

## BOARD OF DIRECTORS MEETING (Open)

Date: 12 July 2017

Item Ref: 16 iv

<b>TITLE OF PAPER</b>	Safeguarding Adults, Annual Report 2016/17, including the Annual Assurance and Compliance Declaration Documents
<b>TO BE PRESENTED BY</b>	Giz Sangha, Deputy Chief Nurse/Acting Clinical Director Acute & Inpatient Care, on behalf of, Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
<b>ACTION REQUIRED</b>	Members to receive and approve the report, annual assurance document and compliance declaration
<b>OUTCOME</b>	Members are assured that all necessary action were taken during the previous year to ensure Sheffield Health and Social Care NHS FT (SHSC) fulfilled its Safeguarding Adults' obligations
<b>TIMETABLE FOR DECISION</b>	July 2017 Meeting (Circulated to Executive Directors Group on 15.06.17 prior to Quality Assurance Committee)
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	<ul style="list-style-type: none"> <li>▫ NHS Constitution</li> <li>▫ Fundamental Standards Care Quality Commission (2015)</li> <li>▫ Clinical Governance and Safeguarding (2010)</li> <li>▫ South Yorkshire Safeguarding Adults procedures (2015)</li> <li>▫ Care Act (2014)</li> <li>▫ Serious Crime Act (2015)</li> </ul>
<b>LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES</b>	<ul style="list-style-type: none"> <li>▫ Strategic Objective 1: Improving the Quality and Efficiency of Services. BAF Risk 1.4: Compliance with CQC Registration / Regulation Requirements</li> <li>▫ Care Quality Commission Fundamental Standards</li> <li>▫ NHS Litigation Authority</li> <li>▫ NHS Outcomes Framework 2016-2017; domain 5</li> </ul>
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	Non-compliance with Safeguarding Adults procedures would damage the reputation of the Trust
<b>CONSIDERATION OF LEGAL ISSUES</b>	Legal Requirement to comply with The Care Act 2014 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13. National Health Service Act - Section 75 (2006). Serious Crime Act (2015)
<b>Author of Report</b>	Giz Sangha
<b>Designation</b>	Deputy Chief Nurse, Deputy Chief Nurse / Interim Clinical Director, Acute & Inpatient Care
<b>Date of Report</b>	13 <sup>th</sup> June 2017

## SUMMARY REPORT

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**Report to:** BOARD OF DIRECTORS MEETING

**Date:** 12 July 2017

**Subject:** Safeguarding Adults Annual Report 2016/17, including the Annual Assurance and Compliance Declaration

**Presented by:** Giz Sangha, on behalf of, Liz Lightbown, Executive Director of Nursing, Professions and Care Standards

**Author:** Giz Sangha, Deputy Chief Nurse, Deputy Chief Nurse / Interim Clinical Director, Acute & In-patient Care

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### 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>
✓		✓			

To assure members that Sheffield Health and Social Care NHS Foundation Trust remains compliant with the requirements to safeguard adults by providing an overview of the Safeguarding Adult activity completed during 2016/17.

To highlight the work required going forward into 2017/18 and any risks identified to the delivery of this work.

### 2. Summary

This Safeguarding Adult's Annual Report provides details of compliance up to June 2017 and demonstrates the Trusts work towards continued compliance with Safeguarding Best Practice, Care Quality Commission Fundamental Standards (2015) and Legislative and Policy requirements.

The Sheffield Clinical Commissioning Group Safeguarding Adult Self-Assessment Assurance Tool sets out 6 essential assurance standards for all NHS Trusts to meet when Safeguarding Adults, attached as **Appendix 1**, and is utilised within this report to demonstrate assurance.

This Assurance Document is supported by the progress made against the Safeguarding Adult Action Plans which were operational during 2016 - 17 attached as **Appendix 2**.

The Annual Safeguarding Compliance Statement is attached as **Appendix 3**

### **3. Key Areas of Work Concluded 2016 - 2017**

The updated Safeguarding Self-Assessment Assurance Tool (**Appendix 1**) has been completed for Sheffield Clinical Commissioning Group (SCCG) and the associated Compliance Statement (**Appendix 3**) will, once agreed be published on the Trust's website.

The Trusts Safeguarding Team have proactively led and supported the successful completion of 138 actions / recommendations from 4 action plans and audits, attached as **Appendix 2**

The safeguarding team have achieved the following objectives:

- 3.1 Development, implementation and completion of the action plan relating to the Trust review of the Lampard (Savile) Report and the provision of assurance to NHS Improvement (NHSi) in January 2017.
- 3.2 Reporting on the required performance monitoring and information sharing requirements with Sheffield City Council (SCC) relating to the Safeguarding Adult performance within the Section 75 NHS Act, 20016) arrangements.
- 3.3 Refresh of the Trusts Comprehensive Safeguarding Training in line with local and regional drivers including emerging safeguarding areas such as Human Trafficking.
- 3.4 Provision of a total of 1992 training places (54% increase) to ensure that the Trust had sufficient safeguarding training provision to achieve the required compliance figures.
- 3.5 An increase in training compliance from 58% (2015/16 year end position) to 78% at the end of 2016/17.
- 3.6 Completion of 138 of the required 141 individual actions from four work plans active in 2016/17.
- 3.7 Refresh of the Safeguarding Adult Policy to ensure that it provides more details of actions required of staff if they suspect abuse.
- 3.8 Trial of the Microsystems Coaching Approach within the Safeguarding Team.

### **4. Key Areas of Work Outstanding 2016/17**

- 4.1 Progress the continued development of the safeguarding adult recording section of insight, the electronic patient recording system utilised by the majority to align with additional changes required for local / national reporting requirements. Target completion date September 2017.
- 4.2 Identify Domestic Abuse Directorate leads and undertake a training needs analysis on this subject in line with Public Health Guidance 50 guidance relating to Domestic Abuse & develop action plan to address deficits in training requirements.

### **5. Next Steps**

For the safeguarding team to continue their proactive approach to ensuring staff are trained to meet safeguarding training requirements, give advice & work closely with city wide partnerships to improve and meet local requirements and national legislation.

Publication of the Safeguarding Annual Report, Annual Assurance and Safeguarding Compliance Statement on the Trust's website.

## **6. Actions**

Members are asked to note the achievements and on-going progress, which will continue into the Safeguarding Adult programme for 2017 – 2018.

Members are asked to achieve and approve this report for publication on the SHSC website.

Members are assured that all Safeguarding Adult requirements for the Trust, through quarterly & annual reporting are in accordance with the requirements of the South Yorkshire Safeguarding Adults Procedures (2015) and Serious Crime Act (2015).

Support the development of Dashboard reporting for safeguarding

## **7. Monitoring Arrangements**

- Quarterly verbal/written reports are provided to the Safeguarding Steering Group & Service User Safety Group.
- Quarterly reports are provided to the Quality Assurance Committee.
- Quarterly reports are provided to the Executive Directors Group (EDG) & Board of Directors.

