



Safeguarding Annual Report

2021 – 2022



Safeguarding Annual Report - 2021-2022

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1. Introduction

- 1.1 This annual report covers the period from 1st April 2021 until 31st March 2022 and details the key achievements for the Trusts safeguarding team during this time and sets out how this work links to the national/local agenda and future.
- 1.2 Birmingham Safeguarding Adults Board (BSAB) and Birmingham Safeguarding Children Partnership (BSCP) should be assured that during 2021/22 arrangements were in place to safeguard and protect all those accessing and using ROH services, including children, young people, or adults. This was despite the challenge across all NHS services posed by COVID-19. Safeguarding continues to be the golden thread embedded across all our services, including procurement, contracts, and quality monitoring processes.
- 1.3 Our focus is always to work in partnership to make a difference the lives of our service users, to promote autonomy, inclusion, and ultimately better health outcomes.
- 1.4 The purpose of this report is to:
 - Provide an overview of the ROH safeguarding activity in 2021/22
 - Provide assurance that ROH is compliant with its safeguarding statutory duties
 - Outline the key safeguarding priorities for 2022/23
- 1.5 This report reflects the arrangements to safeguard and promote the welfare of children, young people, and adults at risk. In doing so, the Trust discharges part of its responsibility for Board-level assurance, scrutiny, and challenge of safeguarding practice within the Trust, in line with the statutory requirements of Safeguarding Accountability and Assurance Framework (SAAF) (2015 updated 2019), Section 11 Children Act (2004), Working Together to Safeguard Children (2018) and the Care Act (2014).
- 1.6 In addition, the Trust, as a registered provider with the Care Quality Commission (CQC), must have regard for the Regulations as established under the Health and Social Care Act (2008). In relation to Safeguarding, including but not limited to, Regulation 13 and Regulation 17, relating to protecting service users from abuse and good governance, respectively.
- 1.5 The Safeguarding team's vision and strategy works in line with Trusts strategy, and in line with Birmingham Safeguarding Adults Board (BSAB) and Children's Safeguarding Partnership (BSCP).
- 1.6 The Trust employs 1136 substantive staff and has 66 volunteers, with 230 bank staff.

- 1.7 Safeguarding is an ever increasingly complex and challenging environment. Where for vulnerable adults at risk there is the need to balance the rights and choices of an individual, with the Trust's duty to act in their best interest and protect them from harm/abuse. Children and young people are at risk from intra and extra-familial harm and safety through exploitation, domestic abuse, and radicalisation.
- 1.8 The Safeguarding Team wishes to thank all our dedicated staff, the Executive Team and the Trust Board who continue to work so actively and positively with us.
- 1.9 The global pandemic was unprecedented and the impact for individuals, families, communities, and wider society is significant and will be long lasting. Due to the restrictions in place, many children and adults have become at increased risk of harm such as Exploitation, Domestic Abuse and Financial Abuse, scamming. The most vulnerable and at risk in our society have been hidden from day-to-day services that would normally have provided a protective shield. The safeguarding is an area of multi-faceted abuse which is often hidden and can be difficult to identify and monitor.
- 1.10 Safeguarding activity across the Trust has continued to intensify in volume and complexity despite a decrease in physical footfall throughout the Trust due to COVID-19 pandemic.
- 1.11 The safeguarding team have continued throughout the pandemic to provide a responsive service to staff who were under increasing pressure with the Trauma Pathway care. Supporting staff in keeping up the great work so we can move forward together. Despite the impact and challenges faced over the last twelve months by Covid-19 there has been no disruption to safeguarding provision and service provision across the Trust.
- Regular liaison with external agencies and CCG Designate nurses around local and national safeguarding updates.
 - Supporting staff in day-to-day practice through the delivery of high-quality training has been essential, underpinned by case management advice and supervision to promote the philosophy that Safeguarding is "everyone's business".
 - Complex discharge planning and best interest meetings for patients.
- 1.12 Active involvement with both the Local Safeguarding Children Partnerships (LSCP) and Local Safeguarding Adult Boards (LSAB), including developing Board priorities, procedures and working arrangements to safeguard and protect vulnerable people, at both an operational and strategic level. This includes contributing to LSCP and LSAB audit programmes, Section 11 Audits, Safeguarding Adult Self-Assessment Frameworks, Safeguarding Adults Reviews (SAR), Serious Case Reviews (SCR),

Learning Reviews (LR) and Domestic Homicide Reviews (DHR). ROH can evidence participation in the strategic LSCP and LSAB work in 2021/22.

- 1.13 Robust policies, protocols and processes to support the assessment of need, risk and the vulnerability of children, young people and adults accessing the Trusts services.

2. Key Successes of 2021-2022

2.1 Achievements for Adults and Children's Safeguarding – 2021-2022

- Maintaining quality of safeguarding practice throughout COVID-19 pandemic waves
- Safeguarding champions taking responsibility in gathering information from their departments to be included in annual safeguarding audits
- Staff provided excellent feedback to Safeguarding team regarding Level 3 mandatory training
- Safeguarding supervision sessions increased more departments and areas routinely participation in supervision be that 1-1 or group sessions.
- Recruitment to Band 6 Safeguarding Nurse substantive post.
- Increase in safeguarding recognition and reporting across the Trust, increase in internal notifications seen; staff awareness and understanding in reporting safeguarding concerns
- Improvement in completion of Mental Capacity Assessment (MCA) and from audit undertaken, staff understanding of the MCA.
- Safeguarding team implementation of the recommendations from Children Safeguarding Practice Reviews (CSPRs) and Safeguarding Adult Reviews (SARs).
- Increase staff and public awareness of local and national safeguarding agenda and priorities across the Trust, using Road show /events, and supervision.
- The Safeguarding Quarterly 'Purple Paper', with positive feedback from staff and external users of the Trust services.
- The Transition to Adult Services Clinical Nurse Specialist CNS joined the Safeguarding Team from 1st April 2021.
- Increase engagement of Transition champions within Trust and clarification of their roles and responsibilities.
- The following policies were reviewed and amended during 2021/2022: - Safeguarding Adults at Risk, Domestic Abuse, Staff Domestic Abuse, Domestic Abuse Care Pathway, Prevent, Managing Staff Allegations (PIPOT) and Safeguarding Supervision Policy.
- Learning Disability and Autism draft Strategy
- 16 Days of action for Domestic Abuse – Raising awareness December 2021
- Safeguarding strategy approval

- Increase in the number of internal audits undertaken to provide assurance and areas for improvement
- Update of external and internal pages including Safeguarding, Learning Disabilities and Transition to adult services.

2.2 Road Shows and Events

These are examples in 2021/2022 of our staff raising awareness for safeguarding through roadshows and events



A



B

A Picture of stand and staff from C&YP Outpatient Department Exploitation Awareness Roadshow

B Modern Day Slavery Road show undertaken October 2021



3.0 Trust Safeguarding Strategy

- 3.1 The Trust Safeguarding strategy is aligned with Trust objectives and values, and those of the local Safeguarding Boards BSAB and the BSCP. The strategy encompasses key legislation, guidance including local and national themes and recommendations, see Appendix 1 listing these.

3.2 Table 1 showing the Trust agreed key priorities: -

Our 7 Safeguarding priorities for 2021-2025	
1	To hear the voice of adults, young people, and children
2	To make safeguarding a priority
3	To improve awareness and practice
4	Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) are understood and embedded, implementation of Liberty Protection Safeguards (LPS)
5	To demonstrate working in partnership
6	To have a safe and effective reporting workforce
7	To ensure a focus on transition from child to adult services

3.3 To achieve our key priorities an action plan has been developed. The Trust Safeguarding Committee will monitor and review progress and will report to the Quality and Safety Committee which is a subcommittee of the Trust Board. This will be reviewed and updated quarterly.

3.4 **Birmingham Safeguarding Adults Board (BSAB) Strategic Plan 2021-2024**

“Working as a Partnership to make Birmingham a place where vulnerable citizens live without the fear of harm and neglect”, this being the aim

3.5 Table 2 below showing BSAB strategic priorities:

Strategic Priority 1	Communication & Involvement
Strategic Priority 2	Prevention & Early Intervention
Strategic Priority 3	Making Safeguarding Personal
Strategic Priority 4	Learning Through Development & Assurance

3.6 **Birmingham Safeguarding Children Partnership (BSCP) Ambition**

“Birmingham is a family city where children will flourish, feel safe, listened to, learn and grow up able to actively contribute to society”.

3.7 The BSCP published a Business Improvement Plan for 2021-23 which commenced on 1st April 2021, setting out the safeguarding priorities to protect and promote the wellbeing of children and young people in Birmingham. To further strengthen collaborative working to safeguard and protect children and young people across the city. The BSCP also revised and updated in January 2021 the partnership governance arrangements.

3.8 Table 3 below showing the key priority areas:

Priority 1	Strong Leadership and Strong Partnership demonstrating effective Accountability
Priority 2	Continuously Improve Child Safeguarding Practice across the system and in all agencies

Priority 3	Developing an effective multi-agency response to Child and Adolescent Neglect
Priority 4	Evaluating and addressing the consequences of the COVID-19 pandemic on safeguarding children

- 3.9 The Safeguarding team regularly reflect and incorporate LSCP AND LSAB priorities within the mandatory safeguarding training, internal safeguarding events, supervision and champion days.

4. The Trust Safeguarding Team

- 4.1 Below is table 4 showing the composition of the Trust Safeguarding Team

Safeguarding Team - April 2021 – March 2022	
Designation	WTE
Lead Nurse for Safeguarding	1.0 WTE
Named Nurse for Safeguarding Children and adults	1.0 WTE
Safeguarding Nurse	1.0 WTE
Named Doctor for Safeguarding Children	1 PA
Administrative support	1.0 WTE

- 4.2 The safeguarding team continue to be supported externally by the CCG Designated Doctor for Safeguarding along with the CCG Designated Safeguarding Nurse and Deputy Designated Safeguarding Nurses.

5. Governance

- 5.1 The Safeguarding team are led by the Safeguarding Lead Nurse, with line management from the Chief Nurse, who is the Trust Executive Lead for Safeguarding, providing Board oversight of safeguarding arrangements. Also, active Non-Executive Director who champions safeguarding and provides oversight and challenge.
- 5.2 The Trust has in place named professionals for children and adults in line with the NHS England and Improvement (NHSE/I) Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (2019, SAAF).
- 5.3 Effective safeguarding arrangements seek to prevent and protect individuals from harm or abuse. The delivery of safeguarding governance and assurance for the Trust is monitored via the Safeguarding Committee. The Committee continued to meet bi-monthly and is chaired by the Safeguarding Lead Nurse. The Safeguarding Committee gains assurance on behalf of the Trust Board that its legal and statutory duties are met in relation to Safeguarding of Adults, Children and Young People.

- 5.4 The Named Professionals provide the organisation with operational advice, support, and input as well as bespoke training and supervision training. The professionals are committed to supporting the workforce in understanding safeguarding, embedding it into 'everyday business.
- 5.5 The Trust Safeguarding Committee is attended by a Safeguarding representative from the Designated Nurse Team in the Birmingham and Solihull Clinical Commissioning Group (BSOL CCG) and senior leaders of Trust departments whose role is to offer reporting, scrutiny, challenge, and cascade learning to their areas. The terms of reference are reviewed annually.
- 5.6 The Trust Safeguarding team is committed to providing an integrated and consistent approach through its structure. The Trust Safeguarding Committee have agreed Terms of Reference and monitors progress against:
- Activity reporting, concerns, and external referrals
 - Risk register
 - Annual internal work and audit plan
 - Incident reporting and learning, advise and act on findings to address any gaps in care and service
 - Local and National learning from Domestic Homicide Reviews (DHR), Safeguarding Adult Reviews (SAR) and Child Safeguarding Practice Reviews (CSPR)
 - Performance against statutory standards and guidance
 - CCG key performance indicators and contractual standards
- 5.7 The Safeguarding Team provide a monthly Safeguarding Quality Report which is reviewed at Safeguarding Committee. This quality report aims to provide a Trust-wide overview and assurance relating to the safeguarding of patients at The Royal Orthopaedic Hospital NHS Trust (ROH). This report is also submitted to (BSOL CCG) to satisfy contractual information requirements and for routine engagement visits.
- 5.8 Areas for escalation from the Safeguarding Committee are reported to the Trust Quality and Safety Committee with the Lead Nurse attending and reporting quarterly.
- 5.9 There have been no assurance visits undertaken by the CCG during 2021/22.

6. Partnership Working

- 6.1 The Safeguarding Executive Lead attends the Leaders Assembly and has been visible and vocal in this group discussion and work, and Chief Nurses meetings.
- 6.2 During 2021/22 the Trust has contributed to engagement and effective partnership working with agencies across Birmingham and the wider footprint as COVID-19 restrictions have allowed.
- 6.3 The Safeguarding Lead and Named Nurse actively contribute to Adult Safeguarding Reviews (SARs), Domestic Homicide Reviews (DHR); and Child Safeguarding Practice Reviews (CSPRs) formally Child Safeguarding Reviews (CSR's), both in terms of scoping and Individual Management Reviews.
- 6.4 The Named Nurse and Named Doctor attends Birmingham Safeguard BSCP partnership meetings and actively participate with multi-professionals with regard to risks for Children and Young People in Birmingham area, and sub-group committee.
- 6.5 The Trust provides representation by the Safeguarding Team at the forums, sub-groups and operational groups who report to the statutory boards. These include, Adults Safeguarding Operational Group, Interpersonal Violence Meetings, Heads of Safeguarding, Health Safeguarding Forum. Regional and national forums.
- 6.6 Partnership events have been attended by staff throughout the year, these events are held quarterly and have covered a range of topics including hoarding, self - neglect, domestic abuse, and child exploitation.
- 6.7 Safeguarding team participated in the CCG external review of a review of safeguarding provision across the health system covered by and on behalf of NHS Birmingham and Solihull Clinical Commissioning Group (BSOL). This includes future recommendations to strengthen current provision in terms of emerging ICS requirements, and national safeguarding requirements. This was undertaken during December 2021 and January 2022. The external reviewer attended the Safeguarding committee meeting in January 2022.

7. Safeguarding Training

- 7.1 The Trust training is aligned its staff statutory training requirements to the Skills for Health Core Skills Training Framework (2018). Included in this is the need for completion of training for both children and adults, which are underpinned by the Intercollegiate Document for Children RCPCH (2019) and the Adults Intercollegiate NHS England (2018).

- 7.2 The Safeguarding training incorporates the local and national message that 'safeguarding is everyone's responsibility'. The training provides staff with the skills to identify a concern, be professionally curious, share information between key professionals and immediately escalate and respond to matters of concern.
- 7.3 The mandatory training is regularly reviewed by the Named Nurse/ Lead Nurse to incorporate local/national updates, recommendations following CSPR/SAR/DHR and best practice highlighted within legislation.
- 7.4 Following the introduction of Liberty Protection Safeguards (LPS) further training for staff will be required. Pending the Code of Practice and Training Framework documentation being finalised. This is likely to commence in 2023, due to delay in draft codes being released by the Department of Health and Social Care (DHSC).
- 7.5 All staff including students and volunteers and junior doctors receive Level 1 Basic Awareness in Safeguarding and PREVENT via the Trust Safeguarding booklet, this is available in electronic and hard copy version for staff. Which was updated in January 2022.

7.6 Safeguarding Overall Training Compliance

Table 5: Percentage of staff trained at the end of quarter 4 for 2021/2022

Safeguarding Training	Adult Safeguarding	Children Safeguarding	Target Compliance %
Level 1			90.0%
Level 2	93.32%	93.07%	90.0%
Level 3	88.73%	88.73%	85.0%
Level 4	80.0%	80.0%	90.0%

Data source – Learning and Development ESR data report (March 2022)

Training	Compliance %	Compliance Target %
Mental Capacity Act (MCA)	93.04%	85.0%
Deprivation of Liberty Safeguards (DoLS)	92.96%	85.0%
Prevent Awareness	92.43%	90.0%
Prevent Health WRAP	83.80%	90.0%

Data source – Learning and Development ESR data report (March 2022)

7.7 Adult and Children training Level 2

All staff need to complete level 2 training. Pre COVID-19 pandemic training was delivered as part of the mandatory training day face to face by the Safeguarding Team usually twice a month. Since March 2020 this training has been undertaken by completion of eLearning package. Mandatory face to face (F2F) sessions

recommenced July 2021, with one per month with a limit on attendance due to COVID restrictions due to social distance requirements.

7.8 **Adult and Children training Level 3**

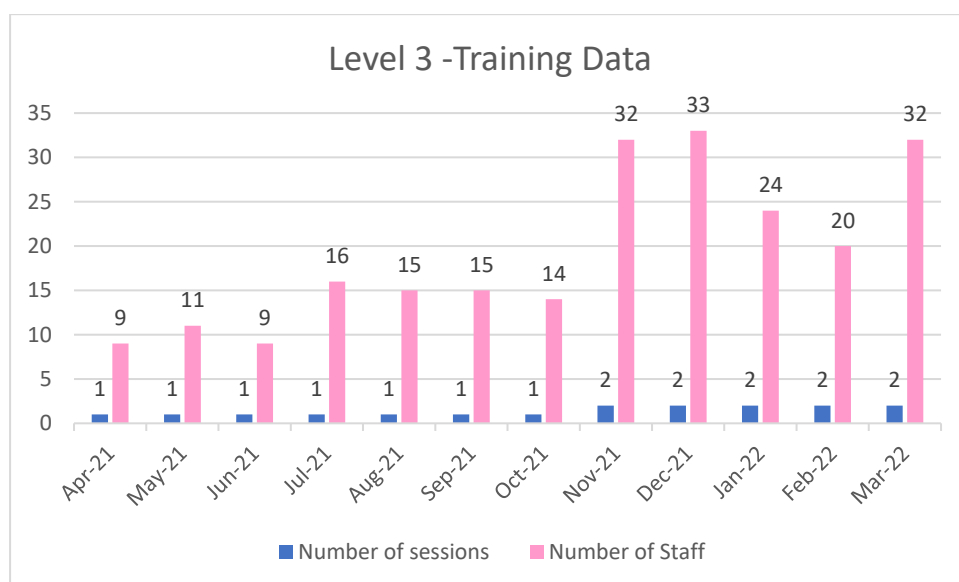
Level 3 training F2F training due to COVID-19 restrictions numbers of available spaces have been limited. The Executive Lead Prioritised Safeguarding training to recommence during the pandemic, due to space and lack of available training rooms on Trust site the training has been held of site venue.

7.9 The training is delivered by the Named Nurse/ Safeguarding Nurse with support from Children and Young Persons (C&YP) OPD Sister. An external practitioner for Mental Capacity and Deprivation of Liberty session.

7.10 In 2021 and 2022 the training package for Level 3 for Children and Adult has been updated by the Safeguarding Named Nurse to reflect national and local recommendations and updated guidance.

7.11 The Safeguarding team have provided a total of 17 sessions this year with a total of 230 staff compared with previous year of 240 staff attending. During the period November 2021 to March 2022 the team provided 2 sessions per month to add in required compliance in training to be met.

7.12 Table 6: Level 3 staff trained per month this year



Data source -Record of attendance Safeguarding Team

7.13 **Level 4 Training**

Training is external training from the local safeguarding board/partnership. The Trust has one staff member outstanding newly appointed Deputy Chief Nurse. Staff member working towards total of hours for compliance required; supported by the Chief Nurse.

- 7.14 Staff have provided excellent feedback to the team regarding level 3 mandatory training. Evaluation of training has been very positive, below some of the feedback: -

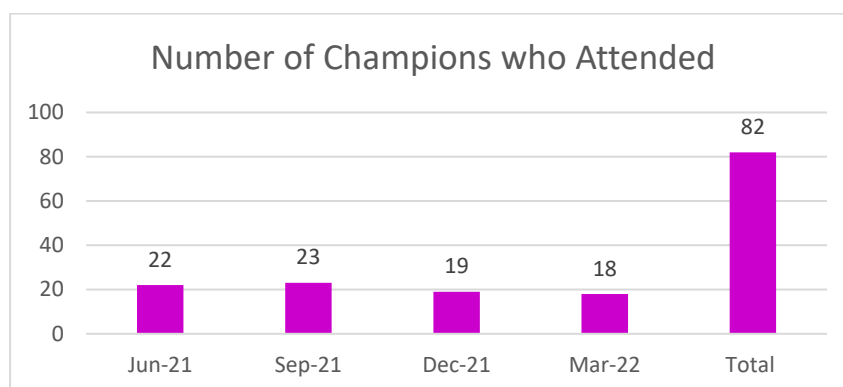
“Both trainers had excellent knowledge and answered questions professionally/informatively”

“Really good session. The Safeguarding team who delivered this training are very knowledgeable and presented themselves as being available for any support I would need. Thanks for a great session”- HR Manager

- 7.15 The Named Nurse designed two new safeguarding training packages for students and volunteers. Practice Placement Manager requested the Safeguarding team to deliver training to students in June 2021 and Learning and Development Team requested two sessions to be delivered to the volunteers.
- 7.16 The Safeguarding Team continue to ensure the focus on ‘Think Family’ agenda in all training and awareness roadshows and workshops, including medical staff induction and training.

8. Safeguarding Champions

- 8.1 The Trust this year continued to support the Safeguarding Champion forum days. These are scheduled quarterly throughout the year. Specific training has been given to the Champions, so that they have a wider base of knowledge to enable them to support staff in their area.
- 8.2 Table 7 below showing the attendance for each Champions Day, from a total of 30 departments/areas in the Trust.



Data source -Record of attendance Safeguarding Team

- 8.3 Below Table 8 is a summary of each event held showing the variety and support given to the Champions Days. Partnership working with external presentations provided, the importance of the impact on Safeguarding practice for the Trust.

Champion Event Date	Overview of Topics and presentations and work undertake
24 th June 2021 Child Exploitation	<p>What is Child Exploitation (CE)?</p> <ul style="list-style-type: none"> • Legal definitions • Criminal exploitation and sexual exploitation • Stereotypes • Discussing High profile Child Sexual Exploitation (CSE) cases • Grooming stages • Criminality • Youth Violence – 10 min video • Gangs • Does music influence youth violence and exploitation? 15 min video • Slang dictionary
16th September 2021 Child Exploitation Champions Day	<ul style="list-style-type: none"> • Guest Speaker Safeguarding Children Named Nurse Birmingham Community Healthcare NHS Foundation Trust- regarding Empower U Hub • Multi-Agency Safeguarding Hub (MASH) • CE screening tool • Case study • Executive Director, Black Box Research Lecturer and Research Fellow at the University of Nottingham. • Child Criminal Exploitation and County Lines from the voices of those involved • What is Child Exploitation • Research findings from the University of Nottingham into the Impact of COVID-19 on Child Criminal Exploitation and County Lines drug supply
2 nd December 2021 FGM and Domestic Abuse	<ul style="list-style-type: none"> • What is Female Genital Mutilation? Presented by (FGM Specialist Midwife BWCH) • FGM video • Domestic Abuse Update- Domestic Abuse Bill 2021 • Domestic Abuse Audit- to establish staff understanding of Domestic Abuse and processes to follow. • SG champions update role/responsibilities • Mental Health update (how we should support patients at ROH)
30 th March 2022 Child Safeguarding	<ul style="list-style-type: none"> • Chief Nurse, Executive Lead update- priority given to SG in the Trust, Q+A session • Learning from lives and deaths LeDeR- LD Nurse • Information sharing guidance update • High Profile Cases • Group work (Child Safeguarding Practice Review Case Study)

	<ul style="list-style-type: none"> • 24 hours in police custody • ICON programme – launch • New RHRT- guidance • Non-accidental injury guidance (adults and children)
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8.4 Evaluation of the Champions days have been very positive, below some examples of staff who attended the sessions feedback: -

- *“The day was very informative, enjoyed it very much and I have learned a lot”*
- *“Proud of our safeguarding team having worked in the Trust for a long time, this is the best team, always supported and informative session, thank you”*
- *“Thanks for organising the day and making it informative and relevant and allowing staff to share ideas and experiences”*

8.5 During the year the Champions have taking responsibility in gathering information from their departments to be included in annual safeguarding audits.

