

LESS PAIN
MORE INDEPENDENCE
LIFE-CHANGING CARE

NHS
The Royal
Orthopaedic Hospital
NHS Foundation Trust

Safeguarding Annual Report 2024-2025

Review and Resilience Planning for Safeguarding Leadership

Enhancing MCA and DoLS Knowledge Through Video-Based Refresher Training

Improving Compliance with Mandatory Safeguarding Training

Implementing the Domestic Abuse and Sexual Safety Charter Across the Trust

Promoting Accountability in Mental Capacity Documentation and Decision-Making

Reducing Health Inequalities for Children in Care Through Multi-Agency Collaboration

Addressing Medical Neglect Through Early Identification and Family Engagement

Improving Efficiency Through Integration of Electronic and Paper Records



Previous safeguarding reports

Previous safeguarding reports can be found here for reference:

[Royal Orthopaedic Hospital - Statutory Documents \(roh.nhs.uk\)](https://roh.nhs.uk)

Foreword

At The Royal Orthopaedic Hospital NHS Foundation Trust safeguarding remains a significant priority. The Trust recognises its continued commitment to demonstrate compliance to safeguarding statutory duties and responsibilities in relation to Section 11 of the Children Act 2004 and Care Act 2014. Our staff's commitment and responsibilities in maintaining the safety and protection of those at risk of abuse and neglect.

The Safeguarding Annual Report highlights the progress made in strengthening our team and systems by improved multi-agency collaboration in 2024-2025 underpinned by the Royal Orthopaedic Hospitals Core values [Respect](#), [Compassion](#), [Excellence](#), [Openness](#), [Pride](#), and [Innovation](#).

This year's report also acknowledges the challenges that remain. The pressures on our workforce, the complexities of modern safeguarding, and the persistent inequalities in our society. We know more people than ever are facing adversity, abuse and challenges in their homes and communities.

Safeguarding Annual Report 2024-2025

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Introduction

This annual safeguarding report for The Royal Orthopaedic Hospital NHS Foundation Trust provides a comprehensive overview of the Trusts safeguarding activity between 1st April 2024 to 31st March 2025 and includes both children and adult safeguarding. The report provides assurance to our Trusts Board, Birmingham Safeguarding Childrens Partnership and Birmingham Safeguarding Adults Board of how we have fulfilled our safeguarding functions and safeguarding statutory requirements.

We will highlight key achievements and developments within safeguarding practices and identify areas for improvements and set priorities for the coming year.

The Royal Orthopaedic Hospital can demonstrate that there are appropriate safeguarding governance systems in place for their statutory safeguarding duties and functions in line with the following key legislation:

- Childrens Act (1989) and (2004)
- Working together to Safeguard Children (2023)
- Children and Families Act (2014)
- Promoting the health and wellbeing of looked-after children (2015)
- Care Act (2014)
- Domestic Abuse Act (2021)
- Mental Capacity Act (MCA, 2005)
- Prevent - Counter Terrorism and Security Act, 2015 (Prevent Duty)
- The NHSE Safeguarding and Accountability and Assurance Framework (SAAF 2022)
- Human Rights Act (1998)

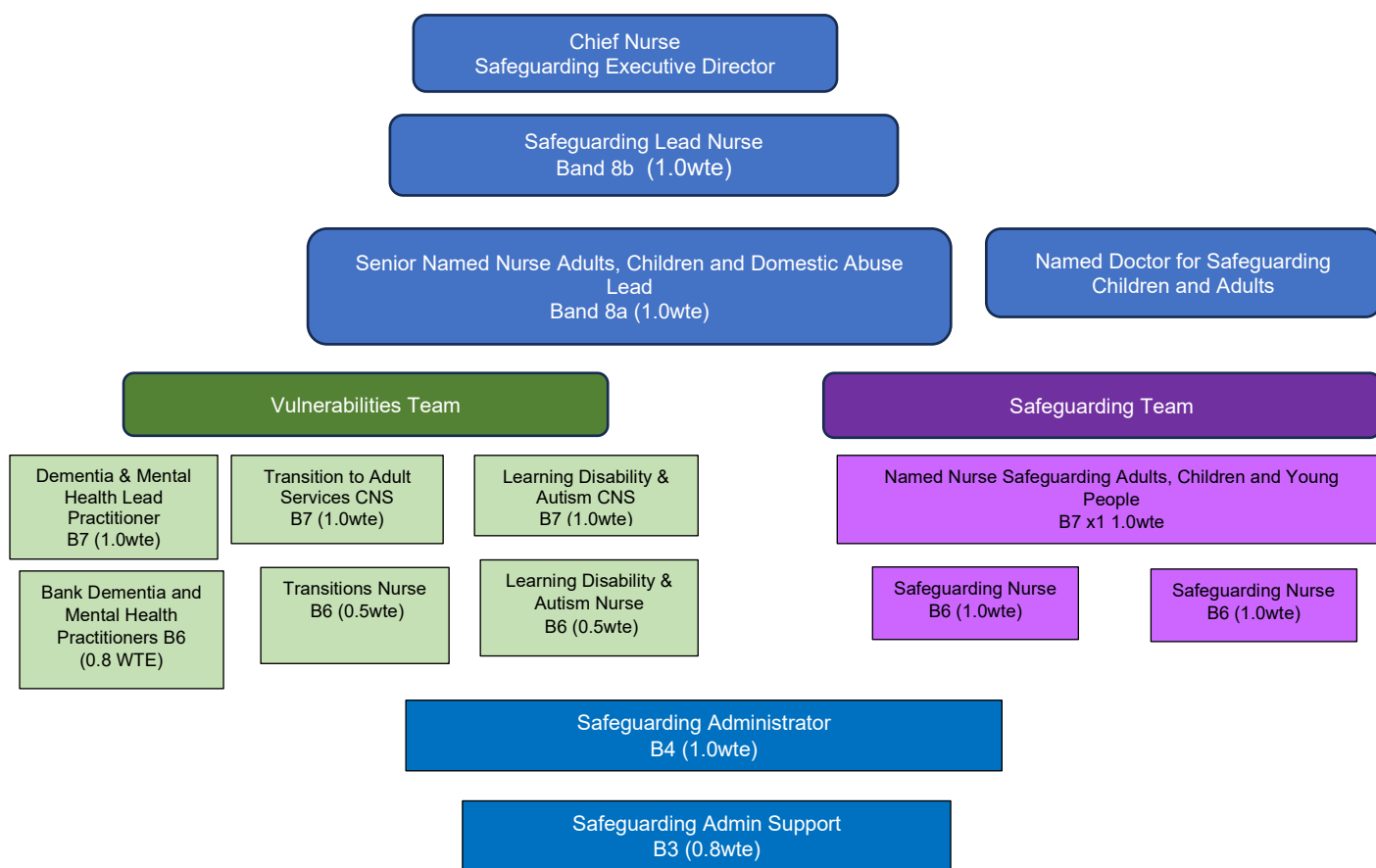
The Royal Orthopaedic Hospital NHS Trust remains committed to safeguarding and promoting the welfare of both children and adults, working closely with statutory partners and other agencies to ensure best practices are upheld.

At The Royal Orthopaedic Hospital NHS Trust, the Safeguarding Team works in close collaboration with the Vulnerabilities Team, ensuring a holistic approach to patient safety, reducing health inequalities, and mitigating risks of harm. While the teams work together, each has distinct roles and responsibilities that enhance patient care and provide strategic assurance across the Trust.

Collaboration Between Safeguarding and Vulnerabilities Teams

- Both teams share a commitment to protecting vulnerable individuals, ensuring that patients receive the right support based on their specific needs.
- They work together to identify and address safeguarding risks, providing a coordinated response to complex cases.
- The teams contribute to Trust-wide safeguarding initiatives, ensuring policies and procedures align with best practices and national guidance.

By working collaboratively yet distinctly, the Safeguarding and Vulnerabilities Teams ensure that patient safety, wellbeing, and equity remain at the heart of the Trust's operations, ultimately enhancing the quality of care provided to all.



