

Annual Report for Safeguarding Children and Vulnerable Adults 2010/11

1. INTRODUCTION

This report describes the developments within the Trust's Safeguarding Team, and highlights the achievements over the last twelve months.

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.

2. BACKGROUND INFORMATION

2.1 The Trust recognises that all children and vulnerable adults have a right to be protected and that all adults have a responsibility to protect them from harm. The Trust is committed to ensuring that:

- systems and services are in place that aim to promote children's wellbeing and prevent them from suffering harm
- systems are in place that aim to promote adult safeguarding
- to safeguard children and protect vulnerable adults who have been harmed
- staff work collaboratively with other agencies to facilitate recovery and develop protection plans for the individual.

2.2 The Shrewsbury and Telford Hospital NHS Trust (SaTH), provides services to a wide and diverse population with a range of health and social care needs. As such, the Trust has a clear need for all staff, whatever their role, to be aware of their responsibilities to safeguard children and the needs of vulnerable adults. The Safeguarding Team ensure that staff are provided with the appropriate level of training.

3. ORGANISATIONAL ARRANGEMENTS AND DEVELOPMENTS OF TEAM

3.1 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.

3.2 During the last twelve months, the Named Midwife has left and this post is currently vacant. There are however, two midwives who are taking the lead on safeguarding, one for each hospital site. The Trust has also had a change in the Executive Lead for Safeguarding.

3.3 All the Named professionals have undertaken professional development within the last twelve months, and in particular the partnership working between the Named Nurse in Powys and the Named Nurse at SaTH has been strengthened with improved information sharing.

The Safeguarding team consists of:

Executive Lead for Safeguarding:	Mrs Vicky Morris
Associate Director for Patient Safety:	Vacant – Interim support provided by Sarah Shingler
Named Doctor:	Dr Frank Hinde
Named Nurse:	Mrs Teresa Tanner
Vulnerable Adult Lead Nurse:	Helen Hampson
Named Midwife:	Vacant
Safeguarding Midwives:	Mrs Michelle Howse Mrs Louise Norton

4. THE TRUST RESPONSE TO NATIONAL AND LOCAL DEVELOPMENTS

Working Together

4.1 Working Together to Safeguard Children & Young People (Department of Health, 2010) sets out how organisations and individuals should work together to safeguard and promote the welfare of children. To help promote effective working together SaTH have representation on both the Shropshire Safeguarding Children Board (“SSCB”) and Telford & Wrekin Safeguarding Children Board (“T&WSCB”)

4.2 Nationally, a number of significant changes have been announced in relation to safeguarding children. These include: an independent review of child protection led by Professor Eileen Munro; the publication of serious case review overview reports in full; and disbanding the National Safeguarding Delivery Unit and Contact Point. The Vetting and Barring Scheme for people working with children and vulnerable adults has been halted subject to a full review. Appendix I includes Munro’s recommendations and timeline, most of the recommendations are for social care and primary care trusts.

4.3 In 2000 The Government via the Department of Health published guidance, called “No Secrets”; this directed all local Authorities to develop local policies and procedures in respect of Safeguarding Vulnerable Adults in line with statutory guidance.

4.4 In response to this statutory guidance a policy was written by the Vulnerable Adults Safeguarding Board (VASB) to promote the safety and protection of the Shropshire, Telford and Wrekin population. All key agencies including Shrewsbury and Telford Hospital NHS Trust (SaTH) are fully committed and have endorsed the multi agency approach to this work and have agreed that the policies should be the basis for all investigations into allegations of poor care, neglect or abuse

4.5 It is recognised that the agenda in respect of Adult Safeguarding is widening to work collaboratively with the implementation of the Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DoLS) legislation. There is also the increasing work involving the Dignity in Care Agenda and the publicising of the Dignity challenge within Social Care and Health. Implementation of this legislation is being monitored through the Trust's Safeguarding Committee

5. MONITORING

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 7 – 18th February 2011 and the Care Quality Commission Inspector visited the emergency departments of both the Royal Shrewsbury Hospital and the Princess Royal Hospital. The previous Joint Area Review inspection in 2008 had raised concern with the emergency department at the Royal Shrewsbury Hospital in relation to the processes for identifying children who needed to be safeguarded and the systems which were in place for referral. This concern was actioned with increased awareness and training amongst the emergency staff and is now no longer a concern.

