



Excellence • Compassion • Expertise

Integrated Safeguarding Team Annual Report



City Health Care Partnership CIC
Excellence. Compassion. Expertise.

2022/23

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Safeguarding Assurance

The mission of City Health Care Partnership Community Interest Company (CHCP CIC) is:

- To deliver high-quality, safe health and care services which are personally responsive, caring, respectful and inclusive of all
- Through colleagues who are competent and motivated in their roles to deliver the above with compassion and in an effective, productive and adaptable way
- Supported by an organisation that is both commercially and socially responsible in its intent and which is seen externally as a valuable partner in improving wider community outcomes.

This mission is central to ensuring that vulnerable groups and individuals across our communities are protected from harm, abuse, or neglect. CHCP safeguarding governance reflects the national priorities for safeguarding in that it seeks to establish a safe environment where staff and patients can recognise, report and prevent safeguarding concerns from becoming high-risk factors.

CHCP has strong and robust safeguarding governance processes in place with statutory safeguarding responsibilities being held by the chief nurse acting as the safeguarding adults lead and Caldicott Guardian for the organisation. The role is supported by the executive leadership team including the deputy chief nurse/safeguarding children lead/LADO/EPRR lead, with the named nurse having operational responsibility for the experienced integrated safeguarding health team practitioners.

Internal monthly safeguarding meetings are held with the named nurse, safeguarding adults and safeguarding children leads. This ensures updated safeguarding information, both internal and external, is made available to be cascaded from floor to Board level. The day-to-day operational safeguarding activity and function of the safeguarding team is also discussed to ensure that CHCP is effectively and appropriately discharging its safeguarding duties and responsibilities.

CHCP's safeguarding team is an integrated service that provides safeguarding advice and support to all clinical and non-clinical staff and volunteers across the organisation. The team is managed operationally by the named nurse for safeguarding children and adults and the Mental Capacity Act lead. The safeguarding children practitioners and safeguarding adults practitioners are supported by the integrated quality and compliance team to ensure a timely response to safeguarding queries and quality-assured safeguarding referrals to the Multi-Agency Safeguarding Hub (MASH). As well as providing essential safeguarding support to staff, the team also fulfils its contractual safeguarding obligations commissioned over and above those identified within the Safeguarding Assurance Framework.

There is an ongoing and strong commitment from the executive membership for CHCP CIC at both the Hull and East Riding Safeguarding Children Partnerships and Safeguarding Adults Boards. CHCP have full representation at the relevant board subgroups such as the Learning from Individual Cases group, the Safeguarding Adults Review group and the Combined Learning group through the named nurse. This demonstrates CHCP's commitment to the local safeguarding agenda, ensuring appropriate safeguards are in place across all our health communities.

The named nurse represents CHCP at several partnership subgroups. These include, but are not limited to, the Hull Learning from Individual Cases group, the Hull Collaborative Partnership Combined Learning group, the East Riding Learning and Development group, the Learning, Audit, and Improvement group and the Contextualised Safeguarding Strategic group. These groups have their own terms of reference and provide assurance of the learning from reviews of the Safeguarding Adults Boards, Safeguarding Children Partnership Boards and the Community Safety Partnership.

Hull and East Riding Clinical Commissioning Groups were replaced by the Humber and North Yorkshire Integrated Care Board in July 2022. Safeguarding activity continued to be reported through the quarterly contract monitoring report as well as the Section 11 audits and self-declaration documents. These have been submitted to the relevant health and care partnerships and local authorities.

Internal robust governance processes ensure that when practice issues or safeguarding concerns are identified the strategic leadership team are assured of the actions taken and any associated learning outcomes. Lessons learnt from Safeguarding Adult Reviews (SARs), Child Safeguarding Practice Reviews (CSPRs), Local Learning Reviews, and Domestic Homicide Reviews (DHRs) are also shared, along with organisational learning from local Section 42 enquiries, at bimonthly safety and quality forums.

The safeguarding team has an active role in patient safety issues, which includes review of all safeguarding incident submissions via the CHCP incident reporting system and involvement in serious incident investigations related to safeguarding. Where necessary, risks will be entered into the organisation's risk register and presented to the Safe Quality Services Committee and Executive Board through the chief nurse and the head of quality improvement and safeguarding.

Similarly, the named nurse produces a quarterly report demonstrating internal safeguarding activity and partnership work undertaken. This report is also presented to the Safe Quality Services Committee within the quality improvement and compliance report and shared externally through the quarterly ICB (formally CCG) safeguarding meetings.



Local/National Safeguarding Agenda



The Police, Crime, Sentencing and Courts Act received Royal Assent in April 2022 and encompassed The Serious Violence Duty (SVD) requirements that came into effect in January 2023. This formed part of the Government's broad approach to prevent and reduce serious violence. The key strands are a multi-agency public health approach to understanding the drivers and impacts of serious violence and a focus on prevention and early intervention.

The SVD requires specified authorities, including integrated care boards, to work together to formulate an evidence-based analysis of the problems associated with serious violence in their local area and then produce and implement a strategy detailing how they will respond to those issues. CHCP is actively represented in several forums where SVD is considered and we recognise the importance of strengthening internal policies and processes to reflect the new legislation that includes domestic abuse and sexual violence. Information around new legislation and organisational responsibilities has been cascaded to senior leaders and front-line staff through various communication platforms and through quarterly safeguarding updates.



