

# **Corporate Safeguarding Team Annual Report**

**2022-2023**

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



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## **1.0 Introduction and Background**

The Trust holds a statutory responsibility to safeguard children and adults under the Care Act (2014) and accompanying guidance Care and Support Statutory Guidance (DoH 2016), Children Act 2004, Working Together to Safeguard Children 2018, Safeguarding Vulnerable People in the NHS, Accountability and Assurance Framework 2018 and the Children and Social care Act 2017. SHSC's Adult Mental Health Services had delegated duties for safeguarding adults aged 18-65 who were known to be receiving SHSC services up until 31<sup>st</sup> March 2023

We aim to achieve our statutory 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 comprises of a Named Nurse for Safeguarding Children, an Adult Safeguarding Advisor, two substantive Safeguarding Practitioners and one seconded practitioner, a Team Administrator and the Head of Safeguarding. The Mental Health and Safeguarding Practitioner joined the team as a joint role with SPA in May 2022 as a secondment to support the management of the delegated duties from the Local Authority which finishes in May 2023.. We would like to take this opportunity to formally thank Kathleen Myrie for her support and hard work over the last year.

Other changes in the team include the Adult Safeguarding Advisor going on maternity leave in July 2023. This post will be backfilled within the team.

The Adult Safeguarding Advisor is also our MARAC and Prevent Lead.

The Adult Safeguarding Advisor role title will be amended to reflect the Safeguarding, Accountability and Assurance Framework (SAF) and will be renamed Named Professional for Adult Safeguarding.

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.

### **1.2 Key Achievements for 2022-2023**

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

- 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.

We completed our 360 Assurance Audit and submitted actions and evidence. Safeguarding Children referral audit is part of our annual team audit plan. A new safeguarding children referral form has been prepared for embedding into our new Electronic Patient Record. Once this has been implemented, we will audit the new process.

- 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.

SHSC handed over the delegated duties to Sheffield City Council on the 31<sup>st</sup> March 2023. In preparation for this, the Safeguarding Team wrote new safeguarding processes and updated the Adult Safeguarding Policy. These new processes were agreed with colleagues in the Adult First Contact Team. Changes to practice were communicated to staff using our weekly Connect updates, Jarvis intranet pages and All Managers emails. The risk that we will not receive outcomes remains and this is on our risk register. See Section 12 for more detailed information.

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

Implementing Safeguarding supervision is an ongoing action and will remain a priority for the coming year. See Section 11 for more detailed update.

- 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.

Whilst SHSC is not currently a core member of the MASH, the SHSC safeguarding team supports the MASH through agreed information sharing processes and we will fulfil our responsibilities to the South Yorkshire Adult Safeguarding Procedures. Our colleagues in the ICB are currently considering how all health agencies in Sheffield can contribute effectively to the MASH. The Head of Safeguarding continues to attend the MASH operational group

## **Successes of the Safeguarding Practitioners**

### **Update**

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 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. We continue to encourage staff to record the actions they have taken on the safeguarding concern form. The post of Adult Safeguarding Advisor and the Mental Health and Safeguarding Practitioner positively impacted on the safeguarding practitioners and 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 two years and 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 a summary is reported into Trust Board.

Reports are written predominantly by the Head of Safeguarding and Named Nurse for Safeguarding Children with contributions from the whole team.

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 2022/23 Audit is agreed and approved at the beginning of each financial year. Safeguarding Assurance Committee (SAC) members are asked to review the team audit plan on alternate

quarters with the team work plan throughout the year. A final update was provided to SAC in May at our Quarter 4 committee.

All audits were completed except for our audit relating to the Making Safeguarding Personal Toolkit. The MSP Toolkit and training is now ready and will be piloted with the Community Enhancing Recovery Team (CERT). This has been a lengthy piece of work as the MSP Toolkit offers guidance on good practice and does not lend itself to auditing mental health services. Our Adult Safeguarding Advisor, along with our practitioners has led this piece of work to ensure staff can utilise the principles of MSP and tools for promoting best practice.

The Child Visiting Policy required review and a new risk assessment and flow chart have been incorporated. The policy was ratified at Policy Governance Group (PGG) in November 2022. Plan to allow practice to be embedded before completing audit. Audit will be moved to 2023/24 planner with a view to completion in Q2 when policy has been in place for 6 months

### **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 2022-23

#### **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 10 cases that were considered for SAR or Serious Incident Review (SIR). This is a 50% increase on the previous year. 2 of these are actively ongoing. progressed to SAR.

#### **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 10 requests for consideration for DHR. This is a 40% increase on the previous year. 3 cases are ongoing.

All Trust DHR/SAR/SIR reports are submitted to the Head of Nursing and the Executive Director of Nursing, Quality and Professions 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 have worked the RIO implementation team to embed the City Wide Adult Safeguarding referral form into the new EPR RIO. This ensure consistency with our voluntary and statutory partners across the city.

In our previous report we identified that we needed to improve our service user engagement. We had identified a service user who was interested in being part of the Safeguarding Assurance Committee and associated work plan. Unfortunately, the service user was unable to proceed in the role and we have not been able to identify anyone further. We have asked for support from our colleagues in Engagement and Experience Team to help identify an appropriate service user/volunteer.

## **4.2 Adult Concerns Data and Activity**

Concerns from external agencies, for adults between 18 -64 who are open to SHSC services, were received by the Safeguarding Team via a secure email address from the Local Authority (LA) up until 31<sup>st</sup> March 2023

SHSC staff submit all safeguarding concerns for children to the safeguarding children's hub in 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 were completed using the form on Insight, the pdf document was sent to the Local Authority (LA) and a copy was shared with the safeguarding team. We are aware through data from the LA, our internal audits and our 360 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 . This has remained a risk during 2022/23 and will be discussed further into this report.

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 support 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 previous 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 managing 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 are now involved in delivering Safeguarding Adults Level 3 training and have delivered Bitesize training.

