

LESS PAIN

MORE INDEPENDENCE

LIFE-CHANGING CARE



The Royal
Orthopaedic Hospital
NHS Foundation Trust

Vulnerabilities Annual Report 2024-2025

Transition to Adult Services

Learning Disability and Autism Service

Dementia and Mental Health Service

Vulnerabilities Champions



Previous safeguarding reports

Previous safeguarding reports can be found here for reference:

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

Vulnerabilities Team Annual Report 2024-2025

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Foreword

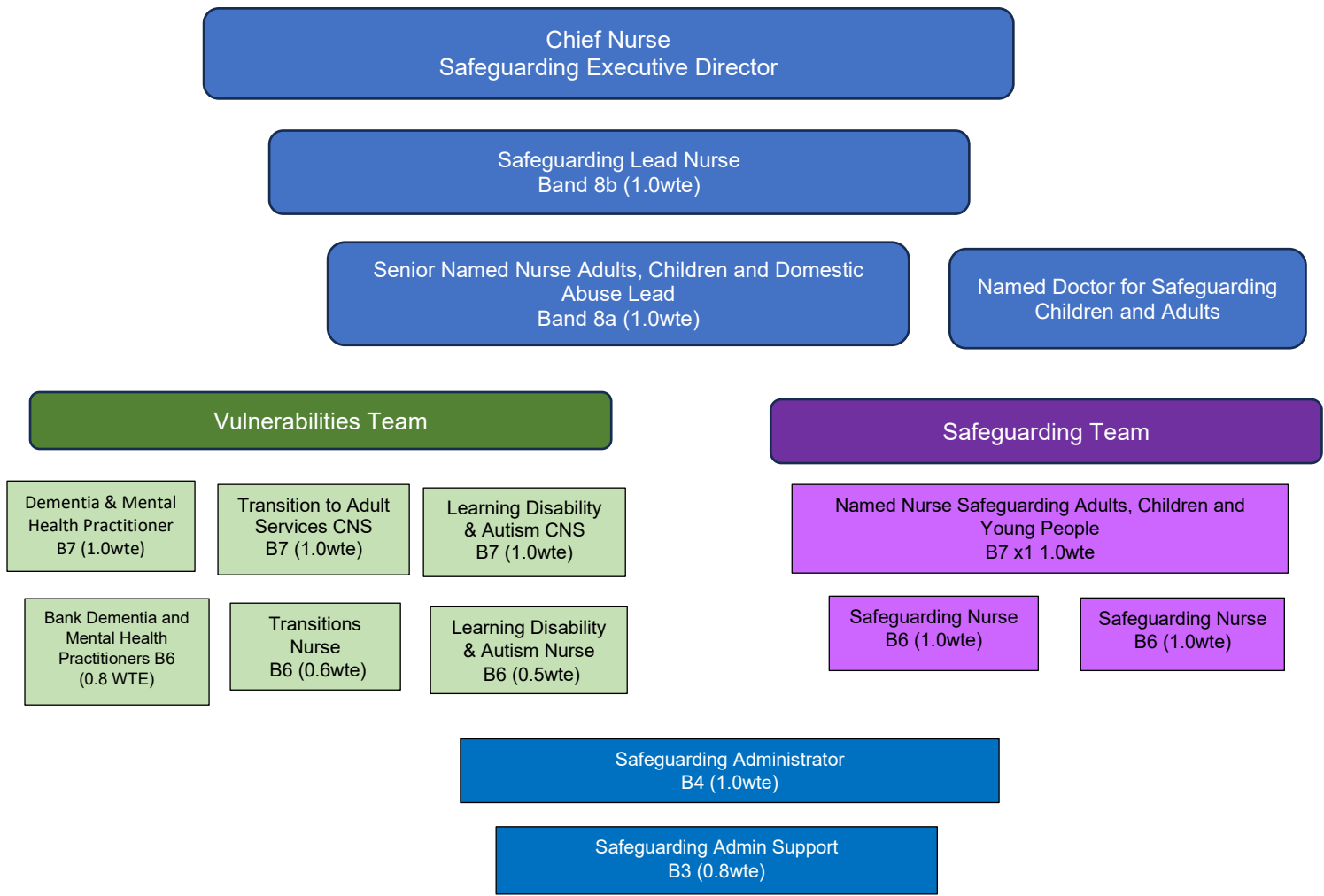
The Vulnerabilities Annual Report provides an opportunity to reflect on where we need to focus our efforts in the year ahead and celebrate our achievements in 2024-2025. Despite the challenges as outlined within the report.

This report includes Mental Health, Dementia, Learning Disabilities and Autism and Transition to Adult Services.

The service aims to proactively reduce health inequalities and improve health outcomes for patients by reducing barriers and providing accessible, appropriate, and effective support. Strong, collaborative working underpins our goals of providing outstanding care, always listening, having the skills, and building positive partnerships through empowerment and inclusion.

The Annual Report provides the Trust and our partners with an overview and assurance of the steps taken to ensure people under the vulnerability's services receive appropriate reasonable adjustments to reduce health inequalities and experience improved health outcomes. This report will also demonstrate our ongoing commitment to collaborative working both internally and externally across the Integrated Care System.

The Vulnerabilities Team continues to grow encompassing Learning Disability and Autism, Transition to Adult Services, Mental Health, and Dementia. The Vulnerabilities Team are led by the Safeguarding Lead Nurse and operationally managed by the Senior Named Nurse for Safeguarding. The Safeguarding Team and Vulnerabilities team work together by supporting vulnerable patients and their families and reducing risks.



Dementia and Mental Health Annual Report 2024-2025

Introduction

The Importance of Mental Health and Dementia Care at the Royal Orthopaedic Hospital

According to MIND (2023), one in four people experience mental health issues each year, and at any given time, one in six working-age adults are living with symptoms associated with mental ill health. Mental health significantly influences physical health, the ability to lead a healthy lifestyle, and the capacity to manage and recover from physical health conditions. Individuals with physical health problems, particularly those living with long-term conditions, are at an increased risk of poor mental health, notably depression and anxiety.

In recognition of this, the coalition government published *No Health Without Mental Health* in 2011, setting out a national strategy to improve mental health and wellbeing. Central to this strategy was the ambition to deliver high-quality, accessible services. The principle of "parity of esteem," where mental health is given equal priority to physical health, was later enshrined into law through the Health and Social Care Act 2012. Since then, the government has strengthened its focus on mental health through increased funding and key policy initiatives, such as the *Five Year Forward View for Mental Health* and the *NHS Long Term Plan*. As a result, mental health is now receiving greater national attention than ever before.

Although the Royal Orthopaedic Hospital does not provide treatment or diagnosis for mental health conditions, the Trust holds a clear obligation to maintain patient safety — a responsibility that includes attending to mental health needs. Many patients attending the Royal Orthopaedic Hospital live with long-term physical health conditions alongside co-existing mental health diagnoses. Addressing these needs is vital to ensure holistic, safe, and person-centred care.

