

# Safeguarding Annual Report 2013/2014



## **Contents**

### **Page**

<b>6</b>	<b>Introduction</b>
<b>7</b>	<b>Adult Safeguarding</b>
<b>8</b>	<b>Children's Safeguarding</b>
<b>9</b>	<b>Looked After Children</b>
<b>10</b>	<b>Adult CQUINs – Exception Report</b>
<b>12</b>	<b>Adult KPI – Exception Report</b>
<b>13</b>	<b>Children CQUINs – Exception Report</b>
<b>15</b>	<b>Children KPI – Exception report</b>
<b>16</b>	<b>Assurance, Risks &amp; Forward Plans for 2014-2015</b>

### **Appendices**

<b>Appendix 1</b>	<b>Organisational Governance Structure</b>
<b>Appendix 2</b>	<b>Safeguarding Staff Establishment</b>
<b>Appendix 3</b>	<b>Glossary of Abbreviations</b>

## **Introduction**

This report seeks to inform the Quality Assurance Committee of the work of the Trust Safeguarding Team and the Looked After Children (LAC) team and will update on progress on work streams agreed within the work plan for 2013/2014 providing a level of assurance that the Trust's statutory responsibilities are being met.

The report will also identify risks and propose areas identified for improvement and future work streams in relation to safeguarding activity for implementation during 2014/2015.

The Trust has a recognised safeguarding leadership and accountability framework in place which operates alongside the Trust Operational Safeguarding Group. This group includes representation from LAC and SARC.

Adult and Children Safeguarding was combined from 01/01/2014, and sits under the executive leadership of the Chief Nurse – See Appendix 1. Safeguarding staffing establishment can be found in Appendix 2.

The Named Professionals are members of the Joint Professionals Group, which is a requirement under the multi-agency safeguarding arrangements for both adults and children. The Group provides assurance to the Quality Assurance Committee. The role of the Group is to ensure processes within the Trust are in line with the current legal framework and national guidance, promoting the well-being and safeguarding of vulnerable patients whilst in the care of the Trust.

An annual action log is produced by this group and reviewed at each meeting. At the start of each fiscal year, a new action log will be devised carrying forward any outstanding actions.

The separate Adult and Children's Safeguarding Operational groups have now been dissolved in order to move forward on the joint safeguarding agenda. New terms of reference will be issued at the inaugural meeting planned for April 2014.

From April 2013 the Adult Safeguarding resource was compromised due to staff vacancies and long term sickness. This continued to be the case until the appointment of x2 WTE Named Nurses, who took up post in September and October respectively. The impact of the lack of consistency within the role has meant that some areas of the work-plan had not been progressed in a timely manner. The lack of a detailed handover has meant that some areas of work have been duplicated and others have had to be initiated due to the lack, or absence, of robust evidence of compliance.

Evidence shows that Looked After Children (LAC) share many of the same health risks and problems as their peers, but often to a greater degree. They often enter the care system with poorer levels of health than their peers, in part, due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect.

<b>ADULT SAFEGUARDING</b>
<p><b>Training</b></p> <p>A training needs analysis is currently being undertaken to identify the distribution of staff who have completed Adult Safeguarding training at Silver and Gold level. This will allow the Adult Safeguarding team to direct resources appropriately to priority areas.</p> <p>The Adult Safeguarding team have reviewed and completely revised the Training Plan. This is set against the competencies agreed by the RASB, as set out in the Bournemouth document (Galpin D &amp; Morrison L, 2010).</p>
<p><b>KPI/CQUINS</b></p> <p>Adult Safeguarding are required to satisfy the requirements of KPIs and CQUINS, as set by the CCG. These include offering assurance on a diverse range of safeguarding activity throughout the Trust. This is reported on Quarterly (Appendix 3). KPIs are a recent addition to the reporting arrangements, and as such, only one quarter has been reported on.</p>
<p><b>Partnership Working</b></p> <p>The Trust is represented at the Adult Safeguarding Board by the Chief Nurse.</p> <p>As per Rotherham Adult Safeguarding Procedures, the Trust receives alerts regarding concerns raised about the safety and well-being of adults. This equates to approximately 20 per month. A small number of alerts involving Trust services have progressed to Adult Safeguarding Case Conference.</p> <p>The Named professionals are made aware of around 20 incidents per month which are flagged as possible safeguarding concerns. These are screened as appropriate.</p> <p>The Patient Safety and Services Team receives complaints and incidents. Systems have been put in place with those services to flag any issues that have a safeguarding element to them.</p> <p>Within Adult Safeguarding, the Named Nurses work in partnership with RMBC to provide 'health' input for safeguarding investigations. From October 2013 to March 2014 the Named Nurses have spent around 40 hours working on such joint investigations and approximately 36 hours attending Case Conferences.</p> <p>This involves offering support to RMBC Adult Safeguarding team around investigations and preparations for Case Conferences – even where there is no TRFT involvement.</p> <p>The Trust continues to be represented on Rotherham MARAC (Multi Agency Risk Assessment Conference) for cases of high risk of harm //homicide as a result of domestic abuse. Cases are identified by the use of the 'DASH Risk Assessment Tool'. (Domestic Abuse, Stalking Harassment and Honour Based Violence, CAADA, 2009) Approximately 40 cases are discussed monthly and information about the family is reviewed and shared to enable the multi-agency management of the risk related to each case.</p> <p>The Named Nurse, Adult Safeguarding is the Trust's MAPPAs representative. This role has responsibility for ensuring offender's subject to MAPPAs are managed appropriately when they are patients and the risks that these offenders pose are managed whilst accessing our services. During 13/14 there were four MAPPAs alerts, all in-patients. There was also one national alert received.</p> <p>There was 1 Deprivation of Liberty applications during 2013/2014. The urgent application was completed as per protocol; however, the standard application was rejected as it was felt more appropriate to manage the issue under the Mental Health Act.</p>
<p><b>Domestic Homicide Reviews</b></p> <p>The Statutory requirement related to domestic homicide reviews came into force in April 2011. The focus is a multiagency approach with the purpose of identifying learning. Since April 2013 the Trust has been involved in three domestic homicide reviews (DHR) one of which was a Sheffield case and concerned the SARC input. The Rotherham cases are still awaiting the final reports. The Sheffield case is complete. There were a numbers of actions for the Trust from these cases and these will be monitored through the</p>

