

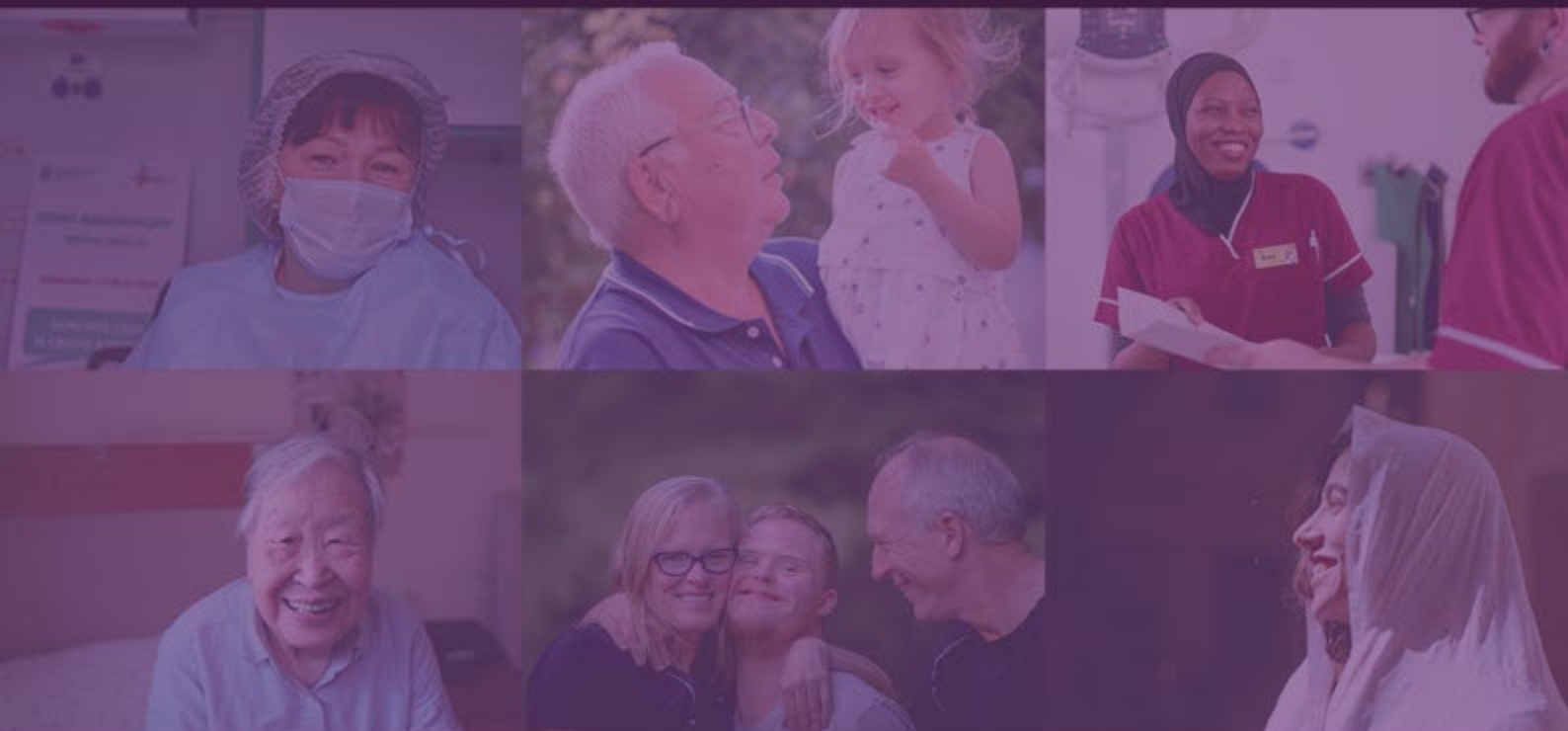
LESS PAIN

MORE INDEPENDENCE

LIFE-CHANGING CARE



The Royal  
Orthopaedic Hospital  
NHS Foundation Trust



# SAFEGUARDING ANNUAL REPORT 2022-2023



## Foreword

The Safeguarding Annual Report provides an opportunity to reflect on where we need to focus our efforts in the year ahead and celebrate our achievements in 2022-2023. Despite the impact and challenges faced post Covid-19 we are assured that there has been no disruption to safeguarding provision and service provision across the Trust.

We continue to make good progress in relation to our 7 safeguarding priorities as set out in our Trust in 2021-2025. Our focus is always to work in partnership to make a difference the lives of our service users, to promote autonomy, inclusion, and ultimately better health outcomes. We work collaboratively and restoratively with our partner agencies to 'Think Family' and protect all those at risk of harm, abuse, or neglect. This city-wide approach is being embedded across all our services, whilst focusing on developing evidence-based approaches to safeguarding practice that balances the rights and choices of an individual, with the Trust duties to act in their best interest to protect the patient, the public and the organisation from harm.

Safeguarding is complex and challenging and our plans for the year ahead are achievable and underpinned by the Royal Orthopaedic Hospitals Core values [Respect](#), [Compassion](#), [Excellence](#), [Openness](#), [Pride](#), and [Innovation](#).

The Safeguarding Team wishes to thank all our dedicated staff, our supportive partners, the Executive Team, and the Trust Board who continue to work so positively with us to ensure 'Safeguarding is Everyone's Responsibility'.

**Our Mission:** To provide outstanding safeguarding support and guidance to staff, patients, and visitors. To meet our national and local targets in delivering safeguarding training. To deliver safeguarding supervision to our staff allowing opportunities to reflect and use critical thinking when managing safeguarding concerns. To prevent harm and safeguard our patients, their families, communities and staff.

**Our Vision:** To be a safe and effective organisation where all children, young people, and adults who are at risk of harm, abuse or neglect are safeguarded by staff who feel empowered, valued, and supported. Working collaboratively with our patients and their families to ensure the best support and outcome is achieved.

## Safeguarding Annual Report 2022-2023

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## 1. Introduction

This annual report highlights the work undertaken by The Royal Orthopaedic Hospital NHS Foundation Trust Safeguarding and Vulnerabilities Team which covers the period from 1st April 2022 until 31st March 2023. The report focuses on the Trusts commitment and responsibilities in maintaining the safety and protection of children, young people and adults at risk of abuse and neglect, whilst reducing health inequalities and poor patient experience for vulnerable groups within our communities. This will include key achievements, future priorities and collaborative working and a review of the progress in the Mental Capacity Act (2005), Deprivation of Liberty Safeguarding/Liberty Protection Safeguards.

Safeguarding is a complex area of practice. The potential patient group is wide ranging from people able to self-care to those who are experiencing a short-term illness or a long-term disability. Abuse can happen in any context and takes many forms. Therefore, it is essential that the Trust continues to promote the importance of safeguarding for our patients and community.

The responsibility to safeguard adults, young people and children and promote their welfare is more comprehensive than protection. To be effective, this requires staff members to recognise their individual responsibility to safeguard and promote the welfare of vulnerable people at risk. This includes ensuring staff have access to appropriate training, advice, support and supervision in relation to Section 11 of the Children Act (2004), The Care Act (2014), the Mental Capacity Act (2005, 2019), and the Prevention of Terrorism Act (2005). These place a duty on key people and bodies, including NHS Trusts, to make arrangements to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children, young people and adults with care and support needs. "Working Together to Safeguard Children, 2018" sets out how organisations and individuals should work together to undertake their duties to safeguard and promote the welfare of children and young people in accordance with the Children Acts 1989 and 2004.

In addition to the requirements of the Care Act (2014) and the Children's Act (2004), 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 robust governance.

The Accountability and Assurance Framework (NHS England 2019) sets out the safeguarding roles, duties and responsibilities for all NHS organisations and this report reflects the integrated safeguarding portfolio.

The Safeguarding Committee is an internal strategic meeting responsible for disseminating and monitoring information from Birmingham Safeguarding Adults Board (BSAB) and Birmingham Safeguarding Children's Partnership (BSCP). In turn as a partner agency, the Trust provides challenge and scrutiny to both the BSAB and the BSCP via the Integrated Care Board subgroups/meetings as one of the statutory partners, as this is an essential part of working together to keep children, young people and adults at risk safe.

Domestic abuse, child and adult exploitation, neglect, changes to the Mental Capacity Act (2005) preparing for the implementation with Liberty Protection Safeguards (LPS) and reducing health inequalities have been priority work streams highlighted either by central government or by national or local publications. The safeguarding team have revised their training programmes to highlight these themes for frontline staff and these have also been included in quarterly safeguarding bulletins which are circulated across the organisation.

## 2. Local Partnership Arrangements

The Royal Orthopaedic Hospitals safeguarding team contribute to the local Safeguarding Partnership/Boards arrangements representing the Trust on a range of groups and committees. The team also provide assurance to Birmingham and Solihull Integrated Care Board (BSol ICB) formally known as BSol Clinical Commissioning Group (CCG) declaring compliance against NHS England Safeguarding Standards (Standard NHS Contract for All Services: Schedule C, Part 7.2).

### Birmingham Safeguarding Adults Board (BSAB)

The Trust is represented on Birmingham Safeguarding Adults Board (BSAB) by the Chief Nurse and Safeguarding Lead Nurse who ensures the priorities of the Board are reflected in the Trust safeguarding adult's agenda.

BSAB *"Our ambitions and priorities the Strategy have been developed by our citizens and our partner organisations, with a key focus on preventative interventions that minimise the risk of abuse and neglect"*. BSAB plan is based around four key priorities, and to ensure that, wherever possible, safeguarding responsibilities across the city are delivered in a way that empowers individuals and communities, that supports defensible decision making and that continues to have 'Making Safeguarding Personal' (MSP) at its heart.



**Ambition:** Making safeguarding everybody's business.

Improve awareness of safeguarding across all citizens, communities and partner organisations

**Ambition:** Developing strategies that reduce the risk of abuse, as well as seeking assurance from partners.

**Ambition:** Ensuring that adults with care and support needs are being supported and encouraged to make their own decisions to stop harm and abuse in order to feel safe.

**Ambition:** Making sure safeguarding arrangements for adults with care and support needs work effectively and sharing learning to prevent harm and abuse

### Birmingham Safeguarding Children's Partnership (BSCP)

The BSCP is led by the three statutory partners (Birmingham Council, Birmingham and Solihull Integrated Care Board (BSOL ICB) and West Midlands Police). The partnership enables local organisations and agencies to work together to safeguard and protect children.

The Trust is represented on the Birmingham Safeguarding Children's Partnership by the Chief Nurse, Safeguarding Lead and Senior Named Nurse.

Birmingham Children's Trust (BCT) set a strategic business plan between 2018-2023 and provides a yearly local update. The latest update was 2021-2022 (Year 4 update).

Birmingham Children's Trust visions and Values are to build a Trust that provides excellent social work and family support for and the city's most vulnerable children, young people and families.



BCT will achieve this by:

- Compassion and with care
- Through positive relationships, building strengths.
- In collaboration with children, young people, families, and partners.
- By listening, involving, and including.
- In ways that are efficient and deliver value for money

Success will mean significant progress towards these outcomes:

- Health, happy, resilient children living in families.
- Families able to make positive changes.
- Children able to attend, learn and achieve at school.
- Young people ready for contributing to adult life.
- Children and young people safe from harm.

### Birmingham and Solihull Integrated Care Board (BSOL ICB)

The Safeguarding Lead Nurse and Senior Named Nurse meet monthly with the BSOL Designate Nurse to provide assurance relating to the Trusts safeguarding activity including training compliance and person in position of trust internal cases.

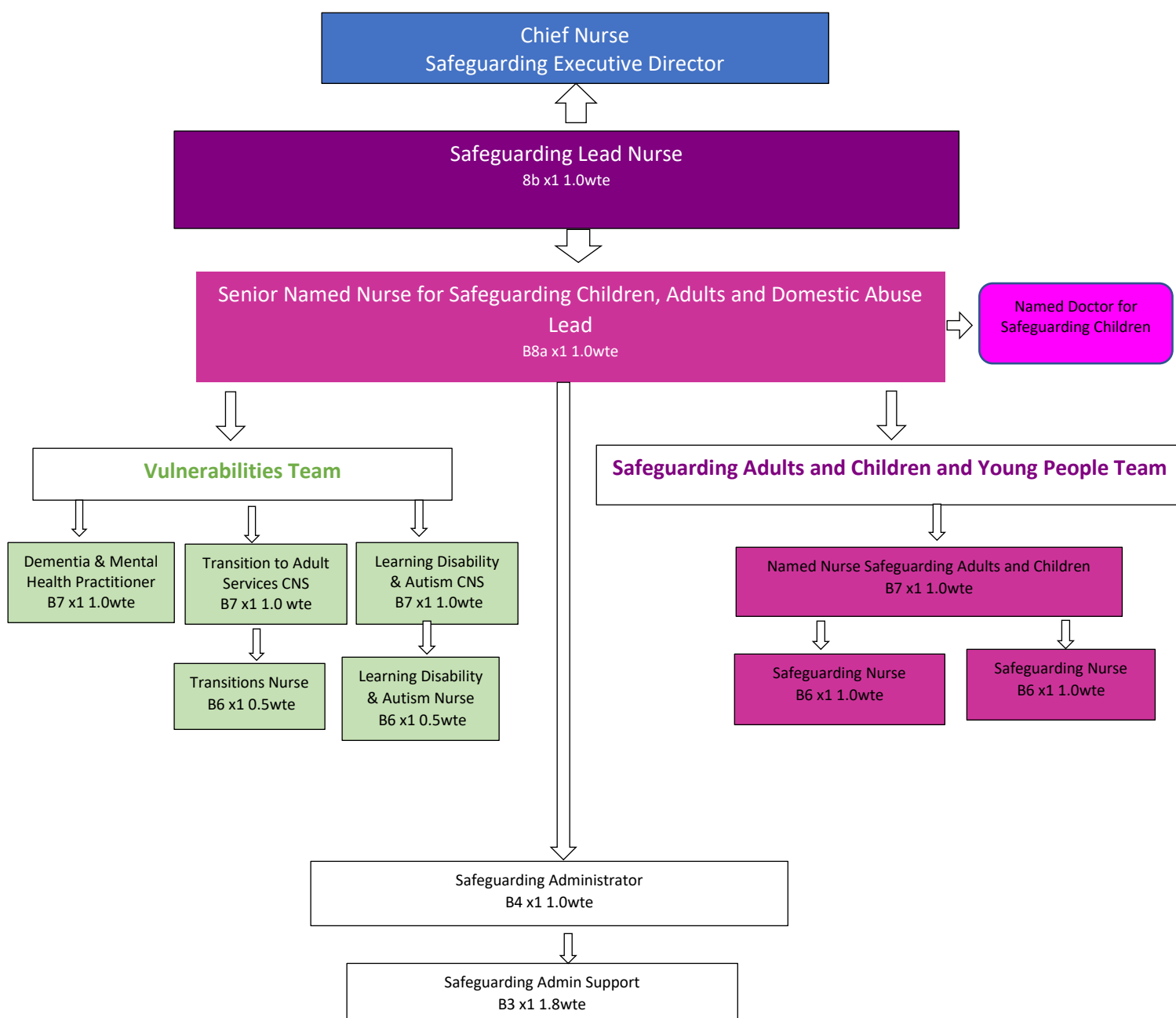
BSOL Designate Nurses provide the Trusts Named Nurse and Safeguarding Nurse with quarterly safeguarding group supervision. The safeguarding supervision delivered by BSOL is aimed at band 6 and band 7 safeguarding nurses, practitioners or named professionals across Birmingham and Solihull.

