

# Safeguarding & Vulnerabilities Team Annual Report 2018 / 2019



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## Introduction and Overview

This Annual Report seeks to inform the Quality Assurance Committee of the responsibilities and value delivered by the Trust Safeguarding Team and will update on progress on work streams agreed within the work plan for 2018/2019. The work plan enables the Rotherham NHS Foundation Trust (TRFT) Strategy for Safeguarding Vulnerable Services Users (Appendix 1) to be fully realised and embedded within the organisation, thus providing a high level of assurance that the Trust's statutory requirements and responsibilities are being met.

The Report incorporates Adult and Children Safeguarding. The Named Professional from each specialist area has inputted to the content. The Integrated Safeguarding Team is managed by the Assistant Chief Nurse (Vulnerabilities) with executive leadership of the Chief Nurse (Refer to Appendix 2 - Management and Professional Organisational Chart).

The governance and assurance arrangements within Safeguarding remain robust and are outlined within Appendix 3.

The year has seen a continued increase in activity across all work streams with continued challenges posed by the Care Act 2014, the Mental Capacity Act (2005) [MCA], the Cheshire West Ruling [Deprivation of Liberty Safeguards, (DoLS)], both Children and Adults Intercollegiate Documents and the introduction of the

Learning Disabilities Mortality Review (LeDeR) arrangements in 2017.

'Working Together 2018' reaffirms the role of Health in safeguarding children and young people and will be key in developing and reviewing our priorities for the coming year.

This Annual Report sets out to identify and describe the key risks that were managed during the year and provides a summary of some of the key activities undertaken each quarter. In addition, as part of the summary and conclusion, it describes the key priorities and areas identified for improvement in relation to safeguarding activity for implementation during 2018-2019.

The Report provides an overview of activities over the last 12 months in relation to:

- Adult Safeguarding Activity
- Children Safeguarding Activity
- Governance
- Risks and Mitigations
- Training compliance
- Partnership Working

## Adult Safeguarding Activity

A blended training approach has been used, with the offering of internal face-to-face training, e-learning and external taught sessions with Rotherham Metropolitan Borough Council (RMBC).

Bespoke sessions have been delivered throughout the Trust to medical, nursing and allied health colleagues, in both adult and children’s specialities, acute and community services.

Mental Health training is provided in partnership with RDaSH.

A robust training programme is in place for Prevent; This is included in the Trust Induction programme. Training arrangements for this are regularly updated, in line with Government guidance.

Training requirements have been reviewed following the publication of the Safeguarding Adults Intercollegiate document.

Information regarding those staff who are non-compliant with their MaST requirements is sent by the Adult Safeguarding team to the heads of each service on a quarterly basis.

Training compliance is monitored via Safeguarding Key Performance Indicators and the Safeguarding Standards set by the Clinical Commissioning Group (CCG). These are reviewed at the Safeguarding Operational Group which reports to the Strategic Safeguarding Group, held quarterly.

**Figures at 31/03/2019**

Adult Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Amber	76.18%
Level 3	Green	100%
Level 4	Green	100%
Prevent Level 1 & 2	Amber	87.22%
Prevent Level 3	Amber	84.5%
Dementia Tier One	Green	94.09%
New staff trained within 3 months of commencement as part of induction.	Green	100%

## Key Performance Indicators (KPI) & Standards

Adult Safeguarding are required to satisfy the requirements of KPIs and Safeguarding Standards, as set by the Clinical Commissioning Group (CCG). These include offering assurance on a diverse range of safeguarding activity throughout the Trust.

Both the Safeguarding Standards and the Key Performance Indicators are reported quarterly to the Trust Safeguarding Strategic Group and Partners, including representation from the Clinical Commissioning Group, Local Authority, Local Children Safeguarding Board and Local Safeguarding Adult Board are members.

An exception report is included at Appendix 4.

## Safeguarding Adults Reviews (SAR)

The two SARs commenced in 17/18 are nearing completion. The action plans from these have not yet been signed off by the Safeguarding Adult Board Chair, however, no significant actions are expected for TRFT.

One SAR and one Lessons Learnt review are awaiting commissioning of an author. Initial review of both of these cases do not highlight any significant actions for TRFT.

## Domestic Homicide Reviews

The statutory requirement related to domestic homicide reviews came into force in April 2011. The focus is a multiagency approach with the purpose of identifying learning.

There have been no cases recommended for a Domestic Homicide Review (DHR) in the 2018/2019 period.

## Partnership Working

The Trust is represented at the Rotherham Adult Safeguarding Board by the Assistant Chief Nurse and Head of Nursing, Midwifery and Professions.

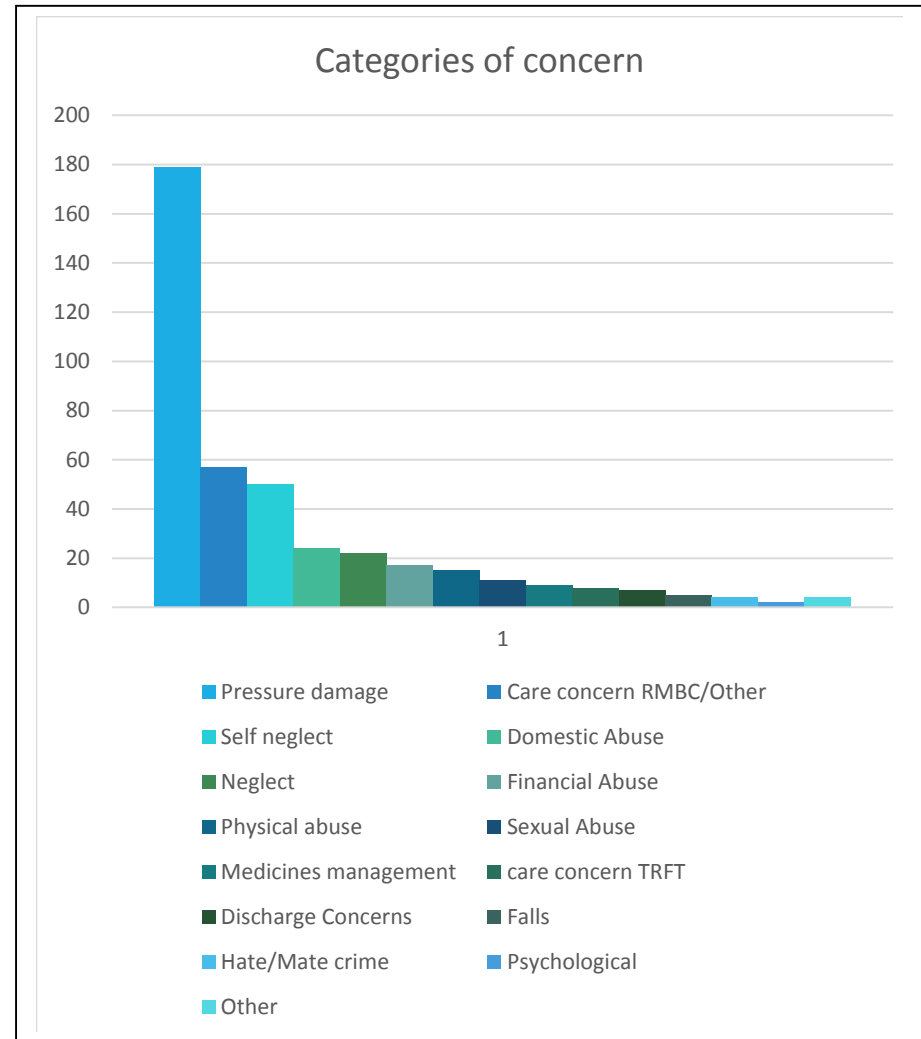
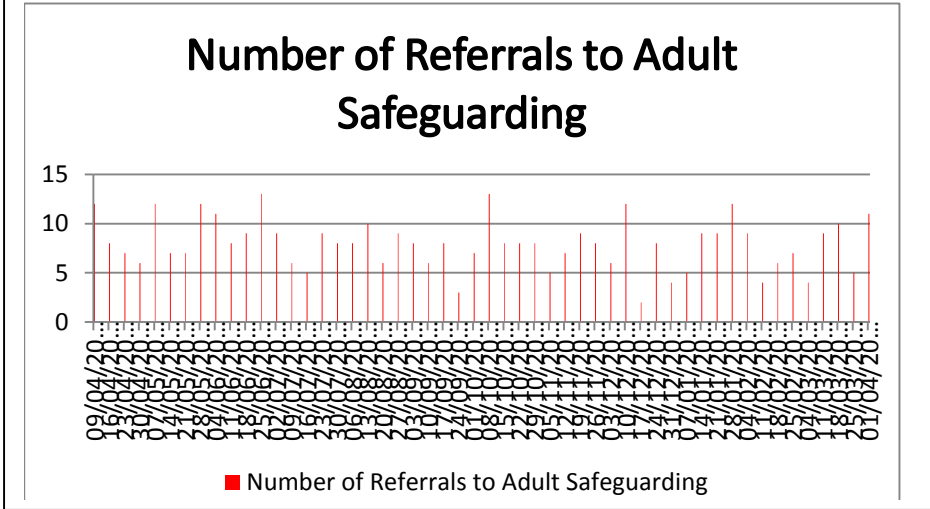
There is representation at all four sub-groups of the Board to ensure that TRFT has a voice in shaping Adult Safeguarding in Rotherham.

