

# Safeguarding & Vulnerabilities Team

## Annual Report

2021 / 2022



**RESPECT**  
**EQUALITY**  
**FAIRNESS**  
**PARTNERSHIP**  
**DIGNITY**  
**ACCOUNTABILITY**  
**PROPORTIONALITY**  
**EMPOWERMENT**  
**LEADERSHIP**  
**PROTECTION**  
**PREVENTION**  
**REGULATION**

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## INTRODUCTION AND OVERVIEW

This Annual Report seeks to inform the Trust Board of the safeguarding activity within The Rotherham NHS Foundation Trust (TRFT) during the period 2021/2022.

Additionally the report aims to:

- Provide assurance to the Trust Board that the Trust is fulfilling its statutory obligations
- Assure service commissioners and regulatory bodies that the Trust's activity over the year has developed in terms of preventing abuse and reducing harm to vulnerable service users
- To inform the Board and wider Trust staff of the activities and function of the Safeguarding & Vulnerabilities Team, and of the progress with the Safeguarding work plan, which enables the TRFT Strategy for Safeguarding Vulnerable Services Users (Appendix 1) to be fully realised and embedded within the organisation.

The report incorporates Adult and Children Safeguarding. The Named Professional from each specialist area has inputted to the content. The Integrated Safeguarding & Vulnerabilities Team is managed by the Head of Safeguarding with executive leadership of the Chief Nurse and Deputy Chief Nurse (Refer to Appendix 3 - Management and Professional Leadership Chart). The governance and assurance arrangements within Safeguarding remain robust and are outlined within Appendix 4 (TRFT and Partnership Organisational Governance Structure).

21-22 saw the continued impact of Covid-19 on services Trust wide as well as the CQC return visit in May 2021 which resulted in the additional actions for the Trust.

This Annual Report sets out to identify and describe the key risks that were managed during the year and provides a summary of some 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 2022/2023.

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

Adult Safeguarding Activity

Learning Disability Service

Child Death Review

Children Safeguarding Activity

Looked after Children

Governance

Risks and Mitigations

Partnership Working

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## ADULT SAFEGUARDING ACTIVITY

A blended approach to training delivery was in place during 21/22 with the offering of internal face-to-face training (dependent on Covid restrictions), e-learning and external taught sessions with Rotherham Metropolitan Borough Council (RMBC).

Bespoke training sessions have been delivered throughout the Trust with the Safeguarding Champions to ensure that key messages are delivered in a useful way to support implementation of improvements.

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. The Trust provides a return to the National Prevent Data Set quarterly to demonstrate compliance with the national requirements.

The allocation of training requirements allocated to staff is regularly reviewed, in line with the Safeguarding Adults Intercollegiate document. This is done in partnership with Learning & Development to ensure that TRFT staff MaST requirements appropriately reflect their roles and give staff the appropriate knowledge, skills and competence.

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

2021/2022 saw an increase in patients admitted due to poor mental health. TRFT have continued to work in partnership with RDaSH to ensure that, for this group of patients, there is parity of esteem between their mental and physical health needs.

This reflects the national picture and may be linked to Covid19.

The Safeguarding Team are members of the newly formed Mental Health Steering Group, which is working to develop and implement an action plan to underpin the [Mental Health Strategy](#).

## Adult Safeguarding Training Compliance – Figures at 31/03/2022

Adult Safeguarding Training	Rag Rating	Percentage Achieved 2020/2021	Percentage Achieved 2021/2022
Level 1	Green	100%	91%
Level 2	Green	82.42%	88%
Level 3	Green	100%	100%
Level 4	Green	100%	100%
Prevent Level 1 & 2	Green	91.13%	94%
Prevent Level 3	Green	89.72%	94%
Mental Health L1	Green	98%	94%
Mental Health L3	Red	26.09%	53%

## KEY PERFORMANCE INDICATORS (KPI) & STANDARDS

Adult Safeguarding is 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, RMBC, Rotherham Children Safeguarding Partnership and Rotherham Safeguarding Adult Board are members.

An exception report is included at Appendix 5.

## **SAFEGUARDING ADULTS REVIEWS (SAR)**

One Rotherham SAR was conducted in 21/22. This patient had minimal contact with TRFT services, and the internal management review did not suggest any immediate actions for TRFT. The multi-agency action plan is in development through the Rotherham Safeguarding Adult Board's (RSAB) SAR group. The SAR noted issues related to self-neglect, multi-agency communications, and referral pathways. The recommendations will focus on strengthening multi-agency arrangements linked to these work streams. All learning from the review is shared appropriately across the Trust, either by being incorporated into training or by the use of 7-minute briefings.

TRFT contributed to two Doncaster SARs, by providing information linked to TRFT contact. Again, the reviews of TRFT contact did not suggest any immediate actions for the Trust.

## **DOMESTIC HOMICIDE REVIEWS**

The statutory requirement related to domestic homicide reviews came into force in April 2011. The purpose of a DHR is to establish what lessons can be learned from the circumstances of the death and the way in which local professionals and organisations worked individually and together to safeguard victims (the victims also include bereaved children, parents and other kin). The focus is a multiagency approach with the purpose of identifying learning.

TRFT contributed to one case, managed by Sheffield SAB in the 2021/2022 period. There were no internal recommendations for TRFT from the internal management review. The multi-agency report is in progress. Any actions from this will be monitored through the Operational Safeguarding Group.

The Trust is represented at the Domestic & Sexual Abuse Priority Group by the Head of Safeguarding.

## **PARTNERSHIP WORKING – ADULT SAFEGUARDING**

The Trust is represented at the Rotherham Safeguarding Adult Board by the Chief Nurse. Her deputy is the Head of Safeguarding.

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

As per Rotherham Safeguarding Adult Procedures, the Trust receives concerns raised about the safety and well-being of adults at risk (of neglect or abuse). For 2021/2022, 711 were received, equating to approximately 60 per month. This represents a 16% increase on figures for 20/21 (603). Of these, a proportion (405) were passed to partner organisations to screen. These are cases where the concerns did not involve care delivered by TRFT, or which required joint-screening.

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



In 2021/2022 no safeguarding concerns involving Trust services required progression to an OM. This means that these concerns were managed and resolved in the initial concern stage.

An 82 year old patient (M) arrived via Ambulance into UECC. M appeared frail and unkempt and was very ill. TRFT staff identified concerns regarding the care she had received at home and shared appropriate information with partner agencies including RMBC, SPY and YAS.

This resulted in a safeguarding investigation and an assessment of her care needs. A multi-agency approach was taken including a referral to the Vulnerable Adult Risk Management group.

TRFT staff were praised for their vigilance and professional curiosity, and the Trust was able to share this all Trust staff to promote learning from good practice.

The Trust is represented at the Rotherham Multi-Agency Risk Assessment (MARAC) meetings. The HARK (Harassment, attack, rape, kick) form is now established in UECC and has been positively received. This was a specific measure taken to abbreviate the form which has resulted in better reporting within UECC. The use of this form is being reviewed to ensure staff are supported to provide reliable information which will enable our partner agencies to protect victims of domestic abuse.

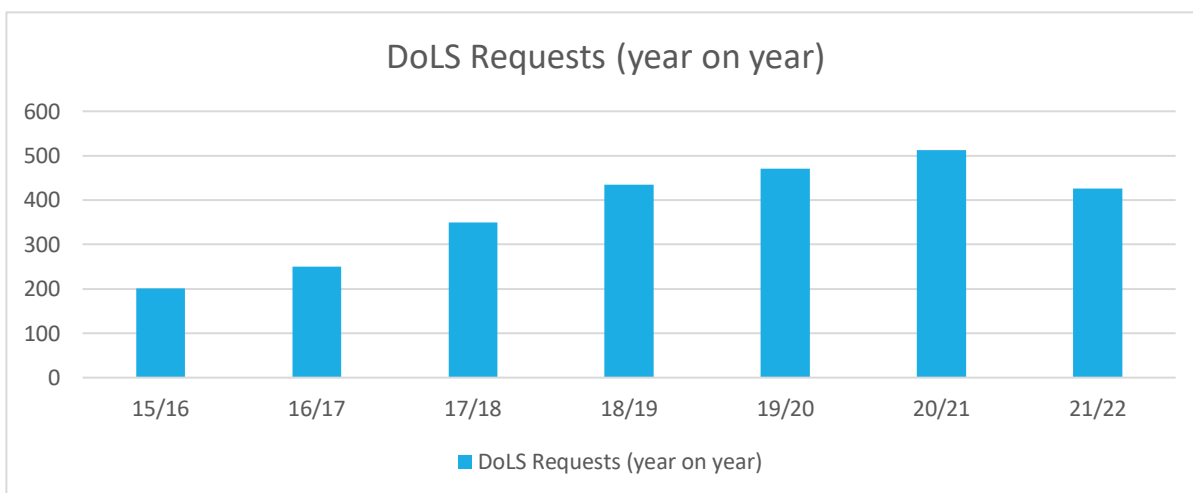
The management of patients who lack capacity to consent to care and treatment within the hospital continues to be a priority for TRFT. Work continues to embed improvements made regarding the implementation of the MCA.

