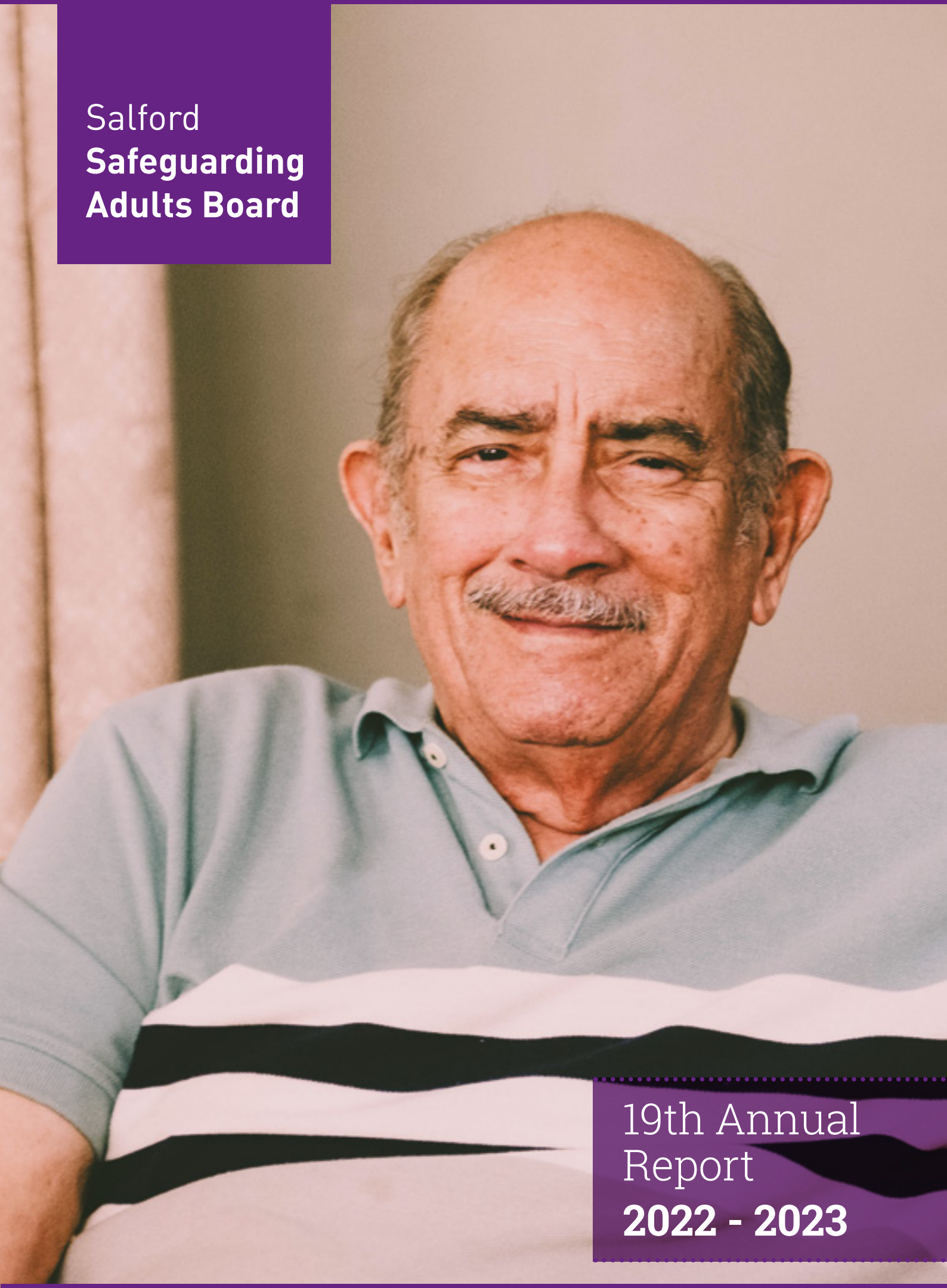


Salford
Safeguarding Adults Board

19th Annual Report
2022 - 2023

1. Introduction from the Chair

I am very pleased to introduce the 19th annual report of the Salford Safeguarding Adults Board (SSAB) which covers the period April 2022 to March 2023.

The legacy of the Covid-19 Pandemic continues to bring challenges to partner agencies in terms of restoring services post-covid whilst demand and pressures continue to rise. A range of factors including the cost of living crisis, demographic changes and industrial action taken by staff employed in some organisations; have added to the challenges faced. Our partners continue to deliver personalised and person-centred services to the residents of Salford despite the pressures brought about by these external factors. I would like to take this opportunity to thank them for their commitment to working together in order to keep people safe in Salford during these difficult times.

I am pleased to report the board's planned programme of work has been maintained over the last year which means we continue to meet our statutory duties. The Care Act requires us to set out our strategic priorities which were revised and updated during the year. This annual report celebrates our achievements, highlights our challenges and provides updates on progress made against our five priorities: working to prevent abuse, communications and engagement, personalised centred approach, safeguarding effectiveness and exploitation.

Recognising our shared commitment to keeping people safe in Salford, over the past 12 months we have strengthened our links with Salford's Safeguarding Children's Partnership (SSCP) and the Community Safety Partnership (CSP). Developing common approaches to priority areas for example tackling Domestic Abuse.

We have also revised our approach on seeking assurance from partner agencies on their safeguarding arrangements and I am grateful to them for sharing their successes and challenges with the board. This has helped to ensure that we learn from one another; build on good practice as well as understanding any risks along with mitigating actions.

I am also grateful for the continued engagement of our partners and the amount of work that has taken place over the last year, not only to safeguard people from abuse and neglect but also to support the Safeguarding Adult Review (SARs) process. This has enabled learning and improvement of safeguarding practice across the city. This report also includes information on SARs that have been commissioned or undertaken by the board.

I look forward to working with the SSAB Business Manager, the SSAB team and board members to continue to deliver on our priorities, drive improvement and ensure safeguarding arrangements are effective in Salford. If you have any suggestions about how we can improve this report, please contact Jane Bowmer, Business Manager - jane.bowmer@salford.gov.uk

Francine Thorpe
Independent Chair

2. About the Salford Safeguarding Adult Board (SSAB)

Below are the agencies that are represented on the SSAB:

Salford Safeguarding Adults Board

Salford Safeguarding Children Partnership

Salford Community Safety Partnership

the gaddum centre

Salford City Council

Greater Manchester Police

mind in Salford

healthwatch Salford

Greater Manchester Fire and Rescue Service

Salford CVS

Salford ageUK

Probation Service

NHS Greater Manchester Mental Health NHS Foundation Trust

NHS Salford Clinical Commissioning Group

sodexo

NHS Salford Care Organisation Northern Care Alliance NHS Foundation Trust

NHS North West Ambulance Service NHS Trust

NHS Greater Manchester Integrated Care

The Board has a number of statutory duties as set out in the Care Act 2014

Ensure statutory partners are appropriately represented on the SAB.

