

BOARD MEETING

Date: 3rd November 2009

Report Author: Geraldine Sands

Title of paper: A Strategy for Safeguarding Children and Adults

Actions Requested:

The board is asked to:

- Approve the contents of the safeguarding strategy
- Endorse the associated SHA policy for performance managing NHS involvement in serious safeguarding children cases
- Clarify the frequency of future safeguarding update reports required by the board

Governance Requirements:

SHA Objectives supported by this paper:

This paper supports the following SHA objectives:

Objective 1; Delivering and Improved Health System, through safeguarding children and adults receiving care

Objective 2; Setting the Strategic Direction, by ensuring safeguarding is embraced within Healthy Ambitions work programmes and PCT strategic plans

Objective 3; Transforming the Health System, by ensuring commissioning processes are developed to drive up the quality of safeguarding in the NHS

Objective 4; Leading the Health System, by establishing robust leadership arrangements for safeguarding at regional and local level

Objective 5; Ensuring Corporate Responsibility, by setting out actions required for the SHA to deliver on its statutory duty to safeguard and promote the welfare of children

Risk Assessment:

Risk associated with this strategy include:

- The SHA may lack capacity to effectively deliver the strategy and respond effectively to safeguarding incidents. The SHA has recently appointed a strategic lead for safeguarding and the strategy seeks to make safeguarding a cross cutting workstream within the organisation
- The SHA performance management role may be compromised by lack of appropriate and timely information on safeguarding incidents. Implementation of the safeguarding policy will reduce the risk of this occurring.
- The SHA may not be fit for purpose to lead improvements in safeguarding in the local NHS, thus robust training programmes and recruitment developments are being instigated, including CRB checks
- The SHA may fail to work smartly and coherently with partners on this multi-agency agenda, thus coherent work programmes are being established with other agencies, as set out in the strategy document
- The economic situation may divert resources from the most vulnerable, therefore the strategy sets out how this programme of work will be bedded into PCT strategic plans and Healthy Ambitions work programmes

Resource Implications:

There are resource implications for the delivery of this strategy within the SHA which require further consideration. The existence of the Yorkshire and Humber Improvement Partnership is providing capacity for delivery currently, but the future of this organisation is uncertain. Currently, resource implications are being managed by strong matrix arrangements across the SHA and the development of an internal programme group.

Legal Implications:

The SHA has statutory duties to safeguard children and to work in partnership to achieve this. The strategy and associated policy set out how we will fulfil this duty

Equality and Diversity:

Full consideration has been given to equality and diversity issues. Both the strategy and policy ensure that the SHA promotes equality and eliminates discrimination

NHS YORKSHIRE AND THE HUMBER

A STRATEGY FOR SAFEGUARDING CHILDREN AND ADULTS

1. Introduction

Our strategic ambition is to 'make progress towards Yorkshire and the Humber having healthier people, supported by the finest health services anywhere in Europe'. Central to this is a responsibility for health services to protect and safeguard patients and the public. At its most basic this involves assuring ourselves that those receiving health care are safe from abuse or neglect. It also means that our staff must work effectively with others to identify individuals who are vulnerable, including those in their own homes, and safeguard them through the provision of excellent, responsive services.

The Children Act, 2004 places a number of statutory duties on all NHS organisations. These are relevant to Strategic Health Authorities (SHAs) as well as Trusts and Primary Care Trusts. They include duties to 'safeguard and promote the welfare of children', 'to co-operate' with others, particularly Local Authorities, in doing this and to be 'statutory partners' in Local Authority-led Safeguarding Children Boards. The purpose of this paper is to set out how we will fulfil these duties and ensure that adults are also safeguarded within health services in Yorkshire and the Humber.

Over the last year, Yorkshire and the Humber has experienced a number of high profile adults' and children's safeguarding incidents. These have resulted in local learning and improvements across health, social care and other agencies. We are in a strong position to continue to improve safeguarding processes and practice across the region, with clear NHS Chief Executive leadership roles in place for both adult and children's safeguarding. Local service improvements which address safeguarding risks are being shared across the region and accountability for safeguarding is being strengthened within NHS structures and through membership of multi-agency safeguarding boards. The Chief Nursing Officer has recently acknowledged the strength of our approach to safeguarding children within Yorkshire and the Humber.

We have a strong track record of delivery on key priorities and a commitment to ensure that quality underpins all that we do, as reflected in our QIPP strategy. To ensure excellence in safeguarding within local health services, we now need to ensure this is a cross cutting work programme, integrated into all that we do and a central aspect of our assurance processes.

2. Our ambition

Our aim is to ensure that the NHS in Yorkshire and the Humber operates systematically and reliably to protect children, young people and adults from abuse and neglect by identifying those at risk, intervening early and ensuring learning and change is implemented if an incident does occur. We cannot do this without a commitment to strong, multi-agency working arrangements at all levels in NHS organisations, acknowledging that Local Authority Directors of Adults' Services and Directors of Children's Services have significant roles in leading the development of these local partnerships.

This 3 year strategy sets out how we will achieve this aim by supporting excellent clinical practice, world class commissioning and strong and proactive safeguarding partnerships with Local Authorities and others.

3. Background

Safeguarding Children

Working Together to Safeguard Children (WTTSC), 2006 sets out what our statutory duty to safeguard children means in practice. It covers a broad range of issues such as NHS membership of Local Safeguarding Children's Boards (LSCBs), the requirement for statutory safeguarding leadership roles in NHS organisations, the roles of NHS commissioners and service providers in safeguarding and NHS staff training requirements. It also clarifies roles of other agencies including that of Local Authorities to lead safeguarding children arrangements in each area.

Following the death of Victoria Climbié in 2000 a number of structural changes were instigated to drive forward integrated, seamless children's services to improve outcomes, including safeguarding. More recently, the death of Peter Connelly in Haringey, focused on the need for partners to assure themselves of the quality of front line safeguarding practice in their organisations. The subsequent Lord Laming review, 2009, reaffirms the need for integrated working but also stresses accountability for safeguarding in each separate organisation, including the NHS. The review recommends that SHAs should more clearly demonstrate how they are holding PCTs to account for safeguarding arrangements in local NHS services.

Following the Lord Laming Report, the Care Quality Commission (CQC) carried out a national review of safeguarding in the NHS which acknowledged progress but also identified a number of weaknesses in NHS safeguarding arrangements. Subsequent correspondence from the Department of Health and Monitor outlined how all NHS organisations are required to declare compliance with a minimum set of safeguarding standards and how SHAs will report progress to the DH against these.

Other established processes for regulatory monitoring of safeguarding in the NHS include declaration against core health care standards, (one of which covers safeguarding children arrangements), and a new rolling programme of integrated safeguarding inspections led by Ofsted and the CQC. The proposed extension of CQC regulation will cover hospitals and other health care providers and will encompass a domain on safeguarding relevant to all age groups.

Regional Activity; Children and Young People

We are working to ensure NHS organisations in Yorkshire and the Humber gain assurance about safeguarding arrangements and demonstrate learning through systematic improvements. A series of performance meetings with PCT safeguarding executive leads preceded and informed PCT annual reviews in 2009/10. Annual reviews covered safeguarding where there were performance concerns. NHS learning and actions resulting from safeguarding incidents are monitored and followed up systematically via our serious untoward incident (SUI) system and the associated SHA policy has recently been updated (Annex 2). The software supporting this process is now being used to log themes and trends and thus to inform future regional reports and improvement priorities. Safeguarding leadership in our trusts and PCTs is strong. In addition to the lead Chief Executive, all organisations have an Executive Safeguarding Lead and Safeguarding Clinical Leaders. A regional NHS Safeguarding Children Summit on 5th October 2009, provided an opportunity to share learning and good practice across the region.

