

## Safeguarding Children Annual Report

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**For:** *Information*

**Summary:** *The annual report for safeguarding children enables the Board to review the activity across the Trust in relation to the Boards Statutory compliance with section 11 of the Children Act (1989, 2004)*

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**Action:** *The Board is asked to receive annual report*

**Presented by:** *Jo Thomas, Chief Nurse*

**Author:** *Vicky Abbott, Named Nurse for Safeguarding Children*

**Notes:**

**Trust objective:** *Please list number and statement this paper relates to.  
Safe high quality care*

**Legal:** *What are the legal considerations and implications linked to this item?  
Please name relevant act  
Children Act 1989, 2004 (section 11)*

**Regulation:** *What aspect of regulation applies and what are the outcome implications? This applies to any regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission  
CQC, LSCB, Ofsted*

# Safeguarding Children Annual Report

<b>Date</b>	August 2012
<b>Author</b>	Vicky Abbott (Named nurse For Safeguarding Children)
<b>Audience</b>	Trust Board Members

## 1.0 Introduction

1.1 This report demonstrates to the Trust Board how we as an organisation are discharging our statutory duties in relation to safeguarding children under section 11 of the Children Act (1984, 2004). All hospital staff have a statutory responsibility to safeguard and protect the children and families who access our care. This is in line with the Every Child Matters guidance (The Green Paper, 2003)

- Be Safe
- Stay Safe
- Enjoy and Achieve
- Make a positive contribution
- Achieve economic wellbeing

1.2 During 2011/12 the Safeguarding Children Team continued to be involved in a number of activities. These ranged from child protection conferences, internal management reviews, child death reviews, strategy meetings with police and social services, training, external and internal safeguarding meetings and supervision alongside daily management of child protection and safeguarding cases through the hospital.

1.3 Additional Challenges for the Safeguarding team in 2011/12:

- There is an ever increasing number of children attending the emergency department, and with that the potential increase of those children whom require additional services from the safeguarding team
- Increased number of staff in key areas requiring the appropriate levels of training
- Reduction in the weekly hours of the Named Nurse to meet personal needs. Current plan to add a 0.6 WTE band 6 to mitigate this.

## 2.0 The Safeguarding Children Team

2.1 The Children Act (1984, 2004) places a requirement on each acute Trust to appoint Named professionals to take the professional lead on children and young people safeguarding matters within the Trust, and to advise all staff employed by the Trust on awareness and processes related to Child Protection,

2.2 The Safeguarding Children Professionals at East Surrey Hospital for 2012 are:

- Vicky Abbott                      Named Nurse
- Maureen Royds-Jones        Specialist Midwife Safeguarding Children
- Janice Blythman              Named Midwife
- Majeed Jawad                 Named Doctor

The Executive Lead for Safeguarding Children is Jo Thomas, Chief Nurse

### **3.0 Designated Doctor and Nurse**

3.1 The Designated Professionals for NHS Surrey and NHS Sussex provide supervision for the Trust's Named Nurse, Midwife and Doctor. Each of the latter meets with the designated person for supervisory sessions and personal review.

The designated PCT professionals for East Surrey Hospital are:

Designated Doctor

NHS Surrey	Dr Ayomi Kariyawasam
NHS Sussex	Dr Anne Wallace

Designated Consultant Nurse

NHS Surrey	Amanda Boodhoo
NHS Sussex	Lorraine Smith

3.2 The safeguarding team continue to work closely with key staff at SaSH

- Joanne Farrell                Matron for Children and Young People
- Ingrid Marsden              Ward Manager Neonatal Unit
- Lucie Gammon               Senior Paediatric ED Sister
- Fiona Crimmins              Vulnerable Adults Lead
- Heather Smith                Safeguarding Adults Facilitator

### **4.0 Safeguarding Referrals from East Surrey Hospital**

4.1 Any member of Staff within the hospital can raise a concern about a child or family with the safeguarding team. There continues to be a two tier referral system used, through which staff can raise their concerns:

- An Information Sharing form – for low level risk generally within health
- Referral directly to social care via a multi agency referral form  
(All relevant forms are available on the Trust Intranet)

All referrals are discussed in detail at Weekly Safeguarding Meetings and these referrals are recorded into a database. These meetings are currently held within the Neonatal Unit, ED and Outwood / Child Assessment Unit.

