

OPEN BOARD OF DIRECTORS 8 March 2017

Open BoD: 08.03.17
Item: 13i

TITLE OF PAPER	Safeguarding Children, Quarter 3 (Q3) Report, Oct-Dec 2016
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
ACTION REQUIRED	Members to be informed of the progress made during Q3 2016 – 2017 regarding the safeguarding adult agenda and associated work plans

OUTCOME	Members to be assured on all aspects of safeguarding adults for the Trust and satisfied with the progress achieved during this reporting period
TIMETABLE FOR DECISION	March 2017 Meeting
LINKS TO OTHER KEY REPORTS/ DECISIONS	<ul style="list-style-type: none"> ▫ Safety and Risk Strategy ▫ Care Quality Commission Fundamental Standards 2015
LINKS TO THE NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES	<ul style="list-style-type: none"> ▫ Board Assurance Framework ▫ Care Quality Commission Fundamental Standards ▫ Code of Practice on the Prevention & Control of infections and related guidance ▫ NHS Litigation Authority ▫ NHS Outcomes Framework 2016-2017; domain 5 <p>HSE <input type="checkbox"/> MH Act <input type="checkbox"/> Equality <input type="checkbox"/> BME <input type="checkbox"/> Disability Legislation <input type="checkbox"/></p> <p>NHS Constitution: Staff Rights <input type="checkbox"/> Service users' Rights <input type="checkbox"/> Public's Rights <input type="checkbox"/> Principles <input type="checkbox"/> Values <input type="checkbox"/></p>
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	If financial implications are identified during the delivery of this programme, individual business cases will be developed and put forward to the Board for consideration
CONSIDERATION OF LEGAL ISSUES	Legal Requirement to comply with The Children Act 1989 and 2004. Working together to safeguarding children: a guide to interagency working to safeguard and promote the welfare of children.(2015) Protection of Freedoms Act (2012) Care Act 2014 Health and Social Care Act 2008 (2015)

Author of Report	Eva Rix,
Designation	Lead Nurse for Safeguarding
Date of Report	28 th February 2017

SUMMARY REPORT

Report to: Open Board of Directors

Date: 8 March 2017

Subject: Safeguarding Children, Quarter 3 Report, October - December 2016

From: Liz Lightbown, Executive Director of Nursing, Professions & Care Standards

Author: Giz Sangha, Deputy Chief Nurse/Interim Clinical Director Acute & Inpatient Care
Eva Rix, Lead Nurse for Safeguarding

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
✓		✓			

2. Summary

It is essential to ensure that people who use health & social care services are protected from harm/exploitation by others. Safeguarding children must be part of everyday practice/risk assessment to ensure that all staff consistently apply policies and procedures to protect others from harm. Good management & organisational processes are crucial to ensuring those that need protecting are protected.

This report comprises related incidents within the Trust, actions taken to mitigate these, outcomes of investigations and exception reporting. Members are assured that the Trust has taken appropriate actions in relation to safeguarding children and is responding to issues identified through continued monitoring. Progress by target area is red, amber, green (RAG) rated.

3. Next Steps

The Lead Nurse for Safeguarding will continue to facilitate and monitor implementation of this programme.

4. Required Actions

- Receive this report & note the progress against the Safeguarding Children Action Plans and associated work streams at Appendices 1 and 2.
- Approve the revised Terms of Reference for the Safeguarding Children Steering Group at Appendix 3, which were approved by the steering group on 7th November 2016.
- Approve the provision of information relating to the Truth Project to support the National Independent Inquiry Child Sexual Abuse being placed on the Trust internet.

5. Monitoring Arrangements

Quarterly verbal/written reports are provided to the:

- Safeguarding Adult Steering Group.
- Service User Safety Group (SUSG).
- NHS Sheffield Clinical Commissioning Group (CCG).
- Quality Assurance Committee (QAC).
- Board of Directors (BoD).

6. Contact Details:

For further information, please contact:

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Safeguarding Children, Quarter 3 Report October – December 2016

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Abbreviations:

CCG- Clinical Commissioning Group

CSE – Child Sexual Exploitation

DCN- Deputy Chief Nurse

DP - Designated Professional (Sheffield CCG)

INSIGHT – SHSCFT electronic patient recording system.

LNS -Lead Nurse Safeguarding

SASP - Sheffield Adult Safeguarding Partnership (the Safeguarding Adult Board)

SCSG - Safeguarding Children Steering Group (SHSCFT)

SHSCFT -Sheffield Health and Social Care Foundation Trust

SSCB - Sheffield Safeguarding Children Board

ST - Safeguarding Team

SystemOne – electronic patient recording system predominantly used in primary care and specialist community settings

Acknowledgements for assisting in the collation of data for this report:

Danielle Hogan Safeguarding Advisor

1.0 Introduction

This quarterly report aims to provide members with a retrospective overview of the activities carried out to progress the delivery of safeguarding children within Sheffield Health and Social Care NHS Foundation Trust (SHSCFT), during this reporting period October – December 2016.

2.0 Progress Summary against action plans

2.1.1 The Safeguarding Team have supported the action plans associated with Safeguarding Children that they are responsible for and have supported others to progress their actions.

2.1.2 There was an increase from five to six action plans operational in the quarter relating to:

- Care Quality Commission Children Looked After and Safeguarding, Dec 2015. There were nine actions, all nine are now completed.
- CCG Annual Safeguarding Children Assurance, via self-assessment, July 2016. All of the required actions are progressing within the agreed timescale.
- Sheffield Safeguarding Children Board (SSCB), Family B (previously referred to as Family LAT) Learning Lessons Review (LLR), March-June 2016. The nine actions have been progressed and have been completed in Q3.
- National Child Sexual Abuse Inquiry, formerly referred to as The Goddard Inquiry. 25 of the 29 actions have been completed, the remainder are progressing within timescale.
- SSCB Workforce Questionnaire. The four actions have been progressed and are currently within the agreed timescales.
- SSCB 'Section 11 Audit'. Completion of this is a requirement of the SSCB in line with Section 11 of the Children Act (20014) which places a number of duties on the Trust to ensure that when it goes about its day to day business, we do so in a way that takes into account the need to safeguard and promote the welfare of children.

The audit comprised of eight sections and incorporated 40 audit statements of which 38 have been assessed as completed. The 2 remaining standards are amber and relate to staff participation in child protection conferences and utilisation of feedback from service users. These two actions have been included in the work plans at Appendix 1.

2.1.3 There are currently a total of 142 actions with 126 fully completed. The RAG rating system used reflects the system used by key partners such as the Sheffield Safeguarding Children Board (SSCB) and provides a visual aid regarding progress made against a particular action point. Red, Amber, Light Green (RAG) refer to the different stages of each action points, at Appendix 1.

2.1 The table below provides an indicator of the progress made in this quarter, bracketed figures show are Q2 data.

Objective Area	No of Actions	Red Not commenced	Amber In progress	Light Green Nearing Completion	Dark Green Completed and evidence in place
Care Quality Commission Children Looked After and Safeguarding.	9	0	0 (1)	0 (4)	9 (4)
SSCB LAT Learning Lessons Review LATLLR (now called family B)	9	0	0 (3)	0 (5)	9 (1)
Safeguarding Children's Assurance	51	0	0 (6)	6 (2)	45 (44)
National Child Sexual Abuse Inquiry (formerly Goddard)	29	0	1 (4)	3 (0)	25 (25)
SSCB Workforce Questionnaire	4	0	0 (1)	4 (2)	0 (0)
Section 11 (December 2016)	40	0	1	1	38
Totals	142 (99)	0	2 (14)	14 (13)	126 (74)

3.0 Education & Training

The Safeguarding Team along with a colleague from the Education & Training department continue to provide & deliver mandatory Safeguarding Training which combines safeguarding adults, domestic abuse, safeguarding children, child sexual exploitation and Prevent to all practitioners who have face to face contact with service users.

3.1 The table below provides information on Core Mandatory (Trust Induction for new starters) and Mandatory Update Training. 259 members of staff have received training in this quarter and a total of 360 training places were offered.

Mandatory Training Provided: safeguarding Comprehensive Training		
Training Offered	Training Places Offered	Participants
Safeguarding Comprehensive Training	360 (420 Q2)	344 (248 Q2)
Volunteer Safeguarding Training	20 (22)	15 (12)
Total	380 (442 Q2)	359 (260 Q2)

3.2 Trust Safeguarding Training Compliance for safeguarding level 2

The training compliance data has been shared with Service / Clinical Directors and an action plan to address their deficits is being actively managed by the Training department and lead nurse in safeguarding

Table 1 below shows the Trust's Overall Training Compliance for Safeguarding Children for level 2

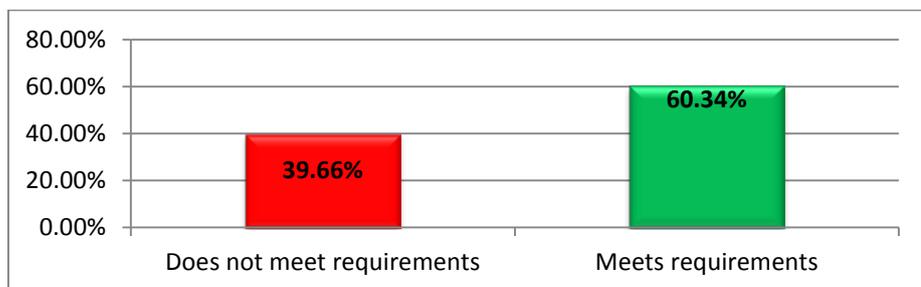


Table 2 below shows the Trust Overall Training Compliance for Safeguarding Children compliance by Directorate for level 2 training