### **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 risks and identify further actions that are required.

Any incident identified to have an element of Safeguarding is 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 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 previous process for S42 Enquiries would be implemented. 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.

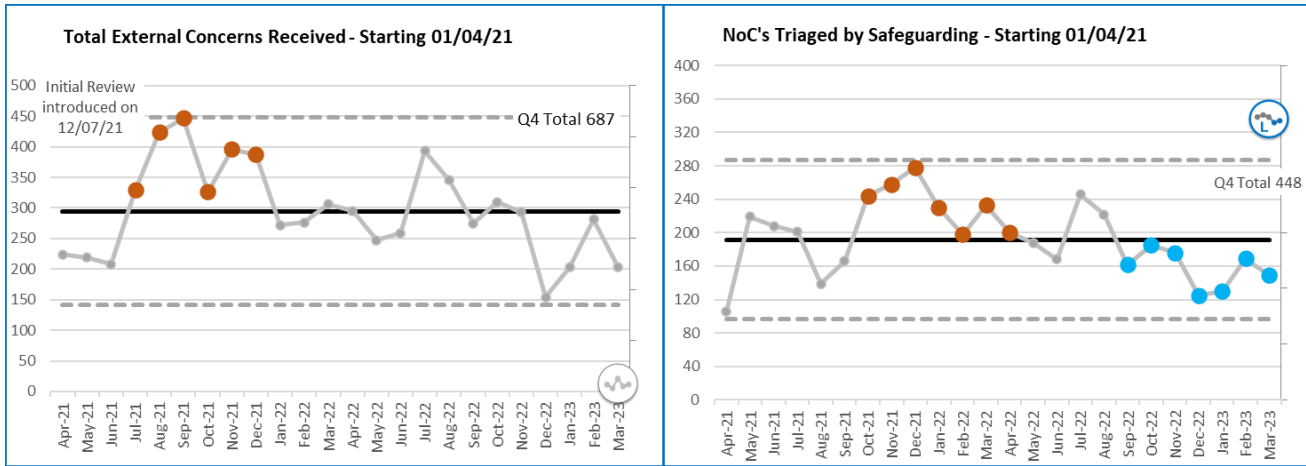
### **Number of External Notifications of Concern received from the Local Authority**

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. 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 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,

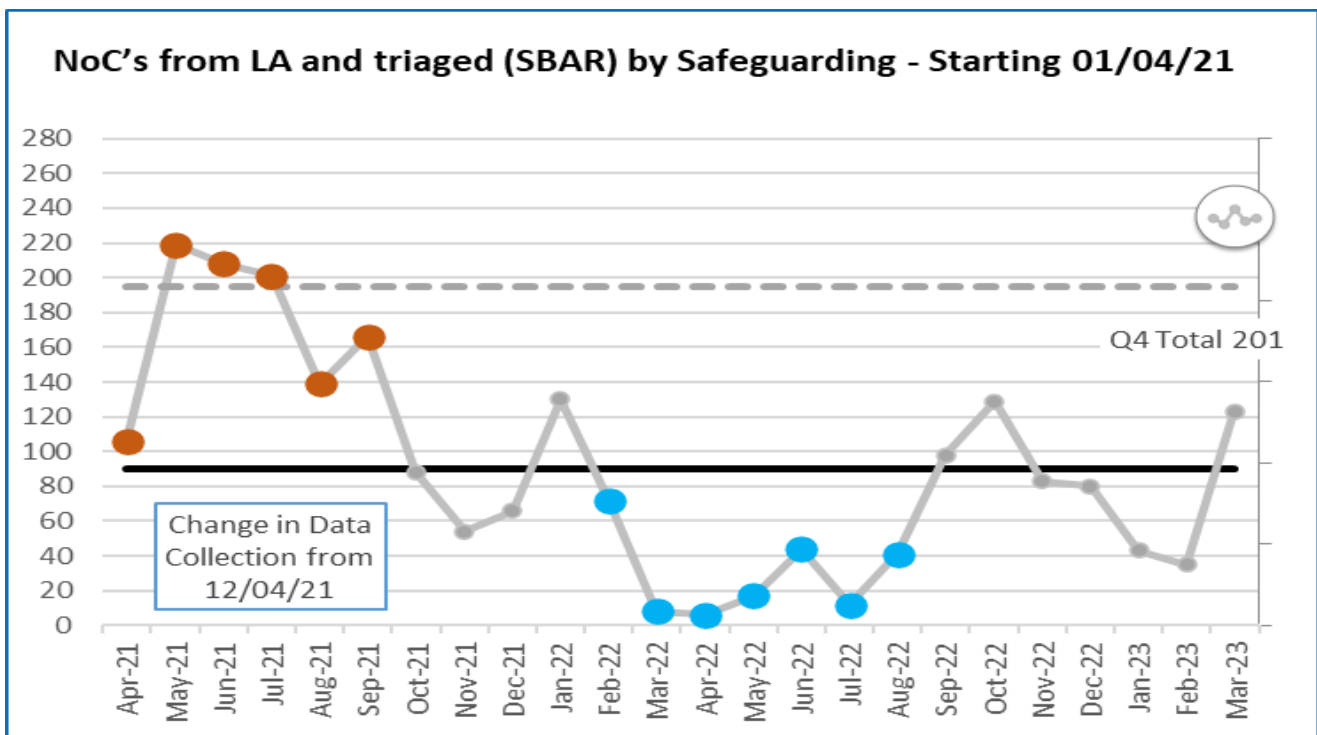


- sent to the service that the individual is currently open to for information and management.
- reviewed by the Safeguarding and Mental Health Practitioner to identify if a referral to our Single Point of Access (SPA) may be identified.



We received a total of 3259 referrals in the previous financial year. On average this is 272 referrals per month from the Local Authority.

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



During Q3 the team had additional support who attended the daily incident huddles and the MARAC to release resource in the team to focus on reducing the number of external referrals that require a full triage. This support ended at the beginning of December. There is downward trend of referrals being fully triaged in January and February which reflects absence over the winter period due to cold and flu season. There is then an upward trend of the number of referrals being triaged March which reflects a full staff team.