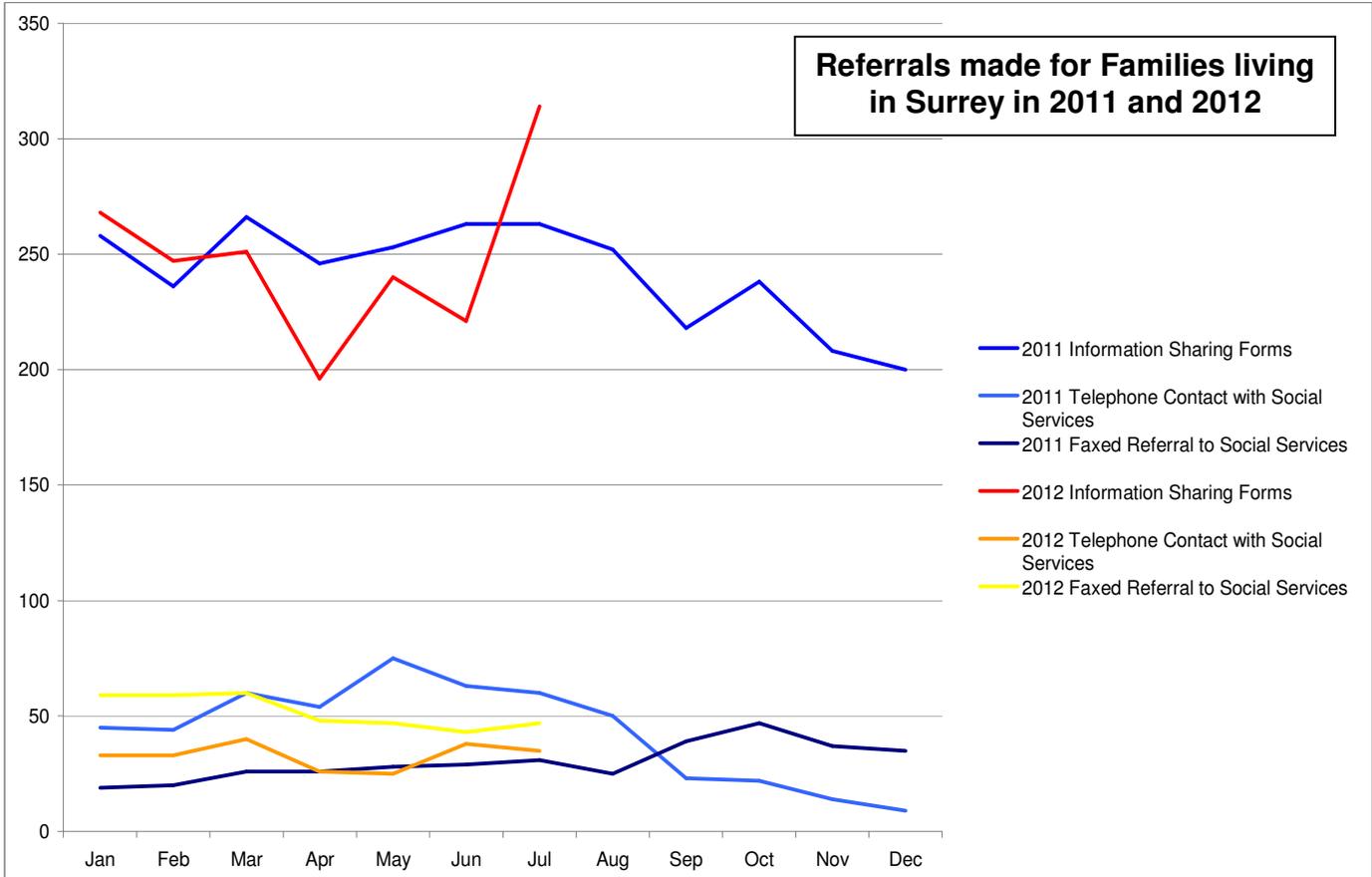
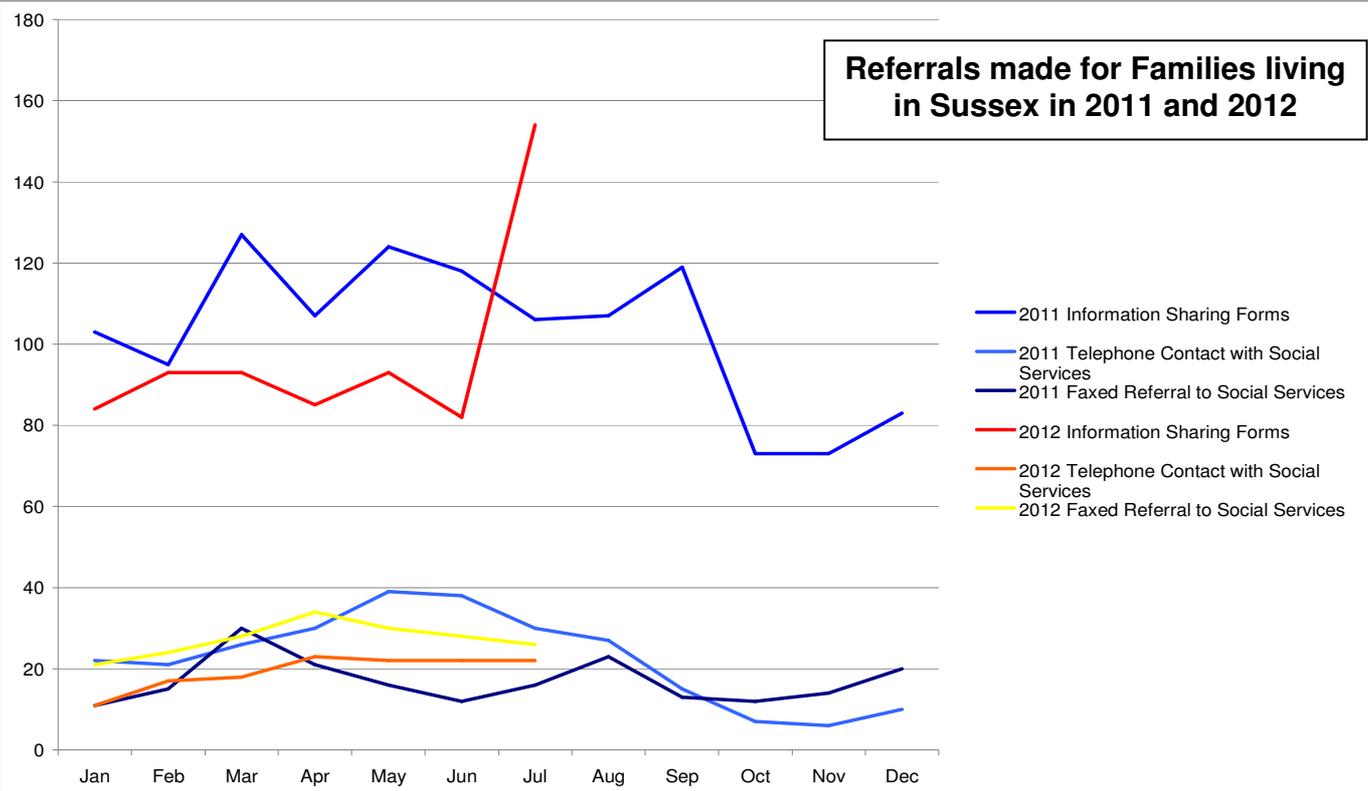
The majority of referrals continue to be generated through the Emergency Department.