Develop and produce a three year strategy and work plan in order to direct the work of the board that reflects its priorities.

SSAB's statutory duties set out in the Care Act 2014

Publish a SAB annual report/accountability statement highlighting the board's progress and achievements in meeting stated objectives in the three year strategy and agreed work plan and ensuring this is widely reported across partner agencies and organisations.

Learn from the experiences of individuals, through undertaking Safeguarding Adult Reviews (SAR) both mandatory and discretionary in accordance with the national guidance of best practice and the board's SAR protocol.

	Strategic priorities for 2021-2024	Objectives
1	Working to prevent abuse	Further engagement and targeted development to understand what people would like from the SSAB and to promote key messages.
2	Communication and engagement	To improve engagement with partners and the community to raise increase awareness of adult safeguarding.
3	Person-centred approach	Ensure that the voice of the adult is heard and that their views / wishes and feelings inform how we operate.
4	Safeguarding effectiveness	Strengthen systems to understand partnership safeguarding data to enable best practise, encourage professional challenge and evidence what is working well while highlighting our areas requiring further development and/or strengthening.
5	Exploitation	Raise awareness, strengthen an integrated approach and improve knowledge and understanding.

In 2022, work was started to align the Salford Safeguarding Adult Board (SSAB) and the Salford Safeguarding Children Partnership (SSCP) strategic priorities to ensure work undertaken will reflect the journey of the person to ensure safeguarding arrangements in Salford are effective throughout a person's lifetime. The work undertaken to align the strategies will also:

- Promote joint working and shared learning;
- Ensure connectivity, a streamlined approach and strengthen the work across the Board and Partnership;
- Support us to evidence impact and outcomes.

This has resulted in the SSAB strategy and priorities being reviewed and revised.

The new strategy and priorities for 2023-2026 were launched in April 2023. The new priorities are:

1. Work to Prevent
2. Work to Protect
3. Voice of the adult
4. Communication and Engagement
5. Safeguarding Effectiveness

For more information, please see Salford Safeguarding Adult Board Three Year Strategy 2023 –2026 or visit Salford Safeguarding Adults Board website.

3. Our vision

Salford is a city where adults and their families have the right to live in safety, free from abuse and neglect. People and organisations work together effectively to prevent and stop both the risks and experience of abuse and neglect, ensuring at the same time that adults and their families wellbeing is promoted. The SSAB wants the voice of adults in Salford to be heard so their views, wishes, feelings and beliefs remain central and inform everything we do.

The board aims to:

- Actively listen and be person centred and outcome focussed
- Be open and transparent to those who are being safeguarded, their representative(s) and the wider community.
- Ensure there are engagement opportunities for both public and professionals.
- Seek to evidence the impact of the work of the SSAB.

Please see our website for more information about safeguarding in Salford and who is an adult at risk.

4. Key principles of safeguarding

For more information about the six safeguarding principles please see the Salford Multi Agency Safeguarding Policy and Procedures .

5. Multi-agency working

Multi-agency working is central to safeguarding. The Care Act 2014 sets out the need for all partners to work collaboratively to create a framework of inter-agency arrangements that enables a joined-up approach and keeps the individual at the heart of the process. (The Care Act 2014 Statutory Guidance 14.137).

Salford Integrated Care Partnership

Salford has an Integrated Health and Care Partnership: bringing together the services of GPs, nursing, social care, mental health, community-based services and voluntary organisations into a more joined up system. This enables us to deliver more integrated, person-centred services.

The creation of the NHS Greater Manchester Integrated Care Board (NHS GM ICB)

From 1st July, 2022, in line with the Health and Care Act 2022, Integrated Care Boards (ICB) replaced Clinical Commissioning Groups. This included the creation of Integrated Care Partnerships (ICP) requiring the Integrated Care Board, Local Authorities and system partners ensuring the health and care needs of it's population are addressed. The safeguarding statutory duties of the Clinical Commissioning Group (CCG) transitioned to the ICB alongside statutory roles.

NHS Integrated Care Boards (ICB) have a statutory responsibility to make sure that the organisations they commission services from have arrangements in place to effectively safeguard children and adults at risk of abuse and neglect. The Chief Nursing Officer is the executive lead for safeguarding and has accountability for providing leadership and gaining assurance in relation to safeguarding issues within the ICB and across the system.

The ICB safeguarding team will be supporting the Chief Nurse in the delivery of safeguarding through a period of change to ensure that statutory safeguarding functions and partnership priorities are executed to an optimum standard.

NHS GM (Salford) employs the expertise of Designated Professionals; these roles are an integral part of the ICP and support the delivery of the safeguarding adults, children, looked after children and the child death review agenda.

6. Statement of acknowledgement

The successful functioning of Salford Safeguarding Adults Board (SSAB) would not be possible without the commitment and involvement of our partner agencies.

The SSAB aims to strengthen relationships to ensure we are working together as efficiently as possible. The transparency and the generous sharing of information by our partners is integral to this approach.

7. Update on achievements

An important part of this report is to update you on what we said we would do and what we have achieved during the last 12 months.

Strategic objective one – working to prevent abuse

Prevention is a core strand of all work of the SSAB including a focus on multi-agency training and work force development to enable people to recognise various forms of abuse and know what action to take.

We said we would implement a joint training strategy for the SSAB to offer appropriate training and materials for partners.

What we have done...

Following the success of the Bite Size Briefings in 2021-22, we held more of these sessions in 2022-23. Topics included, Submitting Information and Intelligence reports to Greater Manchester Police (GMP), Carers, Advanced Care Planning and Safe in Salford, the new domestic abuse service. We had over 300 people attending these sessions.

All Bite Size Briefings were recorded and made available to watch via a YouTube link.

Training has also taken place on Domestic Abuse and Multi-agency Public Protection Arrangements (MAPPA) and the Duty to Cooperate.

The SSAB was pleased to host a webinar with guest speaker Daphne Franks, a campaigner on Predatory Marriage sharing her own family's experience. This event was made available to colleagues across Greater Manchester and there were over 200 people who joined the online event.

Online learning events were held to share learning from three Safeguarding Adult Reviews (SAR) Irene (132 attendees), Jayne (70 attendees) and SAR Mathew (230 attendees plus 15 organisers / guest speakers). The SAR Mathew event was held jointly with the Safeguarding Children's Partnership and Community Safety Partnership and took a different format to the others. It was a longer event and featured a number of guest speakers talking about services in Salford, some that have been commissioned since Mathew's death.

In 2021-22, the SSAB worked with Greater Manchester Police (GMP) to develop a short eight minute video briefing to provide easily accessible information about 'cuckooing' to a wide range of professionals across Salford. This was published in February 2022, however since April 2022 it has been viewed 539 times bringing the total viewings to 828.

The SSAB has continued to use Microsoft Teams to deliver training, briefings and learning events online. This has been extremely popular as it is more accessible to practitioners and some excellent feedback has been received.