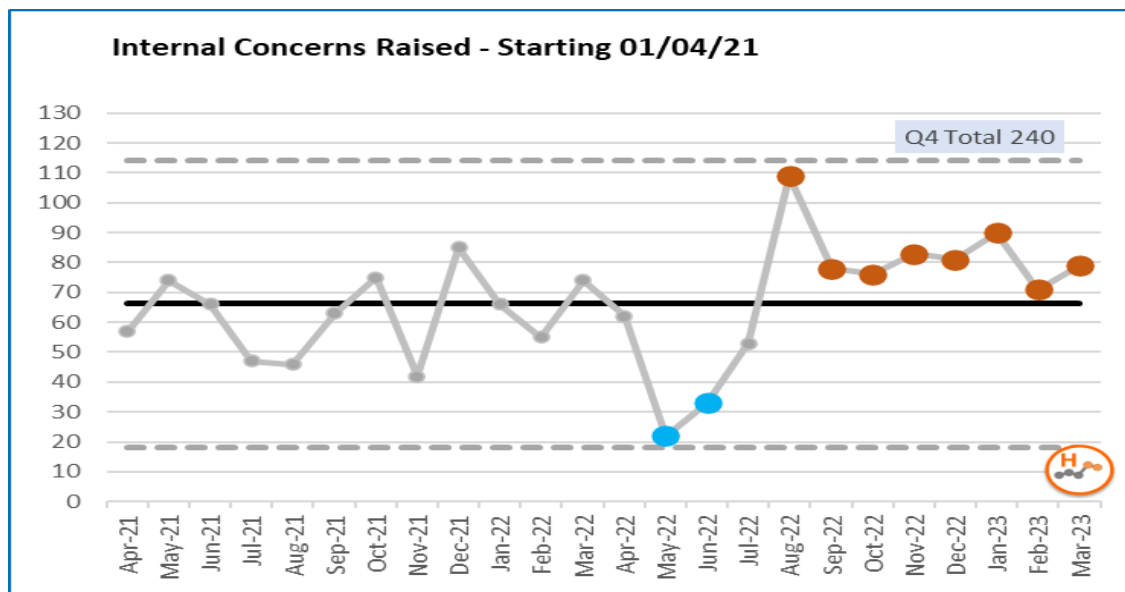
The safeguarding practitioners continue to ensure that when a referral is received, they perform a search by name of the referrals awaiting triage. If there are other safeguarding Concerns relating to the same person, these are reviewed at the same time. Referrals have been counted individually as this reflect the volume of referrals but also offers qualitative information on the role of the practitioners as reviewing one referral, in conjunction with other concerns raised, can be a lengthy process when reviewing a number of referrals at once.

All internal referrals received are reviewed by a safeguarding practitioner the same day (if received before 4.30pm) or the next working day. The number of referrals remains consistent over the previous quarter. 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 were 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.

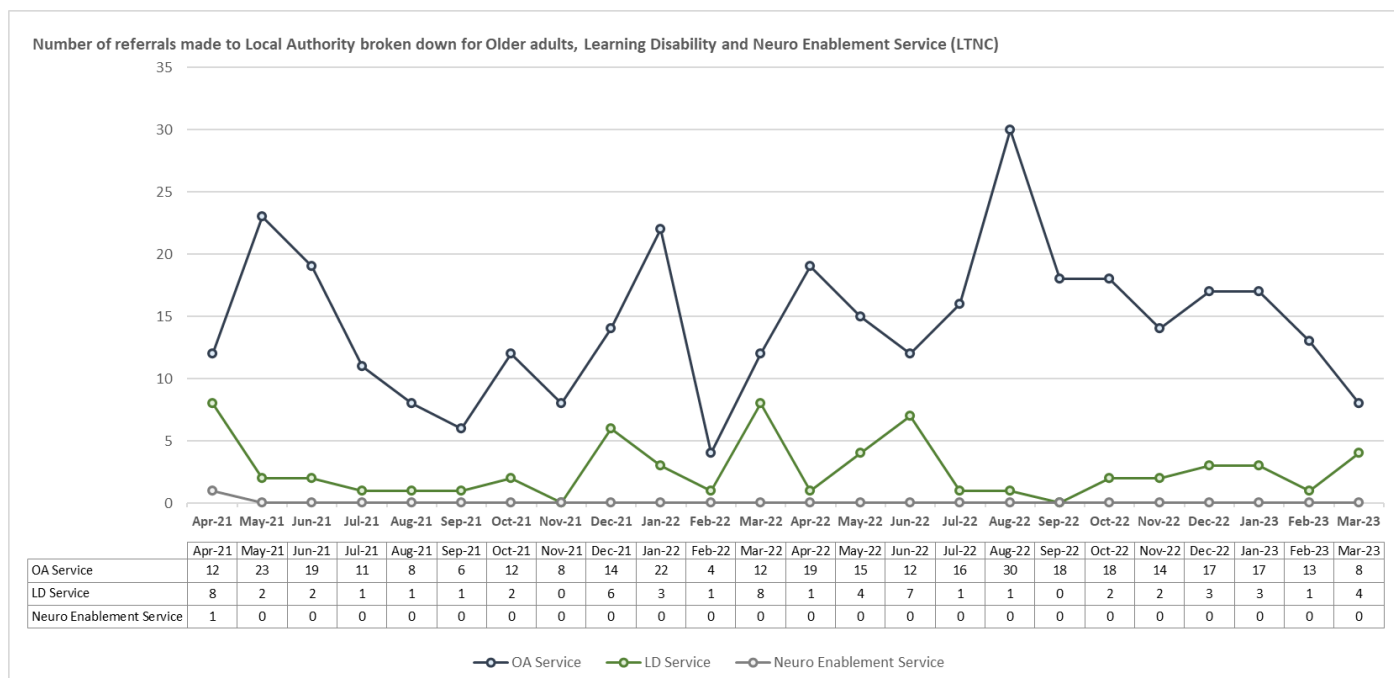
**Number of internal Notifications of Concern raised by SHSC staff.**



