

## BOARD OF DIRECTORS MEETING (Open)

Date: 12 July 2017

Item Ref: 16 v

<b>TITLE OF PAPER</b>	Safeguarding Children Annual Report 2016 - 17, including the Annual Assurance and Compliance Declaration
<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
<b>OUTCOME</b>	Members are provided with a review of safeguarding children activity and developments during 2016/17 and are assured that all necessary action has been taken, to ensure Sheffield Health and Social Care NHS FT (SHSC) continues to fulfil its Safeguarding Children obligations in line with the Children Act 2004.
<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>▫ Care Quality Commission Fundamental Standards 2015</li> <li>▫ Children Act 1989 and Children Act 2004.</li> <li>▫ Sheffield Child Protection and Safeguarding Procedures</li> <li>▫ Working Together to Safeguard Children 2015</li> </ul>
<b>LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES</b>	Strategic Objective 1: Improving the Quality and Efficiency of Services. BAF Risk 1.4: Compliance with CQC Registration / Regulation Requirements
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	Non-compliance with Safeguarding Children procedures would damage the reputation of Sheffield Health and Social Care NHS Foundation Trust
<b>CONSIDERATION OF LEGAL ISSUES</b>	Children Act 1989 and 2004 Working Together to Safeguard Children Statutory Guidance 2015 Serious Crime Act 2015

<b>Author of Report</b>	Giz Sangha
<b>Designation</b>	Deputy Chief Nurse / Interim Clinical Director, Acute & Inpatient Care
<b>Date of Report</b>	13 <sup>th</sup> June 2017

## SUMMARY REPORT

---

**Report to:** BOARD OF DIRECTORS MEETING

**Date:** 12 July 2017

**Subject:** Safeguarding Children Annual Report 2016 - 17, including Annual Assurance and Compliance Declaration

**Presented by:** Giz Sangha, Deputy Chief Nurse / Interim Clinical Director, Acute & In-patient Care, on behalf of, Liz Lightbown, Executive Director of Nursing, Professions and Care Standards

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

---

### 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 children by providing an overview of the Safeguarding Children activity completed during 2015/16 in line with:

- Section 11 of the Children Act 2004
- Care Quality Commission's Fundamental Standards

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

### 2. Summary

This Safeguarding Children Annual Report provides details of compliance up to June 2017 against the Sheffield Clinical Commissioning Group Safeguarding Self-Assessment Assurance Tool attached as **Appendix 1**.

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

The Annual Safeguarding Children Compliance Statement summarises the Trust's commitment to safeguarding children, in line with the Children Act 2004 attached as **Appendix 3**.

### 3. Key Areas of Work Concluded 2016 - 17

**3.1** The updated Annual Assurance Document (**Appendix 2**) and the associated Compliance Statement (**Appendix 3**) has been completed for Sheffield Clinical Commissioning Group (SCCG) and will be published on the Trust's website.

**3.2** The completion of four of the six Safeguarding Children action plans which were operational in 2016 - 17, consisted of 140 individual actions from the specified 142. One action remains outstanding and has been prioritised for completion in 2017/18 and one action is within timescale and due for completion in late 2017.

**3.3** Quarterly performance monitoring information had been provided to the Quality Assurance Committee (QAC), Trust Board of Directors and Sheffield Clinical Commissioning Group.

**3.4** An increase in training provision has been offered, from 1020 places per year to 1752.

**3.5** Training compliance has improved significantly, meeting the required target set by the Trust for level 3. Level 2 requires improvement but is being monitored monthly and readily improving. The end of year position is Level 2 – 69% (was 44.3% at end of 2015 -16) and Level 3 81% (was 41.7% at end of 2015 -16).

**3.6** Participation in the Sheffield Safeguarding Children Board (SSCB) and Sheffield Adult Safeguarding Partnership Board (SASP) Transition Task and Finish Group. Safeguarding team have worked closely with the CCG led Transition work stream reviewing the current transition arrangements for Children and Young people with mental health problems who transition to Adult Mental Health Services to improve care requirements and ensure a safe and smooth transition from children to adults services. The development of a draft CCG Service Specification for Transition is progressing and will be further developed in 2017 - 18.

**3.7** Participation in the Female Genital Mutilation (FGM) Task and Finish group, part of the Sheffield Safeguarding Children Board (SSCB) which included the development of a city wide strategy and care pathway.

**3.8** Participation in the city wide “Future in Mind” work stream which has developed a Children and Young Persons Suicide Prevention Strategy and Care Pathway to support practitioners to improve their knowledge & skills in the assessment & management of risks related to children and young persons.

**3.9** Development with partners of a multi-agency referral form to record communications and referral processes to children’s social care and support services.

**3.10** Identification and prioritisation of Sexual Abuse training for staff in primary care.

**3.11** Participation in the implementation of the city wide Neglect Strategy, highlighting the need for Child Neglect training in the Trust as a result of a previous Learning Lessons Review.

#### **4. 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

#### **5. Required Actions**

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

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

Members are asked to approve the Safeguarding Children programme for 2017 -2018.

Members are assured that all safeguarding children requirements for the Trust, through quarterly & annual reporting are in accordance with the requirements of the Children Act 1989 and Children Act 2004, Sheffield Child Protection and Safeguarding Procedures & working together to safeguard children 2015 documents.

## **6. 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.

## **7. 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 Children Annual Report 2016 - 17

### Contents:

No	Item	Page
1	Introduction	6
2	Supervision, Education and Advice from the Trust's Safeguarding Team	6
3	Progress Summary against Safeguarding Children Action Plans	8
4	Performance	8
	4.1 Attendance at Initial Child Protection Conferences	8
	4.2 National Inquiry into Child Sexual Abuse	9
	4.3 Section 11	9
	4.4 Key Performance Indicators	9
	4.5 Transition.=	9
	4.6 SSCB Workforce Questionnaire	9
	4.7 Joint Targeted Area Inspections	9
	4.8 Safeguarding Children Supervision	9
	4.9 Suicide Prevention Strategy and Care Pathway Children and Young People	10
5	Audit Programme	10
6	Safeguarding Children Policies & Procedures	10
7	Safeguarding Children Queries and Case Advice	11
8	Key Objectives	11
	Appendix 1 – Safeguarding Self Assessment Assurance Tool	12
	Appendix 2 – Safeguarding Children Action Plans	30
	Appendix 3 – Safeguarding Children Compliance Statement	57

### Abbreviations:

CCG- Clinical Commissioning Group

CSE – Child Sexual Exploitation

DCN- Deputy Chief Nurse

DP - Designated Professional (Sheffield CCG)

INSIGHT – SHSCFT electronic patient recording system.