Dementia, a term describing a group of symptoms caused by the deterioration of brain cell function, is another key area of concern. Dementia affects individuals differently, but all experience progressive cognitive impairment over time, impacting their ability to live independently. According to the Alzheimer's Society, there are approximately 850,000 people living with dementia in the UK, a figure expected to rise to two million by 2051.

In response to the *Prime Minister's Challenge on Dementia 2020* and the 2015–16 mandate from the Government to Health Education England (HEE), the Trust supports the development of an informed and effective workforce for people living with dementia. Staff involved in the care of patients who may have dementia are expected to possess the necessary skills to provide high-quality care within their roles and settings.

Given the increasing demands around mental health and dementia care, it is essential that the Royal Orthopaedic Hospital continues to invest in, support, and develop services that meet the complex needs of its patient population.

Dementia and Mental Health Service Provision at the Royal Orthopaedic Hospital

The Royal Orthopaedic Hospital (ROH) is committed to providing the highest level of signposting and support for patients with mental health needs. Within the Trust's Vulnerabilities Team, a dedicated Dementia and Mental Health Service has been established to address these needs effectively.

The team is composed of three practitioners: one full-time Band 7 Lead who is an Approved Mental Health Professional (AMHP) and qualified Social Worker, alongside two part-time

practitioners (0.8 WTE combined) — a Social Worker and an Occupational Therapist. The growth of this team has strengthened the Trust’s capacity to support a greater number of patients accessing orthopaedic services, ultimately improving the standard and quality of care provided.

Practitioners within the service are committed to delivering excellent standards of care for patients experiencing dementia and mental health concerns. They manage complex cases with expertise, offering support at various stages of the patient journey — before, during, and, where appropriate, after a patient’s admission. Where further intervention is required, the team coordinates referrals to appropriate statutory, voluntary, and private sector services.

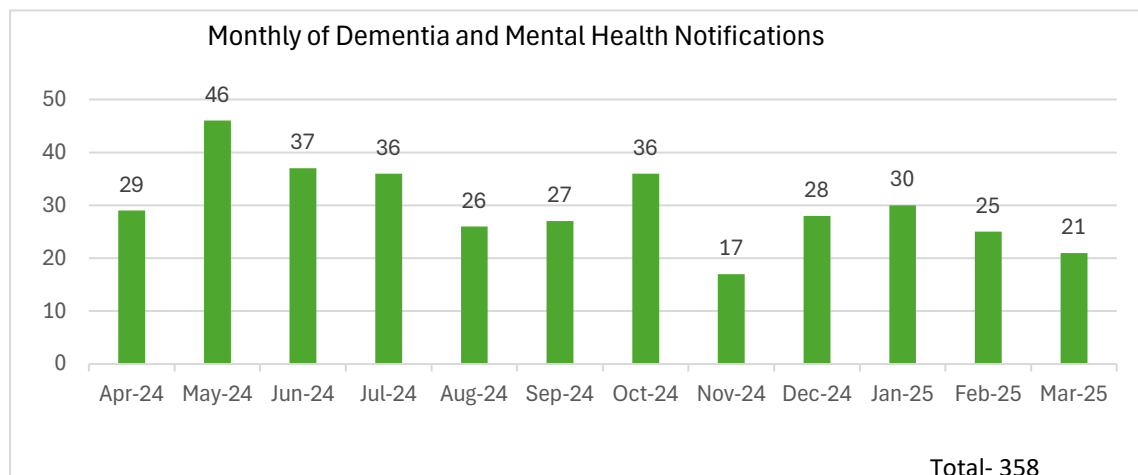
For patients attending ROH for day surgery, preoperative assessments, or outpatient appointments who require urgent mental health support, immediate advice and assistance can be accessed via the national NHS 111 helpline.

Where a patient’s mental health needs do not require an emergency or urgent response, but ongoing support is necessary, the practitioners work to ensure continuity of care by making appropriate referrals. This may include liaising with the patient’s named GP, local mental health services, or signposting to community support agencies.

Mental health services within Birmingham are primarily provided by the Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHT), with whom the ROH works closely to ensure patients receive timely and appropriate care.

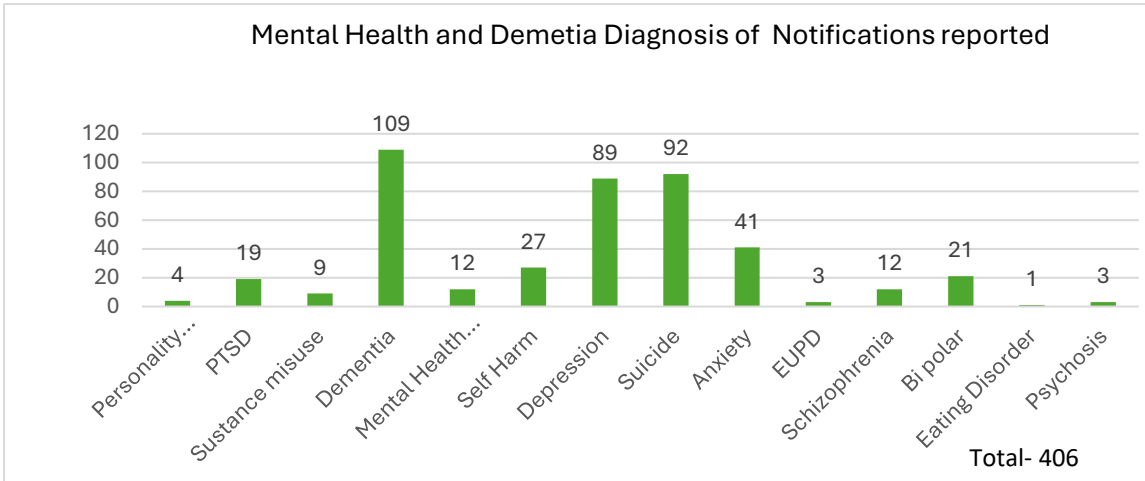
Dementia and Mental Health Notifications

The tables below illustrate the number of dementia and mental health notifications received by our service between 31st March 2024 and 1st April 2025. See figures as broken down on page five.



