

Safeguarding Annual Report 2017 / 2018



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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 2017/2018. 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 Integrated Safeguarding Team is managed by the Assistant Chief Nurse with executive leadership of the Chief Nurse (Refer to Appendix 1 - Management and Professional Organisational Chart. Trust Safeguarding staffing establishment can be found in Appendix 5).

The governance and assurance arrangements within Safeguarding remain robust and are outlined within Appendix 2.

The Adult Vulnerabilities Team has been restructured with the Dementia Lead Nurse role transferred to the Practice Development Team.

The year has seen a continued increase in activity across all work streams with continued challenges posed by the Care Act 2014, the Mental Capacity Act (2005) [MCA], the Cheshire West Ruling [Deprivation of Liberty Safeguards, (DoLS)], the Intercollegiate Document and the introduction of the Learning Disabilities Mortality Review (LeDeR) arrangements in 2017.

'Working Together 2015' reaffirms the role of Health in safeguarding children and young people and the further anticipated publication planned for 2018 will be key in developing and reviewing our priorities for the coming year.

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

The Adult Safeguarding team have continued to build on the improvements made in the last financial year. There has been an increase in activity across the range of work streams within the team.

A variety of different options have been made available to ensure that staff have ready access to appropriate training. Colleagues can also access safeguarding training provided by Rotherham Metropolitan Borough Council (RMBC).

Training continues to be offered to support practice in respect of The Cheshire West Ruling and the changes to the implementation of the MCA and DoLS procedures.

Bespoke sessions have been delivered to Medical, Nursing and Allied Health colleagues across the Trust, in both adult and children's specialities, acute and community services.

The team have worked in partnership with Rotherham, Doncaster & South Humber (RDaSH) colleagues to provide specific training regarding the use of the Mental Health Act (MHA) for colleagues. This is to ensure that where the MHA is applied to TRFT patients, the Trust can meet its legal obligations under the Act.

A robust training programme is in place for Prevent. This is included in the Trust Induction programme. Training arrangements for this are regularly updated, in line with Government guidance.

The Trust is awaiting the publication of the Safeguarding Adults Intercollegiate Document, which is expected in the near future. The draft has been reviewed and the document is not expected to introduce great changes to the current requirements for our TRFT colleagues.

The method of recording training in ESR now provides a more accurate reflection of compliance across the Trust. In addition to this, information regarding those staff who are non-compliant with the MaST requirements is sent by the Adult Safeguarding team to the heads of each service on a quarterly basis.

Training compliance is monitored via Safeguarding Key Performance Indicators (KPIs) and the Safeguarding Standards set by the Clinical Commissioning Group (CCG). These are reviewed at the Safeguarding Operational Group which reports to the Strategic Safeguarding Group, held quarterly. The Safeguarding Strategic Groups seeks to provide assurance of compliance against

the Safeguarding Standards and Key Performance Indicators or actions identified and monitoring for improved compliance.

Adult Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Amber	85.87%
Level 3	Green	100%
Level 4	Green	100%
Prevent	Amber	87.20%
Dementia Tier One	Amber	92.51%
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%

Safeguarding Adult Training Statistics as at Year End 2017/2018:

Key Performance Indicators (KPIs) and Standards

Adult Safeguarding are required to satisfy the requirements of KPIs and Safeguarding Standards, as set by the Clinical Commissioning Group (CCG). These include offering assurance on a diverse range of safeguarding activity throughout the Trust. 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 who also chairs the Performance and Quality Sub Group.

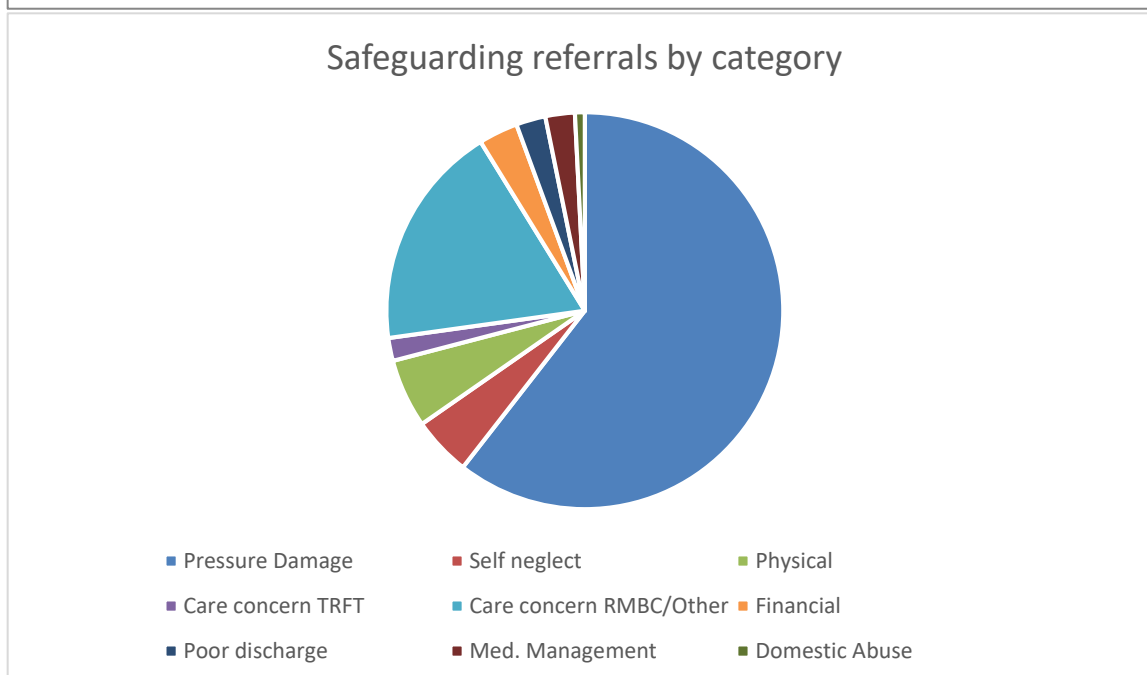
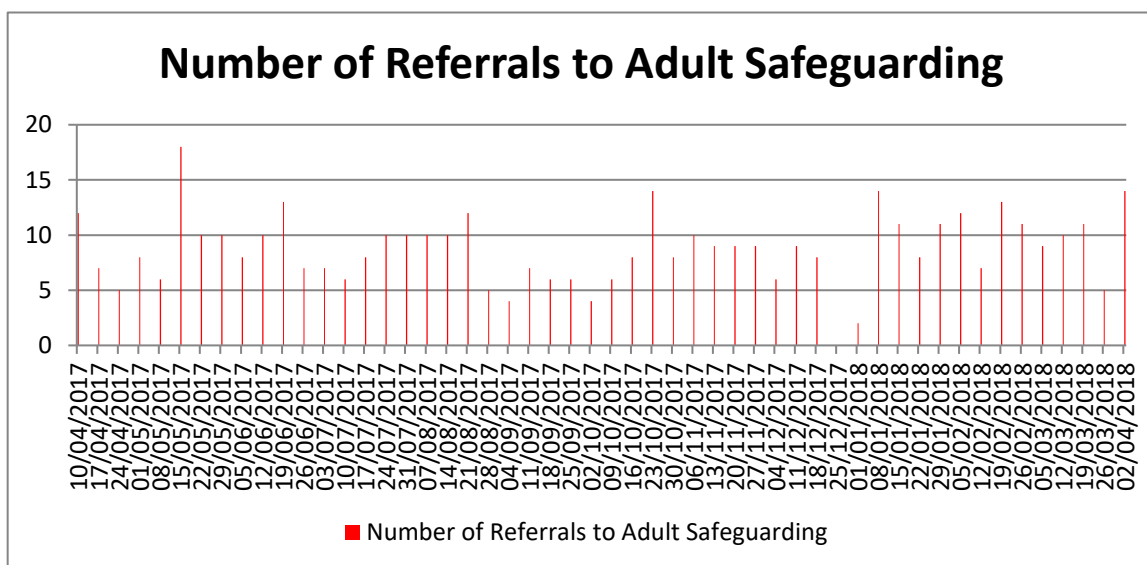
The Patient Safety Team receives incidents and the Patient Experience Team receives complaints and incidents. Systems have been put in place with those services to flag any issues that have a safeguarding element to them.

