Safeguarding Annual Report 2015 / 2016

Safeguarding Range of Activity

- MAPPA
- DHR/SCR/SAR
- Governance & Assurance
- Domestic Violence & Abuse
- MARAC
- Employment practices
- Adults at risk
- Training
- Patients with dementia / complex disabilities
- Human Rights
- Multi-agency & Partnership working
- PREVENT (Recognising and reducing Radicalisation)
- Restraint / DoLS, MCA
- Policy Development
- Children at risk
- Dignity in care
- Sexual Exploitation
- Safeguarding Supervision
- Hate Crime
- Patients at risk
- Learning Disabilities
- Adults at risk

Final Version August 2016
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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 2015 / 2016. The work plan enables the Rotherham NHS Foundation Trust (TRFT) Strategy for Safeguarding Vulnerable Services Users (Refer to Appendix 5) 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 as one Safeguarding Team in 2014 continues to be a success by creating a resilient, experienced and knowledgeable integrated team. 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. Safeguarding staffing establishment can be found in Appendix 4).

The Governance and Assurance arrangements within Safeguarding have continued to improve over the last year and a number of TRFT systems and processes have been highly commended from partner agencies and the Clinical Commissioning Group (CCG). This was particularly evident during the Care Quality Commission (CQC) Children Looked After Safeguarding (CLAS) Action Plan monitoring and peer review challenge meetings that were led by the CCG.

The structure of the Adult Safeguarding Vulnerabilities Team, will be further enhanced following a successful business case of a new appointment of a Band 7 Deprivation of Liberty Safeguards (DoLS) and administration support in addition to the existing Team consisting of Named Nurse, Nurse Adviser, Lead Nurse for Dementia and Lead Nurse for Learning Disabilities The establishment and 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 commitment to the Adult Safeguarding agenda.

The Children Safeguarding Team have had significant investment. During this year TRFT has a substantive Band 7 TRFT MASH safeguarding Health Advisor based in the Multiagency Safeguarding Hub (MASH) at Riverside. A Band 7 Child Sexual Exploitation (CSE) Specialist Nurse based in the EVOLVE Team initially at Riverside and in addition the Team was successful in a further business case to increase nursing support and input into the Paediatric Liaison Service. Again demonstrating the Trust’s commitment to safeguarding children and in recognition of the high profile Safeguarding Children has particularly in Rotherham following significant media interest following the Jay Report in relation to CSE.

Long term sickness and absence within the Children’s Safeguarding Team throughout the last year has been a challenge, however, this has been managed and relevant support measures put into place to maintain service provision and to enable service developments and innovation.
The year has seen a continued increase in activity across all work streams with challenges posed by the introduction of the Care Act 2014, the Cheshire West ruling and Intercollegiate Document.

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

This Annual Report sets out to identify and describe the key risks that were managed during the year and provide a summary of some key activities undertaken per 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 2016-2017.

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 role to align them with the recently published Safeguarding Adults Intercollegiate document. The Heads of Nursing were consulted and 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 facility 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 and to date the Trust is ahead of trajectory of compliance.

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

Safeguarding Children Training Statistics as at July 2016:

<table>
<thead>
<tr>
<th>Adult Safeguarding Training</th>
<th>Rag Rating</th>
<th>Percentage Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Green</td>
<td>100%</td>
</tr>
<tr>
<td>Level 2</td>
<td>Red</td>
<td>68%</td>
</tr>
<tr>
<td>Level 3</td>
<td>Green</td>
<td>100%</td>
</tr>
<tr>
<td>Level 4</td>
<td>Green</td>
<td>100%</td>
</tr>
<tr>
<td>Prevent</td>
<td>Green</td>
<td>73% - above trajectory</td>
</tr>
<tr>
<td>Dementia Tier One</td>
<td>Green</td>
<td>76% - above trajectory</td>
</tr>
<tr>
<td>All new staff will have received safeguarding adult training within a maximum of 3 months of commencing their employment as part of their induction.</td>
<td>Green</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Key Performance Indicators (KPIs) and CQUIN**

Adult Safeguarding are required to satisfy the requirements of KPIs and CQUINs, as set by the Clinical Commissioning Group. These include offering assurance on a diverse range of safeguarding activity throughout the Trust. This is reported on Quarterly. KPIs were added to the reporting arrangements.

In 2015-16, the Trust achieved all the requirements for CQUINs and achieved over £330, 000 payments to the Trust.

**Partnership Working**

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

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 15-16, 243 were received, equating to approximately 20 per month. Of these, a proportion (106) were passed to partner organisations to screen. These are cases where the concerns did not involve care delivered by TRFT.

In 15-16 a small number of concerns involving Trust services were moved to a Decision-Making
meeting (previously known as Strategy Meeting), however, none progressed to an Outcomes Meeting (previously known as a Case Conference), and there have been no concerns of abuse and neglect involving Trust care substantiated.

One case is currently in investigation.

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

The Adult Safeguarding team continue to work in partnership with RMBC to provide ‘health’ input for safeguarding investigations. This involves offering support to the RMBC Adult Safeguarding team around investigations and preparations for Outcomes Meetings – even where there is no TRFT involvement.

In the last year the team attended a total of 38 Decision Making meetings and 10 Outcomes meetings. This represents the Trust’s commitment to partnership working.

The Trust continues to be represented on Rotherham MARAC (Multi Agency Risk Assessment Conference) for cases of high risk of harm /homicide as a result of domestic abuse. Cases are identified by the use of the ‘DASH Risk Assessment Tool’ (Domestic Abuse, Stalking Harassment and Honour Based Violence, CAADA, 2009). A total of 501 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 MAPPA representative. This role has responsibility for ensuring offenders subject to MAPPA are managed appropriately when they are patients and the risks that these offenders pose are managed whilst accessing our services. During 15/16 there were four MAPPA alerts, all in-patients.

