

Cover page	
Meeting	Trust Board
Paper Title	Annual Safeguarding Adults and Children Report
Date of meeting	28 th November 2019
Date paper was written	14 th November 2019
Responsible Director	Barbara Beal, Interim Director of Nursing
Author	Jane Newcombe - Adult Safeguarding Lead Teresa Tanner – Children’s Safeguarding Lead
Executive Summary	
<p>This report describes the activities during 2018/2019 of the Trust’s Safeguarding Team for adults, children and maternity. The report highlights the outcomes over the twelve months and gives assurance to the Trust Board on how the organisation has discharged its statutory duties in relation to safeguarding children under Section 11 of the Children Act (2004) and work within the guidance for adult Safeguarding. Due to changes in the management of the adult safeguarding team in June 2019 there has been a delay in the annual report being compiled this year. There is now clear management structure in place to enable the prompt reporting going forward.</p> <p>In addition, the report outlines how the Trust has responded to local and national developments, both internally, and as a member agency of the Local Safeguarding Partnerships and the Adult Safeguarding Boards.</p> <p>The following key points are raised in the report:</p> <ul style="list-style-type: none"> • Shrewsbury and Telford NHS Trust executive lead and operational leads have maintained commitment to the Local Authority Safeguarding adults board by regular attendance at the board and sub groups • Ongoing work has been undertaken to improve compliance with all aspects of safeguarding training, this work has continued in to 2019/2020 • The Trust has been involved in one Serious Case Review which was published in December 2018 and are involved in a further 2 cases involving children. • In 2018/19 there have been two Safeguarding Adult reviews where SaTH have submitted a report detailing the Trust involvement. Neither of these cases have been concluded at the time of the report being written. • There have been 135 Deprivation of Liberty Safeguards referrals made to the appropriate Local Authority (LA) for approval during this period. 131 of these were not approved. • There were a total of 181 concerns raised in the Trust in 2018/2019 Of these concerns 69 were raised about the care received in the Trust, the majority of these issues relate to medication and communication on discharge. <p>The Trust is committed to improving child and adult safeguarding processes across the organisation to safeguard all children and vulnerable adults who may be at risk of harm. The report</p>	

highlights the ongoing priorities and work being undertaken in 2019/2020 by the Safeguarding teams.

Previously considered by	<i>Operational forums and committees</i> <i>Include a brief summary of the outcome of previous debate (i.e. was the forum / committee fully assured / partially assured?). What, if any, concerns were raised through the previous debate? This should help the committee / Board to gain an overview of what has happened prior to the paper being presented.</i>
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The Board is asked to:			
<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input type="checkbox"/> Note	<input checked="" type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input type="checkbox"/> Well-led

Link to strategic objective(s)	<p><i>Select the strategic objective which this paper supports</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare <input checked="" type="checkbox"/> SAFEST AND kindest Our patients and staff will tell us they feel safe and received kind care <input type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities <input type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions <input type="checkbox"/> OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	<i>Are any Board Assurance Framework risks relevant to the paper?</i>

Equality Impact Assessment	<ul style="list-style-type: none"> <input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<ul style="list-style-type: none"> <input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA
Financial assessment	<i>Is there a financial impact associated with the paper?</i>

SAFEGUARDING ADULTS AND CHILDREN ANNUAL REPORT 2018/2019

1.0 INTRODUCTION

This report describes the activities during 2018/2019 of the Trust's Safeguarding Team for adults, children and maternity. The report highlights the outcomes over the twelve months and gives assurance 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.

All staff within health services have a responsibility for the safety and wellbeing of patients and colleagues. Living a life that is free from harm and abuse is a fundamental human right of every person and an essential requirement for health and wellbeing. This report outlines how the Trust remains responsive to national evidence and local need. It aims to provide assurance that the trust is compliant with; the West Midlands multi-agency guidelines for safeguarding adults, the Care Quality Commission Registration standards and the Care Act 2014.

