

Safeguarding Children, Young People and Adults at Risk in Sheffield - Self Assessment 2021 - Sheffield Health & Social Care NHS FT

Safeguarding Lead

There is a senior safeguarding lead who is at 'Board Level'. They have the required knowledge, skills and experience to take leadership responsibility for the organisation/agency's safeguarding arrangements. They will oversee a culture of trauma-informed and inclusive practice throughout the organisation.

Response

Beverley Murphy (Executive Director of Nursing, Professions and Operations) is the SHSC Executive Lead for Safeguarding. This responsibility is detailed within the job description of the role. The Exec Lead, along with other board members receive safeguarding training as required by the NHS Intercollegiate document. Salli Midgley (Director of Quality) holds the corporate responsibility for delivering on the safeguarding agenda for the Trust and across its delegated duties. This is detailed within her job description. Salli reports directly to Beverley. The Trust is embedding a trauma informed approach across its services which is inclusive and respects diversity and engagement as detailed in the Trust Clinical and Social Care Strategy

Rating



Board Rating

Designated/Named Lead for Safeguarding

There is a named lead (designated or named practitioner) for safeguarding children and young people/adults at risk who staff can contact for support and advice:

- Their role is defined within their job description.
- They are given sufficient time, supervision and support to fulfil their welfare and safeguarding responsibilities effectively.
- They have a key role in promoting good professional practice, providing advice and expertise and ensuring safeguarding training is in place.

Response

Diane Barker is the Trust lead for Safeguarding supported by Angela Whiteley is the Named Nurse for Safeguarding Children and Stephenie Barker is the Adult Safeguarding Advisor. There is currently an Interim Head of Safeguarding in post due to absence, to ensure

continuity and delivery of statutory safeguarding requirements Their roles and responsibilities are clearly defined in their job descriptions are they are an integral part of the Corporate Safeguarding Team Both staff members receive supervision from external designated or named professionals and internal line management supervision. They also have access to safeguarding group supervision with a Psychotherapist. Both staff me provide advice and support to staff across the Trust and are able to liaise with colleagues in the local authority or police for further support. The Safeguarding team also has safeguarding practitioners who provide daily advice and support to staff and team. L1 & 2 Training for Adults and Children is in place via the eLearning for Health portal. L3 Safeguarding Children Training is delivered by the Local Authority and L3 Safeguarding Adult Training will be available by November 2021 and delivered by the Trust. Safeguarding leads also attend Local Authority Safeguarding manager training

Rating



Board Rating

Accountability

There is a clear accountability framework that enables all staff to understand their role in safeguarding children and young people/adults at risk (e.g., detailed in job descriptions, highlighted through training).

Response

Safeguarding is every ones responsibility and safeguarding roles and responsibilities are in all SHSC contracts/job descriptions. Roles and responsibilities are reinforced through training and in our suite of safeguarding policies and processes. Policies are reviewed 3 yearly after an initial 6 month review for any new policy to ensure they reflect current best practice, national guidance or changes in statute. Further information on our training compliance will be detailed in Part 6. The introduction of level 3 safeguarding adult training will further embed knowledge related to roles and responsibilities.

Rating



Board Rating

Prevent

- Identify an Executive lead with responsibility for Prevent

- 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.
- There is a procedure in place, 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.

Response

-Board level accountable clinician – Executive Director of Nursing, Professions and Operations. -Senior clinical lead – Named Doctor for Safeguarding. -Operational lead - Head of Safeguarding/Adult Safeguarding Advisor. -SHSC currently have a joint Safeguarding Adult and Prevent Policy but these are in the process of being separated to allow for clear guidance and easy access by staff to Prevent procedures. - The Prevent policy describes how the Trust will meet its statutory responsibilities under the Counter Terrorism and Security Act (2015), it references and is consistent with the HM Government Prevent Strategy (2011), the Home Office Prevent Duty Toolkit for Local Authorities and Partner Agencies, and the Guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation (NHSE, 2017). -There is a flowchart within the policy for staff to follow when they have a Prevent concern, it clearly sets out how to escalate the concern and how to make a referral to Prevent.

Actions

Action	Lead	Due
complete the review of the safeguarding adult and prevent policy to ensure there is a stand alone Prevent policy to which the organisation adheres	Stephenie Barker	30-11-2021
Complete a review of the current PREVENT training regime to ensure that staff are trained to the correct level of knowledge aligned to job roles to support the PREVENT agenda.	Hester Litten	31-10-2021

Mental Capacity Act / Liberty Protection Safeguards (MCA and LPSs)

The Agency will identify a named health or social care professional with lead responsibility for ensuring the effective implementation of the MCA and LPSs.

Response

The Head of Mental Health Legislation is tasked with lead responsibility for Mental Capacity Act and LPS. MCA and LPS is discussed in the monthly Mental health legislation operational group which reports to the mental health legislation committee. (MHLC) the Head of Safeguarding sits on the MHLC and the Head of MH Legislation sits on the Safeguarding Assurance Committee to ensure clear lines of

communication and escalation when required

Rating



Engagement with Public and Service Users

The Agency will ensure public information, including how to raise a concern is easily accessible and available, that it is current and available in different formats

Response

SHSC previously had posters available in public spaces for service users and visitors that displayed contact details for Adults and Children's services and domestic abuse services in Sheffield and how to raise a concern. These information posters require updating

Rating



Board Rating

Actions

Action	Lead	Due
update the information for the public on how to raise a safeguarding concern or a Prevent concern	Jody White	31-12-2021

CQC inspection

The Agency as part of this declaration will provide a link to their most recent CQC inspection and report.

Response

<https://www.cqc.org.uk/provider/TAH> The Trust has an action plan that is addressing the regulatory actions (musts and should) outlined in this report. SCCG have oversight through Quality Review Group

Rating



Board Rating

Promotion of Safeguarding

There is a plan for the promotion and development of safeguarding in the organisation

Response

The trust invested significantly in early 2021 in the Safeguarding resources to ensure that it was able to deliver on the safeguarding agenda within the Trust and aligned to its delegated duties. The Trust also committed to a rapid development plan to improve its delivery of those requirements aligned to statutory requirements. The CCG and local authority supported this development plan and worked with the Trust to oversee the implementation. The Corporate Safeguarding team actively promote the message that safeguarding is everyone's business and continuously review and develop our safeguarding response in the Trust through training, policies and advice and support to staff. Corporate Safeguarding Team will attend clinical areas to support multi disciplinary meetings, professionals meetings and provide training on request. Quarterly reports are produced for the Safeguarding Assurance Committee which is shared with the Quality Assurance Committee and Board. Areas of action and improvement are monitored through the Safeguarding Team workplan, audit plan and risk register. Updates on these are shared at the Safeguarding Assurance Committee. The Heads of Nursing, Heads of Service, Matrons and General Managers are part of the Safeguarding Assurance Committee and review the quarterly reports. Safeguarding information is circulated on the Trust internet pages, know as Jarvis. The Trust will host its first safeguarding conference this year.