The Trusts Named Doctor for Children receives monthly safeguarding supervision by the ICB Named Doctor. Over the last year the Trusts safeguarding team escalated three cases to BSOL Designate Safeguarding Nurses for support and guidance. The BSOL Safeguarding Team provide advice to professionals working within the safeguarding team via their duty line.



Designate Nurses and the ICB Designate Doctor attended the Trust bi-monthly safeguarding committee. All internal safeguarding policies, guidance or actions are shared with BSoL Designate Nurses and Doctor for review and feedback.

### The Royal Orthopaedic Hospital Safeguarding and Vulnerabilities Team Structure



### **3. Safeguarding Governance and Partnership Working**

The Royal Orthopaedic Hospital is accountable for ensuring that its own safeguarding structure and processes meet the required statutory requirements of the Children's Act (2004), the Care Act (2014) and other statutory and national guidance. The safeguarding roles, duties, and responsibilities of all organisations in the National Health Service (NHS) including the Trust, are laid out in the NHS England 'Accountability and Assurance Framework' (2019).

The Trust is statutorily required to maintain certain posts and roles within the organisation in relation to safeguarding. In 2022 the Safeguarding Lead Nurse presented a business case to the Trusts Executive Board which was approved for additional staff to be recruited for the safeguarding and vulnerabilities team due to the pressures and demand on the current workforce. The additional roles created were uplifting the previous Named Nurse for safeguarding adults and children to a Band 8a Senior Named Nurse for safeguarding adults and children and domestic abuse lead. This created a band 7 vacancy for a Named Nurse for children and adults which was successfully appointed in December 2022. An additional Band 6 Safeguarding Nurse vacancy advertised in March 2022. Safeguarding Support Administrator Band 3. The Learning Disability Nurse in the Vulnerabilities Team was uplifted to Band 7 following additional responsibilities added to the portfolio which includes supporting autistic patients, the new role is the Learning Disability and Autism Clinical Nurse Specialist. This created a band 6 vacancy for a Learning Disability Nurse which was successfully appointed in April 2023. The Dementia and Mental Health Practitioner was recruited in October 2022. The Transitions to adult services Clinical Nurse Specialist retired in March 2023. However, this role was successfully appointed to in February 2023 and a new vacancy created for a band 6 Transitions Nurse.

The Chief Nurse is the executive lead for safeguarding and represents the Trust externally at Birmingham Safeguarding Adults Board development group and Birmingham Safeguarding Children's Partnership Strategic Meetings.

The Safeguarding Lead Nurse provides strategic assurance for Safeguarding adults and children and supports the Chief Nurse in the executive role and upwardly reporting. The Safeguarding Lead Nurse also acts as Named Senior Officer for allegations made against staff this role also includes ensuring all duties are fulfilled by the staff within the Trust. The Safeguarding Lead Nurse attends partnership meetings for Children and Adults, BSAB Quality and Performance Meetings. Safeguarding Adults National Network (SANN). BSoL ICB LPS and MCA meeting (SWING), Regional MCA LPS Group. The Safeguarding Lead Nurse ensures that development of appropriate systems including audit, governance of policies and procedures to ensure safe practice in relation to the delivery of an effective safeguarding service across the Trust. The Safeguarding Lead Nurse sets out the Trusts Safeguarding Strategy and sets objectives to encourage continuous improvement compliance with national and local policies. Developing and implementing systems for quality monitoring that are robust, auditable and effective and raising the awareness of safeguarding making it 'everyone's business.

The Safeguarding Lead and Senior Named Nurse actively contribute to Adult Safeguarding Reviews (SARs), Domestic Homicide Reviews (DHR); and Child Safeguarding Practice Reviews (CSPRs) formally Safeguarding Child Reviews (SCR's), both in terms of scoping and Individual Management Reviews.



The Senior Named Nurse for children and adults is the Domestic abuse lead for the Trust. Provides the organisation with operational advice, support, and input. Is responsible for reviewing safeguarding training ensuring that the Trust is in line with the Intercollegiate Document (2018). The Senior Named Nurse reviews and implements all internal guidance and policies for safeguarding children and domestic abuse. Annual audits for safeguarding children, adults, and domestic abuse are completed, and duties disseminated across the team. The Senior Named Nurse is supported by the Named Nurse and Safeguarding Nurse, who provide advice, support, and training to all staff within the Trust about the management of safeguarding and vulnerability issues. The Senior Named Nurse attends Birmingham Safeguarding Children's Partnership and Birmingham Safeguarding Adults Board meetings and is a core member of the National Named Nurse meetings. The Senior Named Nurse reviews safeguarding supervision across the Trust ensuring that staff receive appropriate regular supervision dependant on their roles.

The Named Nurse and Safeguarding Nurse facilitate safeguarding training sessions across the hospital to ensure that learning, skills set, and knowledge of staff is provided as per statutory and mandatory training requirements. The Named Nurse and Safeguarding Nurse are committed to supporting the workforce in understanding safeguarding, embedding it into 'everyday business' and improving outcomes. They provide visible and professional safeguarding leadership for all aspects of safeguarding adults, children, and young people to ensure that day to day advice, support and expertise is available to all staff in the hospital.

The Named Doctors also provide support to the safeguarding team and the Trust.

The safeguarding administrators provide general assistance and support to the teams daily, including the management of and handling of sensitive, emotive, and confidential information.

The Trust Safeguarding Committee is attended by a safeguarding representative from the Designated Nurse Team in the Birmingham and Solihull Integrated Care Board (BSOL ICB) and senior leaders of Trust departments whose role is to offer reporting, scrutiny, challenge, and cascade learning to their areas. The Safeguarding Team provide a monthly Safeguarding Quality Report which is reviewed at Safeguarding Committee. The 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 ICB) to provide assurance for contractual information requirements and for routine engagement visits.

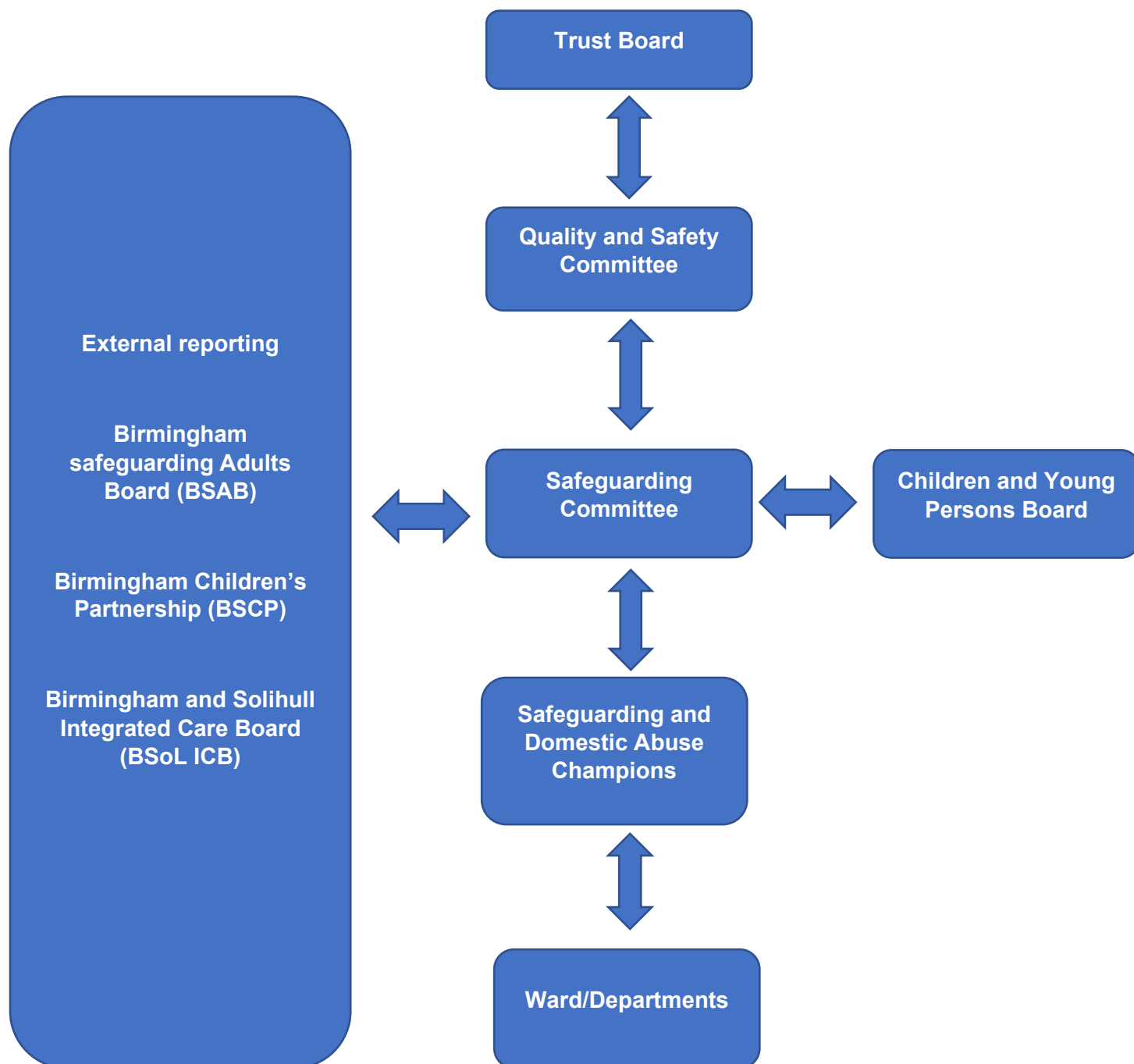
Safeguarding incidents in the Trust are monitored by the safeguarding team daily. Alerts for safeguarding incidents are generated via the Trusts electronic reporting system. The majority of incidents are managed at departmental level by the Department Lead however, some are more complex. The Safeguarding Lead Nurse is involved in providing safeguarding expertise when required. The incidents are analysed to detect trends and themes and to improve safeguarding within the Trust reporting to Quality and Safety Committee.

The safeguarding and vulnerabilities team risk register is reviewed bi-monthly by the Safeguarding Lead Nurse and the Risk and Policy Officer for the Trust. Each risk is recorded using the risk matrix. The risk register is shared with safeguarding committee members and discussed.

The Trusts intranet page provides staff with safeguarding policies, procedures, and guidance. The intranet is regularly reviewed and updated by the Senior Named Nurse and

Safeguarding Lead and the Communications Team. The Trusts external website provides the public with information in relation to safeguarding and signposts to other support services available in the community. The internal and external sites have been updated this year.

#### ROH organisational reporting structure



The Royal Orthopaedic Hospital Governance structure above reflects internal and external safeguarding reporting.

#### 4. Key Achievements 2022-2023 Safeguarding Adults and Children

- Maintaining safe and effective safeguarding practices to reduce harm and or risk to patients and their families by ensuring all staff have the necessary skills and knowledge.
- Quarterly safeguarding champions day training provided by the safeguarding team. These provide bespoke training sessions which include local and national key themes and external guest speakers within the safeguarding arena.
- Safeguarding and Domestic Abuse Champions taking responsibility for their departments by sharing their knowledge and skills and supporting staff.
- Safeguarding supervision embedded and regular attendance across outpatient settings and key departments. Regular safeguarding supervision is also delivered to professionals who hold caseloads such as Oncology Clinical Nurse Specialists and Advance Nurse Practitioners.
- Recruitment within the safeguarding and vulnerability team, following business case approval for investment in August 2022.
- Internal quarterly safeguarding purple news shared Trust wide to provide staff with national and local training opportunities, safeguarding information and updates.
- The safeguarding team have completed regular audits throughout the Trust to evidence good practice and highlight areas of improvement for adults and children.
- Positive feedback throughout the year received from staff who attend the mandatory safeguarding level 3 training for adults and children.
- Positive feedback from external and internal professionals regarding the Safeguarding Children GAP analysis following the review and learning from local Child Safeguarding Practice Review (CSPR) Arthur Labinjo-Hughes and Star Hobson including recommendations by The Child Safeguarding Practice Review Panels Annual Report (2020).
- Safeguarding Children's and Families policy reviewed with significant changes approved and receiving excellent feedback from the Trust Executive Board.
- Routine enquiry (direct domestic abuse) question launched and embedded across three departments admission day case unit, pre-operative assessment clinic and Physiotherapy department.
- Internal lateral checks guidance for Children and Adults embedded Trust wide.
- In August 2022 an internal Risk Assessment tool for children which is used for staff to enhance their critical thinking and analysis skills to reduce risks for children and young people.
- In April 2022 Internal safeguarding alerts guidance, to ensure staff are sharing concerns appropriately throughout the Trust.
- Gillick Competency checklist to be used to empower young people in decision making.
- In April 2022 Children and Young People and Adults suspected non-accidental injury internal guidance.
- In August 2022 internal Female Genital Mutilation reporting and safeguarding responsibilities guidance for adults and children.
- Reviewed and amended the Increased and Therapeutic Observation of adult's policy which included the Internal enhanced observations care plans to support staff in decision making and evidence rational when depriving patients of their liberty.
- Increase staff and public awareness of local and national safeguarding agenda and priorities across the Trust, using road shows and events.

- Development of the band 6 Safeguarding Nurse within the child safeguarding arena. The Safeguarding Nurse has completed a master's module for safeguarding at Birmingham City University and NSPCC safeguarding supervision course.

## 5. Safeguarding Strategy and Priorities

The Trust Safeguarding strategy is aligned with Trust objectives and values, and those of the local Safeguarding Boards BSAB and the BSCP. The strategy encompasses key legislation, guidance including local and national themes and recommendations.



The staff are provided with the safeguarding strategy on induction to ensure they are aware of their responsibilities and the Trusts responsibilities to protect patients, staff, and visitors from harm.