In addition, it describes how the Trust has responded to local and national developments, both internally, and as a member agency of the Local Safeguarding Partnerships and the Adult Safeguarding Boards (SAB) including significant work undertaken within the Trust in relation to the national PREVENT agenda.

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 have a right to be protected from harm when in our care. Safeguarding encompasses:

- Effective responses to allegations of harm and abuse that are in line with local multiagency procedures
- Maintaining integrated governance systems and processes in reporting concerns or issues relating to Safeguarding
- Working with Local Safeguarding Partnerships (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.
- Identification of potential risk factors in families with complex social issues and offering early help and / referral to social care

All staff within the Shrewsbury and Telford Hospital NHS Trust (SaTH) are fully committed in the safeguarding of children and adults with care and support needs.

2.0 NATIONAL SAFEGUARDING ARRANGEMENTS

The requirement for organisations to have robust processes relating to safeguarding were outlined by Lord Laming's review into Child Protection Procedures (2009), the Care Quality Commission (CQC) report reviewing Safeguarding Children within the NHS (2009) and for adults, the Care Act (2014).

The CQC also requires 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).

- Work with partners to protect children and participate in reviews as set out in Working Together to Safeguard Children (2018), 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 relating to 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).
- NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework
- A child centred coordinated approach to safeguarding
- Assessing the needs of children / unborn and providing early help.

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. We are compliant with this requirement.

CONTEST, the Government's national counter terrorism strategy, aims to reduce the risk to the United Kingdom and its interests overseas from international terrorism, so that people can go about their lives freely and with confidence. Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding vulnerable individuals from other forms of exploitation. Therefore, the Trust's PREVENT Policy sits alongside the organisation's Safeguarding Vulnerable Adults Policy and the Safeguarding Children's Policy.

In 2018/2019 the Safeguarding team consisted of:

Executive Lead for Safeguarding	Mrs Deirdre Fowler
Associate Director for Patient Safety	Mrs Dee Radford until Sept 2018
Associate Director of Patient Safety	Mr Peter Jeffries October 2018
Named Doctor for Child Protection:	Dr Shashwat Saran
Named Nurse for Safeguarding Children:	Mrs Teresa Tanner
Adult Safeguarding Lead:	Mrs Helen Hampson
Named Midwife for Safeguarding and Domestic Abuse:	Mrs Sharon Magrath / Mrs Sally Burns from Sept 2018
Specialist Nurse for Safeguarding Adults	Mrs Sharon Woodland Specialist Nurse
	Mrs Louisa Bowen
Specialist Nurse for Safeguarding Children:	Mrs Sarah Browne

3.0 KEY ACTIVITIES IN 2018/2019

During 2018/2019 the following key activities relating to Safeguarding took place within SaTH:

3.1 CHILDREN AND YOUNG PEOPLE

A key focus for the children's Safeguarding Team during 2018/2019 has been to continue to ensure all staff receive appropriate training. One of the key objectives that was a recommendation from the CQC inspection was to improve children's safeguarding training across the level 2 groups. The Safeguarding Team provide training on induction (Level One awareness) following which appropriate staff should attend a Level Two course every three years. Additionally the Named Nurse provides training to specific staff groups who require Level three training such as Paediatric and Emergency Department clinical staff. At the end of August 2019 we reported the following levels of Safeguarding Children Training:

Table one: Safeguarding Children and Young People Training

Level	Rationale	Target*	Compliance
1	Safeguarding children training allows staff to be able to identify early any safeguarding risks and to know what actions to take. Level 1 training is the introductory level training that is necessary for workers (Intercollegiate Document 2014).	100%	94%
2	Safeguarding Children training allows staff to be able to identify early any safeguarding risks and to know what actions to take. Level 2 training for all staff who see children in there working day (Intercollegiate Document 2014).	80%	85%
3	Eligible staff who have received Safeguarding Children training (as per the intercollegiate document 2014) in the last 12 months. Level 3	80%	96%

*Target – CQC target is 80%, Trust Target is 90% and the CCG target for level 2 and 3 training is 98%

Within the last twelve months training has continued in its' present format of being on SSU 3 yearly day with additional bespoke sessions for wards, especially in Adult Safeguarding, compliance for level 2 has improved greatly and is now above 80% for the first time. Staff have been encouraged to undertake the Safeguarding Children module on line. The figures for Safeguarding Children level 2 also include medical staff which, at the end of August 2019 was 56% compliant, this is vast improvement on the 22% last year, but is still required to be above the 80%, given that Safeguarding is part of the appraisal process all doctors should be compliant.