Rating



Board Rating

Actions

Action	Lead	Due
evaluate the impact of the safeguarding conference and share lessons learnt through the safeguarding committee and with partner agencies	Salli Midgley	31-01-2022

Routine Discussions of Safeguarding

The agency will as part of its internal governance processes have an internal safeguarding meeting that includes demonstrating assurance against action plans, reviews and audits at every level in the organisation.

Response

Within the clinical areas, MDT meetings are held on a weekly basis. Safeguarding issues can be discussed during these meetings or other clinical reviews such as discharge planning meetings. Staff can and do hold case discussions or professionals meetings and will invite a

member of the safeguarding team for advice and guidance. External agencies, relatives and/or carers are invited to these where appropriate. Clinical staff can contact the Corporate Safeguarding Team for advice or to request attendance at safeguarding planning meetings or professionals meetings. Safeguarding can be discussed at 1-1 clinical supervision and is noted within the supervision dashboard. A new Safeguarding Supervision has been written and this will provide staff with dedicated time and safe space on a quarterly basis to discuss safeguarding concerns, cases or themes. The Trust has a Safeguarding Assurance Committee which meets quarterly to assure against action plans, reviews and audits, this is followed up monthly with the corporate safeguarding meetings which have just commenced.

Rating



Board Rating

Actions

Action	Lead	Due
embed the corporate safeguarding governance meetings to ensure action plans and audits are followed through to be delivered in the Safeguarding assurance committee	Hester Litten	31-01-2022

Audits

Internal audits, which focus on safeguarding practices, are undertaken routinely.

- Audit the use of the MCA by its staff, if applicable.
- Ensure the implementation of the Prevent agenda forms part of the audit cycle.

Response

The Corporate Safeguarding Team has an Annual Audit Plan in place. Audit completed by Named Nurse for Safeguarding Children (NNSC) of cases referred into SPA to ensure information about children is being captured. Prevent has not formed part our 2020/21 annual audit. SHSC is reviewing Prevent Policy and will add relevant audit to ensure compliance against this policy in 2022. Audits are routinely undertaken in relation to mental capacity and the Mental Health Act (for example, looking at whether capacity assessments were undertaken to consent to informal admission, whether detained patients have capacity for certain interventions which may required a second opinion appointed doctor). These audits are fed into the Mental Health Legislation Operational Group and subsequently to the Mental Health Legislation Committee. Liaison takes place between the Head of Mental Health Legislation and a new Head of Legal

Services in the Trust in relation to any feedback/comments from the Court of Protection with regards to mental capacity assessments and decisions. This feedback is used to influence future learning and training. Audit in relation to 'day-to-day' mental capacity assessments carried out by the Trust requires ongoing work. Internal Audit (360) is due to undertake an audit of the safeguarding function in 21/22 which will report back to Trust Board

Rating



Board Rating

Actions

Action	Lead	Due
Audit methodology in relation to 'day-to-day' mental capacity assessments carried out by SHSC staff to be developed	Jamie Middleton, Head of Mental Health Legislation	31-12-2021
ensure the completion of audits and reporting to safeguarding committee	hester litten	31-03-2022
deliver the actions aligned to the Internal Audit by (360) as per Trust Board requirements	Salli Midgley	30-09-2022

Participation in Multi-Agency Audits / Reviews

- The agency co-operates with any request from SCSP and SASP to contribute to multi-agency audits and reviews, including where required, the production of an individual management report.
- The Agency will, where required by the local safeguarding partnerships consider the organisational implications of any multiagency reviews (CSPR's, LLR, SARs, DHRs) and will devise and submit an action plan and evidence to the safeguarding partnerships to ensure that any learning is implemented across the organisation.

Response

SHSC co-operates with requests from partner agencies to contribute to multi-agency audits and reviews. The Named Nurse for Safeguarding Children contributes to the Multi Agency Audit Group and attends meetings on a regular basis. Relevant SHSC services participate in the SCSP Learning Lessons Reviews from the initial information gathering to the lessons learned reviews, Findings from cases are disseminated to teams via team briefings and are available on Jarvis. SHSC regularly participate in Strategy Meetings, Child

Protection and Case Conferences where clients are open to services, sharing relevant information and attending where appropriate to review and support plans. Information is also shared by the Corporate Safeguarding Team with regards to relevant historic contact, engagement, diagnosis and risk. Named Nurse for Safeguarding Children attends Strategy Meetings if requested/appropriate for clients that have significant history with SHSC but are not open to the Trust at the time of the meeting. Corporate Safeguarding Team share appropriate information with the MASH for the purpose of assessment of risk in a timely manner and attend reviews if and when requested. SHSC work closely with SASP with regards to safeguarding Adults and Section 42 enquiries completing reviews and attending case reviews as requested. The Corp. Safeguarding Team attends relevant meetings with regards to CSPR/SAR/DHR investigations. The Trust has provided IMR's to the partnerships including recommendations and action plans. The process for SAR/DHR was recently led by the Patient Safety Team in the Trust but is now the responsibility of the Safeguarding Team, However, notifications continue to also be sent to our Clinical Governance Team to ensure incidents are recorded.

Rating



Board Rating

Actions

Action	Lead	Due
SOP required within the Safeguarding Team to ensure clear allocation of investigations, regular progress monitoring and implementation of action plans.	Head of Safeguarding	31-12-2021

Learning from Reviews, Inspections and Research

- The learning from safeguarding related audits, reviews or inspections (internal, SCSP/SASP or national) is regularly disseminated to staff.
- Agencies can evidence changes that have been made in in response to any multi agency review (CSPR's, LLR, SARs, DHRs) and how these changes have impacted safeguarding.

Response

The Trust has communication email which is sent out weekly to all staff within the organisation. The safeguarding team has used this facility to share information on safeguarding updates to policies, external training events and learning briefs following DHR's and SAR's. The Trust now has an revised internet page called Jarvis which services are able to access and update their own areas of the website. The team has

begun to utilise this page to disseminate information to staff. The Safeguarding Team also delivers monthly 'bitesize' training sessions on topics that staff have identified or can be utilised to share learning from reviews. Sessions are so far booked for the next 6 months.