ICPC – Initial Child protection Conference

LNS -Lead Nurse Safeguarding

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

SCSG - Safeguarding Children Steering Group (SHSCFT)

SHSCFT -Sheffield Health and Social Care Foundation Trust

SSCB - Sheffield Safeguarding Children Board

ST - Safeguarding Team

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

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

Siobhan Allen – Safeguarding Team Administrator

## 1.0 Introduction

The Trust has a commitment and a duty to safeguard vulnerable children, as stipulated in the Care Quality Commission's (CQC) Fundamental Standards, in line with the responsibilities required of the Trust by the Children Act 2004.

To achieve these commitments and requirements, the organisation has to ensure robust systems and policies are in place and are followed consistently.

The Trust aims to provide training opportunities and supervision to enable staff to recognise and report incidents of abuse and to provide expert advice in order to reduce the risks to vulnerable children.

Safeguarding Children is a statutory responsibility of all NHS organisations, as detailed under the Children's Acts 1989 and 2004. Legislation and guidance is built upon the principle that the welfare of the child is paramount and that all statutory services consider and promote the needs of children.

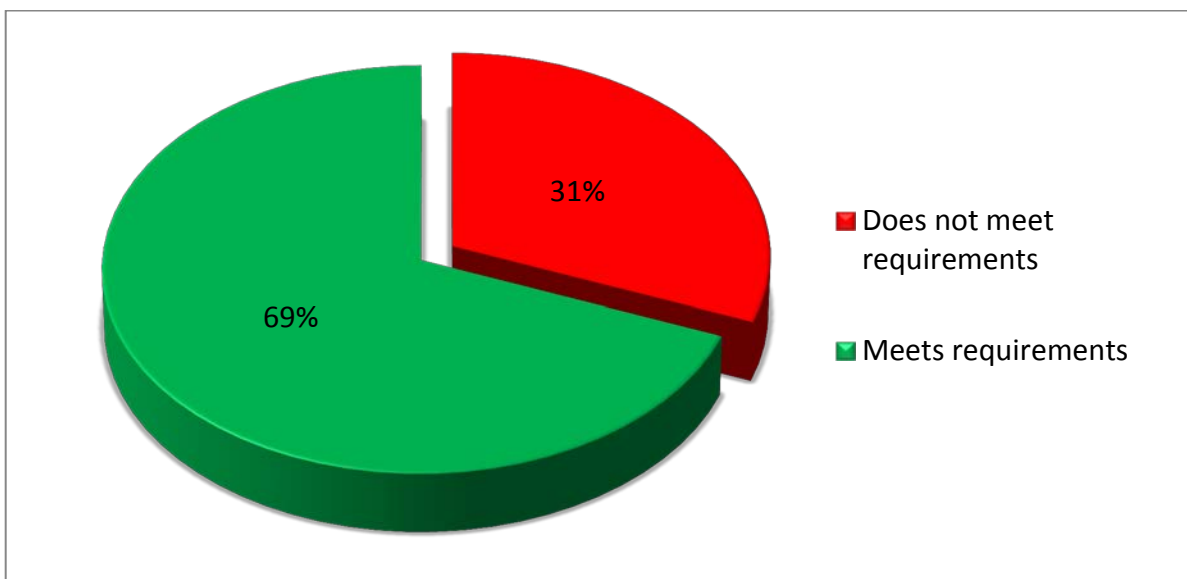
Sheffield Health and Social Care NHS Foundation Trust Annual Safeguarding Children Assurance Document and 'assurance statement', which will be published on the Trust's website is included in **Appendix 2**. Completion of this assurance document is required by Sheffield Clinical Commissioning Group and has been used in this year to demonstrate compliance with the 'section 11' compliance audit by the Sheffield Safeguarding Children Board.

## 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.

2.2 In 2016 - 17 973 staff received the Trusts Comprehensive Safeguarding training resulting in a compliance figure of (level 2) training, resulting in a compliance figure 69% at level 2 and 81% at level 3 achieving the required target set by the Trust

**The following Pie Chart shows the Trust Training Compliance Data for Safeguarding Children Level 2**



Numbers are 367 not met requirements and 818 met requirements

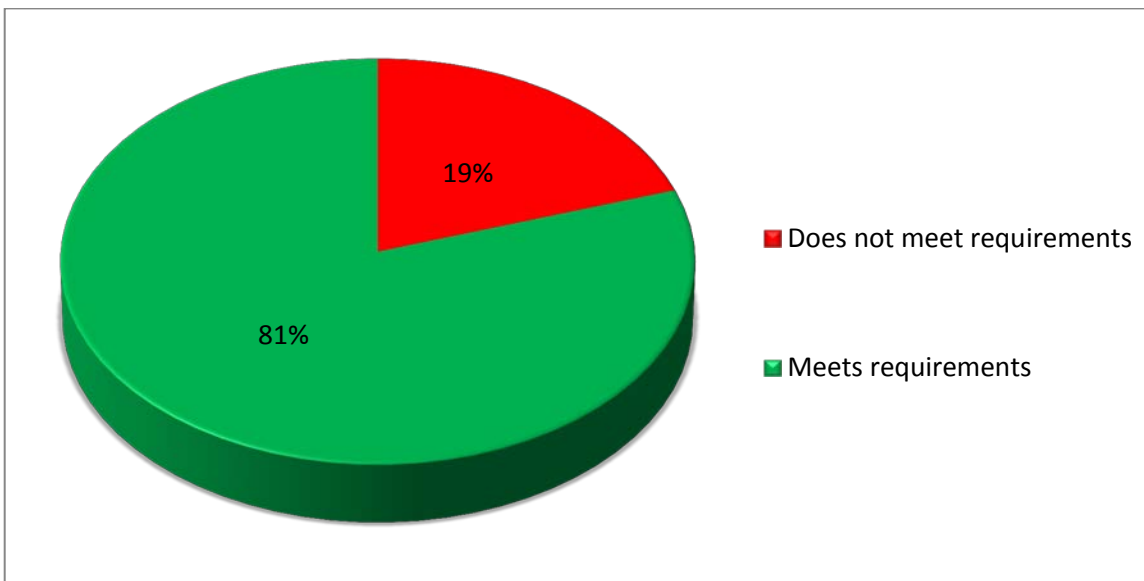
**Table 1 - Training Capacity**

Number of training sessions offered	2014/15	2015/16	2016/17
	540	1020	1752

2.3 Safeguarding Supervision to Trust Clinical Teams

2.4 Safeguarding Children supervision has been implemented within the substance misuse service in line with a recommendation from the “Children Looked After and Safeguarding QCQ inspection”. ( Dec 2015)

The following chart shows the Trust Overall Training Compliance for Safeguarding Children for level 3



Numbers are 221 not met the requirements and 872 met the requirements

**Table 2 - Safeguarding Team Advice Giving**

Expert advice given Trust staff Groups*	2014/15	2015/16	2016/17
	66 interactions	71 interactions	69 interactions
Expert advice given to individuals			
	50 interactions	62 interactions	55 interactions

\*Training sessions, including medical staff CPD, Group supervision to Substance Misuse, Long Term Neurological Conditions (LTNC), and Community Mental Health Teams (CMHT).