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 2017/2018, 454 were received, equating to approximately 38 per month. This represents a 30% increase on figures for last year (350). Of these, a proportion (210) were passed to partner organisations to screen. These are cases where the concerns did not involve care delivered by TRFT.

In 2017/2018 only one concern involving Trust services progressed to a Decision-Making meeting and Outcomes Meeting. Abuse was not substantiated for this case.



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, [Coordinated Action Against Domestic Abuse, 2009]).

A total of 379 cases were brought to MARAC, approximately 15 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.

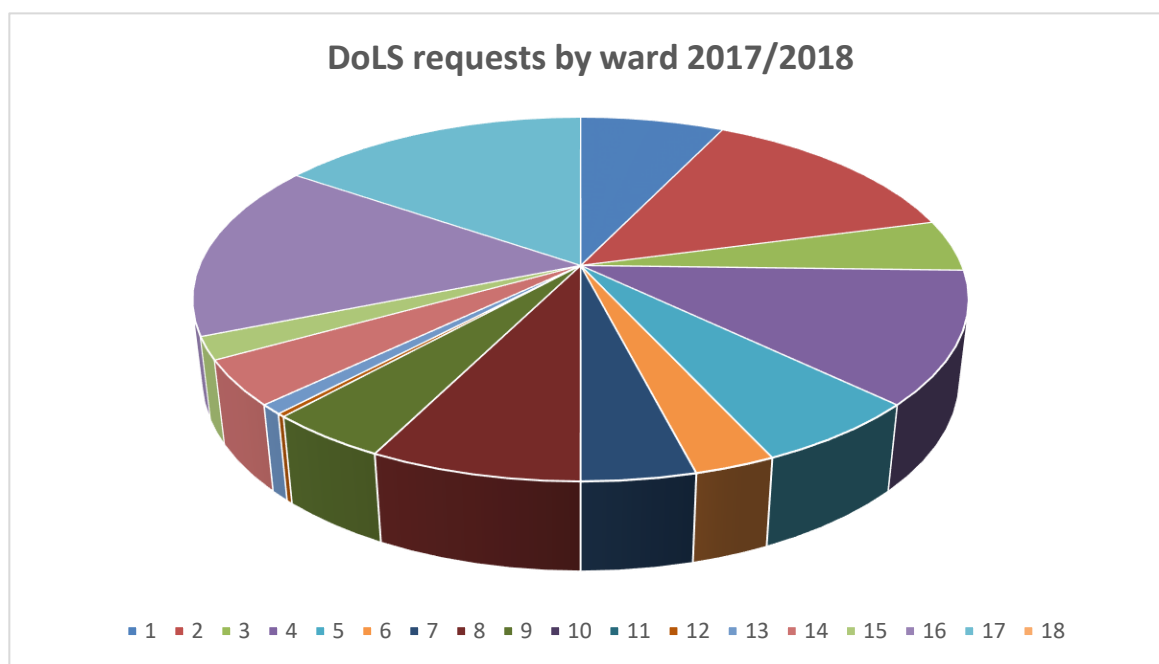
The Named Nurse, Adult Safeguarding is the Trust's MAPPA representative. This role has responsibility for ensuring offenders subject to MAPPA are managed appropriately when they are patients and the risks that these offenders pose are managed whilst accessing our services. During 2017/2018 there were 4 MAPPA alerts, all in-patients. This shows a decrease from the previous year's 12 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. The Mental Capacity Act and the Deprivation of Liberty Safeguarding have been reviewed by the Law Commission and have completed a consultation process. The suggested changes have been agreed by the Government and are expected to be set in legislation in the near future.

Adult Safeguarding again saw a considerable increase in activity around DoLS applications, from 201 in 2015/2016 to 250 in 2016/2017 and on to 350 applications in 2017/2018, a 40% 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 2017/2018 period. The action plan for this is complete and the final report is in progress from the RSAB. 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 two SARs during 2017/2018. One concerned the death of an elderly woman in her home where it was noted that the package of care had not been restarted. The second will look at the circumstances leading to the death by suicide of a young adult who was a chronic user of services.

The 'Lessons Learnt' process will be utilised for these reviews which are currently awaiting the appointment of a facilitator and author.

3. Children Safeguarding Activities

SAFEGUARDING CHILDREN

Training

Mandatory training has been fully reviewed and updated in reference to the Royal College of Paediatrics & Child Health (RCPCH) 'Intercollegiate Document' (2014). A comprehensive review has been completed to refresh and review all TRFT colleagues' compliance and ensure job roles are correctly aligned to the appropriate level of training.

A review panel consisting of Learning and Development Partner and Named Professionals within the Safeguarding team has been developed to provide a robust control measure on training compliance.

Monitoring of training compliance continues via the Safeguarding Operational Group and Safeguarding Strategic Group, assurance is provided to the Contract Quality Meeting and accurate information is contained in the Electronic Staff Record (ESR) to support this. In line with Intercollegiate recommendations the e-Learning packages have been amended to incorporate a Domestic Violence module within each of the Level 2 and Level 3 packages. In

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

TRFT Safeguarding team have contributed to co-delivery of Multi-Agency Training, with Rotherham LSCB as part of plans developed within the LSCB Learning and Improvement Sub-Group.

This year there has been a targeted approach to learning from key themes in research, case studies, serious incident reviews, serious case reviews and audit which has maximised learning opportunities. There has been a continued emphasis on additional opportunities to support a blended approach to learning with 'bespoke' opportunities including shadowing, attendance at safeguarding meetings, practitioner learning events, incident review/learning events and 'stop the shift' presentations.

Safeguarding Children Training Statistics as at Year End 2017/2018:

Safeguarding Children Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Amber	76%
Level 3	Amber	76%
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 2017/2018 with systems and processes being reviewed to highlight any gaps in data collection. However, in some instances systems are unable to report the required specific information. Review of KPIs has been undertaken and will be implemented for 2018/2019.

