Royal United Hospitals Bath
NHS Foundation Trust

Safeguarding Children and Young People, and Maternity/Neonatal Annual Report

1st April 2024 -31st March 2025

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Contents

1. Introduction

This report provides an overview of safeguarding unborn babies, children and young people activity undertaken within the Trust between 1st April 2024 and the 31st March 2025.

The aim of this report is to provide assurance that safeguarding unborn babies, children and young people activity:

- meets national and local safeguarding standards.
- demonstrates a model of continual improvement.
- highlights existing or potential risk in relation to statutory responsibilities.

The structure of this report incorporates all safeguarding children standards and performance indicators for key providers of health services 2023-26.

2. Governance and Commitment to Safeguarding Children and Young People

The local safeguarding partnerships are BaNES Community Safety and Safeguarding Partnership (BCSSP) and Wiltshire Safeguarding Vulnerable People's Partnership (SVPP).

The Chief Nursing Officer is the Executive Lead responsible for safeguarding within the Trust and the nominated Non-Executive Director is a safeguarding champion. The Deputy Chief Nursing Officer is the nominated deputy Lead for safeguarding children and young people. The Associate Director for Vulnerable People leads on the wider safeguarding and vulnerability agenda within the Trust. The Associate Director for Vulnerable People represents the Trust at the SVPP Senior Partners forum.

The Trust have met their statutory responsibilities to the safeguarding partnership and have representation at relevant partnership meetings, and sub-groups.

Further monitoring against the Safeguarding Children Standards and Performance Indicators for Providers of Health Services occur through the Clinical Outcomes and Quality Assurance reports that are submitted to BaNES Swindon and Wiltshire Integrated Care Board (BSW ICB) on a quarterly basis. The BSW ICB (BaNES locality) Designated Nurse for Children provides supervision and oversight to the Named Nurse for Children and Young People, and the Named Midwife for Safeguarding. The Designated Doctor for Safeguarding in BSW ICB provides quarterly supervision to the Named Doctor for Safeguarding.

Vulnerable People Committee (VPC)
There are quarterly internal Joint Safeguarding and Prevent Operational Group (JSPOG) meetings, chaired by the Named Nurse for Safeguarding Children and Young People, and the Named Professional for Safeguarding Adults. There is representation across each division and appropriate safeguarding leads attend these meetings. Key highlights and reports are taken to the Vulnerable People

Committee (VPC). This is chaired by the Chief Nursing Officer and there is representation at this meeting from the Non-Executive Director for Safeguarding, Designated Nurse for Safeguarding in BaNES Locality ICB, Associate Director for Vulnerable People, Divisional Directors of Nursing and other senior leaders across the Trust. A highlight report from VPC is presented to the Quality Assurance Committee and then to the Trust Board by the Chief Nursing Officer.

Care Quality Commission (CQC)
The safeguarding children and maternity team continue to support ongoing work with the CQC lead for the Trust.

BSW ICB Peer Review visit
BSW ICB undertook a Quality Assurance visit to the Trust in Q4, following the RUH Safeguarding Team completing a self-assessment (mapped against CQC standards). These visits are intended to be a supportive and valuable learning opportunity for all involved and a safe collaborative environment to explore questions developed from themes identified from the organisation's own self-assessment. An initial report has been shared with the Trust Associate Director for Vulnerable People and Executive Lead for the Trust. They have drafted an action plan. The Safeguarding Operational Group are further reviewing the report and the action plan in readiness for the Safeguarding Leads to report on a final plan for ratification to VPC in August.

Section 11 (S11) Audit
The action plan from the 2023 S11 Audit (BCSSP) has continued with no significant risk to the Trust noted and this is reported through the Joint Safeguarding and Prevent Operational Group (JSPOG), and the VPC.

The Trust also responded to a request for statement of compliance with S11 standards in Q2 2024/25 from Wiltshire SVPP. The standards were assessed as Mature with no associated actions identified. This was reported through the JSPOG and VPC.

Safeguarding Children and Young People Audits
Safeguarding children and young people audits are included in the Trust Clinical Audit Programme. During the reporting period for this report the following audits were undertaken (for maternity specific audits see maternity report):

- Maternity audit of Women with Complex Social Factors.
- Multi-Agency Early Help Assessment Audit with BaNES Community Safety and Safeguarding Partnership.
- Maternity Spot Check Safeguarding Audit with a Focus on Domestic Abuse Routine Enquiry
- Referral to Childrens Social Care Audit with a Focus on Children's Mental Health.

Each of the audits has an action plan defined and these are monitored and reported through the internal governance processes and ratified at the VPC.

