



Safeguarding Steering Group Meeting
11th March 2026
Via Teams

Present:

Corporate

Jason Roberts	Executive Nurse Director
Fiona Bullock	Senior Nurse Safeguarding
Ellis Jones	Acting Senior Nurse, Safeguarding
Chloe Evans	MCA Project Lead
Nicola Johnson	Safeguarding Nurse Advisor / Trainer
Angela Stephenson	EPR Manager

Medicine

Emma Davies	Interim Deputy Director of Nursing
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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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Children & Women

Andy Jones	Director of Nursing
Judith Cutter	Consultant Midwife

Guests

Caryl Watkins	Head of substance use strategy
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Partner Agencies

Annette Blackstock	Assistant Director National Safeguarding Service, PHW
Natasha James	OM, Safeguarding Children Vale Local Authority
Victoria Miller	South Wales Police

PART 1: PRELIMINARIES (Chair)		ACTION
1.1	Welcome	
1.2	Apologies for Absence: Cari Randall, Ceri Lovell, Clare Biddlecombe, Faye Protheroe, Jeff Morgan, Paula Davies Not in attendance – Surgery	
1.3	Approval agreed of SSG Minutes from the previous meeting. All agreed	
1.4	Actions Log - completed.	
PART 2: STRATEGIC DIRECTION AND SERVICE IMPROVEMENT		

2.1**Clinical Board Reporting December and January:****Medicine – Emma Davies**

- Safeguarding Cases & Referrals:

MARF referrals 93 & 118

AS1's – 11 & 5 Health, 8 & 9 La led cases with 35 health cases open.

Section 5 – 5 cases open

Pressure damage grade 3+ = 37 with 3 being avoidable

- Training compliance:

Child Safeguarding Level 2: 75%

Adult Safeguarding Level 2: 77%

Violence Against Women level 1: 88%

MCA Training: 70%

Consent 78%

There is a low attendance with medical and dental staff

Specialist – Bev Oughton

- Safeguarding Cases & Referrals: - There has been 5 & 4 x LA adult cases and 3 & 2 MARF's.

- Section 5 - 5 cases open

- Training Compliance:

There isn't much change in figures for the MCA and Consent training.

Bev will raise the low attendance rates for M&D at the next specialist service quality and safety meeting.

B.Oughton

CD&T – Helen Luton

- Safeguarding Cases & Referrals: Adult – 2 & 1, Children 1 & 1, open cases 2. 1 x section 5 open

- Training Compliance: There has been a slight decline with training attendance for the lvl 1 safeguarding & VAWDASV. There is an increase with the other training offered, including the MCA & Consent.

PCIC – Barbara Davies

- Safeguarding Cases & Referrals:

MARF referrals 37 & 50

AS1's – 25 & 23 La led cases with 9 health cases open.

Section 5 – 9 cases showing but 4 open

Pressure damage reporting – 137 & 152. 34 & 40 were grade 3+

- Training Compliance:



Child Safeguarding Level 2: 79%

Adult Safeguarding Level 2: 83%

Violence Against Women level 1: 74%

	<p>MCA Training: 74% Consent 83%</p> <p>There is a challenge due to M&D PCIC staff accessing training from different sources which is difficult to capture in the above figures.</p> <p>Children and Women – Andy Jones</p> <ul style="list-style-type: none"> • <u>Safeguarding Cases & Referrals:</u> MARF referrals 159 & 168 Section 5 open- 2 • <u>Training Compliance:</u> Child Safeguarding Level 2: 84% & 83% Slight decline Adult Safeguarding Level 2: 81% & 82% increase Level 3 – Adult 39%, Child 40%, & Adult 40%, child 40% Violence Against Women level 1: has reduced from 84% to 73% MCA Training: slight increase Consent training is 100% with APH <p>Mental Health & Surgery – not in attendance</p>	
2.2	<p>Training Schedule 2026/27 Safeguarding Training compliance SSG MARCH 2026.pptx</p> <p>Nicola Johnson shared the training compliance presentation. Points being:-</p> <ul style="list-style-type: none"> - Level 2 training is no longer face to face but online - It was noted some of the staffing figures are incorrect. NJ will feedback to ECOD - The mandatory VAWDASV group 1 for all staff compliance is 74% - The VAWDASV group 2 is mandatory for all staff who have any patient or client contact face to face or via telephone. There are plenty of sessions with large numbers able to attend. There are 7000 staff needing to attend with only 484 attending from April 25-Feb 26. New dates are out - The level 3 training is required for band 6's and above and F1 medics and above. There are exceptions, this would need to be discussed with ESR to remove from the staff member's file. - The name for level 3 training is changing to Group C. There will be one standardised package so everyone attending will be accessing the same training. There are options for a half day CPD module for bespoke specific training - ESR is for all health boards. It is important to sign up to a course that starts with 001 which is C&V UHB. If staff have attended a wrong health boards training. They need to forward their certificate to Nicola who will get ESR to update their record. - Face to face training can be offered to large department groups if it helps bring compliance numbers up if training by teams was an issue. 	
2.3	<p>MCA & Consent Update: Discussion MCA-DoLS update for SSG March 2026.pptx</p> <p>Chloe Evans presented the MCA team update</p> <ul style="list-style-type: none"> - There is a current vacancy on trac for a MCA specialist practitioner (Mat leave cover) 	