Achievements



Safeguarding Week 2022

National Safeguarding Adults Week took place in November 2022, following the success of the previous year. The named nurse was approached by the East Riding Safeguarding Adults board to facilitate and coordinate the use of the community health and wellbeing bus to promote adult safeguarding during the week, which had been effective the previous year in raising awareness of safeguarding in our communities. The bus was sited at various locations throughout the week, allowing practitioners to engage with our local community, listen to concerns and provide resources around local and national safeguarding initiatives.

The practitioners were able to respond positively to members of the public making enquiries and expressing concerns, ensuring they received advice and support and signposting to services. The week was also promoted by agencies from across the safeguarding partnership using a variety of social media platforms. CHCP safeguarding practitioners also displayed the event using their Microsoft Teams background images.

Domestic Abuse Conversation Training

During 2022-2023, the safeguarding team was actively involved in several local domestic homicide reviews. Consequently, the team reflected on the current internal Domestic Abuse (DA) training offer and considered opportunities to support staff in having difficult and challenging conversations, not only with patients but with peers, colleagues and family members. As a result, the team developed an online briefing that would be mandatory for staff to undertake every three years. The content included What is DA?, routine and targeted enquiry, how to overcome barriers to disclosures, safety planning and information on support available to patients and what help CHCP can give to staff affected by DA.

The briefing was launched in December 2022 as part of the national 16 Days of Action campaign against domestic violence. The briefing was extremely well received by staff and compliance figures by the end of the financial year far exceeded expectations. As a result of the briefing and raising the profile of DA across the organisation, there has been an increase in engagement with the named nurse and the senior leadership team to explore what more CHCP can do to strengthen the organisational commitment to White Ribbon and ending domestic abuse in the coming year.



Safeguarding Reviews and Investigations



The CHCP Integrated Safeguarding Team works with Hull and East Riding local authorities to participate in several statutory review processes. These include:

- Child safeguarding practice reviews
- Local learning reviews (line of sight)
- Domestic homicide reviews
- Safeguarding adults reviews
- S42 safeguarding enquiries.

The named nurse is a member of the decision-making panels that consider whether the threshold for a statutory investigation is met.

Children

A child safeguarding practice review takes place where abuse or neglect of a child is known or suspected or a child has died or been seriously harmed. The review allows agencies to critically examine their involvement with the child and their family and for them to bring to the fore any learning both for individual organisations and the wider partnership, including detailed action plans for the implementation of that learning.

Local Learning Reviews (Line of Sight)

The line-of-sight process is a core function of the Hull Safeguarding Children Partnership (HSCP). The process provides learning opportunities across the partnership to strengthen multi-agency working and focuses on improving outcomes for children and young people. The process identifies specific learning themes through audit and multi-agency analysis. Learning is implemented across the partnership to improve practice across the safeguarding system.

Domestic Homicide Reviews (DHRs)

Domestic Homicide Reviews (DHRs) are defined to have occurred when the death of a person aged 16 or over has or appears to have resulted from violence, abuse or neglect by a person they were related to, a person they were or had been in an intimate personal relationship with or a member of the same household.

Safeguarding Adults Reviews (SARs)

Safeguarding Adults Reviews (SARs) are a statutory requirement under section 44 of the Care Act 2014. The Care Act 2014 states that Safeguarding Adults Boards (SABs) must arrange a Safeguarding Adult Review (SAR) 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 together more effectively to protect the adult. The overall purpose of a Safeguarding Adult Review is to promote learning and improve practice, not to re-investigate or to apportion blame. The objectives include establishing:

- Lessons that can be learnt from how professionals and their agencies work together
- How effective the safeguarding procedures are
- Learning and good practice issues
- How to improve local inter-agency practice
- Service improvement or development needs for one or more services or agencies.

Section 42

Section 42 applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- (a) has needs for care and support (whether or not the authority is meeting any of those needs).
- (b) is experiencing, or is at risk of, abuse or neglect; and
- (c) as a result of those needs are unable to protect themselves against the abuse or neglect or the risk of it.

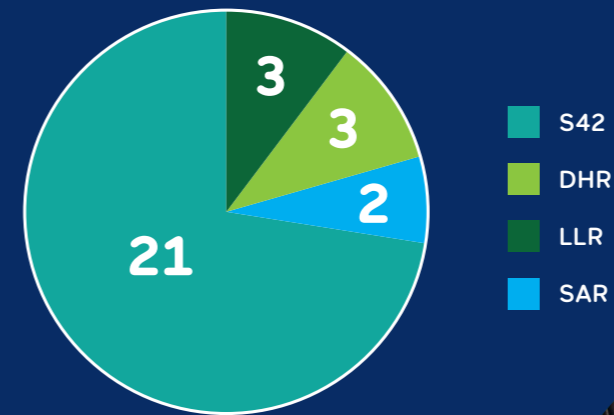
The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

During 2022/23, CHCP safeguarding practitioners completed **21 Section 42 enquiries**, 7 on behalf of East Riding local authority and 14 for Hull.

When information is requested by the MASH when conducting their own enquiries under Section 42 of The Care Act (2014), CHCP safeguarding will complete a CHCP outcome report. CHCP outcome reports provide the necessary information requested by the MASH and are critiqued by the safeguarding practitioners to identify any gaps in practice or areas for learning with relevant recommendations as necessary.

This year, **82 CHCP outcome reports were completed**. This is an overall increase in activity from the previous year where **64 outcome reports were completed**. This is reflective of the ongoing multi agency partnership engagement between CHCP's safeguarding team and the local authority safeguarding teams.

