

## NHS Rotherham Clinical Commissioning Group

Operational Executive 20<sup>th</sup> September 2019  
Strategic Clinical Executive 25<sup>th</sup> September 2019  
Rotherham Safeguarding Boards 1<sup>st</sup> November 2019  
AQuA 5<sup>th</sup> November 2019  
Governing Body 6<sup>th</sup> November 2019

### ***Rotherham Safeguarding Partners Self-Assessment***

Lead Executive:	Sue Cassin, Chief Nurse NHS Rotherham Clinical Commissioning Group (NHS RCCG)
Lead Officer:	Catherine Hall, Deputy Chief Nurse, NHSR CCG Rebecca Odell, Safeguarding Adults and Quality Lead, NHSR CCG Sam Davies Deputy Designated Nurse, NHSR CCG
Lead GP:	Jason Page, SCE Children Lead, NHSR CCG Lee Oughton, Named GP for Safeguarding, NHSR CCG

#### **Purpose:**

##### **Rotherham Safeguarding Children Partnership (RSCP) and Rotherham Safeguarding Adult Board (RSAB)**

Both the RSCP and the RSAB have a responsibility to ensure that all organisations in Rotherham have effective safeguarding arrangements. One of the mechanisms for achieving that assurance is through the regular self-assessment undertaken by organisations to evidence that they have strong arrangements in place to safeguard children and adults and to promote their welfare. Attached at Appendix 2 is the CCG's self-assessment which will be presented to the Safeguarding Boards on 1<sup>st</sup> November 2019 and will then be subject to a "peer challenge" exercise with other Rotherham partners in December 2019/January 2020.

#### **Background:**

In the past each Board has asked for a separate self-assessment. In recognition that it would be more efficient for organisations to complete one self-assessment, particularly as many have one safeguarding team covering both adults and children, the two local safeguarding boards have worked collaboratively to develop one joint safeguarding self-assessment framework. This will support a more comprehensive assessment and more importantly recognises the many links between safeguarding adults and safeguarding children, particularly in relation to transition from childhood to adulthood.

The new safeguarding self-assessment tool has been developed as an online tool and encourages the self-assessment process to be a more dynamic current reporting process, which can be added to continuously, rather than something only completed periodically.

The tool has 8 main domain headings with multiple standards reportable within those domains:

1. Senior Leadership Commitment
2. Keeping Children and Adults Safe
3. Accountability
4. Service Improvement
5. Workforce Development
6. Safe Recruitment
7. Multi-Agency Working
8. Information Sharing

A letter from the Chair of both Boards is attached at Appendix 1.

<b>Analysis of key issues and of risks</b>	
<p>For the year 2019/20, NHSR CCG will need to consider options for gaining assurance from General Practice. Within the CCG Quality Contract, <i>Standard 10 Patient Safety, Safeguarding Deliverable 13</i>, there is a requirement for each GP surgery to publish an annual safeguarding self-assessment. For the year 2018-19 the Safeguarding Self-Assessment tool was agreed with the Safeguarding Adult and Children Boards for all GP surgeries in Rotherham to self-assess their safeguarding compliance. This self-assessment met the needs of the Quality Contract standard for the CCG. A report drawing together the conclusions of the self-assessments was then prepared and each GP surgery received an individualised critique on their self-assessment. (previously Section 11 self-assessment).</p> <p>Available options will need to be considered towards the end of 2019, taking into account any direction received from the Safeguarding Boards and NHS England.</p> <p>Current options for General Practice:</p> <ul style="list-style-type: none"> <li>· Continue with a paper copy of the assessment (no cost implication, however not recommended for future sustainability)</li> <li>· Use the RLSCB/RSAB on-line tool – (no cost implications, recommended as a multi-agency tool in Rotherham).</li> <li>· NHS England / Virtual College may announce roll out of another version of the pilot from 2018/19 (which was discontinued) – costs may be associated with this option and it is not guaranteed at this moment in time.</li> </ul>	
<b>Patient, Public and Stakeholder Involvement:</b>	
The CCG's Safeguarding Team have contributed to this self-assessment along with input from HR and other members of the CCG for specific elements.	
<b>Equality Impact:</b>	
There is no adverse impact on service users or staff in relation to this report.	
<b>Human Resource Implications:</b>	
Staff time in gathering evidence and completing the self-assessment.	
<b>Approval and Sharing:</b>	
Rotherham Safeguarding Adults Board and Rotherham Safeguarding Children Partnership Timescales:	
Completion of online Safeguarding Self-Assessment	By 1 <sup>st</sup> November 2019
Self-assessments analysed by Board Business Units	By end of November 2019
Challenge meetings will be held during	December 2019 – January 2020
OE/SCE/AQuA/Governing Body in September/October/November for information.	
It should be noted that this is an ongoing document which can be continually updated therefore if feedback is received through the CCG governance process this can still be incorporated into the self-assessment.	
<b>Recommendations:</b>	
Governing Body are requested to:	
<ul style="list-style-type: none"> <li>· Note receipt of NHSR CCG's Safeguarding Self-Assessment for information.</li> </ul>	
<b>Paper is for:</b>	
Information	

# APPENDIX 1



Rotherham  
**Safeguarding Adults**

22.08.2019

To Board Members of:  
Rotherham Local Safeguarding Children Board  
Rotherham Safeguarding Adults Board

Dear Board Member,

Rotherham Partners Safeguarding Self-Assessment

We are writing to you about your statutory safeguarding responsibilities in relation to safeguarding children and adults.

Both safeguarding boards have a responsibility to ensure that all organisations in Rotherham have effective safeguarding arrangements. One of the mechanisms for achieving that assurance is through the regular self-assessment undertaken by organisations to evidence that they have strong arrangements in place to safeguard children and adults and to promote their welfare..

The responsibilities of the two boards are set out in the following legislation:

**Safeguarding Children:** The Children Act 2004 (as amended by the Children & Social Work Act 2017) requires the local safeguarding partners to support and enable local organisations and agencies to work together effectively to safeguard and promote the welfare of children. This includes those organisations within the Act providing assurance in relation to their duty to ensure their functions, and any services they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. This duty is also outlined within Working Together to Safeguard Children; *A guide to inter-agency working to safeguard and promote the welfare of children 2018*.

**Safeguarding Adults:** The Care Act (2014) requires Local Authorities to set up Local Safeguarding Adults Boards (LSABs). The objective is to ensure that local safeguarding arrangements and partnerships act to help and protect adults at risk or experiencing neglect and/or abuse.

In the past each board has asked for a separate self-assessment. In recognition that it would be easier for organisations to complete one self-assessment, particularly as many have one safeguarding team covering both adults and children, the two local safeguarding boards have worked collaboratively to develop one joint safeguarding self-assessment framework. More importantly this recognises the many links between safeguarding adults and safeguarding children, particularly in relation to transition from childhood to adulthood.

The new safeguarding self-assessment tool has been developed as an easy to use online tool. This will enable key stakeholders within organisations to have easy access to a central 'master' copy and will encourage the self-assessment process to be more dynamic rather than something only completed periodically. .

The timetable for self-assessment has been agreed by the respective safeguarding boards as follows:

Action	Timescale
Letter from both independent chairs to all challenge partners with notification of process.	By 14 <sup>th</sup> June 2019
Partners to nominate people to be registered to use the online system (up to 5 names per organisations)To: <a href="mailto:catherine.warrener@rotherham.gov.uk">catherine.warrener@rotherham.gov.uk</a>	By 18 <sup>th</sup> June 2019
Contact made to arrange training for nominated staffTo: <a href="mailto:catherine.warrener@rotherham.gov.uk">catherine.warrener@rotherham.gov.uk</a>	By 21 <sup>st</sup> June 2019
Training to be delivered by <a href="mailto:catherine.warrener@rotherham.gov.uk">catherine.warrener@rotherham.gov.uk</a> and <a href="mailto:jackie.scantlebury@rotherham.gov.uk">jackie.scantlebury@rotherham.gov.uk</a>	By 31 <sup>st</sup> August 2019
Completion of online Safeguarding Self-Assessment	By 1 <sup>st</sup> November 2019
Self-assessments analysed by Board Business Units	By end of November 2019
Challenge meetings will be held during	December 2019 – January 2020

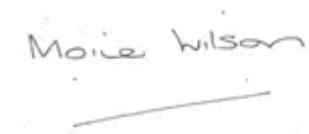
A separate guidance document for use of the online audit tool will be circulated separately.

We would like to thank all the partnership for their commitment to safeguarding children and adults and for this valued opportunity to review and seek assurance in relation to their safeguarding arrangements.

Yours faithfully,



Christine Cassell  
RLSCB Independent Chair



Moira Wilson,  
RSAB Independent Chair

**APPENDIX 2**

**ROTHERHAM PARTNERS SAFEGUARDING SELF ASSESSMENT**

**Grade 0** = There is no evidence that your organisation meets this standard and no evidence of impact has on outcomes (what difference is it making?)