5.3 However, neither of the Acute Hospital Trusts or the Community Trust has yet achieved the target figure of 80% Level 1 Safeguarding Training. Performance is higher for the more specialised levels of training for relevant staff groups. Attendance by staff at safeguarding training is monitored by all Health Care Trusts with regular reports provided to Trust Boards as well as to the PCT. At the time of the inspection level 1 training average was 65% as a Trust we have shown no improvement in this area, as our average 6 months post inspection is still at 65%. This is disappointing and work has commenced with individual Centre Chiefs to ensure that there is a general understanding within the centres that staff must undertake safeguarding children's training and that they have a responsibility to make this happen. A detailed training plan is in the process of being developed, progress against this plan will be monitored as part of the overall annual work plan against specific trajectories and Key Performance Indicators.

5.4 A further area for improvement for Shropshire County PCT concerned the Minor Injuries Units (MIU) and the Emergency Departments and how information is shared. At SaTH all children known to Telford & Wrekin and Shropshire Local Authorities with a child protection plan are alerted on the hospital computer system (SEMA). The Minor Injuries Units do not have access to the same system. It has therefore been agreed that should the MIU need to know if a child has a child protection plan, then they can ring the Emergency Department at the Royal Shrewsbury Hospital and ask for clarification.

5.5 As previously discussed Shropshire's Inspection has already taken place and there is an expectation that Telford & Wrekin's inspection will take place within the next few months. The Inspection process is expected to follow the same processes as for the Shropshire Inspection unless government changes.

5.6 In line with the VASB policies and procedures, including the Association of Directors of Adult Social Services (ADASS) Safeguarding Standards: Self assessment, an audit tool has been devised by the Interim Deputy Director of Nursing and Quality to specifically review board assurance around safeguarding vulnerable adults systems, governance arrangements, training and staffing and partnership arrangements in relation to safeguarding vulnerable adults, the audit tool is included in Appendix II. The same principles were applied to this audit as in the Care Quality Commission's review of NHS organisation's compliance against current children's safeguarding legislation. An action plan is currently being developed to address the gaps identified in the audit, progress will be monitored through the local Safeguarding Committee.

5.7 The West Midlands Quality Review Service have recently undertaken a quality peer review on the care of vulnerable adults in acute hospitals, all patients in acute hospitals may be vulnerable and deserve the highest possible quality of care. Some groups of patients are, however, particularly vulnerable and may be less able than others to voice their wishes and any concerns. These groups include people with learning disabilities, mental health problems or dementia, victims of neglect or of sexual or domestic violence, and those people who are particularly frail or nearing the end of their life.

5.8 The aim of the review was to improve services for people throughout the West Midlands including:

- Patients and their families and carers will know more about services and what they can expect.
- Commissioners will have better service specifications.
- Service providers and commissioners will work together to improve service quality
- Quality review visits will give an independent view of service quality
- Reviewers will learn from taking part in review visits.
- Good practice will be shared
- Service providers and commissioners will have better information to give to CQC.

5.9 The assessors spent the day in the Trust on the 5 October 2011 reviewing evidence that had been produced in preparation for the visit, met with the leads for safeguarding and improving care, specialist clinical advisors and the nominated Executive Lead Director for Safeguarding. The assessors also visited the wards and departments and were able to talk to staff regarding the care of vulnerable adults in our care. The results of the inspection will be published in November 2011.