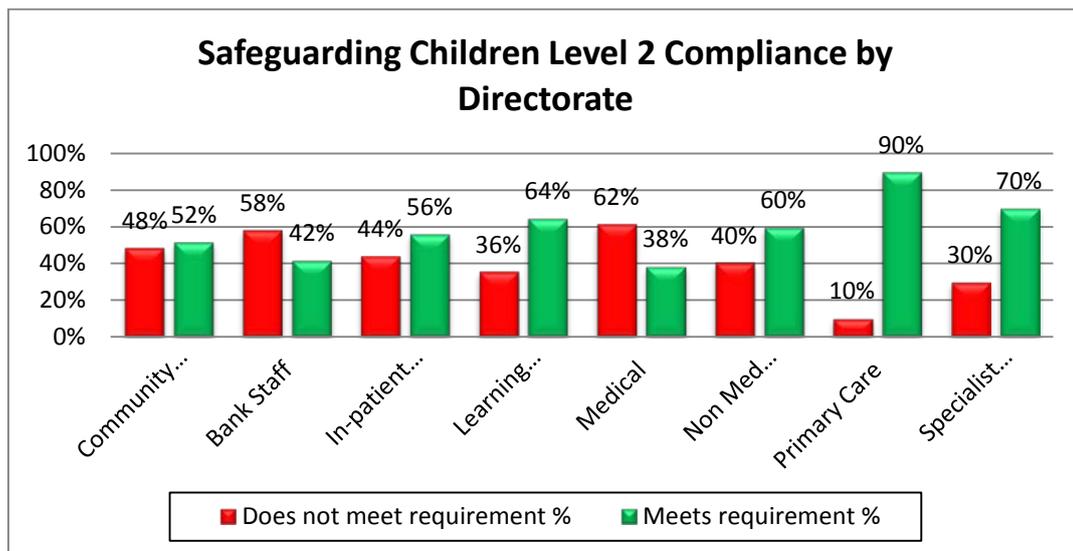


Table 3 below shows the Trust Overall Training Compliance for Safeguarding Children for level 3

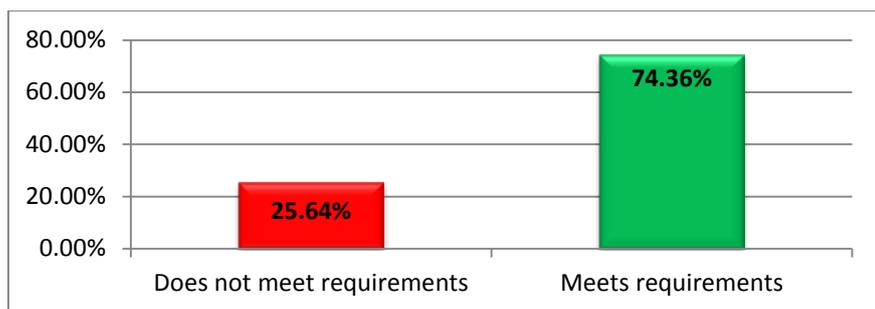
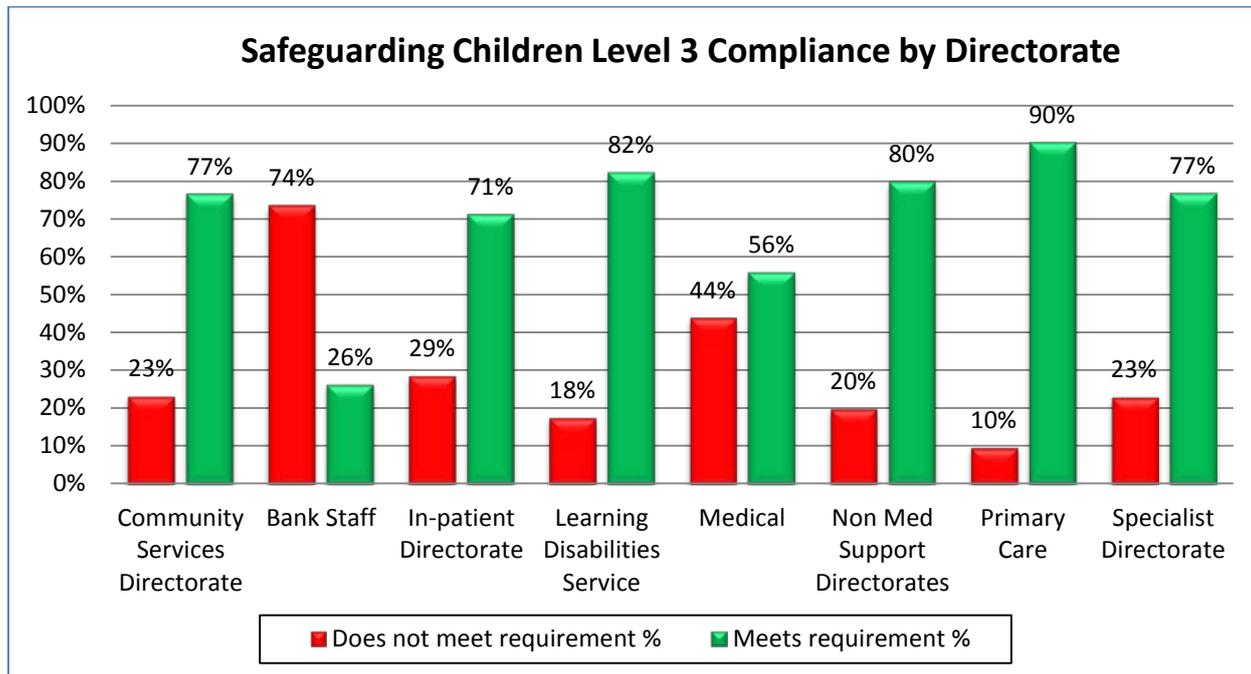


Table 4 below shows the Trust Overall Training Compliance for Safeguarding Children compliance by Directorate for level 3 training



Training compliance data for level 2 & 3 has been shared with Service/Clinical Directors and an action plan to address their deficits is being actively managed by the Training department and lead nurse in safeguarding.

3..3 There are a total of 898 staff across the Trust who still require safeguarding children training; however there are sufficient training places available to the end of the financial year to accommodate this number.

4.0 Performance

4.1 Attendance at Initial Child Protection Conferences

4.1.1 To increase Trust staff attendance at Child Protection Conferences the LNS has circulated information to adult community mental health team managers on the current Strengths Based Approach to Child Protection Conferences. Team managers have been requested to identify any specific training needs to enable them to provide accurate reports to conferences and discuss their specific need requirements for participation in these meetings. In some cases the meetings have been challenging and staff may require debrief / support to reflect on practice / managing conflicting demands.

4.2 National Independent Inquiry into Child Sexual Abuse, formerly The Goddard Inquiry

4.2.1 The four actions have been progressed and are on target for completion. A communication brief has been included in the weekly staff bulletin and in the Safeguarding Children Policy.

4.2.2 The Inquiry is supported by three distinct projects the 'Truth Project', the 'Research Project' and the 'Public Hearings Project'. The inquiry would like to ensure that as many people as possible have the opportunity to share their experiences with the Truth Project.

4.2.3 The Truth Project

- Victims and survivors can share their experience via a private session at a venue in England or Wales with a member of the Inquiry, or share their experience in writing.
- Their accounts will not be tested, challenged, or contradicted.
- The experiences which are shared with the Inquiry will play an important part in shaping the Inquiry's conclusions and recommendations for the future.
- To date, over four hundred people have shared their experiences.
- Support and counselling is being provided for all victims and survivors when they share their experience. The support offered has been designed and delivered with the close involvement of victims and survivors.

4.3 Care Quality Commission – Children Looked After and Safeguarding (CLAS), Dec 2015

4.3.1 The action plan of nine recommendations has been completed this quarter within the agreed timescale.

4.4 Key Performance Indicators (KPI)

4.4.1 The required quarterly KPI return was submitted to the Designated Nurse at NHS Sheffield CCG at the end of this quarter and with information on safeguarding children training compliance.

4.5 Transition

4.5.1 Trust Safeguarding Team have continued to participate in the SSCB/SASP led work stream relating to Transition for child focussed to adult oriented services in relation to children subject or recently subject to a Child Protection Plan.

4.5.2 The Lead Nurse for Safeguarding (LNS) and Deputy Medical Director have completed a benchmarking exercise against the Transition Protocol from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) as requested by NHS Sheffield CCG.

4.6 SSCB Workforce Questionnaire

4.6.1 The four actions have been progressed in this quarter and staff have been informed of the safeguarding children policy and associated information. The Multi agency referral form (MARF) has been cascaded to staff via the safeguarding children steering group and is available on the Safeguarding Intranet page to enable staff to follow up in writing any referral or communication to children's social care.

4.6.2 An analysis of training needs in Trust Primary Care Services will be completed in Quarter 4.

4.7 Joint Targeted Area Inspections (JTAI)

New JTAI of services for vulnerable children and young people were launched in February 2016. Four inspectorates - Ofsted, the Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary (HMIC) and Her Majesty's Inspectorate of Probation (HMIP) are now jointly assessing how local authorities, the police, health, probation and youth offending services are working together in an area to identify, support and protect vulnerable children and young people.

4.7.1 The Trust is represented on the city-wide multi agency group preparing for this new inspection process by the designated nurse for safeguarding children, NHS Sheffield CCG

4.7.2 The Trust has complete requests received for information by the CCG to assist in this preparation process and in this quarter contributed to a review of published JTAI reports to identify any gaps that may apply to Sheffield.

5.0 Audit Programme

5.1 Preparation work for the 2 audits has commenced in this quarter and the CCG requested self-assessment against the CAMHS to AMHS Transition Protocol which was completed by the Lead Nurse for Safeguarding and the Deputy Medical Director. There were no actions from this self-assessment.