<b>Our 7 Safeguarding priorities for 2021-2024</b>	
1	To hear the voice of adults, young people, and children
2	To make safeguarding a priority
3	To improve awareness and practice
4	Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) are understood and embedded, implementation of Liberty Protection Safeguards (LPS)
5	To demonstrate working in partnership
6	To have a safe and effective reporting workforce
7	To ensure a focus on transition from child to adult services

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

## 6. Safeguarding Training

The Trusts mandatory safeguarding training is reviewed annually to ensure it is in line with local and national safeguarding themes, priorities, and statutory training requirements within Skills for Health Core Skills Training Framework (2018) and Intercollegiate Document for Children RCPCH (2019) and the Adults Intercollegiate NHS England (2018).

The training provides staff with the knowledge and skills to identify a concern, be professionally curious, share information between key professionals and immediately escalate and respond to potential risks or harm to adults, young people and or children.

The level two and three safeguarding training is delivered face to face monthly by members of the safeguarding team.

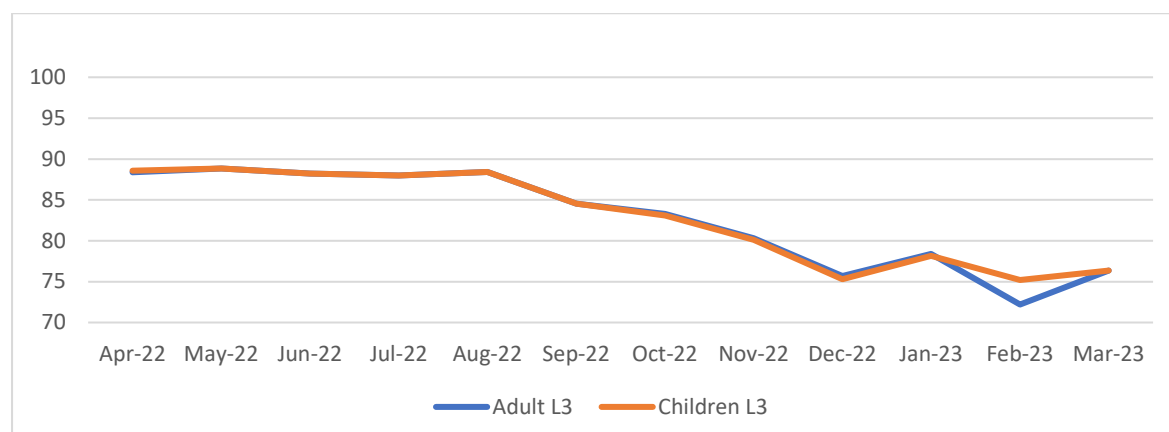
All staff members are required to receive basic awareness Prevent training which staff access via e-learning. The PREVENT level three WRAP training is delivered by the Safeguarding Lead Nurse who is the PREVENT lead for the Trust.

All staff including students and volunteers receive level one safeguarding basic awareness and PREVENT via the Trust Safeguarding booklet, this is available in electronic and hard copy version.

All named professionals receive Level 4 training which includes the Chief Nurse, Safeguarding Lead Nurse, Senior Safeguarding Named Nurse, Named Nurse and Named Doctor.

Training compliances are reported externally as a key performance indicator to the ICB as part of contractual arrangements and are required as assurance against statutory safeguarding requirements for the safeguarding boards/partnerships

The table below illustrates the compliance for safeguarding level three across the Royal Orthopaedic Hospital NHS Foundation Trust. National and local target is 85%



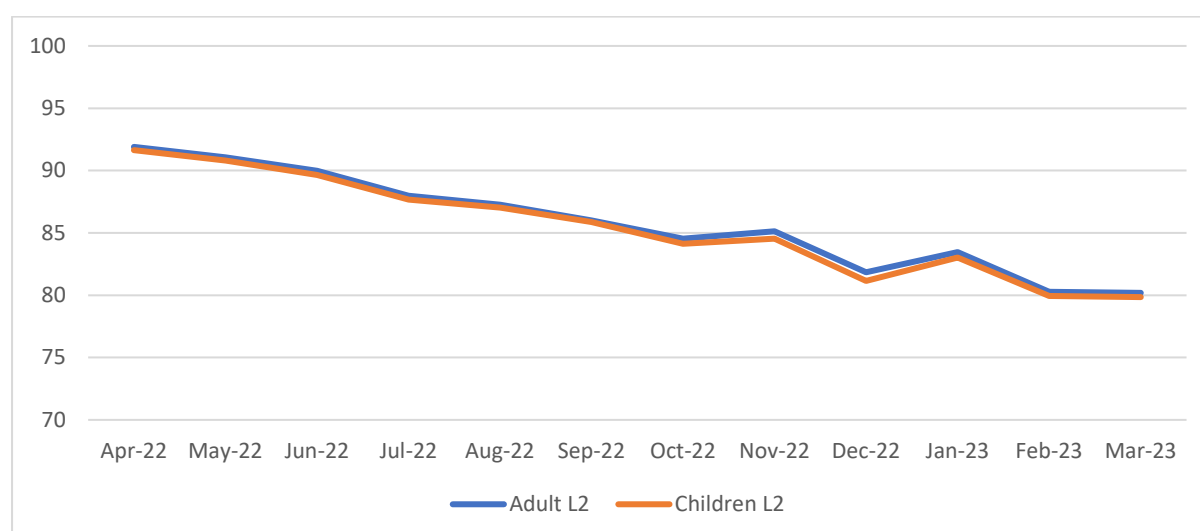
Level three training compliance

A total of fifteen face to face level three training session was delivered by the safeguarding team. The average DNA rate is around 10% this has been escalated divisionally by the Safeguarding Lead Nurse.

Safeguarding level three training is audited quarterly. Staff who attended the training are required to complete a questionnaire which poses questions related to the training to ensure they have embedded their learning.

Staff complete feedback forms following the level three training sessions. The safeguarding team overall receive positive feedback regarding the level three training. The following examples of quotes below received during the period of 2022-20223

*“The presenters evidenced a wealth of knowledge” “very interactive session, thank you” “really enjoyed the session, will be more aware of what to look out for in the future” “very engaging session, the presenter was great” “presenters were professional, very engaging and clearly spoken” “thank you for the educational and informative session. Delivered with enthusiasm and passion around such a difficult topic area” “would be prefer the session to be delivered over two days, a lot of content to digest” “great presenters who show passion about the subject” “I feel much more confident about asking safeguarding questions in clinic”*





Level two training compliance is monitored by the Safeguarding Lead Nurse with the assistance of the Learning and Development Team. Safeguarding level two training is delivered face to face monthly or can be accessed via e-learning. The national and local target is 85%.

Safeguarding training compliance has continued to be a challenge post Covid-19. However, the Safeguarding Lead reviews all outstanding staff regularly and informs line managers of the Trusts requirements. The Safeguarding Lead and Chief Nurse encourage staff to attend training.

The Safeguarding Lead Nurse completed a review of the training needs analysis of all staff cohorts, this is reviewed and amended Quarterly. The level three training packages reviewed annually by the Senior Named Nurse for Adults and Children incorporating learning from local and national reviews and internal incidents and cover all risk factors for adults and children including contextual safeguarding child exploitation, modern day slavery, forced marriage, domestic abuse including stalking and honour-based violence (DASH) training, female genital mutilation. The Safeguarding Lead Nurse provides practice-based training in the use of the Mental Capacity act and the completion of the assessment.

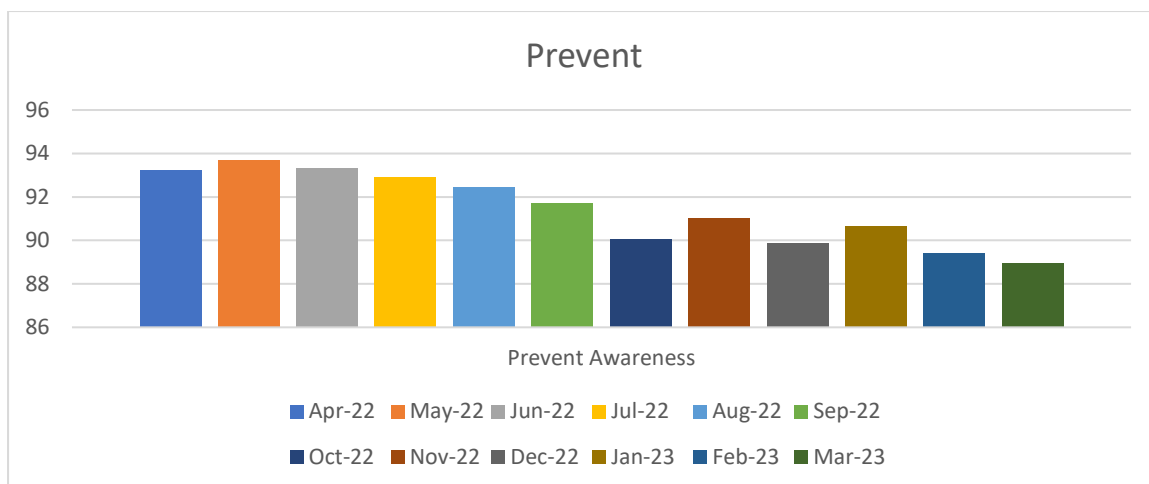
## PREVENT

Prevent has been a statutory duty for NHS Trusts and Foundation Trusts since 2015 and compliance with the Prevent Duty is a contractual obligation for all NHS service providers. Prevent is part of the Government's counter-terrorism strategy CONTEST, which is led by the Home Office. The health sector has a non-enforcement approach to PREVENT and focuses on support for vulnerable individuals and healthcare organisations in helping to stop them becoming terrorists or supporting terrorism.

The Safeguarding Lead Nurse is our Trusts Prevent Lead who acts as the single point of contact and is responsible for implementing Prevent within our organisation. The Safeguarding Lead Nurse has had discussions with the Governments Prevent Lead and regional Prevent lead throughout the year to ensure the internal Prevent training is in line with national requirements and legislation and all information shared across the Trust is up to date. The Safeguarding Lead Nurse accesses the quarterly Prevent Digest.

Prevent training is delivered through e-learning and face to face. PREVENT WRAP training has been delivered face to face across the Trust this year. The basic awareness compliance nationally and locally is expected to be 95% and the WRAP training is 90%. The Prevent training figures below for the Royal Orthopaedic Hospital. The compliance is reported to the safeguarding committee.

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Prevent Awareness	93.22	93.71	93.34	92.92	92.44	91.7	90.04	91.01	89.88	90.67	89.4	88.96
WRAP	83.98	84.71	85.36	83.84	82.51	82.86	80.15	81.80	81.06	80.86	78.55	80.20



## 7. Safeguarding Activity 2022-2023

The Royal Orthopaedic Hospital has a statutory requirement to engage in any multi-agency Child Safeguarding Practice Review's (CSPRs), Safeguarding Adult Reviews (SAR's) or Domestic Homicide Review's (DHR's) where we have been involved in the care of the victim, perpetrator, or their family, if relevant.

### Safeguarding Adults Review (SAR)

The Trust received one scoping request between 2022-2023

### Child Safeguarding Practice Review (CSPR)

The Trust received fifteen scoping requests between 2022-2023

### Domestic Homicide Review (DHR)

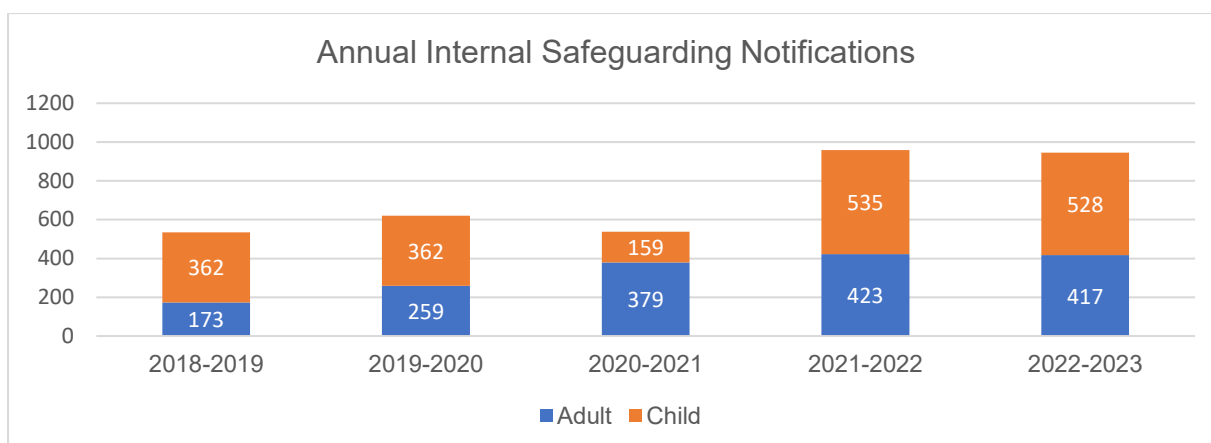
The Trust received six scoping requests between 2022-2023

All the above scoping requests were not known to the Trust or no involvements from our services.

The safeguarding team represent the Trust at safeguarding meetings, such as strategy discussions, child protection conferences, child in care meetings, core group meetings and child in need meetings. Compliance to the meetings above are monitored by the Senior Named Nurse.

The safeguarding team received at 945 internal safeguarding notifications between the period of 1<sup>st</sup> of April 2022 to 31<sup>st</sup> March 2023. Out of the 945 notifications received a total of 417 Adult safeguarding concerns and 528 safeguarding concerns for children. The internal notifications are forwarded to the safeguarding team's central email and reviewed by the safeguarding team.

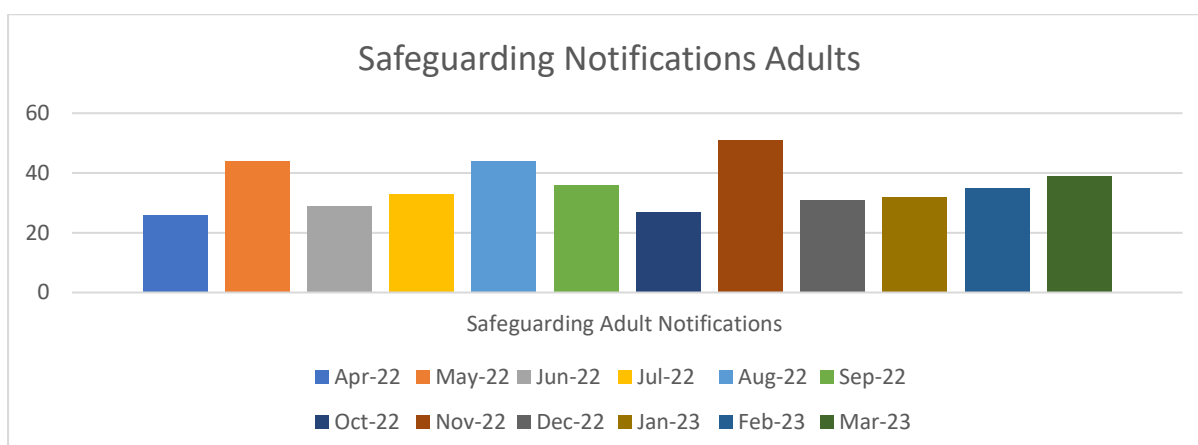
The internal notifications provide the safeguarding team with a list of concerns that staff have observed or that has been disclosed including what action has been taken. All high-risk safeguarding concerns that require support from external services such as social care or MARAC are also reported through the Trusts incident reporting system Ulysses.