The Adult Safeguarding Team continues to work in partnership with RMBC to provide 'health' input for safeguarding investigations. This involves offering support to the RMBC Adult Safeguarding Team around investigations and preparations for Outcomes Meetings – even where there is no TRFT involvement. This represents the Trust's continued commitment to partnership working.

## Partnership Working

In 2018/2019 two concerns involving Trust services progressed to Outcomes Meetings. Abuse was not substantiated in one case, but was in the other. An action plan was implemented and completed by the ward (A4) concerned.

As per Rotherham Adult Safeguarding Procedures, the Trust receives concerns raised about the safety and well-being of adults at risk (of neglect or abuse). For 2018/2018, 414 were received, equating to approximately 35 per month. This represents a 8% decrease on figures for last year (454). Of these, a proportion (220) were passed to partner organisations to screen. These are cases where the concerns did not involve care delivered by TRFT, or required joint-screening.

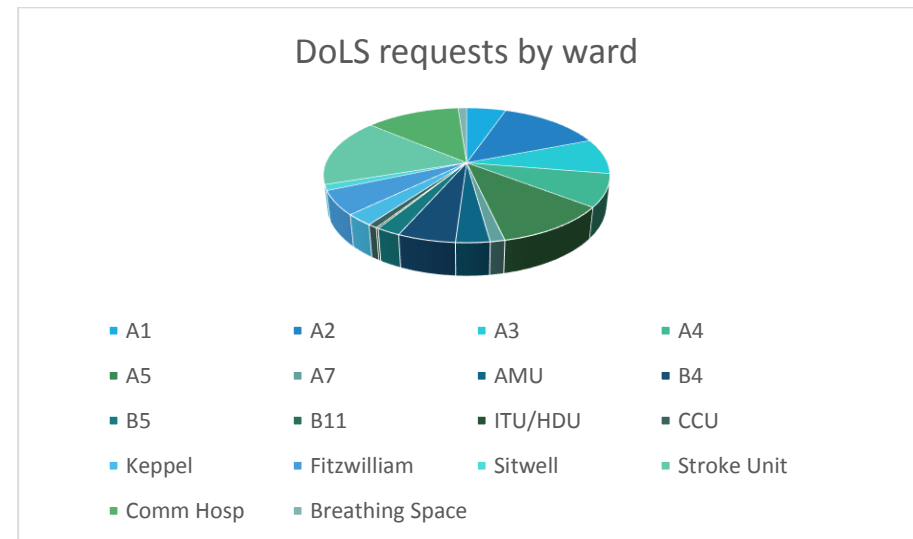
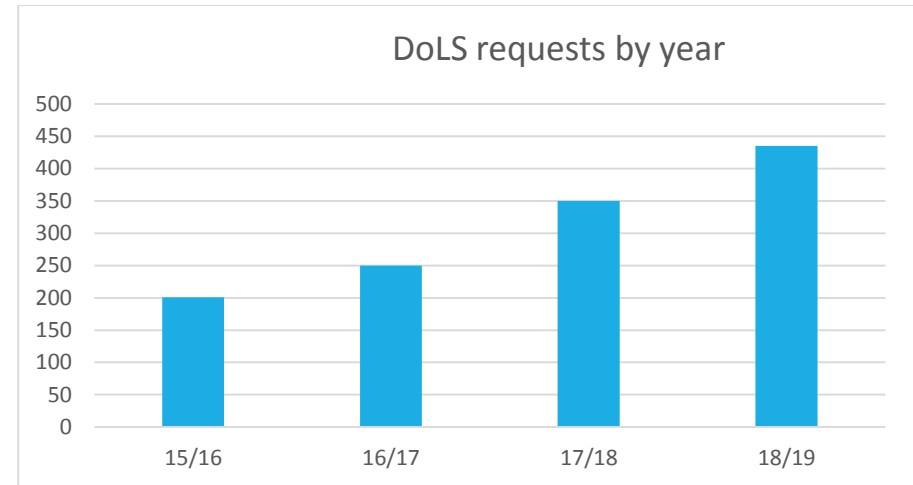


The Trust is represented at the Rotherham Multi-Agency Risk Assessment (MARAC) meetings. Last year a new risk-assessment form was trialled within UECC. This has been positive and has been implemented in the division. This is showing an increase in the reporting of domestic abuse concerns. A total of 474 cases were brought to MARAC, approximately 20 cases per fortnightly meeting and information about the family reviewed and shared to enable the multi-agency management of the risk related to each case. This represents a 25% increase on last year's figures.

The Cheshire West ruling continues to impact on the management of those patients who lack capacity to consent to care and treatment within the hospital as a result of significant changes to the way thresholds for Deprivation of Liberty Safeguards (DoLS) were applied.

Adult Safeguarding again saw a considerable increase in activity around DoLS applications to 435, an increase of 24%. None were authorised by RMBC. The Adult Safeguarding Team continue to provide leadership and support across the Trust to ensure the processes are embedded fully across the Trust.

The Mental Capacity Act and the Deprivation of Liberty Safeguards have been reviewed by the Law Commission and have completed a consultation process. The suggested changes have been agreed by the Government and are expected to be set in legislation in early May 2019.



