Policy:

NP 040 Safeguarding Adults Policy

Executive Director Lead	Executive Director of Nursing Professions and Operations
Policy Owner	Corporate Safeguarding Team
Policy Author	Interim Head of Safeguarding & Adult Safeguarding Advisor

Document Type	Policy
Document Version Number	3
Date of Approval By PGG	25/04/2022
Date of Ratification	11/05/2022
Ratified By	QAC
Date of Issue	May 2022
Date for Review	30/04/2023 (one year review date requested)

Summary of policy	
The policy outlines the roles and responsibilities of all staff in relation to safeguarding adults. The policy is for all staff and volunteers to follow should they suspect that a person within their care or whom they come into contact with as part of their work may be the subject of neglect or abuse. The policy supports staff in the use of, the Safeguarding Principles and the Approach for South Yorkshire 2019 and these are available on Jarvis.	

Target audience	This policy applies to all professional and clinical staff whether employed within full time, part-time, bank or fixed term contracts irrespective of their length of service.

Keywords	Safeguarding, Abuse, Neglect

Storage & Version Control	
Version 2.5. This new policy combines the previous Safeguarding Adults version 5 and PREVENT policy version 4. This policy is stored and available through the Trust intranet.	

Safeguarding Adults Policy V3 April 2022

It replaces the previous policy and copies of the previous copies should be destroyed.

Version Control and Amendment Log (Example)

Version No.	Type of Change	Date	Description of change(s)
2.0	Prevent section removed from Safeguarding Adult Policy	14/04/2021	Director of Quality identified need for separate policy.
2.1	1st Draft Issue and amendments	27/08/2021	Separated PREVENT policy. Amended wording.
2.2	2nd Draft issue and amendments	09/09/2021	Transferred to SHSC template. Further amendments to wording around delegated duties.
2.3	3rd Draft with amendments	23/09/2021	Further amendments to Process and Timescales.
2.4	4th Draft with amendments	30/09/2021	Named Doctor duties added, amended formatting.
2.5	5th Draft. Updated flowcharts added	15/10/2021	Internal and External NoC flowcharts added.

Contents

1 Introduction

In line with Care Quality Commission (CQC), Fundamental Standards 2017, people who use services will be protected from abuse, or the risk of abuse, and their human rights respected and upheld.

Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) is committed to ensuring that people who are or may be in need of support from our services are protected from abuse.

This Trust policy is in line with the Sheffield Adult Safeguarding Partnership (SASP) and the Safeguarding Adults Principles and Approach for South Yorkshire.

The Care Act (2014) requires that action is taken if there is concern that an adult is being abused or at risk of abuse or neglect. Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect.

There are six principles of adult safeguarding which underpin all safeguarding work – (Section 42-46 of the Care Act 2014) these should be considered throughout the safeguarding process.

2 Scope

This is a Trust wide policy that supports implementation and understanding of Safeguarding Adults Principles and Approach for South Yorkshire 2021.

This policy applies to all members of Trust staff, regardless of their current role or place of work.

This Policy describes how the Trust, and its employees, will respond, if they are concerned that a service user of the Trust or an employee is at risk of, or experiencing abuse/ neglect.

Refer to the flow charts on pages 3-5 and supporting documentation on the Trust Safeguarding Intranet page (Jarvis).

3 Purpose

The key drivers for the development and implementation of a Safeguarding Adult policy is to assist and guide staff to fulfil their roles and responsibilities to safeguard adults in line with the Care Act 2014, the CQC Fundamental Standards (2017), and the Safeguarding Principles and the Approach for South Yorkshire 2021.

4   Definitions

Term	Definition
Adult	A person aged eighteen year or older. Please note that children are supported by the 'Safeguarding Children' legislation and Trust Safeguarding Children Policy, please also see the Trust Domestic Abuse Policy.
Abuse	Any behaviour towards a person that either deliberately or unknowingly, causes him or her harm or endangers their life or their human or civil rights. Abuse includes Physical, Sexual, Psychological, Financial (or material), Discriminatory, Organisational abuse, Neglect (acts of omission), Domestic Abuse (please see the SHSCFT Domestic Abuse policy), Modern Slavery and Self Neglect. Abuse can be passive or active; it can be an isolated incident or repeated. It may occur as a result of failure to take action or appropriate care tasks.
Adults at Risk	These are adults who need Health or Community Care services because of mental or other disability, age or illness and who are, or may be unable to take care of themselves or to protect themselves against harm or exploitation. It also includes informal carers e.g. family or friends who may be at risk of abuse because of their caring role.
Alleged Source of Harm	The person / people thought to have been responsible for the abuse.
CHANNEL	CHANNEL is a supportive multi-agency process. It is a key part of PREVENT.
CONTEST	CONTEST is the UK's Counter-terrorism strategy, it aims to reduce the risk to the United Kingdom and its interests overseas from terrorism.
Domestic Abuse	The Government definition of domestic violence and abuse is: 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. Additionally the government definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.'
Extremism	Extremism is vocal or active opposition to fundamental values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different beliefs and faiths.
PREVENT	PREVENT is one of the four work streams of CONTEST that aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence.
A PREVENT Concern	A PREVENT concern does not have to be proven beyond reasonable doubt; however it should be based on something that raises concern which is assessed using existing professional judgement from health or

	social care staff.
Radicalisation	Radicalisation is the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
Exploitation	Exploitation is the use of someone unjustly or cruelly in order to benefit from their involvement for themselves or for a cause.
Terrorism	Terrorism is defined in the Terrorism Act 2000 (TACT 2000) as an action that endangers or causes serious violence to a person or people, causes serious damage to property or seriously interferes or disrupts an electronic system. The use of threat must be designed to influence the Government or to intimidate the public and is made for the purpose of
Vulnerable individuals	Within the context of PREVENT this means individuals, who because of their circumstance, experiences or state of mind are susceptible to extremist ideology. These could be service users, staff, carers or other members of the public.
WRAP (HealthWRAP)	Workshop to Raise Awareness of PREVENT.