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)**

Since gathering data in this way, we are able to see that referral rates for Older Adults can fluctuate each month. This can be in relation to individual service users who have require multiple safeguarding concerns. For example, we saw a peak in August of last year in relation to a particular service user where multiple safeguarding concerns were being raised but a clear plan has been in place for her care and treatment and administration of medication, and this is likely to have had in impact on the number of safeguarding concerns being raised. The safeguarding practitioners also provide advice to the teams and encourage staff to record and refer safeguarding concerns to the local authority. We have requested information on the referral process from our Long-Term Neurological Conditions (LTNC) team. They have historically not had high referral numbers, but it is unusual for there to be no recorded referrals. We have discussed this with leaders in LTNC Team. The LTNC use SystemOne, not Insight and they have submitted referrals directly to the Adult Contact Team on the understanding that due to our delegated duty, this would be shared with the SHSC safeguarding team. Whilst it is reassuring that referrals have been made, it seems to have been a reporting error as in previous years, the safeguarding team had been copied into the referrals to log them as internal referrals, not from an external source. The LTNC have been sent the new SOP for Making Safeguarding Referrals and will follow this new process now that our delegated duties have ended.



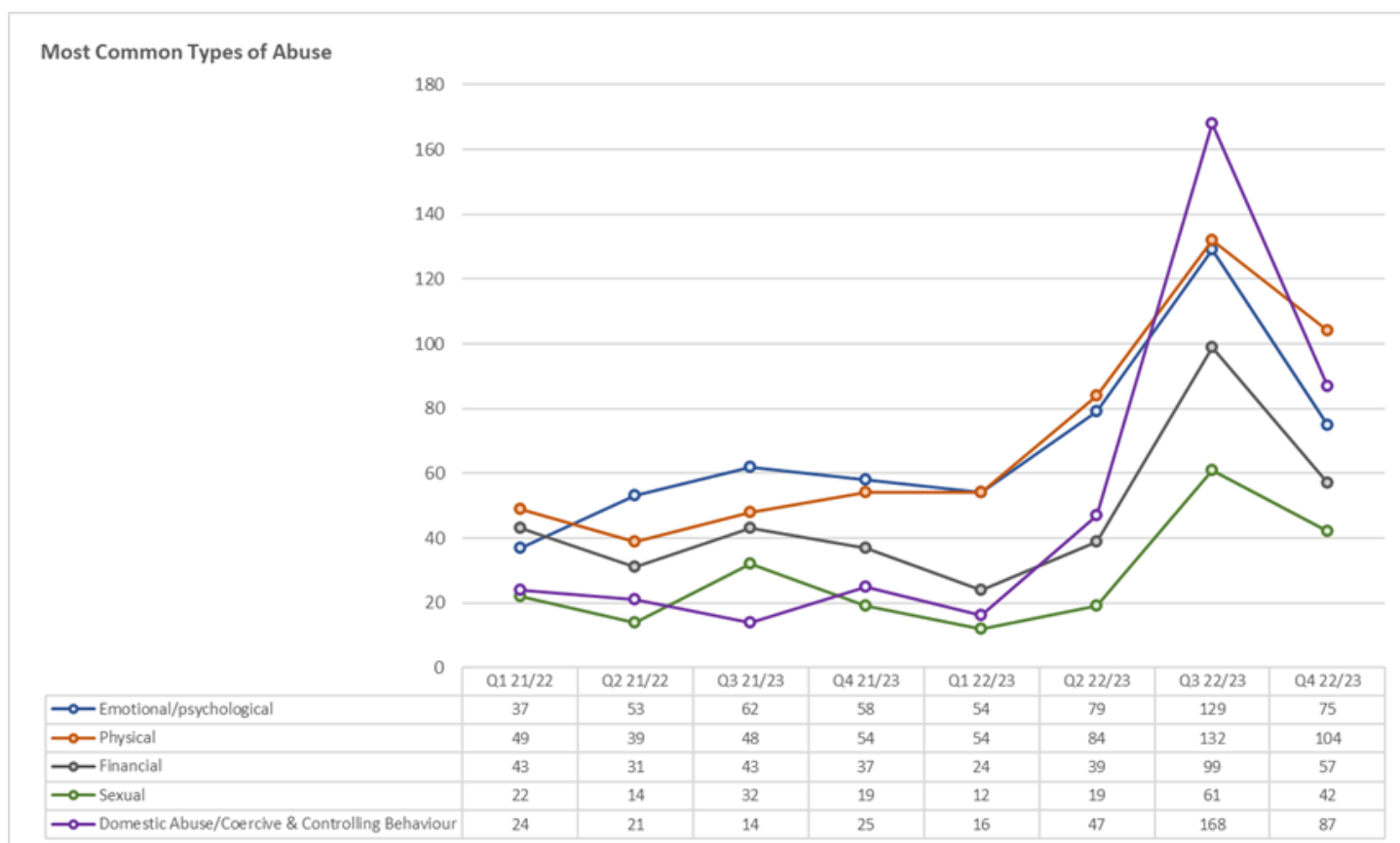
## Section 42 Enquiries

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 31 Section 42 Enquiries in 2022/23.

The majority of enquiries were from our acute and community directorate (23 acute and community, 4 Rehab and Specialist and 4 external providers). Common themes across these enquiries are in relation to restraint either by external providers or SHSC staff, sexual safety and neglect either self-neglect or in relation to care and treatment by SHSC or other providers.

We have improved our process of recording recommendations and action plans. Plans are shared at the weekly investigation panel and ownership of actions lies with the relevant service with oversight from the directorate.

