

OPEN BOARD OF DIRECTORS 8 March 2017

Open BoD: 08.03.17 Item: 13ii

TITLE OF PAPER	Safeguarding Adults, 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 ▫ 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"/></p> <p>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 Care Act 2014 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13.

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 Adults, Quarter 3 Report, Oct – Dec 2016

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

Authors: Giz Sangha, Deputy Chief Nurse/Interim Clinical Director Acute & Inpatient Care and 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 adults must be part of everyday practice / risk assessment to ensure we consistently apply our 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 adults and is responding to issues identified through continued monitoring. Progress by target area is 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 Action Plans at Appendices 1 & 2 and associated work streams
- Note the activity to be carried forward by the Safeguarding Team
- Endorse the updated Safeguarding Adult Steering Group terms of reference at Appendix 3. Agreed by the Steering Group on Dec 12th 2016.

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 Adults - Quarter 3 Report October – December 2016

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Abbreviations:

CCG- Sheffield Clinical Commissioning Group
 DCN- Deputy Chief Nurse
 DoLS – Deprivation of Liberty Safeguards
 DP- Designated Professional (Sheffield CCG)
 FGM – Female Genital Mutilation
 Health WRAP – Health Workshops to Raise Awareness of Prevent.
 LNS - Lead Nurse Safeguarding
 MCA – Mental Capacity Act 2005
 Prevent – The National Counter Terrorism Strategy
 SASG - Safeguarding Adult Steering Group
 SASP - Sheffield Adult Safeguarding Partnership (the Safeguarding Adult board)
 SHSCFT -Sheffield Health and Social Care Foundation Trust
 SSCB -Sheffield Safeguarding Children Board
 ST - Safeguarding Team

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

Danielle Hogan (Safeguarding Co-ordinator)

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 adults within Sheffield Health and Social Care NHS Foundation Trust (SHSCFT); during this reporting period (October to December 2016).

2.0 Progress Summary against action plans

2.1.1 The Safeguarding Team have made progress during quarter 3 (Q3) on a number of the action plans associated with Safeguarding Adults that they are responsible for and have supported others to progress their actions.

2.1.2 There were 3 operational action plans in Q3 relating to:

- CCG Annual Safeguarding Adults Assurance (via self-assessment) (July 2016). Of the 53 required actions 49 actions are complete with 4 light green.
- Domestic Abuse Benchmarking against Public Health Guidance 50 (PH 50) (September 2016). Of the 39 standards 24 are now complete and the remaining 15 progressing within timescale.
- 'Section 11 Audit' (SASP Assurance). Completion of this is a requirement of the SASP in order to mirror the standards requested by the SSCB in line with Section 11 of the Children Act (2004) and to reflect best practice in line with the Care Act (2014). The audit comprised of eight sections and incorporated 40 audit statements of which 39 have been assessed as completed. The 1 remaining "standard" is amber and has been included in Appendix 1.

2.1.3 From the 3 operational action plans described above, of the 132 actions, 20 actions are on-going and 112 are fully completed. The RAG rating system used reflects the system used by key partners such as the Sheffield Adult Safeguarding Partnership (SASP) and the Domestic Abuse Coordination Team (DACT) and provides a visual aid regarding progress made against a particular action point. RAG (Red, Amber, Light Green and Dark Green) refers to the different stages of each action points. Please see Appendix 1 for progress & assurance information.

2.1.4 The table below shows the progress made in Q3 and Q2 figures are included in the brackets.

Objective Area	No of Actions	Red Not commenced	Amber In progress	Light Green Nearing Completion	Dark Green Completed and evidence in place
Domestic Abuse Benchmarking	39	0	6 (17 Q2)	9 (2 Q2)	24 (20 Q2)
Safeguarding Adults Assurance	53	0	0 (3 Q2)	4 (3 Q2)	49 (47 Q2)
Section 11 SASP Assurance (assessed in Q3)	40	0	1	0	39
Totals	132	0	7	13	112 (67)

3.0 Education & Training

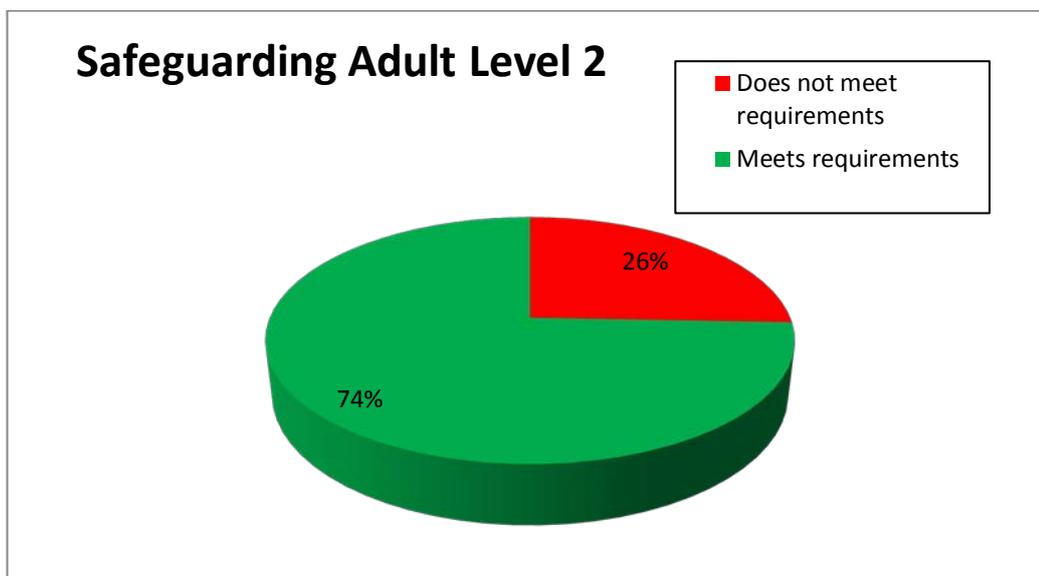
The Safeguarding Team continue to provide & deliver mandatory Safeguarding Training which combines safeguarding adults, domestic abuse, safeguarding children, child sexual exploitation and Prevent to all practitioners who have face to face contact with service users

3.1 Trust Safeguarding Training Compliance

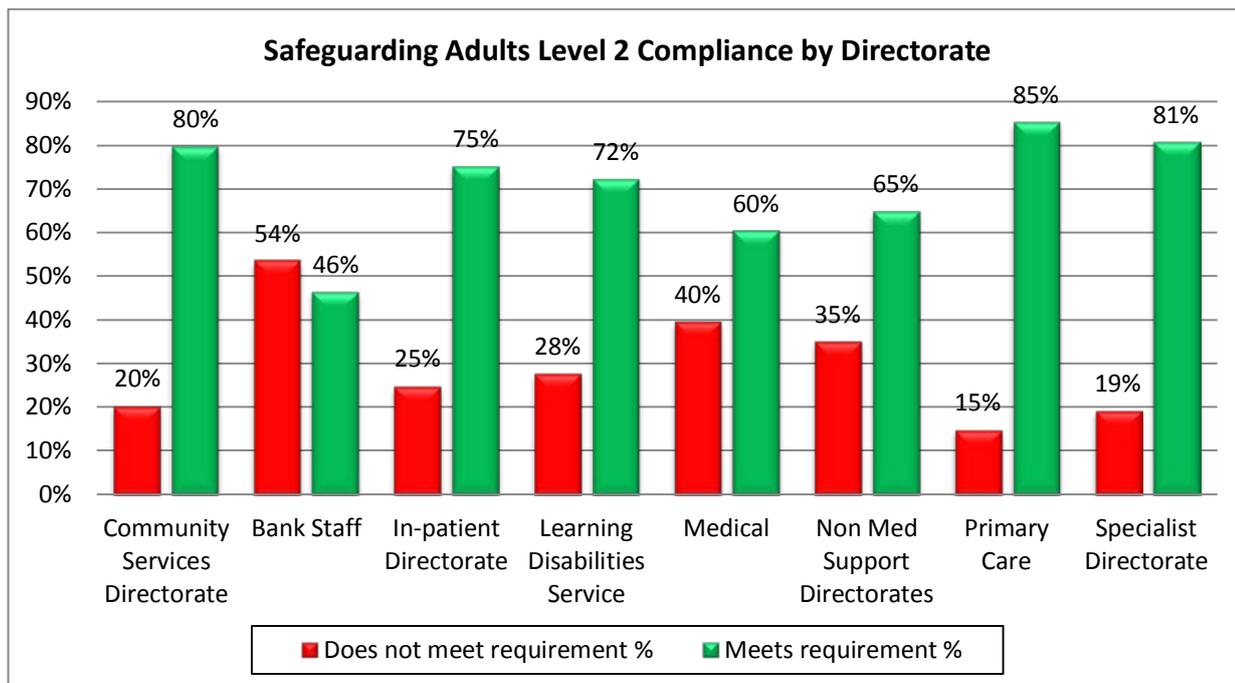
The table below provides information on Core Mandatory Training during Q3, with the Q2 figures in brackets. This table incorporates the Trust Induction for new starters. 409 members of staff have received training in this quarter and a total of 430 training places were made available by the safeguarding team.

