



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Safeguarding Steering Group Meeting
14th July 2026
Via Teams

Present:

Corporate

Natalie Goswell	Deputy Nurse Director
Fiona Bullock	Head of Safeguarding
Carla Blackshaw	Senior Nurse Safeguarding
Faye Prothero	Bereavement Team
Angela Stephenson	Head of EPRR

Medicine

Jane Murphy	Director of Nursing
Jeff Morgan	Safeguarding Doctor / EU

PCIC

Barbara Davies	Interim Director of Nursing PCIC
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CD&T

Helen Luton	Director of Team CD&T
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Surgery

Clare Wade	Director of Nursing
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Specialist

Jo Clements	Lead Nurse, Critical Care
Ceri Phillips	Lead Nurse Cardiothoracic

Children & Women

Judith Cutter	Consultant Midwife
Andy Jones	Director of Nursing
Ceri Lovell	Senior Nurse CAMHS

Guests

Chloe Evans	MCA Team
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Partner Agencies

Natalie Morgan-Thomas	Lead Nurse for the National Safeguarding Service, PHW
Victoria Miller	SWP Police

PART 1: PRELIMINARIES <i>(Chair)</i>		ACTION
1.1	Welcome	
1.2	Apologies for Absence: Bev Oughton, Abigail Holmes, Cari Randall, Clarie Biddlecombe, Jason Roberts, Dave Murray-Dickson, Nia Pritchard, Jasmin Jones	
1.3	Approval agreed of SSG Minutes from the previous meeting.	

	All agreed	
1.4	Actions Log - completed.	
1.5	Ensure that meeting is Quorate 4 members or representatives required	
PART 2: STRATEGIC DIRECTION AND SERVICE IMPROVEMENT		
2.1	Clinical Board Reporting December and January: Surgery – <u>Safeguarding Cases & Referrals:</u> MARF referrals: - 20 May & 15 June There are some long standing adult cases that are open that need to be looked at to close. Section 5 cases open- 4. <u>Training compliance:</u> Training has increased but is slightly let down due to medical workforce attendance. Medicine – Jane Murphy <u>Safeguarding Cases & Referrals:</u> MARF referrals have increased in May / June AS1's –. There is a drop in health referrals but an increase in LA led cases. Section 5 – cases open 9 which is an increase since January No notable change in number of reported pressure damage <u>Training compliance:</u> Medical workforce compliance is lowering the figures. Jane will be presenting the data to QSE. 78 & 73% average for level 2 adults and children Level 3 – 15.96% - Jane will work to increase attendance Specialist – Ceri Phillips <u>Safeguarding Cases & Referrals:</u> - MARF referrals: - 3 May & 3 June AS1's – 6 health led cases in May and 4 in June There are 10 open health cases. Section 5 - have come down to 4 <u>Training Compliance:</u> Compliance has increased for all training CD&T – Helen Luton <u>Safeguarding Cases & Referrals:</u> Children = 12 in May & 20 in June which is a large increase section 5 = open 2	

	• <u>Training Compliance:</u> Increase for majority of training. MCA and Consent training has slightly declined PCIC – Barbara Davies • <u>Safeguarding Cases & Referrals:</u> MARF referrals May 44 & June 42 Adult referrals May – 4 & June 2. The figure for LA cases are a lot more being 28 & 24. There are 10 open health cases that could possibly be closed and are historical. Section 5 open- 6 • <u>Training Compliance:</u> MCA Training: 70% decline on last months of 74% Consent 86% this is an increase Safeguarding is maintaining compliance over the months. Pressure damage reporting was 115 - there was 0 for health acquired or avoidable Children and Women – Andy Jones • <u>Safeguarding Cases & Referrals:</u> MARF referrals May 160 & 180 June Section 5 open- 3 • <u>Training Compliance:</u> Child Safeguarding Level 2: 84% Adult Safeguarding Level 2: 81% Level 3 – Adult 50%, Child 50% % VAWDASV G2 attendance is 40% MCA Training: Consent training has had a small increase A rule has come in that medics are not allowed study leave until their mandatory training is up to date. Attendance has increased Mental Health – not in attendance	
2.2	Prevent update – Angela Stephenson EPRR is led by four articles of law that the team base their work on. Prevent is part of the counter terrorism strategy which is concerned with the identification and safeguarding of individuals at risk of radicalisation to try to keep them from either becoming involved in or committing acts of terrorism. There were 2 high profile cases (reports attached) that was reviewed and found preventable. Failures were found in mental health care, failure to share information in a complete and timely manner, no understanding of risks and the threat it posed. Following the recommendations from these cases, Angela would like safeguarding to support identify the actions and allocate to colleagues to take forward.	