Statutory reviews undertaken 2022/23





Themes for learning from reviews and enquiries during 2022/23

| Theme | How learning has been embedded/cascaded |
|---|--|
| Application and recording of Mental Capacity Act (MCA) 2005 | Review and update of MCA and Best Interest clinical templates being used by staff. Quality Matters record keeping audit to understand current gaps in service areas and recording of MCA during clinical interventions. Creation of bespoke online MCA training mandatory for all staff on the use and application of MCA. |
| Recording of persons present at the time of interventions such as care staff/family members | Feedback and supervision directly with the services involved in the reviews. Learning topics included within organisational Safeguarding Agenda for Everyone (SAFE) quarterly supervision. |
| Information sharing between services | Recirculation of the relevant information sharing policies, data protection and information governance through the quarterly SAFE meeting. |

Once a statutory review or Section 42 enquiry has concluded, actions and recommendations are captured on a central database monitored by the safeguarding team. Monthly emails are distributed to relevant service leads to establish how the learning has been captured at a service level with organisational oversight feeding into the Safety and Quality Forums. This enables a swift identification of any themes and trends which may need to be further considered and acted upon.

Engagement with the statutory review process means that CHCP can identify and implement learning and actions as soon as they become evident. This ensures a timely response and facilitates the ability to mitigate against any recurrence. This is usually well in advance of publication and the information becoming public.



East Riding
Safeguarding Adults
Board



Hull
Safeguarding
Adults
Partnership Board





Partnership Working

CHCP’s integrated safeguarding team have continued to work in close collaboration with our local authority colleagues in children’s and adults’ services across Hull and East Riding throughout 2022/23.

The contribution to the Early Help and Safeguarding Hub (EHASH) in Hull has remained consistent with a safeguarding children practitioner based within EHASH (either physically or virtually) daily. Whilst this commitment requires a significant amount of resources from the team, the value and benefit are reflected in promoting effective decision-making at the safeguarding front door for children and young people in the city.

Practitioner contribution at daily strategy discussions (EHASH and locality) remained throughout April 2022. From May 2022 there was a change to the contract which resulted in the CHCP safeguarding team no longer representing Health at locality strategy discussions. Attendance at EHASH strategy discussions has continued throughout the remainder of 2022/23. This role is essential when there is a need to determine the child’s welfare and agree on appropriate action when there is reasonable cause to suspect the child is suffering or is likely to suffer significant harm. This is in line with Working Together 2018 which states that, “A local authority social worker, health practitioner and a police representative should, as a minimum, be involved in the strategy discussion”. The safeguarding team provides health information and actively participates in multi-agency discussion, decision-making and action planning.

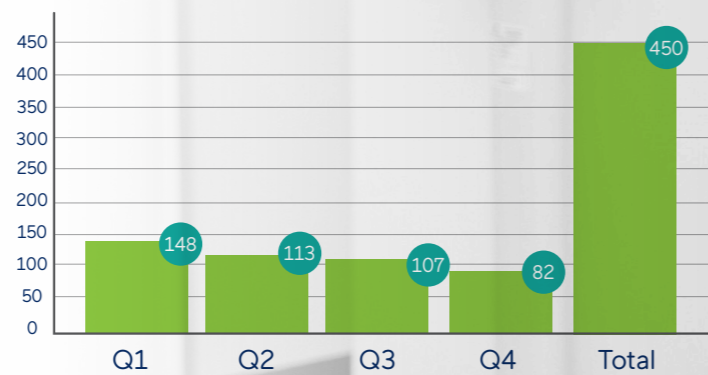
The team also provides relevant health information and advice to aid general decision-making by social care, in line with local information-sharing agreements.

Necessary and proportionate social care and police information around risk is also fed back to our health partners to facilitate communication and joined up working between health teams and social work colleagues.

As part of our work in EHASH, CHCP’s safeguarding team is also an active member of the EHASH Operational Management Group (OMG) and the EHASH Board and contributes to the ongoing quarterly multi-agency audits. Audit themes this year have included domestic abuse, quality of contacts from education and quality of strategy discussions and management oversight.

Safeguarding adults practitioners collaborate with partner agencies to prevent abuse and recognise patterns of abuse and repeat offenders through effective sharing of information. Whilst these practitioners have never co-located with the MASH, robust working relationships are in place to ensure effective communication between agencies.

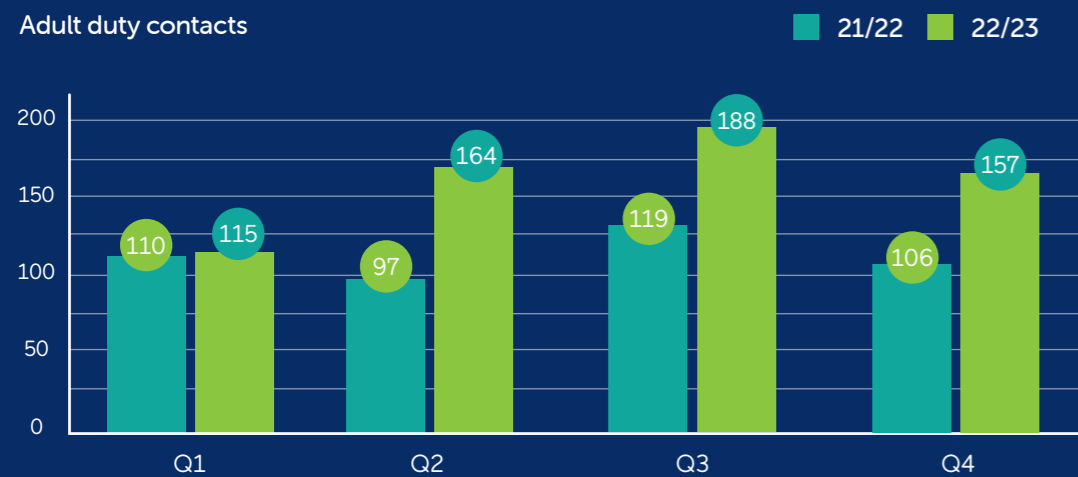
Number of strategy discussions



Safeguarding Duty

The safeguarding team have maintained a consistent daily duty system during office hours for safeguarding children and adults. The duty practitioner performs quality assurance checks on all referrals received from CHCP staff prior to them being shared with the local authority team. The provision of a duty practitioner also ensures that CHCP staff have access to an experienced safeguarding children and adults practitioner for timely advice, support, and supervision. During 2022/23 the safeguarding adults practitioners received 624 calls for advice from CHCP staff. This is a 44% increase from last year when 432 calls for advice were received. A breakdown of calls per quarter is shown below compared to the previous year:

Adult duty contacts

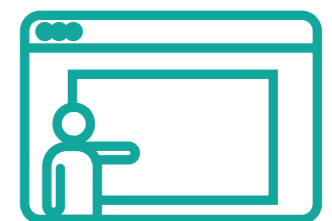


The number of calls being received is reflective of the active engagement by the safeguarding team with services and staff across the organisation and in keeping with the rising numbers of safeguarding adult concerns being raised nationally and regionally.

Provider Engagement Meetings

Monthly provider engagement meetings with partners across the health and social care economy are a valuable platform for sharing low-level information. Representation from the Care Quality Commission (CQC), local authority safeguarding and quality and compliance teams, Healthwatch and the commissioners in Hull and East Riding of Yorkshire is captured to demonstrate a holistic picture enabling the early identification of emerging themes and possible safeguarding concerns.

Much of the information shared by CHCP safeguarding practitioners is from our internal incident reporting system. Reports are run monthly prior to the meeting and facilitate an appropriate response to concerns raised by frontline practitioners with access to current up-to-date information.



Domestic Abuse

CHCP remain committed to fulfilling the requirements of the Hull domestic abuse minimum standards. This framework supports the partnership response to domestic abuse, influencing professional practice and improving services in line with CHCP's mission and values. CHCP CIC are also represented at the Hull and East Riding of Yorkshire Domestic Abuse Strategic Boards.

Domestic abuse notifications for children

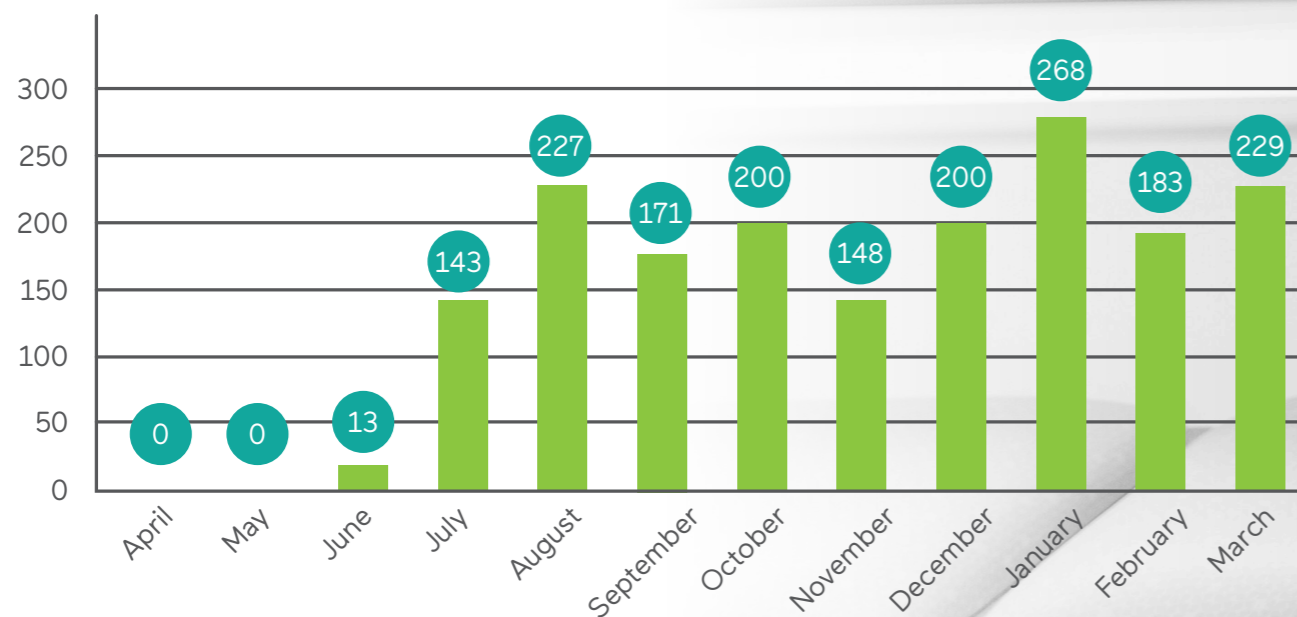
CHCP's integrated safeguarding team is responsible for the processing and distribution to health partners of police domestic abuse notifications where children are reported to be in the family.

Q1 saw the introduction of a new process for sharing DA notifications from the police to health partners via the CHCP safeguarding team. The application of Operation Encompass, a nationally recognised model for sharing DA information in education, was implemented and named Operation Encompass Enhanced. These notifications were previously referred to as Domestic Abuse, Stalking and Harassment (DASH) notifications.

The table below highlights that during Q1 CHCP's integrated safeguarding team only received 13 Operation Encompass Enhanced notifications. This dramatic reduction was owing to operational issues within Humberside Police and not because reported DA incidents had dropped. There was an opportunity during Q2 to address the backlog of DA notifications which arose with the introduction of Operation Encompass Enhanced.

