

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>13</b>
<b>Date of Meeting:</b>	<b>4 September 2024</b>		

<b>Title of Report:</b>	<b>Safeguarding Adults Annual Report</b>
<b>Status:</b>	<b>To approve for publication</b>
<b>Board Sponsor:</b>	<b>Antonia Lynch, Chief Nursing Officer</b>
<b>Author:</b>	<b>Rachel Burns, Named Professional Adult Safeguarding</b>
<b>Appendices</b>	<b>Appendix 1: Safeguarding Adults Monitoring Form</b>

<b>1.</b>	<b>Executive Summary of the Report</b>
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This report provides an overview of Adult Safeguarding activity in the Trust between 1 April 2023 and 31 March 2024.

The Safeguarding Adult team wish to highlight the following achievements to the Board of Directors:

- Over 90% compliance for Level 3 Adult Safeguarding.
- Delivery of Board Level Adult and Children Safeguarding training in line with the Intercollegiate Document.
- Completion of the training needs analysis resulting in the roll out of the revised Level 3 training programme (from April 2024). Widening the audience and extending to a full day is good practice to further embed the message that safeguarding is everybody's responsibility.
- Appointment of Named Doctor for Adult Safeguarding.
- Roll out of the training programme '*Organisational Abuse: Embedding a Safer Culture*' is affirming Trust values that views safeguarding as everybody's responsibility and integrates safeguarding considerations into all aspects of operations, decision-making processes, and individual behaviours.
- Representation of the Trust on the B&NES Community Safety and Safeguarding Partnership Quality and Performance subgroup.
- Representation of the Trust at the Wiltshire Safeguarding Vulnerable People Senior Partners forum.

The Safeguarding Adult team will be focusing on the following areas in 2024/25:

- Finalising the Safeguarding Adults Strategy, ensuring it is aligned with the Vulnerable People Strategy.
- Introducing and embedding adult safeguarding supervision across relevant areas of the Trust.
- Quarterly review, audit and quality assurance of adult safeguarding practices.
- Continual promotion of safer culture, maintain and foster open communication about safeguarding concerns and promote continuous improvement in safeguarding practices.

<b>2.</b>	<b>Recommendations (Note, Approve, Discuss)</b>
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The Board of Directors is requested to discuss and approve for publication.

<b>3. Legal / Regulatory Implications</b>
<p>Our safeguarding activity encompasses key legislation, guidance including local and national themes and recommendations. As an NHS provider the Trust is required to comply with legislation and statutory guidance, this includes:</p> <ul style="list-style-type: none"> <li>• Care Quality Commission, Fundamental Standard 13, Safeguarding Service users from abuse and improper treatment - Health and Social Care Act (2008) (Regulated activities)</li> <li>• Mental Capacity Act 2005 including Deprivation of Liberty Safeguards 2007</li> <li>• The Care Act 2014</li> <li>• Serious Crimes Act 2015 (Controlling and coercive behaviour)</li> <li>• Counter Terrorism and Borders Act 2019 (Prevent)</li> <li>• Modern Slavery Act (2015)</li> <li>• Criminal Justice and Courts Act (2015)</li> <li>• Clinical Commissioning Groups Quality Schedule 2021-2022.</li> </ul>

<b>4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)</b>
<p>The Safeguarding Adult team wish to highlight and update on the following risk on the Risk Register:</p> <ul style="list-style-type: none"> <li>• <b>Delivery of Safeguarding Adult Training Level 3</b> The training needs analysis and roll out of the new programme will result in a significant increase of staff numbers required to complete Level 3 mandatory training. This will drop compliance rates significantly.</li> </ul> <p>This is noted as a low risk as compliance of core staff had been reached and the new changes will be further strengthened and embed safeguarding to a wider audience.</p>

<b>5. Resources Implications (Financial / staffing)</b>
<p>The number of staff now required to complete Level 3 Adult Safeguarding has significantly increased. It is a full day training and no backfill available to release staff to complete.</p>

<b>6. Equality and Diversity</b>
<p>The Trust safeguarding arrangements reflect the ethnic, social, religious and sexual diversity of patients and families.</p> <p>Legislation in relation to equality, diversity and human rights should be applied when implementing safeguarding adults' procedures and processes. 'Respecting diversity, promoting equality and ensuring human rights will help to ensure that everyone using health and social care services receives safe and good quality care' (Care Quality Commission).</p>

<b>7. References to previous reports</b>
<p>Annual Safeguarding Adult Report 2022/23.</p>

<b>8. Freedom of Information</b>
<p>Public.</p>

<b>9. Sustainability</b>
The development of the Safeguarding Strategy aligns to the objectives and values of the Trust Strategy ensuring environmental and financial sustainability are central.