## Children Safeguarding Activity

<p>Mandatory training has been fully reviewed and updated in reference to the Royal College of Paediatrics &amp; Child Health (RCPCH) 'Intercollegiate Document' (2019). A comprehensive review has been completed to refresh and review all TRFT colleagues' compliance and ensure job roles are correctly aligned to the appropriate level of training.</p> <p>A review panel consisting of Learning and Development Partner and Named Professionals within the Safeguarding team continues to be undertaken in order to provide a robust control measure on training compliance.</p> <p>Monitoring of training compliance continues via the Safeguarding Operational Group and Safeguarding Strategic Group, assurance is provided to the Contract Quality Meeting and accurate information is contained in the Electronic Staff Record (ESR) to support this.</p> <p>E-learning packages and face to face training remains compliant with Intercollegiate recommendations.</p> <p>TRFT Safeguarding team continue to co-deliver the Level 3 Multi-Agency Training, with Rotherham LSCB, this Multi-Agency face to face approach has evaluated well amongst delegates.</p> <p>There has been a continued emphasis on additional opportunities to support a blended approach to learning with 'bespoke' opportunities including shadowing, attendance at safeguarding meetings, practitioner learning events, incident review, 'stop the shift' presentations and Safeguarding Awareness week key themes (Domestic Abuse, Child Sexual Exploitation and gender bias).</p>	<p style="text-align: center;"><b>Figures at 31/03/2019</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #cccccc;">Children Safeguarding Training</th> <th style="background-color: #cccccc;">Rag Rating</th> <th style="background-color: #cccccc;">Percentage Achieved</th> </tr> </thead> <tbody> <tr> <td>Level 1</td> <td style="background-color: green;">Green</td> <td>100%</td> </tr> <tr> <td>Level 2</td> <td style="background-color: orange;">Amber</td> <td>80%</td> </tr> <tr> <td>Level 3</td> <td style="background-color: orange;">Amber</td> <td>83%</td> </tr> <tr> <td>Level 4</td> <td style="background-color: green;">Green</td> <td>100%</td> </tr> <tr> <td>New staff trained within 3 months of commencement as part of induction.</td> <td style="background-color: green;">Green</td> <td>100%</td> </tr> </tbody> </table>	Children Safeguarding Training	Rag Rating	Percentage Achieved	Level 1	Green	100%	Level 2	Amber	80%	Level 3	Amber	83%	Level 4	Green	100%	New staff trained within 3 months of commencement as part of induction.	Green	100%
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New staff trained within 3 months of commencement as part of induction.	Green	100%																	



## Key Performance Indicators (KPI) & Standards

Children Safeguarding are required to satisfy the requirements of KPIs and Safeguarding Standards, as set by the Clinical Commissioning Group (CCG). These include offering assurance on a diverse range of safeguarding activity throughout the Trust.

Both the Safeguarding Standards and the Key Performance Indicators are reported quarterly to the Trust Safeguarding Strategic Group and Partners, including representation from the Clinical Commissioning Group, Local Authority, Local Children Safeguarding Board and Local Safeguarding Adult Board are members.

## Serious Case Reviews

Within this annual report year there has been one Serious Case Reviews (SCR) initiated by Durham LSCB, this involved historical information being provided by Rotherham. The final report is yet to be published, but no specific recommendations for Rotherham have been identified.

There has been one further case considered at SCR panel but did not meet threshold.

TRFT has continued to contributed to the Multi-agency action plan from the SCR from the previous annual reporting period of which TRFT's IMR was finalised in January 2018.

## Safeguarding Supervision

During 2018/2019 the Supervision Model has continued to be embedded across the Trust. Within this annual report period the Safeguarding team have coordinated regular safeguarding supervision sessions and compliance has risen as evidenced in the KPIs.

A training package has been developed to increase the number of Safeguarding Children Supervisors within the Trust in order to enhance the supervision provision. The training is scheduled to be rolled out in Q1 2019-2020.

A review of supervision arrangements has been undertaken and the Safeguarding Supervision policy has been reviewed to reflect the updated arrangements. All TRFT colleagues who require 1-1 supervision have a 'named' supervisor. Colleagues who require group supervision can access the weekly supervision sessions co-ordinated by the Safeguarding team. Compliance continues to be monitored by Safeguarding Strategic meeting.

## Partnership Working

Within this annual report year there has been one Serious Case Review (SCR) initiated by Durham LSCB, this involved historical information being provided by Rotherham. The final report is yet to be published, but no specific recommendations for Rotherham have been identified.

Partnership working as directed by Working Together to Safeguard Children (2018) and the Children Acts (1989 & 2004) underpins the ethos and values of the safeguarding children's team.

The Trust is represented at both executive level and within sub groups/panels by the Chief Nurse/Assistant Chief Nurse/Interim Head of Safeguarding and the Named Safeguarding Professionals in line with Section 13 of the Children Act 2004 (Appendix 3).

Over the last 12 months the children’s safeguarding team have continued to work closely with RMBC Local Authority colleagues to improve the outcomes for children and young people. This has enabled joint priority setting in order to respond to emerging themes to ensure safeguarding processes are robust and effective.

Active partnership working with the Multi-Agency Safeguarding Hub (MASH) continues; TRFT has a substantive post in MASH and is represented at all relevant MASH meetings including the Strategic MASH Group led by RMBC’s Director of Children’s Services. Partners are members of the TRFT Strategic Safeguarding Group.

There continues to be significant partnership working in relation to Child Sexual Exploitation. The CSE Nurse from the 0 -19 service remains based within the CSE Evolve Multi-agency Team and continues to contribute to the completion and updating of the Multi-Agency risk assessment in individual children’s cases. The CSE Nurse provides links to the broader health community by way of information sharing, liaison and awareness raising. This role also provides a health service directly to children who have suffered or are at risk of suffering CSE in Rotherham.

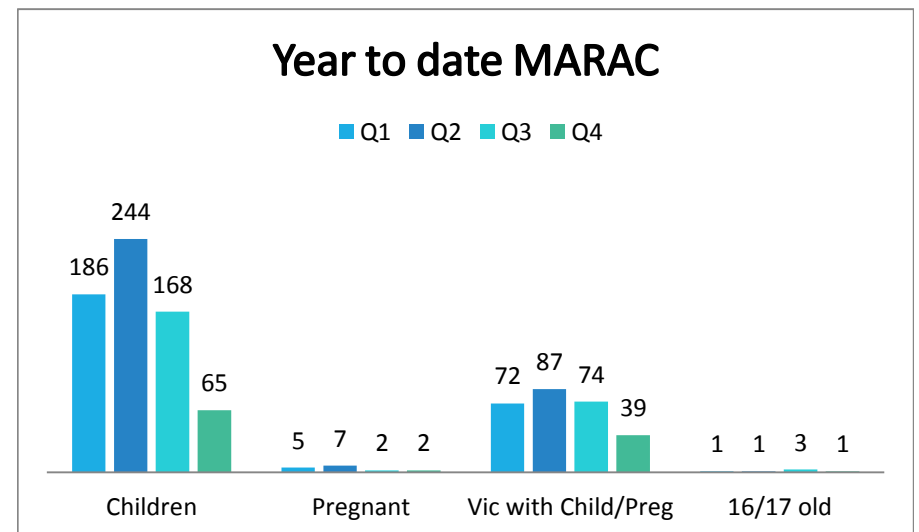
There have been 193 Child Protection Medicals (CPM) undertaken by the Paediatricians in this annual report year. 164 of these were undertaken due to concerns of Physical Abuse, with the remaining 29 being due to concerns around neglect. This year’s total CPMs shows a decrease of 13.8% from the previous year.