**Grade 1** = There is minimal evidence that your organisation meets this standard and limited evidence of the impact that this has on outcomes (what difference is it making?)

**Grade 2** = There is evidence that your organisation meets this standard but limited evidence of the impact that this has on outcomes (what difference is it making?)

**Grade 3** = There is comprehensive evidence that your organisation meets this standard and evidence that this is making a positive impact on outcomes (what difference is it making?)

STANDARD	GRADE	EVIDENCE	Supporting Docs
<b>SENIOR LEADERSHIP COMMITMENT</b>			
<p>1.1 Organisation has a Senior level lead with the required knowledge, skills and expertise or is sufficiently qualified and experienced to take leadership responsibility for the organisation's safeguarding arrangements.</p>	<p><b>3</b></p>	<p><b>Adults &amp; Children</b></p> <p>Chief Officer is the senior lead for NHSR CCG's safeguarding agenda has the responsibility for ensuring the contribution by health services to safeguarding and promoting the safety of vulnerable people. It is the Chief Officer's responsibility to ensure that safeguarding is embedded across the whole local health economy. This is operationally delivered through local commissioning arrangements.</p> <p>The Chief Nurse reports to the Chief Officer and, as the executive lead for safeguarding, is responsible for the monitoring of safeguarding vulnerable clients across Rotherham. The Chief Nurse ensures that the reporting of any safeguarding risks or achievements is highlighted to the Chief Officer and the Governing Body. The Chief Nurse, as Executive Lead is a member of Rotherham Safeguarding Adults Board (RSAB) and Rotherham Safeguarding Children Partnership (RSCP).</p> <p>In England, all clinical commissioning groups are required to have a designated doctor and designated nurse. (Royal College 2019).</p> <p>Designated Doctor for Safeguarding Children is experienced Paediatrician who meets the expectations of the Intercollegiate Document.</p> <p>Rotherham's Designated Doctor:</p>	 <p>1.1a Structure Chart 2018 19.docx</p>

STANDARD	GRADE	EVIDENCE	Supporting Docs
		<ul style="list-style-type: none"> <li>• holds consultant status</li> <li>• has undergone higher professional training in paediatrics</li> <li>• has substantial clinical experience in the field of safeguarding/child protection and substantial experience of the legislation relating to children and young people, and the court process</li> <li>• is clinically active in the field of safeguarding/child protection, as part of their clinical commitments</li> <li>• has proven negotiating and leadership (Royal College 2019)</li> </ul> <p>Designated Nurse Safeguarding Children is a specific Professional role in Rotherham explicitly defined in her job descriptions,</p> <p>Rotherham's Designated Nurse:</p> <ul style="list-style-type: none"> <li>• Holds a senior level post, Namely that of Deputy Chief nurse</li> <li>• Has completed specific training in the care of babies/children and young people, is a qualified Midwife and Health Visitor and Registered General Nurse; therefore meets the criteria of registered on Part 1 of the NMC register AND Part 3 as a specialist community public health nurse</li> <li>• Has completed specific post-registration training in safeguarding/child protection at</li> <li>• Masters level and substantial clinical professional training and experience relating to the care of babies/children and young people, and is currently practising in the field of safeguarding/child protection,</li> <li>• Has significant understanding of legislation relating to children and young people, and have an understanding of forensic medicine</li> <li>• Has proven negotiating and leadership skills. (Royal College 2019)</li> </ul> <p>NHS Rotherham Clinical Commissioning Group has an Adults Safeguarding Lead who:</p> <ul style="list-style-type: none"> <li>· Participates regularly in support groups or peer support networks for safeguarding professionals at a local, regional, and national level.</li> <li>· Has broad experience within the health community.</li> <li>· Is able to conduct a training needs analysis, and how to commission, plan, design, deliver, and evaluate adult safeguarding single and inter-agency training.</li> <li>· Has extensive understanding of the legislation surrounding adult safeguarding</li> </ul>	

STANDARD	GRADE	EVIDENCE	Supporting Docs
<p>1.2 Corporate and departmental plans include reference to safeguarding priorities and themes within the organisation.</p>	<p>3</p>	<p>The CCG agreed safeguarding (including CSE) as one of its five organisational objectives within this Commissioning Plan.</p> <p>With the increased emphasis on assurance driven by Francis, Keogh, Berwick and Winterbourne, the CCG Governing Body recognises the need for increased information and discussion. In response, a detailed quality and safety report, which includes safeguarding, patient safety, mortality rates, incidents and CQUIN is monitored through contract meetings and is received at each Governing Body meeting.</p> <p>Safeguarding Section in all job descriptions.</p> <p>Rotherham CCG has published its commitment to working with the Local Authority, South Yorkshire Police on developing the new Working Together 2018 expectations. These include:</p> <ul style="list-style-type: none"> <li>• Work together and with the wider partnership to safeguard children in Rotherham</li> <li>• Ensure that the partnership demonstrates openness and transparency in all its work</li> <li>• Work with children and families to make sure our services are responsive to their needs</li> <li>• Keep a strong oversight of performance and safeguarding practice to provide high levels of assurance</li> <li>• Ensure that we allocate adequate resources and expertise to fulfil our responsibilities</li> <li>• Keep a continued focus on learning and improvement</li> </ul> <p>The local arrangements support and enable local organisations and agencies to work together in a system where:</p> <ul style="list-style-type: none"> <li>• Children are safeguarded and their welfare promoted.</li> <li>• Partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children</li> <li>• Organisations and agencies challenge appropriately and hold one another to account effectively- this is particularly relevant in a commissioning organisation like the CCG.</li> <li>• Learning is promoted and embedded in a way those local services for children and families can become more reflective and implement changes to practice. Rotherham CCG monitor compliance both internally and within provider organisations that the competency framework published by all Royal Colleges is adhered to (Intercollegiate 2014, 2018 2019)</li> <li>• Information is shared effectively to facilitate more accurate and timely decision making for children and families – Rotherham CCG has 2 senior practitioners working within the Multi Agency</li> </ul>	<p> 1.2 Rotherham Multi-Agency Arranger</p> <p> 1.2a RCCG Commissioning Plan 20</p> <p> 1.2b Safeguarding is a corporate objective I</p> <p> 1.2 Safeguarding Annual Report 2017 1</p>

STANDARD	GRADE	EVIDENCE	Supporting Docs
		<p>Safeguarding Hub (MASH) to facilitate effective information sharing.</p> <p>The CCG seeks assurance from all commissioned services via robust Safeguarding Standards within all contracts. These are monitored by Contract Quality meetings.</p> <p>In addition the two major health care organisations are expected to publish an Annual Report stating how they will safeguarding children, young people and adults.</p> <p>Within the CCG Safeguarding is regarded as everyone's responsibility. Contract Managers and the Safeguarding Team seek regular assurance from commissioned services regarding their safeguarding commitment.</p>	
<p>1.3 The organisation has a designated / named person / champion for safeguarding. Their role is to support other practitioners in their organisations or agencies to recognise the needs of children and adults, including protection from possible abuse or neglect. These roles should always be explicitly defined in job descriptions and practitioners should be given sufficient time, funding, supervision and support to fulfil their welfare and safeguarding responsibilities effectively.</p>	<p>2</p>	<p>NHSR CCG has Designated Professionals who lead on issues of safeguarding children and adults across Rotherham. They ensure there are performance and assurance controls in place for healthcare providers. As a team they are responsible for taking the safeguarding agenda forward and ensuring that NHSR CCG fulfils its statutory safeguarding responsibilities through providing a service that is fit for purpose. All safeguarding leads' job descriptions explicitly outline their safeguarding responsibilities.</p> <p>In addition to RCCG staff performance and assurance controls in safeguarding, the safeguarding team also widely support other practitioners through challenge and audit events (three step challenges). Copies of evaluation of some of the events are attached. Three step challenges are always followed by our Named Safeguarding GP offering supervision for all clinicians and safeguarding leads in a small group or 1:1 environment.</p> <p>NHS Rotherham CCG includes safeguarding standards within all contracts:</p> <p>1.1 [Insert Practice Name] fully endorses the belief that safeguarding is everyone's responsibility. In line with this, we will:</p> <ul style="list-style-type: none"> <li>• Have clear lines of accountability for safeguarding people</li> <li>• Have robust arrangements in place for appropriate checks on staff and volunteers</li> <li>• Have procedures for dealing with allegations of abuse against members of staff and volunteers</li> <li>• Ensure that our staff receive appropriate learning and development opportunities in line with national and local expectations</li> <li>• Ensure that safeguarding policies and appropriate whistle-blowing procedures (known as Freedom to Speak Up) are in place, and</li> <li>• Encourage a culture that enables concerns about safeguarding and promoting welfare to be</li> </ul>	<p> 1.3a Safeguarding Roles and Responsibility</p> <p> 1.3b Three Step Challenge Early Help S</p> <p> 1.3c Three step challenge Not Cruising</p> <p> 1.3d Working Together 0 to 19 and 1</p> <p> 1.3 NHSE policy safeguarding children</p>