### 3. Progress Summary Against Safeguarding Children Action Plans

There were six action plans operational in 2016 -17

- 3.1 CCG Annual Safeguarding Children Assurance, via self-assessment. (July 2016). All of the 51 required actions have now been completed.
- 3.2 National Child Sexual Abuse Inquiry formerly known as The Goddard Inquiry. (April 2016) 28 of the 29 actions have been completed, the remaining action relating to Level 6 Safeguarding Children for the Board of Directors will be progressed in early 2017 -18. Level 6 safeguarding training is targeted towards Senior managers responsible for the strategic management of services; Specialist and expert job roles where the job holder is required to work to a level that includes in-depth knowledge of current policy and practice research developments including lessons from Serious Case Reviews. Board members are expected to have an overview of policies.
- 3.3 SSCB Workforce Questionnaire. (April 2016) The four required actions have been completed.
- 3.4 SSCB 'Section 11 Audit'. Dec, 2016) 39 of the 40 actions have been completed; the remaining action is progressing within timescale.
- 3.5 Family B learning Lessons review.( July 2016) All nine actions have been completed.
- 3.6 Children Looked After and Safeguarding (CLAS) Care Quality Commission (Dec, 2015)

### 4. Performance

#### 4.1 Attendance at Initial Child Protection Conferences (ICPC)

4.1.1 Training and information relating to the Sheffield Safeguarding Children Boards (SSCB) new approach to Child Protection Conferences has been cascaded through directorate structures and via the Safeguarding Children Steering Group.

4.1.2 Information relating to SHSC staff attendance at Child Protection Conferences is now provided by the SSCB and on average attendance is good (73% - 80%) but requires further improvement to achieve 100% to ensure comprehensive sharing of relevant and proportionate information safely and in a timely manner.

4.1.3 The lead Nurse for Safeguarding continues to be available to support staff in attending Child Protection Conferences if they are unfamiliar with the process or if they are unsure of the contribution required of them.

4.1.4 Requests for the checking of SHSC records prior to a Child Protection Conference increased during 2016 -17, the records of those adults known or thought to have been involved with mental health services are checked consistently on request.

**Table 3 - SHSC Records Checks**

Number of record checks requested	2014/15	2015/16	2016/17
	50	189	277



## **4.2 National Independent Inquiry into Child Sexual Abuse (IICSA), formerly The Goddard Inquiry**

4.2.1 All but one of the 29 required actions have been completed in year; the remaining action is the delivery of Board of Director level of training which will be delivered in 2017.

4.2.2 The IICSA Inquiry's 'Truth Project' link has been added to the Trust internet page. The Truth Project allows victims and survivors of child sexual abuse to share their experiences with the Inquiry.

## **4.3 Section 11 (Sheffield Safeguarding Children Board)**

This audit was completed in Q3 and has one remaining action to be completed by December 2017.

## **4.4 Key Performance Indicators (KPI)**

The required quarterly KPI return continue to be submitted to the Designated Professional at NHS Sheffield CCG at the end of each quarter and include data on safeguarding children training compliance, safeguarding children supervision and attendance at Initial Child Protection Conferences.

## **4.5 Transition**

4.5.1 the Trust Safeguarding Team have participated in this SSCB / SASP led work stream relating to Transition from child focussed to adult oriented services in relation to children subject or recently subject to a Child Protection Plan. This work stream is on-going into 2017 - 18.

4.5.2 The Lead Nurse for Safeguarding (LNS) and Deputy Medical Director have been involved in a Sheffield CCG led work stream on the development of a CAMHS to AMHS 'Transition Specification'.

## **4.6 SSCB Workforce Questionnaire**

The four actions have all been completed in the year as required and has resulted in the development of a Multi-Agency Referral Form (MARF) to provide evidence and information to colleagues in Children's Social Care to enable the progression of safeguarding and children's social care referral.

## **4.7 Joint Targeted Area Inspections (JTAI)**

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

4.7.2 The Trust has been provided preparatory information and guidance by the Designated Professional from Sheffield CCG who is participating in city wide multi agency meetings on this process.

## **4.8 Safeguarding Children Supervision**

4.8.1 The Health Inclusion Team have received quarterly safeguarding children supervision in line with the Statutory Guidance relating to the Children Act (2004), Working Together 2015.

4.8.2 The substance misuse service have received safeguarding children supervision from the SSCB Substance misuse worker as agreed by the SSCB in line with the CQC CLAS Inspection. (Dec 2015)

#### **4.9 Suicide Prevention Strategy and Care Pathway Children and Young People**

The Lead Nurse for Safeguarding has participated in a Task and Finish Group which has developed a Children and Young Persons Suicide Prevention Strategy and associated Care Pathway, which was launched in December 2017.

#### **5.0 Audit Programme**

5.1 The agreed audit relating to Disclosure and Barring (DBS) was completed in 2016 - 17 to assess whether a recommendation from a Sheffield Safeguarding Children Board Case Review (October 2015) had been effectively implemented. The Trust Human Resources department led on this piece of work, which is now completed and robust processes are in place to monitor DBS.

5.2 The case review required the Trust to develop a process for reviewing DBS reports which included previous criminal convictions whereby the reports were reviewed and assessed by as safeguarding practitioner, the Director of Human Resources and an executive director. The Trust Human Resources department led on this piece of work, which is now completed and robust processes are in place to review criminal convictions and mitigating plans in place to manage identified risk issues to safeguard all.

5.3 The audit results were very positive and indicated that all of the DBS data review forms were comprehensively completed by the persons line manager, and they were all appropriately reviewed by the Lead Nurse for Safeguarding, the HR director and the Executive Director of Operations (Deputy Chief Executive) who agreed with the managers' assessments and decisions.

5.4 The audit highlighted the need to consider the development of a benchmarking review tool to support managers in their assessments of the positive DBS forms and introduce some standardisation of the process; this will be further progressed in 2017- 18.

5.5 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 advise 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 Children Policy and Procedures**

6.1 There have been no changes required to the Safeguarding Children Policy during the year; however changes will be required in 2017 -18 in line with the city wide Neglect Strategy and the new Safeguarding Hub for Children and Young People. Sheffield Safeguarding Hub is part of the Sheffield Safeguarding Children Board and is the first point of contact for all new safeguarding concerns.

