

Safeguarding Annual Report 2016 / 2017



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1. Introduction and Overview

This Annual Report seeks to inform the Quality Assurance Committee of the responsibilities and value delivered by the Trust Safeguarding Team and will update on progress on work streams agreed within the work plan for 2016/2017. The work plan enables the Rotherham NHS Foundation Trust (TRFT) Strategy for Safeguarding Vulnerable Services Users (Refer to Appendix 4) to be fully realised and embedded within the organisation, thus providing a high level of assurance that the Trust's statutory requirements and responsibilities are being met.

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

The amalgamation of Adult and Children Safeguarding to one Safeguarding Team in 2014 is now fully embedded. The Safeguarding Team is managed by the Assistant Chief Nurse (Vulnerabilities) with executive leadership of the Chief Nurse (Refer to Appendix 1 - Management and Professional and Organisational Chart. Trust Safeguarding staffing establishment can be found in Appendix 5).

The Governance and Assurance arrangements within Safeguarding have been built on and have been highly commended from partner agencies and the Clinical Commissioning Group (CCG). This was particularly evident during LSAB challenge meeting and the LSCB Section 11 challenge meeting.

Following the success of a business case the structure of the Adult Safeguarding Vulnerabilities Team has been expanded to include a Band 7 Adult Safeguarding & Mental Capacity Act (MCA) Nurse Advisor and administration support to the existing Team consisting of Named Nurse, Adult Safeguarding & MCA Nurse Advisor, Lead Nurse for Dementia and Lead Nurse for Learning Disabilities. The consolidation of the Lead Nurse posts in Learning Disabilities and Dementia care has served to enhance the service provided and has ensured that colleagues working with vulnerable people across the Trust have the help and support they need to provide high-quality care and serves to demonstrate the Trust's continued commitment to the Adult Safeguarding agenda.

There has also been investment in the Children's Safeguarding Team and from January 2017 establishment within the Paediatric Liaison Service has been increased by 0.8WTE (30hrs per week) enabling the team to offer additional dedicated support within the Emergency Department.

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

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

This Annual Report sets out to identify and describe the key risks that were managed during the year and provides a summary of some the key activities undertaken each quarter. In addition,

as part of the summary and conclusion, it describes the key priorities and areas identified for improvement in relation to safeguarding activity for implementation during 2017 -2018.

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

- Adult Safeguarding Activities
- Children Safeguarding Activities
- Governance
- Policy and Procedures
- Training
- Multi-Agency Working
- Recruitment and Employment
- External Visits and Actions

2. Adult Safeguarding Activities

ADULT SAFEGUARDING

Training

There has been significant activity, in partnership with the Learning & Development Team, to review the competency levels required by individual job roles to align them with the recently published Safeguarding Adults Intercollegiate document. The Heads of Nursing were consulted and heavily involved in this.

The method of recording training has been reviewed to ensure a more accurate reflection of compliance across the Trust in ensuring accurate information is contained in the Electronic Staff Record (ESR).

From this work e-learning training offering has been provided to colleagues to improve access and availability of appropriate training.

In addition to this, colleagues also access training provided by Rotherham Metropolitan Borough Council (RMBC).

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 in the coming financial year.

A robust training programme is in place for Prevent, which is now included in the Trust Induction programme.

Training compliance is monitored via Safeguarding Key Performance Indicators and reviewed at the Safeguarding Operational Group reporting to the Strategic Safeguarding Group.

Safeguarding Adult Training Figures as at Year End 2016/2017:

Adult Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Amber	83%
Level 3	Green	100%
Level 4	Green	100%
Prevent	Amber	85%
Dementia Tier One	Amber	86%
All new staff will have received safeguarding adult training within a maximum of 3 months of commencing their employment as part of their induction.	Green	100%

Key Performance Indicators (KPIs) and Standards

Adult Safeguarding are required to satisfy the requirements of KPIs and Standards, as set by the Clinical Commissioning Group. These include offering assurance on a diverse range of safeguarding activity throughout the Trust. KPIs were added to the reporting arrangements. Both the Safeguarding Standards and the Key Performance Indicators are reported quarterly to the Trust Safeguarding Strategic Group and Partners including representation from the Clinical Commissioning Group, Local Authority, Local Children Safeguarding Board and Local Safeguarding Adult Board are members.

Partnership Working

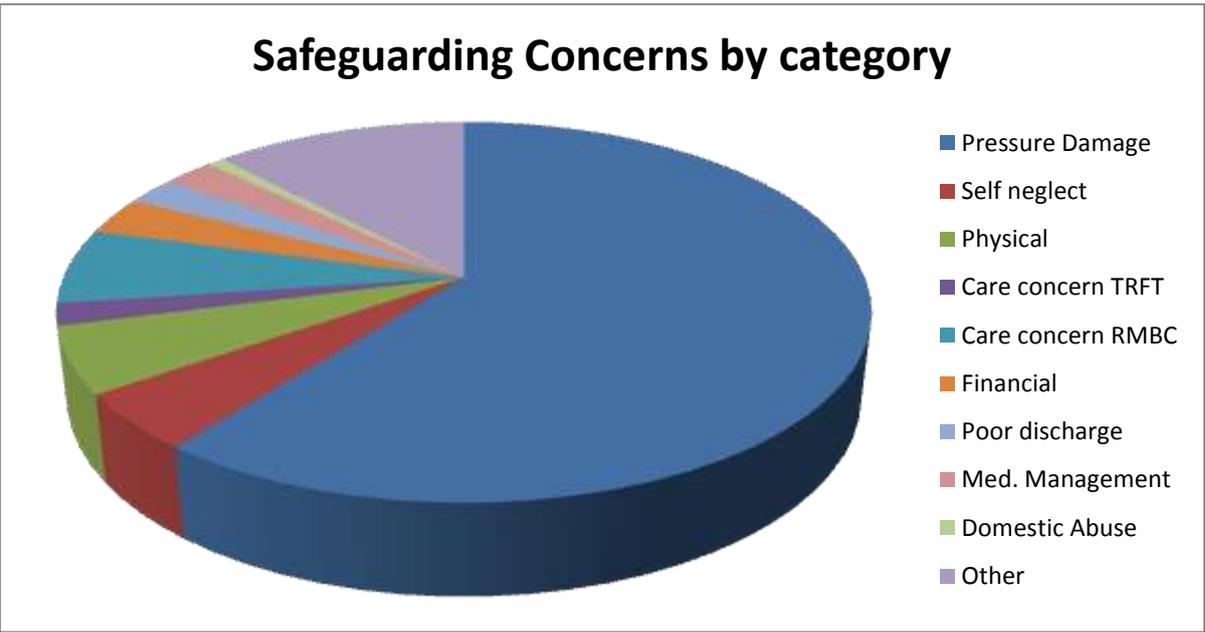
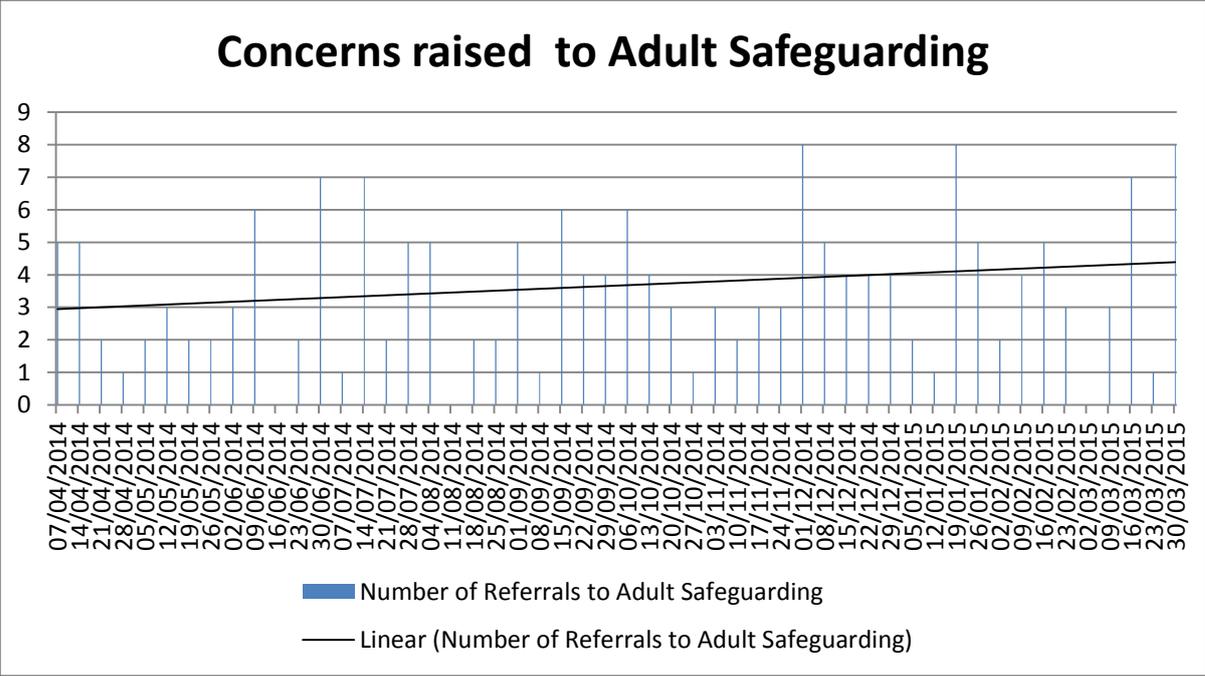
The Trust is represented at the Rotherham Adult Safeguarding Board by the Assistant Chief Nurse (Vulnerabilities).

