



GIG  
CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

Annual Report  
2020/21



# Safeguarding & Public Protection



Standard 2.7  
Safeguarding Children & Adults at Risk  
Safe Care





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**The report demonstrates the effective leadership, commitment and operational support in all aspects of Safeguarding and Public Protection across Cwm Taf Morgannwg University Health Board and how the UHB complies with legislation, external standards and good practice guidance.**

### **Assurances:**

- To ensure that UHB meets its duties under Part 2 of the Well-being of Future Generations (Wales) Act 2015, in that, the Sustainable Development Principle is applied and consideration is given to the impact of current decision making on people living their lives in Wales in the future.
- To ensure the UHB discharges its duties under the Social Services & Well-being (Wales) Act 2014 and the related Codes of Practice; Part 6 [Looked After Children] & Part 7 [Safeguarding Children & Adults at Risk].
- To ensure the UHB complies with section 47 [child protection investigations] of the Children Act 1989 and sections 25,27 and 28 [duty to cooperate to safeguard & promote welfare children] of the Children Act 2004;
- To ensure the UHB complies with the requirements as the Supervisory Body and Managing Authority for the Deprivation of Liberty Safeguards (DoLS) as outlined in the Mental Capacity Act 2005 and amended in the Mental Health Act 2007.
- To ensure the UHB discharges its duties as a Multi-Agency Public Protection Arrangement (MAPPA) Duty to

Co-operate Agency under s325 Criminal Justice Act 2003;

- To ensure the UHB discharges its duties under the Violence Against Women, Domestic Abuse, Sexual Violence (Wales) Act 2015 [develop and implement a local strategy with the Local Authority]
- To ensure the UHB complies with s5B of the Female Genital Mutilation Act 2003 (amended by Serious Crime Act 2015) [mandatory reporting of FGM in under 18s to the police].
- To ensure the UHB discharges its duties under the Counter Terrorism & Security Act 2015 [to address those drawn into, or at risk of being drawn into terrorist and extremist behaviour].
- Oversee an on-going process of self-assessment and improvement against Safe Care Standard 2.7 of the Health & Care Standards in Wales;
- To provide assurance to the Board that arrangements to secure governance, risk management & internal control are suitably designed and applied effectively.

## What does Safeguarding & Public Protection look like in CTMUHB?

Since April 2019, Cwm Taf Morgannwg Health Board incorporates the local authority areas of Bridgend, Merthyr Tydfil and Rhondda Cynon Taf with a total population of almost 440,000. Services are also provided to those living within neighbouring authorities.

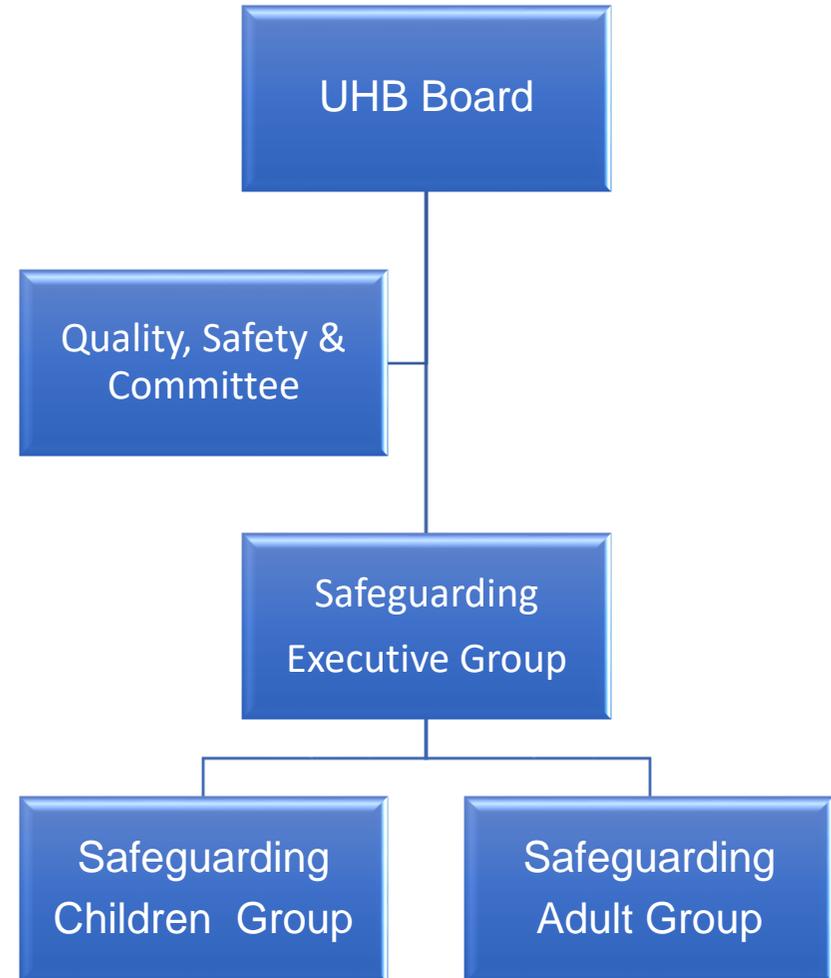
- **Safeguarding** in Cwm Taf Morgannwg involves working with our partner agencies to protect children and adults at risk of abuse, neglect or other kinds of harm and actively prevent them from becoming at risk of abuse, neglect or other kinds of harm.
- **Public Protection** seeks to protect, promote and improve the health, safety and well-being of our population across Cwm Taf Morgannwg.

### Strategic Objectives for Safeguarding and Public Protection:

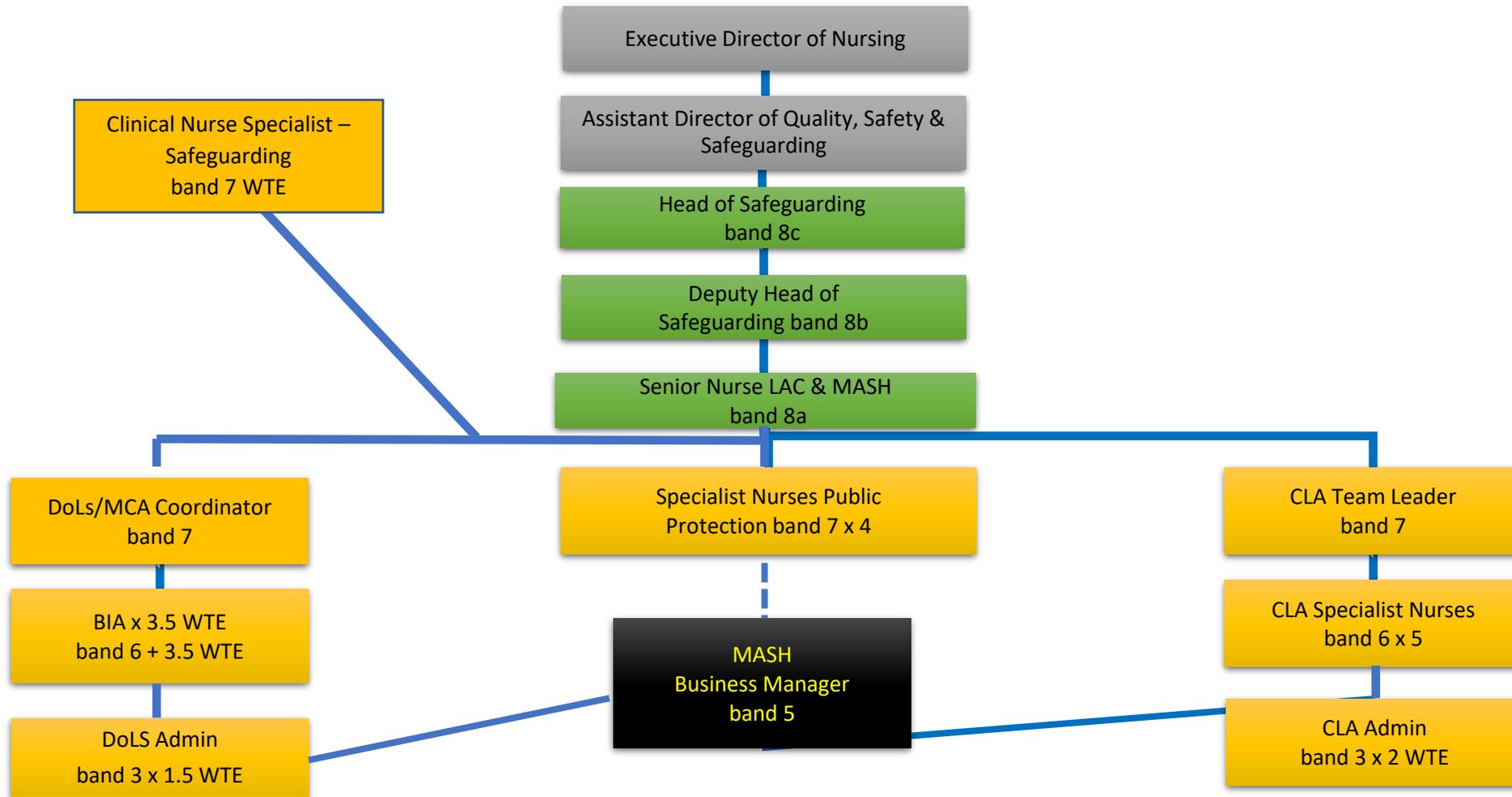
- There are effective measures in place to safeguard people and protect children and adults at risk.
- There is effective inter-agency co-operation in planning and delivering safeguarding and public protection services and in sharing information.