	The safeguarding level 3 training does include prevent. It is included in safeguarding supervision as a 7-minute briefing and also the safeguarding newsletter ..\May 26\6. Document1 (002) Summary Nottingham Inquiry.docx ..\May 26\6. Document1 (1) summary southport inquiry phase 1.docx	
PART 3: ORGANISATIONAL PERFORMANCE AND EFFECTIVENESS		
3.1	MCA & Consent Update: Discussion Compliance for consent training has increased. At the last SSG, Pippa presented a case study. It was discussed how the problems are still present across the UHB and what is being done about it. The CB's have been tasked with putting together an action plan on how to engage staff with training resources that are available, any issues with completing assessments and trying to identify what the challenges are for staff. 7 Minute briefing to Dols has been attached to be disseminated. Its also shared on the Dols share point page	3.1 7MB template DoLS AGNI July 2026.pdf
3.2	Training updates The new level 3 safeguarding training is a full day. Feedback from the sessions has been positive. Compliance for training should improve given it is one session combining children and adults rather than attending 2 sessions previously There are concerns that ESR is not capturing accurate data of training. Carla and Fiona are meeting with Mike Mullins to discuss. This will be feedback to the CB's individually There was an issue in accessing places for level 3 training. This is hopefully resolved as the sessions are now held on a monthly basis. The number of attendee's are being monitored to see if additional training dates are required. Dates can be found on our safeguarding intranet page. The team are looking at bespoke training sessions; these will be provided following the audit Carla is conducting.	
3.3	RH SBAR Fiona presented a Sbar on a 22yr old who died in A&E due to complex health needs including morbid obesity. RH's BMI was over 60 and had extreme obesity since childhood. There was repeated nonattendance to key services. No safeguarding escalation was noted through childhood to adult hood. There was evidence of self-neglect and support needs. Recommendations included: DNA recognition, embedded safeguarding responses to severe obesity. Strengthen response to self-neglect, carer recognition and support, use of capacity and autonomy assessments Patient safety team have agreed to complete a full review of the case. An internal review will undertaken for every department that had contact with RH and missed opportunities.	

3.4	SSG improvement The team are looking at how the SSG should be presented looking at the agenda structure focusing on organisational risk, cross cutting themes, statutory compliance, escalation and assurance. The SSG members that the invites go out to needs to be reviewed. Cardiff inclusion service to be invited to the group. CB's to email Natalie of names to be included	CB's
3.5	Named Doctor for Safeguarding Jeff had to leave early	
PART 4: GOVERNANCE		
4.1	Cardiff Adult Services, safeguarding team update Deferred	
4.2	Audit – launch Using AMAT to improve referral quality and scrutiny An audit tool has been used to look at the quality of referrals submitted following concerns of the quality and appropriateness of safeguarding referrals. The Local Authority are working on an aide memoire to support staff with making adult safeguarding referrals. As part of the pilot and testing process, 5 MARF's from each CB have randomly been selected from the last 6 months. Using the audit tool they will be reviewed and feedback at the next SSG. Once the audit has been completed, bespoke training could be targeted to specific areas Carla has completed C&W CB – two of the MARF's were from CAMHS. The quality of the reports was excellent and captured the voice of the child.	
PART 5: REPORTS/ MINUTES FROM OTHER GROUPS/COMMITTEES		
5.1	National Safeguarding Service Key priorities for the national team work plan 26-27:- - Developing a training package coordinated for board and exec level – Level 5 & 6 VAWDASV - How safeguarding across NHS Wales can strengthen relationships with primary care. There will be a scoping exercise & recommendation - There will be an update in the PRUDIC, sitting along side the child death review - Implementation of the All-Wales performance and improvement safeguarding framework. - The Datix module has a launch date of October - New guidance of children pregnancies for under 13's - The institute of health visiting is offering supervision training for staff to take on a supervisory training - There is a drama-based training videos. Available through public health website The fuller recommendations update – it was felt it wasn't for the All-Wales procedures to be amended because this is an issue for health.	
5.2	Task and Finish Groups Will start in September and feedback to SSG in November	
PART 6: FOR INFORMATION		

6.1	- Amos report - Ockenden report	
PART 7: ANY OTHER BUSINESS		
7.1	New consent lead, Amelia Stoika will be starting 3 rd August 2026.	
PART 8: KEY MESSAGES FROM MEETING		
PART 9: NEXT MEETING OF THE UHB SAFEGUARDING STEERING GROUP		
	15th September 2026 Join: https://teams.microsoft.com/meet/35799617682303?p=ZuTA1M9htOrSOITiuu 24th November 2026 19th January 2027 23rd March 2027	9.30-11:30

SSG ACTION LOG

MINUTE POINT	ACTION 14th July 2026	PERSON RESPONSIBLE	TIMESCALE
2.1	Carla to pilot the adult safeguarding list data for CB to access all their cases for their CB	CB	September
3.4	SSG improvement The SSG members that the invites go out to needs to be reviewed. Names to be added to be sent to Natalie	CB's	
4.2	Audit – launch Using AMAT to improve referral quality and scrutiny Carla to feedback the results of the audit	Carla B	September

MINUTE POINT	ACTION 2nd June 2026	PERSON RESPONSIBLE	TIMESCALE
1.5	Jason to chase up mental health's attendance at SSG	JR	