

The Shrewsbury and Telford Hospital



NHS Trust

**SAFEGUARDING CHILDREN AND VULNERABLE ADULTS
ANNUAL REPORT FOR PERIOD ENDING 31 AUGUST 2012**

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Section 1 Summary and Introduction

1.1 Summary

This report describes the developments within the Trust's Safeguarding Team, and highlights the achievements over the last twelve months. The previous Annual Report was presented to the Board in October 2011; this paper therefore covers the time period of November 2011 to end of August 2012, with additional training and activity information. It is proposed that in future the Annual Safeguarding Report will be presented to the Trust Board each May and will cover the previous financial year April - March.

In addition, it also 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.

1.2. Background Information

The Trust remains committed in recognising that all children and vulnerable adults have a right to be protected for their safety and well being and that all adults have a responsibility to protect them from harm.

Safeguarding encompasses

- Effective responses to allegations of harm and abuse and that the 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 clearly 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 Health Organisations to take reasonable steps to ensure that commissioner 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 (HM Government 2010)
- Agreed systems, standards and protocols are in place about 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

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 management of child and adult protection and welfare cases, reminding all staff that safeguarding is the responsibility of everyone.

The team consists of:

Executive Lead for Safeguarding:	Mrs Vicky Morris
Deputy Chief Nurse	Mrs Sarah Bloomfield
Named Doctor:	Dr Frank Hinde
Named Nurse:	Mrs. Teresa Tanner
Vulnerable Adult Lead Nurse:	Mrs. Helen Hampson
Named Midwife:	Michelle Howse (from 1.10.12)

Section 3 Key Activities in 2011/2012

3.1 A key focus for the Safeguarding Team in 2011 / 12 has been to continue to ensure all staff receive appropriate training. The Named Nurse has identified 6 members of staff who have undertaken the 'Train the Trainers' course and now assist in Child Protection training across the Trust.

3.2 Across the Trust there are 5,550 staff to train. Currently, in order to assist with training some staff have been trained as trainers and run training sessions. It is the Named Nurse who takes the majority of the sessions as the other staff are only resource intensive. Also we need to acknowledge that training sessions are the first to be cancelled if there is a serious case review to be undertaken as it is the Named Nurse who undertakes the IMR.

Multiagency working

3.3 Children with safeguarding concerns at Shrewsbury & Telford Hospital NHS Trust

All children who are subject to a Child Protection Plan in Shropshire, Telford & Wrekin are flagged by the Named Nurse onto the trust's patient administration system (SEMA) There are approximately 300 children with alerts at any one time.

If a child attending either of the Trust's A&E Departments has a Child Protection Plan in place, even when there are no safeguarding concerns with the presentation, a

Safeguarding form is completed and sent to the Named Nurse who then informs the Health Visitor, the School Nurse and Social Worker of the child's attendance.

All unborn babies who have been made the subject of a child protection plan and who have been notified to the Trust by the local authorities are also highlighted on the Trust administration system (SEMA) under the mother's name. Unborn babies who are the subject of a Child Protection Plan also have the plan flagged on the Maternity Electronic record (Medway); they do not appear as individuals on the PAS until after birth.

3.4 Local Safeguarding Children Boards

The Children Act (2004) places a statutory obligation on a number of 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, but the Shropshire Safeguarding Children Board has changed its' membership in the last 12 months and the Trust is no longer represented. The SSCB agreed that the Health Governance Safeguarding Group would be a sub group of the SSCB.

The Named Nurse and Midwife are members of the various subgroups of both the Telford and Shropshire 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 Deputy Chief Nurse and the Named Nurse and 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)

Domestic Abuse has a significant impact on children and young people's lives. "Children who have experienced, witnessed or lived with Domestic Abuse are at greater risk of exposure to poverty and homelessness, with detrimental effects on their short term welfare & long term life chance" (Home Office 2005)

The Named Nurse and Midwife represent the Trust at both Telford and Shropshire MARAC meetings, with the same also being members of the Telford & Wrekin, Shropshire County wide Domestic Abuse forums.