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	15
Medical Staff Continuing Professional Development	60	50
Total training places offered		
Total	440	409

3.2.1. The following Pie Chart shows the Trust Training Compliance Data for Safeguarding Adults level 2



3.2.2 The following Bar Chart shows the Training Compliance Data by Individual Directorate.



3.2.3 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 Trust Safeguarding Lead.

3.2.4 There are a total of 568 staff across the trust that still require safeguarding adult training, however there are sufficient training places available to the end of the financial year to achieve the required 80% training compliance.

3.2.5 The overall number of staff trained includes key bespoke training provided by the Lead Nurse for Safeguarding to medical staff within their Continuing Professional Development Training, volunteers and senior managers.

3.2.6 Training compliance has increased from 64.12% to 74% in Q3.

4.0 Performance

4.1 Adult Mental Health Safeguarding

4.1.1 The following Table provides details of the Safeguarding Adult Cases managed by the Adult Community Mental health Teams (CMHT) under an agreement pursuant to Section 75 (NHS Act, 2006).

Section 75 Performance Monitoring	Number of safeguarding concerns raised/received	Number screened within 24 Hours	Number progressing to planning	Number within the required timescale
Quarter 1	67	33 (49%)	15	5 (33%)
Quarter 2	94	29 (31%)	31	14 (45%)
Quarter 3	57	45 (78%)	25	16 (64%)
Quarter 4				

4.1.2 The CMHTs continue to be supported by a social worker with specialist knowledge of safeguarding and the Trust safeguarding team to improve their performance and practice in actioning Notifications of Concern (NOC), screening referrals and ensuring planning meetings are set within the agreed timescales. .

4.1.3 There has been an improvement in the timeliness of safeguarding responses (see table above) from Initial screening of safeguarding concerns within 24 hours from 31% to 78%

4.1.4 The development of the Safeguarding Tab on the Patient Insight Record System has enabled updated timely recording of Notifications of Concern (NOC). A further project specification has been developed to complement the Local Authority recording systems to enable accurate data extrapolation and to put into place a governance system in the Trust to manage safeguarding data collation in line with organisational and city wide requirements. Prior to this a standalone system was being used by the safeguarding office, which has now outgrown its usefulness. Further meetings have been arranged with the Local Authority, development officer in planning & performance, safeguarding lead in the Trust and the Interim Head of Design and Delivery in the Trust. A further update will be provided in Q4.

4.1.6The Section 75 performance data relating to adult mental health (safeguarding) has been provided to the Local Authority and SASP within the agreed timescale. This incorporates basic demographic information, the number of safeguarding concerns raised and processed by the Trust, the source of the concern and whether the service users had the opportunity to discuss the safeguarding concerns and identify their desired outcomes for the safeguarding process. This process is supported currently by a more detailed review of the service user's records by the Trust safeguarding team to confirm that actions were completed within the expected timescales and progressed fully as required.

4.2 Prevent (Prevent is part of the governments counter-terrorism strategy, CONTEST. Its aim is to stop people becoming terrorists or supporting terrorism).

4.2.1 The Trust continues to provide information to the police as requested (if appropriate and in line with information sharing protocols) and participates in the city wide Prevent meetings.

There is monthly representation in 'Channel Panel' meetings as required by NHS England (A NHS England Letter was received by all Mental Health Trust Chief Executives in November 2016 (Gateway ref: 06105) asking for a stronger approach to Prevent, further details below under section **4.2.5**). The Trust has two named clinicians who alternate attendance to the channel panels meetings (nurse / social worker). If the meetings are not required each month, the police can stand these down.

To strengthen the organisations approach to identification of those at risk of radicalisation, an assistant service director has been allocated to oversee the process to review and ensure timely referrals / liaison with police in relation to concerns / suspected cases of Prevent is taking place.

The social worker with specialist knowledge of safeguarding working into the community mental health teams has strong links with the police in place already and she ensures the Trust safeguarding team are informed of meeting outcomes / risks relating to our staff / service users.

4.2.2 The Health WRAP training continues to be incorporated in the Comprehensive Safeguarding training, with 344 staff and 15 volunteers receiving the required training in this quarter. This information has been provided to NHS England and to the Home Office as part of the national information gathering on Health WRAP training.

4.2.3 The Trust made two referrals to South Yorkshire Police (SYP) to ensure that concerns raised about a service user were communicated to the correct authorities and that SYP were aware of this person's health history and current condition.

4.2.4 The CCG have requested that an audit of the prevent training be completed to establish whether there is learning from the sessions, this was commenced in Q3. Outcomes of this will be reported in Q4.

4.2.5 A NHS England Letter was received by all Mental Health Trust Chief Executives in November 2016 (Gateway ref: 06105) asking for a stronger approach to Prevent.

A number of points were raised in the letter; those and their associated responses are detailed below to provide a Trust Position.

- a. Basic Prevent Training - this is covered by the Level 1 leaflet issued to staff in early 2016.
- b. Health WRAP Training - this is included within the Comprehensive Safeguarding training (since April 2016)
- c. The emerging international evidence suggests that in some cases, specific conditions such as schizophrenia and anti-social personality disorder may contribute to an increased risk or vulnerability' - this will be included in the Comprehensive Training (April 2017 onwards) as well as a 'heads up' for practitioners to work with people to reduce risk and improve wellbeing.
- d. 'All NHS trusts are bound by duties under the Counter Terrorism and Security Act to have regard to the need to prevent people being drawn into terrorism' - Prevent is reported to BOD via the safeguarding adult quarterly reports and now comes under the Executive Leadership of the Director of Nursing Professions and Care Standards.
- e. 'Nationally two thirds of all referrals from the NHS to the Prevent programme are made by mental health trusts' – NHS England have asked for assurance that SHSC is doing enough as Sheffield as a whole would appear to be low referrers to the Prevent and Channel process. Feedback via the Silver Prevent Group (city wide) was that health staff did contact the police 'Prevent officers' with information at an early stage. However the model in Sheffield is that onward referral is following information gathering which is often made by the police. SHSC have agreed to audit the learning from the Prevent Training in Quarter 4.
- f. 'Relevant clinical expertise within multi-agency Channel panels' - SHSC have two senior and experienced staff from adult community mental health team that attend the channel panels.

4.3 Female Genital Mutilation

4.3.1 In line with national reporting requirements the Trust has provided information to the Health and Social Care information Centre relating to women who have been identified or have disclosed FGM. In this quarter there were no cases identified and the three historic cases within adult mental health have been previously logged.

4.4 Key Performance Indicators (KPI)

4.4.1 The required quarterly KPI return was submitted to the CCG at the end of this quarter and incorporated information on safeguarding adults, MCA / DOLs training compliance and Section 75 performance information.

5.0 Audit Programme

5.1 The preparation for the Prevent Audit has commenced and will be completed by the end of Q4.

5.2 An adult 'section 11' audit has been completed for the Trust by the Lead nurse for Safeguarding. Section 11 relates to a section within the Children Act 2004 which requires organisations to participate in keeping children safe and providing assurance that they do so.

SASP requested that this be completed in adult services relating to how adults are kept safe from harm and the Trust completed this audit in Q3. The one amber action (from the 40 individual questions relating to Section 11 SASP Assurance) regarding service user feedback to interventions will be progressed by the Lead nurse for safeguarding in Q4 and take the form of reviewing how the Collaborative Care plan information is utilised.

6.0 Safeguarding Adult Policy and Procedures

6.1.1 A minor amendment to the Trust Safeguarding Adult Policy to provide staff with a simple flowchart within the policy to facilitate their understanding of the safeguarding process has been completed.

6.1.2 There has been no progress by the SASP in requesting involvement of the Trust in the review of the South Yorkshire Safeguarding Adult Procedures, with the aim that they are reviewed by the end of March 2017. The Trust will contribute to this review as a member of the SASP as / when requested to.

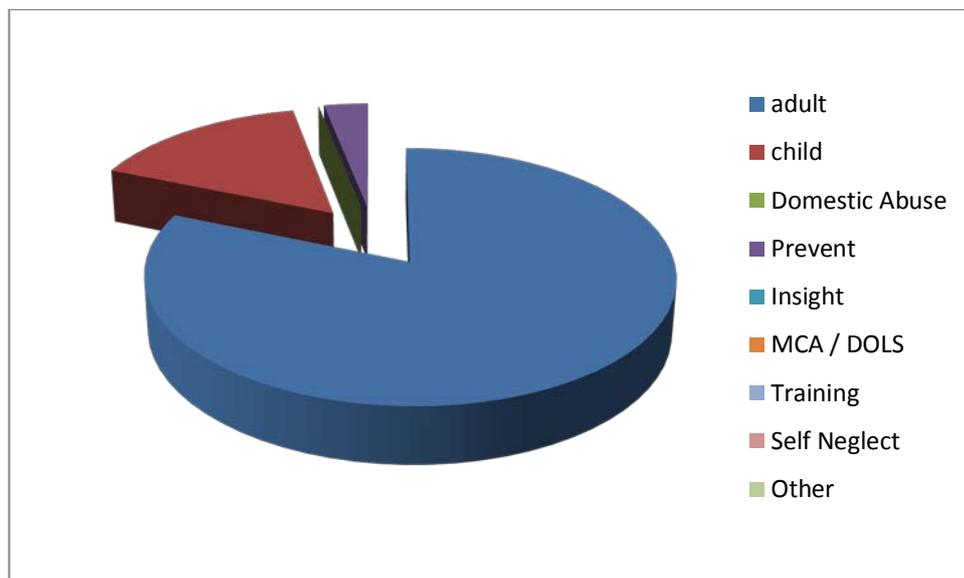
6.1.3 An emerging area for safeguarding adult work relates to Human Trafficking and Modern Slavery which was incorporated in to the Care Act 2014 but has been further strengthened in the Modern Slavery Act 2015.

