

RWT Safeguarding Service Annual Assurance Report – 2017/2018 3 December 2018



Agenda Item No: 7.4

Trust Board

Meeting Date:	3 rd December 2018
Title:	RWT Safeguarding Service Annual Assurance Report – 2017/2018
Executive Summary:	The RWT Safeguarding Service Annual Assurance Report is presented to the Group/Board to provide assurance that the Trust is adhering to the requirements of local and national safeguarding legislation as described within the embedded Wolverhampton CCG Assurance Framework
Action Requested:	For the Group to receive the report for information and assurance.
Report of:	RWT Safeguarding Service
Author: Contact Details:	Fiona Pickford – Head of Safeguarding Tel 01902 695163 fiona.pickford@nhs.net
Links to Trust Strategic Objectives	NA
Resource Implications:	The report refers to expansion of the Safeguarding Team (including Named Midwife for Safeguarding).
Risks: BAF/ TRR (describe risk and current risk score)	NA
Public or Private: (with reasons if private)	Linked to public assurance.
References: (e.g. from/to other committees)	Items raised previously at: Trust Safeguarding Operational Group throughout 2017 and 2018 Trust Strategic Safeguarding Group 2017 Trust Contracting and Commissioning Group June & Sept 2017 Wolverhampton Clinical Commissioning Group Trust Policy Group Trust Training Groups Prevent – Local and Regional Forum WSB – Serious Case Review Groups
Appendices/ References/ Background Reading	Appendix 1 – Safeguarding Structure Appendix 2 – RWT Training 2017/18 Appendix 3 – SCR/SAR/DHR/LeDeR Case Reviews Appendix 4 – Patient Experience & Safeguarding Report Appendix 5 - Internal Audit Action Plan

NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none">✚ Equality of treatment and access to services✚ High standards of excellence and professionalism✚ Service user preferences✚ Cross community working✚ Best Value✚ Accountability through local influence and scrutiny
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Safeguarding Service Annual Assurance Report

2017 - 2018

Fiona Pickford
Head of Safeguarding



Introduction

The aim of this report is to provide information and evidence of the continued commitment to good safeguarding measures during the period July 2017 to June 2018. The report is presented against set objectives which are detailed in the Wolverhampton Clinical Commissioning Group (WCCG) Assurance Framework for Safeguarding Children and Adults, and in line with Wolverhampton Safeguarding Children and Adult Board standards.

The report aims to:

- Provide assurance to the Trust Board that the organisation is fulfilling its safeguarding obligations as defined within the assurance framework
- Provide assurance to service commissioners and regulators (CQC and NHS Improvement) that the Trust safeguarding activity over the year continues to develop
- Appraise the Trust regarding the activity and function of the safeguarding team and the support it provides to operational and clinical service delivery
- Ensure that patients, service users and carers know that the safeguarding of children and adults is a Trust priority.

Safeguarding Legislation and Standards:

- The Safeguarding Vulnerable Group Act (2008)
- The Mental Capacity Act (2005)
- CQC Essential Standards (2013)
- Children Act (1989/2004)
- Care Act (2014)
- Working Together to Safeguard Children (2018)
- Intercollegiate Document for Children (2014)
- Intercollegiate Document for Adults – Guidance (2016/2018)
- PREVENT strategy
- Wolverhampton Safeguarding Children Board (WSCB) Section 11
- Wolverhampton Safeguarding Adult Board (WSAB)
- Wolverhampton Clinical Commissioning Group – Assurance Framework (2017/18)

2017/2018 RWT Safeguarding Service Assurance Report

Details of progress during 2017/18 are described against each standard.

1: Safeguarding Governance:

Health providers are required to demonstrate clear governance arrangements and that they have safeguarding leadership, expertise and commitment at all levels of their organisation and that they are fully engaged and in support of local accountability and assurance structures, the LSCBs and SABs priorities, and in regular monitoring meetings with commissioners.

RWT Safeguarding Service Team Structure 2017/18

During 2017 as a result of the expansion of RWT operational portfolio, it was identified that additional posts were required to support the safeguarding agenda. As a result, the safeguarding service secured additional funding for key posts in both children and adult services which included a new Safeguarding Adult Lead, Safeguarding Children Lead and 4 Named Nurses. This was to ensure that key elements of compliance regarding safeguarding were covered (**Appendix 1/Team Structure 2018**).