MARAC conferences are held monthly for both Telford and Shropshire and discuss the most high risk cases, many of which will have been seen in the emergency department. Staff in the Emergency departments are encouraged to make referrals in line with the MARAC process. Any victim of Domestic Abuse is now alerted on the SEMA system. This ensures that any 'alerted' victim who re attends the Emergency department is automatically re referred back to MARAC.

3.7 Local Safeguarding Adult Board

Shrewsbury and Telford Hospital NHS Trust remains part of the local adult safeguarding board. The board has agreed to adopt the West Midlands pan regional policy and procedures. Adopting the principles of this policy will ensure a more consistent approach across the region, which will bring many benefits, and

particularly in operational terms for agencies that work across local authority boundaries. Work has now commenced on the local guidance to enable the implementation of the policy and procedure by April 2013. The policy for the Trust will be revised and developed from the local guidance of the safeguarding board. The Trust is also represented on the Strategic Health Authority Adult Safeguarding meeting.

Internal working

3.8 Safeguarding Children and Adult Committee

The joint Safeguarding Children & Vulnerable Adult Committee meets bimonthly and includes representation from the Designated Nurse for Shropshire. The group meets to implement the work plan and to develop hospital policies in line with national and local guidance and to ensure that the hospital has practices that meet the hospital's statutory duty to safeguard children and vulnerable adults.

3.9 Vulnerable Adult Referrals

Table to show adult protection referrals received
Adult protection referrals March 2011 Sept 2011

Month	Total	Instigated by the Trust	Against the Trust	Outcomes against the Trust
March 2011	13	10	3	NS X2 INC X1
April	10	7	3	SX1 NSX1 INCX1
May	9	6	3	INCX1 SX1 NS X1
June	13	10	3	SX2 NSX1
July	15	14	1	SX1
August	17	13	4	SX1 INCX1 NSX2
Sept	17	5	12	SX3 PSX2 NSX6 INCX1

Substantiated = 9
Not Substantiated = 13
Inconclusive = 5
Partially Substantiated = 2

Adult Protection Referrals October 2011 – August 2012 = 119 (RSH = 52 PRH = 67)

Month	Total	Instigated by the Trust	Against the Trust	Outcomes against the Trust
October	12	7	5	NS X2 Inc x 2 PS X1

November	9	8	1	Inc x1
December	9	6	3	SX1 Inc x1 NS X1
January 2012	12	10	2	NS X 2
February	9	5	4	S X 2 NS X 2
March	14	11	3	NS X 3
April	9	6	3	Inc x1 S X 2
May	18	15	3	NS X 2 S X 1
June	11	11	0	
July	16	11	5	NS X 2 OG X 2 S X1
August	12	11	1	OG X1

S = Substantiated x 7
NS = Not Substantiated x 14
INC = Inconclusive x 4
PS = Partially Substantiated x 2
OG = Ongoing investigation x 3

3.9.1 On the 29th March 2012 an Adult Protection level III Joint review meeting was held regarding the allegation of institutional abuse against ward 15 PRH. There had been six individual adult protection referrals made against the ward, this included allegations of neglect, psychological abuse and financial abuse.

This was partially substantiated against the Trust. It was noted by all parties including external agencies present that significant improvements had been made which have been embedded into practice. It was recognised at this final meeting the hard work and commitment by staff members including the Matron, Ward Manager and Ward Sister.

3.9.2 On the 16th July 2012 a level III Joint Review Meeting was held following a Coroners inquest in which the Coroner issued a rule 43 to the Chief Executive at SaTH. This was regarding the discharge of a patient without appropriate assessments, which would have indicated that this patient no longer met the criteria for residential care and now required nursing care. The allegation of neglect was substantiated against the Trust. The rule 43 response written by the Chief Executive and the Medical Director assured the Coroner that the discharge process within the Trust has been strengthened with the Integrated Care Management Team and includes a Discharge Liaison Sister, a Nursing Sister, and a Community Case Manager. The Trust Nursing documentation is also undergoing a comprehensive review, part of which is the review of the discharge documentation.