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. 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).

Over the last 12 months the children's safeguarding team continued to work closely with RMBC local authority colleagues to improve the outcomes for children and young people. This has enabled joint priority setting in order to respond to emerging themes to ensure safeguarding process are robust and effective.

Active partnership working with the Multi-Agency Safeguarding Hub (MASH) continues – TRFT has a substantive post in MASH and 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.

There continues to be significant partnership working in relation to Child Sexual Exploitation. The CSE Nurse from the 0 -19 service remains based within the CSE Evolve Multi-agency Team. The CSE Nurse continues to contribute to the completion and updating of the Multi-Agency risk assessment in individual children's cases, the CSE Nurse provides links to the broader health community by way of information sharing, liaison and awareness raising. This role also provides a health service directly to children who have suffered or are at risk of suffering CSE in Rotherham.

There have been 224 Child Protection Medicals (CPM) undertaken by the Paediatricians in this annual report year. 194 of these were undertaken due to concerns of Physical Abuse, with the remaining 30 being due to concerns around neglect. This year's total CPMs shows an increase of 75% from the previous year.

During this annual report period there have been 522 initial Child Protection Case Conferences (a 99 % increase on the previous year) and 632 Review Child Protection Case Conferences (a 29.5% increase) to which health staff have contributed.

During this annual report period there has been 240 Legal statements completed by TRFT colleagues this is an increase from 121 statements in the previous year, equating to a 98% increase. Bespoke training to support the staff with Legal statements has been delivered. This data increase is reflective of the significant increase throughout Safeguarding work streams.

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 16-17yrs. The number of women with children (and/or pregnant) discussed showed a 6.8% decrease on last year's figures, going from 263 cases to 245. Similarly, the number of children discussed increased from 523 to 637, an increase of 21.8%. The number of pregnant women discussed showed a decrease from 40 to 25, which was a decrease by 37.5%. The referrals for victims aged 16-17yrs has significantly decreased from 21 to 4, which is a decrease of 81%.

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 continue to work closely with TRFT and Local Authority colleagues to embed the multi-agency processes and procedures. The children's safeguarding team has raised awareness of safe discharge processes during the safeguarding event days delivered to TRFT colleagues.

Supervision

During 2017/2018 the Supervision Model has continued to be embedded across the Trust. Within this annual report period the Safeguarding team have coordinated regular safeguarding supervision sessions and compliance has risen as evidenced in the KPIs, however for the coming year there will remain a keen focus on supporting TRFT colleagues to increase compliance and knowledge. Release of staff from clinical duties to attend supervision sessions remains a challenge and therefore there will be a further review of supervision arrangements across the Trust to ensure we have robust arrangements in place that are relevant to individual roles. All TRFT colleagues who require 1-1 supervision have a 'named' supervisor. Colleagues who require group supervision can access the weekly supervision sessions co-ordinated by the Safeguarding team. Further recognition is needed to increase the number of safeguarding supervisors in order to future-proof supervision arrangements within TRFT.

Serious Case Reviews

Within this annual report year there has been one Serious Case Reviews (SCR) initiated by Rotherham LSCB. The final report is yet to be published due to on-going Police investigations. TRFT has contributed to the Multi-agency action plan and further lessons learnt will be disseminated.

4. Governance

Over the last 12 months the focus on a robust Trust safeguarding and external governance structure has remained a key priority (Refer to Appendix 2).

The responsibilities of all staff employed by The Rotherham NHS Foundation Trust (TRFT) for safeguarding children and adults 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 who manages the Safeguarding Team.

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 which reports to the Clinical Governance Committee.

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 colleagues, membership includes representation from external partners from the Clinical Commissioning Group, Local Safeguarding Adult Board, Local Safeguarding Children Board, RMBC Children and Adult Safeguarding and Public Health. 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 are represented on the Rotherham Safeguarding Adult Board by the Assistant Chief Nurse and on the Rotherham Safeguarding Children Board by the Chief Nurse or his 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.

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 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 suite of KPIs were included as part of the assurance data and process.

The dashboard for activity data collection and KPI alignment continues to be reviewed via the monthly safeguarding operational meetings. Leads have been identified with their agreement as to who is responsible to obtain and input the data into the Dashboard. This monthly information feeds into the quarterly Safeguarding Standards and KPI data spread-sheet.

A time-out session was held with the Safeguarding Team on 3rd April 2017 – from this day a work plan for 2017/2018 was created that set 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.

Following the last Care Quality Commission (CQC) inspection Trust in September 2016, work has continued to address the previous concerns in relation to safeguarding children supervision within acute and midwifery services.

5. Risks and Mitigation

The following risks have been identified throughout the last 12 months. Performance is reviewed and any risks identified are monitored through the Safeguarding Operational Group and the 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. On-going challenges with DoLS application and authorisation
3. Child Protection Information Sharing (CP-IS)

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 – TRFT Safeguarding Team support coordination of weekly supervision sessions within Acute site venues, in addition planned from July 2018 monthly sessions are being coordinated across community venues, these are both for group supervision sessions. The attendance at the acute venue sessions are improving. The compliance and attendance rate will continue to be monitored via Strategic Safeguarding Group. In addition, TRFT Safeguarding team are developing Supervision Training in order to increase the capacity of staff to support with delivery of the sessions, this will future-proof on going service support.

Controls to be put in place: Continued monitoring of compliance via Safeguarding Strategic Group. Number of supervisors to be increased following development and roll out of Supervisor Training.

2. On-going challenges with DoLS application and authorisation

For the year 2017/2018 the number of applications was 350.

The Supreme Court Judgement and changes to DoLS thresholds continue to challenge practice in the Trust. The Law Commission's update was released on 13th March. A draft Bill – The Mental Capacity (Amendment) Bill was published on 4/07/18. It is anticipated that the Bill will be out of the Lords by the end of November 2018, and through the Commons early next year, with Royal Assent perhaps by April 2019. Allowing for implementation and training, it could be expected to come into force by late 2019 or early 2020.

Although the accompanying statement asserts that a significant sum will be saved by local authorities under the new scheme, the increased role for the NHS will lead to increased costs for the Trust and will require the investment of resources and training to enable the Trust to meet its obligations under the amended Act.

Controls to be put in place: DoLS will remain on the Chief Nurse Risk register. The Safeguarding team will continue to monitor compliance with the MCA & DoLS requirements via quarterly audits.

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 current 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.

3. Child Protection Information Sharing (CP-IS)

The risk is in relation to non-compliance of the CP-IS process in relation to TRFT colleagues not accessing IT systems. In addition, the risk to TRFT is the fact that the local authority is not live on CP-IS thus any child protection plans held via Local Authority safeguarding will not be available or visible to TRFT or other services nationally if using this national system

Controls to be put in place: This risk is monitored by the Safeguarding Operation Group and Safeguarding Strategic Group. All staff members who will undertake CP-IS checks will receive training by the safeguarding team/ IT training department prior to the planned go live date 24 April 2018.