6.0 Safeguarding Children Policy and Procedures

6.1 There have been no changes to the safeguarding policy in this quarter.

6.2 The Lead Nurse for Safeguarding attended a 'training for trainers' event organised by the SSCB to prepare staff for delivering training on the Child Neglect Strategy. Information has been communicated to staff regarding the Neglect Strategy in the Communication Bulletin to staff

6.3 The Trust's Comprehensive Safeguarding training will be reviewed in Quarter 4 to include the Child Neglect Early Identification actions. The revised safeguarding training plan will be agreed in the Safeguarding Steering Group and in the Nursing Professions Care Standards Meeting before delivery from April 2017 onwards.

6.4 The Executive Director of Nursing, Profession and Care Standards and the Lead Nurse for Safeguarding participated in an SSCB development session in Q3 contributing to the strategic direction of the SSCB and considering the priorities for the SSCB in the next year.

7.0 Safeguarding Children Queries and Case Advice

7.1.1. The numbers of safeguarding children advice provided in this quarter has remained stable with no additional treams requesting support and advise.

7.1.2 The Safeguarding Children Service who organise child protection conferences have increased the number of requests for information relating to adults using the Trusts services when they are planning a child protection conference to ensure familieis remain safe and care is coordinated between children and adult servcies.

7.1.3. The Trust's Safeguarding Team have provided a patient records check of adults "thought" to have a mental health problem who may be in receipt of Trust services and are involved with children subject to a child protection conference. Over the last year the Child Protection Coordinators have requested a 'records check' for any adult involved in a Child Protection Conference. The quantity of these requests in the last year was nearly 200 record checks and this did not elicit any adults who were not known to the broader health and social care community. Therefore the conference Coordinators, the children's social work team and the SSCB have been informed that the Trust can revert back to the original process of only checking records for those adults thought or known to have a mental health need.

Red	= Work not commenced
Amber	= Work in progress
Light Green	= Action nearing completion

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
CCG Annual Safeguarding Children Assurance (via self-assessment) (July 2016)					
1.0 Policy and Procedures					
	1.5 The Provider will ensure that all policies and procedures are consistent with legislation / guidance in relation to the Mental Capacity Act 2005 (MCA) and consent, and that staff practice in accordance with these policies. This should include robust processes to embed MCA/DoLS compliance.	March 2017	Trust lead for MCA	Draft of Insight pro forma has been developed in Q3 Action required: Pro forma implementation and re audit of capacity required in Q4.	Light Green
	2.12 The provider will ensure that there are effective systems for recording and monitoring DOLs applications to the CQC, authorising body/Court of Protection; and if a death of a patient occurs who is under a Deprivation of Liberty, HM Coroner.	March 2017	Trust lead for MCA	DOLs recording sheet has been developed. There is a Trust wide DOLs register in place which will be utilised until the development of an electronic solution. Action required: Programming of the required functionality within the Insight recording system.	Light Green
5.0 Training	5.1 The provider will ensure and report on their compliance that all staff and volunteers undertake safeguarding training appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan. For safeguarding children this needs to be in line with RCPCH Intercollegiate Document 2014. For adults this needs to be in line with NHSE Intercollegiate Document*	March 2017	LNS	A comprehensive training plan is in place for adults, children and domestic abuse. The children's is in line with the RCPCH Intercollegiate Document 2014. Training Compliance has increased from 53.19% (Q2) to 67% overall for level 2 and level 3 (Q3)	Light Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	5.3 The provider will ensure that all staff who provide care or treatment undertake safeguarding update training in how to recognise and respond to abuse at least every 3 years. This includes staff who undertake assessments and reviews of patients and their care.	March 2017.	LNS	Training Compliance has increased from 53.19% (Q2) to 67% (Q3)	Light Green
	5.4 The provider will ensure that all staff (including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees), who provide care or treatment, understand the principles of the Mental Capacity Act (2005) and consent process, appropriate to their role and level of responsibility, at the point of induction.	March 2017.	Trust lead for MCA	Training Compliance for MCA has increased and the current compliance is: MCA Level 1 56% MCA Level 2 52% DOLs 71%	Light Green
	5.5 The provider will ensure that all staff (including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees), who provide care or treatment, undertake Mental Capacity Act (2005) and consent training, including the Deprivation of Liberty Safeguards, appropriate to their role and level of responsibility and that this is identified in an organisational training needs analysis and training plan.	March 2017.	Trust lead for MCA	Training Plan in place for MCA.	Light Green
	5.6 The provider will undertake a regular comprehensive training needs analysis to determine which groups of staff require more in depth safeguarding adults training. As a minimum this will include that all professionally registered staff with relevant team leadership roles undertake multiagency training.			Not applicable as relates to safeguarding adults	

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
National Independent Inquiry into Child Sexual Abuse - Preparation – Assurance tool. (formerly the GODDARD INQUIRY)					
1. Safeguarding Leadership					
	1.4 Has the organisation received level 6 safeguarding executive leadership training as set out in the RCPCH Intercollegiate Document 2014?	March 2017	LNS	LNS has discussed with the Board Secretary the need for this training and a training date is awaited Action required: Board secretary will plan a date for the training which will be delivered by the LNS and Deputy Chief Nurse.	Amber
	1.5 How does the organisation set out its annual audit programme relating to safeguarding and how is this reported?	Dec 2016	LNS	The audit plan was discussed at the Q3 Safeguarding Children Steering group and the action to progress this now rests with the LNS and the CCG designated Nurse for Safeguarding Children to develop an audit plan for 2017/18. Action required: Draft 2017/18 audit plan to be presented to the Q4 Safeguarding Children Steering Group	Light Green
2. Safeguarding Policies and Implementation					
	2.10Is there a KPI about training – has it been achieved?	March 2017	LNS	There is a KPI relating to training. Current training compliance - 60% level 2 and 74% level 3. Action required: Continued implementation of the training plan for safeguarding, sufficient places are available to achieve full compliance	Light Green
3. Safeguarding Incidents and Investigations					
	3.4 Has the organisation kept a comprehensive record of referrals to the LADO?	March 2017	LNS and Deputy Director of Human Resources	Discussion has commenced between LNS and HR Deputy Director to agree a process for logging LADO (Local Authority Designated Officer) referrals. The LADO has a responsibility under the Children Act 2004 to support and manage	Light Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				<p>cases involving practitioners who work with children and have been accused/arrested for a possible criminal offence. The process is very contained where information is shared on a need to know basis.</p> <p>Action required: HR and Safeguarding to agree a Trust recording system for LADO referrals</p>	
SSCB Workforce Questionnaire (May 2016)					
1. Professionals not aware of relevant policies or of the designated/named lead for safeguarding children	<p>To ensure all professionals have read the agencies own Safeguarding Children Policy.</p> <p>To increase staff awareness of the designated/named safeguarding lead within the organisation (the person that holds overall responsibility for safeguarding children)</p>	March 2017	LNS	<p>All staff have been reminded about the Safeguarding Children via the Trust wide staff Communication bulletin see 8.1 LATLLR, this also includes the details of the executive director with responsibility for safeguarding, and the named doctor.</p> <p>Action required: Review the safeguarding documentation within SHSC eg policy, website information, leaflets to include the names, job title and contact details of the senior team responsible for safeguarding.</p>	Light Green
2. Professionals not confident in recognising sexual abuse	To increase professional's confidence in recognising sexual abuse	March 2017	LNS and Safeguarding advisor	<p>There are limited numbers of staff who would be in a direct role to identify sexual abuse with children, however staff are reminded on the Trusts Comprehensive training to be aware of 'children in the household'.</p> <p>Targeted training on safeguarding children has been provided to Trust staff in Primary Care who are more likely to require this level and type of knowledge.</p> <p>Primary Care staff have been provided with information on the specific CSE and sexual abuse training available via the SSCB.</p> <p>Action required: Complete a survey of staff in Primary Care asking whether they have sufficient training and support to identify sexual abuse.</p>	Light Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
3. Professionals unclear of how to refer to early intervention services and children's social care	Ensure professionals are clear of how to refer to early intervention services and Children's Social Care.	March 2017	LNS	The multi-agency referral form to Childrens Social Care has been implemented via a Trust wide communication, via the Steering Group and is available on the Trusts Safeguarding Intranet. Action required: Include in the SHSC audit plan (2017/18) a snapshot audit asking if staff are aware of how to refer to early intervention childrens social care services.	Light Green
4. Professionals highlight the need for additional support in their safeguarding role.	Investigate ways of supporting staff that participate in multiagency meetings to safeguard children Increase professional's confidence in knowing how to challenge the decision of other professionals (in own or other agency) when needed in relation to a case or a safeguarding decision, and being confident to do so.	March 2017	LNS and Safeguarding Advisor	All staff have been reminded about the of the support available via the SHSC safeguarding team via the Trust wide staff Communication bulletin see 8.1 LATLLR Action required: Ensure that an analysis is completed in 2017/18 asking staff to consider their learning and development needs in terms of safeguarding children practice and prioritise what would help them.	Light Green
Section 11 Audit (SSCB) December 2016					
5e. Staff participate in multi-agency meetings & assessments to safeguard children and adults at risk. Inter-agency guidance and procedures are in place locally to support workers.	Reminder to all staff to endeavour to participate in Child protection/child in need meetings, reiteration of the support offered by the lead for safeguarding in attending these meetings with practitioners who are unfamiliar with them, reissue of the Strengths Based Approach to Child protection Conferences via senior practitioners or equivalent, make the child protection conference report template available on the intranet.	June 2017	LNS	Safeguarding children policy includes the requirement to participate in safeguarding children meetings and/or provide the required reports. It has been reported that this has recently been inconsistent. All staff have been reminded about the requirement to participate and prepare reports for Child Protection Conferences and the support available from the ST in the communication relating to the staff Communication bulletin see 8.1 LATLLR Action required: Safeguarding team to ensure that the Child Protection Conference Report and the Power Point presentation regarding the Strength Based Approach to Child protection Conferences is available on the safeguarding intranet page and communicated to services via the	Light Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				Safeguarding Children Steering Group	
5g. Service users are given the opportunity to feedback on interventions provided by workers, and this feedback is used to enhance service provision.	Review the information that is currently collected via the collaborative care planning process and other mechanisms to ascertain whether it can be used to enhance service provision	Dec 2017	LNS	<p>Feedback is sought as part of the collaborative care planning process. There is no data available on its use in service provision.</p> <p>Action required: LNS to liaise with assistant clinical directors to establish what reviews of the process are completed and if/how this information is utilised in enhancing service provision.</p>	Amber