<b>10. Digital</b>
Digital capability will be a key enabler of success in delivering our Safeguarding Strategy vision and key priorities.

# Adult Safeguarding Annual Report

1 April 2023 – 31 March 2024



**Rachel Burns**  
**Named Professional Adult Safeguarding**

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## 1. Introduction

This report highlights the work undertaken by the Royal United Hospitals Bath NHS Foundation Trust (RUH) in respect to its commitment and responsibilities in maintaining the safety and protection of adults at risk of abuse and neglect.

The RUH is required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of adults at risk of harm and abuse in every service that they deliver.

This report covers the period from 1 April 2023 to 31 March 2024 and provides assurance that systems are in place to ensure that patients using Trust services are effectively protected, and that staff are supported to respond appropriately where safeguarding concerns arise

## 2. Governance Arrangements

The Bath and Northeast Somerset (B&NES) Community Safety and Safeguarding Partnership (BCSSP) and Wiltshire Safeguarding Vulnerable People Partnership (SVPP) are the key statutory mechanisms for agreeing how relevant organisations in each local area will cooperate to promote the welfare of adults at risk and safeguard them from the risk of being abused. Senior representation is held at relevant subgroups for both partnerships.

The Chief Nursing Officer is the Executive Lead for safeguarding and has responsibility to ensure that the Trust contribution towards safeguarding is discharged effectively throughout the organisation.

There is a nominated Non-Executive Director on the Board who is a safeguarding champion.

The Trust has an Associate Director for Vulnerable People who leads on the wider safeguarding and vulnerability agenda within the Trust.

The Bath, North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) Designated Nurse for Adults (BANES locality) provides supervision oversight to the Lead Named Professional Adult Safeguarding and has standing invitations to the Vulnerable Persons Assurance Committee (VPAC) ensuring oversight of the Trust's safeguarding work.

### 2.1 **Vulnerable People Assurance Committee (VPAC)**

Clinical Outcomes and Quality Assurance reports are produced quarterly and submitted to Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board. These reports monitor adult safeguarding activity against the Quality Schedule Key Performance Indicators. Performance and key messages are reported to VPAC on a quarterly basis.

The Joint Operational Adult and Children's Safeguarding Prevent Group meet quarterly and seek assurance that all safeguarding commitments and responsibilities for adults and children are met. It oversees the work of the Safeguarding Team and safeguarding activity across the Trust and seeks assurance that there are suitable processes in

place to ensure that safeguarding arrangements are reviewed and updated on a regular basis. This group reports to VPAC.

VPAC is the focal point of Safeguarding governance and assurance and is chaired by the Chief Nursing Officer. The purpose of this is to provide a Trust overview of the safeguarding systems and processes and ensure that this agenda remains core to the Trust’s values and that the Trust remains compliant with all statutory and regulatory requirements. Summary highlights are reported to the Quality Governance Committee and Trust Board.

**2.2 Care Quality Commission (CQC)**

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect, as well as promoting good practice for responding to concerns and partnership working.

The Care Quality Commission (CQC) role is to monitor, inspect and regulate services to make sure they meet the fundamental standards of quality and safety.

The Safeguarding Adult team provide updates to CQC through the RUH engagement sessions.

**3. Learning Development and Training**

The Intercollegiate Document Guidance underpins safeguarding training for Safeguarding Adults, NHS England (2018).

The document describes roles and responsibilities and details the level of training required. Each level of training requires that staff complete a minimum number of hours training over a three-year period.

Training continues to utilise e-learning for Level 1 and Level 2, and the Named Professional Adult Safeguarding Lead facilitates a full day classroom-based training for Level 3.

To improve Level 3 Safeguarding Adult Training compliance, the team increased the frequency of training and with Divisional support targeted the areas/staff that were not compliant.

Compliance raised from 67.27% (Q4 22/23) to 93.1% (Q4 23/24). The Level 3 course is consistently positively evaluated by all who attend.

