

Date of meeting	17 July 2018
Paper number	I1

Safeguarding Annual Report 2017-2018

For approval:	<input checked="" type="checkbox"/>	For assurance:	<input type="checkbox"/>	To note:	<input type="checkbox"/>
---------------	-------------------------------------	----------------	--------------------------	----------	--------------------------

Accountable Director	Vicky Morris, Chief Nursing Officer		
Presented by	Vicky Morris, Chief Nursing Officer	Author	Deborah Narburgh, Interim Head of Safeguarding

Alignment to the Trust's strategic priorities

Deliver safe, high quality, compassionate patient care	<input checked="" type="checkbox"/>	Design healthcare around the needs of our patients, with our partners	<input checked="" type="checkbox"/>	Invest and realise the full potential of our staff to provide compassionate and personalised care	<input checked="" type="checkbox"/>
Ensure the Trust is financially viable and makes the best use of resources for our patients		Develop and sustain our business	<input checked="" type="checkbox"/>		

Alignment to the Single Oversight Framework

Leadership and Improvement Capability		Operational Performance	<input checked="" type="checkbox"/>	Quality of Care	<input checked="" type="checkbox"/>
Finance and use of resources		Strategic Change		Stakeholders	<input checked="" type="checkbox"/>

Report previously reviewed by

Committee/Group	Date	Outcome
Safeguarding Committee	June 2018	Approved
QGC	June 2018	Approved
Clinical Governance Group	July 2018	Approved

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?

Y/N

BAF number(s)

Assurance in respect of: process/outcome/other (please detail)

Significant assurance <i>High level of confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	Moderate assurance <i>General confidence in delivery of existing mechanisms/objectives</i>	<input checked="" type="checkbox"/>	Limited assurance <i>Some confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	No assurance <i>No confidence in delivery</i>	<input type="checkbox"/>
---	--------------------------	--	-------------------------------------	--	--------------------------	---	--------------------------

Recommendations	The Trust Board is asked to approve the Safeguarding Annual Report 2017 – 18 and the forward plan for 2018/2019.
------------------------	--

Date of meeting	17 July 2018
Paper number	I1

Executive Summary

The Annual Report highlights to the Trust Board those areas requiring focus and development and will inform the Trust Board of any intervention and change that has been made to strengthen the safeguarding processes within Worcester Acute Hospitals NHS Trust (WAHT) over the last year. This includes the Trust's response to the CQC Report (published in July 2017) and any subsequent follow-up inspections in the reporting period regarding safeguarding issues raised.

Safeguarding activity across WAHT continues to increase in volume and complexity which is reflected both nationally and regionally. The Trust is committed to driving improvements to ensure the provision of an integrated and highly robust safeguarding service for all ages. The Trust works in collaboration with partners to ensure our statutory requirements are met, in order that adults and children accessing our services are safeguarded from the risk of abuse, neglect or radicalisation.

Significant improvements have been demonstrated in training compliance across Nursing and Midwifery; further action is required for medical and allied health professional groups. An action plan has been implemented to address this and is monitored through the Trust's Safeguarding Committee, Trust leadership group and Quality Governance Committee.

The PREVENT duty 85% training compliance was achieved for basic PREVENT awareness. However, further action is required to achieve the 85% trajectory for WRAP (higher level PREVENT training) by end of Q1 2018/19.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training compliance is increasing with additional commissioned sessions during 2017 and 2018. A significant increase in compliance was seen during Q4 (2017/18). Training course attendance remains an issue. Going forward, the focus will be on compliance by other groups of staff, such as medical and allied health professionals.

Data accuracy in the electronic staff record (ESR) has remained an on-going issue during 2017/18 requiring manual validation by Divisional Leads. Training availability and staff information has been promoted widely across the organisation via a weekly communication strategy and reference guides.

National and local safeguarding arrangements for partnership working are being revised in order to comply with the new Children and Social Work Act 2017. Safeguarding Partnerships which include the Local Authority, Police and CCGs will replace Local Safeguarding Children's Boards from September 2019. The Safeguarding Partners are working to develop plans for the future arrangements and how these will be implemented across Worcestershire. Any associated impact is yet to be quantified.

The Safeguarding Team continues to work with external partners to ensure all statutory safeguarding requirements are met and that health is represented at both the Worcestershire Safeguarding Adult and Children's Boards and associated sub groups via the Memorandum of Understanding.

Recommendations for health as a result of the Independent Inquiry into Child Sexual Abuse interim report and any associated regulatory changes are currently under review as part of

Date of meeting	17 July 2018
Paper number	I1

the Safeguarding 2018/19 Delivery Plan.

The Trust Board are asked to note the work undertaken in response to the Mental Health Act Responsible Clinician and Mental Health Act Administration arrangements effective as of October 2018. This is a key piece of work due to the significant increase in the number of Mental Health Act detentions during 2017/18.

Significant work has been undertaken by the Safeguarding Team and informatics in relation to electronic flagging on clinical systems to ensure robust systems are in place. Further work in 2018/19 will need to be undertaken with regard to the Child Protection Information System (CP-IS) which has begun to be rolled out in priority areas across the Trust.

Background

Effective safeguarding and promotion of the welfare of adults and children/young people relies upon joint working and constructive relationships which are conducive to good multi-agency partnership working. This can only be effective when all staff are knowledgeable, confident and equipped with the skills to deal with process and procedures when concerns arise relating to safeguarding and patient safety.

CQC:2017/18

The Care Quality Commission (CQC) has issued the Trust two Section 29A Warning Notices; one in January 2017 following the November 2016 inspection; and one in July 2017 following the April 2017 inspection. This Notice included detail about how the trust had failed to comply with some of the regulatory requirements and, therefore, needed to make significant improvements in the healthcare provided. As a result, the Trust remains in special measures.

Between 23 January and 22 March 2018 the CQC inspected six of the core services provided by Worcestershire Acute Hospitals NHS Trust across Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital and Treatment Centre. The CQC inspected urgent and emergency care, surgery, maternity (at the Worcestershire Royal Hospital only), services for children and young people, outpatients, and diagnostic imaging.

The CQC also inspected the well-led key question between 26 and 28 February 2018. These inspections have highlighted aspects relating to safeguarding which include achieving the required levels of mandatory safeguarding training.

Issues and options

The Safeguarding Annual Report provides a clear outline of the issues identified through our statutory requirements, and through our regulators, and outlines the safeguarding priorities for 2018 /19.