In 2019/20 the recommendations from the Intercollegiate Document (2018) will be implemented across the Trust.

During 2018/2019 the Trust has been involved in a Serious Case Review (SCR) or Individual Management Report (IMR) which was published in December 2018. The action plan had one recommendation on it, and is on track. The Trust is currently involved in a further two serious case reviews, one for Telford and Wrekin, and one in Shropshire.

Both Shropshire and Telford and Wrekin local authorities hold monthly Multiagency Risk Assessment Conferences (MARAC) meetings. The Named Nurse, the Named Midwife, the Specialist Nurses for Safeguarding Adults and Children have been attending the meetings, SaTH has 100% attendance at both Shropshire and Telford MARAC

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 is represented on both the Shropshire and the Telford and Wrekin Safeguarding Children's Boards (LSCB) now known as Local Safeguarding Partnerships following national reviews of Safeguarding Children Boards by the Deputy Chief Nurse

The Named Nurse and Midwife are members of the various subgroups of both the Telford and Shropshire Boards including Domestic Abuse, Child Exploitation, Training and Review and Learning as well as Early Help Partnerships Meetings and the Pan Shropshire Health Governance Safeguarding Group.

The Regional Named Professionals Network which Named Nurse co-chairs together with the Head of Safeguarding at New Cross has continued to strengthen, with the 6 monthly meetings taking place in Telford and guest speakers have included the partner agencies.

Referrals to partner agencies in 2018/2019

Month	Referrals to Social Care	Referrals to MARAC	LADO referrals
Q1	8	21	1
Q2	10	36	2
Q3	2	27	0
Q4	6	25	0

LADO (Local Authority Designated Officer) allegations made against staff who work with children. These are cases where there has been incident at work or home and the member of staff works with children or young people within the hospital, as they work in a 'Position of Trust' they are referred to the LADO.

SaTH will be involved in the National Inquiry into Child Sexual Exploitation in Telford

3.2 MATERNITY

Safeguarding Supervision:

The midwife is often the first professional to work with new parents and therefore needs to be able to recognise early signs of neglect and abuse to safeguard the unborn. Safeguarding supervision has been identified as an essential protective factor in child protection work (Laming 2003, 2009) and focuses on the safeguarding supervisor providing support allowing practitioners to clarify situations which have legal, professional and ethical components. The current model of safeguarding supervision in Maternity is offered ad hoc and can be ineffective at supporting and empowering Midwives to safeguard their caseload.

In November 2017 the Maternity safeguarding supervision policy was implemented however, compliance with the policy has been met with different challenges. Community Midwives with

complex caseloads value the opportunity to access safeguarding supervision but within the current model of Maternity care, there is little capacity to embed this in practice.

Maternity now have 7 Midwives who have the skills to deliver safeguarding supervision across the service. Considering the evidence demonstrating the importance of safeguarding supervision, a business was submitted to highlight the number of hours required to offer effective group supervision which will be more cost effective than the 121 models.

Lack of safeguarding supervision increases the risk of significant harm to the unborn and has therefore been added to the risk register.

The average number of safeguarding supervision sessions offered on a 121 basis = 1

The average number of group supervision offered / month = 1

A new Policy for Maternity Safeguarding Supervision will be implemented in 2019 and the group model of safeguarding supervision will be rolled out across the service.

Capacity for Community Midwives to safeguard the unborn / be compliant with Working Together 2018:

Models of Maternity care are being explored to be able to offer a more flexible service to those women who are unable or choose not to attend their hospital appointments. Continuity of carer is being implemented across the service which will increase continuity for all women. With the adoption of the continuity of carer model, safeguarding issues are more likely to be identified and the risk of drift occurring should decrease with the community Midwife getting to know her caseload and the complexities within them.