In addition to our performance management role, we are a statutory partner within LSCBs. We have recently clarified that PCT executive members of LSCBs will also represent the SHA at LSCBs, using a clear protocol for how these arrangements will operate, in line with national guidelines (Annex D Local Safeguarding Children's Boards, 2007). At a regional level we are working productively with the Director of Children and Learner's Team at Government Office

Yorkshire and the Humber to develop a coherent approach to leading improvement in safeguarding across the NHS and Local authorities through a Regional Safeguarding Children Board. A joint conference following the publication of the Lord Laming Review, 2009 led to sub regional action planning and a follow up practice 'show case' event for the NHS and Local Authorities.

We have strong national links with the DH and other stakeholders in relation to children's safeguarding. Our commissioned programme of work to develop PCT executive safeguarding lead competencies has been adopted as a nationally applicable initiative with the support of the DH and other SHAs (see section 4.4). We are engaged in a national safeguarding 'sounding board' organised by the NHS confederation, aiming to influence policy and shape national programmes of work.

We are strengthening our internal arrangements in relation to safeguarding children. In line with statutory requirements, we have developed a safeguarding training plan ensuring that all staff complete appropriate training programmes over the next six months, and have initiated enhanced Criminal Record Bureau checks on all staff who have access to sensitive information about children. Job descriptions and personal specifications are also being updated for posts which interface with safeguarding issues.

Safeguarding Adults

Safeguarding is an issue of relevance to all adults who are ill or dependent whether in receipt of services in a hospital or community settings. Although equally important to children's safeguarding, it does not place the same statutory duties on the NHS. Clear guidance on definitions of vulnerable adults and multi-agency adult protection practice was provided in the policy document No Secrets, 2000. High profile national incidents, such as the deaths caused by Harold Shipman have moved issues of safeguarding, medical competence and vulnerability of patients to the fore in the NHS (Safeguarding Patients; 2004).

People with learning disabilities are amongst the most vulnerable in our society. The policy document Valuing People, 2001, sets out the Government's intention to enable them to live full and independent lives with choice in relation to services and support including health care. The links between vulnerability and mental capacity is a theme within the Mental Capacity Act, 2005 which outlines the offences of wilful neglect and mistreatment in relation to clinical care. As a result of this act the Mental Capacity Act Deprivation of Liberty Safeguards, 2007 came into force from April 2009 and have focused attention on the rights of patients and the duties of staff to be alert to these.

A number of national documents set out non-statutory practice guidelines and standards in relation to multi-agency arrangements for adult safeguarding, most notably Safeguarding Adults; A national framework of standards for good practice, 2005. NHS service providers have a duty to use the Protection of Vulnerable Adults (POVA) scheme, hosted by the Independent Safeguarding Authority. This includes referring any staff who have abused, neglected or harmed a patient in their care and using the POVA list to inform safe recruitment to posts involving 'regulated activities' encompassing most health care roles.

Death by Indifference, 2007, reported the experience of six people with learning disabilities who died due to neglect whilst in receipt of health and social care. A subsequent independent inquiry report (Healthcare for All, 2008) made recommendations for service improvements to ensure the needs of the most vulnerable are understood and met.

Self-directed support is a significant strand of policy within UK social care. It promotes personalised care services which respond to the needs of vulnerable people in ways which actively involve them, such as through individual budgets and direct payments. The NHS is now piloting these approaches, as set out within High Quality Care for All, 2008. A recent DH

adult safeguarding consultation document (Safeguarding Adults; a consultation on the review of No Secrets guidance, 2008) seeks to develop coherence in policy themes, particularly between 'personalisation' and safeguarding. It describes how choice and personalisation could potentially increase safeguarding risk and stresses the importance of applying learning about risk assessment and management in the new care environment of self-directed support and individual budgets

Regional Activity; Vulnerable Adults

A number of regional work programmes are in place to improve adult safeguarding across NHS organisations in Yorkshire and the Humber. In relation to people with learning disabilities, Valuing People Partnership Boards have completed Quality and Performance Self Assessment Frameworks which currently have a strong emphasis on the quality and safety of health services. A Regional Health Overview Group for Learning Disability was established as an additional regional NHS Next Stages Review (Healthy Ambitions) board. In partnership with PCT boards, this group is monitoring implementation of service improvements including safeguarding. At the beginning of 2009/10, the Yorkshire and the Humber Improvement Partnership (YHIP) co-ordinated a regional conference on safeguarding and the Mental Capacity Act to clarify policy messages and share and spread good practice. Later this year we are planning an NHS acute ward safeguarding summit for senior leaders and key external stakeholders. Improvement themes and practice will be shared and a programme of work agreed which will assure trusts, patients and their relatives of the quality of safeguarding practice on our hospital wards

A Regional Safeguarding Adults Board has recently been established as part of the Joint Improvement Partnership arrangements, led by the Deputy Regional Director of Public Health. Chaired by a lead Director of Adult Social Care, this board enables NHS leaders to work with Local Authority colleagues to drive forward improvements in adult safeguarding arrangements including issues relating to personalised budgets. A number of NHS representatives, including the SHA, are members of this board and our work programmes reflect its priorities.

Trusts and PCTs have named Executive Leads for Safeguarding Adults but infrastructure beneath board level is less well defined and varies across the region, as does engagement in Local Authority led Local Safeguarding Adult Boards (LSAB). We work closely with PCTs to monitor learning and implementation of actions when specific incidents occur, particularly when NHS staff are involved. However, in Yorkshire and the Humber, as in other regions, LSABs are not confident that incidents identified by NHS staff are systematically referred to them for multi-agency case review.

4. The Strategy

For clarity, this strategy is structured in five sections, in line with the functions set out within our business model. These functions define our particular roles in the health system. They are underpinned by a set of tools, processes and programmes.

- **Thought leadership.** Ensuring that the best and most creative thinking about health and health care is made available to all leaders
- **Accountability and assurance.** Holding the NHS in Yorkshire and the Humber to account, on behalf of local communities and the DH, for effective planning and delivery of care
- **System regulation.** Ensuring safety across the system and agreeing the rules and behaviours for how our system in Yorkshire and the Humber will work
- **Capacity building.** Building capacity and providing services on behalf of the NHS in Yorkshire and the Humber where there is a statutory requirement or where this makes sense for economies of scale

- **Advocacy and interpretation.** Providing a link between the DH and the NHS locally, enabling national policy development to be influenced and national policy messages to be heard by the NHS

4.1 Thought Leadership

We will ensure that the most creative thinking about health services and their contribution to safeguarding is available to leaders in Yorkshire and the Humber. This will involve both developing existing programmes and tools to embrace safeguarding and identifying new information and programmes to improve safeguarding processes and practice in the NHS.

Healthy Ambitions.

Healthy Ambitions' pathways drive improved quality across health services. We will incorporate safeguarding into them, using this particularly as a vehicle for implementing learning from safeguarding serious case reviews within children's and adults' services. Clinical leaders who are experts in safeguarding will be engaged in the work of Healthy Ambitions work programmes to effect these changes.

