

BOARD OF DIRECTORS MEETING (Open)

Date: 11th April 2018

Item Ref: 14 ii

TITLE OF PAPER	Safeguarding Adults Q3 Report, October – December 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 Q3 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	April 2018 Meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	Risk Management Strategy
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Strategic Aim: Quality & Safety Strategic Objectives: A102: 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's Fundamental Standards • Care Quality Commission's Enforcement Policy
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	16 February 2018

SUMMARY REPORT

Report to: BOARD OF DIRECTORS MEETING

Date: 11th April 2018

Subject: Safeguarding Adults Q3 Report, October - December 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 84% (Q2) to 86% and Domestic Abuse Level 2 from 79% (Q2) to 83%.

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.

Subject	2015/16 end of March	2016/17 end of March	2017/18 Q1 Apr – Jun	2017/18 Q2 July – Sept	2017/18 Q3 Oct - Dec
Safeguarding Adults Level 2	55.4%	78%	83%	84%	86%
Domestic Abuse Level 2	30.1%	70%	76%	79%	83%

There are interim cover arrangements in place in the Safeguarding Office, overseen by the Deputy Chief Nurse. Substantial recruitment has commenced and interviews for a new Safeguarding Lead will be held on 19th March 2018.

Following receipt of the Q2 report, an update was requested by the Quality Assurance Committee (QAC) members regarding why Notifications of Concern (NoC) had not been screened by a safeguarding manager in a timely manner in Community services. This issue has been investigated and an explanation/action plan provided as Appendix 1.

The Chief Nurse and Deputy Chief were invited to attend the Sheffield Adult Strategic Partnership Board Development Event on the 19th January 2018.

The main issues which required further development across Sheffield were related to: "People in Positions of Trust"; Child Sexual Exploitation; further understanding of the types of Financial Abuse; Transition Pathways between Children & Adult Services; and Keeping Individuals Safe.

A work plan of the priorities for 2018/19 is being agreed between the Local Authority (LA), Clinical Commissioning Group (CCG), Police and the Trust, and an update will be provided in Q4.

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 by 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 2.

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 for information and approval this assurance report.
- Note the extension of 1 action relating to Section 11 Audit' Sheffield Adult Safeguarding Partnership (SASP) Board Assurance
- 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 3 Report Oct – Dec 2017

Contents:

No	Item	Page
1	Introduction	5
2	Progress Summary of the Annual Work Plan	5
3	Domestic Homicide Review (DHR)	6
4	Performance	6
	• Education & Training	6
	Key Performance Indicators	6
	• Notifications of Concern (NoC)	6
	• NoC Specific - Learning Disability / Older Peoples	7
	• NoC Overall Trust Breakdown	7
	Section 75 Performance Monitoring	7
	• Safeguarding Timescales	8
	• Safeguarding Process	8
	• Numbers Entering Safeguarding Process	8
	• Planning Meetings	8
	• Investigation Stage	9
	• Enquiries Received	9
	• Female Genital Mutilation (FGM)	9
	• Prevent	9
	• Safeguarding City Wide Links	10
	Appendix 1 – NoC issues Action Plan	11
	Appendix 2 - Outstanding Actions -Safeguarding Adults Action Plan	12

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 October to December 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 Sheffield Clinical Commissioning Group (CCG) Colleagues. There was one action outstanding from previous reporting:

- i. SSCB 'Section 11 Audit': Service users are given the opportunity to feedback on interventions provided by workers, and this feedback is used to enhance service provision. Completion date was December 2017.

It is recognised that all partner agencies need to improve and devise systems to capture service user feedback.

The Safeguarding Team has enlisted the help and support of the Safeguarding Partnership Board Manager (Children and Adults) who is taking forward a project to look at issues related to "Parental Mental ill Health". The Terms of Reference (ToR) for this external group are being developed and will be attached to Q4 reporting. The new task & finish group looking at Parents with Mental ill Health will have service user / lived experience representatives to give advice and support taking forward this work looking at improving feedback methods.

The Local Authority (LA) Children's & Adults Board Members are aware that there are a significant number of parents with mental ill health and would like to know what systems, support and partnership working practices are in place to ensure that both children and parents are protected and supported. This will enable development of a joined up approach and further strengthen safeguarding practices across the city.