Community Midwives have adopted a team approach to caring for women with complex social needs, this has increased the attendance at case conferences and other safeguarding meetings.

A monthly meeting is offered to all the community Midwives offering care to women with complex needs, this provides a forum to share best practice and offer support and ideas on what works well.

Safeguarding and Supporting Women with Additional needs (SSWwAN) meeting

The monthly SSWwAN meeting not only provides the opportunity for management oversight of all the complex social cases in Maternity but is an opportunity for information sharing from the multi-agency team to promote the safety and welfare of the unborn and other siblings within the family.

All pregnant women who engage with antenatal care are assessed at their booking appointment. A few medical and social questions are asked to be able to assess both obstetric risk and other social risks. Any woman who is identified as having social complex needs that may require additional antenatal support and / or early help are referred through the Safeguarding and supporting Women with additional needs (SSWwAN) pathway.

Community Midwives offer early help assessments and all cases are discussed at the monthly multi-agency SSWwAN meeting. The meeting is chaired primarily by the Named Midwife with support from the Named Nurse and a safeguarding support Midwife. The meeting is attended by Health Visitors, Community Midwives, and the Midwife for Improving women's health, an early help representative and a social worker.

The minutes of the SSWwAN meeting are shared with all agencies that attend the meeting and a summary of the information is added to each patient electronic record

The following table shows the number of bookings each month where a woman presented with at least one complex social factor (NICE 2010) and a current or history of mental health issues that may require additional support during pregnancy to promote the safety and welfare of herself and her unborn

Table three: Bookings with at least one complex social factor is featured 2018-2019

Month	Shropshire	Telford and Wrekin
April	45	46
May	46	46
June	35	41
July	40	28
August	40	28
September	40	38
October	31	37
November	36	38
December	38	38
January	45	50
February	34	39
March	33	41
Average /Total	38 / 463	39 / 470

The table below shows the number of women with additional needs that were discussed at each monthly SSWwAN meeting. It also includes the number of safeguarding referrals made each month, the number of safeguarding meetings attended by Midwives and the number of babies subject to a Child Protection Plan (CPP) or a Child in Need Plan (CIN).

NB: This table does not show the number of early help assessments offered by the community Midwifery teams.

Table four: Women discussed at each SSWwAN meeting 2018-2019

Month	Shrop	T&W	Referrals to Social care	Number of Strategy meetings, case conferences / core groups attended by Midwives	Unborn babies subject to a CPP / CIN
April	46	44	19	4	20
May	29	43	7	5	21
June	22	26	32	8	22
July	40	50	11	11	24
August	39	52	17	15	40
September	37	55	5	17	26
October	44	55	9	14	11
November	41	42	5	13	21
December	29	44	5	6	15
January	47	44	2	18	16
February	31	59	3	6	8
March	30	37	12	12	27

Total average	36 / month	45/month	10/ month	10 / month	20/month
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Domestic Abuse:

Domestic Incidents received from the Harm Assessment Unit (HAU):

The Named Midwife for Safeguarding and Domestic abuse receives Domestic incidents from the HAU where a pregnant woman has been identified within the household. This information is logged on Maternity electronic records and information with an action plan is shared with the community Midwife / teams

All women are asked the marked question for domestic abuse at booking if it is appropriate. Where partners are present, the midwives are advised to repeat the marker questions later in pregnancy. The Midwife is encouraged to use the MARAC form as a risk assessment tool following a disclosure of Domestic Abuse.

MARAC assessments completed and referred by Maternity during the time period= 24. The average number of HAU incidents received = 329

Training:

Level 3 training is offered monthly at the Maternity mandatory training days. The theme for 2018/2019 is Early Help and Think Family. The average percentage for maternity staff being compliant with attending an annual update is over 93%.

All Maternity staff should have **a minimum of 8 hours** initial safeguarding education and training within 6 months of commencement in the Trust. Midwives also require additional specific knowledge, skills and competencies and should have **a minimum of 16 hours** initial safeguarding training within 6 months.