RWT Safeguarding Children and Adult Governance and Accountability Framework (2017 to date)

All Staff: All staff within RWT has a commitment to protect children and adults at risk from harm and abuse and to work in accordance with all Trust policies and procedures.

The Chief Nurse: Is the nominated Director/Executive Lead responsible for coordinating the management of safeguarding and to ensure that the Board receives sufficient assurance on the effectiveness of the service. The Chief Nurse attends both safeguarding boards and co - chairs the Trust Safeguarding Operational Group.

The Head of Safeguarding (Trust Named Nurse): Manages the Children and Adult Safeguarding Service and provides expert leadership on all aspects of the safeguarding agenda. The Head of Safeguarding is responsible for the development and implementation of systems and processes, working with partner agencies in line with local and national standards and legislation and ensures that there is appropriate implementation of relevant internal and external targets and standards, contributing to national and local inspections and assessments of safeguarding arrangements. The post supports the work generated by the combined Wolverhampton Safeguarding Children and Adult Board. The Head of Safeguarding is the co-chair of the WSB Quality and Performance Committee.

RWT Named Doctor/s: There is a Named Doctor for Safeguarding Children and a Medical Lead for Safeguarding Adults. Both post holders support the Head of Safeguarding and Chief Nurse.

RWT Named Nurses for Safeguarding Children, Adults and Maternity:

The roles, responsibilities and competence of Named Nurses and support staff are set out in Safeguarding children and young people: roles and competences for health care staff (Intercollegiate Document 2014) and for Safeguarding Adult Intercollegiate Document (2016). The RWT Named Nurse/Professionals for Safeguarding have key roles:

- To provide an expert high quality support service to all health professionals working with adults and families within RWT.
- To be available to give safeguarding advice and support Monday to Friday 09.00 to 17.00.
- To provide robust interactive support to vulnerable areas within RWT hospital and community sites.
- To represent the Trust at all appropriate sub groups or committees aligned to the Wolverhampton Safeguarding Children and Adult Board. During 2017/18 all committees were represented by RWT.

- To contribute to planning / implementation across the organisation in respect of safeguarding children and adult issues.
- To work collaboratively with multi-disciplinary and multi-agency teams including the Police and Social care. During 2017 the Multi Agency Safeguarding Hub (MASH) children and adult service developed with input from RWT Safeguarding Service.
- To contribute to the Wolverhampton Multi Agency Risk Assessment Conferences (MARAC) and Barnardo's Screening Tool (BST) group on a weekly basis.
- To work closely with Wolverhampton CCG Designated Professionals for Children and Adults. As part of this arrangement – undertaking supervision every 3 months.
- To contribute to the delivery of the Trust safeguarding training programme as described in the Intercollegiate Document Guidance (Children 2014, Adult 2016). As part of this process to review the training programme on a regular basis to ensure delivery standards are robust.
- To provide specialist safeguarding supervision (as per policy) to Health Visitors, School Nurses, Family Nurse Partnership Nurses, Maternity, Community and Hospital Staff. (This work is constantly under review to reflect the expanding business portfolio and service demands within RWT).
- To provide specialist health advice and support to front-line staff for court work, strategy meetings and case conference purposes.
- To participate in quality assurance work via organisation audit programmes.
- Undertake internal management reviews (IMR), serious adult reviews (SAR), domestic homicide reviews (DHR) and serious incident learning reviews (SILR) as required.
- To participate in Trust internal disciplinary processes and complaints against the organisation.

During 2017/18 the safeguarding administration team were able to act as an expert resource in the following areas:

- Administration of the Trust Safeguarding Operational Group and other service areas safeguarding meetings.
- Management of the safeguarding referrals and queries from external sources
- Co-ordination and administration of Safeguarding Training
- Co-ordination of all incoming and external safeguarding enquiries.
- Preparation of safeguarding paperwork for new starters/training packs/IT/Adult & Child Protection database/Information access
- Support Named Nurses with MARAC & Child (Adult) sexual exploitation documentation and other safeguarding groups both internally and externally to the organisation.

RWT Safeguarding and Quality Assurance Process 2017/18

During 2017/18 the Wolverhampton Clinical Commissioning Group (WCCG) Safeguarding Assurance Framework (cited throughout this report) and monthly safeguarding dashboard dataset were again adopted to provide evidence that the Trust was utilising best practice principles providing Safeguarding Children and Adult Services. The outcome of this process has continued to inform the Trust Board; NHS Wolverhampton Clinical Commissioning Group (CCG) and the Wolverhampton Safeguarding Children and Adult Board of the progress being made to safeguard local children, young people and adults.