Rating



Board Rating

Actions

Action	Lead	Due
The safeguarding team will continue to work with Trust communications department and the Learning Lessons team to further develop information for sharing including rapid learning events to communicate key findings	Hester Litten	30-06-2022
The Safeguarding Team will continue to develop the Bitesize training sessions for the year ahead and utilise these sessions to share learning from reviews and research.	Hester Litten	31-03-2022

Robust Lines of Communication

Robust arrangements are in place to enable staff to communicate promptly with colleagues from their own and other agencies regarding safeguarding

Response

All staff are able to access advice and support from the safeguarding team during office hours. Staff can also speak to a Safeguarding Manager or Matron for advice. Out of Hours, staff can access Flow Coordinators for advice and can contact Adult and Children's Services OOH services. Staff working with Older Persons and service users with Learning Disabilities are able to access the Adult Contact Team. Contact details for the team and information on local safeguarding services is available on our Jarvis intranet pages.

Rating



Board Rating

Actions

Action	Lead	Due
Audit of effectiveness of communication across agencies is required. 360 audit will review communication with the LA for safeguarding children conversations	angela whiteley	31-03-2022
Safeguarding adult audit by 360 will investigate the communication between the local authority and SHSC for learning disability and older people referrals	Hester LItten	31-03-2022

Patient Safety Incidents

The Agency 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.

Response

The Trust produces quarterly safeguarding reports, as well as an annual report that record incidents of abuse/neglect. Complaints are also analysed and reported quarterly within our Patient Experience report, together with an annual report. The Trust hosts a serious incident panel to ensure robust oversight of serious incidents and themes arising. Incidents are reviewed at team level and every day in Trust Incident Huddle by the patient safety team. In addition, a monthly report is taken to the Clinical Quality and Safety Group for analysis and consideration of further actions. This has led to improvement work for example a task and finish group on medicines safety. The analysis and types of patient safety incidents, including serious incidents, reported are outlined in our monthly integrated performance and quality reports as well as our learning lessons quarterly reports which then go to Quality Assurance Committee.

Rating



Board Rating

SCCG reporting requirements

- The Agency will report to SCCG all safeguarding concerns that constitute also being a Serious Incident (SI). SCCG's SI policy will be adhered to.
- The Agency will submit to SCCG the agreed safeguarding Key Performance Indicators (KPI's) quarterly.

Response

SHSC reports all Serious Incidents to the CCG. SHSC has requested to attend SI closure panels with the CCG SHSC is revising its SI policy with the CCG to ensure all requirements are met SHSC submits KPI information on training compliance to the CCG on a quarterly basis. This is the only KPI requested.

Rating



Board Rating

Actions

Action	Lead	Due
SHSC to complete the refresh of the Incident Management Policy (including Serious incidents) aligned to CCG requirements	tania baxter	31-12-2021
SHSC to attend SI Closure panels with SCCG to ensure learning and discussion takes place every month	tania baxter	31-12-2021

Access to Policies

Policies can be easily accessed by all staff, and provide clear, straightforward guidance on how to recognise and respond to possible abuse or neglect.

Response

All policies stored centrally and are accessible on our Jarvis intranet pages. Policies include flowcharts to ensure staff have clear and easy access to referrals processes and how to respond to a concern.

Rating



Board Rating

Actions

Action	Lead	Due
a review of all policies to ensure flowcharts are included will take place	Hester Litten	31-12-2021

Safeguarding Policy

The organisation has a safeguarding children and young people/adults at risk Policy, which has been updated within the last 3 years.

- The individual organisation policies/procedures should clearly outline individual roles and responsibilities. Safeguarding is also cross-referenced in other relevant policies.
- 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 of how to recognise adult abuse or neglect and how to raise concerns, including about Domestic Abuse.
- The Agency 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.

Response

-Domestic Abuse Policy - updated May 2021 -Managing and Supporting Employees Experiencing Domestic Abuse - updated May 2021 - Safeguarding Children Policy - Updated May 2021 -Safeguarding Adults and Prevent Policy - reviewed in July 2021. These policies are currently in the process of being separated and reviewed. -Safeguarding Supervision Policy - to be ratified/approved -Allegations Against Staff Policy - to be ratified/approved -All policies are consistent with national policy and legislation such as Working Together to Safeguard Children (2018), Care Act (2014), HM Government Prevent Strategy (2011), the Counter Terrorism and Security Act (2015) and local principles and approaches from the Adults and Children's Partnership. -Policies are cross referenced with other Trust guidance e.g. HR procedures. -Policies offer guidance on roles and responsibilities of all staff, recognising abuse and factors that increase risk such as parental mental health, substance and alcohol use and domestic abuse, often referred to as Trilogy of risk. -Policies also set out duties of senior managers in the Trust.

Rating



Board Rating

Escalation

There are clear escalation policies (in place within the organisation) for staff to follow when their child/adult at risk safeguarding concerns are not being addressed within their organisation or by other agencies. Staff are aware of how to escalate the situation if they are unable to contact a specific individual.

Response

Staff are accountable for their actions and raise issues or conflicts using appropriate internal line management structures. If these concerns relate to external partners, the safeguarding team follows the escalation process as agreed by the safeguarding partnership which is available on their website. Staff appear confident using internal escalation process and will notify the safeguarding team if concerns relate to partner agencies, however there is evidence in 2021 that some staff had not raised concerns in relation to people with a learning disability or had not received feedback from the local authority, yet failed to escalate this.

Rating



Board Rating

Actions

Action	Lead	Due
360 internal audit to demonstrate staff confidence and compliance with safeguarding escalations.	Salli Midgley	31-03-2022
WOrk with the local authority to improve communication and oversight of referrals for people with a learning disability and older people	Salli Midgley	31-03-2022

Whistle-blowing

There is an organisational whistle-blowing procedure and a culture that enables issues about safeguarding and promoting the welfare of children and young people/Adults at risk, to be addressed. The procedure reflects the principles in Sir Robert Francis' Freedom to Speak Up Review. The principles are referenced in training and in the agency's code of conduct. Staff are aware of this.

Response

There is an organisational policy for whistleblowing and there is continued work to ensure that a culture that enables issues about safeguarding and promoting the welfare of children and young people/Adults at risk, is addressed. Examples of work include, promoting October Speak up Month, aspiring to have "speaking up" links in teams and providing monthly training that promotes speaking up and the

principles Sir Robert Francis referenced in his report.

Rating



Board Rating

Actions

Action	Lead	Due
Ongoing work to promote the FTSU role and reporting via the Chief Executive Office.	W Fowler	31-08-2022

Safeguarding Culture within the Organisation

There is a culture that enables issues about safeguarding and promoting the welfare of children and young people/Adults at risk to be addressed and staff feel supported in their safeguarding role. The safeguarding culture will be one that can demonstrate that it is trauma-informed and has equality and inclusion at its heart.

Response

The Trust has been implementing a safeguarding rapid development plan to influence the culture within the organisation and to ensure that safeguarding is central to all our work. We have developed more safeguarding practitioner roles, updated policies and provided a range of workshops, training and bitesize training initiatives to further embed the new processes and ways of working. A safeguarding conference is planned during safeguarding week, supervision is being embedded over 21/22 with action learning sets in development. Trauma informed care is embedded within the Trust new Clinical and social care strategy as an indicator for the care that we give .. being person centred, trauma informed, strengths based and evidence led. The Trust strategic objectives include work to further understand inequalities and to work towards reducing those, particularly in relation to racial and cultural inequalities. Further work is required to truly embed this developing culture.