Training will include Safeguarding Level's 1, 2 and 3.

New maternity staff will be offered a full day safeguarding training plus the offer of shadowing the Named Midwife to be compliant with the recommendations.

Training will also include:

- FGM
- Domestic Abuse
- Radicalisation
- Child Exploitation (CE)
- Neglect
- Early Help

All staff are asked to complete the Safeguarding training passport to evidence the required number of safeguarding hours; this is monitored at the individual midwife's annual appraisal by their Line Manager

Female Genital Mutilation (FGM):

There were a minimum amount of referrals in regard to FGM this year. SaTH have now gone 'Live' with the national FGM-IS (Information Sharing) in September 2019. As we have the least recorded number of FGM referrals we are in the last phase of the national roll out. There is a requirement

from NHS England that for every baby girl who is born who has a family history of FGM that an alert is added (manually) to the National Spine, to improve communication with health care providers. This will be done by our Named Midwife safeguarding leads.

This is the hyperlink for more information:

<https://digital.nhs.uk/services/female-genital-mutilation-risk-indication-system-fgm-ris>,

3.3 SAFEGUARDING ADULTS WITH CARE AND SUPPORT NEEDS

Law Commission update on LPS

The Government published a Mental Capacity (Amendment) Bill, which passed into law in May 2019. It replaces the Deprivation of Liberty Safeguards (DoLS) with a scheme known as the Liberty Protection Safeguards.

Key features of the Liberty Protection Safeguards (LPS) include:

- In line with the Law Commission's suggestion they start at 16 years old.
- Deprivations of liberty have to be authorised in advance by the 'responsible body'.
- For NHS hospitals, the responsible body will be the 'hospital manager'.

The new Act also broadens the scope to treat people, and deprive them of their liberty, in a medical emergency, without gaining prior authorisation.

The target date for implementation is spring 2020. Prior to then, a revised MCA Code of Practice will be published, which, the sector trusts, will bring clarity to some outstanding questions about how LPS will work in practice.

Partnership working and Subgroups of the Safeguarding Adult Boards attended by SaTH

The Safeguarding Adult Boards (SAB) in both Telford & Wrekin and Shropshire have been in discussion around the reconfiguration of the Board where statutory agencies (Local Authority, Police and CCG) become the Safeguarding Adult Board and the remaining agencies become a Safeguarding Adults Partnership, in line with the Care Act 2014

The subgroups continue to play a central role in providing the SAB with assurance that safeguarding systems across the partnerships are sound and effective. Subgroups are a vital part of the Safeguarding Adult Boards and attendance is also a requirement of the Care Act 2014. The sub groups that are attended by the Trust are:

- Quality, Performance and Operations Sub Group (Telford and Wrekin)
- Audit and Performance Sub-Group (Shropshire)
- Learning and Development Sub Group (both Shropshire and T&W SABs have separate groups)
- MCA and DoLS (Telford and Wrekin and Shropshire combined subgroup)

The Safeguarding Team at Shrewsbury and Telford Hospitals Trust (SaTH) continues to attend the subgroups of the Safeguarding Adult Boards.

SaTH completes an Adult Safeguarding Dashboard on a quarterly basis to assure both Telford and Wrekin CCG and Shropshire CCG that they are meeting their responsibilities in respect of Adult Safeguarding. This dashboard is informed by the national guidance determining safeguarding requirements within the NHS.

In 2018-19 there have been 2 Safeguarding Adult reviews where SaTH have submitted a report detailing the Trust involvement; neither of these cases have been concluded at the time of the report being written.

Training

Mental Capacity Act/ Deprivation of Liberty Safeguards training had been provided by the Shropshire Local Authority but the funding stream was non recurrent funding, provided by the Shropshire CCG. The Trust has not had limited MCA/DoLS training for a year and for this reason was put on the risk register. Funding was then agreed by the Trust and Shropshire local authority are now delivering twelve sessions which commenced in August 2018 to January 2020. MCA and DoLS training is not identified within the Trust as Mandatory training, this will be a priority in 2019-2020 following inconsistent knowledge and understanding of staff identified at the CQC visit and subsequent CCG MCA & DoLS audit.