During this annual report period there has been

- 416 initial Child Protection Case Conferences (a 20% decrease on the previous year) and 805 Review Child Protection Case Conferences (a 27% increase) to which health staff have contributed.

- 416 initial Child Protection Case Conferences (a 20% decrease on the previous year) and 805 Review Child Protection Case Conferences (a 27% increase) to which health staff have contributed.
- 195 Legal statements completed by TRFT colleagues this is a decrease from 240 statements in the previous year, equating to a 19% decrease. Bespoke training to support the staff with Legal statements continues to be delivered.

The Trust is represented at MARAC by the Safeguarding Children’s team, who contribute health representation in high risk domestic abuse cases which involve children, pregnant women and victims aged 16-17yrs. The number of women with children (and/or pregnant) discussed showed a 11% increase on last year’s figures, going from 245 cases to 272. Similarly, the number of children discussed increased from 637 to 663, an increase of 4.08%. The number of pregnant women discussed showed a decrease from 25 to 16, which was a decrease by 36%. The referrals for victims aged 16-17yrs has significantly increased from 4 to 6, which is an increase of 50% (see Diagram 1).



## Governance

Over the last 12 months the focus on a robust Trust safeguarding and external governance structure has remained a key priority (Refer to Appendix 3).

The responsibilities of all staff employed by The Rotherham NHS Foundation Trust (TRFT) for safeguarding children and adults are documented in TRFT Safeguarding Policies. The Chief Executive is the accountable officer. The Safeguarding Executive lead is the Chief Nurse and Corporate/Operational Lead for Safeguarding is the Assistant Chief Nurse. There has been an appointment of an Interim Head of Safeguarding who now manages the Safeguarding Team.

The Trust has two specific Safeguarding meetings: a monthly Safeguarding Operational Group chaired by the Interim Head of Safeguarding and a quarterly Safeguarding Strategic Group chaired by the Assistant Chief Nurse which reports to the Clinical Governance Committee.

The role of the Strategic Group is to ensure processes within the Trust are in line with the current legal framework and national guidance, promoting the well-being and safeguarding of vulnerable patients whilst in the care of the Trust. In addition to Trust colleagues, membership includes representation from external partners from the Clinical Commissioning Group, Local Safeguarding Adult Board, Local Safeguarding Children Board, RMBC Children and Adult Safeguarding and Public Health. This Group seeks to provide assurance on all matters relating to safeguarding and reports to the Board of Directors via the Clinical Governance Committee and Quality Assurance Group.

TRFT are represented on the Rotherham Safeguarding Adult Board by the Assistant Chief Nurse and on the Rotherham Safeguarding Children Board by the Chief Nurse or her representative.

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Sub-groups of the Safeguarding Boards have TRFT representation and a summary report from attendance regarding key points is submitted to the Safeguarding Operational Group to share information and to provide transparency and joined up working.

The Performance and Quality Sub group of the Rotherham Safeguarding Adult Board is chaired by the Assistant Chief Nurse.

A 'Safeguarding Strategy on a page' is in place and sets out our strategic direction of Safeguarding underpinned by a robust work plan. This was considered an excellent approach following submission to the Quality Assurance Committee and the same approach is now used for other Trust Service Strategies.

The Trust is required to satisfy the requirements of the Safeguarding KPIs and Standards, as set by the Clinical Commissioning Group. These include offering assurance on a diverse range of safeguarding activity throughout the Trust and are reported quarterly. Over the year the CCG has commended the Trust for the development of such a robust assurance system and process (Refer to Appendix 3). A suite of KPIs were included as part of the assurance data and process.

## Risks and Mitigation

The following risks have been identified throughout the last 12 months. Performance is reviewed and any risks identified are monitored through the Safeguarding Operational Group, the Strategic Group and the Chief Nurse Performance Meeting. All risks are included on the Chief Nurse Risk Register and managed accordingly.

1. Safeguarding Children Supervision
2. Safeguarding Children Training Compliance
3. Child Protection Information Sharing (CP-IS)
4. On-going challenges with DoLS application and authorisation

### Description of Risk and Control Measures

#### 1. Safeguarding Children Supervision

Reduced availability of Children Safeguarding supervision; the risk is in relation to not being compliant with Trust requirements.

**Risk Control:** TRFT Safeguarding Team continue to coordinate weekly supervision sessions within Acute site venues, and monthly sessions across community venues. Supervision compliance is improving across the Trust. In addition, TRFT Safeguarding team have developed Supervisor Training in order to increase the capacity of staff to support with delivery of the sessions, this will future-proof on going service support. Continued monitoring of compliance via Safeguarding Strategic Group. Number of supervisors to be increased following development and roll out of Supervisor Training.

#### 2. Safeguarding Children Training

The risk is in relation to TRFT colleagues not accessing the required level of safeguarding training which may impact on their competence level of assessing safeguarding risk for children.

**Risk Control:** Safeguarding Team continue to receive monthly compliance reports and send them out to Divisional leads/HR Business Partners and Managers. Training compliance is monitored and escalated via the Strategic Safeguarding Meeting.

#### 3. Child Protection Information Sharing (CP-IS)

The risk is in relation to non-compliance of the CP-IS process in relation to TRFT colleagues not accessing IT systems. In addition, the risk to TRFT is the fact that the local authority is not live on CP-IS thus any child protection plans held via Local Authority safeguarding will not be available or visible to TRFT or other services nationally if using this national system

**Risk Control:** This risk is monitored by the Safeguarding Operational Group and Safeguarding Strategic Group. RMBC went live with CP-IS on 24 April 2018. Intensive support from the Safeguarding Children team occurred in order to ensure the process was embedded in UECC.

#### 4. Implementation of the MCA & DoL Safeguards

The risk relates to continued and consistent implementation of the MCA & DoLS safeguards throughout the Trust.

**Risk control:** Continued input from the Adult Safeguarding team to support and develop staff across the Trust to evidence their use of the MCA in practice.



## Safeguarding Performance

## Summary on a Page – Information for Q1 2018/19

### Risks and Management of Risks

- Safeguarding Children Supervision
- Safeguarding Training compliance
- Looked After Children (LAC) – Initial Health Assessment within 20 working days and completion of report
- On-going challenges with Mental Capacity Act, Deprivation of Liberty Safeguarding (DoLS) application and authorisation
- Impact of Safeguarding workload including a Complex Abuse Procedure - Safeguarding Team and 0-19 Service
- Named Doctor TRFT

All risks are being actively managed and processes are in place to enable regular review and plan to improve the situation. The risks are on the Chief Nurse Risk Register and monitored via the Safeguarding Operational Group and Safeguarding Strategic Group.

### Performance Assurance and Process

**Assessment of the Safeguarding Standards and Key Performance Indicators** has been undertaken and will be presented at the Safeguarding Strategic Meeting on 20 July 2018 actions are in place for on-going development.

**Active Partnership Working** – evident through all the meeting attended by TRFT and associated work streams.

**Safeguarding Quarterly Report** provided to the Clinical Governance Committee and Quality Assurance Committee presented by the Assistant Chief Nurse and Chief Nurse.

**Mental Capacity Act (MCA)** a CQC and Quality Account Must Do Action. Now one of nine TRFT quality Priorities and plan, action and monitoring assurance process is in place via the Clinical Governance and Quality Assurance Committee.