Topic	Attendees	Recording views
Bite Size Briefing Submitting Information and Intelligence Reports to Greater Manchester Police (GMP)	76	89 *This was a 9 minute shortened version.
Bite Size Briefing Carers	42	30
Bite Size Briefing Advanced Care Planning	44	N/A
Bite Size Briefing Safe in Salford	154	40
Introduction to Domestic Abuse Training	21	N/A
MAPPA and Duty to Refer	136	N/A
Predatory Marriage Event	208	144
New Policy and Procedures Demonstration	134	12
Learning Event SAR Irene	132	23
Learning Event SAR Jayne	70	17
Learning Event SAR Mathew	245	33
Cuckooing Briefing video	N/A	539
TOTAL	**1262**	**927**

This has been extremely interesting and educational. Many thanks.

A very engaging presentation, will definitely be sharing with my team, friends and family.

Thank you, what a powerful story to raise awareness.

Thanks all for pulling such a breath of learning and information together, and thanks to all the speakers!

What we have done...

We said we would hold a review of the multi-agency safeguarding policy and procedures

The SSAB commissioned an external company to provide our multi-agency safeguarding policy and procedure for three years. During 2022-23, the team worked closely with the provider to localise the policy and procedures and prepare them for going live in October 2022. Three launch / demonstration events were held in October when the policies and procedures went live.

In the first six months, the new policy and procedures have had over 4200 page views and lots of positive feedback has been received from professionals.

Strategic objective two – communications and engagement

We said we would continue to improve engagement with all partners and the community, including diverse communities to strengthen safeguarding within Salford.

What we have done...

We have continued to produce our quarterly newsletter which is sent out to partners and includes updates on local training and resources available such as video and seven minute briefings, as well as national and regional updates. This can also be viewed on the SSAB website.

The SSAB new website launched in September 2020 and has been updated regularly. The website has continued to see a growth in visitors, up by 21% to 29,571 page views in 2022-23 compared to 24,356 the previous year. In addition to this, there were 4,214 page views to the new Policy and Procedures pages launched in October 2022.

Following the launch of the new Policy and Procedures, a full review of the website was completed to ensure that it was up to date and relevant and easy to navigate.

During 2022, we added a 'Translate' button to our website homepage which enables users to translate the site content into a whole range of different languages using Google Translate.

Monthly updates are sent to the Joint Independent Chairs of the SSAB, so they are fully sighted on all the work of the board and support team.

What we have done...

We used safeguarding adults week to raise awareness of safeguarding.

We had large posters on display or on digital screens in a number of prominent places, for example leisure centres. There were also social media posts throughout the week.

We produced a special edition SSAB Latest News bulletin, which included information on the various themes for the week.

During the week, we held a learning event to share the learning from Safeguarding Adult Review Irene.

Please note - Since this was done, the telephone number for the Adult Social Care Contact Team has changed to 0161 206 0604 and all posters / communications materials have been updated to reflect this.

Strategic Objective three – Person Centred Approach – the voice of the adult is heard, including the voice of carers

We said we would have a range of ways that people and carers can give feedback so we can understand their experience of the safeguarding process and use this to improve our practice.

Ensuring that the voice of the adult is central to safeguarding adults' practice in Salford.

What we have done...

The SSAB continues to be committed in ensuring the adult is central to everything we do and the voice of the adult is always considered. It has been recognised in recent years, getting feedback from people with lived experience has been a challenge for a number of reasons, mainly because we have depended on Adult Social Care to nominate adults who wish to provide feedback. However, due to interest and demand on services, only a limited number of referrals has been received.

In 2022/2023, the SSAB has taken a much more proactive approach.

The SSAB now has a schedule programme of multi-agency audits which are being managed under the SSAB Quality Assurance Framework, within this process, when an audit is undertaken then the adult (if appropriate) is contacted to enable them to provide feedback of their personal experience. This is then fed into the audit and the outcome report.

Work also started on strengthening the public facing page of the SSAB website to ensure adult with lived experience have accessible information to be able to provide feedback.

Strategic Objective four – Safeguarding Effectiveness

Strengthen systems to understand our safeguarding data to promote challenge, enable best practice across partners and evidence making a difference.

Statistical data is reported separately in the one-page summary version of the annual report.

What we have done...

The Safeguarding Effectiveness Group (SEG) monitors safeguarding data to identify any emerging trends and to influence positive changes in safeguarding practice in the city.

Work has been undertaken to strengthen systems to enable the SEG to have a better understanding of partnership safeguarding data to seek assurance on safeguarding practice, encourage professional challenge and for the group to be able to evidence what is working well, whilst highlighting areas requiring further development and/or improvement.

We are committed to capturing the experience of adults to compliment safeguarding data in Salford to ensure a more robust and person-centred evaluation.

In 2022, the SSAB recruited a Performance and Quality Officer who has taken the lead on creating and implementing a Quality Assurance Framework.

As a result, a multi-agency audit schedule was created with a view to multi-agency audits being completed each quarter on identified themes. This commenced in November 2022.

The work of the Safeguarding Effectiveness Group (SEG) has made positive progress, including changing the schedule of the meetings to ensure better connectivity with the Implementation and Impact Network (IIN).

The format of the SEG has also changed, Exception Reports have been introduced which aim to give a high level overview of the data sets including any emerging themes, patterns or risks, and have begun to be implemented which will be reported on in next year's annual report.

The support team for the SSAB and the members of the Safeguarding Effectiveness Group will continue to implement the Safeguarding Effectiveness Framework as set out in the diagram below.

Strategic Objective 5 – Exploitation

We said we would strengthen the voice of the adult within the sub-groups for exploitation, strengthen the pathways and raise awareness of the different forms of exploitation.

What we have done ....

In 2022/2023, Salford has continued to see a trend of local people being victims of 'cuckooing', a form of Modern Slavery where criminals take over a person's home.

To improve clarity, raise awareness and to continue to develop tools to support the frontline practitioners, the Exploitation subgroup continues to meet quarterly, this is a joint subgroup with the Childrens Partnership and Community Safety Partnership. The chair continues to be a designated lead from GMP. Due to restructures, the chair has changed twice, but the group now has a new chair who is supporting the group and pushing for positive change.

Due to the changes with the chair and the alignment of the priorities for 2023/2026, towards the end of the reporting year for 2022, work was started to create an Exploitation Strategy, revise and refresh the sub groups work plan for the coming year and plans were made to hold a development session to ensure all members had a clear understanding of the purpose and aims of the group.

Work continues to be ongoing and a further update will be provided on the 2023/2024 report.

8. Learning Lessons: Safeguarding Adult Reviews (SARs)

The purpose of a SAR is not to hold any individual or organisation to account but to learn lessons when an adult in its area dies as a result of abuse or neglect, whether known or suspected; and

- **there is concern that partner agencies could have worked more effectively to protect the adult.**

OR

- **an adult in its area has not died, but the SAB know or suspects that the adult has experienced serious abuse or neglect.**

Salford has a local SAR Policy and Procedure which is aligned to the Greater Manchester SAR Policy, this was reviewed and revised in November 2022 and has now been incorporated into the Salford Safeguarding Multi Agency Safeguarding Policy and Procedures which is hosted by Tri-x .

