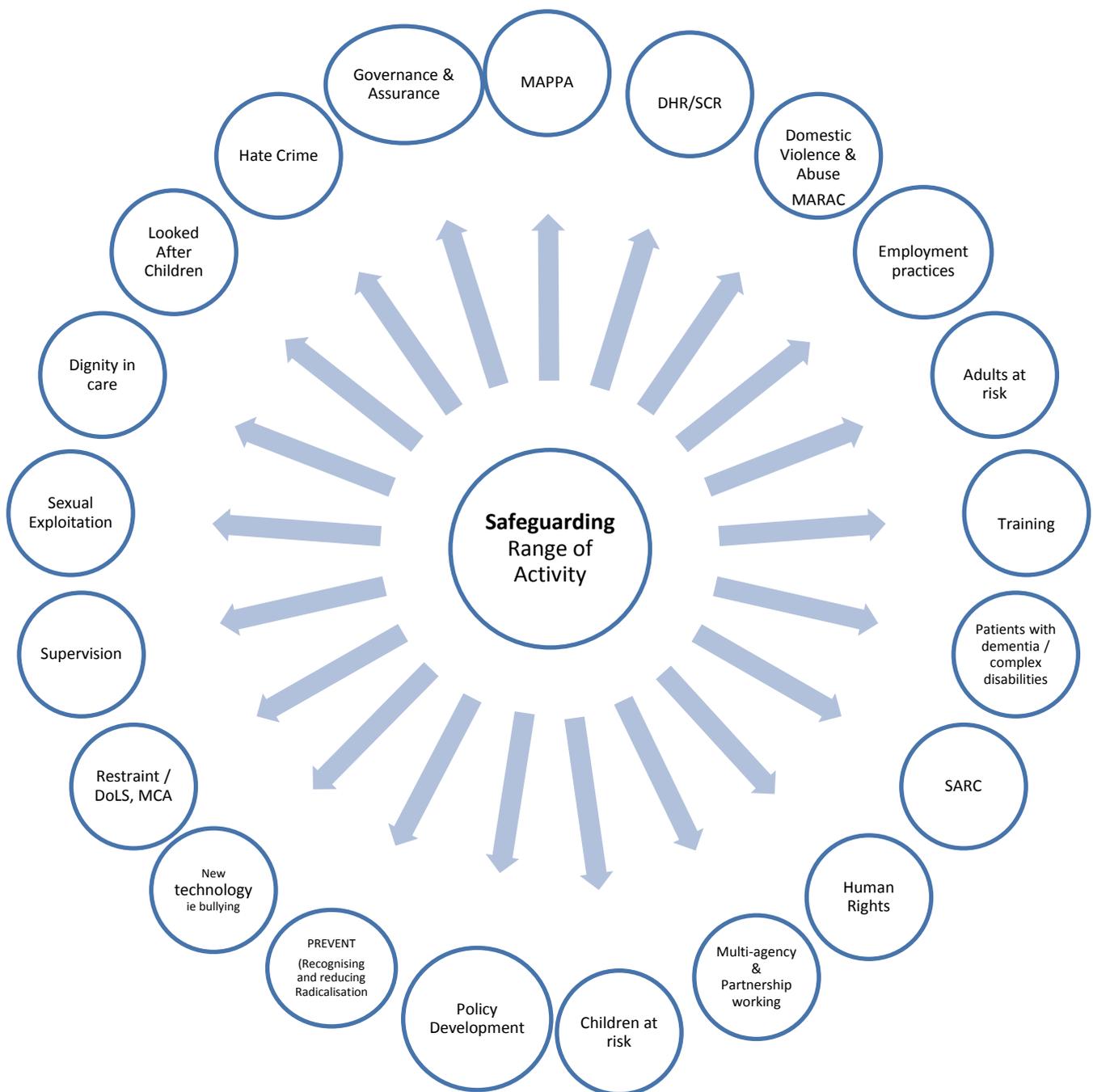


Safeguarding Annual Report 2014 / 2015



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1. Introduction and Overview

This Annual Report seeks to inform the Quality Assurance Committee (QAC) the achievements and progress of work of the Trust Safeguarding Team within the work plan for 2014 / 2015, providing a level of assurance that the Trust's statutory responsibilities are being met.

The Report incorporates Adult and Children Safeguarding. The Named Professional from each specialist area has inputted to the content.

Adult and Children Safeguarding was amalgamated to form one Team from 1 January 2014, and continues to sit under the executive leadership of the Chief Nurse and Managerial leadership of the Assistant Chief Nurse (Vulnerabilities) – Refer to Appendix 1 Professional and Organisational Chart. Safeguarding staffing establishment can be found in Appendix 3.

Since then, the Team has continued to improve and develop the Governance and Assurance arrangements within Safeguarding, the Trust and with the Clinical Commissioning Group.

The newly created structure of the Adult Safeguarding Vulnerabilities Team, with the appointment of 2 WTE Lead Nurses in Dementia Care and Learning Disabilities, serves to demonstrate the Trust's commitment to the Adult Safeguarding agenda.

Long term sickness and absence within the Children's Safeguarding Team during the time of this report has been a challenge, however, this has been managed and relevant support measures put into place to maintain service provision.

The year has seen a continued increase in activity across all work streams with challenges posed by the introduction of the Care Act 2014, the Cheshire West ruling and Intercollegiate Document.

The publication of 'Working Together' 2015 reaffirms the role of Health in safeguarding children and young people.

The report will identify and describe the key risks that were managed during the year and propose areas identified for improvement and future work streams in relation to safeguarding activity for implementation during 2015-2016.

The Report provides overview of activities over the last 12 months in relation to :

- Governance
- Policy and Procedures
- Training
- Multi-Agency Working
- Recruitment and Employment
- External Visits and Actions

2. Governance

2.1 Achievements, Highlights and Key Successes

Over the last 12 months a significant amount of work has been undertaken to ensure there is a robust Trust Safeguarding and external governance structure – Refer to Appendix 2.

