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| Reporting to: | Trust Board – July 2015 |
| Title | Safeguarding Adults and Children Annual Report |
| Sponsoring Director | Sarah Bloomfield – Director of Nursing & Quality |
| Author(s) | Teresa Tanner- Named Nurse Safeguarding Children Helen Hampson – Adult Safeguarding Lead Sharon Magrath – Named Midwife Jo Banks – Associate Director of Patient Safety |
| Previously considered by | Q&S Committee/Clinical Governance Executive |
| Executive Summary | This report describes the work and developments in the last year provided by the Trust's Safeguarding Team for both adults and children. The report highlights the outcomes over the last twelve months and gives assurances to the Trust Board of how we as an organisation are discharging our statutory duties in relation to safeguarding children under Section 11 of the Children Act (2004) and work within the guidance for Adult Safeguarding. In addition, it outlines how the Trust has responded to local and national developments, both internally, and as a member agency of the Local Safeguarding Children Boards ("LSCB") and the Local Adult Safeguarding Boards. |
| Strategic Priorities <input checked="" type="checkbox"/> Quality and Safety <input type="checkbox"/> Healthcare Standards <input type="checkbox"/> People and Innovation <input type="checkbox"/> Community and Partnership <input type="checkbox"/> Financial Strength | Operational Objectives Improve clinical outcomes Reduce the level of harm |
| Board Assurance Framework (BAF) Risks | <input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment |

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| Care Quality Commission (CQC) Domains | <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led |
| <input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input type="checkbox"/> Note <input type="checkbox"/> Approve | The Board is asked to RECEIVE the report. |

Safeguarding Children & Adults at risk Annual report for 2014/2015

Section 1 - Summary and Introduction

Summary

This report describes the work and developments in the last year provided by the Trust's Safeguarding Team for both adults and children. The report highlights the outcomes over the last twelve months and provides assurances to the Trust Board of how we as an organisation are honouring our statutory duties in relation to safeguarding children according to Section 11 of the Children Act (2004) and working within the guidance for Adult Safeguarding. In addition, it outlines how the Trust has responded to local and national developments, both internally, and as a member agency of the Local Safeguarding Children Boards ("LSCB") and the Local Adult Safeguarding Boards.

The Trust is committed to recognising that all children and adults at risk have a right to be protected for their safety and well being and that all adults have a right to be protected from harm when in our care.

Safeguarding comprises of:

- Effective responses to allegations of harm and abuse and responses are in line with local multiagency procedures.
- Maintaining integrated governance systems and processes in reporting concerns or issues.
- Partnership working with Local Safeguarding Boards (Child and Adult), patients, families and community partners to create safeguards for children and vulnerable adults.
- Prevention of harm and abuse through the provision and delivery of high quality care.

Section 2 - Description of Safeguarding Arrangements

- 2.1 The requirement for organisations to have robust processes were outlined by Lord Laming's review into Child Protection Procedures (2009) and the Care Quality Commission report reviewing Safeguarding Children within the NHS (2009).
- 2.2 The Care Quality Commission requires all Health Organisations to take reasonable steps to ensure that commissioned services are compliant with healthcare standards relating to arrangements to Safeguard and promote the welfare of children across the following areas:
 - Arrangements have been made to safeguard children under Section 11 of the Children Act 2004.
 - Works with partners to protect children and participate in reviews as set out in Working Together to Safeguard Children 2013 bringing together all the statutory responsibilities of organisations and individuals to safeguard children.
 - Making it explicit that safeguarding is the responsibility of all professionals who work with children.
 - Agreed systems, standards and protocols are in place regarding information sharing about a child and their family both within the organisation and with outside agencies, having regard to statutory guidance on making arrangements to safeguard children under section 11 of the Children Act 2004

- A child centred coordinated approach to safeguarding
 - Assessing the needs of children / unborn and providing early help
- 2.3 Section 11 of the Children Act 2004 places a statutory duty on key people and bodies to safeguard children. All NHS Trusts are expected to identify Named Professionals who have a key role in promoting good professional practice within the Trust.
- 2.4 The Shrewsbury and Telford Hospital (SaTH) NHS Trust's Safeguarding Team advise and train staff regarding the management of child and adult protection and welfare cases, reminding all staff that safeguarding is the responsibility of everyone.