## 8. Adult Safeguarding

The Royal Orthopaedic Trust has safeguarding arrangements in place as defined by the Care Act (2014). The protection of adults with care and support needs from abuse and or neglect is integral to all healthcare provision within the Trust. Staff ensure that making safeguarding personal is central when responding to safeguarding concerns and work together with local services to identify risks and take steps to protect people from harm.

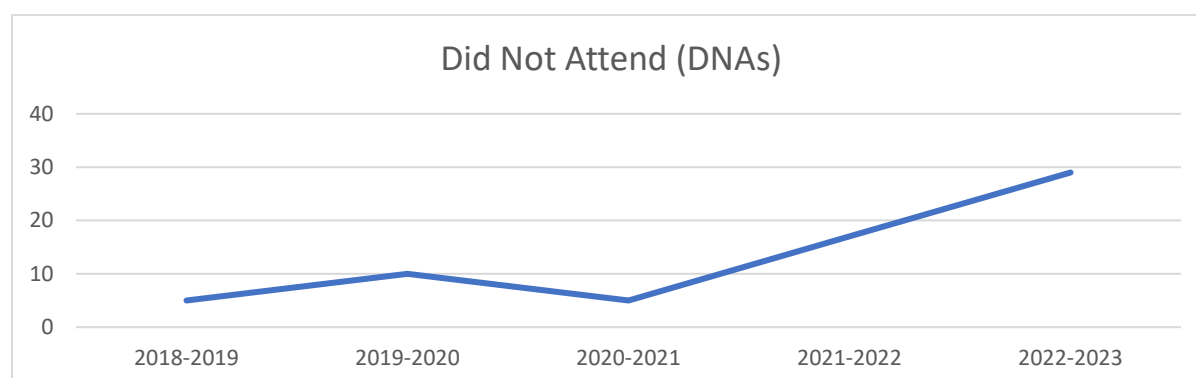
Locally Birmingham Safeguarding Adults Boards Annual Report 2021/2022 highlighted there was a 3.6% increase of concerns raised to social services. ROH have a 1.4% decrease in adult safeguarding notifications. However, this could be due to mental health no longer being reported directly to our safeguarding team since the Mental Health and Dementia Practitioner was appointed in 2022. The previous annual report 2021-2022 by ROH highlighted the largest category of referrals received was for mental health.



The largest single category for adult safeguarding notifications received in 2022-2023 is domestic abuse. The second highest referrals for adults safeguarding concerns are risks identified. Risks identified generally means that several concerns or risks have been identified.

Over the last year the safeguarding team worked with staff across the Trust on the importance of following the revised internal did not attend (DNA) guidance. Staff are required to inform the safeguarding team if a patient has DNA'd two consecutive appointments or rescheduled/cancelled. This encourages staff to critically analyse each DNA and perform lateral checks with key agencies such as social services and GP (primary care services) to

ensure there are no additional safeguarding concerns which could prevent patients accessing health appointments. The rise in safeguarding notifications under the category of DNA highlights a key achievement in spreading awareness with the risks associated with patients not accessing health appointments. Out of twenty-nine DNA received between 2022-2023 50% highlighted other risks or concerns not known to the Trust and three resulted in a section 42 enquiry.



Birmingham Safeguarding Adults Board (BSAB) reports that a 39% decrease in Section 42 enquiries. However, the Section 42 internal audit completed in 2022-2023 highlighted a 68% increase in referrals for Section 42 Enquiries between 2021-2022 and a 21% decrease between 2022-2023. A total of 19 referrals completed for section 42 enquiries in 2022-2023 78% of referrals made to adult social care Section 42 enquiries were initiated. Two referrals did not meet the threshold and adults signposted to third sector organisations and two referrals the adult declined support from social services following contact by a social worker for assessment. The ROH has imbedded the Think Family approach to safeguarding during 2022-2023 seven referrals to children's services were made following adult safeguarding concerns being disclosed or witnessed. Most of those referrals were due to children either witnessing or experiencing the impact of Domestic Abuse.

Mr G was transferred to the Royal Orthopaedic Hospital from another Trust outside of Birmingham as he required orthopaedic surgery. The previous Trust shared concerns with Nursing staff regarding Mr G's vulnerabilities including substance misuse concerns.

The safeguarding team spoke to Mr G alone and he disclosed that he is in debt to local drug dealers, his property has been vandalised and he has no friends and family in his area. Mr G is known to Social Services in his local authority due to his vulnerabilities and care and support needs. The safeguarding team liaised with social services to try and arrange alternative accommodation due to his mobility needs he would be unable to protect himself from harm. As Mr G was not a Birmingham resident multiple contacts were made between social services and the ICB to try and agree funding for a package of care and housing needs.

This delayed discharge; however, the safeguarding team highlighted the importance of reducing risks for Mr G before discharge. A professional meeting was arranged to discuss discharge plans which involved the head of nursing from the Royal Orthopaedic Hospital, the safeguarding team, Discharge Liaison Sister, social services, housing officer and care management team from ICB. Mr G requested to move to another area for his own safety. Although, this required co-ordination between three separate local authorities Mr G was successfully discharged to safe accommodation in his area of choice with a package of care and a referral to substance misuse services.

In November 2022 the safeguarding team encouraged staff to take part in adult safeguarding week, which included online external training accessed through Ann Craft Trust which included Exploitation and County Lines, Self-Neglect, Safer Organisational Cultures, Elder Abuse and Domestic Abuse. The communications team shared online links to access the bite size training sessions. Staff who accessed the training provided positive feedback. As part of adult safeguarding week, the safeguarding team held a road show event focusing on difficult conversations relating to safeguarding, modern day slavery and self-neglect.

### Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act (2003). It is a form of child abuse and violence against women.

Female Genital Mutilation (FGM) is a routine question asked to patients who access the Trust. This is to ensure we provide them with a safe space to disclose any concerns they may have for their health and wellbeing and refer them to specialist services within Birmingham If required.

The Safeguarding Nurse completed internal FGM guidance for adults and children in 2022. This guidance highlights staff's responsibilities in reporting and supporting victims of FGM. Section 5B of the 2003 Act introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' or potential risk of FGM in under eighteens to the Police. However, statistical information is gathered regarding women who have had FGM and present to the Trust. This information will be collated within the Safeguarding Team and then provided for the Informatics Team.

FGM awareness and staff responsibilities has been included in the level two and three safeguarding training.

### External learning

The Trusts safeguarding team have continued to share learning across the trust throughout 2022-2023. The communications team provide support to the safeguarding team to share external training trust wide on the Trusts daily communication bulletins.

Following the BSAB Safeguarding Adult Review (SAR) for "Stephen" published in 2021. The recommendations focused on key areas around capacity, self-neglect, multi-disciplinary risk assessments and a recognising the importance of responding to trauma and or neuropsychological impairment and homelessness.

The safeguarding team work with the Discharge Liaison sister for the Trust to identify vulnerable adults who may be experiencing homelessness and require accommodation or safe housing following discharge.

The safeguarding team plan to incorporate learning from Stephens SAR within the quarterly safeguarding champion day training in 2023.

## 7-MINUTE BRIEFING – Learning from SAR on Stephen

### Background:

This briefing summarises the key learning from a Review carried out by the BSAB. The review was in relation to a case where self-neglect was identified. The review was conducted involving the frontline staff that worked with Stephen.

Stephen was 65-year-old he was university educated and previously had a successful career. Stephen suffered trauma from the suicide of his sibling, and this led to him drinking and his mental health deteriorating. He later lost his job, his marriage came to an end, including less contact with his children. Some years on he lost his property and a large sum of money. This trauma is believed to have impacted on his drinking and mental health over time.

Stephen ended up in various accommodations, receiving criminal convictions including detention in prison. Stephen was accommodated in Washington Court following release from prison in January 2018. Services were working towards providing appropriate long-term accommodation and support to meet his needs. He had had a history of alcohol abuse and rough sleeping. It would appear that Stephen slept on a public bench on the 4 July, where he was found collapsed the following morning. The Coroner recorded the death to be natural causes to be as a result of Hypertensive Heart Disease.

The Full Report and Recommendations are available on the [BSAB Website](https://www.bsab.org)

**Senior Leadership Teams:** should take from this SAR the learning that their professionals working with adults who self-neglect need be confident with early multi-disciplinary work to 'identify needs and display a clear understanding of mental capacity in relation to self-neglect. These are the pre-requisites for reducing the harmful impacts of self-neglect.

### Conclusion of the Review:

The SAR has recognised that in 2021, Birmingham is better equipped to support homeless people like Stephen. It is to be hoped that funding is maintained so the improved provision can continue to have such a positive impact on the wellbeing of the homeless and on their transition to safe accommodation.

The recognition of need and multi-disciplinary approach to the homeless who self-neglect, appears to be in place and providing a more joined-up response to their needs. For the majority of the homeless who self-neglect, this is not a 'lifestyle choice' and it is not appropriate to see it in this light. Most are reacting to their changing social and environmental factors.

The challenge of supporting adults who self-neglect (including the homeless) requires both Homeless Pathways and Adult Self-Neglect Guidance to be mindful of the complexity of self-neglect in relation to adults with care and support needs (like Stephen) and those that may not have care and support needs but are vulnerable, to ensure they do not develop care and support needs.

### Key Learning in Identifying Self-Neglect:

- Where there are concerns relating to self-neglect, practitioners should carry out a multi-disciplinary identification of those needs, as well as identifying risk.
- Capacity assessments should be considered in relation to each of those identified needs.
- Practitioners should distinguish between 'micro' and 'macro' decisions in relation to self-neglect. This requires recognition that an adult may have capacity for decisions in relation to some element of their identified needs but may not have capacity in relation to the holistic impact of all the identified needs and vulnerabilities upon their wellbeing.
- Practitioners should be mindful of the impact of anxiety or depression upon self-motivation.
- Self-neglect can be a response to trauma and/or neuropsychological impairment.
- Where there are alcohol-related concerns combined with self-neglect, practitioners should identify the impact alcohol abuse has upon capacity.
- Multi-disciplinary meetings with an identified lead professional are always helpful in agreeing a support plan for self-neglect.
- A safeguarding referral should be considered where an adult who self-neglects refuses all support, remains at a high risk of harm and, as a result of their refusal, is unable to protect themselves from the risk of self-neglect.

### Key Learning in relation to Mental Capacity:

- Practitioners should record all steps taken before a capacity assessment, to maximise an adult's ability to make that choice.
- practitioners should ensure they have identified the decision to be made, the choices, as well as the consequences of each choice, before starting to assess capacity.
- the civil burden of proof applies; they need simply to be 'reasonably satisfied' an adult has or does not have capacity (sometimes referred to as the '51% rule').
- The presumption of capacity should not be used as a reason not to assess capacity in relation to self-neglect.
- the function test precedes the two-stage impairment test to avoid discrimination.
- Capacity assessments should be recorded in sufficient detail to identify the nature of the decision and how the adult demonstrated understanding of those choices, as well as how they used or weighed the relevant information.
- Where executive function1 may be in doubt, practitioners should be aware that an adult may appear to be able to describe what they intend to do but be unable to carry those plans out in reality. Practitioners should therefore be alert to this possibility and look for these repeated 'disconnects' before reaching an assessment.

### Key Learning in relation to Homelessness and Rough Sleeping:

- Where a homeless person presents with convictions or an antecedent history that could lead service providers to invoke an exclusion, professionals should ensure that they have clear, detailed information concerning those behaviours/convictions. Inclusive of any known history or risk assessment that suggests the risk has been effectively managed or reduced.
- Consider challenging refusals in relation to arson based upon alleged insurance requirements. A bespoke risk management plan for a tenant with an arson conviction would represent 'reasonable steps'. Enquire if there are reasonable steps that could be taken to circumvent exclusion.
- Avoid 'over playing' the vulnerabilities.
- Ask if there are reasonable steps that could be taken to circumvent exclusion.
- Where a person is rough sleeping, or has been and is at risk of homelessness, a Homeless Application carried with it more duties upon the Local Authority than a Part 6 application and should be the default route into local housing.
- Where someone who is homeless is given temporary accommodation, for example hostel accommodation, the workers supporting the person should ensure that there is a homeless application with the Council that is still live for the individual.

Visit our website on [www.bsab.org](https://www.bsab.org)



## 9. Safeguarding Children

Safeguarding children, young people and families is the action the Trust take to promote the welfare of children and to protect them from harm. The Child's Voice underpins all safeguarding work and should be reflected in referrals and documentation throughout the Trust. The Trusts safeguarding duties are guided by core Child Protection Legislation and policy such as: The Children Act 1989, The Human Rights Act 1998, The United Nations Convention for the Rights of the Child (UNCRC) and Working Together to Safeguard Children (2018).

Section 11(4) of the Children Act 2004 places duties on a range of organisations, agencies, and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. NHS organisations and agencies are subject to the Section 11 duties. The Safeguarding Lead Nurse and Senior Named Nurse complete the annual Section 11 audit to provide Local Safeguarding Boards/Partnerships assurance.