Emergency Department Safeguarding Reviewing Processes (ED)
There are 2 safeguarding reviewing nurses in the ED who review every child/young person under the age of 18 attending and continue to support the safeguarding processes, information sharing with partner agencies, training and supervision for their workforce. The number of children and young people presenting to ED has remained at an average of 1700 per month (higher than the 1250 pre-covid levels). The use of the safeguarding screening tool remains consistent at 87%-91% for all children presenting to ED. The reviewing nurses also review 40% of all children within 72 hours with the rest completed within one week.

Paediatric Mental Health Working Group
The group meet quarterly to discuss and share current issues between the ED, paediatric ward, children's safeguarding team and Children and Adolescent Mental Health (CAMHS) partners. A highlight report is discussed at the JSPOG with key messages shared at the VPC.

Safeguarding Supervisors Network
The safeguarding team meet quarterly with named supervisors in the Trust to support consistent learning and practice development across the organisation. Updates continue to be discussed at the JSPOG and the VPC.

Lead Practitioners Network
The safeguarding team meet quarterly with the identified lead safeguarding practitioners across the Trust to share training opportunities, key messages and learning for disseminating to staff in their areas. Updates continue to be discussed at the JSPOG and the VPC.

Prevent Processes.
The Named Nurse for Safeguarding Children and Young People is the Prevent Lead for the Trust, supported by the Named Professional Adult Safeguarding, and overseen by the Associate Director for Vulnerable People. The safeguarding team have reviewed the current training needs analysis reflecting the changes to Prevent training in line with national training competences and Core Skills Training Framework. A new programme was started in Q1 2024/25 across the Trust and by Q3 the training compliance for both Level 1/2 (basic awareness) and Level 3 WRAP training were both over the 85% threshold in line with expected trajectory. This continues to be monitored and reported through the JSPOG and the VPC.

Emergency Department Children's Safeguarding Group
Reflecting the increasing number of children presenting to ED and the complexity of safeguarding issues, the senior paediatric and leadership staff in ED (medical and nursing) and the safeguarding team have been meeting 4-6 weekly to examine the current issues in the paediatric ED, including reviewing guidelines, sharing learning and key messages and themes. This is reported through the JSPOG and the VPC.

3. Policies, Procedures and Guidelines

During 2024/25 several policies have been written or revised to meet local and national requirements. The following policies and protocols have been written or updated within the reporting period:

- Safeguarding Children and Young People Supervision Policy
- Children and Adults Escalation policy
- Chronology Guidelines
- Discharge Processes where there are Safeguarding Concerns
- Female Genital Mutilation (FGM) Guidelines updated to include the FGM risk assessment tools.

4. Appropriate Training, Skills and Competences

Table 1 shows compliance figures for all levels of training during 2024/25 for all staff including maternity.

Subject	Compliance Requirement	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Safeguarding Children Level 1	90%	92.11%	91.41%	90.81%	92.16 %
Safeguarding Children Level 2	90%	91.28%	90.44 %	90.23%	90.57 %
Safeguarding Children Level 3	90%	88.14%	88.29%	88.86%%	88.20 %

Table 1: Training Compliance Figures (Including Maternity)

The current Level 3 Safeguarding Children compliance ranged from 88.14% in Q1 to 88.20% in Q4 Trust-wide. Levels 1 and 2 Children's Safeguarding training have met the 90% compliance as well. The safeguarding team continues to support training compliance with a mixture of internal and external training opportunities to sustain the compliance at 90%.

The safeguarding team have focused on the implementation of additional competences at Level 3 for specialist groups outlined in the Intercollegiate Document (an increase from 8 to 12-16 hours every 3 years and initial starters having 16 hours of training in the first year instead of 8). A proposal has been taken to the Trust Management Executive in Q3, defining the processes and systems that need to be updated on the LearnTogether platform. This was agreed and the safeguarding team will finalise this process in 2025/26.

The safeguarding children and maternity team delivered 17 full day face to face sessions to 189 staff during 2024/25. Each of the sessions were evaluated, including a self-reported knowledge base pre and post session. There was a consistent increase in practitioners' knowledge and understanding across the 8 domains evaluated, before and after the training.