## **8. Contact Details**

Giz Sangha,  
Deputy Chief Nurse / Interim Clinical Director, Acute & Inpatient Care  
[Giz.sangha@shsc.nhs.uk](mailto:Giz.sangha@shsc.nhs.uk)

**Safeguarding Adults  
Annual Report 2016/17**

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## 1. Introduction

The Trust has a commitment and a duty to safeguard Vulnerable Adults as stipulated by the Care Quality Commission's (CQC) Fundamental Standards (2015). To achieve this, the organisation has to:

- Ensure robust systems and policies are in place and are followed consistently.
- Provide training and supervision to enable staff to recognise and report incidents of Adult Abuse.
- Provide expert advice to reduce the risks to Vulnerable Adults.

The Sheffield Clinical Commissioning Group require the annual completion of a self-assessment assurance document, which alongside other action plan and reviews has been utilised to demonstrate the work that the Trust participates in to ensure adults who use the services are free from harm and abuse.

This self-assessment assurance document is included at **Appendix 1** which also includes all of the action plans which were operational within 2016/17.

A RAG rating system is used within these action plans (Red, Amber, Light Green and Dark Green) and refers to the different stages of each action point.

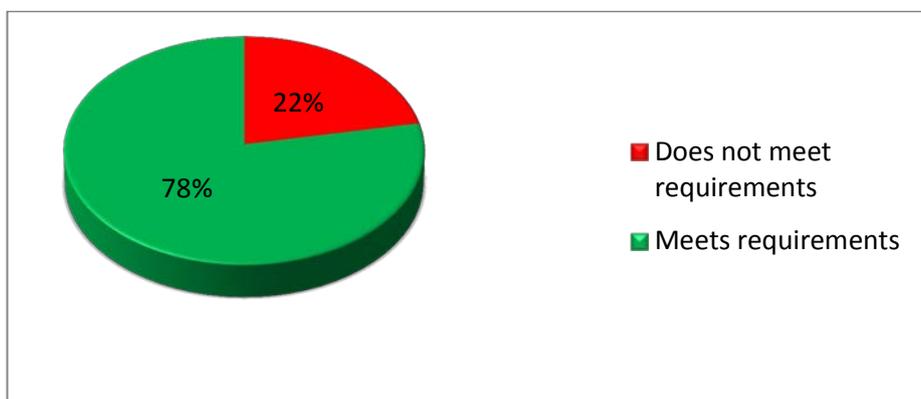
## 2. Supervision, Education and Advice from the Trust's Safeguarding Team

**2.1** The Trusts safeguarding team which comprises of the lead nurse for safeguarding and a safeguarding advisor have led the implementation of related action plans and responded during the year to the increased demand for training and supervision to achieve the required compliance level set by the Clinical Commissioning Group (CCG) in line with national requirements.

**2.1.1** In 2016/17 973 staff received the Trusts Comprehensive Safeguarding training (level 2) training, resulting in a compliance figure of 75% (up from 56% in 2015/16).

**2.1.2** Additionally nine staff received Level 3 safeguarding manager training commensurate with their roles as Safeguarding Managers within Adult Mental Health Services bringing the total number of safeguarding managers trained at this level to 42 (33 in 2015/16).

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



At the end of 2016/17 1791 staff met the requirement and 499 did not.

**Table 1 – Training Capacity**

Number of training sessions offered	2014/15	2015/16	2016/17
	749	1080	1992

The number of training sessions offered and the number of places available has been reviewed with Training colleagues and 50% more training places were made available in 2016/17 for staff to utilise, including the offer of bespoke packages on various sites to optimise training uptake.

## 2.2 Safeguarding Supervision to Trust Clinical Teams

**2.2.1** Specialist safeguarding supervision has been expanded in 2016/17 to the Long Term Neurological Conditions (LTNC) Team, the Substance Misuse Team and Adult Community Mental Health Teams on a monthly basis to offer team supervision of their safeguarding adult cases.

**2.2.2** Complex case advice and referral coordination related to clinical activity across the Trust has decreased slightly. The slight decrease in the number of interactions should be viewed positively in that this balances the increase in safeguarding training and individual complex case advice and supervision provided which has equipped staff to deal with cases and issues that they would previously have sought expert support over.

**Table 2 – Safeguarding Team Advice Giving**

Expert advice given to all Trust staff	2013/14	2014/15	2015/16	2016/17
	69 interactions	486 interactions	513 interactions	455 interactions
Expert advice given to individuals (via case supervision)				
	10 interactions	32 Interactions	67 interactions	121 interactions

**2.2.3** There has been a significant increase in domestic abuse and adult cases which are reflective of self-neglect. This information also includes the activity within the newly commenced safeguarding supervision team sessions.

## 2.3 External Safeguarding Provision

Safeguarding supervision by the Trust Safeguarding Advisor to Cygnet Hospital in Sheffield (formally Alpha) is continued on an ad hoc basis. The Trust Lead provides peer safeguarding supervision to the Cygnet Hospital Director. This has been an arrangement initially requested by NHS England and in this year was retained for good relationships with Cygnet and NHS England. This arrangement will be reviewed going forward in 2017 / 2018 by the Deputy Chief Nurse.

## 2.4 Safeguarding Case Investigation Oversight

The Trust Safeguarding Team have continued to manage cases which involve external organisations and this has increased from 18 to 32 cases during 2016/17 and has included close working relationships within tight timescales with the police, local authority commissioners within and outside Sheffield, private health and social care providers and charitable organisations. It should be noted that one such case has led to a serious criminal conviction in Sheffield.

## 3. Progress Summary against Safeguarding Adult Action Plans

There were 5 action plans operational in 2016/17:

**3.1 CCG Annual Safeguarding Adults Assurance (via self-assessment) (July 2016).** All 53 actions were completed within the specified timescale in 2016/17.

**3.2 Domestic Abuse Benchmarking against Public Health Guidance 50 (PH 50) (September 2016).** Of the 39 standards 37 are now complete and the remaining 2 will be completed in 2017/18 following a detailed review of training needs analysis.

**3.3 'Section 11 Audit' (Sheffield Adult Safeguarding Partnership ASP Assurance).** All but one of the 40 actions have been completed with the remainder on target for completion within the specified timescale of December 2017.

**3.4 Internal Audit of Safeguarding Adult Serious Case Review Recommendations,** all nine actions have been completed in 2016/17.

**3.5 Savile (Lampard) Action Plan** was completed in October 2016, with the completed action plan requested as assurance by NHS Improvement (NHSi) in January 2017. This received positive feedback from NHSi as one of the best written plans they had received.

## 4. Performance

### 4.1 Adult Mental Health Safeguarding

**4.1.1** The Trust in accordance with a contract with the Local Authority under Section 75 of the NHS Act 2006 is responsible for the management of safeguarding cases within adult mental health services.

**4.1.2** During the year 330 concerns were processed by the Trust acting on behalf of the 'council with adult social care responsibility' (Under section 75 of the Health Act, 2006). 146 concerns were progressed to planning stage.