STANDARD	GRADE	EVIDENCE	Supporting Docs
		<p>discussed</p> <p>Copy of the Safeguarding Accountability and Assurance Framework (SAAF) attached.</p> <p>Also See 1.1.</p> <p>The CCG has executive leads however does not meet the required safeguarding staffing levels contained in the Intercollegiate documents.</p>	
<p>1.4 The organisation makes a clear commitment and contribution to the local safeguarding children and adults arrangements, eg financial, in kind, provision of accommodation.</p>	<p>3</p>	<p>Children: NHSR CCG: Attend Regional Safeguarding Networks to share best practice. Attend Rotherham Safeguarding Children Partnership (RSCP) and Sub-groups Chair the RSCP Performance &amp; Quality sub-group Attend/represented at strategic complex abuse meetings Are a member of Multi-agency Review Panel (MARP) – strategic review of complex cases requiring innovative jointly agreed solutions to safeguard children &amp; young people Looked After Children: NHS Rotherham CCG is committed to positively influencing the culture across ‘the health economy’ and partner organisations, to ensure that all health commissioned agencies aspire for better physical and emotional health outcomes for our children and young people in care. The CCG ensures that our LAC and Young People are healthier by:</p> <ul style="list-style-type: none"> <li>• Fulfilling the statutory requirements for health assessments for children in care.</li> <li>• Identifying individual unmet health needs and developing a plan of intervention/ referral to address these needs.</li> <li>• Promoting the physical and emotional health of children in care.</li> <li>• Addressing the health inequalities for children in care.</li> <li>• Working with agencies who have corporate parenting responsibilities for the physical and emotional health needs of children in care.</li> <li>• Facilitating effective multi-agency healthcare planning for children in care.</li> <li>• Providing data on physical and emotional health needs to inform the Joint Strategic Needs Assessment for Rotherham.</li> <li>• Demonstrating measurable improvements in the physical and emotional health of our children and young people</li> </ul> <p>This is achieved locally and transparently with challenge at LAC Physical and Emotional Health Work Stream from an Independent Chair and the Health Champion from Rotherham Counsellors. Terms of Reference(PAPER) Regionally SY and B, ICS LAC forum is chaired by Rotherham Designated Nurse. This forum highlights best practice across the region and drives forward regionally better outcomes for our</p>	<p> 1.4a Multi Agency working.docx</p> <p> 1.4b SY&amp;B, ICS, LAC Forum NHSE Report.c</p> <p> 1.4c Strategic Coordination Group - 1</p> <p> 1.4d TOR - Final Version LAC Physical c</p> <p> 1.4 Safeguarding Annual Report 2017 1</p>

STANDARD	GRADE	EVIDENCE	Supporting Docs
		<p>children and young people in care. Attached is a précis presented to NHS England on that commitment. This forum specifically aims to address the inequity of our healthcare provision by sharing, in an open and honest forum, learning from and with the commissioners and providers across SY&amp;B. The direction of travel, whilst at times is challenging, remains positive. The SY&amp;B, ICS, LAC, Forum explicitly aims to:</p> <ul style="list-style-type: none"> <li>• Improve healthcare delivery;</li> <li>• Influence practice;</li> <li>• Address unwarranted variation in data collection and provision;</li> <li>• Learn, develop and share best practice; and</li> <li>• Work in partnership (PAPER)</li> </ul> <p>Stovewood commitment: OPERATION STOVEWOOD Strategic Coordination Group (PAPER)</p> <p><b>ADULTS</b></p> <p>Sub groups of the Safeguarding Adult Board continue to grow and develop with NHSR CCG remaining a committed and active member to all five groups.</p> <p>RSAB now moving forward due to the statutory powers of the Care Act 2014.</p> <p>LeDeR (Learning Disability Mortality Review) programme is embedded across the health economy and work continues to engage local authority buy-in. Cases are identified and reviewed with learning shared.</p> <p>Prevent/Channel – remain high priorities for RCCG with multi-agency work continuing at both local, regional and national levels.</p> <p>MAPPA – oversight and assurance of RCCG/s commissioned health services within individual cases.</p> <p>Serious Incidents (including SARs, DHRs, SCRs and MHHRs)</p> <p>Modern Slavery Partnership</p> <p>MCA/DoLS (LPS) – work taking place locally, regionally and nationally.</p> <p>Continue to support SRP in its commitment to raise awareness of domestic abuse and embedding learning into practice via the Domestic Abuse Priority Group.</p> <p>Representatives also attend at joint quality and risk meetings.</p> <p>Budget information for 18/19 shows CCG contributions to boards:</p> <p>Childrens Safeguarding Board (£73,150 annual £51,182 contribution and £22k training)</p> <p>Adults Safeguarding Board (£60K Annual)</p> <p>Virtual College Man Training System (£3,000)</p> <p>LSCB Business Unit Annual Membership of AILC (£1,500)</p> <p>Contribution to Board Overspend (£2,034)</p>	
<b>KEEPING CHILDREN AND ADULTS SAFE</b>			

STANDARD	GRADE	EVIDENCE	Supporting Docs
<p>2.1 The Organisation has a safeguarding policy which is reviewed regularly and available to all staff.</p>	3	<p>Policy outlines how NHSR CCG will fulfil its duty to safeguard and promote the welfare of all clients. It is designed to ensure robust structures, systems and standards, which are in accordance with the Rotherham Safeguarding Adults Board (RSAB) and Rotherham Safeguarding Children Partnership (RSCP) policies and procedures which are in place.</p> <p>Distribution: All Staff and Rotherham General Practice Members of the CCG.</p> <p>Compliance: Mandatory for all permanent and temporary employees of the CCG</p>	 Safeguarding Policy for refresh 2020.pdf
<p>2.2 All staff have a clear understanding of their responsibilities of safeguarding children and adults and know what action they should take if they have any concerns. This responsibility should be outlined in all job descriptions.</p>	3	<p>The CCG is committed to ensuring the effective training of all staff. All staff must be trained in children and adult safeguarding at level 1. Further levels of training are determined by the responsibilities set out in job descriptions and matched to the Intercollegiate Documents. Annual written and verbal updates are mandatory requirements outlined in both Adult and Children Intercollegiate Documents (2018, 2019).</p> <p><b>Included in MAST training</b></p> <p><b>Yearly verbal and written Updates</b></p> <p><b>Safeguarding Flowchart displayed around the building</b></p> <p><b>Included in all job descriptions</b></p>	 Safeguarding Policy for refresh 2020.pdf   Induction Mandatory and Statutory Training   Safeguarding written staff update 2018.pdf   Safeguarding Update for Staff 2018.pdf   Adult and CYP Safeguarding flowchar   2.2f RCCG Job Description template.d

STANDARD	GRADE	EVIDENCE	Supporting Docs
<p>2.3. The organisation fosters a culture of openness and shared communication where staff are actively encouraged to express any early concerns about the welfare of a child or adult.</p>	<p>3</p>	<p>Please note that the CCG is a commissioning organisation with the majority of staff not patient facing.</p> <p>Safeguarding "what you need to know" booklet updated yearly, this is about recognising those who may be at risk, the categories of abuse, and how we can work together to protect all vulnerable people to keep them safe from harm. It explains how everyone is responsible for responding to concerns about children and adults at risk, regardless of their job or role, and what to do if someone is worried about the welfare of a vulnerable child or adult.</p> <p>Early Help and the Continuum of Need - three step challenge held to promote early concerns about the welfare of adults and children.</p> <p>Signs of Safety - NHSR CCG is committed to working in partnership with organisations across Rotherham to promote the utilisation of 'signs of safety' in practice and implementation of the model to safeguard children. The supervision policy for NHSR CCG includes signs of safety.</p> <p>Referral Flowchart widely promoted.</p> <p>Included in MAST training</p> <p>Yearly verbal and written Updates</p> <p>Safeguarding Flowchart displayed around the building</p> <p>Included in all job descriptions</p>	<p> Safeguarding Policy for refresh 2020.pdf</p> <p> Induction Mandatory and Statutory Training</p> <p> Safeguarding written staff update 2018.pdf</p> <p> Safeguarding Update for Staff 2018.pdf</p> <p> Adult and CYP Safeguarding flowchar</p> <p> 2.2f RCCG Job Description template.d</p> <p> 2.3 Safeguarding Annual Report 2017 1</p> <p> 2.3 SAFEGUARDING SUPERVISION POLIC'</p>