The team consists of:

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| Executive Lead for Safeguarding - | |
| Director of Nursing & Quality: | Mrs Sarah Bloomfield |
| Associate Director for Patient Safety | Mrs Jo Banks |
| Named Doctor for Child Protection: | Dr Frank Hinde |
| Named Nurse for Safeguarding Children: | Mrs Teresa Tanner |
| Adult Safeguarding Lead: | Mrs Helen Hampson |
| Named Midwife: | Mrs Sharon Magrath |
| Safeguarding Support Nurse: | Mrs Sharon Woodland |

Section 3 - Key Activities in 2014/2015 (Looking Back)

- 3.1 A key focus for the Safeguarding Team during 2014/2015 has been to continue to ensure that all staff receives appropriate training and to promote and be involved with multiagency working in line with revised guidance.
- 3.2 Paediatric Liaison Health Visitor (Provided by the Community Trust). This role has continued to support the Safeguarding Children team. This year (2015/16), Health Visiting will be commissioned by Public Health within Local Authorities. Therefore, this role will be under review and likely to provide support going forward to children between 0-5 years of age.

Safeguarding Support Nurse

The safeguarding support nurse provides additional resource to the safeguarding team and has been in post since July 2013. This role has expanded significantly over the last year in relation to Adult Safeguarding and Child Protection. This includes providing induction training across both sites, attending the Multi Agency Risk Assessment Conference (MARAC) meetings for both Shropshire and Telford and Wrekin. Completing investigations regarding concerns of abuse in an adult at risk and also attending case conferences. The support nurse also represents the Trust in attending sub groups set up by the Safeguarding Adult Board which include Service user Communication and Community Engagement Group and Making Safeguarding Personal.

Local Safeguarding Children Boards

The Children Act (2004) places a statutory obligation on agencies to safeguard and promote the welfare of children and young people whilst carrying out their normal functions. The Executive Lead represents the Trust on the Telford & Wrekin SCB with the Associate Director for Patient Safety. Following changes to membership; the Shropshire Safeguarding Children Board receives representation from the Trust via the Health Governance Safeguarding Group; a sub group of the SSCB. The Named Nurse and Midwife are members of the various subgroups of both the Telford and Shropshire Safeguarding Boards.

3.5 Health Governance Safeguarding Group

The Trust is represented on this pan Shropshire group, which combines health and social care agencies, by the Named Nurse and Named Midwife. The Trust submits a quarterly report to this group as part of the governance reporting mechanism for child protection.

3.6 Domestic Abuse and the Multi Agency Risk Assessment Conference (MARAC)

MARAC conferences are held monthly for both Telford and Shropshire and are forums to discuss the most high risk cases, many of which will have been seen with the Trust Emergency Departments (ED). Staff in the ED are encouraged to make referrals in line with the MARAC process and victims of domestic abuse are alerted on the SEMA system. This ensures that any 'alerted' victim who re-attends the ED is automatically referred back to MARAC.

The MARAC process has been included on the annual mandatory training days in Maternity and Maternity staff are being encouraged to use the documentation to assess risk for victims and their children both in hospital and the community.

The Trust has also been fortunate to take part in a pilot scheme for having an Independent Domestic Violence Advisor (IDVA) within the hospital (HIDVA). This scheme has worked extremely well and the IDVA has taken referrals from many areas across the Trust. The recent Care Quality Commission (CQC) inspection highlighted the excellent work carried out by the HIDVA.