The LNS has commenced discussions with the South Yorkshire Police Modern Slavery Team regarding this subject. Recommendations from discussions and agreed citywide training objectives will be incorporated into the safeguarding training plan.

To date 50 medical staff attended a bespoke training session during Q3 as part of the Continuing Professional Development (CPD) Medical staff programme on the subject of safeguarding. The Modern Slavery training was incorporated by the police officer assisting the safeguarding team to test out the training package. Positive feedback was received from the medical staff, including one referral received the following day from a doctor, which was appropriate.

7.0 Safeguarding Adult Queries and Case Advice

The Pie Chart below summarises the Case Advice and Support provided to staff by the Trust Safeguarding Team



7.1.1 Improving access to Psychological Therapies (IAPT) has commenced auditing their teams to ensure all team managers/ supervisors can support practitioners with safeguarding queries within regular supervision to avoid undue delays in managing notifications of concerns (NOC) and to ensure practitioners are aware of escalation processes to the safeguarding team.

**Safeguarding Adult Action Plans
Overview of Action Plan RAG Ratings**

Appendix 1

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

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
<p>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Sheffield Health and Social Care NHS Foundation Trust October 24th 2016. Completed by Eva Rix Lead Nurse for Safeguarding Please note: only the recommendations within PH 50 that relate directly to provider organisations have been included in this benchmarking exercise.</p>					
<p>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</p> <p>2. Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse</p>	<p>Local authorities, health services and their strategic partners (including the voluntary and community sectors) should:</p>				
	<p>Ensure senior officers from the following services participate in a local strategic partnership to prevent domestic violence and abuse, along with representatives of frontline practitioners and service users or their representatives: criminal</p>	<p>End March 2017</p>	<p>ER</p>	<p>The SHSC lead nurse for safeguarding is now a member of the Domestic Abuse and Sexual Abuse Strategic Group and attended the meeting held in Q3</p> <p>Action required; The lead nurse for safeguarding will continue to prioritise attendance at this meeting or ensure that a relevant nominated deputy attends.</p>	<p>Light Green</p>
<p>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</p>	<p>Clearly display information in waiting areas and other suitable places about the support on offer for those affected by domestic violence and abuse. This includes contact details of relevant local and national help lines. It could also include information for groups who may find it more difficult to disclose that they are experiencing violence and abuse (see</p>	<p>End November 2016</p>	<p>ER and SASG</p>	<p>Updated information issued to all staff via the trust Wide communication bulletin (Jan 2017) and posters and leaflets ordered from Sheffield Domestic Abuse Team</p> <p>Action required; Issue of updated resources (posters etc.) to teams for service user notice boards</p>	<p>Light Green</p>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
5. Create an environment for disclosing domestic violence and abuse	Recommendation 9).				
Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016	Health and social care service managers and professionals should:				
6. Ensure trained staff ask people about domestic violence and abuse					
	Ensure frontline staff in all services are trained to recognise the indicators of domestic violence and abuse and can ask relevant questions to help people disclose their past or current experiences of such violence or abuse.	End March 2017	Service Directors	The Lead nurse for safeguarding and the senior for quality have agreed to meet to review previous training on routine enquiry relating to Domestic Abuse. Action required: A gap analysis should be completed by the end of March 2017 to identify which staff require additional training.	Light Green
	Ensure trained staff in antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's and vulnerable adults' services ask service users whether they have experienced domestic violence and abuse. This should be a routine part of good clinical practice, even where there are no indicators of such violence and abuse.	End March 2017	Service Directors	Domestic abuse routine enquiry is included in the Detailed Risk Assessment Document which is in place for all service users in mental health and substance misuse. Action required: A gap analysis should be completed by the end of March 2017 to identify which staff require additional training	Amber
Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016	Commissioners and service providers involved with those who experience or perpetrate domestic violence and abuse should:				

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
7. Adopt clear protocols and methods for information sharing					
	Develop or adapt clear protocols and methods for sharing information, both within and between agencies, about people at risk of, experiencing, or perpetrating domestic violence and abuse. Clearly define the range of information that can be shared and with whom (this includes sharing information with health or children's services on a perpetrator's criminal history.)	End March 2017	Paul Firth Trust lead attendee at MARAC	The Trust has attended an initial scoping and development session of the MARAC relating to Information Sharing. The overarching information is still in effect between the Trust and key partner agencies and there is clarity about the sharing of information in order to prevent or detect crime and this would apply to the information shared about service users with the MARAC. Action required: The Trust will continue to participate in the MARAC information sharing discussions and meetings.	Light Green
Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016	Managers and staff working in domestic violence and abuse services and staff in all health and social care settings should:				
8. Tailor support to meet people's needs					
	Regularly assess what type of service someone needs – immediately and in the longer term. Think about referring someone to specialist domestic violence and abuse services if they need immediate support. This includes advocacy, floating support and outreach support and refuges. It also includes housing workers, independent domestic violence advisers or a multi-agency risk assessment conference for high-risk clients.	End March 2017	Service Directors	Regular review of risk is included in the Detailed Risk Assessment, however this is not used in all services. Action required; Establish what re assessment processes are utilised across the Trust.	Amber

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	If there are indications that someone has alcohol or drug misuse or mental health problems, also refer them to the relevant alcohol or drug misuse or mental health services (see recommendation13).	End March 2017	Chris Wood Paul (assistant clinical director) Nicholson (deputy service director)	There is limited evidence that this takes place on a consistent basis. This requirement has been communicated to the Deputy Service Director (Paul Nicholson) Action required: To progress feedback form Deputy Service Director	Light Green
Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016 9. Help people who find it difficult to access services	Commissioners and service providers in the statutory, private, voluntary and community sectors should:				
	Train staff in direct contact with people affected by domestic violence and abuse to understand equality and diversity issues. This includes those working with people who perpetrate this type of violence and abuse.	End March 2017	Service Directors	Staff receive general training in equality and diversity but have limited access to Domestic Abuse specific training Action required: Gap analysis to establish which staff/staff groups require additional specific domestic abuse training incorporating this element of practice.	Amber
Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016 10. Identify and, where necessary,	Providers of services where children and young people affected by domestic violence and abuse may be identified and those responsible for safeguarding children should:				

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
refer children and young people affected by domestic violence and abuse					
	Ensure staff are trained and confident to discuss domestic violence and abuse with children and young people who are affected by or experiencing it directly. The violence and abuse may be happening in their own intimate relationships or among adults they know or live with.	End March 2017	Service Directors	Some staff training has happened within CMHTs. Action required: Gap analysis to establish which staff/staff groups require additional specific domestic abuse training incorporating this element of practice.	Amber
	Involve children and young people in developing and evaluating local policies and services dealing with domestic violence and abuse.			Not applicable, commissioner led activity.	
	Monitor these policies and services with regard to children's and young people's needs.			Not applicable, commissioner led activity.	
Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016 12. Provide specialist advice, advocacy and support as part of a comprehensive referral pathway	Health and social care commissioners, health and wellbeing boards and practitioners in specialist domestic and sexual violence services should:				
	Ensure practitioners are aware of how discrimination, prejudice and other issues, such as insecure immigration status, may have affected the risk that people using their services face.	End March 2017	ER	This element is covered within the Comprehensive Safeguarding Training. Action required; To strengthen this element within the above training	Amber

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	Ensure specialist support services meet national standards of good practice			Not applicable as a commissioner responsibility	
	Ensure specialist advice, advocacy and support forms part of a comprehensive referral pathway (see recommendation4).			Not applicable as a commissioner responsibility	
<p>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</p> <p>13. Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition</p>	<p>Health, police and crime commissioners, health and social care providers and practitioners in primary, mental health and related care services should:</p>				
	<p>Where people who experience domestic violence and abuse have a mental health condition (either pre-existing or as a consequence of the violence and abuse), provide evidence-based treatment for the condition.</p> <p>Ensure mental health interventions are provided by professionals trained in how to address domestic violence and abuse. Interventions may include psychological therapy (for example, trauma-focused cognitive behavioural therapy), medication and support, in accordance with national guidelines.</p>	End March 2017	Service Directors	<p>Some enhanced training has been provided to CMHT staff.</p> <p>Action required; Gap analysis to establish which staff/staff groups require additional specific domestic abuse training incorporating this element of practice.</p>	Amber