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.

Guidelines for Safeguarding Legal Statements and attendance at Court – The Safeguarding team have updated the previous guidance and a new streamlined template was developed.

Discharge Planning Policy Where There Are Safeguarding Children Concerns was developed in line with RLSCB guidelines.

Managing the Multi-Agency Risk Assessment Conference (MARAC) SOP – The Safeguarding Team have led the development of a new SOP to clarify responsibilities and processes with the Trust.

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 and adult mental health improvement work is on-going and a bi-monthly operational meeting with colleagues from Rotherham Doncaster and South Humber NHS Foundation Trust takes place. This is to provide a partnership approach and working together to improve processes. Pathways of care and referral continue to be embedded.

Monthly meetings continue with key individuals to support the Urgent & Emergency Care Centre (UECC) to ensure any 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 UECC. Attendance at both meetings remains dependent upon clinical demands.

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 in line with current guidance. This will offer improved access to colleagues across the Trust.

7. Training

A full review of the Children's and Adult's Safeguarding Training requirements and the training levels appropriate to job roles has been completed in partnership with the Learning and Development team. Formalised mandatory training has been reviewed and updated with reference to the revised RCPH 'Intercollegiate Document' (March 2014) and the current Adult 'Intercollegiate Document'. The Adult Safeguarding Team continue to provide Level Two training for Trust staff.

The Safeguarding Children's team have delivered Multi-Agency training in conjunction with RMBC colleagues.

Training has been provided to support practice and embed the changes to the implementation of the MCA and DOLS procedures. This is an ongoing process and will continue in the coming financial year.

The combined Adult and Children Safeguarding Leaflet has been reviewed and updated, and distributed out to all Trust colleagues. 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.

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 Multi Agency Safeguarding Hub (MASH) Health Advisor continues to work with the established MASH Health Team, providing health information, analysis and challenge for MASH referrals. The TRFT MASH Health Advisor continues to attend and contribute to the daily Multi-Agency Domestic Abuse meeting.

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.

9. Recruitment and Employment

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

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

Adult Safeguarding arrangements within the Trust were audited by TIAA Internal Audit during October 2017 to provide assurance on the systems and processes. In the outcome report overall assurance was identified as substantial and no recommendations were made.

A number of inspections have taken place at the Local Authority including Ofsted Inspection and Peer Review on Domestic abuse arrangements.

The Ofsted Re-Inspection of services for children in need of help and protection, children looked after and care leavers was held between 6 November – 30 November 2017 and final the report published in 29 January 2018. The overall outcome was very positive with an outcome of good for children who need help and protection, leadership, management and governance and adoption performance. Children looked after and achieving permanence required improvement and experiences and progress of care leavers was rated as outstanding.

A Peer review of Domestic Abuse services was held in January 2018. Bradford Local Authority and Partners undertook a multi-agency peer review of Rotherham's response to Domestic abuse (DA). This was at the invitation of the Director of Children's Services. Overall the findings were positive and the learning from the review has been included in a work plan that is led and monitored via the Domestic Abuse Priority Group. The main actions focusing on governance, performance data and metrics and moving towards a single front door approach for referrals and support.

11. Safeguarding Key Activities and Developments - 2017/2018

The following section provides a summary of some key safeguarding risks, performance and assurance and in addition activities and developments during each Quarter 2017/2018.

Safeguarding Strategic Group - Safeguarding Performance Summary on a Page – Information for Q1 2017 / 2018

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
- Impact of Safeguarding workload - Safeguarding Team and 019 Service

Improvement has been made in the Emergency Department regarding paediatric Nurses and we have seen a reduction in Safeguarding Datix. 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 21 July and actions in place for on-going development.
- The Quarterly KPI is reviewed at the Safeguarding Strategic Meeting
- Active partnership working with the Multi-Agency Safeguarding Hub (MASH) and CSE EVOLVE service is evident via TRFT Nurse input
- Safeguarding Quarterly report provided to the Clinical Governance Committee and Board of Directors presented by the Chief Nurse.
- DNACPR and MCA a CQC and Quality Account Must Do Action - Task and Finish Group led by the Assistant Chief Nurse and Associate Medical Director completed on 15 June and a new Together We Can will be in place to maintain the improvement journey and embedding of actions
- Section 11 Self-Assessment – action plan being monitored.
- RSAB – Adult Safeguarding Self-Assessment Action Plan monitored – Peer review on Making Safeguarding Personal held 19th May 2017 for TRFT and outcome very positive. Case record review planned week commencing 24th July 2017.
- LAC actions are progressing to improve compliance and monitored by LSCB Performance and Quality Sub Group. Need to see more significant Improvements across the partnership and at pace – new Task and Finish Group led by the Strategic Director Children and Young People's Services.

Some Key Developments During Q 1 2017 / 2018

- Quarterly TRFT and RMBC Safeguarding Meeting to review any safeguarding delayed discharges - Positive partnership working and to date no delayed discharges
- Work on going to improve system for CP-IS. Local Authority still not live
- Rotherham Safeguarding Adult Board – Self Assessment Action plan in place Service peer review for TRFT held on 19th May 2017 – Outcome very positive.
- FGM – Further improvement in the TRFT pathway and partnership pathways – SOP developed and awaiting ratification
- Involvement in the development of a new CSE APP – the first in the country, CSE APP now live.
- Child Protection Conference Process continues to be reviewed and improved
- Introduction of a new Court Statement Template and guidance – being piloted
- MCA and DNACPR continue to be a high priority and also a Quality Account Priority – Task and Finish Group now completed and a number of actions progressed including new MCA Assessment of Capacity Form and currently the Safeguarding Team are leading on intensive support for areas until the end of July and will then be reviewed.
- Ferns Ward Pilot commenced to improve the care and intervention for patients living with Dementia –The Project is managed by an Operational and Steering Group
- New updated Policy for Learning disabilities
- Working collaboratively with 0- 19 year service and local Authority to improve a number of systems and processes including attendance at strategy requirements – new monthly partnership group set up.
- Time out session held and safeguarding work plan and priorities agreed for 2017 / 2018
- Safeguarding Annual Report completed for approval via the Safeguarding Strategic Group and will then be submitted the Clinical Governance Committee and Quality Assurance Committee

Safeguarding Q1 Training Information

Children Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Red	70.93%
Level 3	Red	68.33%
Level 4	Green	100%
Induction Training	Green	100%

Adult Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Amber	84.69%
Level 3	Green	100%
Level 4	Green	100%
Prevent	Amber	87.81%
Dementia Tier One	Amber	88.25%
Induction Training	Green	100%

Safeguarding Annual Report 2017 - 2018

Authors: J Lovett, J Summerfield, S Pagdin, A Pollock, D. Phillip

Safeguarding Strategic Group - Safeguarding Performance Summary on a Page – Information for Q2 (July, August and September) 2017 / 2018

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
- Impact of Safeguarding workload - Safeguarding Team and 019 Service