'The Trust had appointed an Independent Domestic Violence Advisor. The post had been supported through funding from the Police Crime Commissioner because of the excellent outcomes for people recorded by the Trust. Referrals from the Trust to the Multi Agency Risk Assessment Conference had been endorsed as excellent practice by Coordinated Action against Domestic Abuse (CAADA). CAADA is a national charity supporting a multi-agency and risk-led response to domestic abuse'

3.7 Local Safeguarding Adult Board

The Trust has taken an active role in attending subgroups of the Safeguarding Adult Board including:

- The Performance subgroup – The Performance subgroup plays a central role in providing the SAB with evidenced assurance that safeguarding systems across the partnership are sound and effective and also highlight areas which require improvement.
- The Mental Capacity Act/ Deprivation of Liberty Operational Group – The purpose of this multi-agency group is to ensure that vulnerable people are being safeguarded and not unlawfully deprived of their liberty, by ensuring all agencies adhere to the current legislation.
- Service user Communication and Community Engagement Group – This includes advocates and seeking service user's views. The group also included representatives across advocacy groups and has developed an information sheet regarding support and advocacy adults at risk could access to support them through the adult safeguarding process.
- Making Safeguarding Personal – the purpose of this group is to ensure implementation of The Care Act which replaced "No Secrets" in April 2015. The multi-agency group agreed an action plan in November 2014 outlining how safeguarding is a person centred practice and gives the individual involvement, control and choice that improves quality of life, wellbeing and safety.

3.8 Documentation Audit

An audit was completed in December 2014 by the Adult Safeguarding Team to look at adult safeguarding referral practices and process; with particular reference to the accuracy and quality of the information provided on the multi- agency safeguarding referral form. Twenty referrals from PRH and thirty from RSH were randomly selected and covered the period from January – December 2014.

The results indicated that staff are using the Alert Form appropriately with an equitable grasp of the extent and type of information required. A problem with using out of date or old referral forms affected the results at both sites and this was addressed early in the year by highlighting the new document on the intranet and the removal of expired documents.

90% of all referrals were apposite and of the 5 that were classed as not individual safeguarding issues; 4 related to a Large Scale investigation toward a nursing home and 1 was regarding Domestic Abuse.

While hospital Adult Safeguarding receive many general enquiries that do not fall within the safeguarding criteria, it confirms that staff are indicating an increased awareness of Safeguarding and are seeking advice on a wider range of potential safeguarding issues before submitting alerts to social services.

Recommendations

There does not seem to be an obvious issue regarding the documentation or its completion however, it does appear that the referral rate from Princess Royal Hospital (PRH) is significantly lower (50%) than Shrewsbury; which may reflect the admission patient demographics. Further work will be undertaken to explore potential reasons for this difference. Adult Safeguarding will continue to monitor and address problems on an individual basis in cases of poor documentation or inappropriate action of safeguarding issues.

Actions

- Training – Plan to increase content and emphasis on referral process as part of a review of training uptake.
- Target discussion with staff about when Alerts should be raised and by whom.
- Monitor referral rates from each site
- Safeguarding File/folder to be available on all wards with examples of completed safeguarding documentation including new Deprivation of Liberty Safeguards (DoLS) authorisation request documentation.
- Review of usage, to be considered for DoLS requests and management of patients under a deprivation including discharge notifications.

3.9.1 Deprivation of Liberty Safeguards – Judgement of the Supreme Court

On the 19th March 2014, the Supreme Court made its' judgement in the case of "P v Cheshire West and Cheshire Council and another" and "P and Q v Surrey Council". The judgement was significant in the determination of whether arrangements made for the care/or treatment of an individual lacking capacity to consent to those arrangements amount to a deprivation of liberty leading to a revised test for the Deprivation of Liberties. The Supreme Court clarified that there is a deprivation of liberty for the purposes of Article 5 of the European Convention on Human Rights in the following circumstances:

"The person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements". It is no longer relevant whether the person is compliant or whether there is a lack of cooperation.

Criteria

Aged 18 years or over

Suffering from a mental disorder

Lacking capacity for the decision to be restricted in hospital

No refusal previously made to refuse treatment or care, or any conflict relating to this such as a Lasting Power of Attorney (LPA).

Not sectioned under the Mental Health Act

The person needs to be deprived of liberty, in their best interests.