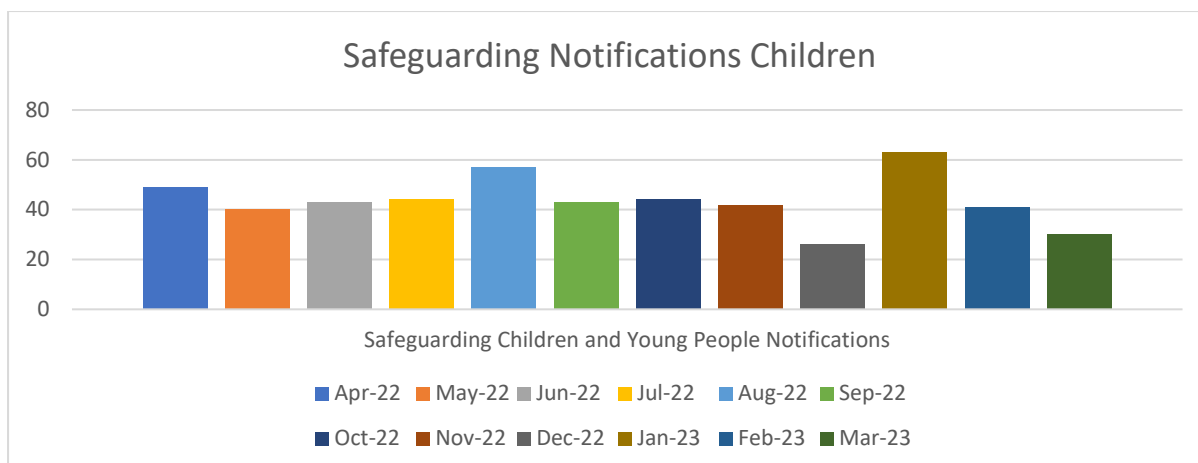
All children and young people under the age of eighteen are required to complete an internal first contact form with support of parents/caregivers if required. This form enables staff to identify any health concerns, vulnerabilities, and safeguarding concerns. This includes home educated, previously or currently known to social care and other organisations such as mental health. A Registered Nurse (RN) reviews all first contact forms and if safeguarding concerns are identified uses their professional curiosity to gather further information. All safeguarding concerns highlighted staff gain consent from parents/caregiver and or child/young persons to commence lateral checks with key agencies such as Education, Social Services and GP.

Over the last year the safeguarding team worked with staff to recognise the importance of the "child's voice", through group supervision and training. All staff are encouraged to see children alone when concerns are highlighted. The Children and Young Persons Outpatient Department and main Outpatients Department have a reflection room for staff to use to have "difficult conversations". This provides children and young people with a safe space to discuss their worries and provide support where needed.

Throughout the year the safeguarding team have received an increase in safeguarding notifications under the category of risks identified. This is generally following information being collated using the first contact form. This year the safeguarding team received 280 notifications under the category of risks identified. The internal lateral check guidance provides staff with a consistent approach for information sharing as per the HM Government Information Sharing Guidance (2018).

The safeguarding team received a total of 417 safeguarding notifications for children between 2022-2023. This is a 1.43% decrease compared to last year which is likely to be due to a reduction in clinics within the Children's and Young Persons Outpatient Department. Paediatric staff are encouraged to access external training during less busy periods. The Paediatric staff accessed early help training via Birmingham Safeguarding Childrens Partnership. Which has enabled staff to take a proactive approach to safeguarding children to address potential vulnerabilities that could cause harm such as poverty, missing in education, faltering weight and non-engagement with health services.

The safeguarding team received fifteen early help notifications in 2022-2023. This is over a 50% increase compared to last year which was 7.



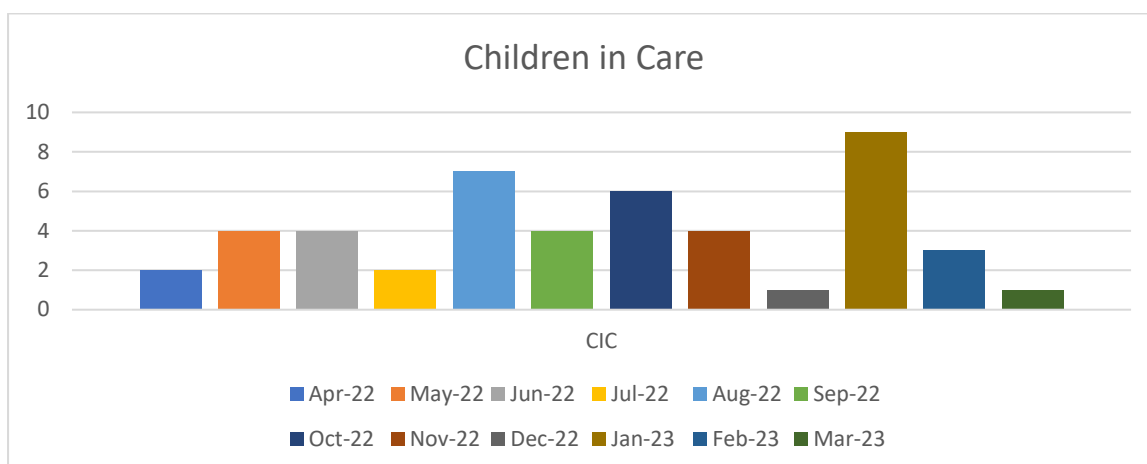
The was not brought (WNB) internal process has been embedded across the Trust. The Senior Named Nurse reviewed and amended the guidance in 2021. The was not brought process works in conjunction with the lateral check's guidance. Staff must complete a safeguarding notification if a child is not brought to two consecutive appointments, or two consecutive appointments have been cancelled or rescheduled. Recent Child Practice Reviews (CSPRs) have demonstrated the significant adverse effects on Children and Young People of not being brought to appointments, especially when transitioning between services.

The largest category for safeguarding children notifications is for risks identified.

This year the Senior Named Nurse focused on the importance of the safeguarding team contributing to child in care meetings and liaising with services that support children in care. The Senior Named Nurse attended external face to face training in Manchester that focused on children in care and reducing health inequalities that they may experience.

The safeguarding team have been encouraging staff to complete an internal notification for any children in care who access our services. Staff must contact the named social worker for the child and request for a member of the safeguarding team to be invited to the child in care meeting. This will enable the safeguarding team to gather a better insight into the child's lived experience and plan of care including any vulnerabilities or risks associated. This will continue over the next year as one of the ROH safeguarding children's priority

This year we received the following notifications for children in care



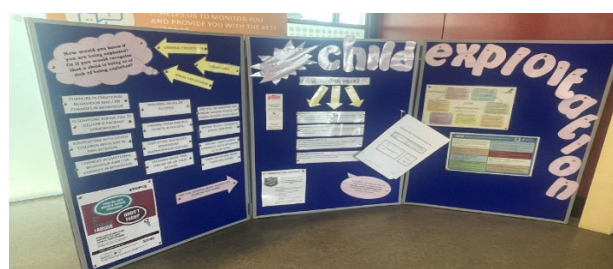
Birmingham Safeguarding Children's Partnership (BSCP) independent chairs accountability reports 2022-2023 highlighted progress with their upcoming Business Improvement Plan for 2023-2025 due to be released in April 2023. Four Key priorities to focus improving partnership intervention and strengthen collaborative working to safeguard children and young people in Birmingham.

Priority 1	Ensuring effective implementation of 'Working together to Build Strong Family Foundations' (Childhood Neglect Strategy 2022-2026)
Priority 2	Assuring a coordinated and coherent inter-agency response to children impacted by domestic abuse and violence in families
Priority 3	Developing a joint approach to understanding and responding to children who are, and who become, invisible to services
Priority 4	Enhancing anti-discriminatory practice, by improving partnership focus on the work we do, in the context of equity, equality, diversity and inclusion

The Senior Named Nurse incorporated all four above priorities into level three safeguarding training between 2022-2023. This includes recommendations following the Child Safeguarding Practice Reviews within the local area which focused on neglect and domestic abuse.

In 2023 the Senior Named Nurse and Named Nurse attended adultification training, which was provided by NHS England through, and organisation called Listen Up. The training focused on how adultification bias links to discrimination and how it can impact on protecting children from particular communities and safeguarding practices of staff. The level three safeguarding training discusses these notions when focusing on child exploitation and the importance of language and cultural competency within our safeguarding practices. The language matters booklet by the Children's Society has been shared with staff.

In March 2023 on Child Exploitation Awareness Day the Named Nurse authored a 7-minute briefing around child exploitation which was shared across the Trust and as part of the Exploitation Health Reduction Group ran by the ICB. The briefing incorporated external learning from CSPP "Child C" and the NHS Internal Concealment Guidance by BSOL ICB. A roadshow was based in the Children's and Young Persons Outpatient Department to spread further awareness to staff and the public.



In April 2022 the Senior Named Nurse developed an internal suspected non-accidental injury guidance for children and young people following learning from an incident with the Trust. As ROH does not have an inpatient paediatric ward or a paediatric consultant who can complete child protection medicals we rely on transporting children and young people to other Trusts or community paediatricians to support this. The internal guidance focuses on the importance of child's voice, information sharing between agencies, documentation, and

safeguarding responsibilities. The guidance is in line with the National Institute for Health and Care Excellence (NICE, 2017).

Local and national Child Safeguarding Practice Reviews are shared Trust wide. The safeguarding team disseminate learning and recommendations within training, supervision, bespoke events (champions day), road shows and Trust wide communications. The recent local CSPRs for Arthur Labinjo-Hughes and Hakeem both died because of sustained abuse and neglect by their caregivers, highlighted the importance of “unseen children”, “child’s voice” and a robust assessment of a child’s overall health and wellbeing. The safeguarding team have encouraged staff to access the CSPRs by sharing them Trust wide. The Senior Named Nurse presented Hakeem’s story at the internal Children’s and Young Peoples Board.

A GAP analysis was designed in April 2022 by the Senior Named Nurse which incorporates recommendations set out in The Child Safeguarding Practice Review Panels Annual Report (2020) and The Child Safeguarding Practice Review Panels report focusing on Child Protection in England (2022) following the national review into the tragic murders of Arthur Labinjo-Hughes and Star Hobson.



Star Hobson

Arthur Labinjo-Hughes

The Gap analysis has been reviewed bi-monthly by the Senior Named Nurse and action reported to the senior Executive team by the Chief Nurse.

Child TT attended children and young person’s outpatient department for a routine appointment with her grandparents. Staff used professional curiosity and asked further questions in relation to who child resides with parent or grandparents? It was discovered that Child TT’s parent work abroad and Child TT has been residing with grandparents for over two years. No concerns voiced by child regarding their grandparents however, concerns raised regarding parental responsibility and if the Local Authority was aware of kinship placement.

The Senior Named Safeguarding Nurse spoke with grandparents and gained consent to share the information with the Local Authority who can provide support regarding kinship placements. The referral was completed, and the Kinship placement team reported they were not aware and would contact grandparents to offer support to the family.

[Kinship Placement- Safeguarding Children 2023](#)

## 10. Domestic Abuse

The Trust is committed to ensuring that victims and survivors of domestic abuse receive a high standard of care irrespective of age, race, culture, sexuality, religion or ability. This includes those outside the trust that we become aware of who could also be at risk. To improve our response to survivors of domestic abuse it is essential that our staff feel adequately informed to make routine enquiries and are equipped to respond to disclosure.

The Trust has two domestic abuse policies which includes the internal domestic abuse care pathway. There is a Domestic Abuse Policy for patients, visitors and their families and a Staff Domestic Abuse Policy.

The Senior Named Nurse is the Domestic Abuse Lead for the Trust and is supported by the Safeguarding Lead who the Senior Named Nurse is accountable to provide assurance to. The Senior Named Nurse accesses regular external training in relation to Domestic Abuse and has built close working relationships with external professionals who work for domestic abuse services such as the BSoL ICB Interpersonal Violence Team, Womens Aid and ManKind, WAITS.

Domestic abuse is defined as any incident of controlling, coercive or threatening behaviour, violence, or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of their gender or sexuality. It can include, but is not limited to, the following:

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

Around 160,000 adults report domestic abuse across the West Midlands region, each year. These statistics are only the tip of the iceberg as most domestic abuse incidents go unreported. Behind every statistic is a person and often a family which suffers.

To protect and safeguard patients and staff it is acknowledged that there is a need to share information and work in partnership with other agencies with greater experience of domestic abuse in order to reduce the risk of harm to victims. The safeguarding team work closely with external partners such as Birmingham and Black Country Women's Aid, MARAC, BSoL ICB Interpersonal Violence Team and other third sector organisations.

The Senior Named Nurse ensures that there is an effective staff domestic abuse policy that considers the impact of domestic abuse towards staff. This provides a nurturing and safer working environment for all staff, with the aim to encourage greater staff retention and importantly economic independence for those individuals living with or fleeing domestic abuse.

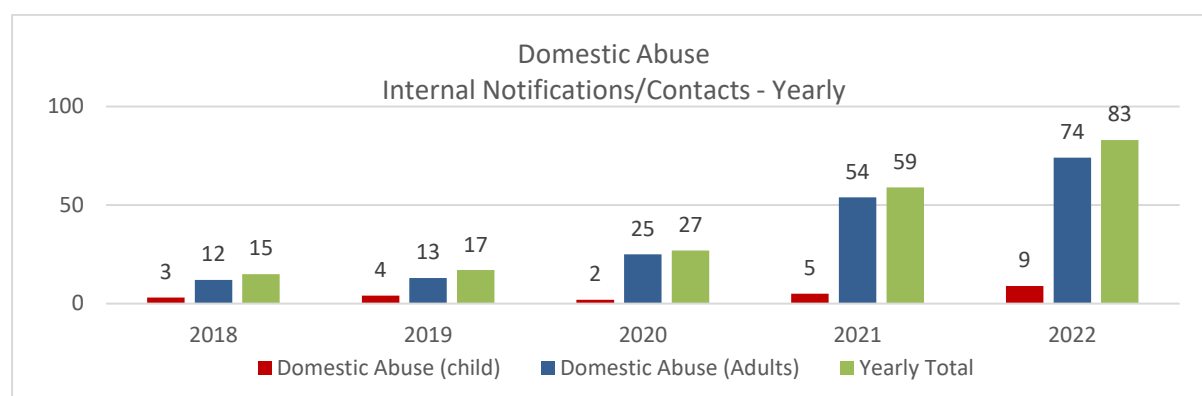
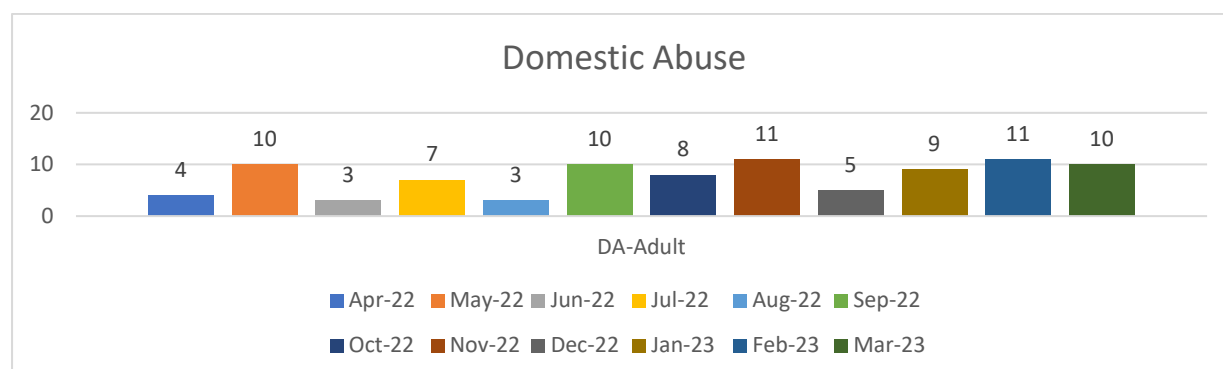
A survey by the Cavell Nurses' Trust (2019) reported that nurses, midwives, and healthcare assistants are three times more likely to have experienced domestic abuse in the last year than the average person in the UK and are twice as likely to be in financial hardship.