The Patient Safety Team receives incidents and the Patient Experience Team receives complaints and incidents. Systems have been put in place with those services to flag any issues that have a safeguarding element to them.

The Adult Safeguarding Team continues 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 Outcomes Meetings – even where there is no TRFT involvement. This represents the Trust's continued commitment to partnership working.

As per Rotherham Adult Safeguarding Procedures, the Trust receives concerns raised about the safety and well-being of adults at risk (of neglect or abuse). For 2016/2017, 350 were received, equating to approximately 29 per month. This represents a 44% increase on figures for last year (243). Of these, a proportion (164) were passed to partner organisations to screen. These are cases where the concerns did not involve care delivered by TRFT.

In 2016/2017 only one concern involving Trust services progressed to a Decision-Making meeting. The Outcomes Meeting for this case is not expected to substantiate abuse against the Trust.



The Trust continues to be represented on the 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 498 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.

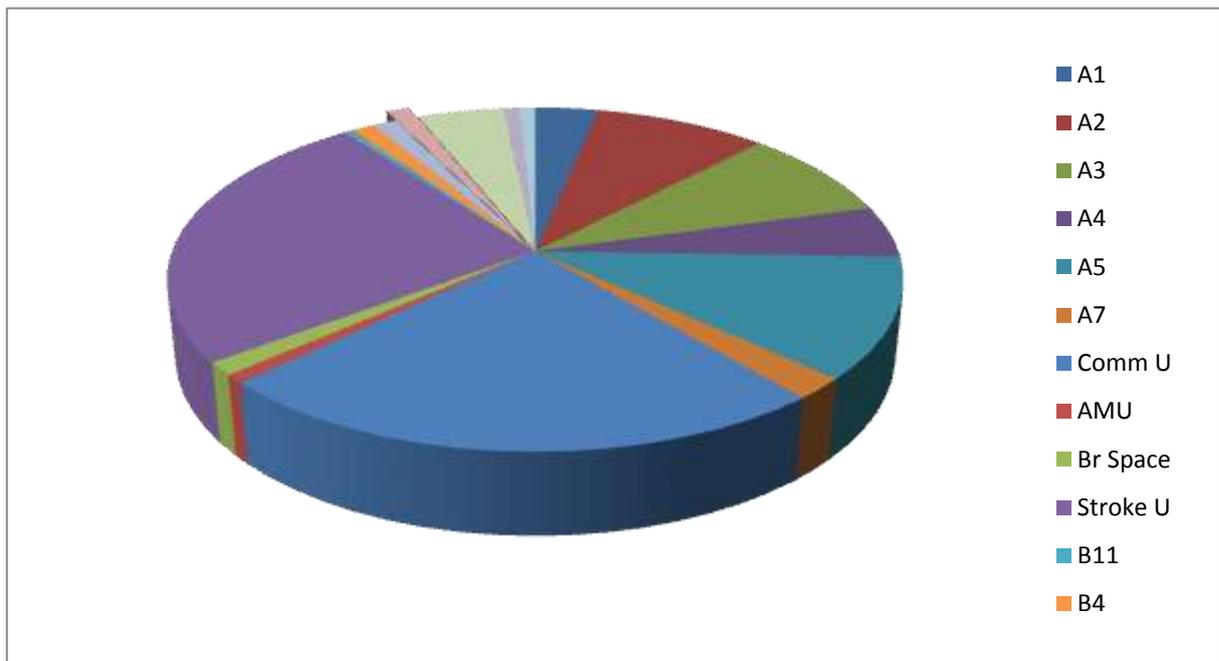
The Named Nurse, Adult Safeguarding is the Trust's MAPPAs representative. This role has responsibility for ensuring offenders' subject to MAPPAs are managed appropriately when they are patients and the risks that these offenders pose are managed whilst accessing our services. During 2016/2017 there were 12 MAPPAs alerts, all in-patients. This shows an increase from the previous year's 4 alerts.

The Cheshire West ruling continues to impact on the management of those patients who lack capacity to consent to care and treatment within the hospital as a result of significant changes to the way thresholds for Deprivation of Liberty Safeguards (DoLS) were applied.

As a result of this, Adult Safeguarding again saw a considerable increase in activity around DoLS applications, from 201 in 2015/2016 to 250 applications in 2016/2017, a 24% increase.

None were authorised by RMBC. The Adult Safeguarding Team continue to provide leadership and support across the Trust to ensure the processes are embedded fully across the Trust.

Breakdown of Source of DoLS Requests.



Domestic Homicide Reviews

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 has been one Domestic Homicide review (DHR) in the 2016/2017 period. In addition to this, TRFT have contributed to a further two DHRs which have been conducted by other areas.

Safeguarding Adult Reviews (SAR)

The Rotherham Safeguarding Adult Board initiated one SAR during 2016/2017. This concerned the death of a Nursing Home patient in February 2015 following a long-term failure to administer essential medication.

TRFT are involved as support services were being provided. The Significant Incident Learning Process (SILP) is being used for the review to ensure learning is carried forward. The final report is expected to be presented to the Adult Safeguarding Board in August 2017.

3. Children Safeguarding Activities

SAFEGUARDING CHILDREN

Training

Mandatory training has been reviewed and updated with reference to the revised RCPCH 'Intercollegiate Document' (2014) and as of 1st November 2016 level 3 safeguarding children is now the NHS 'E learning for Health' package. This is supported by a blended approach to learning as 'bespoke' opportunities including shadowing, attendance at safeguarding meetings, practitioner learning events, incident review/learning events and 'stop the shift' presentations (bite size learning).

Learning & Development provide the figures in respect of training compliance from ESR. This is monitored via Safeguarding Key Performance Indicators and reviewed at the Safeguarding Strategic Group.

Safeguarding Children Training Statistics as at Year End 2016/2017 :

Safeguarding Children Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Red	72%
Level 3	Red	77%
Level 4	Green	100%
All new staff will have received safeguarding children training within a maximum of 3 months of commencing their employment as part of their induction.	Green	100%

Key Performance Indicators (KPIs) and Standards

Children's Safeguarding achieved the required standards, as set by the CCG. The Standards offer assurance on a diverse range of safeguarding activity throughout the Trust. This is reported on a quarterly basis.

Work has continued to strengthen the KPIs throughout 2016/2017 with systems and processes being reviewed to highlight any gaps in data collection. However in some instances systems are unable to report the required specifics.

Partnership Working

Partnership working as directed by Working Together to Safeguard Children (2015) and the Children Acts 1989 & 2004 underpins the ethos and values of the safeguarding children's team. In a bid to achieve this, the Trust is represented at both executive level and within sub groups/panels, by the Chief Nurse/Assistant Chief Nurse and the Named Safeguarding Professionals in line with Section 13 of the Children Act 2004 (Appendix 1).

The Safeguarding Children's Team provides guidance and support to staff attending Child Protection Case Conferences, other multi-agency meetings/forums and Court proceedings by providing quality assurance of formal reports. Their health expertise is required in order to assess risk and need.