Nationally, this ruling by the court has led to a significant increase in the amount of referrals. In the Trust this has also increased particularly where a patient is requiring one to one supervision. As a Trust we have agreed a referral pathway with the Supervisory Bodies for Shropshire, Telford and Wrekin and also Powys. Any patient requiring close and constant supervision will have an assessment of capacity and best interest decision for the use of Enhanced Patient Support (EPS). If the close and constant supervision continues for a period of time (usually seven days) then a referral will be made for an urgent deprivation of liberty. DoLS does not apply if supervision and control is short term e.g. due to a possible delirium which is treatable and therefore the person has temporary cognitive impairment. For the period of April 2014 to March 2015 SATH has made 107 referrals to deprive patients of their liberty, and to remain in hospital for treatment/care in their best interests.

3.9.2 Operational Safeguarding Group

The group meets to implement the work plan for safeguarding across the Trust and to develop hospital policies in line with national and local guidance; to ensure that the hospital develops practice that meet the statutory duty to safeguard children and adults at risk.

3.9.3 Adult safeguarding alerts / referrals

Key PS = Partly substantiated

NS = Not substantiated

S = Substantiated

Inc = Inconclusive

OG = On going

WF = Waiting feedback from local authority

Adult safeguarding alerts/ referrals April 2014 – March 2015

| Month | Total | Instigated by the Trust | Against the Trust | Outcomes against the Trust |
|--------------|-------|-------------------------|-------------------|----------------------------|
| April 2014 | 14 | 12 | 2 | NS x2 |
| May | 17 | 4 | 13 | Sx4 PSx3 NSx6 |
| June | 22 | 11 | 11 | Sx6 NSx5 |
| July | 11 | 6 | 5 | Sx1 NSx4 |
| August | 7 | 4 | 3 | PSx1 NSx2 |
| September | 14 | 12 | 2 | NSx2 |
| October | 13 | 5 | 8 | Sx5 NSx3 |
| November | 18 | 11 | 7 | NSx3 OGx2 WFx2 |
| December | 8 | 5 | 3 | Sx1 NSx2 |
| January 2015 | 15 | 12 | 3 | NSx1 WFx2 |
| February | 15 | 10 | 5 | NSx1 OGx1 WFx3 |
| March | 14 | 6 | 8 | Sx1 NSx2 OGx4 WFx1 |
| Total | 168 | 98 | 70 | |

3.9.4 Adult Safeguarding Alerts/Referrals

There have been a total of 168 alerts raised in the Trust between April 2014 and March 2015. Seventy of these were raised against the Trust with concerns regarding safeguarding issues and the adult at risk category. The majority of these allegations were regarding neglect and omissions of care. Of these, 18 were substantiated, 33 were not substantiated, 4 partly substantiated 7 on-going investigations and 8 investigations completed.

3.9.5 Changes to the Care Act 2014

In April 2015, changes were made to the Care Act (2014) regarding the criteria of an adult at risk in relation to adult safeguarding. The key emphasis of the Care Act in relation to adult safeguarding is making the process personal for the individual and that no decision is made without the person being aware. The referrer must include:

- Consent and wishes at time of referral
- Person led and outcome focused
- Engaging with the person to enhance: involvement, choice and control
- Improving quality of life, wellbeing and safety
- Advocacy

The new criteria for an adult at risk are now considered as:

- Has needs for care and support (whether or not the local authority is meeting any of these needs)
- Is experiencing, or at risk of, abuse or neglect
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect.

The Six Principles of Adult Safeguarding are:

- Empowerment – People being supported and encouraged to make their own decisions and informed consent.
- Prevention – It is better to take action before harm occurs.
- Proportionality – The least intrusive response to the risk prevented.
- Protection – Support and representation for those in greatest need.
- Partnership – Local solutions through services working with their communities.
- Accountability – Accountability and transparency.

Section 4 Governance

4.1 Following its hospital CQC Inspection during October 2014 the Trust was reported to be 'Outstanding in its safeguarding practice and processes.'

4.2 Children Act Section 11 Audit self assessment

A review of Shrewsbury & Telford Hospital NHS Trust's compliance with Section 11 is completed and submitted to both Local Safeguarding Children Boards by the Named Nurse every 6 months. Due to the reporting mechanisms for both Shropshire and Telford & Wrekin Safeguarding Children Boards, the Section 11 audit is updated every 4 months.