5. Effective Supervision and Reflective Practice

The safeguarding team provided quarterly one to one supervision with 32 identified leads across the Trust in 2024/25: 22 in Maternity and 14 across other children's facing workforce. Current compliance is:

- Children's facing leads supervision: 94.15% (14 leads)
- Maternity leads: 98,37% (22 leads)

Group supervision is embedded across the children's facing workforce with regular supervision being facilitated for the paediatric medical team, Chronic Fatigue team, Bath Centre for Pain Services, ED nursing staff, Sexual Health staff, community maternity teams, children's therapies teams, paediatric diabetes team and paediatric ward nursing staff. Supervision is now facilitated regularly by the Named Doctor for Safeguarding Children for ED paediatric medical staff and regular monthly supervision is now embedded for Bath Birthing Centre (BBC).

The Named Nurse for Safeguarding Children and Young People and the Named Professional for Adult Safeguarding have co-facilitated 'Think Family' joint sessions with the Rheumatology team and are planning sessions with the Trust Patient Experience and Complaints team.

6. Effective Multi Agency Working

The Trust actively engages in supporting our external partners in the following:

- Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC) in both BaNES and Wiltshire
- Domestic Violence Safeguarding Partnership sub-groups
- BaNES Operational Exploitation meeting which highlights those most vulnerable to the Trust
- Drug and Alcohol Working Group with local partners
- Paediatric Mental Health Group
- CAMHS Participation Group re young peoples lived experiences to share learning across the acute hospitals
- Safeguarding partner agency meetings in both BaNES and Wiltshire
- Planning for Joint Targeted Area Inspections (JTAI) working group
- Multi-Agency Sexual Health Risk Assessment Working Group
- BSW Under 1s Assurance Group
- BSW/BaNES and Wiltshire Safeguarding Specialist Network
- National Named Professionals Network
- South West Prevent Network meetings
- Wiltshire SVPP Senior Partners Forum

7. Reporting Serious Incidents

There have been no Serious Incidents reported or investigated by the Safeguarding Children and Young People team in 2024/25.

8. Engaging in Child Safeguarding Practice Reviews (CSPRs)

Rapid Review Requests

The safeguarding children team have responded to 2 Rapid Review requests for information from BCSSP with no practice issues or learning identified related to one

and no information to share in the second. The safeguarding children team also received one request from Wiltshire SVPP; no concerns related to practice in the Trust or risk identified. (For maternity requests see maternity report.) These were reported through the JSPOG and the VPC.

9. Safer Recruitment and Retention of Staff

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

10. Managing Safeguarding Children Allegations Against Members of Staff

There have been no allegations against staff investigated or supported by the Children Safeguarding team in 2024/25.

11. Engaging Children and Young People, and their Families and Carers

Young people aged 16 plus are encouraged to complete Family and Friends' feedback independently. Specialist nurses in the diabetes team run parent evenings to engage families in sharing experiences and feedback. The safeguarding team work closely with the Patient Advisory Liaison Service within the Trust to support ongoing issues of a safeguarding nature with young people, families and carers. The CAMHS participation group share their experiences and learning with the Trust.

Feedback is considered and, as relevant, informs learning and/or development that may be required in specific areas, and practice and policy development.

12. Organisational Risks

The following risk in relation to safeguarding children and young people is on the Trust risk register, clearly defined with controls and action plans in place to reduce the risk:

- **Safeguarding Children Level 3 Training Compliance**
  There are action plans for Level 3 training, to support the Level 3 training needs in the Trust with a particular focus on the additional competences in the Intercollegiate Document increasing from 8 hours to 12-16 hours every 3 years (see Section 4 Executive Summary). The risk remains low to the Trust.

13. Achievements 2024/25

- Children's Safeguarding Strategy completed alongside 3-year plan, for ratification by VPC. (see below for next steps).
- Completion of Prevent training changes and all levels now over the 85% threshold.

- Quarterly meetings with CAMHS Participation Group to ensure the voice of and lived experiences of young people attending the Trust is understood.
- Continued embedding of the supervision model across the Trust including joint 'think family' supervision sessions with the adult safeguarding team.
- The safeguarding children and maternity team delivered 17 full day face to face sessions to 189 staff during 2024/25.
- Team support for BCSSP changes and ensuring attendance at relevant subgroups. Named Nurse for safeguarding children is chairing the Practice Improvement Group.
- Learning from audits, and local/national reviews has been shared through training, supervision, local policy and key message updates. Associated action plans are discussed at the VPC.
- The Safeguarding team supported the BSW Quality Assurance Peer Review visit.