The Substance Misuse Services have in place a Safeguarding Children Development Worker who specifically oversees safeguarding supervision for staff, advises on case work, monitors conference attendance, attends multi-disciplinary complex case reviews, offers advice to all clinicians, monitors service user feedback and undertakes independent audits for assurance. The Development Worker is well integrated into these services and is integral to taking forward the adults work plans and has joined the new task & finish group.

There were 2 cases out of 477 that actually progressed to investigation and the safeguarding office was unable to pursue this further to gain feedback on interventions provided by workers.

The Domestic Abuse Benchmarking against Public Health Guidance 50 (PH 50) (September 2016) has been completed. Of the 39 standards 37 are now complete and the remaining 2 were reviewed in Q1, Q2 & Q3. A targeted review and analysis of the training and development requirements of all staff has taken place. 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.

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 2.

3.0 Domestic Homicide Reviews (DHR)

The Trust is involved in reviewing 3 cases:

- i. Adult K - incident occurred 15 August 2017- Perpetrator alleged to have pushed his wife down stairs. A DHR panel meeting has convened and an update will be provided in Q4 reporting.
- ii. Adult (name letter to be confirmed) - incident occurred 20 December 2017- Perpetrator alleged to have strangled his wife. DHR Panel yet to be convened
- iii. Adult (name letter to be confirmed) - incident occurred 25 December 2017- Perpetrator alleged to have killed his wife with a knife. This may be an out of city case (Barnsley), DHR Panel / City location to be confirmed.

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

4.0 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 number of comprehensive training sessions being delivered has been increased to ensure compliance is retained. The safeguarding team will extend their roles to assist with investigators training to increase the number of investigators for safeguarding in the Trust. An exact number of trainers are to be agreed to ensure Emergency & Crisis Care / Scheduled & Planned Care Networks are fully covered.

The training compliance data continues to be shared at each quarter with Senior Operational Managers (SOM's) and an action plan to address the deficits is being actively managed jointly by the Trust's Safeguarding and Mandatory Training Leads.

Key Performance Indicators (KPI)

Notifications of Concern (NoC)

Due to the recent Community Reconfiguration, additional safeguarding training has been provided to the Single Point of Access (SPA) multi-disciplinary team and the screening of referrals within 24 hours will be robustly monitored in Q4 to ensure improvement is made. This process will be overseen by the new Senior Operational Managers (SOM's).

The safeguarding training in SPA also reinforced the issue of good practice, which recommended that face-to-face discussion takes place wherever possible to assess risk issues with service users, to ensure they are safe. If this is not possible, alternative methods can be used i.e. telephone conversation and a clear record of the conversation must be documented.

There have been challenges from some staff as to why they have to undertake reviews of NoC's. The safeguarding team have reinforced that safeguarding is part of everyday core business in the Trust and NoC's should be treated with the same importance as any other referrals received in the Trust.

The development of the Safeguarding Tab on the Patient Insight Record System has enabled timely recording of Notifications of Concern (NoC). An action plan has been implemented to ensure NoC are screened by a safeguarding manager in a timely manner, this process is being overseen by the corporate safeguarding office, until assurance is received from SOM's that the system is properly embedded in SPA. The SOM's are being alerted to NoC's that are not being screened within timescales.

Learning Disability and Older Adults Notifications of Concern (NOC)

These are screened directly by the Adult Access Social Care Team as per city-wide agreements. The Trust safeguarding team have a system in place to monitor cases raised / referred to the local authority by Trust staff.

	Learning Disabilities			TOTAL	Older Adults			TOTAL
	Oct	Nov	Dec		Oct	Nov	Dec	
MALE	15	10	6	31	4	2	2	8
FEMALE	4	4	6	14	5	4	7	16
TOTAL	19	14	12	45	9	6	9	24

A total of 45 notifications of concern were raised within the Trust for Learning Disability and 24 for Older Adult's services. This will be monitored quarterly as safeguarding team can now extrapolate this data and is now working closely with both directorates.

Table 1 Shows the Overall Breakdown of Notifications of Concern for Q3 In the Trust

	Received from External Source			Raised within SHSC			TOTAL
	October	November	December	October	November	December	
MALE	74	55	63	10	5	8	215
FEMALE	92	77	62	17	8	6	262
TOTAL	166	132	125	27	13	14	477

Of the 477 NOC that were received 54 were raised within the Trust and the remainder were received from other sources (Police, SCC, Ambulance, Relatives and other Care Agencies). This represents a co-ordinated strong partnership relationship with other providers.

