

Cyfarfod a dyddiad: Meeting and date:	V.09 Submitted to QSE Committee 3.7.2020				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	BCUHB Corporate Safeguarding Annual Report 2019-2020				
Cyfarwyddwr Cyfrifol: Responsible Director:	Michelle Denwood Associate Director of Safeguarding Gill Harris. Executive Director of Nursing and Midwifery				
Awdur yr Adroddiad Report Author:	Michelle Denwood Associate Director of Safeguarding				
Craffu blaenorol: Prior Scrutiny:	Corporate Safeguarding Team Safeguarding Governance and Performance Group				
Atodiadau Appendices:	Appendix 1: Safeguarding Adults Report Appendix 2: Safeguarding Children's Report Appendix 3: Safeguarding Governance and Performance Framework				
Argymhelliad / Recommendation:					
The Committee is asked:					
<ul style="list-style-type: none"> To note the progress made this year by the Corporate Safeguarding Team, particularly in relation to the recognised improvements and outcome of the Peer review of the Assurance Framework of the National Safeguarding Maturity Matrix (SMM) Recognise the significant improvement to achieve Substantial Assurance as an outcome of the Internal Audit of BCUHB Safeguarding Governance review. Approve the Corporate Safeguarding Priority Action Plan for 2020-2021. 					
Please tick one as appropriate					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>
				Er gwybodaeth For Information	<input type="checkbox"/>
Sefyllfa / Situation:					
<p>The purpose of this report is to present an overview of the activity driven by the Corporate Safeguarding Team during 2019-20. The key issues are highlighted within this report with additional references made to the two (2) supporting appendices; Adults at Risk Annual Report 2019-2020, the Safeguarding Children at Risk, Safeguarding Midwifery and Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Annual Report 2019-2020.</p> <p>The two (2) appendices which reference in detail the operational and strategic work undertaken by the Corporate Safeguarding Team, Children and Adult at Risk, safeguarding within the Mental Health and Learning Disability Division (MHLDD), the Deprivation of Liberty Safeguards (DoLS) and the Violence Against Women Domestic Abuse and Sexual Violence (VAWDASV) agenda. Each area of practice is referenced within these detailed reports following the key domains of the National Safeguarding Maturity Matrix (SMM).</p>					

The SMM is a quality outcome monitoring tool with the aim of capturing and collating a national SMM providing assurance, share practice and drive improvements towards a 'Once for Wales' consistent approach to safeguarding across Wales. This is overseen by the Chief Nursing Office for Wales. The self-assessment scoring for 2019 in comparison to the 2018 scores demonstrates significant progress in relation to BCUHB's assurance regarding safeguarding arrangements. Currently BCUHB have an overall position score of 23 out of 25 which is currently the highest in Wales. The appendices also provide information specific to Corporate Safeguarding's performances and data collection.

A third appendices evidences the Safeguarding Governance and Reporting Framework which, provides assurance of Safeguarding reporting, opportunities to share key messages and promote organisational engagement and enable escalation within and throughout BCUHB. In addition, the framework supports Multi-agency engagement and working in partnership.

Cefndir / Background:

Assurance

The BCUHB Corporate Safeguarding Annual Report 2019-20 is an overview of the ongoing development and implementation of the safeguarding agenda which is complex, challenging and developing with pace.

Governance and Performance

The continued improvements are evidenced by the findings of the NHS Wales Shared Services Partnership Audit and Assurance Service. An internal review covering the period of 2017/18 was completed, this was a detailed review of service delivery against the requirements of the Health and Care Standards, Safeguarding legislation and guidance. The result was found to be Limited assurance.

However, a Follow-up internal review of the period of 2019-2020 found Substantial Assurance. No recommendations were made following this audit as reported findings had evidenced significant improvements had been made.

Deprivation of Liberty Safeguards Audit (DoLS)

As part of the Safeguarding activity plan a review of the DoLS process commenced prior to December 2019. DoLS was previously managed within the portfolio of the OMD and was transferred into the portfolio of the Executive Director of Nursing and Midwifery and forms part of the Safeguarding portfolio. A review of the service was highlighted as an important key objective for DoLS in the 2018/19 Safeguarding annual report.

This was the first audit of this service provision by BCUHB. The internal review was completed in March 2020. It was recognised although progress had been made during this period; the outcome of the audit was Limited Assurance and identified five (5) key recommendations.

All recommendations have been implemented with the exception of the appointment of the remaining one (1) BIA post. Progress has been made and the employment and recruitment processes is being followed.

Priority	H	M	L	Total
Number of recommendations	3	2	0	5

Key activities were;

- The development of a Standard Operating procedure to support National guidance documents
- Engagement and training for Authorisers (Signatories)
- Enhanced monitoring, training and review of DoLS National Forms
- Secured funding and recruitment to the final Best Interest Assessor (BIA) post
- Include Datix incident reporting within the Standard Operating Procedure and Training.

Safeguarding Maturity Matrix (SMM)

The Safeguarding Maturity Matrix (SMM) has been piloted across all Health Boards/Trusts in Wales for the past two years. It has been agreed the self-assessment of safeguarding arrangements will continue for a third year, 2020-2021.

In November 2019, the five standards assessed were; Governance and Rights Based Approach, Safe Care, ACE Informed, Learning Culture and Multi Agency Partnership Working. The highest achievable score is five for each standard, with a maximum score of 25.

BCUHB achieved a score of 14 in 2018, and a score of 23 in 2019. This demonstrates excellent progress, and is the highest score in Wales, this was achieved by the implementation of improved Governance, Performance and assurance Frameworks, Evidenced Based learning, and the development of Communication pathways.

Performance and Triangulation of Data.

The development of a performance framework for Child and Adult at Risk Reports provides the Corporate Safeguarding Team with triangulated data and highlights organisational compliance, provides assurance and the ability to benchmark performance against key national indicators. It enables an improved proactive approach to be taken rather than a reactive approach and this is supported by the strategic agenda.

Training is in a constant state of change due to the regular introduction of new legislation and policy. Corporate Safeguarding have adapted to the training needs of our diverse workforce and have introduced a variety of learning tools to promote a culture of learning. The development of enhanced training packages has been referenced and implemented on a National basis due to the recognition of a proactive and leading service.

Safeguarding training compliance, in general, continues to rise and this demonstrates the positive engagement and ownership of safeguarding responsibility across all services and divisions. However, Corporate Safeguarding have identified key target areas for improvement and will continue to engage these services to support greater compliance and evidenced learning.

Multi-agency agenda

The agenda and legislative footprint is vast and requires multi-agency partnership working. The Annual Report evidences that there is improvement with this engagement and that it is sustained.

The Welsh Government's independent review of the Safeguarding Adult Board evidenced BCUHB's valued engagement with our agency partners. It noted the increased BCUHB membership, and the influence and impact made by the Associate Director for Safeguarding. BCUHB's transparency, within all safeguarding activities is an important aspect and improves trust, engagement between patients, professionals, families, advocates and members of the public. Having learnt from previous incidents, Corporate Safeguarding have embedded a progressive working culture that has helped to achieve positive results internally and with external partner agencies, with communities, and with individuals. This is evidenced in multi-agency Desk top reviews and Safeguarding Reviews, namely Adult Practice Reviews, Child Practice Reviews and Domestic Homicide Reviews.

The review of Regional Partnership Boards is ongoing, BCUHB and Corporate Safeguarding remain fully engaged.

Asesiad / Assessment & Analysis


Strategy Implications

Policy and Procedures

Adult Safeguarding became a statutory requirement following the introduction of the Social Services and Wellbeing (Wales) Act in 2014. On November 4th 2019, the Welsh Government introduced the Wales Safeguarding Procedures to support safeguarding activity in Wales.

An agreement was reached across Wales to launch the Wales Safeguarding Procedures in April 2020 but due to the impact of the COVID-19 pandemic, it was further agreed to delay the launch until September 2020.

Clear guidance, accessibility and accuracy are important factors when referencing Safeguarding Policy and Procedures. The table evidences the increase in the development and revision of safeguarding policies, procedures and protocols, which supports the organisation to protect service users and their families.

Safeguarding Policy/Procedure/SOP	2017- 2018	2018-19	2019-20	Trajectory
Number In Date	3	8	14	
Number Under Review	0	6	2	
Number out of Date	10	0	0	
Total Number	13	14	16	

At the beginning of March 2020, there was a significant change in service delivery as a response to the global COVID-19 pandemic. Corporate Safeguarding has offered full engagement and support to all services within BCUHB in the identification of potential risk, the mitigation of this risk, and to ensure that safeguarding awareness activity is paramount.

In particular, and due to the reduction in face-to-face contact with our vulnerable patients in the community, Corporate Safeguarding have worked with commissioned care services to explore ways in which patient safety and wellbeing can be monitored to allow for absolute assurance in relation to their continued health, wellbeing and safety.

BCUHB's Adult Safeguarding strategy has been updated and amended to ensure that adults at risk of abuse or neglect are supported to achieve their identified outcomes. This 'making safeguarding personal' approach is an acknowledgment of the current legislation and the comments received from the board in relation to the reporting and recording of 'real' outcomes.

The impact of the changes made has had an immediate effect on patients and services as these outcomes, and the learning from these outcomes, are embedded into future practice to sustain health and wellbeing and prevent further abuse or neglect.


The early identification and reporting across BCUHB has been acknowledged by the North Wales Local Authorities, Police and other partner agencies, with positive feedback received specifically in relation to BCUHB's implementation of the HASCAS/DO recommendations, our transparency in reporting concerns, and the immediate actions taken to make the patient and/or the situation safe, which is paramount within safeguarding. Older People Mental Health remains a high Safeguarding risk area, therefore significant input from Corporate Safeguarding as seen resulted in three (3) desktop reviews for learning and to support the implementation of procedures to mitigate risks to this vulnerable patient group.

Prevention and Identification

Safeguarding Adult, Adult MHL, and DoLS data recording, this information supports the identification of key safeguarding priorities. The Corporate Safeguarding team utilise the organisations data to benchmark against potential risk to facilitate immediate mitigation and learning. This is communicated across BCUHB using the Safeguarding Communication Strategy, utilising Safeguarding Performance and Governance meetings, area safeguarding forums, monthly bulletin reports, and the updated Corporate Safeguarding webpage to ensure divisional and service compliance and assurance.

BCUHB's engagement within operational and strategic safeguarding partnership meetings, locally, regionally and nationally, have supported key developments that have impacted positively and improved internal services.

It is evident that during early 2020 Adult Safeguarding reports increased in comparison to the data from 2019. Due to the COVID-19 pandemic a reduction in reporting was identified for April 2020. The development of a Safeguarding COVID 19 action Plan has supported activities to enhance and continue to ensure staff engage with service users. Engagement and communication with the workforce has continued, supporting decision making and ensuring reporting continues. This is evident in the immediate increase in reporting during May 2020 and as shown in the Table below.

Adults Safeguarding Reports	2019	2020	2020 Reporting Trend
January	75	99	
February	91	118	
March	92	117	
April	107	72	
May	103	106	

From May 2019, Child at Risk performance data is readily available to BCUHB. This data provides the Corporate Safeguarding Team and the wider services areas with trends and themes in relation to Child at Risk Reports that have been generated.

The identification of areas of high Child at Risk activity, referrer's designation and the age of 'at risk' children supports the strategic intervention, but informs practice at all levels within the organisation. The information is invaluable to ensure safeguarding support and training is delivered in these high-risk areas, and provides data to allow for targeted resources to meet the demand, aiming to minimise further potential risks to children.

The number of Safeguarding Children reports being received from the community and those from secondary are settings are very comparable. For 2019-20, the number of reports from the community total to 1417 and those from the acute sites total to 1381.

The highest referrers to children's safeguarding in 2019-20 were;

- Emergency Department – 982 reports – 35%
- Health Visitors – 486 reports – 17%
- Midwives – 479 reports – 17%
- CAMHS – 283 reports – 10%

The data demonstrates a reduction in Child at Risk Reports, during the period of March 2020 during the COVID-19 pandemic. The rationale is nationally recognised as there were fewer children being seen in the Emergency Department during this time and less face-to-face contacts were being carried out by midwives and health visitors and school nurses.

A priority activity for 2020-2021 is to fully implement the Child at Risk Performance Reporting Framework to include outcomes of the Report and to identify themes of abuse.

This will provide BCUHB with invaluable qualitative data, focussing on outcomes, and not solely relying on quantitative data, which cannot provide the complete picture when safeguarding children at risk. This work is a good example of BCUHB working very closely with our Local Authority partners.