Recommendations

The Trust Board is asked to approve the Safeguarding Annual Report 2017 – 18 and the forward plan for 2018/2019.

Appendix: Safeguarding Annual Report 2017-2018

Safeguarding Annual Report 2017-2018

1.0 Introduction

The Annual Report highlights to the Trusts governance Committee's and ultimately to the Trust Board and the public, those areas requiring focus and development and will provide an honest and transparent account of any intervention and change that has been made to strengthen the safeguarding processes within Worcester Acute Hospitals NHS Trust (WAHT) over the last year (2017/18). This includes the Trust's response to the CQC Report (published in July 2017) and any subsequent follow-up inspections in the reporting period regarding safeguarding issues raised.

2.0 Background and governance

Effective safeguarding and promotion of the welfare of adults and children/young people relies upon joint working and constructive relationships which are conducive to good multi-agency partnership working. This can only be effective when all staff are knowledgeable, confident and equipped with the skills to deal with process and procedures when concerns arise relating to safeguarding and patient safety.

The Chief Nursing Officer (CNO) is the Executive Lead for safeguarding and recognised on commencement in role (March 2017) the significant improvement agenda and increased the frequency of the Safeguarding Committee from bi-monthly to monthly in recognition of the need for timely and stringent monitoring and review of the improvement plan within safeguarding (Quarter 1 2017/18). The Deputy Chief Nurse (Safety) leads Safeguarding on behalf of the CNO.

The Head of Safeguarding/Designated Nurse for Safeguarding (CCGs) participates in these meetings as part of the Safeguarding Assurance Process (SAP), ensuring transparency as well as support and challenge regarding safeguarding matters.

During 2017/18 the Safeguarding Committee reported to the Clinical Governance Group (CGG) which in turn reports to the Quality Governance Committee (QGC) gaining assurance on behalf of the Trust Board that its legal and statutory duties are met in respect of the safeguarding of adults and children. The annual Safeguarding Report is required to be reported to the Trust Board

The Safeguarding Committee acts as a conduit for the following agendas and has representatives from the health economy, including, the Designated Nurse for Safeguarding, Worcestershire:

- Safeguarding adults – including compliance with the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DOLS), and the Mental Health Act (MHA).
- Response to the Trusts duties as part of the PREVENT Strategy, working with partner agencies across the health economy.
- Safeguarding children – including child sexual exploitation and female genital mutilation.
- Gaining assurance from the Divisions that responses to external or internal inspection reports are met and that risks are managed and mitigated accordingly.
- The Trust upholds its reputation and meets its responsibilities in relation to the Worcestershire Safeguarding Adult and Children's Boards and associated sub-groups.

Membership of the safeguarding committee is recorded and attendance reported at each meeting.

3.0 Key issues and governance

3.1 Trust wide and regulatory requirement (CQC):

90% Trust wide mandatory safeguarding training compliance for both adults and children.

What did we do:

- Commissioned external trainers to increase training capacity and deliver safeguarding children Level 3 sessions Sept 2017- Dec 2017.
- Development and further review of all safeguarding training provision by levels of 1-5, to ensure compliance with Intercollegiate Safeguarding Children and Young people: roles and competencies for health care staff (2015) alignment of all Trust staff roles to respective level of safeguarding training required (Royal College of Paediatrics and Child Health 2014 and NHS England 2016)
- Review and revision of the training framework to ensure compliance with Worcestershire Safeguarding Children's Board (WSCB) and Worcestershire Safeguarding Adults Board (WSAB) competency guidance
- Review of the staff eligibility matrix to ensure staff are aligned to the correct level of safeguarding training
- Increased awareness of Female Genital Mutilation and Child Sexual Exploitation, all levels of training now incorporate identification, response, recognition and reporting/referral information and requirements
- Development of a 'Training Strategy' and 'Training Passport' and training information leaflets to enhance staff understanding and accessibility
- Safeguarding training handbook outlining levels of training and how to access.
- Stringent weekly monitoring and review of training records and divisional training compliance with divisional leads, focusing upon nursing and midwifery workforce initially and then wider within each Division
- Focus upon the medical and allied health professional workforce with dedicated communication strategy, supporting their engagement in accessing safeguarding training
- Plan for a limited number of face-to-face Safeguarding Adult and Safeguarding Children Level 2 training sessions to offer an alternative to e-learning packages.

3.1.1 Outcomes and current position

Divisional Nursing and Midwifery workforce training position as of end of March 2018- against assigned eligible level					
Safeguarding Children Level	Medicine	SCSD	Surgical	Women and Children's	Urgent Care
Level 2	87.89%	91%	90%	96.8%	92.79%
Level 3	100%	100%	100%	93.4%	91.86%

Trust summary Nursing & Midwifery as at 30 March 2018 at assigned level			
	Total number of staff required to be trained	Total number of staff trained to date	Percentage trained to date
SGC Level 3	631	591	93.66%
SGC Level 2	2372	2177	91.78%
SGA Level 2	2436	2270	93.19%

ESR Trust-wide training data (all disciplines) as at 31 March 2018 at assigned level	
SGC Level 3	59%
SGC Level 2	63%
SGC Level 1	99%
SGA Level 1	87%
SGA Level 2	59%
SGA Level 3	Not yet recorded, trajectories to be set

ESR training data Medical and other as at 25 th May 2018 at assigned level						
	Medical and Dental	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Healthcare Scientists
SGA Level 1	*Not applicable	72.00%	72.26%	92.03%	100.00%	92.25%
SGA Level 2	35.52%	78.26%	10.20%	*Not applicable	70.16%	61.73%
SGC Level 1	*Not applicable	100.00%	98.32%	98.34%	*Not applicable	100.00%
SGC level 2	32.76%	77.27%	65.46%	41.67%	51.39%	63.37%
SGC Level 3	45.32%	55.56%	*Not applicable	100%	42.99%	100.00%

*Not Applicable – report based on assigned eligible level only.

Data validation /accuracy in 2017/18

Challenges with establishing accurate training compliance figures have remained problematic during 2017/18. These challenges have resulted in the need to convene a manual collation of training records by Divisions across the year to ensure an accurate reflection of training compliance.

Electronic Staff Record (ESR) reports and training compliance data provided via the Learning & Development Team and Informatics is still being validated and the Learning & Development Team and Informatics lead on this process in order that ESR becomes the one source of training records for 2018/19. ESR has now been upgraded so that all staff have a compliance matrix assigned to them, and further validation undertaken against manual records with the plan to migrate all records to ESR in 2018/19.