Rating



Board Rating

Actions

Action	Lead	Due
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Deliver Safeguarding Conference	hester litten	30-11-2021
Deliver a range of activities to underpin the CLinical and Social Care Strategy which identifies the importance of recognising trauma and embedding trauma informed approaches across all services	linda wilkinson	30-09-2022

Mental Capacity Act / Deprivation of Liberty Safeguards

All policies and procedures are consistent with legislation / guidance in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and that staff practice in accordance with these policies, if applicable.

- Staff consider the need for a formal mental capacity assessment that is then recorded, and systems contain a prompt to staff to consider and record a client's mental capacity where this is possible.

Response

The Trust's current Mental Capacity Act/Deprivation of Liberty Safeguards policy does not include guidance to staff in relation to resolving differences of opinion. Guidance has been drafted and agreed by the Mental Health Legislation Operational Group. The updated policy requires ratification and approval by SHSC policy governance and this process is currently underway.

Rating



Board Rating

Actions

Action	Lead	Due
Guidance in relation to resolving differences of opinion to be added to SHSC Mental Capacity Act policy and agreed by SHSC policy governance processes.	Jamie Middleton, Head of Mental Health Legislation	30-11-2021

Forms of Restraint

The Agency 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, legal standards and adhere to the Reducing the Need for Restraint and

Restrictive Intervention guidance (2019).

Response

The Trust has an Aggression and Violence policy, which is currently under review and will be completed by November 2021. We also have a Least Restrictive Practice strategy . This covers all forms of restraint although is needing a substantial review due to significant national changes and requirements in relation to the CQC out of Sight report and recommendations 2020 and the Use of Force Act (2018). The statutory guidance that is not yet available but SHSC took part in the consultation . The use of covert medication is covered by our Medicines Management policy. SHSC is linked to the Restraint Reduction Network and the Corporate Safeguarding Lead is a Trustee. the least restrictive practice implementation plan for the strategy reports quarterly to the oversight group an then into MH Legislation committee

Rating



Board Rating

Actions

Action	Lead	Due
continue to implement the Trustwide least restrictive practice strategy	Lorena Cain	31-03-2023
continue to report quarterly to the Mental Health Legislation Committee to assure on progress with strategy implementation	Salli Midgley	31-03-2022

Advocacy

The Agency 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).

Response

A range of guidance is available on the Trust's intranet system. Information leaflet is available for staff regarding advocacy. Capacity and Consent to Care, Support and Treatment policy is in place and accessible on Trust intranet. This policy is in date. Regular liaison takes place between the Trust and advocacy in relation to any issues which arise. Advocacy attend the Trust's mental health legislation operational group to feed back any issues they may be having.

Rating



Board Rating

Official visitors

The Agency 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.

Response

In line with the recommendations from Themes and Lessons Learnt from NHS Investigations into matters relating to Jimmy Saville (2015), our Safeguarding polices state "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." The policy directs the staff to also see the Trust Visitors (2019) Policy and Visits by Children to Inpatient or Residential Care Setting (2019) Policy for further information.

Rating



Board Rating

Allegations of Abuse

There are clear written policies and procedures for dealing with situations where allegations of abuse are made against someone working in the organisation. The polices:

- Make clear the distinction between an allegation, a concern about the quality of care or practice, or a complaint.
- Set out the process, including timescales for investigation and what support and advice will be available to individuals against whom the allegations have been made.

Response

The Trust now has stand alone Allegations Against Staff policy. The policy sits alongside the Trust Disciplinary policy and HR procedures, Complaints Policy and Safeguarding Adults and Safeguarding Children Policy. The Allegations Against Staff policy sets out the process that staff and senior managers need to follow when they become aware of an allegation or an allegation is made against them. The Disciplinary Policy also clearly sets out the difference between an allegation, concern and a complaint. The Disciplinary policy offers clear information

regarding rights to representation and seeking support. It identifies; Trade Union Representation, Workplace Wellbeing, self- referral to Occupational Health, Human Resources and if practicable identifying a suitable colleague to give confidential support.

Rating



Board Rating

Actions

Action	Lead	Due
complete the Allegations Against Staff Policy and implement Trustwide	Hester Litten	31-12-2021

Reporting Allegations

Allegations against people who work with children and young people/adults at risk are reported immediately to a senior manager within the organisation/agency.

- The Local Designated Officer is informed within one working day of the allegation (Children and Young People only).
- Each partner agency has arrangements within their organisations to deal with allegations against people in a position of trust (PiPOT) that are functioning effectively (Adults at risk only).

Response

There is clear reference in the Allegations Against Staff policy to Person in Position of Trust (PiPoT) and links to the safeguarding partnerships website 7 minute training session. The policy outlines the roles of the LADO and equivalent Adult Safeguarding lead and police involvement and when to involve these professionals. There are clear timescales in the flowchart of the policy to inform the LADO.

Rating



Board Rating

Referrals to the Disclosure and Barring Service

If an individual (paid worker or volunteer) is removed from work which involves children (or would have been removed if the person had not

left first) then a referral is made to the Disclosure and Barring Service.

Response

Our services are all adult services. We refer to DBS and the professional bodies where any member of staff is dismissed or duties are restricted as an outcome of formal action.

Rating



Board Rating

Safe Recruitment

Safe recruitment practices ensure the proper selection of staff (including fixed-term contracts, temporary staff, locums, agency staff, volunteers, and students / trainees, if applicable) who work regularly with children and young people/Adults at risk. These practices include:

1. Policies on when or if criminal records checks are necessary
2. Face to face interviews
3. Verification of identify and qualifications
4. References are obtained
5. Previous employment history is checked
6. Any anomalies or discrepancies are taken up
7. Any relevant post recruitment checks (e.g., nursing revalidation every 3 years).

Response

We have recently implemented the TRAC recruitment system. This supports quality and assurance for completion of pre employment checks as set out in our recruitment policy. A risk assessment is completed if any checks are incomplete/ any discrepancies at the time of recruitment or subsequently. We have reviewed our policy on DBS to include a requirement to re-check DBS every three years for roles which require a DBS. Controls in place to review right to work and professional registration compliance on a monthly basis.

Rating



Board Rating

Actions

Action	Lead	Due
Review effectiveness of TRAC and associated SOPS	Georgina Hanson	31-12-2021

Responsibility for safeguarding adults and children

The agency will ensure that all contracts of employment include an explicit reference to the responsibility for safeguarding adults and children.