4.3 Vulnerable Women's Group

The Vulnerable Women's Group continues to meet monthly to discuss families where pregnant women have been identified as having complex social issues. Professionals from all agencies who have involvement with pregnant women and children are invited to attend.

The aim of the group is to share information and identify where early help can be offered. It provides an opportunity for partnership working and early intervention to prevent vulnerable or complex cases from escalating to serious cases. The women and families who are being managed by the child protection team are also discussed and provide an opportunity to share updates on child protection plans and core groups.

Most cases are discussed when women are at the end of the second trimester of pregnancy allowing time for outstanding actions to be implemented in preparation for birth and the postnatal period. There have been approximately 240-250 women and their families discussed and provided support through the Vulnerable Women's Group since April 2014.

4.4 Safeguarding Supervision in Maternity

Midwifery Safeguarding Supervision is currently offered as a 1 to 1 session when safeguarding concerns arise. Due to the geography of the Maternity services much of the supervision support relating to patients and their families is done over the phone and documented on the Maternity Information system (MIS); including any actions needed. New documentation was introduced in September 2014 and piloted within Midwifery to support communication regarding vulnerable families. The Safeguarding Supervision process for Maternity is currently under review with plans to implement a more robust process offering support to all staff across the various sites from a number of supervisors.

4.5 New Policies and NICE guidance

During the last 12 months the Named Nurse and Named Midwife have been part of the TWSCB Task and Finish Working Group for Female Genital Mutilation (FGM), and as a result the Trust FGM policy has been reviewed. The NICE guidance for Domestic Abuse (2014) has also been implemented within Maternity with all recommendations implemented.

Section 5 - Audits

5.1 The Trust fully participates in both internal and external monitoring processes such as self-assessments, clinical audits and statutory reviews to ensure systems are in place and functioning effectively.

Serious Case Review and Internal Management Review

The Serious Case Review (Child B) described in the Annual Report 2013 has been published during May 2015. The Trust has also been part of a Serious Case Review in Walsall of a young girl who was Looked After in Shropshire. The Trust worked closely with other agencies to complete the report and a subsequent action plan was devised that the Trust is complying with. There are 2 further Serious Case Reviews in process which the Trust are assisting multi agency partners with.

5.2 Following the SCR (Child B) there was a recommendation that all 16 – 17 year olds who are pregnant would have a common assessment form (CAF) completed. Midwives have been involved in auditing this process through the Quality Assurance sub group. Most women with complex social issues are also offered either a CAF or EHAF (Early help Assessment Form) and Midwifery is represented on audit groups to monitor this.

Section 6 Training

Child and Adult Safeguarding training is provided by the Safeguarding Team. The training for both child and adult safeguarding comprises of:

- recognising abuse and the different forms of abuse
- criteria for a vulnerable adult referral
- how to make a referral child or adult alert
- indicators of abuse
- the investigation/process once a referral has been made
- multi agency working
- legislation

In September 2014 it was decided to alter training and combine both adult and child safeguarding together. The new course 'Safeguarding People at Risk' combines, adult and children safeguarding with Domestic Abuse awareness. It has proved to be a successful change and is hoped that the 3 hour session will become part of staff mandatory training. Training figures have increased following the appointment of the Safeguarding Support Nurse.

Combined adult and children's training from September 2014

| Staff Group | % Trained |
|---------------------------------|-----------|
| Add Prof Scientific and Technic | 92% |
| Additional Clinical Services | 86% |
| Administrative and Clerical | 100% |
| Allied Health Professionals | 90% |
| Estates and Ancillary | 45% |
| Healthcare Scientists | 0% |
| Medical & Dental | N/A |
| Nursing & Midwifery | 86% |
| Students | 100% |
| Total | 85% |

6.1 MCA and DoLS training

Mental Capacity Act and Deprivation of Liberty Safeguards training continues to be provided by Shropshire Council. The three hour sessions are delivered on site and different sessions provided for qualified Health Professionals and also Healthcare and Therapist Assistants. The feedback from the sessions has been very positive and staff members felt that the sessions were instructive. However, attendance has been low due to the pressures at ward level particularly over the winter period. A total of 205 staff have attended training sessions over the period of April 2014 – March 2015. The sessions were reviewed with the local authority in December and the training plan for 2015-16 agreed, with Mental Capacity

Awareness sessions for all levels of staff, Mental Capacity Act Advanced for Registered Health Professionals and Deprivation of Liberty Safeguards also for Registered Health Professionals. It has been agreed with the local authority that the future sessions will now be reduced and the content amended accordingly.