**Local Safeguarding Children Board** Planning to move to a combined assessment Section 11 and Adult Self-Assessment. Plan to have in place by the end of the year

**Rotherham Safeguarding Adult Board (RSAB)** Case record review completed and further development of a Risk Register and process for the Board. **Looked After Children** - Initial health assessments completed within 20 days dropped from 50% in January to 32% in May 2018. A number of meetings have been held to address the performance and in relation to the significant increase in the number of children becoming looked after.

### Some Key Developments and Information During Q1 2018 / 2019

**Child Protection Information System (CP-IS)** Local Authority now live and additional areas are now live in the Trust including out of hours Service.

**Rotherham Safeguarding Adult Board** – Records Audit completed and action plan being finalised.

**Signs of Safety** - Partnership event held on how we can take forward - continue to be rolled out.

**MCA** continues to be a high priority and also a Quality Account Priority – Robust plan in place and support for MCA Champions by visiting Ward Areas. Quarterly Audits continue and improving compliance. Peer review undertaken from RDASH Colleagues and visit to Macclesfield to review practice.

**Safeguarding and 0-19 Service** collaboratively working with 0-19-year service and local Authority to improve a number of systems and processes including attendance at strategy requirements – monthly partnership group working effectively to resolve any issues and agree any improvements

**Complex Abuse Procedure** on-going to support sustaining input into this procedure

**Serious Case Review (SCR)** Complete and report signed off via the LSCB in June – Action plan being finalised and Practitioners Learning Event is being planned.

**CDOP** – New Named Doctor identified

**Safeguarding Children Event** – updating for staff and feedback really positive

**Domestic Abuse** Workshop held on 17 April 2018 to ensure Partnership has robust systems and processes and an action plan developed and monitored via the Domestic Abuse Priority Group.

**Safeguarding Awareness Week** – Planning continues via a Task and Finish Group for week 9th-13<sup>th</sup>

**Safeguarding Time Out Session** – Priorities reviewed and work plan developed for the next 12 months

**Safeguarding Annual Report** being finalised.

**Safeguarding Training Compliance** – Actions continue to be implemented to improve the compliance of training including personal emails and information provided to Head of Service.

**System Review** – to improve the process of signing off court reports.

**Strategy and Attendance** – partnership review and a number of actions agreed to improve the process.

**Safer Sleep** – Action Plan developed to further raise awareness of safe sleep

**Missing** - Improvements in relation to the missing process and forms to complete.

### Safeguarding Q4 Training Information

Children Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Amber	75.70% to 78.3%
Level 3	Amber	75.61% to 78.6%
Level 4	Green	100%
Induction Training	Green	100%

Adult Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Amber	85.87% to 84.4%
Level 3	Green	100%
Level 4	Green	100%
Prevent Level 1,2	Amber	82.2%
Prevent Level 3,4,5	Amber	78.7%
Induction Training	Green	100%

Safeguarding Performance Summary on a Page – Q1 – July 2018- JL Safeguarding Training Key : Red - <= 60 Amber - Between 60 and 85 Green - >= 85

## Safeguarding Performance Summary on a Page – Information for Q2 2018/19

### Risks and Management of Risks

- Safeguarding Children Supervision
- Safeguarding Training compliance
- Looked After Children (LAC) – Initial Health Assessment within 20 working days and completion of report
- On-going challenges with Mental Capacity Act, Deprivation of Liberty Safeguarding (DoLS) application and authorisation
- Impact of Safeguarding workload including a Complex Abuse Procedure - Safeguarding Team and 0-19 Service

All risks are being actively managed and processes are in place to enable regular review and plan to improve the situation. The risks are on the Chief Nurse Risk Register and monitored via the Safeguarding Operational Group and Safeguarding Strategic Group.

### Performance Assurance and Process

**Assessment of the Safeguarding Standards and Key Performance Indicators** has been undertaken and will be presented at the Safeguarding Strategic Meeting on 19 October 2018 actions are in place for on-going development.

**Active Partnership Working** – evident through all the meeting attended by TRFT and associated work streams.

**Safeguarding Quarterly Report** provided to the Clinical Governance Committee and Quality Assurance Committee presented by the Assistant Chief Nurse and Chief Nurse.

**Mental Capacity Act (MCA)** a CQC and Quality Account Must Do Action. Now one of nine TRFT quality Priorities and plan, action and monitoring assurance process is in place via the Clinical Governance and Quality Assurance Committee.

**Local Safeguarding Children Board** Planning to move to a combined assessment Section 11 and Adult Self-Assessment. Plan to have in place by the end of the year  
**Rotherham Safeguarding Adult Board (RSAB)** Further development of the Performance Dashboard

**Looked After Children** - Initial health assessments completed within 20 days. A number of meetings have been held to address the performance and in relation to the significant increase in the number of children becoming looked after.

**TRFT Safeguarding Annual Report** - Completed

### Some Key Developments and Information During Q2 2018 / 2019

**Co-delivery of training:** Childrens Safeguarding Team continue to co-deliver multi-agency training with RMBC colleagues on: Learning from SCRs/ Bruising in non-mobile children, Grade Care Profiles, Child Death Overview Process. Plans have been commenced to develop Safer sleep multi-agency training which will be launched in March 2018 to coincide with Safe sleep week.

**Supervision of skill mix 0-19 services/community venues:** New sessions have commenced out to skill mix staff in 0-19 teams, case studies are discussed and these sessions are offered up as an additional community venue for any Practitioners requiring group supervision.

**Signs of Safety:** Together we can group has been developed to explore TRFT's training needs in relation to embedding the SoS framework into work streams across the Trust.

**Training Compliance:** Compliance continues to increase on average 1-2 % each month. Childrens safeguarding team continue to meet with Learning and Development to ensure a robust system remains on any training compliance change requests. Divisional leads are emailed on a monthly basis to address non-complaint colleagues and individual emails are sent from the Safeguarding team on a bi-monthly basis.

**CP-IS:** Has been live in ED and Out of Hours services since end of April 2018. Childrens safeguarding are continuing to support these areas with the processes.

**FGM-IS:** Processes have commenced to develop the FGM-IS system within the Trust.

**MCA:** There has been 5 bespoke sessions delivered in 0-19 Services to support embedding MCA processes for children aged 16-17 years. Further work is planned via a task and finish group to ensure electronic templates support the MCA process for services across Family Health Division.

**CCG Event:** Children Safeguarding team represented the wider team at the CCG Event on CSE/Domestic Violence (males being the focus), TRFT Safeguarding team showcased a Safeguarding stall and participated as Facilitators for the event.

**LADO Process:** Reviewed TRFT process in relation to cases being referred to LADO outside of the organisation. New Flowchart agreed with TRFT and LADO Team

**Safeguarding Annual Report** - Completed

### Safeguarding Q2 Training Information

Children Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Amber	78.3% to 82%
Level 3	Amber	78.6% to 82%
Level 4	Green	100%
Induction Training	Green	100%

Adult Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Green	84.4% to 87.2%
Level 3	Green	100%
Level 4	Green	100%
Prevent Level 1,2	Green	82.2% to 86%
Prevent Level 3,4,5	Green	78.7% to 85.2%
Induction Training	Green	100%

Safeguarding Performance Summary on a Page – Q2 – October 2018- JL Safeguarding Training Key : Red - <= 60 Amber - Between 60 and 85 Green - > = 85

## Safeguarding Performance Summary on a Page – Information for Q3 2018/19

### Risks and Management of Risks

- Safeguarding Children Supervision
- Safeguarding Training compliance
- Looked After Children (LAC) – Initial Health Assessment within 20 working days and completion of report
- On-going challenges with Mental Capacity Act, Deprivation of Liberty Safeguarding (DoLS) application and authorisation
- Impact of Safeguarding workload including a Complex Abuse Procedure - Safeguarding Team and 0-19 Service
- Back-log of Children & Adult Safeguarding administration work due to long-term sickness within the team

All risks are being actively managed and processes are in place to enable regular review and plan to improve the situation. The risks are on the Chief Nurse Risk Register and monitored via the Safeguarding Operational Group and Safeguarding Strategic Group.