3.2 Increased staff knowledge and understanding pertaining to, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), Female Genital Mutilation (FGM) and Child Sexual Exploitation (CSE)

3.2.1 MCA/ DoLS: What did we do:

- Commissioning of external trainers to deliver MCA & DoLS Level 2 sessions Apr to Sep 2017, Jan to Mar 2018.
- Introduction of MCA/DoLS leaflet to reinvigorate the existing Crib Card resource.
- Appointment of an Associate Professional Practitioner with a specific responsibility in relation to training – commenced in post Jan 2018.
- Review of ESR competency matrix by job role in line with Worcestershire Safeguarding Adult Board (WSAB) MCA & DoLS Competency Framework (2016).
- Further review of staff eligibility matrix to align to WSAB MCA & DoLS competency framework by level to job role.
- Development of a training strategy and passport to enhance staff understanding of level of training required and how to access.
- Weekly monitoring of Divisional Nursing and Midwifery training records by the Chief Nurse/Deputy.
- Further focus upon the medical and Allied Health Professional workforce.
- Safeguarding training and its high priority for the Trust has been supported by a Trust-wide Communication Strategy.
- Examples of completed MCA and best interest paperwork have been uploaded to the intranet for reference – including key considerations.
- Learning from a Coroner inquest shared by the Lead Nurse with the Safeguarding Committee and Senior Nurse Forum to raise awareness.
- Monitoring of DoLS applications to the Local Authority DoLS team - assurance has been provided that the referrals that go on to be assessed by the Local Authority are for the most part being upheld and a Standard Authorisation granted.
- Additional bespoke training to wards /departments upon request

- A further Safeguarding ‘training directory’ providing information on course audience, availability, where to access.

Attendance at the face to face training sessions has been at times poor – clinical commitments often cited as reason for non-attendance. Divisional Leads receive regular reports of staff groups that are non-compliant with mandatory safeguarding training.

National Deprivation of Liberty Safeguards (DoLS)

In March 2018, the Government decided to accept the Law Commissions proposal to replace DoLS with the Liberty Protection Safeguards. Legislation will now be written – no timescales have been given although it is unlikely that any changes will be made before 2020. It is anticipated this change will have significant implications for hospitals. Meetings are scheduled with the Local Authority DoLS Manager for mid-June 2018.

Outcome and Current Position

ESR Trust wide training data (all disciplines) as at 31 March 2018

	Eligible Headcount	Achieved	% compliance
MCA & DoLS Level 1	1272	808	63.52%
MCA & DoLS Level 2	2482	1105	44.52%

ESR training data Medical and other as at 25 th May 2018 – at assigned levels						
	Medical and Dental	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Healthcare Scientists
MCA & DoLS Level 1	*Not applicable	71.43%	71.94%	36.36%	0.00%	50.00%
MCA & DoLS Level 2	12.71%	28.57%	52.63%	*Not applicable	58.25%	51.81%

*Not Applicable – report based on assigned eligible level only.

Additional external training provision during Q4 has seen an increase of 13.4% compliance for Level 1 and 96% increase for Level 2 compliance when compared to the previous quarter. MCA & DoLS remains a priority for the Safeguarding Team to support the existing trajectory of 85% Trust-wide compliance. This target has not been achieved by the Divisions as at end March 2018 with Nursing and Midwifery Trust-wide data for Level 2 as at 30 March 2018 at 47.96%.

3.2.2 Increased staff knowledge and understanding pertaining to Female Genital Mutilation (FGM), Child Sexual Exploitation. (CSE)

What did we do:

- In February 2018 the Local Authority Children’s Services introduced a new CSE team. Currently WAHT are not required to attend the CSE triage meeting held weekly but do receive information requests via the Multi Agency Safeguarding Hub (MASH).
- Future CSE meetings will look at CSE, trafficking, wider exploitation and missing children. WAHT Named Midwife is notified of any updates and provides a ‘virtual’ attendance.
- The Integrated Safeguarding team were involved in a joint campaign with Worcestershire Health & Care Trust CSE and Sexual Health Leads for National CSE Awareness Day on the 15 March 2018 to raise staff

awareness. This will be repeated in 2018/19 with a planned week of action prior to the summer holidays.

- West Mercia Police 'Tell Someone' pocket leaflets were distributed to key areas across the Trust and continue to be issued within all levels of Safeguarding training.
- The number of disclosures or identifications of FGM within WAHT remains very low compared to other neighbouring NHS Providers. Staff awareness continues to be raised via training.
- Issue of information to staff to raise awareness such as the NHSE FGM Pocket Guide for Healthcare Professionals.
- Review and revision of the training framework to ensure compliance with WSCB and WSAB competency guidance – incorporating FGM and CSE training –including identification, recognition, response and reporting.

3.3 Accessible and consistent safeguarding checks for children and young people at risk

3.3.1 What did we do:

- Robust review to enhance and improve governance processes pertaining to electronic alert process – an email notification is sent to the Safeguarding Team whenever a child or adult with a current electronic alert attends the Trust.
- Safeguarding information only shared on a need to know basis with all information stored electronically within a secure shared drive.
- Trust-wide electronic flagging process has been reviewed; Safeguarding has been focused upon to strengthen existing system. Further development and review of existing electronic flagging utilised to identify adults and children at risk with particular focus upon the Care Quality Commission (CQC) Section 29a Warning Notice.
- Trust-wide Standard Operating Practice in place and all Safeguarding electronic alerts reviewed and strengthened.
- Weekly manual flagging of Looked After Children (LAC) and Child Protection Plans (CPP) from list provided by Worcestershire Children's Social Care.
- Police Logs – risk of domestic abuse for those who do not reach the high risk threshold for discussion at the Multi Agency Risk Assessment Conference – flagged on clinical systems.
- CP-IS Child Protection – Information Sharing (CP-IS) is a nationwide system that enables child protection information to be shared securely between local authorities and NHS trusts across England. The Child Protection Information System (CP-IS) has been introduced within The Trust priority paediatric areas.

WAHT is currently being supported by the CCG and NHS Digital representatives to agree a plan and proposed timeline for implementing and embedding CP-IS. NHS England have pushed for all health sites to go ahead with CP-IS regardless of Local Authority readiness. NHS England is aware of these challenges and has extended the date to 2018. Current trajectory for roll-out within WAHT is end of June 2018. This is currently monitored and under review via the Trust Safeguarding Committee risk register.