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	Ensure any treatment programme includes an on-going assessment of the risk of further domestic violence and abuse, collaborative safety planning and the offer of a referral to specialist domestic violence and abuse support services. It must also take into account the person's preferences and whether the violence and abuse is on-going or historic.	June 2017	Paul Nicholson Deputy Director	This requirement has been communicated to the Deputy Service Director (Paul Nicholson) Action required: To progress feedback form Deputy Service Director	Light Green
<p>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</p> <p>15. Provide specific training for health and social care professionals in how to respond to domestic violence and abuse</p>	Organisations responsible for training and registration standards and providers of health and social care training should provide different levels of training for different groups of professionals, as follows.				
	<p>Training to provide a universal response should give staff a basic understanding of the dynamics of domestic violence and abuse and its links to mental health and alcohol and drug misuse, along with their legal duties. In addition, it should cover the concept of shame that is associated with 'honour'-based violence and an awareness of diversity and equality issues. It should also ensure staff know what to do next:</p> <p>Level 1 Staff should be trained to respond to a disclosure of domestic violence and abuse sensitively and in a way that ensures people's safety. They should also be able to direct people to specialist services. This level of training is for: physiotherapists, speech therapists, dentists, youth workers, care assistants, receptionists, interpreters and non-</p>			<p>These elements are included in the Trusts Comprehensive Safeguarding Training</p> <p>Level 1 training and awareness is provided by the Level 1 Domestic Abuse Leaflet issued to all staff on a three yearly basis and to all new starters in the Trust.</p>	Light Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	<p>specialist voluntary and community sector workers.</p> <p>Level 2 Staff should be trained to ask about domestic violence and abuse in a way that makes it easier for people to disclose it. This involves an understanding of the epidemiology of domestic violence and abuse, how it affects people's lives and the role of professionals in intervening safely. Staff should also be able to respond with empathy and understanding, assess someone's immediate safety and offer referral to specialist services. Typically this level of training is for: nurses, accident and emergency doctors, adult social care staff, ambulance staff, children's centre staff, children and family social care staff, GPs, mental health professionals, midwives, health visitors, paediatricians, health and social care professionals in education (including school nurses), prison staff and alcohol and drug misuse workers. In some cases, it will also be relevant for youth workers.</p> <p>Training to provide a specialist response should equip staff with a more detailed understanding of domestic violence and abuse and more specialist skills:</p> <p>Level 3 Staff should be trained to provide an initial response that includes risk identification and assessment, safety planning and continued liaison with specialist support services. Typically this is for: child safeguarding social workers, safeguarding nurses, midwives and health visitors with additional domestic violence and abuse training, multi-agency risk assessment conference representatives and adult safeguarding staff.</p> <p>Level 4 Staff should be trained to give expert advice and support to people experiencing domestic violence and abuse. This is for specialists in domestic</p>	End March 2017	Service Directors	<p>These elements are included in the Trusts Comprehensive Safeguarding Training</p> <p>Action required;</p> <p>Gap analysis to establish which staff/staff groups require additional specific domestic abuse training incorporating this element of practice.</p> <p>Level 3 training has been provided to the SHSCFT safeguarding team via the SSCB.</p> <p>Level 4 training not applicable within SHSCFT</p>	

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	<p>violence and abuse. For example, domestic violence advocates or support workers, independent domestic violence advisers or independent sexual violence advisers, refuge staff, domestic violence and abuse and sexual violence counsellors and therapists, and children's workers.</p> <p>Other training to raise awareness of, and address misconceptions about, domestic violence and abuse issues and the skills, specialist services and training needed to provide people with effective support. This is for: commissioners, managers and others in strategic roles within health and social care services.</p> <p>Organisations responsible for training and registration standards and providers of health and social care training should ensure: The higher levels of training include increasing amounts of face-to-face interaction, although level 1 training can be delivered mostly online or by distance learning.</p> <p>Face-to-face training covers the practicalities of enabling someone to disclose that they are affected by domestic violence and abuse and how to respond.</p>				
<p>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</p> <p>16. GP practices and other agencies should include training</p>	<p>NHS England, commissioners and GPs should commission integrated training and referral pathways for domestic violence and abuse. This should include education for clinicians and administrative staff in GP practices on how to make it easier for people to disclose domestic violence and abuse. It should also include education for clinicians on how to provide immediate support after a disclosure and how to make referrals to specialist agencies.</p> <p>Managers of specialist domestic violence and abuse</p>	<p>March 2018</p>	<p>Guy Hollingsworth</p>	<p>GP staff access CCG led training including Protected Learning Initiatives.</p> <p>Information on immediate support for service users is available on the DACT website and via the Independent Domestic Violence Advocates and the local and national Domestic Abuse Helplines</p> <p>Information on actions for practitioners is included in the Domestic Abuse Policy.</p>	<p>Light Green</p>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
on, and a referral pathway for, domestic violence and abuse	services, clinical commissioning groups and public health departments should work in partnership with voluntary and community agencies to develop training and referral pathways for domestic violence and abuse.			<p>Domestic abuse training compliance in primary care has increased from 35.48 % to 36.07%.</p> <p>Additional information has been sent out to all staff via the communication bulletin relating to the Sheffield Domestic Abuse Website and its associated information.</p> <p>Action required: The current level of Domestic Abuse training in primary care is 35.48% and actions are in progress to improve this compliance within the next 3 year training cycle.</p>	
<p>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</p> <p>17. Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse</p>	Organisations responsible for training and registration standards and providers of health and social care training should:				
	Ensure training about domestic violence and abuse is part of the undergraduate or pre-qualifying curriculum, and part of the continuing professional development, for health and Social care professionals who come into contact with service users. It should be delivered in partnership with local specialist domestic violence and abuse services and includes face-to-face contact, even if it is mainly delivered online.			Not applicable as SHSC is not a provider of pre registration training	

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	Implement a rolling training programme that recognises the turnover of staff and the need for follow-up. The training strategy should: be clear about the level of competency needed for each role (see recommendation15) refer to existing accredited materials from specialist organisations working in domestic violence and abuse, if they are suitable ensure the content on domestic violence and abuse is linked to child welfare, safeguarding and adult protection services, and vice versa follow the recommended content for each level (see recommendation15).	March 2017	LNS Service Directors	The Trust Comprehensive Safeguarding Training Programme is a three year training cycle. The domestic abuse policy provides clarity on the levels of training required and the source for this training. Additional information is available from the SHSCFT safeguarding team. Action required: Gap analysis to establish which staff/staff groups require additional specific domestic abuse training incorporating this element of practice.	Light Green
CCG Annual Safeguarding Adults Assurance (via self-assessment) (July 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.	End March 2017	AW	All policies reference the relevant legislation. The trust completed a capacity and consent to treatment audit in 2014 and plans a re audit in 2016/17 Pro forma re capacity in place on Insight. Action required: Re audit of recording of capacity.	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.	End March 2017	AW	The Insight electronic patient recording system is utilised to store DOLs requests and a more comprehensive recording system is being developed within Insight. There is a Trust wide DOLs register in place which will be utilised until the development of an electronic solution. Action required: Development of a comprehensive recording module for DOLs requests and authorisations within the Insight Electronic patient Recording system.	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.	End March 2017	ER	Trust training needs analysis and safeguarding policies reflect this. Q3 Training compliance at 74% up 2.5% Increase in training places in 2016/17 has provided sufficient training places to raise compliance to the required 80% Action required: Team managers to continue to prioritise this training,	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.	End March 2017	AW and Team leaders	MCA training compliance at 56% for level 2 and 52% for level 3 an overall increase of nearly 4%. Action required: Team managers to ensure that staff are booked onto appropriate training.	Light Green
Section 11 Audit (SASP) December 2016					
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	Feedback is sought as part of the collaborative care planning process. There is no data available on its use in service provision. 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.	Amber

Safeguarding Adult Action Plans
Current Safeguarding Adult and Domestic Abuse Action Plans RAG Rated