Detailed Current Safeguarding Children Action Plans

Red	= Work not commenced
Amber	= Work in progress
Light Green	= Action nearing completion
Dark Green	= Complete and evidence recorded

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
CQC Children Looked After and Safeguarding December 2015					
NHS Sheffield Clinical Commissioning Group and Sheffield Health and Social Care Foundation Trust should ensure that:					
4.1 Mental health staff undertake a home visit as part of their assessment of adults who are identified as having contact with children.	Mental health staff as part of the review of referrals will ensure that they ascertain whether there are children in the household and whether there are any concerns about the welfare/safeguarding of the children. A home visit will be considered when there are concerns about the children or the home situation. A joint visit with other professionals involved with the family will be considered.	May 2016	Deputy Service Director in community	This has been included in the process for triage within adult mental health teams and is included on the Standard Operating Procedure for Safeguarding.	Dark Green
4.2 All reports for child protection conferences are countersigned by supervisors.	Child protection conference reports will be discussed as part of routine team supervision with additional child protection supervision available from the SHSC lead for safeguarding. The completion of child protection reports will be audited in quarter 3 (2016/17)	October 2016	LNS	Child protection reports can be discussed in supervision with the SSCB drug and alcohol misuse worker, within team meetings and with the LNS. The requirement for signing conference reports has been removed (July 2016) for all except Local Authority staff by the Child Protection Conference organisers, therefore the requirement for the completion of an audit relating to this is no longer necessary.	Dark Green
5.1 A review of all recording systems and record keeping is undertaken and that a plan to develop the electronic record	A review of recording systems will take place and a change plan will be developed and implemented.	Dec 2016	Director of IM&T and the LNS	The Insight Electronic Patient Record has been amended to include a direct link from assessment documentation to the Health Visiting Teams to improve communication in line with the recommendation from the CQC inspection. This ensures that the Health visitor teams are aware of when an adult in the	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
system is in place to include family inclusive practice and ease of information sharing between service areas to include where necessary prompts for practitioners to check other services or systems.				household has been assessed by mental health services and provides the name and contact details of the SHSC worker.	
5.2 All referrals to children's social care are followed up in writing by using a standardised referral form and outcomes are recorded on the patient record.	SHSC has developed in conjunction with Childrens Social care a 'Referral to Childrens Social Care Form' which is available to staff on the SHSC intranet. When a city wide form is developed this will replace the SHSC form.	Dec 2016	LNS	The referral form to childrens social care has been placed on the SHSC intranet, communicated via the weekly communication bulletin to all staff and communicated via the Safeguarding Children Steering group and will be included in the Comprehensive Safeguarding Training from April 2017	Dark Green
5.3 All staff in safeguarding posts have "formal role descriptors" linked to the annual performance appraisal processes.	The SHSC safeguarding lead has a job description that includes the named nurse role and the safeguarding advisor has a job description that includes safeguarding children. These job descriptions are included in the annual performance process.	Immediate	LNS	Lead nurse for safeguarding and Safeguarding Advisor have comprehensive job descriptions which are reviewed at annual appraisal.	Dark Green
5.4 There are clear information sharing protocols and that staff are familiarised with the encryption protocol for use with nhs.net.	Awareness of information sharing and secure email is included on the Trusts Comprehensive Safeguarding Training and an all SHSC email will be issued by the SHSC Caldicott Guardian to confirm nhs.net usage and the alternative of encryption using shsc.nhs.uk email	March 2016	LNS and Director of IM&T.	Information sharing and email security covered on Trusts Comprehensive Safeguarding Training since Jan 2015.	Dark Green
5.5 Where there are separate or standalone IT systems, there are prompts in place to cross reference data so that files are complete, information is shared appropriately	The mental health electronic recording system will be developed to ensure that the sharing of information with health visitors is linked to the routine risk assessment process.	July 2016 Request to amend to Dec 2016 in light of programme testing.	IT Interim Head of Design and LNS	The Insight Electronic Patient Record has been amended to include a direct link from assessment documentation to the Health Visiting Teams to improve communication in line with the recommendation from the CQC inspection. This ensures that the Health visitor teams are aware of when an adult in the household has been assessed by mental	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
to update risk assessments and that plans for children and their families are accessible.				health services and provides the name and contact details of the SHSC worker.	
5.6 All health care staff who case hold are provided with regular planned 1:1 safeguarding supervision with a suitably trained supervisor that reflects involvement in complex casework and ensure that discussions and action plans from supervision are clearly documented in the patient records.	Staff will be reminded of the SHSC safeguarding children and clinical supervision policies which include the availability of safeguarding supervision. The lead for safeguarding will ensure that there is confirmation of the role of the SSCB substance misuse practitioner in safeguarding supervision.	Dec 2016	LNS.	Safeguarding Children supervision is now embedded into the Substance misuse service by the worker from the SSCB	Dark Green
6.1 The information sharing pathway between CAMHS and adult mental health services is implemented within a clear planned timeframe.	A representative from Adult mental health will be available, supported by the Trusts named nurse to develop an implementation plan for this pathway	Oct 2016 Request to amend to Dec 2016 in light of broader work stream	Deputy Service Director in community and LNS	The transition protocol between CAMHS and Adult Mental Health has been reviewed (by deputy medical director and LNS) and remains relevant. The Trust Lead nurse for safeguarding, the deputy director for community and the deputy medical director will remain involved in the city wide work stream relating to transition.	Dark Green
SSCB LAT Learning Lessons Review July 2016					
8.1 SHSCFT Drug and Alcohol Services should review the Every Child Matters process to ensure that staff make clear care plan actions to contact Childrens Services	Communication to staff from service director to ensure that actions that result from the Every Child matters Assessment are included in service users care plans and communication with colleagues in Childrens Social Care and that lack of service user engagement is communicated to relevant health and social care colleagues	Dec 2016	Specialist Service Director and LNS	The required communication has been completed via the weekly Communication Bulletin.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
and health colleagues during treatment episodes when service users fail to engage with treatment including DNAs cancellations, late appointments.					
8.2 SHSCFT should ensure that the minutes from Child Protection Conferences and associated meetings are uploaded onto the Trusts electronic recording system and actions required/ requested of SHSCFT are entered onto care planning documents. .	Information on the storage of childrens information on adult records will be communicated to all staff via the trusts weekly communication bulletin.	Dec 2016	Specialist Service Director and LNS	This has been included in the weekly staff communication bulletin (see 8.1)	Dark Green
8.3 SHSCFT Drug and Alcohol Services should ensure that the on-going work to review the current method of urine testing is concluded and implemented in line with best practice and commissioning decisions.	Substance misuse service to obtain a costing for an alternative form of urine testing and consider a business case for its implementation based on costs and benefits.		Service Manager in substance misuse	Costing obtained and further information sourced and due to costing and efficacy issues this will not be progressed as an alternative to the current methods of urine testing.	Dark Green
8.4 SHSCFT should consider the inclusion of staff roles within the electronic recording system as the current	Ensure that should roles/job titles be required when notes are being reviewed there should be a method for achieving this.	Oct 2016	LNS	Information governance and the Electronic staff record contain the professional codes and job titles of staff which indicate role at any given time so this will enable information from the Insight system to be matched with	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
documentation only records the workers name and professional code so may simply state the name and 'nurse'.				information relating to role/job title.	
8.5 SHSCFT should review their use of the electronic recording system to consider the broader functionality available including 'contacts tab' and standard letters and be reminded of the requirement not to use abbreviations which can be misinterpreted by colleagues.	Staff to receive this information to assist in record keeping	Dec 2016	Specialist Service Director and LNS	This has been included in the weekly staff communication bulletin (see 8.1)	Dark Green
8.6 SHSCFT Drug and Alcohol Services will be reissued with the Information Sharing Guidance from the Department of Health 2015; this is already included in the Trust wide Safeguarding training.	The link to the Information Sharing Guide has been provided to the Service manager within the substance misuse service and will be included in the weekly staff communication bulletin	Dec 2016	Specialist Service Director and LNS	This has been included in the weekly staff communication bulletin (see 8.1)	Dark Green
8.7 SHSCFT should continue to work with key partners (Internal and external, including commissioners of services) to review the current method of mass data transfer of service user notes from previous drug and alcohol providers	A city wide multi agency group is established within the city to review this process	Dec 2016	Head of Contracts and Tender Management	The Head of Contracts has agreed to ensure that this is included in all future tenders where the tender document allows.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
to SHSCFT and devise options for a safer method of transfer/information sharing/record summary					
8.8 SHSCFT Drug and Alcohol Services staff should be updated in the identification and understanding of neglect on children in the household of service users.	The drug and alcohol service will receive information on the new SSCB neglect strategy and have access to face to face training via the SSCB.	March 2017	LNS	The LNS has attended the Train the Trainers course for Neglect SHSC. This element will form the annual safeguarding children refresher training for substance misuse delivered by the SSCB.	Dark Green
8.9 SHSCFT Drug and Alcohol Services staff should be reminded of the Trusts Domestic Abuse policy and the requirement for asking routinely (6 monthly) about domestic abuse.	Provide staff with the Domestic Abuse Policy and remind them of this within the planned communication to all staff	Dec 2016	Specialist Service Director and LNS	Policy reissued to Drug and Alcohol Team and included in the draft of the communication to all SHSCFT staff	Dark Green
CCG Annual Safeguarding Adults Assurance (via self-assessment) (July 2016)					
1.0 Policy and Procedures	1.1 The Provider has up to date organisational safeguarding adults (including MCA and Care Act 2014 compliance), safeguarding children and domestic abuse policies and procedures which reflect and adhere to the Local Safeguarding Adults and Children's Boards policies and procedures.			Policies relating to safeguarding adult, children and domestic abuse are in place. Safeguarding children is due for review in 2017. Safeguarding adults and domestic abuse were reviewed in 2016 and are Care Act and MCA compliant, due for further review in 2019.	Dark Green