The UHB works within regional partnership arrangements.

## CTMUHB Governance Arrangements & Reporting Structure



# Corporate Safeguarding Team



## Lead Roles in Safeguarding within CTMUHB

**Executive Director of Nursing:** UHB Executive lead for safeguarding

**Assistant Director of Quality, Safety & Safeguarding:** Assistant to the Director of Nursing and UHB executive lead for patient safety and safeguarding.

**Head of Safeguarding:** Strategic lead responsibility for key aspects of the Health Board's Public Protection and Safeguarding Statutory Responsibilities

**Deputy Head of Safeguarding:** Operational lead responsibility for key aspects of the Health Board's Public Protection and Safeguarding Statutory Responsibilities

**Senior Nurse Children Looked After Team & MASH:** Oversee and line manage senior staff within both the Looked After Children's team and Multi-Agency safeguarding Hub.

**Nurse Specialists Public Protection & MASH Business Manager:** Work within the Cwm Taf Morgannwg Multi-Agency Safeguarding Hubs (MASH) in RCT and Bridgend.

**Deprivation of Liberty Safeguards Team:** Oversee the process within the UHB and undertake the responsibilities of the Supervisory Body.

**Independent Board Member/Children's Champion:** A member of the Safeguarding Executive Group.

**Independent Board Member/Vulnerable Adults:** A member of the Safeguarding Executive Group.

Other staff have specific responsibilities for safeguarding have clinical supervision by the Head or Deputy Head of Safeguarding.

**Safeguarding Midwife:** Midwife for Safeguarding Children.

**Clinical Nurse Specialist:** Child Protection Medical Hub at Royal Glamorgan Hospital.

**Localities:** Health visitors and school nurses receive their child protection supervision from five locality based specialist nurses for safeguarding children.

**Named Doctor Child Protection:** The Named Doctor is supported by two locality based consultant paediatricians who have dedicated sessions for child protection and who ensure peer supervision/review is available to their colleagues.

**CAMHS:** The Head of Nursing and the Senior Nurses across the Network have lead safeguarding responsibilities for their areas. CAMHS colleagues also receive supervision and safeguarding support from the nurse specialists for safeguarding children.

**Adult Mental Health:** The Criminal Justice and Forensic Mental Health Service provides specialist assessments, treatment advice and liaison services for service users who come into contact with criminal justice services. They represent the UHB at MAPPA meetings.



Safeguarding Children



Child Sexual Exploitation



Children Looked After



Adult at Risk



VAWDASV



DoLS



Mental Capacity Act



Radicalisation & PREVENT



Offender Management



Allegations Made Against Professionals



MASH



Training



Safeguarding Board



Safe Recruitment



# Safeguarding Children



## Our Aim

To ensure that children and young people in Cwm Taf, up to the age of 18, are protected from abuse, neglect or other kinds of harm and are prevented from becoming at risk of abuse, neglect or other kinds of harm and they live in an environment that promotes their wellbeing.

To ensure that the UHB complies with the related legislation:

- Social Services & Wellbeing (Wales) Act 2014 – Part 7
- Children Acts 1989 & 2004

## How Will We Do This?

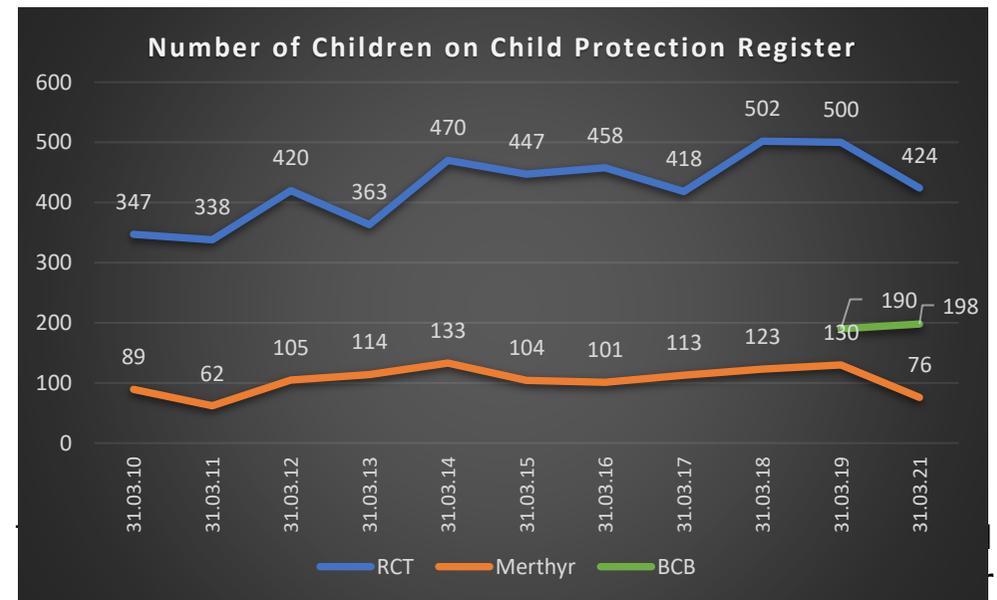
By ensuring that there are effective interagency safeguarding processes and practice in place, supported by robust quality assurance and information sharing systems.

Good communication across all disciplines of health and joined up working in respect of identifying learning.



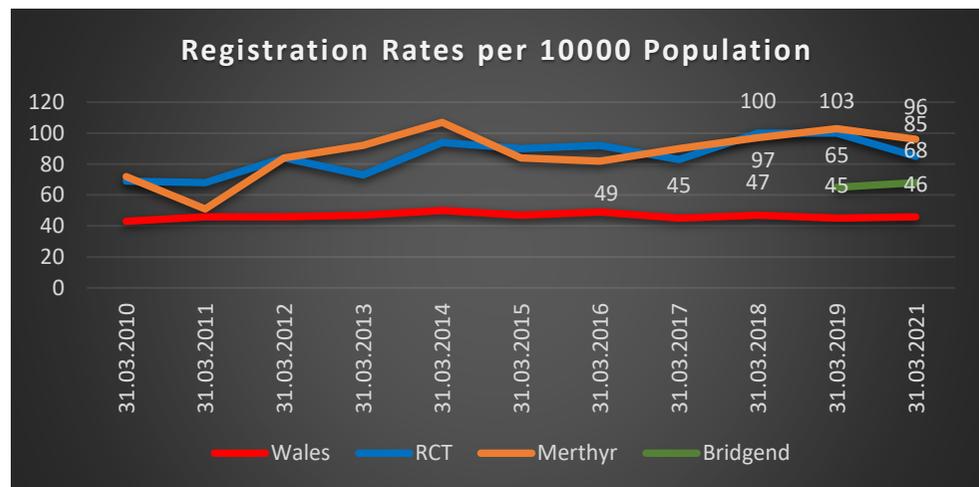
## What Did We Do?