The SAR panel continues to be well attended by partner agencies including all the statutory partners. All partners of the Salford Safeguarding Adult Board are clear about their responsibilities to ensure the Safeguarding Adult Review promotes a culture for learning and positive change. The group contributes well to discussions and are comfortable to constructively challenge each other when deciding whether the criteria for a SAR has been met.

The third thematic review for 2022/2023 has been held to include the reporting year and to ensure transparency, the report is shared with members of the SAR Panel, Board members, senior leaders, executive members of the leadership team and lead members for the City Council. This has included the development of a Greater Manchester data set.

The thematic review is attended by the members of the SSAB to assess, understand and examine current or emerging themes/trends from the SARs.

Referrals for Safeguarding Adult Review (SAR)

During the reporting year 2022/223, the Safeguarding Adult Review Panel continued to see regular referrals being made, however there was a small drop in comparison to the previous reporting year.

As volumes of SARs are typically low, any trends, or patterns in the data are easily skewed. Graph one shows that the number of referrals peaked at 18 in 2020/21 and 2021/22 before falling to 13 in the last financial year (2022/23). It also shows that the number of referrals received in quarter three has fallen over the last three years.

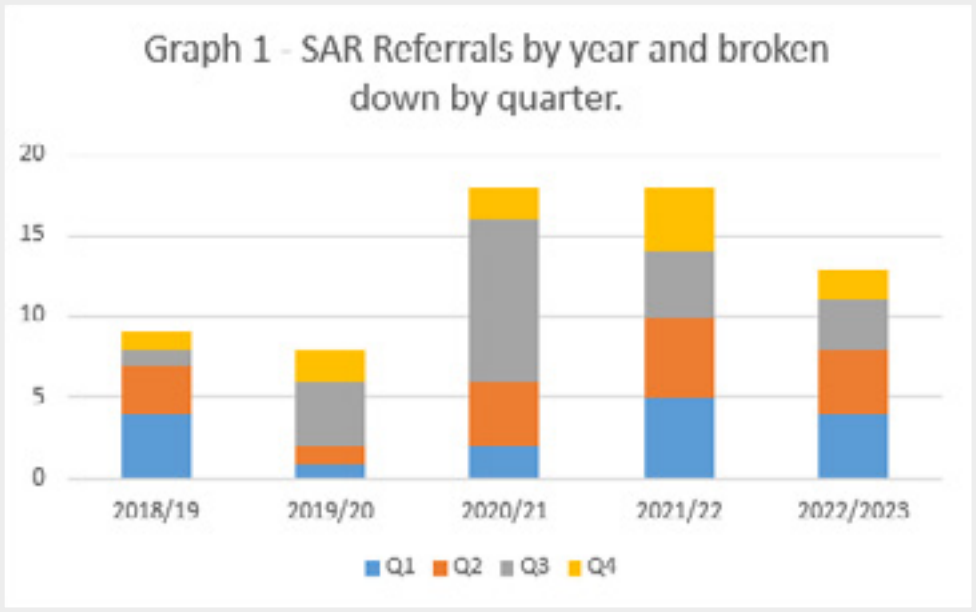
In 2022-23, the breakdown of referrals for each quarter was:

Quarter 1 x 4 referrals

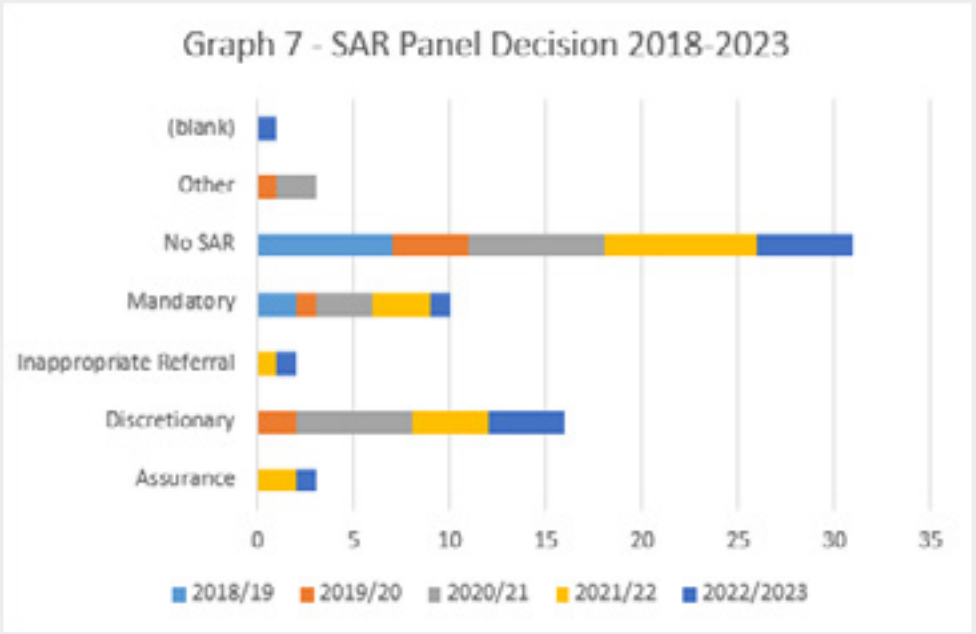
Quarter 2 x 4 referrals

Quarter 3 x 3 referrals

Quarter 4 x 2 referrals



The outcome for those referrals are shown in the graph below:



Mandatory SAR - A SAR must be commissioned if there is a statutory requirement to do so when all the criteria and conditions have been met.

Discretionary SAR - A discretionary SAR may be needed where part of the criteria/conditions have been met and the panel feel there is multi agency learning.

DHR - Domestic Homicide Review – A review of the circumstances in which the death of a person aged 16 or over has or appears to have resulted from abuse or neglect by- a) a person to whom he was related or with whom he was or had been in an intimate personal relationship, or b) a member of the same household as himself, with a view to identifying lessons to be learnt from the death.

Overview of SARs in Salford

Current mandatory SARs

Adult Stanley: this review was undertaken in this report year but was signed off as completed in 2023/2024. The SAR relates to a gentleman who went into a short stay in nursing care. Stanley required 24 hour care and support; respite was arranged to enable the main carer to have some rest to recovery from the medical procedure. Stanley was given limited fluid and nutrition which resulted in hospital admission. Stanley was not able to survive the hospital admission, so end of life care was provided, and he sadly passed away.

SAR Stanley 2023 | Salford Safeguarding Adults Board

Adult Christopher – review has now been completed. This relates to a gentleman, who was living in a same sex relationship where there was evidence of domestic abuse and coercive and controlling behaviour.

