Safeguarding Annual Report

2020 – 2021

ROHQS (8/21) 013 (a)

Safeguarding Annual Report - 2020-2021

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1.   Introduction

1.1   This annual report reflects the arrangements to safeguard and promote the welfare of children, young people, and adults at risk within The Royal Orthopaedic NHS Foundation Trust for the period April 2020 to March 2021. 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).

1.2   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.

1.3   The report highlights areas of priority and activity and those areas requiring further focus and development to strengthen the safeguarding processes within the Trust and meet the increasing complexities of the national and local safeguarding agenda.

1.4   The Safeguarding team's vision supports that of the Trust vision and strategy which is:

"To be the first choice for orthopaedic care". The team provide advice and support and we are dedicated to ensuring that we listen to the voices of the vulnerable and act upon what we hear.

1.5   The Trust employs 1095 substantive staff and has 83 volunteers, with 179 bank staff.

1.6   Safeguarding is an increasingly complex and challenging environment. 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. Children and young people continue to experience abuse from within and outside their families, including criminal and sexual exploitation, gang related abuse and radicalisation. This is an area of multi-faceted abuse which is often hidden and can be difficult to identify and monitor.

2.   National and Local Safeguarding Context, Guidance and Key Legislation

2.1   **Key Legislation**

- 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

2.2 **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 2015

3. Impact of COVID-19

3.1 COVID-19 has brought with it many challenges, but at the forefront of our service delivery has been ensuring the safeguarding of all our patients, visitors, and staff.

3.2 The COVID-19 Prioritisation with Community Services Guidance, The COVID-19 2020 Act, Changes to the Care Act 2014 and the various COVID-19 related Guidance, have

all emphasised that safeguarding children and adults is as critical during the pandemic as at any other time, and that all statutory requirements still stand.

3.3 The global COVID-19 pandemic is 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.

3.4 The safeguarding team have continued throughout the pandemic to provide a responsive service to staff who were under increasing pressure:

- Practical support from the safeguarding team across the Trust to complete safeguarding activities where staff lacked the time or resources to do this; especially in the first wave of patient activity with Trauma Pathway care in terms of completion of capacity assessments and deprivation of liberty safeguards requests for authorisation. Complex discharge planning and best interest meetings.
- Support to discharge liaison team regarding safe and efficient discharges for patients with safeguarding concerns.
- Regular liaison with external agencies and CCG designate nurses around local and national safeguarding updates.
- Daily telephone calls to departments to offer support and to find out concerns and give support on complex cases.
- 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".

3.5 The safeguarding team continue to work in partnership with both the adults (BSAB), and Children Safeguarding Partnership (BCSP) boards. Focussing on increasing collaborative working with other agencies such as Housing, Age Concern, Police, Fire Service and Third Sector Agencies. Networking at board training events, and subgroups providing the opportunity to build relationships and information sharing and learning.

3.6 **Birmingham Safeguarding Adults Board (BSAB) Vision**

"That people with care and support needs in Birmingham are able to live their lives free from harm because we have a city that does not tolerate abuse or neglect; the community works together to prevent abuse and neglect and people know what to do when it happens".

3.7 Table 1 below showing BSAB strategic priority

Strategic Priority 1	Communication & Involvement
Strategic Priority 2	Prevention & Early Intervention
Strategic Priority 3	Empowerment & Enablement
Strategic Priority 4	Learning Through Development & Assurance

3.8 **Birmingham Safeguarding Children Partnership (BSCP) Vision**

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

3.9 The BSCP published a two-year Improvement Plan for 2019-2021. These priorities support the statutory functions of the BSCP and the partnership response to protecting vulnerable children and young people, preventing harm, and promoting their welfare.

3.10 Table 2 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

3.11 The work of the Trust safeguarding team has reflected these priorities for safeguarding adults and children via training, learning events, supervision and in the support provided to patients and staff.

3.12 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. This is also reflected both nationally and regionally.

4. The Trust Safeguarding Team

4.1 Below is table 3 showing the composition of the Trust Safeguarding Team

Safeguarding Team - April 2020 – March 2021	
Designation	**WTE**
Lead Nurse for Safeguarding	1.0 WTE
Named Nurse for Safeguarding Children and adults - (commenced into post January 2020)	1.0 WTE
Safeguarding Nurse – Band 6 – Secondment – Development opportunity from August 2020 (6-month secondment initially)	1.0 WTE
Named Doctor for Safeguarding Children	1 PA
Administrative support- bank	0.6 WTE

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

5.   Governance

5.1   The safeguarding team are led by the Safeguarding Lead Nurse, with line management from the Executive Director for Nursing and Clinical Governance, who is the Trust Executive Lead for Safeguarding, providing Board oversight of safeguarding arrangements.

5.2   The Named Professionals provide the organisation with operational advice, support and input. The professionals are committed to supporting the workforce in understanding safeguarding, embedding it into 'everyday business'

5.3   The Trust oversees the governance arrangements through bi-monthly Safeguarding Committee, which 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, Young People and Children.

5.4   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. Areas for escalation from the Safeguarding Committee are reported to the Trust Quality and Safety Committee with the Lead Nurse attending quarterly.

5.5   The Safeguarding Committee monitors progress against:

- •   Activity reporting, concerns, and external referrals
- •   Risk register
- •   Annual work and audit plan
- •   Incident reporting and learning
- •   Local and National learning from Domestic Homicide Reviews (DHR), Safeguarding Adult Reviews (SAR) and Child Safeguarding Practice Reviews (CSR)
- •   Performance against statutory standards and guidance
- •   CCG key performance indicators and contractual standards

5.6   The minutes of the Safeguarding Committee meetings are received and monitored through the Quality and Safety Committee; quarterly reports are submitted.

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.

6.   Partnership Working

6.1   During 2020/21 the Trust has contributed to engagement and effective partnership working with agencies across Birmingham and the wider footprint as COVID-19 restrictions have allowed.

6.2   The Safeguarding Lead and Named Nurse actively contribute to Adult Safeguarding Reviews (SARs), Domestic Homicide Reviews (DHR); and Child Safeguarding Practice Reviews (SCRs), both in terms of scoping and Individual Management Reviews.

6.3   The Named Nurse and Named Doctor attends Birmingham Safeguard BSCP partnership meetings and actively participate with multi-professionals regarding risks for Children and Young People in Birmingham area, and sub-group committees.

6.4   The Executive Lead attends the Leaders Assembly and has been visible and vocal in this group discussion and work.

6.5   The Trust also provides representation by the Safeguarding Team at the forums, sub-groups and operational groups who report to the statutory boards.

6.6   Partnership events have been attended by staff during the year, these events are held quarterly and have covered a range of areas in line with the local boards key target areas for improvement.

7.   Safeguarding Training

7.1   The Trust is responsible for ensuring all staff are given Adult Safeguarding training that supports their role and responsibilities towards adults that they come in contact with during their work. The training delivered at the Trust is regularly updated by the Named Nurse/ Lead Nurse to reflect needs of the staff through evaluation and local and national changes in policy/guidance. Safeguarding Training within the Trust is compliant with the intercollegiate document Adult and Children Safeguarding: Roles and Competencies for Health Care Staff (2018)

7.2   Adult safeguarding training for most staff is delivered with children's safeguarding training; and is included in the Trust's mandatory training programme.

7.3   Following the introduction of Liberty Protection Safeguards (LPS) further training for staff will be required. Pending the Code of Practice being released, due later this year 2021.

7.4   **Safeguarding Training Compliance**
Table 4: Percentage of staff trained at the end of quarter 4 for 2020/2021.

Safeguarding Training	Adult Safeguarding	Children Safeguarding	Target Compliance %
Level 1			90.0%
Level 2	98.45%	98.27%	85.0%
Level 3	86.04%	86.56%	85.0%
Level 4	100%	100%	90.0%

Training	Compliance %	Compliance Target %
Mental Capacity Act (MCA)	95.65%	85.0%
Deprivation of Liberty Safeguards (DoLS)	95.91%	85.0%
Prevent Awareness	88.86%	90.0%
Prevent Health WRAP	84.14%	90.0%

7.5   **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. Since March 2020 this training has been undertaken by completion of eLearning package.

7.6   **Adult and Children training Level 3**
Level 3 training face to face (F2F) training was suspended between the period from the end March 2020 to the end of May 2020, due to COVID-19 restrictions numbers of available spaces were limited. Trust Executive Lead prioritised Safeguarding training to recommence.

7.7   The training is delivered by the Named Nurse/ Safeguarding Nurse with support from Children and Young Persons (CYP) OPD Sister. Based on evidence from NSPCC recommending that due to the sensitive and emotive nature of children's safeguarding training, two presenters should be available in order to meet any emotional needs of the participants from possible trauma triggers.

7.8   In 2020 and 2021 the training package for Level 3 for Children and Adult has been updated by the Safeguarding Named Nurse to reflect national and local recommendations.

7.9   In addition, the safeguarding team will be looking for new ways of providing and increasing access to safeguarding training working with the Trust Learning and Development Team, for example, Microsoft Teams in recognition of the growing trend towards virtual access to training and information, blended learning.

7.10   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. The leaflet will be updated in the next year.

7.11   The Safeguarding team have provided a total of 25 out of the scheduled 31 sessions this year with a total of 240 staff attending.

7.12   Table 5: Level 3 staff trained per month this year

Level 3 Training Data

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Number of sessions	0	0	4	4	3	2	2	3	1	2	2	2
Number of Staff	0	0	39	38	25	19	16	26	14	24	22	17

Data source -Record of attendance
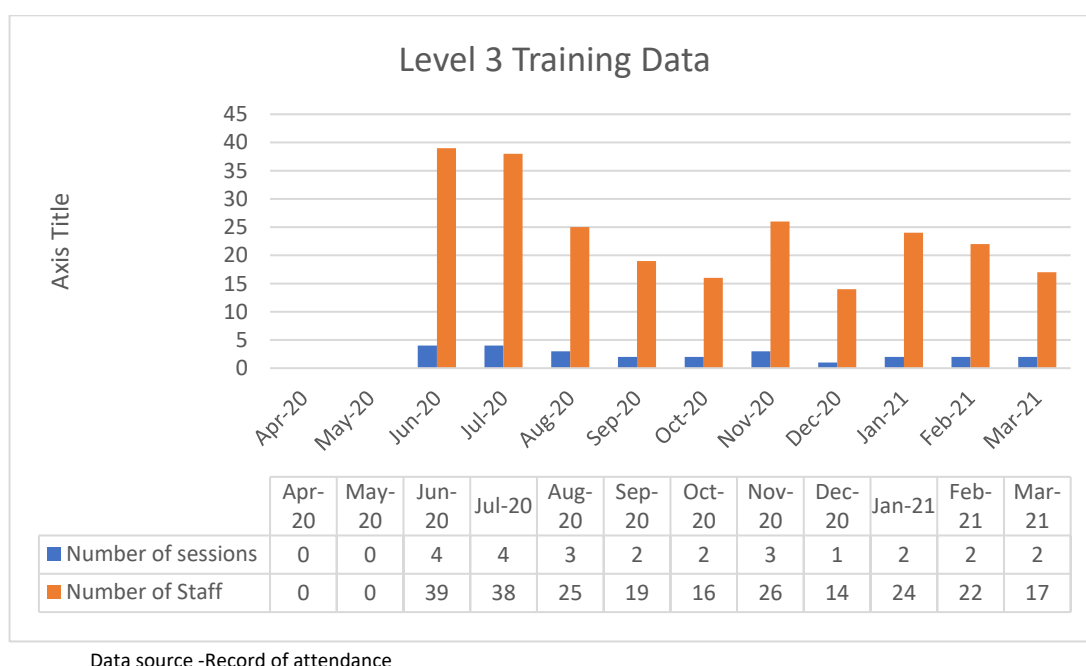
8.   Safeguarding Champions Training