### Performance Assurance and Process

**Assessment of the Safeguarding Standards and Key Performance Indicators** has been undertaken and will be presented at the Safeguarding Strategic Meeting on 18 January 2019. Actions are in place for on-going development.

**Active Partnership Working** – evident through all the meetings attended by TRFT and associated work streams.

**Safeguarding Quarterly Report** provided to the Clinical Governance Committee and Quality Assurance Committee presented by the Assistant Chief Nurse and Chief Nurse.

**Mental Capacity Act (MCA)** a CQC and Quality Account Must Do Action. Now one of nine TRFT Quality Priorities and plan. Action and monitoring assurance process is in place via the Clinical Governance and Quality Assurance Committee.

**Local Safeguarding Children Board** Plans are progressing to move to a combined assessment Section 11 and Adult Self-Assessment.

**Rotherham Safeguarding Adult Board (RSAB)** Further development of the Performance Dashboard. LSAB Procedures are under review.

**Looked After Children** - Initial health assessments completed within 20 days. A number of meetings have been held to address the performance and in relation to the significant increase in the number of children becoming looked after.

**TRFT Safeguarding Annual Report** – Completed.

### Some Key Developments and Information During Q3 2018/2019

**Co-delivery of training:** Childrens Safeguarding Team have agreed to co-deliver on Multi-agency level 3 Safeguarding Children with RMBC colleagues.

**Child Death Review Process:** A gap-analysis is ongoing to inform the TRFT action plan in view of recent changes to legislation.

**Safer sleep:** Multi-agency training to be launched on March 12<sup>th</sup> 2018 to coincide with National Safer Sleep Awareness week.

**Safeguarding Supervision:** Training of a new cohort of Safeguarding Supervisors within Acute and Community services is planned.

**Training Compliance:** Adult Safeguarding Quarter 3 has shown a slight reduction in compliance to 86.48%. Divisional leads are emailed on a quarterly basis to ensure they are aware of address non-complaint colleagues and individual emails are sent from the Safeguarding team on a bi-monthly basis.

**FGM-IS:** Processes have commenced to develop the FGM-IS system within the Trust.

**MCA:** The Safeguarding team have developed a quarterly newsletter for MCA leads regarding the implementation of the MCA & DoLS. This will replace the MCA & DoLS Leads quarterly meetings. The **MCA & DoLS** quarterly audit has been completed on target. This has shown continued improvement of the implementation of the MCA across the Trust. The implementation of DoLS requires further improvement to allow the Trust to meet its set target for quarter 4.

**HARK** – The HARK pilot is continuing to be monitored within UECC in relation to the number and quality of the referrals. Since the pilot began there has been a significant increase in referrals to the Domestic Abuse services.

**Prevent** – The first Prevent newsletter was distributed in December and will continue quarterly. This will replace the Prevent leads quarterly meeting.

**Safeguarding Annual Report** - Completed

### Safeguarding Q3 Training Information

Children Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Amber	82% to 83.7%
Level 3	Amber	82% to 80.4%
Level 4	Green	100%
Induction Training	Green	100%

Adult Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Green	87.2% to 86.48%
Level 3	Green	100%
Level 4	Green	100%
Prevent Level 1,2	Green	86% to 92.6%
Prevent Level 3,4,5	Green	85.2% to 85.7%
Induction Training	Green	100%

Safeguarding Performance Summary on a Page – Q3 – January 2019- JL & JS Safeguarding Training Key : Red - <= 60 Amber - Between 60 and 85 Green - > = 85



## Safeguarding Performance Summary on a Page – Information for Q4 2018/19

### Risks and Management of Risks

- Safeguarding Children Supervision
- Safeguarding Training compliance
- Looked After Children (LAC) – Initial Health Assessment within 20 working days and completion of report
- On-going challenges with Mental Capacity Act, Deprivation of Liberty Safeguarding (DoLS) application and authorisation
- Back-log of Children & Adult Safeguarding administration work due to long-term sickness within the team. Action plan being developed.
- Impact of the Safeguarding Children workload – including an SI and IMR recently agreed

All risks are being actively managed and processes are in place to enable regular review and plan to improve the situation. The risks are on the Chief Nurse Risk Register and monitored via the Safeguarding Operational Group and Safeguarding Strategic Group.

### Performance Assurance and Process

**Assessment of the Safeguarding Standards and Key Performance Indicators** has been undertaken and will be presented at the Safeguarding Strategic Meeting on 12 April 2019. Actions are in place for on-going development.

**Active Partnership Working** – This continues to be evidenced through all the meetings attended by TRFT Safeguarding team and the associated work streams.

**Safeguarding Quarterly Report** provided to the Clinical Governance Committee and Quality Assurance Committee presented by the Chief Nurse and Assistant Chief Nurse and Head of Nursing, Midwifery and Professions.

**Mental Capacity Act (MCA)** a CQC and Quality Account Must Do Action. Now one of nine TRFT Quality Priorities and plan. Action and monitoring assurance process is in place via the Clinical Governance and Quality Assurance Committee.

**Local Safeguarding Children Board** Plans are progressing to move to a combined assessment Section 11 and Adult Self-Assessment.

**Rotherham Safeguarding Adult Board (RSAB)** Further development of the Performance Dashboard. LSAB Procedures are under review.

**Looked After Children** - Initial health assessments completed within 20 days. A number of meetings have been held to address the performance and in relation to the significant increase in the number of children becoming looked after.

### Some Key developments and Information during Q4 2018/2019

**Co-delivery of training:** Childrens Safeguarding Team are now working in partnership with RMBC colleagues to co-deliver on Multi-agency level 3 Safeguarding Children training. TRFT training has been developed for practitioners; 'Court Report Writing' dates are available and this can be booked through the L&D team.

The Safeguarding team have also led on a number of **Appreciative Enquiries**. These support the Trust to take forward learning by utilising a holistic approach which builds on the strengths demonstrated in the delivery of care.

**Child Death Review Process:** A gap-analysis has been completed to inform the TRFT action plan in view of recent changes to legislation. Work to progress this is ongoing.

**Safer sleep:** Multi-agency training was launched March 12<sup>th</sup> 2018.

**Safeguarding Supervision:** Dates have been set for the training of a new cohort of Safeguarding Supervisors within Acute and Community services.

**Training Compliance:** Adult Safeguarding Quarter 4 has shown a continued reduction in compliance to 76.2%. Divisional leads are informed on a quarterly basis to ensure they are aware of address non-complaint colleagues.

Children's L2 training has also shown a slight drop in compliance to 79.9%, however L3 has shown a slight increase to 82.5%.

**FGM-IS:** Processes have been agreed in respect of the development and embedding of the FGM-IS system within the Trust. The Named Midwife is leading on this.

