Policy:

NP 040 Safeguarding Adults Policy

Executive Director Lead	Executive Director of Nursing, Quality and Professions
Policy Owner	Corporate Safeguarding Team
Policy Author	Head of Safeguarding & Professional Lead Adult Safeguarding

Document Type	Policy
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Ratified By	QAC
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Summary of policy
The policy outlines the roles and responsibilities of all staff in relation to safeguarding adults. The policy is for all staff and volunteers to follow should they suspect that a person within their care or whom they come into contact with as part of their work may be the subject of neglect or abuse.
The policy supports staff in the use of, the Safeguarding Principles and the Approach for South Yorkshire 2019 and these are available on Jarvis.

Target audience	This policy applies to all professional and clinical staff whether employed within full time, part-time, bank or fixed term contracts irrespective of their length of service.

Keywords	Safeguarding, Abuse, Neglect

Storage & Version Control
V4 of the Adult Safeguarding Policy amends the referral process for raising an adult safeguarding concern following the handover of delegated duties back to Sheffield City Council on 31/3/2023 This policy is stored and available through the Trust intranet. It replaces the previous policy and copies of the previous copies should be destroyed.

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
2.0	Prevent section removed from Safeguarding Adult Policy	14/04/2021	Director of Quality identified need for separate policy.
2.1	1st Draft Issue and amendments	27/08/2021	Separated PREVENT policy. Amended wording.
2.2	2nd Draft issue and amendments	09/09/2021	Transferred to SHSC template. Further amendments to wording around delegated duties.
2.3	3rd Draft with amendments	23/09/2021	Further amendments to Process and Timescales.
2.4	4th Draft with amendments	30/09/2021	Named Doctor duties added, amended formatting.
2.5	5th Draft. Updated flowcharts added	15/10/2021	Internal and External NoC flowcharts added.
3.0	Submitted	11/5/2022	Approved and ratified at PGG and QAC
4.0	New standard operating procedure incorporated into the policy	9/5/2023	Amendments to safeguarding adult referral process

Contents

1   Introduction

In line with Care Quality Commission (CQC), Fundamental Standards 2017, people who use services will be protected from abuse, or the risk of abuse, and their human rights respected and upheld.

Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) is committed to ensuring that people who are or may be in need of support from our services are protected from abuse.

This Trust policy is in line with the Sheffield Adult Safeguarding Partnership (SASP) and the Safeguarding Adults Principles and Approach for South Yorkshire.

The Care Act (2014) requires that action is taken if there is concern that an adult is being abused or at risk of abuse or neglect. Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect.

There are six principles of adult safeguarding which underpin all safeguarding work – (Section 42-46 of the Care Act 2014) these should be considered throughout the safeguarding process.

2   Scope

This is a Trust wide policy that supports implementation and understanding of Safeguarding Adults Principles and Approach for South Yorkshire 2021.

This policy applies to all members of Trust staff, regardless of their current role or place of work.

This Policy describes how the Trust, and its employees, will respond, if they are concerned that a service user of the Trust or an employee is at risk of, or experiencing abuse/ neglect.

Refer to the flow charts on pages 3-5 and supporting documentation on the Trust Safeguarding Intranet page (Jarvis) https://jarvis.shsc.nhs.uk/things-support-me-do-my-job/everyone/safeguarding/safeguarding-adults

3   Purpose

The key drivers for the development and implementation of a Safeguarding Adult policy is to assist and guide staff to fulfil their roles and responsibilities to safeguard adults in line with the Care Act 2014, the CQC Fundamental Standards (2017), and the Safeguarding Principles and the Approach for South Yorkshire 2021.