STANDARD	GRADE	EVIDENCE	Supporting Docs
<b>ACCOUNTABILITY</b>			
<p>3.1. There are clear lines of accountability for the provision and/or commissioning of services designed to safeguard and promote the welfare of children and adults.</p>	<p>3</p>	<p>NHS England (NHSE), as the national lead health care organisation require assurance from CCGs that they comply with strict policies and procedures alongside driving up standards and ensuring that safeguarding lessons are learnt and managed in accordance with those policies and procedures.</p> <p>In turn, the CCG seeks assurances from commissioned services (providers) that they are compliant in respect of processes, procedures and personnel needed to meet safeguarding requirements.</p> <p>TRFT and RDaSH are the two major commissioned health providers in Rotherham. In order to lead change and drive up patient experience and safety, the CCG Safeguarding Team revise our provider safeguarding standards annually. These standards are monitored within contracting and performance as part of quality and assurance. The safeguarding standards cover a vast array of legislative responsibilities. They also include best practice expectations such as person centred care (Making Safeguarding Personal). As commissioners, the CCG seek assurance that staff in provider organisations are compliant with safeguarding training appropriate to their level of responsibility (guided by the Intercollegiate Documents). Key Performance Indicators sit under section 2.8 of the Safeguarding Standards and are monitored quarterly via contract quality meetings.</p> <p>Primary Care (General Practice)</p> <p>Within the NHS Rotherham CCG Quality Contract, Standard 10 Patient Safety, Safeguarding Deliverable 13, there is a requirement for each GP surgery to publish an annual safeguarding self-assessment. For the year 2018-19 the Safeguarding Self-Assessment tool was commissioned by the Safeguarding Adult and Children Boards for all agencies in Rotherham to self-assess their safeguarding compliance, this self-assessment meets the needs of the Quality Contract standard and an excellent completion rate was achieved (97%), with only one practice not responding. A report drawing together the conclusions of the self-assessments was then prepared and each GP surgery received an individualised report on their self-assessment.</p> <p>Three practices worked with the CCG Safeguarding Team, NHS England and the Virtual College to pilot an electronic safeguarding self-assessment tool.</p> <p>Copy KPIs attached</p> <p>Copy of the Safeguarding Accountability and Assurance Framework (SAAF) attached.</p>	<p> 3.1b Safeguarding Compliance in Primary</p> <p> 3.1 KPIs Safeguarding Key Per</p> <p> 3.1 NHSE policy safeguarding children</p>

STANDARD	GRADE	EVIDENCE	Supporting Docs
<p>3.2 Senior leaders hold managers to account for the contribution of their services to safeguarding children and adults through regular monitoring and audit arrangements</p>	<p>3</p>	<p>The Chief Officer, as executive lead for the CCG's safeguarding agenda has the responsibility for ensuring the contribution by health services to safeguarding and promoting the safety of vulnerable people. It is the Chief Officer's responsibility to ensure that safeguarding is embedded across the whole local health economy. This is operationally delivered through local commissioning arrangements.</p> <p>The Chief Nurse as executive lead for safeguarding reports to the Chief Officer and is responsible for the monitoring of safeguarding vulnerable clients across Rotherham. The Chief Nurse ensures that the reporting of any safeguarding risks or achievements is highlighted to the Chief Officer and the Governing Body. The Chief Nurse, as Executive Lead is a member of Rotherham Safeguarding Adults Board (RSAB) and Rotherham Safeguarding Children Partnership (RSCP)</p> <p>Monitoring of safeguarding activity, serious incidents, learning and audit arrangements is reported via the Chief Nurse Report monthly to the CCGs Governing Body.</p>	 <p>3.2a Safeguarding Roles and Responsibility</p>
<p>3.3. Staff performance and development reviews effectively link back to safeguarding objectives within service plans / corporate plan.</p>	<p>3</p>	<p>Safeguarding is part of mandatory and statutory training on electronic staff records. When a safeguarding competency is due for renewal, individuals and managers are notified, this feeds into the PDR process and pay progression system.</p> <p>Staff performance and development reviews link to safeguarding objectives. Mandatory training for Safeguarding Adults and Children are monitored through the electronic staff record and non-compliance notified to individuals and their manager. This process ensures training compliance remains high. From 2019 Prevent has also been added to the electronic staff record training package and is now "MAST" reportable, highlighting non-compliant staff to managers. The PDR process is linked to MAST training and non-compliance affects any pay progression.</p>	 <p>3.3a Induction Mandatory and Statute</p>  <p>3.3b Safeguarding Amendment to All CCG</p>  <p>3.3c CCG PDR Guidelines and Template</p>
<p>3.4 There is effective supervision for staff relating to their safeguarding responsibilities.</p>	<p>3</p>	<p>Safeguarding Supervision Policy - being updated.</p> <p>Supervision sessions offered by the Named GP.</p> <p>Three step challenges held throughout the year where the Named GP offers supervision during and after events.</p> <p>Designated and Deputy Designate nurse offer and receive safeguarding supervision.</p> <p>The adult safeguarding lead is to undertake training in 2020 to become an adult safeguarding sponsor. Supervision is received by the lead.</p>	 <p>3.4a SAFEGUARDING SUPERVISION POLICY</p>

STANDARD	GRADE	EVIDENCE	Supporting Docs
<p>3.5 There are clear escalation policies for staff to follow when their safeguarding concerns are not being addressed within their organisation</p>	<p>3</p>	<p>Safeguarding "what you need to know" annual update</p> <p>Whistleblowing Policy</p> <p>"Spotlight On" Whistleblowing at the staff meeting</p> <p>Raising concerns in the NHS document attached</p> <p>NHS employers webpage accessible by all staff - Freedom to speak up/Whistleblowing page: <a href="https://www.nhsemployers.org/retention-and-staff-experience/raising-concerns-whistleblowing/the-employer-approach">https://www.nhsemployers.org/retention-and-staff-experience/raising-concerns-whistleblowing/the-employer-approach</a></p> <p>Concerns can also be directed to NHS employers via: <a href="mailto:raisingconcerns@nhsemployers.org">raisingconcerns@nhsemployers.org</a></p> <p>RSAB escalation policy</p>	<p> 3.5a Safeguarding written staff update 2018.pdf</p> <p> 3.5b Whistleblowing Policy July 2018.pdf</p> <p> 3.5c Whistle Blowing Policy Spotlight at staff meeting</p> <p> 3.5d Whistleblowing Appendix 1 Raising Concerns</p> <p> 3.5 RSAB Escalation Policy.pdf</p>
<b>SERVICE IMPROVEMENT</b>			
<p>4.1 There is a culture of listening to children and adults, taking account of their wishes and feelings both in individual decisions and the development of services. Making Safeguarding Personal is embedded in practice when working with adults.</p>	<p>3</p>	<p>LAC consultation August 2017.</p> <p>Strong organisational culture of engagement and listening to all our diverse communities; evidenced in Engagement and Comms strategy (attached) and through our mapping; engagement web pages <a href="http://www.rotherhamccg.nhs.uk/your-say.htm">http://www.rotherhamccg.nhs.uk/your-say.htm</a> which also has link to CE strategy. Mapping on website demonstrates engagement in developing services <a href="http://www.rotherhamccg.nhs.uk/Downloads/Engagement%20map%202017-18%20mastercopy.pdf">http://www.rotherhamccg.nhs.uk/Downloads/Engagement%20map%202017-18%20mastercopy.pdf</a></p> <p>Regular monthly engagement reports presented at governing body demonstrate that we monitor feedback to our service providers; we consider feedback from the Friends and Family test, but also other sources, including feedback to local Healthwatch; through social media, as well as via direct contacts and events.</p>	<p> 4.1a LAC Consultation August 2018 on a page</p> <p> 4.1b LAC Consultation Full Report August 2017</p> <p> 4.1c Comms Engagement strategy :</p>

STANDARD	GRADE	EVIDENCE	Supporting Docs
			 4.1d Engagement webpage.docx   4.1e Engagement map 2017-18 masterc   4.1 Safeguarding Annual Report 2017 1
4.2 Children and adults are actively involved in design, development & delivery of services and their involvement is demonstrated.	3	<p>LAC consultation August 2017.            See the specific children's section of the mapping document.            Evidence of involvement in various workstreams ; especially with Parent Carer Forums (Paul Theaker).            Delivery of services – evidence via the parent carer forum and the autism service CCG has made financial contribution to YP– they have created some things around body image. This also links to youth cabinet            Children involved in design – evidenced by working with Doncaster re: mental health support in schools (Head of Comms leading). Primary and secondary school children had focus groups and creative excercises which have been used to develop the scheme and materials.</p>	 4.1a LAC Consultation August 2018 on a pag   4.1b LAC Consultation Full Report August 201   4.1c Comms Engagement strategy :   4.1d Engagement webpage.docx   4.1e Engagement map 2017-18 masterc