Safeguarding Supervision, Advice and Guidance

The principles underpinning safeguarding children supervision is in the Children Act (1989) and (2004) (section 28) and in Safeguarding Children; Working Together under the Children Act 2004 (2006) Section 14. Safeguarding children supervision is embedded within the organisation and has clear evidence for improving the outcomes for children and their families.

During 2019-2020, this supervision was offered, to not only health visitors and school nurses, but to those areas who deliver services to children at risk, for example Child and Adolescent Mental Health Services (CAMHS) and Looked after Children Nurses (LAC). This has created a safer and supportive workforce in high-risk areas where children access services.

The Supervision procedure also supports supervision for practitioners engaging in activities to support Adults at Risk, this is encouraged and will be a valuable activity when the new Wales Procedures come into force, due to the increased demands and complexity.

Due to the findings of a Child Practice Review, following a traumatic death of a baby, the Corporate Safeguarding Team implemented the Trauma Risk Management (TRiM) process. Early identification of staff exposed to trauma, aids in promoting a healthy workforce by supporting the welfare needs of staff, and contributes towards reducing staff absence. Full evaluation of the process will be available in 2020-2021 Annual Report. Two TRiM assessments have taken place due to the exposure of staff to traumatic incidents.

The feedback has been extremely positive, the wellbeing of employees is of paramount importance and this activity supports staff, enhances learning and improves service delivery.

Culture of Learning

By promoting a positive culture of multi-agency learning/audits across the Health Board supports improvements in service delivery and practice. All National, Regional and Local Child Practice Reviews and Adult Practice Reviews are reviewed and any identified learning is embedded into practice. A good example is the audit being conducted across the three Emergency Departments by the implementation of weekly safeguarding meetings. The initial pilot demonstrated positive outcomes in safeguarding children.

In 2018-19 an audit undertaken by the North Wales Safeguarding Children Board together with the learning from a Child Practice Review, identified that a review of the Health Pre-Birth Assessment (HPBA) was required. This audit has resulted in the identification of improvements in documentation, of poor compliance in reviewing the HPBA and the sharing of the HPBA with Local Authorities. A further will be conducted in 2020-2021 to assess improvement.

As part of the NHS Wales Safeguarding Network Work Plan, the Head of Safeguarding Children BCUHB and a Designated Nurse National Safeguarding Team PHW, agreed to conduct a review of the All Wales Antenatal Routine Enquiry into Domestic Abuse within NHS Wales. The audit provided the authors with a national picture in relation to how the All Wales Routine Enquiry into Domestic Abuse is being implemented across Health Boards in Wales. In addition, it provided information relating to compliance with the All Wales Minimum Standards. A set of recommendations have been identified and will be monitored within the NHS All Wales Safeguarding Network Work Plan 2020-2021.

Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) places an increased demand upon the service. The Harm agenda, County Lines, PREVENT, Modern Day Slavery and Female Genital Mutilation (FGM) are all recognised as a criminal offence and can result in both Adult and /or Child abuse. There is a clear increase in activity, resulting in wider engagement and activities implemented within BCUHB to support

BCUHB provide quarterly reporting to Welsh Government regarding FGM with the majority of cases identified by the Women's Division. During 2020, wider FGM training has been delivered in high-risk areas, such as sexual health services, cervical cytology and in the Sexual Abuse Referral Centre (SARC). It will be interesting to note if the number of identified FGM cases increases in 2020-2021

BCUHB recognises that within its workforce there will be employees who have experienced, or who are currently experiencing domestic violence and abuse, as well as employees, who are perpetrators or alleged perpetrators. The VAWDASV Workplace Procedure was implemented in September 2019 to support victims and perpetrators and includes the development of Workplace Safety Groups across the region.

Financial Implications

Corporate Safeguarding are aware of the current financial challenges faced by BCUHB. However, Safeguarding is an ever-increasing agenda that requires increased governance and engagement to ensure that BCUHB adhere to legislation and policy, are able to offer assurance with regard to the wellbeing and safety of patients and professional practices, and maintain their leading role in developing and promoting the safeguarding agenda.

Having identified the need to strengthen the Corporate Safeguarding team structure, as recorded in HASCAS recommendation 8 and Donna Ockenden recommendation 6, A further paper has been presented to the BCUHB Quality Safety Group (QSG) on the 10.1.20, in line with HASCAS / DO recommendations reflecting safeguarding and the Deprivation of Liberty Safeguards. This relates to the review and effectiveness of the Corporate Safeguarding team structure and the progress report relating to the DoLS 2017-2018 action plan and revised legislation and the current demand. A further business case is being developed.

There are financial implications for the health board in relation to the implementation of The Liberty Protection Safeguards (LPS) that formulate part of the Mental Capacity (Amendment) Act 2019. The anticipated Code of Practice will set out in detail practical guidance.

The financial impact for LPS is wide ranging with a change of roles and responsibilities across the Health Board. LPS no longer relies upon the current deprivation of liberty safeguards (DoLS), where Best Interest Assessors (BIAs) and S12 (2) Doctors are solely responsible for the assessments. Under LPS the BIA will have greater responsibility and accountability as the Act dictates that Health Boards will retain ownership of LPS for all commissioned patients.

This will see a huge increase in assessment requests, with an approximate additional application figure of 1200, recognising if they are not completed could result in legal and financial implications. The appendices provide detailed assurance measures to be taken to mitigate against any risk.

Risk Analysis

Corporate Safeguarding currently record that there is a risk that the Health Board does not discharge its statutory and moral duties in respect of and with regards to Safeguarding Adults / Children / Violence Against Women, Domestic Abuse, Sexual Violence [VAWDASV] including the wider harm agenda and the Deprivation of Liberty Safeguards [DoLS] by both recognising the activities of the Managing Authority and Supervisory Body.

This may be caused by a failure to develop and implement suitable and sufficient safeguarding arrangements, develop an engaged and educated workforce and provide sufficient resource to manage the demand and complexity. This could further impact on those persons at risk of harm to whom BCUHB has a duty of care, with particular reference to the added challenges due to the National guidance by Welsh Government relating to COVID-19.

The current risk is reported at 16 with a target risk of 12.

Due to the nature of the service, unfortunately governance arrangements, training and engagement with partner agencies cannot prevent the unexpected death of a child or adult by another person. The research and national picture recognises that this is likely to happen and the outcome is catastrophic.

In mitigation Corporate Safeguarding have implemented cycle of business planning meetings within the Nursing and Midwifery Directorate which scrutinises and reviews Level 1 and 2 Risks and is attended by the Associate Director of Safeguarding. A refreshed Safeguarding Reporting Framework has been applied which sets out clear lines of accountability and is underpinned by the Cycle of Business. A standardised data report on key areas, including Adult at Risk, Child at Risk and DoLS is submitted to BCUHB Safeguarding Forums in order that data is scrutinised, triangulated and risks identified.

A programme of Risk Management has been embedded into the processes of the Reporting Framework by being included as a standing item on the Safeguarding Governance and Performance forum agendas. Within these meetings issues of significance reports require that risks are to be identified and reported to ascertain assurances and completion of mitigating actions.

The new Senior Management tier, in line with HASCAS 8 / DO 6 has been implemented within the Safeguarding Structure. This will continue to support strategic oversight in key areas.

The implementation of the identified priority actions for 2020-2021 will further strengthen the organisations Safeguarding governance and performance activities, with the aim to safeguard service users, families and employees who access our services.

Legal and Compliance

Safeguarding is underpinned by legislation, policy and procedure. The role of Corporate Safeguarding within BCUHB is to ensure that the Health Board execute their responsibilities and comply with the Safeguarding legislation, providing assurance that the strategic measures are implemented, audited and reviewed.

The legislative requirement is met due to the adaptation into practice and service delivery of key local, regional, national and international legal frameworks that dictate the agreed working protocols from which BCUHB develop their internal policies and procedures.

Key documents include the Social Services and Wellbeing (Wales) Act 2014, the Human Rights Act 1998, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards 2005 (amendment), and the VAWDASV (Wales) Act 2015 and Children Act 1989 and 2004.

Impact Assessment

The methodology set within the report remains under continuous review by the Associate Director for Safeguarding. Any changes to this will be brought to the Board's attention for approval or ratification.

All documents that impact upon patients, staff or the organisation are completed in line with a supporting EqIA, and having engaged with stakeholders to ensure broader potential impacts. Assurance can be given that any possible equality, quality and governance impact has been measured into the drafting of the report.

Corporate Safeguarding Priority Actions 2020-2021

Red	Incomplete
Amber	Partially complete
Green	Complete

All 2019-2020 Priority Actions with the exception of PR11 have been completed, this is due to the delay in the National guidance, and the priority activities due to COVID 19. All activities are referenced within the detailed Corporate Safeguarding Reports for Adults and Children.

All activities are strategically supported and Quality Assured by the Associate Director of Safeguarding and agreed following the Safeguarding Assurance Framework.

Ref	Comments	Timescale / Person Responsible	Comment	Rag Status
PR1	Raise awareness and compliance of the Wales Safeguarding Procedures for Adults.	HoSA PDL 30/09/20	The introduction and implementation of the Wales Safeguarding Procedures will result in the change of role for BCUHB staff within the safeguarding process. Work is ongoing to ensure the workforce are fully aware of their responsibility and that support will be readily available once the Procedures go live.	Amber
PR2	Progress the multi-agency County Lines agenda and engage in the County Lines Needs Assessment Task Group.	HoSA 31/03/21	County Lines poses a multi-agency risk across the UK. In North Wales activity is monitored via the Serious Crime Board which is attended by BCUHB. The Needs Assessment Task Group is looking at ways in which all agencies can support and help reduce future risk.	Amber

PR3	Increased engagement with BCUHB contract and commissioning services to review the Safeguarding standards, policies and procedures of external care providers	HoSA HoSA/MHLD 31/03/21	To ensure that BCUHB supported patients are safeguarded within their home, private hospital, or community setting there is a need to review measures in place that offer assurance.	Amber
PR4	Review Adult Safeguarding Performance and Governance activity across BCUHB.	HoSA 31/03/21	Work in line with guidance and adhere to processes and procedures specific to corporate safeguarding and the organisation. Ensure divisions are aware of safeguarding responsibilities and the reporting and governance framework.	Amber
PR5	Review, action and put into practice learning from local, regional and national Adult Safeguarding Reviews to benchmark BCUHB service compliance.	HoSA 31/03/21	Source current reviews and enquires recommendations. Produce action plan to benchmark against current BCUHB practices. Identify areas of concern, work in partnership to ensure learning from internal/external reviews is shared across the organisation. Not to let slip on actions and create process for divisions/services to continually review their practices.	Amber
PR6	Implement the revised Level 3 MHL D training programme to obtain a minimum 85% target, this is to include the ICAN volunteers.	HoSA/MHLD PDL 31/03/21	Following extensive engagement and partnership working further work required to embed the training and monitor compliance across the division.	Amber

PR7	To support on the implementation of a multiagency co-produced MHLd guidance for patients and staff specific to Sexual Safety.	HoSA/MHLd 31/03/21	The co-produced guidance has been completed in draft form. Corporate Safeguarding to support the wider review and implementation across MHLd.	Amber
PR8	Successful recruitment of all vacant posts within Corporate Safeguarding and consideration of the wider structure.	SBM HoSA HoSA/MHLd HoSC 31/12/20	Consider the additional Band 7 Safeguarding MHLd Specialists for each area	Amber
PR9	The DoLS Forms created by W.Gov in 2015 and used by BCUHB are found to be inaccurate or legally deficient which can lead to a legal challenge so need revising	SSDoLS 31/10/20	A W.Gov grant secured 31/03/20 to support a review of DoLS forms by a legal expert in the field of DoLS. Memorandum of Understanding created and approved by QSE on 12/06/20	Amber
PR10	All professional staff to have an induction on the impact and implementation of LPS which replaces DoLS	SSDoLS 30/11/20	Memorandum of Understanding put in place with external expert to create e-learning training package that can be accessed by all professional staff in BCUHB. MoU Approved by QSE on 12/06/20.	Amber

PR11	Impact Risk Assessment to be developed to consider risk and mitigation for the implementation of LPS across Health Board	SSDoLS Original date for completion was 1.4.20, revised proposed completion date is 30/08/20	Brought forward from 2019/20 Strategy Steering Group to be identified and established involving key stakeholders.	Red
PR12	Full implementation of the Child at Risk Performance Reporting to include outcomes of the Report and themes of abuse	HoSC 30/08/20	Work has commenced with the LA's in capturing outcomes of Child at Risk Reports. All LA's agreed to engage in this process	Amber
PR13	To produce quarterly Child at Risk Performance Reports which are shared at the relevant forums holding Divisions to account.	HoSC 31/07/20	Reports will be developed by the Safeguarding Data Analyst on a quarterly basis. These will be shared at each area safeguarding forums	Amber
PR14	Full implementation of a standardised Regional Safeguarding Supervision Database to ensure the collection of consistent and meaningful data.	HoSC 31/07/20	The HoSC will meet with the 3 Area Safeguarding Managers and the Data Analyst to develop a standard data collection tool. Quarterly data will be develop ensuring all managers are aware of their team position in relation to compliance with safeguarding supervision	Amber