4 Definitions

Term	Definition
Adult	A person aged eighteen year or older. Please note that children are supported by the 'Safeguarding Children' legislation and Trust Safeguarding Children Policy, please also see the Trust Domestic Abuse Policy.
Abuse	Any behaviour towards a person that either deliberately or unknowingly, causes him or her harm or endangers their life or their human or civil rights. Abuse includes Physical, Sexual, Psychological, Financial (or material), Discriminatory, Organisational abuse, Neglect (acts of omission), Domestic Abuse (please see the SHSCFT Domestic Abuse policy), Modern Slavery and Self Neglect. Abuse can be passive or active; it can be an isolated incident or repeated. It may occur as a result of failure to take action or appropriate care tasks.
Adults at Risk	These are adults who need Health or Community Care services because of mental or other disability, age or illness and who are, or may be unable to take care of themselves or to protect themselves against harm or exploitation. It also includes informal carers e.g. family or friends who may be at risk of abuse because of their caring role.
Alleged Source of Harm	The person / people thought to have been responsible for the abuse.
CHANNEL	CHANNEL is a supportive multi-agency process. It is a key part of PREVENT.
CONTEST	CONTEST is the UK's Counter-terrorism strategy, it aims to reduce the risk to the United Kingdom and its interests overseas from terrorism.
Domestic Abuse	The Government definition of domestic violence and abuse is: 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. Additionally, the government definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.'
Extremism	Extremism is vocal or active opposition to fundamental values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different beliefs and faiths.
PREVENT	PREVENT is one of the four work streams of CONTEST that aims to protect those who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence.

A PREVENT Concern	A PREVENT concern does not have to be proven beyond reasonable doubt; however, it should be based on something that raises concern which is assessed using existing professional judgement from health or
	social care staff.
Radicalisation	Radicalisation is the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
Exploitation	Exploitation is the use of someone unjustly or cruelly in order to benefit from their involvement for themselves or for a cause.
Terrorism	Terrorism is defined in the Terrorism Act 2000 (TACT 2000) as an action that endangers or causes serious violence to a person or people, causes serious damage to property or seriously interferes or disrupts an electronic system. The use of threat must be designed to influence the Government or to intimidate the public and is made for the purpose of
Vulnerable individuals	Within the context of PREVENT this means individuals, who because of their circumstance, experiences or state of mind are susceptible to extremist ideology. These could be service users, staff, carers or other members of the public.
WRAP (HealthWRAP)	Workshop to Raise Awareness of PREVENT.

5   Detail of the policy

5.1   Safeguarding Principles

There are 6 Adult Safeguarding Principles which should underpin the safeguarding process. These are:

Empowerment – Personalisation and the presumption of person-led decisions and informed consent. "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention – It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognize the signs and what I can do to seek help."

Proportionality – Proportionate and least intrusive response appropriate to the risk presented. "I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed."

Protection – Support and representation for those in greatest need. "I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."

Partnership – Providing local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."

Accountability – Accountability and transparency in delivering safeguarding. "I understand the role of everyone involved in my life."

5.2   Making Safeguarding Personal

The Care Act 2014 emphasises that a personal approach to safeguarding is essential for making our service users feel they are the focus and have control over the safeguarding process. Making Safeguarding Personal has been a driver since 2014. Where a person has capacity, we want to understand what outcome our service users want to enable them receive person centred care that enables them to feel safe.

We are committed to our ongoing work to encourage professional curiosity and encourage staff to work using a Making Safeguarding Personal approach and will support teams to deliver interventions in a way which emphasises the personalised approach to safeguarding.

6   Duties

6.1   The Board of Directors

The Board of Directors are committed to ensuring that this policy becomes operational by;

- Ensuring that there is a consistent and effective response to any concerns, allegations or disclosure of abuse.
- Supporting staff in reporting and investigating incidents of adult abuse. (Refer to Trust Incident and Investigation Policy for further information about supporting staff.)
- Receive reports and assurance from the Trust safeguarding Lead and Executive Lead about Safeguarding adults and PREVENT.
- Complying with Sheffield Adult Safeguarding Partnership Board auditing request wherever possible and practicable.
- Contributing to and learning from, the development of policy and practice at a local and national level.
- Participating in the multi-agency Sheffield Adult Safeguarding Board and its associated sub boards.

6.2   Chief Executive

The Chief Executive is responsible for ensuring that the Trust complies proactively with its statutory responsibilities around Safeguarding Adults.

6.3   Executive Director of Nursing & Professions

The Executive Director of Nursing & Professions retains the strategic lead for safeguarding for the Trust. This includes having responsibility for safeguarding across the Trust, and Board level responsibility for the requirements under the Care Act and Care Support Statutory Guidance 2014. They are also responsible for ensuring appropriate systems and processes are in place throughout the Trust to safeguard Adults at risk.