5.10 Regulation 11, Standard 7 of the Care Quality Commission Standard is the safeguarding and safety outcome, which we will be measured against. Safeguarding is also incorporated into other corporate quality outcomes such as; care and welfare of people who use services, consent to care and treatment, staffing, supporting workers, complaints and record keeping.

It is anticipated that the level of training coverage will be highlighted as an issue and as previously highlighted this is being addressed through the development of a robust training plan including targeted trajectories.

5.11 Self Assessment Audit

During the last twelve months the Trust has undertaken a Self Assessment Audit across areas in the hospital that receive children up to the age of 18 years. Results suggest that 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.

5.12 Local Safeguarding Children Board Audit

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. One of the functions of the LSCB is to monitor the effectiveness of arrangements in a locality to safeguard and promote the welfare of children and young people; this is done through the Section 11 Audit (Section 11 of the Children Act 2004, which states how statutory authorities should fulfil their obligations) and is updated annually by the Named Nurse with the Executive Lead for Safeguarding.

5.13 Health Governance Safeguarding Group

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

6. KEY WORK OF THE TRUST CHILD PROTECTION TEAM DURING 2011

6.1 Training

A key focus for the Child Protection Team in 2011 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.

During 2010, both the *Intercollegiate Document for Safeguarding Competencies for Health Care Staff 2010*, and the new *Working Together to Safeguard Children (HM Government 2010)* reports were published and gave new requirements for child protection training. The Intercollegiate document has further increased the capacity for safeguarding training due to new groupings and more stakeholders.

Previously staff were matched against a level of training that was recommended in *Working Together to Safeguard Children 2006*, the new guidance has now designated staff to certain groups. The Intercollegiate Document however, still recommends levels of training and they do appear to match the groupings given.

6.2 The various group descriptors are outlined below:

Group 1 (Level 1) includes non-clinical staff working in health care settings/ staff who have infrequent contact with children, young people, parents or carers. We are currently teaching this level on Induction. This group of staff needs to have an awareness of what child abuse is and who to contact should they have any concerns.

Group 2 (Level 2) includes staff that have regular contact with children, young people, parents or carers and includes all nurses working in adult areas, and medical staff.

We are currently running this as a 1-hour course and encouraging staff to also complete the NSPCC course. This level also states for competency that it includes Protection of Vulnerable Adult training.

Group 3 (Level 3) includes staff who work with children frequently, and includes paediatric staff, maternity staff and the emergency department staff. This level of training is the 3 hour basic awareness course plus other courses to give an overall of 4-6 hours training in a 3 year period. All the areas stated have annual updates as part of their mandatory training.

6.3 Across the Trust there is 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 released to assist when their department workload allows and this is proving to be 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 Independent Management Review (IMR).

6.4 A review of training arrangements for Vulnerable Adult training also needs to be undertaken and a training plan is currently being developed in collaboration with the clinical centres, this also includes the training of medical staff. Protection of Vulnerable Adults training is delivered with the intention to obtain 95% coverage across the organisation by March 2012. The session provides an Awareness of Adult Protection. The current progress on level 1 POVA training coverage across the Trust is recorded at 56.3%.

6.5 An audit of the implementation of the Mental Capacity Act by Shropshire Local Authority highlighted the need for further awareness and training in Mental Capacity issues and Deprivation of Liberty Safeguards. The Local authorities and Primary Care Trusts within Shropshire and Telford and Wrekin have developed a multidisciplinary Mental Capacity Awareness and the Deprivation of Liberty Safeguards training, this programme commenced from September 2011.

6.6 Bond Solon a Health Care Legal company has also recently provided Mental capacity training within the Trust for the newly appointed Centre Chiefs and Executive team. It is planned that other senior staff groups will also undertake this training in the near future.

7. CHILDREN SUBJECT TO A CHILD PROTECTION PLAN

7.1 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.

7.2 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 writes to Children's Social Care to advise them of the child's attendance for their records.

7.3 All unborn babies who have been made the subject of a child protection plan are also highlighted on the Trust administration system.