- 4.2 The graphs on the next page give a breakdown of the referrals per month in the geographic location of the patient. Forms received for families who live 'out of area' are logged in the Surrey database and so will make up a small number of the Surrey figures overall.

The total number of Information Sharing Forms completed by the hospital in 2011 was 3543; in addition we sent 682 referrals to social services regarding vulnerable children and families. 341 of the forms received in the safeguarding office related to adult patients who had attended the hospital and concerns were raised regarding their parenting capacity.

There is an overall increase in reporting activity from 2011 (Jan – July) to the same period in 2012 of 4%. These figures relate to the forms generated by ED, Outwood and the Child Assessment Unit only.

- 4.3 The identification and referral of vulnerable children, young people and their families to the safeguarding team, and when indicated Social care, continues to be a key role and duty of hospital staff. This ensures that vulnerable children do not pass through the hospital undetected. Training is essential to continue to raise staff awareness and enable staff to recognise when a child may be being abused and how to ensure that the relevant information is shared appropriately. At the start of 2012 the Safeguarding Team devised criteria to assist staff in identifying which children and families require referrals. The criteria has been rolled out within Paediatric ED, Outwood ward, Child Assessment Unit and the Neonatal Unit, all departments have found them extremely useful. Maternity will be implementing similar criteria to assist staff in the coming months (see appendix 1 for example criteria)



#### 4.4 Safeguarding Referral figures for Maternity (April 2010 – March 2011)

West Sussex: 84 referrals to social services  
32 special issue forms

Surrey: 50 referrals to social services  
180 special issue forms

Totals: 134 referrals  
212 special issue forms

#### 5.0 Training Figures for the Trust Jun 2009 – May 2012

##### 5.1 Explanation of the different levels of training as set out in the Intercollegiate Document (RCPCH 2010)

Course	Trust Frequency	Government Recommendation
Child Protection Level 1, required for all Trust Staff, both clinical and non clinical	Annual	Refresher every 3 yrs
Child Protection Level 2, required for all staff with access to patients, both paediatric and adult	Annual	3 yr update
Child Protection Level 3, required by those staff working in key paediatric areas eg maternity, paediatric ward and paediatric ED	3 yearly session (sourced externally) Annual update (in-house)	Full session every 3 yrs with an annual update

Jun 2009 - May 2012				
Staff numbers May 2012	3466			
	%			
	<b>Required</b>	<b>Required</b>	<b>Attained</b>	<b>% attained</b>
Level 1	100.0	3466	2226	64.2
Level 2	59.3	2054	1044	50.8
Level 3	23.5	815	288	35.3

Figures provided by the Training Department from OLM database and agreed as correct at Trust Safeguarding Children Committee meeting on 20<sup>th</sup> June 2012

##### 5.2 Level 1 & 2 continues to be delivered as part of Trust Statutory and Mandatory training and meets the criteria outlined in the Intercollegiate document (RCPCH, 2010). Compliance with training is a challenge due to the availability of places on

statutory updates however a review of the way in which statutory training is delivered is currently underway.

There is also a move to design an e-learning package to allow staff to complete Level1 & Level 2 training online and this is for planned roll out in 2013

- 5.3 Level 3 multi-agency training continues to be provided by either Surrey or Sussex Safeguarding Boards. There have continued to be difficulties accessing training due to lack of spaces available on courses, location of the course and capacity to release key staff to attend the training. This has been addressed with the Designated Nurse for both Surrey and Sussex and raised as a risk due to continued low numbers of staff in key areas receiving this training. To mitigate this risk the Trust devised a single agency Level 3 training package which was rolled out at the start of 2012 to capture key areas (maternity and paediatrics) The Level 3 single agency update sessions are provided by the Specialist Midwife and Named Nurse within the key areas. The next area to focus this training will be ED.
- 5.4 Medical Staff receive training from the Named Doctor as part of their teaching programme, additional training dates have been provided to meet the needs of Medical staff and discussions are underway for the Surrey Safeguarding Children Board to provide a multi agency training day within the Trust.

## 6.0 Criminal Records Bureau

- 6.1 As part of the recruitment process the majority of staff at East Surrey Hospital are required to have a CRB check. The Coalition Government placed a hold on the introduction of the Independent Safeguarding Authority checks that were due to come into force June 2010.