Improvement has been made in the Looked after Children Initial Health Assessments. Performance In April 0% and by the end of September 71%. 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 2 and 0 October 2017 actions in place for on-going development.
- The Quarterly KPI is reviewed at the Safeguarding Strategic Meeting
- Active partnership working with the Multi-Agency Safeguarding Hub (MASH) and CSE EVOLVE service is evident via TRFT Nurse input
- Safeguarding Quarterly report provided to the Clinical Governance Committee and Board of Directors presented by the Chief Nurse.
- DNACPR and MCA a CQC and Quality Account Must Do Action - Together We Can will be in place to maintain the improvement journey and embedding of actions – Audit shows improvement
- LSCB Section 11 Self-Assessment – actions completed
- RSAB –Case record review completed and findings will be reported to the RASB in November
- LAC actions are progressing and compliance improving compliance and monitored by LSCB Performance and Quality Sub Group. Need to see more significant Improvements across the partnership and at pace – new Task and Finish Group led by the Strategic Director Children and Young People's Services.
- Annual Safeguarding Report presented to the Quality Assurance Committee on 16 October 2017

Some Key Developments and Information During Q2 2017/2018

- Work on going to improve system for CP-IS. Local Authority still not live
- Rotherham Safeguarding Adult Board – Records Audit being completed
- Discussion re Signs of safety and how the partnership can take forward - new Workforce Development Group set up to progress this work
- Child Protection Conference Process continues to be reviewed and improved
- Pilot of a new Court Statement Template and guidance – outcome being finalised
- MCA and DNACPR continue to be a high priority and also a Quality Account Priority – New Together We Can group progressing any actions including planned audits and support for areas
- Ferns Ward Pilot working well to improve the care and intervention for patients living with Dementia –The Project is managed by a Steering Group, Evaluation being compiled
- Continue to Work collaboratively with 0- 19 year service and local Authority to improve a number of systems and processes including attendance at strategy requirements – monthly partnership group set up and working effectively
- Review of the Safeguarding Team following recruitment opportunities
- Safeguarding Annual Report completed for approval at the Quality Assurance Committee
- Full review of Safeguarding Training Compliance and an action plan completed to improve compliance and includes a full refresh of all TRFT and colleagues alleged to the level of competency required
- A new Serious Case Review (SCR) is being considered via the SCR Panel and outcome awaited
- At the Domestic Homicide Consideration Panel meeting on 22nd September 2017 it was agreed to commence a Domestic Homicide Review into the suicide of gentleman aged 37 years. Organisations have been asked to complete their Individual Management Review and submission by the 10th November 2017.
- Significant Work from the Local Authority in improving the DoLS process for authorisation

Safeguarding Q2 Training Information

Children Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Amber	74.33%
Level 3	Amber	72.32%
Level 4	Green	100%
Induction Training	Green	100%

Adult Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Green	85.30%
Level 3	Green	100%
Level 4	Green	100%
Prevent	Amber	87.19%
Dementia Tier One	Green	90.44%
Induction Training	Green	100%

Safeguarding Strategic Group - Safeguarding Performance Summary on a Page – Information for Q3 (October, November and December) 2017 / 2018

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
- Impact of Safeguarding workload - Safeguarding Team and 0-19 Service

Considerable Improvement has been made in the Looked after Children Initial Health Assessments. Performance In April 2017 0% with on-going improvement and as at 5.12.17 is 81%. All risks are being actively managed and processes are in place to enable regular review and plan to improve the situation. The risks are on the Chief Nurse Risk Register and monitored via the Safeguarding Strategic Group.

Performance Assurance and Process

Assessment of the Safeguarding Standards and Key Performance Indicators has been undertaken and will be presented at the Safeguarding Strategic Meeting on 19.1.2018 actions are in place for on-going development.

Active Partnership Working with the Multi-Agency Safeguarding Hub (MASH) and Child Sexual Exploitation (CSE) EVOLVE service is evident via The Rotherham NHS Foundation Trust (TRFT) Nurse input.

Safeguarding Quarterly Report provided to the Clinical Governance Committee and Board of Directors presented by the Chief Nurse.

Mental Capacity Act (MCA) a CQC and Quality Account Must Do Action. Audit shows improvement and aiming for business as usual approach. Visit to the Deputy Chief Inspector CQC on 5.1.2018 to explore any further improvement actions.

Local Safeguarding Children Board (LSCB) Section 11 – actions completed

Rotherham Safeguarding Adult Board (RSAB) New Case record review in progress and development of a Risk Register for the Board.

LAC Actions are progressing and compliance considerably improving and monitored by LSCB Performance and Quality Sub Group

Safeguarding Annual Report 2017 - 2018

Authors: J Lovett, J Summerfield, S Pagdin, A Pollock, D. Phillip

Some Key Developments and Information During Q3 2017 / 2018

Child Protection Information System (CP-IS) Local Authority still not live but plans in place
Rotherham Safeguarding Adult Board – Records Audit being completed. TRFT will be presenting developments and improvements at the next RSAB Board in January following self-assessment review
Signs of Safety Training and how the partnership can take forward being rolled out
Child Protection Conference Process continues to be reviewed and improved.
New Court Statement Template and guidance and discussion with the legal team to improve processes
MCA and DNACPR continue to be a high priority and also a Quality Account Priority – work on going to assess compliance and to provide support for colleagues
0-19 Service collaboratively working with 0- 19 year service and local Authority to improve a number of systems and processes including attendance at strategy requirements – monthly partnership group set up and working effectively to resolve any issues and agree any collective improvements
Development of a Business Case with colleagues from 0-19 Service to support the requirements of the complex abuse work and impact this is having on universal services has been completed.. Some funding has been agreed and actions are being progressed to manage the risk and impact
Recruitment of a Band 7 Nurse Advisor who commences in post 19 February 2018
TIAA Internal Audit and fieldwork completed to assess the Governance arrangements for safeguarding adults. A Strong governance structure and robust safeguarding monitoring arrangements are in place with no recommendations.
Full review of Safeguarding Training Compliance and an action plan completed to improve compliance and includes a full refresh of all TRFT and colleagues aligned to the level of competency required
Serious Case Review (SCR) investigation is active and progressing as planned.
Domestic Homicide Review Management Review submitted as per plan and awaiting final report
Domestic Abuse process and self-assessment has been completed and peer review planned for 25.1.2018 to ensure the Partnership has robust systems and processes that are having an impact
Governance and Partnership Working – Collaborative approach to safeguarding and full commitment and involvement from relevant TRFT colleagues

Children Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Amber	73.18%
Level 3	Amber	70.98%
Level 4	Green	100%
Induction Training	Green	100%

Adult Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Amber	82.75%
Level 3	Green	100%
Level 4	Green	100%
Prevent	Green	86.05%
Dementia Tier One	Green	90.77%
Induction Training	Green	100%

Safeguarding Q3 Training Information

Safeguarding Strategic Group - Safeguarding Performance Summary on a Page – Information for Q4 (January, February and March) 2018

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
- Impact of Safeguarding workload including a Complex Abuse Procedure - Safeguarding Team and 0-19 Service

All risks are being actively managed and processes are in place to enable regular review and plan to improve the situation. The risks are on the Chief Nurse Risk Register and monitored via the Safeguarding Operational Group and Safeguarding Strategic Group.