Joint Safeguarding Group.
<b>SAFEGUARDING CHILDREN</b>
<b>Training</b>
Formalised mandatory training continues to be delivered with reference to the 'Intercollegiate Document' (RCPCH- 2010). Of note the 'Intercollegiate Document' has been revised in March 2014 and training will be reviewed in light of this, (RCPCH, 2014).
<b>KPI/CQUINS</b>
Children's Safeguarding are required to satisfy the requirements of KPIs and CQUINS, as set by the CCG. These include offering assurance on a diverse range of safeguarding activity throughout the Trust. This is reported on Quarterly. In addition to this, there is a Section 11 audit two-yearly which is monitored by the CCG (Appendix 4). KPIs are a recent addition to the reporting arrangements, and as such, only one quarter has been reported on.
<b>Partnership Working</b>
Working in partnership with all agencies is the cornerstone of keeping children safe and is clearly promoted by Working Together (2013) and the Children Acts (1989, 2004). This concept is well established in the children's arena, and the Trust is currently represented at executive level and within sub groups, such as the Child Death Overview Panel (CDOP), the Serious Case Review (SCR) group by the Chief Nurse and Named Professionals respectively in line with Section 13 of the Children's Act 2004 and Chapter 3 'Working Together to Safeguard Children'.
Health staff, across both the hospital and community services, represent the Trust in attending Case Conferences and other multiagency meetings where their health expertise is required in which to assess risk and need. The Safeguarding Children's Team provides guidance and support to staff on the content and quality of reports. This highlights the need for practitioners to attend and support inexperienced staff in the conference arena with complex cases. Of note, is the increase in those children and young people in the Rotherham area who are identified as vulnerable, or who are at risk, or have been harmed. There have been 222 Initial Child Protection Case Conferences and 408 Review Child Protection Case Conferences to which health staff have contributed.
Children's Safeguarding is represented at MARAC by the Specialist Nurse, who offers advice and support in cases which involve children.
Health practitioners may be required by the Local Authority to provide a statement for Family Court where the best interests of the child will be considered. There is a well-established pathway in which this is facilitated and quality assured by the Safeguarding Children's Team so that the information is utilised to maximum potential.
Safe discharge planning is an integral part of the transfer from hospital into the community setting as discussed in the Laming Enquiry 2002. The criteria is laid out in the 'Discharge Planning Protocol Where There are Safeguarding Children Concerns' (2010) which has been reviewed and sent out for ratification from March 2014. The process has been highlighted by other areas as being good practice and particularly helpful where there requires cross border communication and consideration of differing protocols.
There are high levels of unborn babies where there are safeguarding concerns and robust plans are required to ensure their safety. This is reflected in the number of pre-birth meetings held at the hospital to develop and document a safe plan for labour and post-natally. In the stated timescale there have been 107 meetings where there are identified safeguarding concerns. This is fairly consistent with last year's figure of 112. There are also issues of professionals working over borders requiring effective liaison.
There have been 33 professionals' only strategy meetings in the hospital. This is in line with Rotherham Local Safeguarding Children's Board Procedures when concerns have been raised at the level of being of

Significant Risk of Harm. This is consistent with last year's figure of 27.

There have been 51 Strategy LADO Meetings in the community where health professionals have been invited. This process takes place when there have been allegations about a professional. In these cases professionals were not from a health background.

