluding IAPT and STEP
- Six for IAPT and STEP
- 42 for Substance Misuse, Opiate, Alcohol and Non-opiate

SHSC regularly run reports looking at children associated with adults accessing treatment on a team by team basis, and as of the 13th January 2020 there were 599 adults recorded as been parents in IAPT, Recovery North and South, and the three adult acute wards. Working off the basis that there are circa 6000 adults open to these teams, that amounts to around 9% which is low. At the same point in time substance misuse had 862 which equates to circa 34% of their caseload. On a plus note IAPT North have seen a significant increase in the number of adults recorded as being a parent currently at 165 compared with an average of 37 in other IAPT teams, indicating that performance can increase given the right support.