	1.2 The Provider will ensure that organisational safeguarding policies and procedures give clear guidance on how to recognise and refer child / adult safeguarding concerns and ensure that all staff have access to the guidance and know how to use it.			Policies relating to Safeguarding adults,(2016) safeguarding children (2014)and domestic abuse (2016) place and due for review three years after implementation. Policies include how to raise concerns: Safeguarding adult policy within appendix 1 (what to do if you suspect abuse)and section 4. Safeguarding children policy within appendix	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				<p>1 (person referred to SHSC) and section 5</p> <p>Domestic abuse policy within appendix 1 (process for disclosure of domestic abuse) and section 6.</p> <p>Internal and external partners consulted during the review of safeguarding adult and domestic abuse policies in 2015, including the safeguarding adult partnership office and the domestic abuse coordination team.</p> <p>Staff awareness audit completed in 2014 confirming staff understanding of trust safeguarding policies and procedures to be repeated in 2016/17</p>	
	<p>1.3 All providers will ensure that safeguarding children policies provide guidance for staff who work primarily with adults. This must include the need to be mindful of adult issues that affect children's well-being such as parental/carer mental ill-health, domestic abuse, alcohol or drug misuse and adults who may pose a risk to children for any other reason. Providers of Children's services will ensure that Safeguarding Adults policies are in place and staff are aware how to recognise adult abuse and how to raise concerns, including Domestic Abuse.</p>			<p>Safeguarding children policy includes the need to be mindful of adult issues that affect children's well-being such as parental/carer mental ill-health, learning disabilities, brain injury, domestic abuse, alcohol or drug misuse and adults who may pose a risk to children for any other reason include in section 6 of the Trust safeguarding children policy.</p>	Dark Green
	<p>1.4 The Provider will ensure that all relevant policies and procedures are consistent with and referenced to safeguarding legislation, national policy / guidance and local multiagency safeguarding procedures. This should include collection and compliance with all national reporting requirements e.g. FGM data.</p>			<p>All policies reference up to date local and national guidance . The safeguarding adult policy references the South Yorkshire Safeguarding Adult procedures, the Care Act 2014 and the national reporting requirements for FGM introduced in Quarter 3 of 2015/16. The Domestic Abuse policy references the Serious Crime Act 2015.</p> <p>The Safeguarding Children policy will be</p>	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				reviewed in 2016/17 in line with any changes instigated by the government following the Wood review (2016)	
	1.5 The Provider will ensure that all policies and procedures are consistent with legislation / guidance in relation to the Mental Capacity Act 2005 (MCA) and consent, and that staff practice in accordance with these policies. This should include robust processes to embed MCA/DoLS compliance.	March 2017	Trust lead for MCA	Draft of Insight pro forma has been developed in Q3 Action required: Pro forma implementation and re audit of capacity required in Q4.	Light Green
	1.6 The Provider will have an up to date 'whistle-blowing'/'Freedom to Speak Up' procedure, which is referenced to local multiagency procedures and covers arrangements for staff to express concerns both within the organisation and to external agencies. The provider must have systems to demonstrate that all staff are aware of their duties, rights and legal protection, in relation to whistle-blowing/'Freedom to Speak Up' and that they will be supported to do so.			Relevant 'speaking up – whistle blowing' policy up to date review date September 2016. Safeguarding awareness audit in 2014 showed that over 75% of staff were aware and would utilise the various systems for whistle blowing to be repeated in 2016/17. Included within the Trust Comprehensive Safeguarding Training	Dark Green
	1.7 The providers of care homes and hospitals will have an up to date policy and procedure covering the Deprivation of Liberty Safeguards 2009 (MCA) and will ensure that staff practice in accordance with the legislation.	Oct 2016	Trust lead for MCA	Trust policies are up to date.	Dark Green
	1.8 NHS Trusts and all providers of hospitals and care homes will have an up to date policy and procedure covering the use of all forms of restraint including covert medication. These policies and procedures must adhere to contemporary best practice and legal standards.			The Trusts policy relating to Aggression and Violence has been updated (2016) contains guidance on restraint, and is compliant with the Mental Health Act Code of Practice (2015) Covert medication is included in the Medication Policy which has been reviewed in 2016.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	1.9 The Provider will ensure that there is a safeguarding supervision policy in place and that staff have access to appropriate supervision, as required by the provider or professional bodies.	Dec 2016	LNS	Safeguarding supervision is included in the relevant safeguarding policies for adults, children and domestic abuse. Specific safeguarding children supervision is in operational within substance misuse service as recommended by the CQC Dec 2015.	Dark Green
	1.10 All providers will ensure that they have relevant policies and procedures in place to ensure appropriate access to advocacy within the care setting, including use of statutory advocacy roles. These policies and procedures must adhere to contemporary best practice and legislation.(Care Act 2014)			Reference to this is included in the Safeguarding Adult Policy within section 6 of the policy	Dark Green
	1.11 The Provider will have an up to date policy and procedure in place in relation to agreeing to and managing visits by celebrities, VIPs and other official visitors. The policy should apply to all such visits without exception.			Referenced in the visitors policy 2016 within section 6 of the policy	Dark Green
	1.12 All Trusts have a policy setting out how access by patients and visitors to the internet, to social networks and other social media activities such as blogs and Twitter is managed and where necessary restricted. Such policies should be widely publicised to staff, patients and visitors and should have a regular review and update			This requirement is now contained within the Social Media Policy. (2016)	Dark Green
2.0 Governance	2.1 The Provider will identify a person(s) with lead responsibility for safeguarding children, safeguarding adults, domestic abuse, PREVENT, CSE and Dementia. This includes identification of a Board Level Executive Director with lead responsibility for the above.			The following have lead responsibility for particular subject areas: Safeguarding children, safeguarding adults, domestic abuse, , CSE - Liz Lightbown, Executive Director for Nursing, Professions and Care Standards PREVENT – Dean Wilson, Director of Human Resource.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				Dementia – Liz Lightbown , Executive Director for Nursing, Professions and Care Standards	
	2.2 The provider will identify a named nurse, midwife, doctor or professionals as required in statutory guidance (Working Together 2015) with lead responsibility for promoting good professional practice and providing advice and expertise in safeguarding children.			Eva Rix, Named Nurse Dr Nusrat Mir, Named Doctor	Dark Green
	2.3 The provider will have in post a named Lead health or social care professional for safeguarding adults with who have a key role in promoting good professional practice, providing advice and expertise and ensuring safeguarding adults training is in place(Safeguarding Adults Intercollegiate Document 2015)*			Not applicable as the action refers to safeguarding adults	
	2.4 The provider will identify a named health or social care professional with lead responsibility for ensuring the effective implementation of the MCA and DOLs.			Anita Winter, Interim Head of Learning Disabilities	Dark Green
	2.5 The provider will review the effectiveness of the organisations safeguarding arrangements at least annually and will identify any risks, service improvement requirements and learning points as well as areas of good practice. NHS Trusts will also provide assurance through an annual safeguarding report.			Quarterly reporting to Board of Directors, Annual report to Board of Directors and published on the SHSC internet page. The annual report for 2016 includes the risk associated with increased activity.	Dark Green
	2.6 The provider must ensure that a system exists for capturing the experiences and views of service users in order to identify potential safeguarding issues and inform constant service improvement.			National patient survey's, information given to clients about the complaints and complements processes. Review of incident reports and serious incidents as they relate to safeguarding adults and children. Follow up by the Sheffield Adult Safeguarding	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				partnership of concluded safeguarding cases to capture service user experiences. Service user feedback to Sheffield Safeguarding Children Board relating to Child protection processes	
	2.7 The Provider must ensure that there is a system for monitoring complaints, incidents and service user feedback, in order to identify and share any concerns of abuse (including potential neglect), using multiagency safeguarding procedures.			Managed by corporate affairs, clinical effectiveness, risk and safeguarding teams.	Dark Green
	2.8 NHS Bodies/Trusts must ensure that there is an effective system for identifying and recording safeguarding concerns, including issues identified to actual and potential Child Sexual Exploitation, PREVENT referrals, which detail patterns and trends through its governance arrangements including; risk management systems, patient safety systems, complaints, PALS and human resources functions, and that these are shared appropriately according to multiagency safeguarding procedures.			Insight Safeguarding module, monitored by SHSC Safeguarding team. Read code available on 'SystemOne' for safeguarding adults, children and CSE . (primary care patient recording system) Incident reports screened to include the identification of all safeguarding concerns. Safer recruitment process in place. Plans for HR to be included in formal safeguarding interface meetings with safeguarding and risk team in July 2016. Patient Public Involvement team interface with SHSC Safeguarding team.	Dark Green
	2.9 NHS Trusts will identify and analyse the number of patient safety incidents, serious incidents, complaints and PAL's contacts that include concerns of abuse or neglect and include this information in their annual safeguarding or complaints report, reviewed by their Board			All relevant annual reports contain this information reported to board on an annual basis.	Dark Green
	2.10 The provider will have appropriate and effective systems in place to ensure that any care provided is done so with due regard to all contemporary legislation. This includes, but is not restricted to, the Human Rights Act, Mental Capacity Act,			Up to date policies and training. External scrutiny relating to MHA and DoLS.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	Care Act and Mental Health Act.				
	2.11 All providers must have in place robust annual audit programmes to assure the organisation and commissioners that safeguarding systems and processes are working effectively and that practices are consistent with legislation and SASP and SSCB requirements.			Annual audit plans are monitored by the SHSC steering groups that include commissioners.	Dark Green
	2.12 The provider will ensure that there are effective systems for recording and monitoring DOLs applications to the CQC, authorising body/Court of Protection; and if a death of a patient occurs who is under a Deprivation of Liberty, HM Coroner.	March 2017	Trust lead for MCA	DOLs recording sheet has been developed. There is a Trust wide DOLs register in place which will be utilised until the development of an electronic solution. Action required: Programming of the required functionality within the Insight recording system.	Light Green
	2.13 The provider will ensure public information, including how to raise a concern is easily accessible and available, that it is current and available in different formats.			Information available on the SHSC intranet and included in policies accessible via the intranet and the internet. Notice boards and leaflets available for service users in all main sites, alternative formats are available. Link is available on the Trust internet to the Local Authority Safeguarding Adult processes for any adult or child who has a concern	Dark Green
	2.14 NHS Trusts will report to SCCG all safeguarding concerns that constitute also being a Serious Incident (SI). SCCG's SI policy will be adhered to.			SI process adhered to in relation to safeguarding. I.e. Steis reportable incidents and safeguarding considered in the terms of reference for internal investigations of serious incidents.	Dark Green
	2.15 Trusts and their associated charities will consider their policies and processes in relation to the assessment and management of risks to their brand and reputation, including as a result of their association with celebrities and major donors and whether their risk registers adequately reflect risk.			Sheffield Hospitals Charity has policy in place as of October 2015 Date of review October 2018	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	2.16 The provider will submit to SCCG the agreed safeguarding Key Performance Indicators (KPI's) quarterly.			Provided on a quarterly basis by the Trust Lead for Safeguarding.	Dark Green