14. Objectives for 2025/26

- To continue our work with CAMHS Participation Group and other platforms to ensure we capture the voice of the children and young people to help inform learning and service development.
- Attend Trauma Awareness training in the children's safeguarding team and support roll-out amongst appropriate members of the children's facing workforce.
- To ratify and share the Safeguarding Maternity, Children and Adults Safeguarding Strategy.
- To develop and embed the 3-year work plan underlying the Safeguarding Strategy using the Trust Sunray processes.
- To share the report, learning and action plans from the BSW ICB Quality Assurance Peer Review visit.
- To re-focus on the quality assurance safeguarding walkabouts in both children's facing and maternity areas and align these with the BSW ICB quality assurance visit above. To ensure the finding of quality assurance activity informs SMART outcomes focused action plans which will be reported to the VPC.
- Integrate with the Trust Audit Management and Tracking (AMaT) processes to demonstrate learning from audits and reviews.
- Develop a joined up safeguarding dashboard with BSW ICB partners to ensure robust collection of quantitative data.
- To analyse the impact of learning from audit, reviews, feedback from children/Young people, families/carers and partner organisations. Cross-referencing with safeguarding data will allow us to assess the influence on outcome measures.

Maternity Safeguarding Annual Report 2024/25

1. Governance and Commitment to Safeguarding Children

Maternity and Neonatal Safeguarding Committee (MNSC)
These meetings are held quarterly and chaired by the Head of Midwifery and Neonates, with representation across relevant maternity and neonatal services. Key highlights and reports from this are taken to the Vulnerable People Committee (VPC), where key messages from reports, audits and policies shared at the MNSC are ratified.

The Community Lotus Team
The Lotus team continue to caseload the women with complex social factors managed by the Specialist Perinatal Mental Health Midwife and community midwifery sisters. These midwives received quarterly safeguarding 1-1 supervision from the safeguarding midwives. There is a monthly Lotus team meeting that is chaired by the Named Midwife for Safeguarding.

Perinatal Mental Health
The Named Midwife for Safeguarding continues to work closely with the Specialist Perinatal Mental Health midwife to support the ongoing development of the Perinatal Mental Health service. Two Band 6 midwives have been recruited as a 1 WTE job share to support the perinatal mental health midwife in running new community clinics for women with moderate mental health concerns. There is also a dedicated mental health service for women who have experienced birth trauma and/or loss of a baby. This is called the Ocean Service. The Ocean service will also support women who have been separated from their baby through the family court process on an individual basis.

Safeguarding Children Audits (Maternity)
Safeguarding children and maternity audits are included in the Trust Clinical Audit Programme. During the period the following audits were undertaken:

- Multi-agency Early Help Assessment Audit with BaNES Community Safety and Safeguarding Partnership
- Maternity Spot Check Safeguarding Audit with a Focus on Domestic Abuse Routine Enquiry
- Audit of Women with Complex Social Factors

Audit reports and action plans were submitted to the MNSC and VPC. These are monitored through the audit action tracker and forward plan.

2. Policies, Procedures and Guidelines

The following policies and guidelines have been written, updated or supported by the maternity safeguarding team during this period, having been ratified via the maternity and VPC governance processes:

- Guideline for Professionals Working with Pregnant Women who Misuse Substances
- Female Genital Mutilation Guidelines updated to include the FGM risk assessment tools
- One Minute Guide for Maternity Staff Supporting Pregnant Women with a Learning Disability has been updated to include women with autism and current contact details for the Learning disability teams in the hospital and community.

3. Appropriate Training, Skills and Competences

Maternity Services safeguarding mandatory training compliance is detailed in Table 1.

Subject	Compliance Requirement	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
Safeguarding Children Level 1	90%	92.88%	83.87%	90.91%	90.91%
Safeguarding Children Level 2	90%	92.88%	87.50 %	100%	100%
Safeguarding Children Level 3	90%	87.6%	86.87%	87.36%	90.42%

Table 1: Maternity Services mandatory training compliance

Compliance with Level 3 safeguarding children training dropped just below 90% for the first 3 quarters, but in Q4 reached the required compliance level of 90%.

In Q2 the process for reporting compliance changed with the numbers reported being just those groups that needed to complete each level. This meant there were very small numbers of staff that needed to complete Level 1 or Level 2 (5 and 2 respectively). The staff were emailed and the numbers improved to the required level.

Regular face to face Level 3 training sessions are booked in the Education Centre into 2026. These are both Children's and Maternity specific.

The maternity safeguarding team continue to support the additional competences requirement as outlined in the children's report above.

The maternity safeguarding team have delivered 6 maternity specific Level 3 sessions to 80 maternity and neonatal staff in 2024/25. Each of the sessions were evaluated, including a self-reported knowledge base pre and post session. There was a consistent increase in practitioners' knowledge and understanding across the 8 domains evaluated, before and after the training.