PR15	To complete the audit in relation to weekly safeguarding meetings in the three ED's, arising from the Cardiff and Vale CPR, and complete a full evaluation report and action plan	HoSC 31/03/21	The audit is currently in progress	Amber
PR16	To fully monitor and evaluate the TRiM Process across BCUHB and provide feedback to the North Wales Safeguarding Children Board	HoSC 31/12/20	Currently in progress	Amber
PR17	To complete the BCUHB Action Plan in relation to the Mid and West Wales CPR and fully embed the learning into current practice	HoSC 31/12/20	Currently in progress	Amber
PR18	To undertake the HPBA Audit for 2020-2021 to provide assurance of improvement and compliance	HoSC 01/04/21	Currently in progress Quarterly reporting will be implemented	Amber
PR19	To develop an Action Plan for the findings in the HPBA Audit 2019-2020 to provide assurance that the actions are monitored and completed	HoSC 30/06/20	Currently in progress and Audit activity is supporting ongoing activities	Amber

PR20	To ensure ratification of the Coping With Crying Guidance and to receive from the NSPCC the updated film and training materials in order to improve practitioners knowledge	HoSC 30/09/20	This procedure has been disseminated for consultation and comments are being considered	Amber
PR21	To undertake the Routine Enquiry Domestic Abuse Audit for 2020-2021 to provide assurance of improvement and compliance	HoSC 01/04/21	Currently in progress	Amber
PR22	To develop an Action Plan for the findings in the Routine Enquiry Domestic Abuse Audit 2019-2020 to provide assurance that the actions are monitored and completed	HoSC 30/06/20	Completed. Full dissemination of the agreed action plan, with timescales and with a recognised audit schedule to ensure continued assurance.	Green
PR23	To ensure Corporate Safeguarding fully engage in the NHS Wales Safeguarding Network Work Plan 2020-2020 in respect to the recommendations of this review.	HoSC 31/03/21	Meeting of the National VAWDASV Steering Group to be held on the 30 th June 2020 to discuss the recommendations	Amber

PR24	Engage and support the review of contracts for Advocacy Services	HoSA 31/03/21	Develop a consistent commissioned service that meets the needs of service users	Amber
Resources Key				
ADoS		Associate Director of Safeguarding		
HoSC		Head of Safeguarding Children		
HoSA		Head of Safeguarding Adults		
HoSA/MHLD		Head of Safeguarding Adults MHLD		
SSDoLS		Safeguarding Specialist - DoLS		
SSDem		Safeguarding Specialist - Dementia		
PDL		Practice Development Lead		
SBM		Safeguarding Business Manager		

BCUHB Corporate Safeguarding Team
Safeguarding Adults
Annual Report 2019-2020

1. Introduction

- 1.1 This report incorporates Adult Safeguarding, Adult Mental Health Learning Disability (MHLD) Safeguarding, and the Deprivation of Liberty Safeguards to include Mental Capacity Act (MCA) work within BCUHB Corporate Safeguarding for 2019 – 2020.
- 1.2 The activity recorded provides oversight and organisational assurance. The priority actions associated with the Corporate Safeguarding work plan are evidenced within the embedded 2020- 2021 Strategic Priorities.
- 1.3 The report is presented within the key domains of the National Safeguarding Maturity Matrix (SMM). The Safeguarding Maturity Matrix (SMM) is a quality outcome monitoring tool with the aim of capturing and collating a national SMM providing assurance, share practice and drive improvements towards a 'Once for Wales' consistent approach to safeguarding across Wales.
- 1.4 From March 2020 there has been a significant change in service delivery as a response to the global COVID-19 pandemic. Corporate Safeguarding has offered full engagement and support to all adult services.

2. Governance and Rights Based Approach

Rationale

- 2.1 There should be a clear line of accountability, without doubt or ambiguity about who is responsible at every level for the well-being and protection of children and vulnerable adults.

2.2 NHS Wales Shared Services Partnership Audit and Assurance Service.

2.2.1 An internal review covering the period of 2017/18 took place. A detailed review of service delivery against the requirements of the Health and Care Standards, Safeguarding legislation and guidance. The result being Limited assurance.

2.2.2 A Follow-up internal review of the period of 2019-2020 found Substantial Assurance. No recommendations were made following this audit as reported findings had evidenced significant improvements had been made.

2.3 Deprivation of Liberty Safeguards Audit (DoLS)

2.3.1 As part of the Safeguarding activity plan a review of the DoLS process commenced prior to December 2019. DoLS was previously managed within the portfolio of the OMD and was transferred into the portfolio of the Executive Director of Nursing and Midwifery and forms part of the Safeguarding portfolio. A review of the service was highlighted as an important key objective for DoLS in the 2018/19 Safeguarding annual report.

2.3.2 This was the first audit of this service provision by BCUHB. The internal review was completed in March 2020. It was recognised although progress had been made during this period; the outcome of the audit was Limited assurance and identified five (5) key recommendations.

2.3.3 All recommendations have been implemented with the exception of the appointment of the remaining one (1) BIA post. Progress has been made and the employment and recruitment processes is being followed

Table 1

Priority	H	M	L	Total
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Final Report Corporate Safeguarding Annual Report 2019 /2020 V1.0

Number of recommendations	3	2	0	5
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2.3.4 Key activities were:

- The development of a Standard Operating procedure to support National guidance documents
- Engagement and training for Authorisers (Signatories)
- Enhanced monitoring, training and review of DoLS National Forms
- Secured funding and recruitment to the final Best Interest Assessor (BIA) post
- Include Datix incident reporting within the SoP and Training.

2.4 The HASCAS Investigation and Donna Ockenden Review

2.4.1 The HASCAS Improvement Group monitors the implementation and progress of all recommendations (see Table 2) across BCUHB. The Associate Director of Safeguarding was a standing member of this group and reported on progress, and compliance.

Table 2

Reference	Recommendation	Recommendation Position
HASCAS 4	Safeguarding Training	Implemented
HASCAS 5	Informatics, and Documentation	Implemented
HASCAS 6	Policies and Procedures	Implemented
HASCAS 7	Tracking Adult at Risk across North Wales	Implemented
HASCAS 8 /Ockenden 6	Review and implementation of the Corporate Safeguarding Team Structure	Ongoing (Delayed due to COVID 19)
HASCAS 12 /Ockenden 9	Review of the Deprivation of Liberty Safeguards (DoLS) work plan identified in 2017-18 for implementation in 2018-19 into 2019-2020	Ongoing (Delayed due to COVID 19)

2.4.2 HASCAS Recommendation 8 / has progressed with the appointment of the Head of Adult Safeguarding, and the Head of Adult Safeguarding MHLd in 2019. There remains vacancies within the Corporate Safeguarding Team as part of natural turnover of recruitment.

2.4.3 Recommendation 12 / 9 relates to a formal audit of DoLS. The remaining recommendation is the recruitment to the service, which is in progress. In

addition, a Business Case is to be discussed at the Finance and Performance Group.

- 2.4.4 Stakeholder engagement has continued successfully through 2019 – 2020 to ensure transparency and true partnership working; this has included stakeholder attendance at Safeguarding training during 2019.

2.5 Safeguarding Maturity Matrix (SMM)

- 2.5.1 The Safeguarding Maturity Matrix (SMM) has been piloted across all Health Boards/Trusts in Wales for the past two years. It has been agreed the self-assessment of safeguarding arrangements will continue for a third year, 2020-2021.

- 2.5.2 In November 2019,. The five standards assessed were Governance and Rights Based Approach, Safe Care, ACE Informed, Learning Culture and Multi Agency Partnership Working. The highest achievable score is five for each standard, with a maximum score of 25.

- 2.5.3 BCUHB achieved a score of 14 in 2018, and a score of 23 in 2019. This demonstrates excellent progress, and is the highest score in Wales.

Priority Action - 8

Successful recruitment of all vacant posts within Corporate Safeguarding and consideration of the wider structure.	Dec 2020
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2.6 Safeguarding Governance and Reporting

- 2.6.1 To ensure organisational reporting, escalation and engagement the Corporate Safeguarding Team continue to work using an agreed Safeguarding Reporting Framework. The Performance and Scrutiny Task Group enables the triangulation of data, performance measures and evidence.

- 2.6.2 This framework fully supports internal escalation, multi-agency and partnership working, and supports the implementation of the statutory and legislative framework for engagement at both a strategic and operational level. During Final Report Corporate Safeguarding Annual Report 2019 /2020 V1.0

2019-2020 Corporate Safeguarding have reported 100% compliance for engagement at both the Adults and Children's Boards and supporting sub groups.


Priority Action - 4

Review Adult Safeguarding Performance and Governance activity across BCUHB.	March 2021
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2.7 Safeguarding Policies, Procedures and Standard Operating Procedures.

Table 3 evidences the increase in the development and revision of safeguarding policies, procedures and protocols, which supports the organisation to protect service users and their families.

Table 3

Safeguarding Policy/Procedure/SOP	2017- 2018	2018-19	2019-20	Trajectory
Number In Date	3	8	14	
Number Under Review	0	6	2	
Number out of Date	10	0	0	
Total Number	13	14	16	

2.8 Wales Safeguarding Procedures (Adults)

The procedures are reflected within BCUHB safeguarding policy. The new National Safeguarding procedures have a 'go live' date of September 2020.

Priority Action - 2

Raise awareness and compliance of the new Wales Safeguarding Procedures for Adults.	September 2020
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2.9 Adults at Risk – Performance and Activity

2.9.1 In 2019-20, there were 1219 adults reported under the Adult at Risk process (Table 4). This represents a 10% increase on reporting over the previous year.

Table 4

2019-20	West	Central	East	Out of Area	Total
Reports	387	448	378	6	1219

2.9.2 A significant amount of work has been undertaken by the Corporate Safeguarding Team to ensure BCUHB continues to comply with statutory legislation.

2.9.3 It is evident that during early 2020 Adult Safeguarding Reports increased in comparison to the data from 2019 as seen in Table 4.

2.9.4 Due to the COVID-19 pandemic a reduction in reporting was identified for April 2020. This is in line with the National picture.

2.9.5 A COVID action Plan has supported activities to enhance and continue to engage with service users. Engagement and communication with the workforce has continued, the Monthly Safeguarding Bulletin and the Safeguarding Web Page continue to provide support and guidance on a regional basis. This is evident in the immediate increase in reporting during May 2020 and as shown in Table 5.

Table 5

Adults Safeguarding Reports	2019	2020	2020 Reporting Trend
January	75	99	
February	91	118	
March	92	117	
April	107	72	
May	103	106	

2.9.6 Physical abuse, followed by Neglect are the most reported categories of abuse. The high number of recorded physical abuse cases is a result of the legal requirement to report incidents of alleged physical altercations between patients.

2.10 Location of Alleged Abuse

2.10.1 The number of Adult at Risk Reports submitted are comparable across the three localities with a slight increase in community reporting in Central. This is due to the high number of Residential and Nursing Care Homes in this area and the number of patients supported.

2.10.2 The MHL D division reported the highest number of safeguarding reports in 2019-20, making up 43% of the total for the year. A recognised contributory factor is the increase in patient vulnerability. It was found that there was an intersection of reporting where some of the community reports (care homes) came from the MHL D division and alternatively some MHL D Reports came from secondary care.

2.11 Adults at Risk – Performance and Activity overarching for MHL D

2.11.1 In 2019-20 there were 525 adult at risk reports raised directly from the MHL D Division, as noted this equates to 43% of all BCUHB Adult at Risk Reports. Older People Mental Health (OPMH) equates to 19% of all Safeguarding activity and 44% of all the MHL D Safeguarding activity.

2.11.2 Table 6 identifies a 48% increase in the number of Adult at Risk Reports from the MHL D Division in comparison to 2018 – 2019. There is an increase in reporting within each individual area and regional services. Increased training activities and learning from desktop reviews may have supported an increase in awareness and reporting.

Table 6

MH/LD Reports	West	Central	East	Forensics	Rehab	Learning Disability	Total
2018-29	146	81	89	6	6	27	355
2019-20	159	125	154	9	12	66	525
Year on Year % Increase	↑ 9%	↑ 54%	↑ 73%	↑ 50%	↑ 100%	↑ 144%	↑ 48%

2.12 Learning Disability, Forensic, Rehabilitation and Commissioned Care all form part of the Regional Services within MHL D Division.