Performance Assurance and Process

Assessment of the Safeguarding Standards and Key Performance Indicators has been undertaken and will be presented at the Safeguarding Strategic Meeting on 20 April 2018 actions are in place for on-going development.

Active Partnership Working – evident through all the meeting attended by TRFT and associated work streams.

Safeguarding Quarterly Report provided to the Clinical Governance Committee and Quality Assurance Committee presented by the Assistant Chief Nurse and Chief Nurse.

Mental Capacity Act (MCA) a CQC and Quality Account Must Do Action. Now one of nine TRFT quality Priorities and plan, action and monitoring assurance process is in place via the Clinical Governance and Quality Assurance Committee.

Local Safeguarding Children Board (LSCB) Section 11 – actions completed

Rotherham Safeguarding Adult Board (RSAB) Case record review completed and development of a Risk Register and process for the Board. TRFT Presentation to the RSAB on 22 January regarding governance systems and processes. TRFT information shared with RMBC colleagues following the presentation.

Looked After Children - Initial health assessments completed within 20 days dropped from 50% in January to 30% in February. Additional 16 clinics to be funded and a new consultant is commencing in April who will undertake looked after children clinics

Authors: J Lovett, J Summerfield, S Pagdin, A Pollock, D. Phillip

Some Key Developments and Information During Q4 2017 / 2018

National Crime Agency (NCA) – Presentation at the Safeguarding Strategic Group of Operation Stove wood in January 2018. All groups are on going and TRFT are represented accordingly.

Child Protection Information System (CP-IS) Local Authority still not live but plans in place
Rotherham Safeguarding Adult Board – Records Audit completed and findings presented to RSAB. Development day held on 19 March 2018. Priorities for the next 12 months and work plan developed.

Signs of Safety Training and how the partnership can take forward continues to be rolled out

New Court Statement Template and guidance and discussion with the legal team to improve processes

MCA continues to be a high priority and also a Quality Account Priority – Robust plan in place and support for MCA Champions by visiting Ward Areas. Quarterly Audits continue.

Safeguarding and 0-19 Service collaboratively working with 0-19 year service and local Authority to improve a number of systems and processes including attendance at strategy requirements – monthly partnership group set up and working effectively to resolve any issues and agree any improvements

Complex Abuse Procedure on-going to support sustaining input into this procedure and to mitigate the impact on the 0-19 Service. Meetings with Joint Commissioners have been held.

Full review of Safeguarding Training Compliance action plan completed to improve compliance and a full refresh of all TRFT and colleagues aligned to the level of competency required – Needs support from Divisions as although improving compliance need to improve further.

Serious Case Review (SCR) investigation is active and progressing as planned – Report being finalised

Safeguarding Children Event – First held on 14 March and will be quarterly as updating for staff.

Domestic Homicide Review Management Review submitted as per plan and waiting final report

Domestic Abuse Peer review held on 25 January 2018 and outcome positive – outcome will be part of a Workshop on 17 April 2018 to ensure Partnership has robust systems and processes.

Spot light on Human Trafficking and Modern Slavery – Awareness Session provided by Toby Bonvoisin, a final year medical student and is also a First Response as part of the National Referral Mechanism for Human Trafficking

Safeguarding Awareness Week – Planning via a Task and Finish Group for week 9th-13th July

Children Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Amber	73.18 to 75.70%
Level 3	Amber	70.98 to 75.61%
Level 4	Green	100%
Induction Training	Green	100%

Adult Safeguarding Training	Rag Rating	Percentage Achieved
Level 1	Green	100%
Level 2	Green	82.75 to 85.87%
Level 3	Green	100%
Level 4	Green	100%
Prevent	Green	86.05 to 87.20%
Dementia Tier One	Green	90.77 to 92.51%
Induction Training	Green	100%

Safeguarding Q4 Training Information

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					
1.5 The provider will ensure that processes are in place to ensure the availability of a chaperone for any physical examination. That information regarding chaperoning is visible and available to their client group.					<p>The MCA Policy details requirements for involvement of the IMCA.</p> <p>A robust system to centrally record and monitor the use of this within TRFT has been under consideration, but has not been progressed.</p> <p>These figures are collected by RMBC and can be accessed on request.</p> <p>This will be discussed at the LSAB P&Q sub-group.</p>
Standard 5 – Training					
<p>5.1 The provider will ensure that all colleagues 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:</p> <ul style="list-style-type: none"> ● Prevent ● FGM ● CSE ● MCA/DoLS ● Domestic Abuse ● Modern Slavery (including Human Trafficking) 	Children & Adult				<p>All new starters receive information on induction. New and existing staff receive an annual leaflet on safeguarding which satisfies level 1 training, supported by an electronic version (circulated to all staff).</p> <p>After extensive collaborative work, staff now have the appropriate level of training assigned to them and this has been agreed by the expert in the field and the local managers. With regards to level two safeguarding adults and children's training, eLearning options have been put in place and additional units attached for MCA and CSE respectively. PREVENT training is now aligned with Children's safeguarding training requirements in line with the most recent NHS England guidance and will become live across the Trust from Q1 of 2018-2019.</p> <p>Extensive work completed to increase awareness of non-compliant colleagues and divisional leads notified.</p> <p>Compliance with safeguarding training is actively managed on the Chief Nurse risk register.</p>

<p>5.3 The Provider will ensure that all colleagues undertake safeguarding training in line with national and local expectations. This includes safeguarding updates as a minimum of 3 yearly and an annual written update.</p>	<p>Children & Adult</p>				<p>Provision is in place for all relevant training for colleagues however training figures although excellent in some areas need further progress - refer to KPI Information. Action plan in place to address safeguarding children training compliance, careful monitoring being undertaken between Safeguarding and Learning and Development</p>
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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 given the significant increase across all safeguarding work streams.

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 for further improvement and to achieve good compliance against all our safeguarding standards internally and externally.

A robust work plan has been created to action priorities for 2017/2018 and to fulfil our Safeguarding Statutory and Strategic objectives.