Leadership and Strategic Oversight

The Chief Nurse serves as the executive lead for safeguarding, representing the Trust at:

- Birmingham Safeguarding Adults Board Development Group
- Birmingham Safeguarding Children’s Partnership Strategic Meetings
- The Safeguarding Lead Nurse and Senior Named Nurse are key members at local sub group meetings which include; Domestic Abuse Strategic Partnership Board, Domestic Abuse Whole Health Project Regional Meeting, Exploitation Health Reduction Group, National Named Nurse Meeting, Birmingham Against Female Genital Mutilation, Birmingham Safeguarding Adults Board Quality and performance Group, Heads of Safeguarding meeting, Safeguarding Adults National Network (SAAN), Midlands MCA/LPS Forum and Provider meeting with the ICB.
- The Safeguarding Lead Nurse provides strategic safeguarding assurance, supporting the Chief Nurse with executive responsibilities and overseeing upward reporting.
- The Safeguarding Lead Nurse also holds the role of Named Senior Officer for allegations against staff, ensuring safeguarding responsibilities are met across the Trust.
- The Trust welcomed a newly appointed Named Doctor for children and adults who brings extensive experience and clinical leadership and will play a key role in supporting the Trust’s commitment to high standards of care and protection for vulnerable individuals.

Operational Safeguarding Management

The Senior Named Nurse for Children and Adults serves as the Domestic Abuse Lead, providing operational guidance and support to the safeguarding and vulnerabilities team.

Responsibilities of the Senior Named Nurse include:

- Reviewing safeguarding training programs to ensure compliance with the Intercollegiate Document for Children and Adults.
- Reviewing and implementing internal safeguarding policies for children, adults, and domestic abuse.
- Ensuring completion of annual audits related to safeguarding.
- Disseminating safeguarding responsibilities across the team.

Safeguarding at The Royal Orthopaedic Hospital NHS Trust

The Named Nurse and Safeguarding Nurses play a vital role in embedding safeguarding practices across The Royal Orthopaedic Hospital NHS Trust, ensuring that all staff are equipped with the necessary knowledge, skills, and support to protect children, young people, and adults at risk.

- They provide visible safeguarding leadership, embedding safeguarding into everyday practice and supporting staff in improving safeguarding outcomes.
- Day-to-day advice, support, and expertise are readily available to all staff, external services and partners.

Safeguarding Administrators play a key role in managing confidential and sensitive safeguarding information, offering daily assistance and operational support to the Safeguarding and vulnerabilities team.

Through this robust safeguarding framework, the Trust ensures that safeguarding remains a core business function, protecting vulnerable people and supporting staff in delivering safe, effective care.

Governance and External Monitoring

- The Trust's safeguarding compliance is monitored by the Birmingham and Solihull Integrated Care Board (BSoL ICB) in accordance with the Safeguarding Accountability and Assurance Framework (2022).
- The Trust ensures full compliance with CQC Regulation 13, which mandates safeguarding service users from abuse and improper treatment.

Local Partnership Arrangements

The Royal Orthopaedic Hospital's safeguarding team plays an active role in local safeguarding arrangements, ensuring that the Trust contributes effectively to multi-agency efforts aimed at protecting both adults and children from harm.

As part of this commitment, the Safeguarding Lead Nurse and Senior Named Nurse represents the Trust on various strategic groups and committees, including:

- Birmingham Safeguarding Adults Board (BSAB): Contributing to policies, procedures, and strategic planning to safeguard vulnerable adults.
- Birmingham Safeguarding Children's Partnership (BSCP): Working collaboratively to protect children and young people, ensuring best practices are implemented.

- Birmingham and Solihull Integrated Care Board (BSoL ICB): Supporting system-wide safeguarding initiatives within the health and care sector.

Through their participation, the safeguarding team ensures that the Trust's policies align with local and national safeguarding priorities. They also help integrate learning from safeguarding reviews, audits, and case studies to improve practice, strengthen preventative measures, and enhance overall patient safety within the Trust.

Governance and Accountability

To uphold these responsibilities, the Trust maintains statutory safeguarding roles within its safeguarding team and ensures effective oversight through the Trust Safeguarding Committee. This committee includes ward and departmental managers as well as senior leaders who:

- Provide scrutiny and challenge to safeguarding practices, policies and guidance.
- Offer a forum for reporting and discussion of safeguarding concerns.
- Cascade learning and best practices across the Trust.

Safeguarding Quality Assurance

The Safeguarding Team produces a bimonthly safeguarding quality report, which is reviewed and discussed during the safeguarding committee. This report provides:

- A Trust-wide overview of safeguarding activity.
- Assurance regarding bi-monthly safeguarding trends and developments.
- Insights into key safeguarding challenges, learning, and improvements.

Safeguarding Policies

The Safeguarding and Vulnerabilities Team oversees the management, review, and amendment of 15 policies across the Trust. Responsibilities are divided among the team to ensure clear ownership and accountability.

The Safeguarding Lead Nurse is responsible for:

- Managing Allegations Against Staff (PiPoT) Policy
- Missing Patient Policy
- Restrictive Interventions Policy
- Prevent Policy
- Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Policy

The Senior Named Nurse / Domestic Abuse Lead is responsible for:

- Safeguarding Supervision Policy
- Domestic Abuse Policy for Patients and Families
- Staff Domestic Abuse Policy
- Safeguarding Children, Young People, and Families Policy

The Named Nurse is responsible for:

- Safeguarding Adults at Risk Policy
- Increased Therapeutic Observation – Adults Policy

Safeguarding Risks

Safeguarding risks are regularly reviewed in collaboration with the Trust's Risk Officer and the Safeguarding Lead Nurse. These risks are then presented for discussion and feedback at the bi-monthly Safeguarding Committee meetings.

In addition to routine monitoring, an annual 'Confirm and Challenge' review of all safeguarding risks is conducted with the Chief Nurse and Risk Officer, providing strategic oversight and ensuring continued alignment with Trust priorities.

Each risk is detailed in the Trust's Risk Register, including outstanding actions and the current risk score. Risk owners are responsible for reviewing scores to ensure appropriate progress is being made and that risks are effectively mitigated.

As a result of strengthened governance and targeted action, the number of safeguarding risks has been reduced from 14 to 7 over the past year.

Monitoring and Reporting of Safeguarding Incidents

- Electronic Reporting System: Safeguarding incidents are recorded and tracked through the Trust's electronic reporting system Ulysees.
- Departmental Management: Most incidents are handled at the departmental level by the Department Lead, ensuring swift resolution and appropriate action.
- Escalation for Oversight: Complex incidents requiring additional scrutiny are escalated to the Trust's governance meetings for in-depth review and action.

Analysis and Trend Identification

- The Safeguarding Team systematically reviews incidents to identify emerging trends, themes, and areas for improvement.
- Insights contribute to enhancing safeguarding practices and ensuring compliance with statutory requirements.
-

Governance and Assurance

- Findings from safeguarding incidents are reported to the Quality and Safety Committee, ensuring strategic oversight and continuous learning.
- Lessons learned from incidents are used to refine policies, improve staff training, and strengthen preventative measures across the Trust.

Achievements and Challenges

The Royal Orthopaedic Hospital (ROH) Safeguarding Team can provide assurance on the progress made against last year's safeguarding priorities, with clear evidence of positive outcomes and system improvements. From a health perspective, the team plays a crucial role in influencing safeguarding practice both within the Trust and as active members of local multi-agency partnership forums. This will outline the developments, highlight key achievements, and provide evidence of the team's continued impact across all aspects of safeguarding.

To hear the voice of adults, young people and children

Achievements – The Safeguarding Team continued to advocate for and represent children, young people, and adults receiving orthopaedic care at a range of multi-agency meetings. These include Child Protection Conferences, Child in Need and Children in Care reviews, strategy discussions, Multi-Agency Risk Assessment Conferences (MARAC), professional meetings, and complex discharge planning meetings. Their involvement ensures that the health perspective is consistently represented, and that safeguarding considerations are fully integrated into care planning and decision-making processes.