5   Detail of the policy

5.1   Safeguarding Principles

There are 6 Adult Safeguarding Principles which should underpin the safeguarding process. These are:

Empowerment – Personalisation and the presumption of person-led decisions and informed consent. "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention – It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognize the signs and what I can do to seek help."

Proportionality – Proportionate and least intrusive response appropriate to the risk presented. "I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed."

Protection – Support and representation for those in greatest need. "I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."

Partnership – Providing local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."

Accountability – Accountability and transparency in delivering safeguarding.
"I understand the role of everyone involved in my life."

5.2   Making Safeguarding Personal

The Care Act 2014 emphasises that a personal approach to safeguarding is essential for making our service users feel they are the focus and have control over the safeguarding process. Making Safeguarding Personal has been a driver since 2014. Where a person has capacity, we want to understand what outcome our service users want to enable them to feel safer. Whilst we have anecdotally identified that staff do ask questions regarding the wishes and feelings of our service users, external referrals and concerns reviewed as part of the delegated function do not evidence this approach. Templates on our electronic care system also do not encourage staff to apply a Making Safeguarding Personal approach. Our planned transfer to Ulysses from Insight will enable us to ensure safeguarding templates prompt staff to think about the service users desired outcomes throughout the process.

We will continue to work with the partnership as part of the rapid development plan and the Adult Safeguarding Advisor will provide leadership advice across the Trust to ensure our commitment to this agenda. Over the next year, we will be working closely with the Engagement and Experience Team to gather data about the experience of "being safeguarded" to inform the way in which we support teams to deliver interventions in a way which emphasises the personalised approach to safeguarding which we are aiming to provide.

5.3   Delegated Duties

The Care Act (2014) makes provision under section 42 of the Care Act 2014 for the local authority (who have the responsibility for safeguarding) to make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case.

In line with this requirement, on occasion they may ask our services to investigate the concern for Older Adults or service users with a Learning Disability in our care. The Local Authority would retain ownership of the enquiry in such cases. However, concerns for older adults and learning disabilities should always be raised with the Local Authority in the first instance.

SHSC holds the delegated duty for safeguarding adults with mental health needs from ages 18-65yrs on behalf of Sheffield Local Authority (LA).

This means that any concerns that go to the Local Authority safeguarding hub which appear to have a mental health issue attached to them, are directed through to SHSC safeguarding team.

The Section 42 duty requires consideration of the following criteria under Section 42 (1) and (2) of the Care Act (2014):

> S42 (1) explains that the duty is applicable when there is "reasonable cause to suspect" that an adult:
>
> a)   has needs for care and support (whether or not the Local Authority is meeting these needs)
> b)   is experiencing, or is at risk abuse or neglect, and
> c)   as a result of their needs is unable to protect themselves

When there is "reasonable cause to suspect" the above, S42 (2) states that the duty of the local authority is to:

- Make (or cause to be made) whatever enquiries it thinks necessary to enable it to:
- Decide whether any action should be taken and if so, what and by whom.

[see https://www.legislation.gov.uk/ukpga/2014/23/section/42 for full version]

The ADASS framework for "Making decisions on the duty to carry out Safeguarding Adults enquiries" states that:

> *The S42 duty on the local authority exists from the point at which a concern is received. This does not mean that all activity from that point will be reported under the statutory duty to make enquiries (S42 (2) of the Care Act (2014)). It may turn out that the S42(2) duty is not triggered because the concern does not meet the S42 (1) criteria (points i.-iii. above). The local authority is responsible for that public law decision as to whether the statutory S42 (2) duty is triggered.*

[see https://www.adass.org.uk/media/7323/s42-fwork-v-7-5-final-11-july.pdf for full version]

SHSC have employed Safeguarding Practitioners specifically to fulfil our delegated duties through the review and assessment of internal and external notifications of concern. The concerns are triaged using the legal criteria for safeguarding (previously called the 3 stage test) to assess if the concern needs to enter the safeguarding process. When a concern meets the criteria, the practitioners will consider the approach to investigation (see flow charts in Appendix C).

As part of the delegated duties SHSC has also employed safeguarding managers in the community. They will lead the majority of safeguarding investigations in the community and may support other safeguarding investigations across the Trust.

The Modern Matrons within inpatient services will also lead Section 42 enquiries following completion of Safeguarding Manager training.

When a safeguarding concern is raised against SHSC by or via the Local Authority and meets the statutory criteria, the practitioners will follow the same process, but the concern will be flagged with the safeguarding leadership structure including Corporate Lead for Safeguarding and the Head of Safeguarding.

The CQC also use the safeguarding system to raise concerns, these may also come back through to us, via the Local Authority.