SAR completed in this reporting year include:

Adult Jayne – Jayne was 49 at the time of her death. She had been living with a number of complex medical conditions (including diabetes, asthma, hypertension, high cholesterol, migraines, reflux disease, osteoarthritis and sleep apnoea), she had received treatment for a type of non-Hodgkin lymphoma and she was clinically obese. Towards the latter stages of her life, she also suffered with pressure sores.

Review themes include:

- Bariatric care and transport
- Complex Needs
- Discharge Planning
- Multi Agency approach
- The needs of the family/main care giver

SAR Jayne 2022 | Salford Safeguarding Adults Board

Adult Irene – A Mandatory SAR for 'Irene' was published in October 2022 and written by independent author David Mellor.

Irene passed away at 71 years old at the home she shared with her husband. The post-mortem identified Irene has sustained extensive bruising and substantial injuries, only some of which could be caused by falling. The pathologist deemed the physical injuries were very likely to have been caused by physical assaults. Irene's husband could provide no explanation for her injuries other than her falls or when he prevented her from falling. Irene's husband has since died.

Review themes include:

- Domestic abuse in older adults
- Needs of the family/main care giver

SAR Irene 2022 | Salford Safeguarding Adults Board

There has also been a number of Discretionary SAR's completed over the reporting year.

The SSAB continue to review and develop internal processes to ensure safeguarding adult reviews are managed and completed to the highest standard to promote and encourage effective learning and improvement across the whole partnership.

Work undertaken in this reporting year (2022/2023) to strengthen the management of SARs

- SAR Policy review and its now integrated into the Policy and Procedures hosted by Tri-X
- The SSAB wants to ensure the wider workforce have a good understanding of the SAR process so flowcharts have been developed to provide a visual guidance which provide a high level overview of the processes which include SAR referral to decision and then Decision to Completion. These can be found on the SSAB Local Contact and Resource Section. Contacts and Practice Resources (trixonline.co.uk)
- Attended training delivered by SCIE on undertaking SAR in rapid time. Model will be implemented in Salford in the next reporting year.
- In 2022/2023, we started to strengthen the connectivity between the Safeguarding Adult Review (SAR) and Serious Incident (SI) Process. The SSAB has started to attend the Quality and People Experience Committee each quarter to provide an update on SARs. This has been received really well.
- The SSAB is also invited to the Salford Locality Quality Meeting and the GMMH Serious Incident Panel, attendance at these meeting has started recently and there is further work to do to ensure the connectivity is strengthened and SARs and learning are feed into both of these forums.
- The Governance Managers for GM Integrated Care, GMMH and Salford Care Organisation have been added to the SSAB distribution lists for learning events and the SSAB newsletter to ensure communication and connectivity for when learning from SARS is shared, they have oversight of completed SARs, the learning and they have the opportunity to attend the events.

9. Assurance from Partner Agencies

In 2023, the SSAB strengthened our approach in how we sought assurance from partner agencies by introducing the SSAB Annual Self Assessment and also the SSAB Assurance and Challenge event. The first Assurance and Challenge Event took place in June 2023 but the partner agencies were asked to reflect on the previous 12 months (2022/2023).

At the Assurance and Challenge Event, the statutory partners were asked to give a presentation, answering the key questions asked by the SSAB.

- Key changes for 2022/2023 including achievements and challenges.
- Risk and mitigation
- Voice of the adult – how it's being captured and used to influence change.
- Examples of good safeguarding practice

All members of the Board were asked to complete a Self-Assessment Form which provided the Board with assurance on key areas of safeguarding and this included provided a summary of the highlights/ challenges for the last reporting year (2022/2023). The responses have been provided below.

Adult Social Care

Significant development activity under way to improve performance across ASC and to prepare for CQC assurance.

Major challenges reported by Managers in increased complexity of safeguarding.

Recruitment issues / staffing levels - loss of experienced staff and reliance on newly qualified staff. The workforce strategy is addressing these issues and ASC is on track to be fully staffed again.

New Safeguarding form and associated workflow on LiquidLogic database implemented 15/5/23 to improve data collection and quality of decision-making and to be easier to use for staff.

Good work by staff demonstrated in multi-agency audits.

Willingness of staff to be open regarding pressures and work to resolve practice challenges, e.g. with the new adult social care database.

Health – Acute and Community Services

The NCA Adult Safeguarding Service have achieved the 22/23 priorities as outlined in the annual report 21/22:-

The NCA priorities outlined for the period 23/24 include:-

- continue to work towards achieving full compliance with the Contractual Safeguarding Standards outlined in the Greater Manchester Contractual Standards for Safeguarding Children, Young People and Adults at Risk under the new arrangements of the ICS/ICB.
- Continue to deliver the Adult Safeguarding Level Three/MCA Training programme across the NCA.
- Continue to strengthen the governance and reporting arrangements for Safeguarding Adult Reviews/Domestic Homicide, thus embedding the recommendations and learning across the NCA.
- To continue to support the SSAB strategic priorities outlined in the SSAB annual report 22/23.

Since the dissolution of the CCG and evolution of the ICB, Designated Nurses across Greater Manchester (GM) have worked with Safeguarding System leaders to implement robust safeguarding arrangements on behalf of the ICB. Part of the developing safeguarding governance included the development of three safeguarding Delivery Groups supporting system assurance, effectiveness and oversight of statutory safeguarding functions and transforming the way safeguarding operates across GM.

The Designated Nurse Safeguarding Adults as part of the distributed leadership model has led on the developments around system learning and effectiveness with initial focus on areas including:

- Safeguarding statutory reviews
- Safeguarding Training delivery models
- Communication and Engagement

Within the Salford Locality, the Safeguarding Team have continued to maintain safeguarding statutory duties, including but not limited to:

- 89% of Locality staff received adult safeguarding training
- 89% of Locality staff received Prevent awareness training
- Represented at a number of statutory groups including, MARAC, MAPPA and Channel Panel.
- Contributed to the ICB Safeguarding Annual Report on behalf of the ICB
- Safeguarding assurance was completed on 100% of our commissioned providers including Care Homes with Nursing.

We have continued to have strong engagement with Primary Care during 2022-2023 which reflects in the outcome of training uptake for safeguarding (children and adults) to ensure that all our GP's and practice staff are equipped with the safeguarding knowledge set out in the safeguarding intercollegiate documents.

Due to Covid restrictions and understanding to potential impacts early, we targeted additional efforts to areas such as MCA, Prevent and our Level Three Safeguarding to ensure we were able to increase awareness around more complex safeguarding cases/ situations.

- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing (rcn.org.uk)
- Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing (rcn.org.uk)
- Looked After Children: Roles and Competencies for Health Care Staff (rcn.org.uk)

89% - Primary Care Staff trained in Level Two Safeguarding Adults
80% - GP's trained in Level Three Adult Safeguarding
90% - GP's trained in MCA/DOLs
92% - GP's trained in Prevent

Training Evaluations for 2022-2023

- **Pre-course –** 47% of attendees rate their subject knowledge as Poor, Fair or had no understanding.
- **Post-course –** 98% of attendees rate their subject knowledge as Good or Excellent.