At March 2021 the number of children on the Child Protection Register in CTM was (698) with Merthyr Tydfil (76); Rhondda Cynon Taf (424) and Bridgend (198). There are differences between Local Authorities in respect of age ranges with Merthyr Tydfil highest numbers of CP registrations in the 1-4 years age group, RCT 5-9 years and Bridgend 10-15 years. The significance of this may have relevance for service provision and targeting of resources. Rhondda Cynon Taf has consistently higher numbers of children subject to CP registration than other LA's



10,000 population aged under 18.

In CTM the current population rates are RCT 85 children; Merthyr Tydfil 96 children and Bridgend 46 children per 10,000 aged under 18 years. RCT & Merthyr Tydfil continue to have the highest rates in Wales.

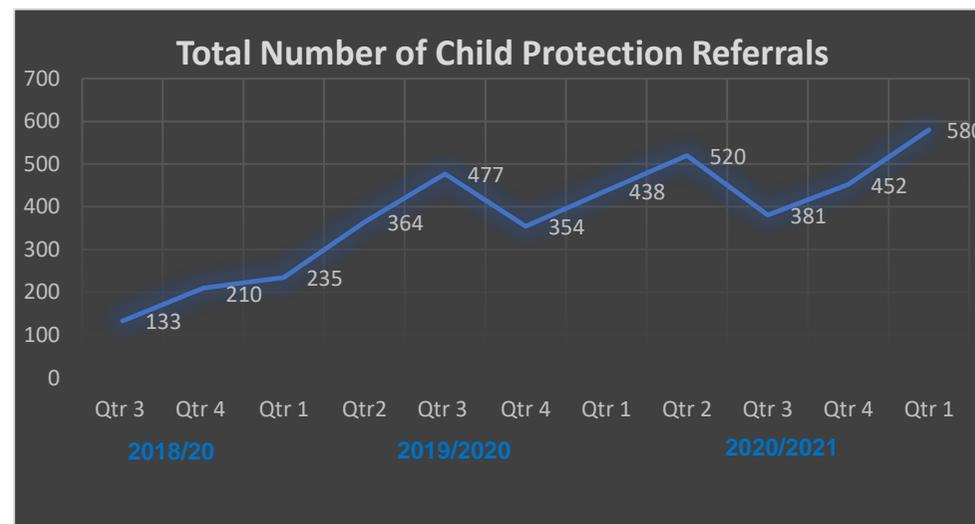


In Wales 2020/21 the highest number of registrations recorded were in the categories involving neglect (43%) and emotional abuse (36%), the lowest recorded harm were in the category of sexual abuse (4%).

120 Pre-birth child protection conferences were convened in 2019/2020 compared to 100 in the previous year.

In 2020/21 134 child protection medicals were undertaken compared to 82 in the previous year. The Child Protection Medical Hub opened in January 2021. Children aged 2 – 17 years are seen at the Hub, all children under two years old or

those accessing health care through Accident and Emergency are seen on Paediatric wards.



This year, significant work has continued in partnership with the paediatric team to improve the child protection medical process, with the Hub being an integral part of the improvement plans.

8 cases of unexpected child deaths, including a homicide, were considered for a Child Practice Review in line with the statutory guidance published by Welsh Government in November 2016. Only one met the criteria for a Child Practice Review and two others required additional reviews to identify learning and improvements. The Cwm Taf safeguarding Board did not publish any Child Practice Reviews for the year of 2020/21.



Included in the 8 cases of unexpected deaths were 3 suicides. 2 of these children reside within CTMUHB, the other 1 within ABUHB, presenting at our A&E. The sudden increase of completed suicides in children and young people has led to the development of a suicide prevention steering group:

A suicide prevention action plan has been implemented in partnership between Safeguarding, Child Adolescent Mental Health Services and Adult mental health services. The purpose of the action plan is to work collaboratively in identifying and responding to children and young people who may be at risk of harm. This plan has incorporated education, training and strategic work to enable health practitioners to better understand, predict, target and address children's mental health.

### **What Did We Learn?**

From multi-agency audit and reviews, the following learning themes were identified:

- The importance of effective communication between professionals. Including health professionals, whereby domestic abuse is identified or suspected.
- The importance of professional curiosity when working with families where there are safeguarding concerns.
- The importance of escalating concerns regarding inter-agency safeguarding practice. When children are identified as being at a continued risk of harm despite professional involvement.

- Need for considering the voice, wishes and feelings of the child within safeguarding processes.

Good Practice themes identified:

- Increased awareness and appropriate referral among frontline staff to recognise children who are suffering with poor mental health or at risk of self-harming behaviours.
- Frontline workers are recognising child protection concerns and referring appropriately. This is demonstrated in the increase of referrals received from A&E in comparison to 2019/2020.
- Improved working relationships between safeguarding and Adult & Child Adolescent Mental Health Services.
- The introduction of Child Protection medical hub has promoted an improved child friendly approach to undertaking medicals. In addition, it has improved interagency working between health, police and children services.

### **Next Steps**

Maintain effective safeguarding practice in Cwm Taf Morgannwg:

- Participate fully in safeguarding processes with partner agencies in accordance with the duty to report.
- Undertake multi-agency and UHB quality assurance activities
- Continue to work closely with frontline services and facilitate improved information sharing in a timely manner
- Improve the process of sharing learning from Audits and reviews to ensure the Health Board are able to make appropriate improvements in practice.

## Barriers

- It is anticipated that the repercussions of the COVID 19 pandemic will continue to affect safeguarding practice. It is vital to ensure that the Health Board are prepared to respond to issues related to the pandemic. Safeguarding remains everybody's business, key messages around safeguarding vulnerable people is essential. However, current staffing pressures need to be considered when implementing safeguarding into practice.

## Child Sexual Exploitation



### Our Aim

To tackle the coercion or manipulation of children and young people into taking part in sexual activities. CSE is a form of sexual abuse involving an exchange of some form of payment which can include money, mobile phones and other items, drugs, alcohol, a place to stay, 'protection' or affection. The vulnerability of the young person and grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent.

### How Will We Do This?

- Prevent and protect children and young people from sexual exploitation;
- Provide responsive, appropriate and consistent support to those identified as being subject to or at risk of CSE;
- Contribute to the identification, disruption and prosecution of perpetrators.
- Provide education and training to health professionals in a position to identify children at risk.

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## What Did We Do?

The lead for CSE within the Corporate Safeguarding Team has developed partnerships with other professionals and agencies.

As a partner in the work of Cwm Taf Safeguarding Board:

- Contributed to the CSE needs assessment and audit of CSE cases.
- Contributed to Individual Risk Management Meetings.
- Participated in the planning and implementation of the multi-agency process for pooling intelligence in relation to perpetrators with view to enhancing the focus of criminal and safeguarding interventions.
- Established links within sexual health and Accident and Emergency to update practice in respect of CSE. This has included the use of the CSERQ assessment tool.

As a partner in the Public Health Wales Safeguarding Network:

- CSE training has been reviewed and has also been incorporated into bespoke training sessions. It continues to be incorporated into Level 2 & 3 training packages for NHS Wales.

## What Did We Learn?

- Sharing of identified 'hot spots', trends & individuals of concern across Cwm Taf Morgannwg.
- The importance of recognising the increase in online exploitation during the COVID pandemic.

## Next Steps

- Develop data in relation to prevalence in CTMUHB.
- Identify local multi-agency and UHB trends and issues.
- Implement CSERQ in CTMUHB – risk assessment.
- Ensure consistent health representation at all CSE strategy meetings.

## Barriers

Due to restrictions in current practice and the impact of COVID-19 on the movement of young people at risk of exploitation, identifying appropriate intelligence, health representation for strategy discussions and provision of training for the health board has been affected.



## Children Looked After



### Our aim:

To ensure that our Children Looked After are as healthy and happy as they can be and that they have access to health care services that they may need.

