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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Annual Report
2021/22



Safeguarding & Public Protection



Standard 2.7
Safeguarding Children & Adults at Risk
Safe Care





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.

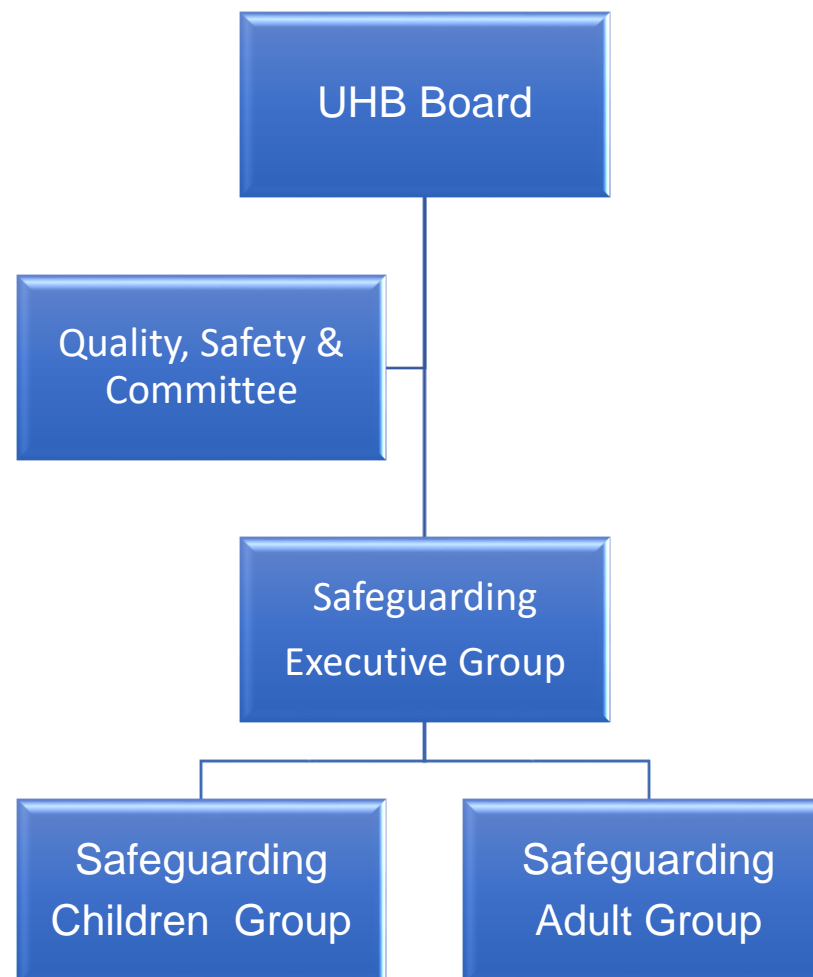
- **Safeguarding** in Cwm Taf Morgannwg involves working with our partner agencies to protect children and adults at risk of abuse, neglect or other kinds of harm and actively prevent them from becoming at risk of abuse, neglect or other kinds of harm.
- **Public Protection** seeks to protect, promote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

Strategic Objectives for Safeguarding and Public Protection:

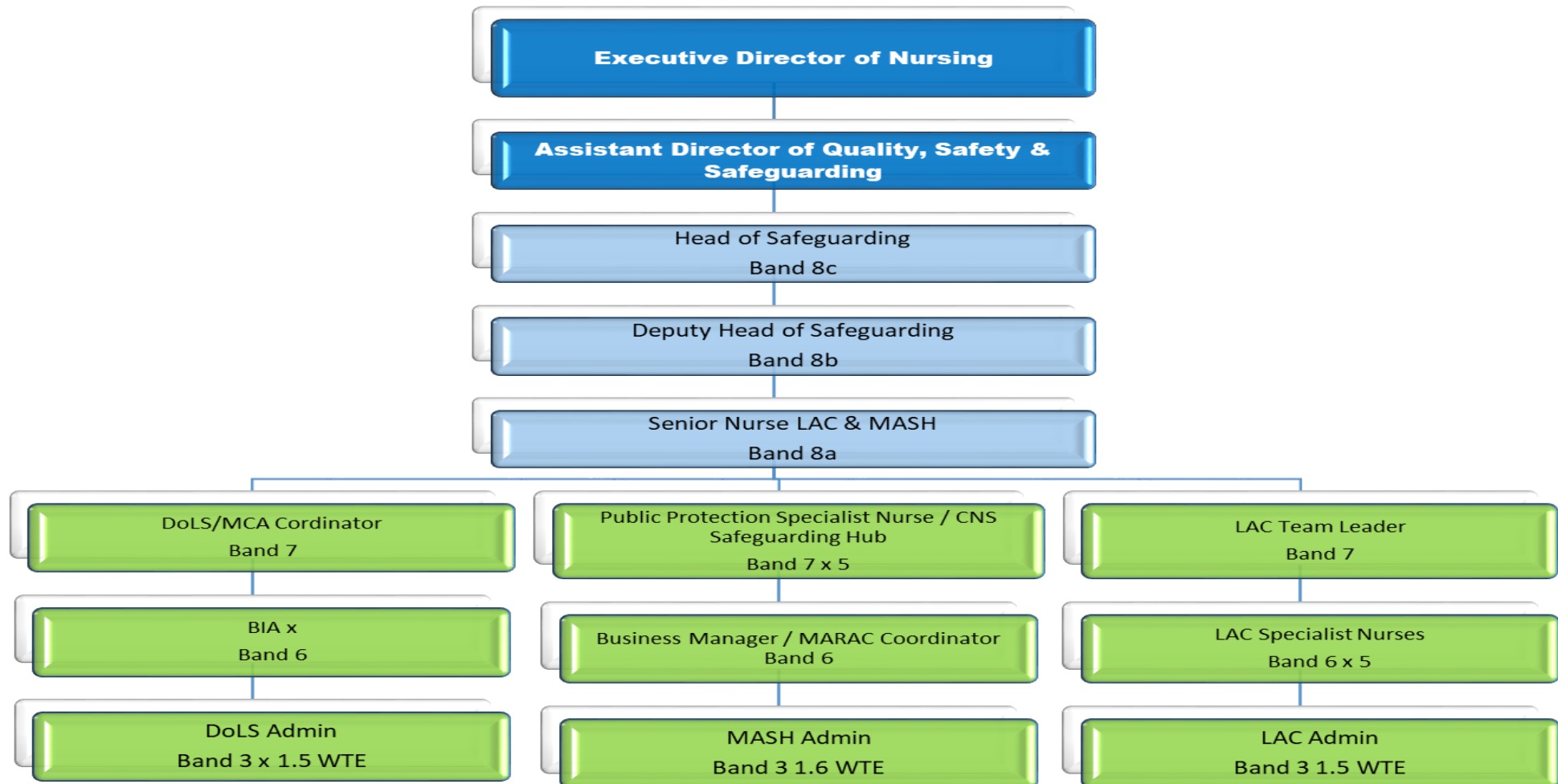
- There are effective measures in place to safeguard people and protect children and adults at risk.
- There is effective inter-agency co-operation in planning and delivering safeguarding and public protection services and in sharing information.