For the first time since its implementation, Adult Safeguarding saw a decrease in activity of 16% in Deprivation of Liberty Safeguards (DoLS) requests to 426. During Covid 19, the requirements for requesting DoLS were relaxed, which may account for the decrease. Of the DoLS requests, only one was authorised by RMBC.

The Adult Safeguarding Team continue to provide leadership and support to ensure the processes are embedded fully across the Trust.

The Mental Capacity Act has been reviewed and amended (MCA(A) 2019). The expected change from DoLS to Liberty Protection Standards (LPS) was delayed, likely due to Covid. The consultation was announced in March 22 and will run until July 2022, with the implementation of the LPS expected to run from April 23. This will continue in parallel with the DoLS process until March 2024.

TRFT has successfully recruited to a 1WTE Band 8A MCA Lead/Named Nurse Adult Safeguarding post, leading the LPS project plan and ensuring that we are prepared for the coming changes and will be able to meet the statutory requirements.



## LEARNING DISABILITY SERVICE

The Learning Disability (LD) Team at TRFT continues to grow and strive to deliver excellent standards of care for people with LD and/or Autism and implement the Trust's Strategy for people with LD and/or autism (Appendix 2). Within the Team we now have one Nursing Associate and one Assistant Practitioner, who both specialise in LD and Autism.

This growth in the team allows us to visit, review and assist more people who are using the Trust services, in turn, improving the standard of care they receive and improving the experience for them. We continue as a Team and Trust to develop bespoke pathways, making individual 'reasonable adjustments' for people coming into the Trust. These are especially successful with patients coming through on our day surgery pathways, with patients and their teams/families giving excellent feedback.

The Team also visits people who have been discharged from hospital, to look to plan, prevent or minimise repeat admissions to hospitals, working with primary care and RDaSH Trust. The matron for Learning disabilities and Autism is an Independent Nurse prescriber which also helps to minimise readmission and aids a more robust community plan for our patient group.

We have a flagging system within the Trust for people with a Learning Disability, this helps to identify where reasonable adjustments need to be made and also champions the use of the Hospital passport. This is a holistic assessment for people with a Learning Disability. As a Trust we are currently implementing a flagging system for autistic people, to ensure they have reasonable adjustments to their care pathway.

The LD Team are supporting our Urgent and Emergency Care Centre (UECC) to gain Autism Accreditation. This scheme is through the National Autistic Society and will help to raise the standard of care and the experience we give to patients and visitors with Autism. All of the autism awareness training that will be associated with this programme will be delivered by 'experts with experience'. This is also a project that we hope to extend through all wards and departments. We are also supporting our UECC colleagues by creating a low stimulus room for people with learning disabilities, Autism and other complex presentations who would benefit from a low stimulus environment.

We are continuing to progress how we develop from feedback given to us from our patients, families and carers. We now have representation on our LD and autism sub-group from the parent of an individual with neuro-diverse needs and Autism. We continue to develop and welcome new members to this group. It is vital that patient experience directly shapes and improves the services within the Trust. This group feeds directly into the Trust Patient Experience Group.

Around the Trust, the LD Team have also increased the amount of information boards there are in relation to LD and/or Autism. These act as a visual reminder to staff and visitors to the Trust regarding the LD Team and give information about the hospital passport, how to contact the team, and how we can give help and support.

As a Trust we annually complete the Learning disability Standards for Acute Trusts. These include a self-assessment data collection around various health sections. These standards also include data around autistic people.

Our Team is involved with the LD Mortality Reviews (LeDeR). These are reviews of deaths of people with Learning Disabilities, and since April 2022 this includes the deaths of autistic people. This is positive for our Trust to be able to learn from the thematic data this produces and improve our services accordingly.

The LD Team at TRFT continues to work in partnership with local organisations within the third sector. We work closely with Speak Up, a Rotherham advocacy organisation which employs staff and has volunteers with Autism and LD, service providers such as Voyage, Exemplar, Mencap and our Local Authority.

We hope to appoint a medical lead from the Trust for the LD Team in the near future. Having expert medical oversight will be a hugely positive achievement for patient care at TRFT and will provide clinical guidance for the Team.

The Team offers bespoke training within the Trust around LD and Autism. This training offer also extends to our local universities, for both undergraduate adult nursing programmes, postgraduate nurse training and Trainee nursing associate programmes. This year we are also offering some bespoke



training from Speak Up, our local advocacy organisation in Rotherham for people with Learning disabilities and autistic people. The training will be delivered by experts by experience. As a Trust we are awaiting the implementation of the Oliver McGowan training, which is the mandatory training for all Health and Social Care professionals on Learning Disabilities and Autism.

P was diagnosed around the age of 11 yrs old with Asperger's, and now at the age of 60 years, struggles with his physical and mental health. His elderly mother is unable to be as involved in providing care as she was before.

Due to intensive support from a variety of TRFT staff, P has been supported to access health care and address the health issues, which in turn, has improved his mental health.

Specialised plans were agreed in partnership with him and his carers to access services, which served to reduce his anxiety about treatment.

Reasonable adjustments were made to accommodate P's stay in hospital and the Urgent Care Team showed great leadership and compassion for his complex case.

P is now engaging with healthcare in the community and is happy to accept help and support.

## CHILD DEATH REVIEW

The child death review (CDR) service has continued to develop innovative practice and review during the last year and continues to attract interest from local and national Trusts to discuss and emulate the model we have embedded in Rotherham.

The CDR service aims to learn from all child deaths whilst delivering an excellent service for bereaved parents and carers.

In 2021/2022 Rotherham recorded 23 child deaths in total, this is more than double the child deaths reported in the last two years and the highest number of deaths since 2012/13, when 28 child deaths were recorded. It is hard to provide a rationale for the increase in the number of deaths, some suggestions being the lifting of Covid19 restrictions. It is hoped, going forward, the National Child Mortality Database (NCMD) may be able to offer some narrative.

### Deaths of Children Resident in Rotherham 2021-22

Expected Deaths	Unexpected Deaths	Year Total
13	10	23

## Notification of Rotherham Child Deaths by Age Group

% of death notifications by age group - CDOP



% of death notifications by age group - National (England)



### **What have we achieved?**

All cases requiring a Joint Agency Response (JAR) have had a case discussion meeting held within three working days of the child death. These meetings have had excellent multi-agency attendance and contribution.

A Pathologist has been in attendance at all Child Death Review meetings (CDRM) when a post – mortem has been performed. This has received positive feedback from pathology services and their contribution at the CDRM has been of value. The CDRMs for all child deaths have worked effectively in terms of attendance and participation.

The work of the keyworker has proved insightful into the worries, fears and issues parents hold onto following the unexpected death of their infant/child. The service continues to be available Monday– Friday, 9am – 5pm. The keyworker is the “voice of the parent” at all professional meetings.

Direct contact and liaison with the NCMD Programme has proved valuable in supporting the child death review service to remain compliant with CDR statutory guidance e.g. a grading system used to identify modifiable factors; reporting death occurring overseas.

As a result of learning from a specific child death and audit, there has been increased awareness of the CDR process in TRFT’s Urgent and Emergency Care Centre and maternity services, resulting in timely initiation of relevant processes.

Following attendance at a NCMD workshop on charging policy for pregnant overseas women, TRFT reviewed their process and in conjunction with our finance team and maternity services, developed a SOP to improve the sharing of information between professionals, ensuring identified pregnant women receive appropriate, timely support and have their physical and emotional health needs met.

An effective pathway has been developed for sharing learning from CDOP within TRFT and the wider partnership.

The Lead Nurse continues to offer bespoke training within the Trust about the Child Death Review process and supports paediatric and obstetric SHO, Registrar induction days and the appointment of new Consultants in these fields.

### **What have we found difficult?**

Six unexpected deaths occurred within a period of six weeks; this placed an exceptionally high level of stress on the key members of the team and highlighted the need for access to quality clinical psychological support.

RMBC requested a change in how child death review and CDOP administrative support was delivered and requested to separate the two posts (TRFT CDR admin previously sat with RMBC CDOP admin post, funded by TRFT). This disrupted the service briefly, created gaps in sharing of information and duplicated work in some areas. However, new staff are now in post and the service is working to embed the new arrangements.

## What are our plans for 2022-2023?

The TRFT CDR service plans for the future include:

- To facilitate an on-line CDOP Learning Event, “Making a Difference to Child Death,” for multi-agency front line professionals working with children and families
- To improve communication with, and understanding of, the Coroner’s service. We will invite the Coroner’s officers to JAR and CDR meetings and set out an information sharing agreement in relation to meeting minutes, post–mortem reports, outcome of inquests etc. This will include identifying learning opportunities and supporting practitioners to improve knowledge and understanding of the Coroner’s service
- To contribute to the co-ordinated Multi-agency SY and Bassetlaw Joint Safe Sleep Guidance and promote training to help develop a shared understanding about a safer sleep environment, enabling practitioners to reflect on their individual role in promoting safer sleep messages and recognising risk. To support this, TRFT will re-visit use of Safe Sleep Assessment Tool
- Develop standards for the keyworker service, and with reference to evidence-based research, seek formal parental/carer feedback on the keyworker service
- To participate in further thematic reviews with our Regional partners
- Lead Nurse Child Death Review will continue to contribute to the TRFT self-assessment in relation to Bereavement Care Standards and identify actions for TRFT
- Clarify role of the medical examiner and impact of “*National Medical Examiners Good Practice Series: Medical examiners and child deaths*” (The Royal College of Pathologists, 2022), on the child death review process
- CDOP will consider how we support and influence future strategies to reduce the harm of social deprivation.