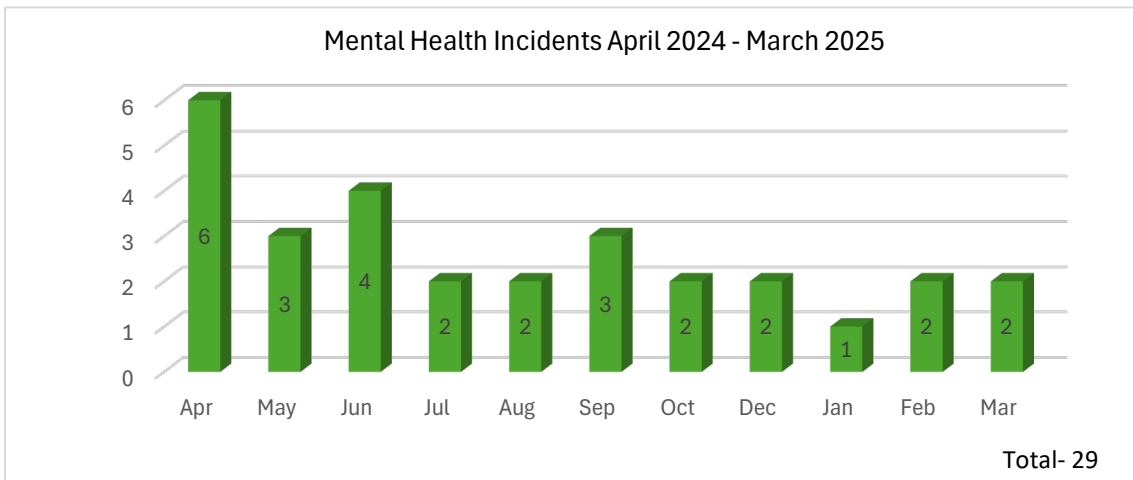
Service Activity and Data Reporting

This year, the Dementia and Mental Health team experienced an 11% decrease in the total number of notifications received. However, it is important to note that the team currently does not have an accurate data reporting system in place. This issue has been formally recorded on the Trust’s Risk Register. A new digital reporting system is being developed, with implementation planned for May 2025, led by the Trust’s Digital Team.



Notification Trends and Suicidal Ideation

The graph above illustrates the total number of notifications received for patients diagnosed with mental health conditions and/or dementia. Notably, there has been a significant increase in the rate of suicidal ideation over the past year. This surge has required the Dementia and Mental Health team to manage these complex cases carefully, prioritising patient safety and ensuring appropriate interventions are in place.



Incident Reporting and Oversight

A total of 29 incidents related to mental health were submitted through the Trust's incident reporting system (Ulysses) during the reporting period. Each of these incidents is thoroughly reviewed by the Mental Health and Dementia Lead, with oversight provided by the Safeguarding Lead Nurse, ensuring that appropriate actions and follow-ups are taken in response to each case.

Dementia Provision within the Royal Orthopaedic Hospital (ROH)

The Royal Orthopaedic Hospital (ROH) is committed to improving the care and safety of patients with dementia through collaborative efforts and specialised care protocols. The Dementia and Falls Working Group meets bimonthly to ensure the appropriate identification, assessment, and care of all patients with dementia and those at risk of falling. The group

works towards decreasing the incidence of falls and improving patient safety by raising awareness and promoting falls prevention and dementia care throughout the Trust. This ongoing work assures the Clinical Quality Group that the ROH meets Care Quality Commission (CQC) standards regarding both dementia and falls care.

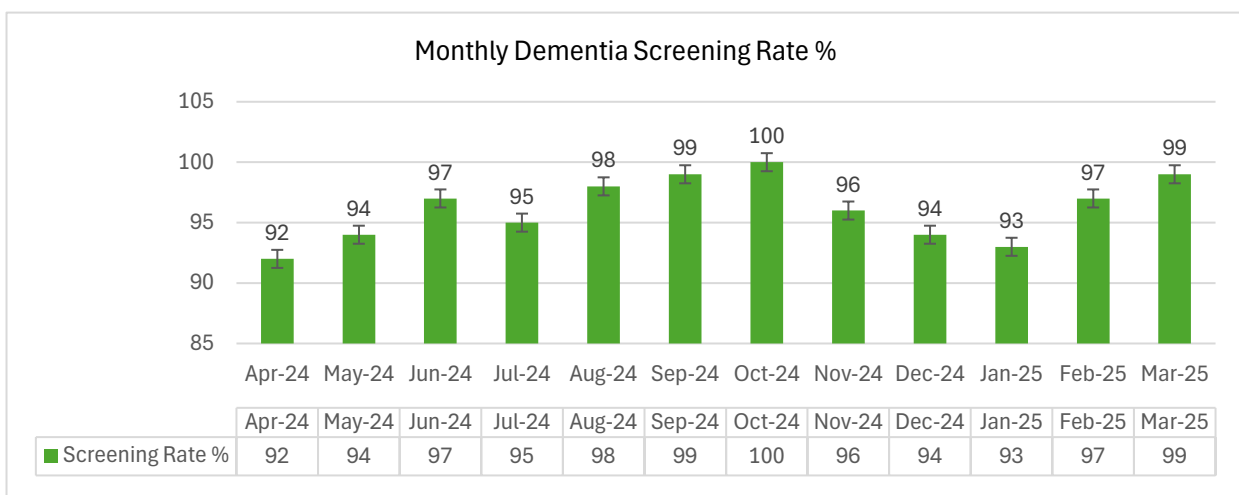
A key development in dementia care at the ROH is the adoption of the Butterfly Scheme, which was launched on the 26th and 28th of March 2025. This scheme will assist in the care of patients with a possible or confirmed diagnosis of dementia. The Butterfly Scheme was created by a carer who consulted with individuals living with early-stage dementia, their careers, and healthcare professionals over two years. The scheme’s purpose is to provide a discreet, at-a-glance identification for hospital patients with dementia-related memory impairments. Patients can opt into the scheme, which signals to staff their dementia status.

The Butterfly Scheme offers specific training to staff, equipping them with the skills needed to provide enhanced support for patients living with dementia or memory impairment. This leads to improved patient safety and overall wellbeing. The scheme is recommended by the National Dementia Audit and the Royal College of Nursing. In hospitals where the scheme has been implemented, positive outcomes have been reported, including improved patient-staff interactions and better understanding of patient behaviours.

Looking ahead, the ROH's priority for 2025-2026 is to fully implement and embed the Butterfly Scheme across the Trust. This will involve continued support from the Dementia and Mental Health Practitioners, who will work with wards and departments to facilitate the scheme’s integration. Additionally, the team will offer further in-house workshops tailored to meet the specific needs of different staff groups.

Dementia Screening

As part of its commitment to high-quality dementia care, the ROH tracks dementia screening rates for patients aged 65 and over admitted to the hospital. Monthly dementia screening figures are provided by Business Intelligence to the Dementia and Mental Health Practitioner. Over the past year, screening rates have consistently ranged from 90% to 100%, demonstrating strong adherence to national guidance and local policy on dementia screening.



While this reflects a positive and proactive approach by clinical staff, it also highlights a small margin for improvement.

Dementia Audit

In October 2024, the Dementia and Mental Health Practitioner conducted a repeat Dementia Audit to assess the quality of care provided to patients diagnosed with dementia at the Royal Orthopaedic Hospital. The primary purpose of the audit was to review patient documentation and ensure that individuals with a dementia diagnosis are receiving care that is tailored to their specific needs. The findings of the audit were shared at the bi-monthly Safeguarding Committee, providing valuable assurance that the Trust's dementia care practices are aligned with patient-centred, individualised care standards.