8. VULNERABLE ADULT REFERRALS

8.1 The table below includes the number of Adult Safeguarding referrals that the Trust has received in the reporting period April 2010 to March 2011.

8.2 83 referrals were instigated by the Trust and in the same reporting period 20 referrals were made against the Trust.

Report Information Adult Protection referrals				
Adult Protection referrals 1 st April 2010 – 31 st March 2011 = 103 (RSH 55 PRH 48)				
Month	Total	Instigated by Trust	by Against the Trust	Outcomes against the Trust
April	5	3	2	NS X2
May	5	3	2	NS X2
June	4	4	0	
July	8	8	0	
Aug	9	8	1	NS X1
Sept	11	10	1	NS X1
Oct	7	7	0	
Nov	13	11	2	NS X 2
Dec	6	5	1	SUB X1
Jan	10	7	3	NS X 2 INC X 1
Feb	12	7	5	NS X 3 INC X 2
March	13	10	3	NS X 2 INC X 1

The referral substantiated against the Trust was both concerning discharge planning including lack of information to relatives/carers and external agencies including social services and care homes. Actions have now been put in place by the ward involved including an improvement in documentation. Transfer letters are now checked by the co-ordinator before the patients leave the ward and a copy is maintained in the patients medical records for reference. All adult protection referrals against the Trust have been in the category of Neglect /Omission of care.

Key:

S = Substantiated (Neglect / Lack of Care)

NS = Not Substantiated

INC = Inconclusive

OG = Ongoing investigation

8.3 As the Adult Safeguarding agenda continues to gather speed at National level and with the continued awareness raising which is happening daily across the Trust, it is recognised that further resource is needed to support the current adult safeguarding lead to continue to successfully deliver this complex and valuable agenda. A recent decision has been made to provide interim support to the Adult Safeguarding Lead for a 6 month period whilst a review is undertaken of the service and a business plan prepared.

9. NEW POLICIES and NICE GUIDANCE

9.1 During the last 12 months, the following NICE guidance has been published:

- CG 89 - *When to suspect child maltreatment*
- CG 115 - *Alcohol dependence and harmful alcohol use*
- PH 30 - *Preventing unintentional injuries among under 15s in the home*

9.2 Any NICE guidance that affects children is first presented to the Paediatric Governance for confirmation that SaTH is compliant with any changes which are required in clinical practice, if they affect safeguarding they are also presented to the Safeguarding Committee. Copies of CG89 were issued to all wards for inclusion in their Safeguarding Folder, all Orthopaedic Surgeons and Paediatricians were issued with a copy. The guidance is raised and shared as part of Group 2 (level 2 and above) training.

9.3 CG 115 formed the basis of the Trust's alcohol policy. This policy currently does not consider children under the age of eighteen. The Named Nurse is working with the Matron for Emergency services to adapt the policy to adapt this gap.

9.4 As a Public Health policy PH30 does not directly affect hospital staff, but the newly devised Shropshire Accident Prevention Strategy working group includes an Emergency Consultant from RSH as well as the Named Nurse within the membership. This new strategy will be incorporated into training for Group 3 and above.

9.5 Some policies have required updating in the last year as well as the writing of some additional new policies. A brief outline is given below:

- *Self Harm*: was updated as part of the recommendations of the Shropshire Serious Case Review (SCR).
- *Domestic Abuse*: two policies, one concerning staff who may be the victims of Domestic Abuse and the second policy is to support staff dealing with patients who may be victims.
- The Trust's Safeguarding Children Policy is due to be updated at the end of 2011 and is currently being modified to take into account the new policies.

10. SERIOUS CASE REVIEW AND INTERNAL MANAGEMENT REVIEW

10.1 A Serious Case Review (SCR) is required 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.

10.2 Since January 2011 the Trust has been involved in one SCR and one Management Review. A Management Review is conducted when the criteria for a SCR is not met but it is felt by the SCR panel that there are lessons to be learned about how staff in one single agency worked rather than how agencies have worked together. The Management Review was for Telford & Wrekin Local Safeguarding Children Board (LSCB) and the SCR was for Shropshire Local Safeguarding Children Board.