During this annual report period there have been 262 initial Child Protection Case Conferences (a 13 % decrease on the previous year) and 488 Review Child Protection Case Conferences (a 16% decrease) to which health staff have contributed.

The Trust is represented at MARAC by the Safeguarding Children's team, who contribute health representation in high risk domestic abuse cases which involve children, pregnant women and victims aged 16-18yrs. The number of women with children (and/or pregnant) discussed showed a 13% decrease on last year's figures, going from 301 cases to 263. Similarly, the number of children discussed decreased to 523, compared to last year's 565. The number of pregnant women discussed showed a slight rise from 35 to 40. The referrals for victims aged 16-18yrs remained around the same at 21 compared to last year's 20. Active partnership working with the Multi-Agency Safeguarding Hub (MASH) continues – TRFT has a substantive post in MASH and TRFT is represented at all relevant MASH meetings including the Strategic MASH Group led by the Director of Children's Services RMBC. Partners are members of the TRFT Strategic Safeguarding Group.

Safe discharge planning remains a fundamental part of the transfer from hospital into the community setting as discussed in the Laming Enquiry 2003. The Safeguarding Team have worked closely with LSCB and Local Authority colleagues to develop robust multi-agency processes and procedures within both maternity and acute paediatric in-patient areas. Both Tri-X and TRFT policy have been updated to ensure consistent and best practice throughout both organisations in relation to safe discharge planning.

A detailed training package has been developed by the Named Midwife and the Named Nurse (Acute) to support colleagues in the new discharge planning process to ensure our Midwives and Nurses have the necessary skills and confidence required to contribute to safe discharge planning.

There have been 128 Child Protection Medicals (CPM) undertaken by the Paediatricians in this annual report year; 95% of these were undertaken within the required timeframe. The total CPM's show a decrease of 53 from the previous year.

There continues to be significant partnership working in relation to Child Sexual Exploitation. From January 2017 TRFT have replaced the band 7 Specialist Child Sexual Exploitation Nurse with a band 6 Nurse from the 0 -19 service who will continue to be based within the CSE Evolve Multi – agency Team.

Supervision

During 2016/2017 the Supervision Policy has been fully implemented and from October 2016 Health Visitors and School Nurses received supervision from a supervisor other than their line manager. Their compliance with access to supervision has fluctuated throughout the year, likely due to relocation of staff and changes within teams.

Work has been consistent in the training of new supervisors to deliver safeguarding children group supervision and embed the model within the Trust. Release of staff from clinical duties to attend supervision training and the group supervision sessions remains a challenge. Nine practitioners have achieved their competence to deliver supervision; the remaining 7 are near completion. Practitioners that have attended the group sessions are positive about the learning opportunity and reflect on the importance of hearing the “voice of the child”

During 2016/2017 all caseload holding Midwives have been allocated a safeguarding supervisor. As a result compliance with safeguarding supervision has risen each quarter evidence of which is reported within the KPI's.

The group supervision model is now available to all non-caseload holding Midwives throughout Maternity Services.

Serious Case Reviews

Within this annual report year there has been one Serious Case Reviews (SCR) initiated by Rotherham LSCB. This is a joint Serious Case Review with Sheffield LSCB. The final report is yet to be published due to on-going Police investigations.

The Named Midwife and Named Nurse (Acute) have contributed to a SCR commissioned by Lancashire LSCB however there were no specific actions/recommendations for TRFT.

4. Governance

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 (Vulnerabilities) who manages the Safeguarding Team. A quarterly Board of Directors Report is provided.

The Trust has two specific Safeguarding meetings: a monthly Safeguarding Operational Group chaired by the Named Nurse Adult Safeguarding and a quarterly Safeguarding Strategic Group chaired by the Assistant Chief Nurse (Vulnerabilities).

The role of the Strategic 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, there is also representation from external partners from the Clinical Commissioning Group. Local Safeguarding Adult Board, Local Safeguarding Children Board, Children and Adult Safeguarding Local Authority and Public Health are members. This Group seeks to provide assurance on all matters relating to safeguarding and reports to the Board of Directors via the Clinical Governance Committee and Quality Assurance Group. Both groups have been extremely active over the last 12 months and continue to be so.

TRFT Representation on the Rotherham Safeguarding Adult Board is the Assistant Chief Nurse (Vulnerabilities). The Rotherham Safeguarding Children Board was represented by the Chief Nurse until January 2017. From that point TRFT were represented by the Acting Chief Nurse and or her representative.

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

The Performance and Quality Sub group of the Rotherham Safeguarding Adult Board is chaired by the Assistant Chief Nurse (vulnerabilities).

A 'Safeguarding Strategy on a page' is in place 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 Strategy has been recently reviewed and refreshed.

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

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 feeds into the quarterly Standards and KPI data spread sheet and will make the process much more robust and manageable.

A Time out session was held with the Safeguarding Team on 3rd April 2017 – from this day a work plan for 2017/2018 has been created that sets out our actions and activities for the coming 12 months.

The Safeguarding Service specification has been fully reviewed and approved and the safeguarding standards have been refreshed for monitoring on a quarterly basis via the Safeguarding Strategic Group throughout 2017/2018.

The Care Quality Commission (CQC) inspected the Trust in September 2016. The published report following this inspection acknowledged that work was on – going to address previous

concerns in relation to safeguarding children supervision within acute and midwifery services. Within the section titled 'Outstanding Practice' improved liaison between safeguarding and the Emergency Department was highlighted. This was in relation to daily meetings being held in the Emergency Department at which Senior Emergency Department colleagues, the Named Nurse Safeguarding and Paediatric Liaison Specialist Nurse attended and a programme of five weeks intensive support provided by the safeguarding children team was undertaken.

5. Risks and Mitigation

The following risks have been identified throughout the last 12 months. Performance is reviewed and any risks identified via the Safeguarding Groups and monitored through the Safeguarding Strategic Group and the Chief Nurse performance Meeting. All risks are included on the Chief Nurse Risk Register and managed accordingly.

1. Safeguarding Children Supervision
2. Training compliance
3. On-going challenges with DoLS application and authorisation
4. Reduction of Paediatric Nurses in Emergency Department
5. Compliance of safeguarding procedures in the Emergency Department
6. Long term Absence of the Designated Doctor

Description of Risk and Control Measures

1. Safeguarding Children Supervision

Requirement for group supervision highlighted need for additional safeguarding children supervisors to deliver group supervision for practitioners in acute services who have contact with children.

Risk Control –9 Trainee supervisors have achieved competency and remaining 4 trainees continue to work to achieve competency. Weekly group supervision sessions have been rolled out since January 2017 for practitioners to access. These sessions are delivered by trainees and overseen by member of safeguarding children team.

2. Training

There are continuing concerns in relation to compliance of all mandatory training and support has been sought from Divisional Managers to identify strategies to release staff and improve compliance. Access to safeguarding children level 3 as an e learning package has resulted in some improvement in compliance.

Risk Control - We are more confident from the work led by Learning and Development Team that training figures provided will be accurate. Meetings have been held with Divisional Managers to seek assurance of compliance. New approaches to training have been provided for example a new eLearning package for Adult Safeguarding Level 2 and eLearning for Level 3 Children's safeguarding. .

3. On-going challenges with DoLS application and authorisation

For the year 2016/2017 the number of applications was 250. There have been no authorisations since the start of the financial year. The Supreme Court Judgement and changes to DoLS

thresholds continue to challenge practice in the Trust. The Law Commission is currently seeking consultation on proposed revisions to the arrangements which, if accepted, are expected to be implemented late 2017 onwards. DoLS is on the Chief Nurse Risk register.

Risk Control : Work continues throughout the Trust to embed the DoLS requirements. We are seeing significant improvements in knowledge and skills of colleagues and this is evident by the increased number of applications. Training continues to be delivered across the Trust with further training planned throughout the year. MCA and DoLS is included in the Trust's 'Silver' level Adult Safeguarding Training, in line with the competencies specified in the Intercollegiate document, with additional training delivered to key staff.

The Adult Safeguarding Team continues to provide advice and support on an on-going basis to ward colleagues where there are concerns that DoLS may be required. 'Virtual' MCA & DoLS resource files have been distributed to all Heads of Service for dissemination throughout their areas of responsibility. This will complement the resource files available in certain locations throughout the Trust.