Following this Joint Review Meeting the family members of the patient concerned have requested to meet with Trust staff in order for them to be assured that the discharge planning process has changed. The Adult Protection Lead and the Discharge Liaison Sister will be meeting the family on the 10th September.

Section 4 Governance

4.1 Safeguarding Supervision Policy

Safeguarding Supervision was an area that was identified during the recent Care Quality Commission inspection of Telford & Wrekin. There are currently no formal supervision arrangements in any area of the Trust although all staff do have access to informal supervision. A policy is in process of being developed and will be taken to

the Trust Safeguarding Group before the end of 2012 for ratification. Formal Group Supervision in key areas (Emergency and Paediatric departments) is expected to start in the autumn 2012. In order for Supervision to take place effectively the Named Professionals carrying out supervision must have been appropriately trained and the Trust have been fortunate to secure places on a local course for Social Workers.

4.2 Section 11 Audit self assessment

Section 11 Children Act 2004 became law and operational in October 2005. A review of Shrewsbury & Telford Hospital NHS Trust's compliance with Section 11 was completed and submitted to both Local Safeguarding Children Boards by the Named Nurse in January 2012 (Appendix 1) All areas were assessed as adequate.

4.3 The Safeguarding Children & Young People Policy

This policy was updated at the end of 2011.

4.4 West Midlands Quality Review

The West Midlands Quality Review Service visited the Trust in October 2011 to review compliance with the West Midlands Quality Standards for the care of vulnerable adults in the Acute Hospitals. Prior to the visit the Trust submitted a self assessment document to the WMQRS. This assessment was the organisational positional statement which benchmarked our position against the standards provided by the WMQRS. Overall the assessment submitted by the Trust was in line with the findings of the review team. The Trust achieved compliance in fourteen out of twenty four standards (58%) Areas of good practice included the joint appointment of the Dignity in Care Professor with the Staffordshire University, which they felt illustrated the Trust's commitment to linking the educational needs of staff and the care of patients across the Trust. The reviewers also commended the establishment of the Dementia Strategy steering group. An action plan was then implemented for the Trust to achieve compliance with the remaining standards.

4.5 The High Risk Scrutiny Group

The aim of the group is to gather, share and learn from complaints, incidents and Adult Safeguarding concerns that have the potential to escalate to high risk cases. The group co-ordinates and provides a framework for the effective management of the issues and risks identified. The group are currently meeting on a weekly basis ensuring that safe standards of patient care are achieved and those standards are continuously improved in the light of best practice from within the organisation and with the use of guidance and standards from NICE, National Service Frameworks, Care Quality Commission, GMC, NMC and other professional bodies.

4.6 Vulnerable Women's Group

The Vulnerable Women and Children's Group meets bi monthly to discuss issues around vulnerable families, attendance is multiagency.

4.7 Pre Birth pathway group

A Pre-birth Pathway is in place within Telford & Wrekin Social Care (now called Family Connect) All pregnancies are notified via the Maternity Information System (MIS/Medway), after the Initial "Booking" contact, to corporate Health visiting caseloads. The health visitor must then confirm that the pregnancy is ongoing prior to making contact with the client in the antenatal period. Clients with complex social needs are discussed on an individual controlled basis by the midwife to the health visitor and other appropriate multi agency professionals. The health visitor is then

able to target visits to clients with complex needs to comply with the Healthy Child Strategy 2009

4.6 New Policies and NICE guidance

Restraint Policy

The Restraint of Adults and Children receiving care in the Trust policy was approved by the policy approval group on the 23rd July 2012 and has now also been approved by Hospital Executive Committee. The policy is now available on the hospital intranet site. Key members of staff have been identified to receive training this includes staff from the areas initially from:

Clinical Site Managers
Paediatric wards
Acute Medical Units
Emergency departments.

Missing Persons Policy

The Missing Adults Patients Policy has also been approved by the policy approval group on the 23rd July and now also by the Hospital Executive Committee. This policy is now available on the hospital intranet site.