	<ul style="list-style-type: none"> - There will be a staff survey circulated to understand barriers to MCA training. This will help pool resources and help support them appropriately. - There has been a decline in compliance at the start of the financial year. Classroom sessions are looking to be significantly reduced or removing them due to them being poorly attended. The time could be better used focusing on more practical elements. - A recent audit in January showed we are a long way off from being compliant with the mental capacity act with little or no understanding of awareness on how to follow the MCA - Dols waiting lists have reduced to 19% since the increase in assessment capacity in July 	
PART 3: ORGANISATIONAL PERFORMANCE AND EFFECTIVENESS		
3.1	<p>Baroness Casey Audit: Key findings and Implications for C&V UHB presented by Fiona Bullock</p> <ul style="list-style-type: none"> - The audit was commissioned to understand the scale and nature of group-based child sexual exploitation across the UK - The audit shows that professionals still struggle to recognise it early enough - Systemic failures include, inconsistent recording and data, weak multi agency coordination, limited professional curiosity, fear of racism accusations, lack of long-term survivor support - FB propose a T&F group to oversea the work and make recommendations achievable whilst exercising safeguarding priorities 	<p><u>Baroness casey audit CSE slide deck SSG 03.26 .pptx</u></p>
PART 4: GOVERNANCE		
4.1	<p>Emergency Department Safeguarding Meeting Jeff Morgan was unable to attend the meeting but forwarded the below information. BIS was unable to generate the patient lists from Jan 12-25th therefore, we were not able to retrospectively check the attendances of injuries in under 1s, burns or assaults in that period. We were able to identify and safety net MTC patients and those under 2years with fractures. The Safeguarding MDT team were made aware and Datix submitted. No alternative mans to quickly identify vulnerable cohorts presenting to ED should this issue reoccur. Highlights the dependency on BIS for ED coding data.</p> <p>The Digital Shared Care Viewer project overseen by Tim Evans is scheduled to go live from March 23rd. We are in the process of training a select group of senior clinicians and nurses with access rights in preparation for launch</p>	
4.2	<p>Emergency Unit Alcohol Service</p> <p><i>Deferred</i></p>	
PART 5: REPORTS/ MINUTES FROM OTHER GROUPS/COMMITTEES		
5.1	<ul style="list-style-type: none"> - Children Vale LA – Natasha James has set up a working group to bring consistency around the terms of language, process. Particularly section 5. 	
5.2	<p>National Safeguarding Service There is a digital reporting available (test and post service) for sexual health when there has been an incident where support is required. The service will ask generic questions online. If someone is under the age of 18, there is a process around risk around sexual safety and sexual harm. Assurance was required to that in those cases identified, a MARF was submitted. There is a</p>	

	multi-agency retrospective review to look back at those cases to look at what happened, what is happening now and what can happen in the future. Reassurance was given that the service is being reviewed and is safe and valuable to young people.	
PART 6: FOR INFORMATION		
6.1	<ul style="list-style-type: none"> Article, published in British Journal of Nursing – Safeguarding in the digital age: addressing Child Sexual Exploitation and sextortion through nursing practice – Written by Fiona Bullock VAWDA poster 26-27 Safeguarding SOP for Adult Mental Health Inpatient Services Child Safeguarding Approval Meeting Centre of expertise on child sexual abuse - Support matters Comprehensive study of support for survivors/victims of child sexual abuse. Cardiff and Vale Regional Safeguarding board, CSA working group are developing a pathway for those in need of support in the area. Responses via Safeguarding team by 20/03 	 BJON_2026_35_02_Safeguarding_FINAL_  CSA Pathway Development DRAFT
PART 7: ANY OTHER BUSINESS		
7.1		
PART 8: KEY MESSAGES FROM MEETING		
PART 9: NEXT MEETING OF THE UHB SAFEGUARDING STEERING GROUP		
	19th May 2026 14th July 2026 15th September 2026 24th November 2026 19th January 2027 23rd March 2027	9.30-11:30

SSG ACTION LOG

MINUTE POINT	ACTION 11th March 2026	PERSON RESPONSIBLE	TIMESCALE
2.1	Clinical Board Reporting December and January: Bev will raise the low attendance rates at the next specialist service quality and safety meeting. With regards to medical and dental staff attendance MCA & Consent training.	B.Oughton	May 2026