Feedback received

- I think the presentation was well organized and laid out. It really help to instill understanding especially the contact information for additional support.
- Mental Capacity Act 2005 was relevant and was put in place to help someone make a decision. I do this all the time as we support all of our patients when they are struggling with illness.
- I understand Level Two Safeguarding training is very importance for me as it helps me understand the job I have and the importance of the role.

Some of the Safeguarding Activity

- **1142 -** Domestic Abuse Notifications (GMP) shared with GPs for their review.
- **93% -** MARAC reports completed by GPs.

- **269 -** IRIS referrals completed by GPs

NHS GM ICB Safeguarding Team Activity 2022-2023

- **232 –** Adult Safeguarding Case where Specialist Nurse has provided advice to Adult Social Care

Primary Care Leads

All our GP Practice have a safeguarding lead, bimonthly GP Safeguarding Lead Forums are held to provide key safeguarding update, disseminate learning from incident and statutory reviews, provides a dedicated space for reflective practice, peer support and supervision.

In the reporting year for 2022-2023, Adult Exploitation Needs Analysis was commissioned and plans were made for the workstream to commence.

2022 - Edenfield Centre:

NHS
Greater Manchester Mental Health
NHS Foundation Trust

2022 was a very challenging year for GMMH. Emerging from the Covid-19 pandemic, with unprecedented pressures on the entire NHS, and with demand for mental health services at record levels, we faced an additional set of difficulties of our own.

In September 2022, the BBC informed NHS England, GMMH and partners to significant allegations relating to the care and treatment of patients in secure care at the Edenfield Centre which was subsequently broadcast in a BBC Panorama documentary. This documentary revealed appalling behaviours by some of our staff, which shocked and shamed the vast majority of our hard-working colleagues, for whom patient care and safety is fundamental and absolute.

As an organisation we took the allegations extremely seriously and have since worked closely with local and national partner organisations including NHS England, the Care Quality Commission, the Ministry of Justice, NHS Greater Manchester (Integrated Care Board) and the Bury Safeguarding Unit to ensure the safety of our services.

As a Trust we put in place a number of immediate and ongoing steps to ensure patient safety which included:

- Senior clinical reviews
- Additional Advocacy support
- Deployment of additional senior clinical, operational, and safeguarding staff to the Edenfield Centre
- Commenced HR procedures
- Commissioned an independent clinical review
- Closed the Edenfield Centre to new admissions

In addition to this, a number of actions were taken by external regulators and partners:

- NHS England placed GMMH into Segment 4 of the System Oversight Framework and enrolled into the national Recovery Support Programme,
- An Improvement Board was set up.

- A single Improvement Plan was developed.
- A Rapid Quality Review was completed.
- Greater Manchester Police (GMP) set up Operation Crawton to investigate any potential criminal acts.
- Bury Local Authority commenced safeguarding enquiries.
- An independent Review has been commissioned.
- CQC undertook a number of unannounced inspections across the Trust.

The pressing need for immediate – and long-term - change within our organisation is clear. The Board has recognised the scale of the challenge ahead and understands it will not be a simple or straightforward task. But we are firmly committed to remedying the problems that have so clearly emerged over the past year and improving outcomes and experiences for our service users, their families, and our staff. We are also committed to doing so in a spirit of openness and collaboration.

Our Improvement Plan includes a number of immediate actions to tackle the most urgent quality and safety issues, alongside a comprehensive set of long-term ambitions to improve everything we do at the Trust, grouped into five themes:

Patient Safety: Our approach to care and treatment will focus on maximising the things that go right and minimising the things that go wrong. We will protect all of our service users from avoidable harm and create the conditions in which our staff can deliver care safely.

Clinical Strategy and Professional Standards: We will create a safe and supportive working environment for all staff. Of utmost importance will be their wellbeing and development. We will foster open communication, set clear direction and enable our staff to play a vital part in improving both the service they work in and the Trust as a whole.

An Empowered and Thriving Workforce: We will make sure that the care, treatment and support we provide meets need and achieves positive outcomes for our service users. We will set clear standards for ourselves, that are shaped by service users and clinicians and based on best practice and evidence.

An Open and Listening Organisation: We want to be a collaborative, inclusive and compassionate organisation that actively engages with our service users and carers, staff, the public and other stakeholders and involves them in building a more positive future for the Trust.

A Well-Governed and Well-Led Trust: We want service users, carers, staff and the public to have confidence in our leaders and the systems and processes we have in place to help us achieve our goals. We want to promote and share learning and be able to evidence delivery of all our agreed standards of care.

Corporate Safeguarding Team: The team has faced significant pressures due to capacity issues. A business case has been completed for additional staffing which will align to the Trusts Care Group structure.

Safeguarding Oversight and Assurance: An Adult Safeguarding Oversight Group has been developed which reviews all current and outstanding safeguarding cases in the Salford Division.

Greater Manchester Police (GMP)

GMP have developed a Plan on a Page. This is back to basics policing with a focus on improving the speed we answer calls, attend at address, recording accurately crime, looking after our victims and arresting offenders. We have made a commitment to agree a contact level with victims and ensure that we adhere to this. Each month performance data is provided to ensure that each team is victim focussed. The key message that there is a person behind every crime number or recorded incident.

Training is continuously rolled out in relation to the Making a Difference Toolkit designed by the victim's coordinator Simon Mapp. This is an app that allows front line police officers to refer to all services across the city on behalf of victims. This also allows officer to provide regular updates to victims in relation to their recorded crime.

Salford have increased the number of detectives within the exploitation team to meet the demand of the emerging theme of Cuckooing. In addition Salford officers have committed their time to developing practice and raising awareness across the city. A number of adults have been identified as victims of Modern Day Slavery, they have been rehoused into places of safety. There are several live criminal investigations ongoing in relation to cuckooing.

ForHousing

Highlights

- ForHousing have a LiveWell fund. The LiveWell Fund has been set up to enable ForHousing to respond to the exceptional and growing pressures on tenants who are facing significant financial challenges. The fund is designed to overcome a particular crisis at a point in time or to fund an intervention that could improve the tenant's personal circumstances to support the sustainment of their tenancy. The allocated fund total for 2022/23 was £400k increasing to over £800k 2023/24
- ForHousing have recently reviewed the Corporate Strategies placing the tenant and our communities at the heart of everything we do
- ForHousing is currently developing a safeguarding competency framework which identifies specific training requirements for roles within the organisation at all levels
- A total of 3130 training courses have been completed across all areas of our business
    - A large proportion of training courses (internal and External) cover an element of safeguarding
- All staff working or having contact with children are appropriately trained in child development and in how to recognise and act on signs of child abuse or neglect
- ForHousing was one of six GM Housing Providers to help to develop and pilot trauma informed practice training workshops for front line staff.