RWT Safeguarding Strategic Group

The Safeguarding Strategic Group (SSG) has met on a quarterly basis during 2017/18. It is a formal sub-group of the Quality Standards Action Group (QSAG) changed in March 2018 to Compliance Oversight Group (COG), and provides assurance that the experience of patients is fully compliant to the Mental Capacity Act 2005 and the Care Quality Commission's Essential Standards of Quality and Safety in relation to the Safeguarding agenda. SSG provides assurance to the Trust Board through QSAG that different elements of Safeguarding Children, Adults and 'Think Family' agenda are comprehensively addressed across RWT. The SSG is chaired by RWT Chief Nurse.

The Group:

- Receives a summary report from the Trust Safeguarding Operation Group – which meets monthly.
- Provides assurance that lessons learned from Serious Case Reviews (SCR), Serious Adult Reviews (SAR) and Serious Incident Learning Reviews (SILR) are actioned and embedded in practice.
- Provides safeguarding structure and leadership for staff within RWT.
- Has a remit to develop, agree and monitor the implementation of policies and strategies which support clinical staff and managers in the implementation of the Safeguarding Children, Adults and the 'Think Family' agenda. The mechanism for final approval is via QSAG.
- Meets on a quarterly basis and invites CCG to attend for quality and assurance purposes.
- From June 2018, the Safeguarding Strategic Group and Trust Safeguarding Operational Group merged under a revised Terms of Reference.

2: Safety

All health providers are required to have effective arrangements in place to safeguard children and adults at risk of abuse or neglect; are compliant with the Counter-Terrorism and Security Act 2015, and to assure themselves, regulators and their commissioner that these are working. These arrangements include:

- Safe recruitment practices and arrangements for dealing with allegations against people who work with children or vulnerable adults as appropriate.
- A suite of safeguarding policies.
- Effective arrangements for engaging and working in partnership with other agencies.
- Identification of a Named Doctor and Named Nurse (and a Named Midwife if the organisation provides maternity services) for safeguarding children. In the case of out of hours services, ambulance trusts and independent providers, this could be a named professionals from any relevant health or social care background.
- Named professionals for Looked after Children.
- Identification of a Named Lead for Adult Safeguarding.
- MCA lead – this must include the statutory role for managing adult safeguarding allegations against staff.
- Prevent Lead.
- Developing an organisational culture such that all staff is aware of their personal responsibility to report concerns and to ensure that poor practice is identified and tackled.
- Policies, arrangements and records to ensure consent to care and treatment are obtained in line with legislation and guidance including the MCA 2005 and Children Acts 1989/2004.

RWT Safeguarding arrangements 2017/18

- RWT Safeguarding Team is in place and covering all key roles (**Appendix 1: Team Structure**).
- RWT has a Named Nurse for Safeguarding Adults who leads on the PREVENT agenda, and as part of that role, is compliant with representing the Trust at regional and national meetings. Prevent training (WRAP3) has continued to be promoted during 2017/18 and compliance has remained high (over 91% by end of June 2018). The national target is 85%. There have been 6 Prevent referrals made by RWT in the last 12 months.
- RWT has a Named Nurse for Safeguarding Adults who leads on the MCA/DoLS agenda. This role covers the delivery of bespoke training and oversight of activity. The Chief Nurse receives a weekly update report on patients who have been detained under the DoLS framework. The number of DoLS referrals has risen from 23 (June 2017) to 48 (May 2018).
- RWT Safeguarding policies were reviewed during 2017. As a result, the Safeguarding Adult Policy and Prevent Policy have now been updated.
- RWT policy regarding 'Managing Allegations against Staff' is in place and will be updated in 2019.
- RWT policy regarding Female Genital Mutilation is outstanding and to be finalised by end of Q3.
- RWT has worked with partners within MASH to ensure safeguarding referrals have 'health' oversight. RWT has a Named Nurse working in the Local Authority MASH unit at the Civic Centre to cover safeguarding children referral activity.