There were 172 Child Protection Medicals performed by Paediatricians in the timeframe of the report. These are undertaken as part of a Section 47 Investigation when a child is considered to be at risk of abuse or neglect (Children Act 1989).

### **Serious Case Reviews**

Within the timeframe of this report there were no Child Serious Case Reviews (SCR) identified until March 2014.

## **Looked After Children**

### **Training**

LAC in integral part of the available Level three child safeguarding training.

### **Partnership Working**

It is the joint responsibility of RMBC and The Rotherham NHS Foundation Trust (TRFT) to ensure that the health needs of LAC are met, regardless of where the child is placed. In order for this to be achieved, the Local Authority has responsibility to inform relevant agencies, including TRFT, when a child becomes a LAC (Arrangements for Placement of Children (General) Regulations 1991).

There have been many changes within the looked after children's health team throughout the period of this report, which has resulted in new processes being developed within the team, as well as between health and social care teams. There have been positive improvements in reducing the number of outstanding review health assessments, and in ensuring that Health Practitioners receive information in a timely and effective manner through SystemOne. However, ongoing work is required in relation to initial health assessments and to improving communication between professionals, agencies and young people, as well as developing an efficient service for Care Leavers.

### **KPIs/CQUINS**

Statutory Guidance states that initial health assessments are to be completed within 28 days of a child becoming looked after.

During the 12 month period of the report, 116 children became looked after of whom 14 (12%) had their initial health assessments completed within the 28 day timescale. Although this had been an improvement on the previous year, it remains unacceptable that Rotherham's most vulnerable children and young people are not having their health needs assessed in a timely manner. A review of the process has commenced and identified issues are being addressed to improve the completion of initial health assessments in timescales.

Each child or young person is entitled to a comprehensive health assessment on admission to care and to review health assessments, which occur 6 monthly for those under 5 years and annually for those over 5 years.

Looked after children up to date with health assessments:

31-05-11	30-03-12	30-03-13	31-03-14
70.6%	80.9%	83.4%	93.7%

There is an internal process in place to ensure that Health Staff are notified about up-coming statutory reviews of LAC in order for them to appropriately contribute.

### **Serious Case Reviews**

There have been no SCRs which have involved the LAC team in 2012-2013

## Adult CQUINs - Exception report

**This exception report includes areas of non-compliance over the financial year and serves to demonstrate progression, and identifies areas for future development, which will be incorporated into the workstreams.**

CQUINS	Q2	Q3	Q4	
<b>Standard 1 - Policy &amp; Procedure</b>				
1.3 Ensure that all staff have access to the guidance and know how to use it.				Leaflets have been sent to all staff via payslips. Survey Monkey was undertaken in March and is currently being analysed.
1.4b That staff practice in accordance with MCA policies.				An audit of MCA compliance is planned for Q2 204-2015.
1.5b The provider must have systems in place to demonstrate that all staff are aware of their duties, rights and legal protection, in relation to whistle-blowing/Raising Concerns and that they will be supported to do so.				Policy is in place.
1.8a The Provider will ensure that there is a safeguarding supervision policy in place. That staff have access to appropriate supervision, as required by the provider or professional bodies and RLSCB.				The new supervision policy is awaiting ratification, and a plan is to be developed in respect of embedding and monitoring compliance.
1.9 All providers will ensure that they have relevant policies and procedures in place to ensure appropriate access to advocacy within the care setting, including use of statutory advocacy roles. These policies and procedures must adhere to contemporary best practice and legislation.				Mental Capacity Act guidance details procedures for staff on when to use the IMCA service.
<b>Standard 2 – Governance</b>				
2.5 NHS Trusts will ensure that there is an effective system for identifying and recording safeguarding concerns, patterns and trends through its governance arrangements including; risk management systems, patient safety systems, complaints, PALS and human resources functions, and that these are referred appropriately according to multiagency safeguarding procedures.				'Harm Free' meetings have been initiated Pressure ulcer review panels are convened following development of pressure damage whilst under the care of TRFT staff. All DATIX concerning Adult Safeguarding are reviewed by the Adult Safeguarding team.