6   Duties

6.1   The Board of Directors

The Board of Directors are committed to ensuring that this policy becomes operational by;

- Ensuring that there is a consistent and effective response to any concerns, allegations or disclosure of abuse.
- Supporting staff in reporting and investigating incidents of adult abuse. (Refer to Trust Incident and Investigation Policy for further information about supporting staff.)

- Receive reports and assurance from the Trust safeguarding Lead and Executive Lead about Safeguarding adults and PREVENT.
- Complying with Sheffield Adult Safeguarding Partnership Board auditing request wherever possible and practicable.
- Contributing to and learning from, the development of policy and practice at a local and national level.
- Participating in the multi-agency Sheffield Adult Safeguarding Board and its associated sub boards.

6.2   Chief Executive

The Chief Executive is responsible for ensuring that the Trust complies proactively with its statutory responsibilities around Safeguarding Adults.

6.3   Executive Director of Nursing Professions and Operations

The Executive Director of Nursing Professions and Operations retains the strategic lead for safeguarding for the Trust. This includes having responsibility for safeguarding across the Trust, and Board level responsibility for the requirements under the Care Act and Care Support Statutory Guidance 2014. They are also responsible for ensuring appropriate systems and processes are in place throughout the Trust to safeguard Adults at risk.

6.4   Director of Quality

The Director of Quality holds the corporate lead for safeguarding on behalf of Executive Director of Nursing Professions and Operations. The Director of Quality will provide the Quality Assurance Committee with approved report from the Safeguarding Assurance Committee. Keep the Executive Director of Nursing Professions and Operations informed of all relevant information.

6.5   Head of Safeguarding

The Head of Safeguarding will provide quarterly and annual reports to the Safeguarding Assurance Committee. They will liaise with commissioners and the Safeguarding Adult Partnership to provide data and quality assurance as required. They will keep the Director of Quality informed of all relevant information. They will liaise with mandatory Training Lead regarding training requirements as per NHS Intercollegiate guidance.

6.6   The Corporate Safeguarding Team

The Corporate Safeguarding team will:

- Provide training and monitor training compliance.
- Provide advice and support to all staff.
- Review internal notifications of concern and provide guidance and advice to staff.
- Fulfil the delegated function from Sheffield City Council by ensuring Section 42 enquiries are undertaken when required.
- Review and triage all safeguarding concerns shared by the Local Authority using the legal criteria for safeguarding, known as the Three Stage Test.
- Monitor compliance with the Safeguarding Principles and the Approach for South Yorkshire 2021.
- Participate and contribute to any multi agency case review process and participate in learning events following investigations into serious incidents.

- Provide safeguarding supervision to all registered professionals within the Trust, see the Safeguarding Supervision Policy.

6.7 Named Doctor for Safeguarding

The Named Doctor for Safeguarding supports the Trust in undertaking its statutory safeguarding functions. They will work closely with the Executive Director of Nursing Professions and Operations and the Corporate Safeguarding Team to provide medical leadership for the adult and child safeguarding processes in SHSC. They will also work collaboratively with the Named GP for Safeguarding Adults and Children in Sheffield CCG.

6.8 General Managers

General Managers are responsible for ensuring the policy is distributed and adhered to within their service areas.

6.9 Safeguarding Managers

Under our delegated responsibilities, Safeguarding Managers are responsible for leading Section 42 enquiries from investigation to closure, and overseeing concerns within their clinical areas.

The Safeguarding Manager is accountable to Sheffield Adult Safeguarding Partnership via their organisation and responsibilities include:

- Making decisions on the need to proceed with the Safeguarding process using the 3 stage test or identifying alternative responses;
- Making decisions on who will carry out the conversation with the adult at risk and clearly outline what is required of the enquirer and by when, this will inform their decision to proceed with safeguarding, identifying alternative responses or exit the safeguarding process.
- Identifying where necessary other relevant staff to assist with the Section 42 enquiry but will remain the overall lead.
- Ensuring feedback on the decision is given to the person raising the concern.
- Ensuring that the service user is fully engaged, where possible with the enquiry in line with Making Safeguarding Personal.
- Convening and chairing planning and outcome meetings, including the agreement of responsibilities, actions and timescales.

6.10 All Staff

It is the responsibility of all staff to act on any suspicion of abuse or neglect and to pass on their concerns to a responsible person/agency (Care Act, 2014)

All staff have a responsibility to be aware of and act in accordance with the Trust's policies in relation to Safeguarding Adults and PREVENT (see separate PREVENT policy). Awareness of policies is a central part of induction training for new staff and managers. All Trust policies are available on the Trust website (Jarvis) in one central location and staff should familiarise themselves with this resource.

Practitioners involved in complex safeguarding adults or children's cases (including Domestic Violence and Abuse) must discuss these with their supervisor who may direct the practitioner to the SHSC Safeguarding Team for specific focused safeguarding supervision.

In line with the recommendations from Themes and Lessons Learnt from NHS Investigations into matters relating to Jimmy Saville (2015), all staff should be mindful that any visitors to Trust properties and with access to Trust service users should not be left in situations, and with service users which may place the service user at risk. All staff are required to have the relevant Disclosure and Barring checks prior to working unsupervised within the Trust. Please see the Trust Visitors (2019) Policy and Visits by Children to Inpatient or Residential Care Setting (2019) Policy for further information.

7   Procedure

A Safeguarding concern can be raised either internally or externally to the Trust (flow charts 1 and 2).