Case Study Examples

Below are case study examples where intervention from the Dementia and Mental Health team was required following a notification from ward staff.

Mental Health Case Study

The patient attended a physiotherapy appointment. During his appointment he expressed some suicidal ideation stating that he had written suicide notes for his family members. The Mental Health Practitioner queried when he had written the suicide notes, and it was confirmed that the patient had planned suicide by writing note the day before the appointment. The Mental Health Practitioner asked the patient directly if he were to leave the appointment, was it the plan to end his life given the statements he had made. He was unable to provide any reassurances. The Mental Health Practitioner if he had ever made a suicidal attempt before, and he stated in September 2024 he took an overdose. At the time he did not seek support but was found by his housemate who called an ambulance. Following this incident, his GP made a referral to a mental health team. The mental health team provided him with an appointment date which he did not attend however, the suicidal thoughts remained. The Mental Health Practitioner gained his consent to contact his GP who arranged for a crisis team to visit him at home. The Mental Health Practitioner provided the GP with additional information, and he re-referred the patient to mental health services. A well-being check was made two weeks later to ensure the referrals had been followed through. The patient was able to confirm the support now in place and stated: 'he wanted to thank the practitioner stating if they had not contacted the GP, he would still be sitting there having dark thoughts. He stated that the Mental Health Practitioner had given him clearer vision and the power to talk to someone about how he was really feeling'.

Dementia Case Study

A patient living with Dementia attended his appointment with a paid carer, as all family members lived in Ireland. A capacity assessment was completed, and the patient was deemed to lack capacity to consent to treatment. A decision was made in his best interest to proceed with surgery. Due to memory issues the patient was unable to provide a clear account of his history, and the carer had not known him for very long. The Dementia and Mental health Practitioner needed to complete a document known as 'This is Me', a document as devised by the Alzheimer's society and endorsed by the Royal College of Nursing recognising its value in promoting person centred care. With the help of the Local Authority, The Practitioner contacted the family in Ireland and informed them of the planned surgery. They stated that although they were unable to visit often, they spoke to their uncle weekly over the phone. The Dementia Practitioner arranged an MS teams meeting with the patient, consultant, carer and his relatives. During the meeting his relatives were able to tell us more about the patient and his wishes. The patient, despite his memory issues, was able to confirm the comments he made 'yes I said that, yes I said that'. A few days later we received an email from another relative in Australia who reiterated the wishes and feelings of his uncle. The decision was taken not to proceed with the surgery due to his multiple medical conditions and higher risk of delirium. The family made the decision to come over to England and take the patient back to Ireland which had been his final wish.

Training

Mental Health

The NHS is placing more national focus than ever before on mental health. Funding from the Nursing and Allied Health Professional CPD was awarded to deliver bespoke mental health training targeted at all Nursing and AHP staff.

The training sessions delivered have ensured that parity of esteem between physical and mental health are being met within the trust

Mental health awareness training in the ROH isn't just important it is essential. Training impacts patient safety, regulatory compliance, and overall care standards.

The training was provided to give staff the necessary knowledge, skills and confidence for meeting patient's mental health needs when in contact with the Royal Orthopaedic Hospital. The facilitator acted out some challenging dramas for staff to develop communication skills and to manage mental distress, suicidal ideation and difficult behaviours if a patient presents in crisis.

Below are photos taken from the day.



Positive feedback has been received following the training and the plan is to provide future training sessions for the Trust. –

'Brilliant session I'm more aware now of how to approach people who are struggling with their mental health'

'I have learnt a huge amount regarding diffusing and responding to different situations and recognising mental illness'

Dementia

The Royal Orthopaedic Hospital is committed to improving services for patients with memory concerns, Dementia and carers. Education and training features highly within this commitment and as a result the Mandatory Nursing Council awarded the ROH with monies to provide Dementia Tier 2 training.

Dementia Tier 2 training will focus on equipping ROH clinical staff with the knowledge and skills necessary for providing person-centred care to patients with Dementia. It builds upon

Tier 1 awareness training and underpins good practice. A priority for 2025 -2026 is to have 75% of clinical staff trained in tier 2.

NHS England provides a framework outlining the essential skills and knowledge for all health and social care staff involved in Dementia care. The ROH currently have 94.48% of staff trained in Dementia awareness.

This is just two of many initiatives underway at ROH to ensure we put patients first and deliver the very best care.

ROH Mental Health Service Accomplishments

- **Mental Health Training:** Three bespoke mental health training sessions have been delivered, with 65 staff trained to support patients presenting with mental health difficulties. Feedback from these sessions has been overwhelmingly positive.
- **Vulnerabilities Champions Day (February 2025):** The Dementia and Mental Health Practitioner facilitated sessions, including:
 - A session led by the BSMHT Recovery College featuring a patient with lived experience.
 - A focus on supporting patients with mental health needs across the Trust.
- **Dementia and Mental Health Intranet Page:** A dedicated page is now live, offering signposting to support services and advice for both patients and carers.
- **Mental Health Incident Reporting:** Improved communication through comprehensive incident reporting has helped to enhance patient safety and the quality of support provided. Accurate documentation allows for learning from each incident and adapting care approaches to better support patients in distress.

Challenges in Mental Health Care

- **Work is underway to establish a formal Service Level Agreement (SLA):** There is no formal at present
- **SLA between the Royal Orthopaedic Hospital (ROH) and Birmingham and Solihull Mental Health Trust,** which can affect coordination of care.
- **Expiring Practitioner Contracts:** The current contracts for two part-time Dementia and Mental Health Practitioners are set to expire in July 2025, potentially affecting service delivery.
- **Absence of Liaison Psychiatry Service:** ROH does not have a dedicated liaison psychiatry service to support patients with co-existing mental health conditions.
- **Mental Health Training Requirement:** Mental health training is currently not mandatory for all ROH staff, which limits preparedness to manage patients with mental health concerns.
- **Lack of Mental Health Support for Under-18s:** There is no mental health support service available for individuals under the age of 18 at ROH.
- **Need for Ongoing Training:** To maintain high-quality care, staff engagement in appropriate mental health training is critical.