9. Safeguarding Supervision

9.1 The Trust is committed to ensuring that all staff working with children, young people and adults receive Safeguarding Supervision appropriate to their level of contact and responsibility, and in accordance with national and local standards and requirements.

Safeguarding supervision: key benefits: -

- Improved confidence in safeguarding practice
- Sense of clarity, including on action required
- Time to reflect
- Learning from experience

9.2 Safeguarding Supervision offers a formal process of professional support and learning for practitioners. Safeguarding Supervision is about the ‘how’ of safeguarding practice; it provides a framework for examining and reflecting on a case from different perspectives. It also facilitates the analysis of the risk and protective (resilience) factors involved.

9.3 The average admin time to complete each session is 2 hours. The Named Nurse provided an update report to the Safeguarding Committee in November 2021, on the current supervision sessions being undertaken and the frequency. Each session averages around 30-60 minutes. This has been a focused area of work this year.

9.4 The Safeguarding Supervision Policy for the Trust has been updated September 2021 and approved by Executives in October 2021.

- 9.5 Supervision offered is provided one to one (1:1), group sessions, learning lessons and case debriefs. Monthly supervision that has been undertaken is reported in the Safeguarding Quality Report.
- 9.6 Children and Young People Outpatient Department (C&YPOD) receive safeguarding case supervision monthly, led by the Safeguarding Named Nurse.
- 9.7 Safeguarding supervision is a priority for the safeguarding team. Staff have been received specialist supervision, which also includes restorative supervision training. We continue to work with the CCG in accessing individual and group supervision to improve practice and competence of the team.
- 9.8 Supervision training is to be undertaken by the Safeguarding Nurse in the coming year, this will include NSPCC supervision training, to assist in delivery and roll out of supervision sessions for staff. Due to be completed by the end of quarter 2 next year.
- 9.9 Safeguarding supervision has provided staff with a safe space to reflect on practice and discuss complex cases. To reflect on their practice focusing on the child's voice and or making safeguarding personal with the "Think Family" approach.

10. Audit and Inspection Activity



- 10.1 **Safeguarding Referrals Audit -Section 42 and Section 47.** Audit findings were presented in January 2022 Safeguarding Committee by the Safeguarding Named Nurse.

Section 42 Adults - This section applies where a Local Authority has reasonable cause to suspect that an adult in its area (whether ordinarily resident there):

- (a) has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) is experiencing, or is at risk of, abuse or neglect, and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Local Authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria above is, or is at risk of, being abused or neglected.

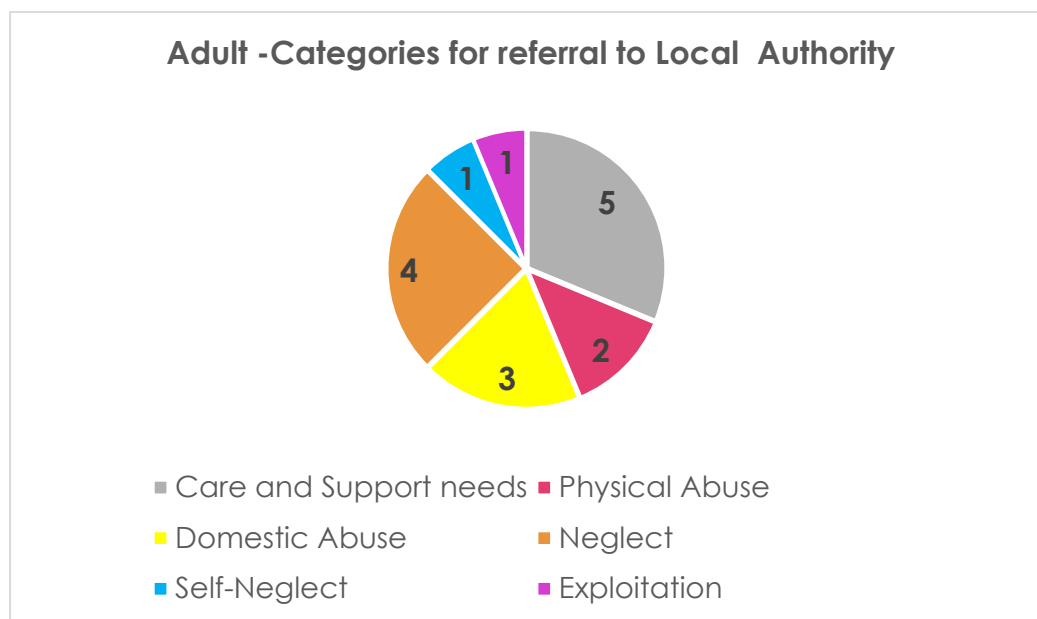
- 10.2 The aim of this audit was to demonstrate the following:

- To provide an objective insight into the importance of recognising and responding to adults, children and young people who may be at risk or experiencing harm
- To ensure staff are responding appropriately to safeguarding concerns/risks as per local and national guidance (Responsibility/Accountability)
- To evidence if any areas of improvements are required (Transparency)
- To improve efficiency in meeting ROH Safeguarding Agenda

10.3 The data was gathered using the internal Safeguarding database and incident forms, the Named Nurse reviewed all Local Authority referrals between 1st October 2020 to 1st October 2021. The data was compared with a previous audit completed between 2018 – 2019. In 2020 the data was not used due to service level agreement with UHB during Covid-19 pandemic transfer of UHB patients and closure of C&YP, main outpatients department and outpatient Therapies Services. Therefore, it would not accurately reflect ROH Safeguarding data.

10.4 The audit criteria had been based on the internal Safeguarding procedures, local threshold standards and national guidance.

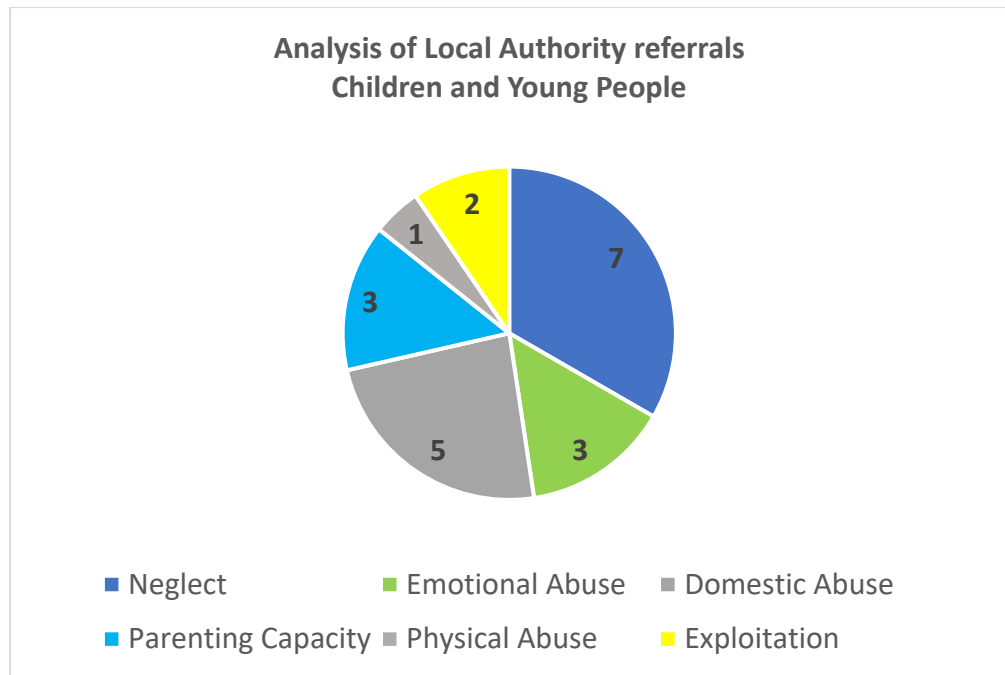
10.5 Below chart showing the categories of adult referrals



10.6 The audit completed highlighted good practice shown by the Safeguarding Team with decision making to refer vulnerable adults or children at risk to Social Services for intervention as:

- 96% of referrals where accepted and a Social Worker was allocated as per The Care Act (2014), The Children's Act (2004) and Working Together to Safeguard Children (2018).

- The majority of the referrals clearly state concerns and risks and are based on fact not opinion
 - The referrals ensure the patient's wishes and feelings are presented
 - Increase in referrals outside of child designated areas demonstrating increased awareness of "Think Family"
 - All referrals required a response from other agencies to support families indicating staff are appropriately identifying concerns
 - Staff are recognising a wider variety of concerns
- 10.7 In 13 out of 16 adult referrals to the Local Authority consent was gained (81.25%). People are supported and encouraged to make their own decisions and informed consent. The 3 referrals where consent was not gained was due to the person having limited capacity and a Mental Capacity Assessment form was completed to reflect the person's needs. Referrals to the Local Authority increased by 50% in 2020-2021.
- 10.8 **Section 47 Enquiries Children-** Under Section 47 Children Act 1989, the Local Authority is under a duty to make enquiries and to investigate if there are reasonable grounds to suspect that a child is suffering, or is likely to suffer, significant harm. The purpose of these enquiries is for the Local Authority to determine whether it needs to take any further action to promote or safeguard the child's welfare.
- 10.9 A child can be placed on a 'Child Protection Plan' if the outcome of the section 47 investigation has determined that the child is suffering, or is likely to suffer, significant harm.
- 10.10 Right Help, Right Time document by Birmingham Safeguarding Children's Partnership determines section 47 as complex and significant needs
- 10.11 Below chart showing the categories and the number of children and young people referrals made that were analysed as part of the annual audit.



- 10.12 Of the referrals reviewed, 6 were Significant/complex Section, 11 for Additional Needs Section 17 and 1 for Universal Plus Early Help, and 4 did not meet the threshold
- 10.13 **Childs Voice-** Out of 22 referrals completed to Children's Local Authority.13 Children were not patients at the Trust. The referrals were completed following a disclosure from an adult and using the “Think Family” approach Safeguarding risks were identified for the child/children in the household. Consent was gained in 19 out of 22 cases (86%). Sharing information is essential to put in place effective child protection services.
- 10.14 **Chaperone Policy Audit**
- A chaperone provides a safeguard against humiliation, pain or distress during examination and protects against any verbal, sexual, physical and/or any other abuse. Every Patient has the right to request a chaperone when undergoing any intimate procedure/examination.
- 10.15 The Trusts Chaperone Policy, (2020) clearly states that it is the responsibility of the Health Care Professionals (HCP) to keep accurate records regarding a acceptance or refusal of a chaperone.
- 10.16 Aims of this audit was to demonstrate the following:
- To demonstrate whether department staff and all attending professionals within CYP and OPD had read ROH Chaperone Policy
 - To provide an insight into staff’s awareness of and their responsibility around chaperoning
 - To provide us with information on how well if at all, all healthcare professional document their patients choice of chaperone or not

- To offer recommendations to improve efficiency as well as correct/ accurate documentation of chaperoning
- 10.17 The knowledge and use of chaperones within the C&YP OPD and main OPD. A total of 34 patients who attended clinic and were chaperoned audited. Along with 35 Health Care Professionals and Outpatient department health care staff in the areas. The results of audit Information gained from the patients' medical notes and, Winscribe system. Staff were given a questionnaire. A total of 10 members of healthcare professionals within CYP OPD answered the questionnaires, 25 healthcare professionals in main OPD.
- 10.18 This was undertaken December 2021, with the formal report provided to March 2022 meeting and recommendations.
- 10.19 Even though most staff have shown a clear knowledge and understanding of the role of a chaperone and the policy. 70% of health professionals working in C&YP OPD have shown clear knowledge and understanding of the trusts chaperone policy, and 84% of main OPD staff.
- 10.20 The audit evidenced; all healthcare professionals need to review the policy regarding the documentation requirements as per Chaperone Policy. 56% of clinicians reported use of a chaperone within their dictations/notes in main OPD and 50% in C&YP OPD.
- 10.21 Action required is to expand this chaperone audit to other areas within the trust e.g., X ray, Topography, Wards, and off-site clinics.
- 10.22 This audit is now added to the safeguarding internal audit schedule and will now be an annual audit. Results also shared with the Trust Medical Director.
- 10.23 **Clinical Holding Audit** – Clinical holding in children's nursing remains a complex and often misinterpreted function of physical intervention during procedural care delivery with the child and family. Practitioners must be aware of how interventions requiring restriction of movement can affect a child.
- 10.24 The aim of this audit was to demonstrate the following:
- To demonstrate whether CYP staff are complying with the standards set in the Clinical Holding for Children and Young People Policy
 - Clinical holding techniques used
 - For what reason they were being used
 - To provide an insight into staff's awareness of the Clinical Holding Policy
 - To identify any training requirements amongst staff
- 10.25 The formal report presented to March 2022 meeting. The findings being: -
- All staff reported that they had knowledge of and had read the clinical holding policy, since the publication of the clinical holding policy
 - From the patients notes reviewed during auditing, it was evident that the healthcare professionals all documented their clinical holding of the patient in their nursing documentation as per clinical holding policy

- As per the policy it is evident that healthcare professionals include patients' parent/carers to assist with the clinical holding technique, this has been evidenced as mentioned, that it supports the child or young person's emotional wellbeing during a procedure

10.26 Clinical Holding will be reviewed and audited again within CYPC in November 2022.

10.27 Prevent Policy Audit

Undertaken internally November 2021 by the Operational Lead for Prevent. The aim being to review staff's knowledge of Trust Prevent Policy and training, survey open to all staff. The questions put into a web link for staff to answer and submit. The questionnaire completion was shared via Trust internal communications department.

10.28 A total of 65 staff filled in the Prevent questionnaire. The results of the audit shared at January 2022 Trust Safeguarding Committee.

10.29 The audit outcomes indicated that the majority of staff were aware of how to obtain Prevent information and where to raise concerns, i.e., via the Safeguarding team and/or in the Safeguarding folder on the intranet. Also, how to access training. There were a small proportion of staff who stated that they were not in date with their Prevent training.

10.30 Safeguarding Training Evaluation of Effectiveness Audit

undertaken by the Safeguarding Nurse with initial findings presented at the Safeguarding Committee. In November 2021. Limited response to the audit despite several reminders and emails sent out the Safeguarding Nurse, audit to repeated. Work being undertaken by the Safeguarding Nurse with regard to increasing engagement and feedback.

10.31 Domestic Abuse Audit

In December 2021 as part of the 16 Days of Action Campaign the Named Nurse compiled a questionnaire, using 10 questions to show staffs awareness, understanding and accountability when responding to victims of Domestic Abuse

10.32 Within the quarterly Safeguarding champions days, each Safeguarding champion tasked to take questionnaires back to their ward/department and requested staff within their department to complete.

10.33 A total of 83 questionnaires were completed. Audit findings and recommendations was presented at the Safeguarding Committee meeting March 2022.

10.34 The staff have evidenced a good understanding of possible indicators. 70% of staff would use professional curiosity to gather further information. Not all the staff group who completed the audit would have attended level 3 Safeguarding training or the bespoke Domestic abuse training due to their roles within the organisation.

- 10.35 86% of staff report they understood what process to follow in supporting victims of Domestic Abuse, only 59% knew what internal/external support was available.
- 10.36 81% of staff felt confident in escalating concerns for high-risk victims of Domestic Abuse and provided appropriate examples on how they would access support.
- 10.37 Overall, the audit has highlighted a significant change in staff taking ownership and responsibility in addressing the needs and support required for victims of Domestic Abuse. Staff provided examples that reflect the internal Domestic Abuse policy and care pathway and acknowledged the national risk assessment too DASH checklist.

10.38 Modern Slavery and Human Trafficking

This audit by the Named Nurse was undertaken Oct 2021 and reported in January 2022 Committee Meeting.

The aim of this audit was to demonstrate the following:

- To evidence the staff's awareness and understanding around Modern Slavery and Human Trafficking
 - To ensure staff are responding appropriately to safeguarding concerns/risks as per local and national guidance (Responsibility/Accountability)
 - To evidence if any areas of improvements are required (Transparency)
 - To improve efficiency in meeting the Trust Safeguarding Agenda
- 10.39 Findings were although, our staff have limited exposure supporting victims of Modern Slavery, the audit highlighted examples of good practice and awareness such as.
- Staff acknowledging training received via the Safeguarding Team
 - Awareness around the Modern Slavery Act 2015
 - Over 50% of staff was aware of the types of Modern Slavery
 - Reporting concerns (Safeguarding is Everyone's Responsibility)
 - Identifying that Children and Adults can experience Modern Slavery (Childs Voice)

10.40 Mental Capacity and Deprivation of Liberty Safeguards

An audit has been undertaken by an external independent practitioner of Deprivation of Liberty Request for Authorisation DoLS and Mental Capacity Assessments MCA in April 2021. This audit covered continuing times of the Covid-19 pandemic and would obviously be at a busy and stressful time for staff. Also, the recognition of adaptation to new patient pathways in support of partnership trauma work.

- 10.41 The audit has demonstrated that the mental capacity assessments and deprivation of liberty applications were overall of a satisfactory standard with some examples of excellent practice and application of the Mental Capacity Act and Deprivation of Liberty assessments.

10.42 Report of findings have been discussed in May 2021 Safeguarding meeting, along with recommended actions. The areas of improvement and action required: -

- To ensure documentation evidence of clear decision (which patient is being asked) is being identified on Mental Capacity Assessment form
- The documentation regarding best interest decision is evident on Mental Capacity Assessment form
- Staff to include the Trust Safeguarding e-mail is included on all DoLS authorisation requests
- Document evidence of MCA and DoLS activities in nursing and medical discharge checklist / letter

10.43 Areas of Good Practice highlighted being: -

- Involvement of specialist practitioners and use of less restrictive options where clinically indicated e.g., Psychiatric Liaison Team, Safeguarding Team, Learning Disability Nurse Specialist, Discharge Liaison Sister
- Appropriate application of the Mental Capacity Act in consent of patients who lack capacity to consent for surgery
- Appropriate evidence of formal review of mental capacity assessments
- Appropriate evidence of supporting patients in decision making (on mental capacity assessment forms)
- All records contained evidence of MCA and DoLS forms
- All records contained evidence of extension to DoLS requests where required, there was no lapse in dates of authorisation requests
- Appropriate reference to isolation due to covid restrictions on DoLS application form
- Evidence of best interest decision meetings; including multidisciplinary and multiagency working, maximising patient capacity, involving carers and use of less restrictive options.

10.44 Improvement in the use of the Mental Capacity assessment MCA tool has been seen over the year, however it remained an area requiring further focus, increasing staff knowledge of use and review of the assessment, and recording outcomes for patients. The Safeguarding Lead Nurse has provided training session on the MCA assessments and Deprivation of Liberty Safeguards (DoLS) monthly face to face to help staff build in knowledge and confidence about undertaking the assessment, also requests to deprive patients of their liberty.

10.45 **Complex Care Audit**

Summary report presented to September 2021, Safeguarding Committee meeting by the Lead Nurse for Safeguarding. The purpose of these being to review care given and identify areas of good practice, learning and actions required to improve patient

care. An update on the current complex care audits being completed, the reporting of these and overview of outcomes, trends. Action being taken as result along with any learning. Also, the proposal to review template, methodology and reporting of complex audits going forward. The template had been introduced originally aimed at adults' wards and had latterly been amended for use within POAC and CYPC and outpatient setting.

10.46 Below the proposed changes identified being: -

- Review the template this to be led by ward and departmental managers
- Audit to show the complexity of the patient, as often not clearly evident
- Action taken section of template must be completed with internal and external actions
- Patient voice /carers voice being captured
- Condition reporting template divisionally to be amended to include the type of complex case, key areas of good practice, learning and action being taken
- Review the areas completing the audit
- Overview and monitoring of the audits – reporting to Clinical Quality Committee quarterly as oversight committee

10.47 **Documentation for children and young people - First contact form (FCF)**

The Trusts First Contact form should be given to every patient under the age of 18. This form has allowed staff to capture key information about agencies that are already working with the family and whether there are any current safeguarding concerns being addressed. Also ensures that the accompanying adults have parental responsibility.

10.48 An audit of first contact forms (FCF) had been completed in September 2021 by the Children and Young People OPD Department. The findings presented at the November 2021 Safeguarding Committee. The audit checked all forms were completed by a registered nurse, and consent was obtained to share information with other professionals.

10.49 Overall, the results demonstrate positive usage of First Contact Forms although there are areas of practice that require improvement. Future FCF audits would be completed on a quarterly basis.

10.50 Following this audit there has been focused work by the Children and Young People team manager to ensure staff were fully aware of the documentation, when it should be completed and filed within the patients' medical record.

10.51 Children and Young People Centre (CYPC) Annual Notes Audit – Summary of results reported in November 2021 meeting, the audit of 10 CYPC safeguarding documentation records. Overall highlighting an improvement since the previous audit

10.52 The audits completed have provided assurance to the Trust Safeguarding Committee and to Quality and Safety Committee.

- 10.53 The audit plan for 2022-23 has been prepared and presented at Safeguarding Committee for agreement in March 2022, and Quality and Safety Committee as part of upward reporting.

11. Statutory Duties for children and Young People -Section 11 Audit

- 11.1 The Children Act (2004) places on a statutory footing the obligation for named agencies and individuals to co-operate to Safeguard Children and promote their welfare. Section 11 of the Act makes clear to whom this duty applies and indicates that they must make arrangements for ensuring that:

' their functions are discharged having regard to the need to safeguard and promote the welfare of children'

- 11.2 The same Act established the roles and responsibilities of the Local Safeguarding Children Board (now Partnerships) BSCP.
- 11.3 This 'Section 11 Audit' tool is designed to allow the Birmingham Safeguarding Children Partnership (BSCP) to monitor and evaluate the compliance of partner agencies. To assure itself that agencies are fulfilling their responsibilities. Chapter 2 of 'Working Together' July 2018 details the common features which must be demonstrated by agencies. This has been used as the source document for the key standards defined within the audit document.
- 11.4 In a self-assessment process, each agency or organisation must ensure that any statements made within the tool are backed by evidence for each of the standards.
- 11.5 The current audit template key standards being: -
1. Leadership and Accountability
 2. Policies and Procedures
 3. Recruitment and Selection Introduction
 4. Training and Development
 5. Policies and procedures
 6. Information Sharing
 7. Listening to Children and Young People
- 11.6 The tool had been delayed this year, as the BSCP were looking to launch this on a national platform. The areas for improvement identified were: -

- Evaluation of practice from the perspective of the child or young person. Increase evidence of listening to children through patient stories, engagement of children and evidence of their ideas and view being acted upon. This to be addressed by patient engagement forum for children and young people. (Section 7.3)
 - Annual audit plan- a programme of internal audit and review, and outcomes/ findings from reviews – (Section 4.4 and 6.4)
Annual work plan submitted to March 2021 safeguarding meeting for approval.
 - Safer Recruitment training/ standards - This is outstanding action from the previous year. Human Resources Team to undergo training initially, and then roll out, work undertaken on this November (Section 3.1)
 - Develop and implement an effective method of evaluating the impact of training on practice (Section 3.2)
 - Standard Operating Procedure SOP for Virtual clinics for safeguarding and promoting the wellbeing of children in light of COVID-19 and these are accessible to all staff (Section 2.2)-This was approved and circulated May 2021.
- 11.7 The Trust action plan progress for this audit tool will be reviewed at the safeguarding committee and is included in the Committee workplan.
- 11.8 The annual peer review and challenge for the section 11 audit was not undertaken due to COVID-19 pandemic in 2021-2022. The BSCP are working on a new audit electronic tool. Update on this to be provided in May 2022.