8.1   The Trust this year continued to support the Safeguarding Champion forum day. These are scheduled quarterly throughout the year; due to COVID-19 pandemic the March 2020 and June 2020 sessions were not held. The sessions in September 2020 and December 2020 covered the following: -

- Bespoke Domestic Abuse training and DASH risk assessment training for all clinical and non-clinical staff, champions, and managers; provided by the Named Nurse and Safeguarding Nurse in October and November 2020. A total of 80 Domestic Abuse Champions trained and available to support patients and staff experiencing Domestic Abuse in the Trust. This was in line with the planned launch of the Domestic Abuse pathway and Staff Domestic Abuse Policy.
- First Contact Forms – How to use and when to use the documentation and reason behind information being required for children and young people.

8.2   Participants then disseminate learning to their wards and departments.

8.3   Evaluation of sessions held are gained; below is some examples of staff feedback who attended the sessions: -

- *The Domestic Abuse Care Pathway is helpful*
- *Scenarios useful and very informative*
- *Ability to ask questions freely, group discussion with other professionals*
- *Purple Ribbons (national symbol for domestic abuse DA)*
  to show which staff member is the DA Champion
- *'We are not afraid to ask' cards to attach ID badges - visual prompt*
- *The session was in depth*
- *Trainers went above and beyond to explain everything*
- *Domestic Abuse Policy and how the Domestic Abuse Care Pathway ties in with the policy*

9.   Safeguarding Supervision

9.1   The Trust is committed to ensuring that all staff have access to advice and support from competent safeguarding professionals and that staff working with children, Young People, Adults and Families receive safeguarding supervision appropriate to their level of contact and responsibility with children and families, in accordance with national and local standards and requirements.

9.2   Supervision offered is provided 1:1, group sessions, learning lessons and case debriefs.

9.3   Safeguarding supervision is a priority for the safeguarding team moving forward. Staff have been identified to receive specialist supervision which also includes restorative supervision training.

9.4   Children and Young People Outpatient Department (CYPOD) receive weekly SG case supervision, led by the Safeguarding Named Nurse.

9.5   The Named Nurse has put considerable effort, since joining the Trust in December 2020, to ensure staff have access and undertake supervision, and continues to promote this with all staff. Safeguarding Supervision Policy to be reviewed in June 2021, the Named Nurse has already identified areas for improvement; these include documentation and access by teams and staff being evidenced.

10.   Audit and Inspection Activity

10.1   An audit undertaken by an external practitioner for Mental Capacity Assessment MCA. Report of findings have been discussed at March 2021 Safeguarding meeting, along with recommended actions. The areas where further improvement being:-

- Staff to document updates of Mental Capacity Assessments and Deprivation of liberty on purple paper.
- Strengthen staff knowledge of the role of the Independent Mental Capacity Advocate (IMCA) within DoLS
- Improve Deprivation of Liberty Safeguards (DoLS) documentation especially clear reason for the deprivation, and how the deprivation is occurring the level /type of restriction.
- Improve communication of MCA and DoLS applications on transfer documentation both in to and out of the Trust.

10.2   Improvement in the use of the MCA assessment 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.

10.3   First contact form audit-The safeguarding champions were asked to complete in December 2020 undertook an audit of the use and completion of this documentation. 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. Overall, the results demonstrate positive usage of First Contact Forms although there are areas of practice that require improvement.

10.4   Following this audit there has been focused work by the Children and Young People team to ensure staff were fully aware of the documentation, when it should be completed.

10.5   Mental Health -A spot audit of notes was completed in February 2021 using the complex care audit template. These were selected at random from the list of Mental Health Notifications received in the previous 3 months. Findings gave assurance that

Mental Health conditions are being identified and managed. All learning identified has been fed back to the notifying individual for learning.

10.6   There have been no assurance visits undertaken by the CCG during 2020/21.

10.7   The Trust has continued to support BSAB and BSCP with external audits and is committed to meeting its statutory and regulatory requirements in this area.

10.8   The audit plan for 2021-22 has been prepared and presented at Safeguarding Committee for agreement in March 2021. See Appendix 1.

11.   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 LSCP 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 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. It was released for upload in February 2021. The Self-Assessment tool for 2020-2021 has been submitted to the BSCP, and 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 - scheduled for May 2021 - 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

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 and the late release of the tool for upload by the BSCP.

12. Domestic Abuse

12.1 There has been increase in the number of concerns and referrals being raised to the safeguarding team; from 16 to 28 during this year. It is likely that the true incidents/ concerns of domestic abuse not being recorded this year, due to COVID-19 Pandemic restrictions and lockdowns. It is anticipated domestic abuse incidents will increase in line with local and national intelligence, after lockdown measures are fully eased.

12.2   The Named Nurse is encouraging 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. The team has supported staff face to face to complete the DASH risk assessment tool.

One case a patient provided with one-one support over two days discussing risk factors within the home environment, living with a perpetrator of domestic abuse whilst empowering patient to report incidents to police.

12.3   Bespoke Domestic Abuse training had been offered to all staff clinical and non-clinical staff who had requested to become Domestic Abuse Champions for their departments. This year 80 Domestic Abuse champions have been trained ensuring all understand their roles and responsibilities for their departments as Champions.

12.4   The Trust Domestic Abuse integrated pathway has been designed by Named Nurse to support the Trust's Domestic Abuse Policy and procedures, including safety planning and signposting to organisations for support.

12.5   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. The new amended SG level 3 training should provide 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).

12.6   Posters have been designed to support routine enquiry implementation which included "Seen alone" poster in key areas identified, adult and paediatric posters in Outpatients Department (OPD), Admissions and Day Case Unit (ADCU), and Pre-Operative Assessment Clinic (POAC). Resources provided to staff are "Ask Me" cards for signposting to external services, "we are never afraid to ask" routine enquiry cards, and Domestic Abuse Champions badges.

12.7   A new Staff Domestic Abuse Policy has been implemented. The policy aims to support staff who are experiencing Domestic Abuse and the Trust ensures the safety of its employees.

12.8   Developing staff's skills and confidence in asking direct questions around Domestic Abuse will be part of ongoing work next year.

12.9   The Trust continues to benchmark our Domestic Abuse response against national and local standards, to identify areas which require improvement.

12.10 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.

12.11 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.

12.13 The Safeguarding Team have had a total of 6 scoping requests received for internal management scoping, all of these were a nil return, and information provided to DHR panel.

12.14 Learning from local and national DHR is incorporated into training for both Level 2 and Level 3 training.

13. Female Genital Mutilation (FGM)

13.1 FGM is a violation of the human rights of girls and women. NHS national statistics state there were 6,590 individual women and girls who had an attendance where FGM was identified in the period April 2019 to March 2020.

> *"1 in 3 women and 1 in 4 men have experienced some form of physical violence by an intimate partner. This includes a range of behaviours (e.g., slapping, shoving, pushing) and in some cases might not be considered "domestic violence." 1 in 7 women and 1 in 25 men have been injured by an intimate partner".*
> *National Statistics Domestic Violence - NCADV*

13.2 During the year a total of 4 FGM concerns raised compared with 3 in the previous year all adults. Table 6:
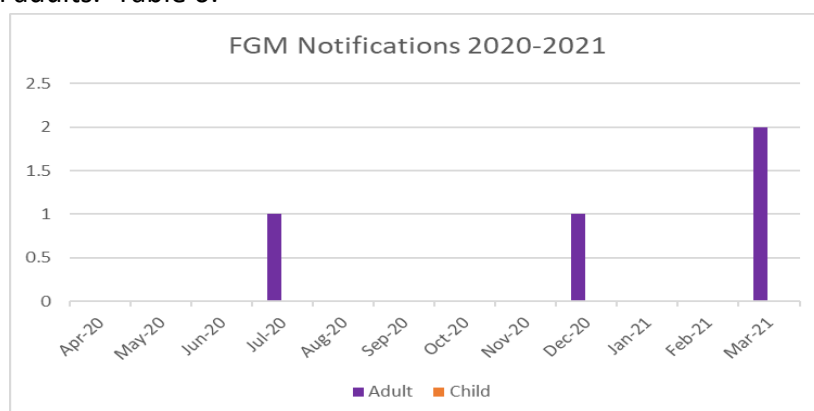
13.3 Patients disclosed that they had been subject to FGM as a child, patient supported and given time to talk and offered referral to FGM clinic. Mandatory reporting completed by SG team and information sharing to GP. Mandatory reporting for FGM
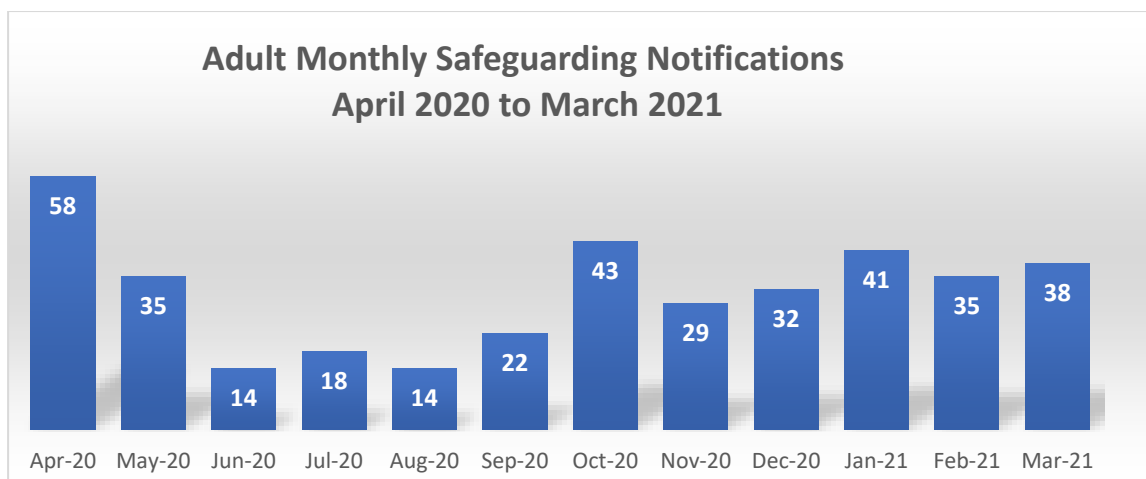
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requires health professionals to identify FGM and follow their internal safeguarding procedures whilst recognising any 'at risk' children or adults within the home.

