Working with you to make Sheffield HEALTHIER

NHS
Sheffield Clinical Commissioning Group

# Safeguarding Annual Assurance Self-assessment Tool 2019

## 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 2016.

### 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 contracts, but include: SAFEGUARDING ADULTS, SAFEGUARDING CHILDREN, CHILD SEXUAL EXPLOITATION (CSE), FEMALE GENITAL MUTILATION (FGM), HUMAN TRAFFICKING AND MODERN SLAVERY and DOMESTIC ABUSE, LOOKED AFTER CHILDREN (LAC). 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: | Diane Barker/Angela Whiteley |
| Job title | Safeguarding Lead and Operational Lead for PRFEVENT/ Safeguarding Nurse Advisor |
| Date template completed | 23/08/19 |
| Agreed by Board Member<br>Name. | |

| | 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) |
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| **1.0 Policy and Procedures** | 1.1 The Provider has up to date organisational safeguarding policies and procedures (that has a review schedule) covering all topics listed on the front of this document which reflect and adhere to the Local Safeguarding Adults and Children's Boards policies and procedures. The individual organisation | Policies relating to safeguarding adult, children and domestic abuse and PREVENT are in place and are Care Act and MCA compliant.<br><br>All policies have been reviewed. Input from relevant partnership agencies was sought for review of all policies. | Safeguarding Adults and PREVENT Policy has a short review date as this is a new combined policy. | | | |

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| | policy/procedures should also clearly outline individual roles and responsibilities. Safeguarding is also cross-referenced in other relevant policies. | Safeguarding Adults and PREVENT was issued on 7/6/19 next review due 30/4/20<br><br>Safeguarding Children was issued on 7/6/19, next review 20/4/22 (this is to be read in conjunction with SSCB Child protection and Safeguarding Procedures.<br><br>Domestic Abuse was issued on 7/6/19 and due for review 31/3/22 | | | | |
| | 1.2 The Provider will ensure that organisational safeguarding policies and procedures give clear guidance on how to recognise and refer individuals using the appropriate pathways and ensure that all staff have access to the guidance and know how to use it. | .All policies have a flow charts included with relevant information. This information is also available on the Trust Intranet safeguarding tile.<br><br>Comprehensive Safeguarding Training also covers internal referrals and referrals to external agencies i.e. children and older adults.<br><br>The policies are all available on the Trust intranet and information disseminated to all staff to advise of reviewed policies | | | | |

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| | 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.<br><br>Safeguarding Adults and PREVENT and Domestic Abuse Policy also highlight risk children and referral to Safeguarding Hub, this is also covered in Safeguarding Training. | | | | |
| | 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. | Included in updated policies<br><br>All policies reference up to date local and national guidance. The safeguarding adult and PREVENT policy references the South Yorkshire Safeguarding Adult procedures, the Care Act 2014, the national reporting requirements for FGM. And the Counter Terrorism Act 2015<br><br>The Domestic Abuse policy references the Serious Crime Act 2015. | | | | |
| | 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 | All policies reference the relevant legislation. The trust completed a capacity and consent to treatment audit in 2016.<br><br>There was a 360 Internal Audit about MCA and/or DOLS in 2016 – all the actions from that and the subsequent 360 audits for MCA are closed | | | | |

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| | MCA/DoLS compliance. | Pro forma development re capacity to consent available on Insight 2016 and Trust intranet. all teams have access to the Insight form for recording c & c in line with the min standards below<br><br>In light of Internal Audit, minimum standards for recording capacity and consent have been agreed and the Head of MH Legislation is attending various forums to explain these.<br><br>The policy for consent to care, support and treatment has just been reviewed, approved by PGG in August, so just awaiting EDG | This is not yet Still embedded, and is being addressed in 1:1 meetings | | | |
| | 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. | WHISTLE-Blowing policy is in place, issued October 2018 and due for review May 2022.<br><br>Freedom to Speak up Guardian is in place, this is currently covered on Core Mandatory Induction Training and Comprehensive Safeguarding Training. | | | | |
| | 1.7 The Provider 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. | DoLS Policy was issued in November 2017 due for review November 2020.<br><br>Head of MH Legislation checks on DoLS authorisations monthly. | | | | |
| | 1.8 The Provider will have an up to date policy and procedure covering the use of all forms of restraint including covert medication. These policies and | 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) Policy is due for review 31st | | | | |