- Scoping has been undertaken to ascertain numbers of staff who require access from the priority areas of Maternity, Emergency Departments, Kidderminster Treatment Centre (Minor Injury Unit, Children's Out-patient Clinics, Paediatric Clinics). Over 500 staff were identified from these priority areas. Preliminary work undertaken with the Trust Smartcard administrator identified that there were a large number of staff who did not have Smartcards, or those that did, did not have the required level of authorisation to access CPIS system. The Smartcard administrator is currently working through the staff lists to ascertain requirements.
- Approval has been given by WAHT Information Governance Lead to submit one request form for groups of staff within departments rather than submitting individual application forms – this should assist in speeding up the application process. NHS Digital has advised they are satisfied with this approach providing the Trust IG Team is in agreement.
- NHS Digital is aware of the current challenges and that a phased approach will be required to deliver this project. A CPIS user guide is available and no additional training requirements have been identified. Progress of this work stream will be monitored via the Safeguarding Committee.

3.3.2 Key Challenges: Electronic flagging of children Looked After or Subject to a Child Protection Plan

Electronic flagging is currently undertaken manually from lists of children subject to a child protection plan and looked after children received from Children's Social Care on a weekly basis. WAHT do not currently receive lists of children in need. This information has been requested but currently not shared by Worcestershire County Council. The reason for this is in relation to the large number of categories which apply to children in need. The challenge to the implementation plan for CP-IS is the number of staff who require smartcard access (approximately 500) in order for CP-IS to be fully implemented. As a result of the scoping undertaken, NHS Digital has been advised that a phased approach will be required to roll out this project.

3.4 PREVENT / WRAP :-National training Requirement and compliance

The National Health Service (England) training requirement is based on the- "Prevent Training and Competencies Framework" February 2015. This established an 85% compliance over a three year period for both PREVENT and WRAP by 31.03.2018

3.4.1 What did we do:

- Additional Workshop to Raise Awareness of PREVENT (WRAP) "train the trainer" training was delivered by the NHSE PREVENT Lead during two sessions provided to the Trust during January 2018. A total of 40 staff were trained to deliver WRAP Home Office accredited training across the Trust.
- A WRAP e-learning module was launched, available as of 18 February 2018, via the electronic staff record (ESR).
- The first annual PREVENT newsletter has been drafted by the Safeguarding Team PREVENT Lead, and this was added to all WAHT staff payslip April 2018.
- Prevent – 503 remaining staff to be trained as at 31 March 2018. Prevent continues to be delivered on Trust induction for all new staff, and non-clinical mandatory training, in addition existing staff can access an e-learning module via ESR, this continues to be promoted via a Trust-wide Communication Strategy.
- WRAP – 833 remaining staff to be trained as at 31 March 2018. It is anticipated that the 85% compliance trajectory will be achieved by the end of Q1 2018/19 with the additional trainers available to deliver WRAP locally and the availability of an e learning option not previously available from the Home Office.
- Associate Nurse for Safeguarding (training) commenced in post during January 2018 to support the safeguarding training agenda providing additional face to face WRAP training sessions to wards /departments upon request
- The Trust PREVENT Safeguarding Lead attends both the local PREVENT and regional PREVENT Forums and advises the Organisational PREVENT Lead (Chief Nursing Officer) accordingly.
- Training non-compliance reports to Divisional Leads for validation /action.

3.4.2 Current position

As at 31 March 2018, of the 4116 staff eligible to complete PREVENT basic awareness training, 3613 staff had completed (87.8%).

For WRAP, of the 1749 staff eligible to complete this level of training, 916 staff had completed (52.37%)

National training trajectory target three-year delivery plan compliance of 85% required by March 2018 was achieved for PREVENT but not WRAP training compliance. Quarterly PREVENT reports are submitted to NHS Digital and CCG for monitoring purposes.

3.4.3 Key Challenges:

- Attendance at face to face training sessions – this was the only way staff were able to access WRAP (higher level) training until February 2018 when the e-learning option became available.

- Divisional Leads to monitor compliance alongside WRAP Home Office accredited 'train the trainers'.
- 85% compliance required by end Q1 2018/19.

4.0 Trust Corporate Safeguarding Team in 2017/18

The Safeguarding Team has become integrated over the last year to meet the increasing demand placed upon the Safeguarding Service. A full-time Associate Nurse commenced in January 2018 to support the adult and children safeguarding training agenda.

A Named Nurse for Safeguarding Children was appointed in February 2018. This appointment has subsequently been put out to a 9 month secondment opportunity as a result of maternity leave.

The Head of Safeguarding post became vacant as of February 2018. Due to difficulties recruiting an appropriately skilled leader into this post, interim arrangements have been put in place, with the Lead Nurse Adult Safeguarding taking up the post for a period of 6 months. A 6 month secondment opportunity is in the process of being put out to backfill the adult lead during this period.

Interim arrangements in relation to Children's Safeguarding are supported by the Deputy CNO for quality (paediatric registered), Named doctors for Children's Safeguarding; and the Worcestershire Designated Nurse for Safeguarding to ensure business continuity /support of the safeguarding agenda. The current staffing structure has been added as a risk to the safeguarding risk register.

4.1 Safeguarding Quality Champion Role

An initial paper was submitted to the Safeguarding Committee in December 2017 to identify a new safeguarding champion role, subsequent expressions of interest and roles and responsibilities drafted. The Safeguarding Champion's primary role is to enhance their skills and knowledge in this subject. They act as a conduit for information from the Safeguarding Committee to Wards and Departments. They will also be responsible for supporting their areas in safeguarding concerns in order to support staff in escalation, or making appropriate referrals.

Expressions of interest were requested by the Chief Nursing Officer. As a result of this, 22 Champions have been identified.

Safeguarding Champions will also be a useful resource to the Safeguarding Committee to feed information that will highlight or illustrate gaps in knowledge/skills of staff members. Champions have been identified and the initial meeting and handbook presented March 2018. The Champions will meet with the Deputy Chief Nursing Officer and members of the Safeguarding Team quarterly, in order to share key information /safeguarding messages for dissemination throughout the Divisional structures.

5.0 Safeguarding Risk Register

The Safeguarding risk register is overseen by WAHT Safeguarding Committee.