Table 1: Mandatory Training Compliance 2023-24

<b>Subject</b>	<b>Target Compliance %</b>	<b>Q1 %</b>	<b>Q2 %</b>	<b>Q3 %</b>	<b>Q4 %</b>
Level 1 Adult Safeguarding	90%	85.6%	86.2%	87.9%	92.5%
Level 2 Adult Safeguarding	90%	85.5%	84.8%	86.7%	91.4%

Level 3 Adult Safeguarding	90%	81.6%	91.9%	93.7%	93.1%
Prevent awareness	90%	94.6%	92.1%	93.3%	96.2%
Prevent WRAP 3	85%	90.5%	88.1%	89.8%	93.7%

A training needs analysis for Level 3 Safeguarding training has been completed and from April 2024 we will be increasing the audience to all clinical staff at band 6 and above in patient facing roles. This will significantly drop the compliance however it will mean more staff will be trained to a higher level which is good practice.

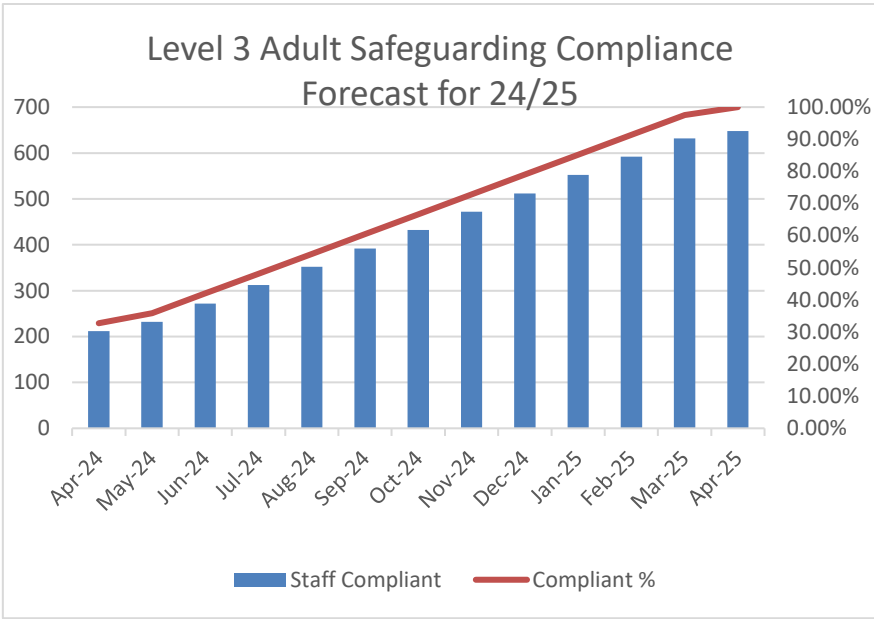


Figure 1: Trajectory of Level 3 Adult Safeguarding compliance

**4. Supervision and Reflective Practice**

All staff have access to informal support and advice from the Safeguarding Adult team. This is commonly accessed by phone, email and face to face within wards and departments. Advice focuses on assessment of safeguarding risk, supporting referral processes in addition to reviewing care options in response to safeguarding risk.

The Safeguarding Adult team have line management supervision meetings to share learning and concerns around complex cases.

The Named Professional Adult Safeguarding Lead provides supervision to the Head of Nursing at the Sulis Hospital.

**5. Policies and Guidance**

The policies are all up to date and reviewed at least 3 yearly or when there are changes in legislation.

The Adult Safeguarding Policy also refers to an SVPP or BCSSP policy and procedure guidance.



## 6. Safeguarding Activity

### 6.1 Harm Events

The Safeguarding Adults team received a total 933 referrals from clinical services across the Trust in 2023/24. This evidences a continued year on year increase in referrals to the team.

Activity	Q1	Q2	Q3	Q4	TOTAL
Advice	8	6	26	10	50
Complaint	0	0	0	0	0
Discriminatory	0	0	0	0	0
Domestic Abuse	67	42	39	45	193
Financial	9	14	6	15	44
Honour-based Violence	0	0	0	1	1
Modern Slavery	3	1	0	2	6
Neglect	45	36	32	47	160
Organisational	0	2	3	2	7
Physical	14	34	15	9	72
Prevent	0	0	0	0	0
Psychological	3	10	13	3	29
Public Protection	0	0	0	1	1
Self-Neglect	85	90	92	89	356
Sexual	1	5	4	3	13
<b>TOTAL</b>	<b>235</b>	<b>240</b>	<b>230</b>	<b>227</b>	<b>932</b>

Table 2: Trust wide referrals to the Safeguarding Adult team

Self-neglect, domestic abuse and neglect continue to form the highest percentage of referrals made. There is a noticeable rise in modern slavery concerns which have led to local authority referrals resulting in referrals to the National Referral Mechanism.