10.3 Recommendations from both reviews have been addressed and policy and practice has changed as a result.

11. LOCAL SAFEGUARDING CHILDREN BOARD AND PARTNERSHIP WORKING

11.1 The LSCB's in Shropshire, Telford and Wrekin have the lead role in co-ordinating and improving services to safeguard children and young people in our area.

The LSCB key responsibilities are to:

- Provide the strategic lead in the continued development of Child Protection Services
- Co-ordinate and scrutinise local agency arrangements for safeguarding children
- Ensure the effectiveness of the other agencies' agreements for safeguarding children

- Ensure that safeguarding is planned within all service developments
- Ensure that lessons are learnt from every child's death and serious incident and those families are provided with appropriate support when a child dies
- Promote safeguarding prevention strategies to minimise the requirement for protection.

The LSCB has high level membership from all agencies across the local economy. The Trust representative on both LSCBs is the Executive Lead for Safeguarding.

11.2 Each LSCB has various subgroups which are outlined below:

- Serious Case Review Panel
- Child Death Overview Panel
- Training and Development Sub Group
- Policy and Procedures Sub Group
- Domestic Violence Forum

Members of the Trust's Safeguarding Children Team are included in the membership of the above groups and provide feedback to the Trust's Safeguarding Committee.

12. SUMMARY

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 are 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 and Adults 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 sub-groups and the Health Governance Safeguarding Group and develop practices, and contributing to the development of a multi agency training strategy and procedures.
- To continue to provide in-house local guidance to compliment LSCB procedures, protocols and practice guidelines.
- To ensure that SaTH continues to adhere to the recommendations for staff training in child protection procedures.
- Continue communication between the Shropshire Community Trust and the Acute services
- To participate in Child Death Overview Panels.
- To maintain the existence of the Safeguarding Steering Group formed in response to Lord Laming's recommendations in 2003.
- To continue to work with the Human Resource department in ensuring CRB checks and "Managing Allegations against Staff" policy and processes 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.

Appendix I

MUNRO RECOMMENDATIONS	GOVERNMENT RESPONSE	TIMELINE
<p>Recommendation 1: Initial and core assessments should be scrapped and replaced with a single, ongoing assessment listing decisions to be made.</p>	<p>Accepted</p> <p>1)The government will make full revision of Working Together to Safeguard Children and The Framework for the Assessment of Children in Need and their Families.</p> <p>2) The government will implement an interim amendment to Working Together to Safeguard Children to remove assessment deadlines and the distinction between initial and core assessments.</p>	<p>1) By July 2012</p> <p>2) By December 2011</p>
<p>Recommendation 2: Unannounced inspections should examine the safeguarding performance of other agencies as well as children's services.</p>	<p>Accepted</p> <p>Ofsted intends to have a new local authority inspection framework in place, following a consultation in July 2011.</p>	<p>By May 2012</p>
<p>Recommendation 3: Inspections should also look at outcomes and how children's wishes and experiences shape services provided.</p>	<p>Accepted</p> <p>Ofsted intends to have a new local authority inspection framework in place, following a consultation in July 2011.</p>	<p>By May 2012</p>
<p>Recommendation 4: A combination of nationally collected and locally published performance data should be used.</p>	<p>Accepted</p> <p>1) The government will confirm what will be on the list of locally published performance information.</p> <p>2) The government is aiming for publication of the suite of new nationally collected performance information.</p>	<p>1) By December 2011</p> <p>2) By May 2012</p>