6.2

<b>Total Number of staff.</b>	<b>945</b>	<b>100</b> %
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Current Cleared CRB	889	94.07
Number on Maternity	29	3.07
Number on Career Break	0	0
Long Term Sick	0	0
CRB forms awaiting to come back.	25	2.65
Number on Suspension	2	0.21

Figure correct as of 10/09/12

## **7.0 External Meetings**

7.1 The Surrey and Sussex Safeguarding Children Board Health Groups are attended by the Trust Executive Lead for Safeguarding Children. Sussex Safeguarding Board continue to hold quarterly meetings for the Named Professionals, and Surrey holds a South East Area meeting which the Named Professionals are invited to attend.

## **8.0 Named Staff Supervision and Training**

8.1 The Named Nurse and Named Midwife receive formal supervision from the Designated Nurse for NHS Surrey and Sussex. The Named Doctor receives supervision from the Designated Doctor.

8.2 The Named Nurse completed an MSc module in safeguarding children during August 2011-2012 which counts as level 4 training and is planning to commence the second module in February 2013. The Named Nurse has also completed several multi-agency safeguarding study days provided by the local safeguarding boards and an in house Leadership Course with the Named Doctor.

8.3 The Named Doctor has attended the following study days during 2011-2012:

1. Leadership course
2. Updates for Named & Designated Professionals 13th July 2011 at the Institute of Child Health
3. Paediatric Forensic Course – Child sexual abuse 8<sup>th</sup> June 2012 at the Solace Centre

8.4 The Specialist Midwife for Safeguarding attended the 'What to do if' Train the Trainers course for Surrey Safeguarding Board which has meant that she is now able to provide level 3 training for the Safeguarding Board and the Trust in addition she attended a Level 3 study day on Neglect and a Developmental Seminar on Pre-Birth assessments

## **9.0 Serious case reviews / Individual Management Reviews. (SCR / IMR).**

9.1 The Safeguarding Team were involved in one Individual Management Review in October 2011. This was commissioned by Surrey Safeguarding Board as part of a Serious Case Review. The final report was submitted in February 2012 to Ofsted. Following the Munroe report IMR's are no longer individually graded but the overall grading received by Surrey Safeguarding Board from Ofsted was positive. The action plans for all organisations involved are currently being implemented these action plans are being monitored by the Health Standing Group, part of Surrey Safeguarding Board. All identified actions for the Trust following this IMR have also been embedded into the Trust Safeguarding Children Committee action plan.

## **10.0 Audit**

10.1 There is an audit programme in place for safeguarding. The completed audits are reported into the Trust Safeguarding Children's Committee where any identified actions are monitored through the action plan.

## **12.0 Priorities for 2012-2013**

12.1 The following are the priorities for the next twelve months:

- Completion of the e-learning programme for level 1
- Review all policies in line with the Munro Report and the Government response
- To work with the Safeguarding Children Boards to improve compliance in Level 3 Training.
- To continue working with the Training Department to improve compliance for Level 1 & 2 Training
- Review the filing system in ED to ensure that paediatric ED notes and attendances are filed into child's main medical record in line with Lamming Recommendations
- Follow up on the recommendations from the Safeguarding Review in April 2012 which identified the need for extra staff for the safeguarding team to provide robust cover for both the Named Nurse and Named Midwife and also increase the amounts of training which could be delivered by the Safeguarding Team to improve our compliance.

## **13.0 Conclusion**

The implementation of Safeguarding Children training on the statutory and mandatory training sessions continues to raise the profile of safeguarding children across the Trust, and helped to ensure staff feel empowered to highlight their concerns which is key to ensuring that a vulnerable family do not 'slip through the net'. An increase in the human resource within the safeguarding team will ensure that we continue to build on the foundation of work already completed by the Named staff and to provide a more robust level of support to frontline staff to ensure that we minimize the risk of a vulnerable child or family passing through the hospital undetected.

Our hospital filing systems must also be reviewed to ensure that all patient records are available in a single location to support the work of the frontline staff. This will ensure that those frontline staff have the full picture of information when making important decisions about the safety and welfare of children and families.

Overall this has been a successful twelve months within safeguarding children however it has not been without its challenges. These challenges form the Trust Safeguarding Children team priorities for 2012-2013.

## Appendix 1



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Work\2012 Files and i

## Safeguarding Vulnerable Adults Annual Report

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**For:** *Information*

**Summary:** *This annual report provides the Board with a review of the activity taking place across the Trust to ensure the Trust is able to meet its Statutory obligation in relation to Safeguarding Vulnerable Adults*

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**Action:** *The Board is asked to receive annual report*

**Presented by:** *Sally Brittain, Deputy Chief Nurse*

**Author:** *Fiona Crimmins (Safeguarding Adults Lead)*

**Notes:**

**Trust objective:** *Please list number and statement this paper relates to.  
Safe high quality care*

**Legal:** *What are the legal considerations and implications linked to this item?  
Please name relevant act  
Mental Capacity Act*

**Regulation:** *What aspect of regulation applies and what are the outcome implications? This applies to any regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission  
Care Quality Commission, NHSLA, supports improved governance and meets stated requirements in key lines of enquiry (e.g. for ALE)*

# Safeguarding Vulnerable Adults Annual Report

<b>Date</b>	August 2012
<b>Author</b>	Fiona Crimmins (Safeguarding Adults Lead)
<b>Audience</b>	Trust Board Members

## Introduction

We are pleased to submit this report to the Board; it outlines the work undertaken by the Trust's Safeguarding Adult Team over the past year. The work of Safeguarding Adults continues to expand in adherence to both the local and national drivers.