12. Domestic Abuse (DA)

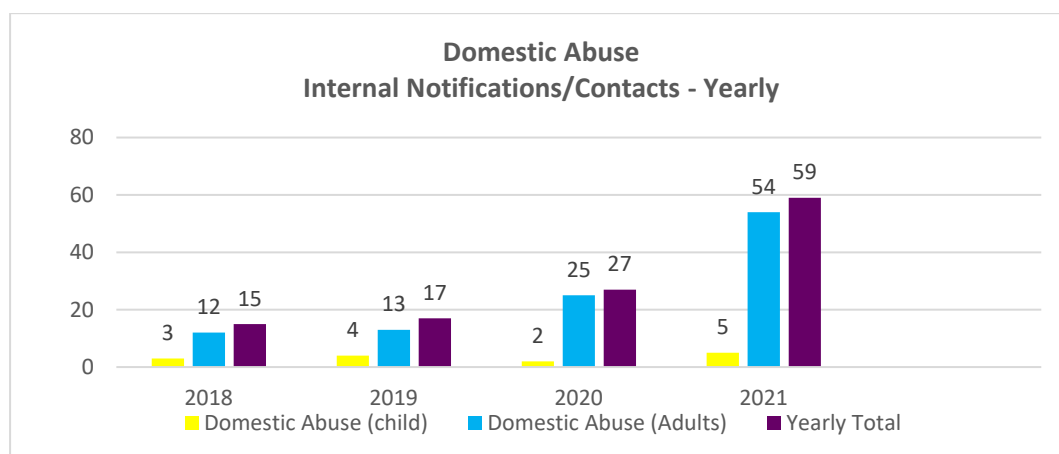
- 12.1 Domestic abuse (DA) is defined as any incident of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 and over who are or have been intimate partners or family members, regardless of their gender or sexuality

It can include, but not limited to the following

- Coercive control
- Psychological /or emotional abuse
- Physical or sexual abuse
- Financial or economic abuse
- Harassment and stalking

- Online or digital abuse

- 12.2 The Trust continues to benchmark our Domestic Abuse response against national and local standards, to identify areas which require improvement.
- 12.3 The change to Domestic Abuse Bill 2021, places more responsibility on health professionals to recognise children and adults separately. Staff have been reminded to ensure they ask “direct” questions, when a disclosure or a concern has been identified with a possible risk of harm to a patient.
- 12.4 There has been increase in the number of concerns and referrals being raised to the Safeguarding Team; from 27 to 59 during this year. It is anticipated domestic abuse incidents will increase in line with local and national intelligence. Throughout 21/22 The safeguarding team increased domestic abuse awareness across the trust through: DA champions, DA roadshows, events, purple news and reviewing DA internal policies
- 12.5 Following the launch of a separate DA policy for ROH staff. The safeguarding team have experienced an increase in staff seeking support as victims of DA.
- 12.6 The Trust continues to recognise the impact that DA can have on our members of staff. Clinical and non-clinical managers access training and advice on how to support staff and continue to offer well-being services and safety planning.
- 12.7 Table 9 Showing the comparable data for Domestic Abuse internal contacts/notifications



- 12.8 The Named Nurse has continued to encourage staff to use the national risk assessment tool (DASH) for Domestic Abuse to identify high-risk victims, in line with Birmingham Domestic Abuse Strategy. The tool is recognised across all organisational sectors and will provide evidence to how the Trust should respond

when supporting victims of Domestic Abuse. DASH training is incorporated within the level 3 mandatory safeguarding training.

- 12.9 The new amended safeguarding level 3 training provides staff with the confidence and skills to manage “difficult” conversations and use “direct” questions incorporating the use of the Domestic Abuse, Stalking and Harassment risk assessment tool (DASH).
- 12.10 The Trust currently has 68 Domestic Abuse champions across the Trust. The staff are trained to recognise the signs of domestic abuse and effectively ask direct questions to support vulnerable people whilst additionally guiding those experiencing abuse toward seeking appropriate professional help.
- 12.11 Routine enquiry is now fully imbedded into our outpatient services, Physiotherapy ADCU, POAC and the Orthotics Departments.
- 12.12 Developing staff’s skills and confidence in asking direct questions around Domestic Abuse has been a focused area of work by the Safeguarding Named Nurse, and Safeguarding Nurse.
- 12.13 Staff now routinely asking for resources such as the “Ask Me” cards for signposting to external services, “we are never afraid to ask” routine enquiry cards, and Domestic Abuse Champions badges, following a yearlong roll out.
- 12.14 National 16 Days of Action Campaign in November 2021 around Domestic Abuse. The Named Nurse worked alongside Comms Team to raise awareness across the Trust. Staff engaged well throughout and shared their stories of experiencing Domestic Abuse. The campaign was to improve staff awareness and understanding and improve a culture that abuse should not be “hidden”.
- 12.15 Below are just some of the areas/topics covered during this event
- Introducing 16 days of Action what is it, why are we involved and how staff can contribute
 - Spotting signs of Domestic abuse -vulnerable adults and young people with Learning Disability (LD)
 - Domestic Abuse (Physical Abuse) Volunteer walk about with injury, considering professional curiosity and routine enquiry. Raising awareness of both male and female Domestic Abuse over 2 days.
 - Domestic Abuse- The impact on children and young people
 - What is forced marriage (FM)and honour-base violence including laws and forced marriage FM protection order
 - Domestic Abuse staff policy information sharing - including support available for staff

- Domestic Abuse audit – Champions completing to take audit to their areas for staff to complete 10-15 audits in each area

12.16 Staff were given opportunity to share their own experiences of Domestic Abuse anonymously, these were shared internally in the Trust to help spread awareness about how we can help one another. Every story shared will help other victims of Domestic Abuse by acknowledging they are not alone.

12.17 Domestic Abuse Policy has been updated, changes to the policy included Domestic Abuse Act 2021, internal Domestic Abuse flowchart and care pathway and local and national updates.

12.18 Table 10 summary of referrals during the year April 2021-March 2022 for DA.

	Number Completed
DASH/DA Care Pathway	28
Independent Domestic Violence Advocate (IDVA) referrals	4
Multi-Agency Risk Assessment Conference (MARAC) referrals	8
Refuge accommodation provided	1
Women Acting In Today's Society Support (WAITS)	1

Data source Internal SG Quality Report -ROH

12.19 Case Studies

Case A

Patient previously known for Domestic Abuse but refused all support on discharge. Relatives of the patient were reported internally for violence and aggressive behaviour. Patient re-admitted 2 weeks later with a significant facial injury and further injury to the surgical site. Patient gave a questionable cause for injuries which did not coincide with the nature of the injury. DASH assessment completed (scored low due to reluctance to disclose information) injuries documented using a body map as part of our internal Domestic Abuse care pathway, the Safeguarding Team requested the consultant's medical opinion regarding the injuries sustained as part of a safeguarding assessment. The Safeguarding team built a relationship with the patient over the next coming weeks whilst an inpatient resulting in the patient giving consent to share the information with the local authority for care and support needs to ensure professional oversight in the community and reduce safeguarding risks. The patient was discharge back into the community with a safety plan and social care input.

Case B

Patient transferred from UHB after sustaining injuries following a domestic abuse incident. ADCU staff nurse supported patient throughout and used professional curiosity to gather further information. Named SG nurse contacted children social services to ensure they were aware of the incident, children on Child Protection (CP) plan due to witnessing domestic abuse. SG team gained consent from patient and completed referral for an independent domestic abuse advisor through WAITS. Police contacted to proceed with statement and non-molestation order. Support services in place for discharge and patient discharged back to a place of safety (May 2021).

Case C

Patient's partner contacted the hospital to cancel an appointment on behalf of her partner, concerns raised during the telephone call and with the use of direct questioning and routine enquiry a domestic abuse disclosure was made. The safeguarding team sought support from the support service division to organise a seen alone appointment for the patient in order to address concerns raised, review the health and well-being of the patient and offer support. The patient consented to all information sharing and again a domestic abuse disclosure was made to the safeguarding team where the patient identified their self as the victim. A referral to the children's trust and Adult social care was made by the safeguarding team alongside with information sharing to the wider internal and external multi-disciplinary team (July 2021).

Case D

Patient transferred under the UHB pathway, with bilateral leg fractures following a domestic abuse incident where the patient had jumped from a second story building. The perpetrator considered high risk confirmed by west midlands police. Patient seen by west midlands police, who advised patient not to return to home address as it posed a high risk of harm. The patient was initially given a discharge specialist social worker who offered contact details for Women's Aid to call daily for refuge space. The Safeguarding Nurse worked with the patient regarding views and wishes, contacted the patients existing substance misuse support worker who shared vital information regarding safety planning as the perpetrator had been released on bail and had already made attempts to contact the patient whilst an inpatient. The SG nurse and support worker worked across sites to liaise with the patient to develop a safe discharge plan for the patient. Further involvement was sought from the patients allocated Independent Domestic Abuse Advisor (IDVA), the patient was transferred to a secure rehabilitation service to continue physio and provide a restful environment for the patient whilst long term accommodation. The patient was seen face to face by the SG nurse and the Support worker prior to discharge to ensure the patient had voiced all concerns and wishes (January 2021).

Case E

Concerns raised to the Safeguarding team via a Consultant and Registrar who had received a phone call from a patient's relative to advise of domestic abuse concerns. The patient was due to be seen in clinic the same day. Support was given to the Consultant from the Named Nurse and a plan made in terms of the routine enquiry and how to support the patient. The patient gave a disclosure in full to the Consultant following the routine enquiry. The Named Nurse reviewed and supported the patient using the domestic abuse care pathway. Consent was given by the patient to inform all relevant agencies and request for support, a number of external referrals were also made with the support of the patient's family. A place of safety was arranged for the patient by the patient's relatives with the advice and support of the Named Nurse. The patient's consultant has also provided additional appointments and follow-ups as part of the safety plan to allow the patient regularly to access to professionals for review and support. The patient remains supported by the SG team and Designated Consultant throughout (June 2021)

12.20 **Domestic Homicide Reviews (DHR)**

A DHR must be conducted where the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect by a person to whom the victim was related, or with whom the victim was or had been in an intimate personal relationship, or a member of the same household.

12.21 There is a statutory requirement to participate and respond to DHR requests. The focus is a multi-agency approach with the purpose of identifying learning.

12.22 The Safeguarding Team have had a total of 8 scoping requests received for internal management scoping, previous year total was 6, all of these were a nil return, and information provided to DHR panel within timeline deadlines.

12.23 Learning from local and national DHR is incorporated into training for both Level 2 and Level 3 training. Updates also included in Safeguarding supervision and Champions events. Trust internal site has been updated with new information for staff.

13. **Female Genital Mutilation (FGM)**

13.1 FGM is a violation of the human rights of girls and women. NHS national statistics published 17 March 2022; state there were 1,450 individual women and girls who had an attendance where FGM was identified in the period October 2021 to December 2021. These accounted for 2,580 attendances.

13.2 During the year a total of 2 FGM concerns raised compared with 4 in the previous year all adults.

13.3 Case study

Case A

Patient disclosed in POAC that she had been subjected to FGM in Somalia as a child. On questioning patient and her daughter she disclosed that no other immediate family had been subjected to FGM. Requested patients' admission date to offer a referral to FGM specialist and mandatory reporting. Patient supported and given time to talk and offered referral to FGM clinic.

13.16 Following feedback from training evaluation audit, and staff feedback . Staff have received additional FGM training as part of Safeguarding Champions event in December 2021 that included the following topics being discussed and explored.

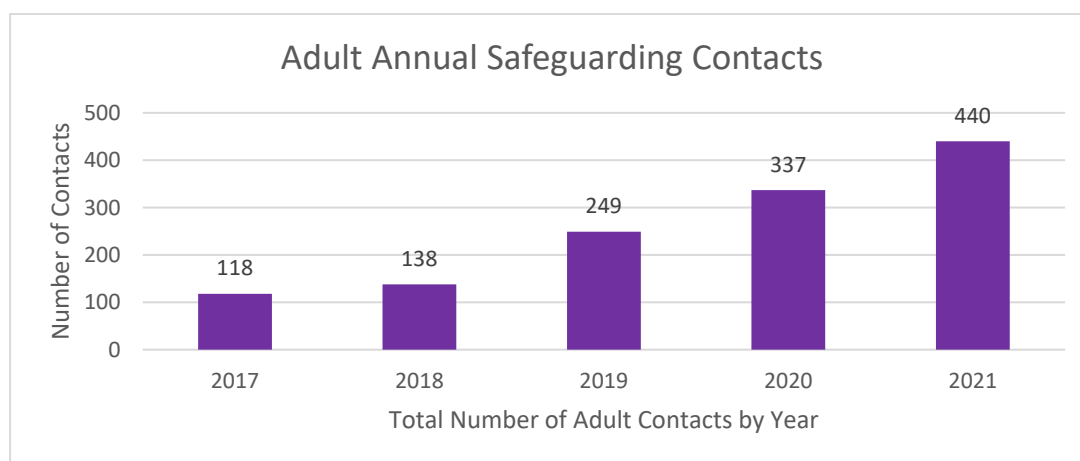
- Types of FGM
- Risks from FGM
- Mandatory reporting requirements
- Support available in the West Midlands

- 13.17 Trust has shared and promoted the NHS England Rapid Read for FGM via communication weekly shout out and via Safeguarding Shout outs to managers and champions In December 2021 the FGM specialist midwife/nurse from BWCH presented at the safeguarding champions day.



14. Safeguarding Adults Activity 2021/2022

- 14.1 Safeguarding Adults means stopping or preventing abuse or neglect of adults with care and support needs. Adults with care and support needs are aged 18 and over and may:
- have a learning disability
 - have a mental health need or dementia disorder
 - have a long or short-term illness
 - have an addiction to a substance or alcohol; and/or are elderly or frail due to ill health, disability, or a mental health illness
- 14.2 Table 11 - Adult notifications comparable yearly data A total of 440 concerns have been raised for adult safeguarding.



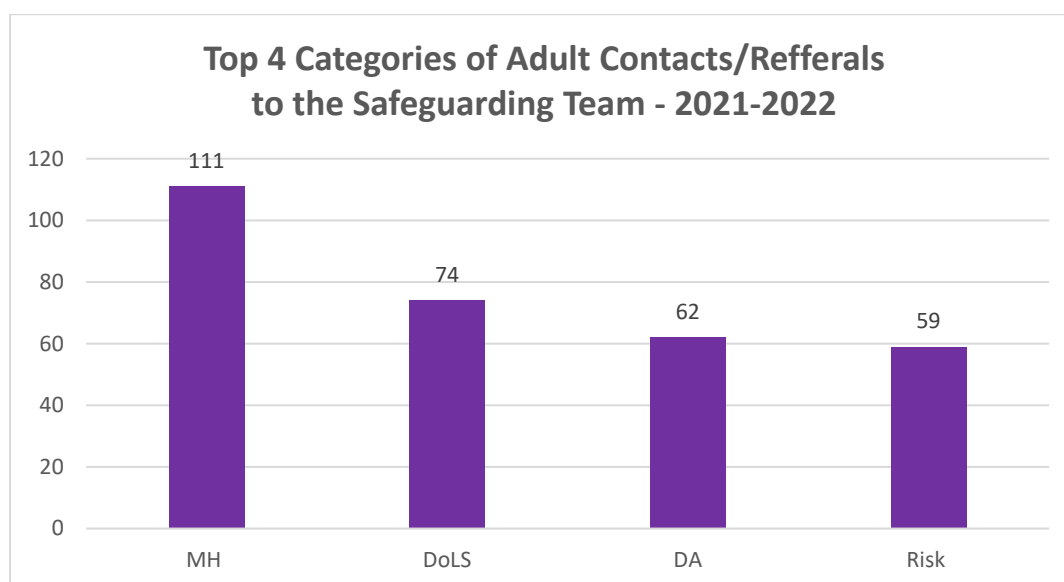
Data source – SG Trust internal access database

- 14.3 This provides positive assurance that staff are growing in confidence with identifying safeguarding risks and are taking responsibility for keeping our patient's safe.
- 14.4 Despite a reduced footfall through the hospital during the majority of 2021-2022 due to the COVID-19 pandemic; there has been an increase in safeguarding concerns.

Many of the concerns raised have been very complex cases and required a proactive approach to safeguarding by liaising with key professionals externally. The Safeguarding team have had to repeatedly request outcomes from external professionals/partners when responding to safeguarding concerns.

- 14.8 It is important to note that during this period, the Trust continued to support the wider NHS service, working with UHB-ROH trauma centre and rehabilitation pathways. With the Trust caring for a different cohort of patients, it needed an ability to adapt and transform to meet patient needs and complexity of some cases, in particularly the trauma cases in terms of safeguarding concerns raised. There was an increase in the number of patients with cognitive impairment.

- 14.9 Table 12 shows the Top 4 categories of the adult contacts and referrals



Data source – ROH internal Access Database

- 14.10 The highest contacts being Mental Health total number of 111 contacts compared with 93 in the previous year. The Deprivation of Liberty Safeguards (DoLS) applications being 74 compared with 132 the previous year. This was due to a significant increase of patients transferring from other acute trusts, predominately University Hospital Birmingham (UHB) supporting the system wide trauma pathway.
- 14.11 There have been 59 contacts regarding risks in comparison to 32 in the previous year, these cases show the importance of identifying risks and sharing with other agencies. The importance of professional curiosity and 'Think Family' approach.
- 14.12 Below is the list of current adult categories of abuse on the internal access Safeguarding database. These need to be updated in line with internal and national reporting; the Safeguarding team have requested for the Trust to update the internal SG database. To assist in accurate and effective timely reporting.

Current Categories available on Internal Trust SG Database
DHR
Domestic Abuse
Emotional
LD
MCA
Mental Health
Neglect
Parenting Capacity
Physical
Other
Risks
Social
WNB
Non-Engagement
Sexual
FGM
DOLS
Early Help
Substance Misuse
Consent
Self-neglect
Modern Slavery

14.13 Mental Health themes from contacts continued to relate to patients with history of Mental Health concerns, these being depression: along with a history of thoughts of suicide attempts and self-harm concerns. As a Trust we acknowledge the impact of COVID-19 restrictions “lock down” on patients, who have been isolating. Seeing a decline in Mental Health service provision and long waits to be seen following referrals due to capacity and demand issues in external services/providers.

14.14 There have been 59 contacts regarding risks in comparison to 32 in the previous year, these cases show the importance of identifying risks and sharing with other agencies. The importance of professional curiosity and ‘Think Family’ approach.

14.15 External referral activity

Table 13 below summarises the external referrals the Safeguarding Team have made following concerns raised:

Area of Referral submitted to:	Yearly Total
Adult Social Care	24
Police WMPS	10
Adult Social Services for care and support needs	3

Community Mental Health Team	29
GP for follow up and support for safeguarding concerns	192
Drug and Alcohol Services GCL	4
West Midlands Ambulance Service (WMAS)	1
Multi-Agency Risk Assessment Conference (MARAC) for DA high-risk cases	8
Samaritans NRM	1
Third Sector	21
Social Worker	33
NHS Acute/Comm	33
Refuge Accommodation	1
Mankind	1
Debt Management Support	1

14.16 The Trusts Adults Safeguarding Policy has been reviewed and updated in July 2021.

14.17 Safeguarding Adults Reviews (SARs)

The Trust has a statutory requirement to engage with any multi -agency SAR, where we were involved in the care of the victim or their family, if relevant. The purpose of a SAR case review is to establish whether there are lessons to be learnt from the case, identify what those lessons are, how they will be acted on and what is expected to change. The consequence of this should be to improve interagency working and better safeguard and promote the welfare of vulnerable adults.

14.19 A total of 1 SAR review scoping requests were requested during the year. A nil return for Trust with involvement with any patients in requests.

14.20 Learning from local and national SARs are included in safeguarding training to also ensure learning is shared and embedded within the Trust.

14.21 Section 42 Enquiries

Local Authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria above is, or is at risk of, being abused or neglected.

14.22 Area for improvement identified has been again the importance of staff taking ownership when completing Social Services referrals. The staff remain reliant on the Safeguarding Team to complete referrals.

14.23 The number of referrals has been this year been October 2021- March 2022 being 24.

14.24 Positive feedback received in terms of the quality of the referrals submitted to local authorities

14.25 Learning from these have been reviewed at the Safeguarding Committee and incorporated into case studies in training.

- 14.26 In August 2021 Level 3 Safeguarding training was revised which now includes how to complete a good referral to Social Services and the information which should be included by the Named Nurse.

14.27 Case studies- Adult Safeguarding - 2021-2022

Case A: Self Neglect – Community support team

Patient seen at home by ROCS on second day following discharge. Patient lives alone, has private family carers who are currently unable to support, and patient is awaiting a social care input assessment. Staff noted patient had a large quantity of unorganised medication throughout the house, patient declined assistance to organise and secure with ROCS staff. Patient was unable to administer important post-operative injections and had missed vital doses. Patient also was observed not to be following post-operative mobility restrictions. Patient had declined physio input and wound check. The patient dis-engaged with staff and declined all support offered. Concerns raised to Safeguarding team and advice provided for staff to contact; GP contacted for a review of all patient's medication, contact social care to ensure patient was assessed urgently as concerns raised regarding Self-Neglect. An outcome was received following assessments to state patient had declined support from adult social services but had been provided a list of private carers to fund independently at the patients request. However, patient agreed to engage with ROCs Team and district Nurses for support.