Work is ongoing to develop a database which will facilitate accurate and timely recording of all DoLS requests which will replace the current, paper-based system.

A business case has been successful to support the establishment of 2 supplementary posts within the team to manage the increased workload.

4. Reduction of Paediatric Nurses in Emergency Department

Concerns regarding reduced numbers of Paediatric Nurses in the Emergency Department continues to be a concern however following a recent recruitment drive these numbers are expected to improve.

Risk Controls - Both the Emergency Department and Safeguarding Teams continue to work towards finding practical solutions to ensure the Trust meets its statutory requirements. All the paediatric nursing posts are being actively recruited and plans reviewed regarding nursing establishment to cover a 24 hour period. The reduction of Paediatric Nurses is on the Chief Nurse Risk Register, and as such is subject to regular review.

5. Compliance of safeguarding procedures in the Emergency Department

Ongoing concerns in relation to compliance of Safeguarding Children procedures in the Emergency Department evidenced via the number of Datix completed.

Risk Controls - An appreciative enquiry (Diagnostics) has been undertaken/led by the Safeguarding Children Team, whereby over a period of two days a full review took place. This was an intensive support programme over a one week period, and then additional support for a further 4 weeks with a robust action plan being developed. This action plan is monitored via the relevant performance meetings.

A new Safeguarding and ED performance dashboard has been created to provide greater transparency.

6. Long term Absence of the Designated Doctor

For a period of time the Designated Doctor was not available.

Risk Controls – Plans were put in place to support colleagues requiring input from the Designated Doctor. He has now returned to post.

6. Policy and Procedures

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

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

Female Genital Mutilation – The Safeguarding Team have led on the development of FGM guidance and a new Trust process has been developed.

Pressure ulcer prevention work has been undertaken 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.

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

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. From April 2017 the training offering will be amended to make eLearning available.

7. Training

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 and in working with the Learning and Development team. The Adult Safeguarding Team continue to provide both level two and level three 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 in the coming financial year.

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

The Safeguarding team continue to have an allocated session at the Trust Corporate Induction programme.

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

The combined Adult and Children Safeguarding Leaflet has been reviewed and updated, and will be sent out to all Trust colleagues via payslips. The leaflet is extremely comprehensive covering all required elements of safeguarding including CSE, FGM, MCA and DoLS, domestic abuse, LADO, Prevent, human trafficking and safeguarding categories of abuse and what to do. The leaflet has been commended by the CCG and partner agencies.

A survey monkey will be utilised to check colleagues understanding and awareness of safeguarding.

8. Multi-Agency and Partnership Working

The Trust is represented at the Rotherham Safeguarding Adult Board by the Assistant Chief Nurse (Vulnerabilities) and Rotherham Children Safeguarding Board by the Chief Nurse.

All LSCB and LSAB sub groups have membership representation from TRFT as demonstrated from the Safeguarding TRFT and Partnership Organisational Governance Structure (Appendix 2).

The TRFT MASH (Multi Agency Safeguarding Hub) Health Adviser works with the established MASH Health Team, providing health information, analysis and challenge for MASH referrals. This year has seen the Health Advisor involved with the development and delivery of a daily Multi- Agency Domestic Abuse meeting, which reviews identified domestic abuse cases, identified as high risk.

The MASH Strategic Group is led by the Director of Childrens Services RMBC and the MASH Operational Group is led by the Deputy Designated Nurse. TRFT is an active member of both groups.

Work has been ongoing with Public Health in relation to the Child Sexual Exploitation (CSE) Service Specification. Significant improvements have been made to ensure TRFT are fully engaged and support all CSE requirements and part of the Evolve Team initially based at Riverside but more recently based at the Eric Mann Building in Rotherham.

9. 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 Trust LADO process has been fully reviewed in line with Local Authority procedures. Robust processes are in place in Human Resources in relation to LADO processes and DBS monitoring and checking. This is reported as a Key Performance Indicator on the Safeguarding Dashboard on a quarterly basis and reported via the Safeguarding Strategic Group.

10. 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.

An unannounced CQC Trust wide re-inspection was undertaken in September 2016 and findings for Safeguarding were positive as described above.

11. Safeguarding Key Activities and Developments - 2016/2017

The following section provides a summary of some key safeguarding risks, performance and assurance and in addition activities and developments during each Quarter 2016/2017.

Safeguarding Strategic Group - Safeguarding Performance

Summary on a Page – Information for Q1 2016 / 2017

Risks and Management of Risks

- Safeguarding Children Supervision
- Safeguarding Training compliance
- LAC – Initial Health Assessment within 20 working days
- Ongoing challenges with DoLS application and authorisation
- Reduction of Paediatric Nurses in Emergency Department
- Compliance of safeguarding procedures in the Emergency Department
- Long term sickness of CSE Nurse based in Evolve

All risks are being actively managed and processes are in place to enable regular review and plan to improve the situation. The risks on the Chief Nurse Risk Register are also monitored via the Chief Nurse Performance Meeting

Performance Assurance and Process

- Assessment of the Safeguarding Standards have been undertaken and presented at the Safeguarding Strategic Meeting and actions in place for ongoing development.
- Active partnership working with the Multi-Agency Safeguarding Hub (MASH) and CSE EVOLVE service is evident via TRFT Nurse input
- The Quarterly KPI template has been thoroughly reviewed and updated to include a story Board – the KPI is live as from Q1 2016/2017 and reviewed at the Safeguarding Strategic Meeting
- An appreciative enquiry process (Diagnostics) has been undertaken following concerns identified in safeguarding compliance in the Emergency Department and intensive support in place
- New Safeguarding Incident Reporting Dashboard established and will be utilised in all Performance Meetings
- Robust action plan is in place for the CQC CLAS – Only 2 ongoing LAC actions and plan in place to address
- Audit Programme monitored and on track
- Summary report provided to the Clinical Governance Committee and Board of Directors presented by the Chief Nurse
- Safeguarding Annual Report Completed

Some Key Developments during Q1 2016 / 2017

- Bradbury and Goddard Report provided to TRFT Clinical Governance Committee and completion of a self-assessment assurance tool
- True for Us review undertaken for TRFT following the findings of the Joint Targeted Area Inspection – South Tyneside
- Day to Celebrate went ahead as planned on Wednesday 11 May 2016
- The development of Pressure ulcer work at TRFT in Childrens Services, a TV Nurse Lead has been identified and new process agreed and being implemented
- Safeguarding Supervision Policy has been ratified and new model being embedded. An updated assurance process has been developed including a monthly case presentation and review for safeguarding supervision and a competency assessment has been developed for all supervisors aim for all new supervisors to be fully competent and new model embedded by December 2016
- Publication of a new Safeguarding Information booklet provided for all TRFT colleagues via Payslips (Level 1 compliance)
- One week and then a further 4 week intensive support for the Emergency Department (ED) included external support – excellent collaborative working approach to support and improve professional curiosity
- New ED Safeguarding Dashboard created to provide transparency of all reported incidents in relation to safeguarding compliance - monthly Safeguarding and ED Team Meeting is in place
- New Quarterly TRFT and RMBC Safeguarding Meeting established to review any safeguarding delayed discharges from Family Health – Positive partnership working
- New Memorandum of Understanding (MoU) being finalised aligned to the Joint Protocol
- Discharge planning work led by LSCB with representation from TRFT
- Monthly provider to provider meetings TRFT and CAMHS maintained and focus now on Locality support for School Nursing and Health Visiting in relation to CAMHS requirements
- Safeguarding Team provided full support for the Tender for 0-19 Years and Integrated Sexual Health
- CQC CLAS Action plan and process worked extremely well – to date no exceptions reported to the Board of Directors – Two ongoing actions associated with LAC and plans in place to address
- Task and Finish Group re safeguarding flagging of records reenergised
- New Monthly Mental Health Liaison Service and ED meeting set up
- Successful Business Case for a Band 7 DoLS / Safeguarding and 1wte administration new posts
- Work ongoing to improve system for CP-IS report being provided for the LSCB Sub Group
- Section 11 Action Plan monitored via the LSCB Sub Group Performance and Quality
- TRFT Audit Programme on track and audits submitted to the LSCB Sub Group Performance and Quality
- CQC mock inspections carried out to establish assurance of embedded actions
- TRFT LADO Process reviewed and updated to ensure more robust