				Adult Safeguarding Training to be provided to the Complaints team. Patient services
2.6 NHS Trusts should identify and analyse the number of complaints and PALs contacts that include concerns of abuse or neglect and include this information in their annual safeguarding or complaints report reviewed by their board.				Links have been strengthened with Patient Services to ensure any complaints with a Safeguarding element are considered in a timely fashion.
2.10 NHS Trusts must have in place robust annual audit programmes to assure itself that safeguarding systems and processes are working effectively.				A robust Annual Audit plan has been agreed which specifies timeframes and leads for each audit planned.
<b>Standard 3 – Multi-Agency Working</b>				
3.3 The Provider will ensure that a root cause analysis is undertaken for all pressure ulcers of grade 3 or 4.				A new Root Cause Analysis process has been set up - Peer Review Panel chaired by Assistant Chief Nurse set up to review the RCAs of all Grade 3 and 4 pressure ulcers and to establish if unavoidable or avoidable.
<b>Standard 4 – Recruitment &amp; Employment</b>				
4.4 The Provider should ensure that all contracts of employment (including staff on fixed-term contracts, temporary staff, locums, agency staff, students and trainees) include an explicit reference to staffs responsibility for safeguarding children and adults. The Provider should ensure that all contracts of employment for volunteers include an explicit reference to staffs responsibility for safeguarding children and adults.				Safeguarding Adults is now included in the Trust induction of new staff. Staff responsibility for safeguarding is made explicit in contracts of employment.
4.5 The Provider will ensure that all safeguarding concerns relating to a member of staff are effectively investigated, and that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not be allowed in safeguarding cases.				P & OD have developed a process to ensure this. Case notes are available for scrutiny to offer assurance.
<b>Standard 5 – Training</b>				
5.2 The Provider will ensure that all staff undertake safeguarding training in line with national and local expectations. This includes safeguarding updates as a minimum of 3 yearly.				Leaflets delivered to all staff via payslip drop. A process has been developed to ensure that all TRFT staff attending external training is recorded. There are risks in the capacity of the Adult Safeguarding team to meet the demand to deliver training to Trust staff. RMBC training procurement has not been timely and has been unreliable.
5.3 The Provider will ensure that all staff, contractors and volunteers				Safeguarding now included in the Trust general induction for all

who come into contact with service users/patients undertake safeguarding awareness training on induction, including information about how to report concerns within the service or directly into the multi-agency procedures.				new staff.
5.4 The Provider will ensure that all staff members (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) who provide care or treatment, have an understanding of the principles of the Mental Capacity Act 2005 and consent processes, appropriate to their role and level of responsibility, at the point of induction.				The principles of MCA are covered as part of the general induction and are available on Insite.
5.5 The Provider will ensure that all staff and volunteers undertake Mental Capacity Act 2005 and consent training, including the Deprivation of Liberty Safeguards appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan.				As above. Training for managers is planned for early 2014-2015.
The provider will ensure a proportionate contribution to the delivery of multiagency training programmes as required by local safeguarding boards.				The Chief Nurse attends RASB. The Named Nurses attend the sub-group and contribute appropriately to MA work.

#### Adult KPI - Exception report

Adult KPIs		Q4	
Section 1	<b>Maps to CQUIN Standard 5</b>		
1.1	Staff are adequately trained and have the skills and knowledge to meet the safeguarding needs of vulnerable adults competently and efficiently RAG Applies  Staff will be trained and equipped to identify potential abuse of adults and know how to manage such cases RAG Applies  Evidence of delivery of a comprehensive training database showing a clear analysis of safeguarding training activity amongst services		Training for Adult Safeguarding has been completely reviewed. The standards put in place for Adult Training were too stretched and therefore the standards have now been completely realigned. A meeting was held with the Learning and Development Manager RMBC.
1.2	Adult Safeguarding training MCA & DoLS Prevent		Training needs analysis sent to heads of departments and is being collated. Training has started in A&E and MAU. Training timetable planned for roll out over the next 12 months. An Adult Safeguarding information leaflet has been

	Dementia Domestic Abuse		include in induction material. Named Nurse for Adult Safeguarding attended Multi-Agency MCA Training and have met with RMBC MCA and DOLS lead to discuss rolling out training across TRFT. An MCA and DOLS information leaflet has been include in induction material. Training has been arranged for 5000 staff over the next 12 months divided into 61 sessions. There are currently 18 staff at TRFT trained to deliver PREVENT Training. A PREVENT information leaflet has been include in induction material. A TRFT policy is being written by the Named Nurse for Adult Safeguarding and training for TRFT will follow.
Section 3	<b>Maps to CQUINS Standard 2 &amp; 4</b>		
3.1	Providers will resource their workforce to support the safeguarding adult agenda. RAG Applies  Providers to ensure they deliver the optimal level and mix of nurses required to deliver high quality, safe care		Staffing establishments are reported to Board twice per year. As an organisation we complete a workforce plan to predict numbers / demand for the next 5 years, which is undertaken every summer – this is led by HR and MH contributes for nursing. We have met the outcome measure for the 3rd point in that we have undertaken establishment setting. Work is underway with the Heads of Nursing to identify how we can easily detail when our agreed staffing levels are not met and how this will be reported as this is also required for Board.
3.3	Duty of Candour		Work is underway to clarify what evidence is required.