ROH Dementia Service Accomplishments

- Collaboration with Access Able: ROH is working closely with Access Able to introduce clear, contrasting signage, creating a supportive and inclusive environment for patients living with dementia.
- Dementia Audit: The dementia audit was completed in October 2024, reinforcing the Trust's commitment to quality care.
- CPD Funding for Dementia Training: Nursing and AHP CPD funding was awarded to deliver *Dementia Tier 2* training, further enhancing staff expertise.
- Butterfly Scheme: The Butterfly Scheme was successfully launched within the Trust, offering a discreet identification symbol for patients with dementia, helping staff provide tailored support.
- Expansion of the Dementia and Mental Health Team: Two additional Dementia and Mental Health Practitioners were appointed in 2024 to enhance service delivery.
- Dementia Champions: There are now 38 Dementia Champions across the Trust, helping to embed best practices and raise awareness.
- Dementia Screening Compliance: Dementia screening has consistently exceeded 90% throughout the year, demonstrating strong adherence to national guidelines.
- Staff Dementia Awareness Training: As of March 2025, 94.48% of ROH staff have received dementia awareness training.
- Vulnerabilities Champions Day: This included:
 - Mental Capacity training by an Older Adults Consultant Psychiatrist.
 - A session by Birmingham and Solihull Mental Health Trust, incorporating life stories from people living with dementia.

Challenges in Dementia Care

- Inconsistent Referrals: Data from Business Intelligence suggests that patients living with dementia are not consistently being referred to the appropriate team for further care.
- Staff Training Engagement: To provide high-quality care, staff must remain actively engaged in relevant dementia training.
- Expiring Practitioner Contracts: The current fixed term contracts for two Dementia and Mental Health Practitioners are set to expire in July 2025, potentially affecting service delivery.
- Inconsistent Use of 'This is Me' Document: There is inconsistent use of the 'This is Me' document, which is crucial for capturing personalised patient information and ensuring care is tailored to the individual.
- Dementia Screening: While the screening rate is high, there is still room for improvement in consistency across the Trust.
- Regular Reporting: The Dementia and Mental Health Practitioner reports bimonthly to the Safeguarding Committee, Dementia and Falls Group, and Clinical Quality Group, ensuring that ongoing developments and challenges are addressed.

Dementia and Mental Health Areas of Focus 2025 -2026
1. Develop and embed person-centred assessment and care planning for example the Butterfly Scheme.
2. Actively involve families and carers in care planning and decision making especially for patients with cognitive impairment.
3. Supporting and appropriately signposting patients who present with mental health concerns
4. Provide mandatory training for all clinical and support staff on recognising and responding to signs of Dementia and use audit results to inform policy updates, training priorities and patient care improvement
5. Carry out regular mental health and Dementia care audits to assess current practice, identify gaps and monitor progress.
6. Strengthen the referral pathways to outside agencies such as Mental Health hubs.

Conclusion

The Royal Orthopaedic Hospital's Dementia and Mental Health Service continues to make significant strides in providing high-quality, patient-centred care for individuals living with dementia and mental health concerns. Through collaborative efforts such as the Butterfly Scheme, targeted training initiatives, and the successful launch of a dedicated intranet page for dementia support, the Trust has demonstrated a strong commitment to improving both awareness and practice across the organisation.

While notable achievements such as high dementia screening rates and the appointment of additional practitioners have strengthened the service, there remain key challenges, including the need for a formal service level agreement with Birmingham and Solihull Mental Health Trust, and the continued engagement of staff in comprehensive training. Moreover, addressing the gaps in mental health support for under-18s and ensuring consistent use of patient documentation like the 'This is Me' document will be critical for sustaining and enhancing care delivery.

Looking ahead, the Royal Orthopaedic Hospital is committed to addressing these challenges and continuing its work to embed dementia and mental health best practices across the Trust. With the ongoing support of dedicated staff, the implementation of targeted initiatives, and the forthcoming improvements in data reporting, the Dementia and Mental Health Service will continue to make a meaningful impact on patient care and safety, ensuring that individuals with complex needs receive the support they deserve.

Transition to Adult Services Annual Report 2024-2025

Introduction

Transition is a crucial process that helps adolescents and young adults prepare for the transition from paediatric to adult services, addressing their medical, psychosocial, and educational/vocational needs. As defined in the Department of Health's 2006 publication *'Transition: Getting it right for young people'*, this period should be thoughtfully planned to ensure that young individuals and their families are ready for the handover of care to adult services. Transition is a recognised period of increased risk as young people move from the coordinated care of paediatric teams into the adult health environment, which is often more fragmented. The *Care Quality Commission's* 2014 report, *'From the Pond into the Sea'*, underscores the challenges and risks faced during this transition.

The National Service Framework (NSF) for Children, Young People and Maternity Services (2004) supports this process, with Standard 4, *Growing Up into Adulthood*, aiming to help young people achieve their full potential. It focuses on empowering young people to take responsibility for their health and make informed decisions while considering their individual needs.

Transition to Adult Services at Royal Orthopaedic Hospital (ROH)

At the Royal Orthopaedic Hospital (ROH), the Transition to Adult Services is embedded within the Vulnerabilities Team and integrated into the Trust's Safeguarding Team. This service is available for young people up to the age of 18, with additional support available for young adults up to 24 years old who have a long-term health condition, additional needs, or those who would benefit from advocacy, guidance, or support.

The Transition Team comprises:

- Band 7 Transition to Adult Services Clinical Nurse Specialist (CNS) (full-time): This specialist role coordinates and manages the transition process.
- Band 6 Transition Nurse (0.6 part-time): Supports the CNS role and actively participates in patient care, deputizing in the CNS's absence.

Though the team faced challenges due to vacancies during the reporting year, the team has now stabilised, with the CNS joining in September 2024 and the Transition Nurse role filled by December 2024. Despite these gaps, the team remains committed to delivering effective and supportive care to young people during their transition to adult services. The team reports to the bi-monthly Safeguarding Committee and the Children's and Young Persons Group, ensuring accountability and continuous improvement.

Key Challenges and Risks

Several significant challenges and risks have been identified:

- Vulnerable Young People and Information Sharing: Vulnerable young people, particularly those who have left care, are at greater risk of poorer health outcomes. A University College London-led report published by the Nuffield Foundation in 2021, *'Looked After children Grown Up Project'*, highlighted that many care leavers experience premature mortality and poorer health throughout their lives. At present, information about these individuals is not consistently shared with the Transition

Team, leading to a gap in care, especially when these young people are transitioning to adult services. This remains a key priority for the Safeguarding and Vulnerabilities Team in 2025-2026.

- **Social and Economic Deprivation:** ROH operates in an area experiencing significant socio-economic challenges. Birmingham is home to one of the highest levels of child poverty in the UK, with 43% of the population living in the 10% most deprived areas. These inequalities can negatively impact the health outcomes of young people accessing care. The Transition Team works closely with the Trust to address these health inequalities and ensure equitable care for all.