13.4   Learning from cases has shown staff need to ensure that they use independent interpreters when having "difficult conversations" to discuss safeguarding concerns such as FGM. Staff have followed internal procedure well by identifying FGM and reporting, whilst ensuring that other members of household are not "at risk".

13.5   SG level 3 Children's training updated including pictorial information on how to identify the four types of FGM and staffs' responsibilities with mandatory reporting. Training updated to included case scenario and learning for staff.

13.6   Due to minimal cases of FGM being identified at the Trust due to orthopaedic speciality and reliance on patient's disclosure on admission, staff require support from the Safeguarding team when FGM is identified.

14.   Safeguarding Adults Activity 2020/2021

14.1   What does adult Safeguarding mean?

14.2   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

14.3   A total of 379 concerns have been raised for adult safeguarding. Below is table showing monthly breakdown during 2020/21 for adults concerns and contacts internal notifications.

14.4   Table 7: Number of adult safeguarding notifications per month April 2020 to March 2021

Adult Monthly Safeguarding Notifications
April 2020 to March 2021

Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
58	35	14	18	14	22	43	29	32	41	35	38

Data source – ROH internal Access Database

14.5   Despite a reduced footfall through the hospital during the majority of 2020 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.

14.6   Table 8 below shows the comparative data 2018-2021 per month

Adult Concerns - Comparable data
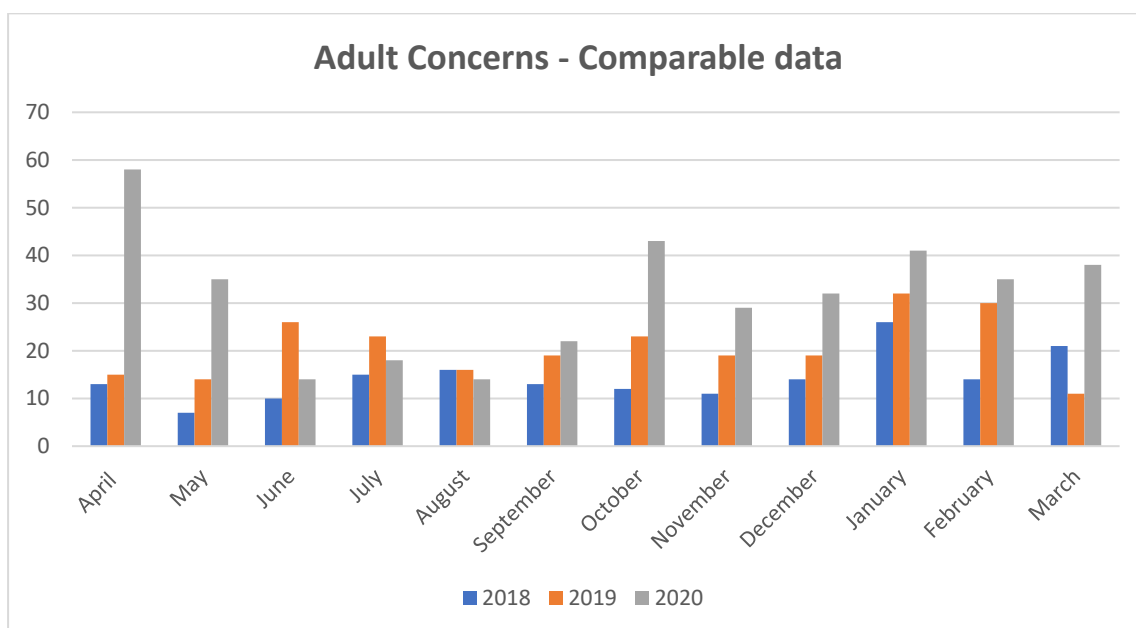
Data source – ROH internal Access Database

14.7   This provides positive assurance that staff are growing in confidence with identifying safeguarding risks and are taking responsibility for keeping our patient's safe. Noting reduced activity during reduction in Trust activity due to COVID-19 distribution of services.

14.8   It is important to note that during the first and second wave of the pandemic, the Trust supported the wider NHS service, working with UHB-ROH trauma centre and Rehabilitation pathways from January 2021. 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, for example Dementia.

14.9   Table 9 shows the Top 4 categories of the adult contacts and referrals

Top 4 Categories of Adult Contacts/refferals to the Safeguarding Team

Category	Count
DoLS	132
MH	93
Risks	32
DA	28

14.10   The highest contacts being the Deprivation of Liberty Safeguards (DoLS) applications - total number of 132 contacts. This was due to a significant increase of patients transferring from other acute trusts, predominately University Hospital Birmingham (UHB), with fractured neck of femurs.

14.11   Mental Health themes from contacts relate to patients with history of Mental Health, these being depression; along with a history of suicide attempts and self-harm concerns also. This may also have increased in line with staff receiving Mental Health First Aid Training raising awareness and knowledge. As a Trust we acknowledge the impact of COVID-19 restrictions "lock down" on patients who are isolating and shielding seeing a decline in Mental Health,

14.12   There have been 32 contacts regarding risks, these cases show the importance of identifying risks and sharing with other agencies.

14.13   **External referral activity**
        Table 10 below summarises the external referrals the Safeguarding Team have made following concerns raised: -

Area of Referral submitted to:	Yearly Total
Adult Social Care	17
Adult Social Services for care and support needs	9
Substance misuse	2
Community Mental Health Team	17
GP for follow up and support for safeguarding concerns	75
Police WMPS safe and well fare check	2
Drug and Alcohol Services GCL	8
Educational Services	1
Female Genital Mutilation (FGM) Services	2
West Midlands Ambulance Service (WMAS)	4
Multi-Agency Risk Assessment Conference (MARAC) for DA high-risk cases	4
Substance Abuse	1
Food Bank Service	2
Volunteer Befriending Service	1
PiPoT (external)	1
Independent Mental Capacity Advocate (IMCA) Pohwer	1
Child Social Services (Adult concern)	2
Red Thread	1
Rough Sleeper Team	1
Community Service Hoarding Addition Service	1

14.14   **Case Studies – Adult Safeguarding**

Case A -Mental Health/Complex care and support needs
Patient admitted for investigation procedure. Patient unable to communicate, required the support of an Independent Mental Capacity Advocate (IMCA) for best interest decisions. Patient's surgery cancelled due to administering of regular medication by care home. Patient admitted until investigations complete. Staff identified trauma injuries whilst an inpatient. Multi-agency referrals completed by the SG team and escalation of concerns to external authorities for investigation, to ensure the patient received support with all care and support needs. (November 2020)

Case B- Vulnerable adult with care and support needs
Medical secretary raised concerns to Deputy Director of Nursing regarding a vulnerable adult with physical disabilities who has not seen her carers for three days. Secretary was concerned that the patient was unable to take care of their personal hygiene and dietary requirement without support from carers. Deputy Director of Nursing contacted Named Safeguarding Nurse, and shared concerns. Named Safeguarding Nurse contacted patient and arranged for her family member to support her and GP over the Christmas period, and agreed to speak to patient and arrange a long-term plan of care when she attended outpatients later that week. The Safeguarding Nurse spoke to patient in OPD and arranged for a befriending service; to organise food shopping for patient and completed a referral to adult social services for long term support in the community.

Patient needs met and proactive plan to ensure patient wishes considered, along with information shared with professionals. Staff escalation of concerns for the patient and joint working to support the patient. (December 2020)

Case C- Self Neglect

Patient attended clinic appointment where staff immediately escalated concerns regarding patient's health and well-being, regards to his appearance and care and support needs. Patient had a number of communication concerns in particular hearing. Staff addressed concerns effectively and made reasonable adjustments so the patient could use a different method of communication, in this incident the use of paper and pen was provided to the patient to express concerns and also allow staff to ask the patient questions.

Patient health concerns identified and addressed as an immediate action prior to patient returning home using information sharing with specialist teams to treat the patient.   An external referral was made to social services to raise safeguarding concerns and share information. A full assessment was carried out on the patient within 72 hours in the community and care and support needs were addressed and level of care input updated.
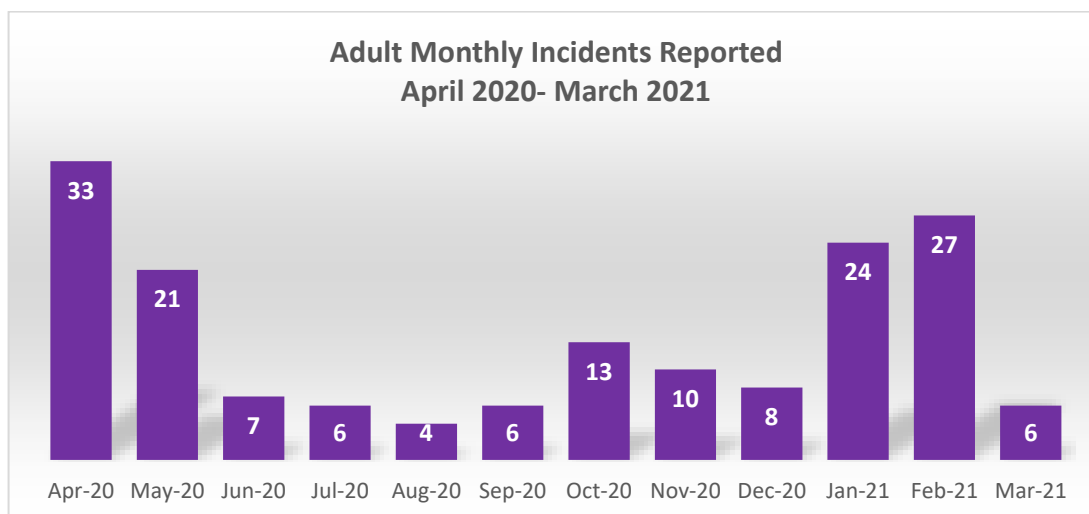
Case D-Hoarding- Corvid

Trusts swabbing team reported concerns regarding hoarding with a patient due to be admitted for surgery. Safety plan developed to protect staff for further swabs that needed to be taken. Patient given the opportunity on admission to disclose any home/ living conditions concerns. Being open and honest with the patient concerns regarding hoarding were addressed. Patient refused any support regarding concerns but gave consent for the information to be shared with appropriate staff within the Trust to develop a safe discharge plan. Patient also gave consent for information to be shared with next of kin to ensure patient had a level of support on discharge.

Case E- Partnership working information sharing

Safeguarding concern initially raised by West Midlands Ambulance Service regarding poor home conditions the patient lived in. Staff worked well to build relationship with patient which resulted in a disclosure of self-harm and a hoarding addiction. SG Nurse signposted patient to community services for family to access to support with hoarding addiction. Staff referred out to wider NHS services to support mental health needs.