Responsibilities of all staff employed by The Rotherham NHS Foundation Trust (TRFT) for safeguarding children are documented in TRFT Safeguarding Policies. The Chief Executive is the accountable officer. The Safeguarding Executive lead is the Chief Nurse and Corporate / Operational Lead for Safeguarding is the Assistant Chief Nurse. A Bi-monthly Board of Directors Report is provided.

The Trust has two specific Safeguarding Meetings / Groups. Following the amalgamation of the Adults and Children Safeguarding into one team, the separate children and adult Safeguarding Operational Meetings were combined into one Meeting from April 2014 – Joint Adults and Children Safeguarding Operational Group – new Terms of Reference were created and Trust wide membership reviewed. The monthly meeting is chaired by the Assistant Chief Nurse. In addition a Safeguarding Assurance Meeting (Joint Adults and Children Safeguarding Professional Group) is held on a bi monthly basis led and chaired by the Chief Nurse. 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. In addition to Trust wide members, external partners from the CCG and Local Authority are members. This Group provides assurance and reports to the Board of Directors via the Operational Quality Safety and Experience Group and Quality assurance Group (QAC). Both Groups have been extremely active over the last 12 months and continue to be.

Representation on the Rotherham Safeguarding Adult and Children Board is the Chief Nurse.

Sub Groups of the Safeguarding Boards are attended by TRFT representation and a summary report from attendance regarding key points is submitted to the Joint Professionals Group to share information and to provide transparency and joined up working.

A Safeguarding Strategy on a page has been created and sets out our strategic direction of Safeguarding underpinned by a robust work plan. This was considered an excellent approach following submission to the Quality Assurance Committee and the same approach is now used for other Trust Service Strategies.

The structure of the Adult Safeguarding team was reviewed in December 2014. The team has moved to a skill-mix format, incorporating a Nurse Advisor for Adult Safeguarding, with plans to include, from early 2015 a Lead Nurse for Dementia and a Lead Nurse for Learning Disabilities. This team is now realigned as the Vulnerable Adult's Team.

The Trust is required to satisfy the requirements of the Safeguarding KPIs and CQUINs, as set by the Clinical Commissioning Group. These include offering assurance on a diverse range of safeguarding activity throughout the Trust and is reported quarterly. Over the year the process for this has improved significantly and the CCG has commended the Trust for the development of such a robust assurance process – Refer to Appendix 3. A set of Key Performance Indicators were included as part of the assurance data and process.

A new assurance partnership meeting commenced in December 2014 and includes wide representation from the Trust as well as CCG and Local Authority members – this allows transparency of processes in addition to shared partnership working. In the future Public Health representation will be invited so that all key partners are involved. At this meeting the Head of Safeguarding (CCG) assesses our compliance against the CQUIN and KPIs. A further improvement from this is the production of an outcome and summary Report that will be submitted to the Trust Assurance Meeting

and for CCG which identifies key developments and actions over the quarter and any risks and mitigations.

A new process and dashboard for activity data collection and KPI alignment has been created - Safeguarding Key Performance Indicators and Activity Dashboard. Leads have been identified with their agreement as to who is responsible to obtain and input the data into the new Dashboard. This monthly information will feed into the quarter CQUIN and KPI data spreadsheet and will make the process much more robust and manageable

The Trust must complete a Biennial Section 11 Self-Assessment Audit in relation to their duties under Section 11 Children Act 2004. This tool aims to assess the effectiveness of the arrangements for safeguarding children at a strategic level – this has been undertaken and submitted to the LSCB In May 2015.

A Time out session was held with the Safeguarding Team on 23 March 2015 – from this day a work plan for 2015 has been created that sets out our actions and activities for the following 12 months.

Supervision systems and processes is being fully reviewed and a large piece of work is underway in relation to scoping the current model of supervision and including a capacity needs assessment

A Trust wide Clinical Supervision Policy is being developed led by the Assistant Chief Nurse – this will include adult supervision but not children or Midwifery supervision

The Safeguarding Service specification has been fully reviewed and approved

Following a number of publications of National and Local External Reports including Kirkup and Savile in addition Local Authority Reports including Ofsted, Jay and Casey – a review of the Reports has been undertaken and actions agreed and led by the Executive Lead for Safeguarding to improve any processes involving TRFT.

2.2 Risk Management and Mitigation

2.21 Safeguarding Supervision

Supervision has not been as robust and following Policy regarding low numbers of supervision sessions being held and staff accessing supervision – this is due to a number of reasons, Long term sickness in Safeguarding Team, Long Term and Short term sickness in family health services and capacity challenges.

As a result of this the Assistant Chief Nurse is leading on a full review of supervision and the model used at TRFT.

This risk is registered on the corporate risk register.

2.22 Child Protection Medicals and Audit

It has been an ongoing challenge in obtaining data for child protection medicals. This has now been addressed with Family health and will be available going forward via SARC lead and Lead Clinician.

Concern was also discussed in that the Child Protection Medicals Audit has not been finalised and presented – this has been discussed with the Acting Designated Doctor.

3. Policy and Procedures

3.1 Achievements, Highlights and Key Successes

A number of key policies are in place for Safeguarding and plans identified in the work plan when a revision is required.

The National Service Framework (NSF) for Children, Young People and Maternity Services (DoH, 2004) Standard 5 identifies high quality Casework Supervision as the cornerstone of effective safeguarding of Children and Young People. To that end the Safeguarding Children Team provides safeguarding supervision to a number of key professionals

New processes and procedures have been put in place for the following:

Female Genital Mutilation - The Safeguarding Team led on the development of FGM guidance and a new Trust process has been established and put into place as from February 2015. Work is ongoing to fully embed the process and awareness sessions have been led by the FGM Lead. New more detailed information on FGM reporting and meetings are planned with Informatics Team to progress further.