An ongoing theme identified in relation to the categories in the above table is the high degree of complexity and risk which involves multiple agencies and the time taken by the team to scrutinise and assess each concern.

### Allegations against the Trust

Section 42 of The Care Act (2014) establishes the process of local authority led Safeguarding Adults Enquiry, which may be in relation to concerns about abuse or neglect within a health or care setting.

The Trust received 84 allegations (compared to 53 in 2022/2023). These concerns were raised about care services delivered by the RUH. The Safeguarding Adult team works closely with B&NES Local Authority to ensure that we respond effectively to identify areas that need further investigation.

To this end, regular face-to-face meetings take place to review progress on all such reports with the local authority.

Of the 84 allegations: 60 (71.4%) relate to issues around care received  
24 (28.5%) relate to issues around staff conduct

Of the 84 allegations: 42 were referred to B&NES Local Authority (The Care Act 2014).

A central part of the review process for these cases is to ensure transparency and consistency between any Trust Governance processes and to avoid duplication and possible miscommunication when managing parallel processes. For example, if a case has been raised involving pressure related skin damage, it is important that the response undertaken within the Datix incident management process is clearly integrated into any Section 42 Enquiry.

In relation to the allegations which did not meet the threshold for further safeguarding enquiries, it was considered that the actions and learning already implemented by the Trust following initial internal investigations was appropriate and no further investigations were required.

**7.0 Key Risks and themes arising from allegations**

**7.1 Organisational Abuse/Closed Culture**

Poor culture can start to embed and become normalised as part of a closed culture, and this increases the risk of harm to individuals with care and support needs. The Safeguarding Adult team developed a training programme focusing on Organisational Abuse: ‘Embedding a Safer Culture.’ This provided a safe space for staff to both reflect, share and educate themselves to understand how culture impacts care. This training continues to be available and is incorporated into the Adult Level 3 training and can be delivered as part of bespoke sessions.

The Safeguarding Team work closely with Patient Safety and Patient Support and Complaints to triangulate themes and ensure that safeguarding individuals remains paramount.

**7.2 Pressure Damage as an indicator of Neglect or abuse**

Within Quarter 2, a ward-based action plan containing significant improvement interventions was implemented, overseen by the Management Team and the Chief Nursing Officer.

The plan was aligned with safeguarding processes. The Safeguarding Lead worked with the Integrated Care Board (ICB) and Local Authority to create an outcome focused (SMART) plan to measure change and impact in relation to assurance around safeguarding activity. This has proven successful with ward areas remaining pressure ulcer free.

The Safeguarding Adult team, work with the Tissue Viability team continue to analyse and reflect on the circumstances that would indicate how and when pressure damage can be an indicator of neglect. There is representation from the safeguarding team at the Pressure Ulcer Steering Group.

### **7.3 Safe and effective discharge**

The Safeguarding Lead has linked with the Care Home Forum to better understand from their perspective issues and themes relating to the discharge process. This work will develop alongside the Divisional Leads and Discharge team to analyse and identify themes.

### **8.0 Effective Multi Agency Working**

The overarching purpose of the Safeguarding Partnerships is to ensure that adults with care and support needs are safeguarded from abuse and neglect.

As part of the Trust's adult safeguarding responsibilities, we participate in multi-agency reviews and have Trust representation on the Safeguarding Partnerships subgroups as below:

- Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC) in both BaNES and Wiltshire
- Domestic Violence Safeguarding Partnership Subgroups
- BaNES Operational Exploitation Meeting
- Safeguarding partner agency meetings in both BaNES and Wiltshire
- National Named Professionals Network
- South West Prevent Network Meetings
- Community in Practice Mental Capacity Forum
- SVPP Senior Partners Forum

### **9.0 Statutory Reviews**

All NHS organisations that are asked to participate in a statutory review must do so.

Statutory reviews are processes for learning and improvement and all health providers are required to provide and share information relevant to any statutory review process. Safeguarding Adult Reviews (SAR) and Domestic Homicide Reviews (DHR) form an essential part of the multi-agency partnerships safeguarding strategies

The extent of RUH involvement in the statutory review process will depend on the Trust's involvement in the case. This most commonly includes providing a comprehensive chronology and practitioners involved in the case participate in practice review workshops. A representative for the Trust will also be a member of the oversight panel for the review.