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| | procedures must adhere to contemporary best practice and legal standards. | October 2019.<br><br>Covert administration is covered in the Trust Medicines Management Policy. (2016) due for review September 2019 | | | | |
| | 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 embedded within the Supervision Policy and is also included in the relevant safeguarding policies.<br><br>Commencement of safeguarding children supervision within substance misuse services began June 2016 this is facilitated by SCSP Safeguarding Children Vulnerabilities Manager.<br><br>Attendance when possible by the Corporate Safeguarding Team at Substance Misuse monthly safeguarding meeting is on-going.<br><br>Safeguarding Managers Forums commenced 2018 and also facilitates safeguarding supervision. | | | | |
| | 1.10 The Provider 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) | This is referenced in relevant polices. Information on advocacy roles and referral processes are available to Trust Staff via the Intranet. | | | | |

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| | 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 within section 6 of the policy the visitors policy issued June 2019 | | | | |
| | 1.12 The Provider will 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 devises and internet access for service users policy – due for review | | | | |
| **2.0 Governance** | 2.1 The Provider will identify a person(s) with lead responsibility for all the safeguarding areas. This includes identification of a Board Level Executive Director with lead responsibility for the above. | Liz Lightbown - Executive Director with responsibility for Safeguarding Adults and Children, Domestic Abuse and PREVENT..<br><br>Diane Barker - Corporate Lead for Safeguarding and Operational Lead for PREVENT. | | | | |
| | 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. | Helen Crimlisk - Trust Named Doctor for Safeguarding<br>Diane Barker Named Professional for Safeguarding | | | | |
| | 2.3 The Provider will have in post a named Lead health or social care professional for safeguarding adults who have a key role | Diane Barker - Corporate Lead for Safeguarding and Operational Lead for PREVENT. | | NA | | |

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| | in promoting good professional practice, providing advice and expertise and ensuring safeguarding adults training is in place | | | | | |
| | 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. | Up to date policies and training. External scrutiny relating to MHA and DoLS.<br><br>MHA/MCA training is delivered in light of HRA; weekly/monthly audits of compliance with MHA for inpatients and CTO respectively; MHA Committee and MCA provide governance in respect of legislation | | NA | | |
| | 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 that should include an overall picture of staff trained within the year. | The Corporate Safeguarding Team Provide Quarterly and Annual reports to the Trust and Partnership Board containing this information.<br><br>All policies are up to date and available. | | | | |
| | 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.<br>Review of incident reports and serious incidents as they relate to safeguarding adults and children.<br>Follow up by the Sheffield Adult Safeguarding partnership of concluded safeguarding cases to capture service user experiences.<br>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), | Managed by corporate affairs, clinical effectiveness, risk, patient safety and safeguarding teams. | | | | |

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| | using multiagency safeguarding procedures. | | | | | |
| | 2.8 The Provider 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. | Managed by corporate affairs, clinical effectiveness, risk, patient safety and safeguarding teams. Information is shared/reported to partnership agencies when required including Police PREVENT coordinator, CCG and SCC.<br><br>Safeguarding documentation is completed and stored using electronic patient records. | | | | |
| | 2.9 The Provider 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.<br><br>weekly/monthly audits of compliance with MHA for inpatients and CTO respectively; MHA Committee and MCA provide governance in respect of legislation<br><br>CQC inspection 2018 | | NA | | |

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| | 2.11 The Provider 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. | This information is included in all quarterly and Annual reports and assurance to both the Trust and Partnership Agencies<br><br>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. | The Insight electronic patient recording system is utilised to store DOLs requests and any feedback received form the authorising body. .<br><br>The Head of MH Legislation checks DoLS every month; we are in the process of establishing a system for monitoring when and why the Trust is involved in Court of Protection proceedings.<br><br>Head of Mental Health Legislation is the Trusts point of contact for Court of Protection and now has detailed information about trust involvement in Court of Protection matters, this is reported quarterly to MH legislation committee. | | | | |
| | 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. This is also covered in Comprehensive Safeguarding Training | | | | |
| | 2.14 The Provider will report to SCCG all safeguarding concerns that constitute also being a Serious Incident (SI). SCCG's SI policy will be adhered to. Independent | 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. | | | | |