Pressure ulcer prevention work is ongoing in relation to improving processes in Children Services and a complete review and update of the RCA Investigation proforma for Superficial and deep pressure ulcers. A new safeguarding protocol for pressure ulcers has been developed by the Regional Group and is embedded within the organisation.

CAMHS improvement work is ongoing and we now have a monthly operational meeting with CAMHS colleagues in order to work together to improve processes. A number of new pathways of care and referral have been developed.

A new monthly meeting has been set up with key individuals to support the Emergency Department to ensure Safeguarding are addressed. In addition to this a weekly meeting is being maintained with the Medical lead for Safeguarding and Paediatric Liaison Nurse to ensure improved communication and working together to address and support safeguarding for patients attending ED.

Deprivation of Liberty Safeguards (DoLS) The Cheshire West ruling brought about significant changes to the way thresholds for DoLS were applied. As a result of this 2014/2015 saw a considerable increase in activity around Deprivation of Liberty Safeguards (DoLS) applications. Over the year, 74 applications were made. The Adult Safeguarding team have led a task & complete group to ensure the changes are embedded fully across the Trust. This work will progress throughout the coming year.

The Prevent agenda has been fully embraced at TRFT – a robust process has been put into place and led by the Named Nurse Adult Safeguarding and we are ahead of our trajectory for training compliance.

The development of a TRFT Clinical Supervision Policy that includes Adult Safeguarding and we are finalising the development of an Abduction Policy.

A new Domestic Abuse Policy for women accessing Maternity Services and audit on the new Policy will be commenced in June 2015.

3.2 Risk Management and Mitigation

3.21 Safeguarding Policy

Due to the absence of the Named Midwife provision for supervision for caseload holding midwives has been affected - see above - Currently a review of safeguarding supervision is being undertaken across the Trust.

3.22 Deprivation of Liberty Safeguards

DoLS is registered as a risk on the Corporate Risk Register. Close partnership working with the DoLS lead at RMBC continues. Administration Support is being provided on a secondment basis for 12 months. Funding has been provided by NHS England.

3.23 The Voice of the Child

TRFT need to review and consider what mechanisms they wish to employ to enable children and young people to raise concerns regarding any TRFT service that they access. To improve processes to ensure the voice of the Child and Young person is heard – Actions in place to address

4. Training

4.1 Achievements, Highlights and Key Successes

A full review of the Safeguarding Training Plan and Training Needs analysis has been undertaken.

The training levels appropriate to job roles have been reviewed, in partnership with Heads of Nursing. The Adult Safeguarding Team continue to provide both Silver and Gold level training for Trust staff.

Training has been provided to support practice in respect of The Cheshire West ruling and the changes to the implementation of the MCA and DOLS procedures. This will continue on the coming financial year.

Formalised mandatory training has been reviewed and updated with reference to the revised RCPH 'Intercollegiate Document' (March -2014).

The Trust Corporate Induction process has been fully reviewed and improved and Safeguarding Introductory session is now time allocation on the programme

Following from National and local documents CSE has been included into Levels 1 and 3 training. E-Learning is available for level 2 via Rotherham LSCB.

A new and updated Safeguarding Leaflet has been developed for Children and is double the size of last year due to including more detail on CSE and FGM and to ensure we meet the requirements of the Intercollegiate Document. – This went out to all TRFT staff via Pay slips in March and will be followed up with a Survey Monkey during May 2015. A similar process is in place for adult Safeguarding and updated leaflets will be provided to staff in pay slips in May.

Prevent work and training is going extremely well and ahead of the planned trajectory.

A training process review is underway in relation to realigning the programme and time for training; in addition the team is seeking support from services to provide input into training for personal development and also to improve resilience for the team. A new evaluation process is being developed,

4.2 Risk Management and Mitigation

4.21 Attendance at Training

Attendance figures at training in order to ensure all staff have the relevant level of training over a three year period is a challenge. Staffing and capacity pressures across the Trust is causing a concern across all training requirements. Training numbers are monitored on a monthly basis and remedial action taken if trajectories appear to be falling. Directorate Leads are informed, via the Safeguarding Operational Group, and actions are in place to improve attendance and link this to PDRs.

5. Multi-Agency Working

5.1 Achievements, Highlights and Key Successes

The Trust is represented at the Adult and Children Safeguarding Board by the Chief Nurse.

5.2 Safeguarding Adults

The Adult Safeguarding team continue to work in partnership with RMBC to provide 'health' input for safeguarding investigations. This involves offering support to the RMBC Adult Safeguarding team around investigations and preparations for Case Conferences – even where there is no TRFT involvement. In the last year the team attended a total of 54 Strategy meetings and 25 Case Conferences.

As per Rotherham Adult Safeguarding Procedures, the Trust receives alerts regarding concerns raised about the safety and well-being of adults. For 2014-2015, 175 were received, equating to approximately 13-14 per month. Of these, proportions are screened as needing further consideration under the Adult Safeguarding procedures and go forward for a strategy meeting/discussion.

A small number of alerts involving Trust services (nine) were progressed from the Strategy meeting to an Adult Safeguarding Case Conference.

In the one case where abuse was substantiated, concerns had been raised in respect of the Community Unit. Action was taken to remedy the concerns. The action plan is reported on through the Joint Adult and Children Safeguarding Operational Group meeting.

Two cases are currently awaiting a case conference date.

The Patient Safety and Risk and Patient Services Team receive complaints and incidents. Systems have been put in place with those services to flag any issues that have a safeguarding element to them so that any specific action can be taken.

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). A total of 517 cases were brought to MARAC, approximately

20 cases per fortnightly meeting and information about the family reviewed and shared to enable the multi-agency management of the risk related to each case.