Response

Our contracts of employment do not explicitly state this. However other Trust policies and procedures do and there is a general reference to compliance within the contracts. 21. Trust Policies and Procedures a. The Trust has adopted various policies, practices and procedures to ensure the effective and safe operation of the Trust's services and the welfare and interests of users of the services, carers and those who work for it. The Trust will also from time to time adopt and incorporate national agreements, codes of conduct or other documents which for all employees will be implied within this contract of employment. b. All employees are expected to comply with these rules which will be notified to them by their Manager and/or the Trust. In particular, the Trust has policies on Managing Sickness Absence, Capability at Work, Health and Safety at Work and Equal Opportunities to which your attention is drawn. Copies of which are available, for inspection, from your Line Manager or are directly available on the Trust Intranet web-site.

Rating



Board Rating

Actions

Action	Lead	Due
Explicit reference to safeguarding adults and children to be added to the contract of employment	Georgina hanson	31-10-2021

People in positions of trust (PiPOT) (Adults at risk only)

The Agency will be able to demonstrate there are expected standards of conduct in respect of relationships between people in positions of trust (PiPOT) and service users/adults at risk.

Response

All staff are recruited using our Trust values. They set out the values which underpin our policies and procedures Our values are: Respect – we listen to others, valuing their views and contributions Compassion – we show empathy and kindness to others so they feel support, understood and safe Partnership – we engage with others on the basis of equality and collaboration Accountability – we are open and transparent, acting with honest and integrity, accepting responsibility for outcomes Fairness – we ensure equal access to opportunities, support and services Ambition – we are committed to make a difference and helping to fulfil the hopes and aspirations of our service users and staff. These values were developed alongside staff, service users and carers, and we are proud to live them each and every day. In addition professionally registered staff are required to meet the code of conduct set out by their regulatory bodies (NMC, GMC, BPA, HCPC and other profession specific codes) Each Job Description sets out a standard expectation for all staff Safeguarding children and adults The Trust is committed to safeguarding and promoting the welfare of children, young people (anyone under the age of 18) and adults. It expects all staff, volunteers and contracted staff to share this commitment and act in such a way that safeguards and promotes the health and well being of children, young people and adults. Staff must ensure that they are familiar with the signs and symptoms of abuse and know what to do if any such concerns are raised. Staff are expected to know about and follow the Trust’s safeguarding children and safeguarding adult policies which can be found on the Trust intranet, and participate in related mandatory/statutory training.

Rating



Board Rating

Induction Training

Safeguarding awareness training is mandatory on induction for all staff who will have contact with children and young people/adults at risk and families. The induction covers:

- Familiarisation protection responsibilities for children and young people/adults at risk.
- How to recognise and respond to possible abuse or neglect, including the procedures to be followed if anyone has any concerns about a child's/vulnerable adult's safety or welfare.
- Whistleblowing procedures: promoting a culture that enables issues about safeguarding and promoting the welfare of children and young people/adults at risk and families to be addressed.

Response

SHSC uses the eLearning for Health (HEE) online training for Safeguarding level 1 and 2 training. This offers assurance that staff are receiving the required level of training that is commensurate with the NHS Intercollegiate document and the UK Core Skills Training

Framework (CSTF) . The training ensures staff understand their professional roles and responsibilities, can identify abuse and respond to concerns for a child or adult at risk. Appropriate levels of training are assigned to staff ESR. Registered professional staff receive Level 3 Safeguarding Children training from our partners in the Local Authority and this is recorded on their ESR. SHSC have recently purchased bespoke Level 3 Safeguarding Adult training. this will be a full day training and will include domestic abuse and coercive control. The training will begin to be rolled out in November 2021.

Rating



Board Rating

Actions

Action	Lead	Due
Implement Safeguarding Adult L3 training. achieve 90% compliance	Hester Litten	30-06-2022

Training Pathways

Safeguarding training is in place. There are training pathways / individual training plans for those staff members who will have more in-depth contact with children and adults at risk. Additional training is proportional and relevant. Training needs analysis is conducted and is in line with relevant sector occupational standards.

Response

Guidance on the level and type of training required by staff is on the 'front page' of the Safeguarding Jarvis (SHSC intranet pages). All staff are required to complete mandatory safeguarding training 3 yearly and the required level of training is displayed on their ESR information. Registered professional staff who have contact with children (as stated in the NHS Intercollegiate document) and require Level 3 training receive this via the Sheffield Children's Safeguarding Partnership website and through joint training with Children's Services such as the Parental Mental Health Workshops. SSCB. Courses available are sent to the Safeguarding Team from the SASP and are advertised in Connect (Trusts weekly bulletin). Level 3 Safeguarding Adult Training is under development. The Trust has commissioned bespoke L3 training to meet the needs of our staff and this will be delivered in Q3.

Rating



Board Rating

Supervision

Appropriate supervision and support is available for staff working with children and young people/adults at risk.

Response

All staff within the Trust are offered clinical supervision in line with the Trust Supervision Policy. Safeguarding cases are currently discussed and recorded as part of this supervision A new Safeguarding Supervision Policy has been developed to ensure all registered professional staff have dedicated safeguarding which promotes reflection using an Action Learning approach. The model will be a cascade model that utilises the Corporate Safeguarding Team and senior staff who are Safeguarding Managers or have relevant experience. Supervision is available via the Corporate Safeguarding Team on 1-1 basis on request. Specific children safeguarding supervision is provided within Drug and Alcohol Services by Specialist Substance Misuse/Children's Practitioner.

Rating



Board Rating

Actions

Action	Lead	Due
Implement and monitor the new Safeguarding Supervision Policy reporting as a KPI to Safeguarding Assurance Committee and Quality Committee	Hester Litten	31-03-2022

Reviews of Practice

All practitioners have regular reviews of their own practice to ensure they have knowledge, skills and expertise that improve over time.

Response

Staff receive clinical supervision in line with the supervision policy. The Trust has a supervision template and compliance is recorded on the Trust supervision dashboard. Staff complete an annual PDR (Personal Development Review), where training needs and areas for development are identified and action plans are made. Current compliance with clinical supervision requires improvement.

Rating



Board Rating

Actions

Action	Lead	Due
Ongoing monitoring of PDRs via the Integrated Performance and Quality Report at Quality Assurance COmmittee	Beverley Murphy	31-03-2022

Professionals' Competencies

The organisation ensures that staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and young people/adults at risk. All staff in the organisation understand trauma informed practice appropriate to their role.

Response

Safeguarding training is mandatory for all staff. The Safeguarding Team has recently trained Ward Managers and new Matrons to ensure they are aware of their safeguarding responsibilities and support they will provide to their teams. a number of Matrons have recently completed Safeguarding Manager training and the remaining Matrons are booked on LA training later this year/early 2022. Any feedback from children services on new initiatives or feedback on performance is disseminated to teams using appropriate communication methods e.g. email, face to face discussion, discussion with senior managers, Trust Comms. Trauma informed approaches are embedded within the clinical and social care strategy.