<p>Recommendation 5: Each Local Safeguarding Children Board (LSCB) should submit an annual report to the Chief Executive and Leader of the Council, and (subject to legislation) to the local Police and Crime Commissioner and the Chair of the health and wellbeing board.</p>	<p>Accepted The government will identify the appropriate legislative vehicle.</p>	<p>As soon as practicable</p>
<p>Recommendation 6: Local safeguarding children boards should assess local outcomes, including the effectiveness and value for money of early intervention services and multi-agency training.</p>	<p>Accepted in principle The government will publish an amendment to Working Together to Safeguard Children regarding the role of local safeguarding children boards in monitoring effectiveness of early help and protective services.</p>	<p>By December 2011</p>
<p>Recommendation 7: The role of the director of children's services and the lead member for children's services should be protected from departmental mergers.</p>	<p>Accepted in principle The government will consult formally on revised statutory guidance on the director of children's services (DCS) role and the lead member.</p>	<p>By autumn 2011</p>
<p>Recommendation 8: Research is needed on the impact of health reforms on partnership working in child protection.</p>	<p>Accepted in principle The Department of Health and the Department for Education will work with NHS bodies, local authorities, professional bodies and practitioners to publish a joint programme of work.</p>	<p>By September 2011</p>
<p>Recommendation 9: LSCBs should use a systems approach to serious case reviews (SCRs) and Ofsted's evaluation of SCRs should end.</p>	<p>Further consideration needed The government will consider evidence and opportunities for using systems review methodologies for SCRs and options for developing the national resources recommended.</p>	<p>Second half of 2011</p>

<p>Recommendation 10: Councils should have a legal duty to provide enough early intervention services.</p>	<p>Accepted in principle The government will decide whether there should be a statutory duty for local authorities in relation to early intervention and, if so, what form it will take.</p>	<p>By September 2011</p>
<p>Recommendation 11: The Social Work Reform Board's professional capabilities framework should specify those qualities needed for child and family social work.</p>	<p>Accepted The professional capabilities framework and CPD framework, developed by the Social Work Reform Board, will include child specific skills and learning and be implemented.</p>	<p>By autumn 2012</p>
<p>Recommendation 12: Employers and higher education institutions should work together on student placements.</p>	<p>Accepted 1) The government expects the College of Social Work to develop plans for designated approved practice settings and teaching organisation status and to consider the merits of student units. 2) The government will build partnership arrangements with employers and higher education institutions.</p>	<p>1) By December 2012 2) By summer 2012</p>
<p>Recommendation 13: Local authorities should review and redesign the ways in which child and family social work is delivered, drawing on evidence of effective interventions and helping social workers use evidence based practice.</p>	<p>Accepted Local leaders will undertake self-assessment, considering whether child and family social work services are appropriately configured so that they meet the needs of children and families</p>	<p>At a locally determined pace</p>

<p>Recommendation 14: Local authorities should designate a principal child and family social worker.</p>	<p>Accepted</p> <p>1) The government expects most local authorities to have chosen to designate a principal child and family social worker.</p> <p>2) The government expects that all local authorities "will have chosen" to designate a principal child and family social worker.</p>	<p>1) By April 2012</p> <p>2) By July 2012</p>
<p>Recommendation 15: A chief social worker should be created in government.</p>	<p>Accepted in principle</p> <p>The government plans for a chief social worker to oversee children's and adults' services to be implemented.</p>	<p>By late 2012</p>

APPENDIX II

1. SHREWSBURY AND TELFORD NHS HOSPITAL (SATH) MEETS STATUTORY REQUIREMENTS IN RELATION TO CRIMINAL BUREAU CHECKS

IDENTIFY LEVEL OF COMPLIANCE BY PLACING A TICK IN THE CORRESPONDING BOX & PROVIDE RELEVANT EVIDENCE

1.1 All staff working with vulnerable adults have an enhanced Criminal Records Bureau (CRB) disclosure.

Fully compliant		Human Resources CRB check policy no. 34 Section 6.5 – requires review Policy and guidelines attached
NON – COMPLIANT BUT WORKING TOWARDS STANDARD (GIVE % OF STAFF WORKING WITH VULNERABLE ADULTS WITH ENHANCED CRB AND OUTLINE ACTIONS BEING TAKEN)	✓	
Non compliant and no plans in place to achieve standard (give % of staff working with vulnerable adults with enhanced CRB)		

1.2 All staff with access to persons in receipt of health services in the course of their normal duties to have a standard CRB disclosure.