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 quality, 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.

Clinical Nurse Specialist for adoption.

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 and Procedures:

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

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.

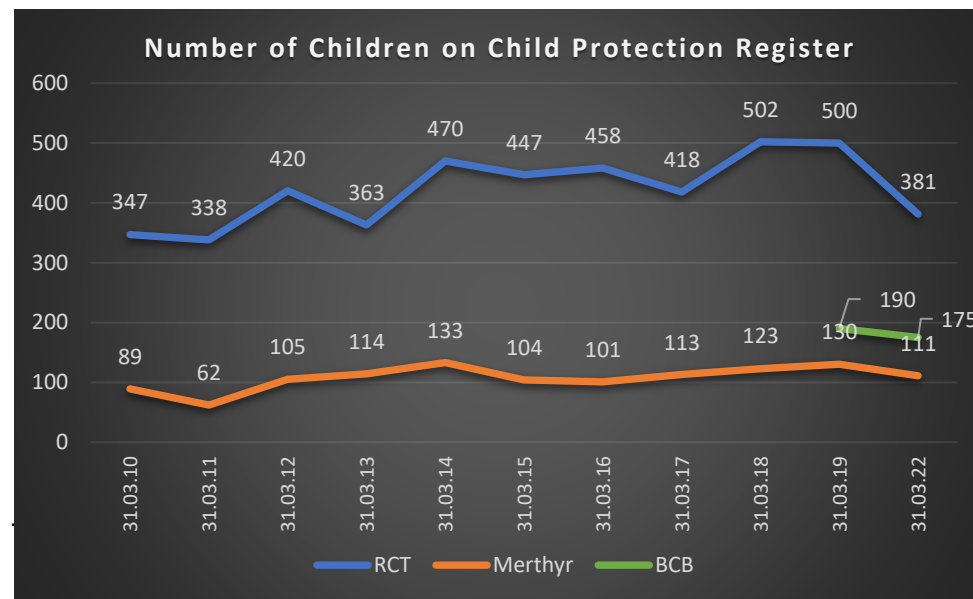
Good communication across all disciplines of health and joined up working in respect of identifying learning.



What Did We Do?

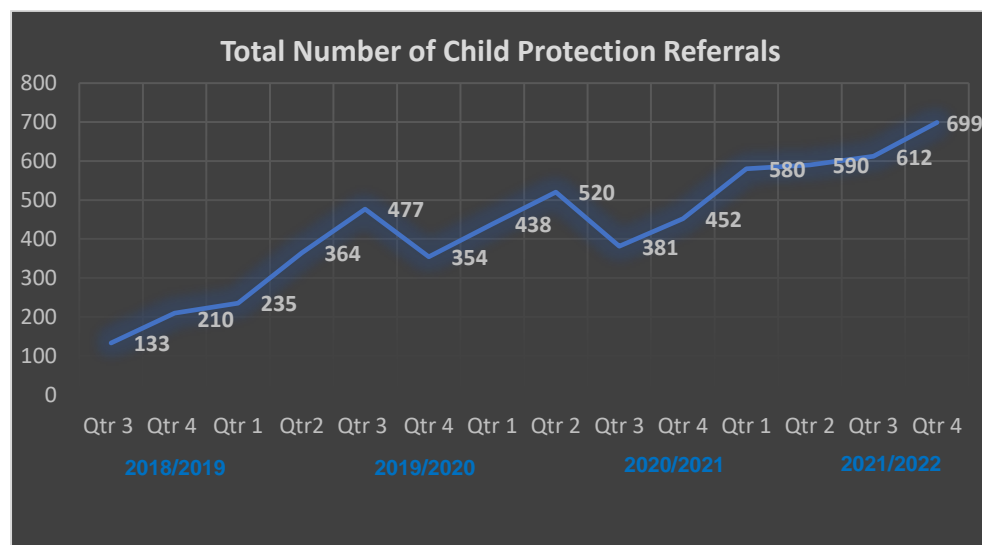
At March 2022 the number of children on the Child Protection Register in Cwm Taf Morgannwg (CTM) was (667) with Merthyr Tydfil (111); Rhondda Cynon Taf (381) and Bridgend (175).

All three Local Authorities have reported a significant increase in those families accessing Local Authority early help services.



There is no current National database publishing up to date numbers for those children placed on the Child Protection Register in Wales. Data for 2021-2022 above is taken from local performance reports provided on a quarterly basis from the Local Authority to the Regional Safeguarding board.

There has been a reported national increase in safeguarding activity. All areas within CTM have seen an increase in referrals and strategy meetings. There has been 2,481 health referrals submitted to Children Services, this has increased from 1,693 in 20/21. Referrals are predominantly received from Emergency departments. It is considered that this may be attributed to additional training that has improved recognition to response.



In 2021/22, 270 child protection medicals were undertaken compared to 134 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.

This year has tragically seen 11 cases of unexpected child deaths, including two homicides and two suspected deaths by suicide. Five of the deaths occurred within the Bridgend area, resulting in the Cwm Taf Morgannwg Safeguarding Board commissioning an Independent Rapid Review. Several of the cases were considered for a Child Practice Review in line with the statutory guidance published by Welsh Government in November 2016. Three met the criteria for a Child Practice Review and two others required additional reviews to identify learning and improvements. The Cwm Taf Safeguarding Board published two Child Practice Reviews for the year of 2020/21.