	2.17 The provider will have a named 'Freedom to Speak up' guardian.			Clive Clarke Executive Director Deputy Chief Executive is responsible for the management of the newly appointed 'guardian'	Dark Green
3.0 Multi-agency working & responding to concerns	3.1 The provider will co-operate with any request from SSAP, SSCB and SASP to contribute to multi-agency audits, evaluations investigations and reviews, including where required, the production of an individual management report.			Participation in all safeguarding board meetings including audit and case review, the production of Internal Management Reports (IMRs) and other data as agreed.	Dark Green
	3.2 The provider will, where required by the local safeguarding boards consider the organisational implications of any multiagency reviews (SARs,DHRs) and will devise and submit an action plan to the safeguarding boards to ensure that any learning is implemented across the organisation.			Participation in all multi agency reviews and implementation of learning's as appropriate. Action plans progressed as required and reported to SASP and SSCB.	Dark Green
	3.3 The provider will ensure that any allegation, complaint or concern about abuse from any source is managed effectively and referred, according to the local multi-agency safeguarding procedures.			Adherence to South Yorkshire Safeguarding adult and Sheffield Safeguarding Children Procedures.	Dark Green
	3.4 The provider will ensure that all allegations against members of staff (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) are referred according to local multi-agency safeguarding procedures. Where the allegation is in relation to harm to children this should also be referred to the Local Authority Designated Officer (LADO).Where the concern is in relation to harm to adults the concern should be referred to the multi-agency safeguarding adults' office.			SHSC safeguarding policies apply to all staff (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) Adherence to South Yorkshire Safeguarding adult and Sheffield Safeguarding children procedures. LADO procedures used appropriately.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	3.5 The provider will ensure that a root cause analysis is undertaken for all pressure ulcers of category 3 and 4 and that a multi-agency referral is made where abuse or neglect are believed to be a contributory factor.			This is completed by the clinician under the instruction of the Risk Team.	Dark Green
	3.6 The Provider will ensure that organisational representatives make an effective contribution to MASH, CSE Team, MARAC, MAPPA and child protection conferences/child in need meetings and adult safeguarding meetings including face to face, planning and outcomes meetings (Care Act 2014) as required as part of multi-agency procedures.			Adherence to South Yorkshire Safeguarding adult and Sheffield Safeguarding children procedures. Minutes available as evidence.	Dark Green
	3.7 The provider will, where required, ensure senior representation on SASP (SAB), SSCB and any Domestic Homicide Review panels; and contribution to their sub-groups.			Attendance and contribution to the required processes. Minutes of meetings available as evidence.	Dark Green
4.0 Recruitment and Employment Practice	4.1 The provider must ensure safe recruitment policies and practices which meet contemporary NHS Employment Check Standards in relation to all staff, including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.			Safer recruitment in place for all including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees. Briefing document provided to all 'Chairs of Panel' as part of the safer recruitment process.	Dark Green
	4.2 The provider will ensure that post recruitment employment checks are repeated for eligible staff in line with all contemporary national guidance/requirements and legislation. For nursing staff this will include evidence of revalidation every 3 years.			Safer recruitment in place with a Trust Board approved process for the identification of repeat checks. Nurse revalidation system went live in 2015. Staff wide communication in March 2011 indicating the Trusts requirements relating to disclosure of convictions/sanctions.	Dark Green
	4.3 The provider will ensure that their employment practices meet the requirements of the Disclosure and			Recruitment policy includes DBS checks, including as required 'Barred List' checks for regulated activity and professional body	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	Barring Service (DBS) and that referrals are made to the DBS and relevant professional bodies, where indicated, for their consideration in relation to barring.			checks. Consideration at Disciplinary Hearings of the referral to DBS, with evidence of DBS referrals by HR	
	4.4 The provider will ensure that all contracts of employment (Including staff on fixed-term contracts, temporary staff, locums, students, volunteers, agency staff and contractors) include an explicit reference to the responsibility for safeguarding adults and children.			Standard statement in all contracts with addition specificity where required. Included in Trust recruitment adverts.	Dark Green
	4.5 The provider will ensure that any safeguarding concerns relating to a member of staff are effectively investigated, that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not allowed in safeguarding cases.			Adherence to south Yorkshire Safeguarding adult and Sheffield Safeguarding children procedures. Disciplinary procedures are concluded at all times. Evidence of the completion of disciplinary hearings following the resignation (ahead of disciplinary) of the staff member.	Dark Green
5.0 Training	5.1 The provider will ensure and report on their compliance that all staff and volunteers undertake safeguarding training appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan. For safeguarding children this needs to be in line with RCPCH Intercollegiate Document 2014. For adults this needs to be in line with NHSE Intercollegiate Document*	March 2017	LNS	A comprehensive training plan is in place for adults, children and domestic abuse. The children's is in line with the RCPCH Intercollegiate Document 2014. Training Compliance has increased from 53.19% (Q2) to 67% overall for level 2 and level 3 (Q3)	Light Green
	5.2 The provider will ensure that all staff (including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees), have undertaken safeguarding awareness training on induction, including information about how to report concerns within the service or directly into the multi-agency process.			Safeguarding training included in all induction programmes.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	5.3 The provider will ensure that all staff who provide care or treatment undertake safeguarding update training in how to recognise and respond to abuse at least every 3 years. This includes staff who undertake assessments and reviews of patients and their care.	March 2017.	LNS	Training Compliance has increased from 53.19% (Q2) to 67% (Q3)	Light Green
	5.4 The provider will ensure that all staff (including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees), who provide care or treatment, understand the principles of the Mental Capacity Act (2005) and consent process, appropriate to their role and level of responsibility, at the point of induction.	March 2017.	Trust lead for MCA	Training Compliance for MCA has increased and the current compliance is: MCA Level 1 56% MCA Level 2 52% DOLs 71%	Light Green
	5.5 The provider will ensure that all staff (including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees), who provide care or treatment, undertake Mental Capacity Act (2005) and consent training, including the Deprivation of Liberty Safeguards, appropriate to their role and level of responsibility and that this is identified in an organisational training needs analysis and training plan.	March 2017.	Trust lead for MCA	Training Plan in place for MCA.	Light Green
	5.6 The provider will undertake a regular comprehensive training needs analysis to determine which groups of staff require more in depth safeguarding adults training. As a minimum this will include that all professionally registered staff with relevant team leadership roles undertake multiagency training.			Not applicable as relates to safeguarding adults	
	5.7 The provider will ensure a proportionate contribution to the delivery of multiagency training programmes as required by local boards.			SHSC staff contribute to the city wide training pools for both adults and children.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
6.0 Prevent	6.1 NHS provider trusts will identify an Executive lead with responsibility for Prevent			The Chief Executive is the Executive Lead. Dean Wilson acts as strategic lead for SHSC, Eva Rix, Trust Lead for Safeguarding has the operational lead.	Dark Green
	6.2 The provider will identify an Operational lead for Prevent and ensure that they are appropriately authorised and resourced to deliver the Prevent duty required in national and local standards			Eva Rix, Lead Nurse for Safeguarding	Dark Green
	6.3 The provider must have a procedure which is accessible to staff, consistent with the Prevent duty Guidance and the Prevent /toolkit and clearly sets out how to escalate Prevent related concerns and make a referral.			Training plan in place within the Prevent Policy WRAP (Workshop to Raise Awareness of Prevent) nine staff are currently trained to deliver this training with 3 actively delivering as part of the comprehensive safeguarding training	Dark Green
	6.4 The provider must have a training plan that identifies the Prevent related training needs for all staff, including a programme to deliver Health WRAP by accredited facilitators to those who require it.			Training plan included in Prevent Policy 2015. WRAP (Workshop to Raise Awareness of Prevent)) Nine staff are currently trained to deliver this training with 3 actively delivering as part of the comprehensive	Dark Green
	6.5 NHS Trusts and larger independent providers will ensure the implementation of the Prevent agenda is monitored through their audit cycle.			Audit of implementation of the policy is included in the Prevent, this is included in the audit plan for the SHSC Safeguarding Adult Steering Group 2016/17	Dark Green
National Independent Inquiry into Child Sexual Abuse - Preparation – Assurance tool. (formerly the GODDARD INQUIRY)					
2. Safeguarding Leadership	1.1 Does the organisation have the assurance systems in place for safeguarding both internally and externally?			Trust Safeguarding Children steering group which reports quarterly to Quality assurance committee (QAC) and Board of Directors.(BOD) – Board reports available Quarterly KPI reporting to Sheffield CCG. KPIs reports available. Reporting to Sheffield Safeguarding Children Board re activity relating to SSCB business plan.- action plan reports available and included in quarterly reporting to BoD Regular supervision between named practitioners in Trust and Designated professionals at CCG.- supervision notes	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				available	
	1.2 How does the organisation engage with the LSCB, including the priorities/business plan and how is this reported internally?			LSCB business is referenced in the quarterly Safeguarding reports to board of Directors and is also an agenda item within the Safeguarding steering group – quarterly reports available The Trust is a regular attendee at the LSCB meetings including the training group and the learning and practice improvement group- minutes of SSCB available Participation in themed audit days – information available from SSCB	Dark Green
	1.3 Has the organisation signed off and implemented recommendations from CQC/Ofsted inspections, SCRs and safeguarding SIs and how can it demonstrate learning?			Recommendations reported to Exec Group internally and through to BOD.- quarterly BoD reports available. Monitored via steering group and reporting to BOD minutes available. Recommendations and reports on the Safeguarding intranet and via all SHSC emails and referenced in safeguarding training – copies of emails and training presentations available	Dark Green
	1.4 Has the organisation received level 6 safeguarding executive leadership training as set out in the RCPCH Intercollegiate Document 2014?	March 2017	LNS	LNS has discussed with the Board Secretary the need for this training and a training date is awaited. Action required: Board secretary will plan a date for the training which will be delivered by the LNS and Deputy Chief Nurse.	Amber
	1.5 How does the organisation set out its annual audit programme relating to safeguarding and how is this reported?	Dec 2016	LNS	The audit plan was discussed at the Q3 Safeguarding Children Steering group and the action to progress this now rests with the LNS and the CCG designated Nurse for Safeguarding Children to develop an audit plan for 2017/18.	Light Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				Action required: Draft 2017/18 audit plan to be presented to the Q4 Safeguarding Children Steering Group	