Throughout the year the safeguarding team have seen a 62% increase of staff domestic abuse disclosures. The Senior Named Safeguarding Nurse who directly support line managers and provides a safety plan to ensure staffs risks are reduced at work and within the community. The line managers adhere to the staff domestic abuse policy and support is provided by the Human Resources team. Support is also provided through Occupational Health and external agencies. Line managers are required to “think family” when responding to staff domestic abuse disclosures and ask direct questions regarding children, young people or vulnerable adults that may be witnessing or experiencing the impact of domestic abuse. The safeguarding team will complete referrals to social services if any of the above are at risk.

The safeguarding team received a total of 91 notification under the category of domestic abuse between 2022-2023. However, it is acknowledged that domestic abuse may have featured as a risk in other safeguarding notifications received in this year but was not the sole reason for safeguarding intervention.





The Trust has dedicated clinical and non-clinical domestic abuse champions who receive annual refresher training by the Senior Named Nurse. As of March 2023, the Trust had 52 Domestic Abuse Champions. All staff within the Trust receive domestic abuse awareness training which is incorporated within the level two mandatory safeguarding training. Staff who complete the level three safeguarding training will receive additional Domestic Abuse, Stalking and Harassment (DASH) training.

The safeguarding team have increased staff's confidence in asking the routine enquiry around domestic abuse. Staff now routinely asking for internal resources such as the "Ask Me" cards for signposting to external services and "we are never afraid to ask" routine enquiry cards.



The Trust is in line with national guidance working with external services to reduce the impact of domestic abuse for survivors and victims' using the DASH risk assessment tool as a prompt for external information sharing. All patients, family members and staff are referred to MARAC if deemed high risk or moderate risk using professional judgement. The safeguarding team complete all MARAC referrals and attend MARAC meetings.

The safeguarding team organised a roadshow in December 2022 as part of the 16 days of Action National Campaign for domestic abuse. The road show focused on key areas:

- The Domestic Abuse Act 2021
- Non-fatal strangulation
- Clare's Law
- Impact of Domestic Abuse for children
- Internal domestic abuse pathways and procedures

Mrs D is the wife of a Mr D a patient who was admitted to the Royal Orthopaedic Hospital. Mr D required inpatient stay at our Trust. The Nurses raised concerns to the safeguarding team during Mr D's inpatient stay regarding his aggressive behaviour towards his wife.

The Safeguarding Nurse spoke to Mrs D alone who initially did not disclose any concerns regarding Mr D's behaviour or when asked the direct domestic abuse question denied abuse. However, following multiple conversations with the safeguarding team over a duration of two days with Mrs D disclosed that she has no recourse to public funds, she has a spousal order in place, she relies on her husband for money, and he is very controlling and can be aggressive, she feels isolated from her friends and family. Although, she declined support from third sector organisations, staff worked well with Mrs D and signposted her to third sector domestic abuse services that can offer support to victims of domestic abuse who have no recourse to public funds. Mrs D was grateful for the support and agreed to contact the domestic abuse organisations

#### Domestic Abuse Case 2022

## 11. Safeguarding and Domestic Abuse Champions

### Safeguarding Champions

The Trusts aim is to have at least one safeguarding champion in their ward or departmental area. Safeguarding champions are the first point of contact for staff in their ward or departmental area for advice or support. The safeguarding champions will guide staff on where or how to access policies, procedures, or guidance to support their decision making when safeguarding patients. The safeguarding champions are required to attend at least two out of four quarterly safeguarding champions days annually. Attendance is reviewed by Safeguarding Administrators, Safeguarding Lead and Senior Named Nurse.

Over the last year the safeguarding team have provided two champions days for the safeguarding champions across the Trust between 2022-2023. This focused on:

- Learning from Child Safeguarding Practice Reviews (CSPRs) which included Baby P, Victoria Climbié, Shia-anne Downer, Khyra Isahq, Daniel Pelka, Arthur Labinjo-Hughes
- ICON (infant crying how to cope) briefing
- Non-accidental injury process and guidance
- Right Help, Right Time threshold training
- Record Keeping and information sharing
- Hoarding and Self Neglect
- Domestic Abuse



All safeguarding champions are required to disseminate the information received on champions days across their departments and share learning.

Positive feedback is received from champions day training sessions. See below feedback from safeguarding champions during 2022-2023

*"I have a better understanding of hoarding and documentation for safeguarding that I can share with my department"*

*"Presenters were great"*

*"Learning from why documentation is so important was really good"*

Safeguarding champions are required to regularly review the safeguarding purple folders within their department to ensure all the guidance is up to date.. Purple folders are located in ward or departmental areas. This folder has all internal safeguarding guidance and processes that can be also accessed via the Trust intranet.

Some departments (Outpatients Department, Pre-operative Assessment Clinic, Admission Day Case Unit) safeguarding champions have designed “grab and go” packs. These packs are put together using internal and external safeguarding guidance. Each pack is designed to support staff who receive a disclosure or witness concerns around a particular category of abuse.

Safeguarding champions are encouraged to take part in safeguarding audits within their own ward or departmental area. Annually the Safeguarding Lead Nurse reviews the audit schedule with the safeguarding team and plans what internal audits need to be completed in line with legislation and local/national or internal themes. This year the safeguarding champions were involved with dissemination the safeguarding supervision audit tool and collecting the information. The information is disseminated across departments and the Senior Named Nurse discusses annual audit plan with the safeguarding champions.

### Domestic Abuse Champions

Domestic abuse champions are clinical and non-clinical staff. Domestic abuse champion training started in 2021 due to the launch of the internal Domestic Abuse policy and Staff Domestic Abuse Policy by the Senior Named Nurse. Following the launch of the policy and routine enquiry (domestic abuse direct questioning) in designated areas the safeguarding team received a significant increase of domestic abuse disclosures from patients and staff.

The Senior Named Nurse provides domestic abuse champions with external training opportunities shared through local safeguarding boards/partnerships and provides an annual internal domestic abuse champions training day. Annual refresher training due to be completed in April 2023. The champions are required to evidence annual training attended which is reviewed by the Senior Named Nurse. Attendance is monitored by Safeguarding Administrators.

Domestic abuse champions are required to disseminate learning within their ward or departmental areas, which is monitored with safeguarding supervision.

All champions are provided with a purple ribbon badge to wear on their work uniform which is recognised nationally as a symbol for domestic abuse. This should help staff and patients identify domestic abuse support available



## 12. Safeguarding Supervision

The safeguarding supervision policy was reviewed and amended by the Senior Named Nurse in November 2021 to meet the required standards of practice specified within national Safeguarding Children and Adults guidance and legislation including Working Together to Safeguard Children (2018) and The Care Act (2014). The aim is to ensure consistency of approach in the supervision of people who work to safeguard children and adults within the Trust.

The Safeguarding Lead, Senior Named Nurse, Named Nurse and Safeguarding Nurse are trained in delivering safeguarding supervision.

The Learning Disability and Autism Clinical Nurse Specialist and The Mental Health and Dementia Practitioner completed safeguarding supervision training through Birmingham Women's and Children's Hospital Safeguarding Team which was delivered by Richard Swann.

In 2022-2023 the Senior Named Nurse reviewed safeguarding supervision across the Trust and highlighted key areas and or specialities that should be accessing supervision. Safeguarding supervision is delivered to staff who work with adults and or children. The frequency of safeguarding group (ward or departmental) supervision is dependent on their roles and safeguarding activity within their areas.

This year safeguarding group supervision was delivered to the following departments:

- Pre-operative Assessment Clinic (POAC) – Monthly
- Outpatients Department (OPD) – Monthly
- Children and Young Persons Outpatient Department – Monthly
- Admission Day Case Unity (ADCU) – Monthly
- Outpatient Physiotherapy Department (Bi-Monthly)
- In-patient Physiotherapy Department (Bi-Monthly)
- Occupational Therapists (OT) – (Bi-Monthly)
- Imaging Department - (Bi-Monthly)
- (ROCs)- (Bi-Monthly)
- Oncology Clinical Nurse Specialists (CNS)- (Bi-Monthly)
- Advance Nurse Practitioners - (Bi-Monthly)

In 2023-2024 the Safeguarding Named Nurse is planning to launch group safeguarding supervision within in-patient ward areas.

Individual safeguarding supervision is accessed as and when requested by staff or if the safeguarding team identify that supervision is required for staff members this could be due to complex safeguarding cases or lessons to be learned.

Safeguarding supervision is an accountable process which supports, assures, and develops the knowledge, skills, and values of an individual, group or team. It provides the opportunity for staff to:

- Reflect and review their practice
- Discuss individual cases in depth
- Change or modify their practice and identify training and continuing development needs

The safeguarding team use a variety of reflective cycles, it is dependent on the individual and safeguarding case and individuals' wellbeing (restorative).

Safeguarding supervision compliance is monitored through the safeguarding committee bi-monthly.

A safeguarding supervision audit is currently being completed by the Senior Named Nurse and Named Nurse which will be presented to the safeguarding committee in July 2023. This is a qualitative audit based on ten questions.

The Named Safeguarding Nurse and Safeguarding Nurse receive group supervision delivered by the BSoL ICB Designate Nurses quarterly. The group supervision is provided to all band 6 and band 7s working in the safeguarding across Birmingham and Solihull. Each group averages at around 10 people and is delivered online through MS Team.

The Senior Named Nurse is currently locating an external safeguarding supervisor which is supported by the Safeguarding Lead Nurse. Currently the Senior Named Nurse receives weekly one-one meetings with the Safeguarding Lead which provides her with an opportunity to reflect and discuss safeguarding concerns.

The Safeguarding Lead receives one-one external safeguarding supervision.

The Named Doctor receives monthly safeguarding supervision by BSoL Designate Doctor.

The Senior Named Nurse provided bi-monthly supervision to the ICB Domestic Abuse and Serious Violence Nurse within Interpersonal Violence Team between 2022-2023.

In 2023 the Safeguarding Lead and Senior Named Nurse are in the process of locating restorative supervision for the safeguarding and vulnerabilities team to access. This has been approved by the Trusts board.

### 13. Audits

Safeguarding audits are shared with the safeguarding committee members and presented by the author at Safeguarding Committee for comments and feedback. The Quality and Safety committee are provided assurance following the Safeguarding Committee. The Safeguarding Lead Nurse reviews the annual audit schedule with the safeguarding team and plans what internal audits need to be completed in line with legislation and local/national or internal themes.

The annual audits completed this year

- Section 42 and 47 referrals audit- December 2022
- Training and Evaluation audit – Quarterly 2022
- Safeguarding Documentation Adults and Children audit – April 2022
- Modern Day Slavery and Human Trafficking Awareness audit – April 2022
- First Contact Form audit (Children and Young Persons Outpatient Department) – September 2022
- Virtual Clinic Audit - Children and Young Persons Outpatient Department -Quarterly 2022-2023
- Chaperone Audit – Children and Young Persons Outpatient Department and Main Outpatients Department
- Clinical Holding audit (Children)
- Mental Capacity and Deprivation of Liberty Safeguards- January 2023

## Audit Findings 2022-2023

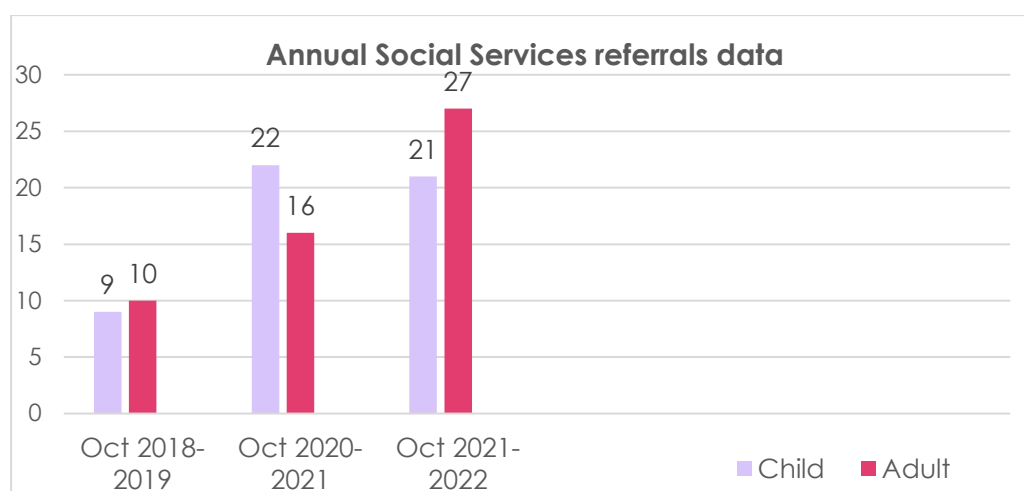
Evidenced below examples of an audit completed this year.

Section 42 and 47 enquiry audit was completed in December 2022. The audit analysed internal reporting, documentation and outcomes of safeguarding referrals submitted to social care between October 2021 and October 2022.