### **Table 3 -Section 75 Responsibilities**

	2014/15	2015/16	2016/17
Number of concerns raised	224	287	330
Concerns progressed to planning stage	99	135	146
Common Themes of abuse category	Sexual Financial Psychological	Domestic Abuse Financial Psychological	Financial Sexual Physical

**4.1.3** The timeliness of screening of initial concerns has remained reasonably stable in the last two quarters of 2016/17 at an average of 77%, having improved from 31% in Quarter 2. This is similar for the progression of cases to the planning phase of the safeguarding process, which has reached 94% compliance in Quarter 4, having improved from 33% in Quarter 1.

**4.1.4** There is evidence within the patient records of excellent work at the face to face meeting with the person who may have experienced harm seeking their views on desired outcomes of the safeguarding process with the majority of services users having received this opportunity to discuss their issues and desired outcomes on a one to one basis.

**4.1.5** The development of the Safeguarding Tab on the Patient Insight Record System has enabled timely recording of Notifications of Concern (NOC) and will be further developed in 2017/18 in line with addition requirements for national reporting.

## **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 / Channel meetings.

**4.2.2** The Health WRAP training continues to be incorporated in the Comprehensive Safeguarding training, with 973 staff receiving the required training in this year. 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** In 2016/17 the Trust made 3 referrals to the Channel process which is designed to actively manage and support individuals away from radicalisation / terrorism. Additionally the Trusts safeguarding team provided advice and support to staff dealing with 4 Prevent issues (6 in 2015/16) which required progressing to South Yorkshire Police (SYP) - Prevent Team. This reporting is to ensure that concerns raised about a service user are communicated to the correct authorities and that SYP are aware of this person's health history, current condition & presenting risk factors.

**4.2.4** The strategic leadership for Prevent transferred from the Human Resources Director to the Executive Director Nursing, Professions and Care Standards. An operational lead has been identified to ensure this work stream is coordinated and embedded into clinical practice.

**4.2.5** The operational lead is currently conducting a needs analysis to explore and identify what staff know / understand about Prevent and sharing referral routes to safeguarding / police.

## **4.3 Female Genital Mutilation**

**4.3.1** In line with national reporting requirements the Trust has reported to the Health and Social Care information Centre 11 cases of historic FGM, cases where there are female children of the service user have been referred to Children's Social Care for information and any required actions.

**4.3.2** The safeguarding lead has attended the city wide FGM task & finish group and participated in the launch of the FGM strategy and care pathway.

**Table 4 - FGM**

Number of FGM	2014/15	2015/16	2016/17
	1 historical case	2 historical cases	11 historic case

#### 4.4 Key Performance Indicators (KPI)

The required KPI returns were submitted quarterly in 2016/17 and provided information relating to safeguarding adults activity including training compliance, Mental Capacity Act (MCA) / Deprivation of Liberty (DOLS) activity and training compliance, Section 75 performance information, Prevent training and cases and safeguarding team activity.

#### 4.5 External Case Reviews and Meetings

**4.5.1** The Trust commenced participation in a Domestic Abuse Lessons Learnt Review (Adult 3 LLR) in January 2017 and has contributed to the review by providing an Internal management report and participating in the required panel meetings and to agree an action plan following this process for implementation in 2017/18.

**4.5.2** The Executive Director Nursing Professions and Care Standards is the Trusts Strategic lead for safeguarding and represents the Trust on the Safeguarding Adult board, additionally the lead nurse for safeguarding is the safeguarding operational board representative. Full attendance by the Trust at both of these meetings has been achieved in 2016/17

**4.5.3** The safeguarding team participated in the Safeguarding Adult / Safeguarding Children Board Task and Finish Group relating to Transition from Child to Adult services where a safeguarding concern has been identified, and the Interface between Domestic Abuse and Safeguarding Task and Finish group.

**4.5.4** The safeguarding team participated in the Clinical Commissioning Groups Transition from CAMHs to AMHs work stream resulting in the production of a draft service specification which the CCG will progress in 2017/18

#### 4.6 Domestic Abuse and Multi Agency Risk Assessment Conference (MARAC)

**4.6.1** The MARAC meetings are arranged to discuss the most serious and potentially life threatening cases of domestic abuse. The Trust has provided information relating to its service users who are either the subject of the MARAC (victim) or the alleged perpetrator.

**4.6.2** During 2016/17 there was a significant increase in the number of cases discussed at the Multi Agency Risk Assessment Conference (MARAC) for High Risk Domestic Abuse Cases. The MARAC process going forward will be led by the Community Directorate Assistant Service Director, supported by the safeguarding lead.

**4.6.3** The Trust was represented at all 36 MARAC meetings in 2015/16, who were either known to the Trust, currently receiving a service, or had been known in the last 2 years. 57% of the victims and 56% of the alleged perpetrators resulted in significant activity (preparation of clinical data / reports), attendance at meetings and post meeting feedback to key workers to ensure MARAC recommendations are actioned to reduce risks for victims.

**4.6.4** In preparation for the MARAC relevant and proportionate information is provided to the Independent Domestic Violence Advocates (IDVAS) prior to the MARAC meeting this enables a decision to be made as to whether the case is very high risk and should be

discussed at MARAC or whether there is an alternative response required involving the IDVAs.

**4.6.5** The Trust representative is also required to provide post meeting liaison and feedback to service user key workers / care co-ordinators who may then be required to ensure certain actions at the request of the MARAC are undertaken to reduce the risk of harm from others or to others.

**4.6.6** The MARAC attendee from the Trust is also responsible for recording outcomes of the meetings on the recently updated safeguarding MARAC “tab” within Insight which allows the minutes from the meeting to be stored securely on the service user record but this information will not be shared further as it usually contains third party confidential information.

**4.6.7** The Safeguarding team have continued to assist staff in the completion of the DASH (domestic abuse, stalking, harassment and honour based violence) - Risk Assessment Tool for High Risk Domestic Abuse Cases. This is incorporated into the comprehensive training and a dashboard for reporting will be developed in 2017 / 2018.

**4.6.8** The Lead nurse for safeguarding has commenced attendance at the city wide multi-agency ‘Domestic and Sexual Abuse Strategic Group’ in 2016/17 to ensure integral sharing of risk data, within agreed governance frameworks / data sharing protocols.

#### **4.7 SHSC Directorate Governance Meetings**

The lead nurse for safeguarding has continued to attend Trust Directorate Governance Meetings within the Specialist, Community, Learning Disability and In patient directorates on a quarterly basis to review their safeguarding training statistics, be involved in their incident trend analysis and to identify “hot and cold spots” ( intelligence related to population / teams with high safeguarding concerns).

The individual teams are then offered support / advice on action planning for their teams to reduce harm. This opportunity of attending is also used as a face to face interaction to update directorates of the Trusts safeguarding priorities / new policy or guidance changes and complex case discussions.