Challenges:

- Cost of living, fuel and food poverty
- Increased rent arrears
- Demand on services in terms of financial dependencies have increased dramatically since coming out of COVID

- Increase in cuckooing incidents across all areas but particularly in Salford
- Lack of housing sector awareness and unrealistic expectations in terms of housing availability by other statutory agencies.
- Seeing increased complexity of tenants needs particularly around mental health and substance misuse and this is apparent across general needs and older peoples supported accommodation.

Greater Manchester Probation Service

Resource wise, 2022-23 has been a very challenging year for probation. During unification, a commitment was made to recruit over 1500 probation officers.
We have seen high numbers of trainees coming through and the calibre is excellent. However, they are not in place as yet (it can take nearly two years to train a qualified officer) and the vacancy rate for Probation Officers is 40%. This is due to improve In June when we have three newly qualified officers joining and September / December when we have two further larger intakes. This is an improving picture.

Salford has a complex risk picture. We have a significant element of Organised crime, often in the younger age group and a concerning domestic abuse picture. This means that we have a disproportionate number of high and very high-risk cases. This can lead to significant pressure on practitioners.

We have excellent MAPPA arrangements in Salford with an effective panel. We rarely have issues with attendance and partners work closely towards a common goal. However, in the last 12-months, we have had 3 Critical Public Protection Cases (one OCG, one child murder, one Sexual offender – child victims). These are cases that are identified as needing ministerial oversight and feed into the complex risk of serious harm picture.

We have a close working partnership and a good Integrated Offender Management Model. This does highlight the prioritisation of our staff. Despite high workloads, they continue to strive to deliver the best outcome for people on probation, their victims and the communities they live in.

2023 /24 gives us an exciting opportunity as we can see staff numbers increasing. We have committed to providing a real culture of learning in Salford so that staff are fully aware of how to discharge their duty with excellence.

Greater Manchester Fire and Rescue Service

Highlights

- The introduction of a dedicated Lead for Safeguarding in GMFRS
- Increase in the number of referrals from GMFRS, based on awareness raising amongst fire crews.
- All Designated Safeguarding Officers now trained to Level Three in Safeguarding

Challenges

- Awaiting the introduction of a dedicated Safeguarding database which will ease the process of duplication in the service.
- The refresh of the Policy and Procedure to incorporate all aspects of Safeguarding e.g. Contractors DBS etc

Irwell Valley Homes

Our teams are coming across more customers needing support through Adult Social Care and Mental Health teams, especially in regard to self-neglect and hoarding where support is limited and slow, meaning caseloads are growing. Customers can be at crisis point before services intervene. A lot of work is ongoing in this area across GM housing providers but there are limits in terms of what we can do.

We are keen to work in partnership with all agencies to tackle these issues, but we do rely on statutory agencies to support with this.

NHS North West Ambulance Service NHS Trust

Safeguarding Achievements 2022/23

- Going live with phase one of the Cleric switch over.
- Identification and engagement with staff across the Trust who have expressed an interest in safeguarding and provided workshops and updates to these champions in relation to Cleric and safeguarding in general. These will continue during 2023/2024.
- The development and initial introduction of the NWAS Sexual Safety campaign for all staff across the Trust. This has been done in collaboration with the Women in Leadership network and the Violence, Prevention and Reduction Group and will continue to be strengthened and developed during 2023/2024.
- Continued partnership working with Social Care departments in improving the feedback received for safeguarding concerns which are raised through the introduction of the new Cleric system.
- Ensuring high quality safeguarding training is available across the Trust and compliance levels are monitored, including the level three ESR module.
- Full review of the training needs analysis for safeguarding training against the level required for roles against the Intercollegiate document.
- Private providers assurance reports gained from all 19 Private Providers in relation to safeguarding, restraint, safe recruitment, policies and procedures and governance.
- All safeguarding and maternity alerts are now placed onto the Cleric system.
- Two bespoke safeguarding packages have been written and developed and are now live on ESR. New packages and scenarios developed for face-to-face mandatory training.
- Development and introduction of a pathway for missing and absconding people.
- Review of the domestic abuse procedure

Ambitions 2022/23

- Alignment with the safeguarding systems within the ICS footprints covered by the Trust. We currently cover 46 Adult and Children safeguarding boards. However, due to the changes that have taken place within both Local Councils and Integrated Care Board's (ICB), some of these boards

are now being reconfigured, and a review of our engagement structure is required to ensure we remain aligned to the new structures.

- Delivery of phase two of the Safeguarding Cleric system – Embedding of Phase one, development of data dashboards for assurance reporting, roll out of Cleric to 111 and the Clinical Hub.
- Review of the Managing allegations against staff policy and procedures to include additional information for managers and Practitioners. Undertake a 'deep dive' audit of cases from 2023 to review processes, identify any additional support, themes and trends and additional training needs for managers.
- Review of level three plus training needs analysis (TNA), development and implementation of training packages to meet the needs of the TNA in relation to those groups of staff who require additional safeguarding training as part of their role. Review of delivery methods across different areas of the trust i.e., PES/ 111 and EOC.
- Review of safeguarding team resources and benchmark against other trusts in response to increased case reviews, external engagement, increased training needs and staff support requirements.

Salix Homes

Highlights are the increase in face-to-face communication with customers after COVID has been positive for both us and customers, enabling us to help them more effectively and understand their needs when referring for support. However, we are finding some customers have stopped engaging with adult social care whilst the restrictions were in place and are now reluctant to have support restarted leaving them more vulnerable and struggling.

The lack of access and or wait time for mental health services along with the rise of people needing help puts pressure on other public and 3rd sector services who do not always have the expertise to help.

Salford CVS

Salford CVS have delivered two bespoke Adult Safeguarding courses (to Age UK and Healthwatch) and 5 mixed group courses engaging 84 participants during the course of the year.

When delegates were asked what difference the training would make to their organisation, some comments were:

- "It has made me more confident in legislation and more aware of different scenarios of abuse".
- "We are a new organisation, and it will help us to start our sessions".
- "I feel more aware of the ideas around effective safeguarding and processes".
- "Reminded to dig deeper on information to think about the wider context of a person-situations and people are complicated need patience and compassion".
- Learnt skills, language to use, strategies to use in dealing with potential at risk situations".

These are some of the responses received when we asked which aspects of the training did you find most useful and why?

- "Person centred support – being aware of consent, yet when this can be overridden".
- "Learning about the mental capacity act and talking about consent".
- "Group work – hearing the perspectives of other professionals, Anya is clearly very knowledgeable".
- "Real life experiences shared because it shows things in different organisations".
- "Getting different people's perspective on how to handle difficult situations".