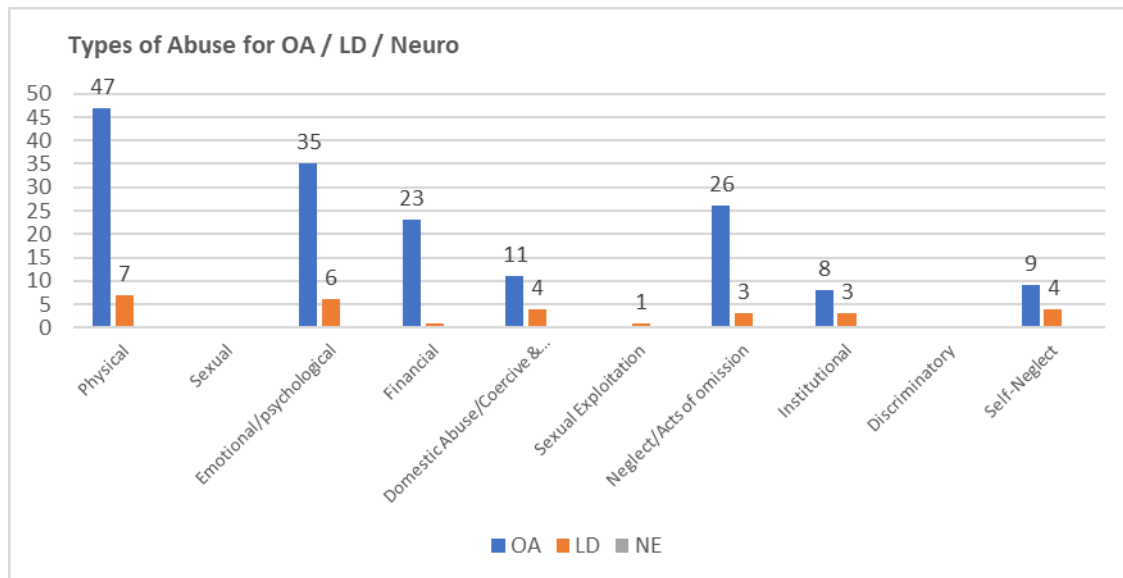
## Internal Notifications of Concern by Types of Abuse (Adult Mental Health)



Whilst physical abuse remains the most reported cause of harm overall across the year, we continue to see an increase in the reporting and recording of domestic abuse and coercive control. We see this as a positive improvement in the identification of domestic abuse. We have highlighted Coercive Control and familial violence in the review of our Domestic Abuse Policy, bitesize training and many staff attended the city-wide training in February. Links to learning briefs are shared on our Jarvis pages and we are reviewing how we can make these more accessible to

staff. We saw a spike in referrals in quarter 3 for all types of abuse, this may be due to increased awareness due to Safeguarding Awareness Week in November.

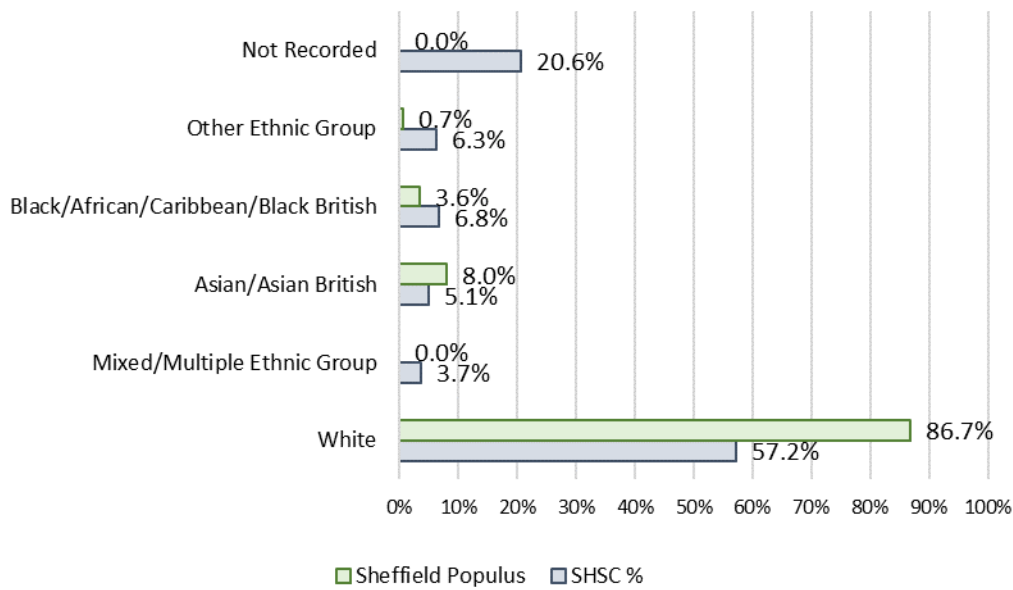
**Notifications of Concern by Types of Abuse (Older Adults, Learning Disabilities and Neuro-Enablement service)**



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 of 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



<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 in Sheffield is taken from the census. The census does not have data for Mixed/Multiple Ethnic Groups. In over 20% 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 analyse this with our Patient and Carer Race Equality Framework (PCREF) Lead.

### 4.3 PREVENT

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

Prevent is part of the Government's Counter Terrorism Strategy called "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 Panel 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 2022/23