Safeguarding Strategic Group - Safeguarding Performance Summary on a Page – Information for Q2 (July, August and September) 2016 / 2017

Risks and Management of Risks

- Safeguarding Children Supervision
- Safeguarding Training compliance
- LAC – Initial Health Assessment within 20 working days
- On-going challenges with DoLS application and authorisation
- Reduction of Paediatric Nurses in Emergency Department
- Compliance of safeguarding procedures in the Emergency Department

All risks are being actively managed and processes are in place to enable regular review and plan to improve the situation. The risks on the Chief Nurse Risk Register are also monitored via the Chief Nurse Performance Meeting

Performance Assurance and Process

- Assessment of the Safeguarding Standards have been undertaken and presented at the Safeguarding Strategic Meeting and actions in place for ongoing development.
- Active partnership working with the Multi-Agency Safeguarding Hub (MASH) and CSE EVOLVE service is evident via TRFT Nurse input
- The Quarterly KPI is reviewed at the Safeguarding Strategic Meeting
- An external Peer review undertaken in ED from LSCB Business Manager and Safeguarding Nurse Consultant awaiting written report
- Safeguarding Incident Reporting Dashboard established and utilised in all Performance Meetings – improving position
- Summary report provided to the Clinical Governance Committee and Board of Directors presented by the Chief Nurse
- CSE Internal Audit (TIAA) Undertaken and awaiting final report
- CQC Re-Inspection undertaken week commencing Tuesday 27 September 2016

Some Key Developments during Q2 2016 / 2017

- The Team are preparing for a Joint Targeted Area Inspection – no planned date
- Day to Celebrate went ahead as planned on Thursday 8 September 2016 – MCA and DoLS Presentation led by Named Nurse Adult Safeguarding
- Further development of Pressure ulcer work at TRFT in Childrens Services, a TV Nurse Lead is involved and new process agreed and being implemented.
- External peer review of Pressure Ulcer RCA Panel
- Safeguarding Supervision new model being embedded. Assurance process is in place including a monthly case presentation. Expectation is for all new supervisors to be fully competent and new model embedded by the end of December 2016. New Group Supervision sessions will commence as from January 2017, awareness sessions of what is children safeguarding supervision monthly session are planned. Existing supervisor's caseload being realigned.
- All recruitment in the safeguarding Team successfully completed, Admin, Adult Nurse Advisor ? MCA/DoLS, Children Nurse Advisor and Paediatric Liason Nurse
- ED Safeguarding Dashboard created to provide transparency of all reported incidents in relation to safeguarding compliance - monthly Safeguarding and ED Team Meeting is in place - improving position. Survey Monkey being carried out and Peer review undertaken from external colleagues
- Paediatric Liason hot-desking in ED to provide a visible presence and support
- Quarterly TRFT and RMBC Safeguarding Meeting to review any safeguarding delayed discharges from Family Health progressing well, MOU signed by TRFT and RMBC – Positive partnership working and to date no delayed discharges
- Discharge planning Policy updated and awaiting approval
- Learning Disability Policy updated and awaiting approval
- New TRFT and RDASH Mental Health Monthly provider to provider meetings established – this is to replace the previous separate CAMHS and Adult and Older Adult Mental Health Meetings
- Safeguarding Team provided full support for the Tender for 0-19 Years and Integrated Sexual Health – Successful outcome and both contracts awarded to TRFT
- Task and Finish Group re safeguarding flagging of records is in place until the end of December and actions progressing
- Work ongoing to improve system for CP-IS report being provided for the LSCB Executive Group
- Bradbury Assurance Tool completed
- CQC re- inspection carried out and interviews with the safeguarding team – awaiting report
- Safeguarding Children training full review and planned new approach commencing in November
- Involvement of SCR Child J and Lancashire case and Involvement in a DHR
- CSE Internal Audit – awaiting report
- FGM – Further improvement in the TRFT pathway and partnership pathways
- Evolve Launch of new service – 1 July 2016
- LADO process being reviewed – led by RMBC

Safeguarding Strategic Group - Safeguarding Performance Summary on a Page – Information for Q3 (October, November and December) 2016 / 2017

Risks and Management of Risks

- Safeguarding Children Supervision
- Safeguarding Training compliance
- LAC – Initial Health Assessment within 20 working days
- On-going challenges with DoLS application and authorisation
- Reduction of Paediatric Nurses in Emergency Department
- Compliance of safeguarding procedures in the Emergency Department

All risks are being actively managed and processes are in place to enable regular review and plan to improve the situation. The risks on the Chief Nurse Risk Register are also monitored via the Chief Nurse Performance Meeting

Changes to the SystmOne Safeguarding Children Template have been delayed due to children's social care adopting a new framework for child protection conference and reporting. This has meant a delay in developing the process for flagging a child's record when they become CIN. Now RMBC have confirmed the new framework, work will resume

Performance Assurance and Process

- Assessment of the Safeguarding Standards have been undertaken and presented at the Safeguarding Strategic Meeting and actions in place for on-going development.
- Active partnership working with the Multi-Agency Safeguarding Hub (MASH) and CSE EVOLVE service is evident via TRFT Nurse input
- The Quarterly KPI is reviewed at the Safeguarding Strategic Meeting
- Summary report provided to the Clinical Governance Committee and Board of Directors presented by the Chief Nurse.
- CSE Internal Audit (TIAA) Undertaken and overall outcome reasonable assurance and positive feedback.
- CQC Re-Inspection undertaken week commencing Tuesday 27 September 2016 – awaiting final outcome and report.
- Section 11 Self-Assessment – action plan being monitored.
- RSAB – Adult Safeguarding Self-Assessment completed for TRFT and submitted. Challenge Meeting planned for 31 January 2017.
- LAC actions involving TRFT and Local Authority are progressing to improve compliance and monitored via the LSCB Performance and Quality Sub Group.

Safeguarding Annual Report 2016 - 2017

Authors: J Lovett, J Summerfield, S Pagdin, B Mitchell, A Pollock.

Some Key Developments during Q3 2016 / 2017

- The Team are preparing for a Joint Targeted Area Inspection – no planned date but should be before the 31 March 2017
- Further development of Pressure ulcer work at TRFT in Childrens Services, a TV Nurse Lead is involved and new process agreed and being implemented.
- The new model of Supervision is now in place. Group Supervision sessions will commence as from January 2017, awareness sessions of what is children safeguarding supervision monthly session have been provided and existing supervisor's caseload has been aligned. All HONs are aware of requirements as are individuals as to whether they need 1-1 as a caseload holder or Group supervision once every quarter – this will be monitored by the KPI process.
- The new Paediatric Liaison Specialist Nurse will commence as from 3 January 2017. This service now has 1.8 wte band 7 and one Nurse will be based in ED and one to support the Childrens Ward and SCBU.
- ED Safeguarding Dashboard created to provide transparency of all reported incidents in relation to safeguarding compliance, continues to be provided weekly, daily huddle continues. ED Team have completed a Survey Monkey and outcome awaited. Peer review undertaken from external colleagues, verbal feedback positive but awaiting final outcome report.
- Quarterly TRFT and RMBC Safeguarding Meeting to review any safeguarding delayed discharges from Family Health continue to progress well. Positive partnership working and to date no delayed discharges
- Discharge planning Policy updated and awaiting ratification.
- Learning Disability Policy updated and awaiting ratification.
- Following the successful tender for 0-19 Years and Integrated Sexual Health the CSE Nurse provision will be via the 0-19 service with input and support from safeguarding. Interim plans are in place to support the service until the new contract starts on 1 April 2017.
- Task and Finish Group re safeguarding flagging of records is in place and actions progressing.
- Work on going to improve system for CP-IS. Local Authority plan to go live in May 2017.
- CQC re-inspection – awaiting report
- Safeguarding Children training full review and planned new approach commenced in November, now eLearning available for level 3 as well as face to face training. A full review of Multiagency Training has been commissioned by the Director of Childrens Services.
- Involvement of SCR Child J and Lancashire case and Involvement in a DHR
- FGM – Further improvement in the TRFT pathway and partnership pathways
- Evolve and MASH governance arrangements are being reviewed included an updated MASH Information Governance agreement. Involvement in the development of a new CSE APP.
- Child Protection Conference Process being reviewed
- Court Statement Policy and templates being reviewed.
- MCA and DNACPR continue to be a high priority and actions from a Task and Finish Group continue.
- Safeguarding Green pack process in Maternity has been fully reviewed and improvements made.
- There has been an increase in Q3 for the need to have health professional meetings with regards to consideration and Identification of Fabricated and Induced Illness. This policy and pathway is to be reviewed