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 2015/2016 again saw a considerable increase in activity around DoLS applications, from 74 in 14/15 to 201 applications made with 3 assessments and 2 authorisations. The Adult Safeguarding team continue to provide leadership and support across the Trust to ensure the processes are embedded fully across the Trust.

**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 have been no DHRs in the 15/16 period.

**Safeguarding Adult Reviews (SAR)**

The Rotherham Safeguarding Adult Board initiated one SAR during 15-16. This concerned the death of a Residential Home patient following a fall at the home in 2013. 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 2016.
3. Children Safeguarding Activities

SAFEGUARDING CHILDREN

Training

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

Following from National and local documents Female Genital Mutilation (FGM) has been included into Levels 1 and 3 training.

The NHS Safeguarding Children E-Learning package provides competence for level 2.

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

Safeguarding Children Training Statistics as at July 2016:

<table>
<thead>
<tr>
<th>Adult Safeguarding Training</th>
<th>Rag Rating</th>
<th>Percentage Achieved</th>
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<tbody>
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<td>Level 1</td>
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</tr>
<tr>
<td>Level 2</td>
<td>Red</td>
<td>69%</td>
</tr>
<tr>
<td>Level 3</td>
<td>Red</td>
<td>75%</td>
</tr>
<tr>
<td>Level 4</td>
<td>Green</td>
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All new staff will have received safeguarding children training within a maximum of 3 months of commencing their employment as part of their induction.

Key Performance Indicators (KPIs) and CQUIN

Children’s Safeguarding achieved the required CQUIN as set by the CCG. The CQUIN offers 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 2015/2016 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.

At a very successful challenge meeting led by the Local Safeguarding Children Board (LSCB) the Trust demonstrated compliance with Section 11 requirements. This audit is undertaken two-yearly and is monitored by the LSCB.
**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 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 297 Initial Child Protection Case Conferences (a 20% increase on the previous year) and 564 Review Child Protection Case Conferences (a 10% increase) 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 39% decrease on last year’s figures, going from 492 cases to 301. However, the number of children remained around same at 565, compared to last year’s 566. The number of pregnant women discussed showed a slight rise from 33 to 35. The referrals for victims aged 16-18yrs increased from 7 to 20 in the period covered by the report, an increase of 185%.

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. There have been a significant number of babies born within TRFT maternity services where safeguarding concerns have been identified and robust plans have been required in order to ensure their safety, with a number of these cases progressing to the initiation of legal proceedings. This has resulted in delayed discharges from the maternity unit. The CQC inspection in February 2015 highlighted this as a concern and as a result the Trust has been working collaboratively with LSCB and RMBC to address this.

There have been 151 Child Protection Medicals undertaken by the Paediatricians in this annual report year. This is reflects a decrease of 24% from the 2014/2015 figures.

There has been significant partnership working in relation to Child Sexual Exploitation. TRFT has a Specialist Nurse based within the CSE Evolve Team and new support systems and processes are in place.

**Supervision**

Long term absence within the safeguarding children team has resulted in the inadequate provision of safeguarding supervision for caseload holding midwives and colleagues within the
Acute divisions. Safeguarding supervision within the 0-19 service has not been affected and continued as per policy.

As of March 2016 the safeguarding children team has achieved its full staffing complement, which together with a revision of the Trusts Safeguarding Supervision policy a new, more robust model of safeguarding supervision has commenced.

### Serious Case Reviews

Within this annual report year there has been no Serious Case Reviews (SCR) initiated by Rotherham LSCB.

## 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.

TRFT Representation on the Rotherham Safeguarding Adult Board is the Assistant Chief Nurse (Vulnerabilities) and the Rotherham Safeguarding Children Board is the Chief Nurse.

Sub Groups of the Safeguarding Boards are attended by TRFT representation and a summary report from attendance regarding key points is submitted to the 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 and of the Rotherham Safeguarding Children Board by the Chief Nurse.
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 CQUINs, 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 process for this has improved significantly and 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 CQUIN and KPI data spreadsheet and will make the process much more robust and manageable.

The Trust must complete a Biennial Section 11 Self-Assessment Audit in relation to their duties under Section 11 Children Act 2004. This tool aims to assess the effectiveness of the arrangements for safeguarding children at a strategic level. This has been undertaken and submitted to the LSCB and an LSCB Challenge meeting chaired by the LSCB Independent Chair was held on 9 February 2016. TRFT safeguarding colleagues attended the meeting including the Chief Nurse. A presentation was provided by the TRFT team and also a portfolio of evidence submitted in addition to the self-assessment. The overall outcome was extremely positive and findings included in a letter from the Independent Chair.

A Time out session was held with the Safeguarding Team on 8 April 2016 – from this day a work plan for 2016-2017 has been created that sets out our actions and activities for the coming 12 months.

Supervision systems and processes have been being fully reviewed and a new model of supervision including a new updated Policy has been created following a Task and Finish Group work stream. The new model which includes over 20 newly trained supervisors in addition to existing supervisors will be fully embedded by December 2016.

A Trust wide Clinical Supervision Policy has developed led by the Assistant Chief Nurse which includes adult supervision but not children or Midwifery supervision. Over 140 Trust colleagues will be trained in Clinical Supervision between May and October 2016 to ensure the Trust has a robust process in place. The Trust has also introduced a Clinical Supervisor of the Day model to provide additional support until the Policy can be fully embedded with appropriately trained clinical supervisors.

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 2016 - 2017. Following a number of publications of National and Local External Reports including Savile, in addition Local Authority Reports including Ofsted and CQC Inspection outcomes reports a review of the reports has been undertaken and actions agreed and progressed with input from the Executive Lead for Safeguarding to improve any processes involving TRFT.