Challenges - One of the key challenges the Safeguarding Team faces is the responsibility of gathering up-to-date health information and care plans from a variety of electronic systems. Ensuring that this information is accurately collated and available within the required timeframes is critical to supporting timely, informed decision-making in multi-agency settings. The complexity of managing and retrieving data across different platforms can lead to delays, requiring ongoing improvements to streamline processes and ensure effective safeguarding outcomes.

Achievements – Staff continue to offer all patients in outpatient settings the opportunity to be seen alone. This approach ensures that patients have a private space to discuss any safeguarding concerns or support needs, helping to identify and address risks in a confidential and supportive environment.

Challenges- Staff have reported a rise in complex safeguarding disclosures, which, while essential for patient safety, can sometimes lead to delays within clinics as the necessary safeguarding processes are followed to ensure thorough assessment and response.

Achievements – Following the launch of the routine enquiry (domestic abuse question) in 2021, the Safeguarding Team has seen a 74% rise this year in domestic abuse disclosures. This increase reflects growing awareness and trust in the safeguarding processes, underscoring the importance of continued support and intervention.

Achievements – In response to this rising demand, the Senior Named Nurse submitted a business case to The Royal Orthopaedic Hospitals Charities for two years of funding to employ a Domestic Abuse and Sexual Violence Advocate. This proposal, supported by the Chief Nurse, was approved in November 2024. The funding will enhance the Trust's ability to provide specialist, dedicated support for patients and staff experiencing domestic abuse, sexual violence and sexual safety concerns, improving outcomes and ensuring effective intervention.

Challenges- The DASVA (Domestic Abuse and Sexual Violence Advocate) funding is provided on a fixed-term 24-month contract, with no additional funding currently available to secure the position long-term. While this funding will significantly enhance the Trust's ability to support victims of domestic abuse and sexual violence, the absence of long-term financial commitment presents challenges in ensuring the sustainability of this crucial role beyond the initial contract period.

To make safeguarding a priority

Achievements - The Safeguarding Team continues to maintain a visible presence throughout the Trust, offering face-to-face support to moderate to high-risk patients and staff.

Challenges - One of the key challenges faced by the Safeguarding Team is the over-reliance on their presence to conduct “difficult” conversations with high-risk patients in ward or departmental areas on an immediate basis. This often arises due to time constraints and competing priorities faced by clinical staff. While the Safeguarding Team plays a crucial role in facilitating these sensitive discussions, the increasing demand for their involvement, coupled with limited staffing, can lead to delays and potential gaps in service delivery, particularly when clinical staff need immediate support.

Challenges - Efforts will continue to reduce single points of failure within the safeguarding team, with a particular focus on strengthening the resilience of key roles. This will help ensure continuity of care, support, and leadership, strengthening the team's ability to respond effectively to safeguarding concerns.

Achievements - The Safeguarding and Vulnerabilities Team has successfully overseen and reviewed internal safeguarding policies and guidance, ensuring that all are up to date and in alignment with the latest national standards and legislation. This comprehensive review process ensures the Trust's safeguarding framework remains robust, effective, and responsive to emerging needs and legal requirements.

Achievements - The Safeguarding Team has continued to raise awareness across the Trust through the quarterly Safeguarding Purple Paper, which provides all staff with essential internal, local, and national safeguarding updates along with information on training opportunities. Additionally, the team has conducted roadshows and quarterly champion day events covering key topics, further promoting understanding and engagement with safeguarding practices throughout the Trust.

To improve awareness and practice

Achievements- The core mandatory Safeguarding Level 2 and 3 training has been comprehensively reviewed and amended by the Senior Named Nurse to ensure alignment with current local and national safeguarding guidelines. Delivery of this training continues to be provided in a face-to-face format by experienced members of the Safeguarding Team. Following completion of mandatory Safeguarding Level 3 training, staff now have access to dedicated training booklets designed to support ongoing learning and development.

These booklets serve as a valuable resource, enabling staff to refresh their knowledge, reinforce key safeguarding principles, and ensure they are confident in following safeguarding processes in practice.

Achievements- There are currently 62 clinical and non-clinical Domestic Abuse Champions across the Trust who play a key role in providing frontline advice and support to both patients and staff. The Champions receive annual refresher training, coordinated by the Senior Named Nurse, which includes contributions from external expert speakers.

This year's refresher training focused on several critical areas:

- Learning from Domestic Homicide Reviews
- The Link Between Suicide and Domestic Abuse – delivered by the *Richmond Fellowship*
- Non-Fatal Strangulation
- Enhanced DASH (Domestic Abuse, Stalking and Honour-based violence) Risk Assessment Training

This ongoing development ensures that the Champions are equipped with up-to-date knowledge and skills to support effective safeguarding across the Trust.

Achievements- Each clinical department or area within the Trust has at least one designated Safeguarding Champion. These Champions play a vital role in supporting safeguarding practices at a local level.

To support their role, Safeguarding Champions receive additional training on a quarterly basis, delivered by the Safeguarding Team during dedicated Champions' Days. This year key topic areas included: Early Help, Children in Care and Care Experienced Children, Neglect and Mental Capacity Act.

Achievements- Parental Engagement in Safeguarding. The Senior Named Nurse has developed and implemented a series of safeguarding information leaflets aimed at parents and carers, to promote greater involvement and understanding of safeguarding processes

within the Trust. These leaflets are designed to provide clear information and guidance on key safeguarding topics, including:

- Home-educated children or those missing from education
- Lateral checks procedure
- Suspected non-accidental injuries
- Children in care

Achievements- Supervision continues to be delivered face-to-face and offered monthly, bi-monthly, or quarterly, depending on the practitioner's role and level of responsibility. In most cases, supervision is conducted in group settings, fostering shared learning and peer support. Safeguarding supervision is reviewed and audited on an annual basis to ensure its effectiveness in promoting professional development and accountability. This process helps maintain high standards of practice, provides opportunities for reflection, and ensures that safeguarding procedures are consistently followed.

Challenges- One of the primary challenges is ensuring that all local and national safeguarding recommendations are seamlessly incorporated into both training and policies. This requires ongoing adaptation and alignment with emerging guidelines and changes in legislation.

Furthermore, the safeguarding team faces significant pressure in delivering multiple training programs balancing the need to meet compliance standards with the capacity to effectively deliver these diverse training sessions remains a continuous challenge.

Challenges- A significant challenge remains the ability to release staff from clinical areas to attend safeguarding training. Balancing the demands of clinical care with the need for staff to be fully compliant with safeguarding training requirements continues to be a key issue. Ensuring that all staff can attend training without compromising patient care is a persistent challenge.

Safeguarding Training

The Adult Safeguarding and Children's Safeguarding Intercollegiate documents provide a clear framework that outlines the required competencies for safeguarding at various levels.

- Levels 1-3 correspond to different occupational groups, ensuring that all staff receive appropriate training based on their role and responsibilities.
- All named professionals receive Level 4 training which includes the Chief Nurse, Safeguarding Lead Nurse, Senior Safeguarding Named Nurse, Named Nurse, and Named Doctor.

All staff, including students and volunteers, receive Level 1 Safeguarding Basic Awareness and PREVENT training through the Trust Safeguarding booklet. This resource is available in both electronic and hard copy formats, ensuring accessibility for all.