14.15 Safeguarding Adults Incident Reporting (Internal reporting Ulysses System)

Table 11 below shows the number of adult incidents reported per month; total for this period of reporting being 165.

Adult Monthly Incidents Reported
April 2020- March 2021

Month	Incidents
Apr-20	33
May-20	21
Jun-20	7
Jul-20	6
Aug-20	4
Sep-20	6
Oct-20	13
Nov-20	10
Dec-20	8
Jan-21	24
Feb-21	27
Mar-21	6

Data Source – Ulysses Monthly Incident – Governance Department

14.16 Safeguarding Adult Review (SAR)
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.

14.17 A total of 2 SAR review scoping requests were requested during the year. A nil return for Trust with involvement with any patients in requests.

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

## 15. Safeguarding Children and Young People Report - Activity 2020/21

15.1 The Trust has a statutory duty to safeguard and promote the welfare of children and young people (the Children Act, 2004). The Safeguarding Policy outlines corporate and individual responsibilities in accordance with legislation, guidance, and standards. Working closely with local safeguarding board Birmingham Safeguarding Children Partnership (BSCP).

15.2   A total of 149 contacts/ concerns have been raised for children safeguarding to the Named and Lead Nurse. There has been a reduction compared with the previous year total of 362. This is in line with the reduced Trust activity, due to the COVID-19 pandemic, and the ceasing of services in the first wave of lockdown.

15.3   Below is table 12 showing monthly breakdown during 2020/21 for children concerns and contacts internal notifications

**Children Safeguarding Contacts
April 2020 - March 2021**
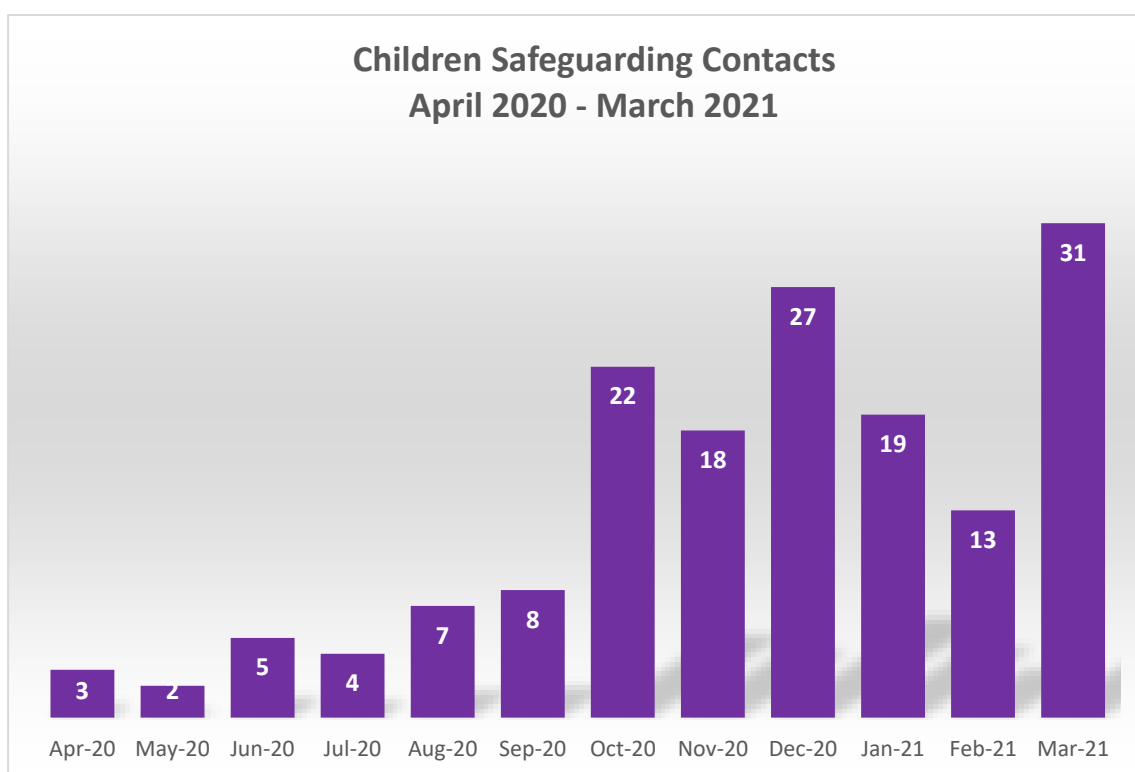
Data source – ROH internal Access Database

15.4   The chart below shows comparative data for the number of safeguarding children referrals made over the last 3 years.

Childrens Concerns/Contacts Comparable Data

Data source – ROH internal Access Database

Safeguarding Annual Report - 2020-2021 EOK July 2021
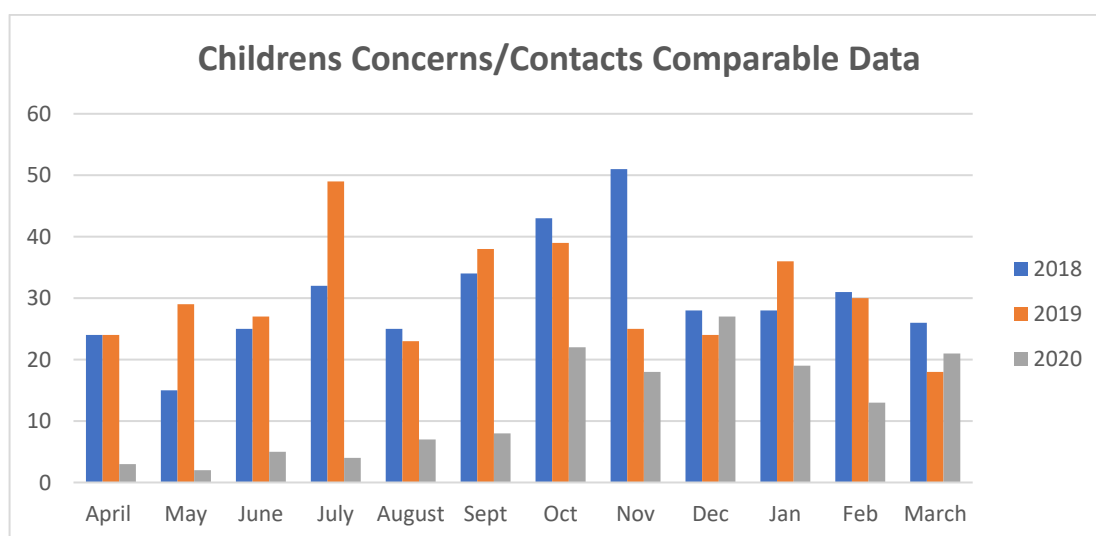
15.5   Children and Young People Department (CYPD) temporarily closed due to COVID-19 hence the significant decline in child SG notifications April 2020. It should be noted that the Trust had a children's inpatient ward in 2018.

15.6   The majority of Safeguarding notifications received were identified as "was not brought" and social services involvement indicated on first contact forms.

15.7   There is a continuing need in the coming year for the Safeguarding Team to provide focus on the Safeguarding needs of young people aged 16 years and over who are cared for within adult services.

15.8   Due to COVID-19 restrictions virtual clinics commenced for children and young people. This identified potential risks as hidden children and young people, no longer have a safe space in a hospital environment to disclose safeguarding concerns, and staff are unable to use professional curiosity due to possible safeguarding risks within home environment. Safeguarding Lead nurse and CYPOD manager met with Medical Associate Director to discuss the importance of medical team implementing safeguarding criteria in risk assessing clinic appointments.

15.9   Due to COVID-19 and remote working for external agencies, staff reported difficulties to contacting professionals when completing lateral checks, to establish ongoing risks or concerns and ensure these patients are seen or can access care and support need services. 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.   This was escalated to CCG and Children Social Services along with following external escalation procedures for information sharing.

15.10   Notifications had remained open longer, this being due to awaiting outcome of lateral checks from partnership agencies. Due to multiple school closures Designate Safeguarding Leads were not available to share any safeguarding information during April to September 2020. Concerns raised locally and nationally regarding the lack of professional oversight for children.

15.11   **Safeguarding Children Case studies**

> *Case A*
> *Child in care with severe learning disabilities was not brought to an appointment. Staff contacted child foster carer and social worker who explained that they do not feel that Botox injection are benefiting child's health needs and child becomes extremely distressed attending hospital. Best interest meeting arranged which was attended by Social Worker, foster carer, patient, Transitions Nurse, CYP OPD manager, Safeguarding Named Nurse, and consultant. All options were discussed, and it was decided that it would not be in the child's best interests to proceed with treatment. Good example of listening to the "child's voice" and multi-agency working. (September 2020)*

Case B
First contact form indicated patient is home schooled. Following recommendations from SCR's regarding lack of professional oversight for children not in education, CYP OPD staff contacted education department to ensure they are aware that child is not in education and an education officer is assigned to family. (October 2020)

Case C
Child in Need plan indicated on first contact form. Staff contacted Social Worker who explained child in need plan in place due to parent's mental health concerns which impacts on the child's well-being. Child scheduled for a procedure at ROH and reasonable adjustment put in place by Transitions CNS to support child and mother. Transitions CNS contacted mother's mental health team to support ROH staff if mental health declines due to child's procedure. A good example of "whole family" approach. (October 2020)

Case D
Patient was found in outpatients department, distressed, and lost. Patient referred to the Trust Ambulatory care by UHB for reconstruction day case surgery following trauma injury to hand. Patient attended unaccompanied with several version of incidents. Lateral Checks completed by Safeguarding Nurse which highlighted concerns with GP and home-schooling. Referral made to Children Social Services (CASS) with the support of GP as mental health risks identified within the family home. Patient was supported through the admission, theatre, and discharge process. Patient was discharged into the care of an adult sibling and followed up by CASS and GP for professional oversight in the community. (February 2021)

15.12 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.

15.13 The Trust's first contact form have been reviewed and amended by CYPOD department in June 2020.

15.14 Staff reminded to not assume parental responsibility and to complete checks thoroughly. Parental responsibility training has been provided to staff and information updated.

15.15 The Named Nurse has ensured that complex cases that require escalation are reviewed, as per external safeguarding escalation procedures.

15.16 Monthly meetings and case discussion dates booked for Named Doctor for Children Safeguarding and the Named and Lead Nurse for Safeguarding.

15.17 **Serious Case Reviews (SCR)**
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.

15.18 Over the past 12 months the Trust has received a total of 3 requests for scoping for SCR.

15.19 Only 1 SCR request received for scoping known to the Trust through the OPD service. Information provided to the SCR panel.

