

BOARD OF DIRECTORS MEETING (Open)

Date: 11 October 2017

Item Ref: **12i**

TITLE OF PAPER	Safeguarding Adults, Quarter 1 Report, April – June 2017
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
ACTION REQUIRED	Members to be informed of the progress made during Q1 2017 – 2018 regarding the safeguarding adults agenda and associated work plans.
OUTCOME	Members to be assured on all aspects of safeguarding adults for the Trust and satisfied with the progress achieved during this reporting period
TIMETABLE FOR DECISION	October 2017 Meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	<ul style="list-style-type: none"> ▫ Safety & Risk Strategy ▫ Care Quality Commission Fundamentals Standards 2015
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES	<p>Strategic Objectives: A1 Quality & Safety and A3, 02 Future Services</p> <ul style="list-style-type: none"> ▫ Board Assurance Framework ▫ Care Quality Commission Fundamental Standards ▫ NHS Litigation Authority ▫ NHS Outcomes Framework Domain 5
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	If financial implications are identified during the delivery of this programme, individual business cases will be developed and put forward to the Board for consideration
CONSIDERATION OF LEGAL ISSUES	Legal Requirement to comply with The Care Act 2014 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13.

Author of Report	Giz Sangha
Designation	Deputy Chief Nurse / Interim Clinical Director Acute & Inpatient Care
Date of Report	13 th Sept 2017

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Date: 11 October 2017

Subject: Safeguarding Adults, Quarter 1 Report, April - June 2017

Presented by: Liz Lightbown, Executive Director of Nursing, Professions and Care Standards

Author: Giz Sangha, Deputy Chief Nurse / Interim Clinical Director Acute & In-Patient Care

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
✓		✓			

2. Summary

In this quarter, the safeguarding adults training compliance for level 2 improved from 78% (Q4) to 83% and Domestic Abuse Level 2 70% (Q4) to 76%.

Since March 2016, safeguarding adults training progress has been monitored robustly in each quarter.

Subject	2015/2016 end of March	2016/2017 end of March (Q4)	Q1 Apr – Jun 2017
Safeguarding Adults level 2	55.4%	78%	83%
Domestic Abuse level 2	30.1%	70%	76%

The safeguarding office has interim cover arrangements in place, overseen by the Deputy Chief Nurse. Substantial recruitment is taking place and a new safeguarding lead and advisor will be in place by the end of Quarter 3. The current performance reporting structure has been reviewed, in collaboration with colleagues in the Local Authority (LA) and NHS Sheffield Clinical Commissioning Group (CCG).

The safeguarding adults training programme is under review and a new programme, aligned with changes to reflect recent national guidance, will be implemented jointly with Local Authority (LA) and NHS Sheffield Clinical Commissioning Group (CCG) colleagues.

Members are assured that the Trust has taken appropriate actions in relation to safeguarding adults and is responding to issues identified through continued monitoring. Progress of action plans is monitored using the RAG rated system, as agreed with city-wide services. The completed actions (Dark Green) have been removed and outstanding actions attached as Appendix 1.

3. Next Steps

The Deputy Chief Nurse will facilitate and monitor implementation of this programme.

4. Required Actions

- Receive and approve this assurance report.
- Note the progress against the Safeguarding Adults Action Plan.
- Note that safeguarding training for the Trust's Board of Directors will take place on 8th November 2017.
- Note the extension of 2 actions relating to Public Health Guidance 50 (PH 50) to March 2018.
- Proactively promote ownership and responsibility of safeguarding Trust-wide.

5. Monitoring Arrangements

Quarterly verbal/written reports are provided to the:

- Safeguarding Adult Steering Group.
- Service User Safety Group (SUSG).
- NHS Sheffield Clinical Commissioning Group (CCG).
- Quality Assurance Committee (QAC).
- Board of Directors (BoD).