### Children CQUINs – Exception report

CQUINS	Q2	Q3	Q4	
<b>Standard 1 - Policy &amp; Procedure</b>				
1.3 The Provider will ensure that all relevant policies and procedures are consistent with and referenced to safeguarding legislation, national policy / guidance and local multiagency safeguarding procedures and guidance including domestic abuse, Working Together 2010, Mental Capacity and all forms of restraint.				Leaflets have been sent to all staff via payslips.
<b>Standard 2 – Governance</b>				
2.6 NHS Trusts should identify and analyse the number of complaints and PALs contacts that include concerns of abuse or neglect and include this information in their annual safeguarding or complaints report reviewed by their board..				'Harm Free Meeting each Monday am reviews all complaints. A Quarterly Complaints Report is provided to QAC and Monthly Board of Directors. Chief Nurse Report includes data on all complaints and trends.
2.10 NHS Trusts must have in place robust annual audit				A robust Annual Audit plan has been agreed which specifies

programmes to assure itself that safeguarding systems and processes are working effectively. Practices are consistent with the Mental Capacity Act (2005).				timeframes and leads for each audit planned.
<b>Standard 4 – Recruitment 7 Employment</b>				
4.4 The Provider should ensure that all contracts of employment (including staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) include an explicit reference to staffs responsibility for safeguarding children and adults. The Provider should ensure that all contracts of employment for volunteers include an explicit reference to staffs responsibility for safeguarding children and adults.				Safeguarding Children is now included in the Trust induction of new staff. Staff responsibility for safeguarding is made explicit in contracts of employment.
4.5 The Provider will ensure that all safeguarding concerns relating to a member of staff are effectively investigated, and that any disciplinary processes are concluded irrespective of a person's resignation, and that 'compromise agreements' are not be allowed in safeguarding cases.				P & OD have developed a process to ensure this. Case notes are available for scrutiny to offer assurance.
<b>Standard 5 – Training</b>				
5.1 The provider will ensure that all staff and volunteers undertake safeguarding training appropriate to their role and level of responsibility and that this will be identified in an organisational training needs analysis and training plan.				Leaflets delivered to all staff via payslip drop. A process has been developed to ensure that all TRFT staff attending external training is recorded. There are risks in the capacity of the Children Safeguarding team to meet the demand to deliver training to Trust staff. RMBC training procurement has not been timely and has been unreliable.
5.6 The Provider will undertake regular training needs analysis to determine which groups of staff require further safeguarding children training in accordance with the expectations of all Royal Colleges Intercollegiate document..				TNA planned on release of new Intercollegiate document.
5.4 NHS providers will undertake a regular comprehensive training needs analysis to determine which groups of staff require more in depth safeguarding adults training. As a minimum this will include all professionally registered staff with team leadership roles undertaking multiagency training in how to recognise and respond to abuse.				To review the Intercollegiate document when released. Named Nurse/Midwife have supported x2 mapping exercises to match job role to required level of safeguarding training.

### Children KPI - Exception report

Children KPIs		Q4	
Section 1	<b>Maps to CQUIN Standard 5</b>		
	Delivery of Safeguarding Supervision to Health Visitors		Staff on Long Term Sick Leave/Maternity Leave not included in figures for staff eligible for supervision.
	Delivery of Safeguarding Supervision to Midwives		Huge improvement figures wise and improvement by using SystemOne and will be able to run reports from System1 for accuracy of information. As of 01/01/14 Community and Specialist Midwives have been included in the Supervision Policy.
	Handover between Health Visitors & School Nurses		Included in the supervision policy.
	LAC medicals conducted within timeframe		The job plans of the paediatrician are under review.

**KEY**

Blue - The task has been completed

Green - The task is on target

Amber - The task is off target with remedial action evidenced

Red - Work is yet to be planned, started and progressed

Prior to the amalgamation of the Adult and Children Safeguarding teams in January 2014, the method of recording used in Children was different, and as such, is not directly comparable for this quarter.

Going forward, all data recording and assurance will be standardised for the Safeguarding Team.