Rating



Board Rating

Actions

Action	Lead	Due
Ongoing monitoring of adherence to mandatory training in safeguarding	Hester Litten	30-06-2022
Embed trauma informed practice across the organisation as outlined in the CQC action plan and Clinical and Social Care Strategy	Linda Wilkinson	30-09-2022

Professional Curiosity

- Professional Curiosity is embedded in training programmes, which ensures that all frontline staff who encounter children, families and adults at risk exercise professional curiosity.
- Staff can monitor significant changes in household composition and establish who are the key figures in a service users' network who may have care of her/him and must document all names in their records. This basic information-gathering is a fundamental requisite of any universal service provision.
- SASP and its partners to ensure that within all training, supervision, policies and procedures, professional challenge is promoted.

Response

Professional Curiosity is not embedded in practice. The Trust has commissioned Level 3 Safeguarding Adults Training which will include Professional Curiosity in practice. The presentation shared by the LA will also be uploaded to our Jarvis pages and be discussed at Bitesize training session. Professional Curiosity has been highlighted in the learning lessons reviews and was included in a recent parental mental health workshop which was attended by SHSC staff. Insight has the facility to record changes in household composition and this information is gathered at assessment/new care episodes. However, recent children's audit found this information was not regularly reviewed. Audit action plan is being completed by the NN for Safeguarding Children.

Rating



Board Rating

Actions

Action	Lead	Due
roll out training to ensure that all registered practitioners (as defined in the intercollegiate document) understand the concept of professional curiosity	hester litten	31-03-2022
Audit of safeguarding records to demonstrate improvement in curiosity through enhanced data collection related to families and circumstances	hester litten	30-09-2022

Contribution to multi-agency training

The Agency will ensure a proportionate contribution to the delivery of multiagency training programmes as required by SCSP and SASP.

Response

SHSC staff contribute to the lunchtime seminars run by the SCSP, providing sessions on a variety of subjects. Named Nurse for SG Children delivers learning briefs from the Learning Lessons reviews alongside SCSP to partner agencies. The Safeguarding Practitioner has undertaken 'train the trainers' session with the Local Authority and will be part of the training pool when she has completed her induction/observed training sessions. Prior to the COVID-19 pandemic, the team also provided training sessions to partner agencies on mental health issues, including sessions for housing services, fire service. SHSC shares leadership of the parental mental health workshops. these are often facilitated by our Associate Director and we also provide some of the training sessions attached to the day.

Rating



Board Rating

Mental Capacity Act

The agency will ensure that all staff (including those on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees, id applicable), who provide care or treatment, understand the principles and undertake Mental Capacity Act (2005) and consent training, including the Deprivation of Liberty Safeguards, appropriate to their role and level of responsibility.

- Where staff work with 16 and 17 year olds, they are confident in their knowledge and application of the Mental Capacity Act, including when to take advice on overriding a young person's wishes in order to safeguard them.
- Workshops in relation to MCA should be regular, brief and 'case based' The distinction and connection between decision making and executive function capacity and rights under the Human Rights Act (ECHR) need to be included.

Response

Training in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards is available and delivered to staff. Historically, this was by means of training workshops but at present the training is virtual given Covid safe working requirements. Although training is available, this training is being reviewed to ensure its content remains accurate and covers appropriate topics. Course content needs to be strengthened to reinforce a Human Rights based approach. This will run alongside a separate piece of work which has started with the

British Institute of Human Rights to review and strengthen how human rights are embedded in our everyday practice (not just related to mental capacity issues).

Rating



Board Rating

Actions

Action	Lead	Due
Training in relation to Mental Capacity Act and Deprivation of Liberty Safeguards to be reviewed and redeveloped where necessary.	Jamie Middleton, Head of Mental Health Legislation	31-03-2022

Prevent Training

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 those levels of training will be maintained at a minimum of 85% compliance.

Response

Trust provides L1&2 Basic Prevent Awareness Training via the HEE e-Learning for Health website. Prior to the COVID-19 pandemic, WRAP training was delivered on a face to face basis but this was suspended. Since then staff have been updating using HEE level 1&2 as this was easily accessible. We are awaiting the development of the updated Home Office Prevent training products in both e-learning and face to face formats. This is expected by the end of 2021. This presents an opportunity for all partners to refresh the training offer to staff.

Rating



Board Rating

Actions

Action	Lead	Due
Commence roll out of refreshed L3 WRAP training to required staff groups following review of training.	stephenie Barker	30-09-2022

Action	Lead	Due
Review Home office training tools to ensure SHSC will roll out in future Level 3 WRAP training that is robust and commensurate with national mandated requirements	stephenie barker	31-12-2021

Referral Pathways

Effective referral pathways are in place, including

- Health and wellbeing support services.
- All agencies have a responsibility to ensure every child in Sheffield is in an appropriate educational setting every day and their policies and procedures should work to support this. Where agencies do not have a role in education but failing to attend school or an appropriate educational setting is identified, they should have procedures in place to ensure this is referred to the relevant agency.

Response

N/A

Rating



Board Rating

Contextual Safeguarding

- Contextual Safeguarding should be embedded in all agencies' considerations, planning and processes linked to safeguarding of children and young people.
- The agency demonstrates an ongoing commitment to maintain and build on the multi-agency response to addressing child criminal exploitation and reducing youth violence in Sheffield.

Response

SHSC participate and attend both Silver and Bronze Fortify groups, sharing relevant information for the purpose of safeguarding children and young people from criminal exploitation. SHSC is also a standing member of Channel Panel and will often participate in reviews and action plans for the purpose of diverting children, young people and vulnerable adults from the risk of becoming radicalised/participating in terrorist activities. The Corp. Safeguarding Team has been part of early discussions with colleagues in the LA to discuss how Contextual Safeguarding will be embedded and if/how the model from Bedfordshire University will be adopted in its entirety or partially use this approach.

Rating



Board Rating

Actions

Action	Lead	Due
NN for Safeguarding Children to represent SHSC and work with the SCSP to ensure we are aware of the city wide approach to Contextual Safeguarding and adopt and embed this way of working	Angela Whiteley	31-03-2022

Identification of need

Staff members can recognise abuse or neglect of children and young people/Adults at risk and are confident in responding (making referrals or raising concerns as appropriate). There are processes for recording concerns and referrals in relation to children and young people/adults at risk. This includes recording the action that results.