Adult Safeguarding Training is delivered by the Safeguarding Team and this training is for all clinical staff once every three years. The CCG contract standard training target 85%, SaTH achieved 82% for level 2 training. Level 3 training in line with the intercollegiate document has not been rolled out as yet but is a priority for Quarter 4 of 2019-2020 and the following year.

The Adult Safeguarding Lead retired in May 2019, the Trust has recruited a new Adult Safeguarding Lead who commenced in post in June 2019. Funding was put in place for an additional safeguarding nurse to support the Adult Safeguarding Team with additional training resource for 12 months; this post has become substantive in 2019.

Table six: Adult safeguarding concern referrals April 2018 – March 2019

Month	Total	Instigated by the Trust	Against the Trust
April	10	8	2
May	7	4	3
June	13	10	3
July	8	8	0
August	10	9	1
September	14	12	2
October	22	8	14
November	20	11	9
December	16	11	5
January	22	14	8
February	25	10	15
March	14	6	8
Total	181	111	69

Table six shows that there have been a total of **181** concerns raised in the Trust between April 2018 and March 2019. Of these concerns **69** were raised about the care received in the Trust, the majority of these issues relate to medication and communication on discharge. The outcomes of these enquiries were shared with all relevant agencies including the Clinical Commissioning Groups (CCG), the Local Authorities and the referrer.

Table seven: Deprivation of Liberty Safeguards referrals April 2018 – March 2019

Month	Total	Approved	Not Approved
April	3	0	3
May	12	1	11
June	6	1	5
July	4	0	4
August	14	0	14
September	15	1	14
October	13	0	13
November	8	0	8
December	11	0	11
January	15	0	15
February	10	1	9
March	24	0	24
Total	135	4	131

There have been **135** Deprivation of Liberty Safeguards referrals made to the appropriate Local Authority (LA) for approval during this period. **131** of these were not approved; the patients were discharged from hospital prior to the LA Best Interests Assessment taking place.

The LA is the Supervisory Bodies, they continue to be under extreme pressure due to the increased volume of DoLS application following the Supreme Court ruling in 2014 following the Cheshire West case. Nationally all LA have seen a significant increase in referrals and resulting in a backlog of cases and referrals for authorisation being left un-assessed. A three year review by the Law Commission has made recommendations of the current DoLS to be replaced with a new scheme called the Liberty Protection Safeguards. This new process which will come into effect in 2020 will have a significant impact on the Trust in relation to DoLS and discussions across the local health and social care economy are being undertaken.

4.0 ADULT AND CHILDREN'S SAFEGUARDING GOVERNANCE WITHIN THE TRUST

Overall governance in relation to safeguarding within the Trust is scrutinised externally via the Local Safeguarding Adult Boards, the CCG and the CQC.

Internally, the Trust had a Safeguarding Operational Group that reported to the Quality and Safety Committee through to the Trust Board. The Trust Safeguarding Operational Group previously met on a quarterly basis and was chaired by the Associate Director of Patient Safety. The Safeguarding Operational Group has now changed to an Adult and Children's Safeguarding Committee chaired by the Director of Nursing and will meet monthly in 2019-2020. In addition to our staff, the Committee will be regularly attended by the Safeguarding Leads of the CCGs.

The Committee aims to ensure that whilst inpatients within the Trust, adults with care and support needs and children and young people are kept free from harm by enabling staff to:

- Work in a culture that does not tolerate abuse

- Work together with partners to prevent abuse
- Know what to do when abuse happens
- Share information about safeguarding with frontline staff via their managers.

The Safeguarding team completes and submits quarterly reporting templates in relation to safeguarding to the CCGs. In addition, the team now provides quarterly dashboards to the CCG and NHS England PREVENT leads to demonstrate compliance against the requirements of staff training and support. These are reviewed and discussed at the Clinical Quality Review meetings.

