

BOARD OF DIRECTORS MEETING (Open)

Date: 14 February 2018

Item Ref:

16ii

TITLE OF PAPER	Safeguarding Adults Q2 Report, July – Sept 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 Q2 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	February 2018 Meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	Safety and Risk Strategy
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Strategic Aim: Quality & Safety Strategic Objectives: A1 02: Deliver safe care at all times BAF Risk Number: N/A BAF Risk Description: N/A
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	<ul style="list-style-type: none"> ▫ Care Quality Commission Fundamentals Standards 2015 ▫ NHS Litigation Authority ▫ NHS Outcomes Framework Domain 5
IMPLICATIONS FOR SERVICE DELIVERY AND 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); Health & Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 13

Author of Report	Giz Sangha
Designation	Deputy Chief Nurse
Date of Report	12 January 2018

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Date: 14th February 2018

Subject: Safeguarding Adults Q2 Report, July - Sept 2017

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

Author: Giz Sangha, Deputy Chief Nurse

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 83% (Q1) to 84% and Domestic Abuse Level 2 from 76% (Q1) to 79%.

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	Q1 Apr – Jun 2017	Q2 July – Sept 2017
Safeguarding Adults level 2	55.4%	78%	83%	84%
Domestic Abuse level 2	30.1%	70%	76%	79%

There are interim cover arrangements in place in the Safeguarding Office, overseen by the Deputy Chief Nurse. Substantial recruitment is taking place and a new Safeguarding Lead will be recruited in 2018/19. The Safeguarding Advisor, Registered Nurse, Band 5 is now in place, following a redeployment application. The current performance reporting structure has been reviewed, in collaboration with colleagues in the Local Authority (LA) and NHS Sheffield Clinical Commissioning Group (CCG). Some IMST developments are required to ensure performance data is collated automatically, as opposed to staff having to manually extract data. Development of these functions has been delayed due to prioritising Trust reconfigurations development. The Head of Design and Delivery in IMST will take this work forward between Jan – March 2018.

Members are assured that the Trust has taken appropriate actions in relation to Safeguarding Adults and is responding to issues identified through continued monitoring and review of notifications of concerns (NOC) received and oversight of relevant meeting attendances.

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 continues to chair the Safeguarding Adult Steering Group to monitor implementation of this programme.

4. Required Actions

- Receive and approve this assurance report.
- 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:

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Safeguarding Adults - Quarter 2 Report July – Sept 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 July to Sept 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:

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& Q2. 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. There are further planned briefings on the Multi-Agency Risk Assessment Conference (MARAC) & Vulnerable Adults Risk Management Model (VARMM) 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 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 Q2

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

The past action plan / good practice recommendations from the Domestic Homicide Reviews (DHR) are now in place. These ensure the Safeguarding link with Probation and ensure Early Intervention Services only discharge service users, after face-to-face interventions.

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 tables below provide information on Core Mandatory (Trust Induction for new starters) and Mandatory Up-date Training for Q1 & Q2. There has been a positive improvement in Safeguarding Adults training compliance since the end of March 2016. The number of staff requiring Safeguarding Training takes account of staffing attrition rates of starters and leavers.

	Q2 Compliance as at 30 Sept 2017				
	No: Requiring	No: Achieved	No: NOT Achieved	Compliance	Compliance (+Expired in Previous 3 Months)
Safeguarding Adults	2058	1700	358	83%	84%
Domestic Abuse	2058	1631	427	79%	79%

	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 jointly by the Trust's Safeguarding & Mandatory Training Leads.

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).

Work is progressing between Sheffield Health & Social Care Trust and Sheffield City Council to better align reporting frameworks, in order to systematically generate performance data to comply with the Department of Health Safeguarding Adults Collection, and enhanced performance data required by Sheffield Adult Safeguarding Partnership (SASP) Board. Until we are able to provide a joint report, which we anticipate will be in 18/19 we will continue to present data for SHSCT and SCC separately where available.

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 Nurse has been working 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. An update of this work will be provided in Q3 reporting and a plan developed to roll out to all Community Teams during January – March 2018, to ensure daily reviews and improved actioning of NOC's.

Section 75 Performance Monitoring

Section 75 Performance Monitoring	Number of safeguarding concerns raised/received	Number screened within 24 Hours	Number entered into safeguarding process	Number progressing to planning	Number within the required timescale for planning	Number reaching investigation stage
2017/2018						
Quarter 2	389	330	171	24	21	3
Quarter 1	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%)	

The interim Safeguarding Team have identified some issues that require further interrogation and quality checking as to why:

- NOC's are not screened within time (59) in Q2.
- NOC's are entered and immediately exited (specific to one community team).
- Service users were not seen face-to-face.
- NOC's are opened by inpatients and closed by community team on discharge.
- Some cases are progressed to strategy / others are not.
- Planning meeting outcomes were not recorded.
- Service user experience of safeguarding processes is not recorded.