Early learning has been identified from the homicides and child deaths. Following local investigations and the recommendations of the rapid review, an action plan was developed to monitor improvement activities throughout CTMUHB.

Included in the 11 cases of unexpected deaths were 2 were suspected deaths by suicide. The Cwm Taf Morgannwg Suicide Prevention Steering Group continues to review all suspected deaths by suicide to identify themes and learning for all organisations.

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, particularly when abuse or neglect is suspected.
- The importance of professional curiosity when working with children and 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 actively considering the voice, wishes and feelings of the child within safeguarding processes.
- The importance of effective multi-agency working when there is suspected physical abuse or non-accidental injury.

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.

- The Child Protection Medical Hub has been widely evaluated positively by other practitioners, families and children. It provides a child friendly environment, that facilitates timely medicals for children where there is suspected physical abuse and/or neglect.
- Improved working relationships between safeguarding and services within the wider health board.

Next Steps

Maintain effective safeguarding practice in Cwm Taf Morgannwg:

- Participate fully in Child Practice Reviews to identify and implement learning throughout the Health Board.
- Undertake multi-agency and UHB quality assurance activities
- Continue to work closely with frontline services and facilitate improved information sharing in a timely manner.
- Continue to 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 recovery.
- Safeguarding remains everybody's business, key messages around safeguarding children and young people is essential. Working together to safeguard is a key priority, this will be achieved through effective collaboration, training and education with partner agencies and colleagues within CTMUHB.

Child Sexual Exploitation (CSE)



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 Child Sexual Exploitation

- Contribute to the identification, disruption and prosecution of perpetrators.
- Provide education and training to health professionals in a position to identify children at risk.

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 across the Health Board.
- Contributed to Individual Risk Management plans within Multi-Agency CSE meetings.
- Participated in the planning and implementation of the multi-agency process for pooling intelligence in relation to perpetrators, and contextual safeguarding 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 Child Sexual Exploitation Risk Questionnaire (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.
- A Public Protection Nurse attends six weekly Multi-Agency Exploitation Group. In addition, the Health Board are contributing to the development of a Regional Exploitation strategy.

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.
- Exploitation is now seen more widely, it is no longer a forum for reviewing only sexual Exploitation. This facilitates wider networking and joined up working with Child Adolescent Mental Health Services, third sector and statutory services.

Next Steps

- Develop data in relation to prevalence in Cwm Taf Morgannwg University Health Board (CTMUHB).
- Continue to identify local multi-agency and UHB trends and issues.
- Further encourage the use of the CSERQ in CTMUHB, to aid in identification and risk assessment for those at risk of CSE.
- Ensure consistent health representation at all CSE strategy meetings.

Barriers

The recognition of exploitation of young people requires practitioners to exercise professional curiosity. Ongoing training and education is required to update practitioners of the risks to exploitation. Colleagues working within busy clinical environments require training and resources that can aid in the recognition and referral of safeguarding concerns.

Children Looked After (CLA)



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:

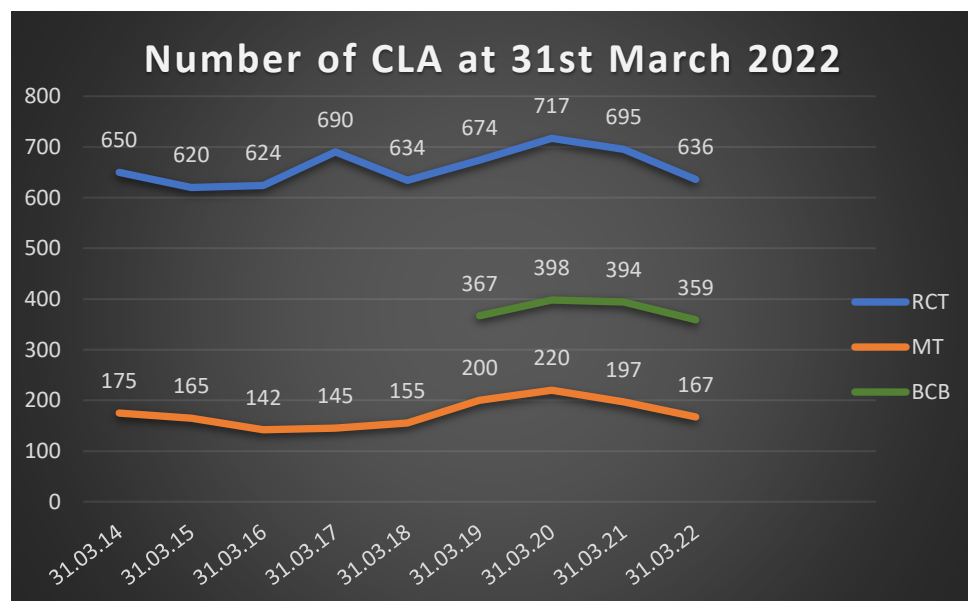
- Social Services & Well-being (Wales) Act 2014 – Part 6
- Toward a Stable Life and Brighter Future 2007 [statutory health assessments]

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 and meeting the statutory requirements for health provision

- Ensuring there are effective interagency CLA processes and practices in place to support health needs
- Robust quality assurance and information sharing systems.

What did we do?



The social services and well-being act (2014) places a statutory duty to provide health services for care experienced children this included completion of statutory Health Assessments. The number of care experienced children has increased during the year, across all three local authorities,

and there has also been an increase in the number of children who are moving placements frequently. Statutory health assessments for Children Looked After are undertaken every 6 months for children under 5 years of age and annually for children over 5 years of age. Assessments for children less than 5 years of age are undertaken by a Paediatrician and the Health Visitor.

All assessments for children over 5 years of age are undertaken by the specialist nursing team, or are commissioned from the placing health authority. CTMUHB undertake assessments for children and young people placed within CTMUHB, irrespective of local authority of origin.