Safeguarding Strategic Group - Safeguarding Performance

Summary on a Page – Information for Q4 (January, February and March) 2017

Risks and Management of Risks

- Safeguarding Children Supervision
- Safeguarding Training compliance
- Looked After Children (LAC) – Initial Health Assessment within 20 working days and completion of report
- On-going challenges with Mental Capacity Act, Deprivation of Liberty Safeguarding (DoLS) application and authorisation
- Reduction of Paediatric Nurses in Emergency Department
- Compliance of safeguarding procedures in the Emergency Department

All risks are being actively managed and processes are in place to enable regular review and plan to improve the situation. The risks on the Chief Nurse Risk Register are also monitored via the Chief Nurse Performance Meeting

Performance Assurance and Process

- Assessment of the Safeguarding Standards has been undertaken and will be presented at the Safeguarding Strategic Meeting on 5th May and actions in place for on-going development.
- Active partnership working with the Multi-Agency Safeguarding Hub (MASH) and CSE EVOLVE service is evident via TRFT Nurse input
- The Quarterly KPI is reviewed at the Safeguarding Strategic Meeting
- Summary report provided to the Clinical Governance Committee and Board of Directors presented by the Chief Nurse.
- CQC Re-Inspection undertaken week commencing Tuesday 27 September 2016 – outcome report identified some notable practice as described over. DNACPR and MCA a Must Do Action and progress on actions is via a Task and Finish Group led by the Assistant Chief Nurse and Associate Medical Director
- Section 11 Self-Assessment – action plan being monitored.
- RSAB – Adult Safeguarding Self-Assessment completed for TRFT and submitted. Challenge Meeting held on 31 January 2017 and positive outcome – Peer review on Making Safeguarding Personal planned for 19th May 2017 and then case record review planned for June 2017.
- LAC actions involving are progressing to improve compliance and monitored by LSCB Performance and Quality Sub Group.

Safeguarding Annual Report 2016 - 2017

Authors: J Lovett, J Summerfield, S Pagdin, B Mitchell, A Pollock.

Some Key Developments during Q4 2016 / 2017

- The Team have been involved in the preparation and support of the Ofsted monitoring assessments of the Local Authority
- Further development of Pressure ulcer work at TRFT in Childrens Services, a TV Nurse Lead is involved and new process agreed and being implemented.
- Group Supervision sessions commenced in January 2017. All are aware of requirements as are individuals as to whether they need 1-1 as a caseload holder or Group supervision once every quarter – Uptake needs to improve and this will be monitored by the KPI process.
- Paediatric Liaison Service is under full review following the new approach of Nurse being based in the Emergency Department.
- Emergency Department Safeguarding Dashboard to provide transparency of all reported incidents in relation to safeguarding compliance continues to be provided weekly,
- Quarterly TRFT and RMBC Safeguarding Meeting to review any safeguarding delayed discharges from Family Health continue to progress well. Positive partnership working and to date no delayed discharges
- Improvements made in relation to safeguarding flagging of records
- Work on going to improve system for CP-IS. Local Authority plan to go live in May 2017.
- CQC re-inspection outcome report identified some notable practice regarding safeguarding improvement in training, compliance and safeguarding Liaison in the Emergency Department and CAMHS improvements
- Rotherham Safeguarding Adult Board – Self Assessment and Challenge Meeting held on 31 January – very positive outcome and now planning for a Service peer review in May 2017
- Involvement of SCR Child J, Involvement in a DHR as well as a number of learning events
- FGM – Further improvement in the TRFT pathway and partnership pathways – SOP developed and awaiting ratification
- Evolve and MASH governance arrangements have been reviewed included an updated MASH Information Governance agreement.
- Involvement in the development of a new CSE APP – the first in the country
- Child Protection Conference Process continues to be reviewed and improved
- Court Statement Policy and templates being reviewed.
- MCA and DNACPR continue to be a high priority and also a Quality Account Priority – A Task and Finish Group – key action is the launch of a new MCA Assessment of Capacity planned for 5 April 2017
- There has been an increase for the need to have health professional meetings with regards to consideration and Identification of Fabricated and Induced Illness. This policy and pathway is being updated.
- Domestic Abuse Priority Group re-established and developments and improvements in this area of work
- Work on-going in relation to improvements in Court Report template and updating of Policy
- Young Inspectors and Youth Cabinet visit to Family Health Services 24th February 2017 – improve the voice of the child and young person.
- Time out Session held and safeguarding priorities and action plan created for 2017 / 2018

12. Safeguarding Standards – 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 work streams.

Safeguarding Standards	Q1	Q2	Q3	Q4	
Standard 1 - Policy & Procedure					
1.4b That all staff practice in accordance with these policies and legal duties.					Work is ongoing to improve the implementation of the MCA across the Trust. A Task & Complete group has been formed led by the Assistant Chief Nurse.
1.7 All healthcare providers will have an up to date policy(s) and procedure(s) covering the use of all forms of restraint. These policies and procedures must adhere to contemporary best practice and legal standards.					Guidance is available to staff in the MCA Policy and Safeguarding Information hub re the use of restraint, where it is reinforced that restraint must be necessary and proportionate. Guidelines for restrictive physical intervention (restraint) and therapeutic holding of children and young people will be included in the Policy. The Restraint Policy has been updated and is expected to be ratified in the near future.
1.8b That staff have access to appropriate supervision, as required by the provider, professional bodies, RLSCB and/or RSAB That staff have access to appropriate supervision, as required by the provider, professional bodies, RLSCB and/or RSAB	Children				Work is ongoing with the implementation plan to ensure the Trust is able to meet the standards set. In acute services progress with roll out of group supervision model is slow due to limited release of clinical staff to attend sessions and for trainees to deliver sessions and achieve competence. This is reported on in the CN Performance Meeting.
Standard 2: Governance					
2.11 All Providers will have appropriate and effective systems in place to ensure that any care provided, that includes restrictions to individuals, is done so with due regard to all contemporary legislation. This includes, but is not restricted to, the Human Rights Act.					The MCA Policy is in place. There is increased recognition among staff of the MCA and its use in practice. Work is underway following the CQC feedback to introduce and embed further improvements. The Named Nurse is part of a DNACPR action group and a MCA Task & Finish group which is helping to improve practice throughout the Trust.
Standard 5 – Training					

<p>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. This training needs to include Prevent HealthWrap training.</p>	<p>Children & Adult</p>				<p>All new starters receive a joint presentation on induction and new and existing staff receive leaflets on safeguarding which satisfies level 1 training. Prevent and Safeguarding adults and children eLearning options have been put in place.</p>
<p>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.</p>	<p>Children & Adult</p>				<p>The training requirements for staff are set to comply with the Intercollegiate documents, and require a three-yearly update for L2 and above.</p> <p>Training figures continue to demonstrate improvement. Adult Safeguarding L2 compliance = 84% Prevent - 85% Safeguarding Children Level 2 compliance - 72% Level 3 compliance -73% Emails have been sent to all practitioners who are not compliant and their managers, reminding them of the requirement.</p>

13. Summary and Conclusion

There continues to be significant amount of work within Safeguarding at TRFT working with Partner agencies. Our response to the workload is commendable.

The Safeguarding Team have continued 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 2016 /2017 and to fulfil our Safeguarding Statutory and Strategic objectives.

All the Safeguarding Team are looking forward to the year ahead in ensuring safeguarding is maintained as a high priority for the Trust and is everyone's business.