2.12.1 Learning Disability - Adult at Risk

There has been 66 Learning Disability adult at risk reports with the highest activity seen *within Q3 as identified in Table 9. The considerable increase from 27 reports in 2018-19 was as a result of engagement and a revision of process in collaboration with Head of Learning Disabilities Nursing.*

2.13 Rehabilitation - Adult at Risk

There have been twelve (12) adult at risk reports highest being within Q4. The majority of the reports are from 25-39 age group category.

2.14 Age groups - Adult at Risk.

In summary, the reports in relation to patients, aged 60+ are notably higher and this relates to increased vulnerability within this age range. 57% of all MHL D Adult at Risk reports in 2019-20 are from 60+ year olds, which is comparable to 55% in 2018-19. However, within Forensic and Rehabilitation the *majority of the reports are from 25-39 age group category.*

2.15 Categories of Abuse

62% of all MHL D reports in 2019-20 were alleged physical abuse. With the exception of sexual abuse, which has remained the same, all other categories of abuse have increased in comparison to 2018-2019. This is reflected in the overarching Safeguarding data.

2.15.1 The alleged perpetrator within Adult at Risk Reports; 84% of the physical abuse reports state another patient caused the harm, 87% of these reports are from the inpatient MH units. 325 of all reports record the 'other patient' as the alleged perpetrator in 2019-20, compared with 326 during the period of 2018-19. The annual reporting data remains consistent however, the findings may be a result of the learning from three Safeguarding incident desk top reviews. BCUHB have been advised by North Wales Police of the statutory duty to report all incidents where a potential assault may have taken place regardless of a patients' capacity. The learning from these reviews supported the development of an improvement plan which included a review of safeguarding reporting, staffing levels, safe patient admission, overall patient acuity and patient supervision techniques and monitoring arrangements. All activities focused upon immediate, make safe activities to gain assurance of patient safety and long term improvements.

2.15.2 Due to the collation of data and the recognition of an increase in incidents, Three (3) desktop reviews have taken place across the MHLD division to support the learning and required interventions relating to incidents involving patient on patient physical abuse and falls activity as detailed in Section 3.4.


2.16 The Deprivation of Liberty Safeguards (DoLS)

This was introduced in April 2009. The safeguards are an amendment to the Mental Capacity Act 2005. DoLS is supported by the Mental Capacity Act Code of Practice 2005

2.17 DoLS - Applications

In 2019-20, BCUHB received a total of 1014 DoLS applications. This is a 36% increase in applications in 2019-20 to those received in 2018-19 as seen in Table 7.

Table 7

Year	West	Central	East	England	Applications	
2018-19	89	257	343	55	744	
2019-20	177	282	483	72	1014	

2.17.1 There are currently five Best Interest Assessors (BIAs) within the DoLS Team who are responsible for undertaking 4 out of the 6 assessments required under the DoLS legal framework.

2.17.2 On average, BIA assessments take between 1-2 days to fully complete, which is in line with the National picture.

2.17.3 The East Area reported 483 applications with 131 assessments conducted by a BIA compared to the West Area which reported 177 applications with 75 assessments conducted by the BIA

2.17.4 Some of the reasons behind the applications being withdrawn are:

- Patient regained capacity,
- Patient transferred from one hospital ward to a different hospital ward,
- Patient discharged from the hospital or moved to a care home,
- Died before authorisation,

- Ferreira - Ferreira (2017) case law prescribes that if patient is end of life care, then does not meet the 'Acid Test' element of 'not free to leave' and so does not meet DoLS criteria – this is a clinical decision.
- Patient subject to Mental Health Act 1983

2.18 Mental Capacity Assessment

2.18.1 The DoLS Team have been working with members of the Consent and Capacity Strategy Group to develop a new mental capacity assessment that is considered 'gold standard'. This is now operational and approved through the Office of the Medical Director.

2.18.2 This document will substantially support decision makers to evidence decisions in light of court and legal challenge in relation to an individual who lacks capacity. The work to embed the document into practice will continue to be a core element in DoLS training to staff.

2.19 Liberty Protection Safeguards (LPS)

2.19.1 The law relating to the Mental Capacity Act 2005 changed in May 2019 and is now referred to as the Mental Capacity (Amendment) Act 2019. This new Act will change the Mental Capacity Act Code of Practice and DoLS to create new statutory regulations known as Liberty Protection Safeguards (LPS).

2.19.2 A new Code of Practice and regulations to accompany the Act have yet to be published.

2.19.3 The impact of LPS is highlighted as a key safeguarding priority. It is known that the legislative changes will have significant implications in terms of demand, capacity, training, financial resources and challenges for the Health Board. Work-stream tasks groups will need to be put in place during 2020/21 to develop a strategic impact risk assessment and actions to mitigate against these risks and ensure successful Health Board implementation of LPS.

2.20 Court of Protection (CoP)

2.20.1 The details relating to Court of Protection cases and court hearings is detailed in Table 8. The number of cases referred by the DoLS service through BCUHB Legal and Risk Services has increased significantly from one (1) case in 2018/19 to 16 cases in 2019/20

2.20.2. All cases incur legal costs for which there is no allocated Safeguarding/DoLS budget. It remains a recognized cost pressure.

Table 8

	Number of individual DoLS cases referred to the Court of Protection	Number of Hearings in the Court of Protection
TOTAL	16	24

2.20.3 Case Law 16-17yr olds: *D (a child)* [2019] UKSC42

In September 2019, the Supreme Court held that in the case of *D v Birmingham*, where a 16 or 17 year old child cannot (or does not) give their own consent to circumstances satisfying the 'acid test' in *Cheshire West*, "parental responsibility for a child aged 16 to 17yrs of age does not extend to authorising the confinement of a child in circumstances which would otherwise amount to a deprivation of liberty" (Lady Black).

2.20.4 This judgement has impact for all Children's Services and CAMHS services across the Health Board. This was reported to QSG in November 2019.

2.20.5 Several actions were put in place, which included, amending DoLS mandatory training from December 2019. In collaboration with the Safeguarding Team – Children, direct training was offered to children's services, CAMHS, and identified key health stakeholders involved in the provision of services to 16/17 year olds. A working task group is set to address changes in practice.

3. Safe Care

3.1 Rationale

3.1.1 All organisations must have a safe recruitment process that takes into account the risks to children and vulnerable adults.

3.1.2 There should be a system by which safeguarding concerns about employees should be raised and addressed. Departments and professionals delivering services must take full consideration of their safeguarding responsibilities.

3.2 Safeguarding People living with Dementia

3.2.1 The Head of Safeguarding for Adults MHLD attends the dementia Clinical Strategy Group and is fully engaged with the implementation of identified key priorities.

3.2.2 Corporate Safeguarding introduced the role of the Dementia Specialist for Safeguarding to strengthen the dementia strategy and safeguarding structure. The Safeguarding Dementia Specialist post is currently vacant and its recruitment is a key priority for 2020-2021.

3.3 The Sexual Safety - Task Group

The MHLD Division have co-produced a service user led policy that offers guidance to staff and patients when an individual is admitted onto a Mental Health ward in relation to sexual safety. Consultation sessions took place across North Wales between BCUHB staff, partner agencies, third sector agencies and service users. This has now been submitted for final approval.

Priority Action – 7

To support on the implementation of a multiagency co-produced MHLD guidance for patients and staff specific to Sexual Safety.	March 2021
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3.4 Older People Mental Health (OPMH) Desktop Reviews

3.4.1 Following an increase in Adult at Risk reports, Corporate Safeguarding have supported 3 desktop reviews across different OPMH wards/ Unit, which focused upon safeguarding practices and to gain assurance on patient, staff and organisational safety.

3.4.2 The learning was:

- The first review generated an improvement plan relating to safeguarding processes and safe quality delivery of care
- The second review was undertaken due to the number of adult at risk reports submitted within a short timeframe. The findings of this audit were positive. In all cases, there was evidence to suggest that the staff had acted appropriately to safeguard individuals with good quality reporting and associated documentation.
- The third review held was in response to both safeguarding activity and the number of reported falls. The desktop review triangulated safeguarding data, Datix, governance and staffing. As a result, patients were made safe immediately and an OPMH improvement plan was developed.

3.5 Commissioned Care

3.5.1 Corporate Safeguarding support the MHL D Division with safeguarding concerns raised in relation to Commissioned Care Homes, Independent Hospitals, and Out of Area placements that include Forensic low and medium secure units.

3.5.2 During 2019-2020 Corporate Safeguarding have supported the MHL D division by working in partnership with the Independent sector, other commissioners, HIW, Police and local authorities to ensure residents are safeguarded and staff are safe in their practice.

Priority Action - 3

Increased engagement with BUCHB contract and commissioning services to review the safeguarding standards, policies and procedures of external care providers	March 2021
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4. ACE Informed

4.1 Rationale

4.1.1 Adverse Childhood Experiences (ACEs) such as exposure to domestic abuse, substance misuse and mental illness are known to have a direct and immediate effect on a child's health. The safety of the child and the safety of the vulnerable adult are intrinsically linked; preventing early exposure can reduce the impact on children and future generations.

4.1.2 During all health assessment activities the wider family must be considered to determine risk and harm and the impact this has on others. This is captured and reinforced in training, care planning and risk assessments.

5. Learning Culture













5.1 Rationale

By promoting, a positive culture of multi-agency learning to generate new learning organisations can support continuous improvements in service delivery and practice. Feedback from patients and clients in the NHS must be used to monitor and improve the quality of services.

5.2 Adult Safeguarding Training

5.2.1 Safeguarding training compliance is a key target for Corporate Safeguarding. A reduction in compliance is reported from February to date. It is recognised that no face to face training is taking place due to COVID 19 restrictions. Training continues to be available on e-learning and is supported by a revised virtual program to encourage ongoing training during this period.

Table 9

Compliance in Feb-20	West	Central	East
MCA – Level 1	86.1% 	82.5% 	83.4% 
MCA – Level 2	86.3% 	85.2% 	85.1% 
Safeguarding Adults – Level 1	80.1% 	76.7% 	78.3% 
Safeguarding Adults – Level 2	76.0% 	72.9% 	77.8% 

5.2.2 Table 10 represents Emergency Department's (ED's) safeguarding training

compliance across BCUHB. In 2018-2019 Corporate Safeguarding recognised the challenges faced by ED's across BCUHB and have since looked to implement further training packages to support compliance. Medical staff compliance remains an area of challenge and it is recognised reporting processes may have affected the compliance data.

5.2.3 The increase in nursing staff compliance should be noted as a success over the last 12 months. The introduction of the development video-based learning will benefit this activity.

Table 10

February 2020	Staff	MCA L1	MCA L2	Adults L1	Adults L2
YG Medical Staff	44	26.8%	24.4%	29.3%	34.1%
YG Nursing Staff	95	95.6%	94.3%	86.7%	80.0%
YGC Medical Staff	57	50.0%	44.2%	44.2%	40.4%
YGC Nursing Staff	75	92.9%	92.9%	75.7%	74.3%
WMH Medical Staff	38	43.2%	43.2%	40.5%	37.8%
WMH Nursing Staff	104	91.1%	86.1%	77.2%	66.7%

5.4 Safeguarding Training

There have been 112 face-to-face safeguarding training sessions delivered across all three areas, resulting in 4,895 staff receiving training during 2019-20.

Safeguarding Ambassador Training sessions have also been completed.

Ambassadors are recruited to promote the safeguarding agenda across their own specialist area.

5.5 MHL D Training Compliance

5.5.1 Table 11 highlights the most up to date training data compliance available. With exception of Safeguarding Adults Level 2, training (84.1%) and Safeguarding Children Level 2 training (84.3%) the MHL D Division have achieved the organisational target of 85%.

Table 11

February Compliance	Staff	MCA – Level 1	MCA – Level 2	Adults – Level 1	Adults – Level 2	Children – Level 1	Children – Level 2	VAWDASV
MHL D	2049	93.2%	93.5%	86.1%	84.1%	87.1%	84.3%	85.3%

5.5.2 Corporate Safeguarding have worked collaboratively with the MHL D Division to implement an educational and training package to increase training compliance, as a result of Recommendation 4 of the HASCAS Report

5.5.3 In addition to the Mandatory Training, Corporate safeguarding have provided bespoke Level 3 Adult Safeguarding training in each area as a result of the desktop reviews within the OPMH Units and Wards.

5.5.4 These training sessions are based upon the findings and learning, relating to process, patient on patient physical abuse, quality of Adult at Risk Reports and professional accountability.