4. Effective Supervision and Reflective Practice

Maternity compliance for the quarterly 1:1 safeguarding supervision with the 20 identified leads has been consistently above the 90% compliance target and has been achieved with the support of the whole safeguarding team.

Group supervision is now well embedded across the community maternity teams. The recruitment and retention midwives have been supporting group safeguarding supervision within the acute maternity setting by covering once a month for midwives on Mary ward to allow them to be released to attend sessions. This has, however, still been challenging as they are only able to cover for one member of staff and are often needed to cover clinical work in times of high workload. There is a plan going forward for safeguarding supervision to be included on the yearly Maternity Professional Development training day, which is mandatory for all midwives. This will commence in September 2025.

5. Multi-Agency Working

The Trust and Maternity Safeguarding team actively engages in supporting our external partners in:

- attendance at the quarterly Best Start in Life Sub- Group in BCSSP;
- attendance at the monthly pre-birth tracking meetings in Somerset and Wiltshire;
- attendance at the quarterly Southwest Safeguarding Midwives Network meetings and National Maternity Safeguarding Network;
- implementation of Sharing Information Regarding Safeguarding (SIRS) process requesting father's information at maternity booking from GPs;
- weekly meetings with the BaNES Family Nurse Partnership lead;
- bi-monthly liaison meetings with the Keynsham area community midwifery team who are employed by University Hospitals Bristol NHS Foundation Trust;
- participating in the second phase of the pilot of the Graded Care Profile 2 Antenatal version (GCP2A);
- task and finish group led by NHS England, developing a compassionate pathway for the South West area to support mothers and babies who are separated by the family court following the birth;
- BSW under 1s Assurance Group;
- involvement in quarterly multi-agency audits of Early Help Assessments in BaNES.

6. Reporting Serious Incidents

There have been no Serious Incidents reported or investigated by the Maternity Safeguarding team children team in 2024/25.

7. Engaging in Child Safeguarding Practice Reviews (CSPR)

There have been two Rapid Review requests involving babies under the age of 1 in 2024/25. Both were in the BaNES local authority and neither met the threshold for a Child Safeguarding Practice Review (CSPR) as there were no current operational or safeguarding practice concerns identified. It was recognised that all expected processes and systems were followed from a safeguarding perspective in relation to the care of unborn babies by the RUH maternity service.

Several recommendations to improve safeguarding practice from both Rapid Reviews were agreed by the BCSSP Practice Review Group and sent out to the agencies involved in the cases. Action plans for the RUH Maternity Service were created and shared/monitored via the MNSC.

8. Organisational Risks

Not being able to share information about safeguarding regarding fathers with their GPs (SIRS) remains on the Trust risk register. This is related to challenges around information governance and data protection barriers. Multiple CSPRs have identified that a lack of safeguarding risk assessment of fathers poses a significant risk to under 1s and have recommended that Maternity services explore how to implement the SIRS process as part of their information sharing and risk assessment. A Data Protection Impact Assessment relating to the SIRS process has now been signed off by the Trust Data Protection Lead and a pilot of the process with the BaNES area Lotus team caseload is to start in Q2 2025/26. Once started, the risk will be lessened.

Managing Safeguarding Children Allegations Against Members of Staff

There have been no allegations against maternity staff working for the Trust in 2024-25.

9. Maternity Safeguarding Achievements 2024/25

- Compliance with Routine Domestic Abuse Enquiry by midwives continues to improve.
- Embedding of the use of the HOPE Boxes to support women and babies separated by the family courts.
- The RUH Maternity Service successfully submitted the required data for phase 2 of the GCP2A pilot for the NSPCC.
- The Named Midwife for Safeguarding has made robust proposals, informed by analysis of risk, and has been successful obtaining agreement from the Trust Information Governance and Data Protection Leads to start a pilot of the SIRS process in the BaNES area.
- Level 3 safeguarding children training compliance is now above 90%.

10. Maternity Safeguarding Objectives 2025/26

- To continue to embed safeguarding supervision across maternity and neonatal services in both the community and acute settings.
- To continue to work with the IT lead midwife to improve the recording and storage of maternity safeguarding information on the new BadgerNet electronic patient record.
- To continue to attend the pre-birth tracking meetings and to support these meetings in the BaNES area so that babies on Child in Need (CiN) and Child Protection (CP) plans are effectively safeguarded.