15.20 **External Agencies Referrals**
Total number of referrals 43, below is table 13 summarising the professional agencies, following concerns and notifications being raised about children and young people.
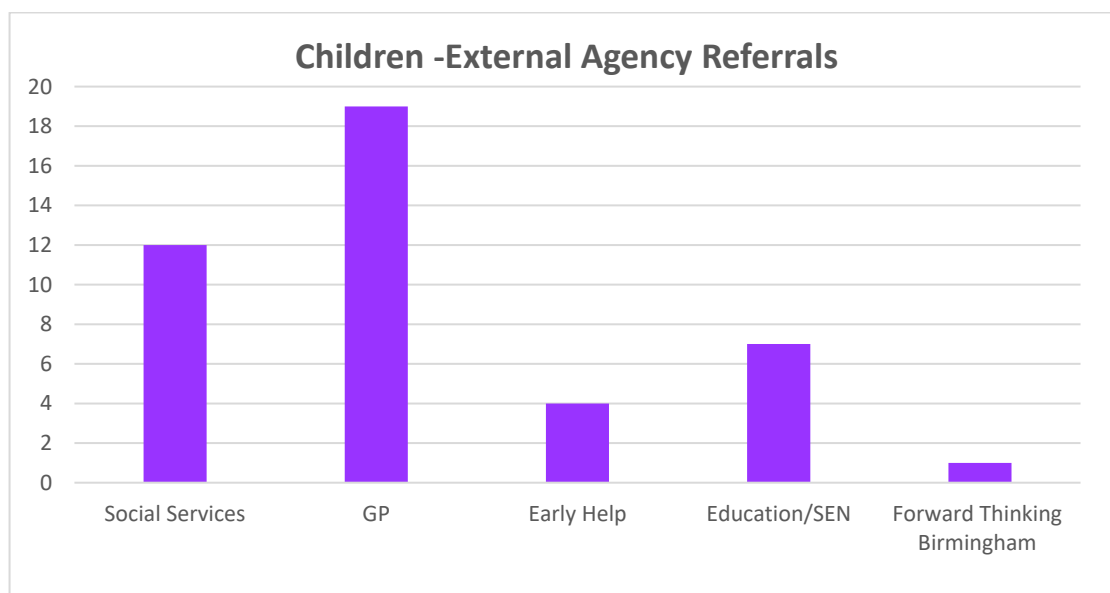
15.21 **Early Help**
Staff have been made aware and included in children safeguarding training that teams are now up and running and targeting specific areas in Birmingham. Trust intranet page updated with local and national information, guidance, and contact details along with the Early Help handbook.

15.22 During supervision standard item agenda is Early Help to encourage staff to offer families in need to Early Help services.

15.23 Early Help will continue to be a focus for the next year including the importance of proactive, protective care to prevent crisis and abuse. Staff are encouraged to complete the new E-Learning "Right Help, Right Time" package produced by Birmingham Children's Partnership.

16. Child Exploitation (CE)

16.1 CE encompasses sexual and criminal exploitation, trafficking, modern slavery and other forms of adolescent vulnerability.

16.2 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.

16.3 Awareness Day National Child Exploitation Awareness Day 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.

16.4 Safeguarding intranet has been updated to reflect local services available to support such as Empower U.

16.5 Child Exploitation tool, and issues surrounding contextual safeguarding has been included into Level 3 training.

17. Person in Position of Trust (PiPoT)

17.1 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.

17.2 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.

17.3 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.

17.4   The CCG Designated Lead Safeguarding Nurse informed of all cases, along with relevant professional governing bodies as required.


18.   Prevent Activity

18.1   The Trust recognises that all members of staff have a duty under the Counter Terrorism and Security Act (2015) to have due regard to the need to prevent people being drawn into terrorism and to act positively to report concerns.

18.2   The Safeguarding Lead is the Prevent Lead, Operational Prevent Lead; with the Executive Director of Nursing and Governance being the Executive Lead. The Operational Lead and Safeguarding Lead attended the regional Prevent Forums and receives local intelligence from the Counter Terrorism Unit (CTU) officers. Local mandatory training is updated as required to reflect new information.

18.3   No Prevent concerns had been reported during the year.

18.4   The Home Office expectation is that all organisations party to the NHS Standard Contract will, as a minimum, achieve 95% compliance for Basic Prevent training and 90% for WRAP. Unfortunately, with the suspension of training on 25th March 2020 due to COVID-19 the WRAP compliance figures had reduced. Trust has submitted the required quarterly national returns.

18.5   Training is now delivered by both face-to-face training sessions since the end of June 2020, and an on-line package for both mandatory, and induction training.

18.6   Additional face to face training sessions were provided by the Operational Lead to address the training shortfall. E learning training is being encouraged to ensure that staff training compliance is maintained.

18.7   The Prevent folder to support staff on the intranet has been updated.

18.8   The Operational Lead for Prevent is retiring in March 2022, preparation for this role is being undertaken.

18.9   The Trust aims to embed Prevent into mainstream safeguarding. Training encourages staff to focus on our professional responsibility to understand and recognise that radicalisation is a real risk which could affect any of us.

## 19.	Deprivation of Liberty Safeguarding (DOLS) and Mental Capacity Act (MCA)

19.1	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. In order 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.

19.2	Table 14 below shows the DoLS applications by the Trust - comparable data

Data source – ROH internal Access Database
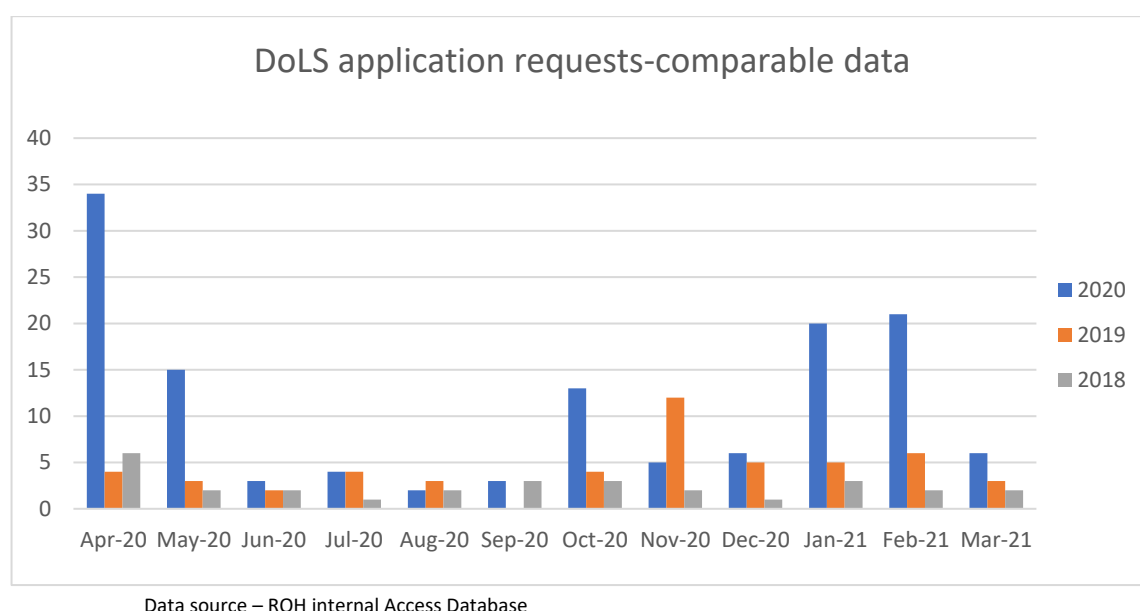
19.3	The increase in patients requiring DoLS application requests total 132 in the year compared with 51 in the previous year. The increase due to the care group of patients being treated, the trauma patients from UHB. This increase has impacted on staffing requirements to meet patient needs, with bank and agency staff used for the increased/enhanced observation and recorded on safe care staffing record.

19.4	A focused area of work has been undertaken with the 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 review has been undertaken and recorded.

19.5   Staff requested to complete an internal notification when undertaking MCA assessment to allow for review, follow up and monitoring by the team and managers.

19.6   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) in 2022.

19.7   Training has been reviewed and updated with further case studies for staff in Level 2 and Level 3.

20.   Liberty Protection Safeguards (LPS)

20.1   Liberty Protection Safeguards (LPS) are due to replace Deprivation of Liberty Safeguards (DOLS) in April 2022. These new safeguards will radically alter who can authorise the deprivation of liberty and as NHS Trusts will be "Responsible Bodies" it is essential that staff have the confidence, skills, and knowledge to implement the Mental Capacity Act. Its introduction signifies an opportunity within the Trust to review the management of MCA and liberty safeguards including resources required to fulfil statutory duties. Preparation, training, and strategies for these changes must begin as soon as possible following the Code of Practice release to ensure the Trust is ready to fulfil new statutory obligations. This will be a focused area of work in the next year for the team, regarding its introduction and the process and procedure for the staff required.

20.2   The Health and Social Care Bill. The White Paper 'Integration and Innovation: working together to improve health and social care for all' has been published with the Government setting out its intention to establish statutory Integrated Care Systems (ICSs). It is anticipated that the Responsible Body function under LPS will transfer to ICSs, as they take over core functions of Clinical Commissioning Groups. This means three Responsible Bodies in England being the local authority, NHS Trusts, CCG/ICS.

20.3   The date for implementation of LPS remains April 2022 although much speculation remains as to whether this may change.

20.4   At present the legislation gives us a clear framework regarding the role of the three Responsible Bodies and we know the assessments required, we also know of the role of clinicians however the code of practice has much to add to help clarify how we use AMCPs, how LPS impacts on those 16 plus etc.

20.5 The LPS MCA code of practice is reportedly progressing and will be made available for public consultation. An updated version of the MCA Code of Practice will contain detailed information about LPS in dedicated sections. The expectation is that the updated MCA Code of Practice will run to 25 chapters including 'What is the Overall LPS Process, the interface between LPS and the MHA and LPS Challenging Arrangements. One code of practice rather than two aims to embed LPS in MCA.

21. Learning Disabilities (LD)

21.1 The Learning Disability Service is part of the Safeguarding Team and aims to respond to the additional needs of people with Learning Disabilities (LD), and the quality of assessment and care people with LD received when accessing our services.

21.2 A total of 355 contacts were reported by the Trust's LD Nurse during the year.

21.3 The table 15 below showing the quarterly number of contacts:
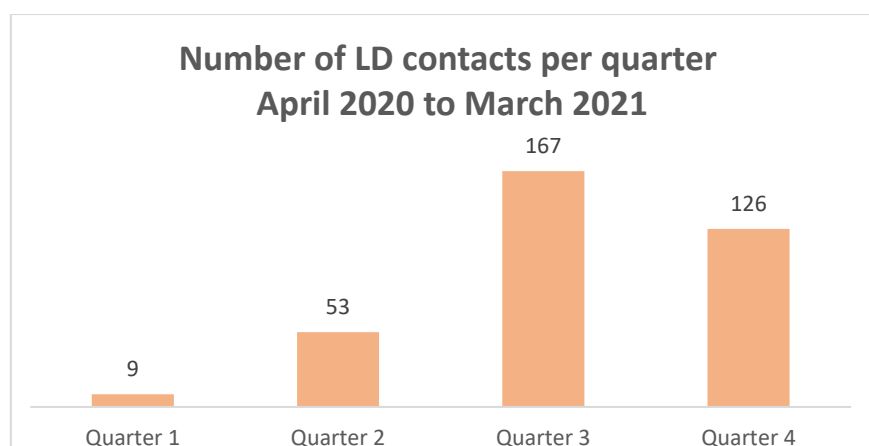
Data source SG internal database and LD excel spread sheet of notifications

21.4 The previous year total contacts reported was 615, a total reduction over 50%. This is in line with reduced activity inpatient and outpatients due to COVID-19 pandemic.