The Care Quality Commission (CQC) inspected the Trust in February 2015 and at the same time the CQC Children Looked After Safeguarding (CLAS) also inspected the Trust and the wider Health
Economy as a separate but parallel inspection. Following both inspections and outcome reports robust action plans were created and managed. The CLAS action plan was monitored via a CCG Challenge Meeting on a monthly basis and attended by all partner agencies. TRFT were commended on the exceptional reporting process and governance regarding assurance of completion of actions. In addition to monitoring of actions a number of mock inspections and dip sampling have been undertaken in specific areas to provide assurance of embedding of actions or to reflect on any further actions required to ensure compliance. This process was well received and was extremely beneficial.

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. LAC – Initial Health Assessment within 20 working days
4. Ongoing challenges with DOLS application and authorisation
5. Reduction of Paediatric Nurses in Emergency Department
6. Compliance of safeguarding procedures in the Emergency Department
7. Absence of Named and Designated Doctor

Description of Risk and Control Measures

1. Safeguarding Children Supervision

The revised Supervision Policy was approved on 15 January 2016 and ratified. Supervisors have now been trained and a programme of support to enable them to achieve competence is in place.

Risk Control – Supervision is being carried out, but the new model will provide a more comprehensive approach which also includes an additional 23 trained supervisors and a complete revised model of supervision at TRFT. Work is planned to ensure the new model is fully embedded in the organisation.

2. Training

The training data captured via ESR is now accurate following a significant time investment into the input from the Learning and Development Team and the Safeguarding Team. There are ongoing 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.

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 e-learning package for Adult Safeguarding Level 2.

3. LAC – Initial Health Assessment within 20 working days

Reduced performance in relation to the Initial Health Assessment within 20 working Days has been a recurrent concern.

Risk Control - Additional clinic capacity has been provided and new ways of working have been discussed with RMBC to improve the health needs of looked after children. A review of leave
management has been undertaken to ensure clinics are running and a Task and Finish Group following review of compliance at the LSCB Sub Group Performance and Quality.

4. Ongoing challenges with DoLS application and authorisation

For the year 2015/2016 the number of applications is 201. There have been one authorisation 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 2016 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.

5. Reduction of Paediatric Nurses in Emergency Department

Concerns regarding safeguarding compliance in the Emergency Department.

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. A diagnostics review has been undertaken, led by the Safeguarding Team. The action plan will be agreed in the near future.

6. Compliance of safeguarding procedures in the Emergency Department

Ongoing concerns in relation to compliance of Safeguarding 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 Team whereby over a period of two days a full review has been undertaken. An intensive support programme over a one week and then a further 4 weeks and a robust action plan developed and monitored via performance Meetings.
A daily review is undertaken which includes the safeguarding and ED Teams representation to provide support and address any specific safeguarding concerns. A new Safeguarding and ED performance dashboard has been created to provide greater transparency.

7. Absence of both the Named and Designated Doctor

For a period of time the Named and Designated Doctor were not available.

**Risk Controls** – Plans were put in place to support colleagues requiring input from the Named and Designated Doctors. At the time of writing the annual report both Doctors are no long absent.

### 6. Policy and Procedures

A number of key polices are in place for Safeguarding and plans identified in the 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 led on the development of FGM guidance and a new Trust process has been established and put into place. Further work led by the LSCB is in place to improve all reporting for FGM as per national reporting requirements.

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 and we continue to be ahead of our trajectory for training compliance.

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

A new Domestic Abuse Policy for women accessing Maternity Services and audit on the new Policy.


Full review of the LADO pathway and process has been undertaken to ensure more consistent and robust process is in place.
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 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 on the coming financial year.

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

The Trust Corporate Induction process has been fully reviewed and improved and a Safeguarding Introductory session now has an allocated place on the programme.

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

A new combined Adult and Children Safeguarding Leaflet has been developed and 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. A survey monkey will be utilised to check colleagues understanding and awareness of safeguarding.

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

A training process review is underway in relation to realigning the programme and time for training; and in response to feedback to provide a more flexible approach to meet service needs.

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

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

Safe discharge planning remains a fundamental part of the transfer from hospital into the community setting as discussed in the Laming Enquiry 2003. The criteria is laid out in the 'Discharge Planning Protocol Where There are Safeguarding Children Concerns' (2014). The process has been highlighted
by other areas as being good practice and particularly helpful where there requires cross border communication and consideration of differing protocols.

The Rotherham Multi Agency Safeguarding Hub (MASH) is now becoming more established. TRFT representation is a MASH Health Adviser Band 7 Health Visitor and works closely with the MASH Health Team and Partner agencies. The Trust continues to work closely with all partnerships in MASH.

A MASH Strategic Group has been set up led by the Director of Childrens Services RMBC TRFT is an active member of the Group.

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

Robust processes are in place in Human Resources in relation to LADO processes and DBS 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.

A planned CQC Trust wide inspection was undertaken the week commencing 23 February 2015 and in addition the CQC Children Looked After and Safeguarding (CLAS) Inspection was also undertaken the same week.

Following the CLAS Inspection, a robust action plan had been developed and a system established to ensure all actions progressed within the allocated time frame. To date all actions have been completed except for two ongoing actions in the Looked After Children Service and plans are in place to address.
11. Safeguarding Key Activities and Developments - 2015 / 2016

The following is a summary of some key safeguarding activities and developments during each Quarter 2015 – 2016.