Individual Community Team Managers have been contacted as part of the data clean-up process to address the above issues. The new Triage Form being developed for the launch of the "New Single Point and Crisis Hub" will assist in addressing some of the issues above as this new form will be able to pull essential data into the safeguarding form in one place. Currently the safeguarding form sits under a different Insight (patient recording system) tab. Once the Hub becomes live, the Safeguarding Team will be based there for the first week, to embed practice and train all staff to use safeguarding processes.

Other Notifications of Concern (NOC)

37 NOC's in Learning Disability Service have been raised by Trust staff in Insight Records; these have been diverted to Adult Access Social Care to follow through as per city-wide agreements.

25 NOC's in Older Adults have been raised by Trust staff in Insight Records; these have been diverted to Adult Access Social Care to follow through as per city-wide agreements.

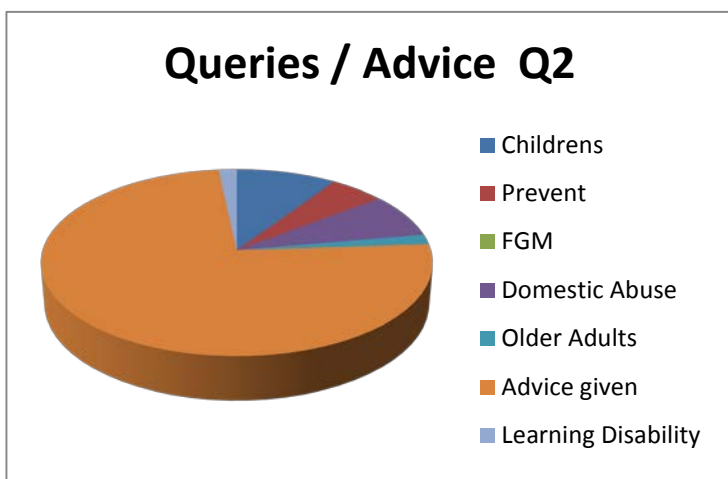
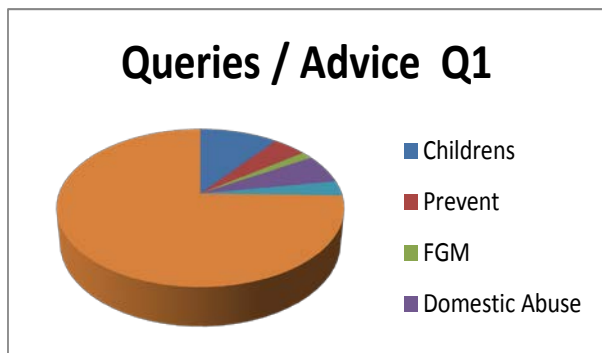
The Pie Chart below shows the Queries and Advice given to Staff in Q1 & Q2

In Q2 the Safeguarding office was contacted 87 times (50 in Q1) for advice / support. Of these cases, 6 progressed to a Safeguarding Strategy Meeting.

There were 6 Prevent queries; 3 cases were progressed to the police; 3 domestic abuse queries were progressed for further investigation.

There were 11 children's queries, all of which were linked to the Children's Safeguarding Hub.

The other cases were managed through risk assessments, the care Programme Approach, MAPPA, MARAC and VARMM processes.



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 database was not required in Q1 or Q2 as no new cases were reported and the two historical cases identified previous years were already noted on the national database.

Prevent

National Data submissions

Q1 Prevent Data was uploaded retrospectively to Unify 2 in August 2017 in line with National Guidance and is included in this Q2 report for reference purposes as Appendix 2.

Channel Panel

The Community social worker working into the Safeguarding Office is already a member of the Channel Panel Meetings and continues to attend monthly meetings with the Prevent Lead. 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.

Regional Prevent Forum

The Trust Lead attended the Regional Prevent Forum in September 2017, which is chaired by NHS England. The Yorkshire & Humber Prevent work plan is still under discussion, therefore not available for Q2 inclusion.

Staff Training

The numbers of staff that require Safeguarding Comprehensive training including WRAP level 3 in the Trust is 2,214. To reach the 85% Prevent compliance target, 1882 staff requires training on WRAP. The recommendation is that Prevent training is undertaken every 3 years which fits in with the comprehensive safeguarding schedule.

Therefore, it has been identified that 48 people had comprehensive Safeguarding training before Prevent became mandatory. They will be targeted for Prevent specific training as their Mandatory Safeguarding training renewal is not due for some time after the March 2018 deadline. The current compliance level for prevent at Q2 is 73%.