There has been a steady increase in unregistered placements for both children and young people which will continue to be problematic, this is in part due to a national shortage of registered placements along with a well published policy decision from Welsh Government to move towards “not for profit residential settings”.

Out of County Placements

March 2022 indicates there were 312 children looked after placed within Cwm Taf Morgannwg (CTM) from other Local Authorities compared to 308 last year so this number appears to be consistent. There have been 254 of CTM children placed out of county, similarly this number undeviating from previous figures. 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. Although there is ongoing work both locally and nationally to improve these processes.

Statutory assessments for Looked After Children from Cwm Taf Morgannwg 'home' local authorities placed out of county are requested for completion by the host health authority. The CLA team receive similar requests by other health board to undertake assessments for children who are placed within the CTMUHB footprint.

Children Looked After and Child Adolescent Mental Health Service (CAMHS).

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. This includes working with CAMHS so that when young people are moved out of the CTMUHB footprint that care is continued until CAMHS services within the new placement are able to take over. This process supports continuity of care to the most vulnerable and prevents cessation of support and treatment whilst a referral is processed within the new placement area.

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 2021/2022, there were 2 known placements as part of the National UASC arrangements. In November 2021 the national transfer scheme became mandatory for all local authorities including those within the CTMUHB, this will lead to an evitable increase in these figures.

What did we learn?

- There was a total of 1598 of CLA children and Young People residing in Cwm Taf Morgannwg Health Board aged between 0-17 years at March 2022.
- 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, with the most recent over December 2021 through until February 2022.
- Resource reduction had a direct impact on work, with the team having to work in a more imaginative ways in response to reduced capacity. The team continues to work in a hybrid way.

- 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, and the development of local standards to support this process.
- Processes between the CLA team and the Health Visiting service have been improved, to support timely completion of the under-five health assessments.
- The COVID vaccination programme for children was implemented locally in December 2021 and there was multi agency work across the three local authorities and health to ensure a seamless process for CLA children. The local authorities ensured that foster carers and residential staff had appropriate consent documentation, and health staff were supported in this process to provide reassurance around consent.
- Ongoing work is being undertaken between the CLA team and local authority and Paediatric staff to ensure when children require planned treatment, that all relevant personnel are aware of the consent requirements, to prevent treatment cancellation.
- 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, whereby Local Authorities outside of CTM place children looked after within Cwm Taf Morgannwg.
- To continue ongoing work with CAMHS that will support the emotional health and needs for CLA children and young people.
- 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.

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 work around expanding the health care needs form will only support this process.

The ongoing effect of post COVID health provision impacts on the entire population, such as delays around dental care and orthodontic care.

The Covid-19 pandemic 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 some 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

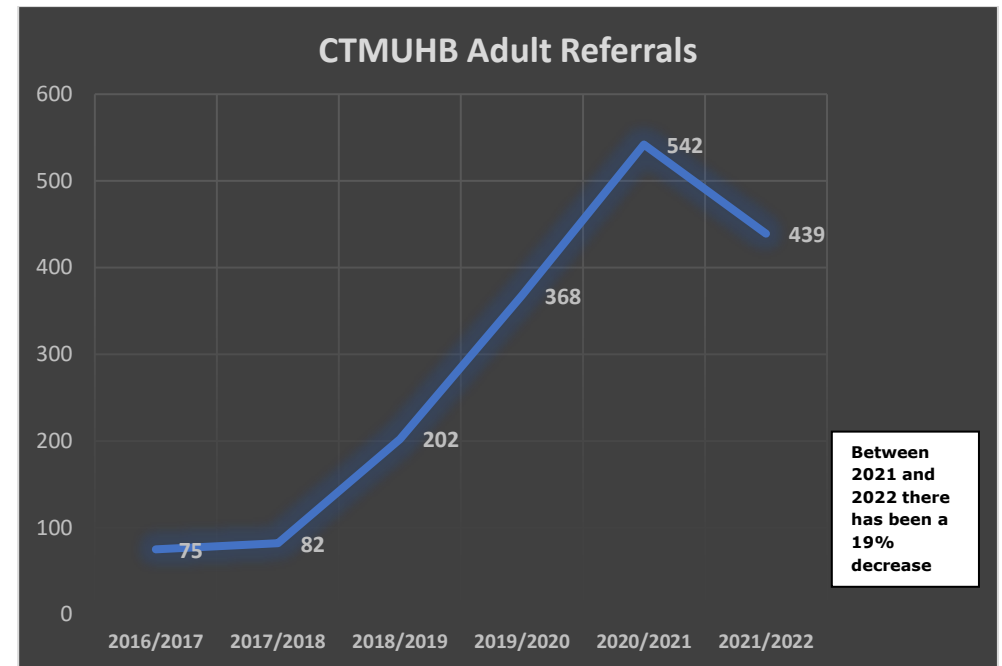
How Will We Do This?

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 439 adult at risk referrals in 2021/2022. This is a 19% decrease 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 113 referrals made in respect of avoidable pressure damage and 29 avoidable falls. The Public Protection nurses attended the Pressure Ulcer (PU) and Falls scrutiny panels on a regular basis to ensure safeguarding representation and to provide operational support for decision making in the clinical areas.
- A Standard Operational Procedure (SOP) for Pressure Damage referrals has been proposed, this will assist the management of avoidable PU incidents that have occurred within the Health Board. This work is in collaboration with the 3 Local Authorities and the implementation of this is planned to commence in 2023, the delay is due to resource with the MASH team and the ability to fulfil an additional role for scrutiny of the referrals.

Number of referrals received from CTMUHB



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

- The Board published 3 Adult Practice Reviews and 1 Domestic Homicide Review during the year and these are available on the Cwm Taf Morgannwg Safeguarding Board website.

What Did We Learn?

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

- The impact of Adverse Childhood Experiences in adulthood, sudden bereavement and loss.
- The importance of evidence practice supporting step down from care delivery.
- For young people who are approaching adulthood, transition arrangements should be considered at key points within their journey, in particular for those who are living away from their originating area.
- When young people move into another local authority area, having been a child looked after, and support is provided via leaving care arrangements by the originating authority, good practice for the originating authority would be to notify the local authority in which they move to.
- All agencies to review current training to ensure it includes trauma informed practice.
- When working with complex cases consider referrals to the Complex Case Panel which provides a multi-agency

opportunity to review individuals who present with a significant level of risk.

