



SAFEGUARDING ANNUAL REPORT

1 January 2019 to December 2020

and

SAFEGUARDING ACTION PLAN

For 2021

Purpose:

The purpose of this report is to provide assurance to Here board that the services for which it is accountable are operating responding appropriately and within best practice guidelines with regards to the safeguarding of vulnerable adult and children.

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1 Introduction and Purpose

The following report and action plan for Here has been submitted by the Safeguarding Manager.

Due to the Covid-19 pandemic, the timing of this report was impacted and as such the report covers a two-year period of Jan 2019 – Dec 2020.

The purpose of this report is to provide assurance to Here board that the services for which it is accountable are operating, responding appropriately and within best practice guidelines with regards to the safeguarding of vulnerable adult and children.

Colleagues in all parts of the organisation and within every service may have to respond to a situation where a vulnerable adult or child is subject to potential abuse or neglect. It is the Board's responsibility to assure itself that the culture, systems, and processes are in place to enable colleagues to act in the best interest of the child or adult and are well supported in doing so.

2 Current Approach to Safeguarding

HERE uses the following mechanisms to identify and deal with any issues that may arise, as they arise.

2.1 Policies and Procedures

Responding to safeguarding concerns is likely to be an infrequent occurrence for most colleagues in Here services. These policies not only articulate role responsibilities but provide guidance to colleagues should a situation arise. All colleagues are made aware of the Policy during their induction to the organisation. It is therefore important to ensure the organisations policies and procedures are up to date, to reflect best practice, incorporate legislative changes and the developments in the local health economies we work in. To this the Safeguarding Manager reviews the policy on an annual basis. The annually reviewed Safeguarding policies accompany this report and require Board ratification.

2.2 Training

People's awareness of who is considered a vulnerable person, what constitutes abuse, what to look out for, what colleague's responsibilities are and how to respond in a safeguarding situation is important.

All colleagues, whether employed or on contract are required to undertake statutory and mandatory training. Safeguarding training is provided by an e-learning on-line package. This training package has been nationally assessed as complying with guidelines and is regularly reviewed and updated by the training provider.

At the start of a clinician's employment or contract a Governance Assurance form is completed by the relevant services Clinical Director and evidence of statutory and mandatory training already undertaken is gathered. The training policy dictates that at the time of new recruitment or contract start, evidence of training having been undertaken must not be more than 12 months old. This applies to all Clinical personnel, regardless of their employment/contract status.

All new starters are required to complete all training requirements within their first month of starting work with Here. Here safeguarding training requirements are as follows:

Safeguarding Child Training

People who should carry out Safeguarding Children and Young People (SGC) training Level 1, Level 2a and Level 3	The Safeguarding Manager, every three years Clinical personnel that see children
People who should carry out Safeguarding Children and Young People (SGC) training Level 1 and Level 2a	All clinical personnel – both employed and on contract, every three years
People who should carry out Safeguarding Children and Young People (SGC) training Level 1	All non-clinical personnel – both employed and on contract every three years

Safeguarding Vulnerable Adults Training

People who should carry out Safeguarding Adults- Level 1	All colleagues, both employed or on contracts with Here - every three years
People who should carry out Safeguarding Adults training – Level 1 and Level 2	All clinical personnel, both employed and on contracts with Here – every three years

The current status of all services and Here training levels overall are shown in the HR managers folder in Power BI. All managers have access to this folder. HR sends the training reminders once a month from the online matrix which will alert colleagues that they need to complete their safeguarding training. Upon completion of the training colleagues must send HR a copy of their certificate as evidence for the report to be updated.

Training data is monitored service managers and the Continuous Quality Improvement (CQI) Group on monthly basis and is reported to Board quarterly in the Quality Update Report. We are working towards a minimum target of 85% of all colleagues trained at any one time.

Reporting training analysis is shown below. Please note all training figures reported are from 1st December 2019 & 2020.

The below table shows the organisations compliance on safeguarding training for 2019 & 2020:

	Total Training Compliance for Here
2019	91%
2020	95%

The below table shows the breakdown at a service level on all safeguarding training by service for 2019 & 2020:

	Safeguarding Training Compliance			
	MSK	MAS	IAS	BVVFH
2019	97%	100%	73%	75%
2020	97%	95%	87%	84%

The below table further details service training compliance by safeguarding training levels for 2019 & 2020:

Breakdown of Safeguarding Training by Level	MSK		MAS		IAS		Benfield	
	Dec-19	Dec-20	Dec-19	Dec-20	Dec-19	Dec-20	Dec-19	Dec-20
Safeguarding Adults Level 1	98%	97%	100%	100%	70%	92%	88%	90%
Safeguarding Adults Level 2	100%	95%	100%	67%	100%	50%	75%	92%
Safeguarding Children Level 1	95%	97%	100%	100%	70%	92%	69%	90%
Safeguarding Children Level 2	87%	95%	100%	100%	100%	50%	88%	92%
Safeguarding Children Level 3							50%	50%

ACTION REQUIRED

Clinician safeguarding levels overall are above the agreed target of 85%, however Safeguarding Children Level 3 is below target at 50%. The BVHH is a small team where compliance can be significantly impacted by a small number of staff and this should be considered when analysing the data.

The CQI team will support services to plan training throughout the year and prior to expiration to mitigate this issue. As the standardised approach for Here, particular attention and support will be given to ensure new members of staff complete mandatory training as part of their induction.

2.3 Support and advice to colleagues

Should a colleague have a situation where they need support and advice beyond their service lead, the Safeguarding Manager and/or CQC registered Managers are available to provide this. Safeguarding experts within the CCG, SPFT or SCFT are also available to these colleagues should they be required.