Case B- The voice of the patient

Patient seen in Outpatients department and raised concerns regarding the care received by private carers within the patient's home, the Safeguarding team did not have capacity to review patient at the time but, made attempts to contact the patient which were unfortunately unsuccessful. Concerns raised with patients GP and a Safeguarding referral was submitted to the patient's local authority to share the level of concern. The local authority provided an outcome to the Safeguarding team to state the patient had now been supported with a new care agency company and concerns raised externally regarding level of care and behaviours of staff. Patient was grateful of the support provided to address concerns on his behalf. The team have shown great communication and escalation skills to promote the patient's voice (March 2022)

Case C- Vulnerable adult with care and support needs

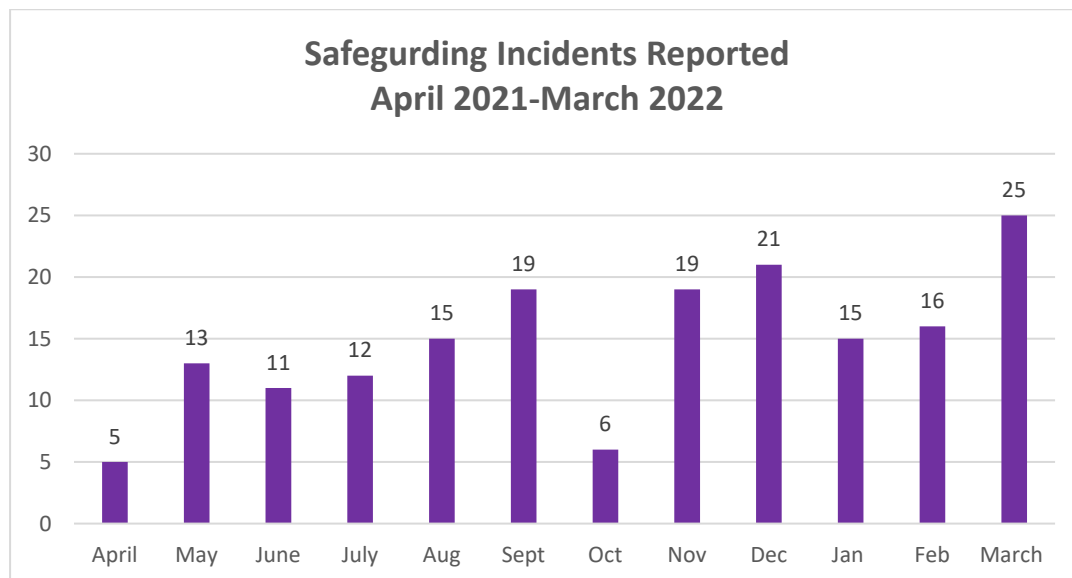
Patient reviewed in clinic due to congenital diagnosis and concerns were raised regarding care and support needs and risks that were identified to make the patient at risk of abuse or neglect. Patient currently resides on the third floor of a hostel and frequently missed meals and food donations as the patient is unable to mobilise safely due to bilateral hip dislocations. An urgent appointment to review the patient in clinic alongside the consultant and an interpreter as the patient has very limited English.

The patient was offered a referral to adult social care for care and support needs, also to identify that this patient is vulnerable and will require long term support from a social worker. Transport was also put in place to support travelling to and from appointments and a plan of care arranged to support the patient long term regarding review and therapy appointments to ensure the patient has access to health and the opportunity to disclose any further concerns to professionals.

As an outcome from the referral the patient has been allocated to the case management team for long term support with social, housing, and financial support (Oct 2021)

14.28 Safeguarding Adults Incident Reporting (Internal reporting Ulysses System)

Table 14 below shows an increase in the number of adult incidents reported per month; total for this period of reporting being 177 compared with 165 in the previous year.



Data Source – Ulysses Monthly Incident – Governance Department

- 14.29 Incidents are reviewed and trends and learning as part of the Safeguarding monthly quality reports and the Lead Nurse has continued to promote departmental managers and divisional managers to share wider learning from incidents. The Divisional Heads of Nursing have actively promoted via the governance meetings, actions identified being undertaken. Also, providing excellent support and guidance to staff/ managers. Working in close partnership with the Safeguarding Team.



15.0 Self-Neglect

- 15.1 Self-neglect can take many different forms and may be the result of complex physical, mental, psychological, and environmental factors; it can affect both adults with and without the mental capacity to understand the consequences of the way they live their life.

“Self-neglect can be challenging and complex for practitioners to address because of finding the right balance between respecting a persons’ autonomy and fulfilling a duty to protect the adults’ health and wellbeing”- BSAB

The Care Act 2014 Statutory Guidance defines self-neglect as:

“a wide range of behaviour neglecting to care for one's personal hygiene, health or

surroundings and includes behaviour such as hoarding"

The early coordinated interventions from a range of partners working together with the adult, to assess needs and find solutions, can help prevent problems from developing.

- 15.2 A total of 5 concerns reported this year all adults, the departments reporting were Royal Orthopaedic Community Scheme (ROCS), Outpatients Department (OPD), Admissions and Day Case Unit (ADCU) and Pre operative Assessment Unit (POAC) this is in line with patients pathway. Early support is vital.

15.3 Case Study

Case A -Patient seen in POAC. Very tearful, severe pain. Struggling at home, lives alone. Sometimes does not wash, sometimes does not eat properly. No social support other than grandson who does some shopping fortnightly. Patient stated that she has recently felt suicidal. On direct questioning no immediate concerns for tonight. Verbal consent obtained. GP contacted, Urgent review arranged for tomorrow morning of analgesia, mental health, and social circumstances. Patient informed. Section 2 completed for post-op support. Information shared appropriately with GP to gain patient support in the community. Information also shared with Discharge liaison sister. Patient extremely grateful for help and support and for listening to her (June 2021).

- 15.4 Staff within our ROCS team highlighted during safeguarding supervision that they require further guidance on how to respond to self-neglect and hoarding. The safeguarding team used BSAB resources and designed a home conditions assessment tool to assist staff.



16.0 Modern Slavery and Human Trafficking

- 16.1 Modern slavery is the severe exploitation of other people for personal or commercial gain. Modern Slavery can take many forms including the trafficking of people, forced labour, servitude, and slavery. Children (those aged under 18) are considered victims of trafficking, whether or not they have been coerced, deceived or paid to secure their compliance.

There is no typical victim of slavery – victims can be men, women and children of all ages, ethnicities and nationalities and cut across the population. But it is normally more prevalent amongst the most vulnerable, and within minority or socially excluded groups. Approximately two-thirds of victims are women, and a third are men.

- 16.2 There have been 2 notifications received in the year, team have supported patients and reported to relevant agencies.

16.3 **Case Study**

Case A

Patient was admitted to ADCU disclosed on admission that he had injury at work on which he is working illegally as he only has visa to education. Patient stated that his employer is paying him minimal amount and not to disclose that he is working. This has been identified as modern slavery and working without a visa.

Safeguarding nurse reviewed patient in ADCU- Patient on student visa. Patient dropped out of attending university due to "parent unable to fund" due to a illness. Patient stated his manager refused to call ambulance following injury at work, and threatened patient that if he disclosed regarding forced work he would go to jail and face deportation from the UK.

Safeguarding Nurse has referred patient to Salvation Army with the request of a referral to the National referral mechanism to support the patient.

Police attended ADCU and took statement of patient, sig marker put on address and will follow up with patient in the community. No immediate concerns/risks identified by police. Plan for patient to be discharged today to home with family friend, follow up at UHB in 6 weeks by consultant face to face, anti-trafficking first responder will contact patient next day (June 2021).

- 16.4 On 18th October 2021 the Safeguarding Team organised a roadshow event for the Anti-Slavery Awareness Day. Staff were randomly selected throughout the day to take part in the audit by completing the questionnaires.
- 16.5 A total of 34 questionnaires were completed by staff from a variety of departments and wards, also a variety of roles including porters, medical secretaries, estates, housekeepers, nursing.
- Staff acknowledging training received via the Safeguarding Team
 - Awareness around the Modern Slavery Act 2015
 - Over 50% of staff was aware of the types of Modern Slavery
 - Reporting concerns (Safeguarding is Everyone's Responsibility)
 - Identifying that Children and Adults can experience Modern Slavery (Childs Voice)
- 16.6 The Named Nurse in March 2022 updated Safeguarding Intranet to reflect staff feedback to include local support available, quick guide to support, report and signpost victims of modern slavery.

- 16.7 Actions planned level 2 and 3 mandatory Safeguarding training to reflect areas of improvement required within the audit such as terminology, reporting and responding and types of modern slavery.
- 16.8 To source online training package available for staff to access on ESR Trust position statement on modern day slavery updated and reviewed by Safeguarding team and Chief Nurse



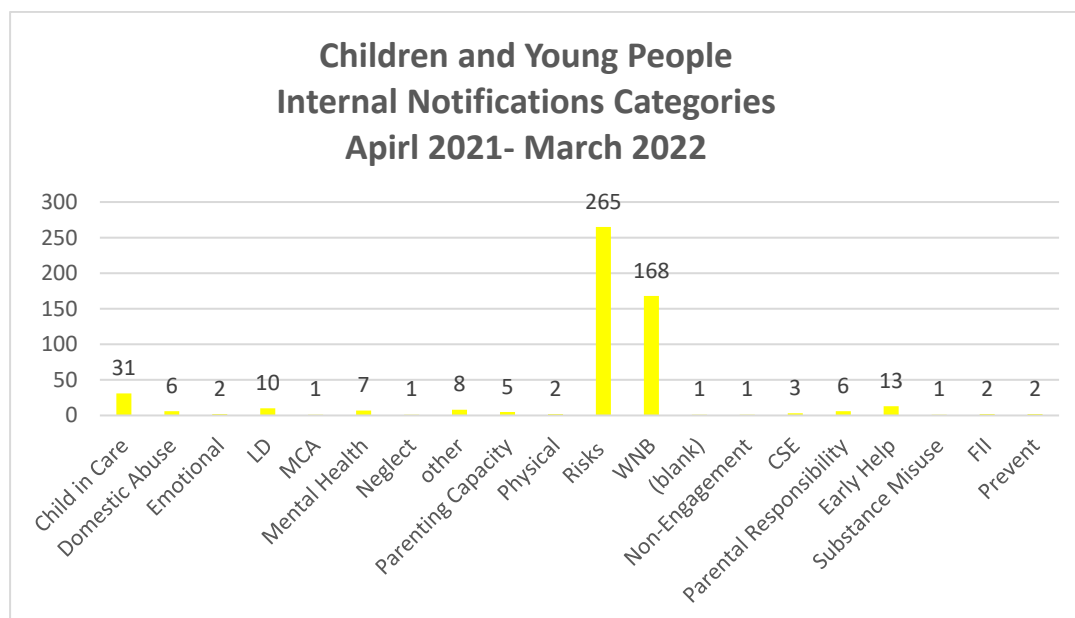
17. Safeguarding Children and Young People Report - Activity 2021/22

- 17.1 The Trust has a statutory duty to safeguard and promote the welfare of children and young people (the Children Act, 2004), and Working Together to Safeguard Children (2018). Working closely with local safeguarding board Birmingham Safeguarding Children Partnership (BSCP) and sub-groups including those led by BSOL CCG
- 17.2 A total of 561 contacts/concerns have been raised for Safeguarding children. There has been an increase compared with the previous year total of 159. This is in line with the Trust activity.
- 17.3 The Table 15 below evidences an increase in safeguarding referrals between 2021/22 showing monthly breakdown during 2021/22 for children concerns and contacts internal notifications



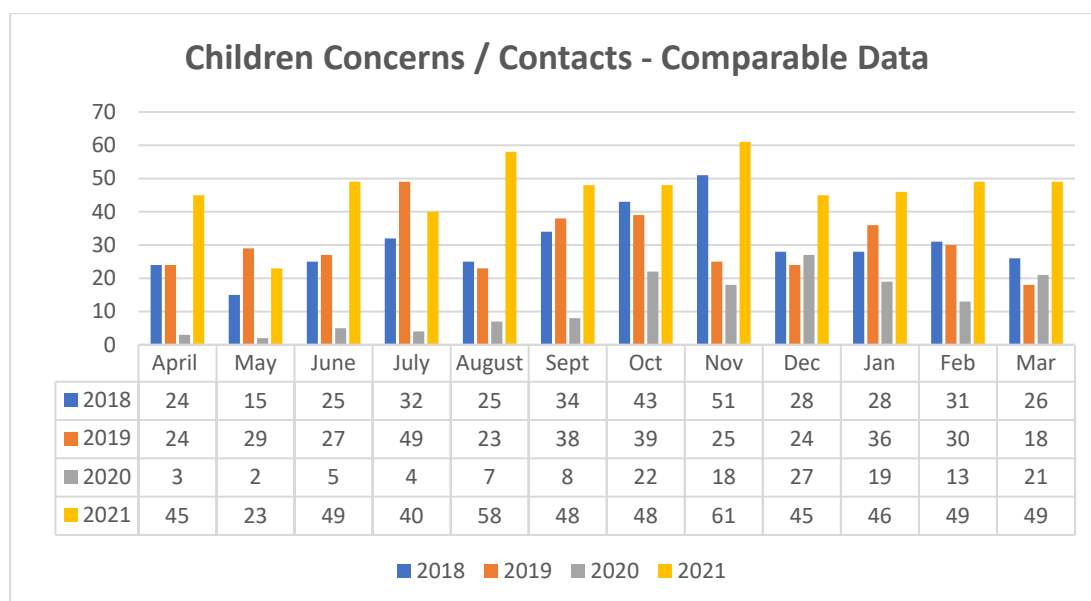
Data source – ROH internal Access Database

- 17.4 The table below 16 the breakdown of categories of the Safeguarding notifications received, were identified as “risks being identified” 265 total, and “Was Not Brought” (WNB) 168 total reported.



Data source – ROH internal Access Database

- 17.5 The highest being the risk category is risks being identified by staff and cover a variety of concerns and demonstrate staff exercising professional curiosity and completing lateral checks. WNB failure to attend appointments known area of risk. Lack of professional oversight has featured in multiple CSPRs, the Trusts WNB process is a risk that requires intervention to ensure all children have access to health services.
- 17.6 The Chart 17 below shows comparative data for the number of safeguarding children contacts made over the last 4 years.



Data source – ROH internal Access Database

- 17.7 It should be noted that the closure of the Trusts paediatric inpatient ward in 2018, resulted in safeguarding processes and systems being reviewed for paediatric outpatient services. In 2020 following the covid-19 pandemic the paediatric outpatient department was closed, which evidences a decline in safeguarding activity for this period. The Children and Young People Outpatient Department (C&YPOPD) temporarily closed due to COVID-19 hence the significant decline in child SG notifications April 2020.
- 17.8 In 2021 The Transitions Nurse joined the safeguarding team. This has embedded the need for safeguarding to be included within assessments and care planning for young people being cared for in adult services/settings. The transition Nurse attend safeguarding supervision delivered by the named nurse to discuss complex cases.
- 17.9 Due to COVID-19 and remote working by partnership and external agencies, staff have continued to report difficulties in contacting professionals when completing lateral checks, to establish ongoing risks or concerns. Whilst ensuring patients have access to the right support and services. All concerns regarding the lack of timely information sharing and professional input has followed the internal and external procedures which included escalation to designate nurses for CCG and escalation to social care team. Notifications had remained open longer, this being due to awaiting outcome of lateral checks from agencies also the complexity of the cases.
- 17.10 Cases were reported to be often taking 1-2 weeks longer to complete lateral checks and establish external safeguarding concerns due to professional remote working.

17.11 Safeguarding Children Case studies

Case A

Possible Non-Accidental Injury/Information Sharing -Patient case reviewed in Multi-Disciplinary Team MDT where the consultant was concerned the patient had a non-accidental injury (NAI). Consultant had referred to referring hospital's paediatrician for a child protection medical to be carried out and MDT held. The Safeguarding team were made aware of the concerns following a notification received from CYPD following a subsequent follow up appointment where it was highlighted on a first contact form the patient was on a child in need plan. A full review and escalation of concerns were raised to the safeguarding and departmental leads regarding the initial reporting of the NAI. The Safeguarding nurses worked with external authorities in regard to information sharing and an outcome document was received to state the NAI enquiry has been closed but the patient was subject to a child in need plan due to multiple health complexities and required support from a number of services. Following outcome Safeguarding Supervision was completed with Clinical Nurse Specialists by Named Nurse and CYPC Manager agreed to completed supervision with a staff member within her department. (September 2021)

Case B

Patient was not brought to appointments in CYPC, and a number of rescheduling's were noted by the SG team. The patient has only been seen once at hospital. Previous purple records also identified historic concerns regarding was not brought episodes. Lateral checks were completed by CYPC staff, contact made with GP, School, Health Visitor, Physiotherapist, and children's centre. Concerns documented from other professionals regarding other was not brought appointments for GP and Physiotherapy. School also shared concerns regarding neglect and poor attendance. Early help previously offered by school but had concerns with non-engagement from the parents. It was identified the patient had previously been on a Child Protection Plan (CPP). Safeguarding Nurse escalated case to Named Nurse who immediately contacted external agencies and arranged a professionals meeting to discuss concerns and create a plan (child's voice). Following professionals meeting a Children's services request for support made to the patient's LA with consent of the parents. A Social Worker was allocated, and an immediate review and support plan identified. As patient has learning disabilities Named Nurse requested input from LD nurse to support the family with attending appointments. This case highlights the importance of information sharing and professional accountability when addressing safeguarding concerns. Duty Social worker highlighted good practice shown by Named Nurse to address concerns raised by school. (June 2021)

Case C

Possible non accidental injury - A Paediatric patient was reviewed during a routine spinal clinic to be observed in discomfort, the consultant queried a possible fractured and initiated the non-accidental injury process with the support of clinic staff. As a result of a requested x-ray that patient had a spiral fracture to an upper limb. The paediatric patient was transferred via ambulance with escort from ROH for review at the local children's hospital. The patient was handed over to T&O for assessment.

The Safeguarding team were notified of this incident that happened over the weekend. The Safeguarding team identified the non-accidental injury pathway had not been followed correctly, all actions outstanding were prioritised by the Safeguarding team and escalated

internally and externally for support, this included an external referral to Children's services, lateral checks and follow up of the patient in regard to treatment, plan of care and safety. The patient's fracture was deemed to be Osteopenic and referred for further review and treatment by appropriate professionals this information was shared by the safeguarding team following input and support of the Named Doctor from BSoL CCG. A round table discussion was held within 10 days of the incident to discuss learning and practice (Jan /Feb 2022).

Case D

Possible Neglect -concerns regarding low weight - Patient attended CYPC clinic for a first appointment with consultant, patient presented underweight and with a significant spinal curvature. Patient appeared untidy and ill-fitting clothes for her age and hygiene concerns. Concerns were raised to the Named Nurse via the Named Doctor who was contacted by the fellow reviewing the child with concerns around possible neglect. The Named Nurse requested that the SG Nurse attends CYPC to support staff and gather further information. Named Nurse contacted CYPC staff Nurse to request for lateral checks to be completed with the GP and Education

Patient seen by the SG Nurse alone "child voice" and with parents. Parents explained the curvature of the spine was a rapid development and they had waited 6 months to be seen by the Trust due to Covid restrictions within the NHS. The patient's consultant confirmed it was likely a curvature this significant would most likely be a rapid development given the child's age. Concerns regarding the child's low weight were identified and Named Nurse requested staff to use national growth charts to ensure NICE Paediatric growth measurements guidance is being followed. At the time staff did not have access to growth charts. This was raised with ward manager and ward sister and requested them to order growth charts for the department. The GP confirmed the child had always plotted on a low centile for their age since birth and they had no concerns around neglect. However, it was acknowledged that parents required additional support and they consented to a referral to Early Help as it was deemed the family needed support due to multiple siblings in the household with a number of health complexities.

Family engaged well with the SG team and continued to work well with a support worker following an Early Help assessment. All information shared with BWCH Safeguarding Team as this is where the patient will attend for surgery in the future. (December 2021)

17.12 Staff have worked well to share and update external multi agency services to establish ongoing risks or concerns and ensure these patients are seen or can access care and support services.

17.13 The Named Nurse has ensured that complex cases that require escalation are reviewed, as Internal and external safeguarding escalation procedures.

17.14 Serious Case Reviews (SCRs)

A SCR takes place after a child is seriously injured and abuse or neglect thought to be involved. The Local Safeguarding Children Partnership (BSCP) follows statutory

guidance on when conducting a SCR and partner agencies are required to participate if involved. These are now known as Children Safeguarding Practice Reviews (CSPR). Learning from any review is incorporated into training and information shared in the Trust.

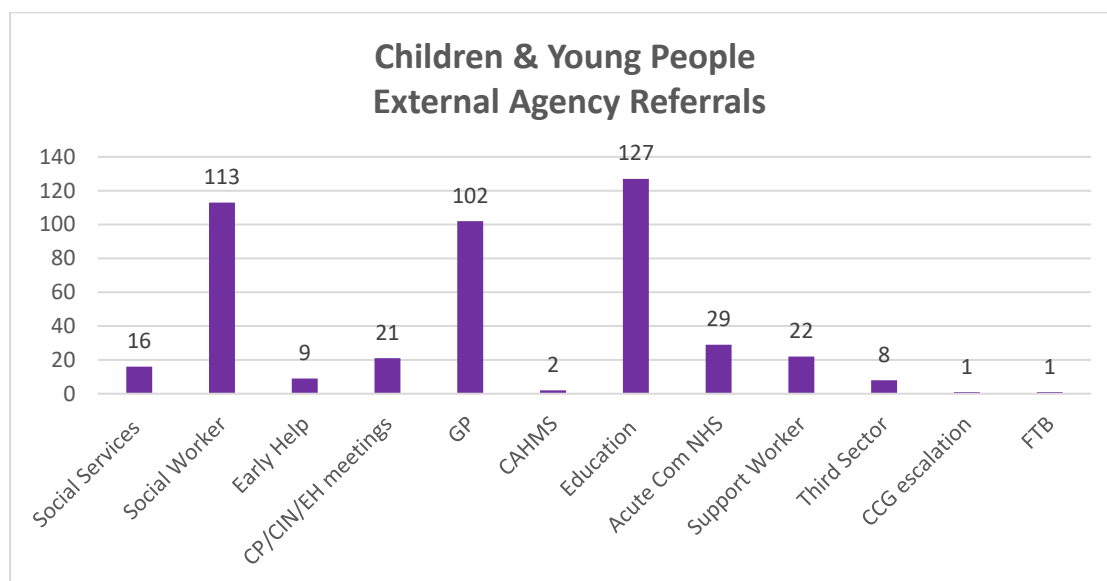
17.15 Safeguarding Nurse attended Learning from SCRs by Birmingham children's safeguarding partnership April 2021. The purpose of the training event was to review a serious case review, discuss the factors, and how we can implement lessons learned into practice.

- SCR review of substance misuse/Domestic abuse and Child protection plan case.
- SCR review of a CSE/CCE, identification and emotional abuse case.

17.16 Over the past 12 months the Trust has received a total of 10 requests for scoping for SCR compared with 3 the previous year. Nil return for Trust involvement with all requests for scoping. All requests for scoping are logged in the internal access database and reported regarding outcome via the Trust Safeguarding Quality Report.

17.17 External Agencies Referrals

Total number of 467, below is Table 18 summarising the professional agencies, following concerns and notifications being raised about children and young people to the Safeguarding Team.



Data Source – Trust Safeguarding Quality Report

17.18 Early Help

Early Help will continue to be a focus for the next year including the importance of proactive, protective care to prevent crisis and abuse. Key message shared by the Birmingham Children's Partnership. BSCP being "improving safeguarding practice means we all need to work together and identify risks early before harm occurs.

- 17.19 Staff are encouraged to complete the new E-Learning “Right Help, Right Time” package produced by Birmingham Children’s Partnership BSCP. The Early Help page to become familiar with support available for vulnerable families. Champions also to promote this within in their wards/departments.
- 17.20 Early Help is standard item agenda during supervision to encourage staff to offer families in need to Early Help services. The Trust intranet page updated with local and national information, guidance and contact details along with changes in the Early Help Handbook.