STANDARD	GRADE	EVIDENCE	Supporting Docs
4.3 Services routinely seek feedback on the quality of services from service users.	3	As above – evidenced through monthly engagement reports to GB, we monitor feedback. Also link to relationship with Healthwatch, who will raise issues with us as necessary	 4.1c Comms Engagement strategy :   4.1d Engagement webpage.docx   4.1e Engagement map 2017-18 masterc
4.4 There is a clear and responsive comments and complaints process and learning from these is used to both develop and improve services	3	Individuals are encouraged to contact the CCG if they are not happy with the care or treatment they have received from services commissioned by the CCG. Concerns, complaints and comments are welcomed by Rotherham CCG as we can only ensure services are improved if we are informed of any problems encountered.  Leaflet including pathway.	 4.4a Complaints Management Policy Pr   4.4b Feedback Complaints Leaflet NH:
<b>WORKFORCE DEVELOPMENT</b>			
5.1 Staff receive a mandatory induction, which includes familiarisation with safeguarding responsibilities and the procedures to be followed if anyone has any concern about a child's or adult's safety or welfare.	3	The CCG is committed to ensuring the effective training of all staff. All staff must be trained in children and adult safeguarding at level 1. Further levels of training are determined by the responsibilities set out in job descriptions and matched to the Intercollegiate Documents. Annual written and verbal updates are mandatory requirements outlined in both Adult and Children Intercollegiate Documents (2018, 2019).  <b>Included in MAST training</b>  <b>Yearly Updates</b>  <b>Safeguarding Flowchart displayed around the building</b>  <b>Included in all job descriptions</b>	 Safeguarding Policy for refresh 2020.pdf   Induction Mandatory and Statutory Training   Safeguarding written staff update 2018.pdf

STANDARD	GRADE	EVIDENCE	Supporting Docs
			 Safeguarding Update for Staff 2018.pdf   Adult and CYP Safeguarding flowchar   2.2f RCCG Job Description template.d
5.2 Staff and volunteers receive appropriate safeguarding training according to their role and responsibilities.	2	<p>The CCG is committed to ensuring the effective training of all staff. All staff must be trained in children and adult safeguarding at level 1. Further levels of training are determined by the responsibilities set out in job descriptions and matched to the Intercollegiate Documents. Annual written and verbal updates are mandatory requirements outlined in both Adult and Children Intercollegiate Documents (2018, 2019).</p> <p>The CCG HR adhere to all aspects of safer recruitment and training however query whether we have comprehensive evidence this is making a positive impact on outcomes.</p>	See previous sections for document evidence
5.3 The organisation can demonstrate the impact of training on practice & improved outcomes.	3	<p>Three step challenge process - demonstrates knowledge before and after events and improved outcomes.</p> <p>Examples attached and See previous sections for document evidence</p>	See previous sections for document evidence   5.3 Safeguarding Annual Report 2017 1
5.4 There are effective supervision and performance and development review (PDR) arrangements in place for assessing staff	3	PDR is carried out annually with an interim 6 month review and compliance is 100%.The process includes compliance with mandatory training requirements for safeguarding.	See previous sections for document evidence

STANDARD	GRADE	EVIDENCE	Supporting Docs
performance against competencies to carry out their safeguarding role and responsibilities.			
5.5 There is an environment where staff feel able to raise concerns and feel supported in their safeguarding role.	3	Regular 1:1s Team meetings Staff meetings Safeguarding updates monthly Whistleblowing policy Flowchart Safeguarding Supervision.	See previous sections for document evidence
<b>SAFE RECRUITMENT</b>			
6.1 The organisation has safer recruitment practices and ongoing safe working practices for individuals whom the organisation employ or permit to work regularly with children or adults, including policies of when to obtain a criminal record check.	3	<p>The Recruitment and Selection Policy provides guidance for recruiting managers and includes appendices on safer recruitment checks including DBS.</p> <p>In addition to this, when posts are advertised there are safer recruitment statements and checks contained on NHS Jobs website.</p> <p>The standard CCG job description template contains a statement on safeguarding and the expectation on all CCG employees.</p> <p>The CCG complies fully with the NHS Employers six mandatory pre employment checks including CRB checks for relevant staff.</p> <p>There is a prescribed list of posts for which DBS checks are undertaken.</p> <p>Attached Details of R&amp;S training which includes the mandatory employment checks mandated by NHS Employers</p> <p>Attached The CCGs DBS list identifying which posts attract a check and at what level.</p> <p>Attached The HR annual report which identifies the recruitment activity for 18-19 and performance against the KPIs.</p> <p>Attached Guidance on the employment of Agency workers.</p>	 6.1a DBS tool NHS employers.pdf  6.1b Recruitment Policy Final 2017.pdf  6 DBS staff check list.pdf  6 Guidance on Employing Agency Wo  5 and 6 Recruitment and Selection NHS RoI

<p>6.2 Safer recruitment training is in place for managers and staff involved in recruitment processes.</p>	<p>2</p>	<p>Safer recruitment training is carried out by the Head of HR periodically.  One member of any interview panel has to have received safer recruitment training.  The training plan includes the NHS Employers mandatory employment checks. DBS checks are one element of this.  Attached Details of R&amp;S training which includes the mandatory employment checks mandated by NHS Employers  Attached The CCGs DBS list identifying which posts attract a check and at what level.  Attached Guidance on the employment of Agency workers.  The CCG HR adhere to all aspects of safer recruitment and training however query whether we have comprehensive evidence for grade 3.  Requested from HR a list of staff who have completed safer recruitment training.</p>	 6 DBS staff check list.pdf  6 Guidance on Employing Agency Wo  5 and 6 Recruitment and Selection NHS RoI
<p>6.3 The organisation can demonstrate that organisations commissioned to provide services have safer recruitment practices in place.</p>	<p>2</p>	<p>The HR team work to a set of KPIs for recruitment and pre-employment activities. These reflect the tenets of the NHS Employers six mandatory pre employment checks. The HR annual report confirms recruitment activity undertaken in year and performance against the standards.  Recruitment practices are included in the NHS standard contract signed with all main providers. We also have guidance for the employment of Agency workers to ensure that any worker not in direct employment are from an approved agency and/or have the necessary pre-employment checks carried out on them .  The CCG monitor providers through contract quality meetings.  Confident that safe recruitment practices are in place through NHS systems and contracts however query whether the CCG as commissioners hold comprehensive evidence for grade 3.</p>	 6.3 KPIs Safeguarding Key Per  6 DBS staff check list.pdf  6 Guidance on Employing Agency Wo  6 Rotherham CCG HR Annual Report 18-19_
<p>6.4 The organisation has effective procedures in place for managing allegations against staff, volunteers and carers and there are effective links with the Local Authority Designated Officer (LADO) role (Children) and the equivalent for Adults.</p>	<p>3</p>	<p>Safeguarding "what you need to know" annual update  Whistleblowing Policy  "Spotlight On" Whistleblowing at the staff meeting  Raising concerns in the NHS document attached  NHS employers webpage accessible by all staff - Freedom to speak up/Whistleblowing page:  <a href="https://www.nhsemployers.org/retention-and-staff-experience/raising-concerns-whistleblowing/the-employer-approach">https://www.nhsemployers.org/retention-and-staff-experience/raising-concerns-whistleblowing/the-employer-approach</a>  Concerns can also be directed to NHS employers via: <a href="mailto:raisingconcerns@nhsemployers.org">raisingconcerns@nhsemployers.org</a>  LADO process</p>	 3.5a Safeguarding written staff update 20  3.5b Whistleblowing Policy July 2018.pdf  3.5c Whistle Blowing Policy Spotlight at staf

		<p>PIPOT policy in draft- awaiting final version from RSAB</p> <p>Safeguarding Supervision</p>	 3.5d Whistleblowing Appendix 1 Raising Co
<p>6.5 There are clear whistleblowing procedures which reflect the principals in Sir Robert Francis' Freedom to Speak Up Review and are suitably referenced in staff training and codes of conduct. These are accessible and understood by staff and volunteers within a culture that enables issues about safeguarding and promoting the welfare of children and adults to be raised.</p>	<p>3</p>	<p>Safeguarding "what you need to know" annual update</p> <p>Whistleblowing Policy</p> <p>"Spotlight On" Whistleblowing at the staff meeting</p> <p>Raising concerns in the NHS document attached</p> <p>NHS employers webpage accessible by all staff - Freedom to speak up/Whistleblowing page:  <a href="https://www.nhsemployers.org/retention-and-staff-experience/raising-concerns-whistleblowing/the-employer-approach">https://www.nhsemployers.org/retention-and-staff-experience/raising-concerns-whistleblowing/the-employer-approach</a></p> <p>Concerns can also be directed to NHS employers via: <a href="mailto:raisingconcerns@nhsemployers.org">raisingconcerns@nhsemployers.org</a></p> <p>See previous document evidence</p>	<p>See previous document evidence</p>
<p><b>MULTI-AGENCY WORKING</b></p>			
<p>7.1 Multi-agency working is actively promoted at a strategic and individual child or adult level.</p>	<p>3</p>	<p>Multi Agency working is actively encouraged and can be evidenced by the following:</p> <p>Adult &amp; Children</p> <ul style="list-style-type: none"> <li>• Deliver 3 Step Approach to Rotherham GP Surgeries (GP Surgery Assurance Questionnaire, face to face education opportunity for surgery staff &amp; safeguarding children supervision with the Named GP) on domestic abuse and bruising in non-mobile children.</li> <li>• In-depth work with GPs, training following the 3-step approach to domestic abuse and bruising in non-mobile children. (Three step challenge document attached)</li> <li>• KPI &amp; Standards in place for providers and reviewed in line with legislation changes and guidance. December 2018 moving towards joint children &amp; adult safeguarding standards from RSAB and RSCP, sent to GP surgeries for safeguarding assurance.</li> </ul> <p>Children:</p> <ul style="list-style-type: none"> <li>• Worked in partnership with RMBC and partners to respond to Multi-agency Information</li> </ul>	 7.1 RCCG Commissioning Plan 20   7.1 Three step challenge Not Cruising   7.1 Working Together 0 to 19 and