7.1   External concerns

A notification of concern will be raised by external sources. This will be sent to the Safeguarding Team secure email address sct-ctr.shscsafeguarding@nhs.net for triage by the Safeguarding Practitioners. External concerns can be raised by Police, South Yorkshire Ambulance Service, Local Authority, Private and Voluntary Services, Sheffield Teaching Hospitals and members of the Public (not an exhaustive list). See flow chart 1.

7.2   Internal concerns

Are raised by the Trust staff, when the person at risk is already in receipt of care from the Trust. Please see Flow Chart 2.

Internal concerns are raised via Insight and an automatic alert is sent to the Corporate Safeguarding Team (within integrated adult mental health services 18-65 year olds). Alerts are also automatically sent to the Service Manager of the service users care team. All other SHSC Services including Older Adults and Learning Disabilities refer to the Local Authority Adult Access Team (Tel: 0114 2736870 or email: asc.howdenhouse@sheffield.gov.uk).

7.3   Safeguarding Stages and Timescales

Raising a Concern

Anyone who first becomes aware of concerns of abuse or neglect must report those concerns as soon as possible within the same working day to the relevant manager and document on Insight using the safeguarding concern form. An incident form should also be completed (refer to the Incident Reporting Policy).

Consideration needs to be given to managing the service user's immediate safety (e.g. contacting 999/emergency accommodation/staying with relatives/admission to services/increased observations).

If a crime has been committed this must be reported to the police. Wherever possible the person at risk should be supported to report this themselves. Where a person chooses not to report to the Police, staff can make the decision to report this based on the seriousness of the alleged crime.

Staff can report to the Police without a person's consent. If this is the case, they should tell the person they have done so wherever possible. If there is a clinical decision made not to report to the Police, staff must have very good reason not sharing this information i.e. there is a clinical view that it would cause the person serious harm. The presumption is in favour of reporting/disclosing in line with The Data Protection Act (2018) which allows processing for preventing or detecting unlawful acts and UK GDPR has the basis of substantial public interest.

If there is a risk to Children, concerns should be shared immediately with the Children Safeguarding Hub.

Concern Raised

Ensure accurate and effective documentation is completed. The Service Manager/Ward Manager should review concerns, assess risk, and ensure a plan is in place to safeguard the service user. This should include discussion with the service user to ascertain their wishes and feelings. Taking these into account, if risks can be reduced or clinically managed, the concern can be exited at this stage. Once raised, a concern should be reviewed within 24 – 72 hours by the Safeguarding Practitioners using the statutory legal criteria for safeguarding. At this stage the Safeguarding practitioners may assess that a Section 42 enquiry is required (see internal notification of concern process).

Section 42 enquiry

Meeting with the person at risk

A discussion should be had with the person at risk to verify the concern and seek their wishes and feelings on what would make them feel safe. This may be done by telephone or video conversation; however, a face-to-face assessment is preferable. The views of the person at risk should be documented and considered when progressing the concern. Capacity must be assessed at this point.

Everyone has a right to make their own decisions even if it appears unwise.

If the person lacks capacity to make a decision with regards to the risk posed you should consider other mechanisms that may be more appropriate (Mental Capacity Act 2005, Mental Health Act 1983, Liberty Protection Safeguards).

A meeting with the person at risk should occur within 7 days of the concern being raised.

Planning Meeting

This can be completed virtually, however face to face meetings are preferable. Professionals should decide on management of the risks identified within the terms of reference of the Section 42 enquiry.

A planning meeting should occur within 14 days of meeting with the person at risk. If adequate plans are already in place to safeguard the individual, the safeguarding concern can be exited at this point.

The Section 42 enquiry should be documented on the Insight forms and completed thoroughly to reflect the decision and the Corporate Safeguarding Team should also be notified.

Enquiry

Section 42 enquiries will be led by a Safeguarding Manager in the Community Teams, or a Modern Matron for inpatient services who has undertaken Local Authority Safeguarding Managers Training. Guidance on completing an enquiry is included within this training. The routine timescale for the S42 Enquiry is 6 weeks however, comprehensive enquiries may take longer. Completion date should be set at the planning meeting and if this is longer than 6 weeks, the date should be shared with the Corporate Safeguarding Team to ensure oversight of the enquiry.

Although an enquiry will be led by a Safeguarding Manager, any member of staff involved in the care of the person at risk can be asked to contribute and support the investigation.

Outcome Meeting

An outcome meeting may not always be necessary if the Safeguarding Manager is satisfied that the concerns have been addressed and sufficient information has been gathered. The Safeguarding Manager can then close the enquiry by completing the exit form on Insight. This should ideally occur within 6 weeks.

The Safeguarding Manager may decide to hold an outcome meeting where the case has been comprehensive and the Safeguarding Manager requires further discussion to ensure the concerns have been addressed. The professionals involved should agree their rationale for closure of Section 42 enquiry or further information may be required before the enquiry can be closed. The outcome should be shared with all involved.

7.4   Domestic Abuse

Staff should refer to the Trusts Domestic Abuse Policy, South Yorkshire Safeguarding Adults Procedures and for children aged 16 and 17 years old see SHSC Safeguarding Children Policy for information and guidance.

7.5   Allegations against staff

Allegations made against Trust staff should be reported in line with the SHSC Allegations Against Staff and Disciplinary policy. When there is concern that a crime may have been committed the police should be notified. A safeguarding concern must also be completed for the alleged victim. When documenting a concern on the appropriate patient recording system do not include the details of the staff member alleged to be the source of harm.