The DOH (Department of Health) recognise that there are concerns about the identification and reporting of crime against vulnerable adults in the care setting and community and agree that local multi – agency codes of practice is the best way forward. Close links have been established with external agencies, in particular with both Sussex and Surrey Social Care Teams and police. Generally there is a greater awareness amongst staff regarding vulnerable adults and of the existence and impact of adult abuse on individuals.

We are working forward to another busy year and working together to improve the lives of vulnerable people who attend our Trust.

## Objective

The main objective of the Safeguarding Adults team is to ensure that all patients, visitors, staff and volunteers feel safe within the Trust. We encompass “no decision about me without me” and involve patients as much as possible regarding the care they receive during their stay at Surrey & Sussex Healthcare NHS Trust.

## Performance

There have been considerable developments over the last year within the Safeguarding Team. We continue to have two part time posts working together making up 1.2 WTE. These are the Safeguarding Lead and Safeguarding Facilitator. The Clinical Site Managers have kindly agreed to lead and signpost Adult Safeguarding out of hours. This will naturally lead to any safeguarding concerns regarding patients being dealt with as swiftly and robustly as possible. Thus heightening patient safety at all times during their stay within the Trust. This is a fantastic step forward for Adult Safeguarding as it ensures that there is support available for staff in the Adult Safeguarding process at all times.

Dr Phongsathorn is now the Trust's Medical Lead for Adult Safeguarding. This is an excellent step forward for the Safeguarding Team as this has been a major challenge for a number of years.

There is a robust process for responding and reporting allegations of abuse. All wards and departments are aware of the reporting procedures, allowing an effective referral system to Social Services.

The CQC recently visited the Day Surgery Unit at Crawley Hospital in which Adult Safeguarding was highlighted in which no concerns were raised.

The referrals to KAG (Kingston Advocacy Group) continue to show a wide understanding of the IMCA service. The service continues to be used regularly throughout the Trust, in particular in the Special Dentistry Unit. Whenever possible the safeguarding team attends any Best Interests meetings with IMCA involvement. The Safeguarding Team has recently introduced new paperwork for Best Interest Meetings thus ensuring that all Best Interest Meetings are formalised, the Tool has been well received. Monthly IMCA referral numbers are sent to the Safeguarding Team for data collection.

The safeguarding Team and Human Resources work closely together and the Trust is in the process of making two further referrals to the ISA (Independent Safeguarding Authority) relating to an allegations made against members of staff.

The Safeguarding Lead was invited to speak at a Conference in London in June of this year. This was a wonderful opportunity to raise the Trusts profile and share our experiences with other professionals from a number of different nationwide agencies.

The relationship between the TVN (Tissue Viability Nurse) and the Safeguarding Team is now well established and continues to develop. There are a significant number of referrals to the Safeguarding Team from the wards surrounding Pressure Ulcers graded 3 and 4. 76 alerts were made regarding Pressure Ulcers from September 2011 to August 2012, this equates to 27% of the total number of alerts received by the Safeguarding Team.

A Safeguarding Action Plan is in place. There are still a number of areas that are a work in progress. For example, the introduction of electronic reporting continues to be a priority on the Safeguarding Agenda. The Safeguarding Team is optimistic that this will be in place in the near future. The Trust also submits data to the South of England Safeguarding Dashboard this return is made monthly by the Safeguarding Lead.

Excellent working relationships are well established between the Safeguarding team and PALS / Complaints / Safeguarding Children's Team / Governance / Risk / Matrons and other senior clinical staff; this supports the identification of trends, gaps and other potential safeguarding issues.

The Safeguarding Team is well integrated within all Departments throughout the Trust. This is evidenced by the excellent communication between the Team and the Matrons as they are core in informing and updating the Safeguarding Team of any patients that they have concerns about on their wards. The team makes regular ward visits picking up safeguarding concerns. By visiting the wards and departments, the Safeguarding Team has encouraged staff to make enquiries and keep safeguarding at the forefront of their mind and at the top of the patient care agenda.

The Trust took part in a Learning Disabilities Peer Review of five different Trusts in Surrey. This was very successful and the Trust received excellent feedback. The LDLN (Learning Disability Liaison Nurses) role has proven to be extremely effective throughout the Trust. The LDLN has assisted staff with support when faced with challenging situations thus allowing for better experience for patients with learning disabilities. Both post holders work very closely with the Safeguarding Team and are a fundamental part of team. The LDLN and the Safeguarding Team have successfully enlisted Link Nurses from the majority of the different wards and departments throughout the Trust.

## **Training**

Training has become an integral part of the safeguarding agenda. The Safeguarding Team has had the opportunity to raise the awareness of the MCA (Mental Capacity Act), DoLS (Deprivation of Liberty Safeguards) and Safeguarding Adults in a number of settings.

Over the past year, training for both clinical and non-clinical staff has been well evaluated. The team has also been involved in assisting with a Nurse Preceptorship Programme and Healthcare Assistant Training Days. The Adult Safeguarding Team firmly believe that training is one of the most fundamental roles with the Adult Safeguarding arena as it will continue to raise awareness and therefore protect our patients and their families.

The Safeguarding Team was approached in November 2011 by another Trust to assist with Safeguarding Adult training. Five training dates were facilitated by the Team and as a result of these successful training sessions, the Safeguarding Lead set up a monthly Rolling Day for SaSH. This commenced in January 2012, several sessions for different staff groups were to be facilitated on each day, including a session led by the LDLN'S on Learning Disabilities.