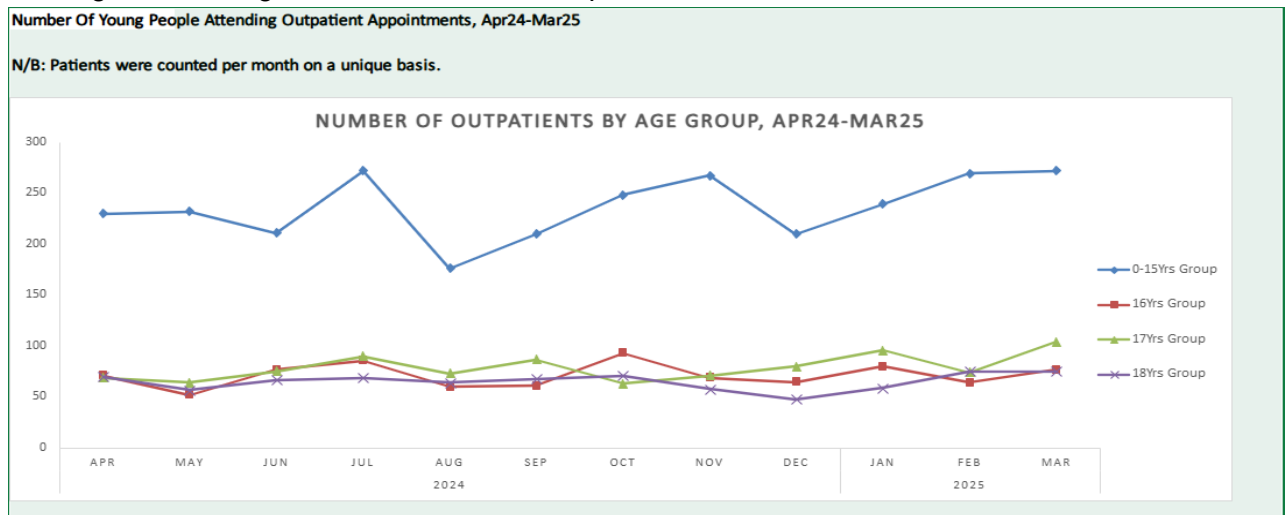
Service Delivery and Developments

The Transition Team at ROH is focused on delivering well-coordinated and patient-centred care that helps young people become independent, confident, and fully engaged in their healthcare decisions. Attending an adult hospital can be daunting for young people, and the team strives to provide the necessary information and support to make this transition as smooth as possible.

To facilitate seamless service delivery, the team has put in place several processes:

- **Referral Pathways:** Referrals come from various routes, including direct enquiries via the Trust’s website and an internal notification system launched in June 2024. This system allows staff to refer young patients using Ready, Steady, Go paperwork for those under 16 and an adapted Hello questionnaire for those aged 16 and above. These forms help gather the young person's views, needs, and preferences around their care, ensuring that they are at the centre of the decision-making process.
- **Holistic Care Approach:** The Transition Team offers a holistic approach to care, working closely with other departments and services to ensure that every young person receives the necessary support tailored to their needs. This includes providing advocacy, guidance, and ensuring that care is delivered in a manner that respects the young person’s autonomy and preferences

In the reporting period 2024 to 2025 there were a total of 5418 young people under 18 years old accessing the outpatient department at ROH and a total of 413 inpatients aged 16 to 18 years. Of these inpatients, 83 were under the Oncology Team who have a dedicated Teenage and Young Adult Sarcoma Nurse Specialist.



If young people have life-limiting or life-threatening conditions they will also be given the Together for Short Lives Transition Leaflet. This is a guide for parents and includes signposting and useful specialist information.

If a need for support is highlighted the Transition team will make, contact and implement any reasonable adjustments. These may include:

- Encouraging a parent/carer to support the young person during an appointment or as an inpatient. This may include arranging for a private room to allow someone to stay with them overnight, accompanying them to theatres/ recovery and providing information and support for parents when required.
- Telephone call to explain what to expect during the admission, offer support and complete care planning.
- Attendance at appointments in outpatients or pre-operative assessment and support on the day of surgery where capacity of the team allows.
- Offering free parking for the duration of the young person's inpatient stay and travel codes in partnership with National Express West Midlands if required to access appointments.
- Signposting to other services that can provide appropriate support.
- Supporting young people during their admission and acting as an advocate where appropriate.
- Offering the Young Persons menu which allows them a wider choice of meals if they prefer something other than the usual hospital menu for that day.
- Providing hygiene packs for young people in need of supplies during their admission.
- Actively seeking feedback from young people and their families and acting upon this to shape the service, raise concerns and learn from excellence.

Local Partnership Arrangements

The Midlands Children's and Young Peoples Transition Network plays a vital role in facilitating the sharing of best practices across the region. This network allows NHS providers, service leads, clinicians, commissioners, and other professionals working with young people to collaborate, share solutions, and discuss challenges in improving transition services. The ROH Transition Team is actively involved in these meetings, ensuring that relevant information is disseminated within the Trust. These events are held bi-annually and include both local and national strategic updates from NHS England (NHSE) as well as guest speakers who contribute valuable insights.

Additionally, the Transition Team engages with Transition Leads from local and regional Trusts, strengthening partnerships and ensuring consistency in care delivery across the region. However, the awaited launch of the Transition Framework and Core Capabilities presents challenges, particularly regarding long-term service planning, as this framework will guide future strategies and practices in transitioning young people to adult services.

Transition Team Key Achievements 2024/25

Team Development

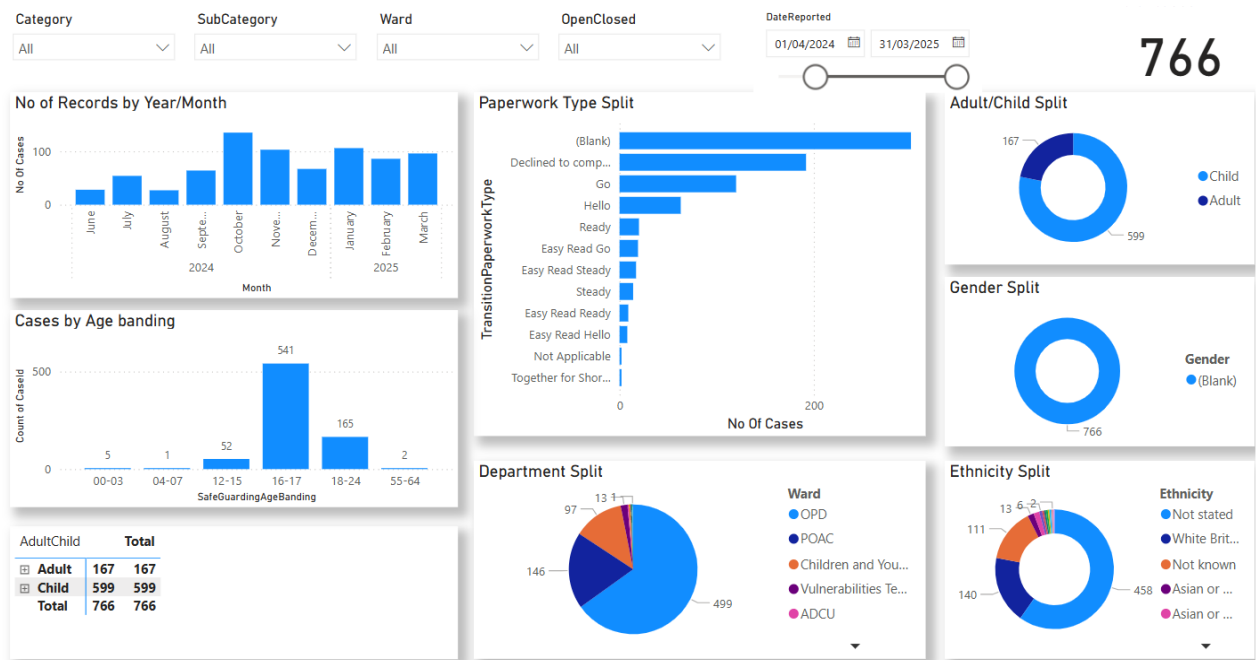
In 2024, the Band 7 Transition Clinical Nurse Specialist (CNS) commenced their role in September 2024, and the Band 6 Transition Nurse joined the team in December 2024. Both nurses bring extensive experience in paediatrics and have worked in various acute and community settings. Their expertise is crucial in providing tailored care to young people, ensuring they are supported throughout the transition process. The team is committed to