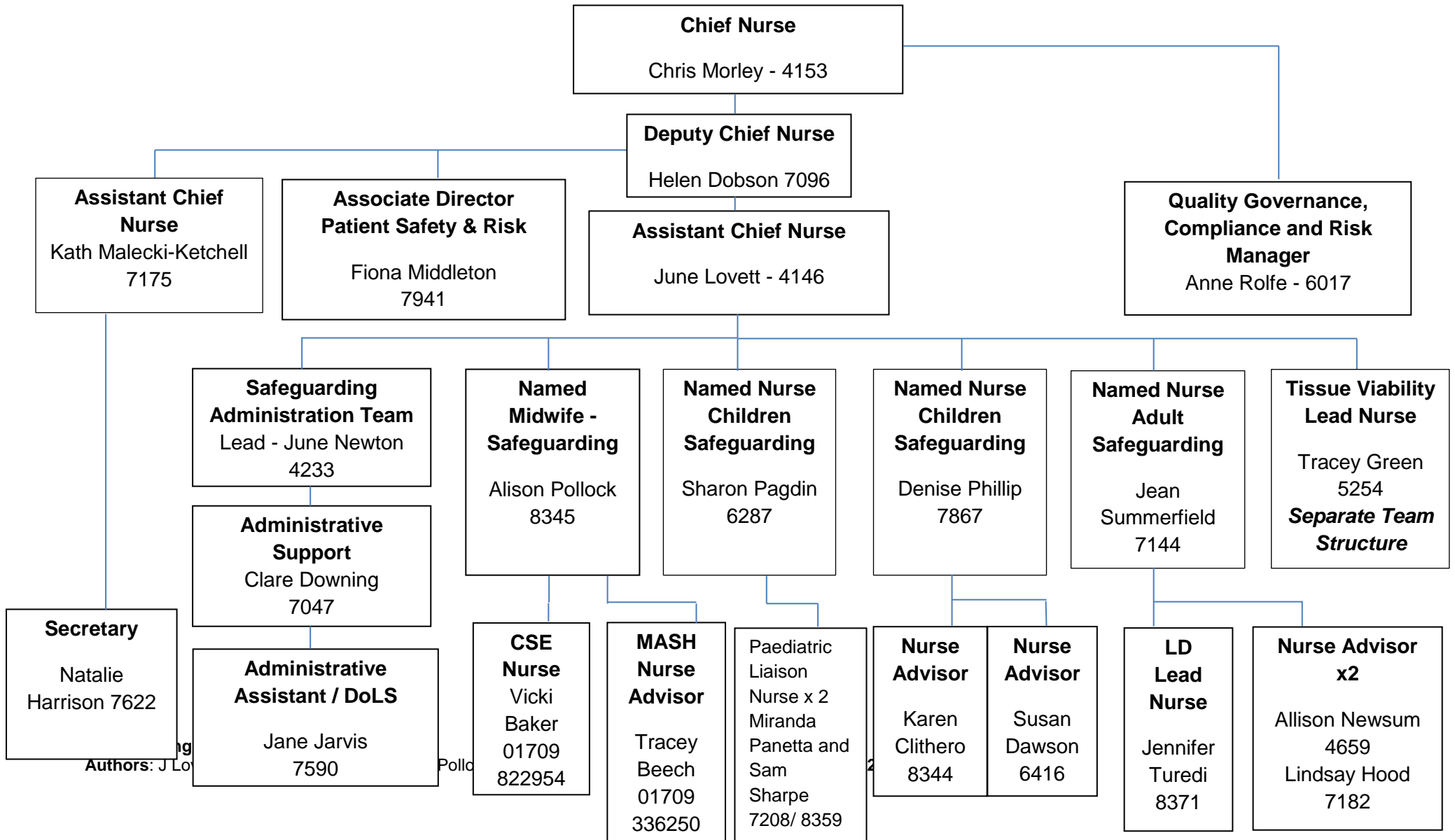
All the Safeguarding Team are looking forward to the year ahead in ensuring safeguarding is maintained as a high priority for the Trust and is everyone's business.

Some Safeguarding Key priorities for 2018/2019

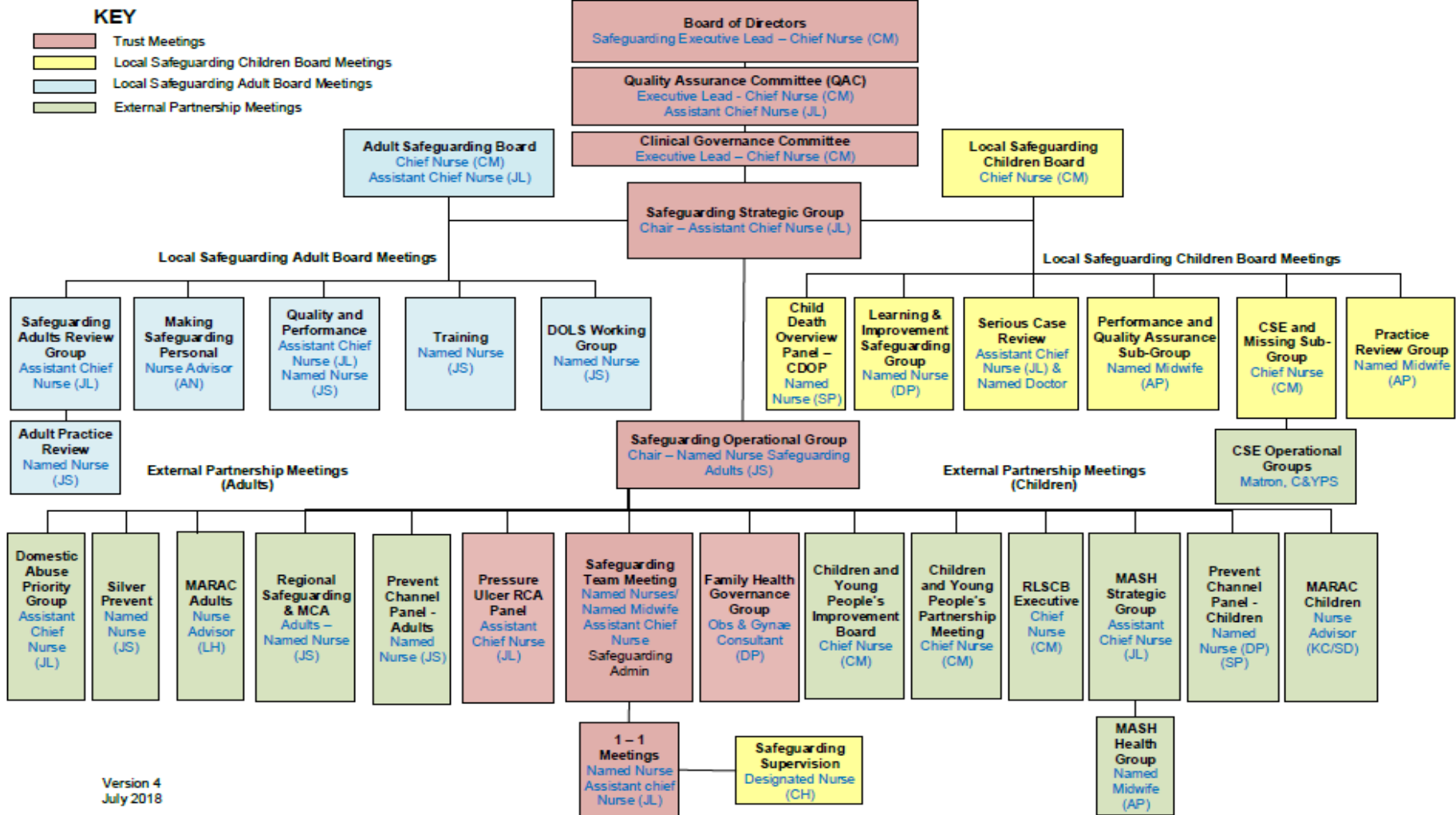
- To achieve all the safeguarding Contracting Standards and Key Performance Indicators
- To complete all actions identified in the work plan to demonstrate that the Safeguarding Strategy is embedded
- To continue to provide support to the UECC in relation to compliance of safeguarding procedures and professional curiosity
- To continue to reduce the number of Datix concerning potential missed opportunities by UECC 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 adults at risk
- To maintain effective and collaborative partnership working across the whole health economy