Level 2 and 3 Safeguarding Training is delivered face-to-face monthly by members of the Safeguarding Team, ensuring that staff receive the necessary in-person guidance and support to maintain their competencies

There is an annual review of the Safeguarding Training Needs Analysis to ensure ongoing relevance and effectiveness. Additionally, the Safeguarding Lead Nurse provides a monthly compliance report to the Trust's Assistant Director of Governance and Risk, which is then shared with various internal and external stakeholders, including:

- Integrated Care Board (ICB)
- Divisional DMB meetings
- Quality and Safety meetings
- The Trust’s Team Brief

	KPI	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Adult level 2	90%	89.23%	89.9%	91.05%	91.81%	93.07%	93.1%	93.1%	93.44%	93.67%	93.26%	93.5%	92.83%
Adult level 3	85%	85.04%	84.68%	85.39%	86.11%	88.52%	88.37%	87.4%	88.52%	87.94%	87.65%	86.78%	82.32%
Safeguarding Level 4	100%	60%	80%	100%	100%	100%	100%	100%	100%	100%	83.33%	80%	80%
Child level 2	90%	88.84%	89.59%	90.68%	91.27%	92.68%	92.56%	92.6%	93.14%	93.51%	93.03%	93.27%	92.45%
Child level 3	85%	85.04%	84.54%	85.12%	85.99%	88.35%	87.73%	86.4%	87.91%	87.23%	86.9%	86.33%	82.03%
MCA	85%	89.38%	90.2%	91.29%	91.73%	93.15%	92.79%	92.8%	93.46%	93.59%	93.11%	93.35%	93.13%
DoLS	85%	89.3%	90.13%	91.22%	91.65%	93.07%	92.79%	92.8%	82.51%	93.52%	93.11%	93.35%	93.13%
Prevent Awareness	95%	87.16%	87.86%	89.09%	88.99%	90.78%	90.74%	90.74%	90.79%	91.76%	91.51%	92.21%	90.88%
Wrap 3	90%	82.64%	83.37%	84.3%	67.5%	87.11%	87.18%	87.93%	88.54%	88.71%	88.76%	88.59%	83.8%

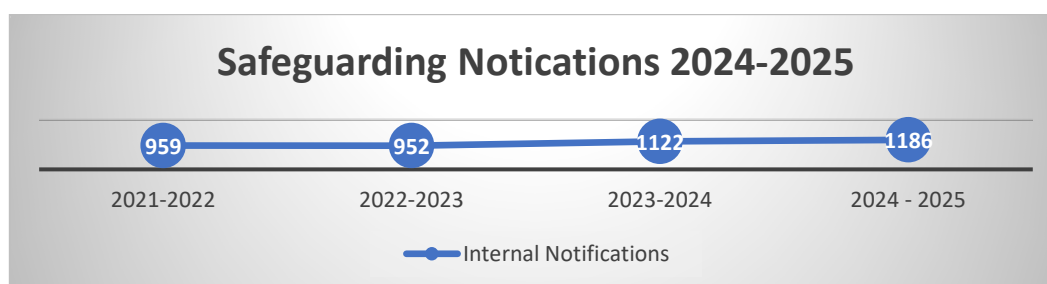
Training compliance is reported externally as a Key Performance Indicator (KPI) to the ICB as part of contractual obligations. It also serves as a critical assurance measure for meeting statutory safeguarding requirements for the relevant safeguarding boards and partnerships.

The Safeguarding Team consistently receives positive feedback regarding mandatory training. A summary of this feedback is provided below:

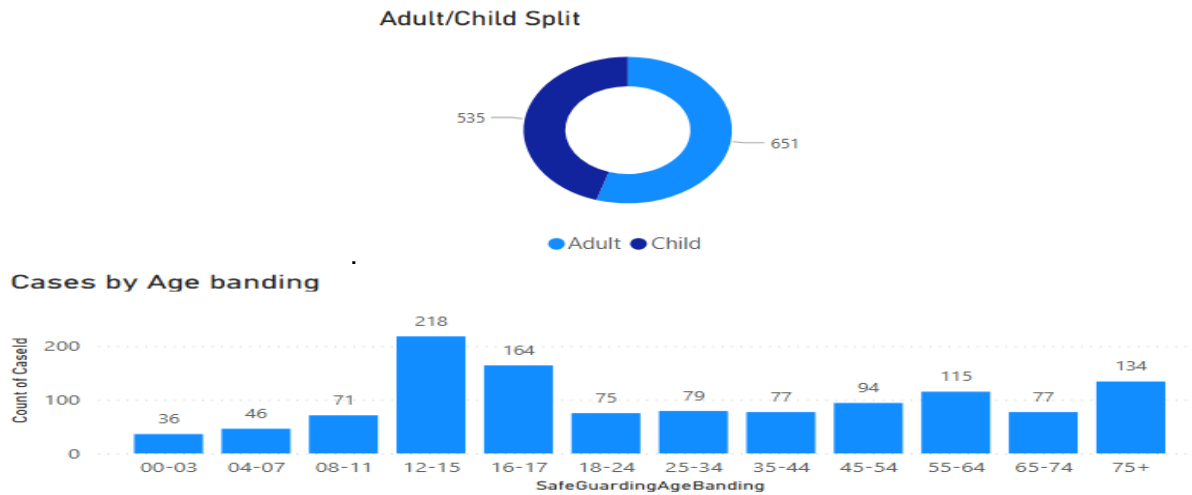
- *“FGM and gender-based abuse as I had limited knowledge about these subjects”*
(Clinical Nurse Specialist)
- *“DASH training was useful”*
(Physiotherapist)
- *“Really engaging sessions with lots of group work”*
(Senior House Officer)
- *“Great presentation interactive throughout”*
(Spinal Consultant)
- *“Excellent session learned a lot that I will use in practice”*
(Ward Nurse)
- *“Topics around sexual abuse was distressing but it was important to learn”*
(Theatre Nurse)

Trust Safeguarding Activity 2024-2025

This year, the referral rate has slightly increased, but overall, it remains consistent with last year's figures, reflecting continued awareness of safeguarding issues. The safeguarding team received 1,186 internal safeguarding notifications. Please note that the data below does not include safeguarding advice or enquiries received via team duty line or team email.



All safeguarding notifications submitted are reviewed by a member of the safeguarding team. This includes gathering additional information by liaising with various professionals, such as those from health, education, social care, police, and third-sector organisations. The outcome of the review is determined by the risks identified or shared, and whether the threshold for further action is reached



The age group of 12 to 15 years old accounted for the greatest number of safeguarding concerns that were reported, underscoring the vital need of early intervention and assistance during the transition from child to adult services. The ROH safety team collaborates closely with Birmingham Women's and Children's Hospital (BWCH), sharing information to ensure that children are effectively safeguarded across both services. The ROH and BWCH work in partnership providing care and treatment options for children and young people. Surgical procedures for children under 16 are carried out at BWCH, with outpatient follow-up such as physiotherapy provided at ROH. Young people aged 16 to 17 are admitted to adult wards at ROH and are reviewed within adult outpatient services

Partnership Information sharing

All NHS agencies and organisations are requested to participate in statutory reviews. The level of input and involvement required will be discussed and agreed upon if the individual is known to the Trust, typically involving the provision of evidence of contribution.

Statutory reviews are vital processes for learning and improvement, and all health providers are required to provide and share relevant information for any statutory review. Safeguarding Adult Reviews (SARs), Child Safeguarding Practice Reviews (CSPRs), and Domestic Homicide Reviews (DHRs).

These reviews are governed by various pieces of legislation, including:

- The Care Act (2014)
- The Children and Social Work Act (2017)
- The Serious Violence Duty (2023)
- The Domestic Violence, Crime and Victims Act (2004)

Between 2024 and 2025 the Safeguarding team received the following scoping requests:

CSPRs	9
SARs	2
DHRs	8
OWHR	3

All scoping outcomes were provided to the partnership within the agreed deadlines. In these cases, the individuals were not known to our Trust.

Safeguarding Children – The voice of the child

Safeguarding children, young people, and families is the action taken by the Trust to promote their welfare and protect them from harm. At the heart of all safeguarding practice is the Child's Voice, which underpins our approach and should be clearly reflected in referrals and documentation across the Trust.

The Trust's safeguarding responsibilities are guided by key child protection legislation and policy, including:

- The Children Act (1989)
- The Human Rights Act (1998)
- The United Nations Convention on the Rights of the Child (UNCRC)
- Working Together to Safeguard Children (2023)

Section 11(4) of the Children Act 2004 places a statutory duty on a range of organisations, agencies, and individuals to ensure that their functions—and any services they commission—are carried out with due regard to the need to safeguard and promote the welfare of children.