18.0. Child Exploitation (CE)

- 18.1 CE encompasses sexual and criminal exploitation, trafficking, modern slavery, and other forms of adolescent vulnerability. The aim is to highlight issues around child exploitation, encourage everyone to think, spot and speak out against abuse and adopt a zero-tolerance stance on adults developing inappropriate relationships with children, or children developing inappropriate relationships with other children.
- 18.2 Total of 3 cases reported, compared with. It is acknowledged that these figures may not accurately reflect the total number of cases reported due to our current safeguarding database. This is due to categories for criminal exploitation not being available for reporting.
- 18.3 The Exploitation Reduction Health Group (ERHG) is attended by Named Nurse. Discussing health priorities and creating an action plan for the next year. Members share case studies as part of the quarterly meeting. All local and national tools are discussed.
- 18.4 National Child Exploitation Awareness Day held in March 2022, in line with The National Working Group to show our support for their “Helping Hands” campaign, and this was also shared on social media using #CEADAY21 and #Helping Hands.
- 18.5 Safeguarding intranet has been updated to reflect local services available to support such as Empower U. The screening tool to help assess risk for both criminal and sexual exploitation.
- 18.6 Child Exploitation Champions Day in June 2021 Guidance such as: the Children’s Society language matters and emoji dictionary are used within level 3 child safeguarding training. Also, Language Matters Guidance by the Children’s Society and NSPCC learning “when children seek help; what we need to know” has been

shared with the Safeguarding champions to disseminate across their teams. To ensure staff maintain their knowledge and skills when assessing and supporting children and young people who may be experiencing CE.

- 18.7 CE work is aligned to the Trust 7 key priorities in our SG Strategy. CE is one of the areas for review/ reporting and update in the SG Internal Safeguarding Quality report, data and incidents and learning reviewed as part of the Trusts SG Committee.

Case A

Child Exploitation (CE)-Patient admitted and disclosed to staff he was a victim of an assault which had now been escalated to police and pending investigation. Department staff identified potential signs of criminal exploitation and referred to the Safeguarding team for support. Safeguarding nurses reviewed the patient and gathered information from parent and patient, consent was gained to liaise and information share with external agencies. Safety concerns were identified by internal and external professionals which were shared with patient. An MDT approach to this case ensured the patient and relatives received the correct support internally and externally regarding safety and care and support needs following surgery.

External referrals were completed with consent of the patient's parent to a third-party organisation who specialise in support and engagement with victims and their families of criminal exploitation. Information was also shared with transferring hospital and requests made for a continuation in support from the internal Safeguarding team and medical team on follow up appointments. (May 2021)

- 18.8 Looked after children come from a range of different backgrounds and have varied experiences of care. Each child has their own different and specific sets of needs. However, research can give us an insight into how their experiences before and during care makes them a particularly vulnerable group of young people.

Each UK nation has a slightly different definition of a looked after child and follows its own legislation, policy, and guidance. But in general, looked after children are:

- living with foster parents
- living in a residential children's home or
- living in residential settings like schools or secure units

- 18.9 The Trust acknowledges that children may enter care for all sorts of reasons. But many enter because they have been abused or neglected. These experiences can leave children with complex emotional and mental health needs, which can increase their vulnerability to abuse. The safeguarding team ensure that staff report every child who has a care order to the safeguarding team for information sharing. The safeguarding team will liaise with professionals involved in their care to ensure they have the appropriate support and access to services.

19 Person in Position of Trust (PiPoT)

- 19.1 The Safeguarding Lead Nurse is the identified PiPoT Lead for the Trust. The safeguarding team works closely with Human Resources team to monitor activity in this area. Issues relating to staff that hold a professional registration are reviewed against the professional registration requirements and onward referrals to professional bodies are made when necessary.
- 19.2 The PiPoT framework and process applies to concerns and allegations about:
- A person who works with adults with care and support needs in a position of trust, whether an employee, volunteer or student (paid or unpaid); and
 - Where those concerns or allegations indicate the person in a position of trust poses a risk of harm to adults with care and support needs.
- 19.3 These concerns or allegations could include, for example, that the person in a position of trust has:
- Behaved in a way that has harmed or may have harmed an adult or child.
 - Possibly committed a criminal offence against, or related to, an adult or child.
 - Behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs.
- 19.4 The CCG Designated Lead Safeguarding Nurse informed of all cases, along with relevant professional governing bodies as required.
- 19.5 The Policy of Managing Allegations against Staff has been updated in September 2021.



20. Prevent Activity

- 20.1 Prevent is part of the Governments counter -terrorism strategy known as CONTEST, which is led by the Home Office. The Trust recognises that all members of staff have a duty under the Counter Terrorism and Security Act, to have due regard to the need to prevent people being drawn into terrorism and to act positively to report concerns. Encourages staff to focus on our professional responsibility to understand and recognise that radicalisation is a real risk which could affect any of us.

Prevent- to stop people becoming or supporting violent extremists and build safer and stronger communities. One of the four key components of the CONTEST strategy.

- 20.2 The Safeguarding Lead Nurse is the Prevent Lead, with the Executive Lead being the Chief Nurse, just also has on Operational Lead, who supports in delivery of the Prevent WRAP (Workshop to Raise Awareness of Prevent) training. The Operational Lead for Prevent is retiring in June 2022. The Operational Lead and Safeguarding Lead Nurse attended the regional Prevent Forums.
- 20.3 No Prevent concerns had been reported during the year.
- 20.4 The Home Office expectation is that all organisations party to the NHS Standard Contract will, as a minimum, achieve 95% compliance for Basic Prevent awareness training and 90% for WRAP. March 2022 data below required compliance with Awareness 92.43%, WRAP 83.80%.
- 20.5 The Trust has not returned to the pre-Pandemic compliance levels for Prevent training. Despite the Trust Prevent Operational Lead having set up a number of face-to-face training sessions
- 20.6 Training continues to be delivered by both face to face training sessions: and an on-line package for induction, mandatory, and Health WRAP Level 3 training. E learning training is being encouraged to ensure that staff training compliance is maintained. The Prevent operational lead has delivered bespoke training to small teams for those who find it difficult to access this training online such as volunteers who returned to the Trust following the pandemic. This has been problematic due to the lack of availability of training rooms on site and social distance limitations.
- 20.6 There has been a concerted effort to promote the online learning tool, and this is offered to all staff whose compliance is out of date. However, the online training is not always a suitable product for some staff who prefer the discussion element and the opportunity to ask questions in a face-to-face session.
- 18.7 The current face-to face Prevent training package is due to be replaced however, the Home Office has not yet rolled out the updated product. As soon as this is available, it will be incorporated in the training delivery programme.
- 20.8 The Prevent folder to support staff on the intranet has been updated, by the Operational Lead. Reinforcing to staff the message of "Notice Check Share".
- 20.9 Department of Health and Social Care shared guidance on information sharing and governance for all NHS organisations for Prevent and The Channel process have been shared with staff; along with Prevent rapid reads. These include updates on gaming and racialisation June 2021.
- 20.10 Trust Prevent Policy has been reviewed and updated this year.

- 20.11 The Safeguarding Nurse and Prevent Operational Lead attended a 1-day training event on 15th December 2021; supplied by the Counter Terrorism Unit Prevent CTU (Synergy). The purpose of the training event was to develop practitioner's knowledge of Right-Wing Terrorism/Extremism including risk factors, identifying key personality traits, and training to identify and complete referrals; also, to share key warning signs within their organisations for awareness. A summary report was provided to January 2022 Trust Safeguarding committee meeting.
- 20.12 Trust has submitted the required quarterly national returns to the Department of Health DOH. The Prevent duty data is submitted via NHS Digital's Strategic Data Collection Service (SDCS); which is a secure data collection system. The data submitted monitors key elements of the Prevent duties and responsibilities which include:
- ☐ Identification of Prevent Leads- Strategic and operational
 - ☐ Delivery of training
 - ☐ The levels of referrals made via the Channel process
 - ☐ Representation and engagement with local and regional Prevent Leads

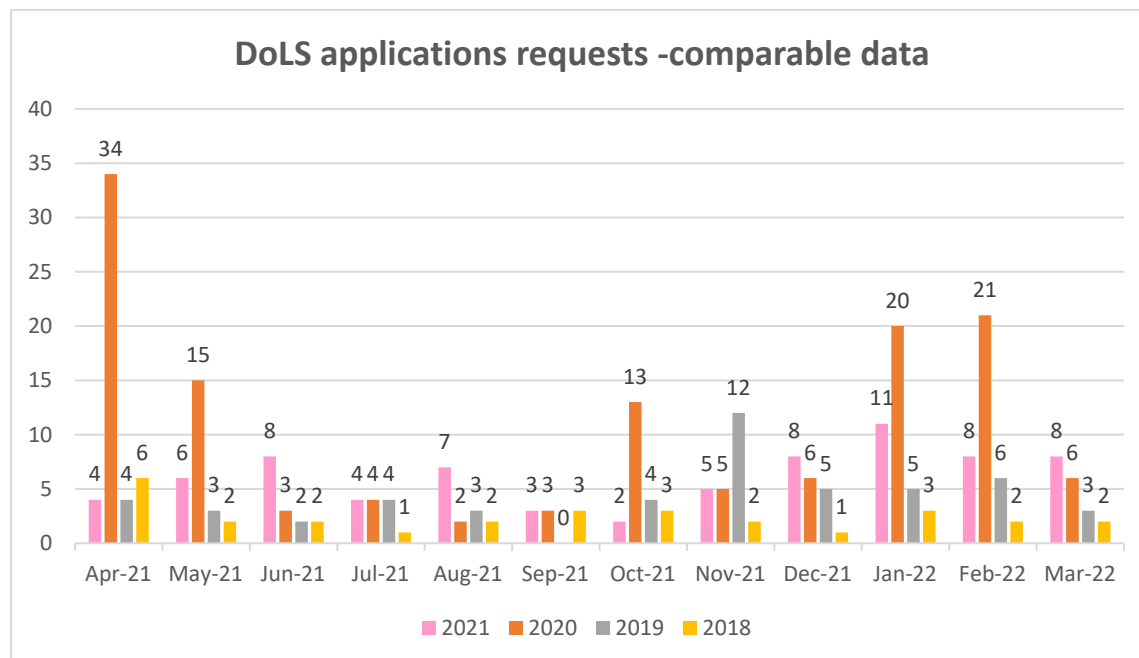


21. Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA)

- 21.1 The implementation of the Mental Capacity Act 2005(MCA) is central to patient healthcare. This legislation protects and empowers individuals who may lack the mental capacity to make their own decisions about their care and treatment. Mental Capacity is time and decision specific which therefore safeguards against assumptions and decisions being made about the patient.
- 21.2 DoLS form a of the Mental Capacity Act and were introduced in 2009. Where patients are under continuous supervision, would not be allowed to leave if they wanted to and lack the capacity to stay in hospital, they are determined under the Mental Capacity Act 2005 to be Deprived of their Liberty. For this to be a legal deprivation, the Trust must make an application to the Local Authority to have this deprivation authorised. This process is a safeguard for patients to ensure they are not unlawfully deprived of their liberty and failure to make this application puts the Trust at risk of litigation, reputational damage, and allegations of organisational abuse.
- 21.3 The Mental Capacity Amendment Act (2019) was given Royal Assent May 2019. In the Act, DoLS will be replaced by the national implementation of Liberty Protection

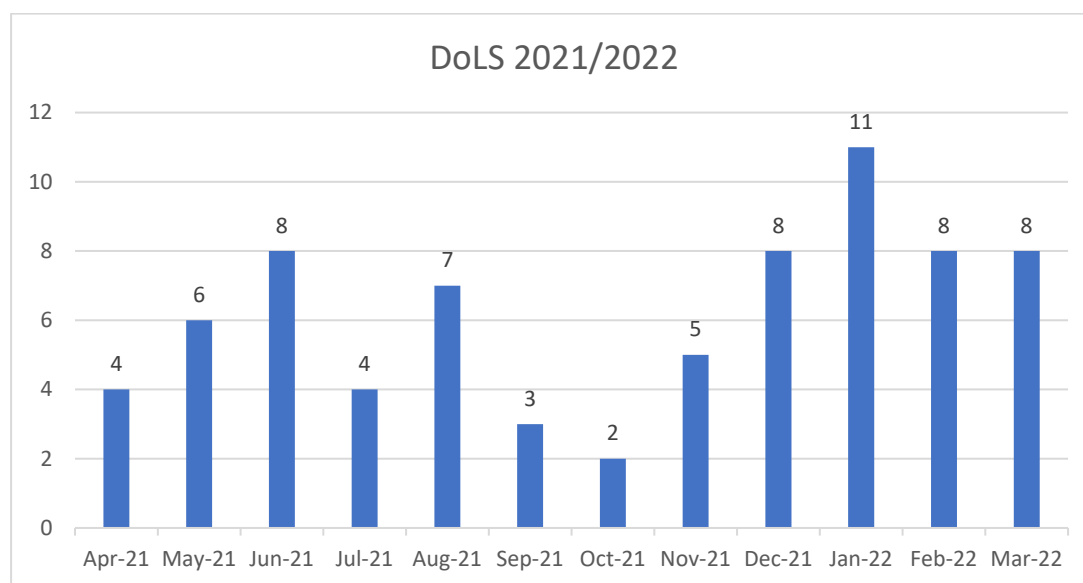
Safeguards (LPS). Due to Covid -19 pandemic there has been a delay in the national implementation.

21.3 Table 19 below shows the DoLS applications by the Trust - comparable data



Data source – ROH internal Access Database

21.4 Table 20 below shows the DoLS applications /request by month for the year



Data source – ROH internal Access Database

21.5 The decrease in patients requiring DoLS application requests total of 74 in the year compared with 132 in the previous year. This being due to the care group of patients being treated, the trauma patients from UHB group much higher in previous year.

- 21.6 Staff are requested to complete an internal notification when undertaking MCA assessment to allow for review, follow up and monitoring by the team and managers.
- 21.7 Safeguarding Lead Nurse providing monthly training session as staff lacked the confidence to appropriately implement the Mental Capacity and Mental Health Act and understand the interface between the two, particularly around detaining or depriving patients of their liberty within a legal framework and utilising the Mental Capacity Assessment for patients, along with the need to evidence, that review has been undertaken and recorded. The additional training is for registered staff to attend following the mandatory MCA and DoLS training. This training assists staff in understanding the importance of documentation and the current Local Authority LA requirements when submitting a DoLS authorisation. Total of 40 staff trained.
- 21.8 Improvement in the use of the MCA assessment tool has been seen over the year, however it will need to continue to be an area requiring further focus, increasing staff knowledge of use and review of the assessment, and recording outcomes for patients in preparation for the introduction of Liberty Protection Safeguards (LPS) when implemented. We await new implementation date.
- 21.9 As previously highlighted in the internal audit section of this report, the audits undertaken by the external practitioner have also highlighted improvements in MCA assessment and DoLS requests for authorisation reviewed.
- 21.20 Training has been reviewed and updated with further case studies for staff in Level 2 and Level 3. Staff also reminded to access safeguarding purple folders within their department for guidance on how to complete DoLS authorisation forms.
- 21.21 Staff have been encouraged to access and use the Bournemouth University Mental Capacity Tool Kit <https://mentalcapacitytoolkit.co.uk/1/1-quiz#top>, this is being continually updated with new chapters being added.
- 21.22 Enhanced observations bespoke training sessions arranged by the Safeguarding Nurse, for all ward managers and registered nurses following a review of the use of enhanced observers used within the Trust in regard to the level of increased observation a patient requires, training also included in the Trust Outstanding Care Module for registered nurses.
- 21.23 Throughout the year the Safeguarding team has provided feedback to staff on MCA and DoLS requests for authorisation below are some of the key themes, that staff have been reminded of: -
- To ensure to notify local authorities if level of restriction changes, for example the use of chemical intervention.

- To ensure there is evidence the level of restrictions in place within the DoLS application forms
- To ensure they do not use medical jargon within DoLS application forms
- Staff to send copies of DoLS to SG team for quality assurance and monitoring and reporting.
- Staff to use Safeguarding generic email within DoLS application forms

21.24 We will continue to work with senior Nursing leaders to develop and operationalise improved enhanced care / therapeutic observation and support for our patients, evidencing the care and rationale and decision making.

21.25 Case Studies

Case A-

Patient admitted under UHB rehab pathway due to a service level change in support of the COVID-19 pandemic. Patient had a diagnosis of Vascular Dementia as confirmed by the patients GP. On review of the patient, it was identified the patient was the possible perpetrator of an ongoing Domestic Abuse case regarding his spouse. Patient identified as a vulnerable with care and support needs. A social worker from the Local Authority was assigned and a plan developed alongside the discharge team to re-patriate the patient to an assessment bed in view of a long-term 24-hour placement as the patient's care and support needs had increased beyond the care of community care package teams. The Safeguarding Nurse referred at this point to a Independent Mental Capacity Advocate (IMCA) due to family dynamics and concerns regarding the patient's best interest as consent or choice could not be gained by the patient due to lacking capacity.

An IMCA was assigned and reviewed the patient holistically and decided alongside the MDT, patients' family, and social worker it was in the patient's best interest to be assessed again after a period of assessment at an intermediate placement bed, in the view to decide at a later stage with regards to long term discharge arrangements. (January 2022)

Case B-

Patient developed confusion during inpatient stay, DoLS requested to the local authority. Supervision given by the Safeguarding Lead nurse regarding the quality of the DoLS application to enhance the practitioners learning, also time spent with ward manager in terms of quality control /learning. Ward staff re-completed DoLS application to the local authority which provided a clear reflection of the patient, and the level of appropriate restriction required.

(March 2022)

Case C

Information was shared with the Safeguarding team regarding a patient due to be admitted for surgery. Patient had recently been admitted to a neighbouring hospital where it had been identified there may be some capacity concerns. Information was shared with wider MDT to ensure any reasonable adjustments that were required could be implemented and specific professionals involved within the inpatient stay. On admission a mental capacity assessment was completed and reviewed by the safeguarding team and advice was given to review the patient regarding capacity before deciding whether a Deprivation of Liberty was required. The team liaised with relatives throughout, and reasonable adjustments made to maximise capacity throughout the patient pathway (November 2021).

Case D

Patient with an acquired brain injury admitted for elective hand surgery, it was identified pre-operatively the patient would require a mental capacity assessment and an application to the patient's local authority for a Deprivation of Liberty. Whilst an inpatient identified risk factors such as bruising and behavioural concerns, they worked closely with relatives who were deemed appropriate advocates for the patient following concerns regarding neglect from the long-term care home. A Safeguarding referral was made to the patient local authority and assigned a Safeguarding Social worker within 48 hours. The patient was deemed unsafe to return to the usual residence and discharge delayed. A Section 42 enquiry was launched and a new scope to find temporary appropriate accommodation began. The patient remained in the care of The Trust due to the complexities of care and support needs whilst awaiting placement (December 2021).

Case E- Patient presented unkempt with soiled clothes and hygiene concerns. The patient had not been seen in POAC prior to admission. Ward staff raised concerns regarding the patient's capacity. The Safeguarding nurse was contacted by the patient's Consultant for advice. Information gathered from GP and it was shared to the Safeguarding team the patient had not engaged with community health for approximately 18 months and was outstanding a number of reviews. The patient was reviewed by the Safeguarding nurse and a MCA was completed. A DoLS application was submitted to the local authority. Unfortunately, surgery was cancelled due to risks identified regarding patient's up-to-date medical and medication history. The patient was discharged back to the care of his family and a referral was made by the safeguarding team for an urgent review with the GP. A referral to Adult Social Care was also submitted with consent of the next of kin due to care and support needs no longer being met by families input, due to the deterioration in health of the patient. The patient's surgery has been postponed until a full medical review has taken place, a best interest meeting has also been arranged at the patients next clinic review. Ward staff were given feedback in regard to learning and an incident form completed to reflect the episode of care (May 2021).

22. Liberty Protection Safeguards (LPS)

Liberty Protection Safeguards (LPS) were due to replace Deprivation of Liberty Safeguards (DOLS) in April 2022. The Government differed this in December 2021 announcement.

- 22.1 The new safeguards will radically alter who can authorise the deprivation of liberty and, as NHS Trusts will be "Responsible Bodies" This means three Responsible Bodies in England being the local authority, NHS Trusts, Clinical Commissioning Groups (CCG), which will become statutory Integrated Care System (ICS) in July 2022.
- 22.2 Its introduction signifies an opportunity within the Trust to review the management of MCA and liberty safeguards including resources required to fulfil statutory duties. It is essential that staff have the confidence, skills, and knowledge to implement the Mental Capacity Act and that this is well embedded in the Trust.

- 22.3 Department for Health and Social Care (DHSC) view is that the full and effective implementation of LPS, will take at least 18 months across the NHS and independent providers with an NHS Contract.
- 22.4 Preparation, training and strategies for these changes following the Code of Practice release to ensure the Trust is ready to fulfil new statutory obligations.
- 22.5 The draft code of practice will be one code of practice rather than two aims to embed LPS in MCA. The Government has launched on 17th March 2022 the public consultation (12 weeks duration) on proposed changes to the Mental Capacity Act (MCA) Code of Practice for England and Wales, which includes guidance on the new LPS system.
- 22.6 The Safeguarding Lead Nurse/Matron continues to attend regional LPS system wide implementation steering group (SWING) meetings. Providing updates to Trust Safeguarding Meeting and upward reporting to Chief Nurse and Quality and Safety Committee for the Trust. As a Trust we are fully engaged and committed member of the local and national LPS group meetings.

This will need to be a focused area of work in 2022/2023 for the team, regarding its introduction and the process and procedure for the staff required.

Including data reporting requirements in line with national minimum data set and training. To ensure that the Board and staff are ready for the significant new legal responsibilities this new system will entail.

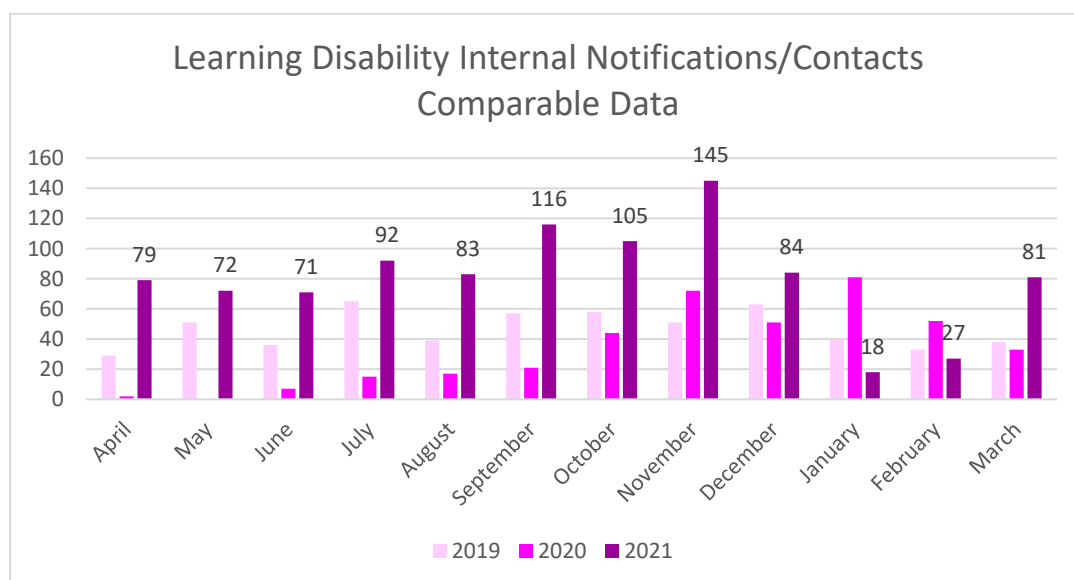
Vulnerabilities/Health Inequalities arm of the Safeguarding Team- Section



23. Learning Disabilities (LD) and Autism

23.1 The Learning Disability Service is currently part of the vulnerabilities arm of the Safeguarding Team and aims to respond to the additional needs of people with Learning Disabilities (LD), and Autistic people. The service aims to provide an outstanding quality of service and care people with LD and autistic people receive when accessing the Trust.