The Annual Mandatory and Statutory training continues to be well evaluated. Both the Adult and Children Safeguarding Teams have been amalgamated into one teaching session on the Mandatory and Statutory Update Day and is well evaluated.

Dr Bray, Chief of Surgery, has devised a regular mandatory training day for doctors which commenced in April 2012. Adult Safeguarding is included, the Team are excited to be a part of this and enjoy facilitating this session with our medical colleagues as lack of Doctors Training has been a substantial challenge for a number of years.

## **Challenges**

As previously stated within this report, excellent communication is core for patients to have a pleasant and safe stay in hospital. Communication between Surrey & Sussex Healthcare NHS Trust and some community settings have continued to be an area that could be more effective. The Safeguarding and LDLN Team are working hard to ensure that communication to the community team supports when patients are admitted to hospital relevant information and paperwork, such as Hospital Passports or if a patient needs one to one care this is communicated in advance. Without this information staff often face the additional pressure of difficult and challenging and unpredictable behavior which could have been anticipated and planned for.

There is 1.2 WTE posts within the Safeguarding Team however time is a challenge as commitments to teaching and the alerts have continuously risen over the last year. Protected time to update paperwork, databases and policies and procedures has been difficult to maintain, workload is discussed at 1:1 meetings with the Deputy Chief Nurse to ensure support is offered and work is prioritised.

## **Activity**

Following some media attention in the year previous, safeguarding has continued to be high on the agenda. As a result of this, there has been a rise in safeguarding alerts and heightened staff awareness of the issues surrounding adult abuse, both in the community and in the acute setting, including institutional and professional abuse. There is also a wider understanding of the "what if's" and "in the interest of the greater public".

We have had 206 referrals for the period of September 2011 to August 2012. This is slightly less than the previous year which was 241. 128 alerts were for Surrey patients, 76 for Sussex and one alert was investigated by both counties. 24 alerts were raised about the Trust by the community.

As expected, the Medical Directorate was the main referrer. Continuing from last year, AMU was again the highest reporting ward, with ED, Nutfield following closely behind. Of the 206 referrals, 19 that were raised, the patient also had a learning disability.

However these numbers do not show all other referrals or enquires that are made to the Safeguarding team. We are presently gathering data regarding this and will be in a position to submit these figures robustly for the next report.

## **The Coming Year**

The Intranet Safeguarding page is to be redesigned and set up with links to important documents within the safeguarding arena.

Paperless Reporting will be launched Alert forms will be completed electronically and sent directly to the Safeguarding Team, this system is robust, timely and secure.

The introduction of Cerner's flagging system now in place ensures that patients that are at risk of safeguarding concerns will not be missed. This will assist with less breakdown of communication with patients flagged on arrival and will encourage open communication between hospital and community staff which will lead to effective streamlined patient centred care.

The Safeguarding Team has become further involved with the Violence and Aggression Working Group. This group's purpose is to highlight issues around patients without capacity who are not aware that they are being violent or aggressive. The issue of restraint will also be placed within this group and the Safeguarding Team will work together with the group to ensure there is no breach of deprivation of liberty.

The Safeguarding team has commenced using the "Sit and See" Framework and hopes to introduce it's usage to a wider audience within the Trust. This is an observational tool which monitors staff kindness and interaction with patients. This is for all members of staff, both clinical and non clinical across all bands and roles within the Trust.

Safeguarding Resource Folders are complete and rolled out all the wards and departments. It is the Link Nurses responsibility to keep them updated and the Safeguarding Team will audit them to see they have been utilised and if they are effective staff when faced with any safeguarding issues.

As time constraints have been a challenge to the existing team, we will hope to expand our team and are currently in the process of recruiting administration support.

The Safeguarding Team will continue to work on the Action Plan that has been devised in conjunction with Healthcare for All and the CQC guidance.

The Adult Safeguarding Team hopes to continue to work closely with Local Authorities and Police.

The Safeguarding Lead will review and update the Safeguarding Strategy, policies and guidelines including tissue viability and pressure care. There is also a plan to introduce guidance regarding Self Neglect.

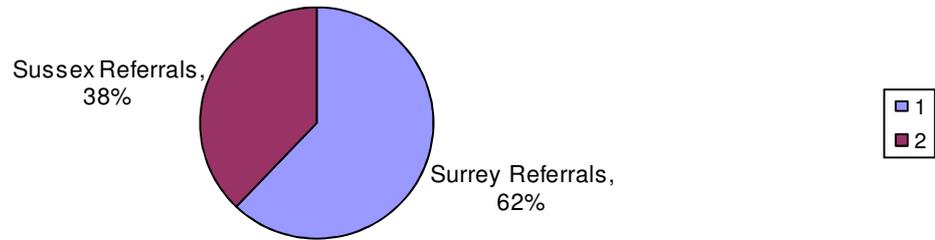
The Safeguarding Team will continue to focus on raising awareness of Adult Abuse and that safeguarding adults is everyone's business and ensure people who may be at risk are supported.