## SAFEGUARDING CHILDREN ACTIVITY

Mandatory training remains a key priority. The development of our new training strategy, ‘Think Family’, commenced in the last quarter of 2020/21, with a focus on joint training for children’s and adults’ competencies, meaning staff can acquire competencies in level 2 and level 3 at the same time, dependent on job role and requirements. This was launched in April 2021 and reviewed throughout the year.

Overall, training compliance at levels 1, 2, and 3 have remained consistent, around the 80%-90% compliance, which is all the more remarkable considering the additional pressures that the Trust has faced with COVID 19. The monitoring of training compliance continues via the Operational Safeguarding Group and Strategic Safeguarding Committee. Assurance is provided to the Quality Committee from the data provided by Electronic Staff Record (ESR).

### Safeguarding Children Training Compliance - Figures at 31/03/2022

Children Safeguarding Training	Rag Rating	Percentage Achieved 2021/2022	Percentage Achieved 2020/2021
Level 1	Green	88%	76%
Level 2	Yellow	83%	84%
Level 3	Green	86%	84%
Level 4	Green	100%	80%

All TRFT E-learning packages and face to face training are compliant with intercollegiate guidance. There has been a continued emphasis on additional opportunities to support a blended approach to learning with 'bespoke' opportunities including attendance at safeguarding meetings, practitioner learning events, tailored feedback supervision sessions, incident review, 'stop the shift' presentations and Safeguarding Awareness Week with the key themes of Domestic Abuse, Child Sexual Exploitation and gender bias.

The Named Nurses conducted a joint review of staff MaST competencies with the Learning and Development team. It was recognised that due to the variety of routes that staff can use to gain their competencies over the three year period as per Royal College of Paediatrics & Child Health (RCPCH) 'Intercollegiate Document' (2019), continual review and progression would be required to ensure the accuracy of the data obtained.

## **SAFEGUARDING CHILDREN DEVELOPMENTS**

In 2021/2022 a key focus has continued to be the development and upskilling of the TRFT work force in order to increase practitioner confidence and competence in managing safeguarding children concerns.

Following on from previous serious incidents, a key priority for the safeguarding team over the past year has been to work with paediatric and UECC medical and nursing staff to consider the pathway for non-mobile children when they present with an injury to TRFT. The review of this process resulted in further partnership working to update the Tri-X multiagency procedures. This ensured that TRFT are working in line with national guidance.

The TRFT safeguarding team have also been benchmarking against other areas nationally through the national Named Safeguarding Professional's Network. Work is in progress to complete this pathway and reduce the level of risk identified.

The safeguarding team have implemented a number of 'Stop The Shift' sessions focusing on key messages e.g. Discharge Planning Meetings, Multi Agency Processes, 16 and 17 year olds admissions and Practice Resolution. During Covid all multi-agency meetings have taken place via Teams which has benefited service users by having the right people there at the right time to co-ordinate safe plans for discharge.

This has been progressed by the development of designated Safeguarding Children Champions across acute and community service areas. There has been wider development of standardised safeguarding children's competencies within key service areas to enhance level 3 skills and knowledge.

In addition to the Safeguarding Champions, the team have also provided training to support additional staff to become Safeguarding Children's Supervisors. This serves to complement the safeguarding supervision offer across the Trust and support compliance for staff working with children.

Daily Safeguarding Children Huddles have been embedded in the acute children's services, maternity, UECC and children's ward which support meaningful case discussions and case escalations. This has emphasised that safeguarding is a core business across the children's pathway. The huddles have also been extended to the fracture clinic and SCBU, with work ongoing to embed weekly/monthly huddles within community children's services.

The use of paper safeguarding records was reviewed and electronic safeguarding records for children and families were created through joint working with IT teams. Ward managers and paediatric practice educators agreed to implement these, with bespoke training delivered to staff. This will be extended to SCBU during 2022.

The safeguarding team have been upskilling staff to demonstrate within their documentation their consideration of safeguarding, their use of safeguarding processes and the completion of referrals. This includes demonstrating the 'voice of the child' and alignment of decisions made with the threshold descriptors.

Ongoing audits of this have demonstrated that the quality of TRFT referrals to the MASH service has improved. UECC staff in particular have demonstrated the embedding of the TRFT 'Think Family' ethos as they consistently refer adults-at-risk who have dependent children.

Safeguarding 7-minute briefings continue to be produced on a monthly basis, providing an opportunity to disseminate key, current information across the Trust. Alongside these, appreciative enquiries are also produced which highlight areas of good practice to share across the workforce. This allows the safeguarding team to promote positive safeguarding messages to engage and encourage staff with the safeguarding processes.

The safeguarding team are responsible for reviewing and updating safeguarding policies. The Trust's Female Genital Mutilation (FGM) policy has been updated in line with recent changes to national guidance. Amendments were made to TRFT's Surrogacy Policy following changes to national guidance. These were reviewed by the Trust's legal team to support the transition. The Trust's Child Protection Medical Assessment Policy has also been developed in line with the national standards and a training package for medical colleagues developed in conjunction with new starter training to reinforce multiagency processes. This is co-delivered with RMBC Children's Social Care, service manager and safeguarding team. Other policies that have been reviewed include the Domestic Abuse Policies which have been merged into one policy which includes pregnant women, Perplexing Presentations and Fabricated illness. All are in line with new national requirements.

A new policy was developed following the CQC inspection which identified the need for a more robust safeguarding system to identify vulnerable 16 and 17 year olds admitted to adult wards. The policy underpinned work undertaken, which involved building mandatory safeguarding checks into the Meditech patient record admission template to prompt staff to request safeguarding checks which would provide information of known risks or vulnerabilities to support the assessment of the child and ensure any emerging concerns were actioned appropriately.

It is key that, although required infrequently, staff on adult wards are aware of who to go to for support and advice in the event of a vulnerable child being cared for on their ward. With this in mind, the safeguarding team will continue to raise the awareness of child safeguarding processes across adult wards.

## **KEY PERFORMANCE INDICATORS (KPI) & STANDARDS**

Children's safeguarding are required to provide assurance through the KPIs and Safeguarding Standards, as set by the Clinical Commissioning Group (CCG, now ICB). These include offering assurance on a diverse range of safeguarding activity throughout the Trust, including supervision and training, division specific activity, e.g. LAC health assessments, CSE referrals and Child Protection Medicals.

Both the Safeguarding Standards and the Key Performance Indicators are reported quarterly to the Trust Strategic Safeguarding Committee. This meeting includes representation from the Clinical Commissioning Group, Local Authority, Local Children Safeguarding Partnership and Local Safeguarding Adult Board are members.

Following a review of the terms of reference of the Operational and Strategic Safeguarding meetings, individual Divisions of the Trust will take ownership of their individual KPIs and standards and will report monthly to the Operational Group to present their information.

## **SAFEGUARDING PRACTICE REVIEW**

Within this annual report year there has been one serious child safeguarding incident. This was considered at the Rotherham Partnership's Practice Review Sub group but was not required to be

reviewed by the National Panel. This case did not meet the criteria for a Safeguarding Practice Review. An action plan was created and monitored through the Operational Safeguarding Group and the partnership Practice Review group. All actions were completed in a timely manner and the resulting developments to practice implemented. Whilst the actions have been completed this incident currently remains as an ongoing investigation with the Police.

There have been no TRFT serious incidents (SIs) involving children in this reporting period. However, action plans from serious incidents from the last reporting year have been progressed and learning disseminated across the Trust.

A 17 year old Mother attended UECC with her 8 week old baby, as her child was unsettled and crying. Mother herself was able to disclose her own poor mental health and suicidal thoughts with feelings that she was not coping. Mother also reported domestic abuse in her current relationship. Both mother and child were seen as individual patients within the department resulting in both being admitted to the children's ward – recognising mother as a child in her own right. There was positive multiagency working, with a joint assessment being undertaken by midwifery, 0-19 service and the perinatal mental health team on the ward. A referral was made to children's social care and the practice resolution process followed due to initial differing professional views. Staff successfully identified parental and the child's vulnerabilities identified, ie teenage parent, new-born baby, mental health concerns and domestic abuse

From this TRFT were able to reduce the risk of harm by recognising the vulnerabilities and ensuring a safe plan resulting in better outcome for mother and child

## **SAFEGUARDING SUPERVISION**

During 2021/22 the Safeguarding Supervision model has continued to be embedded across the Trust. In this reporting period, the Safeguarding Team have coordinated 1:1, group and adhoc safeguarding supervision sessions on a monthly basis. Due to Covid 19 restrictions, the group supervision sessions were completed virtually with additional access to video cases to support staff with maintaining their required compliance.