23.2 Table 21 below showing the comparable data of the total of internal notifications for LD.



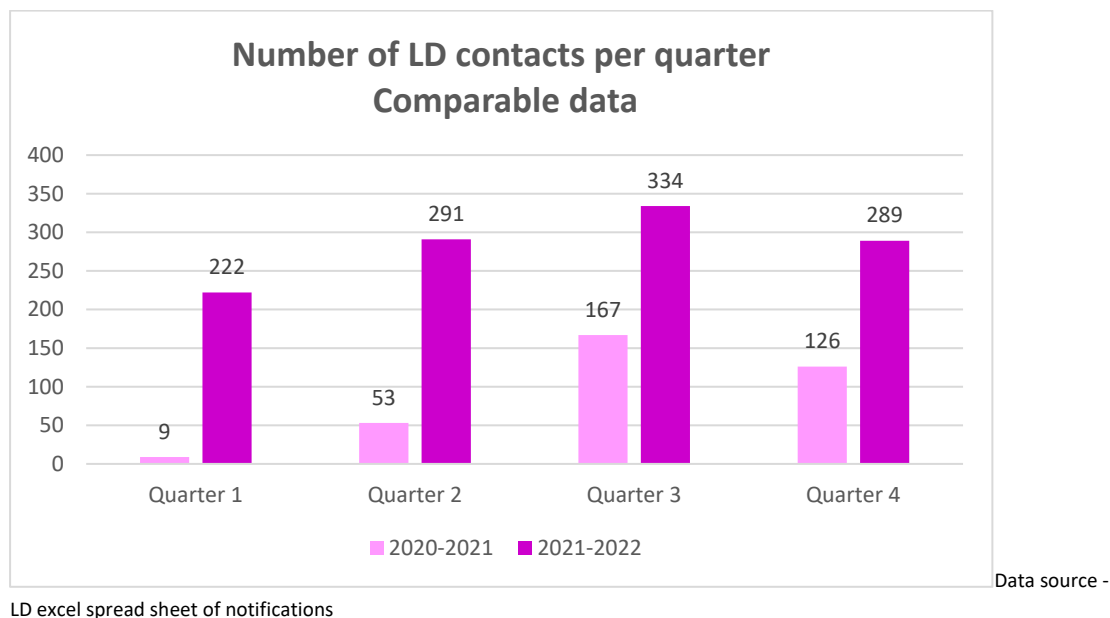
Data Source internal LD excel reporting

23.3 A total of 1136 contacts were reported by the Trust's LD Nurse during the year April 2021 to March 2022. Compared with 615 contacts in the previous year, an increase of 521 contacts. This data is reported monthly via the Trust internal Safeguarding Quality report to the Safeguarding Committee.

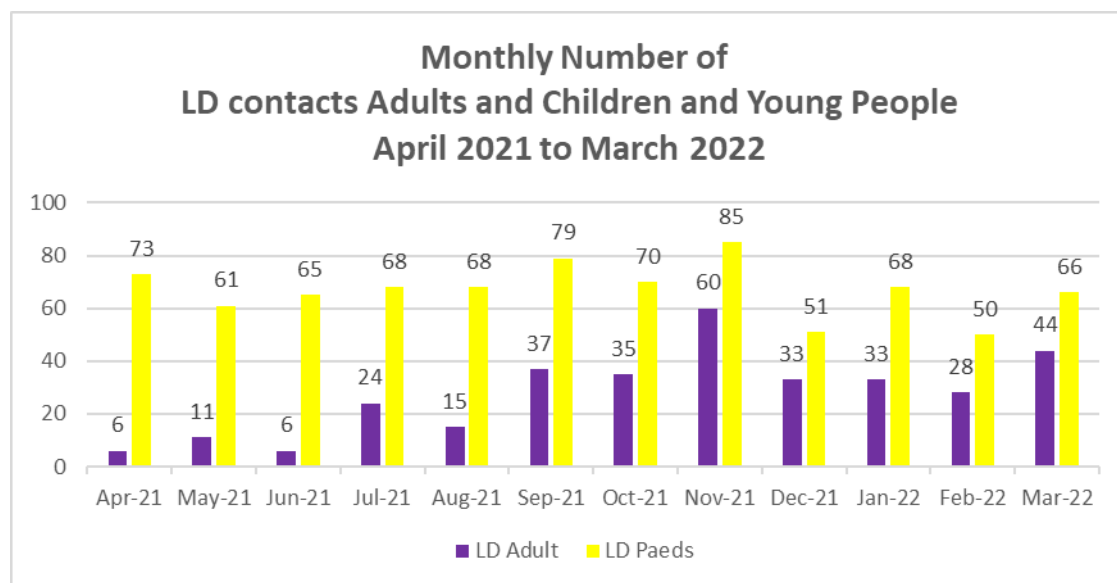
23.3 The current safeguarding access database does not collect or correlate data regarding learning disability contacts. Data regarding LD contacts is recorded in an excel spreadsheet format which has been manually pulled as the source for the above data. This has been an additional driver for the request for the safeguarding database to be updated to include learning disability and autism data. An effective database would allow for accurate and up to date recording of data to meet internet

and external reporting requirements. It's important to note that the current data only records notifications submitted within the month, not ongoing contact.

- 23.4 The Table 22 below shows the quarterly number of contacts covering 2020-2022 demonstrating a large increase in the number of notifications



- 23.5 From the data shared above, more learning disability notifications are submitted for children rather than adults. The LD nurse attended a team meeting within the Outpatient Department to discuss submission of learning disability notifications for adult services.
- 23.6 The Table 23 below showing the number of learning disability children and young people and adults contacts monthly reported in year.



23.7 Areas of success- The Learning Disability Nurse has identified these being: -

- Learning disability nurse became part of the Learning from lives and deaths (LeDeR) review oversight panel (Birmingham and Solihull) – Vice chair
- Collaborative working across both internally and externally services
- Sharing of the hospital passport across the hospital
- Amendment of the internal learning disability notification system to capture more meaningful information, also for the annual benchmarking project
- Increased engagement from staff in the annual benchmarking project staff survey
- Created links and built networks across learning disability services across the country
- Learning disability mandatory training relaunched – now also including autism
- Learning disability audit 2021 carried out to collect data for updating the learning disability strategy
- Learning Disability Week 2021 saw lots of engagement with staff providing pledges on how to support patients with
- Bespoke training sessions developed and delivered, for example, presenting on LeDeR at safeguarding champions day and presenting at a student nurse study day
- A forward-look process and sharing needs for the NPP clinic to support them and better prepare for patients attending
- Risks were documented, updated, and managed on the risk register
- A variety of awareness days were celebrated across the Trust with information shared via the communication department and roadshows being held

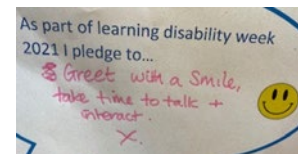
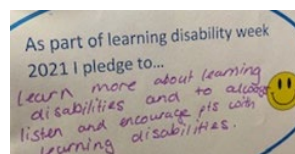
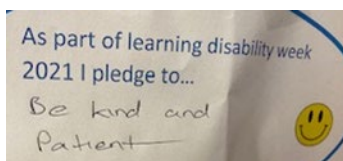
23.8 From the data shared above, more learning disability notifications are submitted for children rather than adults. The LD nurse attended a team meeting within the Outpatient Department to discuss submission of learning disability notifications for adult services.

23.10 Within the bimonthly quality report, the LD nurse reminds staff to: -

- To submit learning disability notifications on every contact.
- Notifications should not be submitted for learning difficulties alone.
- Notifications should not be submitted for cerebral palsy alone, only if the patient is diagnosed with a learning disability too.
- Within a notification staff should provide evidence as to why a hospital passport was not offered or given

- To submit learning disability under 'patient need' on PAS rather than as a safeguarding alert. A flow chart has been developed to explain how to do this. This is available in outpatient pod information packs and on the intranet.
- All staff must ensure they familiarise themselves with care plans of patients with learning disabilities and/ or autism. Especially making sure they are aware of required reasonable adjustments

23.11 **Learning Disability Week 2021** took place from the 21st of June to the 27th 2021. This annual event is to share information, raise awareness and celebrate individuals with a learning disability. Information was shared via the communications team through email and online. A stall was held where staff were invited to pledge how they will support a patient with learning disabilities, themes arising from these were used within the update of the Learning Disability Strategy. Below is a picture of the stand.



23.12 The ROH currently uses their own flagging system which requires manual entry on PAS. Following a notification being submitted a patient need will be submitted under patient details. This can then be picked up within the weekly forward-looking document. The NHS Digital Flag as proposed by the NHS Long Term Plan is still undergoing development.

It is important to also not that across the ROH there are different systems for different departments, e.g., Physiotherapists use tiara. This causes difficulty as systems do not talk to each other or carry information over.

There is also currently not anything in place that flags up a referral for a patient with a learning disability or autistic patient.

23.13 Learning Disability Case Studies

Case A – sharing of information

A medical secretary got in touch with the learning disability nurse to share information regarding the admission of an autistic gentleman. This patient had identified the reasonable adjustments he required on admission and had contacted the secretary to query if these were possible. Through proactive sharing of information, the learning disability nurse was able to put the right support in place for admission in a timely fashion. (Feb 2022)

Case B – collaborative working and tailoring of communication

The learning disability nurse has been attending regular outpatient appointments for a young man who is diagnosed with learning disability and autism who is under the young adult hip service. It is a complex case involving the patient's needs, mental health, delayed surgery due to infection and difficult family dynamics. The consultant and learning disability nurse worked together to deliver news appropriately and develop a plan for moving forward. Part of this young man's autism means that he cannot cope with the idea of infection as to him it means 'dirty'. Communication has to be tailored to not overwhelm this patient, but also by still being direct, honest and clear. The consultant manages to do this very well and works collaboratively with the learning disability nurse to ensure involvement (Feb 2022)

Case C-Collaborative multidisciplinary working: LD Nurse alerted to a 14-year-old who is diagnosed with autism, ADHD and oppositional defiant disorder through safeguarding concerns highlighted due to not attending appointments. This child was under a Child Protection Plan and had regular core group meetings which were attended by the named nurse for safeguarding.

Numerous issues were highlighted mother highlighting she felt there was a lack of support from health services. The LD nurse liaised with the patient's family to find out what the concerns were and what support was required to attend appointments, thus breaking down the barriers to attend. Throughout this process there was appropriate sharing of information between the safeguarding team, LD nurse, consultants, social workers, and others involved in the young person's care and wellbeing. This ensured all professionals involved had a full picture of this young person their situation and key aspects of their life.

Through collection of information and regular conversation with the family an appointment was able to be made for a CT scan. Transport was arranged and the patient's needs, and requirements were shared with the CT lead and disseminated to the rest of the team. Following this the LD Nurse liaised with the consultant to prompt an outpatient appointment, with patient needs and requirements being shared with the Children's Outpatient department to ensure appropriate adjustments made. This is an ongoing case where support and work with the family will continue throughout the patient's journey to enable a positive health outcome (July 2021)

Case D-- Positive admission – Liaison between multiple areas prior to admission resulted in an extremely positive experience for a young man with learning disabilities and complex needs. Discussion and planning involved the Learning Disability Nurse, pharmacy, bed management, ADCU, anaesthetist, consultant, radiologist, theatres, and medical secretaries. Positive experienced by the

patient included an allocated side room, dedicated team who had previously worked with the individual, swift administration of requested pre-med and reduced waiting time (April 2021).

Case E – Accumulation of long-term planning – Following extensive planning a 16-year-old young man with autism was admitted for spinal surgery. Planning was led by Transitions Nurse and Learning Disability Nurse with frequent liaison with the Trainee Advanced Clinical Practitioner in spines. Excellent multidisciplinary working was exhibited with collaboration from consultant anaesthetist, consultant, catering staff, ward staff and therapy teams (April 2021)

Case F– Well-planned positive patient experience: LD nurse requested by consultant to see a 29-year-old lady with severe learning disabilities, microcephaly, epilepsy, and complex needs in clinic. A best interest discussion took place with the decision to proceed with procedure. LD nurse supported the family through pre-operative assessment and ensured the patient and family were listened to throughout. Following anaesthetic review, it was decided a pre-med would help the patient be less distressed and have a more positive, calm experience. Due to the medication being a controlled drug the LD nurse raised concerns with pharmacy regarding the fact that if it was ordered and dispensed on the day of procedure this would cause not only cause delays with the theatre list, but also increase distress for the patient if she had to wait for an unnecessary length of time. Pharmacy collaborated and supported so that this patient had a smooth admission process with appropriate intervention and no time delays. LD nurse supported the ward and imaging team to understand the patient's needs. The imaging team worked incredibly and used creative distraction techniques prior to the patient being sedated. Ultimately this patient had a highly positive, smooth pathway of care (May 2021)

23.14 Hospital Passport Compliance

A hospital passport is a national support tool containing invaluable information about a patient and how best to work with them. It is usually filled in by the patient, parent/ carer or someone who knows them well. It is an evolving document containing information all about the individual, not just health and care needs. It can be used as a communication tool and highlights reasonable adjustments required to support an individual.

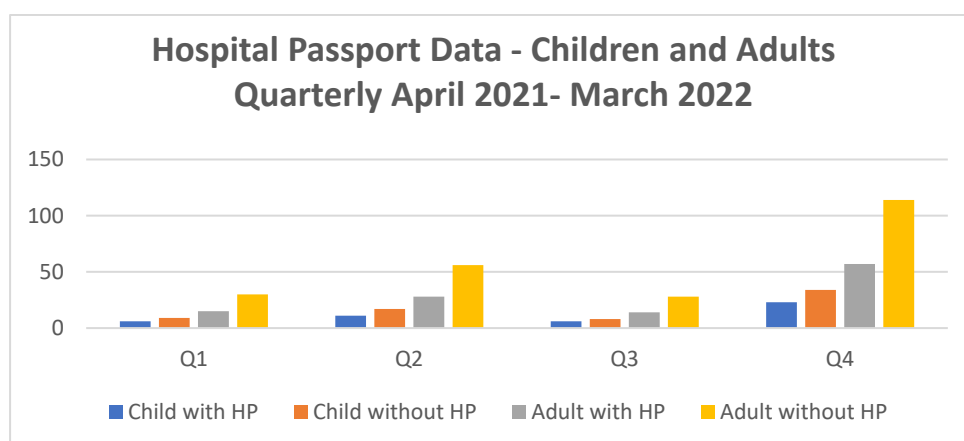
23.15 Staff are reminded to ask patients whether they have a hospital passport and offer one if they don't have one, ensuring they explain what they are and how they are used. Staff must ensure they look through a patient's passport if they have one. This includes inpatients and outpatient services. A lot of work is being done locally following LeDeR reviews regarding uptake of hospital passports as data shows a patient's care is greatly improved if staff utilise the hospital passport.

23.16 As part of the audit undertaken by the LD nurse on staff knowledge of the current LD strategy in 2021. 50 staff were asked how they would access a hospital passport, with 78% being able to identify at least one method of accessing a hospital passport. Responses identified use of the intranet to find a blank copy, physical copies available in their area/ department identified that they would access a hospital

passport through contacting the learning disability nurse. Staff said that the hospital passport would be found with the patient, or a photocopy stored in their notes.

- 23.17 Staff were also asked when a patient should be offered a hospital passport. Responses given included if a diagnosis was disclosed whether this be at the first contact or pre-operatively.

- 23.8 Below Table 24 demonstrates the hospital passport compliance has improved greatly within the C&YP Outpatients department. The LD nurse plans to do similar work the main Outpatient Department.



23.19 Learning Disability and Autism Training

In September 2021, the learning disability nurse relaunched the face-to-face training sessions. These are included on the monthly mandatory training days. The package has been redeveloped to also include autism in line with current guidance and recommendations. Verbal feedback following sessions have been very positive.

23.20 The Oliver McGowan Mandatory Training on learning disability and autism

The Oliver McGowan Mandatory training in Learning Disabilities and Autism for all health and social care staff is currently being developed and piloted. The aim is to produce a standardised training package which can increase understanding and awareness of autism and learning disabilities across all health and social care staff. The training is being piloted across a number of services across England with this then being evaluated. The pilot and evaluation stage are due to finish by July 2022, with next steps being decided following this. The LD nurse attends stakeholder meetings to receive updates and provides feedback to the Trust safeguarding committee.

- 23.21 The LD nurse delivered a presentation on LeDeR as part of Safeguarding Champions Day in March 2022. Topics covered were outlining what LeDeR is, how it works and what the process is as well as findings from recent reviews and the impact that LeDeR has on the service offered at the Trust. Feedback was extremely positive with champions requesting that the LD nurse returns on future days to share more information.

- 23.22 The LD Nurse took part in the Transitions Champions Day which took place on the 16th of September 2021. A presentation was given on learning disabilities, autism and transition focussing on considerations to be taken into account and how to support children and young people through this period. Very positive feedback from was received from staff who attended the day.
- 23.23 The LD Nurse has attended the National Learning Disability Nurse Symposiums (June 2021, February 2022) held by Health Education England, NHS England and NHS Improvement. This is an event where learning disability nursing is celebrated, and best practice is shared. Specific themes included examples of great practice and reasonable adjustments made throughout the Covid-19 Pandemic.
- 23.24 The LD Nurse attended a variety of other events including the Learning Disabilities and Autism: Equality and Empowerment event which took place in November 2021 ran by Open Forum Events, the BSol CCG LeDeR Conference 2021 and Exploitation 2021 ran by the association of child protection professionals.

23.25 Covid-19 and people with learning disabilities

Based on LeDeR reviews completed over 2020/21 and the concerns raised around health inequalities, in December 2021 an information sheet was circulated from the CCG regarding Covid-19 and people with learning disabilities. As some of the information was more tailored to UHB services the LD nurse sought approval to amend the details so it was applicable to the ROH. The communication department made these amendments and circulated Trust wide.

23.26 Risks

Risk 1677 - That there is no formally trained staff in autism, learning disability nurse doesn't have a formal autism qualification. however, outlines clear mitigating actions which aim to reduce the risk or consequence. Trust has agreed to support the LD with post graduate training for Autism, plan to commence this training in September 2022.

Risk 1682 – That patient's needs might not be met effectively with patient experience being affective negatively. This risk originally was combined with 1385, however the decision was made to divide it into two separate risks to clarify the difference between staff issues with training and patient experience. Controls and assurances are in place.

Risk 1385- That staff may not have awareness and understanding of learning disabilities and how to effectively identify and apply reasonable adjustments. Learning Disability awareness package has been updated to include autism awareness reflecting updated guidance and up to date practice. The training package has been updated and reviewed alongside the core skills framework September 2021.

Risk 1383- Electronic Flagging System – Reviewed and remains ongoing with the Trusts IT and analytics department on how we can improve our current systems to achieve the required improvement standards. An ongoing challenge for the Trust as in reality it requires a larger scale project where all computer systems within the Trust are either merged into one or synchronised, so they are all able to feed into each other, at present this is not possible. The Trust has currently an alert and patient need detail, not a single flag.

23.27 The Royal Orthopaedic Hospital's Learning Disability Strategy

The first Learning Disability Strategy for the Royal Orthopaedic Hospital ran from January 2018 with review scheduled for 2021. As part of the review, it was key to make sure that the document was up-to-date and fit for purpose through recognition of the work that has been achieved, outstanding actions highlighted and how these can be achieved moving forwards. An audit questionnaire was developed and carried out between April and May 2021 to gather awareness and understanding of staff awareness of the strategy. Results of the audit were presented at July's committee meeting.

23.28 A questionnaire style approach was used. This consisted of 19 questions collecting both quantitative and qualitative data. So 'this consisted of 19 questions collecting both quantitative and qualitative data which were split in four sections: awareness, key actions, training and 'how can I help?'. Both clinical and non-clinical roles were targeted covering both patient facing and non-patient facing staff.

23.30 *57% of staff answered that they were aware of the learning disability strategy.*

- *A draft of the updated LD and Autism strategy to Safeguarding Committee in September 2021.*
- *91% of staff surveyed were able to give at least one example of a reasonable adjustment. This shows that although staff may not be able to define or explain what a reasonable adjustment is, they know what an adjustment can be in practice and were able to provide plenty of examples.*

23.31 This word cloud below shows themes that arose from the responses where staff were asked to give examples of reasonable adjustments that they had made in practice. The most common response was adapting communication



- 23.33 The updated strategy will cover both learning disabilities and autism. The plan for the new strategy is that it will cover both learning disabilities and autism. This is since the Trust does not currently have any specific strategy relating to autism. As well as this, the creation of the Oliver McGowan Mandatory Training in Learning Disability and the NHS Long Term Plan, LeDeR Policy (2021) and the Learning Disability Standards Autism highlight the importance of healthcare staff being aware of both learning disabilities and autism and how to make reasonable adjustments to support both populations. It is important to recognise that they are two very different diagnoses but may require similar adjustments.
- 23.34 The publication and roll out has been delayed due to discussion with Deputy Chief Nurse, where it had been agreed to wait until after the first Learning Disability and Autism Forum meeting has happened. The strategy is on the agenda to be discussed at the forum and following this the strategy will be updated and shared.
- 23.35 **Learning from lives and deaths – people with a learning disability and autistic people The Learning Disabilities Mortality Review (LeDeR)**
 The LeDeR was LeDeR programme was developed following recommendation from is the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD).
- 23.36 Every death of a person with a learning disability should be reported to the LeDeR platform for a review of the death to take place. The purpose of the review is to identify learning to improve services. From the 1st of June 2021 the new platform for LeDeR went live. The LeDeR Policy was also published in 2021 which for the first time introduced the reporting of deaths of autistic people, this went live from April 2022. following publication of LeDeR Policy 2021 the LD nurse met with Trust policy lead to ensure that learning from deaths trust policy was updated to reflect the changes.
- 23.37 The LeDeR programme in Birmingham and Solihull launched a Strategic Plan for the CCG covering 2021-2024. The 3-year plan outlines a road map containing 20 actions for next steps. These will be used to inform actions in the updated in the Trusts Learning Disability and Autism Strategy.

23.38 The LD Nurse sits on the oversight review panel as the vice chair. This group includes membership from experts by experience, local services. Membership of the group includes family members of people with learning disabilities and/ or autistic people, local services such as Midlands Mencap, Birmingham and Solihull Councils, local NHS Trusts (BCHC, BWC, CWPT, UHB, SWB, BSMHFT, ROH), Hospice services, primary care, and local universities. The panel meets monthly to discuss reviews and create actions which inform recommendations that feed into the governance group.