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. These include:

- Serious Case Review
- Internal Management Review
- Domestic Homicide Review

A review of the Trust's compliance with Section 11 of the Children Act is completed and submitted to both Local Safeguarding Children Boards by the Named Nurse every six months. During 2018/19, the self-assessment of the Trust was peer reviewed by the LSCB. This provided assurance to the LSCB that the standards of safeguarding processes and practice within the Trust are robust. One area that the Trust is not compliant relates to Safer Recruitment training.

5.0 TRAINING PROVISION IN THE TRUST

Adult safeguarding training is provided by the Safeguarding Adults Team. The training for all staff working with both children and adults comprises of:

- Recognising abuse and the different categories of abuse
- Criteria for making a safeguarding adult referral to the LA
- How to refer a safeguarding adult concern
- PREVENT and how to act on your concerns
- The investigation/process once a referral has been made
- Multiagency working
- Legislation and best practice

Child Protection Training

CQC compliance is for 80% of staff to have completed the relevant Child Protection Training. All new starters now receive a combined Safeguarding Children & Adults session as part of Corporate Induction session as part of Corporate Induction.

Level three staff (now known as targeted staff are staff who work with children all the time), receive a day long course and comprises Child Protection Awareness, Domestic Abuse Awareness and female genital mutilation (FGM) training. This has ensured that the staff in these frontline areas has completed their 3-6 hour training in one session and any further training that is needed can be on an ad hoc basis as part of their annual update. The training for 2017 has included external speakers from the Shropshire Parent and Carer Council following some negative feedback about how a young person with additional needs had been treated by staff in the ED.

PREVENT

Prevent training continues to be a statutory requirement for NHS staff, with an 85% compliance rate being set. Corporate Induction continues to deliver basic Prevent awareness training, SaTH annual compliance achieved 72% in 2018-19.

6.0 LOOKING FORWARD 2019 -2020

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 are being developed to empower, be 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 continue and systems will be put into place to allow for effective monitoring and assessment of compliance against locally agreed policies and guidelines. The Trust will work on findings of the CQC inspection in respect of safeguarding and the outcomes of the Adult Safeguarding external review which has been commissioned by the Director of Nursing.

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

- To continue to provide attendance at LSP/LSAB sub-groups to develop practices and contribute to the development of multi agency training strategy and procedures.
- To continue to provide in-house local guidance to complement LSP/ LSAB procedures, protocols and practice guidelines.
- To ensure that SaTH adheres to the recommendations for staff training in child protection/adult safeguarding procedures
- Continue to work in partnership with local health and social care colleagues to keep children, young people and adults with a care and support need safe.
- To participate in Child Death Overview Panels, Safeguarding Adult Reviews, Child Learning Reviews and Domestic Homicide Reviews if required.
- To redevelop the Trust Adult and Children's Safeguarding Committee
- To continue to work with Human Resource department in ensuring DBS checks and "Managing Allegations against Staff" policy and process are adhered to
- To continue to ensure that staff adheres 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.
- To continue to work with local partners with the National Child Protection Information System and new FGM information system
- To continue to be an active member of the West Midlands Regional Named Nurse for Safeguarding (Children) network.
- To meet the CQC recommendations following the CQC/Ofsted LAC review and the CQC comprehensive inspection of the Trust in 2016
- To ensure community midwives have capacity to meet their safeguarding responsibilities and are able to meet the requirements of Working Together (2018) - this continues to remain on the Maternity risk register.
- To ensure the new models of Maternity care support safeguarding supervision – this continues to remain on the Maternity risk register.
- Implement the recommendations from the Intercollegiate Adult Safeguarding document (2018)
- Safeguarding Adults will be focussing on ensuring that MCA and DoLS and Level 3 Safeguarding adults is implemented across the Trust in 2019-2020 and into the following year
- Ensure processes and staffing are in place to ensure the Trust is compliant with the changes associated with the Liberty Protection Safeguards (LPS) which will come into effect in 2020.

Recommendations

The Quality and Safety Committee is asked to:

- Review, discuss and question this report
- Approve the report for submission to Trust Board