6. Contact Details:

For further information, please contact:

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Safeguarding Adults - Quarter 1 Report April – June 2017

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Abbreviations:

CCG- Sheffield Clinical Commissioning Group
 DCN- Deputy Chief Nurse
 DoLS – Deprivation of Liberty Safeguards
 DP- Designated Professional (Sheffield CCG)
 FGM – Female Genital Mutilation
 Health WRAP – Health Workshops to Raise Awareness of Prevent.
 IDVAS - Independent Domestic Violence Advocacy Service
 LNS - Lead Nurse Safeguarding
 MCA – Mental Capacity Act 2005
 Prevent – The National Counter Terrorism Strategy
 SASG - Safeguarding Adult Steering Group
 SASP - Sheffield Adult Safeguarding Partnership (the Safeguarding Adult board)
 SHSCFT -Sheffield Health and Social Care Foundation Trust
 SSCB -Sheffield Safeguarding Children Board
 ST - Safeguarding Team

1.0 Introduction

This quarterly report aims to provide members with a retrospective overview of the activities carried out, to progress the delivery of safeguarding adults within Sheffield Health and Social Care NHS Foundation Trust (SHSCFT), during the reporting period April to June 2017.

2.0 Progress Summary of the Annual Work Plan

The Safeguarding Team have supported the annual work plan in collaboration with Local Authority (LA) and NHS Sheffield Clinical Commissioning Colleagues (CCG). There are two actions points outstanding from Q4:

1. Domestic Abuse Benchmarking against Public Health Guidance 50 (PH 50) (September 2016). Of the 39 standards 37 are now complete and the remaining 2 have been reviewed in Q1. A plan is in place to address the standards during 2017/18, relating to a targeted review and analysis of the training and development requirements of all staff. Briefings by the Independent Domestic Violence Advocacy Service (IDVAS) for all Community Mental Health Teams have been completed and there are further planned briefings on the Multi-Agency Risk Assessment Conference (MARAC) process for staff across community and in-patient services. Mandatory training has been reviewed and the Domestic Abuse component has been up-dated as a priority, in line with national guidance.
2. 'Section 11 Audit' Sheffield Adult Safeguarding Partnership (SASP) Board Assurance. The remaining action continues as an amber rating and is due for completion by December 2017.

The RAG rating system used reflects the system used by key partners in the Sheffield Adult Safeguarding Partnership (SASP) and the Domestic Abuse Co-ordination Team (DACT), attached as Appendix 1.

The Table Below Shows the Progress Made in Q1

Objective Area	No of Actions	Red Not commenced	Amber In progress	Light Green Nearing Completion	Dark Green Completed and evidence in place
Domestic Abuse Benchmarking	39	0	0	2	37
Safeguarding Adults Assurance (Completed Q4)	53	0	0	0	53
Section 11 SASP Assurance (assessed in Q3)	40	0	1	0	39
Totals	132	0	1	2	129

3.0 Performance

Education & Training

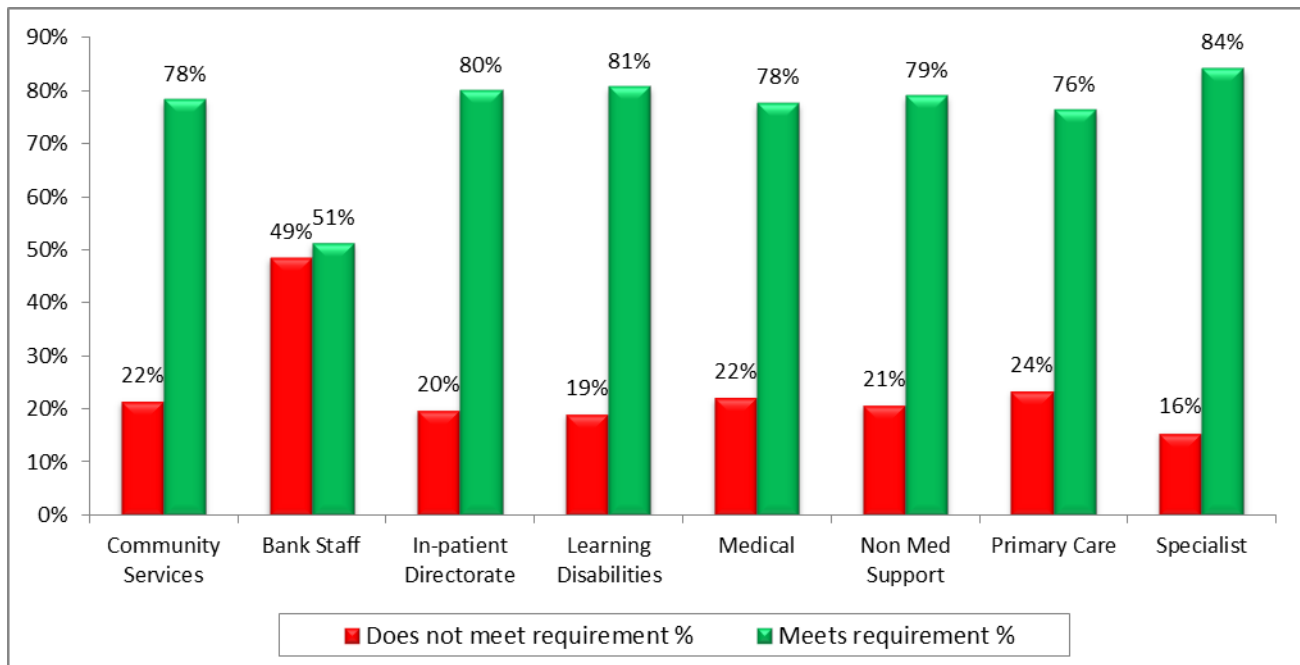
The Interim Safeguarding Leads (Nurse / Social worker) continue to provide and deliver mandatory Safeguarding Training which comprises safeguarding adults, domestic abuse, safeguarding children, child sexual exploitation and Prevent, to all practitioners who have face-to-face contact with service users.

