



**AGENDA ITEM**

3.2.3

**QUALITY & SAFETY COMMITTEE**

**SAFEGUARDING ANNUAL REPORT**

**Date of meeting**

24/01/2023

**FOI Status**

Open/Public

**If closed please indicate reason**

Not Applicable - Public Report

**Prepared by**

Claire O'Keefe – Head of Safeguarding

**Presented by**

Greg Dix – Executive Director of Nursing

**Approving Executive Sponsor**

Executive Director of Nursing

**Report purpose**

FOR NOTING

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

**Committee/Group/Individuals**

**Date**

**Outcome**

Safeguarding Executive Group

(23/01/2023)

The recommendation is to endorse for approval

**ACRONYMS**

CTMUHB

Cwm Taf Morgannwg University Health Board

DoLS

Deprivations of Liberty Safeguards

LPS

Liberty Protection Safeguards

CTMSB

Cwm Taf Morgannwg Safeguarding Board

**1. SITUATION/BACKGROUND**

- 1.1 The Cwm Taf Morgannwg Safeguarding Board and Corporate Safeguarding Team for the Health Board produce an Annual Report every year. These reports are developed to summarise and inform

the public and other practitioners of Safeguarding activity throughout the year.

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

- 2.1 The Health Board's Safeguarding Annual Report (Appendix A) has been produced to give an overview of the safeguarding activity undertaken throughout the health board in 2021/22. The COVID pandemic resulted in Safeguarding practices being developed and adapted to address some of the increased safeguarding issues that were affecting the communities of CTM. 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.
- 2.2 The Cwm Taf Morgannwg Safeguarding Board has produced an Annual Report for 2021/22; this has been produced to reflect multi-agency safeguarding activity across CTM. All partner agencies have contributed to the board work and worked collaboratively to meet the objectives of the Boards' safeguarding plans. This Annual Report presents an overview of the work that the Cwm Taf Morgannwg Safeguarding Board carried out in 2021/2022 in pursuit of the aim to ensure that the people of Cwm Taf Morgannwg are safeguarded from abuse, neglect or other forms of harm.

## **3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

- 3.1 Sharing learning across Cwm Taf Morgannwg has continued to be a priority for both the Safeguarding Board and Health Board for this year. Action plans and recommendations from safeguarding statutory practice reviews need to be effectively disseminated across the Health Board for learning. It is anticipated that this will be achieved through the Safeguarding Executive and Safeguarding Operational Groups. In addition, CTMUHB also have a Listening & Learning Forum for wider cross Organisational sharing and a repository of learning available to all colleagues via our intranet.
- 3.2 Training compliance for the Health Board remains low for 2021/22; this is primarily due to the accessibility of training during the COVID pandemic. Many staff were re-deployed, resulting in other patient facing training taking priority. This has now been addressed with all training being reviewed, multi-agency and now being available on virtual platforms. In addition, the Corporate Safeguarding team are providing bespoke training for those who need it urgently due to the nature of their work or on identification of any need.

- 3.3 Referrals have continued to increase this year, particularly those relating to child protection concerns. This has placed additional pressures to deliver all training packages throughout the Health Board. It is vitally important that staff are aware of the increased risks to both children and adults. Therefore, other resources such as seven minutes briefings have been disseminated to share learning and good practice.
- 3.4 Throughout 2021/22 numbers have been consistent in respect of those people suffering from the effects of domestic abuse. With continued increased numbers of those suffering from mental health issues. In addition, several of our professional concerns involved staff who were victims or perpetrators of abuse. In partnership with Rhondda Cynon Taf Local Authority and through The Police Commissioners Office funding, The Health Board have a health Independent Domestic Violence Advisor based at its Royal Glamorgan Emergency Department. This person has facilitated further bespoke training, supported numerous patients and staff members to receive ongoing support. Further plans include, working collaboratively with other service groups to raise awareness and provide appropriate advice and support. This will ensure that staff have increased awareness of how to recognise and refer concerns identified around domestic violence, as well as better support to colleagues.
- 3.5 Compliance with Deprivation of Liberty Safeguards continues to feature on the risk register with a rating of 16. The delay in authorisation has resulted in patients being unlawfully deprived of their liberty. The implementation of the Liberty Protection Safeguards has been delayed and is now expected in October 2023. There is appropriate representation from CTMUHB at the All Wales Groups, this will ensure that CTMUHB's planning and preparation is in line with other Health Boards. Welsh Government funding has been successfully secured to recruit and increase resources in order to improve preparedness and clear the backlog of DoLS authorisations. The appointment of a Mental Capacity Act Practice Facilitator has enabled the team to support clinical areas and provide bespoke training to several General and Community hospital sites.
- 3.6 The Health Board's Safeguarding Maturity Matrix and Improvement Plan has been approved at the Safeguarding Executive Group and will address any matters highlighted within the Annual Report. The Improvement Plan can be made available to Committee Members upon request.



#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Safe Care
	If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)
	If yes, please provide a hyperlink to the location of the completed EIA or whom it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below.
<b>Legal implications / impact</b>	The Annual Report's produced by the Corporate Safeguarding Team and Safeguarding Board provide an overview of Safeguarding Activity for the CTM region in 2021/22.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Link to Strategic Goals</b>	There is no direct impact on resources as a result of the activity outlined in this report.
	Sustaining Our Future

#### 5. RECOMMENDATION

5.1 The Committee is asked to **NOTE** the report.