The Children's Safeguarding Supervisors' training was provided to create additional supervisors. This supports the offer of safeguarding supervision across the Divisions with more scope for additional sessions within the departments, which will subsequently support compliance. The challenge has been finding practitioners who have a keen interest but who will also be supported by their managers to undertake this additional role. To reflect staff movement and changes in role, the team aim to provide at least 2 sessions a year to train new supervisors.

Compliance with the safeguarding supervision requirement continues to be monitored through the Operational Safeguarding Group. There have ongoing challenges with this related to the accuracy in recording staff who require supervision. This has been identified and is part of the safeguarding risk register. Ongoing work, in conjunction with relevant Divisions, Learning & Development and our safeguarding team continues to ensure that the requirements are correctly aligned.

The safeguarding supervision of medical colleagues has been a key priority. The team have progressed work to establish a standardised, consistent approach, using the TRFT agreed supervision model 'signs of safety', with an offer of a monthly session provided by the Named Doctor and supported by a Named Nurse. Supporting this is the work done with our Consultants across UECC and Paediatrics to highlight the importance of, and the benefits to the Trust and the patients. Work towards improved compliance will continue in 22/23.

Child Protection Medical Assessment Peer review, set up in October 2021 to provide an additional layer of support and supervision to medical paediatric colleagues of all different training and competence levels, has been reviewed with very positive impact statements. This reinforces learning, not only for completing the medical assessment itself, but in the use of the 'Think Family' approach, and supports a wider consideration of any issues and concerns.

## **PARTNERSHIP WORKING – SAFEGUARDING CHILDREN**

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 executive level by the Chief Nurse, or her deputy, the Head of Safeguarding, who attend the Rotherham Safeguarding Children Partnership (RSCP) and Rotherham Adult Safeguarding Board (RSAB) meetings. The Safeguarding Named Nurses and Named Midwife attend the safeguarding delivery groups of the RSCP, in line with Section 11 of the Children Act 2004 requirements. Actions and information is reported back to TRFT's Safeguarding Operational Meeting, with any future plans for single or joint working e.g. injuries in children, safeguarding risk assessment tool, parent/ carer child protection enquiries process leaflet.

In the reporting period the Children's Safeguarding Team have continued to work closely with our RSCP and Local Authority colleagues to improve the outcomes for children and young people. This has enabled joint priority setting, supporting the Partnership to respond to emerging themes, thereby ensuring safeguarding processes are robust and effective.

The Multi Agency MASH 'baby clinic' was commenced in the first quarter, which has evaluated very well from professionals. This provided an early opportunity to identify those families who required either additional Early Help (EH) support or a social care assessment based upon the history and identified risks. Alongside this, as part of a practice review, the bespoke EH midwifery pathway was established, allowing for midwifery staff to refer to EH, either for universal services or for targeted support, and ensuring that this was able to be offered, with recognition from EH colleagues of the challenges faced by midwives in completing a full EH assessment. This was launched at the end of February 2022, with joint training sessions delivered by Early Help and the TRFT safeguarding team to midwives to discuss the rationale of the bespoke pathway.

The Rotherham Maternity Hope Box initiative was launched in February 2022 to provide support to women who are having (or are at risk of having) their baby taken into care following birth. The initiative is to positively acknowledge that the women have become mothers even without the presence of their child. All women who are potentially at risk of having their unborn baby removed will be offered a box which contains items to support positive memories of their child. Bespoke leaflets will be provided with the boxes in order to support the needs of the mother and promote their own wellbeing. The impact will be evaluated throughout the next year with support from the vulnerability midwives.

TRFT Partnership arrangements are evidenced by TRFT's engagement with our Local Authority (LA) partners as well South Yorkshire Police (SYP), Rotherham Clinical Commissioning Group (RCCG) and other Health providers.

During Covid 19 lockdown an additional weekly 'Vulnerabilities' meeting was commenced to ensure partners were working effectively, able to respond to any new need and could consider new arrangements of working. This meeting continues, now fortnightly, and has provided positive opportunities to enhance provision and care for children. In addition, the TRFT monthly Partnership Operational Meeting continued with a virtual meeting to continue with the ethos of collective, solution-focused actions. There have been a number of positive joint work streams, for example section 85 arrangements to provide information to the Local Authority where a child has been in hospital for 3

months or more, assaults pathway, genital injury and Sexual Assault Referral Centre (SARC) processes and new starter training improvements.

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.

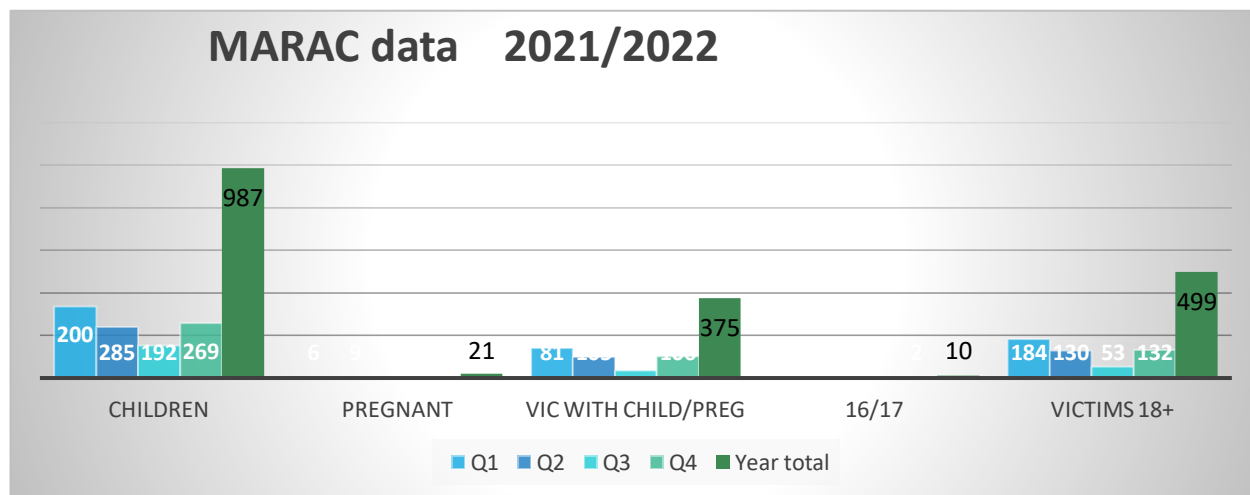
During this annual report period there have been 319 initial Child Protection Case Conferences (a 24.4% decrease on the previous year) and 641 Review Child Protection Case Conferences (a 12.7% decrease) that health staff have contributed to.

Legal statements were completed on 124 children (an increase of 4.8%) by TRFT colleagues. The Safeguarding team have reviewed and updated the guideline for safeguarding legal statements and attendance at court. Further work is to be undertaken to refresh the bespoke training package, to support the staff with legal statements and quality-assuring skills.

The Trust is represented at MARAC for both adult and children’s cases by the Safeguarding Children’s Team, who provide health representation in high risk domestic abuse cases which involve children, pregnant women and victims aged 16-17yrs.

A total of 987 cases were brought to MARAC, overall, 509 victims, in 21/22.

Approximately 41 cases were discussed 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 5.5% increase on last year’s figures. The local area increase, initially apparent during the early weeks of the Covid 19 pandemic and subsequent lockdown, has continued, and is reflected nationally. MARAC meetings were maintained virtually through ‘Teams’ meetings to ensure continuity of risk assessment and safety planning for the high-risk cases.



## LOOKED AFTER CHILDREN

The Looked After Children (LAC) and Care Leavers service sits within Family Health, and is made up of a dedicated team of doctors, nurses and admin staff. There are strong, positive links with the safeguarding team, and performance reporting is provided for the Strategic Safeguarding Committee.

- **Performance**

The achievement of the 20 working day target is reliant on joint working with our partners, in particular, prompt notification of a child becoming looked after from Rotherham Metropolitan Borough Council



(RMBC). Significant partnership work has taken place, and is on-going with partner agencies to support the timeliness of LAC accessing Initial Health Assessments (IHA). Tables below show the percentage of IHAs completed within 20 days and the percentage completed excluding factors that were outside TRFTs control.