Hospital Guidelines and Patient Passport

A multi agency and service user learning disability steering group reviewed guidelines for the care of adults with a learning disability on admission to the Shrewsbury and Telford Hospital NHS Trust. The hospital guidelines also contain the Patient Passport. Agencies that were consulted for these Hospital Guidelines included:

South Staffordshire and Shropshire Healthcare NHS Foundation Trust
Shrewsbury and Telford Hospital NHS Trust
Telford and Wrekin Council
Shropshire Primary Care Trust
Telford and Wrekin Primary Care Trust
Shropshire Council
Shropshire Partners in Care
Taking Part Advocacy (Shropshire, Telford and Wrekin)
Carers Link Officer (Shropshire)
Carers Link Officer (Telford)
The Shrewsbury and Telford Hospital NHS Trust Steering Group for Adults with a Learning Disability
The Guidelines have been approved by the policy approval group and also the Hospital Executive Committee and is now available on the hospital intranet site.

The Patient Passport was launched in June 2012 to coincide with the national "Learning Disability Week". The Patient Passport has been distributed to all wards and departments within the Trust. It has also been widely distributed in the community by our partner agencies.

The Patient Passport is a traffic light system information booklet for the individual, including red and amber alerts and green for likes and dislikes. A patient with a learning disability who is admitted to the Trust and does not have a patient passport will have one initiated in the Trust and will remain the property of the patient.

Mental Capacity Act and Deprivation of Liberty

The Mental Capacity Act Policy and also the Deprivation of Liberty Safeguards Policy

have both been reviewed and approved by the policy approval group and the Hospital Executive Committee. The Mental Capacity and DoLS Manager for Shropshire Council was consulted for these reviews and has also approved the policies. The policies are both available on the hospital intranet site and are next due for review in 2014 and 2015.

Adult Protection Policy

The Adult Protection Policy was due for review in December 2012; this date has now been extended to June 2013 as the LASB Safeguarding Adults Board is adopting the West Midlands pan policy. The first draft from the local authorities will not be available until December 2012. The policy for the Trust will be adapted from the local authorities.

Section 5 Audits

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

Ofsted / Care Quality Commission Inspection

5.2 This inspection took place 2-13th July 2012 and the Care Quality Commission Inspector visited both the emergency and maternity departments of the Princess Royal Hospital. Overall the Local Authority was given the grading of 'Adequate' and all health sections also came out as 'adequate' (Health being Acute and Community Trusts combined)

Serious Case Review and Internal Management Review

5.3 A Serious Case Review (SCR) is carried out when abuse or neglect of a child has occurred and the child has died or has been seriously harmed and there is cause for concern, as to the way in which multiagency teams have worked together to protect the child.

5.4 There has recently been a suspicious child death with the Telford & Wrekin area, and a Serious Case Review has been proposed to the Chair of the Telford & Wrekin Safeguarding Children Board for consideration. Once received by the Chief Nurse, as Executive lead for Safeguarding, the request will be passed to the Named Nurse or nominated deputy for completion of the internal review. There will be considerable impact upon the workload of the Named Nurse to complete the Internal Management Review (IMR), as Working Together 2010 (Department of Health) states that the IMR should take priority. As a consequence of this, training will be decreased, as there is no one else who can train at short notice. The capacity for the Named Nurse is currently 30 hours and a case is being presented to increase this to 37 ½ hours per week which would support statutory training requirements in the future.

Self Assessment Audit

The Annual Self Assessment Audit has been completed across 100 staff of varying grades and disciplines rather than those who work solely with children and families. Staff confidence has increased in using the policies and they are more aware of their

role in safeguarding children and young people. There have been more requests for advice from staff across the Trust than previously, and the feedback from training sessions has highlighted that staff did not realise the importance of child protection training outside of paediatrics.