Specific actions will include:

- Safeguarding children improvements will be incorporated into the children's, maternity and adult mental health pathways.
- Safeguarding adults improvements will be incorporated into all relevant pathways
- Expert safeguarding leaders will be engaged in the work of the relevant Healthy Ambition work programmes

Transforming Community Services.

We will work with commissioners to ensure they drive up the quality of safeguarding within all service sectors, including community providers. Third sector provision poses particular challenges to commissioners as they seek to assure themselves of optimal safeguarding practice through contracts and service specifications with organisations which may not be bound by the same statutory duties as the NHS. To strengthen commissioning existing statutory safeguarding children clinical leadership roles must be positioned appropriately. Leaders in safeguarding clinical practice are required in community provider organisations and strategic leaders, or designated professionals, are required to inform commissioning. For adult safeguarding, where these roles are less well developed, further collaborative work will take place to identify and share best practice.

We will:

- Ensure designated professional expertise is established to inform commissioning of adult services, learning from arrangements for children's safeguarding.
- Work with regional and local partners to support improvements in the quality of safeguarding through commissioning of community provision, with a focus on care homes and third sector providers.

Personal Health Budgets.

Local Authorities have considerable experience of implementing individualised budgets whilst for the NHS, personal health budgets are still at the pilot stage. In Yorkshire and the Humber there are currently 8 such pilots, seeking to enable people with long term conditions to purchase their own health care.

We will:

- Identify best practice from other regions and countries in relation to excellent safeguarding arrangements in personal health budgets
- Work with partners, including members of the Regional Safeguarding Adults Board, to share protocols and guidelines for ensuring the quality of safeguarding through personalised budgets

Identifying and Safeguarding Those at Risk.

NHS staff have critically important roles to play in identifying those vulnerable to abuse and neglect and intervening early. One of the recurrent themes in Yorkshire and the Humber's children's serious case reviews has been missed opportunities by NHS universal child health and maternity services to systematically identify and protect vulnerable children. Evidence based risk factors often exist as early as pre birth; NHS staff require an understanding of risk factors accompanied by confident clinical judgement to make sound safeguarding decisions. We are currently working with leaders from the national Family Nurse Partnership Programme to explore ways of optimising clinical safeguarding judgements using new approaches to supervision and with leaders from NHS Doncaster in support of the development of a predictive tool to assess safeguarding risk within families.

We will:

- Work collaboratively to support the development of a predictive tool for children's safeguarding which can be used by NHS staff across the region.
- Identify evidence base for developing or adopting an existing predictive tool for NHS staff in relation to adult safeguarding
- Identify and share learning from the Family Nurse Partnership on the development of proactive, tenacious nurse/ family relationships which support improved safeguarding practice.

4.2 Accountability and Assurance

We have a significant role to play in monitoring and improving safeguarding performance across the region, in both PCTs and provider organisations. A key aspect of this is to ensure robust accountability and assurance arrangements for safeguarding in NHS organisations. The NHS has a statutory duty to work in partnership with others to safeguard children. Strong partnerships are also essential to achieve best outcomes in safeguarding adults. However, this needs to be balanced by clear lines of accountability and assurance arrangements within the NHS.

Measuring Safeguarding Quality.

We will work with the National Child and Maternal Health Observatory (CHIMAT), local NHS leaders, and other agencies to develop performance dashboards which measure the quality of NHS safeguarding practice and processes. These will be used to demonstrate progress in Yorkshire and the Humber and to enable organisations to benchmark against each other. Dashboard metrics will help inform development of future CQUINs and the contents of annual Quality Accounts.

We will:

- Develop a regional safeguarding children performance dashboard for the NHS
- Work with the Regional Adult Safeguarding Board to develop a set of performance metrics for adult safeguarding across health and social care

- Work with PCTs to develop new CQUINs for safeguarding across both children's and adults services.

World Class Commissioning

Commissioning processes are a significant lever through which PCTs hold their providers to account for safeguarding both adults and children. PCT strategic plans inform service commissioning over a five year period, and should reflect strategic priorities agreed with key partners, including those within Local Area Agreements. The assessment of PCT strategic plans by the SHA forms a key part of the World Class Commissioning assurance process.

We will:

- Review strategic plans in relation to safeguarding, ensuring local safeguarding priorities are reflected in them including needs and developments identified through significant safeguarding incidents.
- Work with PCTs to ensure that all service specifications and contracts for adult and children's services include clear standards for safeguarding, including those commissioned through specialist commissioning arrangements.
- Work with the DH to explore how the GP contract/ Quality and Outcomes Framework could be further developed and utilised to assure PCTs of safeguarding arrangements in practices.

SHA Performance Processes.

We will ensure that safeguarding is incorporated into mainstream performance processes. An SHA performance manager has been identified to work with the strategic safeguarding lead on children's issues, to help align performance processes. In 2009/10 we effectively linked safeguarding children performance into annual review meetings. Annual reviews were preceded by a series of performance meetings with PCT Executive Safeguarding Leads in April and May 2009 the outputs of which were used to inform questions raised in annual reviews. We will continue to work in this way, incorporating safeguarding adults' performance into future meetings using the performance dashboards to shape discussions.

We will:

- Select some core safeguarding performance metrics to include in the SHA's performance matrix.
- Continue to include safeguarding performance within the annual review meetings with PCTs

Multi-agency Governance.

NHS membership of LSCBs and LSABs is critical to ensuring effective multi-agency leadership and safeguarding improvements. NHS trusts, PCTs and the SHA are statutory partners of LSCBs. Modelling multi-agency working, we will continue to work with regional partners to monitor and improve safeguarding. We will develop coherent programmes of work with the Director of Children and Learner's Team through the Regional Children's Safeguarding Board, and the Deputy Regional Director of Public Health's Team through the Regional Adult Safeguarding Board. We will fully integrate our programmes of work where appropriate.

We will ensure:

- Appropriately senior and consistent PCT and trust membership of LSABs and LSCBs
- Full implementation of the protocol to delegate SHA membership of LSCBs to PCTs

4.3. System Regulation

We will assure ourselves that local NHS services effectively safeguard patients, and where incidents do occur, that lessons are learned and changes implemented promptly.

Safeguarding Serious Untoward Incidents.

Like other SHAs, we have recently devolved performance management of serious untoward incidents (SUIs) in provider services to commissioning PCTs. However, due to our statutory duty, safeguarding children SUIs are still reported to the SHA for full performance review, assessment and feedback. This will continue to be a significant route through which we hold commissioners to account for improving safeguarding children practice in local health services. We are therefore working to improve reporting arrangements, ensuring the relevant information is obtained from PCTs and feedback given to them within an agreed timeframe, matching that required for LSCB led serious case reviews, the statutory multi-agency investigation process which NHS organisations are required to participate in. A revised policy has been developed, setting out how this process will operate (annex 2).

We do not have a systematic regional overview of all safeguarding adult incidents reported by the local NHS through the SUI system because these are now held at local level. However, when an incident directly involves an NHS member of staff, reports come to the SHA through other routes. We will continue to monitor implementation of actions and learning from these cases. .