6.4 Head of Nursing

The Head of Nursing holds the corporate lead for safeguarding on behalf of Executive Director of Nursing & Professions. The Head of Nursing or Head of Safeguarding will provide the Quality Assurance Committee with approved report from the Safeguarding Assurance Committee. Keep the Executive Director of Nursing & Professions informed of all relevant information.

6.5 Head of Safeguarding

The Head of Safeguarding will provide quarterly and annual reports to the Safeguarding Assurance Committee. They will liaise with commissioners and the Safeguarding Adult Partnership to provide data and quality assurance as required. They will keep the Director of Quality informed of all relevant information. They will liaise with mandatory Training Lead regarding training requirements as per NHS Intercollegiate guidance.

6.6 The Corporate Safeguarding Team

The Corporate Safeguarding team will:

• Provide training and monitor training compliance.
• Provide advice and support to all staff.
• Review safeguarding adult referrals made by SHSC staff and provide advice to ensure immediate safety of the service user(s)
• Provide relevant and proportionate information to Sheffield City Council when a person at risk is in receipt of SHSC services.
• Monitor compliance with the Safeguarding Principles and the Approach for South Yorkshire 2021.
• Participate and contribute to any multi agency case review process and participate in learning events following investigations into serious incidents.
• Provide safeguarding supervision to all registered professionals within the Trust, see the Safeguarding Supervision Policy.

6.7 Named Doctor for Safeguarding

The Named Doctor for Safeguarding supports the Trust in undertaking its statutory safeguarding functions. They will work closely with the Executive Director of Nursing & Professions and the Corporate Safeguarding Team to provide medical leadership for the adult and child safeguarding processes in SHSC. They will also work collaboratively with the Named GP for Safeguarding Adults and Children in Sheffield CCG.

6.8 General Managers

General Managers are responsible for ensuring the policy is distributed and adhered to within their service areas.

6.9 Staff who have undertaken relevant Section 42 Enquiry Training e.g., Safeguarding Managers or Conducting Effective Enquiries Training

Staff who have undertaken relevant Section 42 Enquiry Training e.g., Safeguarding Managers or Conducting Effective Enquiries training are responsible for:

Identifying where necessary other relevant staff to assist with the Section 42 enquiry but will remain the overall lead.

- leading Section 42 enquiries that are caused to us from Sheffield City Council through investigation, closure, and implantation of actions with support from senior leaders in that service.
- Identifying where necessary other relevant staff to assist with the Section 42 enquiry but will remain the overall lead.
- Ensuring that the service user is fully engaged, where possible with the enquiry in line with Making Safeguarding Personal.
- Convening and chairing any relevant meetings to safeguard the person at risk and their family/carer, including the agreement of responsibilities, actions and timescales.

6.10 All Staff

It is the responsibility of all staff to act on any suspicion of abuse or neglect and to pass on their concerns to a responsible person/agency (Care Act, 2014)

All staff have a responsibility to be aware of and act in accordance with the Trust's policies in relation to Safeguarding Adults and PREVENT (see separate PREVENT policy). Awareness of policies is a central part of induction training for new staff and managers. All Trust policies are available on the Trust website (Jarvis) in one central location and staff should familiarise themselves with this resource.

Practitioners involved in complex safeguarding adults or children's cases (including Domestic Violence and Abuse) must discuss these with their supervisor who may direct the practitioner to the SHSC Safeguarding Team for specific focused safeguarding supervision.

In line with the recommendations from Themes and Lessons Learnt from NHS Investigations into matters relating to Jimmy Saville (2015), all staff should be mindful that any visitors to Trust properties and with access to Trust service users should not be left in situations, and with service users which may place the service user at risk. All staff are required to have the relevant Disclosure and Barring checks prior to working unsupervised within the Trust. Please see the Trust Visitors (2019) Policy and Visits by Children to Inpatient or Residential Care Setting (2022) Policy for further information.