Quarter 1 – April, May and June 2015

- Saville Report and actions – led by the Executive Lead for Safeguarding - Update provided on all actions and on track
- Day to Celebrate took place on Friday 8 May – a 2 hour Nursing and Midwifery event to share information regarding services and changes in practices to improve patient care - A number of staff had been invited (in addition to staff undertaking formal presentations) to provide posters or information - MASH Health Team were present to raise the profile of MASH, Paediatric Liaison Role – Miranda Panetta was also present to provide information regarding this service. A Presentation was provided by the Executive Lead for Safeguarding on Morecambe Bay, Savile Report and Casey Report – Key Messages
- MASH update – TRFT Band 7 Health Visitor seconded into MASH until end of October and discussions underway with Public health re support for substantive post
- CSE update – positive work with Public Health. Service Specification including KPIs have been finalised and agreed. Designated Nurse Comments included. – signed off and with TRFT Contracting Team. JD fully reviewed and updated – all agreed. Extremely positive feedback from public health (previous concerns raised) re progress and a monthly meeting now held with TRFT and Public Health. The KPIs in the Service Specification will be collated for 6 months and then reviewed and then KPIs will be agreed as final
- Pressure ulcer work is ongoing in relation to improving processes in Children Services.
- There has been a complete review of process of RCA investigation for pressure ulcers and update of the RCA Investigation proforma for superficial and deep pressure ulcers
- Safeguarding Children Supervision systems and processes are being fully reviewed and a large piece of work is underway in relation to scoping the current model of supervision and including a capacity needs assessment – the Task and Finish Group has been set up and log of actions maintained, The Task and Finish Group work completes in October 2015
- A safeguarding supervision Training Programme has been established for 20 places and funded by the Learning and Development Department. Training to take place on 28 and 29 September and is currently oversubscribed.
- An annual refresher training event is also planned for existing supervisors and this is planned for 15 October
- The safeguarding supervision policy will be fully updated and new model of supervision agreed
- A Trust wide Clinical Supervision Policy has been developed and led by the Assistant Chief Nurse – this will include adult supervision but not children or Midwifery supervision. The Policy was approved at the Nursing and Midwives Care Strategy Meeting and sent to Document Ratification Group for final ratification
- Training to support the Clinical Supervision Policy has been identified by LD Department
- New Policy implemented for newborn and pregnancy following concerns raised by CQC CLAS Inspection – this has been led by local authority
- In relation to ongoing support with Emergency Department – a new monthly meeting has been set up with key individuals to ensure any concerns are addressed. In addition to this a weekly meeting is being maintained with the ED Medical lead for Safeguarding, Safeguarding Named Nurse and Paediatric Liaison Nurse to ensure improved communication and working together to address and support safeguarding for patients attending ED. Adult Safeguarding are also meeting regularly This is working well
- A planned visit to Doncaster in September to see how good safeguarding is in the ED at this hospital and if we can learn from their processes
• Learning Disabilities Lead Nurse now in post and proving extremely successful and huge improvements being made
• Dementia Lead Nurse in post and again huge improvements made
• Both posts extremely valuable and some excellent work and developments being made
• Office relocation – now complete, all the safeguarding team (12) are now located into one large office area on the Hospital site. This will provide and enable improved accessibility, increased team support, improved communication, increased resilience as a Team and less duplication of work
• CQC on-going action log and updating of actions
• New more detailed information on FGM reporting and meetings have been planned with Informatics Team to progress – new process developed including compliance with data set required nationally
• FGM work is ongoing – this is early days as yet but a process is out in the organisation
• New secondment to support DoLS – appointed
• Prevent work and training is going extremely well and ahead of planned trajectory
• Full safeguarding training review is underway in relation to realigning the programme and time for training, in addition seeking support to provide input into training for colleagues personal development and also to improve resilience in the team
• CAMHS improvement work is ongoing with TRFT and CAMHS colleagues in order to work together to improve processes- Pathways currently being finalised
• Trust Action plan developed following CQC Trust Assessment – leads identified and key actions particularly in relation to MCA and DoLS – work led by the Named Nurse Adult Safeguarding.
• Full review of training registrations on ESR to enable more accurate and timely registering of training data
• Local Adult Safeguarding Board development – assessment of governance processes of Board and feedback provided by JL.
• Planning for a Safeguarding Week – 6-10 July 2015, this is to raise the profile of safeguarding across the Trust and reaffirm key messages including safeguarding is everyone responsibility.
• Audit Programme finalised
• Planning and preparation for CQC CLAS Action plan and process