3: Training

Health providers must ensure the effective training of all staff commensurate with their role and in accordance with updated intercollegiate competencies relating to:

- Safeguarding Adults
- Safeguarding Children
- Looked After Children
- Prevent
- Domestic Violence
- MCA and DOLS

Safeguarding Children and Adult Training progress from 2017/18

Training compliance has been monitored during 2017/2018 to ensure that compliance is achieved. The training programme for Safeguarding Children (Level 3) was subsequently amended in October 2017, to reflect national changes, Serious Case Review actions, and to comply with the latest Intercollegiate Document for Children (2014). (**Appendix 2: Annual Safeguarding Training Report**).

During 2017/18 RWT Safeguarding Adult Level 3 Training was also reviewed in line with the latest Intercollegiate Document for Adults (2016). It was identified that additional staff groups required this level of training and as a result, a renewed training programme will be developed for roll out in Q2 2018.

Prevent Awareness e-learning training has been communicated to RWT staff and subsequently training data describes a rise from 67% in July 2017 to 89% in June 2018.

MCA/DoLS training compliance during 2017/2018 has also increased from 60% October 2017 to over 95% in June 2018.

As part of the Trust 'Creating Best Practice Group' the MCA/DoLS work stream has been monitored. The anticipated audit of staff knowledge in regard to MCA/DoLS is to be undertaken in Q3 2018.

4. Safeguarding Team Supervision Compliance:

Safeguarding Named Doctor/Nurse/Midwife/Named Professionals have access to advice and Support and a minimum of quarterly supervision with Designated Professionals.

RWT Named Professionals:	Compliance from Q2 2017/18	Outstanding
Q2 Named Nurse x 5	4 = 80%	1 outstanding in Q2 2017
Q3 Named Nurse x 5	5 = 100%	0 outstanding in Q3 2017
Q4 Named Nurse x 7	7 = 100%	0 outstanding in Q4 2017
Q1 Named Nurse x 7	7 = 100%	0 outstanding in Q1 2018
Interim Named Midwife x 1 Q2 2017 – Q1 2018	Fully compliant	0 outstanding
Named Doctor x 1	Fully compliant	0 outstanding

- RWT appointed two new Named Nurses during Q4.
- Named Professionals received supervision on a quarterly basis.
- During Q2, there was a delay with one Named Nurse receiving supervision within the timeframe due to lateness of scoping an appropriate supervisor. This was resolved.

5. RWT Organisation Safeguarding Supervision Compliance:

Professionals supervising staff or working on a day to day basis with children and families Should have child and adult protection supervision available to them appropriate to their role and responsibility in order to promote good standards of practice.

Supervision Compliance 2017/18:

The newly ratified Safeguarding Children Supervision Policy has been adopted across The Royal Wolverhampton NHS Trust provides a robust process for supervision, so that practitioners who work with children and families will be enabled to promote good standards of practice and to contribute to improved outcomes for vulnerable children and young people and their families.

Traditionally supervision has only been provided to the 0-19 service this has been extended and is now provided to staff including: urgent and unscheduled care staff, specialist nurses, Looked After Nurses, sexual health staff, School Nurses, Health Visitors, all children's nurses, and Midwives.

Practitioners receive safeguarding supervision a minimum of four monthly, with the exception of community midwives who require supervision at least three monthly. These sessions are supplemented by additional supervision sessions as necessary, depending on the need identified by the practitioner/supervisor.

RWT Staff supervision attendance report from Q2 (2017) to Q1 (2018)

Total number of Community/ Children Staff identified to receive safeguarding supervision within timescale	Total number of staff who attended within timescale	Total number of midwives identified to receive safeguarding supervision within timescale	Total number of staff who attended within timescale.
Q2 - 67	65 = 95%	n/a	n/a
Q3 - 69	68 = 98.55%	Q3 - 48	37 = 77%
Q4 - 74	73 = 98%	Q4 - 52	41 = 78%
Q1 - 69	68 = 98.55%	Q1 - 43	17 = 39%

The above data regarding maternity supervision has been reported from Q3 onwards. Due to staff sickness and work load, compliance has fluctuated. It was noted that supervision had reduced from 78% down to 39% in June 2018. As a result, all staff that are outstanding with their supervision have been requested to comply. A Named Midwife for Safeguarding has now been employed to support this work.

Staff Supervision Training Update 2018.

RWT Named Professionals, including doctors and key leads from Emergency Department, Maternity and Children Services attended two external safeguarding supervision training (Level 4) courses commissioned in 2017 and 2018. In total, 24 practitioners attended the two training sessions.