7 Procedure for Raising a Safeguarding Adult Concern

Step No	Responsibility	Action	Timescale

1	All staff	When a safeguarding adult concern is identified, all SHSC staff must complete the Safeguarding Adult Concern from on Insight Staff must ensure all parts of the form are completed including: - Name, DOB, and address of service user/person at risk, contact details and type of abuse - Ensure the person at risk is aware of the concern being completed on their behalf - State the person at risk's desired outcome - Give a clear description of incident or concern - Record if the person at risk has capacity and has consented to referral - Record any details of children or dependents - If relevant, complete a safeguarding children's referral	Complete and submit to SHSC safeguarding team same day as identifying the concern.
Step 1 cont.	Cont.	- Document what immediate actions have been taken to mitigate risk. - Document the source of harm e.g., parent, partner, neighbour. Please use the 'Making a Safeguarding Referral' poster to support completion of safeguarding concern. If the concern relates to a staff member, staff should also follow the **Managing Allegations Against Staff Policy.** Staff member details should **not** be recorded on the referral form but should be shared in the email to the SHSC Safeguarding Team only. Referrer should notify their line manager as per policy of the concern. Feedback of any referrals involving staff will only be shared with the line manager and SHSC Safeguarding Team to ensure confidentiality of the staff member.	

2	All staff	Once the Safeguarding Adult Concern form on Insight is completed, this must be saved as a pdf and sent to the SHSC Safeguarding Team using this email address: sct-ctr.shscsafeguarding@nhs.net and cc in your line manager or generic team email address to ensure Adult Contact Team/ MASH and SHSC safeguarding Team have a point of contact. SHSC Safeguarding Team will review the referral to ensure the form is completed accurately and that action has been taken to mitigate any immediate risk of harm.	Submit to SHSC Safeguarding Team the same working day as concern identified.
3	All staff	**Out of Hours and weekends** – if staff feel their referral requires urgent attention, they should call First Contact Team at Howden House on - **0114 2734908**. This should be followed up with the safeguarding concern form and sent to asc.howdenhouse@sheffield.gov.uk and cc in the safeguarding team sct-ctr.shscsafeguarding@nhs.net Non urgent – should follow the process above and refer via email.	
3. cont.		Safeguarding team will review on first working day. **Staff must ensure if they email directly to the First Contact Team, that this is sent via a secure nhs.net email account**	

4	Safeguarding Practitioners	Completed safeguarding referrals will be sent to the First Contact Team/MASH using the adult contact team email address on agreed email template. Email must include email address of the referrer and any generic team email address given by the referrer. *Email template must clearly state that outcome of referral is to be sent to the referrer **and** cc in the safeguarding team email address.* All referrals arriving in the sct-ctr.shscsafeguarding@nhs.net inbox after 4.00pm will be reviewed the following day.	Review and submit to MASH within same working day unless arrives after 4.00pm The Safeguarding Team have a separate SOP for the management of Safeguarding Concerns
5	Safeguarding Practitioners	Incomplete referrals will be returned to referrer via email. Safeguarding Practitioner must attempt to call the referrer to notify that the concern is being returned and clearly detail the amendments required by email. Include generic email or line manager as provided by the referrer	Amendments must be returned to the Safeguarding Team within the same working day unless more urgent response is required
6	All Staff	Amendments must be made by the referrer and returned to the sct-ctr.shscsafeguarding@nhs.net safeguarding team inbox	Amendments to be made and returned to the safeguarding team within the same working day unless received after 4.00pm or
6 cont:			urgent response has been requested by SHSC safeguarding team

| 7 | All staff | The Adult Contact Team/MASH is expected to contact/email the referrer and the line manager or generic email provided and cc in the SHSC Safeguarding Team with the outcome of referrals. This may be by email or telephone. It is the responsibility of the referrer to close/exit the safeguarding referral form on Insight/RiO to record the outcome of their referral.