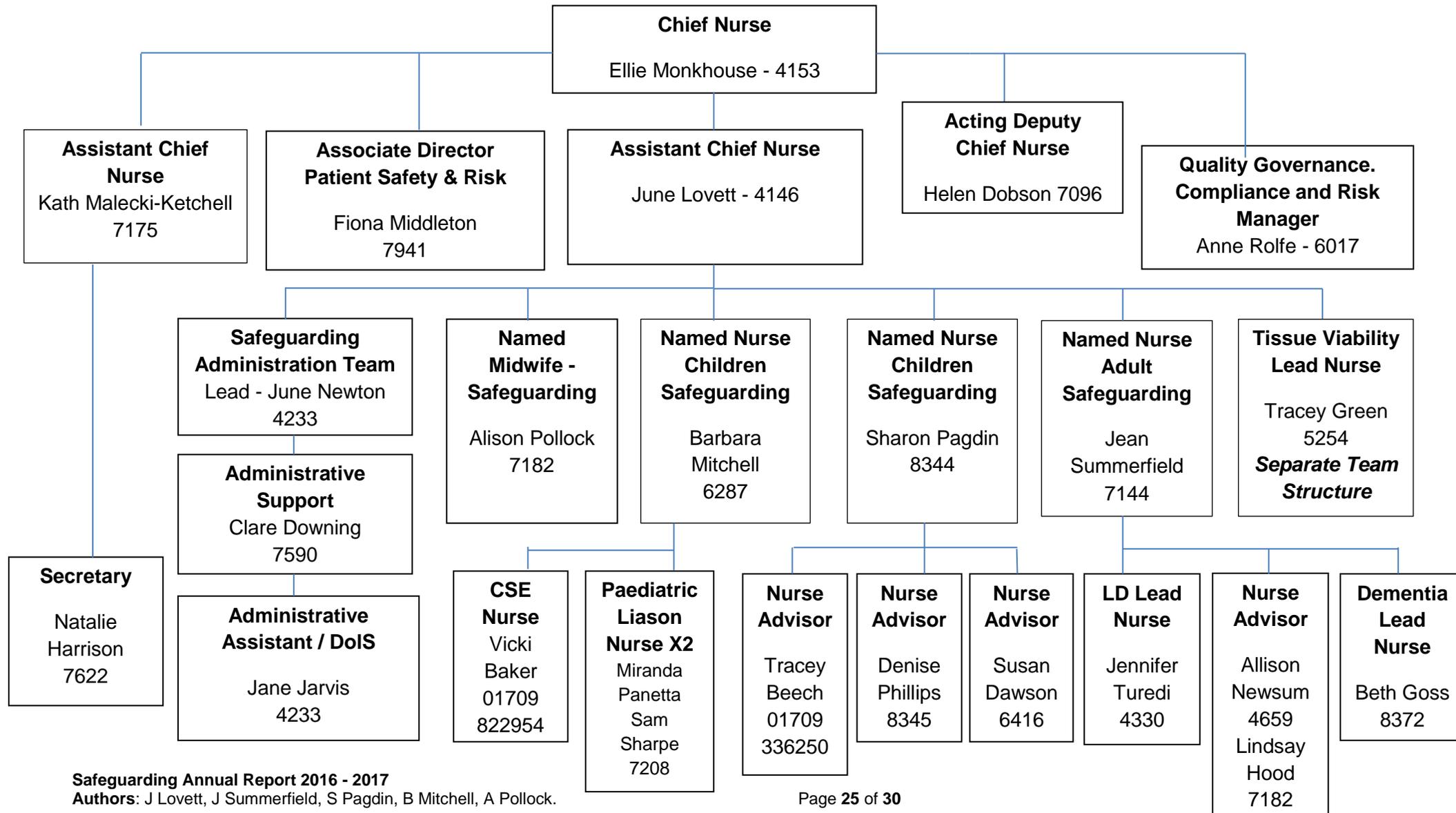
Some Safeguarding Key priorities for 2017/2018

- To achieve all the safeguarding Contracting Standards and Key Performance Indicators
- To complete all actions identified in the work plan to demonstrate that the Safeguarding Strategy is embedded
- To continue to provide support to the Emergency Department in relation to compliance of safeguarding procedures and professional curiosity
- To continue to reduce the number of Datix concerning potential missed opportunities by Emergency Department colleagues and manage any safeguarding risks that are identified
- To continue to fulfill our safeguarding and strategic objectives
- To continue to provide expert advice and support to embed the Mental Capacity Act across the Trust
- To continue to raise the profile of safeguarding as everyone's responsibility to safeguard children and vulnerable adults
- To maintain effective and collaborative partnership working across the whole health economy