### Assurance, Risks & Forward Plans for 2014-2015

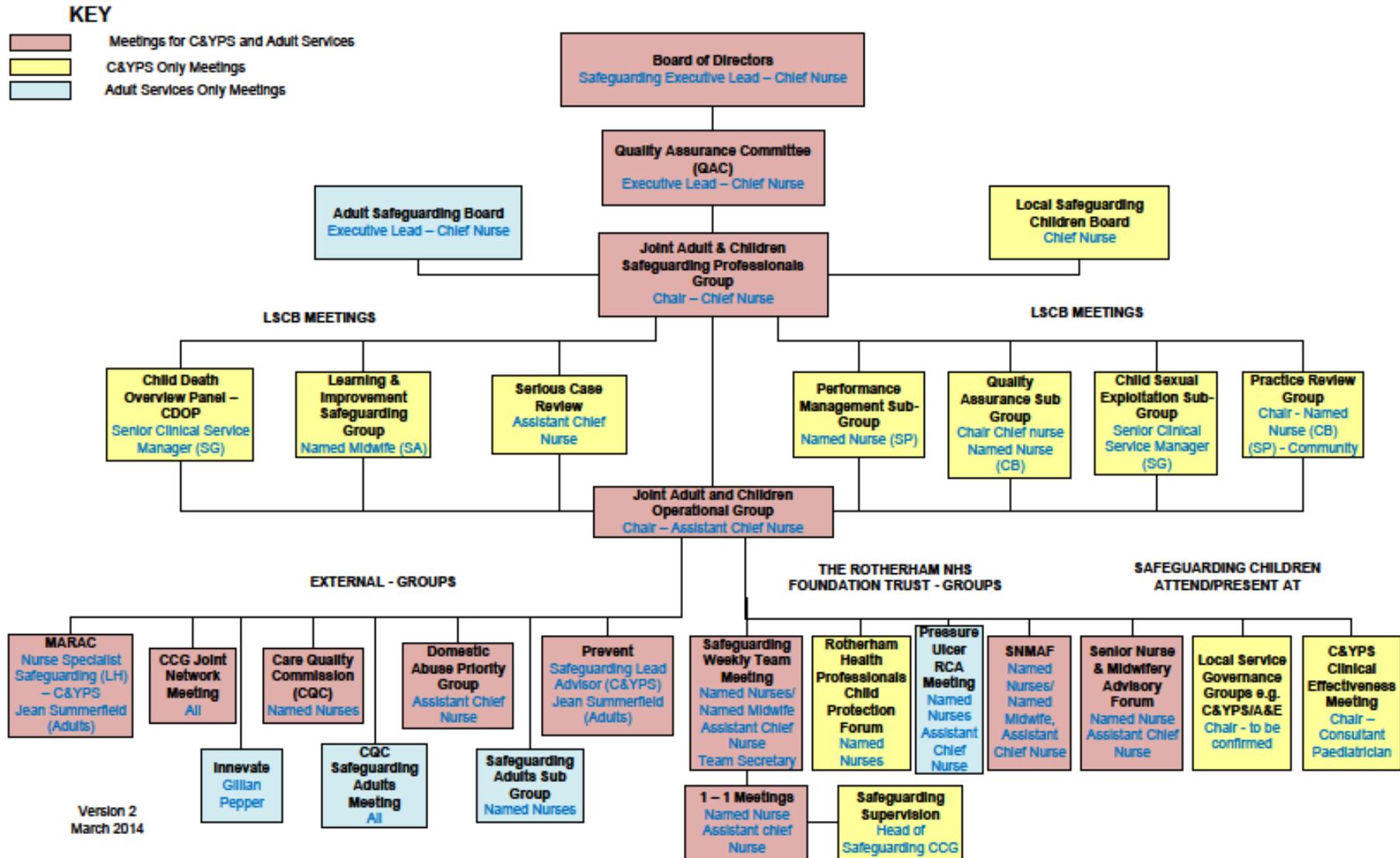
Supervision CQUIN Standard 1	Assurance	Risks & Forward Plan
	<ul style="list-style-type: none"> <li>➤ The Trust has a robust Safeguarding Children Supervision Policy which has been updated and ratified in 2013. This provides clear guidance for practitioners and supervisors on their roles and responsibilities.</li> <li>➤ As of 01/01/2014, community and specialist midwives are now integrated within this model.</li> </ul>	<ul style="list-style-type: none"> <li>➤ The Adult Safeguarding team does not currently access any formal supervision. This is an area for future development in view of the exposure to complex and emotive situations. There are plans to consult with peers across the region in respect of provision of supervision.</li> <li>➤ The policy for Adult Safeguarding supervision is awaiting ratification. When this is complete a plan will be developed to implement and embed this throughout the Trust.</li> </ul>
Governance CQUIN Standard 2	Assurance	Risks & Forward Plan
	<ul style="list-style-type: none"> <li>➤ Quarterly report produced and agreed by Chief Nurse prior to presentation to QAC &amp; CCG.</li> <li>➤ KPIs &amp; CQUINs 'rag' rated.</li> <li>➤ Evidence available to support each individual self-assessment.</li> <li>➤ Trust presentation of KPIs and CQUINs evidence seen as a model of good practice by the CCG.</li> <li>➤ Action plans in place for items not yet green – these are overseen by the Joint Professionals Operational group.</li> <li>➤ KPIs have been a relatively new requirement and are progressing well towards being embedded in the assurance arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Children and Adult safeguarding are not compliant in the training indicator. It is recognised that this is off target, but remedial action is evidenced and progress has been made.</li> <li>➤ Supervision of Midwives is off target, currently at 74% - the target is 100%. The ratification of the supervision policy and their inclusion on this will have a positive impact on this.</li> <li>➤ Some data collection is outstanding as this is sourced from outside the organisation. The Assistant Chief Nurse will take this forward with RMBC.</li> </ul>
Multi-Agency Working CQUIN Standard 3	Assurance	Risks & Forward Plan