### Sharing.

- Chaired Health MASH meetings – presenting data that outlines themes and outcomes of cases
- NHSR CCG regularly attend at senior level Strategic MASH meetings
- NHSR CCG attended Multi-agency Operational Delivery Group Meetings
- Health colleagues ensure all decisions and outcomes are reported to clinicians working directly with children and their families.
- Provide demographic maps based on themes e.g. CSE to partners reporting number of cases and locality.
- Data reports to TRFT and RDASH re information sharing at Health MASH meetings
- Working in partnership to undertake auditing of MASH Information Sharing as part of MASH process.
- MASH health manage local and national ‘missing’ notifications for children and young people – providing monthly reports for the CCG Governing Body and to the RSCP CSE & Missing sub-group
- NHSR CCG have attended Regional Safeguarding Networks to share best practice. NHSR CCG have attended Rotherham Safeguarding Children Partnership (RSCP) and Sub-groups
- Safeguarding updates are presented to NHSR CCG Assurance and Quality Audit Committee and Operational Executive groups.
- NHSR CCG Chair the RSCP Performance & Quality sub-group
- NHSR CCG representation at strategic complex abuse meetings
- NHSR CCG member of Multi-agency Review Panel (MARP) – strategic review of complex cases requiring innovative jointly agreed solutions to safeguard children & young people

### Adults

- Rotherham Safeguarding Adult Board (RSAB) moving forward due to the statutory powers of the Care Act 2014.
- Committed to all sub-groups of the RSAB.
- Domestic Abuse Priority Group
- Modern Slavery Partnership
- LeDeR (Learning Disability Mortality Review) programme has been embedded across the

		<p>health economy. 8 cases are identified and reviewed with learning shared.</p> <ul style="list-style-type: none"> <li>• Prevent/Channel – remain high priorities for RCCG with multi-agency work continuing at both local, regional and national levels.</li> <li>• MCA/DoL to remain lawful</li> <li>• MAPPA – oversight and assurance of RCCG/s commissioned health services within individual cases.</li> <li>• Take part in Serious Incident processes (including SARs, DHRs, SCRs and MHHRs)</li> </ul> <p>It is also stated in the RCCG Commissioning plan 2018-2020 (attached, page 39 )</p> <p>The CCG is committed to:</p> <ul style="list-style-type: none"> <li>-proactively work in partnership with Local Safeguarding Boards.</li> <li>-work with central government, partner organisations and RMBC to ensure that LAC receive timely and effective health care. Achieved through active membership of the RMBC's Corporate Parenting Group.</li> <li>-Whilst the responsibility for co-ordinating safeguarding arrangements lies with RMBC, effective safeguarding is based on a multi-agency approach. The CCG is a willing multi-agency but challenging safeguarding partner and will continue to commission services that meet robust safeguarding standards, remaining committed to working together to ensure that safeguarding vulnerable clients is at the core of all that we do. In addition to the eight SCE GP members, the CCG employs a named GP for safeguarding at two sessions per week.</li> </ul>	
<p>7.2 There is active participation in multi-agency safeguarding meetings in relation to service users.</p>	<p>3</p>	<p>Adult &amp; Children</p> <ul style="list-style-type: none"> <li>• Deliver 3 Step Approach to Rotherham GP Surgeries (GP Surgery Assurance Questionnaire, face to face education opportunity for surgery staff &amp; safeguarding children supervision with the Named GP) on domestic abuse and bruising in non-mobile children.</li> <li>• In-depth work with GPs, training following the 3-step approach to domestic abuse and bruising in non-mobile children. (Three step challenge document attached)</li> </ul> <p>Children:</p> <p>Mash Health actively participate in daily Multi Agency Domestic Abuse (MADA) meetings to work together with partners to create an immediate safety plan following a high risk domestic abuse incident. (MADA Process Document attached)</p> <p>Staff attend MASH meetings to supply information and help with the threshold decision making process. Health staff also attend multi agency Strategy Meetings within the MASH.</p> <ul style="list-style-type: none"> <li>• Worked in partnership with RMBC and partners to respond to Multi-agency Information</li> </ul>	 <p>7.2 Three step challenge Not Cruising</p>  <p>7.2 MADA Process slide.pptx</p>  <p>7.2 MADA ToR draft 241016.docx</p>

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- MCA/DoL to remain lawful
- MAPPA – oversight and assurance of RCCG/s commissioned health services within individual cases.
- Take part in Serious Incident processes (including SARs, DHRs, SCRs and MHHRs)

<p>7.3 Staff consistently uses local multi-agency safeguarding procedures in practice.</p>	<p>3</p>	<p>MASH Health staff work within multi-agency safeguarding procedures in their practices. For example the MASH information sharing agreement.</p> <p>It is also highlighted in Job descriptions and included in Safeguarding training.</p> <p>Extracted from the Safeguarding Policy (Links to documents in the policy)</p> <p>All NHSR CCG clinicians will be aware of the full Safeguarding Children Procedure for NHSR CCG and within Rotherham Local Safeguarding Children Board, see Children's Safeguarding Procedure January 2017.</p> <p>All NHSR CCG clinicians will be aware of the full CSE Safeguarding Procedure, for NHSR CCG and within Rotherham Local Safeguarding Children Board see CSE Procedure January 2017.</p> <p>All NHSR CCG clinicians will be aware of the full Adults Safeguarding Procedure, for NHSR CCG and within Rotherham Safeguarding Adults Board</p> <p>Safeguarding Adults: Safeguarding Principles and the approach for South Yorkshire</p> <p>All NHSR CCG clinicians will be aware of the full Mental Capacity Act (2005) Procedure, see MCA Including DoLS Safeguarding Procedure January 2017.</p> <p>All NHSR CCG clinicians will be aware of the full Domestic Abuse, Safeguarding Procedure, see Domestic Abuse Safeguarding Procedure January 2017.</p> <p>All NHSR CCG clinicians will be aware of the full FGM, Safeguarding Procedure, for NHS for NHSR CCG and Rotherham Local Safeguarding Children Board, see FGM Safeguarding Procedure January 2017.</p> <p>All NHSR CCG staff will be aware of the Procedure for the Implementation of the National Prevent Agenda, see Prevent Safeguarding Procedure January 2017.</p> <p>All NHSR CCG staff will be aware of the Human Trafficking and Modern Slavery Guidance, see Human Trafficking &amp; Modern Slavery Guide January 2017.</p>	<p> 7.3 Safeguarding Policy for refresh 202</p> <p> 7.3 Safeguarding is a corporate objective P</p> <p> 7.3 RCCG Job Description template.</p> <p> 7.3 SY Principles and Approach Safeguardin</p>
<p>7.4 There are escalation policies / pathways for staff to follow if any of their safeguarding concerns are not being addressed within their organisation or by other agencies</p>	<p>3</p>	<p>Applies to Children</p> <p>Referring to Practice Resolution Protocol.</p> <p>On occasion, there will inevitably be some areas of disagreement or concern between professionals or organisations in relation to responsibilities, opinions, decisions, responses and actions and how these are impacting on progress and positive outcomes for individual children and their families. In order to promote and maintain effective multi agency working, it is vital that these concerns and disagreements are discussed in a timely, open and transparent manner and that appropriate challenges are made.</p> <p>Providing or receiving challenge from another professional can sometimes be difficult for those</p>	<p> 7.4 practice_resolution FI</p> <p> 7.4 Whistleblowing Policy July 2018.pdf</p>