The audit provides

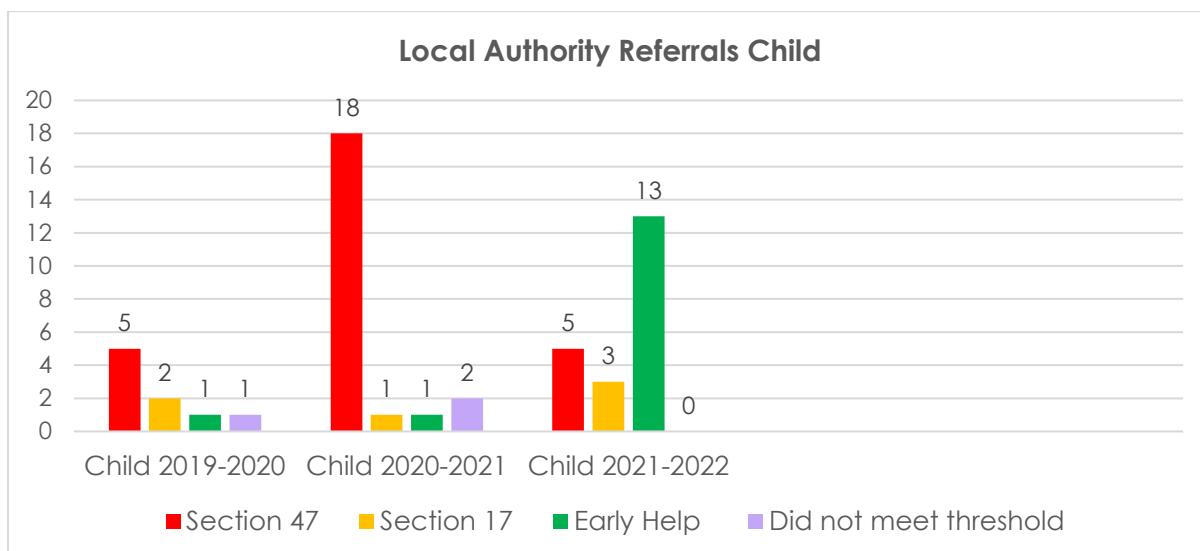
- an objective insight into the importance of recognising and responding to adults, children, and young people who may be at risk or experiencing harm.
- To ensure staff are responding appropriately to safeguarding concerns/risks as per local and national guidance (responsibility/accountability).
- To identify areas of improvement in care and practice (transparency)

Between the period of October 2021 and October 2022 there was a 68% increase in adult social care referrals. This could be due to numerous factors; an increase in staff awareness regarding their responsibilities with recognising adults at risk, additional bespoke safeguarding group supervision, Safeguarding Champions, and the aftermath of the Covid-19 pandemic. However, referrals to Children's social care declined by 4% in 2021-2022. This could be due to an increase in Early Help referrals, recognising risks and concerns before children are harmed. The audit below shows the comparable data of social services referrals made by the Trust between 2019-2022

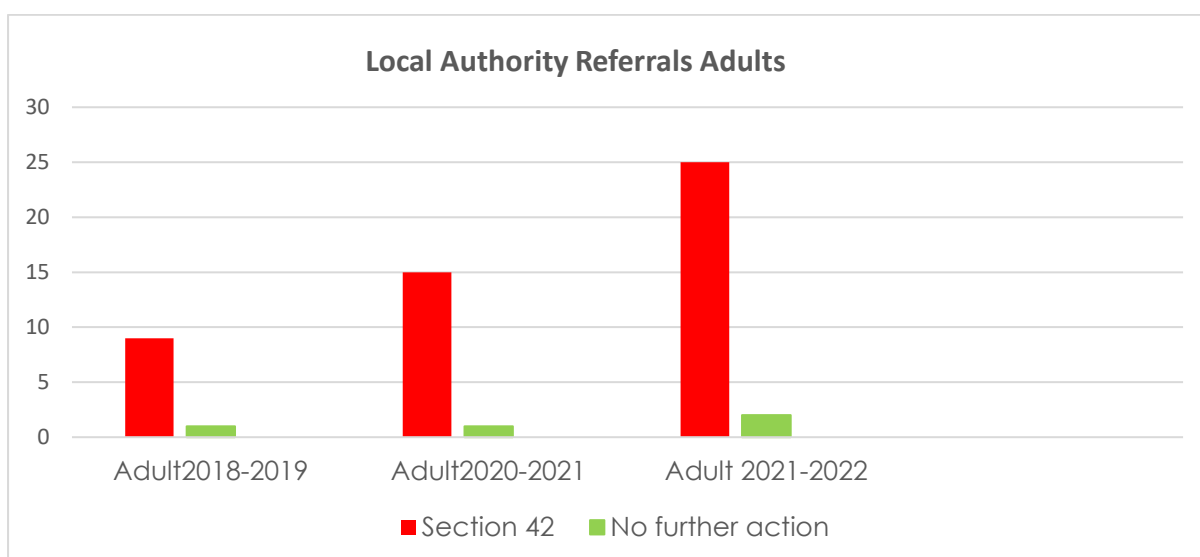


The audit data below provided assurance that referrals made to social services were proportionate to the needs and risks as they all met the right help, right time threshold for intervention. Nationally there has been a 1.1% decline for children who was made subject to child protection plans following a section 47 assessment in 2022 (Hm Government, 2022). The Senior Named Nurse has encouraged staff working with children and young people to offer early help for families that may require low level support such as: mental health, housing, poverty, educational needs. In 2021 -2022 there was a 92% increase in Early Help referrals completed.





Adult social care referrals data below evidence referrals completed for vulnerable adults with care and support needs were necessary and proportionate. The two referrals that did not meet the threshold, was due to one case being assigned to care management team and one case the adult changed their mind and declined social services input.



#### Section 42 and 47 documentation audit summary

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

- 97% of referrals were accepted and a Social Worker was allocated as per The Care Act (2014) and The Children's Act (2004).
- A 68% rise in social services referrals completed by ROH in 2021-2022. Staff taking responsibility in reporting concerns to the safeguarding team.

- A significant increase in referrals for vulnerable adults, which evidenced that safeguarding training, supervision, and the safeguarding purple paper (newsletter) has increased awareness and response throughout the Trust
- Most of the referrals clearly state concerns and risks which are based on fact not opinion
- The referrals evidenced the patient's wishes and feelings and child's voice.
- Increase in referrals outside of child designated areas demonstrating increased awareness of "Think Family"
- A significant rise in Early Help referrals completed in 2021-2022, staff being proactive in accessing early support for families before harm occurs
- Staff are recognising a wider variety of concerns
- An improvement in Birmingham adult and child social care sharing outcomes to ROH safeguarding team

## Recommendations

### Redesign/update of the electronic internal Safeguarding database (Access)-

This recommendation is outstanding since the previous audit. However, a business case was approved in 2022 for a new safeguarding database as this would assist with data collection for future audits and ICS. Safeguarding Team currently reporting all Local Authority referrals via an incident form to ensure accurate data collection in preparation for audits, reports and measurable outcomes. The new database should be completed by the end of 2023.

### Local Authority referrals-

The recent data collated continues to evidence a "over reliance" on the safeguarding team to complete social services referrals staff reluctance is based on staffing and time pressures. However, it is noted that staff have continued to report and respond appropriately to safeguarding concerns

### Neglect training

Senior Named Nurse requested that a minimum of two staff from the following departments complete the Neglect graded care profile 2 training following recent child safeguarding practice reviews (CSPRs): CYPC, OPD, POAC, Physiotherapy, Orthotics and all members in the safeguarding team by December 2023.

The safeguarding team will continue to monitor trends and themes locally and nationally. This will assist the Safeguarding Lead Nurse in planning the annual audit schedule.

## Planned Audits for 2023-2024

- Domestic Abuse Routine Enquiry Documentation audit
- Safeguarding Supervision audit
- Exploitation audit
- Safeguarding Documentation Adults and Children audit
- Neglect Awareness audit
- Mental Capacity and Deprivation of Liberty Safeguards
- Prevent Awareness audit
- Chaperone Audit – Children and Young Persons Outpatient Department and Main Outpatients Department
- Virtual Clinic Audit – Medical Directorate
- First Contact Form Audit

## 14. Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act (MCA) came into force in October 2007. The MCA provides a legal framework for assessing capacity and making decisions about the care and treatment of adults who lack capacity. The MCA applies to everyone working in health and social care providing support, care or treatment to people aged 16 and over who live in England and Wales.

The primary purpose of the MCA is to promote and safeguard decision-making within a legal framework. It does this in two ways:

- By empowering people to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process.
- By allowing people to plan for a time in the future when they might lack the capacity

Awareness throughout the Trust has been raised by the Safeguarding Lead Nurse and Safeguarding Team. The Level three safeguarding training incorporates MCA and DoLS face to face training and the level two safeguarding training provides basic awareness regarding MCA and DoLS including staff's responsibilities. The MCA and DoLS training incorporated within the level three safeguarding training is delivered by an external practitioner.

The Safeguarding Lead Nurse delivers monthly enhanced MCA and DoLS training to staff within the Trust. The training includes internal and external paperwork and professional responsibilities, care planning in patients' best interests and increased enhanced therapeutic observations.

Liberty Protection Safeguards (LPS) following Parliamentary scrutiny and progress through the UK parliament the Mental Capacity Act (amendment) Bill received Royal Assent in May 2019. Deprivation of Liberty Safeguards (DoLS) is replaced with a scheme known as the Liberty Protection Safeguards (LPS). The target date for implementation was 1st October 2020 but due to the Covid-19 pandemic the Government delayed the publication of the Code of Practice until the autumn of 2021 with LPS introduction in April 2022. Key changes:

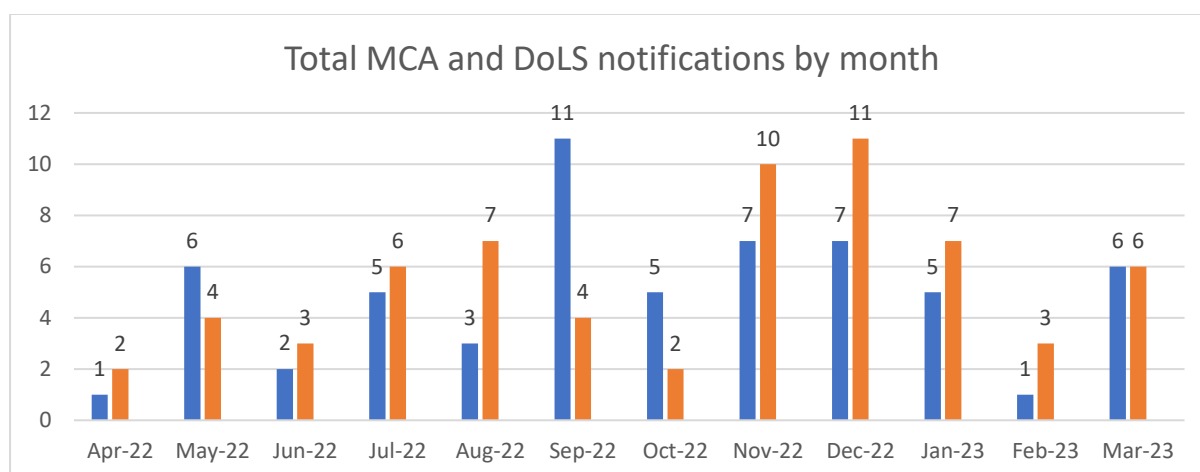
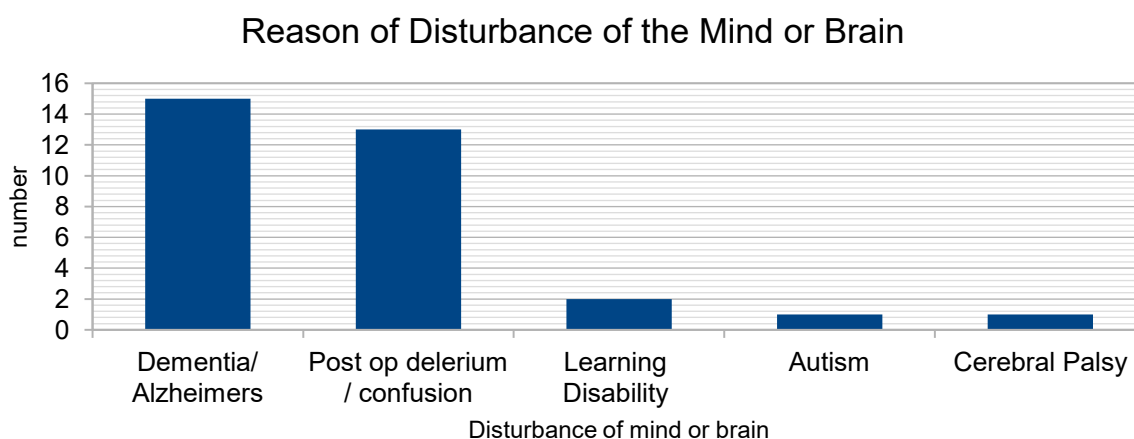
- In line with the Law Commission's to start at 16 years old
- There is no statutory definition of a deprivation of liberty beyond that in the Cheshire West and Surrey Supreme Court Judgment of March 2014 – the 'acid test'
- Deprivations of liberty have to be authorised in advance by the 'responsible body'. For NHS hospitals, the responsible body will be the 'hospital manager'
- For arrangements under Continuing Health Care outside of a hospital, the 'responsible body' will be their local ICB (or Health Board in Wales).

The implications for the Trust are that the local authority will no longer be the supervisory body for all applications, the hospital will become the responsible body and authorise their own LPS. This will now apply to individuals who are over 16 (previously 18) and deprivations may be transportable between multiple settings. For the Trust to be prepared for this change the MCA/LPS. There will need to be consideration for the referral to Approved Mental Capacity Professional (AMCP) previously known as Best Interest Assessor (BIA). AMCPs when objections occur and Independent Mental Capacity Assessors (IMCA) when no appropriate person is present. Clarification will need to be provided to staff around responsibilities including who will complete the capacity assessments, who will confirm medical diagnosis of cognitive impairment, who will complete the necessary and proportionate restrictive assessment and enhanced observation care plan.

The Safeguarding Lead has been preparing the Trust for the launch of Liberty Protection Safeguards (LPS) throughout the year by sharing local and national updates and training. The Safeguarding Lead regularly attended the local LPS steering group led by the Designate Nurse from BSoL ICB for Adults. The Safeguarding Lead Nurse provide updates to Trust Safeguarding Meeting and upward reporting to Chief Nurse and Quality and Safety Committee for the Trust.

The Government's phrasing, 'beyond the life of this Parliament', means that no decision about whether or not to implement the LPS will now take place until after the next election, which is likely to occur in the second half of 2024 The Department of Health and Social Care (DHSC) announced in April 23.

In 2022-2023 the safeguarding team received a total of 59 DoLS authorisation form requests and 65 safeguarding notifications highlighting capacity concerns that may indicate that the patient may require further assessment on admission to the Trust.



The external MCA and DoLS trainer (Independent Practitioner) completed an annual MCA and DoLS audit for the Trust. The audit period was between October 2021 to September 2022. The audit was presented at the safeguarding committee in January 2023. The audit will also be reported to the Quality and Safety Committee and will be included in quality data feedback to Birmingham and Solihull Integrated Care System (BSoL ICS).

### **The recommendations from the previous audit were:**

1. Need to evidence best interest decision on mental capacity assessment form.
2. Need to strengthen DoLS evidence of care and treatment
3. Enhance ward ownership of MCA and DoLS process and quality monitoring.
4. Need to evidence the means of the restrictions in DoLS.
5. Need to copy evidence of Lasting Power of Attorney where relatives state there is one in place.