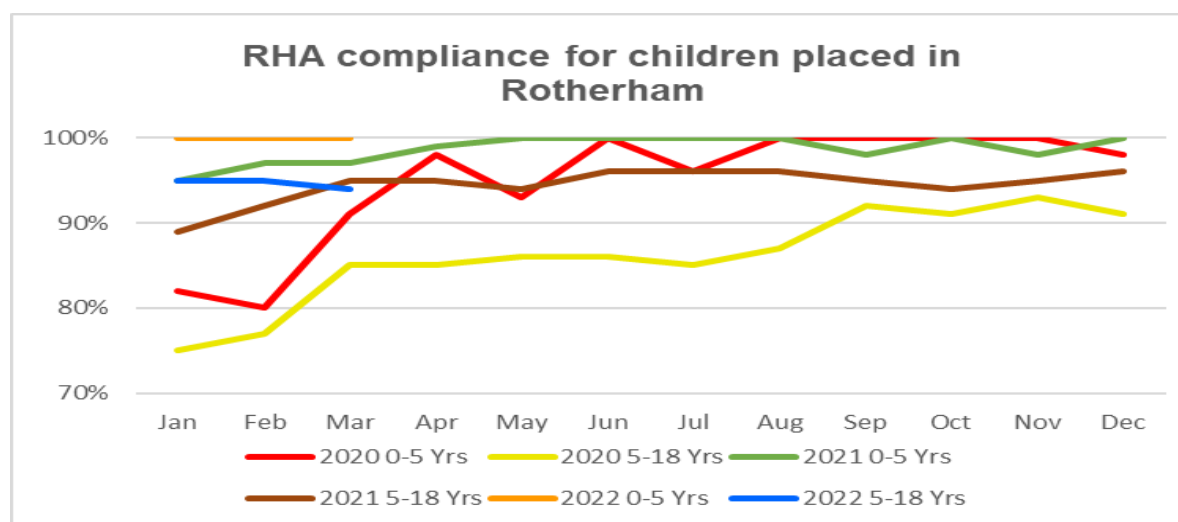
Q	Target	21/22 - <b>Achieved</b>	21/22 excluding factors outside of TRFT's control
Q1	95%	65%	94%
Q2	95%	59%	100%
Q3	95%	66%	100%
Q4	95%	80%	95%

In Q1, the 1 IHA completed outside 20 day target that was within TRFTs control was due to the baby being on SCBU following birth. Baby was seen when appropriate to do so on day 23. This was done late in the baby’s best interest.

In Q4, the 2 IHAs completed outside the 20 day target that were within TRFTs control were due to 2 unaccompanied asylum seeking children requiring interpreters and a double clinic slot. The first available appointments were given to meet their needs on day 26.

The data shows that TRFT has made significant improvements, and is performing well. There is commitment and working together from the whole service and management to improve and maintain performance, and pride is taken in the achievements made.

Throughout a child’s time in care following the IHA, review health assessments (RHAs) are undertaken 6 monthly on those children under 5 years and annually for those over 5 years.



The above graph highlights the improvements made for those children placed in Rotherham, whose RHAs are undertaken by the TRFT LAC team. The nurses have shown adaptability, tenacity and a passion for our Looked After Children throughout the pandemic, working in new ways and with restrictions. Despite these challenges, the team have improved and maintained performance as shown. When the young people who decline their health assessment are deducted from the data, the figures

Thank you for being at the meeting today! Your presentation, attention to the detail, and the passion that shone through, blew me away, I was so proud of the work you talked about so well. Suzy, Suzanne Joyner, Strategic Director Children and Young Peoples Services.

Sorry I had to leave, but echo Suzy's feedback and thanks. Rebecca Wall, Interim Assistant Director – Children's social care

Lynda and her gang have made a real difference to the kids and all the teams massively appreciate what they do. Thanks Sharon

Sharon Sandell, Service Manager Leaving Care and Family Activity Base.

have been consistently between 98% and 100%, with small numbers completed out of timescale due to a variety of reasons, including Covid isolation, holidays and making multiple attempts to engage some young people who may struggle to be available at planned times.

It is noted that some of the children who decline are in long term foster placements, have stability and therefore do not want to feel different to their peers. However, if they do have a specific health need, a focussed piece of work around that particular health need may be completed instead.

There are children who become Looked After due to receiving 75 nights or more respite. Their parents may decline the assessment as other health professionals are already involved and their health needs are being met by the usual reviews of their, often complex, health needs.

For some children/young people, they are not in the right place, emotionally, and therefore not engaging well. If there is no access when visited, our nurse will offer several further appointments, or may request consent from the young person to speak with carers to review their health needs. All children and young people, their carers and associated professionals have open access to health advice and support from the nursing team.

The close partnership work with RMBC has continued, and the service has received positive feedback from a session in which the Lead Nurse LAC co-delivered a presentation to local councillors regarding the needs of Looked After Children and the role of the dedicated nursing team:

- **Service update**

This has been a further year of growth and service improvement for the Looked After Children (LAC) and Care Leavers Nursing Team. We have recruited 3 more Band 6 Nurses, however, one of the posts was secured by our Band 5 Staff Nurse, who has demonstrated progression within the role. We look forward to the positive impact that the 2 new staff will bring to the team based on their past knowledge and experience.

Role specific training has completed within the team and we continue to utilise our team meetings for professional development; this is an integral part of our service. The team has now benefitted from almost a year of a monthly supervision/support session from a practitioner within the trauma and resilience team. This year has included training and clinical supervision in relation to vicarious trauma as our staff work in a highly emotive area of practice where trauma is a significant feature. We have

also explored themes and specific cases, where feedback has been transferred into practice. Team members value this support greatly, and are benefitting from the additional knowledge gained through these sessions.

Following on from our team's engagement with the RMBC baby carers' support group, it became clear that common themes were being raised where carers required clarity and additional knowledge. For this reason, and in liaison with the Fostering Service in RMBC, a team member compiled a "Guide for Baby Carers". This has gone through TRFT governance process and is available for baby carers, social workers and fostering social workers to utilise as a consistent, reliable resource for health information. This document is also to be promoted during the training process of foster carers. This document, with embedded links, will be updated as any new guidance is released, therefore ensuring that carers have up to date, evidence based, health information to access alongside the support they receive from the Looked After Children's Nurse allocated to any baby in their care. This has been very well received.

A significant project that the LAC team and the Health Improvement Team have participated in is a dental project for Looked After Children. In partnership with foundation dentists, the 'Smile' dental project was developed where LAC in Rotherham were referred to a newly qualified dentist within 8 practices across Rotherham. This project has enabled some of our most vulnerable children and young people to access this valued service. The success of this is being continued and adapted, and we are linking with colleagues across South Yorkshire to have an equitable, robust service to support our vulnerable cohort across the region. There is a commitment from all areas to work together, and create a regional pathway and service that we can be proud to have played a part in.

The number of children coming into care has stabilised over this financial year, and is gradually decreasing. Courts resuming has meant that adoption processes are now being finalised, therefore the children are ceasing to be LAC.

Family, community and professional support being more readily available to parents as restrictions have lifted may have positively impacted on the number of children being brought into care, which we saw significantly increase during lockdown.

Following the successful South Yorkshire and Bassetlaw Looked After Children's Conference in March 2020, a second bid was made, and again this was agreed and funded by NHSE Safeguarding North region. The event took place on 16<sup>th</sup> March, which again was held virtually. We had excellent speakers that were care experienced adults, which gave great insight into how much difference a supportive professional can make to a young person. The Named Nurses from across the region also spoke of the importance of a high quality health assessment. The event was a huge success, and it is hoped that this will be an annual event. This event enhanced knowledge and understanding for the needs of Looked After Children. Training has also been undertaken by the team in relation to trauma informed care. The passion and insight that the guest speakers and trainers spoke with has left a lasting positive mark within the team and reminds us of the importance of our role.

Due to the close working relationships developed with the Speech & Language therapists within the virtual school in Rotherham, and their knowledge and involvement with LAC, a screening tool was devised in relation to speech, language and communication that is being used at the IHA, there are current South Yorkshire wide planning meetings looking at how this can be implemented across the region at RHA as a screening and monitoring tool. As Rotherham have led on this, the nursing team will pilot the screening tool at RHA.

As restrictions have lifted and some level of normality is resuming, plans are in place for developing drop in sessions to take place in the residential children's homes and in the care leaver's base.

Meetings have taken place with managers in RMBC, who are very keen to engage with this, and we are linking with a group of young people to help guide the way this is delivered.

Positive feedback has been received from an experienced foster carer:

We have also enjoyed linking on 2 occasions with the Exec Board at TRFT to give insight into the service we deliver, this was very well received, and real interest and support for the team was felt. A recent bid to TRFT Hospital Charity to fund a health related activity to a planned summer festival for Looked After Children and Care Leavers in Rotherham has been supported by the Executive Team.

This has been another exciting, challenging and positive year for the Looked After Children and Care Leavers' Nursing Team, and we are passionate about the specialist care we deliver and are committed in continuing to develop and improve in our service delivery.

## **SAFEGUARDING GOVERNANCE ARRANGEMENTS**

Over the last 12 months the focus on a robust Trust safeguarding and external governance structure has continued (Refer to Appendix 4).

The responsibilities of all staff employed by the Trust for safeguarding children and adults are documented in the TRFT Safeguarding Policy. In addition to this there are a number of supporting policies and procedures which guide and support Trust staff.

The Chief Executive is the accountable officer. The Safeguarding Executive lead is the Chief Nurse and the Corporate/Operational Lead for Safeguarding is the Head of Safeguarding.

The Trust has two specific Safeguarding meetings: a monthly Operational Safeguarding Group now chaired by the Deputy Chief Nurse and a quarterly Safeguarding Strategic Group, chaired by the Chief Nurse, reporting to the Quality Committee. The arrangements for the chairing and governance of both groups were reviewed in 2020 and again in 2021 following CQC's inspection.

The role of the Strategic Safeguarding 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 (now the Integrated Care System [ICS]), the Rotherham Safeguarding Adult Board, the Rotherham Safeguarding Children Partnership (RSCP), 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 Quality Committee.

TRFT are represented on the Rotherham Safeguarding Adult Board and on the Rotherham Safeguarding Children Partnership by the Chief Nurse. The deputy for these meetings is the Head of Safeguarding.