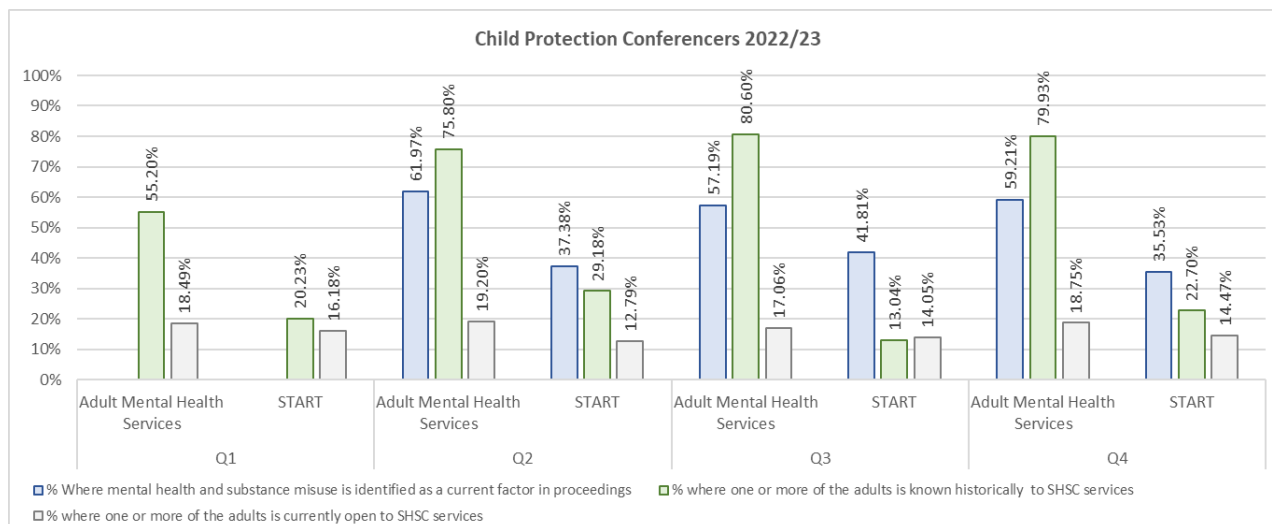
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
CRHTT	5	10	3	7	3	6	1	7	13	4	5	4
CMHT	9	3	3	2	3	1	1	5	3	1	2	4
Early Intervention Service	1	1	1	1	5	1	2	4	1	1	2	1
Perinatal Mental Health	3	3	6	4	7	4	1	7	2	2	3	2
Single Point of Access	7	9	7	6	11	6	3	10	6	4	5	7
IAPT	1	0	0	0	0	1	2	1	1	1	2	1
Forensic Services	1	0	0	0	1	1	26	0	2	0	2	4
Liaison	1	2	2	3	2	3	1	4	5	4	3	2
SAANS	0	1	0	1	2	0				0	0	1
STEP				0	0	1				0	1	0

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

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.



**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 and share information referred to as a ‘meaningful conversation’. 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. Audit has been undertaken to understand areas/services where recording of referrals is not being completed and work has been undertaken by the Named Nurse and Vulnerabilities Manager to raise staff awareness of the process and a Blue Light alert was completed. It is hoped that the advent of a new combined Every Child Matters referral form which is embedded within our new Electronic Patient Record (RIO) will improve reporting as this is easy to access and our children’s services colleagues have approved this as a referral form.



## **Children’s Safeguarding Referrals made to the Safeguarding Hub 2022/23**

*Information provided by SCSP.*

It became apparent in the previous year through audit, that there are some inaccuracies in the recording of referrers details at the point of referral. Further investigation has identified some referrals made by SHSC staff had been recorded as being received from other services and affected the accuracy of our data This indicates that the number of referrals by SHSC services is higher than reported and explains the lack of referrals from substance misuse services. The Named Nurse for Safeguarding Children has been working with colleagues in the partnership to improve the accuracy of recording.

<b>Source of Referral</b>	<b>Apr-22</b>	<b>May-22</b>	<b>Jun-22</b>	<b>Jul-22</b>	<b>Aug-22</b>	<b>Sep-22</b>	<b>Oct-22</b>	<b>Nov-22</b>	<b>Dec-22</b>	<b>Jan-23</b>	<b>Feb-23</b>	<b>Mar-23</b>	<b>TOTAL</b>
Crisis Resolution & Home Treatment Team	0	0	2	0	0	0	2	1	1	3	3	3	15
Liaison	6	4	0	3	1	3	0	1	2	3	1	0	24
IAPT	2	1	2	2	1	3	3	7	1	3	0	0	25
Assertive Outreach Team	0	0	0	0	0	0	0	0	0	0	0	3	3
Perinatal	0	1	0	2	1	1	2	0	0	2	0	0	9
CMHT’s	2	0	2	2	2	0	1	3	0	1	0	0	13
Specialist Psychotherapy Services	0	0	1	0	0	0	0	1	1	0	1	0	4
SPA/EWS	0	1	0	1	1	0	1	0	1	0	1	0	6
Central AMHP team	0	0	0	0	0	0	0	0	0	1	0	0	1
Early Intervention Service	1	0	1	1	0	2	1	2	2	0	0	0	10
Out of Hours	0	0	0	0	0	0	1	0	0	0	0	0	1
SCBIRT	0	0	0	0	0	0	0	0	1	0	0	0	1
HIT	0	0	0	0	0	0	0	1	0	0	0	0	1
Dovedale 2	0	0	0	0	1	1	0	0	0	0	0	0	2
Older Adult Services	0	1	1	0	0	1	0	0	0	0	0	0	3
Learning Disabilities	1	1	0	1	0	0	0	0	0	0	0	0	3
Maple	1	0	0	0	0	0	0	0	0	0	0	0	1
START	0	1	0	0	0	0	0	0	0	0	0	0	1
<b>Total</b>	<b>11</b>	<b>7</b>	<b>8</b>	<b>11</b>	<b>6</b>	<b>9</b>	<b>11</b>	<b>15</b>	<b>9</b>	<b>13</b>	<b>6</b>	<b>6</b>	<b>112</b>

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 and other learning events are delivered to both SHSC staff and Children’s Social Care staff by Named Nurse and Vulnerabilities Manager for Sheffield Children Safeguarding Partnership through supervision. These promote multiagency assessment and planning meetings and include the need to look at the wider family and community when assessing needs and risk.