We will:

- Identify more robust processes for performance monitoring NHS involvement in safeguarding adult incidents
- Ensure that the software used for children's SUIs is fully updated so that information about regional themes and trends in safeguarding incidents can be obtained
- Ensure implementation of the revised SHA policy for performance managing NHS involvement in serious children's safeguarding incidents, including receiving reports and giving feedback within an agreed timeframe and keeping cases open until all actions are implemented.
- Develop a larger pool of clinical advisers skilled to provide clinical advice regarding safeguarding SUIs.
- Develop and implement a programme of work on ward based safeguarding assurances

4.4 Capacity Building

We will build capacity for improved safeguarding in NHS services, through existing programmes of work and through new developments. We will also ensure that we have the right internal capacity, systems and processes to fulfil our statutory duty to safeguard children, and to deliver our strategy across all age groups.

Education Commissioning.

The SHA is accountable to the Department of Health for the Multi Professional Education and Training (MPET) budget which funds the training and education for all clinical staff. Children's serious case reviews within Yorkshire and the Humber indicate some common practice improvement themes which need to be supported through training programmes.

We will:

- Systematically feed themes from serious case reviews from both adult and children's incidents into existing pre and post registration training courses and medical training programmes

Leadership Development.

Strong safeguarding leadership in all health organisations is essential to drive forward sustained improvements. Leadership challenges for this agenda include the requirement to work effectively across systems and organisations and to forge strong partnerships with Local Authorities.

The leadership role of PCT Executive Safeguarding Leads is significant and challenging, and requires them to assure their boards of sound safeguarding arrangements across their whole health economy. Clinical leadership is also critical, but many designated and named professionals for safeguarding children have historically not been afforded influential positions in their organisations. We have commissioned a local university to provide a nationally developed leadership programme for these staff.

Under 'Excellence in Leadership – Excellence in Health' there are a number of talent management and leadership development interventions within the region. There are also a range of additional programmes and activities to support leadership development. We will ensure that these are fully accessed and utilised by those within safeguarding leadership roles.

We will:

- Extend the clinical leadership development which supports the delivery of Healthy Ambitions to include a number of named and designated professionals who will work to integrate safeguarding into Healthy Ambitions work programmes.
- Work with an identified national development agency (CHaMP) to establish a set of competencies for PCT Executive Safeguarding Children roles. These will inform future job roles and development needs and will be developed in partnership with a regional stakeholder group including several existing post holders.

Named and Designated Professionals for Safeguarding.

The function of these statutory roles for safeguarding children are set out in Working Together to Safeguard Children, 2006. We will encourage trusts and PCTs to mirror these arrangements within adult services and seek to optimise future recruitment to these posts through achieving a better understanding of their infrastructure and support needs.

We will:

- Commission a review of the support infrastructure required by designated professionals for safeguarding children and adults to effectively carry out their roles, including psychological support, and use this to develop regional guidelines for trusts and PCTs
- Support the development of a regional forum for designated leads for adult safeguarding to mirror the existing arrangements for children's safeguarding postholders.

Information Management and Technology

ContactPoint is an IT system being implemented across the country in all health economies, engaging all staff who provide services to children. It aims to promote good communication between different agencies in order to more effectively safeguard children. It achieves this by allowing professionals from each agency to access information concerning other professionals who have contact with individual children. Local Authorities are leading implementation but NHS organisations are now engaged in training their staff to use the system. We have established a regional NHS programme board to steer implementation in the NHS

We will:

- Further develop regional NHS accountability arrangements for implementation of Contactpoint
- Support implementation of ContactPoint in the NHS by ensuring robust and effective programme management arrangements in local PCTs.

Internal Capacity Building

To fulfil statutory requirements and deliver our safeguarding strategy, we will continue to improve internal systems and arrangements including:

- We will establish an internal safeguarding programme group to monitor delivery of this strategy and work plan.
- All relevant SHA job descriptions will be updated to reflect roles where individuals may have access to sensitive information about children or vulnerable adults
- All potential appointing officers at the SHA will undertake 'safe recruitment' training, covering issues pertaining to appointees who may have access to sensitive information about children and vulnerable adults.
- Enhanced CRB checks will be completed on existing staff who have access to sensitive information about children and vulnerable adults. A system will be established to ensure these are carried out on relevant new employees and repeated at three yearly intervals
- We will develop a policy regarding our responsibilities if an allegation was made against an member of SHA staff in relation to a child or vulnerable adult
- The mandatory training programme for staff who access sensitive information about children will be extended to include all staff, in line with Working Together to Safeguard Children, and mandatory training on safeguarding vulnerable adults will also be established.
- A development session on safeguarding duties and assurance arrangements will be offered to the SHA Board.

4.5 Advocacy and Interpretation.

National policy and guidelines for both safeguarding adults and elements of the safeguarding children agenda are currently under review. We will continue to link with leaders in the DH and other national bodies to influence policy, engaging local leaders from trusts and PCTs in this process. We will provide regular policy updates to trusts and PCTs electronically, and through regional summits and events and proactively link with the DH to respond to briefing requests on individual cases. We will ensure timely communication about serious case review publications from PCT communications teams, enabling us to contribute to media strategies.

We will:

- Use a web-based facility to 'showcase' and spread good safeguarding practice in Yorkshire and the Humber.

- Ensure PCT Safeguarding Executive Leads update us with serious case review reports and publication dates
- Produce a regional composite document with all SCR timelines and expected publication dates for use by the SHA communications team

5. Action Plans

Draft action plans associated with this strategy are set out in annex 1. These will be further developed in the SHA's internal safeguarding programme group where implementation will also be monitored. Progress updates will be provided to SMT and the SHA board.

6. Recommendations

The board is asked to:

- Approve the contents of the strategy
- Endorse the associated SHA policy for performance managing NHS involvement in serious safeguarding children cases
- Clarify the frequency of future safeguarding update reports required at the board

References

_ADASS, Safeguarding Adults; A national framework of standards for good practice and outcomes in adult protection work, 2005

Annex D. Local Safeguarding Children Boards: A Review of Progress, 2007

CQC Review. Safeguarding Children, A Review of arrangements in the NHS to safeguard children; 2009

DH, No Secrets; guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, 2000

DH, Valuing People; A New Strategy for Learning Disability for the 21st Century, 2001

DH, Healthcare for All, 2008

DH, High Quality Care for All, NHS Next Stage Review (final report) 2008

HM Government, The Mental Capacity Act, 2005

HM Government, The Mental Health Act Part 11 (Deprivation of Civil Liberty Safeguards), 2007

HM Government, Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, 2006

HM Government, Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004, 2007

HM Government; Safeguarding Patients; Lessons from the past, Proposals for the future, (5th publication of the Shipman Inquiry), 2004

HM Government; The Protection of Children in England; A Progress Report. Lord Laming, 2009

Mencap; Death by Indifference. 2007

ANNEX 1

* reflects the fact that a similar action may be in both action plan, but time frames may be different

ACTION PLAN; SAFEGUARDING ADULTS (draft)