**MCA:** The Safeguarding team have developed a quarterly newsletter for MCA leads regarding the implementation of the MCA & DoLS. This replaces the MCA & DoLS Leads' quarterly meetings.

The **MCA & DoLS** quarterly audit has been completed on target. This has shown a slight reduction in continued improvement of the implementation of the MCA across the Trust.

**Prevent** – The first Prevent newsletter was distributed in December and will continue quarterly. This replaces the Prevent Leads' quarterly meeting.

**Policy:** The policy 'Children who go missing' has been completed and is awaiting ratification.

### Safeguarding Q4 Training Information

Children Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Amber	83.7% to 79.9%
Level 3	Amber	80.4% to 82.5%
Level 4	Green	100%
Induction Training	Green	100%

Adult Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Amber	86.48% to 76.2%
Level 3	Green	100%
Level 4	Green	100%
Prevent Level 1,2	Green	92.6% to 87.2%
Prevent Level 3,4,5	Amber	85.7% to 84.5%
Induction Training	Green	100%



## The Rotherham NHS Foundation Trust Strategy for Safeguarding Vulnerable Services Users

The Rotherham NHS Foundation Trust prioritises the safety and welfare of children, young people and vulnerable adults across all commissioned and contracted services.

### Safeguarding Children and Young People

The Children Acts 1989 & 2004 outline statutory duties relating to safeguarding and promoting the welfare of children for NHS organisations and partner agencies. These are summarised in Working Together to Safeguard Children, Department of Health (DoH) 2018 and Statutory Guidance on making arrangements to safeguard and promote the welfare of children.

### Safeguarding Adults

The Care Act (2014) is the most significant change in social care law in 60 years. It provides a statutory framework for safeguarding adults who are, or may be, at risk of abuse or neglect and clearly sets out the arrangements necessary when working with adults (aged 18 years and over).

### What we will do?

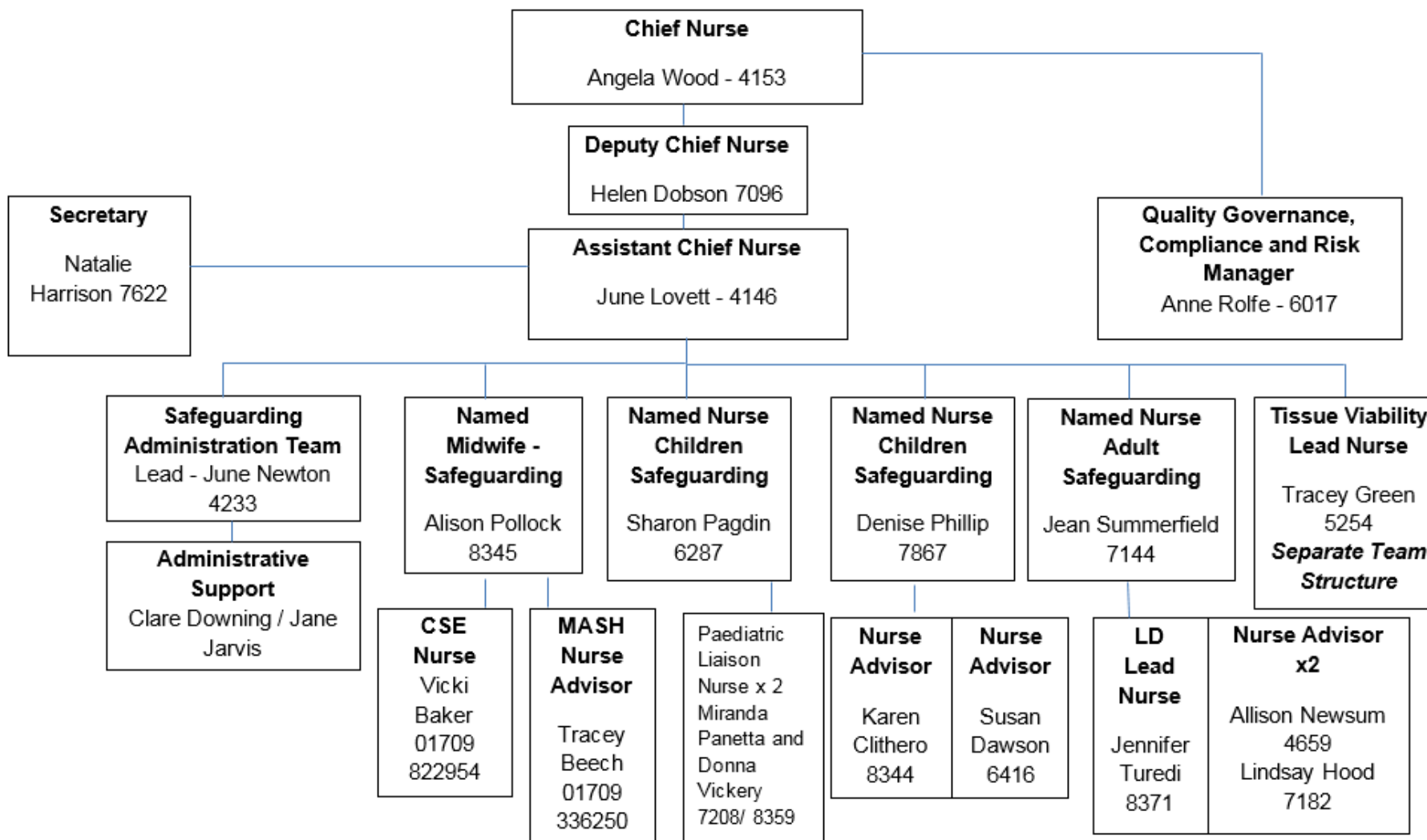
- Comply with statutory requirements nationally and locally including quality standards set by the Care Quality Commission, Local Safeguarding Boards, Clinical Commissioning Group and also contractual standards
- Provide leadership for safeguarding across The Rotherham NHS Foundation Trust
- Have robust monitoring, accountability and governance arrangements for safeguarding
- Work in collaboration with Local Authority and other partner organisations to provide joined up services

