Strategic Safeguarding Working Group

Situation

- Meetings held 11th August 2022 and 10th November 2022.
- Terms of Reference were reviewed on 10th November 2022

Single Unified Safeguarding Review (SUSR)

- Presentation and discussion on the new SUSR process which aligns statutory reviews including Adult Practice Reviews, Child Practice Reviews, Domestic Homicide Reviews, Mental Health Homicide Reviews and Offensive Weapons Homicide Reviews.

- Formal consultation is expected before the end of the calendar year with implementation in April 2023.

- Noted impact on the UHB with an increase in statutory reviews and no additional resource to increase capacity to meet demand

Safeguarding Training Position Quarter 1 and 2

- Compliance across all levels of adult and child safeguarding training remains lower than mandatory compliance levels. Each area have improvement plans in place and these will be monitored via the SSWG
- Slight improvements are noted level 2 adult, child and VAWDASV Group 2 Ask and Act training.
- Group 6 VAWDASV is a statutory requirement under the National Training Framework for strategic leaders. Welsh Women's Aid have agreed to deliver bespoke Group 6 training to UHB strategic leaders.
- National Safeguarding Learning and Development Standards has been developed by a national multi-agency group. They set out the requirements for safeguarding training for staff at all levels across agencies in Wales.

Adult Safeguarding

- The preceding 2 years demonstrated a growing increase in adult safeguarding reports about UHB services compared to the pre Covid period. Quarter 1 and 2 figures for this year suggest a slight decrease or levelling off, although still significantly higher than the Pre Covid period.
- Discharge is the most prominent theme, followed by standards of care. Heads of Nursing within the general hospitals have been tasked with updating their action plans to address the ongoing issues related to discharge.

VAWDASV

- An audit of assurance that patients are asked about VAWDSV was reported in the context of a recent Domestic Homicide Review involving persons who have received care within HDUHB, which acknowledged within its recommendations the need to evaluate how training equips practitioners to respond effectively to VAWDASV.
- The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act (VAWDASV) 2015 requires the Health Board to demonstrate its employees can identify VAWDASV, be confident to ask, and ensure an appropriate response and referrals are made.
- There is a gap in assurance that patients who attend ED and MIUs across the UHB are asking about VAWDASV. There is ongoing work in relation to how best staff in this area capture evidence in relation asking about VAWDASV. The development of the planned Domestic Violence Advocate role in Bronglais Emergency department is anticipated to improve responses to this and will be evaluated.
- Within Primary Care, the IRIS project is anticipated to improve evidencing how VAWDASV is asked within GP surgery and provide further assurance of effective responses in health settings.

Child Safeguarding

- The preceding 2 years demonstrated a growing increase in child safeguarding reports made by UHB employees with a 12% increase between the 2 years. There has been no return to the pre COVID figures.
- Adverse Childhood Experiences (ACEs) are identified from the Multi-Agency Report Form (MARF). Parental separation remains to be most prevalent ACE identified in MARFs. Qtr 2 saw an increase in Mental Health in households and remains to be a key factor. There was an increase in neglect which will continue to be monitored. Self-Harm is a significant theme in child safeguarding reports.
- The Corporate Child Safeguarding team will be observing the impact of the current and expected economic pressures on families and reporting this in the future.
- The Group received a published Extended Child Practice Review CYSUR 4 2019.

Exception Reports from Service Safeguarding Delivery Groups

The key area of risks:

Acute Services

- Risk number 820 Workforce, due to vacancies continues to be noted as a concern across sites. All sites HoN are working with workforce colleagues to support recruitment. Appointment of international nurses has seen an improvement on the GGH site.
- Training – More recent months has seen an overall decline, a targeted approach was being instigated to ensure improvement. Training improvement plans are in place.
- Discharge improvement plans are being reviewed.

Community Paediatrics

- Risk number 1224 - Staffing within Continuing Care packages in Pembrokeshire continues to be challenging, reflecting the national picture of a significant shortage of third sector staff. Retention and recruitment is extremely problematic. A number of actions have been undertaken to prevent further gaps in provision, enabling children and young people to continue to receive care closer to home.

Health Visiting

- Risk number 940 - There continues to be significant staffing deficits within the Health Visiting Teams with some improvement in October due to SCPHN students qualifying and taking up posts

School Nursing

- There are several unfilled qualified vacancies in each of the counties but especially in Ceredigion, this has resulted in the sharing of safeguarding work between the whole service. A risk assessment with a score of 12 is in place with planned actions.

Risks and Mitigation

Summary

- Safeguarding Delivery Groups identify and mitigate risks with gaps in safeguarding training compliance. There are more complex cases emerging and there have been non-compliance incidents. Where areas are below the 85% compliance is recorded on the relevant service risk register.

- The Regional Safeguarding Board expects the safeguarding team to deliver face to face professional curiosity training though there is no capacity currently, this will be monitored.

- Take assurance that action is being taken to address the strategic leader compliance with Group 6 VAWDASV training.

Risks and Mitigation (cont'd)

Adult Safeguarding

- Risk number 1360 – There is a risk of non- compliance with the statutory duty to safeguard adults at risk of abuse or neglect.

- Risk number 1361 –There is a risk of delays in compliance in responding to statutory adult safeguarding enquiry requests within 7 days.

- Risks are caused by an increase in activity as a result of the pandemic and gaps in sustainable capacity in the corporate adult safeguarding team as well as within the service generally.
- Business Continuity Plan in place – details reduction in some of the support to services and attendance at multi-agency meetings in order to prioritise activity.
- There are gaps in control measures for these risks and additional actions are required which include a review of capacity and structure in the adult safeguarding resource to provide sustainable capacity to meet workload and ensure compliance with our statutory duties.

Risks and Mitigation (cont'd)

Looked After Children (LAC)

- Risk No 1441- Fragility of LAC service to provide assurance of compliance with statutory LA duties
- An emerging risk was identified - the increase in unaccompanied asylum seeking children (UASC) placed under the National Transfer Scheme who are placed out of area. This is a cost pressure.
- Caused by an increase in activity as a result of an increase in Looked After Children and movement of LAC in and out of the area which appears to be sustaining in the Health Board. This is causing delays in completing initial and review health assessments to ensure their needs are identified and met.
- Additional resource has been identified to mitigate risk 1441.
- Discussions are ongoing regarding UASC.

Recommendation

For QSEC to take an assurance from the report provided.