When asked delegates to name 3 actions they would undertake as a result of the training they replied:

- "Application, research more, talk more".
- "Speak to manager / colleagues if concerns arise, every now and then revisit key notes on adult safeguarding-practices and communicate with relevant contacts if unsure about anything"
- "Talk to my staff, be more aware and alert, talk to my boss about further adult safeguarding training for staff".
- "Spotting signs and finding more info, discussing concerns with my manager, involving service users more in process".
- "Share with other members of staff, be aware of person-centred safeguarding, who to contact".
- "Try to understand more about adult safeguarding, Be more aware about circumstances surrounding safeguarding, share what I have learnt with my organisation".

We have also supported 15 VCSE organisations with information, advice and guidance in relation to adult safeguarding, the majority of which have been support with policy development and review. There have however been one or two that have required specific safeguarding advice in relation to allegations and implementation of their policies.

11. Salford Care Home Quality Improvement Network (QIN)

The Quality Improvement Network (QIN) changed during 2022 as part of the preparation for future CQC Inspection. Instead of being an operational meeting, focusing on care homes, it was changed to be a strategic meeting covering all of the provider market.

Two new Contract Monitoring and Quality Officers have been recruited who will be conducting PAMMS (Provider Assessment and Market Management Solutions) audits on care homes, hopefully allowing us to be more proactive in identifying issues identified.

- As of 3rd January 2023, Salford was ranked at 80th out of 150 Local Authorities.
- The number of care homes rated good was 34 and the number ranked as requires improvement was eight.
- No homes were graded as outstanding or as inadequate.

12. Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) is a scheme to protect the human rights of Salford's most vulnerable citizens. They apply to people living in care homes or receiving treatment on hospital wards who lack the mental capacity to agree to be there, who are under continuous supervision and control (for their safety and care) and would be at serious risk should they attempt to leave the hospital or home on their own.

The safeguards ensure that any interference with the person's right to liberty under the European Convention on Human Rights meets the following conditions:

- It is in the person's best interests;
- It is necessary to prevent harm to the person;
- It is proportionate to the harm that is being prevented.

More information about DoLS can be found on the Salford Council website.

DOLS Activity in Salford

In 2022-23, Salford City Council assessed 1,962 applications for DOLS, including 465 cases in which DOLS was already in place and a further DOLS authorisation was requested. This is a decrease over the previous year of 7% (2,109 applications). The annual number of DOLS applications fluctuates so a decrease of this size is not of concern; however, the DOLS team will monitor the pattern of applications going forward and identify any sectors where DOLS applications appear to be unusually low.

All applications from Salford Royal Hospital continue to be assessed by Best Interest Assessors (BIAs) from the MCA/DOLS team in Salford City Council. This is to avoid the conflicts of interest that would otherwise arise. In cases where the supervisory body and the managing authority are the same, such as applications from Salford Royal Hospital, the DOLS legislation stipulates that the BIA has to be employed by a different

organisation. The assessors from the MCA/DOLS team have the necessary independence in these cases.

The MCA/DOLS team continues to assess most of the applications from other hospitals, and any complex applications from care homes. The team also assesses any applications for renewal of a DOLS authorisation.

The majority of the authorisations continue to be signed off by the MCA/DOLS Team Manager on behalf of the Salford Care Organisation. Adult Social Care Heads of Service in the Salford Care Organisation continue to sign off any contentious DOLS and ensure that appropriate further action is taken as necessary.

If there are any challenges to a DOLS authorisation, the MCA/DOLS team follows up with health and social care services to try to ensure that the concerns are addressed. All residents subject to DOLS are offered support from an IMCA (Independent Mental Capacity Advocate) who can assist them to challenge the authorisation if they wish. The MCA/DOLS team seek legal advice whenever necessary.

The MCA/DOLS team continue to support social workers in the Adult Social Care integrated care teams with complex cases where the person has high levels of restrictions in place, including one to one care. This is assessed and reviewed jointly with the social worker to identify a lesser restrictive care package.

The DOLS process switched over from CareFirst to LiquidLogic in August 2021. This was a challenge for the MCA/DOLS team and the admin support team, but the DOLS process is now fully operational on LiquidLogic.

Impact of Covid-19

The impact of the Covid-19 pandemic on the DOLS service lessened in 2022-2023. The DOLS team still occasionally encounter restrictions on visits to care homes. These issues are handled on a case-by-case basis and other agencies (e.g. Health Protection) are involved when necessary.

Deprivation of liberty in the community

The Cheshire West judgment of the Supreme Court in 2014 established that deprivation of liberty could take place in care settings other than hospitals and care homes (where DOLS would be available). These other settings include supported living, adult placement, and occasionally the person's own home, if there is "state involvement" with the care being provided.

Authorisation of deprivation of liberty in the community can only be given by the Court of Protection. The process is more complex and resource intensive than for DOLS, and the law is still unclear in some respects.

Adult Social Care services in Salford continued work to determine the implications of this ruling for service users placed in community settings. Every person in a supported tenancy organised by the Learning Disability team has now been reviewed and a number of cases identified as priorities for Court authorisation. The team has also developed mechanisms to keep the remaining cases under review, as well as respond to new cases e.g. young people whose care management is moving from children's to adults' services.

Heads of service in adult social care will review processes to manage deprivation of liberty in the community in the light of the Government's decision to postpone the implementation of the Liberty Protection Safeguards (see below).

Joint working with children's services

The MCA/DOLS team has been supporting children's services to understand the implications of the Mental Capacity Act and human rights law as it affects deprivation of liberty.

The team liaises with the principal social worker for children and the service manager for independent reviewing officers/ quality assurance / Ofsted to support the development of the practice framework.

13. **Changes to Legislation**

Update on the Proposed replacement of DOLS by Liberty Protection Safeguards (LPS)

On 5th April 2023 (just after the period under report) the Government announced that implementation of the Liberty Protection Safeguards would not commence during this Parliament, i.e. not before 2025. The Minister has subsequently stated that this decision was taken due to resource pressures.

All existing provisions of the Mental Capacity Act (including Deprivation of Liberty Safeguards) remain in force. DOLS continues to apply in hospitals and care homes only.

A great deal of work was undertaken on the LPS consultation, led by the MCA/DOLS team but supported by colleagues across Salford. New insights into the MCA were developed and new relationships established, e.g. between regional professional networks in children's and adults' services. This work has not been wasted and will inform the implementation of the MCA in Salford going forward.

The MCA/DOLS team will support colleagues to understand that 'the MCA is here to stay' and to practise in compliance with the law, particularly for people whose care arrangements would have been authorised under LPS. The Principal Social Worker and MCA/DOLS team will support the Safeguarding Adults Board to promote this message across the health and social care system in Salford and stress the ongoing importance of the MCA.

Any national developments in MCA implementation (e.g. publication of the proposed revision to the MCA Code of Practice) will be shared across Salford and will be addressed in next year's report.

14. **Moving Forward for 2023-2024**

Over the next 12 months, we will focus on the following areas:

- Preparing for the forthcoming CQC inspection
- Implementing the new strategy and priorities
- Continue to strengthen the voice of the adult
- Arrange and delivery of basic safeguarding training across the partnership.
- Implement the Manchester West Coroner Protocol