5.5.5 The triangulation of data and activities has resulted in the development a blended learning approach to enhance evidence of learning in practice. This will be delivered by skype, power point, presentation films and voiceover assessments. This will commence across the division from August 2020 and will use clinical staff as the voiceover to increase ownership.

Priority Action - 6

Implement the revised Level 3 MHL D training programme to obtain a minimum 85% target; this is to include the ICAN volunteers.	March 2021
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5.4 DoLS Training

5.4.1 This has been created by increasing the range of training provision across BCUHB to include both internal and external health and social care professionals. This is evidenced in the Table 12.

Table 12

DoLS Training	Q1	Q2	Q3	Q4	TOTAL
TOTAL	129	169	288	34	620

5.4.2 Corporate Safeguarding have developed and implemented a governance framework to identify and support newly appointed DoLS authorisers (signatories), this was the first in the NHS in Wales.

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5.4.3 During the past year, there has been successful recruitment resulting in the increased number of authorisers (signatories) trained and approved to carry out the governance role and function of DoLS assessments. Forty Nine (49) staff have accessed this training.

5.4.4 The MHLd division and East Area require a targeted approach as only four (4) and 8 staff accessed this training, compared to 19 in the West Area and 18 Central Area.

5.5 Welsh Government Grant

5.5.1 In March 2020, Corporate Safeguarding successfully obtained a Welsh Government grant to complete an external review of the Deprivation of Liberty Safeguarding assessment forms. We required assurance as a result of learning from the Court of Protection cases; the aim is to ensure documentation meets the legal challenge and requirements.

5.5.2 Training developed by a leading Barrister in preparation for the implementation of Liberty Protection Safeguards has also been commissioned using this funding. This will enable BCUHB to be fully prepared for the implementation of Liberty Protection Safeguards. This is a key priority during 2020/21.

Priority Action 9 & 10

9. The DoLS Forms created by W.Gov in 2015 and used by BCUHB are found to be inaccurate or legally deficient which can lead to a legal challenge so need revising	October 2020
10. Need to enable all registrants to have an induction on the impact and implementation of LPS, which replaces DoLS by 2021.	November 2020

5.6 Practice Development & Training Task Group

5.6.1 All BCUHB safeguarding training packages have been reviewed and updated to reflect and support the health board's policies and procedures and the wider safeguarding agenda.

5.6.2 Safeguarding training compliance is monitored by this group and escalated through the Safeguarding Reporting Framework. It facilitates learning from all Adult and Child Practice Reviews, local, regional and national inquiries, new legislation and evidence-based practice.


5.7 Adult Practice Reviews (APR)

5.7.1 The purpose of Adult Practice and Domestic Homicide reviews is to clearly identify multi-agency learning for future practice.

5.7.2 The monitoring of the learning is by the Safeguarding Adult Board and internally by BCUHB Safeguarding Forums. The key themes and learning from the APR's and DHR's (Tables 20 and 21) over the last 12 months are summarised as:


- Poor communication across agencies
- Organisational compliance of training
- The quality of Record Keeping and Documentation
- Revision of current processes and protocols

Table 20

APR	2018-19	2019-20	Trajectory
	1	3	

Domestic Homicide Reviews (DHR)

Table 21

DHR	2018-19	2019-20	Trajectory
	6	3	

5.8 Outcome and Learning

5.8.1 All Adult Practice Reviews and Domestic Homicide Reviews are a standing agenda for monitoring at MHL D Divisional Governance meetings and the Safeguarding Forum.

5.8.2 The Home Office, have made amendments to the National PREVENT training standards. PREVENT training within BCUHB has been updated to ensure staff are competent in the management of any patients who may manifest radicalisation thoughts during clinical assessments.

5.8.3 To gain additional assurance Corporate Safeguarding have developed an action plan to bench mark recommendations from high profile Regional and National Safeguarding Reviews and investigations. The implementation of this work is a key priority for 2020-2021 and will offer further assurance that lessons learnt have been adapted into practice by the health board.

Priority Action - 5

Bench Mark recommendations from National/Regional Adult Safeguarding Reviews and investigations.	March 2021
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6. Multiagency Partnership Working

6.1 Rationale

The protection and safeguarding of adults and children relies on multi-agency working and effective information sharing to improve services and outcomes for all.

6.2 PREVENT

6.2.1 The Associate Director of Safeguarding attends the CONTEST Board on behalf of BCUHB. Corporate Safeguarding attend the All Wales PREVENT meetings for regular updates from the Welsh Extremism and Counter Terrorism Unit (WECTU).

Work is being developed with the Vulnerability Support Hubs in the UK; an identified priority for 2020-2021 is for key engagement at the All Wales Group. BCUHB have 100% attendance.

6.3 County Lines and the Harm Agenda

Over the last six months Corporate Safeguarding, on behalf of BCUHB, have been engaged with North Wales Police (NWP) to support their work in relation to a North Wales County Lines Needs Assessment. This is an increasing agenda for all agencies and BCUHB are a key partner agency.

In early 2020, the Serious Violence and Organised Crime Board had commissioned a Task and Finish Group to review the multi-agency approach. This activity is paused due to the outbreak of the COVID-19 pandemic.

6.4 Modern Day Slavery

6.4.1 The Regional Modern Day Slavery Group has developed an improvement Action Plan

6.4.2 The All Wales Anti-Slavery Coordinator has stated that *“The hard work of the North Wales Group is now paying off by identifying more victims, to rescue and support them and where possible bring their perpetrators to justice”*. Corporate Safeguarding are fully engaged in this work.

6.5 Multi Agency Public Protection Arrangements (MAPPA)

MAPPA are the statutory arrangements for managing sexual and violent offenders. Corporate Safeguarding representatives and Mental Health contribute to the identification and assessment of risk and agreed multi-agency risk management plan. Attendance at MAPPA is mandatory and Corporate Safeguarding have a 100% attendance rate, MHLD have a reported improved attendance and engagement.

Priority Action - 2

Benchmark and implement the County Lines Needs Assessment.	March 2021
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6.6 Advocacy

6.6.1 Corporate Safeguarding engage and liaise directly with advocacy services across North Wales to ensure the patients individual rights are upheld. The offer of advocacy is now a legal requirement and is embedded into law.

6.6.2 A priority for 2020-2021 is to engage and support commissioning services to review the contract for the advocacy service.

Priority Action - 24

Engage and support the review of contracts for Advocacy Services.	September 2020
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6.7 Partnership Working

6.7.1 In highly complex cases there has been inter-agency working between BCUHB and other key partnership organisations, these include the North Wales Fire Service, North Wales Police, Local Authorities, Third Sector agencies and Independent providers. The ethos of the Safeguarding agenda dictates the need for good partnership working, the importance of information and intelligence sharing at an early stage can support an immediate reduction in abuse or neglect.

7. Risk Management and the Corporate Risk Register

7.1.1 Corporate Safeguarding currently record that there is a risk that the Health Board does not discharge its statutory and moral duties in respect of Safeguarding with regards to Safeguarding Adults / Children / Violence against Women, Domestic Abuse, Sexual Violence [VAWDASV], the wider harm agenda and the Deprivation of Liberty Safeguards [DoLS]

7.1.2 This risk may be caused due to the failure to develop and implement suitable and sufficient safeguarding arrangements, develop an engaged and educated workforce and provide sufficient resource to manage the demand and complexity of safeguarding activity.

7.1.3 The current risk rating is recorded as 16 (extreme) with a target reduction noted as 12 (high)

7.1.4 The change in the risk reduction has not yet been achieved. This is a direct result of the challenge posed by the COVID-19 pandemic and following the National Welsh Government guidance relating to social distancing and face to face contact. As an immediate response, corporate safeguarding have introduced more flexible working and training methods to support the health board.

7.1.5 The risk in relation to DoLS is due to the the current level of activity, and the impact of LPS. It is known that the legislative changes will have significant implications in terms of demand, capacity, training, financial resources and challenges for the Health Board. The risks are also referenced on the risk register referencing an individual risk rating.

Priority Action - 11

Strategy Impact Risk Assessment developed to consider risk and mitigation against the demand and implementation of LPS across Health Board	April 2020
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8. Conclusion

- 8.1 This report provides an overview of the ongoing Safeguarding activity, development and implementation of improvement plans to safeguard the patients, staff and organisation as a whole.
- 8.2 Trajectory of compliance and identification of performance data within 2019-2020 have shown continuous improvement against safeguarding 2018-2019 priorities.
- 8.3 In November 2019 Corporate Safeguarding presented a business case to the Quality Safety Group with an update and position in relation to the HASCAS 8 recommendation relating to the Corporate Teams staff resource due to the increased demands and the implementation of new legislation.
- 8.4 It is envisaged the proposed structure would provide additional assurance against specialist strategic, operational and administrative activities.
- 8.4.1 This is based upon the recognised activity data, and reported risks relating to the Deprivation of Liberty Safeguards and increased high risk and complex activities within the MHLD Division.
- 8.5 The report highlights identified priority activities for 2020-2021 to ensure full organisational engagement, ensuring BCUHB continue to strive, to fully implement the changing and challenging face of safeguarding across these priority areas.

**Safeguarding Children at Risk, Safeguarding Midwifery
and Violence Against Women, Domestic Abuse
and Sexual Violence (VAWDASV)**

1. Introduction

- 1.1 Safeguarding and protecting people at risk and their families' forms part of everybody's responsibility. Employees of BCUHB, commissioned services, providers and contractors must engage, support and recognise their duty to report with the ultimate aim of promoting well-being, to reduce risk and ultimately harm.
- 1.2 This Annual Report 2019-2020 provides an overview of progress made by the Corporate Safeguarding Team in relation to safeguarding children at risk, safeguarding midwifery and the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) agenda.
- 1.3 It also sets out the strategic priorities, for these three areas, strategically driven by the Corporate Safeguarding Team for 2020-2021, demonstrating their commitment to continual improvement.

2. Governance and Rights Based Approach

Rationale

- 2.1 There should be a clear line of accountability, without doubt or ambiguity about who is responsible at every level for the well-being and protection of children. The UNCRC states that children should be free from abuse, victimisation and exploitation. The environments where children are treated should be safe, secure and child friendly.

Safeguarding Children at Risk

2.2 Internal Audit Report 2019/20

2.2.1 An internal review covering the period of 2017/18 took place. A detailed review of service delivery against the requirements of the Health and Care Standards, Safeguarding legislation and guidance. The result being Limited assurance.

2.2.2 A Follow-up internal review of the period of 2019-2020 found Substantial Assurance. No recommendations were made following this audit as reported findings had evidenced significant improvements had been made.

2.3 Safeguarding Maturity Matrix (SMM)

2.3.1 The Safeguarding Maturity Matrix (SMM) is a quality outcome monitoring tool with the aim of capturing and collating a national SMM providing assurance, shared practice and drive improvements towards a 'Once for Wales' consistent approach to safeguarding across Wales.

2.3.2 The Safeguarding Maturity Matrix (SMM) has been piloted across all Health Boards/Trusts in Wales for the past two years. It has been agreed the self-assessment of safeguarding arrangements will continue for a third year, 2020-2021.

2.3.3 In November 2019, a Peer Review of all Health Board/Trusts scores took place. The five standards assessed were Governance and Rights Based Approach, Safe Care, ACE Informed, Learning Culture and Multi Agency Partnership Working. The highest achievable score is five (5) for each standard giving a total of twenty-five (25).

2.3.4 BCUHB achieved a score of 14 in 2018, and a score of 23 in 2019. This demonstrates excellent progress, and is the highest score in Wales.

2.3.5 An Improvement Plan has been developed and is being monitored by the Corporate Safeguarding Team. Annual feedback on the progress of the Improvement Plan is communicated to the National Safeguarding Team PHW and Chief Nursing Officer.

2.4 Children at Risk – Performance Reporting

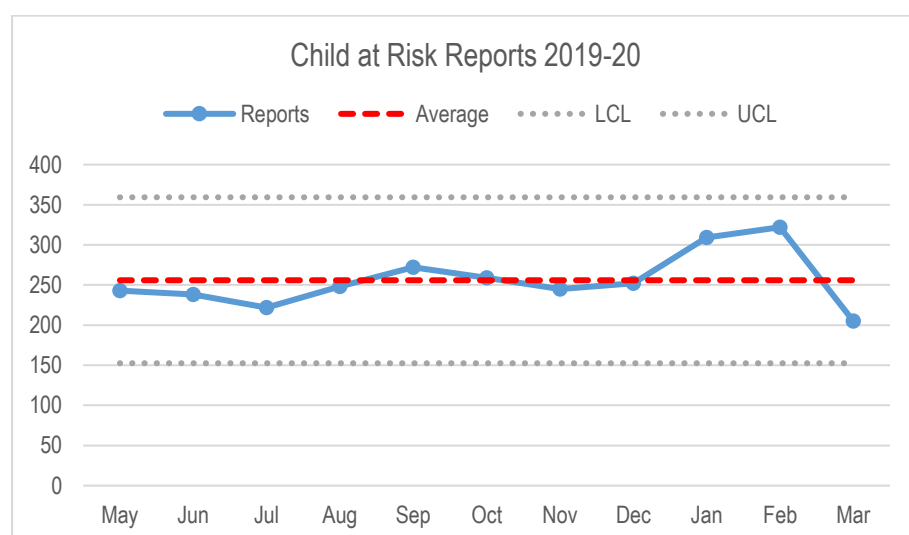
2.4.1 Child at Risk Report Inboxes were developed and implemented in May 2019.