ACTION	LEAD OFFICER	DATE	RISKS
1. Safeguarding adult improvements will be incorporated into the mental health, learning disabilities, long term conditions, end of life and acut Healthy Ambitions Pathways.*	Helen Dowdy and SHA pathway leads	April 2010	Existing groups may not prioritise safeguarding in their pathways
2. Expert safeguarding leaders will be engaged in the work of the relevant Healthy Ambitions Pathway Groups *	Helen Dowdy and SHA pathway leads	January 2010	<ul style="list-style-type: none"> ➤ Capacity for these leaders to be involved ➤ Requirement for leadership skills across a broader clinical agenda
3. Designated Professional expertise will be established across all PCTs to inform commissioning of adult services, learning from arrangements within children's safeguarding	Geraldine Sands	March 2011	<ul style="list-style-type: none"> ➤ Development of skills ➤ Capacity and resourcing
4. Work with regional partners to identify approaches to driving up the quality of safeguarding through commissioning within care homes and third sector provision*	Geraldine Sands/ Anne Russell	Dec 2010	<ul style="list-style-type: none"> ➤ Achieving 'buy in' from all PCTs, not just those requesting this approach ➤ Disparate range of third sector providers may render regional approach difficult
5. Identify best practice from other regions and countries in relation to optimal safeguarding arrangements through personal health budgets	Paul Rice/ Anne Russell	March 2010	
6. Work with partners to develop regional protocols and guidelines for ensuring the quality of safeguarding through personalised budgets	Paul Rice/ Geraldine Sands	September 2010	<ul style="list-style-type: none"> ➤ Capacity to deliver this ➤ Need to obtain engagement across health and social care
7. Identify evidence base and potential for development of predictive tool for adult safeguarding	Geraldine Sands	December 2010	<ul style="list-style-type: none"> ➤ Capacity to deliver this
8. Work with regional Adult Safeguarding Board to develop a set of performance metrics for adult safeguarding*	Geraldine Sands+ performance team rep	tbc	<ul style="list-style-type: none"> ➤ Need to identify metrics which are relevant across both health and social care ➤ Ability to easily access data
9. Work with PCTs to develop new CQUINs for safeguarding adults*	Sue Hillyard/ Geraldine Sands	April 2010	<ul style="list-style-type: none"> ➤ Achieving 'buy in' from PCTs
10 Ensure PCT strategic plans include identification of improvement needs and strategic intentions regarding safeguarding adults.*	Helen Dowdy/ Geraldine Sands	Nov 2009- Jan 2010	<ul style="list-style-type: none"> ➤ DH guidance not specific about contents ➤ PCTs may not prioritise this as a strategic planning issue

11. SHA assured that all PCT service specifications/ contracts for adult services include standards for safeguarding, including those commissioned through specialist commissioning arrangements. *	Geraldine Sands + performance team rep	June 2010	<ul style="list-style-type: none"> ➤ Difficult to evidence this ➤ Considerable work for PCTs, so need to share and spread
12 Work with the DH to explore how the GP contract/ Quality and Outcomes Framework could be further developed and utilised to assure PCTs of safeguarding arrangements in practices.		April 2010	<ul style="list-style-type: none"> ➤ There may be limited potential to influence national work on this
13. Update the SHAs generic performance dashboard to include key indicators on safeguarding adults*	Karen Warner, Forrest Frankovitch	October 2010	<ul style="list-style-type: none"> ➤ Need to agree regional metrics before doing this
14. Ensure safeguarding is part of the PCT annual review process in 2010/11*	Gulnaz Akhtar	June 2010	
15. Ensure appropriately senior and consistent PCT membership of LSABs*	Geraldine Sands	October 2010	<ul style="list-style-type: none"> ➤ PCTs need to ensure capacity and leadership roles are in place
16. Joint regional programme of work in place with the regional Safeguarding Adults Board	Geraldine Sands	December 2009	<ul style="list-style-type: none"> ➤ Need to work with board to develop work plan that includes the NHS
17. Obtain and share regionally, information about trends and regional themes from safeguarding adult SUIs *	Geraldine Sands/ Marie Chappell	Dec 2010	<ul style="list-style-type: none"> ➤ We do not hold regional data on adult safeguarding SUIs so need to develop processes to achieve this
18. Identify more robust processes for performance monitoring NHS involvement in safeguarding adult incidents	Geraldine Sands	April 2011	<ul style="list-style-type: none"> ➤ Need to work with PCTs to agree how information is routinely shared with the SHA ➤ Capacity to deliver this
19. Feed practice improvement themes from safeguarding adult reviews into education commissioning arrangements*	Sharon Oliver	April 2011	<ul style="list-style-type: none"> ➤ Need to obtain information about trends and themes first
20. Extend Healthy Ambitions Clinical Leadership programme to include a number of named and designated professionals for safeguarding adults*	Paul Harrison	April 2010	<ul style="list-style-type: none"> ➤ Cost and capacity associated with this
21. Support the development of a regional forum for designated leads for adult safeguarding	Geraldine Sands	December 2009	<ul style="list-style-type: none"> ➤ Willingness of a PCT to host this ➤ Capacity to provide admin support
22. Use web based facility to 'showcase' and spread good safeguarding practice in Yorkshire and the Humber*	YHIP/ Geraldine Sands	April 2010	<ul style="list-style-type: none"> ➤ The future of YHIP is uncertain
23. Establish and internal safeguarding programme group*	Geraldine Sands	Jan 2010	
24. Update SHA job descriptions to reflect safeguarding responsibilities*	Helen Pottinger	Dec 2009	<ul style="list-style-type: none"> ➤ Directorates need to promptly clarify which posts interface with safeguarding issues
25. SHA appointing officers have undertaken 'safe recruitment' training*	Helen Pottinger	March 2010	

26. System in place in SHA to ensure enhanced CRB checks are completed on relevant posts and updated three yearly *	Helen Pottinger	Dec 2009	<ul style="list-style-type: none"> ➤ Cost of checks ➤ Identifying host organisation to progress this
27. 'Allegation against staff' policy in place in the SHA *	Helen Pottinger	March 2010	
28. All SHA staff have accessed mandatory safeguarding training *	Helen Pottinger	Sept 2010	<ul style="list-style-type: none"> ➤ Need web based training programme rel;event to adult safeguarding
29. SHA board is offered a safeguarding development session	Jo Dally/ Geraldine Sands	Jan 2010	

ACTION PLAN; SAFEGUARDING CHILDREN (draft)

ACTION	LEAD OFFICER	DATE	RISKS
1 Safeguarding children improvements will be incorporated into the children's, maternity and mental health Healthy Ambitions Pathways *	Helen Dowdy and SHA pathway leads	April 2010	<ul style="list-style-type: none"> ➤ Existing groups may not prioritise safeguarding within their pathways
2. Expert safeguarding clinical leaders will be engaged in the work of the relevant Healthy Ambitions Pathway Groups *	Helen Dowdy and SHA pathway leads	January 2010	<ul style="list-style-type: none"> ➤ Capacity for these leaders to be involved ➤ Require leadership skills to influence a broader clinical agenda
3. Work with regional partners to identify approaches to driving up the quality of safeguarding within third sector provision through commissioning*	Geraldine Sands	Dec 2010	<ul style="list-style-type: none"> ➤ Achieving 'buy in' from all PCTs, not just those requesting this approach ➤ Disparate range of providers may make regional approach difficult
4. Work collaboratively to support the development of a predictive tool for children's safeguarding which can be used across the region	Susan Bottomley (YHIP)	January 2010	<ul style="list-style-type: none"> ➤ Stronger evidence base required ➤ Future of YHIP uncertain
5. Identify and share learning from FNP on development of proactive, tenacious nurse/ family relationship which supports safeguarding..	Geraldine Sands	March 2010	<ul style="list-style-type: none"> ➤ Learning from FNP still being identified and refined
6. Develop a regional safeguarding children performance dashboard*	Gulnaz Aktar/ Geraldine Sands	November 2009	<ul style="list-style-type: none"> ➤ Need to ensure that all PCTs 'buy in' to a regional approach to monitoring safeguarding performance ➤ Obtaining required data
7. Work with PCTs to develop new CQUINs for safeguarding children*	Sue Hillyard/ Geraldine Sands	April 2010	<ul style="list-style-type: none"> ➤ Need to compete with other PCT priorities for CQUINs