- To continue to work with the Named GP from the BSW ICB to ensure that the Trust can implement the sharing of safeguarding information about fathers with GPs.
- To continue to attend the Graded Care Profile Meetings in Wiltshire, to support the full implementation of the GCP2A across maternity and health visiting.
- To be involved as part of the ongoing implementation of the national programme to help people who care for babies cope with crying (ICON) across the BSW area.
- To complete the Trust Safeguarding Strategy with the adult and children and young people safeguarding leads and publish and promote this once the final version is signed off via the Trust governance process.
- To elevate the Band 6 Specialist Support Midwives to Band 7 in line with other Trusts' maternity safeguarding team structure nationally and locally.
- Embed the use of the new cannabis screening tool across maternity.
- Attend trauma awareness training and roll-out across the maternity and neonatal workforce.
- Work with maternity staff around registered sex offenders and balancing risk/not being judgemental and working to individualised safety plans.
- Seek feedback from women/birthing people with complex social factors accessing maternity services at the RUH, to further develop the service provided to them.

Concluding Comments

This report has concentrated on the key safeguarding activity improvements and risks within the organisation. Whilst it has provided an opportunity to capture key activity, it is by no means a full report of achievements of the safeguarding children and young people team and others in the organisation. It is appropriate to acknowledge the achievements of the Maternity Safeguarding team, the Safeguarding Children and Young People team, the support of the Executive Lead for Safeguarding, the Associate Director for Vulnerable People, the safeguarding activities of staff and the very positive direction of travel and making a difference to patient experience and patient outcomes.

References

Intercollegiate Document*: Safeguarding Children and Young People, Roles and Competences for Health Care Staff* , London RCPCH, 2019

Working Together to Safeguard Children, London, DSCF, 2023

Appendix 1

NHS funded service Safeguarding adult and children Monitoring Form 2024-25

Effective
Well Led
Safe
Responsive
Caring

NHS Funded Service Name | **Royal United Hospitals NHS Foundation Trust**

		Quarter 1 April / May / June	Quarter 2 July / Aug / Sept	Quarter 3 Oct / Nov / Dec	Quarter 4 Jan / Feb / March	Total/ Average
Appropriate Training, Skills, and Competencies - Standard 3 - The minimum training compliance target is 90%.						
New staff joining the organisation and have received Level 1 awareness training - adults and children within 3 months	***Number***	Not collected at present	Not collected at present	Not collected at present	Not collected at present	
	Percentage	Not applicable	Not applicable	Not applicable	Not applicable	#DIV/0!
Safeguarding adult training level 1 uptake	***Number***	N/A	N/A	N/A	N/A	
	Percentage	N/A	N/A	N/A	N/A	#DIV/0!

Safeguarding adult training level 2 uptake	***Number***	N/A	N/A	N/A	N/A	
	Percentage	N/A	N/A	N/A	N/A	#DIV/0!
Safeguarding adult training level 3 uptake	***Number***	N/A	N/A	N/A	N/A	
	Percentage	N/A	N/A	N/A	N/A	#DIV/0!
Safeguarding adult training level 4 uptake	***Number***	N/A	N/A	N/A	N/A	
	Percentage	N/A	N/A	N/A	N/A	#DIV/0!
Comments on training						
Safeguarding children training level 1 uptake	***Number***	5522	1691	1729	1739	
	Percentage	92.1%	91.4%	90.8%	92.2%	91.6%
Safeguarding children training level 2 uptake	***Number***	3780	3010	2991	2957	
	Percentage	91.3%	90.4%	90.2%	90.6%	90.6%

Safeguarding children training level 3 uptake	***Number***	676	671	686	695	
	Percentage	88.1%	88.3%	88.9%	88.2%	88.4%
Safeguarding children training level 4 uptake	***Number***	3	3	3	3	
	Percentage	100.0%	100.0%	100.0%	100.0%	100.0%
Comments on training	Please use this section to add any extra information. For eg: please provide details, if able to, on the number and percentage of Safeguarding Children training update at Core and Specialist level.					
Domestic Violence/ FGM / CSE / Modern Traficking and Slavery training uptake. Not currently collected but would be obtained through Level 3 (or at earlier levels) records.	***Number***	676	671	686	695	
	Percentage	88.1%	88.3%	88.9%	88.2%	88.4%
Prevent Level 2 training uptake	***Number***	5792	4463	4473	4458	
	Percentage	96.6%	92.4%	91.7%	92.7%	93.3%
Prevent Level 3 training uptake	***Number***	3867	872	1018	1070	
	Percentage	94.3%	74.2%	86.2%	90.0%	86.2%