23.39 The most recent Annual Report was published in June 2021. The report showed that in 2020 there were an increased number of deaths than usual, this is thought to be due to the pandemic. It was also highlighted that the current statistics show that on average men with LD die sooner than the general population and women die 27 years sooner.

23.40 Main themes arising from the LeDeR annual report were:

Suggestions moving forward included:

- Reviews and ICSs to pay more attention to inequalities faced by ethnic minority groups.
- A national information pack is needed that informs people of their legal rights, services, and local sources of support.
- There needs to be better partnership working with local communities.
- Local areas must develop long term plans that show how they will meet needs of people with learning disabilities that the pandemic showed was an issue.
- From the start of any future public health emergency people with learning disabilities must be considered at the forefront.

23.41 NHS England & NHS Improvement Learning Disabilities Improvement Standards for NHS Trusts

The Trust takes part in the annual benchmarking project with NHS England and NHS Improvement against the Learning Disability Improvement Standards. The Trust submitted the required data return in March 2022 which covered the time period 1st April 2020 to 31st March 2021. The learning disability improvement standards are embedded within the NHS Long Term Plan (LTP), so the expectation is that by 2023/24 all NHS commissioned Trusts will adhere to the standards.

23.42 The project is made up of three streams of data collection:

- 1) Organisational level data collection
- 2) Patient survey
- 3) Staff survey

- 23.43 The organisational level data consisted of a number of questions requiring both quantitative and qualitative responses. These are sought from the appropriate service leads within the Trust and then input to the online benchmarking portal.
- 23.44 The patient survey consists of an easy read survey. 100 hard copies were sent to the Trust. Approximately 70 copies were posted out to patients who have had a learning disability notification submitted. Approximately 30 copies were handed out to patients at appointments and inpatient admissions. The patient survey ran until the 18th of February 2022.
- 23.45 The staff survey is an anonymous survey collects staff experiences and opinion. The survey was shared with managers, department and service leads as well as directly with different team members. The maximum to be completed is 50. For the previous annual submission 40 staff surveys were completed. The closing date for the staff survey was the 31st of January, however due to pressures resulting from Covid-19 the closing date was extended until the 7th of March 2022. For the staff survey the Trust had submitted 100% of the requested surveys. This is 10% higher than last year's submission
- 23.46 The learning disability improvement standards are embedded within the NHS Long Term Plan (LTP), so the expectation is that by 2023/24 all NHS commissioned Trusts will adhere to the standards.
- 23.47 An official report is published annually which includes data from all contributing Trusts. The LD nurse creates an action plan to fully implement the improvement standards which is monitored and updated accordingly with reports feeding into the Safeguarding Committee.
- 23.48 **Cross-agency working**, below are some examples the LD has actively participated in during the year
- Birmingham City University (BCU) Student interviews: Throughout November 2021 the LD nurse supported BCU to carry out interviews for potential student adult nurses.
 - Learning Disability Accessing Healthcare meeting: This is a bimonthly network meeting which has been set up involving the lead LD nurse from BCH, the head of vulnerable adult services for Sandwell and West Birmingham, the Forward-Thinking Birmingham LD lead. Discussion was had around hospital passports, updated transition documentation and rationale for services covering both learning disability and autism.
 - The LD Nurse met with the Matron for Vulnerabilities at UHB in December 2021 to discuss services, share best practice and documentation as well as discuss processes and training.

- Acute liaison network meeting, which takes place every 3 months and offers a space for learning disability nurses to share good practice and ask for advice.
- Meeting with the BWCH Lead Nurse for LD held in November 2021 regarding accessing care and information sharing for acute healthcare providers.
- Internally the LD Nurse sits on the safeguarding committee, equality and diversity network, disability network, PEEG, CYP board and contributes to the EDS2 action plan, disability confident leader action plan and reviews NICE guidelines on request from the governance team.

23.49 Challenges LD

- Development of a learning disability database - There is no official learning disability database. Safeguarding Admin and LD Nurse are working with a monthly excel spreadsheet to record notifications, which is time consuming and not fit for purpose. To support its creation the LD Nurse has review the current Learning Disability notification to ensure all data required is being collected.
- Launch of the Oliver McGowan mandatory training in learning disabilities
- Relaunching learning disability and autism forum - Increase engagement
- Publish and launch learning disability and autism strategy
- Accurate Digital flagging system for patients with learning disability and autism
- Effective sharing of information across systems
- Capturing patient voice
- Staffing -currently the learning disability service is a single point of failure as there is just one band 6 LD nurse employed by the Trust
- Implementation of LPS
- LD nurse completing autism training will absent 1 day per week meaning there will be increased pressure on LD service

23.52 Feedback – positive –The LD has reported that there have been some excellent examples of person-centred care with staff being receptive to advice and support. Specific examples included in the monthly reporting to committee; below table highlighting some examples reported:

- | |
|---|
| <ul style="list-style-type: none"> • <i>Ward 4 for excellent support given to a patient with autism. He could not praise staff enough.</i> • <i>The catering staff for taking onboard a patient's requirements</i> • <i>Ward 2 for fantastic interaction and support given to a patient with learning disabilities and complex needs. Her mother was very appreciative of all care given.</i> • <i>ADCU for another positive admission for a recurring patient.</i> • <i>Consultant anaesthetist for recognising the need for an autistic patient to have staff requested on day of admission. This member of staff went above</i> |
|---|

and beyond to ensure the patient was appropriately supported and parent reassured throughout admission.

- *Consultant surgeon for frequently liaising with learning disability nurse regarding numerous patients with learning disabilities to ensure they are receiving the best possible care through the most appropriate pathway*

23.53 Areas of focus /work for 2022-2023

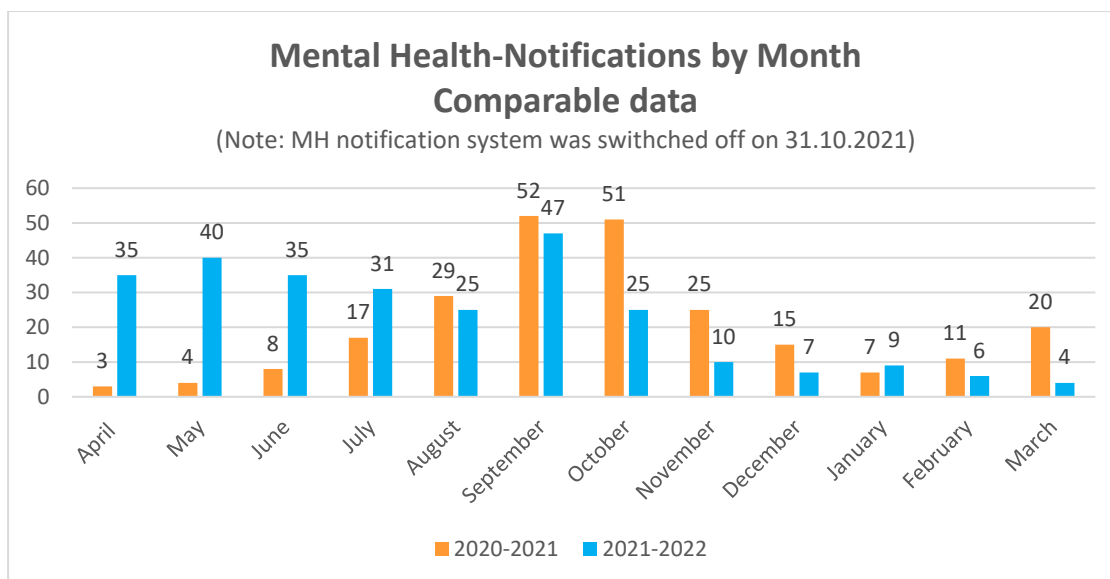
- LD Nurse to complete training- PG Cert in Autism
- Capture patient/ staff voice- relaunch of the learning disability and autism forum
- Learning disability policy for the Trust to be developed and written
- Flagging process for learning disabilities and autism, the digital reasonable adjustment flag as proposed by the NHS Long Term Plan 2019
- Development of information leaflet so patients are aware what support the learning disability and autism service can offer
- Learning disability and autism has been agreed as one of the Trusts quality priorities for 2022-2023.



24 Mental Health (MH) and Mental Health First Aid (MHFA)

Mental Health update – *“Mental health is a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute to his or her own community”.* (World Health Organisation).

- 24.1 The Trust has an obligation to maintain patient safety and in a Mental Health Crisis need to be able to provide immediate first aid and organise transfer to a suitable provider. As a Trust we do not treat/diagnose Mental Health conditions.
- 24.2 Table 25 below showing comparable data for the total number of notifications received by the Safeguarding Team. Total of 274, compared with 242 in the previous year.



Data source Trust Internal Database

24.3 Of the 274, 258 were adults and 16 were for children. This activity is representative of the number of patients being seen in the Trust during this period, due to the impact of COVID-19 and Trust activity during this period. Also, the decision was made to switch off the internal notification system for MH in October 2021 following a review of the current MH process and pathway. Executive Team approval in September 2021.

24.4 Outpatients area being the area reporting the highest number of MH concerns/notifications a total of 133 (48%) being reported.

24.4 In terms of the mental health conditions being reported these included most the following: -

- Anxiety /Stress
- Depression
- Self-Harm
- Suicidal thoughts
- Psychosis
-

24.5 Themes/trends

- Increase in numbers of notifications coming through, due to higher incidence and greater awareness and effect on patients due to lock down and isolation due to COVID 19 restrictions.
- Patient voice listened to, and their wishes considered by staff within outpatients, and other patient areas such as Admissions and Day Case Unit (ADCU) and Pre-Operative Assessment (POAC).
- Good evidence of Multi-Disciplinary Team (MDT) working with GP, Community Psychiatric Nurse (CPN), and appropriate information sharing

- Signposting to appropriate professionals
- Staff take expressions of suicide seriously and see it as a medical emergency, and have professional curiosity to question patient about intentions (current plan/ previous suicide attempts/ access to resources)

24.6 Input provided by the Safeguarding team has been signposting to support organisations, GP informed, Crisis Team, Community Psychiatric Nurse (CPN) contacted when required patients transferred for liaison psychiatry assessment. Most importantly supporting the staff in dealing with concerns raised to them. Staff continue to rely on the support from Safeguarding Team to “review” patients with Mental Health concerns without accessing MHFA or Medical Team. This has impacted on the team in terms of time resources required greatly.

24.7 **Learning**

All mental health concerns should be documented in the patient notes, a safeguarding notification is not required.

- If the mental health concern is regarding current suicidal thoughts or intent, then an incident form must be completed, and mental health pathway followed.
- Transfer via ambulance to the nearest Emergency Department ED for urgent review if deemed necessary
- The importance of sharing information with the GP, ensuring that we inform the patient we have a duty of care to let the GP know of any episodes and provide a full handover for oversight and intervention in the community.
- For inpatient’s request a medical review of the patients by consultant team required and escalate.
- Consultant Physician support evident and MDT working.
- Raise mental health concerns with departmental line managers or nurse in charge, also clinical site manager (CSM).
- Information shared with team members and follow up on assessments.
- Staff to ensure they access MHFA within their departments for advice and/ or support prior to contacting the Safeguarding team, staff to follow current MH guidance option 5 approved September 2021 by Executive Leads. The Safeguarding team members are not MH specialist.

24.8 All staff complete Mental Health Awareness e-learning on induction to the Trust. This presentation has been reviewed and updated by the Matron with corporate lead for Mental Health. This package has been implemented with the support of Senior Web and Systems Developer; whilst we continue to resolve access to the server to enable us to upload our own content onto Electronic Staff Record (ESR).

24.9 Mental Health Case Studies-

Case A

Expression of suicidal thoughts/ intent - Patient informed staff member in Oncology department (secretary) that she will not be alive for this appointment. Safeguarding Lead Nurse spoke to GP regarding patient current low mood and pain, GP agreed to see patient face to face. Outcome was patient extremely grateful for the compassion and support and allowing her to talk and giving her this time (Jan 2022)

Case B

Call received from physio in hydrotherapy requesting support as patient disclosed suicidal thoughts. Named Nurse attended hydrotherapy and spoke to patient. who shared that she has no plans for suicide but is experiencing a significant decline in mental health as she is isolated, experiencing chronic pain due to her health condition fibromyalgia and unable to complete daily tasks such as cooking, cleaning, personal hygiene due to poor mobility?

Patient under a chronic pain team and agreed to be reviewed by her GP for her mental health. Experienced trauma in her childhood which has impacted on her mental health and her children were removed from her care (now adult children). Agreed to a referral to social services for her care and support needs.

Named nurse agreed to contact her housing officer, as she is experiencing harassment from her neighbours (police aware). Housing officer confirmed she has also completed a referral to adult social care and the GP. GP is working closely with the police to support patient and has asked the police to complete a Tier 1 referral to her housing department which would give the person priority for a move. Social services referral completed also by the Named Nurse. (February 2022)

Case C

Physiotherapist observed multiple scars on young person's arm? self-harm. Physiotherapist used professional curiosity to gather further information from patient and was informed that patient has "limited" friends at school and "does not get on with people". She appeared anxious. Physio liaised with patients' mother, GP social services and requested GP supports patient from a mental health perspective.

Case D

Patient in ADCU with clear plan to complete suicide on discharge, ADCU team recognised risk and Safeguarding Nurse worked with local Mental Health provider to secure an inpatient bed. This lady remained in ADCU for 2 days whilst this was being sorted and ADCU staff kept patient safe and prevented her from leaving and taking her own life (June 2021)

Case E

Patient disclosed suicidal thought with plan and intent to physiotherapist, call received to SG to assist in review of the patient as no MHFA available. Patient reviewed and disclosed he

has a long-standing history of mental health concerns, self-harm, and suicidal thoughts. Also has a history of alcohol and substance misuse. patient states he has ceased taking his psychiatric medications prescribed by his GP with the intent to take them all together to end his life. Patient has stopped taking them due to non-effect. Patient known to MH community team but not reviewed since March 2021.

Patient has also handed over a large 5-6-inch Stanley retractable knife and stated, "while I am being open, I would like to hand this over to remove any temptation, I carry this everywhere with me so I have the comfort that if I want to end it all I can".

Case escalated and discussed with SG lead; support sought from Psychiatric liaison at UHB who have recommended the patient is transferred to A&E for assessment. WMAS contact to provide an urgent ambulance to transfer patient to UHB for assessment, details including the omission of retractable knife shared with WMAS. GP has also been contacted to advise of episode of care. Patient transferred to UHB emergency department for urgent psychiatric assessment. (October 2021)

Case F

The Safeguarding team were called to assist on the ward with a patient regarding assessing capacity. Safeguarding Nurse attended the ward to review the patient. A handover was received from the medical team to state the patient was experiencing psychosis but was surgically fit for discharge. The patient was found to be lying on the floor, visible distressed and not engaging with many professionals. The Safeguarding Nurse assessed the patient and liaised with the Named Nurse to organise a direct transfer to UHB for psychiatric assessment. The Safeguarding team spent several hours building a relationship with the patient to facilitate a smooth transfer. The patient was transferred to psychiatric care and received the appropriate assessments (December 2021).

Cases reported showed good examples of listening to voice of the patient, working with them in terms of help and support. Information sharing with GP's requesting review and ongoing support within the community.

24.10 Review of Mental Health provision

A review was undertaken by the Matron; meetings with all key stakeholders to review processes and streamline moving forward. The key issues to address: -

- Over reporting of MH conditions (historic and no longer an issue)
- Role of MH first aider and how they support patients
- Move away from staff MH and focus on patients
- Support wellbeing lead in staff MH issues
- Impact of growing MH portfolio on safeguarding team
- MH being reported via the SG internal notification, and not being incident reported

- 24.11 **Option appraisal regarding MH provision at the Trust** going forward, was presented at Clinical Quality Group (CQG) following discussion with Chief Nurse and Matron with corporate role for MH, the Safeguarding Lead Nurse, and the Trusts Engagement and Wellbeing Officer. Option 5 approved by Executive Leads September 2021.
- 24.12 **Psychiatric Liaison Support, Service Level Agreement (SLA)**
Safeguarding Lead Nurse has requested an updated Service Level Agreement SLA with the Birmingham and Solihull Mental Health Trust (BSMHFT). Initial proposal for updated contract shared by with BSMHFT Assistant Director of Finance.
- 24.13 **The Trust has a Service Level Agreement (SLA) with Birmingham and Solihull Mental Health Foundation Trust (BSMHFT)**, and this remained in place till 31st March 2022 when the previous SLA ceased. Risk 1758 (Psychiatric Liaison Support) this risk has been added to the risk register by the Safeguarding Lead Nurse and has been discussed with the Chief Nurse 31.3.2022. The Chief Nurse has updated the Trust Executive Team. Chief Nurse scoping with BSMHFT. Risk to be escalated to corporate risk register for discussion at SG Committee May 2022.
- 24.14 **Mental Health guidance for emergency, urgent and non-urgent pathways** The Safeguarding Nurse had produced a flow chart to support staff. This then uploaded onto the intranet for staff to access.
- 24.15 **Psychological First Aiders**
In the Trust 7 staff have undertaken the Psychological First Aiders training between February to June 2021.



- 24.16 **Mental Health First Aider (MHFA) Training**
Mental Health First Aid (MHFA) Training which commenced in Oct 2108.
MHFA training was initially targeted at departmental senior staff, bleep holders and clinical site coordinators. No training has been undertaken this year due to COVID.
- 24.17 **List of current MHFA** has been reviewed and updated, currently MHFAs staff list to be updated on MH boards in areas.
- Communication team have sent out communication reminding staff to use MHFA within areas.
 - Safeguarding Lead Nurse reviewing the staff required to complete MHFA in line with option 5. Refresher training required for those staff who were trained 3 years ago, this will require funding for training to be completed.

24.18 Youth Mental Health First Aider

Two staff members the C&YP Department Manager and the Paediatric Specialist Physiotherapist have completed training course to become instructors to deliver the course to designated Trust staff. This course is applicable to all those involved with patients under the age of 18, including transition patients on adult wards. Risk-1416 in relation to under 18's Mental Health Provision in Trust remains on register as Youth Mental Health First Aider's training had been delayed due to COVID-19 pandemic. First training session on mental health first aid youth (MHFA youth) first cohort is April 2022.

24.19 Mental Health working group, had been set up by the Matron Lead for Mental Health, however cancelled due to national lockdown and staffing demands in clinical areas, this has not met during the year.

24.20 Dementia /Mental Health Practitioner Post

Unfortunately, despite several attempts during 2021-2022 we were unsuccessful in appointing to the post for a Dementia /Mental Health specialist practitioner band 7. However, recruited to this post April 2022. The selection and recruitment have been supported by a senior staff member from (BSMHFT). Risk 1676 Dementia/Mental Health Post -Band 7.

24.21 Area for focus next year being the refresher training for those trained Adult MHFA 3 years ago and funding for this training. To embed option approved in the Trust. Also, the number of staff trained.

24.22 Staff trained need to maintain skill and competence, over reliance by staff on the Safeguarding team to deal with MH concerns, and not using MHFA within own areas you have the same level of training as the Safeguarding team.

Transition to Adult Services

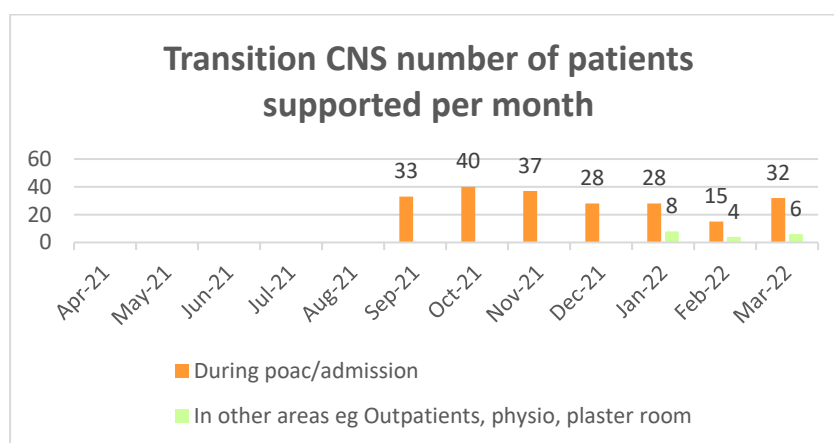
Ready, Steady, GO!



25. Transition to Adult Services

Transition between children's and adult's service across health and social care is often a disjointed and sometimes damaging process that can place huge stress on young people and their families. The Transitions to Adult Service is part of the Safeguarding Team which plans an effective transition from specialist paediatric services to adult health care and supports young people to understand how services will support them as adults.

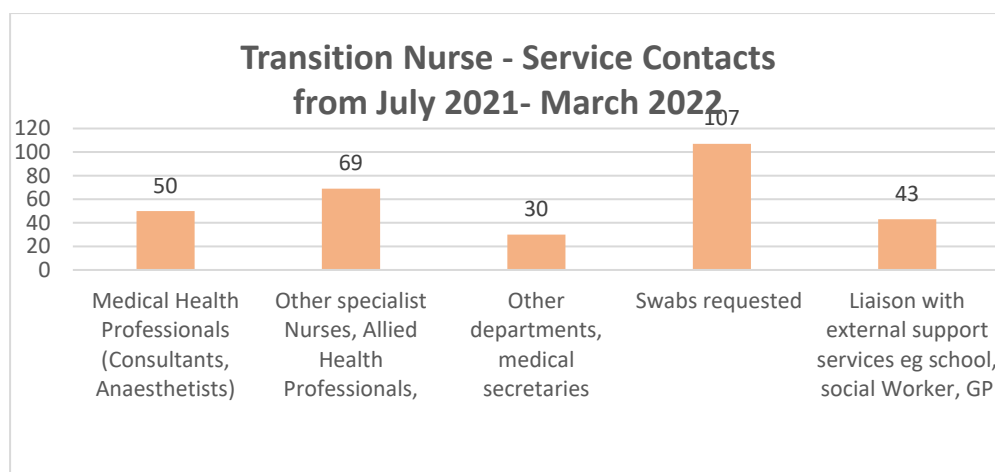
- 25.1 Improve safeguarding practice for older children and young people across the Trust- Transition is one of the Trust key priorities (Safeguarding 5 Year Strategy 2021-2025) approved by the Trust Board August 2021.
- 25.2 It is also important to remember in terms of service provision that The NHS Long Term Plan states that “the NHS will move to a 0-25 years’ service by 2028 & towards service models for Young people that offer person – centred age-appropriate care for mental and physical needs, rather than an arbitrary transition to adult services based on age not need”.
- 25.3 The Transition to Adult Services Clinical Nurse Specialist (CNS) came into post July 2019, however from July 2019 to February 2020 was also undertaking Oncology CNS role at same time. In March 2020 Covid 19 occurred; Transition CNS was redeployed to work in adult wards until June 2020. Decision made in April 2021 for the CNS to be moved from Children Services Division 1 to the Safeguarding Team.
- 25.4 Table 26 below showing the Transition to adult services CNS patient contacts per month reported. Noting data was not collated prior to September 2021.



Data source internal excel spreadsheet – CNS

25.5 **Contacts with internal/external services**

Table 27 below outlines additional contact/ referrals that were made for young adult patients to share information. Please note this is contact that the Transition CNS has made. Full year data is not available as prior to July 2021 data was not being captured and formally reported in term of contact with services.