Section 6 Training

Child and Adult Protection training is provided by the Safeguarding Team within SATH. The training for both child and adult protection comprises of:

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

6.1 Adult Protection Awareness training -:

This training is provided by the Adult Protection Lead who does not have the capacity alone to provide training to the volume of staff required. Consequently this is supported by the Clinical Practice Educators who deliver a significant proportion of the training below.

Adult Protection Awareness training remains part of statutory training and is for all patient handlers throughout the Trust (see table below)

March 2011 – August 2011	Centre
223 Compliance and Risk Count	3
223 Diagnostics Centre Count	26
223 Emergency and Critical Care Centre	88
223 Facilities Count	26
223 Head and Neck Centre Count	19
223 Innovation, Research and Development	9
223 Medicine Centre Count	171
223 Musculoskeletal Centre Count	40
223 Oncology Centre Count	32
223 Ophthalmology and Patient Access	31
223 Quality and Safety Centre Count	9
223 Service Delivery Centre Count	1
223 Surgical Centre Count	204
223 Therapy Centre Count	41
223 Women and Children's Centre Count	169
223 Workforce Count	39
Grand Count	909

Overall compliance with training across the Trust for the above period was 51%

	Centre
August 2011-July31st 2012	
223 Compliance and Risk Count	2
223 Diagnostics Centre Count	147
223 Emergency and Critical Care Centre Count	273
223 Estates Count	1
223 Facilities Count	51
223 Head and Neck Centre Count	47
223 Innovation, Research and Development Count	5
223 Medicine Centre Count	383
223 Musculoskeletal Centre Count	44
223 Oncology Centre Count	66
223 Ophthalmology and Patient Access Centre Count	68
223 Quality and Safety Centre Count	15
223 Service Delivery Centre Count	1
223 Surgical Centre Count	348
223 Therapy Centre Count	104
223 Women and Children's Centre Count	371
223 Workforce Count	95
Grand Count	2021

Overall compliance with training across the Trust for the above period is 63%

6.2 MCA and DoLS training

Mental Capacity Act and Deprivation of Liberty Safeguards training is being provided by Shropshire Council and Telford and Wrekin NHS. These three hour sessions are being delivered on site and different sessions are being delivered for qualified Health Professionals and also Healthcare and Therapist Assistants. The feedback from the sessions has been very positive so far and staff members have felt the sessions have been very informative. These sessions commenced in August and continue until January 2013

6.3 Adult and Paediatric restraint training

The training will be provided by an external agency (Positive Options) and will be held on site over a two day period for fifteen members of staff in November 2012.

6.4 Learning Disability Training

The Learning Disability teams and Health Access Nurses from SSSFT and T/W NHS are providing ten sessions on site for SATH staff. These sessions include raising awareness of the Hospital Guidelines for the care of a patient with a learning disability on admission to Shrewsbury and Telford Hospital NHS Trust which will also include the patient passport. The sessions will also include;

What is a learning disability?

Medical conditions related to a patient with a learning disability

Case studies

Patient story

Caring for the carer

6.5 Child Protection Training

This is an area that has been highlighted in the Ofsted and CQC inspection as

requiring improvement.

“ Safeguarding training compliance rates are too variable at the Shrewsbury and Telford Hospitals – Princess Royal Site. Group 1, 100% staff are trained, only 47% trained within group 2(of which 52% are nurses, but only 18% are medical staff) and 87% at group 3 are trained” (CQC report 2012)

The CQC recommendation that the Trust has 3 months to comply with is that 80% of staff in groups 2 and 3 must have received some child protection training before the end of November 2012. This recommendation forms part of the safeguarding work plan. The medical director has been asked to write to all medical staff to remind them of their duties and responsibilities with safeguarding children.