There are a number of Safeguarding Board/Partnership delivery groups that have TRFT representation from named professionals within the team. The Performance and Quality Sub group of the Rotherham Safeguarding Adult Board is chaired by the Head of Safeguarding.

A summary report regarding key points from these delivery groups is submitted to the Operational Safeguarding Group to share information and to provide transparency and joined up working.

A 'Safeguarding Strategy on a page' is in place and sets out our strategic direction of Safeguarding. This is underpinned by a robust work plan. This was considered an excellent approach and the same approach is used for other Trust Service Strategies. The strategy will be reviewed in 22/23 to reflect emerging issues.

The Trust is required to satisfy the requirements of the Safeguarding Key Performance Indicators (KPI) and Safeguarding 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.

There have been no safeguarding related Serious Incidents since February 2020. The safeguarding team review all datix related to safeguarding issues, and provide a monthly report to the TRFT Harm Free meeting. This report identifies any learning, good practice, any escalations and identifies any themes for training and support.

## CARE QUALITY COMMISSION

The Trust was inspected by the Care Quality Commission (CQC) in May/June 2021. Three Core Services were visited – Urgent and Emergency Care (UECC), Children and Young People and Maternity Services.

A number of issues relating to Safeguarding were raised within the final report with a Section 29a Regulatory sanction being imposed in UECC. A key component of the Section 29a related to the identification of patients with potential safeguarding concerns, the accurate and timely referral into the appropriate pathway, the associated documentation and importantly compliance with the relevant safeguarding mandatory training.

CQC re-visited UECC in March 2022 and recognised the significant work that had been undertaken across the department, in particular the introduction of safeguarding safety huddles, the improvement in safeguarding referrals and stakeholder and partner working.

Although the Trust recognised that safeguarding mandatory training compliance is not yet at the Trust required standard despite the expiry of the Section 29a a further condition has been imposed against the Trust Registration. Since March, there has been sustained improved compliance with an expectation that the condition will be removed within the 2022/23 year.

The Safeguarding Team work closely with colleagues in UECC, providing advice, support and guidance, in particular in providing real time feedback on safeguarding issues and supporting the provision of evidence to demonstrate improvement and changes in practice where necessary.

The Trust has continued to strengthen the governance arrangements in relation to safeguarding with a Safeguarding Operational Group and Safeguarding Committee well-embedded into the Trust Governance Framework. The groups have executive oversight and report directly to the Board Assurance Quality Committee.

To further support the improvement work a Safeguarding Improvement Plan is in place, incorporating all issues identified by CQC and other intelligence sources. Progress against actions are monitored via the Operational Group and the Trust CQC Delivery Group chaired by the Chief Executive/Deputy Chief Executive and again reporting directly to the Quality Committee and Board of Directors.

## RISKS AND MITIGATION

The following risks were identified and/or managed throughout the last 12 months. Performance is reviewed and risks are monitored through the Operational Safeguarding Group and the Strategic Safeguarding Group.

All risks are included on the Chief Nurse Risk Register and managed accordingly.

1. Safeguarding MaST Training Compliance
2. Management of injuries to infants under 2 years, including non-mobile babies
3. Providing appropriate care for patients with complex mental health needs
4. Recording arrangements of Safeguarding Supervision compliance is unreliable.

5. Child Protection E-MARF forms process – Closed Q1
6. Implementation of the MCA (Closed November 2021)

## **Description of Risk and Control Measures**

### **1. Safeguarding MaST Training Compliance**

The risk is in relation to TRFT colleagues not accessing the required level of safeguarding training, which may impact on their competence when required to assess safeguarding risk for children and adults. This is now viewed as a managed risk, with a current risk score an approved risk with a score of 6 (moderate risk).

**Mitigations:** The Safeguarding Team continue to receive monthly compliance reports. Colleagues receive a three-monthly reminder to complete their training from ESR.

The training offer during COVID has continued as predominantly E-Learning, with some face-to-face sessions being offered as restrictions eased. The Think Family training days have been well received. The E-learning package remains in place to provide core competency updates for safeguarding children and adults, with the complementary packages to support the additional hours required.

Training compliance is monitored and escalated via the Operational and Strategic Safeguarding Groups, and Divisional Leads have sight of compliance data.

### **2. Management of injuries to infants under 2 years, including non-mobile babies**

There is a risk of injuries in infants under two years, including non-mobile babies, being inappropriately clinically managed and not giving appropriate consideration to wider safeguarding issues which may be present. The concerns involve staff potentially failing to recognise wider concerns related to injuries in this group of patients and staff potentially failing to follow local policy and procedure when these cases present. This is particularly relevant where there may be temporary/Locum staff who are unfamiliar with TRFT policy and process for managing these issues. This carries a risk that appropriate single and multi-agency intervention to reduce risk and prevent further injuries to this group may be delayed. This is being managed as an approved risk, with a risk score of 8 (high risk).

**Mitigations:** The 'Bruising in non-mobile babies' pathway has been developed and agreed with our partner agencies. This is now included in the Rotherham M/A procedures which have been updated and recirculated.

The safeguarding team has provided significant support to staff regarding the appropriate management of these cases.

Case supervision and daily safeguarding Huddles have been implemented within UECC, Children's Ward, SCBU and Midwifery. There has been significant work to embed the use of body-mapping across these services which are monitored through audit within the department but also via an independent audit from the safeguarding team.

TRFT new starter training has been refreshed for medical colleagues and use of case scenarios to reinforce multiagency safeguarding procedures.

It is expected that with the embedding of the above mitigations, this risk can be considered for closure by Q2 of 22/23.

### **3. Providing appropriate care for patients with complex mental health needs**

This risk refers to concerns that TRFT do not have a workforce with the skills, knowledge and competence to manage patients who present with complex mental health needs. There is a risk that the mental health needs of the patient may not be recognised and appropriate support may not be provided in a timely manner.

This may result in worsening of the patient's mental health, and an increase in behaviours that challenge the skills and knowledge of TRFT staff, potentially resulting in harm to the patient. This will also impact on staff. This is being managed as a new risk, with a risk score of 9 (high risk).

**Mitigations:** The Trust has introduced a Mental Health Steering Group (MHSG) which is driving forward work to ensure staff are able to recognise and respond to those people who may be experiencing poor mental health.

A Mental Health Strategy has been agreed, and the MHSG will develop an action plan to underpin the implementation of this.

TRFT are working in partnership with the Rotherham, Doncaster & South Humber (RDaSH) Trust to improve awareness of poor mental health and how this may manifest in patients, allowing staff to implement appropriate care strategies.

### **4. Recording arrangements of Safeguarding Supervision compliance is unreliable.**

This risk lay in the unreliability of the information produced by ESR related to Safeguarding Supervision compliance and was added in June 21.

The assurance required by monitoring bodies as well as by our internal TRFT process cannot be provided as the information supplied by ESR on the report is not reliable or accurate. This is now viewed as an approved risk, with a risk score of 8 (high risk).

**Mitigations:** Work has been ongoing with our colleagues in Learning & Development to improve this. The Safeguarding Supervision Policy has been reviewed and staff lists have been considered to ensure there is appropriate allocation of this expectation on ESR. Additional Safeguarding Supervision training has been provided to increase the Trust's ability to implement the supervision programme. Divisional Leads have been involved closely in reviewing allocation, adding further rigour to the allocation of supervision.

### **Risks closed in 21/22**

#### **Child Protection E-MARF forms process**

The risk related to a breakdown in the process of receiving a receipt when sending safeguarding referrals, required for the child's records, was resolved in Q1. The mitigations put in place were found to be effective and worked to remove the risk.

#### **Implementation of the MCA**

The risk related to providing evidence to support the continued and consistent implementation of the MCA & Deprivation of Liberty Safeguards (DoLS) throughout the Trust. This risk was closed in November 21 as the risk score had been significantly reduced as a result of the mitigations in place.

**Mitigations:** The input from the Adult Safeguarding team continued through the year to support and develop staff across the Trust to evidence their use of the MCA and DoLS in practice, and to be. A variety of training was provided throughout the period to support staff. Work was progressed to add the MCA templates to the electronic patient record (EPR) and sessions provided across the Trust to ensure staff were competent and confident in using the new format to record mental capacity assessments and best interest decisions.

## 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 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 actions required to implement the CQC Improvement Plan and accommodating the continued demands placed on our service, and the NHS, by Covid-19.

In spite of these challenges, the Safeguarding & Vulnerabilities Team have continued to improve the support available across the Trust, assisting TRFT staff to incorporate safeguarding into their daily work load and ensuring good outcomes.

The Safeguarding team are committed to ensuring all systems and processes support the early identification of safeguarding concerns and promote an approach which has the voice of the child or adult at risk at the forefront of care delivery throughout the Trust. The positive impact of the CQC implementation plan is now evidenced by the improved engagement and ownership of safeguarding matters across all Divisions of the Trust.

Improvements in governance arrangements are set to continue following the review of the Terms of Reference of both Trust safeguarding groups to ensure that these meetings deliver on their objectives and can offer assurance on safeguarding activity throughout the Trust.