Response

There are clear processes in place for referrals in relation to children and young people and adults at risk, these are contained within flowcharts and policies. Jarvis contains further guidance and information around referrals and contact details for support. Current safeguarding documentation for adults is contained within client records on our EPR. Recent changes have been made with regards to the safeguarding children and young people process within SHSC. This change has yet to be audited but will allow for easier identification of all children's safeguarding referrals made by the Trust. The Trust has improved its process of initiating and recording Section 42 Enquiries. This includes clear Terms of Reference being written in conjunction with the safeguarding team and inviting oversight from our partners in Adult Services.

Rating



Board Rating

Actions

Action	Lead	Due
audit of childrens referrals and conversations to confirm robust understanding of safeguarding and appropriate concerns are raised	angela whiteley	31-03-2022
audit of safeguarding concerns for adults to take place, with a focus on older people and learning disability which are not reviewed by the safeguarding adult team (SHSC)	hester litten	31-03-2022
Records audits are being implemented as a monthly dip sample across in patient services which will include sampling records for safeguarding concerns and cross referencing to ensure referrals were made	hester litten	31-03-2022

Early, Fair and Effective Intervent

Staff understand the importance of intervening early to prevent problems escalating. They are aware of the early intervention services available and how to access these.

- Staff demonstrate understanding of the impact of trauma in their assessments, plans and delivery of services. Services are equitable and show pro-active inclusion and fairness to those with protected characteristics.
- When staff carry out assessments they liaise with and gather information from specialist agencies, if applicable.

Response

The Corporate Safeguarding Team attend daily incident huddles which review all incidents from across the Trust over a 24hr period. These huddles have been key in identifying early problems and providing interventions to stop them from escalating. We have two Safeguarding Practitioners who triage all internal and external notifications of concern and provide advice to both Trust staff and external agencies. They also provide safeguarding advice outside of a concern being raised as an early intervention method to support our service users and protect them from harm. We have built up links with key partner agencies to support in our assessments and interventions and regularly liaise with them for specialist advice. Some of our key partners include the Domestic Abuse Services, South Yorkshire Police, Children's Safeguarding

and the Adult Safeguarding Partnership. They also deliver specialist training to our teams when required and have also been invited to attend professionals meetings within the Trust. Complex Case Management is also being promoted within the Trust and a Policy is being developed, to encourage multi agency working to support some of the most complex people within our care. Within inpatient services there is a piece of work being undertaken to look at purposeful admissions and to ensure the service user is at the centre of their care, with a focus on trauma informed assessments, care planning and risk management. Some teams across the Trust have used quality improvement sessions such as Microsystems to look at how we improve the support we provide to our service users and staff with protected characteristics. This has included reviewing accessibility of services and recruitment. The Trust also has an Early Intervention Service (EIS) which offers supports to people in Sheffield aged between 16 and 64 years old, who are experiencing symptoms of first episode psychosis. Anyone aged 14 to 16 seeking support would be initially referred to colleagues in the Child and Adolescent Mental Health Service at Sheffield Children’s NHS Foundation Trust. The service ensures that anyone aged 16 who is moving to EIS is fully supported along the way to ensure a smooth transition.

Rating



Board Rating

Actions

Action	Lead	Due
Develop a care records audit that will demonstrate through dip sample, early recognition of trauma and appropriate action.	Hester Litten / Jonathan Burleigh	31-03-2022

Attendance at Multi-agency Meetings

Staff are supported to participate in multi-agency meetings (including Child Protection Conferences, MARAC, MAPPA) and assessments to safeguard children and young people/adults at risk. Inter-agency guidance and procedures are in place locally to support workers.

Response

Participation and attendance at CPC has improved greatly over the past 18 months. staff are offered support and guidance on writing reports when requested/required. Relevant historic information for clients not open to SHSC is shared with the CPC by Named Nurse for Safeguarding Children for the purpose of child protection. Adult Safeguarding Advisor/Domestic Abuse Lead attends MARAC sharing relevant information and facilitating feedback to any clinicians involved with cases. MAPLAG is attended by Substance Misuse and

Perinatal Services. where clients are known to other SHSC services the individual clinician will be asked to participate in the meeting. SHSC provide a representative to MAPPA meetings. Relevant information is shared with staff as necessary and stored securely. Key contacts within partnership agencies are utilised to facilitate sharing of relevant information and multiagency working. The Trust also has an Advanced Practitioner who leads and supports VARM and Complex Case Management (CCM) processes.

Rating



Board Rating

Actions

Action	Lead	Due
SHSC has previously not been well represented at multi agency meetings which has led to SHSC new safeguarding team not being aware of some forums. Head of SG to continue to flag to partners the need to ensure appropriate invitations are sent	hester litten	31-03-2022

Pressure Ulcers / multi agency referral

The Agency 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.

Response

All pressure ulcers are reported through the Ulysses incident reporting system, where a category 3 or 4 PU is identified a referral will be made and in addition a serious incident/RCA investigation will be undertaken. There have been no recent pressure ulcers of grade 3 or 4 reported that commenced in the Trust. The Trust has further work to undertake to improve their training in relation to pressure area care and a review is underway of the current physical health team skill set in order to consider a new training model, in the interim advise and support is sourced from local health providers.

Rating



Board Rating

Actions

Action	Lead	Due
SHSC to deliver pressure ulcer/ pressure area care training to older people and learning disability inpatient services	Salli Midgley	31-03-2022

Complaints

Information on how to complain is readily available for children and young people/adults at risk. Complaints are monitored.

Response

the Trust has a complaints policy which outlines how people can complain about their care and treatment. information is available in leaflet form and on the Trust website. the trust receives approximately 30 complaints into the Trust formal complaints system each month, which are allocated and responded to.

Rating



Board Rating

Actions

Action	Lead	Due
review the timeliness and quality of complaint responses aligned to new NHS complaints guidance.	Tania Baxter	31-01-2022
Undertake an audit of complainants to understand 1) how accessible is our complaints process 2) did the response answer their complaint.	Tania Baxter	30-09-2022

Wishes and Feelings of Service Users

The wishes and feelings of service users (children and young people/adults at risk and families) are taken into account when services are designed and developed.

Response

The Trust is developing coproduction standards and a methodology to ensure that coproduction is central to service design and review. Within our service user forum, Sun:Rise we have invited Managers to discuss with the group members when any reconfiguration is taking place. This needs to become a more proactive approach but be truly co-productive with our service users. The Trust has and Engagement

and Volunteer Manager who is driving this way of working.

Rating



Board Rating

Actions

Action	Lead	Due
audit of the coproduction standards which will be monitored and audited through the Lived Experience and Coproduction Assurance Group	Helen Crimlisk	31-03-2022

Service User and Family Involvement

Where possible, service users (children and young people/adults at risk) are fully, and routinely, involved in plans to safeguard their welfare and individual case decisions are informed by the wishes, feelings and experiences of children and young people/Adults at risk. This involvement can be evidenced.