This is a new process and mirrors that of the Adult at Risk process. It has provided rich data to provide further analysis and identify areas of good practice and areas requiring further improvements, in relation to the quality of completion.

2.4.2 In 2019-20 (from May 2019), there has been 2815 child at risk reports to the Local Authority; this averages to around 256 reports a month. The reports are generated by Health practitioners,

2.4.3 Figure 1 identifies the number of child at risk reports by month from May 2019 to the end of March 2020. The graphs are reported with a lower and upper control limits and median line to provide an overview of any trends.

Fig.1 – Number of Child at Risk Reports



2.4.4 The number of reports peaked in January and February 2020 due to a higher than average number of child at risks reports being received from health professionals in Gwynedd and both Flintshire and Wrexham Local Authority areas. The Corporate Safeguarding Team received a reduction in the number of reports in March 2020.

2.4.5 Almost half the reports to date are generated from the East area (n=1365, 48%). This demonstrates an increase rate of activity in the Local Authority geographical area of East compared to the Central and West areas.

2.5 Reports by Location and Referrer Designation

2.5.1 The number of reports being received from the community and those from acute settings are very comparable. For 2019-20, the number of reports from the community total to 1417 and those from the acute sites total to 1381.

2.5.2 The highest referrers to children's safeguarding in 2019-20 were:

- Emergency Department – 982 reports – 35%
- Health Visitors – 486 reports – 17%
- Midwives – 479 reports – 17%
- CAMHS – 283 reports – 10%

2.5.3 This data demonstrates the rationale for the reduction in Child at Risk Reports, during the COVID-19 pandemic, as there were fewer children being seen in the Emergency Department during this time and less face-to-face contacts were being carried out by midwives, health visitors, and school nurses.

Table 1 – Child at Risk Reports by Area and Quarters.

Reports by Quarter	Q1 (May-Jun)	Q2	Q3	Q4	Total
West	52	135	163	156	506
Central	194	227	243	258	922
East	233	376	340	416	1365
Out of Area	2	4	10	6	22
Total	481	742	756	836	2815

2.5.4 There has been an overall increase in the number of reports from Q1 to Q4. This may be as a result of an increase in child at risk activity or as a result of increased awareness due to the implementation of a new governance process.

2.5.5 The age group with the highest number of reports is the under-five age group where each area saw the most reports coming from this age group. A third of the reporting total are in this age group alone (33%).

2.5.6 On analysing the age groups by area, 52% of the unborn reports are from Central alone and 60% of the 11-15 age group reports are from the East alone.

2.5.7 If we analyse further, across all age groups, West appears static in Child at Risk Reports, whereas in Central safeguarding activity is greatest in the ages from unborn to the age of 10 years and in the East, the Reports peak at age 5 years and again at 15 years.

This data gives the Corporate Safeguarding Team an opportunity to review resources, in respect to demand, around the safeguarding children at risk agenda.

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2.6 Reason for generating a Child at Risk Report

More than three quarters of the reports (77%) in 2019-20 were made due to Child Protection concerns followed by 19% for Care and Support and 4% have been for Early Help.

2.7 Themes of Abuse

The data suggests that the highest number of reports fall under the category of neglect followed by emotional abuse.

Priority Activity 1a & b – Children at Risk

a) Full implementation of the Child at Risk Performance Reporting to include outcomes of the Report and themes of abuse	August 2020
b) To produce quarterly Child at Risk Performance Reports which are shared at the relevant forums holding Divisions to account.	July 2020

2.8 Section 47 Child Protection (CP) Medical Examinations

2.8.1 Community paediatricians continue to be available every weekday, on a rota system for Section 47 CP medical examinations at the request of North Wales Police or Social Services. These take place across BCUHB in each of the three areas.

2.8.2 For 2019-20 there have been 273 examinations carried out across BCUHB. More than three quarters of these were referred to BCUHB by social services (n=220 - 81%).

2.8.3 The highest number of examinations have been for children who live in the East (Wrexham and Flintshire).

2.8.4 Examinations for alleged physical abuse are the highest. Nearly half of these are for children in the under 5 year's age group (n=91 – 46%)

2.8.5 Forensic sexual abuse examinations are undertaken by six Community Paediatricians who provide a 24 hour, 7 days a week service across North Wales. This is recognised Nationally as best practice.

2.8.6 In 2019/2020 thirty five (35) forensic examinations took place out of hours and twenty five (25) within working hours.

2.9 Audit –Safeguarding Agencies Working Together in North Wales: Fact or Fantasy?

2.9.1 In 2019, a multi-agency survey was undertaken by a trainee paediatrician and supported by the Named Doctor Safeguarding Children.

2.9.2 The aim was to look at the way agencies ‘work together’ across North Wales, in relation to the Section 47 Child Protection Examinations. Agencies included were North Wales Police, social services, community and hospital paediatricians.

2.9.3 There were 166 respondents. These included 30 police, 99 social service employees, 13 community paediatricians and 24 hospital paediatricians.

2.9.4 Overall, the results show that individual agencies mostly rate their interaction with the other safeguarding agencies as satisfactory or better.

2.9.5 Recommendations included that paediatric trainees spend time shadowing police and social services colleagues as part of their community paediatric placement, creating a foundation of greater understanding and team working.

2.9.6 A training collaboration involving senior paediatric trainees attending children social services for a week was piloted. This was felt to be a highly successful collaboration.

2.9.7 The pilot will be extended over the forthcoming year. The results of the pilot will be presented to the Welsh Paediatric Society and once the data on the extended pilot has been evaluated, it is planned for this to be presented to the Royal College of Paediatrics and Child Health.

2.10 Child Protection Peer Review Meetings

2.10.1 Child Protection Peer Review Meetings are held bimonthly in each of the three areas. They are chaired by the Named or Assistant Named Doctors Safeguarding and are attended by hospital and community paediatricians. Cases of physical abuse, neglect and emotional abuse are presented. These are an excellent forum for sharing cases and respective learning.

2.10.2 Child Sexual Abuse Peer Review Meetings take place quarterly in the North Wales Sexual Abuse Referral Centre (SARC). They are attended by community paediatricians, SARC staff and a Consultant from Genito Urinary Medicine. Every case is discussed and the digital recordings captured by the video colposcope are viewed.

2.10.3 Viewing all of the cases enables community paediatricians to 'see' enough cases to enable them to maintain competencies and improve practice.

2.11 Safeguarding Supervision Sessions

2.11.1 In April 2019, BCUHB's Safeguarding Supervision Procedure was approved. The procedure forms part of BCUHB's statutory arrangements to ensure that safeguarding supervision, as appropriate, is embedded within the organisation and has clear evidence for improving the outcomes for children, adults and their families.

2.12 Safeguarding Supervision for School Nurses in Ruthin School

2.12.1 Due to high level safeguarding multi-agency concerns regarding Ruthin School, it was agreed for BCUHB to support the delivery of safeguarding supervision, to the three school nurses employed by the school.

2.12.2 A Service Level Agreement was developed between BCUHB and Ruthin School and this agreement was implemented on the 1st April 2020. Data and evaluation will be available for 2020-2021.

Priority Action 2 – Safeguarding Supervision Data

Full implementation of a standardised Regional Safeguarding Supervision Database to ensure the collection of consistent and meaningful data.	July 2020
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3. ACE Informed

Rationale

3.1 Adverse Childhood Experiences (ACEs) such as exposure to domestic abuse, substance misuse and mental health illness are known to have a direct and immediate effect on a child's health.

3.2 The safety of the child and safety of the vulnerable adult are intrinsically linked; preventing early exposure can reduce the impact on children and future generations

3.3 Looked After Children (LAC)

The accountability and portfolio for the LAC Service sits within the Children's Division and outside of the Corporate Safeguarding Team. The Head of Safeguarding Children attends the quarterly LAC Team meetings to share up to date knowledge/good practice and learning regarding safeguarding. This ensure good two-way communication between both services.

3.4 Safeguarding Supervision data

The standard agreed for LAC Nurses is that they attend six monthly safeguarding supervision and have access to all group supervision sessions. Supervision Compliance Data 100%

3.5 LAC Statistics for 2019-2020

3.5.1 During this period, there have been a total of 1687 Looked After Children under the remit of Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd and Wrexham Local Authorities. This is an overall increase of 4% upon the figure of 1616 during the same period in 2018-19.

3.5.2 Gwynedd saw an increase of 17%, Anglesey saw an increase of 5% and Wrexham saw an increase of 12% and all other LA saw a decrease.

3.5.3 Of those 1687, there were 245 whose placements ceased during the same period making a current total of 1442 as at 31 March 2020.

3.6 Health Assessment

3.6.1 The Social Services and Well-being (Wales) Act 2014 states that all children in care must have a health assessment. When children become "looked after", an initial health assessment must be undertaken within 28 days of the date that they became "looked after".

3.6.2 Thereafter, a review health assessment is undertaken every 6 months for children under the age of 5 years or annually for those aged 5 and over. School Nurses, Health Visitors, LAC Nurses or Paediatricians predominately carry these out.

Table 2 - Percentage completed by staff groups 2019-2020

2019-20 Review Health Assessments	Total %
HV	25%
SN	16%
LAC Nurse	48%
Paediatrician	11%
Total	100%

3.6.3 Table 2 demonstrates that the LAC Nurses carry out the greatest number of Review Health Assessments, with the exception of Gwynedd, Health Visitors carried out the majority of Review Health Assessments.

3.6.4 The total number of Review Health Assessments completed in 2019-2020 were 1371

3.7 Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)

3.7.1 During 2019-2020, two CSE Operations were discontinued. There are no current CSE Operations being operated across North Wales.

3.7.2 In Section 6 of the new Wales Safeguarding Procedures are the All Wales Practice Guidance on Child Sexual Exploitation (CSE).

3.7.3 The new approach has been incorporated into the Level 3 CSE Training Package. Further awareness will be delivered to targeted areas such as Sexual Health and School Nursing.

3.7.4 Criminal Exploitation is also known as 'County Lines' and relates to gangs and organised crime networks who groom and exploit children and other vulnerable groups to sell

drugs. Child Sexual Exploitation Panels are now referred to as Exploitation Panels to incorporate and consider the range of exploitation young people and their families might be a victim of. The Corporate Safeguarding Team provide full engagement to these Panels cross the region.



4. Learning Culture

Rationale

By promoting a positive culture of multi-agency learning to generate new learning organisations can support continuous improvements in service delivery and practice. Feedback in the NHS must be used to monitor and improve the quality of services.

4.1 Training

Table 3 – Training Data for Safeguarding Children Level 1 and 2

Safeguarding Module	April 2019	February 2020	Trajectory
Safeguarding Children – Level 1	79.1%	80.6%	
Safeguarding Children – Level 2	78.4%	78.2%	

4.1.1 The overall compliance for Safeguarding Children Level 1 has seen a positive trajectory however; Safeguarding Children Level 2 compliance has lowered. This may be as a result of the organisation putting face to face Mandatory Training on hold due to COVID 19.

4.2 Level 3 Safeguarding Children Level 3 Programme of Learning

4.2.1 Safeguarding Children at Risk Level 3 is co-ordinated via a 3-year training plan incorporating specific safeguarding topics identified from recommendations of child practice reviews and national reviews.

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4.2.2 Due to COVID 19, face-to-face sessions of Child at Risk Level 3 was postponed in quarter 4. Corporate Safeguarding are developing an Interim COVID 19 package, delivered using a blended learning approach using power point voiceover, skype and assessment.

4.2.3 There were 37 Level 3 Safeguarding Children Training sessions with 1,659 attendees.

4.3 Child Practice Reviews (CPR)

4.3.1 During 2019-20 there have been no new cases commissioned by the Child Practice Review Sub Group. However, activities to support a Wrexham Multi Agency Professional Forum (MAPF), a Wrexham Concise Child Practice Review (CCPR), a Conwy CCPR and a Flintshire CCPR continues.