		<p>parties involved but if it is undertaken appropriately and is always in the best interest of the child, it will provide positive opportunities to reflect, review and revise opinions, approaches and decisions in the work with a child and their family; as well as supporting the development of professional confidence and competence.</p> <p>Resolving professional differences about practice should be seen as an opportunity to learn and develop both from each other as individuals and as organisations; it is about improving outcomes and providing accountability to children.</p> <p>Wherever possible, all efforts should be made to resolve these issues at the lowest possible level within and between organisations or agencies, as it is at this level that the child and their family's circumstances and needs are known.</p> <p>This Practice Resolution Protocol does not replace existing reporting and accountability mechanisms or processes that already exist and are in operation within and between organisations. (Practice Resolution Flow Diagram attached).</p> <p>Adults - RSAB Escalation Policy attached.</p> <p>Applies to Adults and Children.</p> <p>Staff can also refer to the Whistleblowing Policy (Attached) if they feel that their safeguarding concerns are not being addressed.</p>	 <p>7.4 Whistle Blowing Policy Spotlight at sta</p>  <p>7.4 Whistleblowing Appendix 1 Raising C</p>  <p>7.4 Complaints Management Policy Pi</p>  <p>3.5 RSAB Escalation Policy.pdf</p>
<p>7.5 The organisation has a learning culture with established and robust mechanisms for learning and improvement, including participation in multi-agency reviews, audits and performance monitoring.</p>	<p>3</p>	<p>Applies to Children</p> <p>MASH Operational Delivery Group (ODG) Meetings</p> <p>MASH Health regularly attend Operational Delivery Group (ODG) meetings bi-monthly. This enables Multi-Agency staff to meet and discuss what is working well and areas for improvement within the Multi Agency Safeguarding Hub (MASH). This enables multi agency staff to review processes, identify areas of learning and improvement and to discuss and monitor performance. As part of the ODG meetings a sample of referrals are audited and discussed.</p> <p>Supervision Sessions (Supervision Policy attached - Currently being revised)</p> <p>As part of safeguarding children supervision, the supervisor and supervisee will discuss professional issues, such as learning and development, learning from serious case reviews, caseload management.</p> <p>These needs maybe identified as part of supervising a case, or through discussion, or as part of reviewing the supervisors learning, or developing additional knowledge and understanding or as a directive from the supervisor.</p> <p>At the end of each supervision meeting, this will be captured (Appendix 5) to evidence the learning</p>	 <p>7.5 Safeguarding Policy for refresh 202</p>  <p>7.5 SAFEGUARDING SUPERVISION POLIC'</p>  <p>7.5 Safeguarding Annual Report 2017 1</p>

and discussion that has taken place.

A copy will be held by both the supervisee and supervisor.

Quality Audits

Regular quality audits are completed on E-MARFS and peer check and challenge discussions regularly take place.

NHSR CCG members attend Multi-agency Review Panel (MARF) – strategic review of complex cases requiring innovative jointly agreed solutions to safeguard children & young people

NHSR CCG have attended Regional Safeguarding Networks to share best practice. NHSR CCG have attended Rotherham Safeguarding Children Partnership (RSCP) and Sub-groups

Safeguarding updates are presented to NHSR CCG Assurance and Quality Audit Committee and Operational Executive groups.

NHSR CCG Chair the RSCP Performance & Quality sub-group

Committed to all sub-groups of the RSAB and chair of the training & development group.

LeDeR (Learning Disability Mortality Review) programme has been embedded across the health economy. 8 cases are identified and reviewed with learning shared.

RCCG take part in Serious Incident processes (including SARs, DHRs, SCRs and MHHRs)

It is stated in the Safeguarding Policy that (Policy is attached - policy statement 2.1).

NHSR CCG is committed to safeguarding and will take all necessary steps to achieve this by:

Ensuring that the wider health and social care community in Rotherham learns from Serious Incidents (SI's), Domestic Homicide Reviews (DHR's), Serious Case Reviews (SCR's), Safeguarding Adults Reviews (SAR's), Learning Disabilities Mortality Review (LeDeR) and Child Death Overview Panel (CDOP) and that required improvements are implemented and embedded into local services/practice.

Section 11, Children Act, and self-assessment audits are implemented.

Extracted from the Annual Safeguarding Report (Currently being updated) In 2018/19 the the CCG safeguarding team furnished staff, GP practices and multi-agency partners with information on key developments in the safeguarding arena. Safeguarding updates and information were shared via the the CCG Newsletter (circulated to GP practices and CCG staff); e-mails to safeguarding leads, practice managers and multi-agency partners; published information on the Safeguarding pages of the internet and intranet.

7.6 The Early Help Assessment (EHA) is embedded by key partners as per working together (2018) and the responsibility for partners to share responsibility for the provision of early intervention and support.

2

Early Help and signs of safety is now included in the new E MARF referral form.  
RCCG Named GP Safeguarding conducted the Early Help 3 Step Approach (Attached)  
The aim of this exercise was to share information and find solutions to simplify the referral process for GPs, resulting in enhanced safeguarding working practices.  
Similar to previous assessment and support sessions, NHSR CCG Safeguarding Team applied the same methodology for this topic, using a stepped approach:  
Step 1 – Self-Assessment Survey for Practice Managers/Safeguarding Children Leads  
Step 2 – Supported Learning Event which was held on Thursday 14th February 2019.  
Step 3 – Supervision sessions offered by the Named GP for Safeguarding monthly.

**2. SELF-ASSESSMENT SURVEY FOR SAFEGUARDING LEAD / PRACTICE MANAGER**  
The Safeguarding team worked closely with the Early Help service to structure the stepped approach. As a starting point a brief survey was circulated to safeguarding leads in GP surgeries to help gauge understanding of the service and ultimately offer some supportive solutions.

**3. SUPPORTED LEARNING EVENT**  
41 people attended the learning event representing 22 GP surgeries.  
This event evaluated very positively and included case studies which generated active peer discussions.

**4. CONCLUSION/NEXT STEPS**  
Supervision sessions are offered to GPs / Safeguarding Leads on a monthly basis.  
Early Help are revising their referral forms for GP practice staff to make it easier for them to make referrals. This form will only be available for GPs (primary care professionals), other professionals will still need to complete a full assessment.  
Practitioners present at the event agreed to share the learning from the event in their own practice, in order to increase understanding and utilisation of the Early Help service by GP practice staff.  
RCCG actively promoted however we are a commissioning organisation and query whether can evidence grade 3.

MASH Health respond to early help requests for information (after provision of consent by the parent/carer) Template completed and send via MASH information sharing arrangements



7.6 Three Step Challenge Early Help :



7.6 V2 Early Help Screening form.docx

		MASH health update/inform health colleagues of decisions re cases that have met the threshold for the early help offer	
<b>INFORMATION SHARING</b>			
8.1 The organisation has arrangements which set out clearly the processes for sharing information within their organisation and other safeguarding partners. This may include information sharing agreements and protocols.	3	<p>Rotherham Safeguarding Children Partnership Information Sharing agreement (Paper attached)</p> <p>NHS Rotherham CCG has worked with its statutory Safeguarding Children Partners, namely Local Authority and South Yorkshire police to agree their commitment to information sharing. All three partners agree that effective information sharing underpins partnership working and is a vital element of both early intervention and safeguarding. Research and experience have shown repeatedly that keeping children safe from harm requires practitioners and others to share information about:</p> <ul style="list-style-type: none"> <li>• A child's health and development and any exposure to possible harm.</li> <li>• A parent who may need help, or may not be able to care for a child adequately or safely; and</li> <li>• Those who may pose a risk of harm to a child.</li> </ul> <p>In addition the Rotherham multi-agency Safeguarding Children Procedures which can be found here contain detailed guidance, which must be followed, in relation to information sharing including:</p> <ul style="list-style-type: none"> <li>• The General Data Protection Regulations (GDPR) and the Data Protection Act 2018</li> <li>• The Seven Golden rules for Information Sharing</li> <li>• Confidentiality and Consent</li> <li>• National Guidance on Information Sharing</li> <li>• Caldicott Guardian</li> </ul> <p>MASH Information Sharing Agreement (attached)</p> <p>I. Rotherham Public Authorities and Partners Information Sharing Code of Practice is based on a tiered structure, with:</p> <p>II. Tier 1 representing an overarching agreement detailing an organisations requirements to share information responsibly (Inter Agency Data Sharing Agreement),</p> <p>III. Tier 2 being overarching principles detailing specific requirements and or specific information sharing details (This document)</p>	 8.1 Information Sharing 2018 2019.doc  8.1 Information sharing advice for pra  8.1 MASH Information Sharing A  8.1 Safeguarding Roles and Responsibi  8.1 section 19 Information Sharing -

		<p>IV. Tier 3 providing operational and procedural guidance (an example is detailed in Appendix III of Tier 2).</p> <p>V. The MASH is a multi-agency information sharing hub that allows participating agencies to share information in a timely and secure manner to decide on the appropriate pathway for service provision for vulnerable people, including the referral to social care where appropriate.</p> <p>VI. MASH focuses on three key functions:</p> <p>Victim identification and early intervention - working with the Early Action Services to support children, young people and adults whose needs do not meet the threshold for statutory intervention.</p> <p>Harm identification and reduction - this will be done by identifying children, young people and vulnerable adults experiencing the highest levels of harm and making sure agencies work together to support them with harm reduction strategies and services.</p> <p>Co-ordinating partner agencies - Ensure that the needs of all vulnerable people are identified and signposted to the relevant partner/s for the delivery and co - ordination of harm reduction strategies and interventions.</p> <p>VII. This Agreement contains details of the standards agreed by the Parties involved in the sharing of personal data and personally identifiable information so as to maintain confidentiality, integrity and compliance with the data protection principles, whilst ensuring that information is shared with those who 'need to know'</p> <p>VIII. Information shared under this Agreement should not be disclosed to any persons who are not Parties or if there is any doubt that the requirements of this Agreement might be breached.</p>	
<p>8.2 Staff should be aware of and understand their responsibilities in relation to information sharing, including issues relating to consent; and be confident about this in practice.</p>	<p>3</p>	<p>MASH Information Sharing Agreement Section 3a.</p> <p>Consent</p> <p>I. When sharing information consideration must be given to whether it is reasonable to gain the full consent of the Data Subject. This may only be relevant in certain situations and cases and consent could be withdrawn at any time.</p> <p>II. Consent is agreement freely given to an action based on knowledge and understanding of what is involved and its likely consequences. Consent can be expressed either verbally or in writing. The latter is preferable since it reduces any likelihood of scope for future problems.</p> <p>III. Consent must also be informed so that, when someone agrees to information sharing, they understand how much is shared, why, with whom, and what may be the implications of not sharing. The Parties agree to notify data subjects and/or their parents or carers if relevant, that their data may be shared, in a form of a privacy notice. Where applicable explicit consent should</p>	<p> 8.2 Information sharing advice for pra</p> <p> 8.2 Information Sharing Seven Folder</p> <p> 8.2 MASH Information Sharing A</p>

always be obtained by the referring agency and this should be in writing where practicable.