The current high /moderate risks are:

- Safeguarding Training – high due to data validation /accuracy /attendance.
- Safeguarding Team structure – interim arrangements in place until Sept 2018.
- Lack of Responsible Clinician – agreement has been reached with Worcestershire Health and Care Trust for appointment to a Responsible Clinician to oversee Mental Health Act detentions within Worcestershire Acute Hospitals NHS Trust. It is anticipated that this will become effective as of October 2018.
- Administration of Mental Health Act – the new process stated above in respect of the Responsible Clinician will also include scrutiny of Mental Health Act detention papers and associated legal requirements, such as mental health tribunals - action in place, effective as of October 2018.

- Flags / Electronic Alerts – moderate risk – significant progress has been made.
- Supervision – moderate risk – embedded supervision programme in maternity / midwifery. As safeguarding supervision training becomes available, spaces will be allocated to paediatrics.

6.0 Worcestershire Acute Hospitals NHS Trust working with regional agencies

6.1 Child Death Overview Panel (CDOP)

The Named Doctor for Children’s Safeguarding for the Trust attends the CDOP regional meetings. WSCB Multi-agency metric data reports 17 child death notifications for Q1-Q3 (data not yet available for Q4) compared to 27 for the previous year end. Of these, 39% (6 deaths) were notified as unexpected (previous year 37%).

The Trust SUDIC Policy is due for revision but has been delayed. As a result, Shropshire, Telford, Wrekin, Herefordshire & West Mercia Police have subsequently agreed with proposal that the document “Sudden unexpected death in infancy and childhood Multi-agency guidelines for care and investigation as convened by The Royal College of Pathologists and endorsed by The Royal College of Paediatrics and Child Health” should be adopted in its entirety, rather than editing the current West Mercia SUDIC Policy. This work forms part of the current safeguarding delivery plan and will be led by the Named Doctor and Named Midwife.

6.2 Female Genital Mutilation (FGM)

There have been no identified/reported cases of FGM within the timeframe of this report.

- The number of disclosures or identifications of FGM within WAHT remains very low compared to neighbouring NHS Providers.
- The Trust has three leads for FGM; Named Midwife for Safeguarding, Consultant Obstetrician and Consultant Paediatrician .
- The Trust-wide Pathway is available via the Safeguarding Pathway on the Trust's Intranet. This pathway includes a standard operating procedure, detailing mandatory reporting and the resultant safeguarding pathway.
- The FGM leads are responsible for ensuring that mandatory reporting has taken place and all information is reported relating to the national Data Set. A quarterly report is submitted by the Named Midwife to the Safeguarding Committee for monitoring /assurance purposes.
- FGM data is also provided externally by WSCB monitoring and effectiveness subgroup data metrics. The Interim Head of Safeguarding attends this group.
- Staff awareness of FGM continues to be raised via training at all levels, and the issue of information such as the NHSE FGM Pocket Guide for Healthcare Professionals.

6.3 Child Sexual Exploitation (CSE)

The number of children flagged as at risk of CSE / Missing on WAHT information systems over Q4 is as follows (*taken from regional data*):

- January: 48
- February: 48
- March: 54

The increase in this Quarter may be due to recent Police investigations within Worcestershire in relation to CSE (previous Q3 approximately 40 per month). Children's Social Care CSE data metrics report for Q1-Q3, 300 CSE referrals were received. As at end February 2018, 155 children were recorded as vulnerable to CSE and 16 children recorded as experiencing CSE.

In February 2018 the Local Authority Children's Services introduced a new CSE team. Currently WAHT are not required to attend the CSE triage meeting held weekly but do receive information requests via the Multi Agency Safeguarding Hub (MASH). Future CSE meetings will look at CSE, trafficking, wider exploitation and missing. WAHT Named Midwife is notified of any updates and provides a 'virtual' attendance.

The Integrated Safeguarding Team were involved in a joint campaign with Worcestershire Health & Care Trust CSE and Sexual Health Leads for National CSE Awareness Day on the 15 March 2018. Communications were involved in promoting the campaign, and West Mercia Police 'Tell Someone' pocket leaflets were distributed to key areas across the Trust and continue to be issued within all levels of Safeguarding training.

6.4 Domestic Abuse

As of February 2018 WAHT no longer attend Multi Agency Risk Assessment Conference (MARAC) meetings. Scoping is undertaken by the Integrated Safeguarding Team into the victim, and any known children of the victim and perpetrator, and a report submitted to WHACT who represent health at MARAC. Actions are then shared by WHACT following the meeting. Children's Social care (police data) report 3830 notifications into children's services with domestic abuse as a factor. The number of Child Protection Plans with Domestic Abuse as a factor is 199 (48% of all CPPs), the number of Looked After Children with Domestic Abuse as a factor is 248 (31% of all looked after children).

The Trust scopes and attends Multi Agency Case File Audit (MACFA) – one of which was in relation to domestic abuse. On-going assurance will be via the safeguarding audit plan 2018/19.

The number of cases scoped for MARAC remains high with on average 40-42 cases per month – on top of this is the scoping work undertaken to check any children related to both victim and perpetrator who may be at risk.

All known victims of domestic abuse and their children are flagged on Trust clinical systems. As of 19 March 2018, OASIS now links alerts to the K2 Maternity System increasing staff access to alerts when specific systems are used such as in maternity.

Police logs of those who may be at risk of domestic abuse but, who may not meet the threshold for discussion at MARAC are also flagged on Trust clinical systems.

A standard operating procedure has been developed for MARAC referrals received by the Trust.

Benchmarking with other Trusts has identified that we are ahead with our Flagging system which ensures victims are safeguarded when accessing our services.

All levels of training for both adults and children incorporate domestic abuse. The Worcestershire County Council Domestic Abuse Pathway is on the safeguarding pages of the Trust's Intranet to guide staff from the point of initial disclosure on the actions required. This also includes access to a Professionals Domestic Abuse Information Pack produced in partnership with Worcestershire County Council and the Worcestershire Forum Against Domestic Abuse and Sexual Violence; including information on the Domestic Violence Disclosure Scheme (Claire's Law), Sex Offender Disclosure Scheme (Sarah's Law), information sharing and controlling or coercive behaviour.

7.0 Electronic Flagging

7.1 Children and vulnerabilities

Looked after Children (LAC), Child Protection Plan (CPP) and Child In Need Plan (CIN)

As at 31 March 2018, regional data provided by Worcestershire Children's Social Care:

- Number of children on CPP (Section 47 CA 1989) has decreased, 415 currently (526 last year).
- Number of children subject to LAC arrangements (Section 21/31 CA 1989) has slightly increased, currently 798 (764 last year).
- Children subject to a CIN plan (Section 17 CA 1989) is 695, this demonstrates a decrease from Q3, 749 children.
- The % of CPP's broken down by category has not changed: with the vast majority being Neglect (65%).
- Of the other categories – emotional abuse 26%, sexual abuse 3%, physical abuse 1%, multiple abuse 5%.