4.3.2 The Wrexham MAPF has been completed and presented at the Regional CPR Sub Group and Local Delivery Groups. The Wrexham CCPR is due for publication on the 17th June 2020 and the North Wales Safeguarding Children Board will monitor the Action Plan.

Table 4 – Regional CPR's Annually 2017-2020

	2017-2018			2018-2019			2019-2020	
MAPF	ECPR	CCPR	MAPF	ECPR	CCPR	MAPF	ECPR	CCPR
0	1	0	0	2	1	1	0	3

4.4 Learning from Child Practice Reviews (CPR's)

Cardiff and Vale Child Practice Review

4.4.1 The Corporate Safeguarding Team provide BCUHB assurance against both Regional and National published Child Practice Reviews. A recommendation from the Cardiff and Vale CPR – *“The Accident and Emergency Department have weekly safeguarding meeting to consider head injuries and burns in children aged under one. This was extended to include fractures in children aged under two years old.”*

4.4.2 This activity was piloted in the Emergency Department (ED) in YGC from February – April 2019 and fully evaluated in July 2019. The successes of the pilot included:

- Greater aware of safeguarding policies and procedures
- Increased engagement with the Safeguarding Team, both in person and by telephone
- Awareness of the escalation process when concerns are identified
- Increased quality of referrals being submitted, although these may not necessarily be relating to cases forming part of the weekly ED Safeguarding review process
- Assurance that YGC ED are complying with Recommendation 3 of the C&V CPR

4.4.3 The recommendation was to continue with the current activity in YGC ED and to extend the activity to the East and West ED's. A regional audit will take place and will be evaluated in July 2020 and in January 2021.

4.5 Trauma Risk Management (TRiM)

4.5.1 The Flintshire Extended Child Practice Review, published in July 2019, made a recommendation for all agencies to develop a Safeguarding Critical Debrief Model. This was as a result of practitioners, including health, expressing concerns of the lack of support following a traumatic event, such as the unexpected death of a child.

4.5.2 In August 2019, the Head of Safeguarding Children developed a TRiM Business Proposal, funding was secured for the training of sixteen staff from the Corporate Safeguarding Team to be TRiM Practitioners and for four of the sixteen to be TRiM Managers. The Head of Safeguarding Children adopted the role of TRiM Coordinator. The training took place in November 2019 and was delivered by *'March on Stress'*.

4.5.3 Trauma Risk Management (TRiM) is a peer-led process that seeks to identify and assess the psychological risk to individuals who have experienced trauma in the course of their work.

4.5.4 Early identification of staff exposed to trauma, aids to promote a healthy workforce by supporting the welfare needs of staff, and contributes towards reducing staff absence.

4.5.5 The TRiM process was launched on the 4th May 2020 and BCUHB is the first Health Board in Wales to invest in the TRiM process. Future investment will need to be considered to ensure the long-term sustainability of a much needed support service for staff.

4.6 Mid and West Wales Safeguarding Children Board Concise Child Practice Review

This report was published in early 2020. The Head of Safeguarding Children and the Specialist Safeguarding Midwives are leading on this activity. Immediate learning includes the development of a Level 3 Safeguarding Children – Learning Disability training package. A Task and Finish Group will be developed to coordinate this.

Priority Actions 3a, b & c – Child Practice Reviews

a) To complete the audit in relation to weekly safeguarding meetings in the three ED's, arising from the Cardiff and Vale CPR, and complete a full evaluation report and action plan	March 2021
b) To fully monitor and evaluate the TRiM Process across BCUHB and provide feedback to the North Wales Safeguarding Children Board	December 2020
c) To complete the BCUHB Action Plan in relation to the Mid and West Wales CPR and fully embed the learning into current practice	December 2020

4.7 Learning from BCUHB Serious Incident Reviews

Corporate Safeguarding provides expertise/advice as a panel member on Serious Incident Reviews involving children. This input gives assurance all aspects of safeguarding have been considered.

4.8 Review of Childhood Suicides

4.8.1 The Head of Safeguarding Children and the Named Doctor Safeguarding Children completed in September 2019, an observation report looking at childhood suicides in North Wales, from 2013-18.

4.8.2 Nine cases of childhood suicide were included. Findings included:

- Four were male (44%) and five were female (56%).
- Two children were aged 13 years, three were 15 years, two were 16 years and two were 17 years at the time of death.
- The highest proportion of this cohort resided in North East Wales (66%).

- Seven children (78%) died from hanging and two children (22%) died from jumping off a bridge. It was interesting to note that no children/young people in this cohort died due to self-poisoning (overdose).

4.8.3 The findings also demonstrated the link of significant psychosocial features in the family backgrounds, which are common risk factors in childhood suicide. Seven out of nine children (78%) had a history of self-harm.

Five out of the nine expressed concerns regarding bullying and in five cases a mental disorder was suspected. Adverse Childhood Experiences (ACE'S) also featured in seven of the cases although two children evidenced no history of ACE's.

4.8.4 Although this review was on a small scale and conclusions cannot be reached it gives a local picture around childhood suicides. This report has been presented at a number of Safeguarding and Children's Strategic Forums

4.9 A guide to responding to a single or a cluster of suicides in children and young people

The Head of Safeguarding Children was a member of the North Wales Suicide and Self-Harm Prevention Group – Steering Group in supporting the development of a community response to suspected death by suicide.

5. Multi Agency Partnership

Rationale

The protection and safeguarding of vulnerable adults relies on multi-agency working and effective information sharing; working together to improve services and outcomes for all.

5.1 Procedural Response to Unexplained Deaths in Childhood (PRUDiC).

5.1.1 The North Wales Safeguarding Children's Board provides the governance arrangements around the PRUDiC process within North Wales. All cases are monitored through the Regional Child Practice Review Sub Group.

5.1.2 The Head of Safeguarding Children is BCUHB's Single Point of Contact and coordinates and supports staff in this process.

5.1.3 The PRUDiC Standard Operating Procedure (SOP) has recently been reviewed, and strengthens communication and process with out of area hospitals, for those children who unexpectedly die outside of North Wales.

5.1.4 In 2019-20 there have been fourteen (14) PRUDiC's across BCUHB. Half of these (50%) have taken place in Central.

5.1.5 On looking at the themes of unexpected deaths in children for 2019-2020 there are no similar themes identified. Each unexpected death had its own explained cause but no trends/themes could be generated.

Table 5 – PRUDiC Cases – Annually 2016-2020

2016-17	2017-18	2018-19	2019-20
13	16	14	14

5.2 Child Death Overview Panels (CDOPs)

5.2.1 The CDOPs continue to take place across North Wales in each of the three areas. They are well attended by senior management from all agencies responsible for safeguarding children.

5.3 Mothers and newborn babies requiring 24-hour supervision on Maternity Units when safeguarding concerns have been identified.

5.3.1 When an unborn is deemed to be at risk of harm, Local Authorities cannot apply for an Interim Care Orders until the baby is born. The consequence of this is a delayed discharge.

5.3.2 The Standard Operational Procedure Safeguarding Children and Young People Discharge plan was ratified in August 2019.

This document ensures that all children and young people, where safeguarding concerns, have been identified, are safely discharged from hospital.

5.4 Multi- Agency Working with Partners

Multi-agency engagement is a statutory requirement of BCUHB. The Corporate Safeguarding Team have achieved 100% attendance at statutory Safeguarding Boards, and Sub Groups. The level of required engagement is high with the requirement of full participation and contribution to the Work Plan.

5.5 Under 18s assessed for Section 136 Assessments

5.5.1 The 136 suites are located within the Acute Mental Health Units but have designated areas. Under 18s are assessed under Section 136 of the MHA within these areas.

Table 6 – under 18's assessed under Section 136 April 2019 – March 2020

Area	Number	Age Range	Outcome
East	21	12-17 years	
Central	7	12-17 years	
West	10	14-17 years	
Total BCUHB	38		4 Discharged – no mental disorder 8 Discharged – referred to services 16 Discharged – follow up services 9 Admitted 1 Section Lapsed

5.5.2 The numbers of under 18's assessed under Section 136 has increased considerably compared to 25 in 2018-19. The increase is primarily in the East from 13 to 21. This data could be linked with the findings of the Childhood Suicide Report as 66% of the children in that cohort resided in the East.

5.5.3 Corporate Safeguarding are developing a practitioner led IT based learning tool to support the promotion of escalation, engagement and care planning.

5.6 Deprivation of Liberty (DoL) 16/17 year old

5.6.1 In 2019, new case law was introduced which stated that “parental responsibility for a child aged 16 to 17yrs of age does not extend to authorising confinement of a child in circumstances which would otherwise amount to a deprivation of liberty.”

5.6.2 In essence, a parent cannot consent to the young person being deprived of their liberty if a young person lacks capacity. If DoL applies then an application must be made to the Court of Protection.

5.6.3 This is a change in practice for BCUHB staff. Information has been shared through the Safeguarding Bulletin, Safeguarding Level 3 Children Training has been updated, information has been shared during Children's and in a number of Safeguarding Forums.

6. Learning Culture

Safeguarding Midwifery

6.1 Health Pre Birth Assessment

6.1.1 In 2018-19 an audit undertaken by the North Wales Safeguarding Children Board, together with the learning from a Child Practice Review, identified that a review of the Health Pre-Birth Assessment (HPBA) was required. In May 2019, the Guidance for Completion of the Health Pre-Birth Assessment by Midwife/Health Visitor was ratified.

6.1.2 To provide the Health Board with assurance regarding compliance, an audit was commenced in April 2019 – March 2020, identifying areas for improvement.

Table 7 – Findings from the HPBA Audit 2019-2020

	Number of notes included in the audit	HPBA completed between 12-30 weeks of pregnancy	Good quality HPBA (legible/completed in entirety/clear rationale for any gaps)	Written consent for completion and information sharing	HPBA populated with name and ID number	Signed by both MW & HV	Evidence of Review	Evidence of HPBA shared with LA
BCU	108	92 (85%)	90 (83%)	72 (67%)	44 (41%)	81 (75%)	32 (30%)	55 (51%)

6.1.3 A joint Action Plan 2020-2021 will be developed with Women's, Children's and Safeguarding to include the main recommendations for improvement.

6.1.4 The audit was presented at the Women's Divisional Group, Safeguarding Leads meeting and disseminated to the Assistant Area Directors Children's, supported by a guidance memo.

Priority Action 4a & b – Health Pre- Birth Assessment Audits (HPBA)

a) To undertake the HPBA Audit for 2020-2021 to provide assurance of improvement and compliance.	April 2021
b) To develop an Action Plan for the findings in the HPBA Audit 2019-2020 to provide assurance that the actions are monitored and completed	June 2020

6.2 Female Genital Mutilation (FGM)

6.2.1 Female Genital Mutilation (FGM) is a criminal offence as set out in the FGM (2003) in England, Wales and Northern Ireland. It is child abuse and a form of violence against women and girls, and therefore must be treated as such.

6.2.2. All health staff have a safeguarding obligation to identify the potential for and cases of FGM, in addition to the mandatory duty to report for regulated professionals in line with the Serious Crime Act (2015).

6.2.3 A Standard Operating Procedure Female Genital Mutilation was ratified in April 2019.

6.2.4 BCUHB provide quarterly reporting FGM data to Welsh Government.

Table 8 – FGM reports annual comparison 2016-2019

Year	2016-17	2017-18	2018-19	2019-20
Cases of FGM	6	6	5	5

6.2.5 Midwives identify most of the FGM cases reported. In the Safeguarding Maturity Matrix Improvement Plan 2019-2020 it was agreed to develop wider training across BCUHB, in relation to FGM. This has subsequently commenced in the Sexual Abuse Referral Centre (SARC), for Practice Nurses, Cervical Cytology Screening Services, Sexual Health Services and Gynaecological Services.

6.3 Surrogacy

6.3.1 It is recognised within BCUHB that infants will be born that will be subject to a surrogacy agreement between birth/surrogate mother and the intended/commissioning parents/mother/father. It is important for all staff to be aware of the legal requirements in surrogacy cases.

6.3.2 In May 2019, the Surrogacy Procedure was reviewed and ratified providing all relevant staff with information and guidance in relation to surrogacy.

6.4 Infant Safer Sleeping Guidance

The Infant Safer Sleeping Guidance was reviewed and ratified in June 2019. The guidance has been produced in recognition of the fact that unsafe sleeping arrangements are a feature in the deaths of some infants in North Wales. The emphasis of the document is on promoting safer sleeping environments for infants.