The table below shows staff groups that fall into Group2 and their compliance to Child Protection training in the last 3 years (that is, how many are up to date)

Centre	Group 2 / level 2 training
223 Compliance and Risk Count	100%
223 Diagnostics Centre Count - Mammography	100%
223 Diagnostics Centre Count - Radiology	29%
223 Diagnostics Centre Count - MRI	100%
223 Diagnostics Centre Count - Phlebotomy	92%
223 Diagnostics Centre Count - Radiography	83%
223 Emergency and Critical Care Centre Count	54%
223 Head and Neck Centre Count	35%
223 Medicine Centre Count	62%
223 Musculoskeletal Centre Count	53%
223 Oncology Centre Count	53%
223 Ophthalmology and Patient Access Centre Count	63%
223 Quality and Safety Count	60%
223 Surgical Centre Count	68%
223 Therapy Centre Count	72%
223 Women and Children's Centre Count	83%
223 Workforce Count non medical staffing	52%
223 Workforce Count medical staffing	0%
Centre	Group 3 / level 3
223 Emergency and Critical Care Centre Count	81%
223 Women and Children's Centre Count	97%

6.6 Maternity Training

The safeguarding midwife undertakes training of Maternity staff (midwives and support workers), sessions are currently running each month, alternately at RSH and PRH. There is targeted training as needed in outlying midwife led units. Annual 1 hour updates for midwives (on multi-disciplinary mandatory study day) are provided-30 minutes each from safeguarding midwife to meet 4-6 hours in 3 years. During the last 10 months there has been a new program of updates similar to the midwifery

updates for Maternity Support Workers, which has proved popular and has resulted in safeguarding concerns being raised to midwives by Midwife Support Workers.

Three midwives attended the Telford & Wrekin Common Assessment Framework (CAF) Train the Trainers course. CAF / TAC (Team around the Child) training is to start as single agency training within Maternity in October 2012. Initially 15 safeguarding "link" midwives will be trained in CAF and act as advisors on CAF completion until all community midwives are trained within 6 months. Key midwives on the ante and postnatal wards and in the neonatal unit will also be offered training. Completion of training will improve the quality of CAF completion. Timely CAF's with requests for support will ensure that vulnerable families get the right help at the right time.

There has been collaboration with the Adult Protection Lead Nurse and Vulnerable Adult training has been included into the Midwifery mandatory training. Currently compliance with level 3 training requirements stands at 74% for midwives and 62% of support staff (August 2012).

Section 7 Actions for 2012/2013

SaTH is fully committed to improving child and adult safeguarding processes across the organisation and has a vision to safeguard all children and vulnerable adults who may be at risk of harm. Processes will be empowering and person centred, preventative and holistic and we will continue to deliver the safeguarding agenda encompassing a multi agency and partnership approach. The governance arrangements for child and adult safeguarding will be more robust and systems will be put into place to allow for effective monitoring and assessment of compliance against locally agreed policies and guidelines.

Shrewsbury and Telford Hospital (SaTH) continues to work hard in developing processes and systems that ensure that people using the service, staff and others who visit the hospital are as safe as they can be and that risks are effectively managed.

As professionals we will continue to deliver the Child and Vulnerable Adult Safeguarding agenda, encompassing a multi-agency and partnership approach. The Governance arrangements for Children's Safeguarding will be more robust with improved Level 1 training coverage and systems will be put in place to allow for effective monitoring and assessment of compliance against locally agreed Policies and Guidelines within Clinical Centres.

The known influences and policy drivers that are likely to be the focus of the safeguarding team for the forthcoming year are described below:

- 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 continues to adhere to the recommendations for staff training in child protection / vulnerable adult procedures

- Continue communication between the Shropshire Community Trust and the Shrewsbury and Telford Hospital NHS Trust.
- To participate in Child Death Overview Panels.
- To maintain the existence of the Safeguarding Steering Group
- To continue to work with Human Resource department in ensuring CRB checks and “Managing Allegations against Staff” policy and process are adhered to
- To continue to ensure that staff adhere to the training programme, including child and adult protection awareness, Mental Capacity Act and the Deprivation of Liberty Safeguards.
- Continue to engage with people at risk of abuse, their family, carers, relatives and external agencies.
- To provide formal safeguarding supervision in all key areas, Maternity, Paediatrics and the Emergency Departments.

Appendix 1 Section 11 Self Assessment Audit