8. Ensure PCT strategic plans include identification of improvement needs and strategic intentions regarding safeguarding children*	Geraldine Sands	January 2010	<ul style="list-style-type: none"> ➤ Time/ capacity to review strategic plans ➤ National guidance on strategic plans does not include requirements re detailed contents
9 SHA assured that all PCTs service specifications/ contracts include standards for safeguarding children, including those for those commissioned through specialist commissioning arrangements.*	Gulnaz Aktar/ Geraldine Sands		<ul style="list-style-type: none"> ➤ Difficult to evidence this ➤ Considerable potential work for PCTs, so need to share and spread
10 Work with the DH to explore how the GP contract/ Quality and Outcomes Framework could be further developed and utilised to assure PCTs of safeguarding arrangements in practices.*	Geraldine Sands	April 2010	<ul style="list-style-type: none"> ➤ There may be limited potential to influence national work on this
11 Update the SHAs generic performance dashboard to include key indicators on safeguarding children.*	Karen Warner/ Forrest Frankovitch		<ul style="list-style-type: none"> ➤ Limited quantitative indicators re safeguarding
12. Ensure safeguarding is part of the PCT annual review process in 2010/11*		June 2010	
13. Fully implement protocol to delegate SHA membership of LSCBs to PCTs	Geraldine Sands	Nov 2009	<ul style="list-style-type: none"> ➤ Some PCTs do not fully support this approach
14. Obtain and share regionally, information about trends and regional themes from safeguarding children SUIs*	Marie Chappell	December 2009	<ul style="list-style-type: none"> ➤ Need to complete 'tagging process on STEIS system.
15. Ensure implementation of the revised SHA policy for performance managing NHS involvement in serious children's safeguarding incidents, including receiving reports and giving feedback within an agreed timeframe	Marie Chappell/ Geraldine Sands	March 2010	<ul style="list-style-type: none"> ➤ Capacity within the SHA to follow up all incidents within a tight timeframe ➤ Responsiveness of PCTs to lead implementation in their health economies
16. Develop a larger pool of clinical advisers for safeguarding children SUIs*	Marie Chappell/ Geraldine Sands	June 2010	<ul style="list-style-type: none"> ➤ Resources and capacity ➤ Obtaining appropriately skilled advisers
17. Feed practice improvement themes from children's SCRs into education commissioning arrangements*	Sharon Oliver	April 2010	<ul style="list-style-type: none"> ➤ Trends and themes first to be obtained from STEIS
18. Extend Healthy Ambitions Clinical Leadership programme to include a number of named and designated professionals for safeguarding children*	Paul Harrison	April 2010	<ul style="list-style-type: none"> ➤ Cost and capacity associated with this

19. Work with CHaMP and local leaders to develop a set of competencies for PCT executive children's safeguarding roles	Geraldine Sands	March 2010	➤ Needs ownership of this workstream by broader range of existing post holders and Chief Executives
20. Work with PCTs to review the support infrastructure required by designated professionals and develop regional best practice guidelines	Susan Bottomley (YHIP)	December 2010	➤ Capacity within the YHIP programme
21. Further develop regional steering and accountability arrangements for the implementation of Contactpoint in the NHS	Nick Allen-Smith/ Geraldine Sands	December 2009	➤ PCT capacity to be involved in regional programme board
22. Support implementation of ContactPoint in the NHS by ensuring robust and effective programme management arrangements in local PCTs.	Nick Allen-Smith/ Geraldine Sands	tbc	➤ This programme is led by the DCSF and has not effectively engaged NHS stakeholders. ➤ NHS may not see potential for this system to improve safeguarding practice
23. Use web based facility to 'showcase' and spread good safeguarding practice in Yorkshire and the Humber *	Susan Bottomley (YHIP)	Jan 2010	➤ Uncertainty regarding the future of YHIP
24. Establish and internal safeguarding programme group*	Geraldine Sands	Jan 2010	➤ Achieving time commitment from potential members
25. Update SHA job descriptions to reflect safeguarding responsibilities*	Helen Pottinger	December 2009	➤ Directorates need to achieve clarity concerning which posts interface with safeguarding issues
26. SHA appointing officers have undertaken 'safe recruitment' training*	Helen Pottinger	March 2010	
27. System in place in SHA to ensure enhanced CRB checks are completed on relevant posts and updated three yearly *	Helen Pottinger	December 2009	➤ Costs of CRB checks and identifying a 'host' organisation.
28. 'Allegation against staff' policy in place in the SHA *	Helen Pottinger	March 2010	
29. All SHA staff have accessed mandatory safeguarding training*	Helen Pottinger	March 2010	➤ Need all staff to prioritise completion of web based training
30. SHA board is offered a safeguarding development session*	Jo Dally/ Geraldine Sands	Jan 2010	

ANNEX 2

NHS YORKSHIRE AND THE HUMBER

POLICY FOR PERFORMANCE MANAGING NHS INVOLVEMENT IN SERIOUS SAFEGUARDING CHILDREN CASES; THE ROLE OF THE SHA AND ITS INTERFACE WITH PCTs AND LOCAL SAFEGUARDING CHILDREN'S BOARDS

1. 0 Context and Aim

- 1.1 Strategic Health Authorities (SHA) have a statutory responsibility to performance manage safeguarding children arrangements in any PCT or NHS Trust. This includes Foundation Trusts by working through the commissioning PCT. (Children Act, 2004 section 11). The Department of Health holds SHAs to account for this role (WTTSC, 2006).
- 1.2 Standards for Better Health, particularly standard C2, and monitoring implementation of actions arising from individual safeguarding case reviews, are cited as key vehicles for this. (WTTSC,2006)
- 1.3 Strengthened performance management for safeguarding in individual agencies, including the role of the NHS is a clear recommendation of the recent Lord Laming Report, 2009
- 1.4 NHS Yorkshire and the Humber has clearly identified an executive safeguarding leader and support roles to lead this process, including the performance management of NHS involvement in individual safeguarding cases.
- 1.5 In PCT economies, Local Authorities have responsibility for establishing Local Safeguarding Children's Boards (LSCBs). NHS organisations, including the SHA, are partners within LSCBs (Children Act, 2004 section 13) but a range of approaches can be taken by SHAs in discharging this duty, including delegation of SHA membership to PCTs. (Annex D of Local Safeguarding Children Boards: A Review of Progress, 2007). NHS Yorkshire and the Humber has formally delegated this duty to PCT executive safeguarding leads, with guidelines for delegation set out in appendix 1.
- 1.6 LSCBs lead multi-agency reviews into serious safeguarding cases (serious case reviews; SCRs) and must ensure SHAs are fully briefed about SCRs so they can fulfil their responsibility to manage NHS performance and brief the DH of emerging issues.(WTTSC, 2006).
- 1.7 PCTs have a responsibility to report these individual cases to the SHA through the Serious Untoward Incident (SUI) process as 'safeguarding SUIs'. This enables the SHA to fully understand the NHS involvement with each case and thus to fulfill its performance management role.
- 1.8 This policy document brings the safeguarding SUI process in line with the multi-agency SCR process and timeframe, thus ensuring a streamlined performance management approach within the NHS and clarifying for PCTs and LSCBs the information required by the SHA to carry out this role. It also clarifies which additional children's safeguarding cases should be reported to the SHA, even if a SCR is not instigated.