If the alleged victim is not an SHSC service user, a safeguarding concern should be submitted to the Local Authority. Please see Allegations Against Staff Policy for further information.

7.6   Mental Capacity

In accordance with the Mental Capacity Act 2005, we work from a presumption of mental capacity unless a person's apparent comprehension of a situation gives rise to doubt. It is

the responsibility of staff to establish this. (Please also refer to the SHSC Capacity and Consent to Care, Support and Treatment Policy and the MCA web pages on Jarvis).

8   Development, Consultation and Approval

This is a new policy which has separated two policies: Safeguarding Adults and PREVENT. The process of developing this policy has been led by the Adult Safeguarding Advisor and the Interim Head of Safeguarding with the Corporate Safeguarding Team.

Policy has been sent for review to (people)

- Executive Director of Nursing, Professions and Operations
- Director of Quality
- Named Doctor for Safeguarding
- Heads of Service
- Heads of Nursing
- Matrons
- Director for AHP's

 And assured at:

- Policy Governance Group

9 Audit, Monitoring and Review

Monitoring Compliance Template

Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
Annual Audit of internal and external Notifications of Concern to ensure compliance against the flowcharts above	Audit	Corporate Safeguarding Team	Annual	Safeguarding Assurance Committee	Corporate Safeguarding Team	Quality Assurance Committee
Quarterly data report on Numbers of referrals, types of abuse, etc.	Report	Head of Safeguarding	Quarterly	Safeguarding Assurance Committee	Corporate Safeguarding Team	Quality Assurance Committee

10 Implementation Plan

Objective	Task	Executive/ Associate Director Responsibility	Timescale and Progress
Dissemination, storage and archiving	Post on Trust intranet (Jarvis)	Director of Quality	Within 1 week of ratification
Communication of updated policy to all staff	'All SHSCFT staff' email alert and communication in CONNECT	Director of Quality	Within 1 week of ratification
Cascading of information to all staff	Senior Managers to share with Team/Ward managers to ensure all staff have access to latest version of this policy.	Director of Quality	Within 1 month of dissemination
Training and development	Ensure up to date information is available at induction for all new staff Training to be provided on Action Learning Sets to ensure Safeguarding Managers and relevant mangers can lead group supervision using this approach.	Director of Quality	Within 1 month of dissemination

11   Dissemination, Storage and Archiving (Control)

The Trust will ensure that the policy is circulated to all relevant staff using the Trust Jarvis pages and is promoted via the Safeguarding Assurance Committee. Dissemination will take place via:

- • Staff Induction
- • Safeguarding Training
- • Trust Intranet (Jarvis)
- • Learning Lessons Hub
- • Strategic Development Group

12   Training and Other Resource Implications

12.1   In order to meet its obligations the Trust has made training of all staff in adult and child safeguarding mandatory at the required level, to be undertaken a minimum of three-yearly basis (dependent upon role and in line with the NHS Intercollegiate Guidance safeguarding competency pathway as set out by the intercollegiate document guidance):
- • Basic training with respect to awareness that abuse can take place and the duty to report.
- • Training on recognition of abuse and responsibilities with respect to both Trust and Multi-Agency procedures.

12.2   It is the Trust's expectation that all staff access safeguarding training in accordance with their roles and responsibilities. The training will include sections on the sharing of information and confidentiality in line with national and local protocols. Additional Trust training will also focus on record keeping; promoting the keeping of clear, accessible, comprehensive and contemporaneous records that are in line with national and local protocols.

12.3   The Trust's Electronic Staff Record maintains a record of all children and adult safeguarding training delivered, with reference to appropriate levels achieved.

12.4   The Trust accesses and contributes to the Local Safeguarding Board Partnership training pool, in delivery and receipt of advanced and / or specialist training.

12.5   Further detail in relation to available safeguarding training, levels and competencies can be found in the Safeguarding Training Strategy, which is available on the Trust Intranet.

13   Links to Other Policies, Standards (Associated Documents)

Sheffield Safeguarding Children and Child Protection Procedures

https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/south-yorkshire-adult-safeguarding-procedures

https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/pipot-procedure

https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf

https://www.rcn.org.uk/professional-development/publications/pub-007366 -Children and Young People

https://www.rcn.org.uk/professional-development/publications/pub-007069 - Adults

SHSCFT Performance Development Review (PDR) Policy
SHSCFT PREVENT Policy
SHSCFT Multi-Professional Preceptorship Policy Preceptorship Policy
SHSCFT Domestic Abuse Policy
SHSCFT Human Resource Policies
SHSCFT Consent Policy
SHSCFT Incident Reporting Policy
SHSCFT Supervision Policy
SHSCFT Safeguarding Children Policy
SHSCFT Safeguarding Adults and Prevent Policy
SHSCFT Raising Concerns at Work (Whistle Blowing) Policy
SHSCFT Access to Care Records Policy
SHSCFT Being Open and Duty of Candour Policy
SHSCFT Confidentiality and Information Sharing Policy

14   Contact Details

Title	Name	Phone	Email
Named Doctor for Safeguarding Children	Helen Crimlisk	275 0719	Helen.crimlisk@shsc.nhs.uk
Head of Safeguarding	Diane Barker (Hester Litten-Interim)	271 8484	diane.barker@shsc.nhs.uk hester.litten@shsc.nhs.uk
Named Nurse for Safeguarding Children	Angela Whiteley		Angela.whiteley@shsc.nhs.uk
Adult Safeguarding Advisor	Stephenie Barker		Stephenie.barker@shsc.nhs.uk
Director of Quality	Salli Midgley		Salli.midgley@shsc.nhs.uk
Executive Director of Nursing, Professions and Operations	Beverley Murphy		Beverley.murphy@shsc.nhs.uk
Safeguarding Practitioner	Laura Gould		Laura.gould@shsc.nhs.uk
Safeguarding Practitioner	Heather Chalmers		Heather.chalmers@shsc.nhs.uk