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. There have been no DHRs in the 14/15 period. The overview reports from the previous year's reviews are awaiting publication.

The Named Nurse, Adult Safeguarding is the Trust's MAPPA representative. This role has responsibility for ensuring offenders subject to MAPPA are managed appropriately, when they are patients and the risks that these offenders pose are managed, whilst accessing our services. During 14/15 there were 3 MAPPA alerts, all in-patients.

These cases pose challenges in managing any risk to other service users whilst ensuring the patient receives care appropriate to their needs and is not discriminated against due to their offending history. The Adult Safeguarding Team work in partnership with South Yorkshire Police to achieve this.

5.3 Safeguarding Children

Working in partnership with all agencies is the cornerstone of keeping children safe and is clearly promoted by Working Together (2013, 2015) and the Children Acts (1989, 2004). This concept is well established in the children's arena. 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 Assistant 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 246 Initial Child Protection Case Conferences (10 % increase on the previous year) and 511 Review Child Protection Case Conferences (25 % increase) 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, pregnant women and victims aged 16-18yrs. The number of women with children discussed has risen significantly from 267 to 492 cases (84 % increase); giving a total number of 566 children discussed during the period of this report. The number of pregnant women discussed has risen from 16 to 33 (106 % increase) and more referrals are reaching MARAC for victims aged 16-18yrs (7).

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 which is facilitated and quality assured by the Safeguarding Children's Team so that the information is utilised to maximum potential. Changes to the Public Law Outline in 2014 have meant an increase in requests for court statements during the period of this report.

There have been significant numbers of unborn babies where safeguarding concerns were identified and robust plans were required to ensure their safety. The Trust has been integral to the success of multi-agency work during this period of time. A number of cases have progressed to the initiation of legal proceedings which has had an impact on delayed discharges within the maternity unit. This was identified by the recent CQC inspection and work has commenced to address this.

Safe discharge planning remains a fundamental part of the transfer from hospital into the community setting as discussed in the Laming Enquiry 2003. The criteria is laid out in the 'Discharge Planning Protocol Where There are Safeguarding Children Concerns' (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 have been 168 Strategy LADO and follow up 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 206 Child Protection Medicals performed by Paediatricians in the timeframe of the report. This is an increase of 34 (19%) from previous year. 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 19 Within the timeframe of this report there was one Child Serious Case Review (SCR) initiated by Rotherham LSCB. The Safeguarding Children Team facilitated a learning event to which all staff involved in the case were invited. This enabled frontline practitioners to contribute to the multi-agency significant incident learning process (SILP).

As part of the SILP process a report commissioned by the Chief Nurse was compiled by the Named Midwife and submitted in fulfilment of the requirements of Working Together 2013 Chapter 4, pp70. The final multi agency overview report has not yet been scheduled for publication but key learning points have already been incorporated into practice.89).

There were a number of actions for the Trust from these cases. These have all been completed or on track as per the action plan.

The Rotherham Multi Agency Safeguarding Hub (MASH) went live on 1 April, however, preparation and support for the implementation of MASH has been ongoing since August 2014. TRFT representation is a Band 7 Health Visitor seconded into MASH on a full time basis until October 2015 – this is proving a very positive step forward. The Trust continues to work closely with all partnerships in MASH.

A Safeguarding Executive Steering group has been set up led by NHS England and TRFT is an active member of the Group.

Work is ongoing with Public Health in relation to the Child Sexual Exploitation (CSE) Service Specification. Actions are in place improve this partnership and to develop KPIs to measure performance.

5.2 Risk Management and Mitigation

5.21 Audit Programme

TRFT will engage in the multi-agency audits being led by the RLSCB quality assurance group to seek assurance that there have been no inappropriate delays to information sharing.

6. Recruitment and Employment

The Safeguarding Team work closely with Human Resources in relation to Learning and Development and in relation to safe recruitment and employment.

The Kate Lampard review of the Themes and Lessons Learnt from NHS Investigations into Matters Relating to Jimmy Savile has been presented to the Strategic and Operational Safeguarding Groups. A Trust wide action plan has been developed under the leadership of the Chief Nurse and identifies actions in relation to safe recruitment.

6.1 Risk Management and Mitigation

6,11 Findings of the Kate Lampard Savile Report in relation to HR

Currently reviewing the Voluntary Services processes as part of an internal True for Us review of the Kate Lampard Savile Report. All NHS Trusts should review their voluntary service arrangements and ensure that they are fit for purpose: Volunteers are properly recruited, selected, trained and supervised AND Voluntary services managers have development opportunity and are properly supported.

Audit of 50 randomly selected HR files to provide assurance that safer recruitment practice is evident at TRFT

7. External Visits and Actions

A number of inspections have taken place at the Local Authority. In addition to the Inspections a series of high profile reports have been published in particular in relation to CSE. Following the publication of the specific reports these have each in turned been reviewed and relevant actions for TRFT have been identified and addressed.

For example following the Local Authority Ofsted Report a TRFT extraordinary meeting was held in December 2014 and the recommendations reviewed and as appropriate to TRFT an action plan was developed and progressed.

A planned CQC Trust wide inspection was undertaken the week commencing 23 February 2015 and in addition the CQC Children Looked After and Safeguarding (CLAS) Inspection was also undertaken the same week. A Keep in Touch preparation Group led by the CCG had been meeting monthly to ensure all relevant preparation plans were in place. To date no reports have been received yet, however, a number of issues continue to be managed based on verbal feedback and escalation following the inspections.

Also relating to the CQC inspection, we remain concerned about the level of support to the Children's ward (and A&E) by the RDaSH Child and Adolescent Mental Health Service (CAMHs). Immediately following the CQC inspection we had excellent support in the provision of training for 32 paediatric staff, and direct input into the care plans of a small number of children.