Unless a more urgent outcome is required, it is the responsibility of the referrer to follow up the outcome of a referral within 5 working days. Outstanding feedback/outcomes of referrals should be reviewed at the MDT/planning meeting. Should there be any disagreement concerning the safety of adults at risk, staff should follow the Sheffield Adult Safeguarding Partnership (SASP) Escalation and Resolution Protocol which can be found here https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/escalation-and-resolution-protocol | Once received from the MASH, the referrer will update the referral of the outcome within 24 hours of receipt of outcome. |
| 8. | Safeguarding Team and All SHSC staff | The Local Authority can cause SHSC to undertake a Section 42 Enquiry to enable decision making and safeguard persons at risk of harm that are currently in receipt of SHSC services.

Any S42 (2) Enquiries that are caused to us will be completed as directed by the Local Authority.
Requests for S42 Enquiries will be sent to the safeguarding team secure email address at sct-ctr.shscsafeguarding@nhs.net
Requests for S42 Enquiries will be logged by the team and shared at SHSC weekly Investigation panel to ensure they are recorded, allocated appropriately and the report has answered the agreed ToR before submission to the Local Authority. | |

7.1

Raising a Concern

Anyone who first becomes aware of concerns of abuse or neglect must report those concerns as soon as possible within the same working day by completing the agreed Safeguarding Adult Referral form in the electronic patient record. An incident form should also be completed (refer to the Incident Reporting Policy).

Consideration needs to be given to managing the service user's immediate safety (e.g. contacting 999/emergency accommodation/staying with relatives/admission to services/increased observations).

If a crime has been committed this must be reported to the police. Wherever possible the person at risk should be supported to report this themselves. Where a person chooses not to report to the Police, staff can make the decision to report this based on the seriousness of the alleged crime.

There are times when staff can report to the Police without a person's consent. If this is required, wherever possible, staff should inform the person what they are going to do and why. The presumption is in favour of reporting/disclosing in line with The Data Protection Act (2018) which allows processing for preventing or detecting unlawful acts and UK GDPR has the basis of substantial public interest. Staff should follow the NHS Code of Practice (2010) which sets out guidance on public interest disclosure and The Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information without consent. If there is a clinical decision made not to report to the Police, staff must have very good reason not sharing this information i.e. there is a clinical view that it would cause the person serious harm, and this decision must be clearly documented in the electronic patient record. If there is a risk to Children, concerns should be shared immediately with the Children Safeguarding Hub.

Concern Raised

Ensure accurate and effective documentation is completed. The staff member raising the concern, along with their line manager should review concerns, assess risk, and ensure a plan is in place to safeguard the service user. This should include discussion with the service user to ascertain their wishes and feelings.

Section 42 enquiry

Section 42 enquiries will be led by staff who have completed appropriate training from the Sheffield Adult Safeguarding Partnership (SASP) e.g. Safeguarding Manager or Conducting Effective Enquiries. The routine timescale for the S42 Enquiry is 6 weeks however, comprehensive enquiries may take longer. Completion date should be set at the outset by Sheffield City Council Adult First Contact Team. If further time is required to complete an investigation this should be agreed with the Corporate Safeguarding Team and SCC to ensure oversight of the enquiry.

Although an enquiry will be led by a trained staff member, any member of staff can be involved in the care of the person at risk and can be asked to contribute and support the investigation.

Meeting with the person at risk

A discussion should be had with the person at risk to verify the concern and seek their wishes and feelings on what would make them feel safe. This may be done by telephone or video conversation; however, a face-to-face assessment is preferable. The views of the person at risk should be documented and considered when completing a safeguarding concern and during any subsequent enquiry. Capacity must be recorded and assessed at this point.

Everyone has a right to make their own decisions even if it appears unwise. If the person lacks capacity to make a decision with regards to the risk posed you should consider other mechanisms that may be more appropriate (Mental Capacity Act 2005, Mental Health Act 1983, Liberty Protection Safeguards).

Outcomes

Outcomes, learning and recommendations should be shared with the person at risk and any family or carers with the person's consent. The completed enquiry should be sent to the Safeguarding Team for review and submitted to the weekly SHSC investigation panel for sign off before being submitted to the Adult First Contact Team/MASH.

7.4   Domestic Abuse

Staff should refer to the Trusts Domestic Abuse Policy, South Yorkshire Safeguarding Adults Procedures and for children aged 16 and 17 years old see SHSC Safeguarding Children Policy for information and guidance.