During 2022/23 CHCP received 1,782 police notifications for DA. This is a slight increase from the previous year when 1,736 were received.

Operation encompass enhanced notifications received 2022/23





Multi-Agency Risk Assessment Conference (MARAC)

CHCP is a partner in the Multi-Agency Risk Assessment Conferences (MARAC) on behalf of Hull's commissioning body. During this year, the meetings continued to be held on a fortnightly basis. CHCP practitioners share relevant information within the meeting to inform the decision making regarding the risk assessment and action plan for the family. Information received from the MARAC is documented within the SystmOne record, providing up-to-date, relevant and proportionate information to health practitioners working with those children and families to inform their health assessments and interventions.

The number of cases and children taken to MARAC directly reflects the number of domestic abuse notifications received from police identifying those high-risk cases that require a multi-agency response.

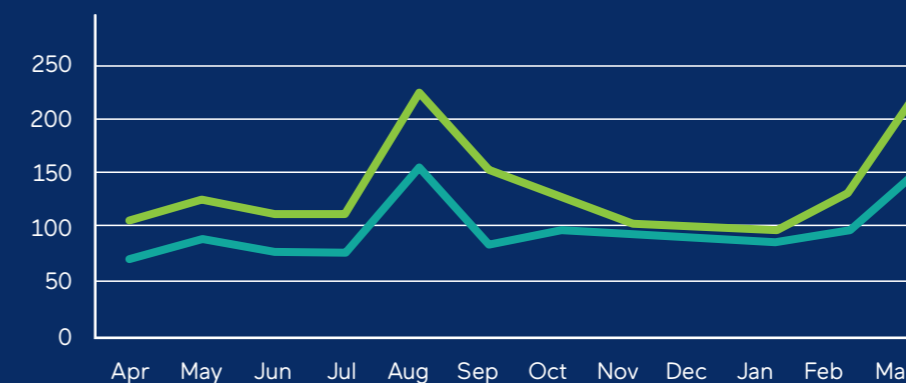
The number of cases being heard at MARAC this year has totalled

1,346

an increase of 82 on the previous year. Numbers of children being discussed at MARAC have also increased this year from 1,331 in 2021/22 to 1,783.

MARAC 2022/23

- Number of cases per month
- Number of children discussed per month



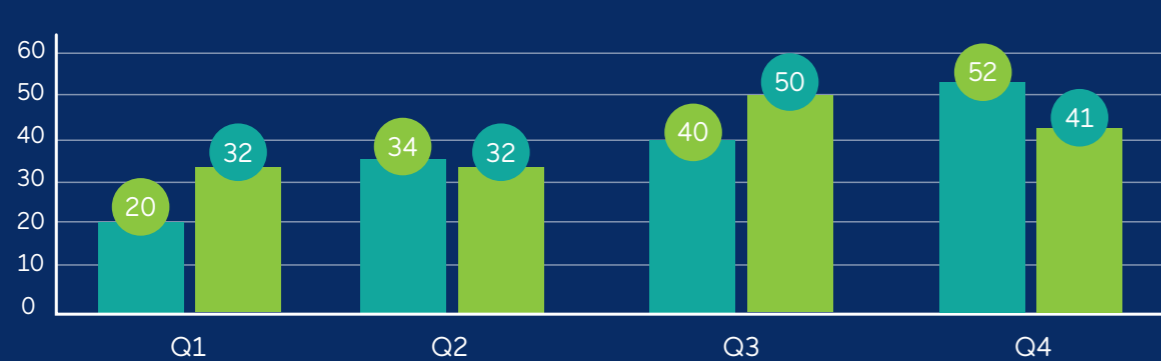


Referrals

Safeguarding Adult Referrals to Social Care

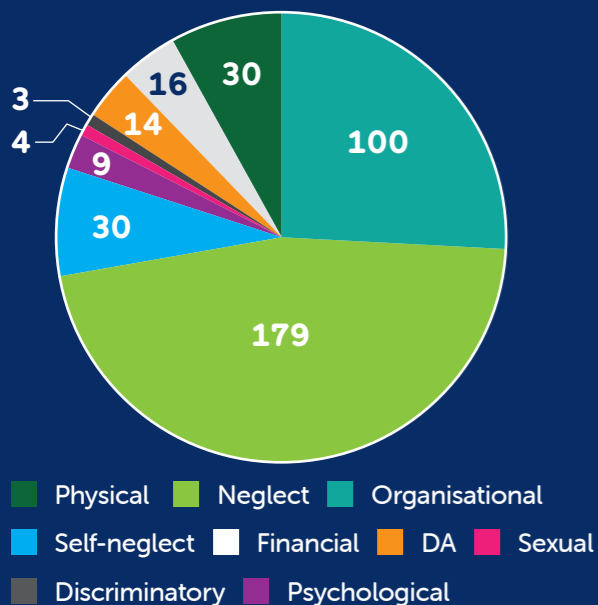
During 2022/23 CHCP staff submitted **301** safeguarding adult referrals, a **76%** increase from last year. Of these, **155** related to adults in Hull and **146** in the East Riding. These figures demonstrate the vigilance among staff to recognise potential abuse and neglect whilst delivering high quality care and the ongoing commitment of the safeguarding team to keep safeguarding at the forefront of practice across the organisation. ERSAB also noted a **36%** increase in the number of referrals they received this year.