Other issues for paediatrics and / or Safeguarding Children arising during the CQC inspection include:

- CAMHS Service input and support
- ladies experiencing delayed discharge from the postnatal ward due to delay in care proceedings
- The absence of a named anaesthetic lead for Safeguarding Children (now addressed)

- Discontent with in the School Nursing Service (not resolved, but better understood and regular meetings with the teams are taking place)
- The CSE Specialist Nurse not been clear about her role and others not being clear about her role (this is being addressed through the development of the multi-agency team. The whole CSE team is being re-launched under the banner of being known as the Evolve Team. In addition the detail above will assist the CSE Nurse in having clarity of role).
- Paediatrics Liaison governance not seen as robust (being progressed through integration within the Safeguarding Team)
- Midwives not using the 'green pack' and not assessing Domestic Violence / mental health (the green pack has been revised and audit will take place from within Family Health)
- Looked After Children initial assessments are not being completed in time (this is still a risk. This needs to be progressed URGENTLY through the Children and Young People's performance meetings. Dr Hashmi, Dr Harrison and Karen Holgate should be expected to attend the performance meeting to present their plans for improvement). In addition young people were not always receiving a copy of their health plan and the aforementioned colleagues also need to confirm that this has been addressed.
- Insecure fire exit on the Paediatric ward (addressed and the Perspex screen is now also in place)
- There is no vision for School Nursing across Rotherham. (This is being addressed in conjunction with review of the service specification. Commissioning of School Nursing services transferred to the Local Authority in April 2014 and they have given formal notice of a reduction in budget based on the absence of a complete KPI return from TRFT and non-compliance with the service specification).
- The lead clinician in ED did not receive Safeguarding supervision from the named doctor (this is being managed but it is fair to say that the relationship between ED clinicians and Paediatricians has not been without problem recently. This is being managed by the Divisional Director for Family Health and the ED Clinical Lead supported by the Assistant Chief Nurse (Vulnerabilities).

Following the CLAS Inspection, a robust action plan has been developed on the basis of the verbal feedback and being monitored by the Operational Group.

It is important to note, good and excellent practice was also highlighted by the CLAS Inspection and the Lead Inspector at the verbal feedback meeting stated – *this is one of the most professionally organised inspections she had been involved in.*

8. ADULT CQUIN - Exception Report

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

CQUIN	Q1	Q2	Q3	Q4	
Standard 1 - Policy & Procedure					
1.4b - That staff practice in accordance with MCA policies.					An audit of MCA compliance was completed. Work continues to embed the MCA & DoLS process.
1.6b - Will ensure that staff practice in accordance with the legislation (MCA & DoLS).					DoLS applications have increased over the year. Work is ongoing to develop a strategy to manage the expected increase in applications in light of the Cheshire West ruling. Training delivered as planned for key staff and will continue in the coming year. Action plan progressing re lead staff identified within directorates.
1.8b - 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.					A new TRFT Clinical Supervision Policy is currently being developed that includes Adult Safeguarding Supervision.
Standard 2 – Governance					
2.2b - The NHS Trust will also have in post a Named Doctor for Adult and Children Safeguarding with sufficient capacity to effectively carry out these roles.					A Named Doctor for Adult Safeguarding has been identified.
2.9b - The provider will publish the regional Key Performance Quarterly.					Some of the KPIs are challenging is that data is not available.
2.10b - NHS Trusts must have in place robust annual audit programmes to assure itself that safeguarding systems and processes are working effectively. Practices are consistent with the Mental Capacity Act (2005).					Changed to Amber in view of March Court ruling. Audit completed and presented to T&C group. Further Point Prevalence audit carried out. Plans in progress to develop recording system for use across hospital.
Standard 5 – Training					
5.2 - The Provider will ensure that all staff undertake safeguarding training in line with national and local					Named Nurses now attend induction and cover Adult Safeguarding and MCA

expectations. This includes safeguarding updates as a minimum of 3 yearly.					
5.3 - The Provider will ensure that all staff, contractors and volunteers 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.					Training needs analysis and training plan now implemented. Named Nurses now providing Silver in-house training.

9. ADULT KPI - Exception Report

Adult KPIs		Q4	
Section 1	Maps to CQUIN Standard 5		
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		All levels of training are in place for staff.
1.2	Adult Safeguarding training <ul style="list-style-type: none"> • MCA & DoLS • Prevent • Dementia • Domestic Abuse 		To supplement the RMBC training, the Named Nurses have delivered 14 sessions at Silver level with a total attendance of 298 staff, over the year. Q4 included 4 Silver sessions delivered with 123 attendees. This training makes reference to Sexual Exploitation, Domestic Abuse and MCA. 4 Gold sessions were delivered with 59 attendees - these sessions included MCA & DoLS and DV. HR have now populated the ESR with last three years multi agency training. Plans are in place for further Domestic Abuse and MCA & DoLS training in the coming year.

Section 3	Maps to CQUINS Standard 2 & 4		
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		Full review undertaken by the Assistant Chief Nurse - Workforce and Chief Nurse in conjunction with ESR Staffing Lead. Staffing has been increased and any gaps are covered via Flexible staffing or Agency as appropriate.