6.2 Child Protection Training

The CQC target for compliance in child protection training is for 80% of staff to have completed the relevant Child Protection Training dependent on their role and level of training required. All new starters now receive a combined Safeguarding Children & Adults session as part of Corporate Induction. The table below shows staff groups that fall into Group 2 and their compliance to Child Protection training in the last 3 years (that is, how many are up to date). This is the first time that the Trust has achieved more than 50% in all required areas for Group 2 training.

| Staff Group | % Trained - Level 2 | % Trained - Level 3 |
|---------------------------------|---------------------|---------------------|
| Add Prof Scientific and Technic | 51% | N/A |
| Additional Clinical Services | 60% | 78% |
| Administrative and Clerical | 67% | 24% |
| Allied Health Professionals | 61% | 50% |
| Estates and Ancillary | 37% | 0% |
| Healthcare Scientists | 33% | N/A |
| Medical & Dental | 59% | 87% |
| Nursing & Midwifery | 48% | 87% |
| Students | 50% | N/A |
| Total | 54% | 83% |

6.3 Maternity Training

The Named Midwife for Safeguarding delivers the safeguarding children training for Maternity staff. A 4 hour session is offered monthly with a 2 hour mandatory annual update including Domestic abuse, FGM and learning from serious case reviews. The Safeguarding training strategy for Maternity in 2015/16 will continue to focus on early help and partnership working to safeguard and promote the welfare of vulnerable families. Compliance with CQC expectation for training is:

Midwives = 82.2%

WSA's = 91%

Doctors = 94.4%

Section 7 – Looking forward 2015/2016

The Trust is committed to improving child and adult safeguarding processes across the organisation and aims to safeguard all children and vulnerable adults who may be at risk of harm. Processes will be developed to empower staff, be person centred, preventative and holistic. The safeguarding team will continue to deliver the safeguarding agenda encompassing a multi agency and partnership approach. The governance arrangements for child and adult safeguarding will continue and systems remain in place to allow for effective monitoring and assessment of compliance against locally agreed policies and guidelines. The Trust continues to work on the success of the CQC inspection in respect of Safeguarding.

The national and local policy drivers likely to be the focus of the safeguarding team for 2015/16 are:

- To continue to provide attendance at LSCB / LSAB sub-groups and the Health Governance Safeguarding Group and develop practices, and contributing to the development of multi agency training strategy and procedures.
- To continue to provide in-house local guidance to complement LSCB/ LSAB procedures, protocols and practice guidelines.
- To ensure that SaTH adheres to the recommendations for staff training in child protection and adult safeguarding procedures.
- Continue communication between the Shropshire Community Trust, Shropshire and Telford Local Authorities.
- To participate in Child Death Overview Panels.
- To maintain the effectiveness of the Safeguarding Operational Group
- To continue to work with Human Resource department in ensuring Disclosure and Barring Service (DBS) checks and “Managing Allegations against Staff” policy and process are adhered to.
- To continue to ensure that staff adhere to the training programmes and training figures continue to increase.
- Continue to engage with people at risk of abuse, their family, carers, relatives and external agencies.
- The Trust has signed up to the new National Child Protection Information System which is planned to be in place during 2015/2016. This is a new national system that will identify all children in England who attend any unscheduled care provider, e.g. ED, Ambulance service, as to whether they are a Child In need, on a Child Protection Plan, a Looked After Child or an unborn at risk. The Trust is currently working together with the local authorities, commissioners and the Trust IT department to implement the system.