Prevent Competency Framework

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 Prevent Lead is undertaking a Training Needs Analysis (TNA) to establish accurate staff competency setting.

Prevent Leaflet

The Trust Lead is finalising the Prevent Leaflet to be disseminated to all staff in Q4, this is revised from Q2 reporting due to incorporating National Guidance.

Safeguarding City-wide Links

The Safeguarding Team attend external meetings as and when required relating to the following panels:

- Vulnerable Adults Panel (VAP)
- Multi-Agency Risk Assessment Conference (MARAC)
- Multi-Agency Public Protection Arrangements (MAPPA)
- Vulnerable Adults Risk Management Model (VARMM)
- City centre Anti-Social Information Sharing Meetings
- Rough Sleeper Meetings
- Domestic Homicide Review Sub Group
- Domestic Homicide Provider Consultation Group
- Housing First Strategy Group
- Complex Case Housing Panel

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
<p>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.</p>					
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

NATIONAL PREVENT DUTY DATA SET

Period: Jul-Sept (Q2) 2017-18

Organisational Information

	Input data:	Validation checks and notes:
1 Organisation	Sheffield Health & Social Care NHS Foundation Trust	TAH
2 Organisational Lead	Liz Lightbown	
3 Prevent Lead	Rhodri Hannan	
4 Total number of current employees and volunteers	2,959	

Workshop to Raise Awareness of Prevent (WRAP)

5 Total number of staff and volunteers that your organisation has assessed as requiring to be in date with WRAP training (to comply with the Prevent Duty).	2,214	
6 Total number of staff and volunteers in the organisation who have attended WRAP this quarter	131	
7 Total number of staff and volunteers in your organisation that are currently in date with WRAP training (of those who require WRAP to comply with the Prevent Duty).	1,460	
7b Percentage of staff and volunteers currently in your organisation that are currently in date with WRAP (of those who require WRAP)	65.9%	Derived from Questions 5 and 7
8 Number of WRAP sessions provided this quarter	3	
9 How does your organisation deliver WRAP refresher inputs for all relevant staff and volunteers?	WRAP	

Basic Prevent Awareness Training (BPAT)

10 Total number of staff and volunteers that your organisation has assessed as requiring to be in date with BPAT (to comply with the Prevent Duty).	745	
11 Total number of staff and volunteers in your organisation that have received BPAT this quarter	0	
12 Total number of staff and volunteers in your organisation that are currently in date with BPAT (of those who require BPAT to comply with the Prevent Duty).	745	
12b Percentage of staff and volunteers currently in your organisation that are currently in date with BPAT (of those who require BPAT)	100.0%	Derived from Questions 10 and 12
13 How does your organisation deliver BPAT to staff and volunteers who require it?	Other	
14 How is refresher training delivered for BPAT	Other	

Prevent Policy and Referrals Information

15 Do your organisational systems allow staff to record data relating to referrals appropriately and in line with organisational policy?	Yes	
16 Total number of Prevent related general enquiries received by your Prevent Lead this quarter	5	
17 Number of referrals made to your Prevent Lead for assessment and consideration this quarter	3	
18 Number of referrals made from your Prevent Lead to the Channel Coordinator this quarter	3	
19 Number of individual referral cases for which your organisation has been requested to provide information either during their assessment for Channel during their management by the Channel Panel during this quarter.	0	
20 Please indicate the number of information sharing requests that have not been fulfilled this quarter (by the reason the information was withheld) (Fill in zeros for each reason if no cases):	Number of information sharing requests not fulfilled:	
	a. The request was made too close to the required deadline date for us to reasonably	0
	b. Did not have the capacity to support the request in the time period	0
	c. Not sent due to information sharing concerns.	0
	d. Other	0
21 Does your organisation have links to the Channel panel	Yes	
22 Does your organisation send a representative to the Channel Panel?	Always	
23 Do representatives from your organisation attend any of the following Prevent Related meetings?	Select Yes or No for each meeting:	
	a. Channel Panel	Yes
	b. Regional Prevent Forum	Yes
	c. Local Prevent meetings	Yes
	d. Community safety partnerships	Yes
	e. Contest Board	No
	f. EPRR	No
	g. Other	No
24 Is your Prevent policy a stand-alone or is it integrated into your Safeguarding policies	Stand-alone policy	
25 When was the Prevent Policy last reviewed?	Between 12-24 months	
26 Does your organisation have a Prevent Delivery Plan?	No	
27 Is your Prevent Plan compliant with the Self-Assessment Tool provided by the Building Partnership Staying Safe Guidance?	N/A	
28 Does your organisation consent to data/information submitted as part of this collection being shared in order to assist in the delivery of Prevent?	Yes	