Fully compliant		The Trust does not use a standard CRB disclosure for staff only enhanced. There is no expiry on the CRB and have spoken to HR, a new enhanced CRB would be requested if a member of staff was promoted or a change in their role Will be taken forward with HR as part of action plan
Non – compliant but working towards standard (give % of staff with access to persons in receipt of health services having had a standard CRB; outline actions to be taken to achieve standard)	✓	
Non compliant and no plans in place to achieve standard (give % of staff with access to persons in receipt of health services having had a standard CRB)		

2. VULNERABLE ADULTS PROTECTION POLICIES AND SYSTEMS ARE UP TO DATE AND ROBUST

IDENTIFY LEVEL OF COMPLIANCE BY PLACING A TICK IN THE CORRESPONDING BOX & PROVIDE RELEVANT EVIDENCE

2.1 There is a system for flagging vulnerable adults for whom there are safeguarding concerns

Fully compliant – system in place (describe system)	✓	Policy and procedure available on SATH intranet section 8.5 also a referral form(appendix 2)
No system currently in place but action plan being developed		

No system and no plans in place		Flowchart has been developed with guidance from West Mercia Police –adult protection and adult protection Shropshire Council (attached) Adult protection policy including referral attached.(appendix 2)
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2.2. ALL STAFF ARE MADE AWARE OF SAFEGUARDING VULNERABLE ADULTS POLICIES AND PROCEDURES FOR SHROPSHIRE, TELFORD AND WREKIN

FULLY COMPLIANT: DESCRIBE HOW STAFF ARE MADE AWARE OF AND HAVE ACCESS TO POLICIES AND PROCEDURES; OUTCOMES FROM ANY AUDITS ON ADULT PROTECTION PROCEDURES ETC	✓	Procedure is included in the Adult Protection training. (Statutory for all patient handlers)
Non compliant but action plan in place to ensure standard met; outline processes to be put in place.		
Non compliant and no plans in place.		

2.3 Safeguarding Vulnerable Adults Policy & Procedures (or set of policies and procedures) include a process for following up referrals to adults social care

Fully compliant: provide an up to date version of the policy/ procedure (where it forms part of a wider policy please identify the relevant section in red.)	✓	All adult protection referrals are directed to the relevant social services, which in turn have a strategy discussion with the police. A decision is then made as to who will lead the investigation -sections 8.6 and 8.7 of the AP policy
Non- compliant but policy/procedure in process of being developed		
Non compliant: no plans in place to develop guidance		

2.4 Safeguarding Vulnerable Adults Policy (or set of policies and procedures) includes a process for dealing with vulnerable adults who are at risk from domestic abuse, physical, sexual, verbal or psychological abuse and has a clearly defined process for recognising /acting on concern

Fully compliant: provide an up to date version of the policy/ procedure (where it forms part of a wider policy please identify the relevant section in red.)	✓	SATH policy Section 7 and 9 of the AP policy AP policy for SATH is in line with the multi-agency policy for Shropshire and Telford and Wrekin. For review 2012
Non- compliant but policy/procedure in process of being developed		
Non compliant: no plans in place to develop guidance		

2.5 Safeguarding Vulnerable Adults Policy (or set of policies and procedures) includes a process for ensuring that all patients are routinely asked about any caring responsibilities		
Fully compliant: provide an up to date version of the policy/ procedure (where it forms part of a wider policy please identify the relevant section in red.)	✓	Admission documentation (Patient Demographics Document) page 2 includes home circumstances and page 6 section 13.2 is a screening tool for a Social Work referral
Non- compliant but policy/procedure in process of being developed		
Non compliant: no plans in place to develop guidance		