#### **5.0 Audit Programme**

**5.1** The Trust has completed 2 audit and benchmarking exercises in 2016/17.

**5.1.1** A Prevent Audit was completed in Quarter 4 of 2016/17 which analysed the Prevent pre and post training questionnaire completed at the Safeguarding Comprehensive training on August 4<sup>th</sup> 2016.

The audit results indicated that:

- The majority of staff attending the training (81%) reported that they knew how to notice concerns in their day to day job and how to raise a concern and the majority (58%) reported their confidence in using the lessons learned in the WRAP session as good or excellent.
- No staff reported leaving the session with poor or no understanding and only 2 staff (n26) felt that they required additional training and support to notice and share concerns.

- The key recommendation from the audit was to review the Prevent element of the Comprehensive Safeguarding Training to promote confidence in using the learning from the WRAP in day to day practice and this has been completed.

**5.1.2** The Trust completed a benchmarking exercise against the Public Health Guidance 50 (PH 50) and 37 of the required actions have been completed in year with the remaining two being progressed in 2017/18 via the training of directorate Domestic Abuse Leads to enable the leads to then complete a comprehensive domestic abuse training needs analysis.

**5.1.3** As part of the Microsystems Approach the safeguarding team requested that staff who had been in contact with the safeguarding team were asked for their views on the effectiveness and knowledge of and advice from the safeguarding team. This audit concluded that the Trusts safeguarding team were viewed as effective, provided timely responses to requests for advice, that advice was robust and that the team were knowledgeable on the subject. At times it was difficult to access the team via telephone, an action plan to improve this will be progressed in May 2017 & that the training plan required improvement, this was commenced and a new revised training plan will be delivered in June 2016.

## **6.0 Safeguarding Adult Policy and Procedures**

The Trust Safeguarding Adult Policy was reviewed in 2016/17 to include additional information relating to staff roles within the safeguarding process which has been incorporated into an easy to follow flowchart within the policy.

## **7.0 Key objectives**

**7.1** To oversee all reported safeguarding issues and incidents in the Trust. Offer advice and training, including supervision to professionals and setting up of bespoke packages of safeguarding training.

**7.2** Report exceptions, adverse incidents and receive updates as necessary for directorates.

**7.3** Work in close partnerships with CCG, Local Authority colleagues.

**7.4** The Trust is able to provide assurance to the CCG (through the completion of the assurance document included in **Appendix 1** that it complies with the requirements of safeguarding adults.

**7.5** Ensure emerging themes related to safeguarding from government (i.e. Prevent, Modern Slavery), legislation in year is progressed including developing training and support mechanisms to embed into daily practice i.e. relating to Neglect in line with the city wide Neglect Strategy.

**7.6** Review of the comprehensive training package being delivered to all staff groups and review of competency required for each level of safeguarding training.



Sheffield Clinical Commissioning Group

## Safeguarding Annual Assurance (Self-assessment Tool) Sheffield Health and Social Care NHS Foundation Trust

### Introduction - About this Self-assessment

This document has been developed by the Department of Health and draws on existing standards & inspection frameworks including the Care Quality Commission (CQC) Fundamental Standards for Quality & Safety (2015), ADASS Standards for Adult Protection & the NHS Outcomes Framework. It has been adapted for the members of the NHS England South Yorkshire and Bassetlaw Area Team and Provider organisations within individual CCG boundaries. The tool reflects the essential standards contained in NHS Sheffield CCG Safeguarding Policy 2014.

#### How to use this self-assessment

All providers will be asked to complete a copy of the assurance tool annually.

This assessment has six domains – Policy and Procedures, Governance, Multi-agency working, Recruitment, Training and Prevent. There is an additional domain called *additional information*.

**This assurance should include all elements of safeguarding which may not be specifically NAMED within NHS contacts, but include: SAFEGUARDING ADULTS, SAFEGUARDING CHILDREN, CHILD SEXUAL EXPLOITATION (CSE), FEMALE GENITAL MUTILATION (FGM), TRAFFICKING AND MODERN SLAVERY and DOMESTIC ABUSE. Additionally MCA & DOLS & PREVENT are safeguarding topics but the specific assurances re these are detailed within this document.**

Providers are invited to rate their own organisation (red, amber or green) in each of the areas and to mark this on the relevant column as R, A or G. This rating needs to be your professional view from the perspective of your own organisation. In reaching your rating, a degree of judgement is required. To help you reach this judgement, you may want to consider the following:

**Green** rating = “*We do this consistently well within our agency*”.

**Amber** rating = either “*We do this moderately well within our agency*” or “*we have some pockets of excellent work in this area but other areas need working on*”. **Red** rating = “*We don’t do this well*” or “*we haven’t started to address this area*”.

**Grey** rating = Not Applicable

Providers are requested to state Y OR N depending on whether the item is your priority. There are some statements which for valid reasons will not be relevant/appropriate for you to consider, and a column is included in the framework for this (final column). The comments column should be used to record the rationale for your RAG rating. You should try to record the current position you are at with achieving the standard. The items in the “considerations” column should help you reach your conclusion. Please also state where you think you have actions plans in place which may move you from a red to amber (or green) when the action plan has been implemented, along with timescales.

### Your Organisation Details

Please complete the details below:

Name of Organisation	Sheffield Health and Social Care NHS Foundation Trust
Name of person completing the template:	Giz Sangha / Eva Rix
Job title	Deputy Chief Nurse / Lead Nurse for Safeguarding
Date template completed	27 <sup>th</sup> April 2017
Agreed by Board Member Name.	Executive Director for Nursing Professions and Care Standards Liz Lightbown

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
<b>1.0 Policy and Procedures</b>	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.				
	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.	<p>Policies relating to Safeguarding adults, (2016) safeguarding children (2014) and domestic abuse (2016) in place and due for review three years after implementation. Policies include how to raise concerns: Safeguarding adult policy within appendix 1 (what to do if you suspect abuse) and section 4. Safeguarding children policy within appendix 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 and 2016, including the safeguarding adult partnership office and the domestic abuse coordination team.</p>				

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
		Staff awareness audit completed in 2016 as part of a microsystems review of the safeguarding team indicated that staff were aware of who to contact for advice, felt supported by the safeguarding team, knew where to find policies and associated guidance. (which was supported by staff discussions with CQC during Inspection of the Trust in 2016)				
	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.	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.			N/A	

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
	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.	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. The Domestic Abuse policy references the Serious Crime Act 2015.  The Safeguarding Children policy will be reviewed in 2017/18				
	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 practices in accordance with these policies. This should include robust processes to embed MCA/DoLS compliance.	All policies reference the relevant legislation. The trust completed a capacity and consent to treatment audit in 2016.  Pro forma development re capacity to consent available on Insight 2016 and Trust intranet				
	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	Relevant 'speaking up – whistle blowing' policy up to date review date September 2016.  The subject is included on the Trusts Induction Programme and there is a Speaking Up Guardian				

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
	relation to whistle-blowing/'Freedom to Speak Up' and that they will be supported to do so.					
	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.	MCA and DOLs Policy are up to date. (2016)	.			
	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 (2016) contains guidance on restraint, the policy requires review in line with the Mental Health Act Code of Practice (2015)  Covert administration is covered in the Trust Medicines Management Policy. (2016)				
	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 Supervision included in the safeguarding children policy 2014, to be reviewed in 2017.  Commencement of safeguarding children supervision within substance misuse services June 2016. .  Reference to Safeguarding Supervision is included in the Supervision Policy 2016 to be				

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
		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.				
	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				
	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	Mobile phones, communication devices and internet access for service users policy (2016)  Visitor policy (2016) Published on the Trust intranet and publicised via the Trusts weekly communications bulletin.				