Learning from local and national enquiries, SAR and DHR, alongside case learning reviews is incorporated into training.

#### **9.1 Safeguarding Adult Reviews (SARs)**

During 2023-2024 the Safeguarding Adult team has completed Agency Involvement Summaries and Chronologies for 4 notifications for consideration of Safeguarding Adult Reviews (SARs), 0 for BaNES Community Safety and Safeguarding Partnership (BCSSP) and 4 for Wiltshire Safeguarding Vulnerable People Partnership (WSVPP).

## 9.2 Domestic Homicide Reviews (DHRs)

Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victim Act 2004. There is one outstanding DHR which was undertaken and 2 further requests that we have provided information for.

## 10.0 Applications for Deprivation of Liberty Safeguards (DoLS)

The Safeguarding Adult team review, manage and administer the DoLS process for the Trust. Each application is reviewed and sent to the patient's Local Authority. The team review applications prior to admissions to ensure:

- A relevant mental capacity assessment is documented
- Accurate, appropriate and comprehensive DoLS application

There were 973 DoLS applications made during the year (2023/2024), an increase of 227 application from the previous year (2022/2023).

Bespoke training was delivered across the Trust and the Safeguarding Lead continues to offer bespoke sessions to ward/outpatient areas.

## 11.0 Safer Recruitment

The Disclosure and Barring Policy has been ratified and published. The policy sets out the requirements of the Trust to check for criminal records obtained through the Disclosure and Barring Service (DBS).

## 12.0 Organisational Risks

The following risk in relation to safeguarding adults is on the Trust Risk Register, with clear trajectories.

Safeguarding Adult Level 3 Training Compliance will drop from over 90% to approx. 30% in April 2024. The key staff initially identified are compliant, widening the audience will only strengthen and further embed Adult Safeguarding.

## 13.0 Achievements 2023-2024

- Successful appointment of Named Doctor for Adult Safeguarding
- Achieving over 90% compliance for Level 3 Adult Safeguarding
- Delivery of Board Level Adult and Children Safeguarding training in line with the Intercollegiate Document
- Continue to align where possible the adult and child agenda to focus on the 'Think Family' agenda
- Representation for the Trust on the BaNES Community Safety and Safeguarding Partnership Quality and Performance subgroup
- Representation of the Trust on the Wiltshire SVPP Senior Partners Forum

- The Safeguarding Adults team have reviewed the Prevent training needs in line with the new Core Skills Training Framework and national Prevent Competency Framework. An action plan has been agreed and training proposal completed for ratification and implementation in Q1 2024/25.

#### 14.0 Safeguarding Priorities for 2024–2025

- To develop the RUH Safeguarding Strategy underpinned by the Vulnerable People Strategy, aligning with Trust objectives and values, and those of the local Safeguarding Partnerships.
- To develop an Adult Safeguarding Supervision Policy and an action plan in relation to the delivery of supervision for adult facing care provision within the Trust
- Explore the introduction of Safeguarding Champions to help to share learning and embed safeguarding principles
- Review of safeguarding data management processes to ensure that more robust systems are in place
- Work with our Discharge team colleagues and Local Authority partners to ensure safe hospital discharge processes aligning safeguarding pathways to Hospital Discharge Governance pathways
- Achieve Level 3 adult safeguarding and Prevent training compliance.
- To ensure the finding of quality assurance activity informs SMART outcome focused action plans which will be reported to VPAC
- Continue developing a safeguarding culture that focuses on personalised outcomes. Embedding the Making Safeguarding Personal approach across the Trust through training. Explore qualitative reporting on outcomes and qualitative measure.

#### 15.0 Concluding Comments

The Safeguarding Adult team are committed to ensuring that the Trust effectively executes its duties and responsibilities in adult safeguarding. The team adopts a whole systems approach to its work with community partners as well as those within the Trust, to ensure that a multi perspective ‘Think Family’ approach is adopted.

This report demonstrates safe and effective practice in relation to our statutory and regulatory agenda, with good compliance to internal and external safeguarding standards. The team will continue to build on existing work to ensure Trust culture around safeguarding processes are robust and effective and remain aligned with core Trust values.