Appendix 2

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
Internal Audit June 2016 Adult Serious Case Reviews					
Internal Audit June 2016 Recommendation 1.1 The Trust does not respond effectively to managing Adult Serious case Reviews due to lack of guidance for staff on the processes to be followed when dealing these types of review.	The Trust should formally set out its operational management and reporting framework for Adult Serious Case Reviews, including: The interface between Adult SCRs and the Trust's incident reporting and risk management processes; Guidance and procedures for staff on the stages in the review process from the initial scoping for a case review through to the action plan and monitoring processes to be followed. Procedures should include illustrative examples of evidence standards required.	31 October 2016	Eva Rix, (ER) Lead nurse for Safeguarding (LNS)	An addendum (flowchart) has been compiled detailing the process, including roles and responsibilities for any external safeguarding review. This addendum has been added to the Safeguarding Policies and the Incident Management Policy by the Lead Nurse for Clinical Risk. The addendum includes clarity about the governance responsibilities of all members of the Safeguarding Adult Steering Group.	Dark Green
Internal Audit June 2016 Recommendation 2.1 and 5.1 Due to incomplete evidence trails, the Trust may not be able to demonstrate that	The Trust needs to risk assess the gaps in the evidence (AY Serious Case Review), and then consider whether it would be appropriate for the relevant evidence to be collated centrally to ensure that there is a solid audit trail in the event of future scrutiny.	31 July 2016	ER	The Trust lead for safeguarding has liaised with the Head of Service in Learning Disabilities and assessed the gaps in the evidence. The Head of Service has provided relevant and proportionate evidence and this has been reviewed, filed and action assessed as complete.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
actions from Adult Serious Case Reviews have been implemented, leading potentially to reoccurrence of the same or similar incidents	Where it is deemed not appropriate to implement a recommendation (or part of one), arising from an Adult Serious Case Review, the reason for this decision should be recorded on the action plan to maintain a sound audit trail. This requirement should be built into the Trust's guidance and procedures on Adult SCRs.	31 October 2016	ER	The requirement for amendments to SCR action plans to be discussed and managed by the Safeguarding Adult Steering group has been included in the suggested flowchart	Dark Green
	5.1 Decisions taken to delay audits of the dissemination of serious case review action plans are clearly risk assessed, and the rationale reported to the SASG for scrutiny			The format of the Steering Group minutes has been reviewed and a new template agenda includes Case review and SCR for discussion, risk assessment and agreement	Dark Green
Internal Audit June 2016 Recommendation 3.1 The Trust cannot demonstrate that learning from Adult Serious Case Reviews is embedded within the Trust, leading potentially to reoccurrence of the same or similar incidents.	The Trust to develop a more systematic system and processes to test whether learning from Adult SCRs is embedded and whether any further action is still needed.	31 October 2016	ER	The addendum to the Safeguarding policy which has been developed incorporates the following; <ul style="list-style-type: none"> includes a trust wide email, a learning brief as required, an audit of learning and inclusion of key learning into safeguarding training. 	Dark Green
Internal Audit June 2016 Recommendation 4.1 and 6.1 The ability to monitor action plans for Adult	4.1 The format of future action plans used within the Trust should be adapted to include: <ul style="list-style-type: none"> the designation of action leads; the date when the review actions were published/ notified to the Trust; columns to record the completion of follow up actions to establish learning is embedded. 	31 October 2016	ER	The information requirements for monitoring the progress of action plans have been included in the flowchart in 1.1.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
SCRs effectively and efficiently is impaired	6.1 The format of the action plan to include a clear record that any risks that impact upon the Trust's ability to complete Adult SCR actions have been considered.	31 July 2016	ER	The flowchart at 1.1 includes the need to consider challenges to the implementation of action plans.	Dark Green
Internal Audit June 2016 Recommendation 4.2 Due to insufficient narrative for evidence of action taken in action plans, the effectiveness of the action plans as monitoring tools is impaired	Action plan updates should include more specific detail to provide a comprehensive audit trail if subjected to future scrutiny. Actions recorded should include: <ul style="list-style-type: none"> the completion date, the person completing the action the format of the action e.g. email/ presentation/ training session. 	31 October 2016	ER	The flowchart at 1.1 includes the need to include details of completed actions and a narrative to provide additional details.	Dark Green
Internal Audit June 2016 Recommendation 4.3 The Trust cannot demonstrate that effective monitoring is being undertaken of Adult SCR action plans.	The recording of SASG meetings to be strengthened to ensure robust evidence is in place to demonstrate appropriate review and scrutiny of Adult SCR action plans.	With immediate effect	ER	The format of the Steering Group minutes has been reviewed and a new template agenda developed to ensure thorough recording. Non attendees at the meeting will be consulted for their views and opinions.	Dark Green
Internal Audit June 2016 6.2 This Trust does not receive the right level of information to gain adequate assurance regarding the effectiveness in the	See action for 1.1. Periodically, the Quality Assurance Committee or the Board should receive reports that analyse themes of actions completed following adult SCR's with comparisons to previous action plans.	31 October 2016	ER	This will be included in a section of the annual report (May 2017)	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
long term of remedial actions taken.					
Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Sheffield Health and Social Care NHS Foundation Trust October 24 th 2016. Completed by Eva Rix Lead Nurse for Safeguarding Please note: only the recommendations within PH 50 that relate directly to provider organisations have been included in this benchmarking exercise.					
Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016 2. Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse	Local authorities, health services and their strategic partners (including the voluntary and community sectors) should:				
	Ensure senior officers from the following services participate in a local strategic partnership to prevent domestic violence and abuse, along with representatives of frontline practitioners and service users or their representatives: criminal	End March 2017	ER	The SHSC lead nurse for safeguarding is now a member of the Domestic Abuse and Sexual Abuse Strategic Group and attended the meeting held in Q3 Action required; The lead nurse for safeguarding will continue to prioritise attendance at this meeting or ensure that a relevant nominated deputy attends.	Light Green
	Ensure health and social care practitioners are actively involved in both operational and strategic multi-agency initiatives (for example, multi-agency risk assessment conferences).	End November 2016	ER	The Trust is represented at the MARAC meetings by a representative for adult mental health and a representative from substance misuse	Dark Green
Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016	Clearly display information in waiting areas and other suitable places about the support on offer for those affected by domestic violence and abuse. This includes contact details of relevant local and national help lines. It could also include information for groups who may find it more difficult to disclose that they are	End November 2016	ER and SASG	Updated information issued to all staff via the trust Wide communication bulletin (Jan 2017) and posters and leaflets ordered from Sheffield Domestic Abuse Team Action required; Issue of updated resources (posters etc.) to teams for	Light Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
5. Create an environment for disclosing domestic violence and abuse	experiencing violence and abuse (see Recommendation 9).			service user notice boards	
	Ensure the information on where to get support is available in a range of formats and locally used languages. The former could include braille and audio versions and the use of large font sizes. There may also be more discreet ways of conveying information, for example, by providing pens or key rings with a helpline number.	End December 2016	ER SASG	Updated resources have been provided by the DACT and circulated to teams.	Dark Green
	Take steps to ensure people who use the service are given maximum privacy, for example, by arranging the reception area so that people cannot be overheard.			Notices at reception state that service users can ask to speak to a receptionist/staff in a private/quiet area. (September 2016) Individual appointments are always conducted in private.	Dark Green
	Establish a referral pathway to specialist domestic violence and abuse agencies (or the equivalent in a health or social care setting). This should include age-appropriate options and options for groups that may have difficulties accessing services, or are reluctant to do so (see Recommendation 9).			The Domestic Abuse Policy guides staff on how to make referrals to appropriate services.	Dark Green
	Provide on-going training and regular supervision for staff who may be asking people about domestic violence and abuse. This should aim to sustain and monitor good practice.			Information is contained within the Comprehensive Safeguarding training on services available and this information is also on the SHSC Safeguarding intranet site. The Trust makes provision for professional supervision and there is a Trust policy to support this.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	Establish clear policies and procedures for staff who have been affected by domestic violence and abuse			The trust has a domestic abuse policy relating to staff	Dark Green
	Ensure staff have the opportunity to address issues relating to their own personal experiences, as well as those that may arise after contact with patients or service users.			Staff have the opportunity in managerial and professional supervision to discuss personal experiences and this is supported by the trust Supervision Policy and Domestic Abuse Policy (Staff)	Dark Green
Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016	Health and social care service managers and professionals should:				
6					
Ensure trained staff ask people about domestic violence and abuse					
	Ensure frontline staff in all services are trained to recognise the indicators of domestic violence and abuse and can ask relevant questions to help people disclose their past or current experiences of such violence or abuse.	End March 2017	Service Directors	The Lead nurse for safeguarding and the senior for quality have agreed to meet to review previous training on routine enquiry relating to Domestic Abuse. Action required: A gap analysis should be completed by the end of March 2017 to identify which staff require additional training.	Light Green
	The enquiry should be made in private on a one-to-one basis in an environment where the person feels safe, and in a kind, sensitive manner. Ensure people who may be experiencing domestic violence and abuse can be seen on their own (a person may have multiple abusers and friends or family members may be colluding in the abuse).			All appointments are conducted in private and if they are accompanied by someone they will always have part of the assessment/appointment conducted unaccompanied.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	Ensure trained staff in antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's and vulnerable adults' services ask service users whether they have experienced domestic violence and abuse. This should be a routine part of good clinical practice, even where there are no indicators of such violence and abuse.	End March 2017	Service Directors	Domestic abuse routine enquiry is included in the Detailed Risk Assessment Document which is in place for all service users in mental health and substance misuse. Action required: A gap analysis should be completed by the end of March 2017 to identify which staff require additional training	Amber
	Ensure staff know, or have access to, information about the services, policies and procedures of all relevant local agencies for people who experience or perpetrate domestic violence and abuse.			This information is provided within the Service User and staff Domestic Abuse Policies and is available via the safeguarding intranet page.	Dark Green
	Ensure all services have formal referral pathways in place for domestic violence and abuse. These should support: people who disclose that they have been subjected to it; the perpetrators; and children who have been affected by it (see recommendation 4).			Included in the Service user domestic abuse policy.	Dark Green
Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016 7 Adopt clear protocols and methods for information sharing	Commissioners and service providers involved with those who experience or perpetrate domestic violence and abuse should:				
	Take note of the Data Protection Act and professional guidelines that address confidentiality and information sharing in health services. This includes guidelines on how to apply the Caldicott guardian principles to domestic violence. It also includes guidelines on: seeking consent from			Trust policies address this issue. Information sharing and consent is contained within the domestic abuse policy. Information sharing and consent is included in the Trusts Comprehensive Safeguarding Training for all	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	people to share their information, letting them know when, and with whom, information is being shared, and knowing when information can be shared without consent.			staff with a face to face role with service users.	
	Develop or adapt clear protocols and methods for sharing information, both within and between agencies, about people at risk of, experiencing, or perpetrating domestic violence and abuse. Clearly define the range of information that can be shared and with whom (this includes sharing information with health or children's services on a perpetrator's criminal history.)	End March 2017	Paul Firth Trust lead attendee at MARAC	<p>The Trust has attended an initial scoping and development session of the MARAC relating to Information Sharing.</p> <p>The overarching information is still in effect between the Trust and key partner agencies and there is clarity about the sharing of information in order to prevent or detect crime and this would apply to the information shared about service users with the MARAC.</p> <p>Action required: The Trust will continue to participate in the MARAC information sharing discussions and meetings.</p>	Light Green
	<p>Ensure protocols and methods encourage staff to:</p> <p>Remember their professional duty of confidentiality. Determine when the duty of confidentiality might have to be breached: information should be shared only with the person's consent unless they are at serious risk, and within agreed multi-agency information-sharing protocols.</p> <p>Note that information sharing without consent risks losing trust and may endanger a person's safety.</p> <p>Weigh the risks of sharing information or not by determining whether you are sharing with the aim of protecting someone.</p> <p>It is acceptable to share information if that is the case and you are not sharing data just to alert another agency to a problem.</p> <p>Distinguish between anonymised data and personal</p>	End June 2017	SHSCFT Information Department	The information governance manager and the lead nurse for safeguarding have considered the current information sharing process and have agreed that staff do not require further or additional training as a communication was issued by the Deputy Chief Executive to all staff in 2016 about the sharing of personally identifiable information.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	<p>data: the former does not need individual consent, but there should be a protocol in place for sharing such data.</p> <p>Distinguish between situations that involve only adults and those where children are involved: information sharing without consent, or where consent is not given, is necessary when children's safety is at risk.</p> <p>Ensure information-sharing methods are secure and will not put anyone involved at risk.</p> <p>Ensure the protocols and methods are regularly monitored.</p> <p>Identify and train key contacts responsible for advising on the safe sharing of domestic violence and abuse-related information.</p> <p>Ensure all staff who need to share information are trained to use the protocols so that they do not decline to cooperate because of being overcautious or for fear of reprisal.</p> <p>Ensure any information shared is acknowledged by a person, rather than by an automatically generated response.</p>				
<p>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</p> <p>8</p> <p>Tailor support to meet people's needs</p>	<p>Managers and staff working in domestic violence and abuse services and staff in all health and social care settings should:</p>				