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement. **I confirm that this policy does not impact on staff, patients or the public.**	*I confirm that this policy does not impact on staff, patients or the public.* Name/Date:	**YES,** Go to **Stage 2**

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – **Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	NO		
Disability	NO		
Gender Reassignment	NO		
Pregnancy and Maternity	NO		

Race	NO		
Religion or Belief	NO		
Sex	NO		
Sexual Orientation	NO		
Marriage or Civil Partnership	NO		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by: Hester Litten
Name /Date 15/10/2021

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	YES
2.	Is the local Policy Champion member sighted on the development/review of the policy?	NO
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	Not a new policy but Case for Need has been approved
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	YES
5.	Has the policy been discussed and agreed by the local governance groups?	NO – not a new policy
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	YES Statutory requirement as per NHS Intercollegiate Guidance
	Template Compliance	
7.	Has the version control/storage section been updated?	YES
8.	Is the policy title clear and unambiguous?	YES
9.	Is the policy in Arial font 12?	YES
10.	Have page numbers been inserted?	YES
11.	Has the policy been quality checked for spelling errors, links, accuracy?	YES
	Policy Content	
12.	Is the purpose of the policy clear?	YES
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	YES – as above
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	NA
15.	Where appropriate, does the policy contain a list of definitions of terms used?	YES
16.	Does the policy include any references to other associated policies and key documents?	YES
17.	Has the EIA Form been completed (Appendix 1)?	YES
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	YES
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	YES
20.	Is there a plan to i. review ii. audit compliance with the document?	YES
21.	Is the review date identified, and is it appropriate and justifiable?	YES

Appendix C

Flowchart 1

Safeguarding Process for External Notifications of Concern

Notification of concern received from External Source to the Safeguarding Team secure email address
sct- ctr.shscsafeguarding@nhs.net

Initial review completed by Safeguarding Practitioners to identify safeguarding concerns or if the referral ONLY relates to possible mental health, substance or alcohol issues.

Is there a Safeguarding Concern?

YES
Safeguarding Practitioners will open a Safeguarding Concern form and assess against the statutory legal criteria. Assessment will include:
- Does the person have capacity (Decision specific)?
- Consideration of any imminent risk of harm e.g., involvement of police.
- Are children at risk? Inform Children Safeguarding Hub (see Safeguarding Children Policy)

NO
If the person is open/known to SHSC services, email sent to relevant service. If person is not known/open to SHSC, email sent to SPA as per internal agreement.

Does meet legal criteria for Safeguarding – Section 42 Enquiry
If the person is open/known to SHSC:
- Email sent to relevant service to notify
- Safeguarding Manager/Matron allocated
- Safeguarding Practitioners complete Terms of Reference (ToR) for S42 Enquiry.
- ToR agreed by Head of Safeguarding and Head of Adult Safeguarding in Local Authority cc. Director of Quality.
- ToR sent to Safeguarding Manger/Matron once agreed.
- Safeguarding Manager/Matron undertake enquiry as per policy

Does NOT meet legal criteria for Safeguarding
If the person is open/known to SHSC services, email sent to relevant service.

If not open/known to SHSC consider alternative responses such as MARAC, carer support, signposting to local services for support.
Email sent to GP and feedback to referrer.

Appendix C

Flowchart 2

Community Process for managing Internal Safeguarding Notifications of Concern

This flowchart is not a process of investigation and it is assumed that at all stages the Service User/Patient will be included in decision making as part of the MSP agenda.

Referrer with support from Safeguarding Manager

If allegation against staff member is identified, follow "Allegations against staff policy"

Complete Safeguarding concern on Insight and e-Incident form (ensure box for Safeguarding Adult and/or child is ticked on Incident form)

Ask for support and advice from Safeguarding Manager, provide additional info

Complete Safeguarding Exit form on Insight.

Corporate Safeguarding Practitioners

Referral is received in Inbox. Review and triage against the legal criteria for safeguarding within 48 hours

Outcome A →

Outcome B →

NoC does not meet legal criteria for Safeguarding. Alternative response required by clinical staff (See Note)

If there is insufficient information, request further info from referrer and Safeguarding Manager.

Identify Section 42 enquiries needed

Notify Safeguarding manager and send Terms of Reference and update Insight using relevant safeguarding forms.

Safeguarding Manager

Safeguarding Manager to lead Section 42 Enquiry with assistance from staff members working with the individual

If safeguarding concern relates to service user who is a current inpatient, liaise with Matron to agree who will lead the enquiry.

Update Insight throughout the process.

Submit Section 42 Enquiry to Safeguarding team

Corporate Safeguarding Team

Send Section 42 Enquiry Terms of Reference to Head of Adult Safeguarding Health and Social Care

If no Safeguarding Manager identified, Head of Safeguarding will liaise with General Manager for allocation.