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
<b>2.0 Governance</b>	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.	safeguarding children, safeguarding adults, domestic abuse, Prevent, CSE and Dementia - Liz Lightbown, Executive Director for Nursing, Professions and Care Standards				
	2.2 The provider will identify a named nurse, midwife, doctor or professionals as required in statutory guidance (Working Together 2015) with lead responsibility for promoting good professional practice and providing advice and expertise in safeguarding children.	Eva Rix, Named Nurse Dr Nusrat Mir, Named Doctor			N/A	
	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		N/A		
	2.4 The provider will identify a named health or social care professional with lead responsibility for ensuring the effective implementation of the	Anita Winter, Interim Head of Learning Disabilities				

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
	MCA and DOLs.					
	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 2017 includes the risk associated with increased activity.				
	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 (the safeguarding adult board) of concluded safeguarding cases to capture service user experiences. Service user feedback to Sheffield Safeguarding Children Board relating to Child protection processes				
	2.7 The Provider must ensure that there is a system for monitoring complaints, incidents and service user feedback, in order to identify and share any concerns of abuse (including potential neglect), using multiagency safeguarding	Managed by corporate affairs, clinical effectiveness, risk and safeguarding teams.				

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
	procedures.					
	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.	<p>Insight Safeguarding module, monitored by SHSC Safeguarding team.</p> <p>Read code available on 'SystemOne' for safeguarding adults, children and CSE . (primary care patient recording system)</p> <p>Incident reports screened to include the identification of all safeguarding concerns.</p> <p>Safer recruitment process in place and briefing document for recruiting managers updated in 2016.</p>				
	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.				

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
	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.				
	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.				
	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.	The Insight electronic patient recording system is utilised to store DOLs requests and any feedback received from the authorising body. There is a Trust wide DOLs register in place.				
	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				

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
		Authority Safeguarding Adult processes for any adult or child who has a concern.				
	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.				
	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.				
	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.				
	2.17 The provider will have a named 'Freedom to Speak up' guardian.	Clive Clarke Executive Director Deputy Chief Executive.				
<b>3.0 Multi-agency working &amp; respondi</b>	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,	Participation in all safeguarding board meetings including audit and case review, the production of Internal Management Reports (IMRs) and other data as agreed.				

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
ing to concerns	including where required, the production of an individual management report.					
	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.				
	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.				
	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	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.				

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
	referred to the multi-agency Safeguarding Adults' office.					
	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.				
	3.6 The Provider will ensure that organisational representatives make an effective contribution to MASH, CSE Team, MARAC, MAPPA and Child Protection conferences/Child in Need meetings and Adult Safeguarding meetings including face to face, planning and outcomes meetings (Care Act 2014) as required as part of multi-agency procedures.	Adherence to South Yorkshire Safeguarding Adult and Sheffield Safeguarding Children procedures. Minutes available as evidence.				
	3.7 The provider will, where required, ensure senior representation on SASP (SAB), SSCB and any Domestic Homicide Review panels; and contribution to their sub-groups.	Attendance and contribution to the required processes. Minutes of meetings available as evidence.				
<b>4.0 Recruitment and Employment</b>	4.1 The provider must ensure safe recruitment policies and practices which meet contemporary NHS Employment Check Standards in	Safer recruitment in place for all including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.				

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
<b>ent Practice</b>	relation to all staff, including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.	Briefing document provided to all 'Chairs of Panel' as part of the safer recruitment process.				
	4.2 The provider will ensure that post recruitment employment checks are repeated for eligible staff in line with all contemporary national guidance/requirements and legislation. For nursing staff this will include evidence of revalidation every 3 years.	Safer recruitment in place with a Trust Board approved process for the identification of repeat checks. Nurse revalidation system went live in 2015 Staff wide communication in March 2011 indicating the Trusts requirements relating to disclosure of convictions/sanctions. Audit of affirmative disclosures in 2016 indicated good practice and assessments.				
	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.	Recruitment policy includes DBS checks, including as required 'Barred List' checks for regulated activity and professional body checks.  Consideration at Disciplinary Hearings of the referral to DBS, with evidence of DBS referrals by HR. Referrals made to DBS even where staff have resigned form post ahead of a disciplinary investigation or hearing.				
	4.4 The provider will ensure that all contracts of employment (Including staff on fixed-term contracts, temporary staff, locums, students, volunteers, agency staff and contractors) include an explicit reference to the responsibility for Safeguarding Adults and Children.	Standard statement in all contracts with addition specificity where required. Included in Trust recruitment adverts.				

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
	4.5 The provider will ensure that any safeguarding concerns relating to a member of staff are effectively investigated, that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not allowed in safeguarding cases.	Adherence to South Yorkshire Safeguarding Adult and Sheffield Safeguarding Children procedures. Disciplinary procedures are concluded at all times. Evidence of the completion of disciplinary hearings following the resignation (ahead of disciplinary) of the staff member.				
<b>5.0 Training</b>	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.(2016)				
	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. Staff who require face to face training have this as day 4 of their induction training and staff who require Level 1 receive an information handout at induction updated March 2017.				

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
	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.	Trust training needs analysis and safeguarding policies reflect this.  Increased training places in 2016/17 to provide sufficient training places. MCA training compliance; 2016/17 year end position; Level 1 – 67% up 11% Level 2 – 68% up 16%. DoLs – 82% achieved the trust target of 80% Comprehensive training plan in place for 2017/18				
	5.4 The provider will ensure that all staff (including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees), who provide care or treatment, understand the principles of the Mental Capacity Act (2005) and consent process, appropriate to their role and level of responsibility, at the point of induction.	MCA Steering group in place. MCA included in Trust Mandatory Training programme MCA and DoLs trainer and training provided in 2016/17 MCA Practice Development group in place held bi-monthly. Knowledge skills and understanding booklet as an alternative to Elearning for level 1 level 2 training in place. Elearning available for MCA.				
	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	Training Plan in place for MCA. MCA training compliance; Level 1 – 67% up 11% Level 2 – 68% up 16%. DoLs – 82% achieved the trust target of 80%				

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
	responsibility and that this is identified in an organisational training needs analysis and training plan.					
	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.		N/A		
	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.				
<b>6.0 Prevent</b>	6.1 NHS provider trusts will identify an Executive lead with responsibility for Prevent.	The Executive Lead is the Director of Nursing Professions and care Standards				
	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				
	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	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				

	Standard to be achieved	Sources of evidence	Actions to be taken to achieve it	RAG Rating Child	RAG Rating Adult	Priority for your agency (Y/N)
	escalate Prevent related concerns and make a referral.	as part of the Comprehensive 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 safeguarding training.				
	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 policy. Prevent awareness audit completed in 2016/17.				