Quarter 2 – July August and September 2015

• Saville Report and actions – led by the Executive Lead for Safeguarding update provided on all actions and report and actions submitted to Quality Assurance Meeting
• Bi monthly safeguarding exercise commenced (as per Savile Action Plan) for Senior Managers and Directors/Executives – adult and child scenario and then model response provided to all.
• Training event held for senior managers and Directors/Executives on 5 October and further dates being planned
• Day to Celebrate took place on Wednesday 17 September – a 2 hour Nursing and Midwifery event to share information regarding services and changes in practices to improve patient care
• Business case presented to Trust Management Committee (TMC) requesting funding and support for a Band 7 TRFT MASH Health Representative and a Band 6 Paediatric Liaison Nurse to support the Band 7 Post and service delivery – both cases fully supported
• MASH – as recruitment process had already taken place and currently seconded nurse wanting to remain in post this has now progressed – Tracey Beech is now the Band 7 substantive post in MASH – Line management has been realigned to the Safeguarding Team by Sharon Pagdin with Operational day to day support provided by Sam Davies. Process agreed to maintain Health Visiting updating and will attend TRFT Operational Meeting to feedback MASH updates and learning
• Paediatric Liaison – support still being maintained from Family Health as an interim. Band 6 post now an active recruitment on NHS jobs and planned date for interview
• Safeguarding Administration Team fully reviewed following new post in the Trust for MB moving to Surgical Division. Active recruitment in place and plan to support the team via use of flexible staffing in the interim
• Pressure Ulcer 6 monthly Report provided to Quality Assurance Committee and significant improvements made – report very well received
• Pressure ulcer work is ongoing in relation to improving processes in Children Services and a TV Nurse Lead has been identified and working across other Trusts to look at standardising processes
• Significant work undertaken with Learning Development Team to fully align safeguarding Training in ESR – by the end of October training reports should be accurate.
• Safeguarding Children Supervision task and finish group completes on 20 October - systems and processes have been fully reviewed
• A safeguarding supervision Training Programme was held on 28 and 29 September and 23 colleagues received training including nurses and doctors
• An annual refresher training programme was held on 15 October for existing supervisors
• The safeguarding supervision policy has been fully updated and new model of supervision agreed
• 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
• A Trust wide Clinical Supervision Policy (including adult safeguarding supervision) has been developed led by the Assistant Chief Nurse – this has been ratified and sent out to the organisation
• Training to support the Clinical Supervision Policy has been identified by LD Department and work ongoing to finalise
• Infant Abduction Policy has been developed and going through process of consultation
• Assistant Chief Nurse and Named Nurse Adult Safeguarding attended a two day development for LSAB and contributed to the development of the LSAB Strategy
• Policy implemented for newborn and pregnancy following concerns raised by CQC CLAS Inspection – this has been led by local authority and has had some revisions following feedback from TRFT colleagues
• CSE update – positive work with Public Health. Service Specification including KPIs has been finalised and agreed. Work ongoing re KPIs.
• Framework for CSE being reviewed and aligned with representation from TRFT to ensure relevant ownership and feedback into TRFT
• In relation to ongoing support with Emergency Department – a weekly meeting is being maintained with the ED Medical lead for Safeguarding, Safeguarding Named Nurse and Paediatric Liaison Nurse to ensure improved communication and working together to address and support safeguarding for patients attending ED. Adult Safeguarding are also meeting regularly This is working well
• A visit to Doncaster went ahead as planned with a team from TRFT to see how good safeguarding is in the ED at this hospital and if we can learn from their processes – report provided and presented at the Safeguarding Operational Meeting on 14 October.
• 16-18 year old pathway for children presenting to ED with alcohol /substance use or related attendance has been developed and will be launched on 2 November
• Learning Disabilities Lead Nurse leading huge improvements and attended the Board of Directors to present a patient story that was very well received
• Dementia Lead Nurse enabling huge improvements and a significant improvement in relation to dementia CQUIN in the FAIR assessment – work commended by the Contracting Team
• Both posts extremely valuable and some excellent work and developments being made
• Trust Action plan developed following CQC Trust Assessment – leads identified and key actions particularly in relation to MCA and DoLS – work led by the Named Nurse Adult Safeguarding. On-going action log and updating of actions
• FGM reporting process following new national data set commenced as plan in September.
• FGM work is ongoing – process is out in the organisation
• Secondment to support DoLS – working extremely well
• DoLS increase in workload continues to be extremely challenging – for Q2 40 applications have been made but none authorised (85 in total for Q1 and Q2)
• Prevent work and training is going extremely well and ahead of planned trajectory however concerns have been identified re lack of ownership of trainers at Divisional level and plans in place to address

Quarter 3 – October, November and December 2015

• The two outstanding actions (VIP Policy and Volunteers Policy) from the Savile Action Plan are going through final ratification stages and will be completed by 31 January 2016
• Safeguarding Training event held for senior managers and Directors/Executives and further dates being planned as appropriate
• Day to Celebrate planned for Thursday 28 January 2016 – a 2 hour Nursing and Midwifery event to share information regarding services and changes in practices to improve patient care. This is the third event and safeguarding is included in poster presentations
• MASH — Tracey Beech is now the Band 7 substantive post in MASH
• Paediatric Liaison – Band 6 post now has a start date to commence in post
• Safeguarding Administration Team fully reviewed and successful recruitment campaign completed
• Pressure Ulcer reduction of avoidable pressure ulcer work continues to be positive
• Pressure ulcer work is ongoing in relation to improving processes in Children Services and a TV Nurse Lead has been identified and working across other Trusts to look at standardising processes
• Significant work undertaken with Learning Development Team to fully align safeguarding Training in ESR
• Safeguarding Supervision Policy has been fully reviewed following the work of the Task and Finish Group – approved at the Safeguarding Strategic Meeting and now for ratification
• 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
• The Clinical Supervision Policy has been sent to all identified colleagues that require training to be a supervisor – training is being sourced led by Learning and Development Department
• A full review of the Rotherham Safeguarding Adult Board (RSAB) Governance processes has been undertaken and TRFT colleagues involved in review
• RSAB Annual Report compiled and TRFT information included.
• Assistant Chief Nurse is now the TRFT representation on the Rotherham Adult Safeguarding Board
• Policy implemented for newborn and pregnancy following concerns raised by CQC CLAS Inspection – this has been led by local authority and has had some revisions following feedback from TRFT colleagues – now being audited
• CSE update – positive work with Public Health. Service Specification including KPIs has been finalised and agreed. Work developed regarding new KPIS and new documentation template developed on SystmOne
• Ongoing support with Emergency Department – a weekly meeting is being maintained with the ED Medical lead for Safeguarding, Safeguarding Named Nurse and Paediatric Liaison Nurse to
ensure improved communication and working together to address and support safeguarding for patients attending ED. Adult Safeguarding are also meeting regularly. This is working well