Update Local Authority of completion of Section 42 Enquiry and send copy of completed investigation for their records
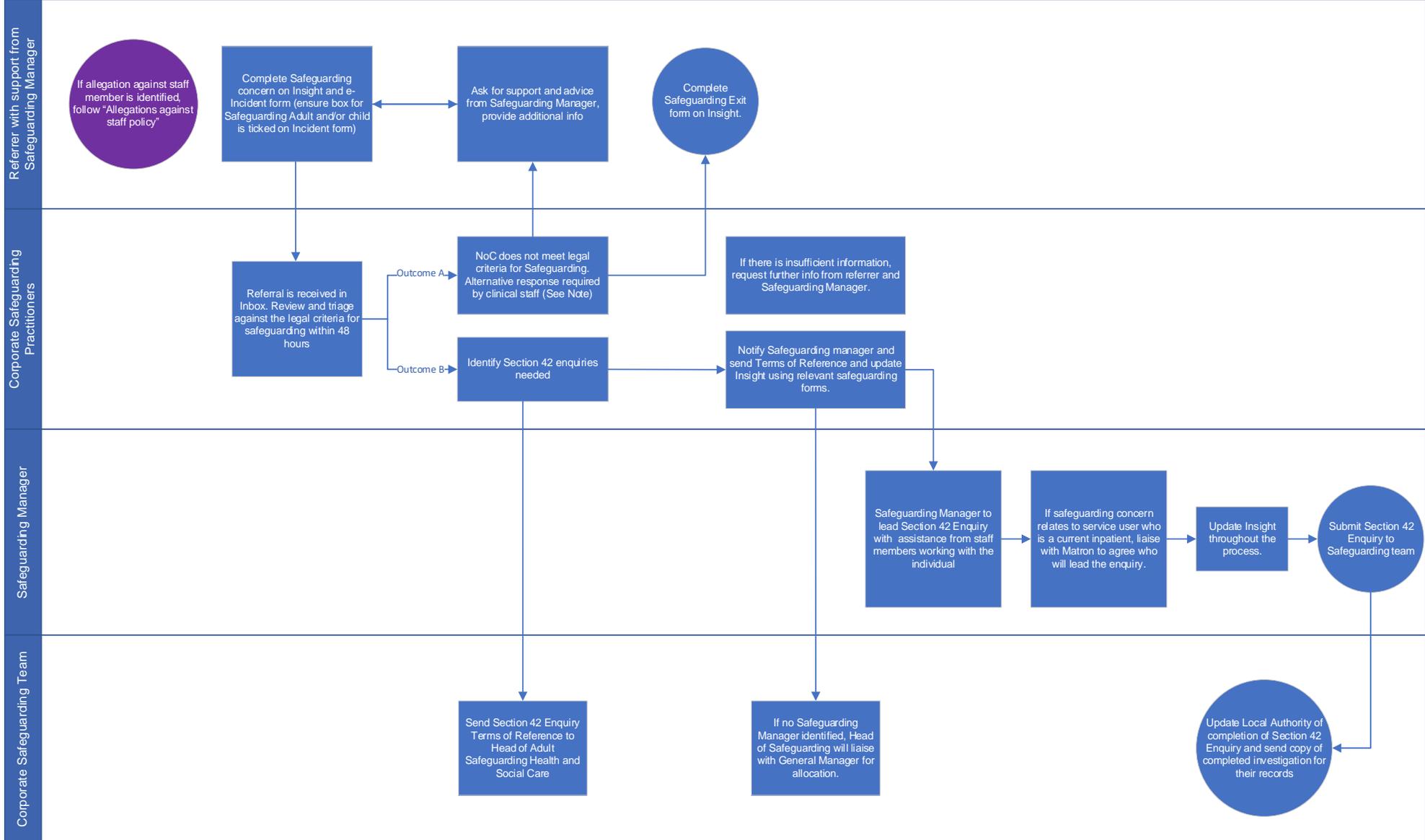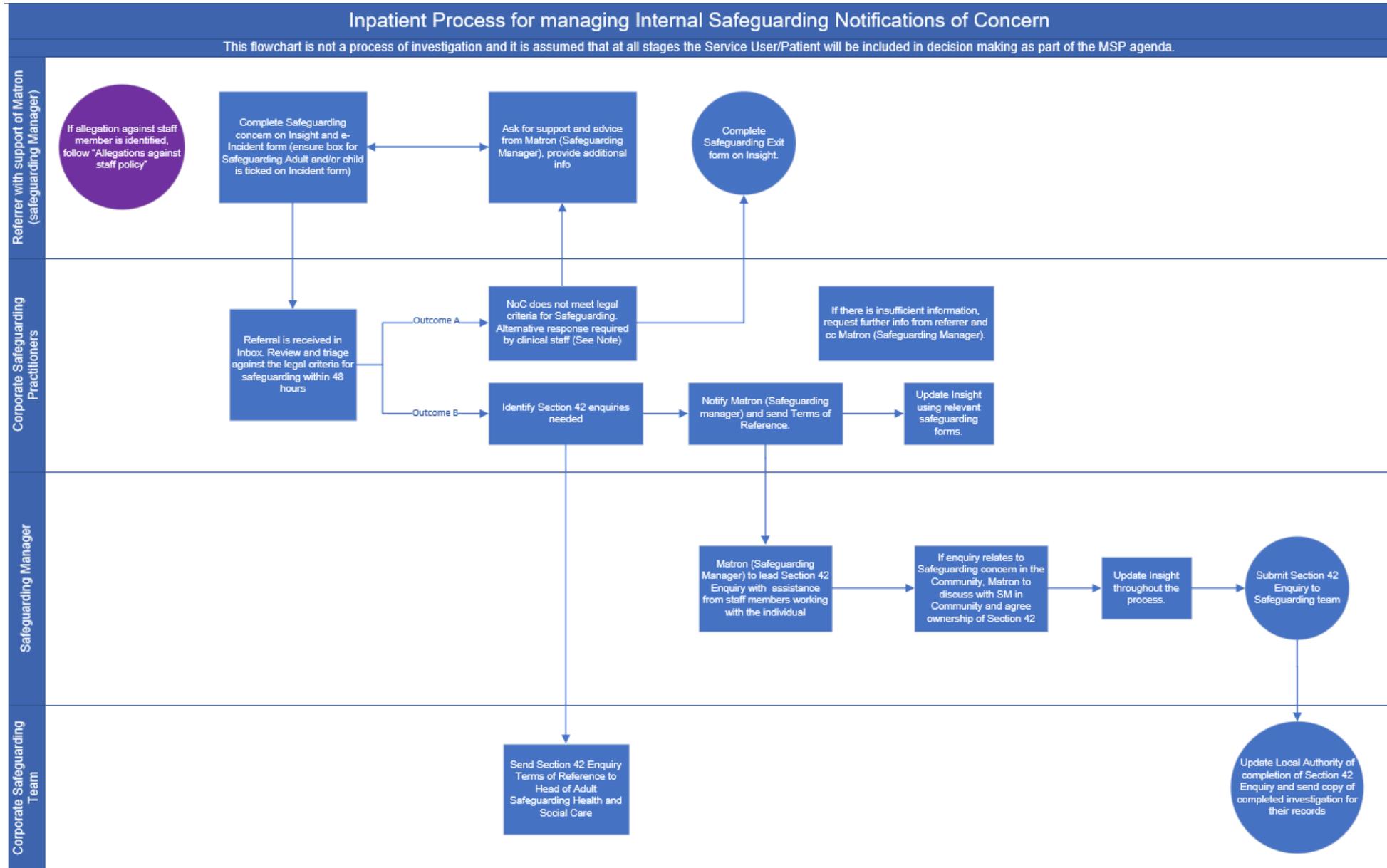
Appendix D   **Flowchart 3**