	1.6 Do the organisation's Board minutes demonstrate non-executive challenge of the safeguarding annual report?			Quality Assurance Committee (chaired by a non-executive director) and Board of Directors (non-executive directors) provide scrutiny and challenge of the annual report.	Dark Green
2. Safeguarding Policies and Implementation	2.1 Are all policies in date?			Yes policies are in date and available on the trust Intranet	Dark Green
	2.2 Are there clear processes in place for implementation?			Yes - included in the policy Policies are covered within the Trusts safeguarding training – copy of presentation available. Audit of policy implementation by the safeguarding steering group – minutes of meeting	Dark Green
	2.3 Do staff have access to all policies and know how this is done?			All staff receive an all SHSC email – copies available. All policies are available via the Trust intranet and where this is not available managers have the responsibility to provide paper copies.	Dark Green
	2.4 Are current policies in line with best practice?			Yes refer to latest Working Together, Intercollegiate Document and Jay report (Child Sexual Exploitation)	Dark Green
	2.5 Are named personnel included within policies and are still current?			Yes – current Trust steering group members are named in the policy including the named professional. This information is also available on the Trust safeguarding intranet page.	Dark Green
	2.6 Are all required DBS checks up to date?			All staff groups and roles have been assessed by HR to determine the correct level of DBS – enhanced or standard. DBS policy in place.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	2.7 Is there a comprehensive record of safeguarding training and is this up to date?			The Electronic staff record holds all staff training data. The Trusts comprehensive safeguarding training is updated annually -archived versions of the training are available from SHSC Safeguarding Team. (part of Executive Director of Nursing, Professions and Care Standards portfolio)	Dark Green
	2.8 Does the record include all refresher training?			Yes – available via ESR	Dark Green
	2.9 Does an exception report on safeguarding training go to the organisation's board/governing body?			Quarterly reports to QAC and BOB – report and minutes available	Dark Green
	2.10 Is there a KPI about training – has it been achieved?	March 2017	LNS	There is a KPI relating to training. Current training compliance - 60% level 2 and 74% level 3. Action required: Continued implementation of the training plan for safeguarding, sufficient places are available to achieve full compliance	Light Green
	2.11 Is there guidance about support to victims and staff in any of the policies and does such support exist?			Information available on the safeguarding intranet page and is referenced on safeguarding training. Safeguarding children policy (2014) includes staff access to support through the named professionals and directorate safeguarding children leads	Dark Green
	2.12 Has the organisation had any 'stand back' review of safeguarding and if so what was the outcome? (Questions for such a review might be: Is safeguarding embedded across the whole organisation? If so how? Is there a culture which understands/promotes the importance of safeguarding? Is leadership clear for safeguarding issues?)			Internal audit 2013 – report and action plan available. Internal management reports for external safeguarding reviews are scrutinised by the review panel Clear safeguarding leadership in the safeguarding children policy, safeguarding children level 1 awareness leaflet and on the SHSC intranet.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				<p>Leadership by directorate representatives on the safeguarding children steering group – included in the terms of reference.</p> <p>Quarterly attendance by safeguarding team at directorate senior management/governance meetings to reinforce and promote the importance of safeguarding minutes of the meeting</p>	
3. Safeguarding Incidents and Investigations	3.1 Has the organisation identified who has the overview on safeguarding if Goddard calls?			<p>Executive Director for nursing, professions and care standards (June 2016).</p> <p>Lead Nurse for Safeguarding</p>	Dark Green
	3.2 Does the organisation have a clear summary of records it holds and where they are?			<p>SystmOne has a nationally agreed process including archiving – information obtained from the Goddard Inquiry.</p> <p>Insight system is archived and not destroyed.</p>	Dark Green
	3.3 Is there clear information on how records have been catalogued in order to find relevant files if required?			<p>Internally generated records are mainly computerised.</p> <p>Paper records are scanned for storage there are no paper records in medical records. Where SHSC under contract provide staff to housing providers records are not SHSC records and are retained by the housing or care provider.</p>	Dark Green
	3.4 Has the organisation kept a comprehensive record of referrals to the LADO?	March 2017	LNS and Deputy Director of Human Resources	<p>Discussion has commenced between LNS and HR Deputy Director to agree a process for logging LADO (Local Authority Designated Officer) referrals.</p> <p>The LADO has a responsibility under the Children Act 2004 to support and manage cases involving practitioners who work with children and have been accused/arrested for a possible criminal offence. The process is very contained where information is shared on a need to know basis.</p>	Light Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				Action required: HR and Safeguarding to agree a Trust recording system for LADO referrals	
	3.5 Has the organisation stopped destroying relevant records and if so since what date?			Insight records have not been destroyed. There are no plans to introduce record destruction. SystemOne has a national archiving programme.	Dark Green
	3.6 Has the organisation any memory/record of relevant incidents in the past including during the lifetime of predecessor organisations?			Incidents recorded consistently since 2004. External investigations/case reviews available from 2006 via safeguarding team. Access to various archived electronic systems	Dark Green
	3.7 Have there been any safeguarding incidents that have resulted in investigations and/or recommendations?			No SHSC led investigation. The Trust has participated in SSCB led reviews with associated recommendations – action plans are available and minutes to steering group meetings and quarterly reports	Dark Green
	3.8 Have the recommendations been implemented? What, if any, action was required and was it taken?			Recommendations have been implemented from Child NS case review and currently working on LAT Learning lessons review. (LATLLR). Recommendations: improvements to the transition from child to adult services, communication with families during this time, active engagement with the child protection process, attendance at relevant meetings the development of a Transition Quick Reference Guide, update of the Safeguarding Children Policy to include transition to adult services and inclusion of transition in safeguarding children training.	Dark Green
	3.9 What evidence is there to suggest practice is improved?			Increase in attendance at child protection meetings, requests to the safeguarding team from staff for advise and support during transition.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	3.10 Has the organisation found and retrieved any relevant paperwork that may be required as part of the Goddard Inquiry?			<p>Archive of safeguarding children policies is available.</p> <p>Archive of safeguarding children training from 2013 available.</p> <p>Sheffield Safeguarding Children Procedures are the overarching procedures and have been since the inception of a city wide procedure Integrated governance have an archive of all safeguarding policies.</p>	Dark Green
	3.11 Are you keeping concise and accurate records of all preparations for Goddard Inquiry.			The safeguarding team have established an evidence file within the electronic filing system.	Dark Green
SSCB Workforce Questionnaire (May 2016)					
5. Professionals not aware of relevant policies or of the designated/named lead for safeguarding children	<p>To ensure all professionals have read the agencies own Safeguarding Children Policy.</p> <p>To increase staff awareness of the designated/named safeguarding lead within the organisation (the person that holds overall responsibility for safeguarding children)</p>	March 2017	LNS	<p>All staff have been reminded about the Safeguarding Children via the Trust wide staff Communication bulletin see 8.1 LATLLR, this also includes the details of the executive director with responsibility for safeguarding, and the named doctor.</p> <p>Action required: Review the safeguarding documentation within SHSC eg policy, website information, leaflets to include the names, job title and contact details of the senior team responsible for safeguarding.</p>	Light Green
6. Professionals not confident in recognising sexual abuse	To increase professional's confidence in recognising sexual abuse	March 2017	LNS and Safeguarding advisor	<p>There are limited numbers of staff who would be in a direct role to identify sexual abuse with children, however staff are reminded on the Trusts Comprehensive training to be aware of 'children in the household'.</p> <p>Targeted training on safeguarding children has been provided to Trust staff in Primary Care who are more likely to require this level and type of knowledge.</p>	Light Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				<p>Primary Care staff have been provided with information on the specific CSE and sexual abuse training available via the SSCB.</p> <p>Action required: Complete a survey of staff in Primary Care asking whether they have sufficient training and support to identify sexual abuse.</p>	
7. Professionals unclear of how to refer to early intervention services and children's social care	Ensure professionals are clear of how to refer to early intervention services and Children's Social Care.	March 2017	LNS	<p>The multi-agency referral form to Childrens Social Care has been implemented via a Trust wide communication, via the Steering Group and is available on the Trusts Safeguarding Intranet.</p> <p>Action required: Include in the SHSC audit plan (2017/18) a snapshot audit asking if staff are aware of how to refer to early intervention childrens social care services.</p>	Light Green
8. Professionals highlight the need for additional support in their safeguarding role.	<p>Investigate ways of supporting staff that participate in multiagency meetings to safeguard children</p> <p>Increase professional's confidence in knowing how to challenge the decision of other professionals (in own or other agency) when needed in relation to a case or a safeguarding decision, and being confident to do so.</p>	March 2017	LNS and Safeguarding Advisor	<p>All staff have been reminded about the of the support available via the SHSC safeguarding team via the Trust wide staff Communication bulletin see 8.1 LATLLR</p> <p>Action required: Ensure that an analysis is completed in 2017/18 asking staff to consider their learning and development needs in terms of safeguarding children practice and prioritise what would help them.</p>	Light Green
Section 11 Audit (SSCB) December 2016					
5e Staff participate in multi-agency meetings & assessments to safeguard children and adults at risk. Inter-agency guidance and procedures are in	Reminder to all staff to endeavour to participate in Child protection/child in need meetings, reiteration of the support offered by the lead for safeguarding in attending these meetings with practitioners who are unfamiliar with them, reissue of the Strengths Based Approach to Child protection Conferences via	June 2017	LNS	Safeguarding children policy includes the requirement to participate in safeguarding children meetings and/or provide the required reports. It has been reported that this has recently been inconsistent.	Light Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
place locally to support workers.	senior practitioners or equivalent, make the child protection conference report template available on the intranet.			<p>All staff have been reminded about the requirement to participate and prepare reports for Child Protection Conferences and the support available from the ST in the communication relating to the staff Communication bulletin see 8.1 LATLLR</p> <p>Action required: Safeguarding team to ensure that the Child Protection Conference Report and the Power Point presentation regarding the Strength Based Approach to Child protection Conferences is available on the safeguarding intranet page and communicated to services via the Safeguarding Children Steering Group</p>	
5g Service users are given the opportunity to feedback on interventions provided by workers, and this feedback is used to enhance service provision.	Review the information that is currently collected via the collaborative care planning process and other mechanisms to ascertain whether it can be used to enhance service provision	Dec 2017	LNS	<p>Feedback is sought as part of the collaborative care planning process. There is no data available on its use in service provision.</p> <p>Action required: LNS to liaise with assistant clinical directors to establish what reviews of the process are completed and if/how this information is utilised in enhancing service provision.</p>	Amber