- 1.9 PCTs have a significant role in leading improvements in safeguarding practice in their commissioned services, especially in response to SCRs. (WTTSC, 2006 and CQC, 2009). NHS Yorkshire and the Humber will work closely with PCTs to improve safeguarding practice and obtain a regional overview of progress.
- 1.10 Safeguarding leaders in commissioning PCTs, particularly the executive safeguarding leads and designated professionals for safeguarding, will be key contacts for the SHA, as will Risk and Governance Managers. It is a statutory requirement for PCTs to have designated professionals in post (doctors and nurses), (WTTSC, 2006). In relation to the SCR process, these post holders are required to review and evaluate the practice and learning of health professionals and health services commissioned by the PCT. This may involve advising and supporting individual trusts as they compile reports for the review, described as Individual Management Reviews; (IMRs) (WTTSC, 2006).
- 1.11 Named professionals (doctors, nurse, midwives and sometimes other clinical professionals) are employed by provider Trusts. They are usually responsible for conducting the trust's IMRs, except when they have had personal involvement in the case including line management or supervisory responsibilities. They also ensure that the resulting action plan is implemented within their organisations (WTTSC, 2006).
- 1.12 It is the responsibility of executive safeguarding leads in PCTs, to ensure that there is sufficient named and designated professional capacity in their health economies and that these clinical leaders have up-to-date skills pertaining to SCRs. In organisations where a SCR has not been conducted for some time, development opportunities must be provided including specific training and/ or cross regional work shadowing or temporary job swaps with a colleague in a neighbouring organisation who is undertaking a SCR.
- 1.13 NHS Yorkshire and the Humber will seek evidence of how local PCTs are holding their commissioned providers to account for safeguarding children, including through contracts and service specifications and through leading practice development and innovation across their health economies.

2.0 The Multi-Agency Procedure for Reviewing Serious Cases.

- 2.1 Undertaking a SCR is a well defined multi-agency process (WTTSC, 2006). A Serious Case Review Panel, under the auspices of the LSCB, leads this process. The panel is chaired by a person who is independent from all agencies involved.
- 2.2 The LSCB reports the safeguarding incident to Ofsted and within **one month** a decision is made whether or not to commission a SCR. If a SCR goes ahead, it must be completed within a statutory timeframe of **four months**. Ofsted will track progress and assess the quality of the SCR. It may be possible to extend the timeframe in special circumstances, but this must be done via the LSCB, in negotiation with Ofsted.
- 2.3 Once a SCR is initiated individual health organisations will ensure that all relevant case records have been secured, as requested by the SCR panel. Prompt action must be taken to complete a comprehensive chronology of NHS involvement with the child and family. (WTTSC, 2006)
- 2.4 All health organisations which have had any involvement with the child will be asked to complete an IMR and to submit it to the SCR panel.
- 2.5 NHS Yorkshire and the Humber requires local PCTs to provide a formal written health overview in relation to all SCRs. These must be produced by the commissioning PCT, by a designated professional, in accordance with their reviewing role set out in WTTSC, 2006. The health overview will enable the SHA to understand how health services have

worked together and how clinical practice has interfaced across a pathway of care. The lessons and implementation of actions drawn from this overview report will enable effective safeguarding performance management of the health system.

2.6 The final multi-agency SCR is written by an LSCB appointed independent overview writer. Along with all its constituent IMRs, including those from NHS providers, it is submitted to the LSCB and forwarded to Ofsted for evaluation.

2.7 The SCR overview report and its constituent single agency IMRs are graded by Ofsted regarding their quality and content. Rigour and quality are important to achieve a satisfactory grading. SCR's should focus on learning and change in order to improve services at the front line.

2.8 SCRs may become the subject of a Public Enquiry if the case is so serious that it is in the public interest to do so. Monitoring the inputs of the NHS is therefore of utmost importance.

3.0. Cases to be reported to NHS Yorkshire and the Humber

3.1. It is important for PCTs to have clarity concerning which incidents to report as safeguarding SUIs and how to report them

3.2. Safeguarding SUIs must be reported via STEIS by the commissioning PCT. Referral should be made as soon as possible, ideally within 24 hours of occurrence, and therefore before a SCR is confirmed.

3.3. Safeguarding SUI's must be logged where children and young people are up to age 18 years, in the following circumstances:

- (a) Any case where there is *prima facie* evidence (i.e. initial indications) that a child has sustained a potentially life-threatening injury which may be through abuse or neglect or serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect
- (b) A *prima facie* case where a child dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in the child's death
- (c) All incidents which become serious case reviews must be reported as a safeguarding SUI even if NHS involvement with the family is not immediately obvious.

4.0 Utilising the NHS Yorkshire and the Humber SUI and Performance Management Systems in relation to Safeguarding Children Incidents

4.1 NHS Yorkshire and the Humber has an established system for monitoring serious untoward incidents (SUIs), including safeguarding children incidents, which ensures that incidents are appropriately investigated and lessons learned to promote constant improvement and patient safety.

4.2 The current procedure for the reporting of SUIs is version 3 issued December 2008 due for review December 2009. This includes within it, section 11 *Safeguarding Children*. This additional policy provides clarity on what is expected of PCTs when they report a SUI which involves the death or harm of a child. In particular it strengthens the link between the SUI system and the system for undertaking SCRs as set out in *Working Together To Safeguard Children, 2006*.

4.3 The current information system used for the reporting of SUIs is the DH web based Strategic Executive Information System (STEIS).

- 4.4 The systematic investigation that is applied to IMRs, within SCR processes, is similar to that of any SUI investigation, and consists of an agreed terms of reference, chronology, information from interviews, an analysis, recommendations and an action plan, using relevant root cause analysis techniques. Designated professionals for safeguarding children have an overview of the health IMRs in their health economy carried out in all health provider services.
- 4.5 Where an incident does not become a SCR, a separate health investigation /IMR may be completed. The same framework should be used for this as for an IMR which is part of a SCR investigation.
- 4.6 PCT risk managers and designated professionals are expected to work together to ensure that each are informed of the progress of safeguarding children investigations whether part of a SCR process or not, including any emerging issues arising from them. The reports and documentation associated with health IMRs should be used to update the STEIS system. It is the responsibility of the commissioning PCT to update the STEIS system and to inform the SHA when this has been done, using the incident reporting mailbox YandHIncidentReporting@nhs.net
- 4.7 Updates sent by the commissioning PCT to the incident reporting mailbox must include the following as per the time line set out below:
- The terms of reference for the investigation (this can be those agreed with the SCR panel)
 - All health IMRs and action plans(There are likely to be more than one of these if the case is a SCR, or a single IMR where the case does not go to SCR)
 - An integrated health chronology and health overview report identifying the key learning and actions across a health economy (If it is not a SCR these can be incorporated into a single health IMR)
 - The overview report for SCRs
 - The executive summary for SCRs in advance of publication
 - The Ofsted judgement for all health IMRs for a SCR
- 4.8 Health IMRs must be submitted by provider organisations to the commissioning PCT designated professionals in sufficient time for them to produce a PCT pan-health Overview Report.
- 4.9 The SHA will monitor implementation of actions arising from safeguarding SUIs until there is evidence that these have been fully implemented
- 4.10 All reports, updates etc should be done through the SUI e-mail address YandHIncidentReporting@nhs.net and not to individuals' email addresses. Informal telephone conversations and informal e-mails whilst valuable and appreciated are not sufficient to ensure effective monitoring. All correspondence sent to the incident reporting mailbox should clearly be labelled with the SUI number and document title.
- 4.11 The progress of NHS activity in relation to safeguarding SUIs in Yorkshire and the Humber will be regularly reported to the SHA Board, and at times to the Department of Health. They will be monitored according to SCR timescales. It is important to keep the SHA informed of progress to ensure that monitoring information is accurate and breeches are not reported where an extended time scale has been agreed.