continuing the development of the Transition service at ROH, fostering a supportive environment for young people as they navigate their healthcare needs.

Transition Notifications

A significant development in 2024 was the launch of the Transition Notification form by the Digital Services and Information Technology Team in June 2024. This form is completed after an appointment with a young person (up to 18 years old) and submitted via Aurora, the Trust's internal system. The form allows the Transition Team to track young people attending the Trust and provides targeted areas of support tailored to each individual's needs. However, there are some challenges in the current system. At present, the notification system does not link referral information to the Aurora reporting system, and therefore, data is manually tracked via a local spreadsheet.

The Digital Services and Information Technology Team is addressing this issue, with a testing date for May 2025 to integrate the notification system with Aurora fully. Once resolved, this will enable more streamlined and accurate data reporting, improving the efficiency and effectiveness of the service. (As demonstrated below).



Timely and comprehensive information sharing is essential to reduce risk and enhance patient experience. During quarter three there were a total of 294 notifications of young people aged 16-18 years compared to a total 618 unique patients. In quarter four this fell to 270 notifications from 704 attendances. This is a decrease from 48% to 38%. Where a notification is not received this presents a risk to patients as we are unable to identify which young people require support or care planning. A priority for next year is to raise awareness relating to Transition and the importance of supporting this vulnerable cohort. The team have created a local spreadsheet during the last quarter to more accurately track how many patients are supported. Over the last quarter we have created a local recording database and have holistically supported 44 young people accessing care within the hospital, either as outpatients or during admission. This includes care planning and making reasonable adjustments.

The team have also been working to improve the quality of notifications with the introduction of new documentation and the CNS plans to undertake the Quality, Service Improvement and Redesign (QSIR) programme focusing on this within the Trust.

Gap analysis and action plan

The Transition CNS completed a gap analysis and collated actions in a plan as part of a review of the current Transition service. This analysis recognises the challenges that ROH faces in supporting young people to successfully transition into adult services and incorporates recommendations set out in the NCEPOD report; Transition: The Inbetweeners 2023 and NICE guidelines [NG43] Transition from children's to adults' services for young people using health or social care services 2016.

The recommendations include:

- Reset and transform in line with the mid-term strategy and make systems and processes for referring and supporting young people better. To make sure everyone is clear about the pathway and what documentation to use.
- To ensure that young people are actively involved and at the heart of care planning.
- To engage young people to understand their wishes and needs around transition. This has proven to be challenging as young people can be reluctant to provide honest feedback, particularly where there have been issues or improvements could have been made. We are planning more robust systems to capture, record and share this feedback. We no longer have the Youth Worker post at ROH and so we will be looking at alternative ways to encourage young people to share their views and ideas around health care.
- To ensure staff involved in the care of young people and transition have access to training and support to enable them to care for young persons and manage transition effectively.
- To collect, review and utilise data to determine future service improvements across the system and enable the Trust to meet the needs of young people.
- To ensure young people are afforded autonomy within their care and encourage independence, respect, confidentiality and allow for any potential disclosures within a safe environment.

Questionnaire launch

Young people (and parents/ carers of children under 16 years old) are asked to complete a questionnaire prior to their appointment. For children attending the paediatric department who are under 16 years old we use the Ready, Steady, Go documents. This is a transition framework that was developed by the Transition Steering Group led by Dr Arvind Nagra at Southampton Children's Hospital. It is designed for young people with any long-term health condition, to help them prepare for moving to adult services and is used by many NHS Trusts.

The Transition CNS has developed a Trust specific questionnaire based on the original 'Hello to Adult Services' format from Ready, Steady, Go. This has been approved internally for use within the ROH and was launched in February 2025. The questionnaire is completed by patients aged 16 to 18 years (inclusive) prior to their appointment. It is designed to promote autonomy and independence in healthcare and to establish if they need any support with their health and wellbeing. Initial feedback has been positive from young people and staff and this document will be the basis of an audit in November 2025.

Scoliosis Education Sessions

During the last reporting year there were a total of 67 young people undergoing spinal surgery at ROH. For many this is either their first experience in an adult hospital or they have

never been an inpatient or had prior surgery. The team aims to support all scoliosis patients in the future and this number has increased over the last six months. In quarter three, 60% of young people received transition support, and during quarter four this had increased to 89%. The aim for the next reporting year is to fully support 100% of young people having spinal surgery. To help to achieve this priority the Transition CNS has been involved in the Scoliosis School initiative set up by the Spinal team. These monthly education sessions are held during the evening and allow young people and their families to come and meet the teams who will be involved in their care and tour the hospital if they wish. This facilitates collaborative working and assessment of individual needs and care planning prior to admission. Attendance at the sessions is reported to reduce anxiety pre-admission and has also helped with recovery post-surgery.

Training and Champions Day

The transition team deliver a quarterly training session on the Care Certificate and also attend induction days for Junior Doctors. There was a Vulnerabilities Champions Day held during February 2025 with staff from across the Trust. The focus of the session was the Young Persons voice and reasonable adjustments. The draft Transition leaflet was shared with staff members attending, this provided an opportunity for any feedback and identified any other areas of support required when signposting to other services. The Regional Lead Nurse for Young Adults and Transition, NHS England also gave a regional transition update.