As part of this legal requirement, NHS organisations and agencies are subject to Section 11 duties. To provide assurance to Local Safeguarding Boards/Partnerships, the Safeguarding Lead Nurse and Senior Named Nurse complete the annual Section 11 audit on behalf of the Trust. In 2024–2025, the Section 11 audit was not requested by the Safeguarding Adults Board or the Children's Partnership. However, the safeguarding team continued to undertake a series of internal audits to ensure that systems and processes are effectively in place to recognise, respond to, and reduce the risk of harm to children and young people.

Audits

The following internal audits were completed:

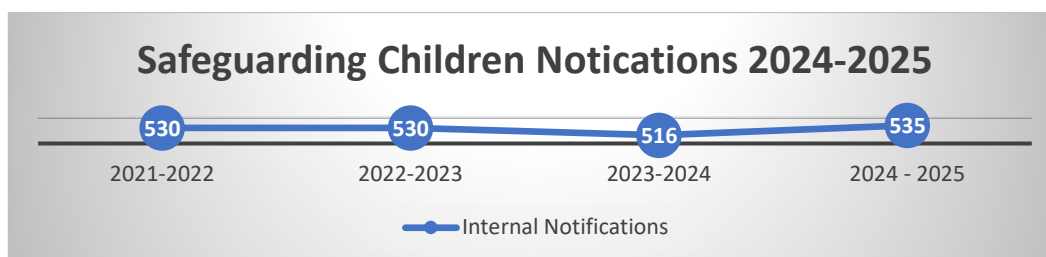
- Early Help Awareness Audit
- Exploitation Awareness Audit
- Safeguarding Documentation Audit
- Neglect Awareness Audit
- Children's Social Care Referrals Audit
- Annual benchmarking promoting the health and wellbeing of looked after children (NICE, 2020)

Learning to identify following these audits included documentation of the child's voice, further awareness around early identification of emerging risks such as indicators of neglect and overreliance on the safeguarding team to manage or oversee early help cases.

These audits support continuous improvement and assurance that staff are recognising and responding appropriately to safeguarding concerns in line with local and national expectations.

Safeguarding Children Activity: 2023–2024

A 3% increase received in safeguarding notifications compared to last year.



In 2024–2025, a total of 535 child safeguarding notifications were received, identifying a range of concerns. These included but not limited to:

- 60 children in care
- 119 children in need
- 12 children identified by frontline staff within outpatient departments
- 50 children identified as being not registered as home educated or missing in education
- 16 children identified as being at risk of witnessing or experiencing domestic abuse
- 2 suspected non-accidental injuries

The largest reporting category for safeguarding children continues to be "Was Not Brought to Appointments." When children are not brought to their appointments, it can lead to unmet health needs and may also signal underlying safeguarding concerns. While there are a variety of reasons why appointments may be missed, it is essential to recognise that, in some cases, this may be an indicator of increased risk of abuse or neglect. This pattern has been highlighted in numerous safeguarding reviews and remains a key focus area for early identification and intervention.

Child safeguarding case example - Suspected non-accidental injury pathway

Senior named nurse contacted by oncology clinical nurse specialist following a imaging report which detected suspected non-accidental injury to a 2-year-old child with two fractures at different stages of healing which was not oncology related. Senior named nurse provided immediate support and guidance to staff involved and completed a referral to children's social care, which resulted in a Strategy Meeting being held by children's social care, police and health. Senior named nurse received support from oncology clinical nurse specialist to provide health opinion at the strategy discussion as Children's social care required medical opinions to authorise a child protection medical. Child and sibling were made subject to section 47 assessment and a request for a child protection medical as a result of ROH findings.

Partnership working

Between 2024 and 2025, the Safeguarding Team attended 78 Local Authority meetings and reviews—representing a 29% increase from the previous year. This rise reflects the growing

reliance on health services to actively contribute to multi-agency safeguarding efforts for children and young people.

A total of 22 referrals were completed to 10 different local authorities during the reporting period. These referrals were made when a complex or additional needs threshold was identified, ensuring that children and young people received the appropriate support and services tailored to their individual circumstances.

Additionally, 4 referrals were made to Children's Social Care where unauthorised kinship placements were identified, highlighting potential safeguarding concerns and the need for appropriate oversight and intervention. The national Kinship care statutory guidance (2024) states Local Authorities should provide kinship carers and private foster carers with advice and support on how to obtain child arrangement orders or special guardianship orders. Local Authorities should also complete an assessment under section 17 to ensure the child is suitably placed with those carers.

Reducing inequalities in health

Tackling health inequalities for children and young people in care and leaving care requires coordination between multiple professionals across the wider social, economic and environmental factors that influence their health, and services. 40 out of the 60 children in care identified were overseen and supported by the safeguarding team.

To help reduce the impact of deprivation on vulnerable families, the safeguarding team works in partnership with National Express West Midlands to provide free bus travel for families attending health appointments.

This initiative supports access to healthcare, reduces the risk of unmet health needs for children and young people, and helps to lower the cost implications for the Trust associated with missed appointments.

Safeguarding Adults – A Person-Centred Approach

Safeguarding adults is about upholding a fundamental human right: the right to live in safety, free from abuse and neglect. It involves both responding to actual harm and taking proactive steps to prevent abuse, particularly for individuals who may be at greater risk due to their care and support needs. These individuals may be unable to protect themselves due to physical or mental health conditions, disabilities, or age-related challenges.

The Care Act 2014 places safeguarding on a statutory footing in England, creating a legal duty for local authorities and other partner organisations to work together to protect adults at risk. A key feature of the Act is its emphasis on a person-centred approach. This means that safeguarding should not be something that is done *to* people, but rather *with* them, ensuring that they are involved, listened to, and supported to make their own choices wherever possible.

One of the key principles set out in the Act is Making Safeguarding Personal (MSP). This shifts the focus from process-led interventions to outcomes that matter to the individual. It promotes empowerment, supporting individuals to have control over their lives, and to be at the heart of decisions about their own safety and wellbeing.

At our Trust, we are committed to a person-centred approach to safeguarding. We:

- Engage with individuals respectfully and compassionately, recognising each person's unique experiences and circumstances.

- Take time to understand their history, preferences, and views, ensuring that their voice is heard and valued throughout the safeguarding process.
- Work collaboratively, involving the individual in all planning and decision-making related to their safety and wellbeing.
- Balance the need for protection with the right to take informed risks, promoting choice, independence, and control.

Embedding Learning Through Practice

We continue to explore and develop effective ways to share and embed learning from Safeguarding Adults Reviews (SARs) across the Trust. For example, our mandatory Level 3 safeguarding training includes a local SAR case study that enables delegates to explore key learning points, reflect on practice, and consider how the findings may inform or challenge their current approach.

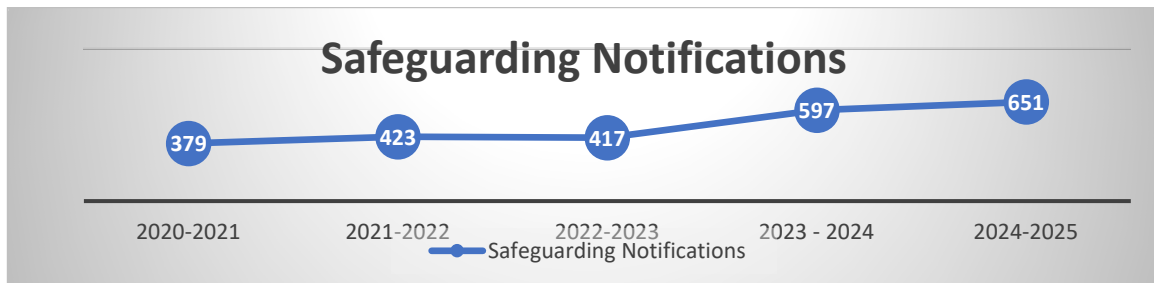
A Person-Centred and Collaborative Approach

The Royal Orthopaedic Hospital ensures that safeguarding adults is approached in a way that is person-centred, and outcome focused. We work closely with partner agencies to prevent abuse and neglect, ensuring a joined-up and proactive safeguarding response.