**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

The Named Nurse alongside the Vulnerabilities Manager for SCSP have delivered safeguarding children case supervision within SHSC services in the coming year. This has been well received by staff and enables them to seek support in managing specific cases in a learning and reflective environment and facilitates learning around referral processes, child protection procedures and multiagency working. Sessions have been delivered to Early Intervention Services, Single Point of Access, Perinatal Services and Recovery Teams,

## **6.0 Domestic Abuse**

The Domestic Abuse Act (2021) provides 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 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 Multi Agency Risk Assessment Conference (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 have worked with our Electronic Patient Record team to ensure Rio will provide a confidential space for MARAC documentation and an alert to note victims and perpetrators known to MARAC.

We have noticed an increase in domestic abuse and coercive control being recorded as a type of abuse. Across the year there have been conferences on coercive control, bitesize training session on Domestic Abuse, review of the Domestic Abuse policy and we have shared learning briefings from the Domestic Abuse Co-ordination team (DACT) on our safeguarding pages. The Adult Safeguarding Advisor and practitioners encourage staff to consider domestic abuse during advice calls and this again raises staff awareness.

DASH- RIC (the documentation to refer for support and advice) 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 clear procedure 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. MARAC and completing a DASH-RIC form is included in our Level 3 Safeguarding Adult Training.

To increase our resilience and support for staff who attend MARAC we have procured MARAC representatives training from IDAS. We have 10 places and have 6 so far. The training is being delivered on 9<sup>th</sup> June 2023. Once staff are trained they will be added to the MARAC rota.

## **6.2 Multi Agency Tasking and Co-ordination (MATAC)**

The Sheffield MATAC 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.

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 2022. The team have maintained a 100% attendance at MATAC since this time.

## 7.0 Multi Agency Public Protection Arrangements (MAPPA)

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. The Service Manager for Specialist Community Forensic Team represents statutory mental health services at the local MAPPA Level 2 panel every 4 weeks. Our Heads of Service attend the Level 3 meetings.

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**

### SHSC MAPPA Community Clients as at 31 March 2023

	Level				
Category	Level 1	Level 2	Level 3	Level not set yet	Grand Total
1	9	12			21
2	3	43	3	1	50
3	2	13		1	16
Grand Total	14	68	3	2	87

## **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. SHSC staff use the Multi Agency Self-Neglect Policy and Practice Guidance (Including VARMM and CCM). All service users that are subject to VARMM will have had a safeguarding concern raised and VARMM will have been a suggested outcome of the concern.

## **9.0 Partnerships and External Meetings**

The Head of Safeguarding, Named Nurse for Safeguarding Children and Adult Safeguarding Advisor attend a variety of external meetings.

- Vulnerable Adults Panel (VAP)
- Multi-Agency Risk Assessment Conference (MARAC)
- 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)

- 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. We continue to attend and participate in partnership groups.

### **9.1 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 2021-2022 can be found here : [https://www.safeguardingsheffieldchildren.org/assets/1/sycdop\\_annual\\_report\\_2021-22.pdf](https://www.safeguardingsheffieldchildren.org/assets/1/sycdop_annual_report_2021-22.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 Multi Agency Pregnancy Liaison Assessment Group 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 Training

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

Subject	Level	Frequency	No Requiring	No Achieved	No NOT Achieved	Compliance	Current Compliance against Previous Quarter %
Safeguarding Children	1	3 Years	2712	2467	245	90.97%	3.36%
	2	3 Years	1077	993	84	92.20%	0.34%
	3	3 Years	1117	738	379	66.07%	9.5%
Safeguarding Adults	1	3 Years	2712	2523	189	93.03%	2.18%
	2	3 Years	1093	1015	78	92.86%	0.43%
	3	3 Years	1090	823	267	75.50%	3.15%
Domestic Abuse	2	3 Years	2208	2035	174	92.12%	0.34%
Basic Prevent Awareness (BPA)		3 Years	2197	1961	236	89.26%	1.32%
Preventing Radicalisation WRAP (specifically for Mental Health care staff) Level 3	3	3 Years	1075	803	272	74.70%	10.56%

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.

### Safeguarding Adult Level 3 Training

Introduced in April 2022, as of 5th May 2023, compliance for safeguarding Adults level 3 is 77.49%. The courses are all now full until end of June with 100 places booked and further courses for the rest of year have been shared with the training team. This would account for an increase of 9% against the current position and an approximate compliance of 86% by the end of June 2023.

<sup>1</sup> [Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/competencies/adult-safeguarding)

<sup>2</sup> [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/competencies/children-and-young-people-safeguarding)

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

We are working with business performance and training team to give clearer compliance trajectories. Once the Safeguarding Team have delivered upcoming training sessions this will build resilience in the Team's capacity to deliver sessions and reduce the risk of cancellations. A clear process has been agreed with the Training Team to ensure all bookings go via Training and invites are sent via Safeguarding.

Compliance is monitored via the Back to Good Board as this links to Action 2.0 from the CQC regulation. We will request this is closed and monitored via this committee as number of attendees is increasing. Training has been delivered by an external Training Consultancy during 2022 and has now been handed over to the SHSSC Safeguarding Team. The training has received very positive feedback. It 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, Coercive Control and Modern Slavery. Compliance for Safeguarding Adults Level 3 has increased month on month.

### Safeguarding Children Level 3 Training

Safeguarding Children Level 3 Training compliance has increased but remains non-compliant. SHSC is the highest attender of SCSP training and 907 staff have attended training in the preceding year. It would appear that staff that are not required to attend are booking on for professional interest and others are booking on numerous courses which will ensure their compliance for the next 2-3 years. However, we know there are a number of staff who remain non-compliant and are not booking on the increased available training. The Local Authority have confirmed that there are adequate number of spaces for staff to attend. Following discussion with the Mandatory Training lead it has been identified that staff on long term sickness still count towards overall compliance rates. In some cases, staff have been on Long Term Sick for around a year. This is not the case for staff on maternity leave whose training compliance is not counted toward the overall compliance rates.

Named Nurse for Safeguarding Children is receiving all attendance registers for Level 3 SG children training, this will allow for closer monitoring of compliance and confirmation that all Level 3 SG children training is being recorded appropriately.