References: *Adult Safeguarding: Roles and Competencies for Health Care Staff*  
London RCPCH, *First edition: August 2018*

**Safeguarding Adults Monitoring Form 2023-2024\_**

Effective
Well Led
Safe
Responsive
Caring

**NHS Funded Service Name**

**Royal United Hospitals Bath NHS Foundation Trust**

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total/ Average
April / May / June	July / Aug / Sept	Oct / Nov / Dec	Jan / Feb / March	

**Appropriate Training, Skills, and Competencies - Standard 3 - The minimum training compliance target is 90%.**

<b>New staff joining the organisation and have received Level 1 awareness training - adults and children within 3 months</b>	<i>Number</i>	Not reported	Not reported	Not reported	Not reported	
	<i>Percentage</i>					#DIV/0!

<b>Safeguarding adult training level 1 uptake</b>	<i>Number</i>	6005	6334	6449	5605	
	<i>Percentage</i>	85.5%	86.2%	87.9%	92.5%	#DIV/0!
<b>Safeguarding adult training level 2 uptake</b>	<i>Number</i>	4134	4270	4328	3794	
	<i>Percentage</i>	85.5%	84.8%	86.7%	91.4%	#DIV/0!
<b>Safeguarding adult training level 3 uptake</b>	<i>Number</i>	93	102	104	150	
	<i>Percentage</i>	81.6%	91.9%	93.7%	93.1%	#DIV/0!
<b>Safeguarding adult training level 4 uptake</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
<b>Comments on training</b>						
<b>Safeguarding children training level 1 uptake</b>	<i>Number</i>	N/A	N/A	N/A	N/A	

	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
<b>Safeguarding children training level 2 uptake</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
<b>Safeguarding children training level 3 uptake</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
<b>Safeguarding children training level 4 uptake</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
<b>Comments on training</b>	Please use this section to add any extra information. For e.g.: please provide details, if able to, on the <b>number and percentage of Safeguarding Children training uptake at Core and Specialist level.</b>					
<b>Domestic Violence/ FGM / CSE / Modern Trafficking and Slavery training uptake. Not currently collected but would be obtained through Level 3 (or at earlier levels) records.</b>	<i>Number</i>					
	<i>Percentage</i>					#DIV/0!



Prevent Level 2 training uptake	<i>Number</i>	6640	6776	6848	5833	
	<i>Percentage</i>	94.6%	92.1%	93.3%	96.2%	#DIV/0!
Prevent Level 3 training uptake	<i>Number</i>	4421	4451	4514	3920	
	<i>Percentage</i>	90.5%	88.1%	89.8%	93.7%	#DIV/0!
MCA DoLS training for all relevant staff	<i>Number</i>					
	<i>Percentage</i>					#DIV/0!
<b>Effective Supervision, Reflective Practice &amp; Case Consultation - Standard 4</b>						
Supervision sessions received by Safeguarding Specialist Practitioner (level 3 Practitioners) Record Adult, Maternity and Children Supervision separately and by specialist group where appropriate	<i>Number</i>	2	2	2	2	
	<i>Percentage</i>	100%	100%	100%	100%	#DIV/0!
Safeguarding supervision received by Sexual Health	<i>Number</i>					

<b>Only complete if you employ Sexual Health staff</b>	<i>Percentage</i>					#DIV/0!
<b>Comments on implementing this standard</b>						
<b>Effective Multi-Agency Working - Standard 5 - only complete if applicable; otherwise submit a nil return</b>						
<b>Initial Adult S42 Meetings invited to</b>	<i>Number</i>	3	4	1	5	0
<b>Initial Adult S42 Meetings attended</b>	<i>Number</i>	3	4	1	5	0
	<i>Percentage</i>	100%	100%	100%	100%	#DIV/0!
<b>Adult Protection reports requested by Local Authority</b>	<i>Number</i>	2 Section 42 Enquiry reports	2 Section 42 Enquiry reports	5 Section 42 Enquiry reports	6 Section 42 Enquiry Reports	0
<b>Adult Protection reports submitted to the Local authority</b>	<i>Number</i>	2 Section 42 Enquiry reports	2 Section 42 Enquiry reports	5 Section 42 Enquiry reports	6 Section 42 Enquiry Reports	0
	<i>Percentage</i>	100%	100%	100%	100%	#DIV/0!
<b>Review Meetings invited to</b>	<i>Number</i>	7	1	3	7	0