- Working with someone who is difficult to engage: it is important to distinguish between contact and real engagement.
- A multi-agency self-neglect policy to be developed.
- Where there is potential risk wider multi agency information to be sought to inform decision making.
- All agencies should have in place their own policies and mechanisms for clear and accurate record keeping, in line with General Data Protection Regulation.
- Professional curiosity and management oversight should inform analysis of risks and strengths before deciding on any actions.

The learning and themes identified from the reviews are circulated and shared at the Safeguarding Operational Group for wider learning.

During the COVID19 pandemic there has been evidence of ongoing collaborative working between the health Board and the Local Authorities, despite the restrictions posed and

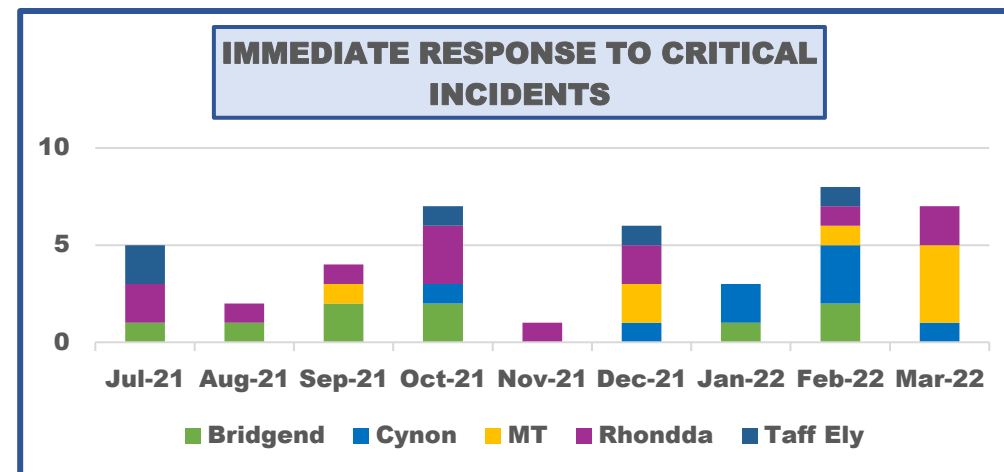
increased pressures. This work has continued remotely, for the majority of this year.

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.

The Public Protection Nurse's attend all Immediate Response Groups (IRG) meetings to share any relevant information, look at themes and concerns to ensure any actions are carried forward for Health. Where relevant, this is linked with the Health Board's incident management process and any required investigation for the Health Board.



- To implement 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.
- The Self-neglect policy was implemented within CTM, continued awareness to be raised within the health board.
- To identify any themes and trends across the Health Board that requires additional safeguarding oversight.

Barriers

- Continued recovery from the pandemic, causing increased pressures on the team.

- Delay in the implementation of new processes, due to increased workload and resources.
- Training delivery resources and restrictions/availability on clinical staff attendance.

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

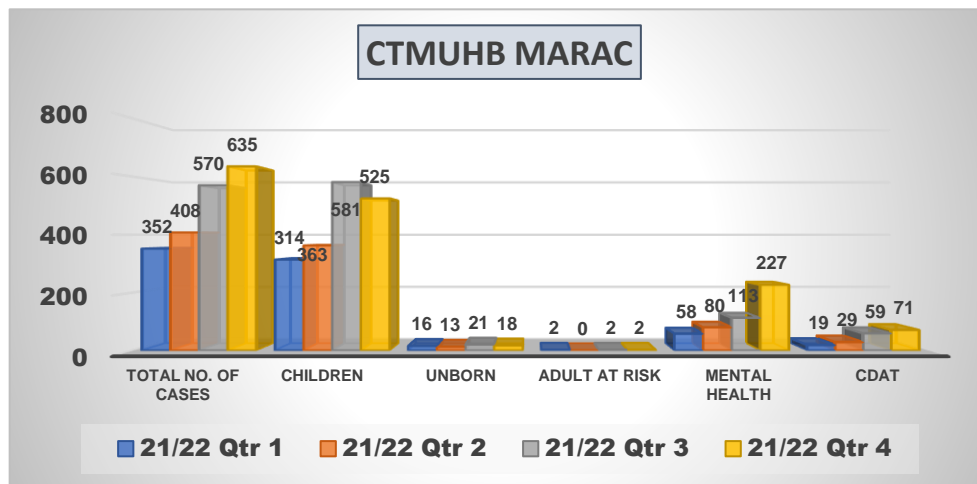
How Will We Do This?

- Continue to implement the Cwm Taf Violence Against Women Domestic Abuse Sexual Violence 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 Female Genital Mutilation in those under 18 to the police.

What Did We Do?

- 1965 cases assessed at daily domestic abuse discussions held in the Multi Agency Safeguarding Hub as opposed to 1200 in 2020/2021.
- 1783 children associated with those reviewed at Multi Agency Risk Assessment Conference (MARAC) as opposed to 1211 in 2020/2021.
- 68 unborn babies reviewed at MARAC as opposed to 39 in 2020/2021.

- 478 adults identified with mental health issues as opposed to 266 in 2020/2021.
- 178 adults known to Community Drug and Alcohol Team reviewed as opposed to 91 in 2020/2021.



- There was one Domestic Homicide Review undertaken in 2021/2022.

In November 2021 a new MARAC process commenced within Rhondda Cynon Taf and Merthyr Tydfil. This involved no daily cases, only MARAC meetings once a week. The appointment of a Health MARAC Coordinator has ensured that there is a consistent health presence at these meetings. Health information is shared timely with partner agencies and concerns fed back to relevant

service groups.

- In February 2022 a new Health Independent Domestic Violence Advisor (IDVA) was appointed to commence a pilot at the Royal Glamorgan Hospital. The post is funded by the Police Commissioners office until April 2025 for which the post holder has been provided an honorary contract by CTMUHB.

In collaboration with RCTCBC it is envisaged that this pilot will allow for the IDVA to collate data and evidence that this role is essential to providing early intervention to victims of domestic violence accessing health services. In addition, the role of the Health IDVA will be one that provides advice and support to staff members, along with acting quickly to provide victims of domestic violence with prompt specialist services.