2.3.1 Audit of Incidents and Complaints

The annual audit of incidents and complaints for the following services identified the following types of safeguarding incidents or complaints for the period 2019 & 2020.

	Safeguarding Incident and Complaints			
	MSK	Wellbeing	MAS	IAS
2019	0	1	0	0
2020	0	0	0	0

2.4 Audits

An annual audit of the safeguarding alerts and incidents identified that:

- MSK are using Datix to log safeguarding incidents but the process needs reviewing.
- As an organisation incidents, complaints and alerts are being logged in a different manner across services at times.
- MAS have their own safeguarding spreadsheet where they log all safeguarding alerts including the actions taken and this is saved on the S drive.
- We could improve the clarity of processes and criteria for the logging of incidents and complaints and where safeguarding alerts should be tracked/logged.

ACTION REQUIRED:

The organisation underwent a transition to Datix for Incident & Complaint reporting, the Safeguarding Manager and Quality Coach will review auditing procedures for who can access safeguarding incidents. Completing this report and discussions at CQI meetings have identified an opportunity to share learning from safeguarding concerns and safeguarding will now be a standing item on the CQI agenda to enhance advice and guidance support available for colleagues.

The table below shows the number of adult safeguarding alerts raised during the period of 2019 & 2020:

	Adult Safeguarding Alerts Raised			
	MSK	Wellbeing	MAS	IAS
2019	0	1	18	0
2020	5	0	31	0

The table below shows the number of children safeguarding alerts raised during the period of 2019 & 2020:

	Children Safeguarding Alerts Raised			
	MSK	Wellbeing	MAS	IAS
2019	0	24	1	0
2020	0	11	2	0

3 Key Findings and Recommendations

3.1 Review of actions for previous report

Objective	Update
Ensure a minimum of 85% compliance of required safeguarding training at any one time	All training was above the 85% target, however when broken down into levels it identified that Safeguarding Children Level 3 is below target at 50%. This training is only done by BVHH GPs; work is needed to ensure this reaches the minimum target.
Pay particular attention to ensuring new members of staff complete mandatory training as part of their induction.	The organisation developed and rolled out a new on boarding process and training is included within this.
Publish this report on the Here website.	This was complete for 2016 following the Boards approval. These reports have been diarised annually and as part of this process will be published on the website once approved.
All staff colleagues to be made aware, via Middles, of the Safeguarding Manager role and advice available	This role needs continual promotion. As part of the CQC preparation posters were put up around the office with the Safeguarding Managers details.
All safeguarding incidents to be logged with the prefix [Safeguarding]. Incident log to be reviewed to include a drop down for 'Safeguarding'	The idea of adding a prefix for all safeguarding in Datix was taken forward by the project team and this drop down should be selected when required.

3.2 Findings and Recommendations from this report

The 2019 & 2020 review of safeguarding arrangements within the organisation and the below outlines areas for development.

A central register of safeguarding alerts and analysis of activity.

As part of the data gathering process for this report it was noted a central log would improve visibility and analysis of safeguarding incidents.

Recommendation:

- The organisation should explore using SystemOne to establish a Safeguarding template that could be embedded into all Here clinical services. This would allow all safeguarding information to be held within an encrypted system therefore enhancing data security. Recording in this way would further enhance visibility of alerts raised and provide a level of reporting that would be in line with the current high standards seen within Here's clinical services.
- An additional benefit of the migration into SystemOne, is that data could be shared electronically with other healthcare providers as we currently do within some of Here's services. Safeguarding Adults Reviews frequently highlight failures between safeguarding partners in terms of effective communication, recording and sharing information and collaborative working. While the appropriate sharing of information is a key aspect of safeguarding, the organisation will need to consider this while ensuring compliance with the Data Protection Act 2018 and the General Data Protection Regulation 2018, the Human Rights Act 1998 and the Crime and Disorder Act 1998.
- To support exploration of this issue it is recommended that the organisation lean into the expertise within such groups as the Sussex Wide Independent Safeguarding Group, Brighton and Hove Adult Safeguarding Board in addition to safeguarding teams within local Trusts and CCGs. An additional resource available to all is the Intercollegiate Document: Adult Safeguarding: Roles and Competencies for Health Care Staff.

Training and Learning.

The organisational mandatory safeguarding training is provided through E-Learning for Health and this is a widely accessed training platform used within the NHS. While the current training provided is sufficient to meet the needs, there is benefit from exploring multidisciplinary training within the local healthcare system. B&H council provide free training that brings healthcare workers together in a classroom-based training session. While the content is comparable to our online training, there is added benefit from hearing the lived experience of healthcare workers who operate other services sectors that would be beneficial to both service and organisational safeguarding leads. Attending Trust training through existing partnerships would also likely deliver similar benefits.

Recommendation:

- Service Safeguarding Leads to attending MDT training sessions provided by B&H Council and our local Trust that may enhance learning and deepen colleagues understanding and awareness of safeguarding.

Internal Processes.

Within some services the Quality Coach identified training needs to differentiate the processes that best support Safeguarding Incidents, Complaints and Safeguarding alerts.

Recommendation:

- Additional training to be provided to Governance Coordinators and staff who are involved in the internal logging of alerts.

Policy Review.

During the reporting period a workstream was identified that resulted in the organisation merger our Adults and Children safeguarding polices. While the legislation differs for safeguarding of adult and children, the principles are the same. There are signs that the national and local strategy are moving to seeing safeguarding in a holistic way with a focus on safeguarding as a family unit and not in isolation of an adult or child.

The board is asked to approve this report and agree the actions proposed. Once approved by the board, this report will be published on the Here website.