7.5   Allegations against staff

Allegations made against SHSC staff should be reported in line with the SHSC Managing Allegations Against Staff and Disciplinary policies. When there is concern that a crime may have been committed the police should be notified. A safeguarding concern must also be completed for the alleged victim. When documenting a concern on the appropriate patient recording system **do not** include the details of the staff member alleged to be the source of harm.

If the alleged victim is not an SHSC service user, a safeguarding concern should be submitted to the Local Authority. Please see Allegations Against Staff Policy for further information.

7.6   Mental Capacity

In accordance with the Mental Capacity Act 2005, we work from a presumption of mental capacity unless a person's apparent comprehension of a situation gives rise to doubt. It is the responsibility of staff to establish this. (Please also refer to the SHSC Capacity and Consent to Care, Support and Treatment Policy and the MCA web pages on Jarvis).

7.7   Modern Slavery and Human Trafficking

Only staff at designated first responder organisations can make referrals to the National Referral Mechanism (NRM). The list of referrers is on the link below, but health providers

are not first responders. Our as SHSC staff our responsibility is to complete a safeguarding concern and refer to the Local Authority including a clear outline of concerns and make a direct request that LA report to the NRM. The Duty to Notify is also only for first responders but can be used when an adult does not consent.
See the link below for further information.

https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales

<u>SHSC Statement</u>

This statement is made in pursuant to section 54 of the Modern Slavery Act 2015 and sets out the steps that Sheffield Health and Social Care NHS Foundation Trust has taken and continues to take to ensure that modern slavery or human trafficking is not taking place within our business or supply chain.
The definition for offences covered by the Modern Slavery Act 2015 can be found by clicking here.
We take a zero-tolerance approach to Modern Slavery and Human Trafficking and have taken a number of steps to ensure that it does not take place in any part of our supply chains and within our own business.
Any identified concerns regarding Modern Slavery and Human Trafficking are escalated as part of the organisational safeguarding process working in conjunction with our partner agencies.
SHSC has taken the following action in accordance with the Home Office statutory guidance:

a)   The organisation's structure, its business and its supply chains
•   Adhering to the National NHS Employment Checks / Standards (This includes employees UK address, right to work in the UK and suitable references).
•   Continuing to follow NHS Agenda for Change terms and conditions to ensure that staff receive fair pay rates and contractual terms.
•   Ensuring that Agency staff are procured through approved frameworks and put internal systems in place to check that appropriate pre-employment clearance has been obtained for agency staff.
•   Ensuring that International recruitment takes place under the Code of Practice for International Recruitment (updated March 2023) and the Code of Practice for the international recruitment of health and social care personnel in England – Gov.UK (www.gov.uk)

b)   Its policies in relation to slavery and human trafficking
•   Maintaining our policies and systems to report of concerns including Freedom to Speak Up and whistleblowing; and in respect of safeguarding, volunteering international recruitment and procurement.

c)   Its due diligence processes in relation to slavery and human trafficking in its business and supply chains
•   Continuing to review of all safeguarding referrals via our incident reporting system and sharing data at our Safeguarding Assurance Committee.

•	Continuing to provide assurance from the Corporate Safeguarding Team to the Safeguarding Assurance Committee, Quality Assurance Committee and Sheffield Children and Adults Safeguarding Partnerships that the SHSC Safeguarding Adult Policy and South Yorkshire Safeguarding Adults Procedures are fully implemented.

•	Working in partnership with multi-agency partners leading on this agenda in South Yorkshire and ensuring that we are represented on these committees.

•	Working in partnership with sector partners on the approach to international recruitment.

**d)	The parts of its business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk and e) its effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate**

•	Building long standing relationships with our suppliers and making clear our expectations of business behaviour. Ensuring that with regard to the supply chain that the majority of our purchases utilise existing supply contracts or frameworks which have been negotiated under the NHS standard terms and conditions of contract, which all have the requirement for suppliers to have modern slavery and human trafficking policies and processes in place. We maintain professional practices relating to procurement and supply and ensure that procurement staff attend regular training on changes to procurement legislation. All suppliers are requested to confirm their compliance with the provisions of the Modern Slavery Act (2015), through agreement of purchase orders and tender specifications.