21.5 The LD Nurse left the Trust at the end of April 2020, and the new LD Nurse commenced into post in November 2020. During the period of vacancy of the Trust LD specialist; the CNS for Transition has provided support, advice and guidance for patients and family and carers pre and during their hospital admission. The Safeguarding Team provided telephone advice and support to staff including best interest meetings.

21.6   The Trust Lead Nurse has sort support and advice as required, from Birmingham Women and Children's Hospital (BWCH) LD Lead Nurse, who also participated in the interview panel for the LD staff member.

21.7   Monthly reports of the contacts/ activity, along with the themes and trends are presented to Trust Safeguarding Committee for discussion review and escalation, by the LD nurse. The activity summary of contacts with LD Nurse reported via the Safeguarding Quality report.

21.8   The table 16 below showing the number of learning disability children and young people and adults contacts monthly reported.

Monthly Number of Children and Adults LD contacts -April 2020 to March 2021

Month	Adult	Children
Apr-20		0
May-20		0
Jun-20		3
Jul-20		13
Aug-20		10
Sep-20		18
Oct-20		41
Nov-20		65
Dec-20		46
Jan-21		13
Feb-21		24
Mar-21		73
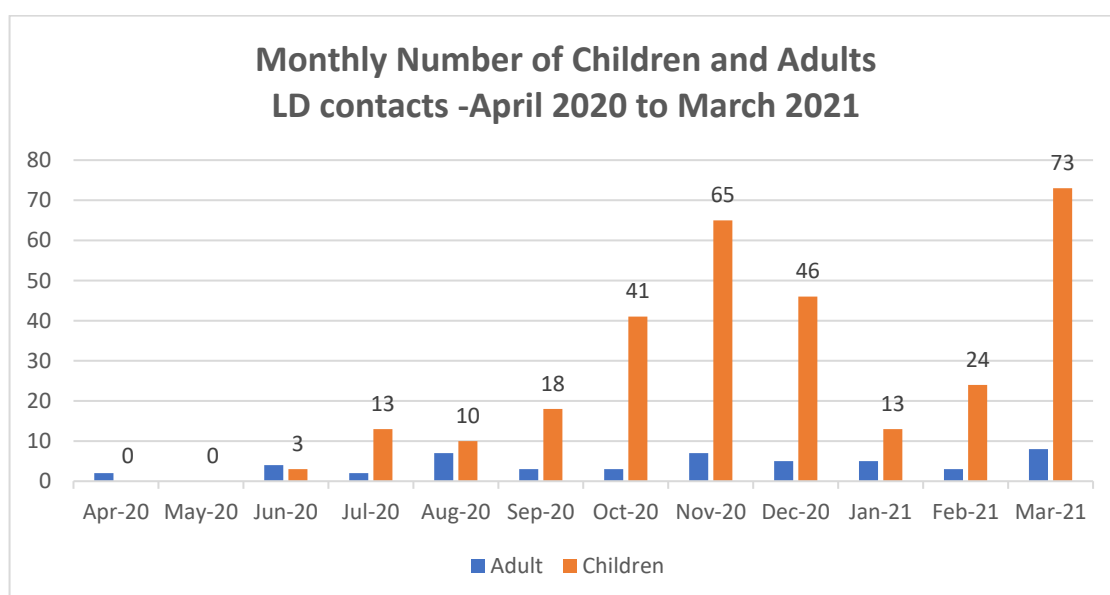
21.9   Learning took place around the importance of ensuring families are contacted to ascertain the reason for not attending an appointment prior to categorising it as a Did Not Attend (DNA). In one case there had been lack of reasonable adjustments in terms of communication method. This was discussed and practice altered accordingly.

21.10 Staff are reminded to: -

- Continue to submit a learning disability notification when they meet a patient with learning disabilities. Staff are encouraged to include as much information as possible, and to contact the learning disability nurse if support is required.

21.11 **Learning Disability Case Studies**

Case A-
Outpatient planning – Oncology Clinical Nurse Specialist who had identified that a patient with learning disabilities was due in clinic. LD Nurse provided support by informing the staff in oncology, outpatients and ultrasound who were expecting to see the patient of relevant support needs. Liaising with different departments involved with the patient ensured appropriate sharing of information and enabled the appointment to run smoothly with relevant reasonable adjustments being made.

Case B
Understanding behaviour – LD nurse requested to see young man with ADHD who was displaying verbally aggressive behaviour toward staff following admission and surgery. A conversation was had with the patient who explained he was in pain, was constipated and was struggling to communicate his needs. Discussion regarding pain management and laxative options was had with the patient and ward Senior House Officer (SHO). The patient understood it wasn't appropriate to be aggressive towards staff and alternative ways of expressing his needs were discussed as well as any required adjustments.

Case C
27-year-old male patient with Downs syndrome with dislocated hip. Patient lacked capacity so best interests meeting organised with key people and Involvement of Independent Mental Capacity Advocate (IMCA). Agreement made regarding surgical decision and patient has undergone surgery and has had extended inpatient episode to facilitate physio and mobilisation. Patient has LD passport which has been utilised by ward staff.

Case D
Multidisciplinary working - A 16-year-old with autism, ADHD and scoliosis has been on the waiting list for anterior and posterior surgery and presented with declining mental health. Collaborative working between LD Nurse, Transitions Nurse, Spinal Nurse and Community Mental Health Team to develop a plan to progress care and to support the patient and family whilst waiting for surgery. Transition Nurse and LD Nurse have worked with the family to determine their support needs and liaised with the safeguarding team to make a referral for early help.

21.12 **Hospital Passport Compliance**
A hospital passport is an essential document which a person with learning disabilities should have to take with them to all appointments throughout their life. It is an evolving document containing information all about the individual, not just health and care needs. It is a communication tool and highlights reasonable adjustments required to support an individual.

21.13 Since commencing in post November 2020, the LD nurse has been monitoring hospital passport. This previously had not been regularly reported on. Excellent progress has been made, and this will continue to be monitored. This was following

focused work, and education of staff about the importance of hospital passports and how they must be offered to all patients with a learning disability as gold standard.

21.14   Below table 17 demonstrates the improvement:

Hosptial Passport Data- Adults and Children November 2020 - March 2021

Month	Child with HP	Child without HP	Adult with HP	Adult without HP
Nov-20	3	62	7	0
Dec-20	3	43	4	1
Jan-21	2	11	4	1
Feb-21	24	0	3	0
Mar-21	64	9	6	2
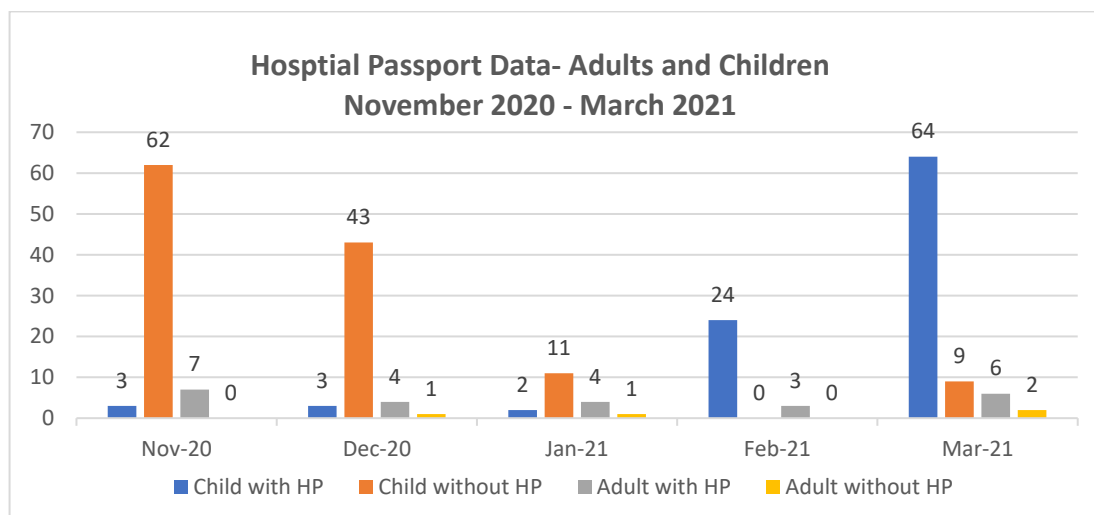
21.15   Below is example of the actions agreed to help with compliance:-

- Staff must explain what the passport is and how it can assist them
- If a patient doesn't think they want one, it can be offered to take home with them
- If patient doesn't want a hospital passport or if it is not deemed applicable then justification must be noted on the learning disability notification and clear documentation in the patients notes.
- If diagnosis or need is picked up following an appointment passport to be sent out with an accompanying letter. The LD Nurse has created an easy read letter which can be posted out with a hospital passport.
- Entry in the OPD section of notes must be completed following an appointment containing if the first contact form was completed/ reviews and any outstanding actions, completion of LD notification along with details about diagnosis, support needs and whether a passport was issued (if not, reasons documented).

21.16   **Learning Disability Training**
Learning Disability training for induction of staff had been reviewed and updated by the LD Nurse prior to leaving the Trust, Tier 1.   As this was provided on the mandatory training day which was The Oliver McGowan's Story, and what are reasonable adjustments

21.17   The Oliver McGowan Mandatory Training on learning disability and autism is currently being developed, trialled, and undergoing evaluation by the trial partners. The Trust had put itself forward to undertake the trail, however, was not selected.

The evaluation process aims to be completed by February 2022. The training will cover tier 1 and tier 2 of the Core Capability Frameworks for supporting people with Learning Disabilities and Autism. Stakeholder meetings are being held every few months which the LD Nurse attends and provide updates.

21.18 **Trust LD strategy**

Trust LD strategy was launched May 2018. An annual review was undertaken, and summary report presented at the May 2020 Safeguarding Committee to identify where the Trust was two years into the three-year life of the Strategy which expired in March 2021.

21.19 In March 2021 a summary report was presented of what has been achieved over the three years since its implementation, whilst also reviewing and updating the strategy ready for a relaunch.

21.20 Staff and patients are key stakeholders in the development and delivery of the Learning Disability Strategy. The plan is to use a questionnaire to scope awareness and understanding of the current strategy with staff across the Trust. This audit will be conducted by identifying an appropriate time with managers for a variety of staff to take a few minutes to complete the questions independently.