Yorkshire & the Humber SCR/SUI Timeline

Timeline	Actions required
Day one	<ul style="list-style-type: none"> Incident occurs and is logged onto STEIS by the Commissioner within 24 hours of them being alerted to incident.
Week one	<ul style="list-style-type: none"> If the incident was originally reported by a Trust, this should be transferred to the Commissioner where the child is resident and the Commissioner assumes lead role in the investigation. Fact finding and investigation commences.
Week 4	<ul style="list-style-type: none"> A decision is made on whether to hold a Serious Case Review.
Week 5	<ul style="list-style-type: none"> Commissioner updates STEIS concerning whether the case has become a SCR, and any additional information e.g. condition of child, issues on family/other siblings, criminal proceedings, care proceedings etc. This update sent to YandHIncidentReporting@nhs.net. If the incident does not become a SCR, STEIS must be updated concerning whether a separate health IMR is to be undertaken
Week 6	<ul style="list-style-type: none"> SCR or health IMR Terms of Reference must be sent by the Commissioner, as a further STEIS update via YandHIncidentReporting@nhs.net For incidents not proceeding to SCR or health IMR STEIS must be updated setting out a full rationale for this decision via YandHIncidentReporting@nhs.net
Week 7	<ul style="list-style-type: none"> Consideration given by SHA Childrens lead to de-logging SUI if neither SCR or health IMR are to be undertaken and further information may be requested from a designated professional.
Week 8	<ul style="list-style-type: none"> Feedback to Commissioner from SHA regarding de-logging the SUI if applicable.
Week 9/10	<ul style="list-style-type: none"> All other Providers involved in health input to child/family to submit their IMR to the Commissioner, for Commissioner to prepare pan-health Overview report.
Week 11	<ul style="list-style-type: none"> For SCR, health IMRs to be forwarded to overview report author Commissioner to send the following to the SHA – PCT Overview report, individual health IMRs plus associated action plans, integrated health chronology. All documents to be sent to YandHIncidentReporting@nhs.net marked clearly with SUI number. Where the case is not a SCR, an IMR including an overview report, health chronology and action plan must be submitted as above
Week 15	<ul style="list-style-type: none"> Commissioner receives feedback from SHA on IMRs and action plans. SUIs will remain open until actions are implemented, with regular feedback from the SHA during this period

	<ul style="list-style-type: none"> • SUIs will not be closed before a SCR has been published.
Week 20	<ul style="list-style-type: none"> • Overview report for SCRs completed
Week 21	<ul style="list-style-type: none"> • SCR overview report to be sent to LSCB • SCR overview report to be sent to the SHA via YandHIncidentReporting@nhs.net • Where extension granted for SCR, Commissioner to update STEIS on new deadline.
Week 22	<ul style="list-style-type: none"> • In the case of SCR extensions, commissioner to update STEIS on a weekly basis via YandHIncidentReporting@nhs.net until completion and then complete the actions from week 20 shown above.
	<ul style="list-style-type: none"> • When available a copy of the judgements made by Ofsted on the IMRs to be sent to the SHA.
	<ul style="list-style-type: none"> • SHA to continue to request updates and provide feedback on implementation of actions until completion

ALL DOCUMENTS TO BE SENT TO YandHIncidentReporting@nhs.net CLEARLY MARKED WITH SUI NUMBER. DOCUMENTS SHOULD NOT BE SENT TO INDIVIDUALS NAMED EMAIL ACCOUNTS AS THEY ARE NOT SECURE.

What to include when logging a safeguarding SUI on STEIS

STEIS Report

- Date of birth of child
- What actually happened (include as much detail as possible). If you are undertaking fact finding which will take longer than the initial 24 hour timescale for reporting please state this and provide an updated STEIS report when additional information is available
- Immediate actions taken – please include all immediate actions including what has happened to child to safeguard them (if not a child death), what has happened to any siblings, what has happened to child's parents/carers or other third party
- Support offered – include details of all support offered to all family members, and staff involved in child's care
- If there has been or is likely to be any media interest please ensure this is included in the STEIS report and that Communication teams are alerted to the incident
- Further information – please include any additional information which may be required such as ages of parents, any notable concerns such as history of abuse/neglect, known use of alcohol/substance misuse, domestic violence, history of family use of universal services etc.

NHS YORKSHIRE AND THE HUMBER

PCT REPRESENTATION OF THE SHA AT LSCBs IN YORKSHIRE AND THE HUMBER.

The SHA is a statutory Board partner of LSCBs (Local Safeguarding Children's Boards – duties under section 13 to 16 of the Children Act 2004 and under the LSCB Regulations 2006). Guidance is available in Annex D of *Local Safeguarding Children Boards: A Review of Progress, 2007*, concerning how this duty can be discharged. Within NHS Yorkshire and the Humber, this duty will be discharged through PCT Executive Safeguarding Lead membership. This document is intended to help PCTs understand the how they should interface with the SHA to fulfil this delegated duty.

1. The SHA expects the PCT Executive Safeguarding Lead to be its representative at LSCB meetings
2. The PCT Executive Safeguarding Lead must provide written confirmation to the SHA of his/her named deputy LSCB board member, and ensure that this person is also fully briefed concerning their responsibility to represent the SHA at the LSCB
3. The Strategic Lead, Safeguarding and Partnerships will schedule annual update meetings with each PCT Executive Safeguarding Lead to monitor safeguarding processes and performance and to receive an update concerning NHS membership and partnership working with the LSCB, including NHS involvement in the board and its sub groups
4. The Strategic Lead, Safeguarding and Partnerships will attend the LSCB chairs' regional network group in order to develop close working links and communication with all LSCB chairs.
5. The PCT Executive Lead will forward to the SHA minutes of all LSCB meetings to Geraldine.sands@yorksandhumber.nhs.uk, and will share specific papers from meetings with the SHA, on request, but not routinely.
6. The PCT Executive Lead will ensure that the SHA is informed of and updated regarding individual safeguarding cases in accordance with **The Policy for Performance Managing NHS Involvement in Serious Safeguarding Cases; the Role of the SHA and it's Interface with PCTs and LSCBs**
7. The PCT Executive Lead will ensure that the SHA is fully briefed concerning publication dates of serious case reviews and will forward a copy of the executive summary to the SHA prior to publication, using the incident reporting website YandHIncidentReporting@nhs.net, in line with the policy mentioned above.
8. The PCT Executive Lead will ensure that the PCT communications team engages the SHA communications team in the development of media and communications strategies relating to individual cases.