The Safeguarding Team receive a weekly report from Children's Social Care for all starts and ceases for child protection and looked after children. These are then flagged on Trust clinical systems. Work has also been undertaken to review and end date historical flags held on Oasis system to ensure flagging information for LAC and CPP is current. Requests have been made to Children's Social Care in respect of Child in Need (CIN) for data to be shared to enable flagging, but to date Children's Social Care have declined to share this information. Currently, this alert is only added if we become aware the child is subject to a child in need plan.

7.2 CP- IS

Child Protection - Information Sharing (*CP-IS*) is a nationwide system that enables child protection information to be shared securely between local authorities and NHS trusts across England. *CP-IS* connects local authority children's social care systems with those used by NHS unscheduled care settings, such as Accident and Emergency, Walk-in Centres and Maternity Units. It ensures that health and care professionals are notified when a child or unborn baby with a child protection plan (CPP) or looked after

child status (LAC) is treated at an unscheduled care setting. CP-IS is a secure system with clear rules governing access.

The Child Protection Information System (*CP-IS*) has been introduced within the Trust priority paediatric areas. At present ICT has a project officer who is facilitating Trust accessibility and is supporting key staff with Smartcard access. NHS England is aware of these challenges and has extended the date to 2018. This is currently monitored and under review via the Trust Safeguarding Risk Register.

The Interim Head of Safeguarding has been working with the Trust Smartcard Administrator, Human Resources and Information Governance Lead to progress WAHT implementation. Scoping has now been undertaken to ascertain priority groups of staff, levels of access currently, and levels of access required. NHS Digital and the CCG are aware a phased approach will be required to this piece of work. This work stream will be progressed as part of the 2018/19 Safeguarding Delivery Plan.

In addition to the challenges for WAHT, Worcestershire County Council (WCC) has yet to implement CP-IS. WCC are awaiting national changes to the Information Governance Tool Kit (which should come into effect in July 2018). Following these changes WCC Corporate Information Governance Group will meet with NHS Digital and other NHS representatives to agree a plan and proposed timeline for WCC to implement CP-IS within their organisation.

7.3 Rhapsody live alerts

The Trust-wide Electronic Flagging System was subject to a working group led by the Patient Experience Lead and Informatics. A key focus was placed upon strengthening the safeguarding alert process. An electronic alert notification is generated automatically and sent to the generic safeguarding e mail box whenever an adult or child attends the Trust. The Safeguarding Team review these alerts and contact respective wards /departments if actions are required or information is to be shared.

7.4 Transfer of maternity alerts from mother to baby

The Safeguarding Team are working with Informatics to generate an electronic report which will identify any mother for whom a maternity alert is flagged, and transfer of the alert to her baby upon birth. This work is now completed.

8.0 Managing allegations against people in position of trust

Managing safeguarding allegations against staff working with children is required under the Children Act (1989/2004) and under the Care Act 2014 to protect adults (with Care and Support needs) who are at risk of harm or abuse who because of these needs are unable to protect themselves. The policy documents 'Working Together to Safeguard Children and Young People' (2015) and the 'Care and Support Statutory Guidance (2016) set out expectations that all statutory organisations will have a procedure for managing allegations against staff.

- The Trust now has dedicated policy "Managing Allegations against People in a Position of Trust".
- The Trust works closely with the Local Authority Designated Officer (LADO) within Children's Social Care and Worcestershire County Council Adult Safeguarding Team in respect of referrals received.
- Two sessions were commissioned by the CCGs and provided for key staff by the LADO during Q1 to raise staff awareness of the managing allegation process in respect of children. Further sessions have been commissioned to be delivered during 2018/2019.
- A schedule of training sessions by the Safeguarding Associate Practitioner commenced March 2018 to raise staff awareness. Availability of this training has been widely shared as part of the Safeguarding Training Communication Strategy.

The Safeguarding Team's priority has been to ensure staff groups are aware of the managing allegations policy, the LADO in respect of safeguarding children, safeguarding adults' process in relation to 'Persons in

a Position of Trust', transferrable risk and the correct process to follow in the event of a concern or allegation being made.

9.0 Mental Health Act

9.1 Mental Health Act administration

On 11 December 2017 amendments were made to police powers under the Mental Health Act via the Policing and Crime Act 2017. The context of these changes recognise that patients were experiencing poor outcomes. In some cases, often waiting for extended periods and having assessments carried out in a police custody setting. The key changes in law are as follows:

- It will be unlawful for a child detained under Section 136 to be taken to a police station:
- Approved Mental Health Practitioners will only have 24 hours to coordinate an assessment at a Place of Safety (with some limited powers for a 12 hour extension).
- Before Police decide to detain a person under Section 136, where practical they will have to contact a mental health professional:
- Adults will only be able to be taken to police cells "in exceptional circumstances".
- Section 136 will be able to be used in private places (except private dwellings).

Although we see a trend of increased numbers of patients being detained under this power, the number of patients requiring assessment in the emergency department remains low. This has only happened on limited number of occasions indicating that when patients are brought to the emergency department, this is for physical treatment. Patients are then routinely transferred to the Crisis Assessment Suite for assessment of their mental health. Mental Health Act detentions continue to be monitored via the DATIX Incident Reporting System.

The Safeguarding Team continue to work in collaboration, attending the Mental Health Act Working Group and Mental Health Crisis Concordat meetings.

The Trust (detaining authority) needs to ensure appropriate recording and administration of legal paperwork takes place and that the associated provision of legal rights and access to legal redress is promoted and provided where necessary. Detained patients also require a Responsible Clinician registered under Section 12 of the Mental Health Act to oversee the management and treatment of their care. The absence of MHA administration arrangements and Responsible Clinician remain a Corporate risk for WAHT at present. However, Worcestershire Health and Care Trust have received funding to enable them to recruit a Responsible Clinician to the team who would provide the cover for WAHT. It is anticipated this arrangement will commence October 2018.