<b>Review Meetings attended</b>	<i>Number</i>	7	1	3	7	0
	<i>Percentage</i>	100%	100%	100%	100%	#DIV/0!
<b>Review Meeting reports requested</b>	<i>Number</i>	7 Section 42 Enquiry reports	1 Section 42 Enquiry reports	3 Section 42 Enquiry reports	7 Section 42 Enquiry Reports	0
<b>Review Meeting reports completed / provided</b>	<i>Number</i>	7 But 5 of the Section 42 Enquiry reports were completed in the previous Quarter	1 Section 42 Enquiry report	3 Section 42 Enquiry reports	7 Section 42 Enquiry Reports	0
	<i>Percentage</i>	100%	100%	100%	100%	0
<b>Safeguarding Adult referrals made using section 42(1) (a) &amp; (b) of the Care Act 2014</b>	<i>Number</i>	24	30	19	17	0
<b>Comments on implementing this standard</b>						

Complete children section if you attend any						
<b>CP Strategy Meetings invited to all data available</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
<b>CP Strategy Meetings attended</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
<b>ICPCs / RCPCs invited to</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
<b>ICPCs / RCPCs attended</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
<b>ICPC / RCPC reports requested</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
<b>ICPC / RCPC reports submitted to the Local Authority</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
<b>CP Core Groups Invited to</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0

<b>CP Core Groups attended</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
<b>Referrals to Children's Social Care or / triage or / MASH (depending on locality)</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
<b>Referrals for Early Help, CAF</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
<b>Comments on implementing this standard</b>						
<b>Complete midwifery section if you attend any</b>						
<b>Referrals to social care for unborn infants - child protection</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
<b>Referrals to social care for unborn infants - Early Help</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
<b>Referrals to the children's social care for pregnant women under 18 years old</b>	<i>Number</i>	N/A	N/A	N/A	N/A	

<b>Midwifery referrals to the Family Nurse Partnership, (by Local Authority Area)</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
<b>Unborn infants subject to a child protection plan</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
<b>Pregnant women under 18 years subject to a child protection plan</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
<b>CP Strategy Meetings attended</b>	<i>Number</i>	N/A	N/A	N/A	N/A	#DIV/0!
<b>ICPCs / RCPCs invited to</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
<b>ICPCs / RCPCs attended</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
<b>ICPC / RCPC reports requested</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
<b>ICPC / RCPC reports submitted to the Local Authority</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!

<b>CP Core Groups Invited to</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
<b>CP Core Groups attended</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
<b>CIN meetings invited to</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
<b>CIN meetings attended</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
	<i>Percentage</i>	N/A	N/A	N/A	N/A	
<b>Comments on implementing this standard</b>						
<b>Children not brought to appointments</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0
	<i>Percentage</i>	N/A	N/A	N/A	N/A	#DIV/0!
<b>Number of adults presenting that are subject to FGM (only complete if you have actioned this)</b>	<i>Number</i>	N/A	N/A	N/A	N/A	0

<b>Reporting Incidents - Standard 6</b>						
<b>How many incidents were reported as safeguarding concerns? Report by Local Authority area</b>	<i>BANES Number</i>					0
	<i>SWINDON Number</i>					0
	<i>WILTSHIRE Number</i>					
	<i>outside BSW</i>					0
<b>Engaging in Statutory Reviews and Multi-Agency Working - Standard 7</b>						
<b>Attendance at Partnership Board Meetings (only complete if you attend or are a member of any subgroups)</b>	<i>Number</i>					0
<b>Active SARs (under investigation) (that you are involved in)</b>	<i>BANES Number</i>	3	3	3	1	0
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	
	<i>WILTSHIRE Number</i>		N/A	N/A	N/A	0



	<i>outside BSW</i>	N/A	N/A	N/A	N/A	0
<b>Active CSPRs / Rapid Reviews (under investigation) (that you are involved in)</b>	<i>BANES Number</i>	N/A	N/A	N/A	N/A	0
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	0
	<i>WILTSHIRE Number</i>	N/A	N/A	N/A	N/A	
	<i>outside BSW</i>	N/A	N/A	N/A	N/A	0
<b>Active DHRs (under investigation) (that you are involved in) Number of cases escalated using the Partnership's escalation policy (submit nil returns if no escalation during this period)</b>	<i>BANES Number</i>	0	0	0	0	0
	<i>SWINDON Number</i>		0	0	0	0
	<i>WILTSHIRE Number</i>	0		1 new Request for Information		1
	<i>outside BSW</i>	1	1	1 ongoing and 1 new Request for Information	1 ongoing	