- There are prompts to staff within records and assessment tools to regularly seek the views of all significant others.
- Agencies identify and engage with all significant adults involved in the child's life when working with families, including proactively considering invisible fathers/ male carers in their analysis and risk assessments and understand any barriers.

Response

the Trust approach to involving families and carers in peoples care is limited. this has been drawn out through internal feedback and also in the CQC action plan. the Trust has invested in a carers lead for the organisation and will use the Triangle of Care methodology developed by the Carers Trust to improve the engagement and involvement of carers in feedback. Work is also underway within services to better evidence involvement in careplanning and evaluation at an individual service user level.

Rating



Board Rating

Actions

Action	Lead	Due
Introduce the Triangle of Care across Trust services to improve the engagement of families and carers in peoples care	sue barnitt	30-09-2022
Utilise Perfect Ward App to records for evidence of coproduction and involvement in individual careplanning	sue barnitt	30-09-2022
Continue quarterly dip sample audits of significant adult recording within key contact services e.g. Single Point of Access/ Recovery Teams and Early Intervention Service and Decision Unit. Action plans to respond to findings to be reported quarterly to Safeguarding Assurance Committee.	Angela Whiteley	30-09-2022

Carers / Young Carers

Staff support the identification of family/friend carers, and referrals / signposting to specialist organisations for support. This is particularly important where an adult at risk is living with the carer and where there may be other potentially vulnerable people, including children living in the same home.

Response

The Trust has a requirement to identify carers and to signpost for assessments. the Trust has reviewed its current delivery to this requirement and noted that we need to improve this. An improvement plan is being developed to deliver against this requirement.

Rating



Board Rating

Actions

Action	Lead	Due
Develop and implement an action plan to improve the identification and signposting of carers within SHSC	greg hackney	31-07-2022

Service User Feedback

Children and young people/adults at risk and parents/carers are given the opportunity to feedback on interventions provided by workers and this feedback is used to enhance service provision.

Response

the Trust seeks feedback from people who use services and their families and carers. we utilise Care Opinion as one methodology which is an online tool for people to use. The Trust receives feedback via complaints, CQC enquiries and informal feedback. the trust is developing coproduction standards to support feedback mechanisms The trust has employed lived experience officers to work into the inpatient wards and also people placed out of city to understand their experience and to pick up any concerns about immediate care needs. all reports are themed and reported quarterly in a Patient Experience Report via our Quality Assurance Committee and then to Trust Board.

Rating



Board Rating

Actions

Action	Lead	Due
further improve the uptake of Care Opinion with people who use services and their families.	Sue Barnitt	31-07-2022

Making Safeguarding Personal (Adult at Risk only)

Response

Templates on our EPR 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 and the Adult Safeguarding Advisor will provide leadership advice across the Trust to ensure our commitment to this agenda. Previous work done with patients to ask what it was like for them to be 'safeguarded' needs to be reviewed. MSP is part of the Corp. Safeguarding Team annual audit plan. we will use the national toolkit to measure our progress.

Rating



Board Rating

Actions

Action	Lead	Due
Making Safeguarding Personal Audit using the national toolkit	Adult Safeguarding Advisor	31-01-2022

Contracts

Safeguarding is integrated into all contractual processes with clear expectations and reporting requirements to prevent abuse and neglect

Response

there is a clear requirement to examine safeguarding policies and procedures before contracting any services on behalf of SHSC, this includes reporting abuse and neglect and whistleblowing.

Rating



Board Rating

Whistle-blowing Policy within Contracts

Contracts specify all organisations providing a service must have a whistle-blowing policy in place that staff are aware of, which will assist them in escalating concerns and reporting poor practice.

Response

this is a requirement in the contracting process that the organisation must have a whistleblowing policy. Nicola Woodhead, Head of procurement- and Wendy Fowler, Freedom to Speak Up Guardian discussed this issue. This is not a present requirement for contractors but will be included in new contracts except for Small and Medium contracts where if there is no policy there will be a requirement that staff are made aware of and work under our "speaking up" policy.

Rating



Board Rating

Actions

Action	Lead	Due
Wendy Fowler and Nicola Woodhead to develop a system to ensure that new contractors demonstrate that they have whistleblowing policies in place.	Wendy Fowler	31-12-2021

Sharing Information

There are arrangements which set out clearly the processes for sharing information with other professionals where this is necessary to protect children and young people/adults at risk. These are covered on induction.

- Agencies involved commit to the sharing of information in a timely manner.

Response

All Trust Safeguarding policies have clear guidance on information sharing for safeguarding purposes to ensure effective and timely interventions. Our mandatory training covers this issue and staff can and do contact the safeguarding team when they are unsure what information to share or who to share with. Caldicott Guardian - Medical Director

Rating



Board Rating

Information Security Guidance

Training and guidance on information security is available for staff. Staff are compliant with record keeping policies including the security of personal information.

Response

All staff are required to complete their Information Governance and Data Security training on an annual basis. Records are kept in accordance with NHS record keeping guidelines. The majority of SHSC records are held on the EPR such as Insight, SystmOne and laptus. Where paper records are utilised they are scanned onto the electronic system.

Rating



Board Rating

Social Media

The Agency will have a policy setting out how access by service users 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.

Response

Work is underway to develop a policy for the use of social media for SU and visitors, currently there is a staff policy. The policy is in production and should be available for wider consultation during October/November 2021 with implementation required prior to March 22 as part of the CQC improvement actions.

Rating



Board Rating

Actions

Action	Lead	Due
Complete the coproduction of the social media policy for patients and families	Emma Highfield	31-03-2022

Resources

The organisation should have in place sufficient resources (staffing and other) that ensure that children and young people/Adults at risk and families receive services that meet their needs. Please, highlight any restrictions that are having an impact on the services offered by your organisation.

Response

SHSC has invested significantly in the safeguarding function during 2021. 2 new practitioners for managing the delegated function 1 new safeguarding adult lead 1 new safeguarding administrator overseen by Director of Quality investment in a new database for managing referrals investment in developing level 3 training for adults and delivery with external partners realignment of MCA with MH Legislation team who will work with Safeguarding Team Investment in a new Human rights officer post, aligned to a human rights training programme.

Anything Else

To ensure effective safeguarding services, organisations have to identify and respond to emerging challenges.

1. Please outline any challenges (not already mentioned above) faced in delivering effective safeguarding arrangements in the city. This is in relation to those within your organisation and those across organisations.
2. What could the SCSP/SASP do to assist in addressing these?

Response

SHSC has a delegated duty on behalf of the local authority. the vast majority of referrals are not for safeguarding but are concerns from partners, particularly South Yorkshire Police about mental health issues. the risk of this occurring is that the information overwhelms practitioners who may be delayed in identifying the clear safeguarding risks and actions required within the actual referrals. Partnership support to work with partners to look at addressing this issue is welcomed, including support for a multi agency safeguarding hub.