9.2 NHS Strategic Data Collection annual return

The Trust is required to submit a national return to collate data in respect to Mental Health Act Detentions within the Trust. In May 2018 the Trust information was submitted onto the Strategic Data Collection Service (SDCS). Mental Health Act detentions continue to be monitored via the Datix incident reporting system. There has been a significant increase in the number of MHA detentions compared to 2016/17:

	2016/17	2017/18
Section 2	4	9
Section 3	2	3
Section 136	0	1
Informal – 5(2)	3	2
Informal – Section 2	0	4
5(2) - Section 2	2	1
Informal – Section 3	1	2
Transfers in	5	9
Transfers out	1	15

9.3 Children's Adolescent Mental Health Service (CAMHS)

Two of the Mental Health Act Detentions for 2017/18 were in relation to children. Concerns have been raised in relation to a reluctance to accept children onto the S136 assessment suite. The Commissioner for Mental Health Services in Worcestershire has confirmed that the suite is an all age facility. This is the place to which police can take anyone of any age under their S136 Police holding powers under the Mental Health Act for assessment.

10.0 Quality Assurance Audits

10.1 WSCB Sesion 11 Audit

S11 of the Children's Act 2004 places a statutory duty on key organisations to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children. All partner agencies of the WSCB were asked to undertake an audit of their responsibilities in January 2018.

A new audit form was used that had been devised by a working party from across the West Midlands to provide a consistent approach to the audit. WAHT required improvement across 14 areas of the audit. This was due to various reasons including: an unfilled vacancy for the Head of Safeguarding, the need to revise the safeguarding children pathway, development of a formal supervision programme, ratification and implementation of position of trust policy, mandatory training, the sharing of learning and consultation with children and service users. An action plan is in place which will be monitored via the Safeguarding Committee.

The overall audit report submitted to WSCB by the independent author noted good compliance was reported by agencies with clear plans in place to address areas requiring improvement.

10.2 Worcestershire Safeguarding Adult Board (WSAB) assurance

The Safeguarding Adults Assurance Tool was submitted during Q4 to provide assurance to WSAB that WAHT is meeting its statutory duties in relation to the safeguarding of adults. Assurance was sought in relation to WSAB 4 key objectives in relation to improving awareness of what safeguarding is, listening to adults and gaining their views, making safeguarding personal, the Mental Capacity Act and Deprivation of Liberty and cross cutting work with Children's Safeguarding.

10.3 Missing

377,710 calls in relation to missing and absent persons were received by police forces in England, Wales and Scotland in 2015/16. Across 42 English and Welsh Police Forces, there were 337,640 missing and absent person-related calls, of which 242,317 were created as missing incidents and related to 134,757 missing individuals; an average of 368 people per day.

A review of DATIX incidents was undertaken by the Lead Nurse Adult Safeguarding for the period 1 April 17 to 31 December 2017 and a report submitted to the Safeguarding Committee in January 2018. Of the 34 reported incidents during this timeframe, 19 incidents (56%) involved making contact with the police. Of these 34 incidents:

- 28 incidents were reported as *no harm*;
- 6 incidents were reported as *minor harm* (3 likely short term injury or effect, 2 disruption to services, 1 near miss incident prevented);
- 2 incidents were reported for paediatrics (referral threshold for referral to Police is lower);
- ALEX site – highest level of reporting was MAU (5 incidents);
- WRH site – highest level of reporting was A&E (6 incidents) ;
- 1 incident Police did not accept referral – referred to Mental Health.

10.4 MACFA (Multi Agency Case File Audit)

The WSCB Quality Assurance Group undertakes four multi-agency case file audits (MACFA) per year. These audits are thematic and provide an in-depth look at the work of all agencies represented on the audit group. Those attending have prior access to their agencies records, and may discuss the case with practitioners. This audit considers the information available by way of a “round table discussion” where managers and safeguarding leads consider the work with the child and their family.

The Named Midwife has undertaken 1 MACFA audit in January in relation to CSE. The MACFA considered four children who were thought to have been the victims of CSE. No single agency actions for WAHT identified.

11.0 Audit Schedule 2018/19

An agreed Safeguarding Audit schedule is in place for 2018/19 including CSE, FGM, Mental Capacity Act & Deprivation of Liberty Safeguards, Mental Health Act and Domestic Abuse.

12.0 Safeguarding Adult Reviews (SAR) and Domestic Homicide Reviews (DHR) – Safeguarding Adults

The Trust has participated in one combined DHR & SAR, four SAR's, two DHR and provided additional scoping for a further 6 SAR cases during the reporting period. Learning/themes from these once published by WSAB are implemented into Safeguarding Training. For example, the Trust has implemented a notification process for any adult patient who fails to attend any appointment for which a “did not attend” code is entered. Informatics are currently reviewing whether this can be replicated for children.

Training continues to emphasise the key messages in relation to utilising opportunities to assess and review patients on their own and the associated language used when considering safeguarding and asking relevant questions proportionate to individual need e.g. those with a learning disability or for whom English is not a first language.

12.1 Serious Case Reviews (SCR) – Safeguarding Children

One SCR is complete, however the final report is pending publication as the inquest is still to be held and no date has yet been confirmed as at the time of writing this report. An action plan for this SCR has been submitted, with one outstanding action as at end Q4 in relation to the Safeguarding Children Pathway revision – anticipated completion date end April 2018. Two further cases have been scoped and are deemed to meet the threshold for a SCR. *We are unable to report on this as yet as it has not been approved by the Worcestershire Safeguarding Children's Board SCR sub-group, therefore any single agency actions are not approved. The Named Midwife will feed back as soon as the final review of the scopings has been undertaken.*

There continues to be strong engagement in both WSAB and WSCB and their sub and working groups through the Memorandum of Understanding across Health. There has been a significant workload associated with cases referred for consideration of multiagency reviews (SAR and SCR).

13.0 Safeguarding Supervision

Community Midwives were highlighted as a priority to receive Safeguarding Supervision and are mandated to do so (RCPCH 2014). There is now a fully embedded and recorded safeguarding supervision process in place across midwifery and maternity.

The Named Midwife has undertaken supervision with Paediatric Physiotherapy and Epilepsy Specialist Nurses, sometimes delivering this as group supervision as part of team meetings.

Review of the Supervision Policy is underway.

The newly appointed Named Nurse for Children has met with partners to ascertain how Children's Safeguarding supervision is delivered. Current proposals are for 6 monthly supervision and availability of group supervision. Training availability will be targeted at paediatric areas to embed safeguarding supervision. This will be a work stream to be progressed during 2018/19.