Section 75 Performance Monitoring

The following Tables provide 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).

Table 2 Shows the Safeguarding Timescales

	No of Safeguarding concerns received	Screened within 24hours	No progressing to planning	Within planning timescale	No reaching investigation	Not screened within time
October	193	170	15	5	1	23
November	145	116	1	1	0	29
December	139	94	4	4	1	45
TOTAL	477	380	20	10	2	97

The reason for the increase in a delay of initial screening in Q2 & Q3, was due to high levels of sickness in those roles responsible as safeguarding managers and administrators in community services, due to stress experienced regarding reconfiguration. The recent changes in senior operational managers (SOM's) and handover issues have delayed timely screening of NoC as they required safeguarding training. This issue was addressed previously when identified in Q2 and staff assured that the outstanding concerns were now being screened. However the safeguarding office has identified that in Q3 the number has risen to 97 (59 in Q2). This is again due to sickness, staff handovers and embedding training. Safeguarding staff are checking daily to ensure managers are taking daily action on NoC, to bring the numbers within compliance timescales. Improvement then needs to be retained by oversight of Senior Operational Managers (SOM's)

Safeguarding Process

Table 3 Shows the Number Entering Safeguarding Process

	Number Entering Safeguarding Process			TOTAL
	October	November	December	
MALE	27	11	12	50
FEMALE	46	18	11	75
TOTAL	73	29	23	125

Of the 125 cases entering the safeguarding process only 20 continued to a planning meeting. Inconsistency in entering safeguarding process was addressed with individual safeguarding managers in community services, evidenced by the reduction in the numbers above (total of 73 in Oct) reduced to fewer than 30 in Nov and Dec.

Planning Meeting Stage

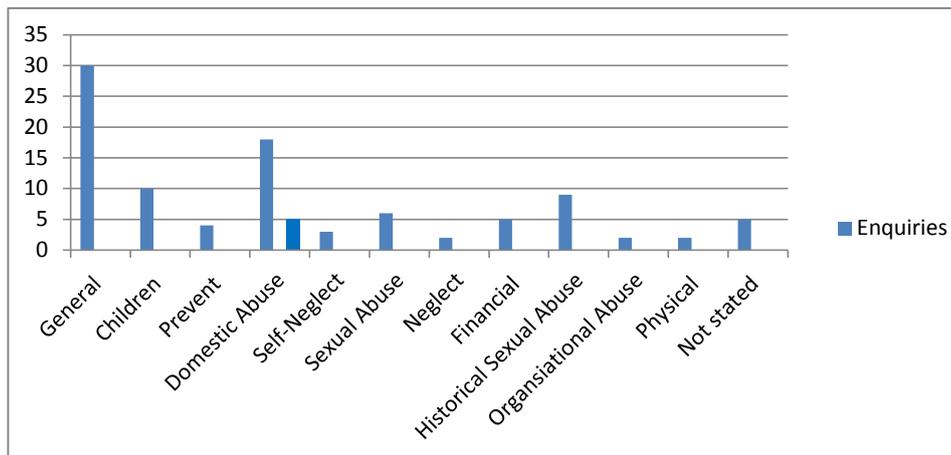
	Progress to planning	Within 25 days	Out of time
October	15	5	10
November	1	1	0
December	4	4	0
Total	20	10	10

Half of the cases progressing to planning meeting were out of time. This was established by manual data checking by safeguarding advisor. Email communication with a telephone call has been taken to remind safeguarding managers of timescales and requesting confirmed outcomes of their open cases.

Investigation Stage

Of the 20 cases, two progressed to investigation stage.

Table 4 Shows the Number of Enquiries Received in Q3



Of the 96 safeguarding enquiries received, 19 resulted in a safeguarding episode being opened. There were 10 enquiries regarding children & advice was given and referral initiated to the Children’s Safeguarding Hub.

Cases that were not managed under safeguarding processes were managed through the Trust’s risk assessments, the Care Programme Approach (CPA), Multi-Agency Public Protection Arrangements (MAPPA), Multi-Agency Risk Assessment Conference (MARAC) and Vulnerable Adults Risk Management Model (VARMM) processes.