## **Conclusion**

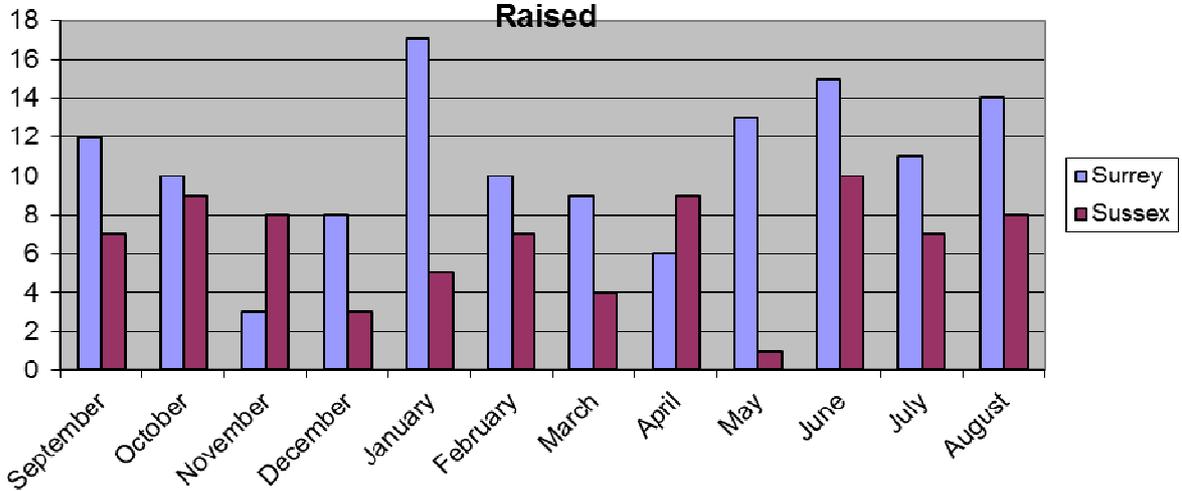
The Safeguarding Team will continue to meet the challenges of ensuring that across the Trust safeguarding adults is everyone's business by raising the profile of the team and ensuring they are accessible to the staff, patients and their families/carers. The level of activity and referrals made to the Safeguarding Team indicates that more people are concerned about real or potential abuse of vulnerable adults and are aware of how to report this. However, we know that there is still a lot of work to be done to raise awareness across the Trust so that all staff recognises the signs of abuse or potential abuse. Work will continue with both internal and external agencies to create a climate in which abuse of vulnerable adults is not tolerated.

The Trust Board is asked to receive this report and to continue to give its full support to the Safeguarding Adults agenda.

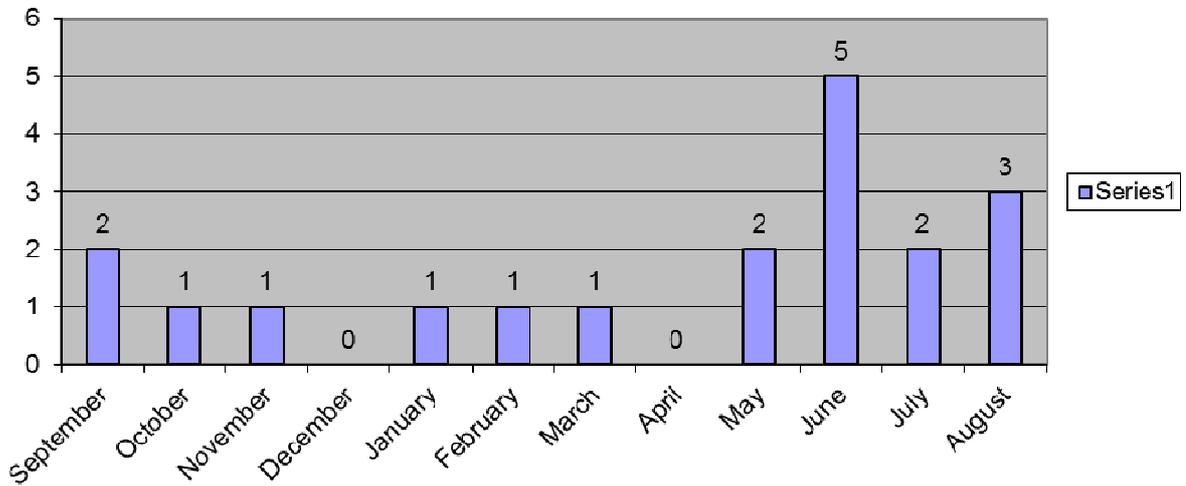
### 2011-2012 Referrals



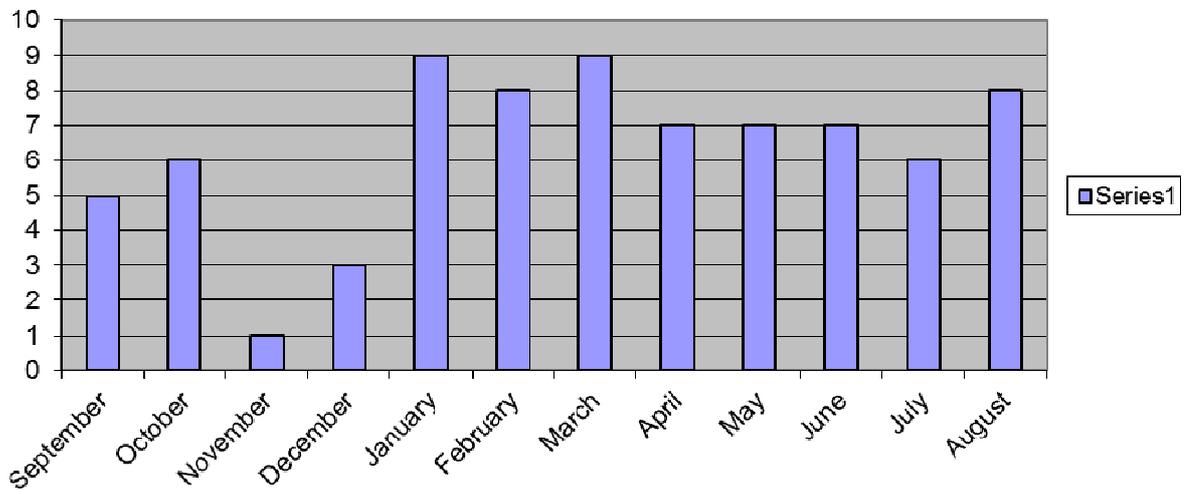
### Surrey and Sussex Alerts 2011-2012 Surrey Total: 128 Sussex Total: 78 Overall Total 206 Alerts Raised