Adult safeguarding referral per quarter 2022/23



The table below highlights neglect and organisational abuse as the highest reported categories of abuse by CHCP staff this year, accounting for **46%** of referrals. This is consistent with previous years and reflects a trend identified regionally by other partners. East Riding Safeguarding Adults Board (ERSAB) reported 'neglect' as their highest category of abuse this year, accounting for **40%** of their concluded enquiries.

Categories of reported abuse 2022/23



2022/23 has seen a slight increase in the number of referrals in relation to domestic abuse, with **14 referrals** noted this year compared to **8** in 2021/22. Whilst the number is not significantly high, CHCP has encouraged practitioners to be professionally curious about domestic abuse. It is recognised that many adults affected by domestic abuse may not consent to a safeguarding referral. Consequently, staff will direct patients to other support agencies such as the Domestic Abuse Partnership. As a formal safeguarding referral has not been made, this data is not captured and therefore not an accurate reflection of the number of CHCP CIC patients disclosing their experience of domestic abuse.

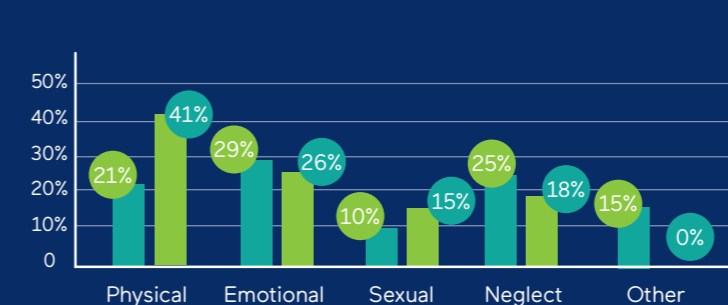
Safeguarding Children's Referrals to Social Care

All those who come into contact with children, young people and families in their everyday work, including practitioners who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of children.

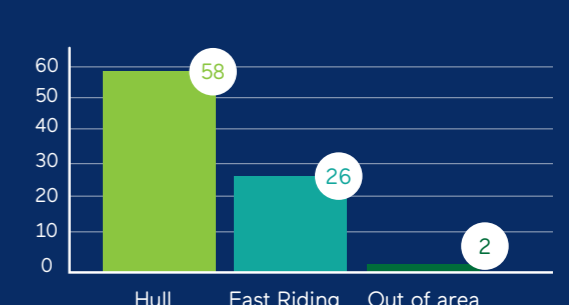
There was a total of **86** safeguarding referrals into children's social care for the 2022-2023 financial year. This is lower than the previous year (2021-2022) when **143** referrals were recorded. This could be due to staff recognising risk to children much earlier, resulting in early help referrals and reducing the number of safeguarding referrals made. The NSPCC reports that "research suggests that early help and intervention can reduce the need for a referral to child protection services." In addition, since the transition of the 0-19 team out of CHCP, there has been a decrease in the number of safeguarding children's referrals made as expected.

Although there has been a reduction in overall referral numbers during 2022/23, physical harm has been the principal reason for making a safeguarding referral to children's social care. This could be a direct correlation in relation to the increase seen in the number of children discussed at MARAC and domestic abuse notifications received from police. Children may suffer direct physical harm, as well as emotional harm when living in a household where there is domestic abuse. Concerns around emotional harm also remain prevalent this year. It would be reasonable to suggest that any child suffering abuse or neglect would likely also suffer emotional harm. Practitioners will often select more than one category of abuse to try to reflect this when making a referral.