Safeguarding Adults Activity: 2024–2025

A 9% increase in adult safeguarding referrals compared to the previous year (2023–2024).

The safeguarding team received a total of 651 adult safeguarding notifications raising concerns, which remains broadly comparable to the previous year, as shown in the table above.



Trends and Age Cohorts

- The largest proportion of safeguarding cases reported involved individuals aged 75 years and over. This is reflective of the increased vulnerabilities associated with an ageing population, including more complex care and support needs.
- Notably, there has been a rise in safeguarding referrals within the 55–64 age group compared to the previous year. This may highlight emerging needs within this demographic, potentially linked to earlier onset of health conditions or increasing dependency on care services.

These trends will continue to inform how we develop our safeguarding response, training, and multi-agency engagement to ensure we remain responsive to shifting needs across all age groups.

Activity analysis

- 54 vulnerable adults where multiple risks were identified.
- 312 adults disclosed domestic abuse concerns.
- 23 MARAC referrals
- 8 high risk hoarding concerns.
- 2 adult exploitation concerns
- 2 modern day slavery NRM referrals
- 4 care leavers identified.
- 15 FGM mandatory reporting
- 51 adult patients who had multiple did not attend to appointments.
- 1 court of protection.
- 2 Position of Trust referrals
- 81 Mental Capacity concerns
- 54 DoLS applications

Adult safeguarding case example- making safeguarding personal

Patient A is a young adult and care leaver with ongoing care and support needs in the community. During admission, Patient A disclosed significant concerns around homelessness and a lack of community support, revealing that they had no fixed abode following their departure from the children's care system. These disclosures raised serious safeguarding concerns, particularly around risks of exploitation and personal safety.

The Named Nurse took immediate action by liaising with multiple external professionals across several local authorities, ensuring that all those involved had a shared understanding of Patient A's needs, wishes, and vulnerabilities. An Adult Social Care referral was completed with Patient A's consent.

Although Adult Social Care determined that a Section 42 enquiry under the Care Act 2014 was not required, the Named Nurse continued to advocate for Patient A. Working closely with a support worker, they coordinated a safe and person-centred discharge, ensuring that Patient A was discharged to a place of their choice where their care and support needs could be met safely.

Adult Social Care Referrals: 2023–2024

This year, the number of Adult Social Care referrals completed by the Safeguarding Team decreased by 42%, with a total of 19 referrals made to the Local Authority. Only 33% of outcomes were provided to the safeguarding team within 5 working days between 2024-2025 from adult social care.

Audits

The following audits were completed between 2024-2025 in relation to adult safeguarding:

- Neglect awareness audit
- Adult social care referral audit
- Safeguarding documentation audit
- Exploitation awareness audit
- Mental Capacity and Deprivation of Liberty Safeguards documentation audit
- Domestic abuse awareness and routine enquiry audit

The Safeguarding Team are proud to highlight significant improvement in the recognition and reporting of Neglect, including self-neglect and hoarding. Staff across the Trust have demonstrated increased confidence and skill in identifying signs of neglect and responding appropriately. This progress follows a disappointing Neglect Awareness Audit earlier in the

year, which identified gaps in knowledge and practice. In response, targeted training and awareness-raising initiatives were implemented. A follow-up audit six months later has now provided strong assurance.

This positive shift reflects the Trust's commitment to ongoing learning, reflection, and continuous improvement in safeguarding practice.

Emerging Concerns: Complex Discharges and Community Support

The Safeguarding Team has raised ongoing concerns about the availability and consistency of community-based support for high-risk complex discharges. There are significant challenges in securing appropriate support for:

- Young adults transitioning from paediatric or supported environments
- Care leavers, who often face gaps in service provision and limited community resources to meet their specific needs

These issues highlight the importance of continued multi-agency working and strategic planning to address gaps in transitional and post-discharge care, ensuring vulnerable individuals are not left unsupported.

Complexity in Deprivation of Liberty Decision-Making

Deprivation of Liberty Safeguards (DoLS) decision-making continues to be a complex area of safeguarding practice. The safeguarding team have provided considerable support, professional judgement, and supervision to frontline staff to navigate these decisions effectively, ensuring that legal frameworks are upheld while placing the individual's rights and best interests at the centre.

Several factors contribute to this complexity, including:

- Mental health concerns, where capacity, fluctuating needs, and risk must be carefully assessed and reviewed
- Domestic abuse, particularly when coercive control may be present, which complicates assessments of free will and consent
- Multifaceted care needs, where safeguarding concerns intersect with physical health, cognition, and social circumstances

It is essential that staff involved in DoLS assessments receive ongoing training, support, and access to supervision, ensuring consistency in decision-making and upholding the principles of least restriction and human rights compliance.

Domestic Abuse Act (2021) and Trust Response

The Domestic Abuse Act 2021 has significantly strengthened protections for victims of domestic abuse and enhanced measures to address and manage perpetrators. The Act introduces a comprehensive legal definition of domestic abuse, which goes beyond physical violence to include:

- Emotional abuse
- Coercive or controlling behaviour
- Economic abuse

The legislation also introduces new offences, including:

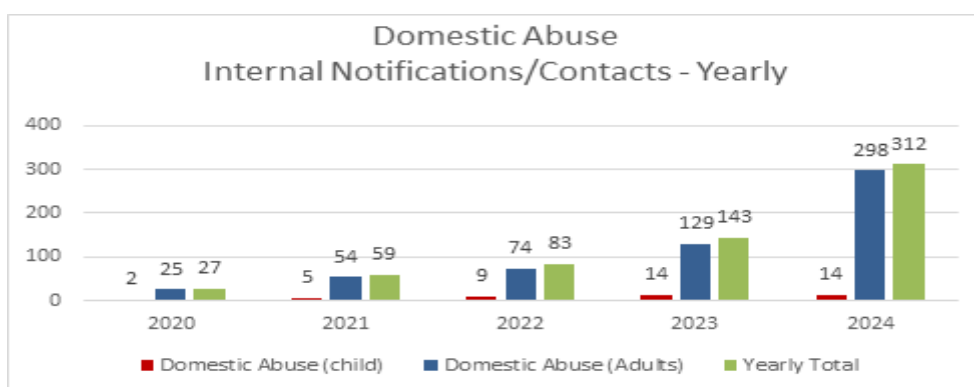
- Non-fatal strangulation

It further extends the scope of coercive and controlling behaviour to include post-separation abuse, and now explicitly recognises children as victims when they see, hear, or experience the effects of domestic abuse.

ROH Trust Response and Recognition

At the Royal Orthopaedic Hospital (ROH), the Senior Named Nurse serves as the Domestic Abuse Lead for the Trust. The Senior Named Nurse accesses regular external domestic abuse training and has developed strong partnerships with external domestic abuse service providers to ensure coordinated and effective support for victims.

In the past year, the Safeguarding Team received 312 notifications related to domestic abuse — a 74% increase compared to the previous year. This significant rise highlights both the ongoing prevalence of domestic abuse among individuals accessing our services and the growing awareness and confidence among staff in identifying and reporting such concerns.