To ensure compliance with related legislation:

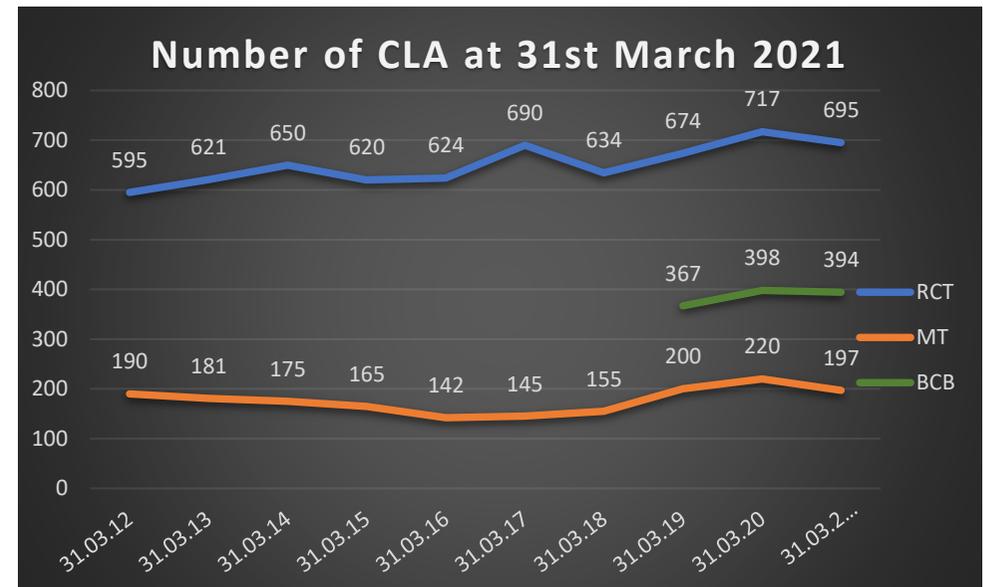
- Social Services & Well-being (Wales) Act 2014 – Part 6
- Toward a Stable Life and Brighter Future 2007 [statutory health assessments]

### How will we do it?

- Undertake timely assessment and health planning for Children within the CTMUHB footprint.
- Ensuring equal access to relevant universal and specialist health services Statutory Health
- Ensuring there are effective interagency CLA processes and practices in place

- Robust quality assurance and information sharing systems.

### What did we do?



At March 2021 the number of Children Looked After (CLA) by RCT was 695 compared to 717 in the previous year. Numbers of Children Looked After by MT was 197 compared with 220 in the previous year. Numbers of Children Looked After by BCB was 394 compared with 367 in the previous year; there is a slight decrease in overall CLA population for Cwm Taf.

Statutory Health Assessments for CLA are undertaken every 6 months for children under 5 years of age and annually for children over 5 years of age. Assessments for CLA less than 5 years of age are undertaken by a paediatrician and the health visitor.

All assessments for CLA over 5 years of age are undertaken by the specialist nursing team, or are commissioned from the placing health authority. CTMUHB undertake all assessments for CLA placed within CTMUHB, irrespective of local authority of origin. Statutory assessments for Looked After Children from CTM 'home' local authorities placed out of county are requested for completion by the host health authority. This represents a change in practice and prevents disadvantage of access to CLA services by virtue of placing authority.

### Performance Indicators for CLA (Health 2020/2021)

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
% of health assessments due completed on time	37.3%	29.4%	27%	29.1%
% of CLA Registered with GP at time Initial Health Assessment	98.6%	93.7%	99%	99%
% of CLA who have their teeth checked by dentist	74.3%	33.2%	31%	39.2%

### Out of County Placements

There are a number of private residential units in Cwm Taf, which are populated by CLA from all over the country. It is

worth noting that there has been an increase of private residential settings

March 2021 indicates there were 286 children looked after placed within Cwm Taf Morgannwg from other Local Authorities compared to 255 last year.

There have been 282 of CTM children placed out of county.

The CLA health team within other areas complete the health assessments for those children looked after by RCT, Bridgend and Merthyr Tydfil Local Authorities who are placed out of area. Charges for health assessments range from £166 - £530 per assessment.

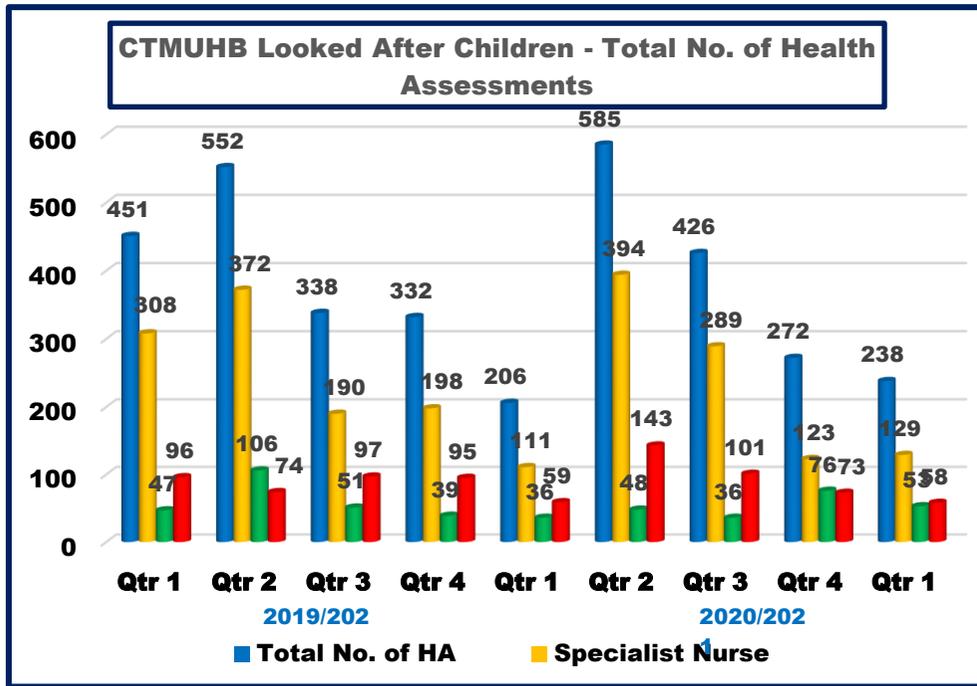
Out of county children within CTM are particularly at risk of inequity of health service provision; being isolated from their home area and family, in addition to the issues related to poor information sharing, notification systems and contact between placing services and CTMUHB.

### CLA and CAMHS (at April 2021)

This cohort of children have a clear association of increased risk of poor mental health and CLA and CAMHS are working together, to develop processes that support timely and seamless referral and discharge to service. Good communication with CAMHS has identified children/young people who have significant poor emotional health and where required have also been included in vulnerability circles.



## What did we learn?



## Unaccompanied Asylum Seeking Children (UASC)

A young person judged to be under 18 years of age, without an adult to care for them, is entitled to the same services as other looked after children and have the same rights to health care as UK nationals. In Cwm Taf in 2020/2021, there were 2 known placements as part of the National UASC arrangements.

- There are a total of 1286 Looked after Children residing in Cwm Taf Morgannwg Health Board aged between 0-17 yrs.
- The COVID pandemic has affected the Looked after Childrens service dramatically. The current staff were redeployed for several periods to support the testing and vaccination programmes. This had affected the overall service during the periods of national lockdown. The number of outstanding health assessments increased, particularly during the two periods of national lockdown.
- There was a reduction in attendances to A&E by all children including CLA in the lock down periods, it is unclear if this was directly associated with the national restrictions. However, it is noted in the third quarter that there was an increase in attendance to the emergency department.
- Staff have worked effortlessly to resume their roles within the team, developing a blended approach to service delivery. This has included establishing processes for non-face to face working and using IT resources such as attend anywhere.
- This blended approach has involved RAG rating health assessments as per Public health wales guidance. Face to face assessments were prioritised for those children identified as being the most vulnerable. Using reduced resources in a more targeted manner

- Poor information received by the CLA health team for children that are placed within the CTMUHB, has increase their vulnerability during the lockdown periods, as these children became less visible to services. The health team developed processes to reduce this impact, such as reviewing A&E attendances and liaising with partner agencies.
- Processes between the CLA team and the Health Visiting service have been improved, to support timely completion of the under-five health assessments.
- Processes have been developed to support staff with remote working and to ensure clinical discussion within the team can continue unhindered. There are currently weekly virtual meetings, alongside face to face quarterly team meetings
- Working with other health professionals to ensure appropriate health attendance in the safeguarding processes for CLA children and young people.
- Publication of the Assessment Framework for Looked After Children, which informs and supports good standards of care.