21.21 The plan for the new strategy is that it will cover both learning disabilities and autism. This is because the Trust does not currently have any specific strategy relating to autism, as highlighted in the data collection exercise for this year's NHS benchmarking submission. As well as this, the creation of the Oliver McGowan Mandatory Training in Learning Disability and Autism highlights the importance of healthcare staff being aware of both learning disabilities and autism and how to make reasonable adjustments to support both populations.

21.22 **Learning Disability Electronic Flagging**

In relation to the Learning Disability Electronic Flagging System, an update has been made to the current electronic patient administration system. Whilst this does not meet the Flagging requirements set out in the improvement standards, there is evidence that in some cases having an alert/ patient needs details (not flag) on a patient record does have some benefit to the patient experience. This remains on the Trust risk register number 1383 and remains ongoing with the Trusts IT and analytics department on how we can improve our current systems to achieve the required 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.

21.23 Forward Look 'Patient Needs Summary Report' – Discussed at the Accessible Information Standards meeting in February 2021. Clinical Service Manager requested to Informatics that this report is updated to reflect inpatient information as well as outpatient appointments.

- 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 outpatients and will be available on the intranet.

21.24 The Trust has supported the refurbishment and upgrade of reflection room in OPD, support obtained from BWCH LD Lead regarding equipment lighting to source for the room from sensory point of room, to provide a more tranquil environment for patients with LD.

21.25 **The Learning Disabilities Mortality Review (LeDeR) Programme**
LeDeR programme is one of the recommendations from the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD).

21.26 An initial review of the death takes place. Purpose of this is to provide sufficient information to be able to determine if there are any areas of concern in relation to the care of the person who had died, and if any further learning could be gained from a multiagency review of the death that would contribute to improving practice

21.27 Learning from lives and deaths – People with a learning disability and autistic people (LeDeR).

21.28 The first LeDeR Policy was published in March 2021 and makes some significant changes to the LeDeR process. The LD Nurse, Safeguarding Lead, and Assistant Medical Director met to discuss how this is reflected in the Learning From Deaths Policy, which required update and to ensure the Trust complies with new policy and the new LeDeR reporting.

21.29 LD Nurse attended multi-agency panel meeting at the end of February 2021. Three completed reviews were discussed. Themes that arose included discussion around supporting access to screening programmes, ensuring the individual has a voice and confirming the understanding of the individual or family.

21.30 LD Nurse has completed the LeDeR reviewer training to ensure that the Trust can contribute effectively to the LeDeR programme, along with Trust Learning from deaths process and procedures.

21.31 **NICE Guidance and Standards**
The following NICE standards relating to LD were reviewed. Full assessment reports have been sent to the Clinical Audit Committee in December, for review in March 2021 by the Trust Audit Committee.

- Care and support of people growing older with learning disabilities – NG96
- learning disability: care and support of people growing older – QS187
- Learning Disability: behaviour that challenges – QS101)

21.32   The review found that as a hospital we are mainly compliant areas for action have been identified in assessment report. Progress on areas for action will be reported to the Safeguarding Committee.

21.33   **NHS England & NHSI Improvement Learning Disabilities Improvement Standards**
The Trust submitted the required data return in January 2021. This data covers the period between April 2019 and March 2020. It is collected through distribution of patient surveys, staff surveys and data collected in response to specific questions set by the NHS England and NHS Improvement Learning Disability Standards Review document. We are currently still awaiting publication of last year's report.

21.34   Publication of the NHS England & NHS Improvement Learning Disabilities Improvement Standards with NHS Benchmarking report is expected later in May 2021

21.35   Once the official report is published this action plan will be updated to reflect the outcomes and will be monitored quarterly at the Safeguarding Committee.

21.36   **Challenges LD**
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. This has been previously raised with IM&T Manager. Safeguarding Lead has submitted a request for the creation of this. A Learning Disability patient database would hold accurate numbers of patients, better data collation and increased accountability. To support its creation the LD Nurse has review the current Learning Disability notification to ensure all data required is being collected.

Publication in November 2020 of analysis of findings from LeDeR COVID-19 reviews and subsequent Action from Learning Report highlights the vulnerabilities of a person with learning disabilities throughout the COVID-19 pandemic. The publications highlight that people with Learning Disabilities are likely to die at a younger age from COVID-19 than that of the general population, inappropriate use of DNACPR, access to healthcare was problematic and diagnostic overshadowing played a part in delayed treatment as well as lack of identification of deteriorating health.

One of the main recommendations listed included application of reasonable adjustments (e.g., allowing carers/ parents to accompany the patient) and encouraging the uptake of annual health checks. These two areas the Trust is actively addressing and can demonstrate reasonable adjustments made for patients,

and the update of patients having annual health checks by GP's on discharge correspondences, will be area of work next year

22. Mental Health (MH) and Mental Health First Aid (MHFA)

22.1 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).

22.2 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.

22.3 Table 18 below showing the number of notifications received by the Safeguarding Team per month adult and children. A total of 93 contacts reported via the safeguarding internal notification system. Total of 236 contacts.
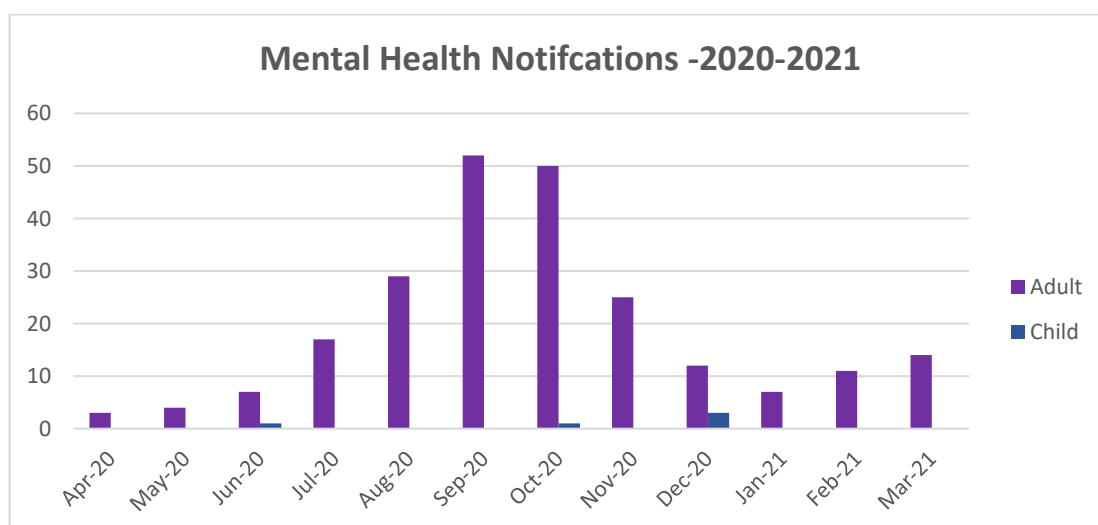
Data source Trust Internal Database

22.4 Of these 231 were adults and 5 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.

22.5 Themes/trends
- Increase in numbers of notifications coming through, due to higher incidence and greater awareness
- Patient voice listened to, and their wishes considered
- Good evidence of Multi-Disciplinary Team (MDT) working with GP, Community Psychiatric Nurse (CPN), and appropriate information sharing

- Good signposting to appropriate professionals and other support via intranet/health minds
- Staff generally more empowered to have Mental Health conversations, and understand escalation route
- 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)
- Some staff still keen to hand over concern to Safeguarding Team/MH lead, these staff are supported and steered to own the issue and manage it.

22.6   Numbers of Mental Health contacts rising significantly in OPD, however whilst MH prevalence is increasing it should also be noted that the MH questions in the revised Integrated Care Pathway (ICP) document are now routinely completed and therefore more MH concerns are identified.

22.7   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. Continual reminder to staff regarding the role of MHFA and how they support patients, fully utilising training undertaken.

22.8   In terms of the mental health conditions being reported these included most the following
- Anxiety /Stress
- Psychosis
- Psychosis (Schizophrenia)
- Depression
- Self-Harm
- Suicide

22.9   **Mental Health Case Studies-**

Case A
Patient ticked self-harm/suicide within preoperative document. Staff worked well and used their professional curiosity to engage with patient to gain more information. Patient risk assessed following immediate mental health first aid assessment and was agreed using a multi-disciplinary approach the patient would benefit from external referrals being made. Patient consented to external referral to be completed for support within the community. Patient received help and support for mental health concerns within the community managed by GP and now has regular contact with a community psychiatric nurse (October 2020)

Case B

A patient in December 2020 required implementation of section 5.2 (Drs holding power) due to psychosis, patient however was later discharged with community psychiatric support. This patient also disclosed Domestic Abuse.

Alerts that were being logged onto the Trust Patient Administration System (PAS) Lorenzo, stating Mental Health conditions, that as this is visible to all it is inappropriate, and should only be shared with those who need to know. Re-education was undertaken with teams about alerts and that if they feel an alert is necessary should record 'see notes for detail' this way information can be shared sensitively and is not visible to those externally.

22.10 **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. There has been a total of 166 MHFAs within the Trust. Further training dates at planning stages for new year pending pandemic status and recruitment of band 7 MH lead for Trust.

22.11 The training had been led by the Matron Inpatient Services - Division 1, who was leading on mental health as corporate role. Supported by the LD Nurse prior to leaving the Trust in April 2020, who had Mental Health experience, and undertook the MHFA train the trainer programme along with the Matron initially. During September 2020 and October 2020, a further 4 training session were provided, face to face in line with social distancing.

22.12 Mental Health will remain within the remit of the Safeguarding team, noting the impact of growing Mental Health portfolio on Safeguarding team resources.

22.13 The Trust has a Service Level Agreement (SLA) with Birmingham and Solihull Mental Health Foundation Trust (BSHMHFT) and this will remain in place.

22.14 The Trust approved the appointment of a Dementia /Mental Health specialist practitioner band 7. Unfortunately, we were unsuccessful in appointing to this post. We are now reviewing alternative recruitment avenues. The selection and recruitment being supported by a senior staff member from (BSHMHFT).

22.15 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.

22.16 Mental Health Buddies - Mental Health first aiders (MHFA) are supporting the health and wellbeing campaign, by 'buddying' anyone in the Trust that requires their help and support with their Mental Health, this will be monitored and reviewed.

22.17   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).

22.18   **Youth Mental Health First Aider**
A business case for Youth MHFA was approved in relation to under 18's Mental Health provision in Trust. Two staff members in the Trust have completed their 2-day youth Mental Health First Aid course and are scheduled to attend a training course to become instructors to deliver course to ROH staff in the new year. This course will be applicable to all those involved with patients under the age of 18 (including transition patients on adult wards). (Sept/Oct 2020)

22.19   Risk in relation to under 18's Mental Health Provision in Trust remains on register (risk 1416) as Youth Mental Health First Aider's training has been delayed due to COVID-19 pandemic.