Key Achievements and Recognition

- We are pleased to report that charity funding has been successfully granted for the creation of a new 2 year fixed term full-time role: Domestic Abuse and Sexual Violence Advocate (DASVA). This dedicated post will enhance the Trust’s ability to provide specialist, trauma-informed support to patients affected by domestic abuse and sexual violence, ensuring timely intervention, advocacy, and access to appropriate services.
- The Trust is proud to have a network of 62 Domestic Abuse Champions, spanning both clinical and non-clinical roles. These champions play a vital part in fostering a culture of openness and support across the organisation to prevent and respond to domestic abuse affecting both staff and patients.
- The work carried out by ROH in the field of domestic abuse has been recognised both locally and nationally. Multiple NHS Trusts and external organisations have requested to adopt or adapt ROH’s domestic abuse guidance for use within their own services.
- ROH’s data and practices have also been included in Birmingham City Council’s City-Wide Domestic Abuse Strategy Report, highlighting the Trust’s valuable contribution to system-wide improvements in responding to domestic abuse.
- As part of the Trust’s commitment to raising awareness and promoting prevention, the Domestic Abuse and Sexual Violence Advocate (DASVA) successfully hosted

two roadshows this year: 16 Days of Activism Against Gender-Based Violence and Violence Against Women and Girls (VAWG) Awareness Event. These events provided a valuable platform to:

- Engage staff and visitors in meaningful conversations about domestic abuse and sexual violence
- Distribute educational materials and signpost support services
- Promote the role of the DASVA and Trust-wide safeguarding initiatives
- Encourage a culture of visibility, openness, and support within the organisation

Domestic Abuse case example – multi-agency collaboration

Patient A disclosed ongoing domestic, sexual, and honour-based abuse to DASVA, who provided emotional support, safety planning, and completed a DASH Risk Assessment. The case was referred to MARAC and relevant safeguarding steps were taken with the patient's consent, including a referral to Children's Services. The patient was signposted to domestic abuse services, the Refuge and Migrant Centre for VISA support, and Karma Nirvana for HBA concerns. The police were informed with consent. The patient was also referred to Family Law Solicitors for child contact issues. Information and safeguarding concerns were shared with the patient's GP, and was allocated an IRIS Support Worker. A mental health notification was completed to support her wellbeing. This case highlights the value of multi-agency collaboration to safeguard both the patient and her dependent

Domestic Abuse Audit Activity 2024–2025

The following audits were completed in 2024–2025 to provide assurance to the Trust regarding its response to domestic abuse and to support continuous improvement in safeguarding practice:

- **Domestic Abuse Staff Awareness Audit**
Assessed staff knowledge and confidence in recognising signs of domestic abuse, understanding Trust policies, and knowing how to respond appropriately and sensitively to disclosures.
- **Routine Enquiry Audit**
Reviewed the consistency and effectiveness of routine enquiry practices across clinical settings, ensuring staff are asking appropriate questions in line with safeguarding protocols and national guidance.
- **Sexual Violence Awareness and Response Audit**
Evaluated staff awareness of sexual violence as part of the broader domestic abuse agenda, including understanding of disclosure pathways, trauma-informed approaches, and support mechanisms available for patients and staff.

These audits provided key insights into current practice and areas for development, contributing to the Trust's ongoing commitment to ensuring a safe, informed, and responsive environment for individuals affected by domestic abuse and sexual violence.

Priority

A key focus was placed on the Senior Named Nurse and DASVA's responsibilities for 2025-2026 in supporting the implementation of the Domestic Abuse and Sexual Safety Charter. This includes contributing to relevant policies, delivering targeted training sessions, and working collaboratively with departments to raise awareness and promote a culture of safety, respect, and zero tolerance towards abuse.

ROH commitment to the Sexual Safety Charter to tackle and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this we have completed the following:

- Established a sexual safety working group chaired by the Chief Nurse and Deputy Chair Senior Named Nurse
- Raising awareness through roadshows, attending wards and departments.
- Implementing reporting guidance
- Working with governance to ensure reporting remains confidential and is recorded to monitor trends
- Working alongside the Communications team to highlight support available for staff
-

The Mental Capacity Act (MCA) and Safeguarding Practice

The Mental Capacity Act (MCA) came into force in October 2007 and provides a vital 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 who provides support, care, or treatment to individuals aged 16 and over residing in England and Wales.

Key Purposes of the MCA

The primary aim of the MCA is to promote and safeguard decision-making within a structured legal framework. It achieves this in two keyways:

1. Empowering individuals to make decisions for themselves wherever possible, while offering protection to those who lack capacity by providing a flexible framework that keeps the person at the centre of the decision-making process.
2. Allowing individuals to plan ahead for a time when they may lose the capacity to make decisions, ensuring their wishes are respected.

Training and Awareness within the Trust

Awareness of the MCA and its associated processes, including Deprivation of Liberty Safeguards (DoLS), has been significantly raised across the Trust. This has been achieved through the efforts of the Safeguarding Lead Nurse and the wider Safeguarding Team.

- Level 3 Safeguarding Training: This comprehensive face-to-face training includes detailed coverage of the MCA and DoLS, delivered by an external practitioner with expert knowledge in this area.
- Level 2 Safeguarding Training: Provides basic awareness of the MCA and DoLS to ensure all staff have an introductory understanding of these important legal frameworks.
- Bi-Monthly Enhanced MCA and DoLS Training: The Safeguarding Lead Nurse offers specialist, enhanced training on the MCA and DoLS every two months to ensure that staff are kept up to date with the latest guidance and best practices.

By incorporating MCA and DoLS training at different levels, the Trust ensures that staff at all levels are equipped to support individuals with capacity issues effectively, while adhering to legal and ethical standards.

Throughout the year, the Safeguarding Team received a total of 54 DoLS authorisation form requests, alongside 81 notification forms highlighting concerns around capacity. These

notifications indicated that many of the patients accessing our services either had a diagnosed impairment of the mind or brain or may require further assessment. In some cases, these concerns led to onward referrals to partner agencies for more in-depth evaluations and to ensure the appropriate safeguarding measures were in place to support these patients.

MCA and Dols case – Deprivation of Liberty and Treatment Access

Patient X was a complex care patient with multiple health needs who lacked capacity and was under Deprivation of Liberty in the community. During their care, Patient X's family refused to allow the patient to attend clinic appointments or undergo necessary investigations for a suspected malignancy diagnosis.

Recognising the need for urgent action, the Safeguarding Team worked collaboratively with a range of specialties across the Trust, including clinical teams, legal experts, and external professionals, to engage both the patient and their family in a supportive and informed way. Despite the challenges, the team successfully applied to the Court of Protection to proceed with the necessary treatment and investigations, ensuring that the patient's right to care and treatment was upheld in the face of opposition. This process required significant resources, coordination, and expertise but ultimately ensured that Patient X received the essential treatment and care needed to address their health concerns.

Challenges and Future Priorities for MCA and DoLS

Over the past year, the Safeguarding Team has seen an increased number of complex cases under the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

This surge has led to a significant demand for support, particularly in the completion of MCA assessments and the organisation and facilitation of Best Interest meetings. In some instances, the safeguarding team has been required to chair decisions on behalf of experienced professionals, highlighting an over-reliance on the team.

This trend has been identified as a key learning point, and our goal for the coming year is to empower staff to take more ownership of these processes. We aim to build confidence in staff assessments and enhance their accountability for decision-making, particularly regarding Best Interest decisions. This shift will be vital in ensuring that safeguarding responsibilities are more evenly distributed across teams.

MCA and DoLS Audit Update

In January 2025, an external practitioner completed an audit of MCA and DoLS activities, providing a comprehensive review to the Safeguarding Committee on the progress and quality of these safeguarding practices.

The audit identified several key areas for improvement in the Trust's approach to MCA and DoLS documentation and processes, including:

1. Need to increase Best Interest decision documentation: There is a need for more thorough and consistent documentation of Best Interest decisions to ensure clarity in decision-making processes.
2. Increase inclusion of Trust safeguarding email on DoLS applications: It has been noted that the Trust safeguarding email is not always included in DoLS applications, which can delay communication and coordination across services.
3. Increase consistency in documentation of MCA and DoLS activity: There is an identified need for greater consistency in where and how MCA and DoLS activities are documented across different departments and systems.

- Strengthen documentation of cessation of deprivation of liberty: The evidence documenting the cessation of deprivation of liberty needs to be clearer and more robust, ensuring transparency and compliance with legal standards.

Next Steps

These areas for improvement will be incorporated into the Safeguarding Team's action plan for the coming year, and steps will be taken to address these gaps to improve the quality and consistency of MCA and DoLS practices across the Trust.

Future Priorities and Actions

As part of our priorities for next year, we will be undertaking a review of MCA and DoLS training provision. Currently, this is delivered as an additional session following the mandatory Level 3 Safeguarding training, but we will explore the potential for streamlining this content into a single, comprehensive session. This will help to better support staff within the mandatory training day and ensure more effective delivery of the content.