	<ul style="list-style-type: none"> <li>➤ The use of the SystmOne electronic recording system has now been extended to include Maternity services and A&amp;E. This has been a positive move forward in the early identification of a variety of concerns presented to the department both in age and complexity. Safeguarding professionals now have access to 'secure' email arrangements.</li> <li>➤ Safeguarding Children's Policy has now been updated in line with the Working Together to Safeguard Children (2013).</li> <li>➤ Discharge Planning Guidance regarding Children where there are Safeguarding Concerns has been revised and sent for ratification.</li> <li>➤ Named Professionals attend Case Conferences to represent the Trust.</li> <li>➤ Named Professionals conduct rigorous internal investigations where there are concerns regarding care delivery.</li> <li>➤ Case where abuse is substantiated are reported directly to the Chief Nurse.</li> <li>➤ Action plans from case conferences are monitored through the Joint Professionals group. The amalgamation of the Adult and Children Safeguarding teams has reduced the likelihood of overlap and duplication of work in safeguarding, with one management and reporting structure.</li> </ul>	<ul style="list-style-type: none"> <li>➤ IT and the capacity/facility to deliver confidential information securely and promptly to other agencies/organisations remains an issue. This has been raised at the Joint Professionals Group.</li> <li>➤ Inadequate numbers of staff trained in the receipt and scrutiny of MHA section papers.</li> <li>➤ No SOP/policy re Patients detained under the MHA at TRFT. This is currently being developed. Once complete a plan will be developed to embed across the Trust which will include training required.</li> <li>➤ The expectation of RMBC that TRFT will provide the health opinion on all Adult Safeguarding cases – irrespective of whether there is TRFT involvement. The risks here are: <ul style="list-style-type: none"> <li>a) the capacity of the team to deliver this</li> <li>b) potential for Named Nurses to be involved in providing a medical opinion due to the absence of a Named Dr in Adult Safeguarding</li> <li>c) the capacity of appropriate staff to attend relevant Adult Safeguarding meetings. This has been discussed with the Assistance Chief Nurse. It will be closely monitored and reviewed going forward.</li> </ul> </li> <li>➤ SOP for the MAPPA process currently awaiting ratification.</li> <li>➤ The policy 'Withdrawal from Services' (Children) is currently being reviewed.</li> <li>➤ Work has commenced with Security Department on a policy regarding abduction of children from health premises.</li> <li>➤ The recent Court ruling regarding Deprivation of Liberty (DoL) will lower the threshold of applicability to DoLS and will impact on Trust staff and resources, particularly in relation to the need for robust Mental Capacity assessments. Further guidance is awaited from the DoLS advisor in RMBC and nationally.</li> <li>➤ There have been three cases where abuse has been substantiated against TRFT. None of these were reported on</li> </ul>
--	--	---

		<p>by TRFT, and alerts were raised by external agencies. These cases confirm that a patient has suffered harm while in the care of TRFT and pose risk to the Trust in terms of litigation and reputational damage. In addition to this, such cases create CQC interest in the Trust.</p> <ul style="list-style-type: none"> <li>➤ A one-off training session for senior staff is planned to ensure that senior staff are aware of their responsibilities in adult safeguarding.</li> <li>➤ There has been a period of structural change within the Trust. The Adult Safeguarding team are formalising plans to meet with the new heads of service and hope to foster close working relationships in order to improve standards.</li> </ul>
<b>Recruitment and Employment CQUIN Standard 4</b>	<b>Assurance</b>	<b>Risks &amp; Forward Plan</b>
	<ul style="list-style-type: none"> <li>➤ There are currently no identified gaps in this area.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Safeguarding team will continue to advise the Trust of any changes to legislation or guidance</li> </ul>
<b>Training CQUIN Standard 5</b>	<b>Assurance</b>	<b>Risks &amp; Forward Plan</b>
	<ul style="list-style-type: none"> <li>➤ All employees are required to have a basic level training in Adult and Children's Safeguarding yearly. This has been achieved through the provision of a leaflet. This leaflet is available on the Trust's intranet.</li> <li>➤ To assess learning across the Trust following the distribution of the leaflet, an online survey has been circulated, the results of which are currently being analysed.</li> <li>➤ A Training plan has been developed by Adult and</li> </ul>	<ul style="list-style-type: none"> <li>➤ There is currently no reliable means of recording uptake of Children's level 2 e-learning. Discussions are ongoing to remedy this situation with P &amp; OD.</li> <li>➤ The managing and recording of attendance at RMBC multi-agency training has been problematic and it is likely that this gap has resulted in apparent non-compliance of staff with training requirements. A flow-chart has been developed in partnership with RMBC to prevent this happening in the future. Work has begun to input retrospective information provided.</li> </ul>