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	Prioritise people's safety: Refer people from general services to domestic violence and abuse (and other specialist) services if they need additional support.			Domestic abuse policy Safeguarding intranet links to the Domestic Abuse Coordination Team. (DACT) DACT information shared on the Comprehensive Safeguarding Training	Dark Green
	Regularly assess what type of service someone needs – immediately and in the longer term. Think about referring someone to specialist domestic violence and abuse services if they need immediate support. This includes advocacy, floating support and outreach support and refuges. It also includes housing workers, independent domestic violence advisers or a multi-agency risk assessment conference for high-risk clients.	End March 2017	Service Directors	Regular review of risk is included in the Detailed Risk Assessment, however this is not used in all services. Action required; Establish what re assessment processes are utilised across the Trust.	Amber
	Think about referring someone to floating or outreach advocacy support or to a skill-building programme if they need longer-term support. Also explore whether they would like to be referred to a local support group.			Information on available services is available via the Safeguarding intranet page or directly to the DACT	Dark Green
	If there are indications that someone has alcohol or drug misuse or mental health problems, also refer them to the relevant alcohol or drug misuse or mental health services (see recommendation13).	End March 2017	Chris Wood Paul (assistant clinical director) Nicholson (deputy service director)	There is limited evidence that this takes place on a consistent basis. This requirement has been communicated to the Deputy Service Director (Paul Nicholson) Action required: To progress feedback form Deputy Service Director	Light Green
Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016	Commissioners and service providers in the statutory, private, voluntary and community sectors should:				

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
9 Help people who find it difficult to access services					
	<p>Help people who may find domestic violence and abuse services inaccessible or difficult to use. This includes: people from black and minority ethnic groups or with disabilities, older people, trans people and lesbian, gay or bisexual people. It also includes people with no recourse to public funds.</p> <p>Identify any barriers people from these groups may face when trying to get help. Do this in consultation with local groups that have an equality remit (including organisations representing the interests of specific groups), and in line with statutory requirements.</p>			<p>Staff have access to translation and advocacy services.</p> <p>Domestic Abuse Policy provides guidance.</p> <p>DACT information on accessibility is available to staff.</p> <p>Staff are encouraged to contact DACT services for support and advise in relation to any domestic abuse situation or disclosure that they are unfamiliar with.</p>	Dark Green
	Introduce a strategy to overcome these barriers.			<p>Staff have access to translation and advocacy services.</p> <p>Domestic Abuse Policy provides guidance.</p> <p>DACT information on accessibility is available to staff.</p> <p>Staff are encouraged to contact DACT services for support and advise in relation to any domestic abuse situation or disclosure that they are unfamiliar with.</p>	Dark Green
	Train staff in direct contact with people affected by domestic violence and abuse to understand equality and diversity issues. This includes those working with people who perpetrate this type of violence and abuse.	End March 2017	Service Directors	<p>Staff receive general training in equality and diversity but have limited access to Domestic Abuse specific training</p> <p>Action required: Gap analysis to establish which staff/staff groups require additional specific domestic abuse training incorporating this element of practice.</p>	Amber

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	<p>Ensure assumptions about people's beliefs and values (for example, in relation to 'honour') do not stop staff identifying and responding to domestic violence and abuse.</p> <p>Ensure staff know where to seek specialist advice, for example, for people with no recourse to public funds or for people with HIV.</p> <p>Ensure staff are aware that lesbian, gay, bisexual and trans people are also at risk of forced marriage and that 'honour'-based violence might be triggered by someone's gender identity or sexuality.</p> <p>Ensure interpreting services are confidential (often a concern in small communities where a minority language is spoken).</p> <p>Ensure professional interpreters are used. Do not use family members or friends. In some areas this will mean using a national interpreting service or one based in another locality.</p>			<p>Domestic Abuse Policy provides some guidance.</p> <p>DACT information on is available to staff.</p> <p>Staff are encouraged to contact DACT services for support and advise in relation to any domestic abuse situation or disclosure that they are unfamiliar with.</p> <p>Interpreting services are available.</p> <p>Independent interpretation is included in the Domestic Abuse Policy.</p> <p>Forced marriage and Honour based violence are included in the Trust Comprehensive Safeguarding training</p>	Dark Green
<p>Domestic violence and abuse: multi-agency working (PH50) Bench-marking audit. Oct 2016</p> <p>10</p> <p>Identify and, where necessary, refer children and young people affected by domestic violence and abuse</p>	<p>Providers of services where children and young people affected by domestic violence and abuse may be identified and those responsible for safeguarding children should:</p>				

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	Ensure staff can recognise the indicators of domestic violence and abuse and understand how it affects children and young people			This is included in the trusts Comprehensive Safeguarding training	Dark Green
	Ensure staff are trained and confident to discuss domestic violence and abuse with children and young people who are affected by or experiencing it directly. The violence and abuse may be happening in their own intimate relationships or among adults they know or live with.	End March 2017	Service Directors	Some staff training has happened within CMHTs. Action required: Gap analysis to establish which staff/staff groups require additional specific domestic abuse training incorporating this element of practice.	Amber
	Put clear information-sharing protocols in place to ensure staff gather and share information and have a clear picture of the child or young person's circumstances, risks and needs	End March 2017	Information Department and Integrated Governance Team	An all Trust staff communication was issued in 2016 by the Deputy Chief Executive alerting staff to information sharing guidance and protocols.	Dark Green
	Develop or adapt and implement clear referral pathways to local services that can support children and young people affected by domestic violence and abuse.	End December 2016	ER	The Multi-Agency Referral Form (MARF) to Children's Social care has been issued to all staff via the Safeguarding Children Steering Group, placed on the safeguarding intranet page and will be included in the all SHSC staff communication bulletin.	Dark Green
	Ensure staff know how to refer children and young people to child protection services. They should also know how to contact safeguarding leads, senior clinicians or managers to discuss whether or not a referral would be appropriate.			This information is contained within the Trust Safeguarding Children Policy.	Dark Green
	Ensure staff know about the services, policies and procedures of all relevant local agencies for children and young people in relation to domestic violence and abuse.			This information is contained within the Trust Safeguarding Children Policy and Domestic Abuse Policy	Dark Green
	Involve children and young people in developing and evaluating local policies and services dealing with domestic violence and abuse.			Not applicable, commissioner led activity.	