Additionally, we will work closely with our Communications Team to develop new learning tools for staff. These tools will be easily accessible for refresher training or guidance as needed, ensuring staff have access to clear and up-to-date information when required.

Prevent

Prevent is part of the Government's counter-terrorism strategy, known as CONTEST. As part of this strategy, all healthcare staff are required to complete mandatory Prevent training, which must be refreshed every three years.

All staff have a duty to raise concerns if they believe someone may be at risk of being drawn into terrorist activity or committing a terrorist act.

Prevent training within the Trust is delivered via e-learning and face-to-face sessions. Level 3 Prevent WRAP training is delivered in person, with sessions provided monthly.

Training compliance is monitored and reported through the Safeguarding Committee and escalated to the Quality and Safety Committee. Attendance figures—including the number of staff booked and those who attended—are reported monthly in the Safeguarding Quality Report.

To further raise awareness, the Safeguarding Lead Nurse regularly provides training compliance updates during Divisional Management Meetings.

	KPI	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Prevent Awareness	95%	87.16%	87.86%	89.09%	88.99%	90.78%	90.74%	90.74%	90.79%	91.76%	91.51%	92.21%	90.88%
WRAP L3	90%	87.16%	87.86%	89.09%	88.99%	90.78%	90.74%	90.74%	90.79%	91.76%	91.51%	92.21%	90.88%

Below are the training figures compliance %, for 2024-2025

Communication and Reporting

National and local Prevent updates have been shared with staff through weekly Safeguarding 'Shout Out' emails and the Trust's Safeguarding Quality Reports.

The Trust has consistently submitted all required external quarterly digital Prevent reports within the designated submission deadlines. The Safeguarding Lead Nurse maintains regular contact with the Regional Prevent Lead, ensuring alignment with regional and national priorities.

Person in Position of Trust (PiPoT): Managing Allegations Against Staff

When an allegation is made suggesting that a member of staff may be unsuitable to work with children or has caused harm, the Trust is required to make a referral to the Local Authority Designated Officer (LADO). This process is a vital safeguarding measure, ensuring that any risks posed within the workforce are identified and addressed in a timely and robust manner.

The Safeguarding Lead Nurse meets monthly with the Human Resources (HR) team to review any cases that have come to HR's attention and assess whether they meet the threshold for referral to the LADO.

Staff who are subject to allegations are provided with internal support and signposted to external support options, such as trade unions. Their line manager is responsible for identifying a designated colleague to maintain regular check-ins with the staff member. These check-ins support the staff member's wellbeing, allow for Occupational Health referrals where appropriate, and provide an opportunity for concerns to be raised while the investigation is ongoing.

All PiPoT cases are reported by the Safeguarding Lead Nurse to the Chief Nurse, who acts as the Safeguarding Executive Lead.

Over the past year, the Safeguarding Lead Nurse has been involved in two PiPoT cases. Each case is managed on an individual basis, with outcomes determined by the nature of the allegation and the staff member's role. The Safeguarding Lead Nurse works closely with the individual's line manager and the HR department to ensure that allegations are thoroughly investigated, and appropriate support is provided throughout the process.

Safer Recruitment and Disclosure and Barring Service (DBS)

Safer Recruitment is a critical component of safeguarding children, young people, and adults at risk. It involves embedding safeguarding principles and promoting welfare at every stage of the recruitment process to minimise the risk of employing individuals who may be unsuitable to work with vulnerable groups.

Robust selection and recruitment procedures are essential in protecting those who have care and support needs. These procedures are a key part of Section 11 of the Children Act 2004, which places a duty on organisations, including NHS Trusts, to ensure safe recruitment practices and ongoing monitoring of individuals working regularly with children or vulnerable adults. This includes having clear policies on when to obtain criminal record checks through the Disclosure and Barring Service (DBS).

Key principles of Safer Recruitment at ROH include:

- **Compliance with Section 11 Duties:**
NHS organisations are legally required to adhere to Section 11, ensuring staff recruitment and ongoing employment practices promote safeguarding and welfare.
- **Role of Health Practitioners:**
Healthcare professionals play a vital role in identifying welfare needs or safeguarding concerns, effectively sharing information, liaising with partner agencies, and contributing to multi-agency assessments and reviews.
- **Employer Responsibilities:**
Employers must ensure that all staff are competent in their safeguarding responsibilities, and that they work in an environment where they feel safe, supported, and empowered to raise concerns.
- **Staff Training and Competency:**
All staff in healthcare settings, including those primarily working with adults, should receive appropriate safeguarding training relevant to their role and guided by professional standards.
- **Integration of Safeguarding into Recruitment:**
Safeguarding must be considered at every stage of the recruitment process, from job planning and advertising to interviewing, referencing, DBS checking, and induction.

Safeguarding Priorities 2025-2026

The Royal Orthopaedic Hospital remains committed to safeguarding as a core priority, ensuring that all children, young people, and adults at risk are protected from harm. The following priorities have been identified for 2025–2026 to further strengthen safeguarding systems, leadership, and outcomes across the Trust:

1. Leadership Review and Team Resilience

- Following the planned retirement of the Safeguarding Lead Nurse in April 2025, the Chief Nurse will lead a comprehensive review of the safeguarding team's roles and responsibilities. This will ensure alignment with national regulatory frameworks and evolving service needs.
- Efforts will continue to reduce single points of failure within the safeguarding team, with a particular focus on strengthening the resilience of key regulatory roles. This will help ensure continuity of care, support, and leadership, strengthening the team's ability to respond effectively to safeguarding concerns.

2. Mental Capacity and DoLS Training Enhancements

- A full review of the Trust-wide training packages on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards will be undertaken.
- To improve staff engagement and retention of knowledge, the Trust will introduce mini refresher sessions delivered via short, accessible training videos.

3. Mandatory Training Compliance

- Continued efforts will be made to improve compliance with mandatory safeguarding training, ensuring all staff are equipped with the essential knowledge and skills for safe and effective practice.

4. Implementation of the Domestic Abuse and Sexual Safety Charter

- The Senior Named Nurse and Domestic Abuse and Sexual Violence Advisor (DASVA) will take a lead role in embedding the Charter across the Trust.
- This includes contributing to relevant policy development, delivering targeted training, and working with departments to foster a culture of safety, respect, and zero tolerance toward abuse.

5. Strengthening Documentation and Clinical Accountability

- Staff will be encouraged to take greater ownership in documenting safeguarding decision-making, care planning, and reviews.
- The consistent use of Mental Capacity Assessment forms will be promoted to enhance transparency and compliance with legal standards.

6. Reducing Vulnerabilities for Children in Care

- Targeted actions will continue to address health inequalities affecting children in care.
- This includes multi-agency collaboration, improved access to health assessments, and delivery of tailored support services.

7. Addressing Medical Neglect

- The Trust will maintain a proactive focus on reducing the risks for children and young people experiencing medical neglect due to non-engagement with health services.
- Early identification, family engagement, and partnership working will be central to these efforts.

8. Improving Information Sharing Systems

- Recognising the challenges posed using multiple electronic patient record (EPR) systems and continued reliance on paper records, the Trust will explore solutions to enhance integration.
- This aims to improve the timeliness and effectiveness of safeguarding responses, particularly in urgent or high-risk cases.

Conclusion

The Royal Orthopaedic Hospital's Safeguarding Team is dedicated to ensuring the Trust fulfils its duties and responsibilities regarding safeguarding. The team adopts a whole-systems approach, working across both acute and community settings. This annual report reflects safe and effective practices in line with our statutory and regulatory obligations, demonstrating overall strong compliance with both internal and external safeguarding standards. Moving forward, the team will continue to build upon existing initiatives to ensure that safeguarding processes remain robust, effective, and aligned with the core values of the Trust.

The Safeguarding Team would like to extend our sincere thanks to all our committed staff, supportive partners, external trainers, the Executive Team, and the Trust Board. Their ongoing positive collaboration enables us to uphold the principle that 'Safeguarding is Everyone's Responsibility.'



More information

Include information about how an interested party can contact the team to discuss this report.



Safeguarding Annual Report 2024-2025