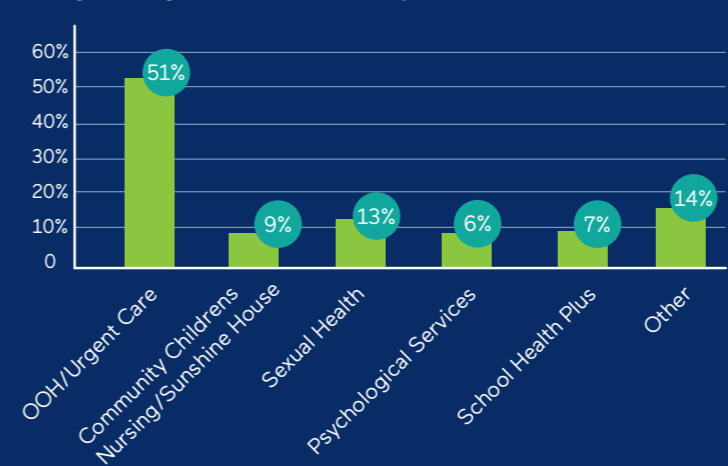
Comparison of referrals by year



Number of referrals by area 2022/23



Safeguarding children referrals by service 2022/23



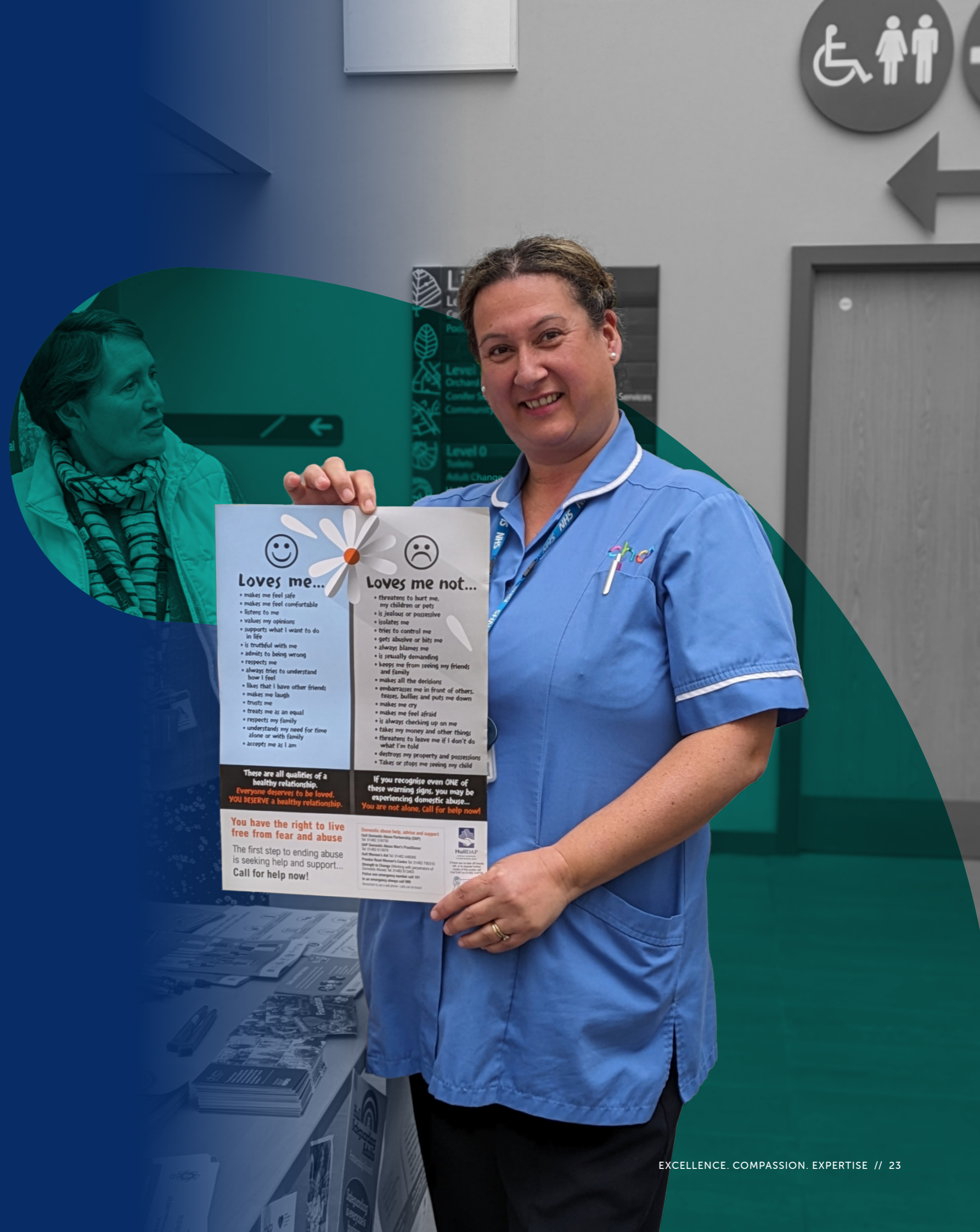
The table to the left highlights the breakdown by service area from which the referrals were received. Following the initial telephone referral into EHASH, safeguarding children referrals are submitted via the integrated safeguarding team, which allows for the quality assurance of the referral prior to submission. 'Other' referrals include missing, targeted early help and contextual safeguarding.

PREVENT

The PREVENT strategy, published by the Government in 2011, is part of the overarching counter-terrorism strategy CONTEST. The aim is to reduce the threat to the UK from terrorism by stopping people from becoming terrorists or supporting terrorism. Effective Prevent depends on good partnership working and relationships. To demonstrate compliance with the duty, specified authorities must provide evidence of productive cooperation, with local Prevent co-ordinators, the police and local authorities.

CHCP has maintained its representation at Hull and East Riding Prevent meetings and ensures that staff are kept updated in a timely manner. Prevent material is delivered within mandatory safeguarding children training and through SAFE updates. The training ensures that CHCP staff meet the intercollegiate document requirements and are provided with an overview of CONTEST national and local channel panel information. Training also reflects the police request that staff be aware of the risk from self-initiated terrorism and the 'Run Hide Tell' guidance. The optional Action Counter Terrorism training continues to be promoted as the content complements the Prevent agenda.

The staff intranet, 'CHIPS', is regularly updated with informative resources for staff and includes 'what to do in the case of attack' videos. There are named PREVENT champions across CHCP services who hold additional restricted information and can be contacted by their team members for support and decision making in addition to the support provided by the integrated safeguarding team. The organisational PREVENT standard operating procedure has been reviewed and revised to ensure it is reflective of current and up-to-date strategies.



Modern Day Slavery

CHCP's safeguarding team continues to attend the Humber Modern Slavery Partnership (HMSP) quarterly group meetings. Practitioners contribute to support a co-ordinated approach to identifying and promoting care for enslaved people. The HMSP is a strategic partnership represented by several organisations across Humberside. Information from the meeting is cascaded to CHCP staff through the SAFE to keep them up to date with current themes and trends. Awareness is also promoted through mandatory safeguarding adults and children training.

This training highlights the potential for our clients to be victims of modern-day slavery and equips staff with the knowledge about who to contact should staff have concerns.



Multi-Agency Public Protection Arrangements (MAPPA)

Multi-Agency Public Protection Arrangements (MAPPA) is a statutory arrangement which brings together several agencies including the police, probation, prison services, children's services, adult social services, health organisations, youth offending teams and local housing services. Its aim is to manage the most serious and violent offenders within the community to keep the public safe. During 2022/23 CHCP continued to maintain positive relationships between us and MAPPA, enabling us to work closely together in the best interests of patients, staff and members of the public.