IV. Any information sharing must be compliant with the European Directive in that consent must be obtained explicitly and not implied and must be obtained throughout the process of information sharing. Even if a person with parental responsibility for a child provides consent to share information initially it does not mean consent can be granted throughout. Consent must be gained at every stage of the process

V. The Parties understand that the current Data Protection Legislation does not require them to notify the data subject of any sharing or ask for their consent, if in doing so it would prejudice the prevention or detection of crime, apprehend an offender or place the child, young person or someone else at increased risk of harm. When a decision has been made not to seek consent the rationale for doing so should be clearly recorded to ensure future challenge can be responded to

VI. When the consent of a Data Subject is refused or it is not reasonable to seek consent, consideration should be given to legal powers or whether the disclosure is in the substantial public interest and this will be assessed on a case by case basis.

VII. If consent is required and is refused, under this Agreement, if not disclosing information to the MASH would prejudice the reasons listed in Section 2(V), partners may provide the information requested or may wish to proactively share. This would be decided on a case by case basis.

VIII. In a democratic society, it is necessary and legal to share information in the interests of national security, public safety or prevention of crime and disorder. Sometimes, there can be more emphasis on what cannot be done at the expense of what is allowable. In reality, legislation places few constraints on anyone “acting in good faith and exercising good judgement”. The rationale needs to be clearly recorded to ensure any future challenge can be responded to

Information Sharing Advice for Practitioners document (Page 12 - Full document attached)

There is a flow chart that demonstrates when and how information sharing should take place.

The supervision policy also offers support to practitioners in understanding what is expected of them. (Supervision Policy attached)

Consent - Mental Capacity (Amendment) Act 2019 (the Act), Chapter 18, with particular regard to the changes in responsibility for Liberty Protection Safeguards (LPS) (previously Deprivation of Liberty Safeguards (DoLS)) (Paper attached)

Caldicott Guardian principles

Data Protection officer.

Information Governance Lead.



8.2 Safeguarding Roles and Responsibi



8.2 SAFEGUARDING SUPERVISION POLIC'



8.2 MCA paper to OE.docx

8.3. Organisations should have robust information governance, policies and procedures in place. These should effectively support the organisation to deliver safeguarding services in a legal manner and support staff in their recording, storing and sharing of information.

3

05 03 2019 Paper to AQUA on Safeguarding Children Statutory Reforms (Paper attached)  
 Rotherham CCG took papers through their governance route to ensure that at all levels within the organisation staff and governors were made aware of the need to reflect on the statutory changes anticipated within Working Together to Safeguard Children (July 2018). This statutory guidance focuses on the core legal requirements, making it clear what individuals, organisations and agencies **must** do to keep children and young people safe.  
 The CCG provided a summary of the key changes can be found at [APPENDIX 1](#).  
 Full Guidance: [Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children \(PDF\)](#)  
 8.3 2019 02 05 AQUA County Lines FINAL (Paper attached)  
 In September 2018 the Home Office published: [Criminal Exploitation of children and vulnerable adults: county lines guidance](#). For Rotherham as a borough it is agreed that a whole-system approach is required to address the perpetrators and to protect and support victims. This requires agencies and professionals working together. NHS Rotherham CCG is an active key partner in raising awareness and developing new ways of working to support the fallout from this abusive criminal activity.  
 The CCG are clear that information sharing is key to safeguarding young people. Agreement has already been determined in Rotherham Multi-Agency Safeguarding Hub (MASH) that in all cases where CCE is suspected, information sharing will take place before a formal threshold decision is made. The CCG have two senior colleagues working within the MASH to ensure that information is shared in a timely and legal manner.  
 RCCG has a document that identifies the roles and responsibilities within the safeguarding team (Document attached)  
 The organisation also has a flow chart for when we have received patient identifiable data (PID) (Flowchart is attached)  
 RCCG circulated the seven golden rules of information sharing to GP's to support them in indentifying what information they can share.  
 The seven golden rules are:  
 The seven golden rules to sharing information:  
 1. General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law

  
 8.3 Information Governance DSP IR g

  
 8.3 MASH Information Sharing A

  
 8.3 process when receiving PID.pdf

  
 8.3 Safeguarding Roles and Responsibili

  
 8.3 2019 02 05 AQUA County Lines F

  
 8.3 Multi-agency safeguarding reforms

  
 8.3 MCA paper to OE .docx

		<p>are not barriers to justified information sharing.</p> <p>2. Be open and honest with individuals and/or their family where appropriate from the outset about why, what, how and with whom information will, or could be shared with.</p> <p>3. Seek advice from your information governance lead, if you are in any doubt about sharing the information concerned.</p> <p>4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent.</p> <p>5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.</p> <p>6. Ensure that:</p> <ul style="list-style-type: none"> <li>• the information you share is necessary for the purpose for which you are sharing it,</li> <li>• is shared only with those individuals who need to have it,</li> <li>• is accurate and up-to-date,</li> <li>• is shared in a timely fashion, and</li> <li>• is shared securely</li> </ul> <p>7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.</p> <p>Consent- Mental Capacity (Amendment) Act 2019 (the Act), Chapter 18, with particular regard to the changes in responsibility for Liberty Protection Safeguards (LPS) (previously Deprivation of Liberty Safeguards (DoLS)) (Paper attached)</p> <p>Caldicott Guardian principles.</p> <p>Data Protection officer in place.</p> <p>Information Governance Lead.</p>	
<p>8.4 . Staff know where to seek advice on information sharing and have confidence in their professional judgement in relation to this.</p>	<p>3</p>	<p>Staff can access advice and information online using both the internet and intranet sites.</p> <p>They can also access information on the safeguarding flowchart . (Safeguarding Flow chart attached)</p> <p>RCCG offer support on how to seek advice through distributing the seven golden rules (document attached)</p> <p>Support and guidance can be sought through MASH colleagues and the safeguarding team.</p>	 <p>8.4 Adult and CYP Safeguarding flowchart</p>

	<p>Safeguarding written staff update 2018 document attached (page 4)</p> <p>Annual written and verbal updates are mandatory requirements outlined in both Adult and Children Intercollegiate Documents (2018, 2019).</p> <p>An annual training booklet was published in October 2018 and circulated widely, covering all statutory safeguarding requirements. The 2018/2019 leaflet complimented the TRFT and General Practice leaflet, ensuring that all staff have the same safeguarding information.</p> <p>November 2018 saw the CCG complete its yearly Safeguarding Update (Children &amp; Adults) as per NHS England guidelines. Topics covered included Domestic Abuse, NHS England Safeguarding App, Operation Stovewood, County Lines, Modern Slavery &amp; Human Trafficking, Prevent, Information Sharing and Consent. The update was delivered to all CCG staff including Governing Body members. Mandatory requirements outlined in both Adult and Children Intercollegiate Documents (2018, 2019).</p> <p>Supervision Policy (Currently being revised) Document uploaded.</p> <p>Safeguarding children supervision is a formal, accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. Reflective, restorative supervision should aim to improve the quality of a practitioners work, achieve agreed objectives and outcomes, ultimately promoting good standards of practice to ensure children and young people are safe and protected from harm through sound professional judgements.</p> <p>Safeguarding Information is shared regularly via a Newsletter which is distributed to the GP's. (Sample attached)</p> <p>Evidence that professionals have confidence in their ability to information share can be demonstrated in the GP annual report that is sent out highlighting key information, trends and themes on information that has been shared.</p> <p>Caldicott Guardian principles.</p> <p>Data Protection officer in place.</p> <p>Information Governance Lead.</p>	 <p>8.4 Information Sharing Seven Golder</p>  <p>8.4 Safeguarding written staff update :</p>  <p>8.4 SAFEGUARDING SUPERVISION POLIC'</p>  <p>8.4 Newsletter - not cruising not bruising</p>
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