The Table below provides information on Core Mandatory (Trust Induction for new starters) and Mandatory Up-date Training. There has been a positive improvement in safeguarding adults training compliance since end March 2016.

	Q1 Compliance as at 30 June 2017				
	No: Requiring	No: Achieved	No: NOT Achieved	Compliance	Compliance (+Expired in Previous 3 Months)
Safeguarding Adults	2182	1768	414	81%	83%
Domestic Abuse	2184	1657	527	76%	76%

The training compliance data has been shared with Service / Clinical Directors and an action plan to address the deficits is being actively managed by the Trust's Safeguarding Lead.

The following Bar Chart shows the Training Compliance Data by Individual Directorate.



Key Performance Indicators (KPI)

Insight Safeguarding Tab

The development of the Safeguarding Tab on the Patient Insight Record System has enabled timely recording of Notifications of Concern (NoC).

Further meetings are planned between the Local Authority (LA), the Trust's Development Officer in Planning & Performance, the Safeguarding Interim Lead Nurse / Social Worker and the Interim Head of Design and Delivery, to discuss data capture required nationally, to ensure it is integrated into the programming of the broader insight recording system which should be ready for testing in Q3.

The Section 75 performance data relating to adult mental health (safeguarding) has been provided to the Local Authority (LA) and Sheffield Adult Safeguarding Partnership (SASP). This incorporates basic demographic information, the number of safeguarding concerns raised and processed by the Trust, the source of the concern and whether the service users had the opportunity to discuss the safeguarding concerns and identify their desired outcomes for the safeguarding process.

The following Table provides details of the Safeguarding Adults Cases managed by the Adult Community Mental Health Teams (CMHT) under an agreement pursuant to Section 75 (NHS Act, 2006).

The interim safeguarding team have undertaken and completed a quality review of all outstanding 'Notifications of Concern' (NoC) across the Trust and ensured screening referrals; planned face-to-face meetings have been completed within the agreed timescales. Each team has been individually contacted and supported to ensure the team has access to a safeguarding manager on a daily basis, including weekends. The interim safeguarding nurse has commenced a pilot with governance officers in the West Community Mental Health Team (Argyll House) to ensure that safeguarding Notifications of Concern (NoCs) are addressed / discussed in a timely manner in line with mental health referral daily reviews.

Section 75 Performance Monitoring

Section 75 Performance Monitoring	Number of safeguarding concerns raised/received	Number screened within 24 Hours	Number progressing to planning	Number within the required timescale
Quarter 1 (April – June 2017)	194	164	43	26
2016/2017				
Quarter 1	67	33 (49%)	15	5 (33%)
Quarter 2	94	29 (31%)	31	14 (45%)
Quarter 3	57	45 (78%)	25	16 (64%)
Quarter 4	112	85 (76%)	16	15 (94%)

Female Genital Mutilation (FGM)

In line with national reporting requirements the Trust's care records have been reviewed, to identify if any service users have disclosed or been identified as having had FGM. An up-date to the Health and Social Care Information Centre data base was not required in Q1 as no new cases were reported and the two historical cases were already noted on the national database.