| | 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) |
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| | 2.15 Providers 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. | This is covered in various policies and SoPs, e.g. Visitors Policy, Managing Conflicts of Interest Policy, Media Policy and SOP for Charitable Fundraising. Sheffield Hospitals Charity has a policy in place. | | | | |
| | 2.16 The Provider will submit to SCCG the agreed safeguarding Key Performance Indicators (KPI's) quarterly. | These KPI's are presented at the Quarterly Partnership Board | | | | |
| | 2.17 The provider will have a named 'Freedom to Speak up' guardian. | Wendy Fowler Freedom to Speak Up Guardian<br>Clive Clarke Executive Director Deputy Chief Executive – Caldicott Guardian. | | | | |
| | 2.18 The provider as part of this declaration will provide a link to their most recent CQC inspection and report. | Available on the Trust Intranet, also published and available for public view on the internet | | | | |
| | 2.19 The provider will as part of its internal governance processes have an internal safeguarding meeting that includes demonstrating assurance against action plans, reviews and audits. The terms of reference of the meeting should include governance structures to demonstrate a 'Ward to Board' approach to safeguarding. | Quarterly meetings to provide assurance and are discussed in the Trust's quality Assurance Committee. | | | | |
| | 2.20 The provider audits the use of the MCA by its staff. | Programme of revised audits planned, taking into account the actions agreed in response to recent internal audit. Anita Winter is planning the dates for the audits to take place in 18/19 unable to update currently. | | | | |
| **3.0 Multi-agency working & responding** | 3.1 The provider will co-operate with any request from SSCB and SASP to contribute to multi-agency audits, evaluations investigations and reviews, including | Participation in all safeguarding board meetings including audit and case review, the production of Internal Management Reports (IMRs) and other data as agreed. | | | | |

| | Standard to be achieved | Sources of evidence | Actions to be taken to achieve it | RAG Rating Child | RAG Rating Adult | Priority for your agency (Y/N) |
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| **to concerns** | where required, the production of an individual management report. | Other requests for safeguarding Data is provided when necessary. | | | | |
| | 3.2 The Provider will, where required by the local safeguarding boards consider the organisational implications of any multiagency reviews (SCR's, LLR, SARs,DHRs) and will devise and submit an action plan and evidence to the safeguarding boards to ensure that any learning is implemented across the organisation. | The Trust Participate in all multi agency reviews and implementation of learning's as appropriate.<br><br>Action plans progressed as required and reported to SASP and SSCB. | | | | |
| | 3.3 The Provider will ensure that any allegation, complaint or concern about abuse from any source is managed effectively and referred, according to the local multi-agency safeguarding procedures. | All allegations/complaints or concerns are managed by the most appropriate team. This includes Corporate Safeguarding Team/Human Resources/Complaints/Patient Safety and Risk Department.<br><br>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)<br><br>Adherence to South Yorkshire Safeguarding adult and Sheffield Safeguarding children procedures.<br><br>LADO procedures used appropriately | | | | |
| | 3.5 The Provider will ensure that a root cause analysis is undertaken for all pressure | This is completed by the clinician under the instruction of the Risk Team. | | | | |

| | 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) |
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| | 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. | | | | | |
| | 3.6 The Provider will ensure that organisational representatives make an effective contribution to Sheffield Safeguarding Hub, 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.<br>Minutes available as evidence.<br><br>Child Protection – Attendance/participation at Initial CPC has improved. Reports and minutes of meetings are stored in Electronic Patient Records<br><br>The Corporate Safeguarding Team attend a range of Partnership safeguarding meetings including Section 42 when requested.<br><br>All internal Section 42 enquiries are carried out by clinical staff and documented on Insight (reporting system).<br><br>MARAC and MAPPA are attended by the Trust. | | | | |
| | 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.<br>Minutes of meetings available as evidence. | | | | |
| **4.0 Recruitment and Employment Practice** | 4.1 The Provider must ensure safe recruitment policies and practices which meet contemporary NHS Employment Check Standards in relation to all staff, including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees. | Safer recruitment in place for all including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees. | | | | |

| | 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) |
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| | 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.<br>Nurse revalidation 3 yearly via NMC.<br>Other Professionals also re- register with appropriate bodies. | | | | |
| | 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. | This is covered in the Criminal Records Checking, Disclosure and Barring (DBS) Service Policy | | | | |
| | 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.<br>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.<br>Disciplinary procedures are concluded at all times.<br>Evidence of the completion of disciplinary hearings following the resignation (ahead of disciplinary) of the staff member. | | | | |
| | 4.6 The provider will be able to demonstrate there are expected standards of conduct in respect of relationships between people in positions of trust and service users/adults at risk. | Staff and Service User/Carer Relationships are discussed in Safeguarding Training for staff and volunteers. Relationships Between Staff and Service Users/Carers Policy (reviewed 19/10/17). Is available to all staff. | Relationships Between Staff and Service Users/Carers Policy needs review | | | |