Data source internal excel spreadsheet – CNS

25.5 There had been an increase of 16 – 19-year-old patients receiving inpatient and day case procedures since the resumption of services following Covid 19 restrictions.

25.6 **The Ready, Steady, Go, Hello documents** are an NHS recognised document, which the Trust use to support children and young people to prepare them for adulthood. For those patients that we anticipate will be moving into adult services within the Trust we ask the child /young person and their parent to complete the relevant document at specific ages:

- *Ready from age 12 years*
- *Steady from age 14 years*
- *Go age 15 years and prior to their 16th birthday.*
- *Hello, is used by Adult Services staff for patients being received into that service.*

25.7 Table 28 below showing -The Ready, Steady Go data prior to 2021 has not inputted very accurately, therefore not able to provide comparable data activity.

Total	68	38	31	203	340

Data source collected from Transition CNS excel spreadsheet

25.8 Case Studies

Case A-Child in care – January 2022

Information shared with Transition CNS regarding a 17-year-old young adult who had contacted appointments to rearrange her outpatient's appointment due to "her Mum kicking her out". Safeguarding notification was completed. Plan made for CNS to make contact and attend appointment and offer support.

Transition CNS met up with young person at the appointment and utilised the reflection room to have a conversation with her and her support worker around what was happening in her life. Patient has cerebral palsy and mild learning disabilities. She had recently been referred to CAMHS to assist in obtaining a diagnosis of? autism and ADHD. She has problems with a popping sensation and pain in her hips.

Patient had been living with her boyfriend in her mother's house. Her boyfriend, who was over 18 years old, was now living in shared accommodation through St Basils. A plan was put in place for MRI scan and then review. Referral made for physio and to orthotics. Patient attends 6th form college studying health and social care and maths. She aspires towards a career in psychology or performing arts but acknowledged her disability might cause difficulties with the latter.

CNS talked to patient about Preparation for adulthood (PFA) and the support they might be able to offer her and encouraged her to self-refer to them.

Following appointment CNS contacted patients' social worker and shared information.

Patient is being accommodated by Birmingham Children's Trust under section 20 of Children Act 1989, So she is classed as a child in care. As a consequence, to this CNS and Safeguarding Named Nurse attended a child in care initial review meeting.

At the meeting it was established that patient's mother has mental health issues and could not cope with the circumstances at that time and therefore made the 2 young people homeless.

The meeting discussed areas around college and the possibility of finding accommodation nearer to the college for the young person as this would be beneficial from a mobility/travel and Health point of view. Referrals to Wheelchair services, Forward Thinking Birmingham and Named Nurse requested for a LAC (Looked after child) medical to be chased. A review meeting was arranged for 3 months' time.

CNS will support young person as required during contact within Trust. During the meeting the IRO (Independent Reviewing Officer) complimented ROH for working well together. Acknowledgement made regarding positive course of action/professional curiosity made by the member of staff from appointments in highlighting her concerns to Safeguarding Team following the appointment cancellation.

This highlights the need for collaborative working and information sharing.

Case B- Gender Identity - October 2021

CNS made contact pre-operatively with the father of a 16-year-old patient regarding support for admission. Parent said patient was happy to attend on her own. On morning of surgery CNS went to meet patient and ward staff mentioned they had concerns around some of the

comment's patient had made regarding her father. "He gave tough love", she had not eaten since Sunday (this was Tuesday) and she had only had bread and butter.

CNS had a conversation with patient, it materialised she had very little contact with her mother who had left home when she was a lot younger as she had mental health issues and the father did not believe they were real and felt mental health did not exist. Patient said her father had very strict rules and was very controlling. Patient disclosed to CNS that she was gay but that her father was homophobic and constantly made nasty comments and called her names related to her being homosexual. She was frightened to tell her father that she was also Trans gender as she felt that if he found this out, he would kick her out of the house. She wanted to ensure no-one in the hospital told her father of this and CNS reassured her this would not happen. She assured CNS that her father had never physically hurt her, it was all verbal insults that he made, and she said, "He is a good father really". CNS discussed with Safeguarding Named Nurse and contact numbers for local support groups related to Gender Transition were shared.

Patient had problems with dyslexia and dyscalculia and said she had failed all her GCSE's. She was now studying art therapy and was enjoying this and found this helped her with her own mental health problems. She had suffered with anxiety and depression for several years and had been under CAMHS in the past. Patient said she had learnt to live with her mental health problems. She needed to attend college the following week to complete her English exams but was concerned as she needed to elevate her leg for 10 days post-operative and was concerned how she would get to college on the bus using crutches. CNS liaised with the College that patient attended to ensure adjustments would be put in place for the exam and request transport support for her with getting to college.

CNS completed "Hello" Transition paperwork with patient, as although she was a new patient to the Trust she had come up through Children's services at another hospital. Patient had an extended stay in hospital due to post-operative problems related to bladder function, but this enabled support to be offered by CNS.

Case C- Early Help- November 2021

CNS was asked to see the parent of a young adult in Children's Outpatients Department. The parent had become very emotional when they were presented with the Ready steady Go documents to complete by the outpatient staff.

Patient was 15 years old and has autism, speech and language delay and additional x chromosome. Her mother revealed that she was a single parent, has a 6-year-old son to look after as well as working 3 days /week. Wanted to ensure her daughter gets the best care and can manage her pain effectively due to her back problem, Scheuermann's kyphosis and to ensure she lives her life to maximum potential. Mother, given CNS contact details, to contact her the following week, when she might not feel so overwhelmed and discuss how we could support them.

The Learning Disabilities Nurse and CNS discussed with her the difficulties for the family at that time. The patient had been referred to the paediatric pain service to help with her pain management. The parent was struggling with the patient being sent home from school regularly due to pain. The patient attended mainstream school but has an EHCP in place.

She also attended for physio. The parent was struggling with the number of different services that were involved with her daughter and felt overwhelmed by it all at this current point as she is a single parent. She has various services involved including speech and language, physiotherapy, paediatricians, orthopaedics, genetics, and Occupational therapy. It was evident that the family would benefit from some support and co-ordination due to the numerous services involved and the pressure of approaching transition. The patient had no disability social worker and felt the family would benefit from at least a support worker to help co-ordinate and support them. We talked to her about pain management in the interim. With parents made a referral for early help after discussing with the mother how that might help her at this current time. The referral for Early Help was accepted and contact was made by them with the patient's mother and support offered. This highlights how Transition can become overwhelming for some families with young adults who have complex care needs and learning disabilities and who are already struggling with the challenges of life and are then faced with the move into adult services and new staff, unfamiliar surroundings, and different procedures.

25.9 Continuity of the Service -The current post holder CNS band 7, has announced plans to retire March 2023, therefore there is the need to ensure succession planning for this post, to ensure continuity of care and service; and to build further on improvements made for these vulnerable patients.

25.10 Transition Database

Refurbishment of the current Transition excel spreadsheet has been completed, to ensure it is more user friendly in the interim until a database is designed, this will be more efficient and effective in providing data and analysis of trends and service needs. This is currently part of the request for updated Safeguarding database to enable more accurate reporting overall as previously discussed in this report.

25.11 Transition documentation/pathway for complex patients.

CNS in March 2022 met with Transition Nurses from Birmingham Community Healthcare Trust. They have been involved in designing the Wellbeing and Health at Transition (WHAT) booklet. It is anticipated that parents would be encouraged to take it with them to hospital appointments and share the information. It is similar to a super Learning Disabilities passport and covers all areas related to the child. There is an area for orthotics and hospital input which would be appropriate to our care.

25.12 It is identified that this group of young people with complex needs and their carers get tired of continually repeating the same information to different people and WHAT should help with this.

25.13 The CNS upwardly reports and presents a full detailed report to the Trusts Children and Young Peoples Board for information and review quarterly. This is chaired by the Chief Nurse.

25.14 National Transition Network Quality improvement

Trust participation in National Transition Improvement process

The first step of a mapping session, with key stakeholders was completed in January 2022. To map the current Transition process and pathways for our young adults to identify gaps. This was facilitated by Deputy Director of Strategy and a summary of the outcome was shared at CYP Board on 14/02/2022.

25.15 Transition Champions study day

Champions study day held on 16th September 2021., with a range of subjects around Transition and Young adults covered with speakers from within the Trust, from external agencies presenting face to face and via MS Teams. Evaluation of the day was very positive; with areas of improvement/ ideas to take back to workplace identified. The focus was around safeguarding young adults as Priority 7 of the Trust Safeguarding Strategy is to ensure a focus on Transition from child to adult services.

25.16 Transition Champions meeting

CNS held a Transition Champions meeting on 29th July using Teams. This proved difficult for some clinical staff to access but there were 8 staff including CNS present. CNS shared information with staff around the Burdett Trust and PFA (Preparation for Adulthood).

25.17 Internal Audit

In October 2021 CNS undertook a snapshot audit the knowledge within the Trust regarding the knowledge around Transition and the Transition policy. This was part of the Trust Safeguarding internal audit schedule. 64 staff in total completed the survey. Formal feedback of responses were submitted to CYP Board in December 2021. This will assist in information provision with regards to the new Transition framework.

25.18 NICE guidelines

CNS has completed a gap analysis of the NICE guidelines "Transition from children's to adults' services". The results were submitted to CYP Board meeting in October 2021.

25.19 The voice of Children and Young Adults

CNS presented patient story around exploitation at Admin Matters Forum on 07/02/22. This highlighted the excellent professional curiosity of a medical secretary in highlighting to CNS when unable to speak to young adult patient.

25.20 CNS presented to Trust Board an outline of the Transition work within the Trust and a patient story in October 2021.

- 25.21 A patient story around Exploitation and Contextual Safeguarding was presented by the CNS at the Safeguarding Champions Day arranged by the Safeguarding Team.
- 25.22 Collaborative working with Learning disabilities nurse and Safeguarding Nurses around shared patients highlighted in Safeguarding quality report.
- 25.23 **The Burdett Transition Network**
The Network have been involved in supporting and co-producing several national pieces of work, many in collaboration with NHSE&I. These include a National Framework for Transition and the Core Capabilities Framework for all healthcare staff to ensure high quality care of young people: including supporting them as they transition from children into adults' services. The anticipated publication and launch of these important documents have been delayed.
- 25.24 CNS meets regularly with the Midlands and East Burdett Regional Nurse Advisor. The newsletters from the Burdett National Network have been shared by the CNS with staff and champions in the Trust.
- 25.25 Training given to all CYP outpatients staff around completion of RSG documents to ensure greater compliance with completion. The impact of this is reflected by the increase in numbers of documents now being completed
- 25.26 **NCEPOD – Transition from child to adult healthcare services study**
The Trust has during the year participated in NCEPOD national research. The aim of the study is to explore the barriers and facilitators in the process of the Transition of young people with complex chronic conditions from child to adult health services study.
- 25.27 Transition CNS, with the support of informatics, initially submitted data for 740 patients who met the criteria of the study. Process to date:

A random selection of 15 patients was then made by NCEPOD and further information provided.
CNS submitted information regarding Transition services within the Trust on an online questionnaire as requested by NCEPOD after discussion with matron and Transition Executive.
Selection of 5 patients from the 15 was made by NCEPOD and Consultants responsible for these patients were requested to complete an online questionnaire.
A further selection of patients has been identified for matched cases, these are patients under more than one specialty in our Trust or under a different Trust primarily but also our patient. Consultants again are required to complete online questionnaires.

25.28 These highlighted areas where the Trust needs to improve in the preparation and support for patients transition to adult care services.

25.29 **National Transition Conference”.**

In June 2021 the CNS participated in the 5th National Transition Conference “Transforming Transitions” This was an on-line conference. The CNS has liaised with colleagues from this meeting to access information around Youth workers and Transition of patients with complex needs. CNS arranged a speaker from the conference to present on the Transition Champions study Day in September 2021.

25.30 **Future Proposed Actions/ Target work**

For the Transition to adult services going forward being: -

- The replacement of CNS from March 2023 for continuity of service and development
- Training requirement will come with the Transition core competencies due to be launched 2022, the Transition Framework.
- Effective Transition documentation for complex needs / learning disabilities patients.
- One of the Trust’s Quality Objectives is to Enhance the experience and service offered to children and young people using the Trust, ensuring the workforce is reflective of the patients we serve. This includes setting up a youth Forum and ensuring the voice of the Young person is heard within the Trust. CNS worked with the matron and Manager for CYP Outpatients on a business case for a youth worker for the Trust along with a job description for this post if approved.

26.0 **Key objectives for 2021-2022- review**

Table 29 below provides a summary of the agreed key areas for focus in 2021-2022 with status of success for each one indicated.

Areas of Focus	Outcome	Rating Achieved Yes or No
Preparation for the implementation of Liberty Protection Safeguards LPS in the Trust	This has been delayed, whilst awaiting Code of Practice approval. Draft Code of Practice was delayed in being launched – released March 2022 for consultation.	Not fully – Awaiting external implementation post consultation period
Replacing Deprivation of Liberty Safeguards (DoLS)	Safeguarding Lead has updated Committee and Quality & Safety Committee on current progress local and nationally.	Carry Forward to 2022-2023

	<p>Enhanced MCA and DoLS training delivered by Safeguarding Lead Nurse to registered practitioners. To increase staff knowledge and skills and in preparation LPS implementation.</p> <p>MCA and DoLS training updated to include proposed changes with LPS within the mandatory Level Safeguarding training</p> <p>MCA and DoLS Audits completed to provide assurance and identify where learning is required.</p>	
<p>Increase staff and public awareness of local and national safeguarding agenda and priorities across the Trust- purple paper also using divisional meetings and forums.</p> <p>Road show /events.</p>	<p>Safeguarding champion days to focus on specific topics or key areas following CSPRs/SARS national and local recommendations</p> <p>Roadshows and events in line with BSAB and BSCP local priorities</p> <p>Quarterly Purple News circulated</p>	Yes
<p>Evidence that learning and training is having a positive impact on safeguarding practice- audit</p>	<p>Safeguarding referrals have increased which evidence staffs' awareness and understanding</p> <p>Staff feedback is recorded by safeguarding administrator</p>	<p>Not fully</p> <p>Limited response</p> <p>Safeguarding nurse scoping other methods</p> <p>Training audit part of internal audit schedule for 2022-2023</p>
<p>Improve safeguarding practice for older children and young people across the Trust-Transition</p> <p>Ensuring smooth transition of young people from children and young people to adult services.</p>	<p>Transition Champions Event held</p> <p>Transition Nurse to Adult Services (CNS)part of the safeguarding team</p>	Yes

Improve safeguarding documentation systems- care plans	Adults' documentation audit undertaken March 2022	Not fully Care plans require further work, in line with electronic patient record system Carry forward to 2022-2023
Improve opportunities for patients to be heard and give feedback regarding their experiences. Via patient experience groups and individual contacts, patient case stories	Safeguarding team and PALS. Named Nurse presented to Trust Board Domestic Abuse patient case Dec 2021. Complaints and Compliments reported monthly in SG Quality Report Patient experience cases presented at SG Committee and within SG Quality Report.	Yes
Safeguarding team review and business case development to meet the growing safeguarding agenda for children, young people, and adults at risk – Health Inequalities	Chief Nurse has supported Safeguarding Lead in producing business case. Support from Finance team also provided. Case to be presented to Exec Team	Not fully outside of team control – awaiting approval of business case carry forward to 2022-2023
Raising profile of Domestic Abuse direct questioning across the Trust to increase disclosure and support provided by the Trust		Yes
Safeguarding Supervision being further imbedded into the Trust	Policy has been updated. Increase in sessions being undertaken and reported to Nov 2021 Committee provided	Yes
Evidencing, recording of Safeguarding refresher training compliance for staff.	ESR- limitation Local level records/manual as ESR not currently able to record	Not fully Outside of SG team control -ESR functionality
Evidence of activity - Review and update for Trust in house Access Database for SG, and ensure that MH, LD and Transition data is also able to be inputted and extracted for reporting	Options appraisal presented to Executive team regarding current database and Executive approved the	No Awaiting new trust database to be built

internal and external also trend analysis.	development of new database – this work to commence after May 2022	
Develop and update Level 2 and Level 3 training in house to meet the changing needs for training delivery		Yes
Youth Mental Health First Aid Training carried out by the Trust two trainers, - sessions scheduled delayed due to COVID-19 restrictions	Trainers have completed the train the trainer programme, have schedule training for 2022.	No due to Covid- First training scheduled to take place April 2022, due to COVID
Internal audits programme schedule delivered and shared learning of findings and areas for improvement	Schedule has been reviewed and updated and shared with Quality and Safety Committee. Audit results and recommendations presented and discussed at the Safeguarding Committee	Yes
Review and update external website to include information and support around safeguarding for public to access	External website reviewed and updated in January 2022	Yes

27. Challenges for 2022-2023

- Resources within the Safeguarding Team to meet growing Safeguarding agenda, the workload and demand on current team. The development of team business case. Including administrative staff.
- Staff taking responsibility in completing multi-agency referrals
- Evidence learning and embed recommendations from reviews local and nationally.
- Staff compliance with mandatory training for Safeguarding – IT support required to ensure modules are deliverable due to different system needs
- Support services being moved off site for example physiotherapy
- Preparation and implementation of Liberty Protection Safeguards LPS, due to be introduced within the Trust the roll-out of LPS – Code of practice
- The continued virtual working/ home working of partner agencies delays in responding and closing cases. Social worker's case load increase within BSAB
- ICS/ICB implementation and the changes that may bring
- Neglect strategy and Early Help agenda – puts more responsibility on health

- Domestic Abuse Bill (2021) ensuring this is fully embedded in the Trust
- Multiple variations in thresholds between local authorities when completing referrals.
- Mental Health provision for the Trust being fully implemented – Option 5.

28. Key objectives for 2022-2023 Key areas of focus being

- Safeguarding database creation of new Trust internal safeguarding database to ensure categories and outcomes captured. Information collection and monitoring, to ensure data for LD and MH and Transition can be collected as currently no database system available
- Staffing within SG team (resources) to meet current and immediate future demand – Business Case funding
- LPS Implementation and go live within the Trust
- Supervision for the Safeguarding team
- Mental Health – MHFA staff refresher training and mental health support for patients and staff provision.
- Youth Mental Health First Aid MHFA Training to targeted staff
- Supervision training to be undertaken by the Safeguarding Nurse, NSPCC supervision training
- Safeguarding Supervision audit will be based on staff's experiences, if Safeguarding Supervision is fit for purpose and any changes that could be made
- Team accommodation to allow for increase in wellbeing and support and space to have required private media and individual discussion regarding disclosures and concerns.
- Modern Slavery online training package sourced and implemented.
- Patient engagement in forums – LD and Youth Forum- the patient's voice.
- Safer recruitment training for managers
- Auditing the patient voice in Safeguarding- listen, hear, do model.
- Staff's understanding hoarding and the impact. The complexities of self-neglect. Understanding, risk enablement and support and guidance for patients and staff

28.2 The Safeguarding Team would like to thank our frontline staff and Executive Team for their ongoing commitment to providing protection, guidance, and support to those patients whose circumstances make them vulnerable to abuse or neglect.

28.3 Trust Board is asked to receive this report and endorse the safeguarding areas of focus for 2022-2023. These have been developed in line with the local Safeguarding Board/ Partnership priorities and actions, as well as the organisational requirements to ensure a culture of good safeguarding practice is maintained within the Trust.

For Board and Board Committees:	Trust Board
Report supported and authorised by	Nicola Brockie – Acting Chief Nurse - Executive Lead for Safeguarding
Paper Authored by	Evelyn O’Kane -Matron Lead Nurse Safeguarding
Organisational Risk Register considerations:	The Trust fails to safeguard children and adults appropriately
State which Board Committee or other forum within the Trust’s governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Safeguarding Committee
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:	Assured
State whether this is a ‘one off’ report or, if not, when an update report will be provided for the purposes of corporate agenda planning	Annual Report

Appendix 1

Key National and Local Safeguarding Themes, Guidance and Key Legislation

Key Legislation

- Domestic Abuse Act 2021
- Children Act 1989 and 2004
- Human Rights Act 1998
- Sexual Offences Act 2003
- Female Genital Mutilation Act 2003
- Data Protection Act 2018
- United Nations Conventions on the rights of the child 1990
- Children Act 2004; statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 11
- Children and Social Work Act 2017
- Mental Health Act 2007
- Human Rights Act 1998
 - Article 5 - Right to Liberty and Security
 - Article 8 - Respect for Private and Family Life
- Mental Capacity Act 2005 and Mental Capacity Amendment Act 2019
- Health & Social Care Act 2008
- Deprivation of Liberty Safeguards 2009
- Crime and Disorder Act 1998
- Care Act 2014
- Counter Terrorism and Security Act 2015
- Serious Crime Act 2015
- Children and Families Act 2014
- Convention of the Rights of a Person with Disabilities 2006
- Modern Slavery Act 2015
- United Nations Convention on the Rights of the Child 1989

National Guidance

- Working Together to Safeguard Children Statutory Guidance 2018
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019
- Adult Safeguarding: Role and Competencies for Health Care Staff 2018
- PREVENT Duty Guidance 2015
- CQC Fundamental Standards Statement on CQC's Roles and Responsibilities For Safeguarding Children, Young People and Adults at Risk in the NHS – Safeguarding Accountability and Assurance Framework (SAAF) - June (2015 updated 2019)
- FGM Enhanced Data Set 2015
- RCN 2018 Intercollegiate Document - Safeguarding Adults: Roles and Competencies for Healthcare Staff
- Child Death Review - Statutory and Operational Guidance 2018
- RCN 2019 Intercollegiate Document Safeguarding Children and Young People: Roles and Competencies for Health Care Staff
- NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Accountability and Assurance Framework updated in 2019.
- Promoting the Health of Looked After Children Statutory Guidance 201

Appendix 2

Option 5 in summary- Mental Health Provision for the Trust

September 2021

- SLA with BSHMHFT to be extended to cover outpatients and under 18's. Requested revision to SLA on 29/7/21 awaiting response
- Maintain MH intranet page as resource for staff to use
- Maintain posters with action flow charts for adults and youth in all clinical areas
- Mental Health notification system discontinued and moved to incident reporting via Ulysses to bring in line with current Trust processes.
Requested revision to Ulysses incident reporting drop downs to make categorisation clearer- 29/7/21
- Move MHFA training to department leads/Managers only
Asked HR for info regarding staff numbers/ those that fall into this category- 19/8/21
- Consider alternative training for those staff interested in MH?
Work with LTH/HR to identify appropriate programme. Emailed 19/8/21
- Resume MH working group
- Support Trust Health and wellbeing lead to deliver support for Staff Mental Health
LTH to discuss with SM re: - capacity to do this 29.7.21
- Band 7 Dementia and MH lead to lead on patient provision in Trust
- Continue MH awareness training via Trust induction programme which is mandated for all new starters
- Introduce clinical supervision for MH first aiders
- From September 2022- introduce 12-month programme on Mandatory study?
- MHFA trained staff who require 3 yearly update to receive update if identified as a department lead. Remaining staff to be offered alternative training.

The above was shared at September Safeguarding Committee and to Clinical Quality Group by the Matron Leading on Mental Health in the Trust.