## Next Steps

- To improve the number of statutory assessments completed in a timely manner.
- To establish fair and consistent re-charging arrangements for secondary and specialist health care services with other health boards, PCT's/CCG's whose partner local authorities place children looked after within Cwm Taf Morgannwg.
- Through partnership training, all health care professionals working with children looked after need the skills and knowledge to understand how they can support the emotional wellbeing of looked after children and young people. The needs of CLA is a session on the CTMUHB 'Safeguarding People' level 3 training package.

## Barriers

With many Children Looked After Teams experiencing similar issues with restrictions imposed by the COVID pandemic, there is a risk that vulnerable children may experience delays in receiving their health assessment. Effective communication is key in identifying those that need prioritisation.

The Covid-19 pandemic has impacted upon the ability of specialist nursing staff to undertake face to face health assessments. This has been mitigated by alternative contact arrangements via telephone or face time – these methods of communication have been very successful and welcomed by young people.

## Adult at Risk



### Our Aim

To ensure that adults in Cwm Taf, over the age of 18, are protected from abuse, neglect or other kinds of harm and are prevented from becoming at risk of abuse, neglect or other kinds of harm and they live in an environment that promotes their wellbeing.

To ensure that the UHB complies with the related legislation:

- Social Services & Wellbeing (Wales) Act 2015 – Part 7

### How Will We Do This?

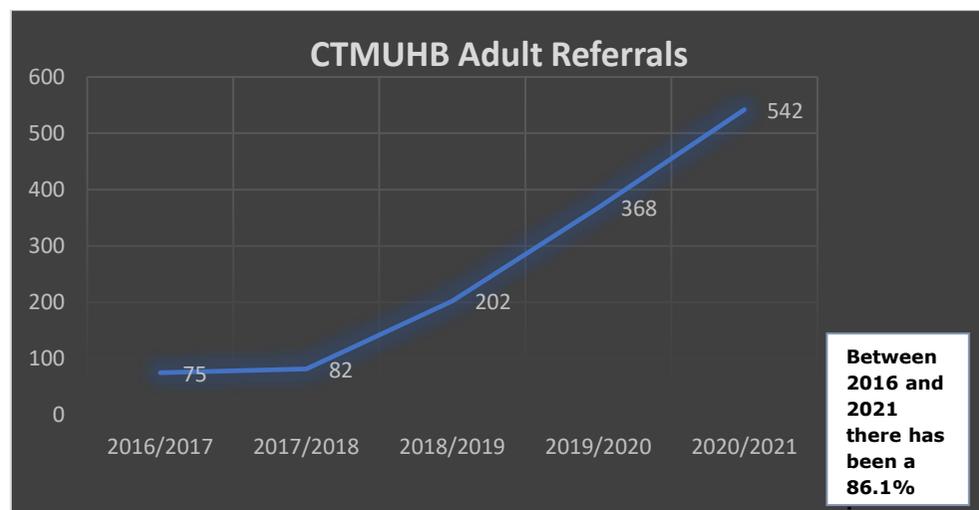
By ensuring that there are effective inter-agency safeguarding processes and practice in place, supported by robust quality assurance and information sharing systems.

### What Did We Do?

- All Adult Safeguarding Reports are made to the Local Authority to decide if the threshold for enquiries is met.

- There have been 542 safeguarding reports made from health care compared to 368 in 2019/2020. This is a 47% increase from last year.
- The highest category of abuse reported continues to be Neglect. Neglect accounts for 63% of all safeguarding referrals. The second highest is for physical abuse.
- There have been 109 referrals made in respect of avoidable pressure damage.

No. of referrals received from CTMUHB



Adult Practice Reviews are undertaken in line with the Welsh Government guidance published in November 2016.

- The Board published 1 Adult Practice Review during the year and this is available on the Cwm Taf Morgannwg Safeguarding Board website.

## What Did We Learn?

From the multi-agency review undertaken, the following learning themes were identified:

- In environments where there are a high number of incidents between vulnerable adults there is the danger that a culture of professional tolerance develops, resulting in high staff thresholds for challenging behaviour and an under reporting of serious incidents.
- Where there are concerns over the appropriate placement for any patient, these should be escalated through the Care and Treatment Plan review process. Where specialist placements are required, there are established processes for accessing these through the Health Board and Local authority funding panels. Applications will be based upon a current needs assessment.
- When applying a legal framework for an inpatient, best practice would include discussions with all relevant parties involved in their care and treatment. Staff need to have a clear understanding on how and who makes referrals.

- Timely referrals to advocacy services should be made where patients lack capacity.
- During the COVID19 pandemic, there has been evidence of ongoing collaborative working between the health Board and Local Authorities.

## Next Steps

Maintain effective safeguarding practice in Cwm Taf Morgannwg:

- By participating in all safeguarding processes.
- Undertake multi-agency and UHB quality assurance activities.
- Share quality and relevant information in a timely manner.
- A Suicide Prevention Steering group was set up in July 2020. This group was established for health professionals to identify any gaps and/or opportunities to improve co-ordination and collaboration. This work continues to develop with the adoption of the Immediate Response Group (IRG) protocol as the regional response to all suicides that meet the definition of a critical incident.
- To develop a consistent and robust process for the management of pressure damage across the health board and a timely, effective referral pathway to Local

Authorities in line with the Wales Safeguarding Procedures.

- To embed the newly formulated Self-neglect policy within the health board.
- To identify any themes and trends across the Health Board that requires additional safeguarding oversight.

## Barriers

- Health Inspectorate Wales Decision Tree work to clarify the interface between Adult Protection and Incident Reporting processes has not been progressed.
- The COVID 19 pandemic has brought many changes for staff within the health board including the redeployment of staff to areas outside of their normal practice. This has brought challenges within the clinical areas in maintaining a robust, effective process in the recognition of safeguarding concerns.



## Violence Against Women Domestic Abuse Sexual Violence (VAWDASV)



Includes Honour Base Violence/Female Genital Mutilation/  
Sexual Exploitation/ Human Trafficking/Modern Slavery.

### Our Aim

Individuals who are victims of violence against women, domestic abuse and sexual violence are treated and supported in a way that optimises their potential and life chances.

To ensure the UHB complies with the related legislation:

- Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015
- Female Genital Mutilation Act 2003 (amended by Serious Crime Act 2015)
- Domestic Abuse Act 2021

### How Will We Do This?

- Continue to implement the Cwm Taf VAWDASV strategy with the Local Authorities.
- Comply with the VAWDASV National Training Framework.
- Ensuring that there are effective interagency processes and practice in place.
- Report identified or disclosed incidents of FGM in those under 18 to the police.

### What Did We Do?

- 1200 cases assessed at daily domestic abuse discussions held in MASH as opposed to 1172 in 2019/2020.
- 1211 children reviewed at MARAC as opposed to 1259 in 2019/2020.
- 39 unborn babies reviewed at MARAC as opposed to 42 in 2019/2020.
- 266 adults identified with mental health issues as opposed to 200 in 2019/2020.
- 91 adults known to Community Drug and Alcohol Team reviewed as opposed to 111 in 2019/2020.
- There were four Domestic Homicide Reviews undertaken in 2020/21.

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## What Did We Learn?

- Evidence suggests that there is an association between domestic violence and deprivation; with areas of deprivation experiencing higher numbers of incidents than less deprived areas.
- There are a high volume of incidents of domestic violence reported to South Wales Police. Including an increase of incidents whereby young people have been the perpetrator of violence.
- The COVID 19 pandemic has highlighted that domestic abuse helplines had seen a significant increase in calls over 2020/21.
- From March 2020 to January 2021, Bawso supported 49 victims of honour-based violence and forced marriage compared with 151 victims in the year to March 2020.
- Routine Enquiry was reduced in community services due to restrictions in completing face to face visits. Health care staff have ensured that opportunities to identify those in need have been maximised.