10. CHILDREN CQUIN – Exception Report

CQUIN	Q1	Q2	Q3	Q4	
Standard 1 - Policy & Procedure					
1.5 - 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.					Whistleblowing policy in place. Also discussed in face-to-face training - will be reviewed in light of Savile Recommendations.
Standard 2 – Governance					
1.8 - The Provider will ensure that there is a safeguarding supervision policy in place.					Work currently ongoing on a full review of supervision including capacity assessment - aim to complete by the end of June - led by Assistant Chief Nurse.
1.8b - That staff have access to appropriate supervision, as required by the provider or professional bodies and RLSCB.					As Above
Standard 3 – Multi-Agency Working					
3.3 - The Provider will ensure that a root cause analysis is undertaken for all pressure ulcers of grade 3 or 4.					Work is currently ongoing with Child Health to improve processes of Tissue Viability and with the TV Team.
3.3b - Multi-agency referral is made where abuse or neglect are believed to be a contributory factor.					Evidence of this is via referral forms and strategy meetings and conference. New Mash process will also help support assessment of quality of referral forms

Standard 4 – Recruitment & Employment					
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.
Standard 5 – Training					
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.					Ongoing - work being led by Deputy Chief Nurse in light of Savile
5.3 - 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.					Poor uptake of level 2 training due to capacity issues in the organisation. Plans to be formalised to encourage and facilitate attendance/uptake across the Trust.
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, best interest, consent processes and prevent, appropriate to their role and level of responsibility, at the point of induction.					Included in induction programme - review of training programme in 2015 in light of Savile Report

11. CHILDREN KPI - Exception Report

Children KPIs		Q4	
Section 1	Maps to CQUIN Standard 5		
	Level 2 e-learning		Plans to be formalised to encourage and facilitate attendance/uptake of level 2 training across the Trust.
	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		Not reported Q4.- Reporting of safeguarding supervision in Midwifery to be agreed.
	Handover between FNP and Health Visitor Nurses		Report has been run before child is 2yrs old therefore not capturing all handovers. This has been amended for Q1 2015
	Handover between Health Visitors & School Nurses		Senior managers are aware and will develop an action to address the issue
	Handover between Midwife to Health Visitor		Antenatally the electronic referral MW-HV is to be reviewed. Work planned work as further highlighted by CQC (i.e. to further breakdown the form which patients are universal or require a more enhanced service). A post-natal referral/handover is also to be developed.
	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

12. Assurance, Risks & Forward Plans		
CQUIN - Standard 1 Policy & Procedure	Assurance	Risks & Forward Plan
	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.	As identified a full review is being undertaken led by the Assistant Chief Nurse.
CQUIN - Standard 2 Governance	Assurance	Risks & Forward Plan
	<p>Quarterly report produced and agreed by Chief Nurse prior to presentation to QAC & CCG.</p> <p>KPIs & CQUINs 'rag' rated.</p> <p>Evidence available to support each individual self-assessment.</p> <p>Trust presentation of KPIs and CQUINs evidence seen as a model of excellent practice by the CCG.</p> <p>Action plans in place for items not yet green – these are overseen by the Operational Group.</p> <p>Work is ongoing to embed the MCA & DoLS throughout the Trust. The Trust has raised the profile of Deprivation of Liberty Safeguards and Mental Capacity in several ways over the year, including incorporation of key messages in safeguarding induction and training, the provision and circulation of specific briefing papers and the training of key individuals.</p>	<p>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.</p> <p>Some data collection is outstanding as this is sourced from outside the organisation. The Assistant Chief Nurse will take this forward with RMBC.</p> <p>Formal supervision for the Adult Safeguarding team continues to be explored.</p> <p>Over the course of the coming 12 months the Trust will employ administrative support to the Adult Safeguarding team specific to DoLS. This will enable further training and audit of all stages of the process therefore achieving greater assurance. The audit reports will be reported to the joint adult and children's safeguarding named</p>

	<p>All applications are reviewed by the Adult Safeguarding Named Nurse / Nurse Advisor who works in partnership with the ward. At all times the ward is engaged in the communication flow.</p> <p>When the application has been reviewed / supported and forwarded to the Local Authority, copies of the signed forms are returned to the ward with guidance and instruction. Copies are also provided to the patient and / or their next of kin.</p> <p>The wards are contacted directly by the Best Interest Assessors. In the event that a Deprivation is granted, the Adult Safeguarding team is copied into the approval with source documentation being held at ward level.</p>	<p>professionals meeting chaired by the Chief Nurse as the executive lead for safeguarding.</p> <p>A database to support this is currently under construction.</p>
CQUIN - Standard 3 Multi-Agency Working	Assurance	Risks & Forward Plan
	<p>Named Professionals attend Case Conferences to represent the Trust.</p> <p>Named Professionals conduct rigorous internal investigations where there are concerns regarding care delivery.</p> <p>Cases where abuse is substantiated are reported directly to the Chief Nurse.</p> <p>Action plans from case conferences are monitored through the Joint Professionals Group.</p>	<p>The policy 'Withdrawal from Services' (Children) is currently being reviewed.</p> <p>Work has commenced with Security Department on a policy regarding abduction of children from health premises.</p> <p>The Cheshire West Court ruling regarding Deprivation of Liberty (DoLS) has lowered the threshold of applicability and impacted on Trust staff and resources.</p>

	<p>The amalgamated Adult and Children Safeguarding team continues to develop and identify opportunities to reduce overlap and duplication of work.</p> <p>Training has been delivered to key staff in the receipt and scrutiny of MHA section papers.</p>	<p>There has been one case where abuse has been substantiated against TRFT. This concerned issues relating to care delivered in the Community Unit. An action plan was implemented and continues to be reviewed.</p> <p>The case confirmed that a patient had suffered harm while in the care of TRFT. This poses a risk to the Trust in terms of litigation and reputational damage. In addition to this, such cases create CQC interest in the Trust.</p>
CQUIN - Standard 4 Recruitment & Employment	Assurance	Risks & Forward Plan
	There are currently no identified gaps in this area.	Safeguarding team will continue to advise the Trust of any changes to legislation or guidance
CQUIN - Standard 5 Training	Assurance	Risks & Forward Plan
	<p>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.</p> <p>The Trust induction is now delivered two-weekly, and includes Adult & Children's Safeguarding.</p> <p>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</p>	<p>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 & OD.</p> <p>There continue to be risks 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.</p> <p>RMBC training procurement is not timely and has</p>