**Safeguarding Adult Action Plans 2016/17**  
**Safeguarding Adult and Domestic Abuse Action Plans RAG Rated**

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

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
<b>Internal Audit June 2016 Adult Serious Case Reviews</b>					
<b>Internal Audit June 2016</b>  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
<b>Internal Audit June 2016</b>  Recommendation 2.1 and 5.1	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	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	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
Due to incomplete evidence trails, the Trust may not be able to demonstrate that actions from Adult Serious Case Reviews have been implemented, leading potentially to reoccurrence of the same or similar incidents	event of future scrutiny.			proportionate evidence and this has been reviewed, filed and action assessed as complete.	
	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
<b>Internal Audit June 2016</b> 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"> <li>includes a trust wide email, a learning brief as required, an audit of learning and inclusion of key learning into safeguarding training.</li> </ul>	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
<b>Internal Audit June 2016</b> Recommendation 4.1 and 6.1  The ability to monitor action plans for Adult SCR's effectively and efficiently is impaired	4.1 The format of future action plans used within the Trust should be adapted to include: <ul style="list-style-type: none"> <li>the designation of action leads;</li> <li>the date when the review actions were published/ notified to the Trust;</li> <li>columns to record the completion of follow up actions to establish learning is embedded.</li> </ul>	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
	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
<b>Internal Audit June 2016</b>  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"> <li>the completion date,</li> <li>the person completing the action</li> <li>the format of the action e.g. email/ presentation/ training session.</li> </ul>	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
<b>Internal Audit June 2016</b>  Recommendation 4.3  The Trust cannot demonstrate that	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

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
effective monitoring is being undertaken of Adult SCR action plans.					
<b>Internal Audit June 2016</b>  6.2 This Trust does not receive the right level of information to gain adequate assurance regarding the effectiveness in the long term of remedial actions taken.	See action for 1.1. Periodically, the Quality Assurance Committee or the Board should receive reports that analyse themes of actions completed following adult SCRs 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
<b>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit.</b> Sheffield Health and Social Care NHS Foundation Trust October 24 <sup>th</sup> 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.					
<b>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</b>  2.  Participate in a local strategic multi-agency	Local authorities, health services and their strategic partners (including the voluntary and community sectors) should:				

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
partnership to prevent domestic violence and abuse					
	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	This meeting is identified as a priority meeting and the Safeguarding Adult Steering group members have been asked to provide cover when the lead nurse for safeguarding is unable to attend.	Dark 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
<b>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</b>  5.  Create an environment for disclosing domestic violence and abuse	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 Recommendation 9).	End November 2016	ER and SASG	Up to date information has been circulated to teams via the Safeguarding Adult Steering Group members and the lead nurse for safeguarding has highlighted this in the directorate meetings that she attends. Links to display material have been placed on the Safeguarding intranet page and are available at the Comprehensive Safeguarding training sessions.	Dark Green
	Ensure the information on where to get support is available in a range of formats and locally used languages. The former could include	End December 2016	ER SASG	Updated resources have been provided by the DACT and circulated to teams.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	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.				
	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
	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	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				(Staff).	
<p><b>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</b></p> <p>6</p> <p>Ensure trained staff ask people about domestic violence and abuse</p>	Health and social care service managers and professionals should:				
	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 has gained the agreement of the directorates via their quarterly governance/senior management meetings and via the mandatory training steering group (April 2017) to plan the delivery of a one day training course for Domestic Abuse Directorate leads in collaboration with the DACT (Domestic Abuse Coordination Team) to enable these individuals to assess in detail the training and development needs of their staff and plan the delivery of targeted training in late 2017/18.	<b>Dark Green</b>
	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			All appointments are conducted in private and if they are accompanied by someone they will always have part of the assessment/appointment conducted unaccompanied.	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	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).				
	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	The Lead nurse for safeguarding has gained the agreement of the directorates via their quarterly governance/senior management meetings and via the mandatory training steering group (April 2017) to plan the delivery of a one day training course for Domestic Abuse Directorate leads in collaboration with the DACT (Domestic Abuse Coordination Team) to enable these individuals to assess in detail the training and development needs of their staff and plan the delivery of targeted training in late 2017/18.	Dark Green
	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
<b>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</b>	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					
	<p>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.</p> <p>It also includes guidelines on: seeking consent from 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.</p>			<p>Trust policies address this issue.</p> <p>Information sharing and consent is contained within the domestic abuse policy.</p> <p>Information sharing and consent is included in the Trusts Comprehensive Safeguarding Training for all staff with a face to face role with service users.</p>	<b>Dark Green</b>
	<p>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.)</p>	End March 2017	Paul Firth Trust lead attendee at MARAC	The Trust has provided a response to the MARAC information Sharing draft document in consultation with the Caldicott Guardian.	<b>Dark Green</b>
	<p>Ensure protocols and methods encourage staff to:</p> <p>Remember their professional duty of confidentiality.</p>	End June 2017	SHSCF T Information Depart	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	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	<p>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 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</p>		ment	issued by the Deputy Chief Executive to all staff in 2016 about the sharing of personally identifiable information.	

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	<p>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><b>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</b></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>				
	<p>Prioritise people's safety: Refer people from general services to domestic violence and abuse (and other specialist) services if they need additional support.</p>			<p>Domestic abuse policy Safeguarding intranet links to the Domestic Abuse Coordination Team. (DACT) DACT information shared on the Comprehensive Safeguarding Training</p>	<p><b>Dark Green</b></p>
	<p>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</p>	<p>End March 2017</p>	<p>Service Directors</p>	<p>All services have a minimum six monthly standard for the review of care needs and care plans.</p>	<p><b>Dark Green</b></p>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	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.				
	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 (assistant clinical director) Paul 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
<b>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</b>  9  Help people who	Commissioners and service providers in the statutory, private, voluntary and community sectors should:				

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
find it difficult to access services					
	<p>Help people who may find domestic violence and abuse services inaccessible or difficult to use.</p> <p>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
	<p>Introduce a strategy to overcome these barriers.</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 advice in relation to any domestic abuse situation or disclosure that they are unfamiliar with.</p>	Dark Green
	<p>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.</p>	End March 2017	Service Directors	<p>The Lead nurse for safeguarding has gained the agreement of the directorates via their quarterly governance/senior management meetings and via the mandatory training steering group (April 2017) to plan the delivery of a one day training</p>	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				course for Domestic Abuse Directorate leads in collaboration with the DACT (Domestic Abuse Coordination Team) to enable these individuals to assess in detail the training and development needs of their staff and plan the delivery of targeted training in late 2017/18.	
	<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>	<b>Dark Green</b>
<b>Domestic violence and abuse: multi-</b>	Providers of services where children and young people affected by domestic violence and abuse				