The Safeguarding Supervision Policy has been amended (June 2018) to reflect newly identified staff groups requiring supervision. The expansion of the RWT Safeguarding Team – will support the delivery of the updated supervision process.

6: Safeguarding Activity and Process

Health providers are required to provide chronologies and reports for Section 42 Enquires, SCR's, DHR's, and SAR's on time and in line with WSCB, WSAB and Wolverhampton Safer Working Partnership Board Terms of Reference and templates. Resulting organisational action plans must be addressed as agreed by the WSCB/WSABs/DHR Standing Panel.

7: Safeguarding recommendations and learning

Health providers are required to demonstrate that recommendations and learning from all types of learning reviews and enquiries are distributed to relevant staff and there is evidence of practice change.

RWT Compliance 2017/18:

During 2017 RWT reported on recommendations and learning from all types of learning reviews and enquiries through their monthly Trust Safeguarding Operational Group. During 2017 there was:

- RWT representation at Wolverhampton Safeguarding Adult Board : Safeguarding Adult Review Committee (SAR)
- RWT representation at Wolverhampton Safeguarding Children Board: Serious Case Review Committee (SCR)
- RWT representation at Wolverhampton Domestic Violence Forum (WDVF) and Domestic Homicide Review meetings.
- RWT representation at the newly formed national 'Learning from Death Review Group'. (LeDeR)
- In May 2018, 15 RWT staff attended IMR training.

Safeguarding Recommendations and Learning from Serious Cases from 2017 to 2018

During 2017/2018, RWT were involved with over 30 cases that met the criteria for serious case review scrutiny in Wolverhampton. All action plans were addressed and communicated out to the organisation via the RWT monthly Trust Safeguarding Operational Group and via the RWT case review health group.

Appendix 3: 2017 to 2018 - Serious Case Reviews, Safeguarding Adult Reviews, Domestic Homicide Reviews Document.

8: Voice of the child, young people and adults

Health providers are required to provide evidence that staff are aware of the importance of Listening to children, young people and adults with care and support needs.

RWT Compliance: Making Safeguarding Personal (MSP) 2017/18

- RWT Safeguarding Service reviewed the internal process for communicating and addressing referrals to social care for those cases that did not formally meet the criteria for a safeguarding investigation (S42), but required a follow up with service users. As a result of this, all cases are now resolved through RWT Patient Experience and Public Involvement Team (PET) and reported separately. **(Appendix 4: Safeguarding Complaints Management Doc – Patient Experience Team)**
- RWT Training (Level 1-3) was reviewed and amended to reflect the 'Think Family' principle of engaging with the whole family about the outcomes that they want from our service.
- The 'Think Family' Adult training post was recruited to.
- RWT Head of Safeguarding commenced as chair of the WSAB Quality and Performance subgroup. The MSP is a key priority for this group and during 2018 will be developing the work further by consulting with service groups.
- As a result of the Learning Disability (LD) Strategy which was produced in January 2018 - two additional nurse posts have been funded (Band 6) via a business case to enhance the LD service.

Action Required

It is identified from both Wolverhampton Safeguarding Boards that Making Safeguarding Personal (MSP) is a shift in culture and practice in response to developing services from the perspective of the person being safeguarded. Further work is required across Wolverhampton services during 2018/19 to develop an outcome focused approach to safeguarding work.

9: Safeguarding Assessment Processes

Health providers are required to provide evidence that patient assessment processes within The organisation identify appropriate risk and need, and result in an appropriate response; including where the criteria for statutory enquiries are met/or not met.

RWT Safeguarding Assessment and Activity during 2017/18

During 2017/18, RWT contributed to information sharing and attendance at Multi Agency Risk Assessment Conferences (MARAC) for victims of domestic violence, supported the information sharing and attendance at Barnardo's Screening Tool meetings (which concluded in July 2018), and joined as a health partner in MASH. In addition, the safeguarding team provided a visible presence within the Emergency Department, Children Services, Maternity and most ward areas.

Safeguarding Service Children Referral Activity 2017/2018

Advice Calls



MASH Health Checks

It is recognised that the recording of referral activity for safeguarding children (as part of the MASH Service) is currently being developed as part of the IT changes within the service. A total of 3,681 health enquires have been completed over a 9 month period, (with a mean of 409 being completed each month). There is evidence of an upward trend on the number completed, with 560 currently being the highest number completed. It is anticipated that during 2018/2019 improvements will be made in gathering robust data in this area.