Sheffield Health and Social Care

NHS Foundation Trust

SAFEGUARDING CHILDREN STEERING GROUP (SCSG)

TERMS OF REFERENCE

Purpose of Group

The key purpose of the Safeguarding Children Steering Group (SCSG) is to ensure that Sheffield Health and Social Care (SHSCFT) fulfil all of its statutory responsibilities in relation to the safeguarding of children. By doing so, it will ensure the appropriate and relevant engagement with the partner / stakeholder organisations in Sheffield is undertaken. Open and transparent communication and partnership working are fundamental to the delivery of this work.

This is achieved by :-

- Recognising that many of our clients will be parents, grandparents or have some other family relationship with children, some may be carers in a formal or informal capacity.
- Recognising and accepting that SHSCFT staff have a duty of care to contribute to the safety and well-being of children with whom our clients are in contact.
- Signing and agreeing the inter-agency agreement on information sharing with partner agencies.
- Supporting and complying with the City-wide Safeguarding Children Procedures requiring employees to work within the policy framework.

Membership

Membership of the SCSG will include senior managers whom have a corporate functional responsibility. The core membership will be:

Who	Function Required
Giz Sangha (Chair)	Deputy Chief Nurse representing Executive Director with responsibility for Safeguarding - Liz Lightbown
Eva Rix Danielle Hogan	Lead for Safeguarding Safeguarding Advisor
Dr Nusrat Mir	SHSCFT Named Doctor for Safeguarding Children
Paul Firth	Trust representative at Multi Agency Risk Assessment Conference Meetings for Domestic Abuse (MARAC)
Naomi Hebblewhite Mark Knowles Sue Givans	Community Directorate Senior Manager Community Mental Health Teams (CMHTs) Improved Access to Psychological Therapies Health Inclusion Team (HIT)
Anita Winter	Learning Disabilities Service Director (Health)
Adele Rowett Fiona Williams	Specialist Directorate Drug and Alcohol Service

Who	Function Required
	Older people and Specialist
Rhodri Hannan	In Patient Directorate Assistant Service Director
Sue Mace	Designated Professional for Safeguarding Children, Sheffield CCG
Marlene Scott	Clover Group (for receipt of papers and minutes for action)

The SHSCFT SCSG will be chaired by the Deputy Chief Nurse who reports to the Executive Director of Nursing, Professions and Care Standards with Trust Board level responsibility for safeguarding, and will be supported by the Named Doctor and Named Nurse for Safeguarding Children. Additional members will be invited, as and when appropriate.

Remit

- To maintain a Trust-wide policy, ensuring it is up-dated as appropriate, clearly setting out the requirements of SHSCFT staff, in meeting their statutory responsibilities in safeguarding the interests of children with whom they come into contact with, as part of their professional roles and functions.
- SHSC, in taking full account of the Government's statutory policy "Working Together to Safeguard Children 2015", and local working arrangements, as set out within the city-wide safeguarding children policy document will ensure Trust-wide ownership and implementation.
- The SCSG will be responsible for ensuring that the policy is effectively disseminated, monitored and performance managed throughout the organisation on behalf of SHSC.
- The SCSG will work with the senior management teams and the Education and Training Department to identify and monitor priorities for training staff to a level that is commensurate with the level of competence required for each staff member to maintain safe practice in respect of their statutory responsibilities.
- Members of the SCSG will actively participate with the Safeguarding Children's Board of the Local Authority, in order to maintain consistency in the development of local systems for effective interagency working.
- The SCSG will ensure compliance with the Children Act 2004 through Section 11 Audit processes.
- SHSC is primarily an adult service but it does currently provides services for those aged 16 and upwards (and works jointly with CAMHs with a very small number of people under 16). The primary function of the SCSG is in respect of staff responsibilities in safeguarding children with whom they come into contact as part of their professional roles in providing an adult service. The SCSG will need to be satisfied that appropriate policies are in place for services directly provided to anyone under 18 but will not be responsible for directly managing those services. Issues of transition from Child and Adolescent Mental Health to Adult Mental Health Services and the future development of more age appropriate services for those under 18 are of interest to the group but are not its primary purpose.

Frequency of Meetings

The SCSG will meet on a quarterly basis, with extra ordinary meetings as required. The meetings are listed below :-

Date	Time	Venue
28th February 2017	09.15 – 10.45	Rivelin Board Room, Tudor Building Fulwood
15th May 2017	09.15 – 10.45	Committee room 2, Tudor Building, Fulwood
21st August 2017	09.15 – 10.45	Committee room 2, Tudor Building, Fulwood
20th November 2017	09.15 – 10.45	Committee room 2, Tudor Building, Fulwood

Agenda Setting

An agenda setting process will be initiated 2 weeks prior to the meeting by the Senior Nurse for Safeguarding. A formal agenda will be forwarded to all members approximately 1 week before the meeting.

Accountability / Reporting Arrangements

- The SCSG will be accountable through the Quality Assurance Committee. The notes of the SCSG will be received by Members of the Quality Assurance Committee for referral/notification. The Chair will provide a verbal up-date as necessary.
- All members of the SCSG are accountable for the appropriate reporting and feedback arrangements and ensuring that actions are implemented within and beyond their working environment.
- Action Notes of the SCSG will be widely disseminated through appropriate organisational processes.
- The Trust Lead Nurse/Senior Nurse for Safeguarding, in consultation with the SCSG members, will prepare quarterly up-dates for presentation to the Quality Assurance Committee and to the Board of Directors', ensuring Board engagement.
- The Trust must be compliant in line with the Safeguarding Children Provider Annual Declaration and any subsequent assurance processes.

Review Date

These terms of reference will be reviewed in approximately 12 month's time or as required.

Quorum

- The SCSG will be considered quorate when over 40% of core membership are in attendance. Core membership is defined as SHSC Safeguarding Team/Risk including Named Doctor, Specialist Substance Misuse, Health Inclusion Team, Community, Inpatient and Learning Disability.
- In the event of all members being present and a tie occurring upon a voting matter, the Chair will have the casting vote.