•	Participating in the multi-agency Sheffield Adult Safeguarding Partnership and its associated sub-groups to support the South Yorkshire Safeguarding Adult Procedures, including links to the referral process for adults at risk in our Safeguarding Adults Policy.

•	Work in partnership with statutory and voluntary agencies across the Integrated Care System who lead on this agenda in South Yorkshire and ensure that SHSC is represented at relevant groups.

•	As an NHS organisation, SHSC staff are not a designated first responder organisation. Only organisations listed as designated first responders can make referrals to the National Referral Mechanism (NRM). The list of referrers is on the link below. If SHSC staff have a concern about a person being subject to Modern Slavery, we have a responsibility to complete a safeguarding concern and refer to the Local Authority requesting that they report to the NRM. The Duty to Notify is also only for first responders but can be used when an adult does not consent. Further information can be found here:

https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales

f)	The training about slavery and human trafficking available to its staff

•	Modern Slavery and Human Trafficking is available to staff, including the board of directors and is included within SHSC Level 3 safeguarding adult training.

**8	Development, Consultation and Approval**

This is a revised policy following the handover of our delegated safeguarding duties back to Sheffield City Council. The policy has been developed by the Head of Safeguarding with support from the SHSC Safeguarding Team.

Policy has been sent for review to members of the Safeguarding Assurance Committee including:

- Executive Director of Nursing and Professions
- Named Doctor for Safeguarding
- Heads of Service
- Heads of Nursing
- Matrons

And assured and approved at Safeguarding Assuracne Committee on 22nd May 2023

9   Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	**Process for Monitoring**	**Responsible Individual/ group/committee**	**Frequency of Monitoring**	**Review of Results process (e.g. who does this?)**	**Responsible Individual/group/ committee for action plan development**	**Responsible Individual/group/ committee for action plan monitoring and implementation**
Annual Audit of safeguarding referrals is included in the safeguarding team annual audit plan	Audit	Corporate Safeguarding Team	Annual	Safeguarding Assurance Committee	Corporate Safeguarding Team	Quality Assurance Committee
Quarterly data report on Numbers of referrals, types of abuse, etc.	Report	Head of Safeguarding	Quarterly	Safeguarding Assurance Committee	Corporate Safeguarding Team	Quality Assurance Committee

10   Implementation Plan

Objective	Task	Executive/ Associate Director Responsibility	Timescale and Progress
Dissemination, storage and archiving	Post on Trust intranet (Jarvis)	Director of Corporate Governance	Within 1 week of ratification
Communication of updated policy to all staff	'All SHSCFT staff' email alert and communication in CONNECT	Director of Corporate Governance	Within 1 week of ratification
Cascading of information to all staff	Senior Managers to share with Team/Ward managers to ensure all staff have access to latest version of this policy.	Director of Corporate Governance	Within 1 month of dissemination
Training and development	Ensure up to date information is available at induction for all new staff Training to be provided on Action Learning Sets to ensure Safeguarding Managers and relevant mangers can lead group supervision using this approach.	Director of Nursing and Professions	Within 1 month of dissemination

11   Dissemination, Storage and Archiving (Control)

The Trust will ensure that the policy is circulated to all relevant staff using the Trust Jarvis pages and is promoted via the Safeguarding Assurance Committee. Dissemination will take place via:

- Staff Induction
- Safeguarding Training
- Trust Intranet (Jarvis)
- Learning Lessons Hub
- Strategic Development Group

12   Training and Other Resource Implications

12.1 In order to meet its obligations the Trust has made training of all staff in adult and child safeguarding mandatory at the required level, to be undertaken a minimum of threeyearly basis (dependent upon role and in line with the NHS Intercollegiate Guidance safeguarding competency pathway as set out by the intercollegiate document guidance):

- Basic training with respect to awareness that abuse can take place and the duty to report.
- Training on recognition of abuse and responsibilities with respect to both Trust and Multi-Agency procedures.