RWT Safeguarding Service Adult Activity 2017/2018

Advice/Calls	Quarter 2 July - Sept	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar	Quarter 1 April - June
Deprivation of Liberty Safeguards	40	30	42	60
Wolverhampton	22	18	23	40
Walsall	6	1	3	5
Staffordshire	5	5	6	8
Shropshire	1	0	0	0
Dudley	0	0	1	0
Not Sent / Inappropriate	6	6	9	7
Domestic Violence	31	37	47	44
Sexual Violence	0	2	4	1
Channel Reporting Forms	1	1	1	0
Safeguards Against The Trust	7	4	0	5
Met for Section 42	1 x N/O 1 x N/PI 1 X N 1 x PS 1 x P 1 X DI	1 x DI 1 x A 1 x PI 1 x N		2 X PI 2 X N 1 X S
KEY	DI-Discharge / D-Discriminatory / DA-Domestic Abuse / PS-Psychological / F-Fall / FI-Finance / MS-Modern Slavery / N-Neglect / O-Organisational / P-Physical / PI-Pressure Injury / SN-Self Neglect / S-Sexual / A-Assault			

Safeguarding referrals made against RWT (S42 Enquiry) 2017/18

Month	Number Met S42 Enquiry	Issue
April 2017	4	PI x 1, Discharge x 3 Neglect x1
May 2017	4	PI x 3, Discharge x 1
June 2017	2	PI X 1, Physical x 1
July 2017	2	Neglect x 1, PI x 1 Injury x1
August 2017	2	Pressure Injury (Neglect) x1, Physical x1
September 2017	2	Discharge x2
October 2017	1	Discharge x 1
November 2017	2	Physical (POT) x1, Fall x1
December 2017	3	Pressure Injury x1, Neglect x2
January 2018	0	-
February 2018	0	-
March 2018	0	-

Brief Summary of Overarching Key Themes:

Poor Discharge A8 and C18, C25; Pressure Injuries C15, C16, B7, A7 and District Nurses; Care Concerns C16, C24, Ward 1 West Park and A7; Physical Assault A7, A8, District Nurses. Fall Fair Oak.

All above areas were fully investigated.

9: Safeguarding Audit

Health providers are required to provide evidence of incremental improvement of processes over time through; regular evaluation through audit, leading to required improvements in the light of their efficiency, effectiveness and flexibility.

RWT evidence of incremental improvement of processes during 2017/18:

The CQC visited the Trust in July 2016 to review Safeguarding and Looked after Children arrangements. The service areas reviewed included ED, Sexual Health, Looked after Children Team, Hospital and Community Paediatrics. RWT has now completed all outstanding actions following the recruitment of the Trust Named Midwife for Safeguarding in 2018.

In June 2018, the Trust had a further inspection. As part of the initial consultation and feedback, it was emphasized that obstetricians and gynaecology clinical staff must all complete Level 3 safeguarding children training. The Trust has now achieved over 95% compliance with targeted training.

The RWT safeguarding training programme for 2018 – 2021 has been reviewed and developed (in Q2) in line with national training requirements.

Action required

To address any actions that has been identified from CQC visit in 2018.

Outstanding actions following CQC will continue to be monitored via Trust Safeguarding Operation Group (TSOG).

Internal Audit

During 2017/2018, the outstanding actions following Internal Audit review in 2017 were concluded.

- **Appendix 4: Internal Audit Action Plan**

10: National Reports / Inquiries

Health providers are required to provide evidence and assurance that they are responding to National Reports and Inquiries.

Evidence of Compliance 2017/18:

Learning Disability Service

During 2017, the RWT All Ages Learning Disability Strategy was written and approved. This coincided with a number of national key reports, Winterbourne (2011), Southern Health Care (2015) and Learning Disability Improvement Standards (2018) which have all highlighted the importance of addressing the health and support needs of people with a learning disability. In order to address the support required across RWT to take this forward, a business case (for a learning disability outreach team – 2 Band 6 Nurses) has been approved to recruit to the current establishment. It is expected that recruitment to the posts will be concluded in Q4.

Learning Disability Mortality Review Programme (LeDeR)

The LeDeR programme has been commissioned by NHS England to support local areas in England to review the deaths of people with learning disability (from 4 years and above). The purpose of the programme is to identify common themes and learning points and to provide support to local areas in their development of action plans and to take forward any lessons learned.