The team has continued to deliver or procure 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 2023. Information has been put on our Jarvis pages and circulated to managers.

SHSC has also requested in the Section 11 audit to have specific training at Level 3 Children for services such as Older People where a focus on grandchildren and carer roles is required.

### Prevent

Level 3 E-Learning - Preventing Radicalisation (specifically for Mental Health care staff) is now on ESR for all registered professionals.

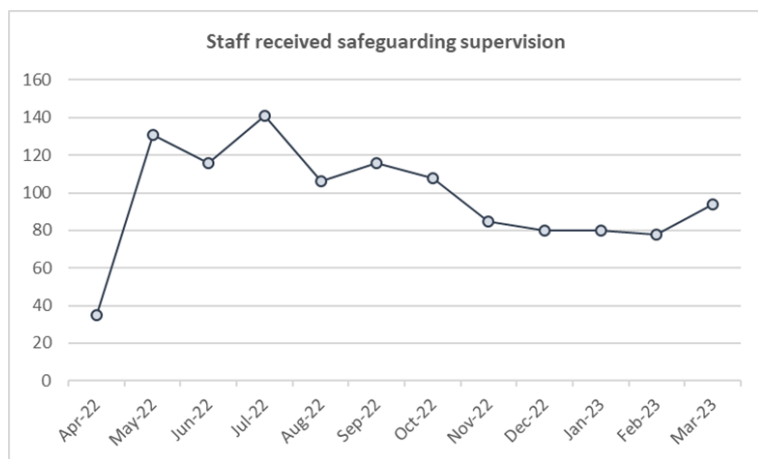
## **11 Safeguarding Supervision**



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, we currently 1090 staff who 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 a number of our services such as Perinatal Mental Health Team, Single Point of Access (SPA), Home Treatment Team, Liaison Psychiatry and Early Intervention Service (EIS). The sessions have given staff the 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.

Professional intelligence suggests that staff do receive safeguarding supervision during other forms of supervision, during MDT discussions and during huddles but this is not being recorded on our supervision dashboard. The Safeguarding Team are encouraging staff to record all forms of safeguarding supervision that they attend using the supervision dashboard.



	No of Registered Professionals receiving safeguarding supervision	% Compliance based on 1110 eligible staff
<b>Q4 (2022)</b>	342	30.7%
<b>Q1 (2022)</b>	292	26.3%
<b>Q2 (2022)</b>	291	26.2%
<b>Q3 (2022)</b>	165	14.9% (based on 1104 eligible staff)

## 12.0 Risk Register and Challenges

### Corporate Risk register.

**4727 There is a risk that staff will fail to identify, act upon, report and manage safeguarding risks in their line of duty.**

Information on training compliance and actions is noted above.

### Directorate Risk 4918

**There is a risk that SHSC will not be appraised of all safeguarding risks for children and adults reported by SHSC staff to the Local Authority which will result in poor governance, risk management and overall impact on `Well Led`.**

The delegated duties were handed back to Sheffield City Council on 31st March 2023. A Standard Operating Procedure (SOP) for all SHSC staff to refer safeguarding adult concerns into Sheffield City Council has been completed and was disseminated via multiple communications to staff across the organisation. All safeguarding adult referrals are now sent via the SHSC safeguarding team to ensure a secure email address is being used to share information. Staff are currently required to complete an incident form following referral to the Safeguarding Children Hub to ensure oversight of children's referrals. New forms for adult and children safeguarding referrals have been embedded into RiO to ensure more accurate data reporting and ensure SHSC referrals are consistent with partner organisations across the city.

In conjunction with the new referral process and current MASH process, we also want to ensure SHSC staff receive feedback/outcomes of our referrals. Timely feedback on referrals we make to the Local Authority is paramount to ensure we investigate concerns, safeguard the individual and maintain accurate record keeping. Our SOP has been reviewed by Team Managers in the Adult Contact Team/ MASH and process of feedback has been agreed via email or verbally if more detailed info or further enquiry is required.

### Team Risk Register (Escalated) 5115

#### **Delegated Duties and Processing Delay of External Referrals.**

At time of writing, we have 215 referrals that are awaiting full triage. The expected impact on reducing referrals that we had hoped has been affected in part by sickness and absence and administration difficulties. We have reviewed and revised the current process to ensure it safeguards the person and is enables practitioners to process the back log in a timely manner. We have requested support from Bank Staff and offered additional hours to existing staff to ensure all of our external referrals from our delegated duties are completed. 3 staff members have expressed an interest to support processing these referrals and have the required experience to review safeguarding concerns. All referrals made by SHSC staff are reviewed the same day, of following day if received after 4.30pm.

## **12. Policies and Standard Operating Procedures**

All SHSC 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.

## 13.0 Key Priorities for 2023/2024

- Relaunch Safeguarding Supervision across inpatient services with a target to achieve 50% in year one for all registered professionals.
- Launch Safeguarding Supervision across the rest of the Acute and Community directorate and Rehab and Specialist with a target of all teams to have delivered/facilitated at least 2 safeguarding supervisions by December 2023.
- Achieve compliance with Level 3 Safeguarding Training for Adults and Children. Target of 90% compliance across the Organisation by September 2023.
- Assurances that processes, systems and responsibilities following the removal of delegated duties are clear within the Safeguarding Team and for those Teams raising a Safeguarding concern.

Assurances through SAC that there are no delays in the LA receiving Safeguarding referrals from SHSC Trust (within 24 hours of a team raising them). This will be measured by capturing any referrals that have not been sent through to the LA within 24 hours.

- The closing down of all outstanding external referrals. This will be achieved by sourcing additional temporary capacity within the team and working to a trajectory of closing down 8 referrals per day. Weekly updates to be provided to the Director of Nursing, Head of Nursing and Head of Safeguarding to ensure compliance with performance.
- Closing down of all open safeguarding concerns on Insight in preparation for the new EPR system RIO. This requires action at Team level. Weekly updates to team are in place from June 2023.

## 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. 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.