Female Genital Mutilation (FGM)

In line with national reporting requirements, the Trust’s Insight Service User 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, Q2 or Q3 as no new cases were reported in the Trust and the three historical cases identified in previous years have already been noted on the national database.

Prevent

Channel Panel

The Community social worker working into the Safeguarding Office remains a member of the Channel Panel Meetings and continues to attend monthly meetings with the Trust 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 has not been shared, an update will be provided when issued.

Staff Training for Prevent

The numbers of staff that require Safeguarding Comprehensive training including WRAP level 3 in the Trust is 2,214. Prevent compliance target in Q3 is 80%, this has increased from Q2 reporting. There are 67 staff non-compliant booked on the full day safeguarding course in Feb / Mar 2018. If all of those attend then the prevent target will reach 83% (overall target is 85%).

To safely reach the 85% target by 31st March 2018 an additional 70 staff will need to be trained to allow for reduced attendees i.e. DNA's

A full list of staff who are non-complaint & not booked onto the comprehensive safeguarding training, filtered by teams has been shared with the new Senior Operational Managers (SOM's), low compliance areas have also been identified and being proactively targeted.

A rollout plan to deliver PREVENT training to community services at their bases has been initiated to ensure all staff are up to date with their responsibilities in the new reconfiguration.

Going forward Prevent training will be undertaken every 3 years and is aligned with the comprehensive safeguarding schedule.

Prevent Leaflet

The Prevent leaflet has been completed and is on the Trust Intranet. This will be distributed by email to all staff and a copy can be printed and handed out at Trust induction.

Safeguarding City-wide Links

The Safeguarding Team continue to develop strong links with partnership agencies; this has raised the Trusts profile in taking safeguarding issues seriously and assured our colleagues that this is definitely a priority area of work and high on our operational & governance agendas. Safeguarding staff / Senior Operational Managers (SOM's) 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
- Anti- Social behaviour (ASB)
- Self -Neglect Task and Finish Group
- New Referrals Meeting (Carbrook)
- Human Trafficking and Modern Slavery
- Channel Panel
- Domestic and Sexual Abuse Provider Consultation Group
- Safeguarding Adults Health Reference Group
- Female Genital Mutilation (FGM) Meeting
- Sheffield Adult Strategic Partnership Board (SASP)
- Sheffield Adult Operational Board

Action to address Notifications of Concern Issues from Q2 Reporting

Issue	Action	Lead	Completion Date
NoC are not screened within time. Staff have reported that during Q2 & Q3, there were high levels of sickness in those roles responsible as safeguarding managers and administrators in community services due to stress of reconfiguration. The recent changes in senior operational managers (SOM's) and handover issues have delayed timely screening of NoC as they required safeguarding training.	Safeguarding training to be delivered to Single Point Access (SPA) Staff Increase the number of safeguarding managers in SPA	Safeguarding Social Worker Lead & Safeguarding Nurse Advisor overseen by Deputy Chief Nurse	January 2018 Training completed
NOC's were entered and immediately exited (specific issue relating to one community team).	Individual safeguarding manager in community services required training	Safeguarding Social Worker Lead & Safeguarding Nurse Advisor overseen by Deputy Chief Nurse	January 2018 Training completed
NOC's are opened by inpatients and closed by community team on discharge	Issue was specific to Individual safeguarding manager in community services that required training	Safeguarding Social Worker Lead & Safeguarding Nurse Advisor overseen by Deputy Chief Nurse	Jan 2018 – Issue addressed as part of their clinical and management responsibilities

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 recommendation 13).	March 2018	Associate Clinical Directors & Senior Operational Managers	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 Q3 update: This action is being progressed by the Associate Clinical / Senior Operational Managers (SOM's).	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	March 2018	Associate Clinical Directors & Senior Operational Managers	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.	Light Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	<p>clinicians on how to provide immediate support after a disclosure and how to make referrals to specialist agencies.</p> <p>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.</p>			<p>Action required: Deputy Chief Nurse pursue update from Leads in Q2</p> <p>Q3 update: This action has been progressed and incorporated into all Staff Safeguarding Comprehensive Training.</p>	

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 are 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> <p>Q3 update: This action is being progressed in partnership with the Sheffield Safeguarding Partnership Board Manager (Children and Adults) & SHSC Senior Operational Managers (SOM's) and will be carried over into the 2018/19 work plan.</p>	Amber
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