6.2 The Trust's Comprehensive Safeguarding training has been refreshed to reflect changes in referral to children's services and will require further development in 2017 - 18 to incorporate the required training relating to Neglect.

## 7.0 Safeguarding Children Queries and Case Advice

The numbers of safeguarding children advice provided in this quarter has remained relatively stable throughout the year.

## 8.0 Key objectives

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.

Report exceptions, adverse incidents and receive updates as necessary.

Work in close partnerships with CCG, Local Authority colleagues.

Provide assurance to the CCG (through the completion of the assurance document included in **Appendix 1**) that the Trust complies with the requirements of safeguarding Children.

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.

Demand for safeguarding children advice has remained constant with an additional requirement identified relating to the provision of specific safeguarding children case supervision for the Early Interventions Service (Psychosis), where practitioners see under 18 year olds.

## Appendix 1 – Safeguarding Annual Assurance



Sheffield Clinical Commissioning Group

Safeguarding Annual Assurance

Self-assessment Tool

Sheffield Health and Social Care NHS Foundation Trust

### Introduction - About this Self-assessment

This self-assessment is an assessment of your own internal roles & responsibilities in relation to safeguarding adults and children.

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:</p> <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 polices 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 advise, 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	
	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	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				

	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)
	collection and compliance with all national reporting requirements e.g. FGM data.	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 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 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.  The subject is included on the trusts Induction Programme and there is a Speaking Up Guardian				
	1.7 The providers of care homes and hospitals will have an up to date policy and procedure covering the	MCA and DOLs Policy are up to date.	.			



	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)
	Deprivation of Liberty Safeguards 2009 (MCA) and will ensure that staff practice in accordance with the 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 (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 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	Reference to this is included in the Safeguarding Adult Policy within section 6 of the policy.				

	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)
	practice and legislation.(Care Act 2014)					
	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				
	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				
<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, and prevent CSE - Liz Lightbown, Executive Director for Nursing, Professions and Care Standards  Dementia – Liz Lightbown , Executive Director for Nursing, Professions and Care Standards				

	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)
	2.2 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 MCA and DOLs.	Anita Winter, Interim Head of Learning Disabilities				
	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	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.				

	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)
	as well as areas of good practice. NHS Trusts will also provide assurance through an annual safeguarding report.					
	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				
	2.7 The Provider must ensure that there is a system for monitoring complaints, incidents and service user feedback, in order to identify and share any concerns of abuse (including potential neglect), using multiagency safeguarding procedures.	Managed by corporate affairs, clinical effectiveness, risk and safeguarding teams.				

	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)
	2.8 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.				
	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.				
	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.				

	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)
	2.11 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 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	Sheffield Hospitals Charity has policy in place as of October 2015 Date of review October 2018				

	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)
	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.					
	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; responding to concerns</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, including where required, the production of an individual management report.	Participation in all safeguarding board meetings including audit and case review, the production of Internal Management Reports (IMRs) and other data as agreed.				
	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.				

	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)
	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 referred to the multi-agency safeguarding adults' office.	SHSC safeguarding policies apply to all staff (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees)  Adherence to South Yorkshire Safeguarding adult and Sheffield Safeguarding children procedures.  LADO procedures used appropriately.				
	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	Adherence to South Yorkshire Safeguarding adult and Sheffield Safeguarding children procedures. Minutes available as evidence.				



	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)
	meetings and adult safeguarding meetings including face to face, planning and outcomes meetings (Care Act 2014) as required as part of multi-agency procedures.					
	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 Practice</b>	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.				
	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,	Recruitment policy includes DBS checks, including as required 'Barred List' checks for regulated activity and professional body checks.  Consideration at Disciplinary Hearings of the				

	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)
	where indicated, for their consideration in relation to barring.	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.				
	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)				

	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)
	5.2 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.				
	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.				

	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)
	5.5 The provider will ensure that all staff (including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees), who provide care or treatment, undertake Mental Capacity Act (2005) and consent training, including the Deprivation of Liberty Safeguards, appropriate to their role and level of responsibility and that this is identified in an organisational training needs analysis and training plan.	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%				
	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	Eva Rix, Lead Nurse for Safeguarding				

	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)
	deliver the Prevent duty required in national and local standards					
	6.3 The provider must have a procedure which is accessible to staff, consistent with the Prevent duty Guidance and the Prevent /toolkit and clearly sets out how to escalate Prevent related concerns and make a referral.	Training plan in place within the Prevent Policy WRAP (Workshop to Raise Awareness of Prevent) nine staff are currently trained to deliver this training with 3 actively delivering as part of the comprehensive safeguarding training				
	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 Children Action Plans 2016/17

Appendix 2

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

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

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

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
5.5 Where there are separate or standalone IT systems, there are prompts in place to cross reference data so that files are complete, information is shared appropriately to update risk assessments and that plans for children and their families are accessible.	The mental health electronic recording system will be developed to ensure that the sharing of information with health visitors is linked to the routine risk assessment process.	July 2016  Request to amend to Dec 2016 in light of programme testing.	IT Interim Head of Design and LNS	The Insight Electronic Patient Record has been amended to include a direct link from assessment documentation to the Health Visiting Teams to improve communication in line with the recommendation from the CQC inspection. This ensures that the Health visitor teams are aware of when an adult in the household has been assessed by mental health services and provides the name and contact details of the SHSC worker.	<b>Dark Green</b>
5.6 All health care staff who case hold are provided with regular planned 1:1 safeguarding supervision with a suitably trained supervisor that reflects involvement in complex casework and ensure that discussions and action plans from supervision are clearly documented in the patient records.	Staff will be reminded of the SHSC safeguarding children and clinical supervision policies which include the availability of safeguarding supervision.  The lead for safeguarding will ensure that there is confirmation of the role of the SSCB substance misuse practitioner in safeguarding supervision.	Dec 2016	LNS.	Safeguarding Children supervision is now embedded into the Substance misuse service by the worker from the SSCB	<b>Dark Green</b>
6.1 The information sharing pathway between CAMHS and adult mental health services is implemented within a clear planned	A representative from Adult mental health will be available, supported by the Trusts named nurse to develop an implementation plan for this pathway	Oct 2016  Request to amend to Dec 2016 in light of broader	Deputy Service Director in community and LNS	The transition protocol between CAMHS and Adult Mental Health has been reviewed (by deputy medical director and LNS) and remains relevant. The Trust Lead nurse for safeguarding, the deputy director for community and the deputy medical director will remain involved in the city wide work	<b>Dark Green</b>



Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
timeframe.		work stream		stream relating to transition.	
<b>SSCB LAT Learning Lessons Review July 2016</b>					
8.1 SHSCFT Drug and Alcohol Services should review the Every Child Matters process to ensure that staff make clear care plan actions to contact Childrens Services and health colleagues during treatment episodes when service users fail to engage with treatment including DNAs cancellations, late appointments.	Communication to staff from service director to ensure that actions that result from the Every Child matters Assessment are included in service users care plans and communication with colleagues in Childrens Social Care and that lack of service user engagement is communicated to relevant health and social care colleagues	Dec 2016	Specialist Service Director and LNS	The required communication has been completed via the weekly Communication Bulletin.	<b>Dark Green</b>
8.2 SHSCFT should ensure that the minutes from Child Protection Conferences and associated meetings are uploaded onto the Trusts electronic recording system and actions required/ requested of SHSCFT are entered onto care planning documents. .	Information on the storage of childrens information on adult records will be communicated to all staff via the trusts weekly communication bulletin.	Dec 2016	Specialist Service Director and LNS	This has been included in the weekly staff communication bulletin (see 8.1)	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
8.3 SHSCFT Drug and Alcohol Services should ensure that the on-going work to review the current method of urine testing is concluded and implemented in line with best practice and commissioning decisions.	Substance misuse service to obtain a costing for an alternative form of urine testing and consider a business case for its implementation based on costs and benefits.		Service Manager in substance misuse	Costing obtained and further information sourced and due to costing and efficacy issues this will not be progressed as an alternative to the current methods of urine testing.	<b>Dark Green</b>
8.4 SHSCFT should consider the inclusion of staff roles within the electronic recording system as the current documentation only records the workers name and professional code so may simply state the name and 'nurse'.	Ensure that should roles/job titles be required when notes are being reviewed there should be a method for achieving this.	Oct 2016	LNS	Information governance and the Electronic staff record contain the professional codes and job titles of staff which indicate role at any given time so this will enable information from the Insight system to be matched with information relating to role/job title.	<b>Dark Green</b>
8.5 SHSCFT should review their use of the electronic recording system to consider the broader functionality available including 'contacts tab' and standard letters and be reminded of the requirement not to use abbreviations which can be misinterpreted by colleagues.	Staff to receive this information to assist in record keeping	Dec 2016	Specialist Service Director and LNS	This has been included in the weekly staff communication bulletin (see 8.1)	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
8.6 SHSCFT Drug and Alcohol Services will be reissued with the Information Sharing Guidance from the Department of Health 2015; this is already included in the Trust wide Safeguarding training.	The link to the Information Sharing Guide has been provided to the Service manager within the substance misuse service and will be included in the weekly staff communication bulletin	Dec 2016	Specialist Service Director and LNS	This has been included in the weekly staff communication bulletin (see 8.1)	<b>Dark Green</b>
8.7 SHSCFT should continue to work with key partners ( Internal and external, including commissioners of services) to review the current method of mass data transfer of service user notes from previous drug and alcohol providers to SHSCFT and devise options for a safer method of transfer/information sharing/record summary	A city wide multi agency group is established within the city to review this process	Dec 2016	Head of Contracts and Tender Management	The Head of Contracts has agreed to ensure that this is included in all future tenders where the tender document allows.	<b>Dark Green</b>
8.8 SHSCFT Drug and Alcohol Services staff should be updated in the identification and understanding of neglect on children in the household of service users.	The drug and alcohol service will receive information on the new SSCB neglect strategy and have access to face to face training via the SSCB.	March 2017	LNS	The LNS has attended the Train the Trainers course for Neglect SHSC. This element will form the annual safeguarding children refresher training for substance misuse delivered by the SSCB.	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
8.9 SHSCFT Drug and Alcohol Services staff should be reminded of the Trusts Domestic Abuse policy and the requirement for asking routinely ( 6 monthly) about domestic abuse.	Provide staff with the Domestic Abuse Policy and remind them of this within the planned communication to all staff	Dec 2016	Specialist Service Director and LNS	Policy reissued to Drug and Alcohol Team and included in the draft of the communication to all SHSCFT staff	Dark Green
<b>CCG Annual Safeguarding Adults Assurance (via self-assessment) (July 2016)</b>					
1.0 Policy and Procedures	1.1 The Provider has up to date organisational safeguarding adults (including MCA and Care Act 2014 compliance), safeguarding children and domestic abuse policies and procedures which reflect and adhere to the Local Safeguarding Adults and Children's Boards policies and procedures.			Policies relating to safeguarding adult, children and domestic abuse are in place. Safeguarding children is due for review in 2017. Safeguarding adults and domestic abuse were reviewed in 2016 and are Care Act and MCA compliant, due for further review in 2019.	Dark Green
	1.2 The Provider will ensure that organisational safeguarding policies and procedures give clear guidance on how to recognise and refer child / adult safeguarding concerns and ensure that all staff have access to the guidance and know how to use it.			<p>Policies relating to Safeguarding adults,(2016) safeguarding children (2014)and domestic abuse (2016) place and due for review three years after implementation. Policies include how to raise concerns: Safeguarding adult policy within appendix 1 ( what to do if you suspect abuse)and section 4.</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 polices in 2015, including the</p>	Dark Green

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

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

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

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	Level Executive Director with lead responsibility for the above.			Standards  PREVENT – Dean Wilson, Director of Human Resource.  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	<b>Dark Green</b>
	2.3 The provider will have in post a named Lead health or social care professional for safeguarding adults with who have a key role in promoting good professional practice, providing advice and expertise and ensuring safeguarding adults training is in place( Safeguarding Adults Intercollegiate Document 2015)*			Not applicable as the action refers to safeguarding adults	
	2.4 The provider will identify a named health or social care professional with lead responsibility for ensuring the effective implementation of the MCA and DOLs.			Anita Winter, Interim Head of Learning Disabilities	<b>Dark Green</b>
	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.	<b>Dark Green</b>



Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	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.			<p>National patient survey's, information given to clients about the complaints and complements processes.</p> <p>Review of incident reports and serious incidents as they relate to safeguarding adults and children.</p> <p>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</p>	<b>Dark Green</b>
	2.7 The Provider must ensure that there is a system for monitoring complaints, incidents and service user feedback, in order to identify and share any concerns of abuse (including potential neglect), using multiagency safeguarding procedures.			Managed by corporate affairs, clinical effectiveness, risk and safeguarding teams.	<b>Dark Green</b>
	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) Incident reports screened to include the identification of all safeguarding concerns. Safer recruitment process in place.</p> <p>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.</p>	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	2.9 NHS Trusts will identify and analyse the number of patient safety incidents, serious incidents, complaints and PAL's contacts that include concerns of abuse or neglect and include this information in their annual safeguarding or complaints report, reviewed by their Board			All relevant annual reports contain this information reported to board on an annual basis.	Dark Green
	2.10 The provider will have appropriate and effective systems in place to ensure that any care provided is done so with due regard to all contemporary legislation. This includes, but is not restricted to, the Human Rights Act, Mental Capacity Act, Care Act and Mental Health Act.			Up to date policies and training. External scrutiny relating to MHA and DoLS.	Dark Green
	2.11 All providers must have in place robust annual audit programmes to assure the organisation and commissioners that safeguarding systems and processes are working effectively and that practices are consistent with legislation and SASP and SSCB requirements.			Annual audit plans are monitored by the SHSC steering groups that include commissioners.	Dark Green
	2.12 The provider will ensure that there are effective systems for recording and monitoring DOLs applications to the CQC, authorising body/Court of Protection; and if a death of a patient occurs who is under a Deprivation of Liberty, HM Coroner.	March 2017	Trust lead for MCA	There is now an effective system in place via the Trust wide DOLS register and an electronic recording system to enable ease of reporting will continue to be progressed by the Trust MCA lead. DOLs recording sheet has been developed.	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

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	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 is responsible for the management of the newly appointed 'guardian'	Dark Green
3.0 Multi-agency working & responding to concerns	3.1 The provider will co-operate with any request from SSAP, SSCB and SASP to contribute to multi-agency audits, evaluations investigations and reviews, including where required, the production of an individual management report.			Participation in all safeguarding board meetings including audit and case review, the production of Internal Management Reports (IMRs) and other data as agreed.	Dark Green
	3.2 The provider will, where required by the local safeguarding boards consider the organisational implications of any multiagency reviews (SARs,DHRs) and will devise and submit an action plan to the safeguarding boards to ensure that any learning is implemented across the organisation.			Participation in all multi agency reviews and implementation of learning's as appropriate.  Action plans progressed as required and reported to SASP and SSCB.	Dark Green
	3.3 The provider will ensure that any allegation, complaint or concern about abuse from any source is managed effectively and referred, according to the			Adherence to South Yorkshire Safeguarding adult and Sheffield Safeguarding Children Procedures.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	local multi-agency safeguarding 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 referred to the multi-agency safeguarding adults' office.			SHSC safeguarding policies apply to all staff (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees)  Adherence to South Yorkshire Safeguarding adult and Sheffield Safeguarding children procedures.  LADO procedures used appropriately.	<b>Dark Green</b>
	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 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			Attendance and contribution to the required processes.  Minutes of meetings available as evidence.	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	sub-groups.				
4.0 Recruitment and Employment Practice	4.1 The provider must ensure safe recruitment policies and practices which meet contemporary NHS Employment Check Standards in relation to all staff, including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.			<p>Safer recruitment in place for all including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.</p> <p>Briefing document provided to all 'Chairs of Panel' as part of the safer recruitment process.</p>	<b>Dark Green</b>
	4.2 The provider will ensure that post recruitment employment checks are repeated for eligible staff in line with all contemporary national guidance/requirements and legislation. For nursing staff this will include evidence of revalidation every 3 years.			<p>Safer recruitment in place with a Trust Board approved process for the identification of repeat checks. Nurse revalidation system went live in 2015.</p> <p>Staff wide communication in March 2011 indicating the Trusts requirements relating to disclosure of convictions/sanctions.</p>	<b>Dark Green</b>
	4.3 The provider will ensure that their employment practices meet the requirements of the Disclosure and Barring Service (DBS) and that referrals are made to the DBS and relevant professional bodies, where indicated, for their consideration in relation to barring.			<p>Recruitment policy includes DBS checks, including as required 'Barred List' checks for regulated activity and professional body checks.</p> <p>Consideration at Disciplinary Hearings of the referral to DBS, with evidence of DBS referrals by HR</p>	<b>Dark Green</b>
	4.4 The provider will ensure that all contracts of employment (Including staff on fixed-term contracts, temporary staff, locums, students, volunteers, agency staff and contractors) include an explicit reference to the responsibility for safeguarding adults and children.			<p>Standard statement in all contracts with addition specificity where required. Included in Trust recruitment adverts.</p>	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	4.5 The provider will ensure that any safeguarding concerns relating to a member of staff are effectively investigated, that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not allowed in safeguarding cases.			Adherence to south Yorkshire Safeguarding adult and Sheffield Safeguarding children procedures. Disciplinary procedures are concluded at all times.  Evidence of the completion of disciplinary hearings following the resignation (ahead of disciplinary) of the staff member.	Dark Green
5.0 Training	5.1 The provider will ensure and report on their compliance that all staff and volunteers undertake safeguarding training appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan. For safeguarding children this needs to be in line with RCPCH Intercollegiate Document 2014. For adults this needs to be in line with NHSE Intercollegiate Document*	March 2017	LNS	A comprehensive training plan remains in place with provision agreed for 2017/18 in line with RCPCH Intercollegiate Document 2014.  Training Compliance at level 3 has reached the 80% required target set by the Trust.	Dark Green
	5.2 The provider will ensure that all staff (including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees), have undertaken safeguarding awareness training on induction, including information about how to report concerns within the service or directly into the multi-agency process.			Safeguarding training included in all induction programmes.	Dark Green
	5.3 The provider will ensure that all staff who provide care or treatment undertake safeguarding update training in how to recognise and respond to abuse at least every 3 years. This includes staff who undertake assessments and reviews of patients and their care.	March 2017.	LNS	Training Compliance at level 3 has achieved the required compliance level of 80%.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	5.4 The provider will ensure that all staff (including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees), who provide care or treatment, understand the principles of the Mental Capacity Act (2005) and consent process, appropriate to their role and level of responsibility, at the point of induction.	March 2017.	Trust lead for MCA	Training Compliance for MCA has increased and the current compliance is: MCA Level 1 up 11% to 67% MCA Level 2 up 16% to 68% DOLs training compliance is now at 82% achieving the compliance level set by the Trust.  Training is planned to continue in 2017/18	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 Capacity Act (2005) and consent training, including the Deprivation of Liberty Safeguards, appropriate to their role and level of responsibility and that this is identified in an organisational training needs analysis and training plan.	March 2017.	Trust lead for MCA	A comprehensive training needs analysis is in place and the training plan continues to be implemented.	Dark Green
	5.6 The provider will undertake a regular comprehensive training needs analysis to determine which groups of staff require more in depth safeguarding adults training. As a minimum this will include that all professionally registered staff with relevant team leadership roles undertake multiagency training.			Not applicable as relates to safeguarding adults.	
	5.7 The provider will ensure a proportionate contribution to the delivery of multiagency training programmes as required by local boards.			SHSC staff contributes to the city wide training pools for both adults and children.	Dark Green
6.0 Prevent	6.1 NHS provider trusts will identify an Executive lead with responsibility for Prevent			The Chief Executive is the Executive Lead. As from Q4 Liz Lightbown is the strategic lead for SHSC, supported by Rhodri Hannan.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	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			Rhodri Hannan, Assistant Service Director.	Dark Green
	6.3 The provider must have a procedure which is accessible to staff, consistent with the Prevent duty Guidance and the Prevent /toolkit and clearly sets out how to escalate Prevent related concerns and make a referral.			Training plan in place within the Prevent Policy WRAP (Workshop to Raise Awareness of Prevent) nine staff are currently trained to deliver this training with 3 actively delivering as part of the comprehensive safeguarding training	Dark Green
	6.4 The provider must have a training plan that identifies the Prevent related training needs for all staff, including a programme to deliver Health WRAP by accredited facilitators to those who require it.			Training plan included in Prevent Policy 2015. WRAP (Workshop to Raise Awareness of Prevent) ) Nine staff are currently trained to deliver this training with 3 actively delivering as part of the comprehensive safeguarding training.	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>National Independent Inquiry into Child Sexual Abuse - Preparation – Assurance tool. ( formerly the GODDARD INQUIRY)</b>					
1. Safeguarding Leadership	1.1 Does the organisation have the assurance systems in place for safeguarding both internally and externally?			Trust Safeguarding Children steering group which reports quarterly to Quality assurance committee (QAC) and Board of Directors.(BOD) – Board reports available Quarterly KPI reporting to Sheffield CCG. KPIs reports available.  Reporting to Sheffield Safeguarding Children Board re activity relating to SSCB business plan.- action plan reports available and included in quarterly reporting to BoD Regular supervision between named practitioners in Trust and Designated	Dark Green



Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				professionals at CCG.- supervision notes available	
	1.2 How does the organisation engage with the LSCB, including the priorities/business plan and how is this reported internally?			LSCB business is referenced in the quarterly Safeguarding reports to board of Directors and is also an agenda item within the Safeguarding steering group – quarterly reports available The Trust is a regular attendee at the LSCB meetings including the training group and the learning and practice improvement group- minutes of SSCB available  Participation in themed audit days – information available from SSCB	<b>Dark Green</b>
	1.3 Has the organisation signed off and implemented recommendations from CQC/Ofsted inspections, SCRs and safeguarding SIs and how can it demonstrate learning?			Recommendations reported to Exec Group internally and through to BOD.- quarterly BoD reports available.  Monitored via steering group and reporting to BOD minutes available.  Recommendations and reports on the Safeguarding intranet and via all SHSC emails and referenced in safeguarding training – copies of emails and training presentations available	<b>Dark Green</b>
	1.4 Has the organisation received level 6 safeguarding executive leadership training as set out in the RCPCH Intercollegiate Document 2014?	March 2017	LNS	A training pack has been developed by the LNS but requires delivery by the newly appointed lead professional for safeguarding in early 2017/18.  Action required: Board secretary will plan a date for the training which will be delivered by the Lead Professional for Safeguarding and Deputy Chief Nurse.	<b>Light Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	1.5 How does the organisation set out its annual audit programme relating to safeguarding and how is this reported?	Dec 2016	LNS	The audit plan was discussed at the Q4 Safeguarding Children Steering group and has been agreed in principle to include audits relating to; <ul style="list-style-type: none"> <li>• Transition clinics in learning disabilities,</li> <li>• Every Child Matters documentation and health visitor information sharing.</li> <li>• Usage of the Multi Agency Confirmation form (MACf).</li> <li>• Re-audit of completion of children in the household information on Insight and SystemOne.</li> </ul>	<b>Dark Green</b>
	1.6 Do the organisation's Board minutes demonstrate non-executive challenge of the safeguarding annual report?			Quality Assurance Committee (chaired by a non-executive director) and Board of Directors (non-executive directors) provide scrutiny and challenge of the annual report.	<b>Dark Green</b>
2. Safeguarding Policies and Implementation	2.1 Are all policies in date?			Yes policies are in date and available on the trust Intranet	<b>Dark Green</b>
	2.2 Are there clear processes in place for implementation?			Yes - included in the policy Policies are covered within the Trusts safeguarding training – copy of presentation available.  Audit of policy implementation by the safeguarding steering group – minutes of meeting	<b>Dark Green</b>
	2.3 Do staff have access to all policies and know how this is done?			All staff receive an all SHSC email – copies available.  All policies are available via the Trust intranet and where this is not available managers have the responsibility to provide paper copies.	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	2.4 Are current policies in line with best practice?			Yes refer to latest Working Together, Intercollegiate Document and Jay report (Child Sexual Exploitation)	Dark Green
	2.5 Are named personnel included within policies and are still current?			Yes – current Trust steering group members are named in the policy including the named professional.  This information is also available on the Trust safeguarding intranet page.	Dark Green
	2.6 Are all required DBS checks up to date?			All staff groups and roles have been assessed by HR to determine the correct level of DBS – enhanced or standard.  DBS policy in place.	Dark Green
	2.7 Is there a comprehensive record of safeguarding training and is this up to date?			The Electronic staff record holds all staff training data.  The Trusts comprehensive safeguarding training is updated annually -archived versions of the training are available from SHSC Safeguarding Team. (part of Executive Director of Nursing, Professions and Care Standards portfolio)	Dark Green
	2.8 Does the record include all refresher training?			Yes – available via ESR	Dark Green
	2.9 Does an exception report on safeguarding training go to the organisation's board/governing body?			Quarterly reports to QAC and BOB – report and minutes available	Dark Green
	2.10 Is there a KPI about training – has it been achieved?	March 2017	LNS	The level 3 KPI for training has been achieved.	Dark Green
	2.11 Is there guidance about support to victims and staff in any of the policies and does such support exist?			Information available on the safeguarding intranet page and is referenced on safeguarding training.	Dark Green