This year's audit focused on the importance of the quality of the mental capacity assessment as LPS will focus particularly on this and will need to demonstrate that the patient lacks capacity, has a mental disorder and that any restrictions in place are to prevent harm and the care is appropriate and proportionate to the likelihood and seriousness of that harm.

Support staff may also provide a valuable role in aiding professionals, the following example of good practice was noted in the audit and shown below

*Concerns were raised by a Medical Secretary regarding a patient's potential confusion and mental capacity. Patient X telephoned the Medical Secretary to cancel hospital admission and later telephoned again having forgotten the earlier call. The Secretary was concerned by the confusion which X demonstrated and alerted the Consultant who made contact with the X's General Practitioner (GP). The GP informed the Consultant of the patient's previous medical history of transient ischaemic attacks and mild cognitive disorder and was previously known to the local mental health trust. The GP subsequently arranged to review X. The admission was postponed at the request of the patient whilst further referrals were arranged by the GP.*

### **The purpose of the audit:**

To update the Safeguarding Committee on changes since the previous audit of March 2022, this includes

- recent mental capacity assessments and Deprivation of Liberty requests for authorisation
- quality of deprivation of liberty requests specific to future LPS requirements
- quality of mental capacity assessments specific to future LPS requirements
- strengths and areas where development and improvement may be needed as legislation changes and the Liberty Protection Safeguards are implemented.

### **Areas of Good Practice**

- Good evidence of supporting patients in their decision making (section 2.1 of the Trust Mental Capacity assessment form)
- Compassionate end of life care documented
- High level of support by the Safeguarding Team
- High level of involvement of Learning Disability Specialist Nurse where appropriate
- Good communication links with Consultant Physician where appropriate
- Some high standard examples of the reason and means of deprivation of liberty
- Increased evidence of review of mental capacity
- Non-practitioner awareness of mental capacity and the need to escalate concerns

## Areas of Improvement / Action Required

- Increase evidence of best interest decision
- Increase use of including safeguarding team email on DoLS request forms
- Increase evidence of care and treatment under best interest

## Recommendations

The recommendations were:

1. Need to evidence best interest decision on mental capacity assessment form.
2. Need to increase use of safeguarding team email on DoLS request forms
3. Need to increase evidence of care and treatment under best interest.

The Safeguarding Lead Nurse will continue to raise awareness over the next year and despite the delay in LPS preparation, training and strategies for these changes will proceed to ensure the Trust is ready to fulfil statutory obligations. This includes externally working with local and regional MCA and LPS Leads and internally with the Trust Learning and Development Training Department.

## 15. Person in Position of Trust (PiPoT) Managing Allegations Against Staff

The Safeguarding Lead Nurse is the Named Senior Lead for allegations made against staff this role also includes ensuring all duties are fulfilled by the staff within the Trust. The Managing Allegations Against Staff Policy/ Person in Position of Trust (PiPoT) was reviewed and amended in October 2021.

All allegations of abuse or maltreatment of children/adults by a professional, staff member or volunteer are taken seriously and treated in accordance with the internal policy and the Trust Disciplinary Policy and Procedures. The Human Resources manager is responsible for supporting all individuals as per the Trust's Disciplinary Policy.

All employees working with children or vulnerable adults have a personal responsibility to report suspicions or allegations of abuse. This also applies when the suspicion is raised against a colleague or where staff/managers are informed by a colleague/member of the team that they:

- have become involved in a criminal investigation
- have been charged with a criminal offence
- have become involved in child protection proceedings where they are considered to have caused harm to a child or young person

The Children's Act 1989 and 2004 and the Care Act 2014, sets out statutory requirements for the Trust to have a clear process of managing allegations against people with children and adults who have care and support needs.

This year the Safeguarding Lead Nurse was involved in six PiPoT cases. Each case is managed on an individual basis and outcomes are dependent on the nature of the allegation and the staff members role for example access to vulnerable children and adults. A risk assessment is undertaken with the staff members line manager, Safeguarding Lead Nurse and Human Resources Manager.



If the allegation of abuse has been raised in respect of a child or young person, then the Safeguarding Lead will contact the Local Authority Designated Officer (LADO) by telephone to inform them of the allegation within one working day of the allegation being made known to them and before any investigation is commenced. This will be followed up with a written referral to LADO Referral Form as required.

## 16. Safer Recruitment and Disclosure Barring Service (DBS)

The Lampard Report, from the Savile Review published in 2015, raised 14 recommendations, several which are relevant to the Royal Orthopaedic Hospital NHS Foundation Trust. The Safeguarding Accountability and Assurance Framework (2019) states that providers must assure themselves, the regulators, and their commissioners that safeguarding arrangements are robust and are working including arrangements of “Safe recruitment practices and arrangements or dealing with allegations against staff.”

In 2022 new internal safer recruitment training was launched by the Human Resources Department. The Trust ensured that all managers completed the online training.

The Disclosure and Barring Service is responsible for holding records of individuals who are considered to be unsuitable for working with vulnerable adults and/or children; these are known as the ‘Barred Lists’.

There is a legal duty to make a safeguarding referral to DBS if a person is dismissed or removed from their role due to harm to a child or a vulnerable adult. This is undertaken by the Lead investigator or the designated Safeguarding Lead Nurse supported by Human Resources department.

Staff of whom the allegation has been made against are offered internal support and signposted to external support through unions. The staffs line manager is required to identify a suitable member of staff to provide regular check ins with the member of staff. This is to ensure that their wellbeing is assessed including Occupational Health referral, and they are given an opportunity to disclose any concerns, whilst the investigation continues.

The Safeguarding Lead reports all PiPoT cases to the Chief Nurse who is the Safeguarding Executive.

## 17. Safeguarding Policies and Risks

### Risks

The Safeguarding Lead Nurse is responsible for managing and updating the risk register. The Safeguarding Lead Nurse reviews risks and meets with the Trusts Risk and Policy Officer who provides an upward report to the safeguarding committee bi-monthly for scrutiny and challenge from committee members. Each risk is measured against the risk matrix. The Safeguarding Lead Nurse divides particular risks to be overseen and amended by members of the safeguarding team as per their specialist areas of work.

This year there are currently fourteen risks between the safeguarding and vulnerabilities team:

- Mental Capacity Assessments

- IT Systems
- Mental Health Support for under 18s
- Mental Health Training
- Psychiatric Liaison Support
- Virtual Clinics Process
- Restrictive Interventions Procedures
- Implementation of LPS
- Autism Awareness
- Birmingham City Councils safeguarding referral portal
- Prevent Training compliance
- Prevent Training
- Safeguarding Internal database
- Safeguarding Team office accommodation

### Safeguarding Policies

All internal safeguarding policies are reviewed and amended as per local and national guidance and legislation. All policies reviewed are amended and shared with the safeguarding committee members for feedback and scrutiny. If a policy has significant changes or is new the author will request further scrutiny and consultation by the Trust Executive Board and Quality and Safety Committee.

The Risk and Policy Officer awaits approval of policies from the Chief Nurse before adding them to the Trust's intranet for staff to access. The safeguarding team request the support of the communications team to provide staff with an update Trust wide to inform them of the new policy available via the Trust Intranet.

The safeguarding team continue to spread awareness within safeguarding supervision and request feedback from frontline staff.

The safeguarding and vulnerabilities team have the responsibility to review and amend fifteen internal policies.

- Missing Patient Policy
- MCA and DoLS Policy
- Chaperone Policy (Adults)
- Transitional Care Policy for Young People with Long Term Conditions or Disability
- Mental Health Policy
- Learning Disability Policy
- Staff Domestic Abuse Policy
- Domestic Abuse Policy
- Restrictive Interventions Policy
- Prevent Policy
- Safeguarding Adults at Risk Policy
- Safeguarding Children, Young People and Families Policy
- Safeguarding Supervision Policy
- Managing Allegations Against Staff Policy
- Increased and Therapeutic Observations of Adults Policy

## 18. Safeguarding Priorities for Adults and Children 2023-2024

Acknowledging the work that has already taken place and seeks to strengthen our approach, the integrated safeguarding team have set priorities for 2023-2024 alongside the safeguarding Strategy 2020-2024 for the Trust these are:

### To hear the voice of adults, young people, and children

- The safeguarding team will be raising awareness throughout the Trust of the importance of identifying indicators of Neglect. Recent CSPRs, SARs and The BSCPs priority highlights the need for professionals to work together to reduce the adverse effects that Neglect will have for on health, development, wellbeing and social integration. The safeguarding team will be developing internal Neglect guidance for children and adults, incorporating Neglect as a theme within safeguarding champions day and sharing external training opportunities to staff.
- The safeguarding team will be encouraging staff to ensure they clearly evidence the adults, child's, or young person's voice within safeguarding documentation. This will assist staff and the safeguarding team to accurately risk assess the impact the concerns are having on the person's life "lived experiences". The child's voice and making safeguarding personal regularly features as a recommendation following CSPRs, DHRs and SARs.

### To make safeguarding a priority

Review of safeguarding supervision arrangements to all staff working with children, young people, and adults

Continue to spread awareness throughout the Trust for local, national and internal policies, guidance, training opportunities, roadshows and events.

Provide staff with face to face, telephone, and online support.

Reduce the risk of harm for patients, visitors and their family who access our services (increased team visibility)

### To improve awareness and practice

The Safeguarding Lead Nurse and safeguarding team to raise awareness across the Trust on the importance of staff attending mandatory safeguarding training.

Regularly review internal mandatory training in line with local and national changes, priorities, and themes,

Ensure all information/guidance relating to safeguarding adults and children is up to date, reflects best practice and is easily accessible to staff across the Trust.

To implement any actions from the Independent Inquiry in Telford Child Sexual Exploitation when published later in 2023.

Embed learning from CSPRs, SARs and DHR.

To review annual safeguarding audits and identify gaps in practice and or knowledge.

## Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and Liberty Protection Safeguards (LPS)

The safeguarding team will continue to raise awareness and encourage staff to attend training in relation to MCA.

The Safeguarding Lead Nurse will provide regular LPS updates to both the Safeguarding Committee and Quality and Safety Board.

The Safeguarding Lead Nurse and Safeguarding Team will continue to support the Trust to meet its statutory obligations in respect of the implementation of the forthcoming Liberty Protection Safeguards (LPS).

### To work in partnership

The Safeguarding team will continue to support the Local Safeguarding Adult and Children Partnerships/Boards, attending subgroups and participating in child and adult reviews.

The Safeguarding Lead and Senior Named Nurse to continue with regular one-one meetings with ICB Designate Nurses.

The safeguarding team will work closely with external partners to reduce the risk of harm for patients and staff. These would include the Local Authorities, Police, ICB, Education, Primary Care Services, third sector organisations.

The safeguarding team to work closely with Birmingham Women's and Children's Hospital (BWCH) safeguarding team to support staff and patients who work and attend across site.

Safeguarding Lead Nurse and Named Nurse to work with Trusts ward managers, senior managers, and executives to ensure they are aware of internal and external safeguarding duties by attending ward and departmental meetings, Trust team brief, supervision, Trust Board, children and young person's board, safeguarding committee and quality and safety board.

### To have a safe and effective reporting workforce

The safeguarding team to continue to provide upward reporting to internal and external boards/partnerships to provide assurance in relation to safeguarding activity and standards of practice.

Safeguarding Lead and Senior Named Nurse to ensure their functions, and services that are contracted to other organisations/business, are discharged having regard to the need to safeguard and promote the welfare of children in line with Section 11(4).

Ensure key areas of safeguarding adults and children work are audited to gain assurance against key safeguarding documents and standards of practice.

Audit and monitoring of safeguarding practices, policies, training and compliance.

Support staff to identify, support and refer adults and children at risk of harm, and ensure concerns are reported appropriately.

The safeguarding team will continue to report risks associated with patients and staff and escalate matters of concerns to senior managements (transparency).

Support from IT in building a safe and effective Safeguarding and Vulnerabilities internal database to assist accurate reporting and internal and external auditing.

To raise awareness on the importance of record keeping and safeguarding decisions made including rationale within documentation.

Named Doctor for safeguarding children to raise safeguarding awareness across the medical division.

Safeguarding Lead Nurse and safeguarding team to regularly review risk register and update actions to reduce risks.

Safeguarding team to be provided with regular access to restorative supervision.

The safeguarding team to access internal and external training opportunities throughout the year which is relevant to their roles within the organisation.

#### **To ensure a focus on transition from child to adult services**

The safeguarding team to work closely with the Transition to Adult Services Clinical Nurse Specialist to improve the safeguarding response to young people recognising their developmental needs.

The safeguarding team to gain further insight into the complex risks young people face contextually and within familial environment.

The safeguarding team to adopt a fluid approach to safeguarding when supporting young people entering adulthood recognising their vulnerabilities which could result in unmet needs.

The safeguarding team to reduce the young person's experience of "cliff edge" in terms of support recognising the notable difference between thresholds and criteria when transitioning from children to adult services.

The safeguarding team to gain further insight into the risks posed to young people who are care leavers. The senior named nurse to work closely with ICB children in care team in 2023-2024 to ensure internal practices provide appropriate support for care leavers.

#### **Safeguarding adult's priorities 2023-2024**

- Focus on reducing the implications for patients experiencing neglect including self-neglect.
- The voice of the adult (making safeguarding personal) to be included within care planning, risk assessments, safeguarding referrals and documentation.
- A consistent clear application of the principles of MCA when undertaking assessments throughout the Trust.
- To improve mandatory training compliance across the Trust.

#### **Safeguarding Children priorities 2022-2023**

- Focus on reducing the implications for children and young people experiencing neglect.
- To improve information sharing with parents and care givers when completing safeguarding duties.

- To reduce health inequalities for children in care who access our services. The safeguarding team to work alongside social services, foster parents, children in care nurses to ensure that the child in care has appropriate support in place to facilitate their needs.
- To improve mandatory training compliance across the Trust.

## 19. Conclusion

Safeguarding forms an integral part of the wider responsibilities for the Trust which meets the requirements of Section 11 of the Children Act (2004) and the Care Act (2014) for adults with care and support needs. Our safeguarding practices, policies, and guidance work in conjunction with local and national guidance and are regularly reviewed and audited.

This year the safeguarding and vulnerabilities team has expanded in September 2022 to meet demands and pressure on the services. The integrated team has continued to progress with the Trusts safeguarding agenda throughout 2022-2023 highlighted in the key achievements. The 'Think Family' approach is understood by staff to identify and respond to concerns/disclosures in line with legislative and professional responsibilities.

The Royal Orthopaedic Hospital NHS Trust continues to strive to ensure that the most vulnerable patients who are less able to protect themselves from harm, neglect or abuse are protected. To support this, we aim to have a workforce that recognises safeguarding is not only 'Everyone's Business' but is our 'Core Business'.