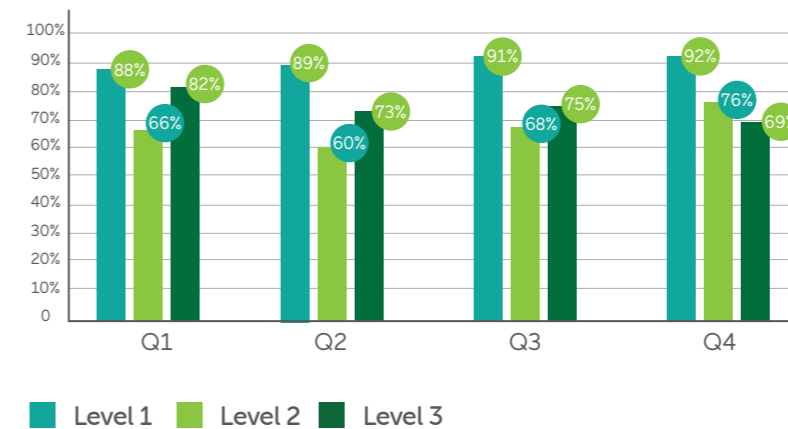
Safeguarding Training

The Royal College of Nursing Adult Safeguarding Intercollegiate Document (2018) and Safeguarding Children and Young People Intercollegiate Document (2019) identify the roles and competencies for health care staff and set out training requirements. The organisation has a contractual requirement to meet an **85%** achievement of Level 3 safeguarding adults and children training compliance. Compliance levels for safeguarding training during 2022/23 began to recover from the significant impact of the Covid-19 pandemic. One of the most important principles of safeguarding is that it is everyone's responsibility. CHCP staff frequently work with vulnerable people, children and families in their moments of greatest need.

Staff may often witness health and social inequalities which have a direct impact on the lives of people who we care for. Acknowledgement of responsibility for safeguarding is also reflected in the previously highlighted increase in the number of safeguarding adult referrals this year. Mandatory safeguarding training at all levels continues to be a blended learning approach of online and virtual face to face and has been reviewed to capture local and national learning and recommendations from safeguarding reviews.

Throughout the year several Lunch and Learn events have been held to further enhance the knowledge of staff and cascade learning from statutory safeguarding reviews. Examples include: 'Think Family,' 'Professional Curiosity' and 'The Mechanics of Injury'.

Safeguarding children training compliance



Safeguarding adult training compliance



General Practitioner (GP) Training

GP Safeguarding Children Training Level 3

The safeguarding children training specifically for GPs was refreshed again during 2022/23 in conjunction with the named and designated professionals from Hull and the East Riding of Yorkshire commissioning bodies. Three training sessions were delivered through a combination of online pre-course work, followed by a virtual face-to-face session, which provides an opportunity for questions and answers, clarification and promotion of best practice.

GP Adult Training Level 3

GP Adult Safeguarding Level 3 training has been refreshed and revised for this year in conjunction with the CHCP-named nurse and designated professionals from Hull commissioning bodies to ensure the intercollegiate standards (2018) requirements are met. The training has continued to be delivered using a blended learning approach. GPs complete an online training package (expected to take three hours to complete) prior to a virtual (face-to-face) 90-minute session. Three virtual sessions were offered during the financial year to all Hull GPs, with feedback and evaluation of the training received and any future topic suggestions to ensure ongoing improvements can be made. In addition, the training presentation and supportive material is available on the respective GP portals along with the link to access the certificate.



Domestic Abuse Training

This year the safeguarding team and learning resources team devised a mandatory online training package around domestic abuse. This was developed through a task-and-finish group following a local domestic homicide review that identified some learning. The training aims to support staff in engaging with service users and peers about DA, how to overcome barriers to difficult conversations and where to seek support/guidance where there are concerns about DA or vulnerable people.

This training was launched as part of the 16 Days of Action, a national annual campaign which ran from 25 November 2022 to 10 December 2022. The training also supported CHCP's White Ribbon accreditation action plan, demonstrating its commitment to tackling male violence against women and girls. As expected, initial compliance levels were low at **37%**. However, by Q4 2022/23 compliance had significantly improved to **73%**, with extremely positive feedback from staff who completed the training. This response has prompted the safeguarding team to consider what else can be achieved in supporting service users and colleagues experiencing DA. The named nurse has commenced discussions with one of the assistant directors to identify a proactive approach and explore the art of the possible.



Supervision

The SAFE meeting was introduced this year as a more efficient way to deliver an ever-changing safeguarding agenda. It was developed to meet the needs of all CHCP staff, promoting a holistic, all-age focus. SAFE now gives staff the opportunity to attend quarterly 90-minute meetings. Sessions are delivered on Microsoft Teams with the first 30 minutes of each meeting dedicated to a learning topic. Staff receive standardised safeguarding updates informed by practitioners from the integrated safeguarding team. There are standing items including Prevent, honour-based violence, female genital mutilation, domestic abuse/

White Ribbon, exploitation and modern slavery, with additional learning shared from local and national safeguarding reviews and the dissemination of seven-minute briefings. The meetings are promoted by the CHCP marketing team with a calendar invitation sent to all staff. Quarterly learning topics this year have included safeguarding the referral process, professional curiosity, think family and exploitation. The new supervision model has proved to be extremely popular with attendance increasing quarter by quarter.



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Hull Safeguarding Children's Partnership Board Hull Safeguarding Adults Partnership Board - Hull Collaborative Partnership

Hull Safeguarding Adults Partnership Board Hull Safeguarding Adults Partnership Board - Hull Collaborative Partnership

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Integrated Safeguarding Team Annual Report 2022/23

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