2.6 Safeguarding Vulnerable Adults Policy (or set of policies and procedures) includes a process for following up vulnerable adults who miss outpatient appointments		
Fully compliant: provide an up to date version of the policy/ procedure (where it forms part of a wider policy please identify the relevant section in red.)		This will form part of action plan and discussions will commence with VASB
Non- compliant but policy/procedure in process of being developed		
Non compliant: no plans in place to develop guidance	✓	

2.7 Safeguarding Vulnerable Adults Policy (or set of policies and procedures) include a process for handling suspected fabricated induced illness		
Fully compliant: provide an up to date version of the policy/ procedure		This will form part of action plan and discussions will commence with VASB
Non-compliant but policy/procedure in process of being developed		
Non compliant: no plans in place to develop guidance	✓	

2.8 Safeguarding Vulnerable Adults Policy (or set of policies and procedures) includes clear guidance on managing allegations against staff and volunteers working with vulnerable adults in line with national and local safeguarding board guidance		
Fully compliant: provide an up to date version of the policy/ procedure	✓	AP policy attached section 11, and 11.1 Whistle blowing policy HR05 section 1.2 Disciplinary procedure attached Following the Adult Protection process, and discussion with senior members of staff and also to include Whistle blowing policy HR05 section 1.2
Non- compliant but policy/procedure in process of being developed		
Non compliant: no plans in place to develop guidance		

2.9 Safeguarding Vulnerable Adults Policy (or set of policies and procedures) includes clear guidance on how to respond to a disclosure from a vulnerable adult, which includes a confidentiality policy and procedure		
Fully compliant: provide an up to date version of the policy/ procedure (where it forms part of a wider policy please identify the relevant section in red.)	✓	SATH adult protection policy and procedures includes confidentiality section 12
Non- compliant but in process of being developed		
Non compliant: no plans in place to develop guidance		

2.10 Safeguarding Vulnerable Adults Policy (or set of policies and procedures) include a process for resolving cases where health professionals have a difference of opinion		
Fully compliant: provide an up to date version of the policy/ procedure (where it forms part of a wider policy please identify the relevant section in red.)	✓	SATH adult protection policy Section 10
Non- compliant but in process of being developed		
Non compliant: no plans in place to develop guidance		

2.11 Relevant to walk-in centres: Vulnerable Adult policy (or set of policies and procedures) includes a process or protocol that outlines when walk-in centre staff should check whether a vulnerable adult is subject to a vulnerable adults protection plan		
Fully compliant: provide an up to date version of the policy/ procedure (where it forms part of a wider policy please identify the relevant section in red.)		NA
Non- compliant but policy/procedure in process of being developed		
Non compliant: no plans in place to develop guidance		

3. TRAINING

IDENTIFY LEVEL OF COMPLIANCE BY PLACING A TICK IN THE CORRESPONDING BOX & PROVIDE RELEVANT EVIDENCE

3.1 All eligible staff have undertaken and are up to date with safeguarding training at level 1. (Level 1 training aims to ensure all clinical and non clinical staff understand what constitutes vulnerable adult abuse and know what to do if they have concerns a adult is being abused)

Fully compliant; all clinical and non clinical staff have accessed level 1 training within last three years; provide evidence of training plans and copy of safeguarding training strategy		All patient handlers to attend adult protection training (statutory E course) Training numbers March 2010 – 2011 = 43% Adult protection training is part of statutory training. 1672 members of staff (patient handlers trained) We currently have 3486 members of staff who are patient handlers
Non compliant but action plan in place: state % of workforce (clinical and non clinical) having accessed level 1 training within last 3 years and provide copy of training strategy and outline action to be taken	✓	Training outline attached
Non compliant – no action plans / training strategy in place		

3.2 Is the Trust planning to undertake a review of its training arrangements within the next 6 months to ensure they take account of emerging messages from the national review of adult safeguarding
Yes Training reviewed annually by Training and Development Manager