6.5 Coping with Crying Guidance

6.5.1 Non-accidental Head Injury (NAHI) remains the most common cause of fatal maltreatment in infants. At least half of the infant survivors will have significant neurological impairment. Crying is considered as being a key trigger for NAHI.

6.5.2 The Coping with Crying Guidance has been reviewed and is currently under wider consultation. The Guidance aims to eliminate the incidence of NAHI by raising the awareness of parents and carers of the risks and consequences of shaking an infant.

6.5.3 Currently the Head of Safeguarding Children is in consultation with the NSPCC for BCUHB to receive an updated film and Education Package.

Priority Action 5 – Coping with Crying Guidance

To ensure ratification of the Coping with Crying Guidance and to receive from the NSPCC the updated film and training materials in order to improve practitioners knowledge	September 2020
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6.6 Safeguarding Supervision

6.6.1 As part of the Safeguarding Maturity Matrix Improvement Plan 2019-2020 the Corporate Safeguarding Team agreed to extend the provision of formal safeguarding supervision to midwives and other health practitioners across the Health Board. In July 2019, it was agreed to offer the Women's Division group supervision sessions similar to the ones offered to Health Visitors and School Nurses.

6.6.2 Supervision is relevant to support midwives; the group supervision sessions provide an opportunity for learning/reflection and networking. Detailed data evidences that the Midwifery service in the Central area access the greatest number of supervision sessions, delivered using a variety of methods.

6.7 Midwifery Safeguarding Children Level 3 Training by Area and Quarter.

6.7.1 Safeguarding Specialist Midwives deliver Level 3 Safeguarding Children training for midwives in each area once a month.

6.7.2 March 2020 session was postponed due to COVID 19. Corporate Safeguarding has mitigated against this risk by producing an Interim COVID 19 Safeguarding Children Level 3 Midwifery training, by filming a power point presentation with voiceover and completion of an assessment.

7. Violence Against Women Domestic Abuse and Sexual Violence (VAWDASV)

7.1 Routine Enquiry Domestic Abuse during Pregnancy

7.1.1 Audit of Routine Enquiry Domestic Abuse during Pregnancy 2019-2020

7.1.2 A further audit was conducted to obtain assurance due to areas of poor compliance in the audit of 2018-2019.

7.1.3 Concerns were raised following the Audit 2018-2019 regarding the number of women who were not asked (30%). This audit also did not report on the rationale for women not being asked and so this was included in the scope of the Audit 2019-2020.

Table 9 – Audit of Routine Enquiry Domestic Abuse during Pregnancy 2019-2020

2019-20	Audited Notes	Asked Once	Asked Twice or More	Not Asked	Not Asked - Accompanied	Not Asked - No Reason Given
West	180	69%	49%	31%	11%	20%
Central	180	71%	49%	29%	17%	12%
East	180	76%	44%	24%	18%	6%
BCUHB	540	72%	47%	28%	15%	13%

7.1.4 From 2018-2019 the findings demonstrate a slight improvement 70% - 72% in women being asked once, however, this shows there are still 28% of pregnant women still not being offered routine enquiry domestic abuse. The 2019-2020 data collated the reasons for this with 15% of pregnant women being accompanied by their partners as a reason and 12% no reason was given.

Priority Action 6 – Audit of Routine Enquiry Domestic Abuse during Pregnancy 2020-2021

To undertake the Routine Enquiry Domestic Abuse Audit for 2020-2021 to provide assurance of improvement and compliance	April 2021
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7.2 Review of the All Wales Antenatal Routine Enquiry into Domestic Abuse within NHS Wales

7.2.1 As part of the NHS Wales Safeguarding Network Work Plan, the Head of Safeguarding Children BCUHB and a Designated Nurse National Safeguarding Team PHW, agreed to conduct a review of the All Wales Antenatal Routine Enquiry into Domestic Abuse within NHS Wales.

7.2.2 The audit aimed to establish whether midwives and health visitors are routinely asking women about domestic abuse and whether Health Boards are meeting the requirements within the All Wales Routine Minimum Standards (2009). As a result, the audit has

clearly identified inconsistencies across the seven Health Boards relating to the current practice of routine enquiry.

7.2.3 Recommendations included:

- Health Boards need to ensure that Health Visitors and Midwives have robust communication and sharing information protocols to ensure relevant information related to routine enquiry is shared appropriately between them.
- The NHS Wales Safeguarding Network to revise the All Wales Minimum Standards in order to support the development of a consistent universal audit process of the routine enquiry.
- The NHS Wales Safeguarding Network to consider, in view of these findings, whether a further piece of work is warranted in view of why women are not being asked, which could support Health Boards in developing any improvement plans.
- For all Health Boards to develop improvement plans, in relation to monitoring compliance in asking once and subsequently twice, considering the exploration of different approaches.
- The VAWDASV Steering Group to monitor any changes to the All Wales Minimum Standards and consider in relation to existing Group 2 training.

The recommendations will be incorporated into the NHS Wales Safeguarding Network Work Plan for 2020-2021.

Priority Action 7 - Review of the All Wales Antenatal Routine Enquiry into Domestic Abuse within NHS Wales



To ensure Corporate Safeguarding fully engage in the NHS Wales Safeguarding Network Work Plan 2020-2020 in respect to the recommendations of this review.	March 2021
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7.3 Multi Agency Risk Assessment Conferences (MARAC)

7.3.1 MARAC Referrals

High-risk victims of domestic abuse, identified by health professionals, are referred for discussion at a MARAC. These meetings are held in the six Local Authority Areas with key representation from BCUHB.

Table 10 – Number of MARAC Referrals Annual data 2018-2019 and 2019-2020

Year	Q1	Q2	Q3	Q4	Annual Total	Trajectory
18-19	53	30	55	33	171	
19-20	37	46	41	56	180	

7.3.2 On the 1st February 2020, BCUHB following discussion with North Wales Police and the All Wales Live Fear Free Helpline changed the MARAC Referral process. Health professionals forward the referral to a secure inbox directly to North Wales Police.

7.4 MARAC Virtual Meetings

7.4.1 The East Safeguarding Team supported a pilot for a weekly virtual MARAC (via Skype) for Flintshire Local Authority. The pilot commenced on the 11th February 2020 and completed on the 31st March 2020. This pilot was agreed as the numbers of high-risk victims of domestic abuse being discussed in a monthly MARAC, had increased to an unmanageable level, and agencies were committing all day resources to meet the demand.

7.4.2 On evaluating the pilot, the outcome was that high risk victims of domestic abuse were discussed by a multi-agency team in a timely manner with actions completed. This not only reduces the number of cases discussed during the monthly meeting but also reduces risk for the victim.

7.4.3 Due to the success of the Flintshire pilot, North Wales Police would like to implement this across North Wales. Wrexham MARAC have adopted this process from the 1st April 2020, with other Local Authorities aiming to engage.

7.5 BCUHB VAWDASV Procedures

7.5.1 Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) Workplace Procedure

7.5.2 BCUHB recognises that within its workforce there will be employees who have experienced, or who are currently experiencing domestic violence and abuse, as well as employees, who are perpetrators or alleged perpetrators.

7.5.3 The procedure was ratified in September 2019 and has been fully implemented across the Health Board

7.5.4 The development of Workplace Safety Groups across the region, acts as a specialist group to advise and support managers in ensuring the safety and well-being of staff, whilst also ensuring that procedures in relation to domestic violence and abuse are followed. This procedure supports the Workplace Safety Groups.

7.6 Violence against Women, Domestic Abuse and Sexual Violence Service User Procedure

7.6.1 BCUHB is committed to creating an environment which encourages disclosures of domestic abuse and sexual violence within the health care setting and workplace, and is committed to providing support and advice to all those affected.

7.6.2 This procedure was ratified in January 2020 and has been fully implemented across the Health Board. It identifies processes to support staff in the identification and management of domestic abuse and sexual violence.

7.7 Regional and National VAWDASV Groups

7.7.1 Regional Strategic VAWDASV Board

The Regional Strategic VAWDASV Board has continued to meet quarterly during 2019-2020 with 100% engagement from BCUHB. The Vice Chair is currently the Head of Safeguarding Children. The Commissioning and Training Sub Groups are also well attended by BCUHB with full engagement and participation.

7.8 National VAWDASV Steering Group

The National VAWDASV Steering Group is a Sub Group of the All Wales Safeguarding Network. The Group have continued to meet quarterly during 2019-2020 with 100% engagement from BCUHB. The focus of the group has been around Routine Enquiry Domestic Abuse and the G2 NHS Wales Package for VAWDASV.

7.9 Domestic Homicide Reviews (DHR)

7.9.1 A DHR is a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves.

Table 11 - Number of DHR's 2018/2019 and 2019/2020

Year	Number of live DHRs	Number signed off	Number Ongoing
2018-2019	6	3	3
2019-2020	3	0	3

7.9.2 BCUHB are fully engaged with all the DHR's across North Wales. All learning is fully embedded across all service areas in BCUHB by the monitoring of the action plans.

7.10 Sexual Assault Referral Centre (SARC)

Amethyst is a Sexual Assault Referral Centre (SARC) for North Wales, where a range of specially trained professionals give help, support and information to individuals who have been raped or sexually assaulted, whether recently or in the past. This service has been developed in partnership with the police, health and voluntary services to ensure that victims of crime get the best possible care.

7.11 Sharing Stories/Rhannu Straeon Project

7.11.1 The aim of the project in collaboration with SARC was to:

7.11.2 Inform children and young people about the Criminal Justice System (CJS) process support the recovery of young survivors by giving them a positive platform and an opportunity to reframe their trauma, increase their resilience and reduce isolation.

7.11.3 The project has been developed from work undertaken in Amethyst SARC's young women's group coordinated by the Children and Young Peoples Sexual Violence Advisor (CYPSVA). The group have developed a booklet based on their experiences and journeys, a film and podcast.

7.11.4 The project was nominated for the National Crime Beat Awards and was the winner of the Young Peoples Award.

7.12 Self-Aid Recovery Programme (SARP)

7.12.1 The project involves working collaboratively with Psychology colleagues and third sector partners to develop a psycho-educational group programme for adult survivors of sexual violence with post-traumatic stress.

7.12.2 Evaluation of this project has been delayed due to COVID-19 and is awaiting Welsh Government approval for an extension to the current deadline.

7.13 Wig and Gown

A CYPSVA was successful in achieving funding through PACT (Police and Community Team) to purchase a Wig and Gown as worn by barristers and judges in court. The aim of this is to familiarise children and young people with this clothing, explaining procedures and why this is worn, and helping to reduce the general anxiety around the court experience.

7.14 Agencies Domestic Abuse Perpetrator Tasking (ADAPT)

7.14.1 ADAPT is a multi-agency approach of working with repeat perpetrators of abuse. Those repeat perpetrators who refuse to engage with the programme will continue to be managed following pursue and disrupt tactics.

7.14.2 Six (6) ADAPT conferences were held in 2019/20 with BCUHB Corporate Safeguarding attending 100% of conferences. Sixteen (16) individual perpetrators have been discussed at conferences.

7.15 Positive Outcomes:

7.15.1 Good inter-agency working which has promoted good communication between North Wales Police, Local Authorities and the Probation Service.

7.15.2 There has been a reduction in domestic abuse re-offending by perpetrators discussed within ADAPT. At each ADAPT conference the police provide a summary of any further incidents relating to specific perpetrators.

7.16 Training Data - Violence against Women, Domestic Abuse & Domestic Violence (VAWDASV).

BCUHB VAWDASV training is in line with National Training Framework on Violence against Women, Domestic Abuse & Sexual Violence that provides guidance on statutory requirements for training across the public sector and specialist third sector. Training compliance has improved from 56.8% in 2018 – 2019 to 72.5% in 2019 – 2020.

8. Conclusion

- 8.1 Throughout the Annual Report 2019-2020, it is clearly reported that the level of safeguarding activity has greatly increased, in relation to safeguarding children and those affected by VAWDASV. This has prompted a robust response from the Corporate Safeguarding Team, in providing assurance, that the complexities and challenging safeguarding agenda is fully implemented.
- 8.2 The Annual Report 2019-2020 demonstrates significant improvements made within the Child at Risk agenda.
- 8.3 The identified improvements include the availability of Child at Risk Performance data, the improvements made within the Safeguarding Maturity Matrix in regards to the assurances in relation to BCUHB's safeguarding arrangements and in the learning activities captured to embed learning and improve practice.
- 8.4 Within the VAWDASV agenda, significant improvements are demonstrated on a local, regional and national picture, which required true multi-agency working and engagement.
- 8.5 The report highlights identified priority activities for 2020-2021 to ensure full organisational transparency, ensuring BCUHB continue to strive, to fully implement the changing and challenging face of safeguarding across these priority areas.