Inpatient Process for managing Internal Safeguarding Notifications of Concern

This flowchart is not a process of investigation and it is assumed that at all stages the Service User/Patient will be included in decision making as part of the MSP agenda.

Referrer with support of Matron (Safeguarding Manager)

- If allegation against staff member is identified, follow "Allegations against staff policy"
- Complete Safeguarding concern on Insight and e-Incident form (ensure box for Safeguarding Adult and/or child is ticked on Incident form)
- Ask for support and advice from Matron (Safeguarding Manager), provide additional info
- Complete Safeguarding Exit form on Insight.

Corporate Safeguarding Practitioners

- Referral is received in Inbox. Review and triage against the legal criteria for safeguarding within 48 hours
  - Outcome A → NoC does not meet legal criteria for Safeguarding. Alternative response required by clinical staff (See Note)
  - Outcome B → Identify Section 42 enquiries needed → Notify Matron (Safeguarding manager) and send Terms of Reference. → Update Insight using relevant safeguarding forms.
- If there is insufficient information, request further info from referrer and cc Matron (Safeguarding Manager).

Safeguarding Manager

- Matron (Safeguarding Manager) to lead Section 42 Enquiry with assistance from staff members working with the individual → If enquiry relates to Safeguarding concern in the Community, Matron to discuss with SM in Community and agree ownership of Section 42 → Update Insight throughout the process. → Submit Section 42 Enquiry to Safeguarding team

Corporate Safeguarding Team

- Send Section 42 Enquiry Terms of Reference to Head of Adult Safeguarding Health and Social Care
- Update Local Authority of completion of Section 42 Enquiry and send copy of completed investigation for their records

What is an Alternative Response

After proportionate fact finding, it may not be necessary to continue to the S42(2) Enquiry and no further action may be required. However, an 'Alternative Response' could be considered such as MARAC, signposting to other organisations or charities, S10 carers assessment or directing the individual to make a formal complaint if concerns are about the quality of care and treatment. Further information can be found in this document - Making decisions on the duty to carry out Safeguarding Adults enquiries https://www.adass.org.uk/media/7323/s42-fwork-v-7-5-final-11-july.pdf

Where a serious allegation regarding our care is made or a Section 42 Enquiry is raised against SHSC by the Local Authority, the Corporate and Executive Leads for Safeguarding should be informed at the earliest opportunity by the person in receipt of the information. The Corporate Lead for Safeguarding is the Director of Quality and the Executive Lead for Safeguarding is the Executive Director of Nursing, Professions and Operations. In these circumstances we request that the Local Authority carries out the Section 42 Enquiry to ensure independent scrutiny.

List of Matrons (Safeguarding Managers) by area

- Naomi Hebblewhite - Longley Centre
- Shirley Lawson - MCC
- Lorraine Murphy - MCC
- Kim Parker - Forest Lodge
- Julie Smalley - Forest Close
- Julia Skelding - Firshill
- Josephine Campbell - G1 & Dovedale

all above are in substantive posts, the below are temp contracts until Jan 2022

- Joanne Sims - MCC
- Stella Davis - MCC
- Andrew Falconer - MCC
- Gemma Ellis - MCC