## Next Steps

- Maintain effective VAWDASV processes in Cwm Taf
- Promote Group 1 VAWDASV Training – target 100%
- To deliver the Ask & Act training sessions virtually across the health board under the VAWDASV Training Strategy and as part consortium with Local Authorities. With the aim of improving awareness and increasing MARAC referrals received from health.
- Contribute and facilitate the ongoing commissioned Domestic Homicide Reviews.
- Incorporate the learning from practice reviews and Domestic Homicide Reviews into training.

## Barriers

- No additional resources to deliver the statutory National Training Framework.
- It is not yet clear how the new Domestic Abuse Act 2021 will interface with the Violence Against Women domestic Abuse and Sexual violence (Wales) Act 2015



## Deprivation of Liberty Safeguards & Mental Capacity (DoLS & MCA)



### Our Aim

**DoLS:** To protect people who for their own safety and in their own best interests need care and treatment that may deprive them of their liberty but who lack the capacity to consent and where detention under the Mental Health Act 1983 is not appropriate at that time.

**MCA:** To ensure staff understand the implications of Mental Capacity Act 2005 and can implement it in their practice.

To ensure that the UHB complies with the related legislation:

- Mental Capacity Act 2005 (amended in Mental Health Act 2007)

### Our Aim

**DoLS:** To protect people who for their own safety and in their own best interests need care and treatment that may deprive them of their liberty but who lack the capacity to consent and where detention under the Mental Health Act 1983 is not appropriate at that time.

**MCA:** To ensure staff understand the implications of Mental Capacity Act 2005 and can implement it in their practice.

To ensure that the UHB complies with the related legislation:

- Mental Capacity Act 2005 (amended in Mental Health Act 2007)

### How Will We Do This?

**DoLS:** By ensuring that the UHB follows the defined legal processes and discharges the functions of the Supervisory Body and the Managing Authority.

**MCA:** The five key principles must be followed when working with a patient aged 16 and over who might lack capacity.

- A presumption of capacity
- Support to make decisions
- Right to make unwise decisions
- Best interest
- Least restrictive option

### What Did We Do?

- 1153 Applications were made. An increase of 16% on previous year.
- 364 DoLS assessments completed
- 36 DoLS re-assessments completed

- 14 Cases referred to Court of Protection, that required the Health Board to be a party to proceedings. An increase of 10 based on last year.
- CTMUHB has been represented in All Wales Liberty Protection Safeguards (LPS) Steering Group and LPS National Minimum Dataset Group.

## What Did We Learn?

- 569 applications were withdrawn – linked to discharge of patients and death. This was as expected due to the uncertainty of events during the first wave of the pandemic.
- The waiting list this year has been averaging around 75 people. This equates to a waiting time of 10-12 weeks.
- 77% applications made are for Urgent Authorisations. This is an increase of 34% on the previous year. The sharp rise wasn't expected however the DoLS Team published a Matrix to assist the wards to determine what constitutes an Urgent and Standard Authorisation.
- The increase in Court of Protection cases is a result of increased usage of Paid Representatives to act as RPR, who can represent the persons objections to elements of their care and most often discharge.
- During the 'Lockdown' period where the DoLS Team were completing remote assessments, it was found that the capacity assessments completed by staff were not of

sufficient quality to withstand scrutiny in the Court of Protection.

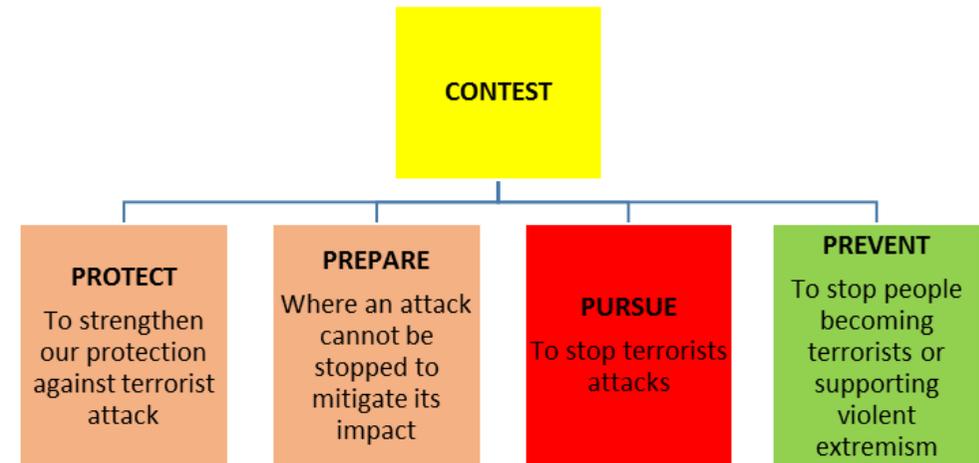
## Next Steps

- Reduce the DoLS waiting list to below 75 at any given time
- An application has been granted by Welsh Government for additional resources to reduce the backlog and work within the time constraints in preparation for LPS. Funding has been approved for a Practice Development Manager to oversee the MCA, DoLS and LPS transition, ensuring that all training is current and up to date whilst providing guidance with the application of the MCA on clinical areas. 3 x Full Time Best Interests Assessors to manage the backlog and an additional Administration Assistant to manage the increased workload.
- Due to the delay in the publication of the LPS, the Health Board are focussing on embedding the MCA into everyday practice to aid the transition from DoLS to LPS.
- The DoLS Team are providing workshops and improving the information provided on share point to assist wards with Mental Capacity Assessments, Court of Protection cases and how to manage their DoLS authorisations.
- Depending on the publication of the LPS the Health Board may be implementing the LPS towards the end of 2022.

## Barriers

- As training improves the numbers of applications made the waiting list grows and capacity to respond within timescale diminishes.
- Lack information from wards on movement of patients' impacts on effective use of limited resource.
- With the increase of urgent applications, the ability to respond within the timescale reduces significantly.
- With the unpredictability of the pandemic, the DoLS team have contingency plans in place that can assist with remote assessments however; this will have an impact on production.
- With restrictions of visitors to the wards, it is difficult for visitors to adequately represent the inpatient as an RPR. The wards have to ensure that the inpatient has a means of communication with the outside in the event of a ward closure.
- The lack of a Code of Practice is significantly delaying the planning and implementation of LPS.

## Terrorism Strategy



Preventing someone from being radicalised, is no different from safeguarding individuals from other forms of abuse or exploitation.

Prevent does not require health staff to do anything outside of what is required during the course of their usual duties.

The challenge is to ensure that, where there are signs that someone has been or is being drawn into terrorism, the healthcare worker is trained to recognise those signs correctly, and is aware of and can locate available support through their organisation.

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## What Did We Do?

Referrals are made to Channel Panel, the government's anti-radicalisation programme, by Cwm Taf Morgannwg University Health Board. The Head of Safeguarding or Deputy Head of safeguarding attends Channel panel to ensure information is shared. No Health Board referrals have been made in this reporting period.

Channel accepts referrals for anyone who displays a vulnerability to violent extremism, regardless of age. Sharing information about suspected radicalisation should be seen as no different to sharing concerns for vulnerable people subject to grooming or exploitation.

Members of the corporate safeguarding team have developed lead roles around radicalisation and attend Channel Panel.

## What did we learn?

The trend towards individuals acting alone and using methods of increasingly low sophistication was borne out in Cwm Taf Morgannwg with the arrest and conviction of a teenager from Llantrisant.

There is also a significant right wing/defence league following within Cwm Taf Morgannwg which led to two individuals being arrested for inciting racial hatred on Facebook, a European Defence League meeting held in Pontypridd and a van from a local van hire firm in Pontyclun being used in an attack on Muslims in London.

## Next Steps

There is an expectation for all NHS staff to be trained in PREVENT and be able to act on concerns.

Implement an e-learning package to CTMUHB to allow for all staff to complete training. This will support the identification and referral of those individuals at risk of radicalisation.

## Barriers

Radicalisation training is not mandatory in Wales. Appropriate training for staff is available as an e-learning package. However, this needs to be added to the training matrix on ESR so that staff compliance can be measured.

## Offender Management



### Our Aim

To create safer communities and reduce crime by planning, commissioning and delivering community safety related services and activities as a statutory member of the Cwm Taf Community Safety Partnership.