MCA DoLS training for all relevant staff	***Number***	N/A	N/A	N/A	N/A	
	Percentage	N/A	N/A	N/A	N/A	#DIV/0!
Effective Supervision, Reflective Practice & Case Consultation - Standard 4						
Supervision sessions received by Safeguarding Specialist Practitioner (level 3 Practitioners) Record Adult, Maternity and Children Supervision separately and by specialist group where appropriate	***Number***	**Children's = 13 Maternity = 22**	**Children's = 13 Maternity = 22**	**Children's = 11 Maternity = 20**	**Children's = 11 Maternity = 18**	
	Percentage	**Children's = 92% Maternity = 100%**	**Children's = 100% Maternity = 100%**	**Children's = 90% Maternity = 100%**	**Children's = 100% Maternity = 100%**	#DIV/0!
Safeguarding supervision received by Sexual Health Only complete if you employ Sexual Health staff	***Number***	1	1	1	1	
	Percentage	Not collected	Not collected	Not collected	Not collected	#DIV/0!
Comments on implementing this standard						
Effective Multi-Agency Working - Standard 5 - only complete if applicable; otherwise submit a nil return						
Initial Adult S42 Meetings invited to	***Number***	N/A	N/A	N/A	N/A	0
Initial Adult S42 Meetings attended	***Number***	N/A	N/A	N/A	N/A	0
	Percentage	N/A	N/A	N/A	N/A	#DIV/0!

Adult Protection reports requested by Local Authority	***Number***	N/A	N/A	N/A	N/A	0
Adult Protection reports submitted to the Local authority	***Number***	N/A	N/A	N/A	N/A	0
	Percentage	N/A	N/A	N/A	N/A	#DIV/0!
Review Meetings invited to	***Number***	N/A	N/A	N/A	N/A	0
Review Meetings attended	***Number***	N/A	N/A	N/A	N/A	0
	Percentage	N/A	N/A	N/A	N/A	#DIV/0!
Review Meeting reports requested	***Number***	N/A	N/A	N/A	N/A	0
Review Meeting reports completed / provided	***Number***	N/A	N/A	N/A	N/A	0
	Percentage	N/A	N/A	N/A	N/A	0
Safeguarding Adult referrals made using section 42(1) (a) & (b) of the Care Act 2014	***Number***	N/A	N/A	N/A	N/A	0
Comments on implementing this standard						

Complete children section if you attend any						
CP Strategy Meetings invited to all data available	***Number***	4	9	15	13	41
CP Strategy Meetings attended	***Number***	4	9	15	13	41
	Percentage	100.0%	100.0%	100.0%	100.0%	100.0%
ICPCs / RCPCs invited to	***Number***	25	31	24	26	106
ICPCs / RCPCs attended	***Number***	0	2	2	2	6
	Percentage	0.0%	6.5%	8.3%	7.7%	5.6%
ICPC / RCPC reports requested	***Number***	0	2	2	2	6
ICPC / RCPC reports submitted to the Local Authority	***Number***	0	2	2	2	6
	Percentage	0.0%	100.0%	100.0%	100.0%	75.0%
CP Core Groups Invited to	***Number***	0	2	4	3	9

CP Core Groups attended	***Number***	0	2	4	3	9
	Percentage	0.0%	100.0%	100.0%	100.0%	75.0%
Referrals to Children's Social Care or / triage or / MASH (depending on locality)	***Number***	291	247	268	324	1130
Referrals for Early Help, CAF	***Number***	0	0	0	0	0
Comments on implementing this standard						
Complete midwifery section if you attend any						
Referrals to social care for unborn infants - child protection	***Number***	55	47	42	35	179
Referrals to social care for unborn infants - Early Help	***Number***	4	0	0	2	6
Referrals to the children's social care for pregnant women under 18 years old	***Number***	0	1	0	0	1
Midwifery referrals to the Family Nurse Partnership, (by Local Authority Area)	***Number***	BaNES = 5 Wiltshire = 12 Somerset = 4	BaNES = 9 Wiltshire = 12 Somerset = 2	BaNES = 1 Wiltshire = 12 Somerset = 0	BaNES = 2 Wiltshire = 8 Somerset = 1	63
Unborn infants subject to a child protection plan	***Number***	31	31	32	32	126

Pregnant women under 18 years subject to a child protection plan	***Number***	0	0	0	0	0
CP Strategy Meetings attended	***Number***	17	11	19	14	61
ICPCs / RCPCs invited to	***Number***	24	23	24	29	100
ICPCs / RCPCs attended	***Number***	24	23	24	29	100
	Percentage	100.0%	100.0%	100.0%	100.0%	100.0%
ICPC / RCPC reports requested	***Number***	24	23	24	29	100
ICPC / RCPC reports submitted to the Local Authority	***Number***	24	23	24	29	100
	Percentage	100.0%	100.0%	100.0%	100.0%	100.0%
CP Core Groups Invited to	***Number***	48	46	53	40	187
CP Core Groups attended	***Number***	48	46	53	40	187
	Percentage	100.0%	100.0%	100.0%	100.0%	100.0%