| | 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) |
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| | | PiPOT is embedded into Comprehensive Safeguarding training.<br>Where allegations are made regarding conduct of a staff member, these are raised with the appropriate senior manager/executive and are investigated using internal processes with support from HR. Safeguarding concerns may also be raised. LADO are informed of any concerns regarding risk to children. Any allegations found to be substantiated are reported to DBS.<br>All staff who hold a professional registration are required to meet the standards set out in their professional codes of conduct or practice. Where a member of staff is found to have acted outside the bounds of the codes of conduct or practice a referral will be made where necessary to their professional regulatory body. | | | | |
| | 4.7 The provider will evidence how lessons are learned from Person in Position of Trust (PiPOT) investigations and improvements made to policy and operational practice | Where recommendations have been made following an investigation into the conduct of an employee, the Trust will consider the most appropriate way to share the learning if required to alert other organisations of the risks.<br><br>Amendments will be made to Trust policies/procedures if required and information/learning disseminated accordingly. | | | | |
| **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 | A comprehensive training plan is in place for adults, children and domestic abuse and PREVENT.<br>The children's is in line with the RCPCH Intercollegiate Document 2014.<br><br>Training compliance is reported in quarterly and annual reports. | | | | |

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| | safeguarding children this needs to be in line with RCPCH Intercollegiate Document 2014. | | | | | |
| | 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 is included in induction programmes.<br>Information is also available on the Trusts Intranet Safeguarding Tile. | | | | |
| | 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. Mandatory updates are provided every 3 years.<br>Adhoc briefing sessions and bespoke training sessions are provided if deficits in knowledge/confidence are identified. | | | | |
| | 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. | Mental capacity Act Level 1 training is covered in Core Mandatory Training at Induction for all new starters to SHSC.<br>Qualified staff, then go on to undertake the higher level 2 training. As per the Trusts Induction Policy staff have 3 months to undertake the training they require, unless this has been undertaken in a previous NHS Trust and is still valid, in that situation training will be pass ported across.<br>The agreement SHSC has with the agencies it uses is the Agencies are responsible for ensure the staff they provide are up to date with the Mandatory Training required. | | NA | | |

| | 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) |
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| | 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. | Mental Capacity Act and Deprivation of Liberty Safeguards Level 1 is covered in Core Mandatory Training at Induction for all new starters to SHSC. Level 2 is then arranged if appropriate.<br><br>SHSC has a comprehensive system for setting the Training Competency Requirements for every position in the Trust to ensure staff who provide care or treatment are trained to the correct level.<br><br>This is reviewed by the Trusts Mandatory Training Lead in conjunction with the MCA & DOLs Steering Group on an annual basis routinely. If there are requirements or legal changes in between these are picked up as soon as they are identified.<br><br>Training compliance is monitored by the Education, Training and Development team and staff can access their individual training compliance matrix's to ascertain what subjects they need to undertake or renew. | | NA | | |
| | 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<br><br>All front facing assessment (SPA) staff are to complete multiagency Safeguarding Manager Training, this has commenced and the majority of SPA staff are now trained. | | | | |
| | 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. | | | | |
| **6.0 Prevent** | 6.1 NHS provider trusts will identify an | The Executive Lead is the Director of Nursing and | | | | |

| | 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) |
|---|---|---|---|---|---|---|
| | Executive lead with responsibility for Prevent | Professions<br>Diane Barker – Operational Lead for PREVENT | | | | |
| | 6.2 The Provider will identify an Operational lead for Prevent and ensure that they are appropriately authorised and resourced to deliver the Prevent duty required in national and local standards | Diane Barker – Operational Lead for PREVENT | | | | |
| | 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.<br><br>PREVENT is now included in the Safeguarding Adults Policy issued June 19. This is also available electronically via the Intranet for all staff.<br><br>Escalation of Prevent related concerns is part of the Comprehensive Safeguarding Training. Information also available on the Intranet. | | | | |
| | 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 and that levels of training will be maintained at a minimum of 85% compliance | 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.<br><br>Extra sessions are facilitated to specific teams if deficits in knowledge are identified.<br>Current compliance level is 84%, extra training is being facilitated to bring this back to minimum requirements. | | | | |
| | 6.5 NHS Trusts and larger independent providers will ensure the implementation of the Prevent agenda is monitored through their audit cycle. | Monitored through Education Training and Development training figures. | | | | |

Please note any additional comments in this text box.