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.

- 2021/2022 saw a positive increase of 54.5% in Health referrals to MARAC, this is possibly due to continued support from the MARAC Co-ordinator along with the new IDVA. Also, the uptake in staff attending Ask and Act training.
- Improvement of sharing information to health colleagues. This will increase the safety, health and wellbeing of victims – adults and their children and reduce the risk the perpetrator may pose to staff.
- Increase in routine enquiry within midwifery services and appropriate referral to services. Both Midwifery and Health Visiting will be conducting 6 monthly Routine Enquiry audits. This will show where services can improve in identifying those at risk of domestic abuse.
- School Nursing and Health Visiting service fully engaging with new MARAC process. Both services provide relevant health information on a weekly basis to be shared at RCT/MT & Bridgend MARAC and attend where necessary.

Next Steps

- Continue to promote group 1 VAWDASV Training – target 100%
- Bespoke Ask & Act (VAWDASV) training has been undertaken with the emergency department at RGH with good results, a number of referrals have been submitted following this training. This training will be delivered to all Emergency Departments across CTMUHB.
- An ongoing priority for CTM Safeguarding Board is to reduce the effects of domestic violence on children and adults at risk. Corporate Safeguarding is fully cooperating and leading on supporting this priority within our region.
- Contribute to the ongoing commissioned Domestic Homicide Reviews. Incorporate the learning from practice reviews and Domestic Homicide Reviews into training.

Barriers

- 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

- The population within CTMUHB experiences the highest levels of domestic abuse reporting of all police force areas.
- Improved working relationships between GP practices and Safeguarding would provide further opportunities to provide more robust safety planning for high risk people suffering domestic violence

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)

How Will We Do This?

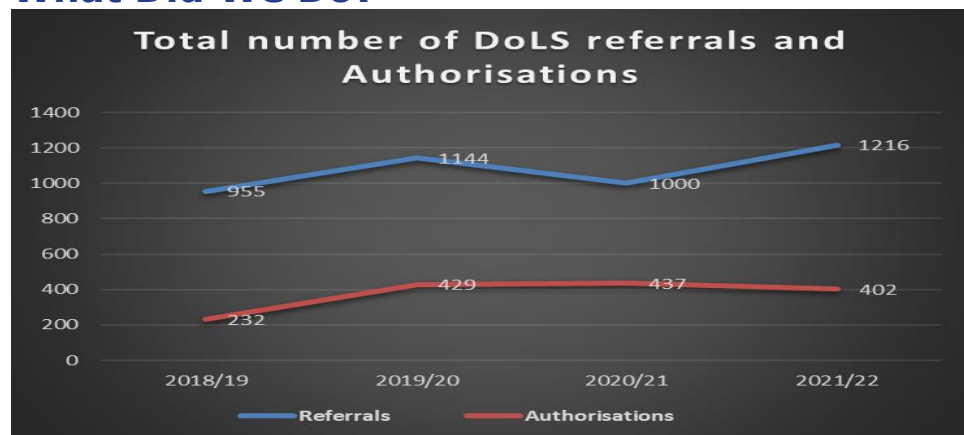
Deprivation of Liberty Safeguards (DoLS): By ensuring that the UHB follows the defined legal processes and

discharges the functions of the Supervisory Body and the Managing Authority.

Mental Capacity Act (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?



- 1216 Applications were made. An increase of 20% on previous year.
- 412 DoLS authorisations completed.
- 23 Cases referred to Court of Protection, that required the Health Board to be a party to proceedings. An increase of 60% based on last year.
- CTMUHB has been represented in All Wales Liberty Protection Safeguards (LPS) Steering Group and LPS National Minimum Dataset Group. As well as the regional steering group for Cwm Taf which included Merthyr Tydfil, Bridgend and Cwm Taf County Borough Councils.
- Using Welsh Government funding a Mental Capacity Act (MCA) Practice Development Manager was employed to oversee MCA support and Liberty Protection Safeguards (LPS) transition. Due to the delay in LPS implementation this role has focussed on embedding the MCA into everyday clinical practice, through bespoke training and support in various speciality areas.
- Involved in various improvement / planning groups across the Health Board.

- DoLS / MCA Training compliance across the Health Board has increased to 62% from 55%.

What Did We Learn?

- 689 applications were withdrawn – linked to regaining capacity, detention under the Mental Health Act, transfer to another Managing Authority, discharge of patients and death.

The waiting list this year has been averaging around 120 people. This equates to a waiting time of 12-14 weeks. 71% applications made are for Urgent Authorisations. This is a decrease of 6% based on last year

- 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.

Next Steps

- Reduce the DoLS waiting list to below 40 at any given time.
- The DoLS team are planning on utilising Welsh Government funding to employ three additional Best

Interests Assessors to complete DoLS assessments to achieve the goal above.

- A newly created post of DoLS/MCA and LPS Training Educator commenced employment in February using this funding and will be working towards preparing colleagues within the Health Board for the implementation of LPS.
- 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.
- A new DoLS auditing tool is awaiting approval through the AMAT department for implementation Health Board wide. The goal is for wards to self-assess their DoLS referral forms to ensure that the information received is of sufficient quality.
- Working towards a new Court of Protection process that will result in an improved identification of responsible professionals and gathering of Court Ordered evidence.
- Depending on the publication of the LPS the Health Board may be implementing the LPS towards the start of 2024.

- A newly created post of DoLS, MCA and LPS Training Educator commenced employment in February using the Welsh Government funding and will be working towards:

Mandatory training being updated at Level 1, 2 and 3, which will incorporate Mental Capacity Act and DoLS as a new stand-alone session.