### How we will do it?

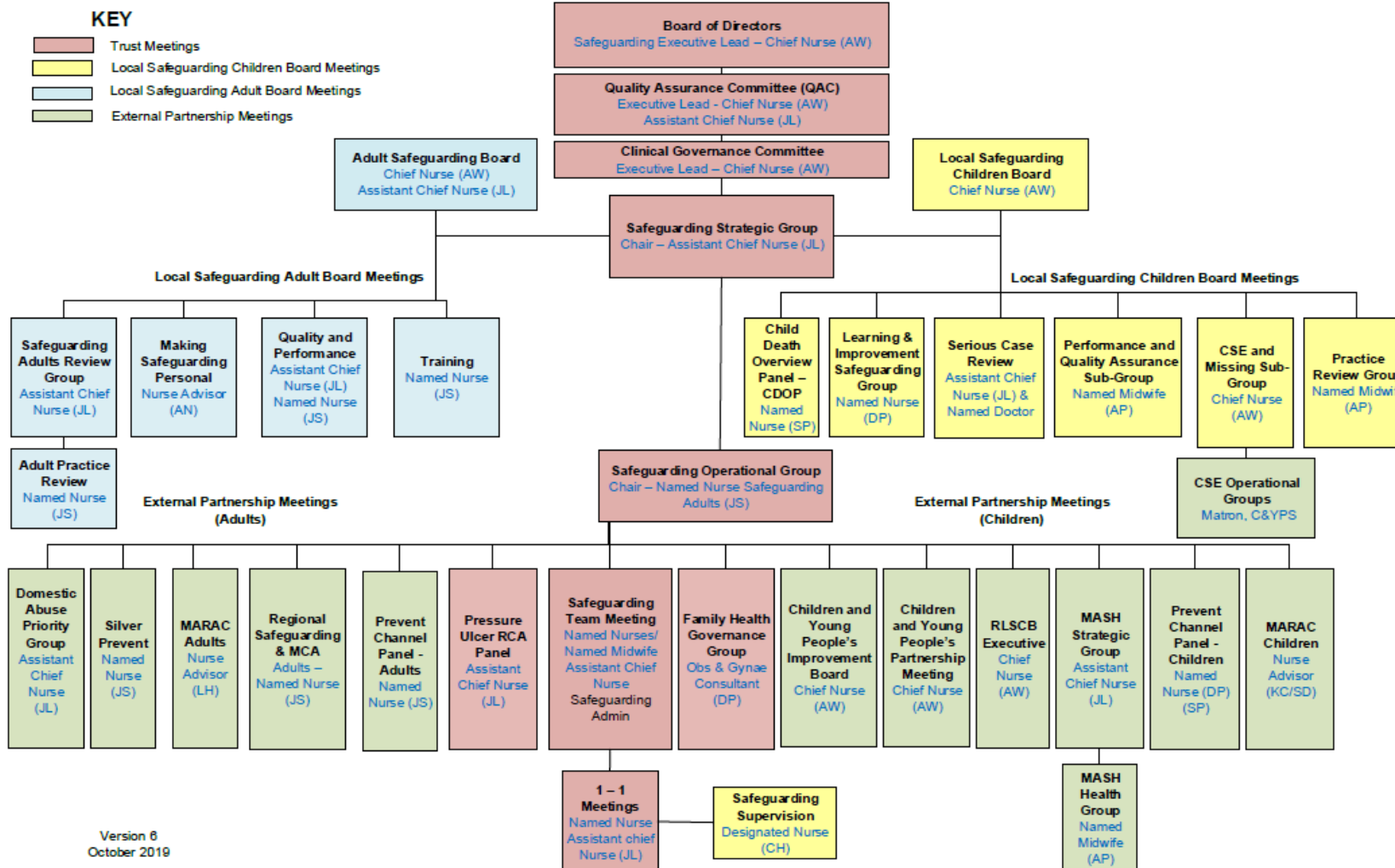
- Have executive level leadership and membership of both Rotherham Local Safeguarding Children and Rotherham Safeguarding Adults Board
- Work in collaboration with the Local Authority and other partner organisations to provide joined up services
- Have appropriate internal Safeguarding Policies in place including safe recruitment of staff, whistle blowing policies and adhere to local Safeguarding Children and Safeguarding Adults Board Policies and Procedures
- Have a positive influence on, and proactive attitude to, Safeguarding arrangements across the NHS and Partner Organisations
- Provide opportunities for the views and experience of the most vulnerable to inform service planning
- In partnership with the Local Safeguarding Children Board and Safeguarding Adults Board, review serious incidents locally and nationally to identify lessons to improve practice and service provision.
- Provide evidence of learning from case reviews
- Continually monitor and evaluate the effectiveness of Safeguarding Training
- Ensure that all service users at the first point of contact are assessed using a common vulnerability assessment tool to identify triggers for alert, further risk assessment and referral
- Have clear lines of accountability and appropriate escalation for support rather than abrogation of responsibility, keeping assessment at the point of contact with the service user
- Develop case manager and lead professional supervision policies
- Capture data once and share information as appropriate between relevant information systems
- Review and evaluate service delivery via audit and monitoring

Version 1 – March 2018

**MANAGEMENT AND PROFESSIONAL LEADERSHIP  
 ASSISTANT CHIEF NURSE (VULNERABILITES) TEAM**



**Safeguarding – TRFT and Partnership Organisational Governance Structure**



**Safeguarding Standards – Exception Report**

**Appendix 4**

This exception report includes areas of non-compliance over the financial year. It serves to demonstrate progression, and identifies areas for future development, which will be incorporated into the work streams.

Safeguarding Standards	Q1	Q2	Q3	Q4	
<b>Standard 5 - Training</b>					
<p>5.1 The provider will ensure that all colleagues and volunteers undertake safeguarding training appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan. This training needs to include:</p> <ul style="list-style-type: none"> <li>• Prevent</li> <li>• FGM</li> <li>• CSE</li> <li>• MCA/DoLS</li> <li>• Domestic Abuse</li> <li>• Modern Slavery (including Human Trafficking)</li> <li>• Neglect &amp; Self Neglect</li> </ul>	Children & Adult				<p>All new starters receive information on induction. New and existing staff receive an annual leaflet on safeguarding which satisfies level 1 training, supported by an electronic version (circulated to all staff).</p> <p>After extensive collaborative work, staff now have the appropriate level of children's and adult's safeguarding training assigned to them and this has been agreed by the subject matter expert and the local manager in line with the release of both the Adult and Children's Intercollegiate documents.</p> <p>In respect of level two safeguarding adults training, eLearning options have been put in place and additional units attached for MCA. In respect of Level two and Level three children's training, eLearning modules are in place with the additional option for face to face multi-agency training. Additional bespoke training is offered to support learning and any current topical themes.</p> <p>PREVENT training is now aligned with Children's safeguarding training requirements in line with the most recent NHS England guidance and became live across the Trust from Q1 of 2018-2019.</p> <p>Extensive work has been completed to increase awareness of non-compliant colleagues and the divisional leads notified. Compliance with safeguarding training is actively monitored via the Operational and Strategic safeguarding meetings .</p>
<b>Standard 5 – Training</b>					
<p>The Provider will ensure that all colleagues undertake safeguarding training in line with national and local expectations. This includes safeguarding updates as a minimum of 3 yearly and an annual written update.</p>	Children & Adult				<p>Provision is in place for all relevant training for colleagues however training figures although excellent in some areas need further progress - refer to KPI Information. An action plan is in place to address safeguarding children training compliance, careful monitoring being undertaken between Safeguarding and Learning &amp; Development</p>

## Summary and Conclusion

TRFT Safeguarding and Vulnerabilities team continue to engage with Trust services and Partner agencies throughout the Borough to develop and progress the safeguarding service to ensure our organisation, staff and patients are safe at all times. The workload has continued to increase across adults and children's work streams, both in relation to changes to legislation and national statutory guidance, but also due to the increased demand locally for safeguarding input across a wide range of areas.

The developments in NHS services have brought challenges nationally; these have meant that the Safeguarding team have had to review working practices and adapt to suit presenting conditions locally. Developments to training content and delivery, approach to MCA implementation and Children's Safeguarding Supervision have created increased demands within the team, which have been met admirably. The Safeguarding and Vulnerabilities team have a robust work plan, which is monitored and updated regularly.

### **Our key priorities for 2019/2020:**

To achieve all safeguarding Contracting Standards and Key Performance Indicators.

To improve the evidence available demonstrating compliance with the MCA & DoLS requirement.

To continue to support all staff to achieve compliance with safeguarding policy and procedures.

Approved at Strategic Safeguarding Group – Date 18/10/2019