Prevent

Q1 Prevent Data will be uploaded retrospectively to Unify 2 in August 2017 in line with National Guidance and included in the Q2 report.

The Trust Lead will be attending the Regional Prevent Forum in September 2017, which is chaired by NHS England. The Yorkshire & Humber Prevent work plan will be available for discussion. There are on-going conversations nationally about Key Lines of Enquiry as part of the CQC inspections. There are documents still awaiting final release that relate to Prevent Information Governance (IG), Information Sharing Guidance and the Prevent Training Framework. The Adult Safeguarding Training Framework is also awaiting final sign off by NHS England and these documents will be shared with providers in due course.

Prevent training and competencies framework, E learning and Unify 2 are priority areas of work for 2017-18. These priority areas of work have been agreed at both Regional and National level and are in line with Department of Health and Home Office priorities, which are Mental Health, Primary Care, Prevent Referrals and Channel, Communications, Assurance and Learning & Development. The full Prevent Regional Work Plan will be shared in the Q2 report.

The current mandatory Workshop to Raise Awareness of Prevent (WRAP) training is only required once.

The Trust lead will be finalising the Prevent Leaflet to be disseminated to all staff in Q2

In relation to Primary Care Services (GP's) and Prevent, NHS England have met with Local Medical Committees (LMC) and agreed the use of Safeguarding tags for adults at risk under safeguarding. There are also 'covert' tags for Multi-Agency Public Protection Arrangements (MAPPA), radicalisation and safeguarding that can be used.

4.0 National Counter Terrorism Police Training Headquarters Up-date

There is on-going monitoring of hate types of crimes and resources are hosted on-line by the police for members of the public / staff to be directed to. In the Trust these crimes will be recorded through the Safeguard Incident Reporting System, and linked to safeguarding leads and police as required, by Service Directors.

5.0 Safeguarding Adult Queries and Case Advice

The interim safeguarding team are up-dating the safeguarding manager list to ensure all directorates have a lead professional to action Notifications of Concern (NoC). Any gaps will be addressed with Clinical Directors.

Safeguarding Adults Action Plan

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

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
Domestic Violence and Abuse: Multi-Agency Working (PH50) Benchmarking Audit. Sheffield Health and Social Care NHS Foundation Trust Please note: only the recommendations within PH 50 that relate directly to provider organisations have been included in this benchmarking exercise.					
Tailor support to meet people's needs	If there are indications that someone has alcohol or drug misuse or mental health problems, also refer them to the relevant alcohol or drug misuse or mental health services (see recommendation13).	March 2018	Chris Wood (assistant clinical director) Paul Nicholson (deputy service director)	There is limited evidence that this takes place on a consistent basis. This requirement has been communicated to the Directors in Inpatient, Community and Learning Disability Services. Action required: Deputy Chief Nurse pursue update from Leads in Q2	Light Green
GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse	NHS England, commissioners and GPs should commission integrated training and referral pathways for domestic violence and abuse. This should include education for clinicians and administrative staff in GP practices on how to make it easier for people to disclose domestic violence and abuse. It should also include education for clinicians on how to provide immediate support after a disclosure and how to make referrals to specialist agencies. Managers of specialist domestic violence and abuse services, clinical commissioning groups and public health departments should work in partnership with voluntary and community agencies to develop training and referral pathways for domestic violence and abuse.	March 2018	Guy Hollingsworth	The Lead nurse for safeguarding has gained the agreement of the directorates via their quarterly governance/senior management meetings and via the mandatory training steering group (April 2017) to plan the delivery of a one day training course for Domestic Abuse Directorate leads in collaboration with the DACT (Domestic Abuse Coordination Team) to enable these individuals to assess in detail the training and development needs of their staff and plan the delivery of targeted training in late 2017/18. Action required: Deputy Chief Nurse pursue update from Leads in Q2	Light Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
Section 11 Audit (SASP) December 2016					
Service users are given the opportunity to feedback on interventions provided by workers, and this feedback is used to enhance service provision.	Review the information that is currently collected via the collaborative care planning process and other mechanisms to ascertain whether it can be used to enhance service provision	Dec 2017	Deputy Chief Nurse	<p>Feedback is sought as part of the collaborative care planning process. There is no data available on its use in service provision.</p> <p>Action required: 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>	Amber