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
<p><b>agency working (PH50) Benchmarking audit. Oct 2016</b></p> <p>10</p> <p>Identify and, where necessary, refer children and young people affected by domestic violence and abuse</p>	<p>may be identified and those responsible for safeguarding children should:</p>				
	<p>Ensure staff can recognise the indicators of domestic violence and abuse and understand how it affects children and young people</p>			<p>This is included in the trusts Comprehensive Safeguarding training</p>	<b>Dark Green</b>
	<p>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.</p>	<p>End March 2017</p>	<p>Service Director s</p>	<p>The Lead nurse for safeguarding has gained the agreement of the directorates via their quarterly governance/senior management meetings and via the mandatory training steering group (April 2017) to plan the delivery of a one day training course for Domestic Abuse Directorate leads in collaboration with the DACT (Domestic Abuse Coordination Team) to enable these individuals to assess in detail the training and development needs of their staff and plan the delivery of targeted training in late 2017/18.</p>	<b>Dark Green</b>
	<p>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</p>	<p>End March 2017</p>	<p>Information Department and Integrated</p>	<p>An all Trust staff communication was issued in 2016 by the Deputy Chief Executive alerting staff to information sharing guidance and protocols.</p>	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
			Governance Team		
	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.	
	Monitor these policies and services with regard to children's and young people's needs.			Not applicable, commissioner led activity.	
<b>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</b>	Health and social care commissioners, health and wellbeing boards and practitioners in specialist domestic and sexual violence services should:				

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
12 Provide specialist advice, advocacy and support as part of a comprehensive referral pathway					
	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.	<b>Dark Green</b>
	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.	<b>Dark Green</b>
	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 recommendation 4).			Not applicable as a commissioner responsibility	
	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			Signposting information is available within all practice areas	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	and maternity, mental health, rape crisis, sexual violence, alcohol or drug misuse and abortion services.				
<p><b>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</b></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</p>	End March 2017	Service Directors	The Lead Nurse for safeguarding has gained the agreement of the directorates via their quarterly governance/senior management meetings and via the mandatory training steering group (April 2017) to plan the delivery of a one day training course for Domestic Abuse Directorate leads in collaboration with the DACT (Domestic Abuse Coordination Team) to enable these individuals to assess in detail the training and development needs of their staff and plan the delivery of targeted training in late 2017/18.	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	behavioural therapy), medication and support, in accordance with national guidelines.				
	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 Nichols on Deputy Director	This is included in the six monthly review of the DRAM and other assessment documents and treatment plans.	Dark Green
<p><b>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</b></p> <p>15</p> <p>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.				
	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			The Lead nurse for safeguarding has gained the agreement of the directorates via their quarterly governance/senior management meetings and via the mandatory training steering group (April 2017) to plan the delivery of a one day training course for Domestic Abuse Directorate leads in	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	<p>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-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</p>	End March 2017	Service Directors	collaboration with the DACT (Domestic Abuse Coordination Team) to enable these individuals to assess in detail the training and development needs of their staff and plan the delivery of targeted training in late 2017/18.	

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	<p>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 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</p>				

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	<p>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><b>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</b></p> <p>16</p> <p>GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse</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 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>March 2018</p>	<p>Guy Hollingsworth</p>	<p>The Lead nurse for safeguarding has gained the agreement of the directorates via their quarterly governance/senior management meetings and via the mandatory training steering group (April 2017) to plan the delivery of a one day training course for Domestic Abuse Directorate leads in collaboration with the DACT (Domestic Abuse Coordination Team) to enable these individuals to assess in detail the training and development needs of their staff and plan the delivery of targeted training in late 2017/18.</p>	<p><b>Light Green</b></p>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
<p><b>Domestic violence and abuse: multi-agency working (PH50) Benchmarking audit. Oct 2016</b></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 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.</p>			<p>Not applicable as SHSC is not a provider of pre-registration training</p>	

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 Lead nurse for safeguarding has gained the agreement of the directorates via their quarterly governance/senior management meetings and via the mandatory training steering group (April 2017) to plan the delivery of a one day training course for Domestic Abuse Directorate leads in collaboration with the DACT (Domestic Abuse Coordination Team) to enable these individuals to assess in detail the training and development needs of their staff and plan the delivery of targeted training in late 2017/18.	Dark Green
<b>CCG Annual Safeguarding Adults Assurance (via self-assessment) (July 2016)</b>					
<b>CCG Annual Safeguarding Adults Assurance (via self-assessment) (July 2016)</b>  1.0  Policy and Procedures	1.4 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
	1.5 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			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:	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	guidance and know how to use it.			<p>Safeguarding adult policy within appendix 1 (what to do if you suspect abuse) and section 4.</p> <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>	
	1.6 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.			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.	<b>Dark Green</b>
	1.4 The Provider will ensure that all relevant policies and procedures are consistent with			All policies reference up to date local and national guidance. The safeguarding adult policy	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	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.			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.  The Safeguarding Children policy will be reviewed in 2016/17 in line with any changes instigated by the government following the Wood review (2016)	
	1.5 The Provider will ensure that all policies and procedures are consistent with legislation / guidance in relation to the Mental Capacity Act 2005 (MCA) and consent, and that staff practice in accordance with these policies. This should include robust processes to embed MCA/DoLS compliance.	End March 2017	AW	All work related to this work stream is being progressed and managed by the MCA Steering Group.	Dark 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	End of October 2016	AW	DOLs policy has been completed.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	legislation.				
	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)	<b>Dark Green</b>
	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 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.	<b>Dark Green</b>
	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	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	1.11 The Provider will have an up to date policy and procedure in place in relation to agreeing to and managing visits by celebrities, VIPs and other official visitors. The policy should apply to all such visits without exception.			Referenced in the visitors policy 2016 within section 6 of the policy	Dark Green
	1.12 All Trusts have a policy setting out how access by patients and visitors to the internet, to social networks and other social media activities such as blogs and Twitter is managed and where necessary restricted. Such policies should be widely publicised to staff, patients and visitors and should have a regular review and update			This requirement is encompassed in the Social Media Policy 2016.	Dark Green
<b>CCG Annual Safeguarding Adults Assurance (via self assessment) (July 2016)</b>  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
	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