- 16-18 year old pathway for children presenting to ED with alcohol /substance use or related attendance has been developed and launched on 2 November 2015
- Dementia Lead Nurse enabling huge improvements and a significant improvement in relation to dementia CQUIN in the FAIR assessment – work commended by the Contracting Team
- Band 2 support role in process of development – this will be a fixed term appointment for three months to support the Learning Disability and Dementia lead Nurses and to improve activities for patients
- Trust Action plan developed following CQC Trust Assessment – leads identified and key actions particularly in relation to MCA and DoLS – work led by the Named Nurse Adult Safeguarding. On-going action log and updating of actions
- FGM reporting process following new national data set commenced as plan and new partnership FGM Group set up to ensure all reporting pathways are aligned
- Secondment to support DoLS – working extremely well
- DOLS increase in workload continues to be extremely challenging (see above)
- Prevent work and training is going extremely well and ahead of planned trajectory
- Full safeguarding training review is underway in relation to realigning the programme and time for training, in addition seeking support to provide input into training for colleagues personal development and also to improve resilience in the team
- CAMHS pathways for acute mental health and for attempted self-harm and suicide now in place from 24 August and full review planned in January 2016
- New CAMHS Interface post in place – Band 7 and will be a substantive post – making a significant difference in relation to providing support, training and expertise for paediatric and ED Teams
- New SOP finalised re assessment of CAMHS patients – joint procedure with TRFT and RDASH
- Monthly provider to provider meetings TRFT and CAMHS maintained
- Full review of training registrations on ESR to enable more accurate and timely registering of training data
- Audit Programme monitored and on track with one exception – One month delay following request for extension
- CQC CLAS Action plan and process working extremely well – to date no exceptions reported to the Board of Directors
- Process in place to obtain evidence on a month by month basis and discussed at the Safeguarding Operational Group and discussed at the Challenge meeting prior to final agreement of BRAG ratings for actions
- Task and Finish Group set up re safeguarding flagging of records and productive and aim to complete by January 2016 – ongoing
- CP-IS went live at TRFT but more work is required to embed this process in the service areas trained to use the system
- Full review of current KPIs and a new set of KPIs to ensure a more consistent and relevant data collection including the use of a story board in addition to the data information. The story board describes the journey over the quarter and in addition any new actions to focus in over the following quarter
- Interim Children Safeguarding post in place to support the ongoing challenge of sickness absence in the team
- LAC - Initial health assessments completed within 20 working days remain a challenge, however additional clinics have been arranged during Q3 to address the issue
- LAC - Partnership working with RMBC has been strengthened with monthly performance meetings and new reporting mechanisms being put in place
- Bi monthly Safeguarding Report submitted to the Board of Directors
Quarter 4 – January, February and March 2016

- **Savile Action Plan** - All the actions are now complete
- **Day to Celebrate** went ahead as planned on Thursday 28 January 2016 – a 2 hour Nursing and Midwifery event to share information regarding services and changes in practices to improve patient care. This is the third event and safeguarding is included in poster presentations.
- **Pressure Ulcer** reduction of avoidable pressure ulcer work continues to be positive and the Trust continues to see excellent service results in relation to Stop the Pressure Campaign and avoidable pressure ulcer free days. - a number of areas are now achieving in excess of 500 days free
- **Pressure ulcer work** is ongoing in relation to improving processes in Children Services and a TV Nurse Lead has been identified and working across other Trusts to look at standardising processes
- **Safeguarding Supervision Policy** has been ratified
- **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 – work is now being finalised to embed the new model
- **The Clinical Supervision Policy** has been sent to all identified colleagues that require training to be a supervisor – training is planned (2 days) from May through to October 2016
- **Introduction of a new model of clinical supervisor of the day** – rota managed by the Assistant Chief Nurse
- **RSAB sub groups** are now set up and representation from TRFT on all three Groups – Making Safeguarding Personal, Training and Performance and Quality which includes a further subgroup for DoLS
- **Assistant Chief Nurse** is chairing the LSAB Performance and Quality Sub Group for Adults
- **CSE update** – ongoing positive work with Public Health. Work developed regarding new KPIS and new documentation template developed on SystmOne
- **Ongoing support** within the Emergency Department – a new daily review meeting is being maintained with the ED Medical lead for Safeguarding, Paediatric Nurses, Safeguarding Named Nurse and Paediatric Liaison Specialist Nurse to ensure improved communication and working together to address and support safeguarding for patients attending ED
- **A new monthly Safeguarding and ED Team Meeting** has been set up to support and address any issues or developments
- **A new monthly Mental Health Liaison Team and ED meeting** has been set up to ensure processes are robust and developments are progressed – this includes Dementia and Learning Disability Services
- **The Dementia Lead Nurse** has achieved great progress and there has been a significant improvement in relation to Dementia CQUIN in the FAIR assessment – with compliance of the CQUIN for 2016/2017
- **Trust Action plan** developed following CQC Trust Assessment – leads identified and key actions particularly in relation to MCA and DoLS – work led by the Named Nurse Adult Safeguarding. On-going action log and updating of actions
- **Partnership FGM Group** led by the LSCB Quality and Assurance lead ongoing to ensure all reporting pathways are aligned
- **DoLS increase in workload** continues to be extremely challenging (see above) however evidence of knowledge and skills of colleagues by increase in DoLS applications
- **Prevent work and training** is going extremely well and ahead of planned trajectory
- **Dementia training** ahead of trajectory
- **Business case developed and submitted** for a DoLS Lead Band 7 and a Band 2 Admin worker to support the significant increase in workload required within the Trust following the Supreme Court judgement and changes to DoLS threshold
• CAMHS pathways for acute mental health and for attempted self-harm and suicide now in place from 24 August and full review undertaken in January 2016. Fully agreed and now in place and utilised
• CAMHS Interface post in place – Band 7 now a substantive post – making a significant difference in relation to providing support, training and expertise for paediatric and ED Teams
• Monthly provider to provider meetings TRFT and CAMHS maintained
• Full review of training registrations on ESR finalised to enable more accurate and timely registering of training data
• Audit Programme monitored and on track
• CQC CLAS Action plan and process working extremely well – to date no exceptions reported to the Board of Directors
• Task and Finish Group set up re safeguarding flagging of records and productive and aim to complete by January 2016, however further work is required and still ongoing.
• CP-IS went live at TRFT but more work is required to embed this process in the service areas trained to use the system and concerns identified in that the Local Authority is still not live
• Further review of the new set of KPIs to ensure a more consistent and relevant data collection including the use of a story board in addition to the data information. The story board describes the journey over the quarter and in addition any new actions to focus in over the following quarter. The KPIs will be fully active from Q1 2016/2017
• Sickness within the Safeguarding Team is now improved. The Team is now almost fully staffed
• LAC - Initial health assessments completed within 20 working days remain a challenge significant improvement was seen in January and February however only 10% for March. This is being address by the service leads
• LAC - Partnership working with RMBC has been strengthened with monthly performance meetings and new reporting mechanisms being put in place
• Section 11 Completion and LSCB Challenge Meeting held on 9 February – positive outcome
• Safeguarding Report submitted to the Board of Directors on a quarterly basis
• Safeguarding time out session held on 8 April and work plan developed for 2016/2017
• Full safeguarding training review is underway in relation to realigning the programme and time for training, in addition seeking support to provide input into training for colleagues personal development and also to improve resilience in the team
• CAMHS pathways for acute mental health and for attempted self-harm and suicide now in place and being piloted from 24 August
• New CAMHS Interface post in place – Band 7 and will be a substantive post – making a significant difference in relation to providing support, training and expertise for paediatric and ED Teams
• New SOP being finalised re assessment of CAMHS patients – joint procedure with TRFT and RDASH
• Monthly provider to provider meetings TRFT and CAMHS maintained
• Learning event held for patient who had a prolonged length of stay on the children ward and SI report completed including an action plan to minimise a similar situation occurring again
• Safeguarding input now included in the task and finish groups for Emergency Centre development and build
• Full review of training registrations on ESR to enable more accurate and timely registering of training data
• Safeguarding Week held 6-10 July 2015, this was to raise the profile of safeguarding across the Trust and reaffirm key messages including safeguarding is everyone responsibility. Briefings provided, training, Screensaver, daily bulletins and topic specialist daily teaching provided
• Audit Programme monitored and on track
• CQC CLAS Action plan and process working extremely well – to date no exceptions reported to the Board of Directors
• Process in place to obtain evidence on a month by month basis and discussed at the Safeguarding Operational Group and discussed at the Challenge meeting prior to final agreement of BRAG ratings for actions
• Task and Finish Group set up re safeguarding flagging of records and productive and aim to complete by January 2016
• CP-IS Steering Group in place and plan for TRFT to go live on 21 October in three areas – ED, Maternity and Paediatric Wards – Communication Information went out to the Trust on Friday 16 October
• Full review of current KPIs and suggestion of a new set of KPIs to ensure a more consistent and relevant data collection
• Interim Children Safeguarding post in place to support the ongoing challenge of sickness absence in the team
• LAC - Initial health assessments completed within 20 working days have remained low during Q2 at 14%, however additional clinics have been arranged during Q3 to address the issue.
• A review of the initial health assessment process has been undertaken and alternative ways of working are being discussed with RMBC. It is envisaged these new processes will be implemented at the end of Q3
• LAC - Partnership working with RMBC has been strengthened in Q2 with monthly performance meetings and new reporting mechanisms being put in place
• Review health assessments completed in the statutory timescales has been maintained above 95%, it has been highlighted that there has been an issue in the completion of out of area health assessments in timescales; this has been addressed with the individual areas.
• There has been 2 new members to the looked after children’s team, Holly Sneath who is an apprentice administrative support and Dave Busby, Nurse practioner for looked after children
• Bi monthly Safeguarding Report submitted to the Board of Directors
• TRFT contribution to the RMBC Adult Safeguarding Annual Report
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.