<b>Use of the Safeguarding Partnership Escalation Policy (submit nil returns if no escalation during this period)</b>	<i>BANES Number</i>	0	0	0	0	0
	<i>SWINDON Number</i>	0	0	0	0	0
	<i>WILTSHIRE Number</i>	0	0	0	0	0
	<i>outside BSW</i>	0	0	0	0	0
<b>Managing Safeguarding Allegations Against Staff - Standard 9 and 12</b>						
<b>The number of referrals made to LADO/ DOFA/ PIPOT/Prevent related reported by Local Authority area</b>	<i>BANES Number</i>	1	See children report	0	0 for PiPoT and Prevent	0
	<i>SWINDON Number</i>	0	0	0	0	0
	<i>WILTSHIRE Number</i>	0	0	0	0	0
<b>From the number of referrals reported above, how many triggered a section 42 (2) enquiry? Reported by Local Authority area</b>	<i>BANES Number</i>	1	0	0	0	1
	<i>SWINDON Number</i>					0

	<i>WILTSHIRE Number</i>					0
<b>Safeguarding Adults criteria are applied to all new category 3 and 4 pressure ulcers - Standard 14</b>						
Pressure ulcers assessed against adult safeguarding criteria, screening tool applied & a safeguarding referral made	<i>BANES Number</i>	0	1	0	0	1
	<i>SWINDON Number</i>	0	0	0	0	0
	<i>WILTSHIRE Number</i>	1	3	2	0	6
<b>Looked After Children (CLA)</b>						
<b>For those providing specific CLA Health services</b>						
Health Assessments carried out - Initial 0-5 years old	<i>BANES Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>WILTSHIRE Number</i>	N/A	N/A	N/A	N/A	N/A
Health Assessments carried out - Review 0-5 years old	<i>BANES Number</i>	N/A	N/A	N/A	N/A	N/A
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	N/A

	<i>WILTSHIRE Number</i>	N/A	N/A	N/A	N/A	
Health Assessments carried out - Initial 5+ years old	<i>BANES Number</i>	N/A	N/A	N/A	N/A	
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	
	<i>WILTSHIRE Number</i>	N/A	N/A	N/A	N/A	
Health Assessments carried out - Review 5+ years old	<i>BANES Number</i>	N/A	N/A	N/A	N/A	
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	
	<i>WILTSHIRE Number</i>	N/A	N/A	N/A	N/A	
Initial Health Assessments - Total to be completed	<i>Number</i>	N/A	N/A	N/A	N/A	
Initial Health Assessments completed within 28 days of going into care	<i>Number</i>	N/A	N/A	N/A	N/A	
Initial Health Assessments completed within 28 days of notification	<i>Number</i>	N/A	N/A	N/A	N/A	

<b>Initial Health Assessment Appointments offered within 28 days of notification</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
<b>Number of those children who have declined assessment/ where not brought</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
<b>Onward referrals for health services</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
<b>Annually provide a breakdown of services referred onto i.e., CAMHS, Smoking cessation, SALT, other</b>	<i>CAMHS Number</i>	N/A	N/A	N/A	N/A	
	<i>Smoking cessation Number</i>	N/A	N/A	N/A	N/A	
	<i>SALT Number</i>	N/A	N/A	N/A	N/A	
	<i>Other Number</i>	N/A	N/A	N/A	N/A	
<b>Total CLA open to service</b>	<i>BANES Number</i>	N/A	N/A	N/A	N/A	
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	
	<i>WILTSHIRE Number</i>	N/A	N/A	N/A	N/A	

<b>CLA: Out of Area with overdue Assessments</b>	<i>IHAS Number</i>	N/A	N/A	N/A	N/A	
	<i>RHAS Number</i>	N/A	N/A	N/A	N/A	
<b>Adoption Medicals- Initial</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
<b>Adoption Medicals- Follow up/update</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
<b>Requests for Initial Health Assessments from <u>other areas</u> for children placed in Local Authority area.</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
<b>Requests for Review Health Assessments from <u>other areas</u> for children placed in Local Authority area: 0-5 years</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
<b>All other Provider Services who have contact with Children</b>						
<b>Identified CLA referrals to your service</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
<b>Number of CLA accepted into your service</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
<b>Number of those who Decline/ Where not brought</b>	<i>Number</i>	N/A	N/A	N/A	N/A	

<b>Feedback from CLA users and their carers to your service</b>	<i>Number</i>	N/A	N/A	N/A	N/A	
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