	<p>Children's safeguarding teams. A training needs analysis is currently being undertaken to identify the distribution of staff who have completed Adult Safeguarding training at Silver and Gold level. This will allow the Adult Safeguarding team to direct resources appropriately to priority areas.</p> <ul style="list-style-type: none"> <li>➤ In line with recommendations from the Learning and Improvement sub group of the Rotherham Safeguarding Children Board (LSCB), this year has seen the inclusion of information on Child Sexual Exploitation (CSE) in Level 3 (Gold) training delivered. All training delivered incorporates record-keeping standards.</li> <li>➤ Adult and Children's mandatory training at level three (Gold) continues to be provided by RMBC.</li> <li>➤ In addition to this, level two and three training is offered in-house by the Adult and Children Safeguarding teams.</li> <li>➤ Information and literature for staff has been updated and are available on Insite.</li> <li>➤ The Trust Induction workbook has been updated and Safeguarding now provides a short session on the Corporate Induction.</li> <li>➤ Prevent - The Trust has facilitated the training of 18 staff in delivering the Prevent HealthWrap session. A programme of delivery has been agreed and is on target to deliver throughout the coming year.</li> </ul>	<ul style="list-style-type: none"> <li>➤ There are risks are in the capacity of the Adult and Children Safeguarding team to deliver sufficient training and the capacity of the departments to release staff to attend. Training delivery is designed with flexibility in mind, and reflects the Trust's priority areas.</li> <li>➤ RMBC training procurement is not timely and has been unreliable and there is a lack of higher level courses available. This will continue to be reported on through the Operational and Strategic Professionals groups.</li> <li>➤ There has been a lack of staff appropriately trained to conduct a Domestic Violence and Abuse risk assessment and to complete the documentation as per SY Procedures. Plans are being developed to provide specific training in this to appropriate staff as identified by the Training Needs Analysis.</li> </ul>
--	---	---

**Joint Safeguarding Children and Adult Services – Organisational Governance Structure**



## Appendix 2

### The Safeguarding Team

Tracey McErlain-Burns Chief Nurse / Executive Director for Safeguarding

June Lovett, Assistant Chief Nurse

Dr. E. Nagmeldin, Named Doctor-Safeguarding Children	–	2 P.A
Carol Boote, Named Nurse – Safeguarding Children	–	1.0 wte
Sophie Atkin, Named Midwife – Safeguarding Children	–	1.0 wte
Sharon Pagdin, Named Nurse – Safeguarding Children	–	1.0 wte
Sue Dawson, Specialist Nurse – Safeguarding Children*	-	1.0 wte
Lindsay Hood, Specialist Nurse – Safeguarding Children **	–	1.0wte
Natalie Harrison, Safeguarding Team Admin	–	0.5 wte
Jean Summerfield, Named Nurse Adult Safeguarding	-	1.0 wte
Gillian Pepper, Named Nurse Adult Safeguarding	-	1.0 wte
Michelle Hallatt – Administrative Assistant Safeguarding Children	-	
0.53wte		
June Newton – Administrative Assistant Safeguarding Children	-	1.0 wte
Claire Downing – Administrative Assistant	-	0.51 wte

\*As of 01.04.14 Sue Dawson has reduced hours to 0.48 wte

\*\*Lindsay Hood commenced in post 01.01.14. 1.00 wte

### Looked After Children Team

Dr Hashmi - Designated Doctor

Karen Holgate - Designated Nurse - 1.0 wte

Sandra Guest - Nurse Practitioner – Leaving Care - 0.5 wte

Annette Sharp - Administrative Team - 1.0 wte

## Appendix 3

### Glossary of Abbreviations

CAADA	Co ordinated Action Against Domestic Abuse
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CQUIN	Contract for Quality and Innovation
CSE	Child Sexual Exploitation
DASH	Domestic Abuse Stalking & Harassment
DoL	Deprivation of Liberty
DHR	Domestic Homicide Review
KPI	Key Performance Indicator
LAC	Looked After Children
LADO	Local Authority Designated Officer
MARAC	Multi Agency Risk Assessment Conference
MAPPA	Multi Agency Public Protection Arrangements
MHA	Mental Health Act
P & OD	Personal & Organisational Development
QAC	Quality Assurance Committee
RASB	Rotherham Adult Safeguarding Board
RCPCH	The Royal College of Paediatrics and Child Health
RMBC	Rotherham Metropolitan Borough Council
RSCB	Rotherham Safeguarding Children Board
SARC	Sexual Assault Referral Centre
SCR	Serious Case Review
SOP	Standard Operating Procedure
WTE	Whole Time Equivalent

### References

Galpin D & Morrison L, 2010 Bournemouth University

**Annual Report 2013-2014**

**Authors: G Pepper, J Summerfield, C Boote, S Atkin & K Holgate**

Page 19 of 19