14.0 Policy Development

Revision of The Safeguarding Children Policy and Safeguarding Supervision Policy is in progress and led by the Safeguarding Team with support from the NICE Policies lead. Several Policies pertinent to safeguarding adults and children are due for revision and this will be a priority for 2018/19 work plan. Vacancies within the Safeguarding Team and competing work streams have meant that Policy work has not been completed in a timely manner.

15.0 National Priorities and implications

15.1 The Children and Social Work Act 2017 - Safeguarding Partnerships

The proposals outlined in the Wood report have been incorporated into the Children and Social Work Act 2017 and are now current legislation. We are currently awaiting publication of the revised Working Together Guidance 2018 to support the changes that the new Act will bring into force.

The CCG Designated Nurse for Safeguarding attends WAHT Safeguarding Committee and will advise and update the Committee as work progresses over the coming months. WAHT are represented by the Deputy Chief Nurse at respective meetings.

15.2 Independent Inquiry into Child Sexual Abuse interim report April 2018

The independent inquiry was established 12 March 2015.

Purpose:

- To consider the extent to which State and non-State institutions have failed in their duty of care to protect children from sexual abuse and exploitation;
- To consider the extent to which those failings have since been addressed;
- To identify further action needed to address any failings identified;
- To consider the steps which it is necessary for State and non-State institutions to take in order to protect children from such abuse in future;

- And to publish a report and recommendations.

The inquiry is being undertaken by:

- The Truth Project; to provide an opportunity for victims and survivors to share their experiences with the inquiry;
- Investigations and public hearings: to date, 13 investigations, 5 public hearings;
- Research;
- Seminars and engagement: victim and survivors forums.

Nature and effects of the abuse:

- Brutality, violence and threats
- Exploitation of vulnerability
- Grooming and gaining trust
- Abusing positions of trust and authority
- Relationships: damaging effect
- Emotional wellbeing and mental health: psychological harm
- Physical health: injuries, eating disorders
- Religion and faith: question
- Education and later life: increased unemployment, increased dependence upon the state, benefits etc.

Implications for Health:

- The DoH and Social care develops a national policy for the training and use of chaperones in the treatment of children in healthcare services;
- All health records must be retained and not destroyed until the Inquiry concludes;
- CQC considers compliance with national chaperone policies (once implemented) in its assessments of services.

The Safeguarding Committee has reviewed the interim report and work is already in progress in relation to review of WAHT Chaperone Policy. Truth project information and posters have been disseminated to respective Divisional Leads to raise staff awareness.

16.0 Regulation - CQC inspection (period 23rd January 2018 – 22nd March 2018) published 5th June 2018

Following the Q1, 2018 Inspections of Maternity, Children and Young People, Urgent & Emergency Care (including MIU), Surgery, Outpatients and Diagnostics, the Trust was issued with an inspection report and evidence appendix which included a summary of findings, what was inspected and why, what was found including areas of outstanding practice and areas of improvement.

In terms of Safeguarding, the report reflected:

Urgent Care

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Surgery

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

- Most areas had enough staff with the right qualification skills training and experience to keep people safe from avoidable harm and abuse and provide the right care and treatment

Children and Young People

- Children and young people were supported to make decisions and consent to care and treatment was provided in line with legislation and guidance.
- Staff understood their roles and responsibilities under the Mental Health Act 1983

In terms of areas for improvement identified for the Trust, the following 'Must and Should Do's' have been identified under Regulation 13: Safeguarding service users from abuse & improper treatment

Must Do's
The trust must ensure all staff receive and complete their required mandatory training, including safeguarding and Mental Capacity Act 2005 training.
The trust must ensure all medical staff are trained to the required level of safeguarding for both children and adults.
The trust must ensure all clinical staff have a good understanding of their role in recognising and reporting cases of female genital mutilation and child sexual exploitation.
The trust must ensure staff assess and document in children's records the trusts safeguarding questions to protect children from harm and abuse.
Should Do's
The trust should review the safeguarding children policy to ensure it is dated and reflects the most relevant national guidance.
The trust should review the current arrangements for safeguarding supervision to ensure it is accessible to all medical and nursing staff.

17.0 2018/19 Forward Plan / Priorities:

- Training delivery remains high priority. 90% Trust target compliance.
- Continue to monitor and review training compliance on a weekly basis.
- Await NHSE review of the Adult Intercollegiate Document and amend / add any training packages accordingly.
- Continue to support in multi-agency SCR, SAR and DHR processes.
- CPIS project roll out.
- WRAP compliance of 85% in accordance with the NHSE Prevent Training and Competencies Framework February 2015.
- Dates for limited number of face to face training sessions for Level 2 Adults and Children Safeguarding Training.
- DoLS: work plan to look at effect and implementation of Liberty Protection Safeguards following parliamentary review March 2018.
- Review and update of safeguarding and associated policies/procedures.
- Review of Trust intranet safeguarding pages to make them more user friendly/ accessible.
- Audit
- Improve quality assurance processes; referrals into children's and adult social care.
- To report on Safeguarding Adults Level 3 training and ensure training provision to meet numbers required (will be delivered as part of existing root cause analysis training) and set trajectory for attainment of 90% Trust wide compliance.
- Further development and evaluation of the Safeguarding Quality Champion role.
- General Data Protection Regulation (GDPR) and any associated key changes to the way safeguarding information is handled /processed /stored /shared.
- Embed 'making safeguarding personal' within adult training packages.
- Embed 'voice of the child' and threshold guidance within children's training packages.

18.0 Legislation and Guidance

Safeguarding is covered in the following Acts/Guidance:

- Working Together to Safeguard Children (2015)
- PREVENT duty guidance (2015)
- Counter Terrorism and Security Act (2015)
- The Care Act (2014)
- Intercollegiate Document (2014) - safeguarding children & young people: roles and competencies for healthcare staff
- Safeguarding Adults: Intercollegiate Document (2016) roles and competencies for healthcare staff
- Deprivation of Liberty Safeguards (2009)
- Health & Social Care Act (2008)
- Mental Capacity Act (2005)
- Mental Health Act (1983)
- Policing and Crime Act 2017
- CQC Fundamental Standards
- Statement on CQC's roles and responsibilities for safeguarding children and adults (June 2015)
- Serious Crime Act (2015)
- Children Acts (1989) and (2004)
- Female Genital Mutilation Act (2003), FGM enhanced data set (2015)
- WSAB Competency Framework for Adults: MCA/DOLS and Safeguarding Adults (2016)