	<p>information on Child Sexual Exploitation (CSE) in Level 3 (Gold) training delivered. All training delivered incorporates record-keeping standards.</p> <p>Adult and Children's mandatory training at level three (Gold) continues to be provided by RMBC.</p> <p>In addition to this, level two and three training is offered in-house by the Adult and Children Safeguarding teams.</p> <p>Information and literature for staff has been updated and are available on Insite.</p> <p>Prevent - The Trust has exceeded the projected figures for year 1. Prevent is now included in the Trust induction for all new staff, with additional sessions for remaining staff.</p>	<p>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.</p> <p>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. Specific training has been planned but is impacted on by the above issue.</p> <p>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.</p>
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13. Summary and Conclusion

There has been significant change within Safeguarding at TRFT in relation to the Team review and changes with Partner agencies and our response to such change and pace of change is commendable. The Safeguarding Team have embraced all the changes and continue to strive to ensure all safeguarding processes are robust and effective, There has been a huge amount of work and developments in order to improve processes and build on existing systems and procedures and we will continue to strive to further improvement and achieve good compliance against all our safeguarding standards internally and externally. A robust work plan has been created to action priorities for 2015 /2016 and to fulfil our Safeguarding Strategic objectives.

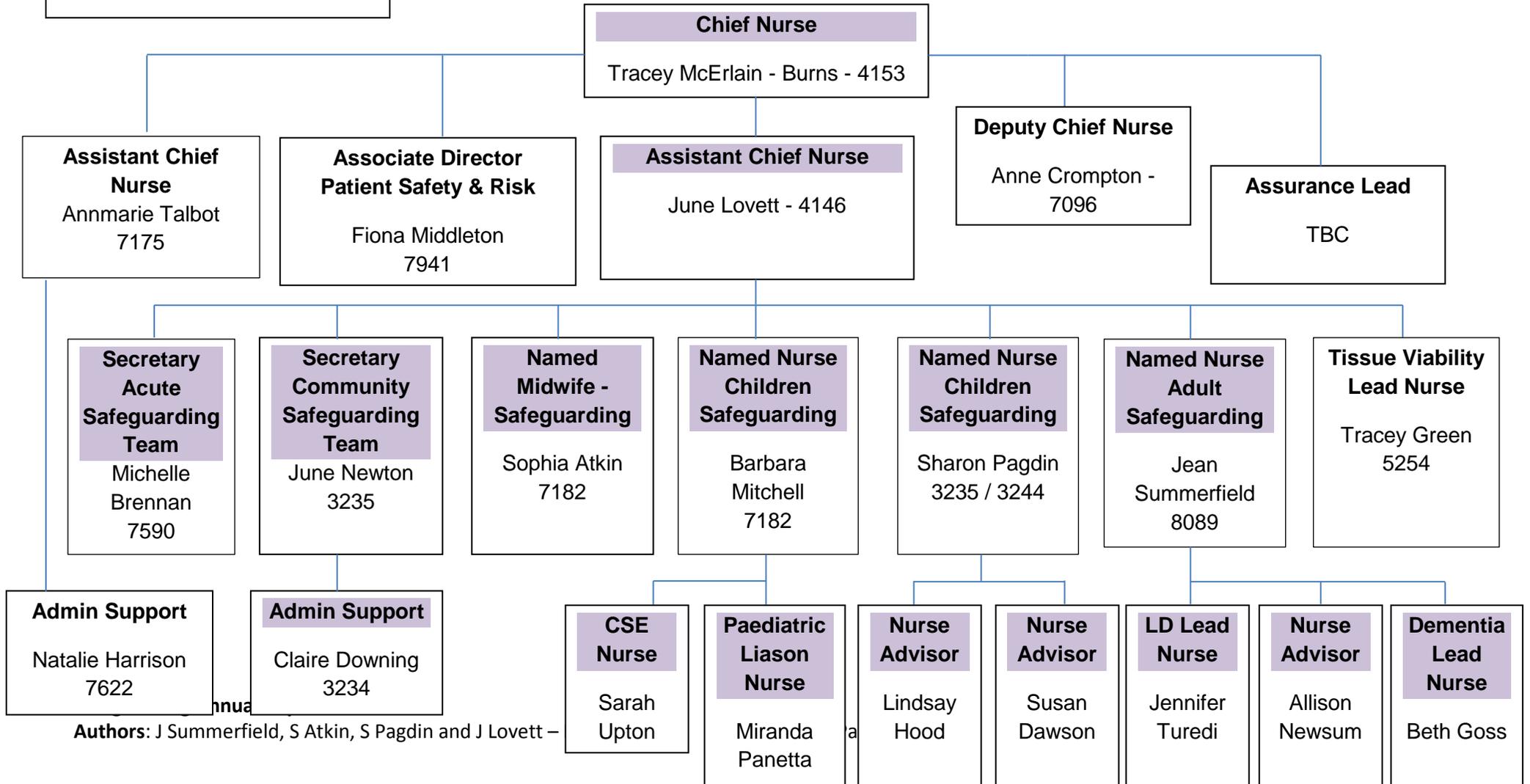
The re-locating of all the safeguarding team (12) into one large office area on the Hospital site will provide and enable improved accessibility, increased team support, improved communication, and increased resilience as a Team and less duplication of work. All are looking forward to the year ahead in ensuring safeguarding is maintained as a high priority for the Trust and is everyone's business.