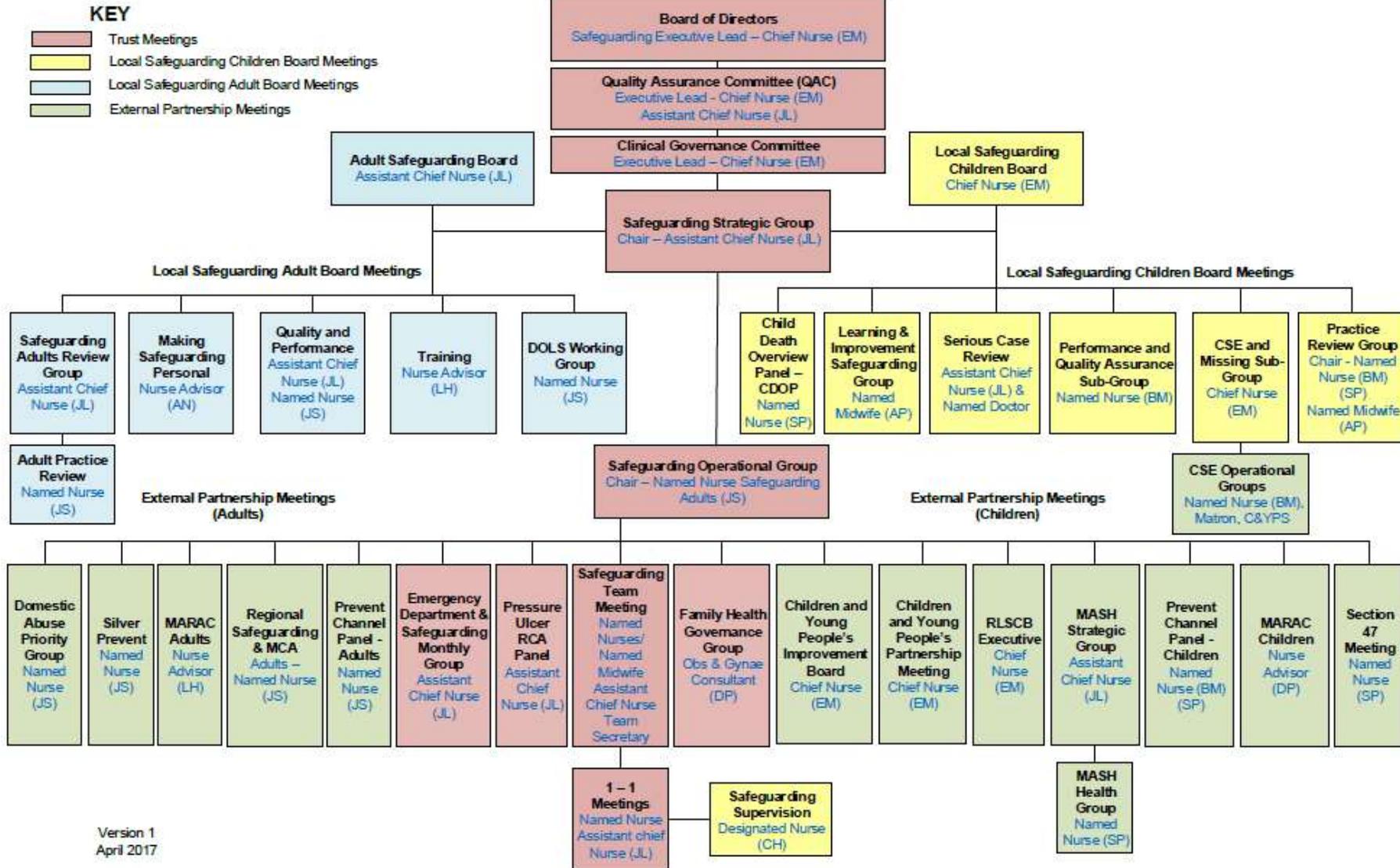
APPENDIX 1

MANAGEMENT AND PROFESSIONAL LEADERSHIP

ASSISTANT CHIEF NURSE (VULNERABILITES) TEAM



Safeguarding – TRFT and Partnership Organisational Governance Structure



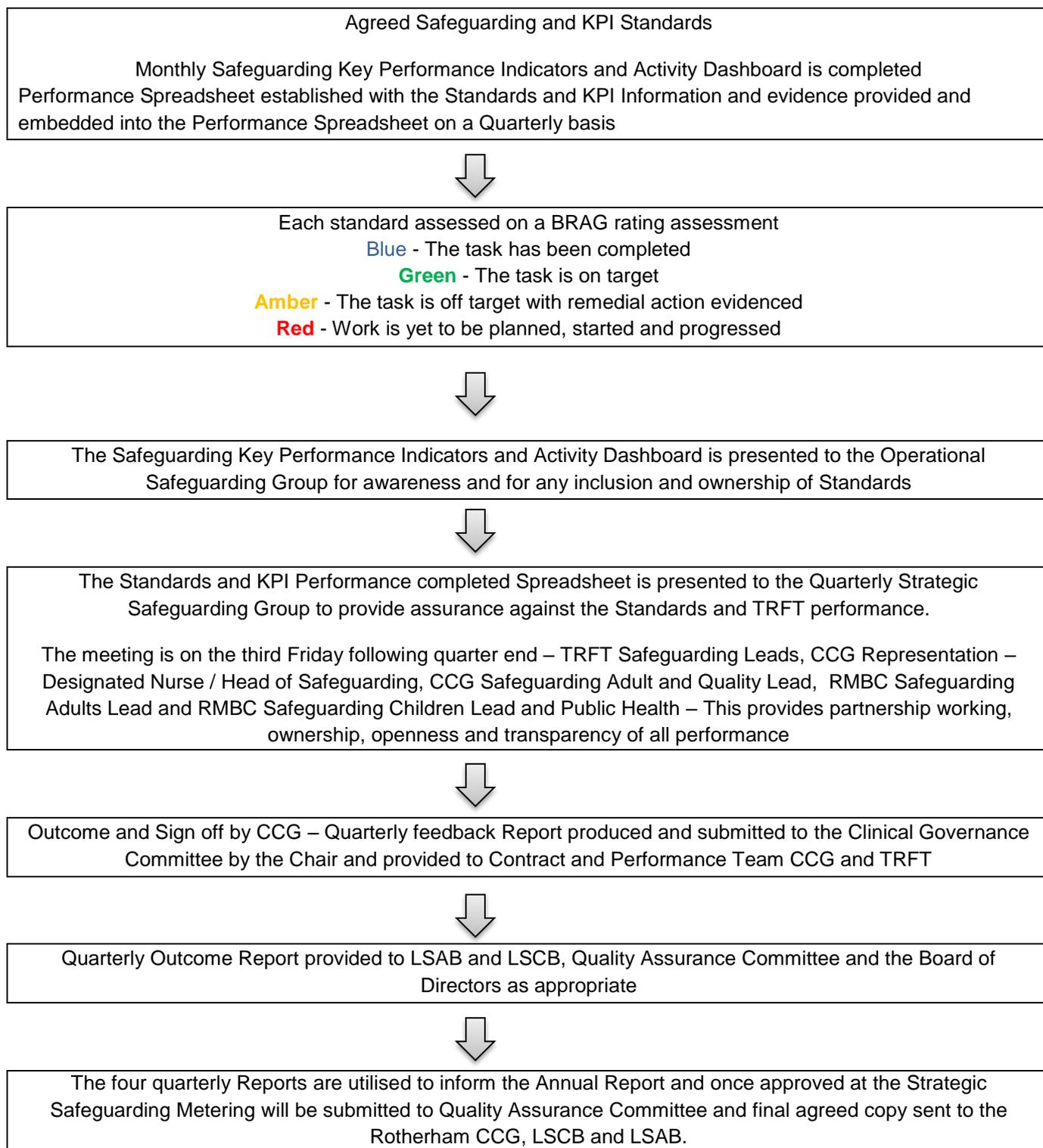
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April 2017

APPENDIX 3

The Rotherham Clinical Commissioning Group (CCG)

Safeguarding Standards, Performance and KPI Assurance Process

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



The Rotherham NHS Foundation Trust

Strategy for Safeguarding Vulnerable Services Users

The Rotherham NHS Foundation Trust prioritises the safety and welfare of children, young people and adults at risk across all commissioned and contracted services.

Safeguarding Children and Young People

The Children Acts 1989 & 2004 outline statutory duties relating to safeguarding and promoting the welfare of children for NHS organisations and partner agencies. These are summarised in **Working Together to Safeguard Children, Department of Health (DoH) 2015 and Statutory Guidance** on making arrangements to safeguard and promote the welfare of children.

Safeguarding Adults

The Care Act (2014) provides a statutory framework for safeguarding adults at risk of abuse and/or neglect. The Act is supported by regulations and guidance which provide more details on how the Act is implemented to protect adults at risk from abuse and/or neglect.

What we will do?

- *Comply with statutory requirements nationally and locally including quality standards set by the Care Quality Commission, Local Safeguarding Boards, Clinical Commissioning Group, contractual standards and key performance indicators*
- *Provide leadership for safeguarding across The Rotherham NHS Foundation Trust*
- *Have robust monitoring, accountability and governance arrangements for safeguarding*
- *Work in collaboration with Local Authority and other partner organisations to provide joined up services*

How we will do it?

- Have executive level leadership and membership of both Rotherham Local Safeguarding Children and Rotherham Safeguarding Adults Board
- Work in collaboration with the Local Authority and other partner organisations to provide joined up services
- Have appropriate internal Safeguarding Policies in place including safe recruitment of staff, whistle blowing policies and adhere to local Safeguarding Children and Safeguarding Adults Board Policies and Procedures
- Have a positive influence and proactive attitude on Safeguarding arrangements across NHS and Partner Organisations
- Provide opportunities for the views and experience of the most vulnerable to inform service planning
- In partnership with the Local Safeguarding Children Board and Safeguarding Adults Board, review serious incidents locally and nationally to identify lessons to improve practice and service provision.
- Provide evidence of learning from case reviews
- Continually monitor and evaluate the effectiveness of Safeguarding Training
- Promote and measure compliance with competency frameworks across the organisation
- Ensure that all services users at the first point of contact are assessed using a common vulnerability assessment tool to identify triggers for alert, further risk assessment and referral
- Have clear lines of accountability and appropriate escalation for support rather than abrogation of responsibility, keeping assessment at the point of contact with the service user
- Embed a robust case manager and lead professional supervision Policy and model
- Capture data once and share information as appropriate between relevant information systems
- Review and evaluate service delivery via audit and monitoring

APPENDIX 5

The Rotherham NHS foundation Trust – Safeguarding Team Information

Name	Job Title
Ellie Monkhouse (1WTE)	Acting Chief Nurse / Executive Lead for Safeguarding
June Lovett (1WTE)	Assistant Chief Nurse (Vulnerabilities)
Dr. E. Nagmeldin (2PAs)	Named Doctor now acting Designated Doctor for Children
Dr C Harrison (2 PAs)	Now acting Named Doctor Safeguarding Children
Barbara Mitchell (1WTE)	Named Nurse – Safeguarding Children
Alison Pollock (1WTE)	Named Midwife – Safeguarding Children
Sharon Pagdin (1WTE)	Named Nurse – Safeguarding Children Community
Susan Dawson (0.48 WTE)	Nurse Advisor – Safeguarding Children
Denise Phillips (1WTE)	Nurse Advisor – Safeguarding Children
Tracey Beech (1WTE)	Nurse Adviser - MASH
Jean Summerfield (1WTE)	Named Nurse Adult Safeguarding
Allison Newsum (1WTE)	Nurse Advisor Adult Safeguarding and MCA
Lindsay Hood (1WTE)	Nurse Advisor Adult Safeguarding and MCA
Beth Goss-Hill (1WTE)	Dementia Lead Nurse
Jennifer Turedi (1WTE)	Learning Disability Lead Nurse
Vicki Blake (0.8WTE)	CSE Nurse – 0-19 Year Service
Miranda Panetta (1WTE)	Paediatric Liaison Nurse
Samantha Sharpe (1WTE)	Paediatric Liaison Nurse
June Newton (1WTE)	Administration Lead - Safeguarding
Claire Downing (0.64 WTE)	Administration Support – Safeguarding
Jane Jarvis (1WTE)	Administration Assistant – Safeguarding and DoLS Administration Support

APPENDIX 6

Glossary of Abbreviations

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