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				Safeguarding children policy (2014) includes staff access to support through the named professionals and directorate safeguarding children leads	
	2.12 Has the organisation had any 'stand back' review of safeguarding and if so what was the outcome? (Questions for such a review might be: Is safeguarding embedded across the whole organisation? If so how? Is there a culture which understands/promotes the importance of safeguarding? Is leadership clear for safeguarding issues?)			<p>Internal audit 2013 – report and action plan available.</p> <p>Internal management reports for external safeguarding reviews are scrutinised by the review panel</p> <p>Clear safeguarding leadership in the safeguarding children policy, safeguarding children level 1 awareness leaflet and on the SHSC intranet.</p> <p>Leadership by directorate representatives on the safeguarding children steering group – included in the terms of reference.</p> <p>Quarterly attendance by safeguarding team at directorate senior management/governance meetings to reinforce and promote the importance of safeguarding minutes of the meeting</p>	<b>Dark Green</b>
3. Safeguarding Incidents and Investigations	3.1 Has the organisation identified who has the overview on safeguarding if Goddard calls?			<p>Executive Director for nursing, professions and care standards (June 2016).</p> <p>Lead Nurse for Safeguarding</p>	<b>Dark Green</b>
	3.2 Does the organisation have a clear summary of records it holds and where they are?			<p>SystmOne has a nationally agreed process including archiving – information obtained from the Goddard Inquiry.</p> <p>Insight system is archived and not destroyed.</p>	<b>Dark Green</b>
	3.3 Is there clear information on how records have been catalogued in order to find relevant files if required?			<p>Internally generated records are mainly computerised.</p> <p>Paper records are scanned for storage there</p>	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
				are no paper records in medical records. Where SHSC under contract provide staff to housing providers records are not SHSC records and are retained by the housing or care provider.	
	3.4 Has the organisation kept a comprehensive record of referrals to the LADO?	March 2017	LNS and Deputy Director of Human Resources	<p>Any information relating to staff including referral to the LADO will be recorded and maintained by the Human Resources Department. The Trust safeguarding team also keeps a record of this information as it applies to safeguarding only.</p> <p>The LADO has a responsibility under the Children Act 2004 to support and manage cases involving practitioners who work with children and have been accused/arrested for a possible criminal offence. The process is very contained where information is shared on a need to know basis.</p>	<b>Dark Green</b>
	3.5 Has the organisation stopped destroying relevant records and if so since what date?			<p>Insight records have not been destroyed. There are no plans to introduce record destruction.</p> <p>SystemOne has a national archiving programme.</p>	<b>Dark Green</b>
	3.6 Has the organisation any memory/record of relevant incidents in the past including during the lifetime of predecessor organisations?			<p>Incidents recorded consistently since 2004. External investigations/case reviews available from 2006 via safeguarding team. Access to various archived electronic systems</p>	<b>Dark Green</b>
	3.7 Have there been any safeguarding incidents that have resulted in investigations and/or recommendations?			No SHSC led investigation. The Trust has participated in SSCB led reviews with associated recommendations – action plans are available and minutes to steering group meetings and quarterly reports	<b>Dark Green</b>

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
	3.8 Have the recommendations been implemented? What, if any, action was required and was it taken?			<p>Recommendations have been implemented from Child NS case review and currently working on LAT Learning lessons review. (LATLLR).</p> <p>Recommendations: improvements to the transition from child to adult services, communication with families during this time, active engagement with the child protection process, attendance at relevant meetings the development of a Transition Quick Reference Guide, update of the Safeguarding Children Policy to include transition to adult services and inclusion of transition in safeguarding children training.</p>	<b>Dark Green</b>
	3.9 What evidence is there to suggest practice is improved?			Increase in attendance at child protection meetings, requests to the safeguarding team from staff for advise and support during transition.	<b>Dark Green</b>
	3.10 Has the organisation found and retrieved any relevant paperwork that may be required as part of the Goddard Inquiry?			<p>Archive of safeguarding children policies is available.</p> <p>Archive of safeguarding children training from 2013 available.</p> <p>Sheffield Safeguarding Children Procedures are the overarching procedures and have been since the inception of a city wide procedure Integrated governance have an archive of all safeguarding policies.</p>	<b>Dark Green</b>
	3.11 Are you keeping concise and accurate records of all preparations for Goddard Inquiry.			The safeguarding team have established an evidence file within the electronic filing system.	<b>Dark Green</b>
<b>SSCB Workforce Questionnaire (May 2016)</b>					

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
1. Professionals not aware of relevant policies or of the designated/named lead for safeguarding children	To ensure all professionals have read the agencies own Safeguarding Children Policy.  To increase staff awareness of the designated/named safeguarding lead within the organisation (the person that holds overall responsibility for safeguarding children)	March 2017	LNS	Website and policy information has been checked in Q4 and is currently accurate.	<b>Dark Green</b>
2. Professionals not confident in recognising sexual abuse	To increase professional's confidence in recognising sexual abuse	March 2017	LNS and Safeguarding advisor	A check of the information and training for Primary care has staff has been conducted in Q4 and the response indicates that these staff has access to the required information relating to referrals, assessments and training availability.	<b>Dark Green</b>
3. Professionals unclear of how to refer to early intervention services and children's social care	Ensure professionals are clear of how to refer to early intervention services and Children's Social Care.	March 2017	LNS	Information had been provided to all staff via the communications bulletin and an 'all staff' email about the new Safeguarding Hub Children and Young People.  The updated multi agency form has been provided in the same communication.	<b>Dark Green</b>
4. Professionals highlight the need for additional support in their safeguarding role.	Investigate ways of supporting staff that participate in multiagency meetings to safeguard children  Increase professional's confidence in knowing how to challenge the decision of other professionals (in own or other agency) when needed in relation to a case or a safeguarding decision, and being confident to do so.	March 2017	LNS and Safeguarding Advisor	A reminder is included on the Trusts Comprehensive Safeguarding training on support available to staff and includes colleagues, team managers, operational managers, service and clinical leadership teams, the safeguarding team, and executive director for safeguarding and deputy chief nurse.	<b>Dark Green</b>
<b>Section 11 Audit (SSCB) December 2016</b>					

Objective Area	Action/Activity	Timescale	Lead	Progress/Assurance	RAG
<p>5e Staff participate in multi-agency meetings &amp; assessments to safeguard children and adults at risk. Inter-agency guidance and procedures are in place locally to support workers.</p>	<p>Reminder to all staff to endeavour to participate in Child protection/child in need meetings, reiteration of the support offered by the lead for safeguarding in attending these meetings with practitioners who are unfamiliar with them, reissue of the Strengths Based Approach to Child protection Conferences via senior practitioners or equivalent, make the child protection conference report template available on the intranet.</p>	<p>June 2017</p>	<p>LNS</p>	<p>Information relating to the Strengths Based Approach to Child protection Conferences is available on the safeguarding intranet page and has been provided to the Safeguarding Children Steering Group for communication to services.</p>	<p><b>Dark Green</b></p>
<p>5g Service users are given the opportunity to feedback on interventions provided by workers, and this feedback is used to enhance service provision.</p>	<p>Review the information that is currently collected via the collaborative care planning process and other mechanisms to ascertain whether it can be used to enhance service provision</p>	<p>Dec 2017</p>	<p>LNS</p>	<p>Feedback is sought as part of the collaborative care planning process. There is no data available on its use in service provision.</p> <p>Action required: LNS to liaise with assistant clinical directors to establish what reviews of the process are completed and if/how this information is utilised in enhancing service provision.</p>	<p><b>Amber</b></p>



## **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 organisation 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