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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24 October 2019	Agenda Item	2.3
Report Title	Bi Annual Safeguarding Report		
Report Author	Nicola Edwards, Head of Nursing- Safeguarding		
Report Sponsor	Cathy Dowling, Deputy Director of Nursing & Patient Experience		
Presented by	Nicola Edwards, Head of Nursing- Safeguarding		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide the Safeguarding Quality & Safety Committee with an overview of the work of the Corporate Safeguarding Team between April 1 st and September 30 th 2019.		
Key Issues	The paper identifies activity during the 6-month period within the wide scope of 'Safeguarding'. This includes how the Corporate Safeguarding Team and works with other key agencies to develop the local and national agenda. The report also outlines the referral activity by the Health Board in a number of areas including Safeguarding children and adults, forms of criminal exploitation and safeguarding training.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> NOTE the update on Safeguarding for the period April – September 2019 		

BI-ANNUAL SAFEGUARDING REPORT: APRIL-SEPTEMBER 2019

1. INTRODUCTION

The purpose of this report is to provide the Quality and Safety Committee with an overview of the work taken forward by the Safeguarding Committee and the Corporate Safeguarding Team between April 1st and 30th September 2019.

2. BACKGROUND

Key pieces of legislation (Social Services and Well-being (Wales) Act 2014, Children Act 1989, 2004) place a duty upon Public Bodies such as the Health Board to safeguard children and adults at risk of abuse or neglect. Other legislation regarding Violence against Women, Domestic Abuse, Sexual Violence, Exploitation, Mental Capacity and Deprivation of Liberty Safeguards also influence the Health Boards 'Safeguarding agenda'.

The Health Board Quality and Safety Committee is responsible for ensuring the organisation meets its statutory requirements under the Safeguarding agenda. The Safeguarding Committee and the Corporate Safeguarding team assist the Quality and Safety Committee to deliver the statutory and mandatory responsibilities and provide an appropriate system for the safeguarding of children and adults accessing healthcare across the Health Board. The Director of Nursing & Patient Experience who has Executive responsibility for Safeguarding chairs the Committee.

The Safeguarding Committee and Corporate Safeguarding Team are required to provide six monthly reports to the Quality and Safety Committee on their activities. The report format has been revised to align with the Safeguarding Maturity Matrix.

3. GOVERNANCE AND RISK ISSUES

This paper identifies activity during the 6-month period within the wide scope of 'Safeguarding'. This includes how the Corporate Safeguarding Team work with other key agencies to develop the local and national Safeguarding agenda. Reference is made to the collaborative work with the West Glamorgan Safeguarding Board and their associated sub-groups to ensure successful outcomes for children and adults locally who may be experiencing abuse or neglect, as well as the work on an all-Wales basis via the National Safeguarding Network, Public Health Wales. The Health Board has engaged with and submitted on the 29th August this year's Safeguarding Maturity Matrix Improvement Plan.

Whilst recognising improvement over the period, it is noted that training compliance and the completion of DoLS assessments within timescale remain two key areas of Safeguarding risk. These areas are being monitored by the Safeguarding Committee and the Mental Health & Legislative Committee, with close monitoring of the DoLS improvement plan in conjunction with the Primary Care and Community Service Delivery Unit.

Referral activity and themes are referenced using a number of graphs and comparisons are provided for previous time periods. As expected there has been a decrease in reported Safeguarding Adult and Children referral activity following the boundary change. From a Safeguarding Children perspective there was an increase in incidents reported relating to a

lack of service provision, directly linked to children with identified mental health needs being nursed upon Paediatric wards awaiting an appropriate placement. From a Safeguarding Adult perspective common themes for inappropriately triggering incidents during this reporting period were similar to previous reports e.g. staff victims following an incident, medication errors and moisture lesions. Feedback has been given to the reporter to advise them why the incident was not appropriate to trigger a Safeguarding review.

During Q2, the proportion of reviewed incidents that also generated an adult at risk referral doubled; when analysed this can be contributed to a higher number of 'low-level' patient to patient incidents. Training is being planned in conjunction with the MHLSD SDU to address appropriate/inappropriate referrals. Overall there has been a marked decrease in the number of referrals received during Quarter 2 reporting period where Health Board staff or a Health Board service are alleged to have been responsible for the abuse of an adult. Previously, neglect by a Health Board service was the predominant category of abuse but during Q2 there was a significant decrease. It is interesting to note a rise in reported emotional abuse, as recent Level 3 training has highlighted that this is an often under-reported category of abuse that may often happen alongside other forms of abuse.

The Health Board continues to experience a high volume of DoLS applications, with an increase in Q2. The management of these remains a significant issue for the Health Board with a risk of breaches and consequential risk of financial loss. There is now a dedicated DoLS team within the Primary Care and Community SDU managed by the Long Term Care team. The Corporate Safeguarding Team has supported the Supervisory Body (Primary Care and Community Services Delivery Unit) to implement the DoLS Improvement Plan. The recent repeated DoLS Internal Audit, August 2019 found an improved level of assurance. DoLS breaches are accurately monitored via the DoLS Dashboard held by Primary Care and Community Service Delivery Unit. Work is in progress to revise the current DATIX Standard Operating Procedure for DoLS breaches to reflect only those that cause harm, in order to reduce duplication of reporting. It is noted that in Q2 there was a reduction in the number of breaches despite the increased number of applications.

Safeguarding Training compliance and attendance are also outlined in graphical form. The report notes that all SDU's compliance remains around the Health Board total average training compliance, which continues at an inadequate level. Each SDU continues to be tasked with increasing Safeguarding training compliance.

4. FINANCIAL IMPLICATIONS

This report makes no recommendations to the committee that carry financial implications

5. RECOMMENDATION

Members are asked to:

- **NOTE** the update on Safeguarding for the period April – September 2019

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The Health Board self-assessment against the Health and Care Standards and the Safeguarding Maturity Matrix is outlined and whilst recognising improvement over the period, notes that training compliance and the completion of DoLS assessments in within timescale remain the two key areas of safeguarding risk		
Financial Implications		
Safeguarding is a core duty of care for the Health Board. Financial implications to meet the statutory safeguarding mandatory training requirements are within existing budgets.		
Legal Implications (including equality and diversity assessment)		
The Health Board has a statutory responsibility to make arrangements to protect and safeguard the welfare of children, young people and adults at risk. Safeguarding policies uphold that patient and service users have the right to independence, dignity, respect, equality, privacy and choice.		
Staffing Implications		
This report makes no recommendations to the committee that carry staffing implications		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		

<ul style="list-style-type: none"> ○ Prevention - acting to prevent problems occurring or getting worse may help public bodies meet their objectives. ○ Collaboration - Collaboration with persons may help the organisation meet its well-being objectives. ○ Involvement - The importance of involving people with an interest in achieving the well-being goals, which includes staff engagement <p>Improve population health through prevention and early intervention</p>	
Report History	The Corporate Safeguarding Team provide Bi Annual Reports to the Health Board Safeguarding Committee and the Quality & Safety Committee
Appendix 1	Quarter 1 & 2 Corporate Safeguarding Report: April 1 st - 30 th September 2019