<table>
<thead>
<tr>
<th>Safeguarding Standards / CQUINS</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tbody>
<tr>
<td><strong>Standard 1 - Policy &amp; Procedure</strong></td>
<td>Childern</td>
<td>Adult</td>
<td>Childern</td>
<td>Adult</td>
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<tr>
<td>1.1 The Provider will ensure that it has up to date organisational safeguarding children, adults, Prevent and domestic abuse policies and procedures which reflect and adhere to the Rotherham Local Safeguarding Children Board (RLSCB) and Rotherham Safeguarding Adults Board policies</td>
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<td>Yellow</td>
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<td>The Safeguarding Vulnerable People Policy has been ratified by DRG subject to minor amendments which have been completed. The MCA Policy and Domestic Abuse are awaiting ratification.</td>
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<tr>
<td>1.8b That staff have access to appropriate supervision, as required by the provider, professional bodies, RLSCB and/or RSAB</td>
<td>Childern</td>
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<td>Childern</td>
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</tr>
<tr>
<td>Implementation of the new safeguarding supervision policy will ensure consistency in delivery and identify potential shortfalls for delivery of supervision within children's services. The newly trained s/g children supervisors are to complete competency assessment prior to delivery of s/g supervision in their departments.</td>
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**Standard 5 – Training**

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<th>Q1</th>
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<tbody>
<tr>
<td><strong>Children</strong></td>
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<tr>
<td><strong>Adult</strong></td>
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<tr>
<td>Prevent is delivered to all staff via induction and scheduled sessions, and is ahead of trajectory. There has been a review of competency assessment specific to individual job roles. The work completed with L&amp;D should ensure more reliable data re compliance going forward.</td>
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<td></td>
<td>Work completed with L&amp;D should now give a more reliable picture of training compliance. Training programme set for the year re Silver training. Staff also have access to Multi Agency training via RMBC. MCA &amp; DoLS, MHA and DV training also provided in-house to appropriate staff.</td>
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There continues to be significant change within Safeguarding at TRFT in relation to the Team review and changes with Partner agencies and our response to such change and pace of change is commendable.

The Safeguarding Team have embraced all the changes and continue to strive to ensure all safeguarding processes are robust and effective. There has been a huge amount of work and developments in order to improve processes and build on existing systems and procedures and we will continue to strive to further improvement and achieve good compliance against all our safeguarding standards internally and externally.