To ensure the UHB complies with the related legislation:

- Criminal Justice Act 2003 – duty to cooperate in Multi-Agency Public Protection Arrangements (MAPPA)

### How Will We Do This?

Ensuring that there are effective inter-agency offender management processes and practice in place, supported by robust quality assurance and information sharing systems.

Participate in MAPPA meetings and implement health actions.

Participate in the work of the relevant regional partnerships:

- Community Safety Partnership
- Offender Management Board
- Serious & Organised Crime Board

- MAPPA Senior Management Board – Violent & Sexual Offenders

### PARTNERSHIP PILOT PROJECTS

- WISDOM: Wales Integrated Serious & Dangerous Offender Management
- Women's Pathfinder: Diversion from Criminal Justice processes
- DRIVE: Working with perpetrators of Domestic Abuse

### Next Steps

Maintain effective inter-agency offender management practice in Cwm Taf Morgannwg.

The Head of Safeguarding attends all level 3 MAPPA meetings to ensure appropriate Safeguarding representation.

## Allegations Made Against Professionals



### Our Aim

To ensure that patients/clients are safe in our care. To ensure that staff understand they have a duty to report concerns about the behaviour of other staff members.

Raise awareness with our staff that their behaviour outside of work can directly impact on their working role.

### How Will We Do This?

Ensuring that there are effective inter-agency safeguarding processes and practice in place. That these are supported by robust Human Resources processes and risk assessments to ensure a proportionate response to concerns whilst safeguarding our patients/clients.

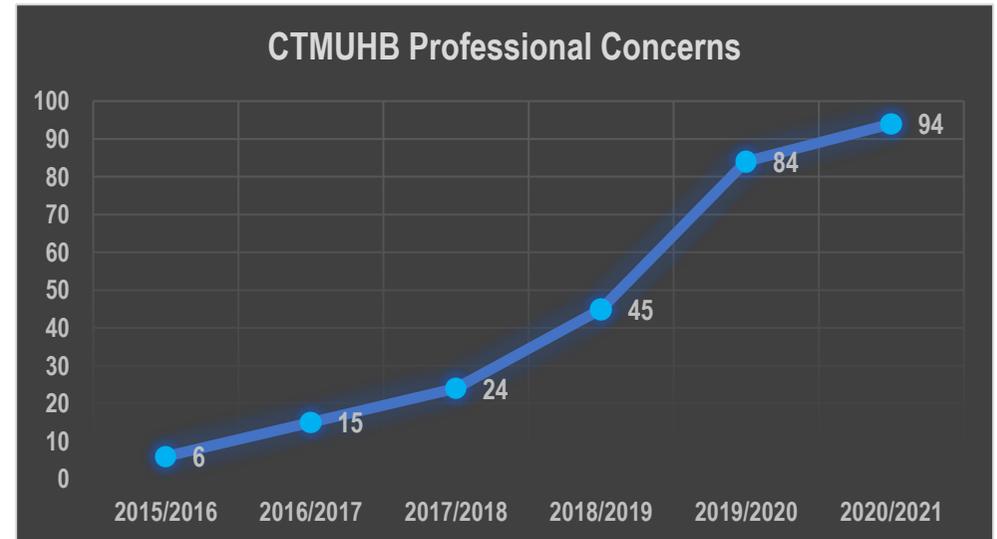
### What Did We Do?

There were 94 staff implicated in allegations of abuse or cause for concern about a person who works with children or adults at risk, this is compared to 84 in 2019/20.

- 5 related to child protection concerns
- 12 related to adult protection concerns



- 51 were due to professional conduct concerns



### What did we learn?

Many of the professional concerns raised have been in regards to professional and personal conduct. There has been a significant increase in 2020/21, whereby cases of conduct have involved alcohol. A large amount of professional concerns, have also been in relation to incidents of domestic violence. There has been a national increase in cases of domestic violence, alcohol misuse and poor mental health during the COVID pandemic. Since many of our CTMUHB workforce also reside within the CTM footprint, it is not unreasonable to consider that these issues have also affected them. Therefore, those involved in professional concerns are

always offered support from occupational health, wellbeing and third sector services.

## Next Steps

- Raise awareness among staff on the impact of private behaviour/conduct on their working life.
- Work closely with workforce colleagues in providing appropriate support and signposting.
- Raise profile of appropriate use of social media.
- Ensure Ask and Act training emphasises the importance of supporting staff within CTMUHB.

## Multi-Agency Safeguarding HUB (MASH)



### Our Aim

Through collaborative working with our partner agencies, that children and adults at risk in the Cwm Taf Morgannwg area are able to live safe lives.

### How Will We Do This?

MASH facilitates safeguarding by working together, in one place, sharing information and making collaborative decisions. Through MASH, a more timely and proportionate approach to the identification, assessment and management of safeguarding, child and adult protection enquiries can be achieved.

Cwm Taf Morgannwg has two MASH one based at Pontypridd Police Station and the other in Bridgend. The success of these Hubs have been developed through a phased co-location of key statutory partners, including the police, health, probation, education and local authorities. Cwm Taf MASH is

the 'front door' for all adult and child safeguarding referrals, including high risk domestic abuse.

COVID has seen changes in practice, with partner agencies moving to home working through periods of lockdown and in line with Government guidance.

## What Did We Do?

The involvement of health professionals in MASH is seen as particularly important. Their information and perspective is crucial to decision making for all safeguarding and particularly in multi-agency teams.

The CTM MASH Health Team where possible have continued to locate themselves within the HUBs. This has provided access to relevant IT systems and supported the ability to provide on call advice to staff members during crucial times. Alongside partner agencies possesses have been adapted to ensure effective sharing of information and decision making in respect of safeguarding people.

There is a Business Manager and four full time Specialist Nurses for Public Protection, with considerable experience in safeguarding and multi-agency working. The seniority of the posts reflects the high level decision making required and confidence in challenging and negotiating with other professionals and agencies.

Despite the team supporting other services throughout the pandemic, the safeguarding service has experienced little disruption and has continued to work effectively in recognising abuse and supporting referrals.

A total of **2131** safeguarding concerns were recorded by Cwm Taf MASH for 2020-2021. 2117 proceeded to be discussed at strategy discussion within 24 hours of reporting. Triaging of all reports by the Local Authority determines which concerns meet the safeguarding threshold where information was shared between partner agencies for further action.

## What Did We Learn?

MASH focuses on sharing intelligence and information to provide better informed decisions about risks to individuals without delay. This early intervention aims to prevent or offset the risks to individuals and reduce repeat referrals.

Despite the restrictions imposed to staff working through COVID, there continues to be effective communication and timely information sharing between health and its partner agencies.

Safeguarding concerns were received from a range of professionals including Social Workers, Teachers, Care Home staff, Health Visitors, doctors, emergency services and third sector organisations. Referrals were also received from

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members of the public via the local authorities' contact centres/one stop shops.

The frequency of MASH domestic abuse multi-agency discussions has allowed agencies to identify those at high risk of domestic abuse. They have given practitioners an opportunity to discuss associated child and adult protection issues. This is a more efficient way of working for all agencies in terms of time saved, improved response times and better risk management with one strategy discussion being held as opposed to separate meetings.

### **Repeat Referrals**

As individuals are created on the Mhub system, any future search of the name automatically shows the number of incidents that this person has been involved in. Prior to MASH this level of scrutiny for repeat referrals was not available on a multi-agency basis and it means that all agencies have access to a system that can "track" repeat referrals.

### **Next Steps**

To continue to facilitate the contribution of key UHB staff in strategy discussion, information sharing and decision making.

To streamline the work of health staff within MASH to ensure that the information shared with partners on behalf of the UHB is of good quality.

### **Barriers**

The pace and volume of work generated within MASH and the subsequent demand for information and contribution from MASH Nursing Staff and key practitioners remains a challenge.

ICT related issues in terms of labour intensive information gathering and sharing from health systems to MASH systems.