12.2   It is the Trust's expectation that all staff access safeguarding training in accordance with their roles and responsibilities. The training will include sections on the sharing of information and confidentiality in line with national and local protocols. Additional Trust training will also focus on record keeping; promoting the keeping of clear, accessible, comprehensive and contemporaneous records that are in line with national and local protocols.

12.3   The Trust's Electronic Staff Record maintains a record of all children and adult safeguarding training delivered, with reference to appropriate levels achieved.

12.4   The Trust accesses and contributes to the Local Safeguarding Board Partnership training pool, in delivery and receipt of advanced and / or specialist training.

12.5   Further detail in relation to available safeguarding training, levels and competencies can be found in the Safeguarding Training Strategy, which is available on the Trust Intranet.

13   Links to Other Policies, Standards (Associated Documents)

[Sheffield Safeguarding Children and Child Protection Procedures](#)

https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/south-yorkshire-adultsafeguarding-procedures

https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/pipot-procedure

https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf

https://www.rcn.org.uk/professional-development/publications/pub-007366 -Children and Young People

https://www.rcn.org.uk/professional-development/publications/pub-007069 - Adults

SHSCFT Performance Development Review (PDR) Policy
SHSCFT PREVENT Policy
SHSCFT Preceptorship Policy
SHSCFT Domestic Abuse Policy
SHSCFT Managing and Supporting Employees Experiencing Domestic Abuse

SHSCFT Capacity and Consent to Care, Support and Treatment Policy
SHSCFT Incident Management Policy
SHSCFT Safeguarding Supervision Policy
SHSCFT Safeguarding Children Policy
SHSCFT Freedom to Speak Up, Raising Concerns (Whistleblowing) Policy
SHSCFT Duty of Candour & Being Open Policy
SHSCFT Confidentiality Code of Conduct Policy

14   Contact Details

Title	Name	Phone	Email
Head of Safeguarding	Hester Litten	271 8484	hester.litten@shsc.nhs.uk
Named Nurse for Safeguarding Children	Angela Whiteley		Angela.whiteley@shsc.nhs.uk
Adult Safeguarding Advisor	Stephenie Barker		Stephenie.barker@shsc.nhs.uk
Executive Director of Nursing, Quality and Professions	Salli Midgley		Salli.midgley@shsc.nhs.uk
Head of Nursing	Kirsty Dallison-Perry		kirsty.dallisonperry@shsc.nhs.uk
Named Doctor for Safeguarding Children	Helen Crimlisk	275 0719	Helen.crimlisk@shsc.nhs.uk

Appendix A Equality Impact Assessment Process and Record for Written Policies

Stage 1 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement. **I confirm that this policy does not impact on staff, patients or the public.**	*I confirm that this policy does not impact on staff, patients or the public.* Name/Date: Hester Litten 22/5/2023

YES, Go to **Stage 2**

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – **Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	NO		
Disability	NO		
Gender Reassignment	NO		
Pregnancy and Maternity	NO		

Race	**NO**		
Religion or Belief	**NO**		
Sex	**NO**		
Sexual Orientation	**NO**		
Marriage or Civil Partnership	**NO**		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by: Hester Litten Name /Date 15/10/2021

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	YES
2.	Is the local Policy Champion member sighted on the development/review of the policy?	NO
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	Not a new policy but Case for Need has been approved
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	YES
5.	Has the policy been discussed and agreed by the local governance groups?	NO – not a new policy
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	YES Statutory requirement as per NHS Intercollegiate Guidance
	Template Compliance	
7.	Has the version control/storage section been updated?	YES
8.	Is the policy title clear and unambiguous?	YES
9.	Is the policy in Arial font 12?	YES
10.	Have page numbers been inserted?	YES
11.	Has the policy been quality checked for spelling errors, links, accuracy?	YES
	Policy Content	
12.	Is the purpose of the policy clear?	YES

13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	YES – as above
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	NA
15.	Where appropriate, does the policy contain a list of definitions of terms used?	YES
16.	Does the policy include any references to other associated policies and key documents?	YES
17.	Has the EIA Form been completed (Appendix 1)?	YES
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	YES
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	YES
20.	Is there a plan to i. review ii. audit compliance with the document?	YES
21.	Is the review date identified, and is it appropriate and justifiable?	YES