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	Monitor these policies and services with regard to children's and young people's needs.			Not applicable, commissioner led activity.	
Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016 12 Provide specialist advice, advocacy and support as part of a comprehensive referral pathway	Health and social care commissioners, health and wellbeing boards and practitioners in specialist domestic and sexual violence services should:				
	Provide all those currently (or recently) affected by domestic violence and abuse with Advocacy and advice services tailored to their level of risk and specific needs. This includes providing support in different languages, as necessary.			This information is contained within the Trust Safeguarding Children Policy and Domestic Abuse Policy. Information on services is available on the website for the Domestic Abuse Coordination Team. Advice can be sought from the Independent Domestic Violence Advocates.	Dark Green
	Ensure practitioners are aware of how discrimination, prejudice and other issues, such as insecure immigration status, may have affected the risk that people using their services face.	End March 2017	ER	This element is covered within the Comprehensive Safeguarding Training. Action required; To strengthen this element within the above training	Amber
	Ensure specialist support services meet national standards of good practice			Not applicable as a commissioner responsibility	
	Ensure specialist advice, advocacy and support forms part of a comprehensive referral pathway (see recommendation4).			Not applicable as a commissioner responsibility	

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	Ensure the support is offered (although not necessarily delivered) in settings where people may be identified or may disclose that domestic violence and abuse is occurring. Examples include: accident and emergency departments, general practices, refuges, sexual health clinics and maternity, mental health, rape crisis, sexual violence, alcohol or drug misuse and abortion services.			Signposting information is available within all practice areas	Dark Green
<p>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</p> <p>13 Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition</p>	Health, police and crime commissioners, health and social care providers and practitioners in primary, mental health and related care services should:				
	<p>Where people who experience domestic violence and abuse have a mental health condition (either pre-existing or as a consequence of the violence and abuse), provide evidence-based treatment for the condition.</p> <p>Ensure mental health interventions are provided by professionals trained in how to address domestic violence and abuse. Interventions may include psychological therapy (for example, trauma-focused cognitive behavioural therapy), medication and support, in accordance with national guidelines.</p>	End March 2017	Service Directors	<p>Some enhanced training has been provided to CMHT staff.</p> <p>Action required; Gap analysis to establish which staff/staff groups require additional specific domestic abuse training incorporating this element of practice.</p>	Amber

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	Ensure any treatment programme includes an on-going assessment of the risk of further domestic violence and abuse, collaborative safety planning and the offer of a referral to specialist domestic violence and abuse support services. It must also take into account the person's preferences and whether the violence and abuse is on-going or historic.	June 2017	Paul Nicholson Deputy Director	This requirement has been communicated to the Deputy Service Director (Paul Nicholson) Action required: To progress feedback form Deputy Service Director	Light Green
Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016 15 Provide specific training for health and social care professionals in how to respond to domestic violence and abuse	Organisations responsible for training and registration standards and providers of health and social care training should provide different levels of training for different groups of professionals, as follows.				
	Training to provide a universal response should give staff a basic understanding of the dynamics of domestic violence and abuse and its links to mental health and alcohol and drug misuse, along with their legal duties. In addition, it should cover the concept of shame that is associated with 'honour'-based violence and an awareness of diversity and equality issues. It should also ensure staff know what to do next: Level 1 Staff should be trained to respond to a disclosure of domestic violence and abuse sensitively			These elements are included in the Trusts Comprehensive Safeguarding Training Level 1 training and awareness is provided by the Level	Light Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	<p>and in a way that ensures people's safety. They should also be able to direct people to specialist services. This level of training is for: physiotherapists, speech therapists, dentists, youth workers, care assistants, receptionists, interpreters and non-specialist voluntary and community sector workers.</p> <p>Level 2 Staff should be trained to ask about domestic violence and abuse in a way that makes it easier for people to disclose it. This involves an understanding of the epidemiology of domestic violence and abuse, how it affects people's lives and the role of professionals in intervening safely. Staff should also be able to respond with empathy and understanding, assess someone's immediate safety and offer referral to specialist services. Typically this level of training is for: nurses, accident and emergency doctors, adult social care staff, ambulance staff, children's centre staff, children and family social care staff, GPs, mental health professionals, midwives, health visitors, paediatricians, health and social care professionals in education (including school nurses), prison staff and alcohol and drug misuse workers. In some cases, it will also be relevant for youth workers.</p> <p>Training to provide a specialist response should equip staff with a more detailed understanding of domestic violence and abuse and more specialist skills: Level 3 Staff should be trained to provide an initial response that includes risk identification and assessment, safety planning and continued liaison with specialist support services. Typically this is for: child safeguarding social workers, safeguarding nurses, midwives and health visitors with additional domestic violence and abuse training, multi-agency risk assessment conference representatives and</p>	End March 2017	Service Directors	<p>1 Domestic Abuse Leaflet issued to all staff on a three yearly basis and to all new starters in the Trust.</p> <p>These elements are included in the Trusts Comprehensive Safeguarding Training</p> <p>Action required;</p> <p>Gap analysis to establish which staff/staff groups require additional specific domestic abuse training incorporating this element of practice.</p> <p>Level 3 training has been provided to the SHSCFT safeguarding team via the SSCB.</p>	

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	<p>adult safeguarding staff.</p> <p>Level 4 Staff should be trained to give expert advice and support to people experiencing domestic violence and abuse. This is for specialists in domestic violence and abuse. For example, domestic violence advocates or support workers, independent domestic violence advisers or independent sexual violence advisers, refuge staff, domestic violence and abuse and sexual violence counsellors and therapists, and children's workers.</p> <p>Other training to raise awareness of, and address misconceptions about, domestic violence and abuse issues and the skills, specialist services and training needed to provide people with effective support. This is for: commissioners, managers and others in strategic roles within health and social care services.</p> <p>Organisations responsible for training and registration standards and providers of health and social care training should ensure: The higher levels of training include increasing amounts of face-to-face interaction, although level 1 training can be delivered mostly online or by distance learning.</p> <p>Face-to-face training covers the practicalities of enabling someone to disclose that they are affected by domestic violence and abuse and how to respond.</p>			Level 4 training not applicable within SHSCFT	
Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016	<p>NHS England, commissioners and GPs should commission integrated training and referral pathways for domestic violence and abuse. This should include education for clinicians and administrative staff in GP practices on how to make it easier for people to disclose domestic violence and abuse. It should also</p>	March 2018	Guy Hollingsworth	<p>GP staff access CCG led training including Protected Learning Initiatives.</p> <p>Information on immediate support for service users is available on the DACT website and via the Independent Domestic Violence Advocates and the local and national</p>	Light Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
<p>16</p> <p>GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse</p>	<p>include education for clinicians on how to provide immediate support after a disclosure and how to make referrals to specialist agencies.</p> <p>Managers of specialist domestic violence and abuse services, clinical commissioning groups and public health departments should work in partnership with voluntary and community agencies to develop training and referral pathways for domestic violence and abuse.</p>			<p>Domestic Abuse Helplines</p> <p>Information on actions for practitioners is included in the Domestic Abuse Policy.</p> <p>Domestic abuse training compliance in primary care has increased from 35.48 % to 36.07%.</p> <p>Additional information has been sent out to all staff via the communication bulletin relating to the Sheffield Domestic Abuse Website and its associated information.</p> <p>Action required:</p> <p>The current level of Domestic Abuse training in primary care is 35.48% and actions are in progress to improve this compliance within the next 3 year training cycle.</p>	
<p>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</p> <p>17</p> <p>Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse</p>	<p>Organisations responsible for training and registration standards and providers of health and social care training should:</p>				
	<p>Ensure training about domestic violence and abuse is part of the undergraduate or pre-qualifying curriculum, and part of the continuing professional</p>			<p>Not applicable as SHSC is not a provider of pre registration training</p>	

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	development, for health and Social care professionals who come into contact with service users. It should be delivered in partnership with local specialist domestic violence and abuse services and includes face-to-face contact, even if it is mainly delivered online.				
	Implement a rolling training programme that recognises the turnover of staff and the need for follow-up. The training strategy should: be clear about the level of competency needed for each role (see recommendation15) refer to existing accredited materials from specialist organisations working in domestic violence and abuse, if they are suitable ensure the content on domestic violence and abuse is linked to child welfare, safeguarding and adult protection services, and vice versa follow the recommended content for each level (see recommendation15).	March 2017	LNS Service Directors	The Trust Comprehensive Safeguarding Training Programme is a three year training cycle. The domestic abuse policy provides clarity on the levels of training required and the source for this training. Additional information is available from the SHSCFT safeguarding team. Action required: Gap analysis to establish which staff/staff groups require additional specific domestic abuse training incorporating this element of practice.	Light Green
CCG Annual Safeguarding Adults Assurance (via self-assessment) (July 2016)					
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.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				<p>Safeguarding children policy within appendix 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 reviewed in 2016/17 in line with any changes instigated by the government following the Wood review (2016)</p>	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	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.	End March 2017	AW	All policies reference the relevant legislation. The trust completed a capacity and consent to treatment audit in 2014 and plans a re audit in 2016/17 Pro forma re capacity in place on Insight. Action required: Re audit of recording of capacity.	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	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.	End of October 2016	AW	DOLs policy has been completed.	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 contains guidance on restraint, and has been reviewed (October 2016) Covert medication is included in the Medication Policy (October 2016)	Dark Green
	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.			Safeguarding supervision is included in the relevant safeguarding policies, adults and domestic abuse reviewed in 2015 and to be reviewed in 2015. Supervision included in the safeguarding children policy 201, to be reviewed in 2016. Commencement of safeguarding children supervision within substance misuse services pilot June 2016 by the	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				SSCB in relation to the 2015 CQC safeguarding children report, the pilot will be reviewed in August 2016. Reference to Safeguarding Supervision is included in the Supervision Policy 2016 to be reviewed in 2019.	
	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
	1.11The 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 encompassed in the Social Media Policy 2016.	Dark Green
CCG Annual Safeguarding Adults Assurance (via self assessment) (July 2016) 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.			Lead responsibilities - Safeguarding children, safeguarding adults, domestic abuse, , CSE - Liz Lightbown, Executive Director for Nursing, Professions and Care Standards PREVENT – Dean Wilson, Director of Human Resource. Dementia – Liz Lightbown , Executive Director for Nursing, Professions and Care Standards	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	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.			Not applicable to adults.	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)*			Eva Rix, Named Nurse Dr Nusrat Mir, Named Doctor	Dark Green
	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 partnership of concluded safeguarding cases to capture service user experiences. Service user feedback to Sheffield Safeguarding Children Board relating to Child protection processes	Dark Green
	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