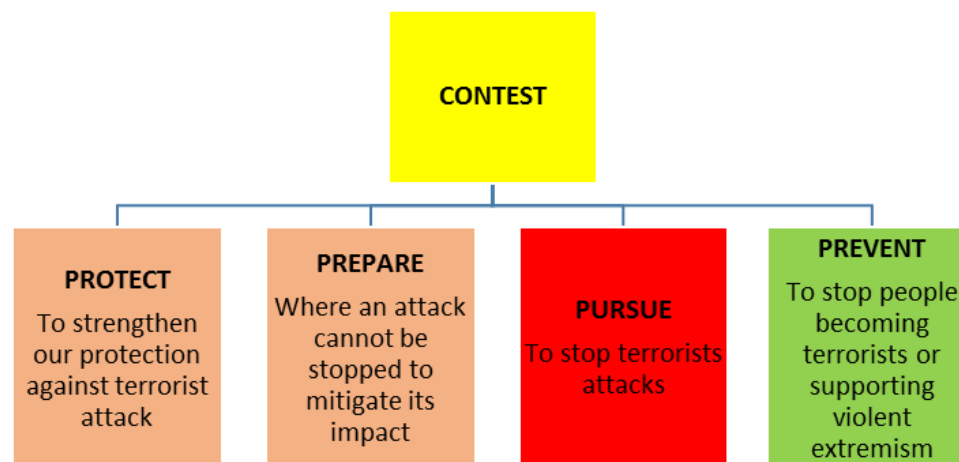
- The implementation of a Mental Capacity Act team that will be available to all clinical areas throughout the hospitals further embedding the MCA into everyday practice and supporting staff with complex MCA issues that arise on the ward.
- Participation in focus groups designed to improve and raise awareness of the importance of the Mental Capacity Act and its delivery to patients that are currently in hospital.

Barriers

- As training compliance improves, the numbers of applications increase resulting in the waiting list increasing and capacity to for the Best Interest Assessor's to respond within the set timescale diminishes.
-

- With the increase of urgent applications, the ability to respond within the timescale reduces significantly.

PREVENT 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.

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 attend Channel panel to ensure information is shared.

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?

Following the explosion outside of Liverpool Women's Hospital in November 2021, CTMUHB have worked with the training department to ensure the Wales online training is accessible to colleagues through the Electronic Staff Record (ESR) system.

A 7 minute briefing was developed to highlight risks and signs of concerns that would assist colleagues in recognition to response. This has been disseminated across CTMUHB and is available in the Health Boards Intranet site.

Next Steps

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

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

Colleagues will be encouraged to attend this training through briefings, the Health Boards level 3 training and the Intranet pages.

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.

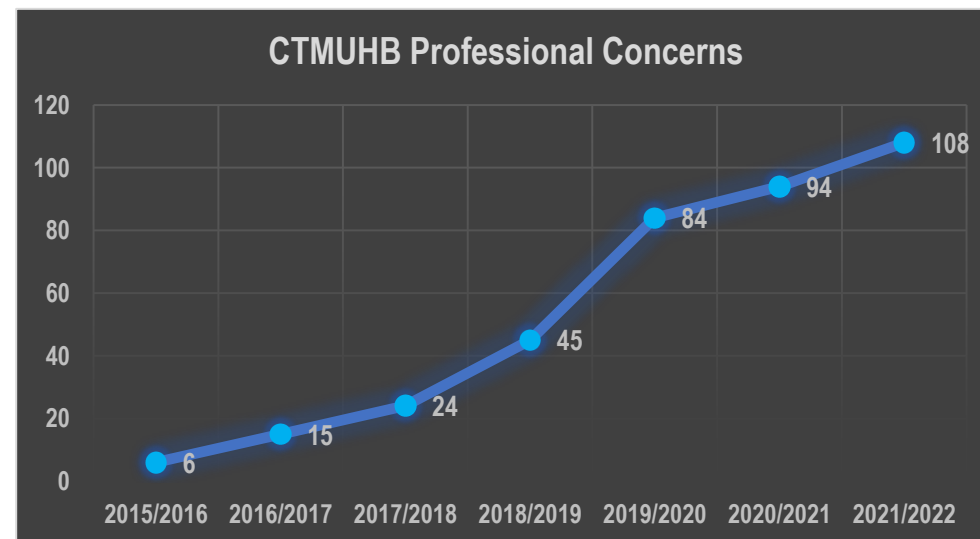
How Will We Do This?

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 108 health board 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 94 in 2020/2021.

- 13 related to child protection concerns
- 41 related to adult protection concerns
- 57 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 2021/22, whereby cases of conduct have involved alcohol. A large number 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

- Continue to raise awareness among staff on the impact of private behaviour/conduct on their working life. Professional conduct and values and behaviours, has also been incorporated in to the adults and children at risk safeguarding training package. The training delivery and development of the Domestic Abuse policy is aimed to guide managers to identify both perpetrators and victims within our workforce, to provide the appropriate support and ongoing advice.
- Raise profile of appropriate use of social media.
- Ensure Ask and Act training emphasises the importance of supporting staff within CTMUHB.
- Health Care Support workers (HSCW) are recorded as being the highest category of the workforce associated with professional concerns. The Safeguarding team will resume the delivery of training face-to-face in the monthly HCSW induction programme as of May 2022.
- The Public Protection Nurses are now responsible for professional concerns by each Integrated Locality Group

with the data being a standard agenda item on the reports submitted to the bi-monthly Quality, Safety and Patient Experience meeting. Monthly analysis of the themes and trends is submitted to the Deputy Head of Safeguarding for continued oversight.

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 has 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 required changes in practice, with partner agencies moving to home working through periods of lockdown and in line with Government guidance. The MASH within Cwm Taf region continues to be facilitated on a virtual platform. In order to have greater resilience in health resources within MASH and in response to the child deaths within Bridgend, all Public Protection Nurses have worked as one team out of Bridgend MASH.

This co-location has facilitated improved working relationships within the Bridgend region and centralised the health resource, therefore encouraging emotional support for those working out of MASH.

What Did We Do?

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

The CTM MASH Health Team have continued to locate themselves within the HUB. 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, processes 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.

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.

Following the Bridgend Rapid Review and subsequent audits, work has commenced to improve information sharing within the Bridgend MASH, utilising an information platform used within Cwm Taf, whilst an alternative system is sourced. Health has ensured that information is effectively shared and stored in respect of children at risk and those discussed at strategy meetings.

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

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

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. This will form part of the ongoing work to develop improved information sharing throughout agencies.

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.