MANAGEMENT AND PROFESSIONAL LEADERSHIP

APPENDIX 1

ASSISTANT CHIEF NURSE (VULNERABILITES) TEAM

KEY : Safeguarding Team in LILAC



Authors: J Summerfield, S Atkin, S Pagdin and J Lovett –

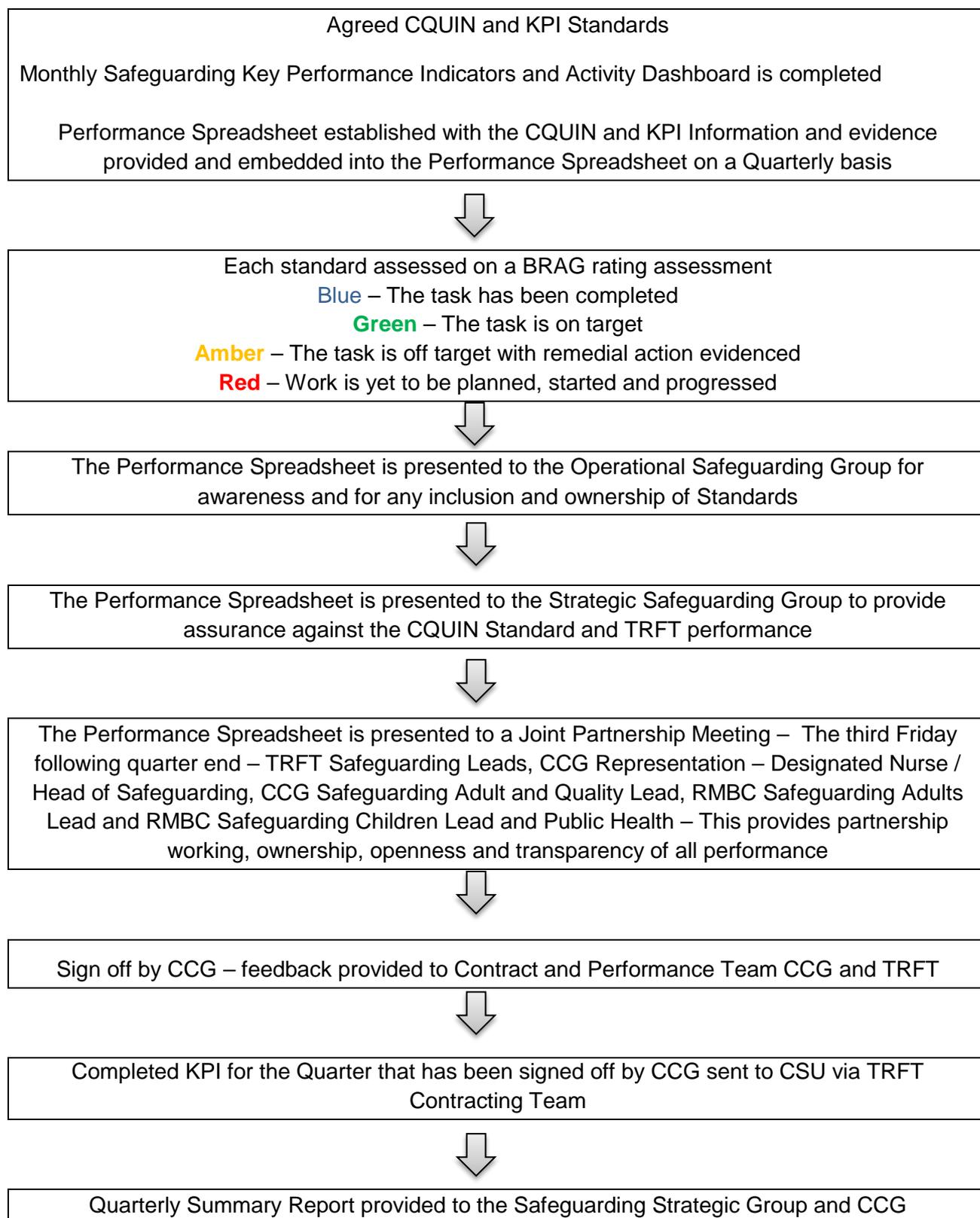
Safeguarding Services Organisational Governance Structure – May 2015

APPENDIX 2



Safeguarding
Services - Organisatic

Introduction – The following flow chart provides information regarding the CQUIN and KPI assurance and assessment process (sign off) for Safeguarding on a quarterly basis.



Safeguarding Team

APPENDIX 4

Name	Job Title
Tracey McErlain-Burns	Chef Nurse / Executive Lead for Safeguarding
June Lovett	Assistant Chief Nurse (Vulnerabilities)
Dr. E. Nagmeldin (2Pas)	Named Doctor now acting Designated Doctor
Dr C Harrison	Now acting Named Doctor
Carol Boote (1WTE)	Named Nurse – Safeguarding Children – Retired 31.3.15
Barbara Mitchell	Named Nurse – Safeguarding Children – in post 1 st June
Sophia Atkin (1WTE)	Named Midwife – Safeguarding Children
Sharon Pagdin (1WTE)	Named Nurse – Safeguarding Children
Susan Dawson (0.48WTE)	Nurse Advisor – Safeguarding Children
Lindsay Hood (1WTE)	Nurse Advisor – Safeguarding Children
June Newton (1WTE)	Support Officer – Safeguarding Children
Claire Downing(0,51 WTE)	Administrative Assistant – Safeguarding Children
Jean Summerfield (1WTE)	Named Nurse Adult Safeguarding
Allison Newsum (1WTE)	Nurse Advisor Adult Safeguarding
Michelle Brennan	Secretary – Safeguarding Team (Adults & Children
Sarah Upton (1 WTE)	Specialist Nurse CSE
Miranda Panetta (1 WTE)	Paediatric Liaison Nurse

APPENDIX 5

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
DOLS	Deprivation of Liberty Safeguards
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
RLSAB	Rotherham Local Safeguarding Adult Board
RLSCB	Rotherham Local Safeguarding Children Board
RCPCH	The Royal College of Paediatrics and Child Health
RMBC	Rotherham Metropolitan Borough Council
SARC	Sexual Assault Referral Centre
SCR	Serious Case Review
DHR	Domestic Homicide Review
WTE	Whole Time Equivalent