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	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, Care Act and Mental Health Act.			Up to date policies and training. External scrutiny relating to MHA and DoLS.	Dark Green
	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.	End March 2017	AW	The Insight electronic patient recording system is utilised to store DOLs requests and a more comprehensive recording system is being developed within Insight. There is a Trust wide DOLs register in place which will be utilised until the development of an electronic solution.	Light Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				Action required: Development of a comprehensive recording module for DOLs requests and authorisations within the Insight Electronic patient Recording system.	
	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
	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	Dark Green
CCG Annual Safeguarding Adults Assurance (via self-assessment) (July 2016) 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

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	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
	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 for 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			Attendance and contribution to the required processes. Minutes of meetings available as evidence.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	contribution to their sub-groups.				
CCG Annual Safeguarding Adults Assurance (via self-assessment) (July 2016) 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.			<p>Safer recruitment in place for all including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.</p> <p>Briefing document provided to all 'Chairs of Panel' as part of the safer recruitment process.</p>	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.			<p>Safer recruitment in place with a Trust Board approved process for the identification of repeat checks. Nurse revalidation system went live in 2015</p> <p>Staff wide communication in March 2011 indicating the Trusts requirements relating to disclosure of convictions/sanctions.</p>	Dark Green
	4.3 The provider will ensure that their employment practices meet the requirements of the Disclosure and Barring Service (DBS) and that referrals are made to the DBS and relevant professional bodies, where indicated, for their consideration in relation to barring.			<p>Recruitment policy includes DBS checks, including as required 'Barred List' checks for regulated activity and professional body checks.</p> <p>Consideration at Disciplinary Hearings of the referral to DBS, with evidence of DBS referrals by HR.</p>	Dark Green
	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.			<p>Standard statement in all contracts with addition specificity where required.</p> <p>Included in Trust recruitment adverts.</p>	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			<p>Adherence to south Yorkshire Safeguarding adult and Sheffield Safeguarding children procedures. Disciplinary procedures are concluded at all times.</p> <p>Evidence of the completion of disciplinary hearings following the resignation (ahead of disciplinary) of the</p>	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	agreements' are not allowed in safeguarding cases.			staff member.	
CCG Annual Safeguarding Adults Assurance (via self-assessment) (July 2016) 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*			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. The adults is in line with NHSE inter collegiate document.	Dark 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
	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.	End March 2017	ER	Trust training needs analysis and safeguarding policies reflect this. Q3 Training compliance at 74% up 2.5% Increase in training places in 2016/17 has provided sufficient training places to raise compliance to the required 80% Action required: Team managers to continue to prioritise this training,	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	End March 2017	AW	MCA Policy completed.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	induction.				
	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.	End March 2017	AW Team manager	MCA training compliance at 56% for level 2 and 52% for level 3 an overall increase of nearly 4%. Action required: Team managers to ensure that staff are booked onto appropriate training.	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.			This is included in the 3 yearly review of the safeguarding adults policy or sooner as legislative or practice changes may indicate.	Dark Green
	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
CCG Annual Safeguarding Adults Assurance (via self-assessment) (July 2016)	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
6.0 Prevent					
	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			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	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	and make a referral.			safeguarding training	
	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
Section 11 Audit (SASP) December 2016					
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	Feedback is sought as part of the collaborative care planning process. There is no data available on its use in service provision. 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.	Amber



Sheffield Health and Social Care

NHS Foundation Trust

SAFEGUARDING ADULTS STEERING GROUP

TERMS OF REFERENCE

Purpose of Group

The key purpose of the Safeguarding Adults Steering Group (SASG) is to ensure that Sheffield Health and Social Care NHS Foundation Trust (SHSC), fulfils all of its statutory responsibilities in relation to the safeguarding of adults and to reflect our responsibility as a Health and Social Care organisation, including the Local Authority. By doing so, it will ensure that 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 vulnerable adults.
- Recognising and accepting that SHSC staff have a duty of care to contribute to the safety and well-being of adults with whom they come into contact.
- Recognising that SHSC has a responsibility, both as a partner agency within the Safeguarding Adults framework, and also as an agency that has delegated responsibility on behalf of Sheffield City Council, within some of its services.
- Signing and agreeing the inter-agency agreement on information sharing with partner agencies.
- Supporting and complying with the South Yorkshire wide Safeguarding Adult Procedures requiring employees to work within the policy framework.
- The Trust Accountable Officer for Safeguarding and key safeguarding professionals actively participating in the structural arrangements of the Sheffield Adult Safeguarding Partnership (SASP), in order to maintain consistency in the development of local systems for effective interagency working.

Membership

Membership of the SASG will include senior managers who have a corporate functional responsibility. The 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 Adults
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 Head of Service
Adele Rowett Fiona Williams	Specialist Directorate Drug and Alcohol Service Older People and Specialist service

Who	Function Required
Rhodri Hannan	In Patient Directorate Assistant Service Director
Rachel Welton Jackie Wainwright	Designated Professional for Safeguarding Adults, Sheffield CCG Associate Designated Professional for Safeguarding Adults, Sheffield CCG/ SASP Office
Marlene Scott	Clover Group (for receipt of papers and minutes for action)

The SASG will be chaired by the Deputy Chief Nurse, who reports to the Executive Director with Trust Board level responsibility, at this time the role falls to the Executive Director: Nursing, Professions and Care Standards, who will be supported by the Lead for Safeguarding. Additional members will be invited, as and when appropriate.

Remit

The SASG will:

- Receive and action as required reports and relevant information from the partnership sub groups and associated practice groups :-
 - Sheffield Adult Safeguarding Partnership (SASP) Executive Board
 - SASP Operational Board
 - Safeguarding Adults Best Practice Group
 - Domestic Abuse City Wide Structures
 - Prevent (National counter terrorism strategy)
 - MAPPA (Multi agency public protection arrangements)
- Ensure that the Trust has an up to date policy, clearly setting out the requirements of Trust staff, in meeting their statutory responsibilities in safeguarding the interests of adults with whom they come into contact, as part of their professional roles and functions.
- Ensure that SHSC is taking full account and implementing the Care Act (2014) and local working arrangements, as set out within the South Yorkshire-wide Safeguarding Adult Procedures.
- Ensure that the SHSC Safeguarding Adult policy is effectively implemented, monitored and performance managed throughout the organisation on behalf of the Trust.
- Work with the Trust Board and Executive/non-Executive Directors 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. (Safeguarding Adults: Roles and competences for health care staff Intercollegiate Document, 2015)
- Review incident forms and safeguarding adults' serious untoward incidents as required by the Trust lead for Safeguarding in collaboration with staff from the Integrated Governance team, to highlight good practice, identify and address key themes and trends and provide opportunities to learn lessons from any Safeguarding issues.
- Liaise closely with the Safeguarding Adult partnership Office, who are represented on the SASG in relation to identifying any significant risk issues and suggesting ways that these can be improved.
- Ensure the participation of the Trust in any sub group from the SASP in order to maintain the involvement and input of the Trust in this work to promote best practice and interagency working.

Frequency of Meetings

The SASG will meet on a quarterly basis, with extraordinary meetings as required. Dates, times and venues for meetings are listed below :-

Date	Time	Venue
28 th February 2017	11.00 – 12.30	Rivelin Board Room, Tudor Building Fulwood
15 th May 2017	11.00 – 12.30	Committee room 2, Tudor Building, Fulwood
21 st August 2017	11.00 – 12.30	Committee room 2, Tudor Building, Fulwood
20 th November 2017	11.00 – 12.30	Committee room 2, Tudor Building, Fulwood

Agenda Setting

An agenda setting process will be initiated two weeks prior to the meeting by the Trust Lead for Safeguarding in collaboration with the named doctor for safeguarding adults, on behalf of the meeting Chair. A formal agenda will be forwarded to all members approximately one week before the meeting.

Accountability / Reporting Arrangements

- The SASG will be accountable to the Quality Assurance Committee. Quarterly reports will be presented to the Quality Assurance Committee and the Board of Directors'. Verbal or written up-dates will be provided to the Executive Directors' Group as necessary.
- All members of the SASG are accountable for the appropriate reporting and feed-back arrangements and ensuring that actions are implemented within and beyond their working environment.
- The SASG will receive regular reports from the groups as identified in the remit above.

Review Date

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

Quorum

The SASG will be considered quorate when over 40% of core membership are in attendance. Core membership is defined as;

- SHSC Safeguarding Team (including named Doctor)
- Specialist
- Substance Misuse
- Health Inclusion Team
- Community
- Inpatient
- 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.