22.20   **Staff Mental Health support - Florence Nightingale Foundation**
The Executive Director of Nursing recognised the impact that Corvid has had on front line nursing staff, and secured charitable funds to purchase places on support sessions offered via the Florence Nightingale Foundation, who provide sessions for:-

•   Ward managers/ Team Leaders
•   Senior Leaders
•   Staff Nurses
•   Newly Registered Nurses

22.21   Sessions were delivered in small groups via a virtual learning platform. Expert facilitators provided a psychologically safe learning space. Nurses were able to connect with others from across the country to coach each other and benefit from sharing experiences and receiving reciprocated support. Sessions were 3 hrs long and had a maximum of 6 participants per session.

22.22   23 staff utilised the support sessions, the feedback from the sessions has been very good with the sessions equipping staff with the knowledge and resources to look after themselves better, and how to support their teams. Additionally, there is clinical supervision providing staff an opportunity to debrief and learn from one another's experiences.

23. Achievements for Adults and Children's Safeguarding – 2020-2021

- Support to colleagues during COVID-19 pandemic
- Maintaining quality of safeguarding practice throughout COVID-19 pandemic
- Group and 1 to 1 supervision sessions for Children and Young People outpatients' team.
- Recruitment to: -
    - Learning Disability Nurse – commenced in post November 2020
    - Band 6 Safeguarding Nurse Secondment and development opportunity (initial 6-month period)
    - Safeguarding Administrator (commenced mid-March 2021)
- Increase in safeguarding recognition and reporting across the Trust
- New Staff Domestic Abuse Policy, and care pathway for Domestic Abuse
- Inputted into the Virtual Clinic Standard Operating Procedure (SOP).
- Domestic Abuse Champions training total of 80 staff attended internal training provided by the Named Nurse and Safeguarding Nurse.
- Improvement in completion of MCA Assessment and from audit undertaken, staff understanding of the MCA.

24. Summary of the areas for focus and improvement identified for 2020/2021

Areas of Focus	Outcome	Rating Achieved Yes or No
Trust Safeguarding Strategy Review Strategy updated for Safeguarding -previous one expired 2019	Work undertaken in 2020 One-page strategy and staff handbook to support the strategy Review and new strategy presented to Trust Board March 2021	**Yes**
Named Doctor for Paediatric Safeguarding Staff member to be identified- in line with national compliance, as replacement required as the current Named Doctor stepped down. The risk register updated to reflect current assurances	Named Doctor appointed and reporting to Trust Safeguarding Committee. Supervision undertaken – virtually due to COVID-19	**Yes**

supported by the Paediatrician Service level agreement.		
Voice and Choice and Engagement To ensure that the voice of the children and adults is included in service development	Staff asked to ensure when completing notification or incident to ensure what the patient wishes/ outcome are recorded. Due to COVID-19 restrictions limited opportunity due to lack of direct contact. Area of focus for the C&YP Group going forward next year. Adults Patient Forum and Patient and Public Engagement Strategy to launched later 2021	**Not fully**
16- 18-year-olds Ensuring smooth transition of young people from children and young people to adult services and ensuring adult focused staff have the understanding, skills and confident to identify and act upon children's safeguarding issues	Transition to Adults Clinical Nurse specialist was redeployed during COVID-19 first wave impacting on plan delivery. CNS moved to part of Safeguarding Team as from 01 April 2021	**Not Fully**
Co-ordination of Safeguarding between ROH and Birmingham Women's and Children Hospital (BWCH) Ensure robust communication and joint working practices are in place to safeguarding children and young people across both Trusts	No incidents or issues raised Trust has a governance arrangement with BWCH. Children and Young Peoples Manager close links with BWCH.	**Yes**
Direct Questioning Undertake further training for staff, to increase confidence	Direct questions being asked in ADCU and POAC. Staff Domestic Abuse Policy now approved.	**Yes**

	Focus for 21/22 Trust wide roll out.	
Liberty Protection Safeguards (LPS) Preparing for the introduction of the Amended Bill, due to come into force in May 2019, now proposed date of April 2022	Awaiting Government DOH Code of Practice, delay in introduction. Working in partnership with other providers and CCG Leads to plan for preparation and introduction, risks and implications to practice	**NO** **Outside of Trust control**
Department and Ward Self-Reporting and Audit of Safeguarding To develop departmental and ward ownership of Safeguarding including identification of best practice and areas of challenge to inform the Trust safeguarding agenda	Upward reporting on scheduled plan from areas undertaken Completion of complex care audits monthly.	**Yes**
Safeguarding Supervision Embed supervision within the Children and Young People Services and evaluate how it has influenced practice and training	Team supervision by Named Nurse and Safeguarding Nurse	**Yes**
Outcomes for Children and Young People Improved evidence of the impact that safeguarding practice in the Trust has on the outcomes of the children and young peoples and adults who use our services/care.	Further work is required here. There is some evidence of Early Help referrals and SG Team referrals to demonstrating proactive rather than reactive safeguarding and support has been evident.	**Not fully**
Mental Capacity Assessment Tool Review and update and embed staff understanding	Audit undertaken by external provider Monthly training offered by Lead Nurse.	**Yes** **Work continues in preparation for LPS implementation**

Safeguarding Documentation Care Pathway to review and update safeguarding care plans for patients, with staff involvement and learning from cases/ concerns.	Outstanding	**Focus for 21/22**
Restrictive Physical Intervention Policy and training review to be undertaken by the Lead Nurse	Policy reviewed and updated; Training Needs Analysis undertaken.	**Yes**
Information collection and monitoring Review and update of Trust internal safeguarding database	Request to IM&T for update on categories and subcategories in light of national and local changes i.e., Hate Crime, Contextual Safeguarding LD database remains outstanding	**No** **IT support and investment required Carried forward to 21/22**
Staff Domestic Abuse Policy New Policy Staff awareness and confidence in direct routine questioning	Completed and DASH tool training and, DA care pathway developed, and staff trained.	**Yes**

25. Trust Safeguarding Strategy

25.1 The strategy presented to the Trust Safeguarding Committee and Quality and Safety Committee for approval. This is aligned with Trust objectives and values, and those of the local Safeguarding Boards BSAB and the BSCP.

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 work in partnership
6	To have a safe and effective reporting workforce
7	To ensure a focus on transition from child to adult services

25.2   The priorities have been set out in 'Strategy on a page'. This will form part of the communication of the strategy in terms of poster and internet/ intranet update. Also workshops and roadshow events.

25.3   To achieve our key priorities an action plan has been developed. This will be reviewed and updated quarterly to ensure delivery of this strategy. The work action plan will form part of the annual reporting. 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.

26.   Challenges for 2021-2022

- Preparation for introduction of Liberty Protection Safeguards, due to be introduced in April 2022.
- Compliance with Safeguarding training
- Resources within the Safeguarding Team to meet growing Safeguarding agenda.
- Implementation of the Domestic Abuse Policies and routine enquiry.
- The continued virtual working/ home working of partner agencies delays in responding and closing cases.
- E Training fit for purpose with assurance of understanding, and impact – IT support required to ensure modules are deliverable due to different system needs.
- Virtual clinics due to COVID-19 restrictions, patients no longer have a safe space in a hospital environment to disclose SG concerns and staff are unable to use professional curiosity due to potential SG risks within home environment. Standard Procedure being embedded.
- Information collection and monitoring - Review and update of Trust internal safeguarding database to ensure categories and outcomes captured.
- To ensure data for LD and MH and Transition can be collected as currently no database system available.

27.   Key objectives for 2021-2022

27.1   **Areas for focus and improvements for the Safeguarding Team to include: - See Appendix B**

Preparation for the implementation of Liberty Protection Safeguards LPS in the Trust
One area for example - Produce a Q&A document which will be able to answer specific questions to aid implementation and staff awareness. The paperwork/care plan to be familiar unlike DoLS; LPS are not confined to one

setting.
Increase staff and public awareness of local and national safeguarding agenda and priorities across the Trust- purple paper using divisional meetings and forums. Road show /events.
Evidence that learning and training is having a positive impact on safeguarding practice- audit
Improve safeguarding practice for older children and young people across the Trust-Transition
Improve safeguarding documentation systems- care plans
Improve opportunities for patients to be heard and give feedback regarding their experiences. Via patient experience groups and induvial contacts, patient case stories
Safeguarding team review and business case development to meet the growing safeguarding agenda for children, young people and adults at risk – Health Inequalities
Raising profile of Domestic Abuse direct questioning across the Trust to increase disclosure and support provided by the Trust
Safeguarding Supervision being further imbedded into the Trust
Evidencing, recording of Safeguarding refresher training compliance for staff.
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 internal and external also trend analysis .
Develop and update Level 2 and Level 3 training in house to meet the changing needs for training delivery, online platform training.
Youth Mental Health First Aid Training carried out by the Trust two trainers, - sessions scheduled delayed due to COVID-19 restrictions
Internal audits programme schedule delivered and shared learning of findings and areas for improvement (see Appendix A).
Review and update external website to include information and support around safeguarding for public to access

27.2   The Safeguarding Team are constantly seeking ways to improve how we work together to ensure the best outcomes for all those who use or come into contact with our services.

27.3   Trust Board are asked to receive this report and endorse the safeguarding areas of focus for 2021-2022. These have been developed in line with the local Safeguarding Boards 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	Mr Garry Marsh – Executive Director of Nursing and Clinical Governance and Facilities / Executive Lead for Safeguarding
Paper Authored by	Evelyn O'Kane -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 A

Safeguarding Audit Schedule Workplan 2021-2022 Audits- Internal spot checks and reviews - programme workplan	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Domestic Abuse *							x					
Restrictive Interventions/ physical intervention						x						
Person in Position of Trust - Managing Allegations				x								
Mental Capacity Act - MCA assessments	x											
Deprivation of Liberty Safeguards -DoLs	x											
Training -evaluation of effectiveness/ impact		x			x			x			x	
Child Exploitation - CE*								x				
Safeguarding Documentation Audit - C&YP				x								
Safeguarding Documentation Audit - Adults				x								
Prevent -Radicalisation						x						
Transition			x									
Clinical Holding - Children								x				
Chaperone Policy			x									
Safeguarding Supervision						x						
Patient Assessment Documentation (first contact form) for CYP patients- use in the Trust									x			
FGM*										x		
Referrals - children and adult				x								

Trust Intranet Page Icons for focus work for 2021-2022   **Appendix B**

Icons used on the Trusts intranet page to provide support guidance and process for staff, these will be further developed as part of the focus work for the Safeguarding team in 2021-2022.

Self-Neglect – Understanding, risk enablement and support and guidance for patients and staff . Complexity and need to build trust.

Mental Capacity – we need to get it right, and fully understand and implement this, in preparation for the impact of the LPS being introduced.

Modern Day Slavery and Human Trafficking – for us to support the Government aims to tackle the issues and work collaboratively

Domestic Abuse – Taking this forward imbed the direct questions and the pathway Trust wide and Domestic Abuse Bill (2021)