A robust work plan has been created to action priorities for 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 2016**

- 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 embed the new model of safeguarding children Supervision and achieve compliance as per agreed plan by December 2016
- To continue to provide support to the Emergency Department in relation to compliance of safeguarding procedures and professional curiosity
- 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 fulfil our safeguarding and strategic objectives
- To continue to raise the profile of safeguarding as everyone’s responsibility to safeguard children and vulnerable adults
APPENDIX 1

MANAGEMENT AND PROFESSIONAL LEADERSHIP

ASSISTANT CHIEF NURSE (VULNERABILITIES) TEAM

Chief Nurse
Tracey McErlain - Burns - 4153

Deputy Chief Nurse
Ellie Monkhouse - 7096

Assistant Chief Nurse
J Summerfield - 7144

Assistant Chief Nurse
Safeguarding Administration Team
Lead - June Newton - 4233

Named Midwife - Safeguarding
Alison Pollock - 7182

Named Nurse Children Safeguarding
Barbara Mitchell - 6287

Named Nurse Children Safeguarding
Sharon Pagdin - 8344

Named Nurse Children Safeguarding
Jean Summerfield - 7144

Tissue Viability Lead Nurse
Tracey Green - 5254

Separate Team Structure

CSE Nurse Advisor
Tracey Beech - 01709 336250

Paediatric Liaison Nurse
Miranda Panetta and Gina Stansfield - 7208

Nurse Advisor
Lindsay Hood - 8345

Nurse Advisor
Susan Dawson - 6416

LD Lead Nurse
Jennifer Turedi - 4330

Nurse Advisor
Allison Newsum - 4659

Dementia Lead Nurse
Beth Goss - 8372

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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

Agreed Safeguarding and KPI Standards

Monthly Safeguarding Key Performance Indicators and Activity Dashboard is completed
Performance Spreadsheet established with the Standards and KPI Information and evidence provided and embedded into the Performance Spreadsheet on a Quarterly basis

Each standard assessed on a BRAG rating assessment
Blue - The task has been completed
Green - The task is on target
Amber - The task is off target with remedial action evidenced
Red - Work is yet to be planned, started and progressed

The Safeguarding Key Performance Indicators and Activity Dashboard is presented to the Operational Safeguarding Group for awareness and for any inclusion and ownership of Standards

The Standards and KPI Performance completed Spreadsheet is presented to the Quarterly Strategic Safeguarding Group to provide assurance against the Standards and TRFT performance.

The meeting is on the third Friday following quarter end – TRFT Safeguarding Leads, CCG Representation – Designated Nurse / Head of Safeguarding, CCG Safeguarding Adult and Quality Lead, RMBC Safeguarding Adults Lead and RMBC Safeguarding Children Lead and Public Health – This provides partnership working, ownership, openness and transparency of all performance

Outcome and Sign off by CCG – Quarterly feedback Report produced and submitted to the Clinical Governance Committee by the Chair and provided to Contract and Performance Team CCG and TRFT

Quarterly Outcome Report provided to LSAB and LSCB, Quality Assurance Committee and the Board of Directors as appropriate

The four quarterly Reports are utilised to inform the Annual Report and once approved at the Strategic Safeguarding Metering will be submitted to Quality Assurance Committee and final agreed copy sent to the Rotherham CCG, LSCB and LSAB.
APPENDIX 4

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

Version 1 - Updated May 2016 - JL
### The Rotherham NHS Foundation Trust – Safeguarding Team Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
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<tbody>
<tr>
<td>Tracey McErlain-Burns (1WTE)</td>
<td>Chief Nurse / Executive Lead for Safeguarding</td>
</tr>
<tr>
<td>June Lovett (1WTE)</td>
<td>Assistant Chief Nurse (Vulnerabilities)</td>
</tr>
<tr>
<td>Dr. E. Nagmeldin (2PAs)</td>
<td>Named Doctor now acting Designated Doctor</td>
</tr>
<tr>
<td>Dr C Harrison (2PAs)</td>
<td>Now acting Named Doctor</td>
</tr>
<tr>
<td>Barbara Mitchell (1WTE)</td>
<td>Named Nurse – Safeguarding Children</td>
</tr>
<tr>
<td>Alison Pollock (1WTE)</td>
<td>Named Midwife – Safeguarding Children</td>
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<tr>
<td>Sharon Pagdin (1WTE)</td>
<td>Named Nurse – Safeguarding Children</td>
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<tr>
<td>Susan Dawson (0.48 WTE)</td>
<td>Nurse Advisor – Safeguarding Children</td>
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<tr>
<td>Lindsay Hood (1WTE)</td>
<td>Nurse Advisor – Safeguarding Children</td>
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<tr>
<td>Tracey Beech (1WTE)</td>
<td>Nurse Adviser - MASH</td>
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<tr>
<td>Jean Summerfield (1WTE)</td>
<td>Named Nurse Adult Safeguarding</td>
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<td>Allison Newsum (1WTE)</td>
<td>Nurse Advisor Adult Safeguarding</td>
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<tr>
<td>Beth Goss-Hill (1WTE)</td>
<td>Dementia Lead Nurse</td>
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<td>Jennifer Turedi (1WTE)</td>
<td>Learning Disability Lead Nurse</td>
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<td>Sarah Upton (1WTE)</td>
<td>Specialist Nurse CSE</td>
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<tr>
<td>Miranda Panetta (1WTE)</td>
<td>Paediatric Liaison Nurse</td>
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<tr>
<td>Gina Stansfield (1WTE)</td>
<td>Paediatric Liaison Nurse</td>
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<tr>
<td>June Newton (1WTE)</td>
<td>Administration Lead - Safeguarding</td>
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<tr>
<td>Claire Downing (0.64 WTE)</td>
<td>Administration Support – Safeguarding</td>
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<tr>
<td>Vacant (0.51 and 0.4 WTE)</td>
<td>Administration Assistant – Safeguarding and DoLS Administration Support</td>
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## Glossary of Abbreviations

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