Covid-19 continues to impact on all services. The team have adapted to the constraints and adopted positive strategies to ensure the continued progressing of the safeguarding agenda, both within our Trust and externally with our partners.

The positive aspects, improved attendance at meetings and stronger links with our LA and multi-agency partners, are continuing and support robust arrangements to safeguard children and adults at risk.

What were last year novel training approaches, are now embedded, with virtual safeguarding supervision, Teams training and Teams meetings now 'business as usual', ensuring that the business of safeguarding within TRFT continues to be seen as a priority and maintains the focus in the coming year.

## FUTURE PRIORITIES

**The Safeguarding Team have identified a number of key priorities for 2022-2023 to strengthen safeguarding arrangements for the Trust:**

- To achieve all safeguarding contracting Standards and Key Performance Indicators.
- To improve the evidence available demonstrating compliance with the MCA & DoLS requirement and transition to the Liberty Protection Safeguards (LPS) arrangements.
- To progress a business case to improve the ability of the Adult Safeguarding Team to implement the LPS safely.
- To continue to work towards Autism Accreditation for UECC to ensure that this patient group has access to high standards of care.
- To work collaboratively with our Partners to identify and manage demands on services as a consequence of Covid 19.
- To progress the Trust-wide improvement plan in partnership with divisional leads.
- To support divisions to improve the service offered to patients who have poor mental health by partnership working with RDaSH.



- To continue to develop workforce competence through developing knowledge and skills within the adult and children's safeguarding champions.
- To continue to work with divisions and IT to develop the e-safeguarding templates on Meditech and support with the implementation for use in practice.
- To develop an audit plan which will evidence compliance with safeguarding policy, procedure, training and supervision and which will demonstrate the embedding of improvements throughout the Trust.
- To raise awareness among senior staff in how to recognise and respond to emotional distress and poor mental health in staff.
- To review and refresh, with Partners, the neglect strategy and consider the arrangements for multiagency training for neglect and include the Graded care profile 2 for children and families tool.
- Ongoing work continues with the partnership to complete the update of the multiagency procedures for bruising and injury in non-mobile children and cascade information out to the teams.
- Exploitation of children remains a key priority for work to be completed collectively with the partnership and ongoing work in TRFT to develop practitioner's awareness in identification of risks from outside the family unit. A multiagency audit is planned and will identify the response and intervention / safety planning with families
- In light of the national review of Star and Arthur we will review the co-location arrangements of health teams across the borough to provide assurance that the teams are strengthened in line with national requirements.
- Ensure the new social care pathway is as robust as previous arrangements. To embed with the TRFT workforce that the requirement is to document the referral or any escalations in order for the safeguarding team to measure the quality of the referral and any escalation of risks in order to achieve practice resolution..
- . Further work is to be undertaken to refresh the bespoke training package, to support the staff with legal statements and quality-assuring skills this will be delivered by the Safeguarding Children's Team.

## 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 clearly sets out the arrangements necessary when working with adults (aged 18 years and over) who are, or may be, at risk of abuse or neglect.

### What will we 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
- Have robust monitoring, accountability and governance arrangements for safeguarding
- Work in collaboration with the Local Authority and other partner organisations

### How we will do it?

- Have executive level leadership and membership of both Rotherham Safeguarding Children Partnership 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 and whistle blowing policies, and adhere to Rotherham Safeguarding Children Partnership 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 Rotherham Safeguarding Children Partnership 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 abdication of responsibility, keeping assessment at the point of contact with the service user
- We will have a Safeguarding Supervision policy, and monitor compliance with this
- Capture data and share information as appropriate between relevant information systems
- Review and evaluate service delivery via audit and monitoring

### How success will be measured

- We will achieve our contractual obligations, and demonstrate this through our KPIs and Standards
- Our patients will have a better experience of healthcare, and be safe in our care
- Our staff will feel confident and be competent to contribute towards safeguarding vulnerable people

## The Rotherham NHS Foundation Trust Strategy for People with a Learning Disability/and or Autism

The Rotherham NHS Foundation Trust is committed to providing excellent standards of care to people with a Learning Disability/and or Autism. Providing person centered holistic care, based on individual needs.

### What is a Learning Disability?

It can be defined as a significant reduced ability to understand new or complex information, to learn new skills (significantly impaired intelligence). Coupled with a reduced ability to cope independently (impaired social/adaptive functioning), which started before adulthood (onset before aged 18) – with a lasting effect on development.

### National drivers

- Progress on improving nursing for people with Learning Disabilities (DOH 2014)
- The Equalities Act 2010, MCA 2005, DOLS 2007 & The Bubbs report 2014.
- NHS Learning Disability Improvement Standards for NHS trusts 2018 & NHS long term plan 2019

### What we will do?

- We will comply with statutory requirements nationally and locally including quality standards set by the Care Quality Commission, Local Safeguarding Boards and Clinical Commissioning Groups
- We will provide leadership and support for patients with a Learning Disabilities/and or Autism within The Rotherham NHS Foundation Trust
- We will ensure that our Learning Disability Service has robust performance monitoring systems, through the Safeguarding Groups, to ensure we are delivering a high quality service
- We will ensure reasonable adjustments are made for people with a Learning Disability and/or Autism

### How we will do it?

- Have executive level leadership via the Chief Nurse as the Executive Lead for vulnerable people.
- Work in collaboration with the Local Authority and partner organisations such as RDaSH, Advocacy groups and provider services, enhancing joined up working.
- Have appropriate internal Safeguarding Polices in place including whistle blowing policies and adhere to the Trust Learning Disability/and or Autism policy.
- Have a positive influence and proactive attitude on improving health and well-being outcomes for people with Learning Disabilities/and or Autism across NHS and Partner Organisations
- Provide opportunities for the views and experience of people with a Learning Disability/and or Autism to inform service planning and development, linking in with partnership agencies.
- Ensure all individuals with a diagnosed Learning Disability have an Hospital Assessment in place and has input/advice on their individual care pathway from the Lead Nurse in Learning Disabilities
- Provide evidence of learning from serious case reviews associated with patients with a Learning Disability and/or Autism.
- Continually monitor and evaluate the effectiveness of Safeguarding Training
- Ensure that all service users at the first point of contact are identified as having a Learning disability/and or Autism, that reasonable adjustments are made, that risk assessments are completed and a that a referral to the Lead Nurse in Learning Disabilities is made.
- To continue to promote the role of the Learning Disability Champion on each ward and Department, to advocate for and ensure the additional needs of a person with Learning Disability/and or Autism are met.
- Provide regarding Learning Disabilities/and or Autism and monitor the effectiveness of this.
- To ensure the information we provide to people with a Learning disability/and or Autism is in an accessible /appropriate format for that individual.
- Review and evaluate service delivery via audit and monitoring to ensure we are providing a high quality service.