## Training



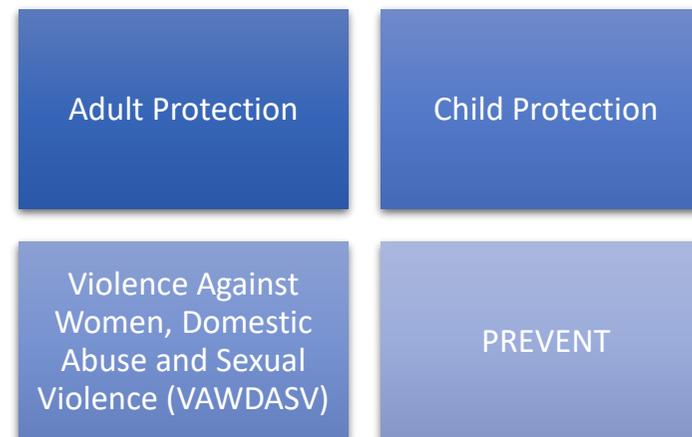
### Our Aim

To ensure CTUHB staff are sufficiently trained and competent to be alert to the potential indicators of abuse, including concerns about behaviour of staff, and know how to act and report on those concerns in order to fulfil statutory safeguarding duties under the Children Act 1989 & 2004, the Social Services and Well-being (Wales) Act 2014, the Violence Against Women, Domestic Abuse and Sexual Violence Act 2016 and the Counter-Terrorism and Security Act 2011.

### How Will We Do This?

Safeguarding and Public Protection training is vital in protecting our service users, their families and our communities from harm. Safeguarding Children and Safeguarding Adult training is identified as two of the Mandatory training requirements in the NHS UK Core Skills Training Framework. All staff must have achieved the competency level required to their role in relation to children, young people or adults who are at risk. In addition, VAWDASV and PREVENT training are also statutory for all staff in Wales.

- There are four key dimensions of Safeguarding Training:



- Additional Specialist Safeguarding/Public Protection Training:



The CTMUHB Safeguarding Training Strategy has been updated in light of changes in legislation and to incorporate the wider public protection agenda. It describes the level of training competency required for each role in relation to children or adults at risk & these have been assigned to each role on ESR. Each individual staff member's training matrix now shows their compliance with the required competency. The strategy is consistent with the Royal Colleges Intercollegiate Safeguarding Children Training Document and

## Adult Safeguarding Levels and Competencies for Health Care Professionals 2019.

### Safeguarding Children and Adults at Risk

This is required at a number of different levels:

- Level 1 { •Non-clinical staff working in health care settings
- Level 2 { •All clinical staff who have any contact with children, young people and/or parents/carers
- Level 3 { •All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns
- Level 4 { •Specialist Roles in Safeguarding

### Violence Against Women, Domestic Abuse and Sexual Violence

The Act places a statutory duty on the UHB to train all staff in VAWDASV in line with the National Training Framework and there is an e-learning package available to staff on ESR.

Work is underway nationally to update Level 2 (Ask and Act) and Level 3 (enhanced knowledge for certain professionals and those within a champion role). Cwm Taf Morgannwg are actively participating in this work.

All training has been reviewed this year and there continues to be national work in producing a virtual platform for Safeguarding training to be delivered across CTM.

### PREVENT

This training for all NHS staff is a requirement under the UK Government's Anti-Terrorism Strategy using the UK WRAP Programme.

### What Did We Do?

The corporate team ensures that appropriate training is available for HB staff to ensure that they are confident in safeguarding people. Staff will achieve the competency they require through safeguarding training and dissemination of learning as well as research from Practice Reviews and Multi Agency Practitioner Forums.

The Safeguarding Board's Training and Learning Group (TALG) is attended by the UHB Head of Safeguarding and works to develop the multi-agency training calendar and identify any gaps in provision. Many of the key themes from legislation and local safeguarding learning have been incorporated into the multi-agency training programme.

The safeguarding team participate in training development and delivery and host a number of training sessions on HB sites to facilitate accessibility for staff. Bespoke training has also been provided by the corporate team to individual staff groups on request where a specific need has been identified.

This training was extended to staff at the COVID testing facilities. There was also additional training provided to overseas nurses and additional HCSW employed to support during periods of service pressure.

Safeguarding training in the UHB is managed via the Electronic Staff Record. Population of the safeguarding competencies on ESR enable the Learning & Development team to develop both the UHB training needs analysis for safeguarding and to provide quarterly activity reports to the Safeguarding Children Group and Safeguarding Adult Group.

The need for Level 4 training is identified on an individual basis and managed via the Personal Development Review process.

The Safeguarding Team has undertaken a number of events and exercises in 2020/21 to embed safeguarding culture and awareness across the health board including a greater presence on social media and activities during Regional Safeguarding Week.

### **Recommendations:**

- Monitoring the uptake of safeguarding training of CTUHB staff and targeting areas of low engagement and departments making high numbers of safeguarding referrals.
- Improved publicity of any forthcoming safeguarding event or message; utilising the potential of social

media and the intranet to generate interest both within the UHB and on a much wider scale.

- Utilise virtual platforms to offer specific safeguarding training and to allow for recorded webinars to be delivered across the UHB.

### **What Did We Learn?**

From available data reviewed Children and Adult at risk safeguarding compliance has reduced slightly. This has been primarily due to the pressures that the Health Board have experienced during the COVID pandemic.

VAWDASV e-learning compliance is lower than legislative requirements. The challenge for the next year is to achieve 100% compliance.

Attendance at PREVENT training is not currently available.

Safeguarding Children & Adult face to face Level 2/3 training is evaluated following each session. On the whole these sessions continue to be positively received:

### **Next Steps**

Changes have and will be made to the delivery of safeguarding training for the HB. Safeguarding training for Adults and Children will be available both virtually and face

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to face. Bespoke Level 3 training for adults and children will also be offered to areas of low compliance, where there is an importance to ensure that staff have an appropriate level of knowledge and skills.

To target specific service areas for improvement and maintenance in response to the current and forecasted compliance, particularly with regards to the e Learning for VAWDASV.

All CTMUHB staff to be assigned a competency level for Adult and Children's Safeguarding and compliance to be monitored through Electronic Staff Record (ESR).

PREVENT training e-learning package to be approved, translated and made available to staff on ESR.

Adopting a prudent approach to training delivery by combining subject matters such as Child Sexual Exploitation with FGM, Modern Day Slavery and Hate Crime and subject to clarification of the educational requirements for Modern Day Slavery and Hate Crime.

In order to firmly embed a safeguarding culture and practice within the organisation it is imperative that alternative methods of raising awareness and learning are utilised appropriately such as electronic options, home access and social media use.

## **Barriers**

The safeguarding and public protection agenda and related training requirements continues to expand thereby increasing the commitment of safeguarding staff in devising and delivering training packages.

The current Welsh Government trend to expect 100% compliance is a significant challenge for the UHB as is the number of staff hours 'lost' to services as a result of mandatory training requirements.

## Safeguarding Board



### Our Aim

Safeguarding in Cwm Taf Morgannwg is overseen by the regional multi-agency Cwm Taf Morgannwg Safeguarding Board with responsibility for:

- Safeguarding Children & Adults at Risk
- Deprivation of Liberty Safeguards
- The Multi-Agency Safeguarding Hub (MASH)

The responsibilities and functions of the Board are set out in the statutory guidance under Part 7 of the Social Services and Wellbeing (Wales) Act 2014.

### How Will We Do This?

The Board has an overall responsibility for challenging relevant agencies so that:

- There are effective measures in place to protect children and adults at risk who are experiencing harm or who may be at risk as the result of abuse, neglect or other kinds of harm.

- There is effective inter-agency co-operation in planning and delivering protection services and in sharing information.

The functions of the Board are implemented via a number of committees and sub groups, which sit within the overall structure. A performance and risk management framework is in place to enable these groups to report on key issues to the Board.

### What Did We Do?

- The UHB is represented on the Safeguarding Board by the Executive Director of Nursing and the Head of Safeguarding.
- Individuals from the Corporate Safeguarding Team represent the UHB on the committees and subcommittees that implement the functions of the Safeguarding Board.
- The UHB makes a financial contribution to supporting the effective working of the Board as required in the statutory regulations.
- The Board has published its Annual Plan for 2020/21. These priorities were agreed by all Board partner agencies at a Board Development Day earlier in 2021. The Annual Plan can be accessed at; [www.cwmtafmorgannwgsafeguardingboard.com](http://www.cwmtafmorgannwgsafeguardingboard.com)

# Cwm Taf Morgannwg Safeguarding Board