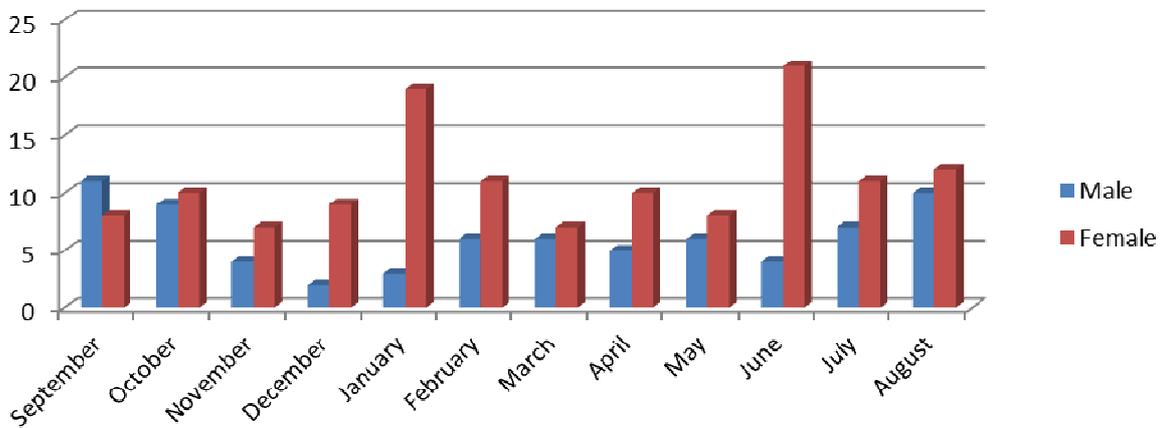
### Safeguarding Alerts regarding patients with Learning Disabilities



### Alerts made regarding Pressure Ulcers

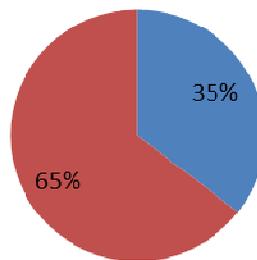


### Male and Female Referrals 2011 -2012



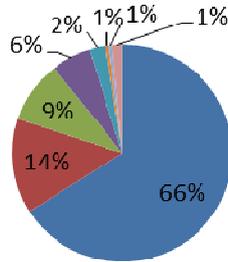
### Alerts Received 2011 - 2012

■ 73 Male ■ 133 Female

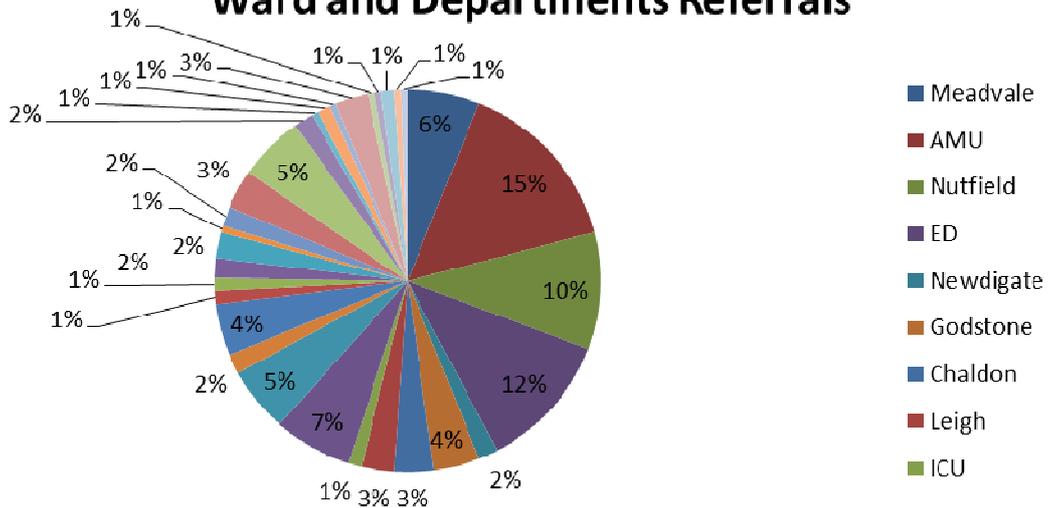


### Types of Abuse 2011 - 2012

■ Neglect 136    ■ Physical 29    ■ Financial 19    ■ Domestic 12  
■ Sexual 5    ■ Psychological 1    ■ Not Known 1    ■ Other 3



### Ward and Departments Referrals



### Alerts Raised 2011 - 2012 Total 206

■ 24 Alerts Raised Against SaSH    ■ 182 Alerts Raised By SaSH