**MANAGEMENT AND PROFESSIONAL LEADERSHIP
ASSISTANT CHIEF NURSE (VULNERABILITES) TEAM**



Safeguarding – TRFT and Partnership Organisational Governance Structure

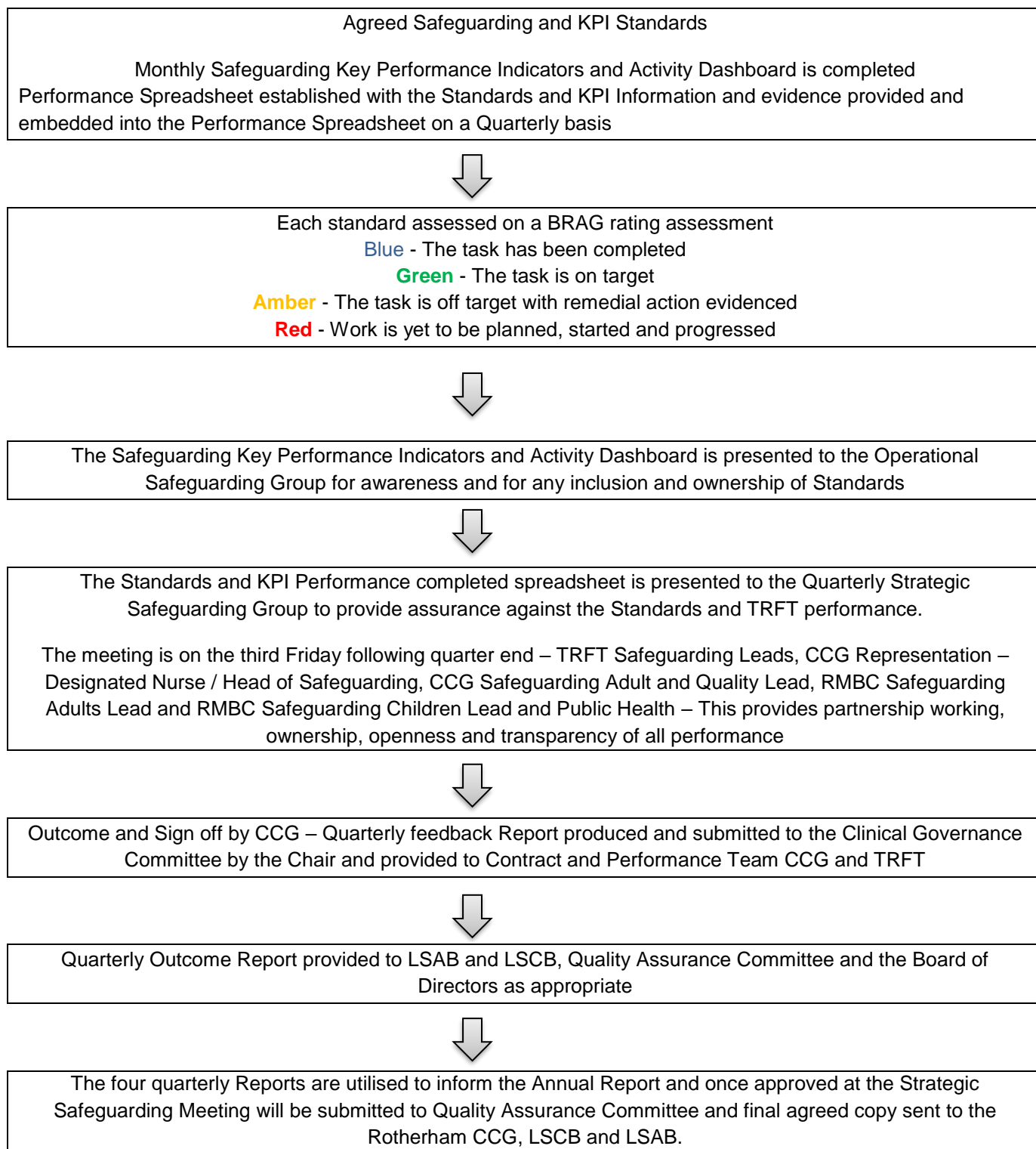


APPENDIX 3

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 Polices 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
Chris Morley (1WTE)	Chief Nurse / Executive Lead for Safeguarding
June Lovett (1WTE)	Assistant Chief Nurse (Vulnerabilities)
Dr. E. Nagmeldin (2PAs)	Designated Doctor for Children
Dr C Harrison (2 PAs)	Named Doctor Safeguarding Children
Denise Phillip (1WTE)	Named Nurse – Safeguarding Children Community
Alison Pollock (1WTE)	Named Midwife – Safeguarding Children
Sharon Pagdin (0.48WTE)	Named Nurse – Safeguarding Children Acute
Susan Dawson (0.48 WTE)	Nurse Advisor – Safeguarding Children
Karen Clithero (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
Jennifer Turedi (1WTE)	Learning Disability Lead Nurse
Vicki Baker (0.8WTE)	CSE Nurse – 0-19 Year Service
Miranda Panetta (1WTE)	Paediatric Liaison Nurse
Samantha Sharpe (0.8WTE)	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
CP-IS	Child Protection Information Sharing
CPM	Child Protection Medical
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
DASH	Domestic Abuse Stalking & Harassment
DoL	Deprivation of Liberty
DoLS	Deprivation of Liberty Safeguards
DHR	Domestic Homicide Review
ESR	Electronic Staff record
FGM	Female Genital Mutilation
KPI	Key Performance Indicator
LADO	Local Authority Designated Officer
LeDeR	Learning Disabilities Mortality review
LASB	Local Adult Safeguarding Board
LSCB	Local Safeguarding Children Board
MARAC	Multi-Agency Risk Assessment Conference
MAPPA	Multi-Agency Public Protection Arrangements
MASH	Multi-agency Safeguarding Hub
MaST	Mandatory & Statutory Training
MCA	Mental Capacity Act
MHA	Mental Health Act
RASB	Rotherham Adult Safeguarding Board
RCPCH	The Royal College of Paediatrics and Child Health
RDaSH	Rotherham, Doncaster & South Humber Trust
RMBC	Rotherham Metropolitan Borough Council
RSCB	Rotherham Safeguarding Children Board
SAR	Safeguarding Adult review
SCR	Serious Case Review
SOP	Standard Operating Procedure
TRFT	The Rotherham NHS Foundation Trust
UECC	Urgent & Emergency Care Centre
WTE	Whole Time Equivalent