From October 2017, the Trust has participated in the LeDeR programme, by notifying the death of patients with a learning disability (to Bristol University – the host) and inputting into the review of the circumstances leading to the death.

Wolverhampton has a total of 17 multi agency professionals who have been trained to undertake the reviews. The Trust has 6 members' of staff that have been trained to undertake the reviews.

Child Protection Information Sharing (CP-IS)

During 2018, RWT has responded to the CP-IS national alerting system between social work and health providers for children/unborn children with a protection plan and children in care (Looked after Children). They are safeguarded by reviewing the confidential database for all children 0-19 who attend the Emergency Department, Cannock MIU and the Phoenix Walk in Centre. This has strengthened the ability of staff and social care practitioners to protect children across the country through sharing information on vulnerable people flagged on the system.

Lampard recommendations (2014) reviewed 2018

In June 2018, RWT reviewed compliance against the Lampard Recommendations (2014).

	Recommendation	Action required	Timescale & Identified lead	Progress Update	Evidence	RAG rating
1.	<p>Ensure that RWT has a register of all volunteers working with Children/Young People and Adults.</p> <ul style="list-style-type: none"> • DBS checking system in place? • Supervision arrangements for volunteers in practice areas? 	Central registration system to be in place which captures details of all volunteers working in RWT.	<p>Head of Patient Experience and Public Involvement</p> <p>Sept 2017</p>	<p>June 2018: Central registration In place Completed</p> <p>25.4.2017 Volunteer Services Co-ordinator holds a record of all volunteers including those that work with children and adults where the volunteer is reported in to the service. Action needed to raise awareness with RWT staff that may not be aware of this process. DBS checking system is in place Supervision offered to volunteers, but not explicit.</p>	RWT Recruitment Process.	
2.	Ensure that there is a RWT visiting/visitors policy in place.	RWT Policy	<p>Head of Safeguarding</p> <p>April 2017</p>	25.4.2017 Policy in place. Concluded.	RWT Policy	
3.	RWT has 'Whistleblowing' training and reporting in place.	RWT Policy Reporting process cited in policy	<p>Head of Patient Experience and Public Involvement</p> <p>April 2017</p>	25.4.2017 Policy in place. Concluded.		
4.	There is a culture of openness and confidence regarding whistleblowing?	RWT Policy Communication process	<p>Head of Patient Experience and Public Involvement</p> <p>July 2017</p>	25.4.2017 Policy in place. Concluded.	RWT Policy Complaints reporting	
5.	There is an audit of complaints ensuring learning takes place.	Audit of complaints in place	<p>Head of Patient Experience and Public Involvement</p>	<p>June 2018: Completed Covered in Annual report 25.4.2017</p>	Report	Green

	Recommendation	Action required	Timescale & Identified lead	Progress Update	Evidence	RAG rating
			Sept 2017	Awaiting report		
6.	Victim support is available from available services/resources.	A full range of service options and resources are available to resolve issues.	Head of Patient Experience and Public Involvement July 2017	25.4.2017 Completed Signposting service is in place. Variety of service options available.	Evidence of services available for victims.	
7.	Organisation memory: <ul style="list-style-type: none"> RWT has a system in place for recording information relating to staff, volunteers and visitors and any allegations made against them. 	Staff Records Managing allegations against Staff Policy Confirmation of process from HR	Head of Safeguarding July 2017	June 2018 Managing allegations policy (already in place) to be updated in Q3 25.4.2017 HR Policy in place. Staff records reflect incident and information		

Key priorities for 2018/2019 include:

- To review and combine safeguarding children and adult practices across the organisation
- To complete all outstanding actions from SCR/DHR/SAR
- To complete any outstanding CQC action plan by Q4 2018.
- Work internally and externally with key partners to ensure that RWT supports the work regarding 'Making Safeguarding Personal for adults and children' approach.
- To work with IT service and Divisions across RWT to progress with 'flagging' vulnerable persons on the Clinical Web Portal system.
- To monitor compliance for safeguarding training.
- To review staff groups linked to safeguarding training every 6 months.
- To complete FGM policy
- To complete 'managing allegations against staff' policy
- Review both RWT Children and Adult Safeguarding Policy in 2019.
- Completion of Lampard / Jay inquiry.
- Review of RWT input into MASH, to consider rotational model for staff attendance.
- To ensure all unscheduled care settings have access to CP-IT infrastructure