Differing working models between Cwm Taf and Bridgend MASH sometimes presents difficulties in timely and effective communication between health and other partner agencies. Work is ongoing to facilitate a hybrid method of working.

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:

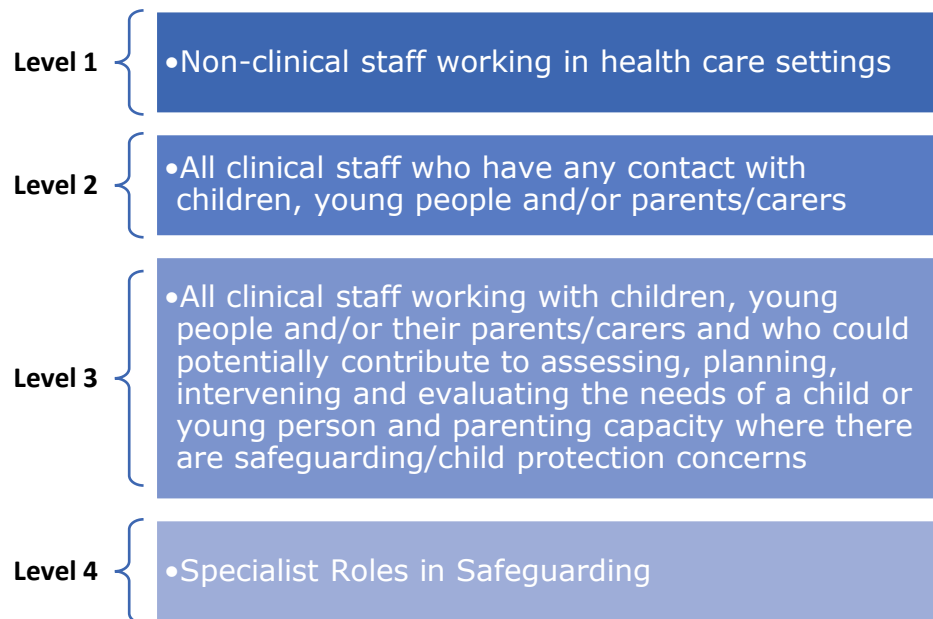


The CTUHB Safeguarding Training Strategy will be updated in light of the new Wales standards being developed. It will describe the level of training competency required for each role in relation to children or adults at risk & these have been assigned to each role on ESR. The strategy will be consistent with the Royal Colleges Intercollegiate Safeguarding Children

Training Document and Adult Safeguarding Levels and Competencies for Health Care Professionals 2019. This will incorporate both medical and nursing staff competencies.

Safeguarding Children and Adults at Risk

This is required at a number of different levels:



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 to incorporate learning from Practice Reviews and Domestic Homicides. Training is predominantly delivered via a virtual platform, this has increased the capacity and eased attendance for practitioners.

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 Deputy 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 and student groups on request where a specific need has been identified.

Training has been delivered to Emergency Departments, Tier 4 CAMHS provision, Junior Doctors and student Nurses studying at the University of South Wales.

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 2021/22 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 monitoring of training compliance for Doctors and Registrars. ESR is not currently used by Doctors, resulting in difficulties in identifying those that require updates.
- Utilise virtual platforms to offer specific safeguarding training and to allow for recorded webinars to be delivered across the UHB.
- Widen the availability of training facilitators through train the trainer activities and working collaboratively with Health Board Clinical Nurse Specialists for Safeguarding.

What Did We Learn?

From available data reviewed Children and Adult at risk safeguarding compliance has reduced, impacted by the pressures of the COVID pandemic and subsequent re-deployments.



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

Safeguarding Children & Adult training continues to be evaluated well despite its delivery on a virtual platform.

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

To enable increase in attendance at level 3 training requires increased accessibility. The current pool of facilitators is small, therefore limiting the training dates available.

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.

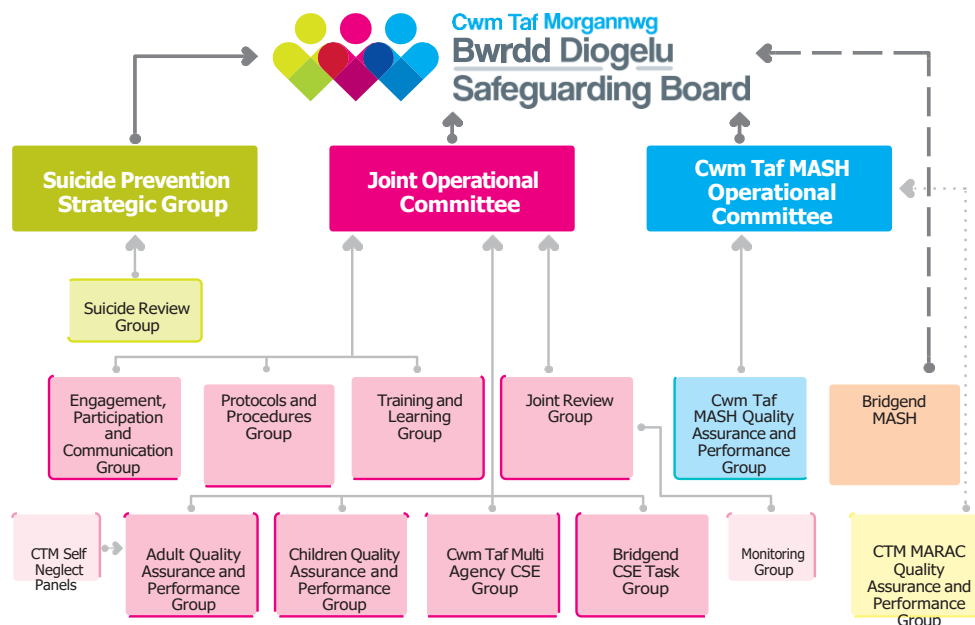
- There is effective inter-agency co-operation in planning and delivering protection services and in sharing information.

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 Assistant Director of Quality Safety and Safeguarding 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 collaborative work undertaken between Health, partner agencies and the Regional Safeguarding Board is documented in the Cwm Taf Morgannwg Safeguarding Board Annual Report.

APPENDIX 2:



- 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 2021/22. 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