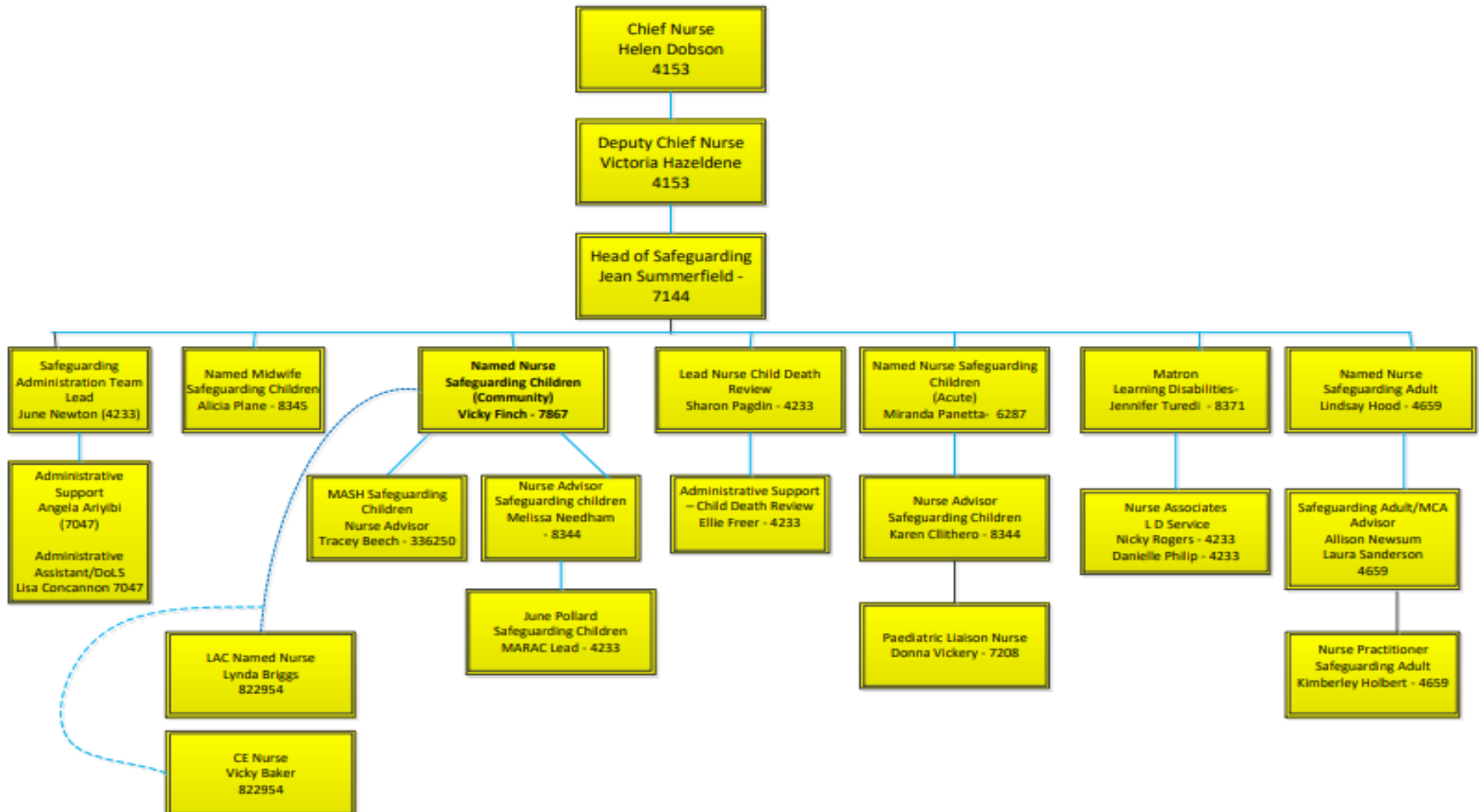
### How success will be measured

- We will achieve our contractual obligations, and demonstrate this through our KPIs and Standards
- Our patients will have a better experience of healthcare, and be safe in our care
- Our staff will feel confident and be competent to care for patients who have a Learning Disability and/or Autism

V 4 June 2020 JS & JT

# APPENDIX 3

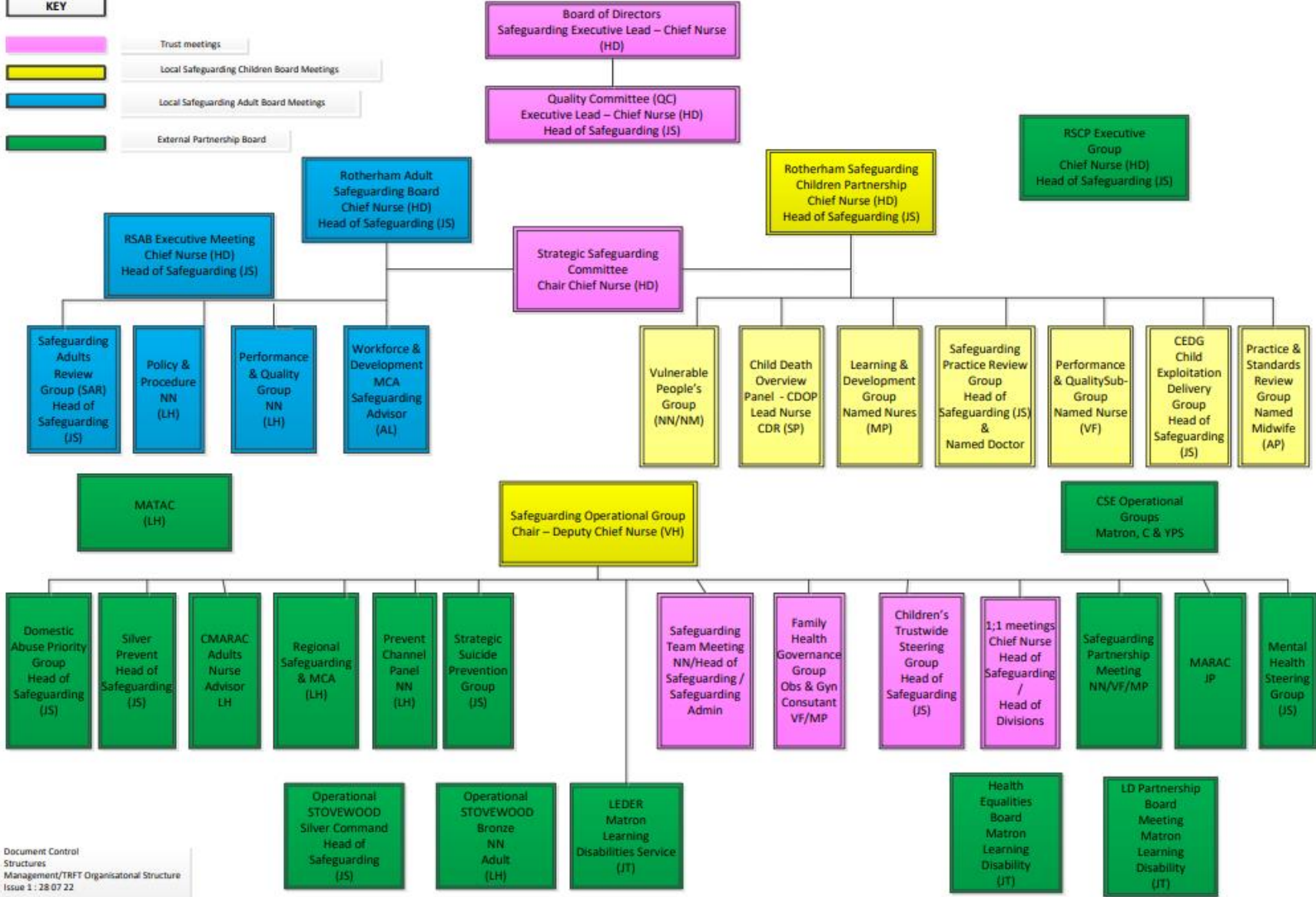
## MANAGEMENT AND PROFESSIONAL LEADERSHIP – SAFEGUARDING & VULNERABILITIES TEAM



# APPENDIX 4

**KEY**

- Trust meetings
- Local Safeguarding Children Board Meetings
- Local Safeguarding Adult Board Meetings
- External Partnership Board



Document Control  
Structures  
Management/TRFT Organisational Structure  
Issue 1 : 28/07/22

## SAFEGUARDING STANDARDS – EXCEPTION REPORT

## APPENDIX 5

This exception report includes areas of non-compliance over the financial year 21/22. 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>● LAC</li> <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>					<p>Ref 574 Safeguarding Vulnerable People Policy</p> <p>All new starters receive safeguarding introductory presentation with Q &amp; A from safeguarding team on induction. New and existing staff receive an annual leaflet on safeguarding which satisfies level 1 training, and which is accompanied by a brief e-assessment which provides the Trust with more robust data re compliance.</p> <p>Extensive collaborative work continues to ensure that staff have the appropriate level of children's and adult's safeguarding training assigned to them, as 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.</p> <p>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 at L3.</p> <p>Additional bespoke training is offered to support learning and any current topical themes.</p> <p>PREVENT training is aligned with Children's safeguarding training requirements in line with the most recent NHS England guidance.</p>
<p>5.3 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. The provider will ensure that all Board level staff receive additional to the level 1 requirement, safeguarding training as per Intercollegiate documents (children &amp; adults).</p>					<p>Provision is in place for all relevant training for all colleagues, however training figures, although excellent in some areas, need further progress.</p> <p>Training has been reviewed during March 2021 with a programme identified for the year for Level 2 Adults and Children, and Level 3 children and Level 2 adults full day training.</p> <p>In April the 'Think Family' full day training was launched, which underpins the 'Think Family' strategy adopted by the Trust.'</p> <p>This evaluates well and staff feel this gives them the skills, confidence and competence to fulfil their roles.</p> <p>MaST is registered as a risk on the Corporate Risk register, ensuring that there is Corporate oversight of this issue.</p>

## GLOSSARY

CCG	Clinical Commissioning Group
CDR	Child Death Review
CDOP	Child Death Overview Panel
CDRM	Child Death Review Meetings
CSE	Child Sexual Exploitation
CQC	Care Quality Commission
CYPS	Children & Young Peoples Service
DHR	Domestic Homicide Reviews
DMM	Decision Making Meetings
DoLS	Deprivation of Liberty Standards
E-MARF	Electronic Multi Agency Referral Form
EPR	Electronic Patient Record
ESR	Electronic Staff Record
HARK	Harassment, attack, rape, kick
ICB	Integrated Care Board
IHA	Initial Health Assessment
JAR	Joint Action Review
KPI	Key Performance Indicator
LAC	Looked After Child
LD	Learning Disability
LeDeR	People with a learning disability and autistic people - Research
LPS	Liberty Protection Standards
MARAC	Multi Agency Risk Assessment Conference
MASH	Multi Agency Safeguarding Hub
MaST	Mandatory and Statutory Training
MCA	Mental Capacity Act
MHSG	Mental Health Steering Group
NCMD	National Child Mortality Database
NHSE	National health Service England
OM	Outcome Meetings
RDaSH	Rotherham Doncaster and South Humberside NHS Trust
RHA	Review Health Assessment

RMBC	Rotherham Metropolitan Borough Council
RSAB	Rotherham Safeguarding Adult Board
RSCP	Rotherham Safeguarding Children Partnership
SAR	Safeguarding Adults Review
SCBU	Special Care Baby Unit
SHO	Senior House Office
SI	Serious Incident
TRFT	The Rotherham NHS Foundation Trust
UECC	Urgent Emergency Care Centre