CIN meetings invited to	***Number***	29	21	28	31	78
CIN meetings attended	***Number***	29	20	28	31	108
	Percentage	100.0%	95.2%	100.0%	100.0%	97.1%
Comments on implementing this standard						
Children not brought to appointments	***Number***	Not collected at present	Not collected at present	Not collected at present	Not collected at present	0
	Percentage	Not collected at present	Not collected at present	Not collected at present	Not collected at present	#DIV/0!
Number of adults presenting that are subject to FGM (only complete if you have actioned this)	***Number***	2	1	2	2	7

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

Active CSPRs / Rapid Reviews (under investigation) (that you are involved in)	***BANES Number***	N/A	N/A	N/A	N/A	0
	SWINDON Number	N/A	N/A	N/A	N/A	0
	WILTSHIRE Number	N/A	N/A	N/A	N/A	0
	outside BSW	N/A	N/A	N/A	N/A	0
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)	***BANES Number***	N/A	N/A	N/A	N/A	0
	SWINDON Number	N/A	N/A	N/A	N/A	0
	WILTSHIRE Number	N/A	N/A	N/A	N/A	0
	outside BSW	N/A	N/A	N/A	N/A	0

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

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

Health Assessments carried out - Initial 5+ years old	***BANES Number***	N/A	N/A	N/A	N/A	N/A
	SWINDON Number	N/A	N/A	N/A	N/A	N/A
	WILTSHIRE Number	N/A	N/A	N/A	N/A	N/A
Health Assessments carried out - Review 5+ years old	***BANES Number***	N/A	N/A	N/A	N/A	N/A
	SWINDON Number	N/A	N/A	N/A	N/A	N/A
	WILTSHIRE Number	N/A	N/A	N/A	N/A	N/A
Initial Health Assessments - Total to be completed	***Number***	N/A	N/A	N/A	N/A	N/A
Initial Health Assessments completed within 28 days of going into care	***Number***	N/A	N/A	N/A	N/A	N/A
Initial Health Assessments completed within 28 days of notification	***Number***	N/A	N/A	N/A	N/A	N/A
Initial Health Assessment Appointments offered within 28 days of notification	***Number***	N/A	N/A	N/A	N/A	N/A
Number of those children who have declined assessment/ where not brought	***Number***	N/A	N/A	N/A	N/A	N/A
Onward referrals for health services	***Number***	N/A	N/A	N/A	N/A	N/A

Annually provide a breakdown of servces referred onto i.e., CAMHS, Smoking cessation, SALT, other	***CAMHS Number***	N/A	N/A	N/A	N/A	N/A
	Smoking cessation Number	N/A	N/A	N/A	N/A	N/A
	SALT Number	N/A	N/A	N/A	N/A	N/A
	Other Number	N/A	N/A	N/A	N/A	N/A
Total CLA open to service	***BANES Number***	N/A	N/A	N/A	N/A	N/A
	SWINDON Number	N/A	N/A	N/A	N/A	N/A
	WILTSHIRE Number	N/A	N/A	N/A	N/A	N/A
CLA: Out of Area with overdue Assessments	***IHAS Number***	N/A	N/A	N/A	N/A	N/A
	RHAS Number	N/A	N/A	N/A	N/A	N/A
Adoption Medicals- Initial	***Number***	N/A	N/A	N/A	N/A	N/A
Adoption Medicals- Follow up/update	***Number***	N/A	N/A	N/A	N/A	N/A
Requests for Initial Health Assessments from other areas for children placed in Local Authority area.	***Number***	N/A	N/A	N/A	N/A	N/A
Requests for Review Health Assessments from other areas for children placed in Local Authority area: 0-5 years	***Number***	N/A	N/A	N/A	N/A	N/A

All other Provider Services who have contact with Children		N/A	N/A	N/A	N/A	N/A
Identified CLA referrals to your service	***Number***	N/A	N/A	N/A	N/A	N/A
Number of CLA accepted into your service	***Number***	N/A	N/A	N/A	N/A	N/A
Number of those who Decline/ Where not brought	***Number***	N/A	N/A	N/A	N/A	N/A
Feedback from CLA users and their carers to your service	***Number***	N/A	N/A	N/A	N/A	N/A