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	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			Managed by corporate affairs, clinical effectiveness, risk and safeguarding teams.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	(including potential neglect), using multiagency safeguarding procedures.				
	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.	<b>Dark Green</b>
	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.	<b>Dark Green</b>
	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.	<b>Dark Green</b>
	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			Annual audit plans are monitored by the SHSC steering groups that include commissioners.	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	consistent with legislation and SASP and SSCB requirements.				
	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 trust has a system for recording DOLs requests and authorisations.	Dark Green
	2.13 The provider will ensure public information, including how to raise a concern is easily accessible and available, that it is current and available in different formats.			Information available on the SHSC intranet and included in policies accessible via the intranet and the internet. Notice boards and leaflets available for service users in all main sites, alternative formats are available. Link is available on the Trust internet to the Local Authority Safeguarding Adult processes for any adult or child who has a concern	Dark Green
	2.14 NHS Trusts will report to SCCG all safeguarding concerns that constitute also being a Serious Incident (SI). SCCG's SI policy will be adhered to.			SI process adhered to in relation to safeguarding. I.e. Steis reportable incidents and safeguarding considered in the terms of reference for internal investigations of serious incidents.	Dark Green
	2.15 Trusts and their associated charities will consider their policies and processes in relation to the assessment and management of risks to their brand and reputation, including as a result of their association with celebrities and major donors and whether their risk registers adequately reflect risk.			Sheffield Hospitals Charity has policy in place as of October 2015 Date of review October 2018	Dark Green
	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

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
<p><b>CCG Annual Safeguarding Adults Assurance (via self-assessment) (July 2016)</b></p> <p>3.0</p> <p>Multi-agency working &amp; responding to concerns</p>	<p>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.</p>			<p>Participation in all safeguarding board meetings including audit and case review, the production of Internal Management Reports (IMRs) and other data as agreed.</p>	<p><b>Dark Green</b></p>
	<p>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.</p>			<p>Participation in all multi agency reviews and implementation of learning's as appropriate.</p> <p>Action plans progressed as required and reported to SASP and SSCB.</p>	<p><b>Dark Green</b></p>
	<p>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.</p>			<p>Adherence to South Yorkshire Safeguarding adult and Sheffield Safeguarding children procedures.</p>	<p><b>Dark Green</b></p>
	<p>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</p>			<p>SHSC safeguarding policies apply to all staff (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees)</p> <p>Adherence to South Yorkshire Safeguarding adult and Sheffield Safeguarding children procedures.</p> <p>LADO procedures used appropriately.</p>	<p><b>Dark Green</b></p>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	referred to the multi-agency safeguarding adults' office.				
	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.	<b>Dark Green</b>
	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.	<b>Dark Green</b>
	3.7 The provider will, where required, ensure senior representation on SASP (SAB), SSCB and any Domestic Homicide Review panels; and contribution to their sub-groups.			Attendance and contribution to the required processes. Minutes of meetings available as evidence.	<b>Dark Green</b>
<b>CCG Annual Safeguarding Adults Assurance (via self-assessment) (July 2016)</b>  4.0  Recruitment and Employment Practice	4.1 The provider must ensure safe recruitment policies and practices which meet contemporary NHS Employment Check Standards in relation to all staff, including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.			Safer recruitment in place for all including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.  Briefing document provided to all 'Chairs of Panel' as part of the safer recruitment process.	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	4.2 The provider will ensure that post recruitment employment checks are repeated for eligible staff in line with all contemporary national guidance/requirements and legislation. For nursing staff this will include evidence of revalidation every 3 years.			Safer recruitment in place with a Trust Board approved process for the identification of repeat checks. Nurse revalidation system went live in 2015 Staff wide communication in March 2011 indicating the Trusts requirements relating to disclosure of convictions/sanctions.	Dark Green
	4.3 The provider will ensure that their employment practices meet the requirements of the Disclosure and Barring Service (DBS) and that referrals are made to the DBS and relevant professional bodies, where indicated, for their consideration in relation to barring.			Recruitment policy includes DBS checks, including as required 'Barred List' checks for regulated activity and professional body checks.  Consideration at Disciplinary Hearings of the referral to DBS, with evidence of DBS referrals by HR.	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.			Standard statement in all contracts with addition specificity where required. Included in Trust recruitment adverts.	Dark Green
	4.5 The provider will ensure that any safeguarding concerns relating to a member of staff are effectively investigated, that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not allowed in safeguarding cases.			Adherence to south Yorkshire Safeguarding adult and Sheffield Safeguarding children procedures. Disciplinary procedures are concluded at all times. Evidence of the completion of disciplinary hearings following the resignation (ahead of disciplinary) of the staff member.	Dark Green
<b>CCG Annual Safeguarding Adults Assurance (via self-assessment) (July 2016)</b>	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			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

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
5.0 Training	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*				
	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.  Q4 Training compliance at 78% up 1.63%  Training is planned throughout 2017/18 and is actively monitored by the Trusts mandatory Training Steering Group.	Dark Green
	5.4 The provider will ensure that all staff (including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees), who provide care or treatment, understand the principles of the Mental Capacity Act (2005) and consent process, appropriate to their role and level of responsibility, at the point of induction.	End March 2017	AW	MCA Policy completed.	Dark 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	End March 2017	AW Team manager	MCA training compliance; Level 1 – 67% up 11% Level 2 – 68% up 16%. DOLs – 82% achieved the trust target of 80%	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	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.				
	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
<b>CCG Annual Safeguarding Adults Assurance (via self-assessment) (July 2016)</b>  6.0 Prevent	6.1 NHS provider trusts will identify an Executive lead with responsibility for Prevent			The Chief Executive is the Executive Lead. Dean Wilson acts as strategic lead for SHSC, Eva Rix, Trust Lead for Safeguarding has the operational lead.	Dark Green
	6.2 The provider will identify an Operational lead for Prevent and ensure that they are appropriately authorised and resourced to deliver the Prevent duty required in national and local standards			Eva Rix, Lead Nurse for Safeguarding	Dark Green
	6.3 The provider must have a procedure which is accessible to staff, consistent with the Prevent duty Guidance and the Prevent /toolkit and clearly sets out how to escalate Prevent related concerns and make a			Training plan in place within the Prevent Policy WRAP (Workshop to Raise Awareness of Prevent) nine staff are currently trained to deliver this training with 3 actively delivering as part of the comprehensive safeguarding training	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	referral.				
	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
<b>Section 11 Audit (SASP) December 2016</b>					
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 are 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 Compliance Statement for insertion onto the SHSC website**

Sheffield Health and Social Care NHS Foundation Trust, like all public sector organisations, have a legal duty to protect children and adults from harm wherever possible. The Trust achieves this through effective risk assessment, risk management, staff training, supervision processes and working in partnership with other agencies through the use of approved multi-agency procedures to refer and investigate known or suspected cases as required.

The abuse of children and adults can have a devastating and lifelong effect on all its victims, including family members and carers and we are committed to preventing and identifying any abuse of children, young people and vulnerable adults and work closely with our local authority colleagues. All our staff are trained to recognise the signs of abuse and know how to report any concerns they may have.

At the Sheffield Health and Social Care NHS Foundation Trust Board of Directors meeting held in July 2017 the Board was asked to note the contents of a Safeguarding Annual Assurance Self-Assessment Tool, and 'is assured that the organization had consistently worked to achieve the standards required and that all staff have received a basic level of training and awareness in safeguarding adults, safeguarding children and domestic abuse' .

The Board agreed to publish the summary declaration of assurance and this compliance statement on the SHSC website.

Further information about how the Trust supports Safeguarding can be obtained by contacting Giz Sangha, Deputy Chief Nurse on 0114 271 6310