Young Peoples' Stories

Patient A
<p>Within the vulnerabilities team, the Transition and Learning Disability nurses work collaboratively to support young people who have additional needs. If the patient is awaiting a diagnosis, then the Transition team can support, complete care planning and issue a hospital passport. The young person and family were encouraged to think about how they would like to be cared for whilst in hospital. They were able to articulate their own wishes and feelings and wanted a parent to stay throughout admission, therefore a private room was allocated and arrangements made for the parent to accompany to theatres. The patient superficially appeared to be very calm but suffered from stress and panic attacks and so staff were informed that they needed to be mindful of this. As with many young people, this patient was also particularly body conscious. The team can support, reassure and advocate with all aspects of care. A holistic approach to supporting young people is very important to encourage autonomy, ensure that they have a positive experience at ROH and that they are comfortable to engage with healthcare in the future.</p>
Patient B
<p>The Transition Nurses received a referral for a young care leaver due to be admitted for spinal surgery. A study by University College London highlights that health inequalities are increasing for this group of people. This research also indicates that support for transition from children to adult services should be expanded further into adulthood. It is, therefore, very important to provide robust care planning and support for young people leaving care. Unfortunately, this young person had already left Local Authority care and was living independently. They were also listed for surgery at relatively short notice, and care planning and pre-admission patient education had not been completed. The Transition team were able to contact the patient prior to the Pre-operative Assessment Clinic appointment and arrange to meet in person and discuss the forthcoming admission, surgery and recovery. Reasonable adjustments including allowing another adult to accompany them throughout and allocation of a young person's room were made. On the day of admission, the Transition CNS met with the young person and accompanied them to theatres then continued to support throughout the inpatient stay until discharge. This young person shared their positive experience at ROH and was very appreciative of all the teams involved in their care.</p>

Transition Priorities for 2025/2026

The Transition to Adult Services team at the Royal Orthopaedic Hospital (ROH) has outlined key priorities for the 2025/2026 year, which focus on improving processes, increasing engagement with young people, and enhancing the overall quality of service delivery. These priorities will help ensure that young people make a seamless transition into adult services and receive the support they need.

Transition priorities for 2025/ 2026	
1	To embed a robust process of obtaining and recording feedback from young people, to shape the service, allow concerns to be addressed effectively and facilitate learning from excellence.
2	Launch of the Transition to Adult Services and signposting Leaflet
3	Completion of an Action Plan to implement NCEPOD recommendations and NICE guidelines.
4	Undertake a Transition to Adult Services Audit to collate, assess and share feedback from young people regarding their lived experiences of accessing care at ROH.
5	A Transition roadshow to highlight and promote the service and obtain ideas and feedback from young people and other service users.
6	Undertake a quality improvement project focusing on improving obtaining and sharing information to support young people accessing care within the Trust.
7	Engage young people within the Trust or through community and educational groups to share their feelings and wishes around transition and health care.

Conclusion

The Transition to Adult Services at the Royal Orthopaedic Hospital (ROH) continues to evolve and improve, with a clear focus on supporting young people as they move from paediatric to adult care. The priorities for 2025/2026 aim to further enhance the transition process, ensuring that it is patient-centred, well-coordinated, and responsive to the needs of young people and their families. By embedding a robust feedback mechanism, launching the Transition leaflet, and adhering to national guidelines such as NCEPOD and NICE, the service is poised to provide a smoother and more informed transition experience.

Engaging young people in the process, ensuring staff are adequately trained, and improving information-sharing systems will be key to achieving these goals. The Transition Roadshow and quality improvement projects are integral to fostering greater awareness, promoting feedback, and continuously refining the service based on young people's experiences.

As the Trust works towards these priorities, the emphasis will remain on empowering young people to take control of their care, ensuring they are supported at every stage of their transition journey. The Transition Team's dedication to this work is critical in addressing the challenges faced by young people, ensuring that their voices are heard, and that they are set up for success as they enter adult services. Ultimately, these initiatives will contribute to the Trust's commitment to improving care, reducing health inequalities, and providing young people with the autonomy, support, and guidance they need during this crucial phase of their lives.

Learning Disability & Autism Team Annual Report 2024-2025

Reflecting on a year filled with progress, we take pride in the accomplishments made toward our goal of ensuring the Royal Orthopaedic Hospital (ROH) is an inclusive and accessible space for patients with learning disabilities. This success is due to the dedication and support of our staff, volunteers, and community members who have worked tirelessly to implement change, for which we are truly grateful. This annual report demonstrates what is achievable through collaboration, as well as the ongoing work we must continue to do to ensure individuals with disabilities receive the excellent care they deserve.

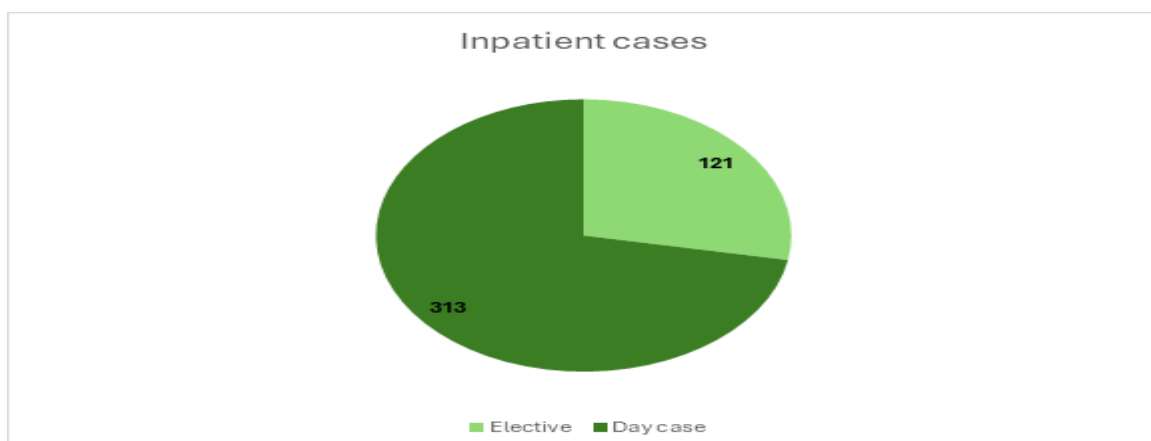
Despite the Trust facing significant challenges, including financial constraints and changes within the healthcare landscape, the Learning Disability Team remains focused, enthusiastic, and committed to delivering quality care. Our main priority is to reduce health inequalities and support people with disabilities and autism, and we have made significant strides in this area. Examples include our involvement in the LeDeR (Learning from Lives & Deaths) review panel and the creation of accessible resources like the ROH Easy Read Leaflet. These efforts reflect our commitment to transforming ROH services into inclusive environments for individuals with disabilities, demonstrating our openness and responsiveness.

In line with national healthcare priorities, the Learning Disability Team actively contributes to various groups and boards, such as the bi-monthly Safeguarding Committee, to ensure we meet statutory requirements. Moving forward, we must remain self-reflective, acknowledging our strengths as well as areas for improvement. This ongoing commitment will help us continue to make positive changes and provide better services for our patients.

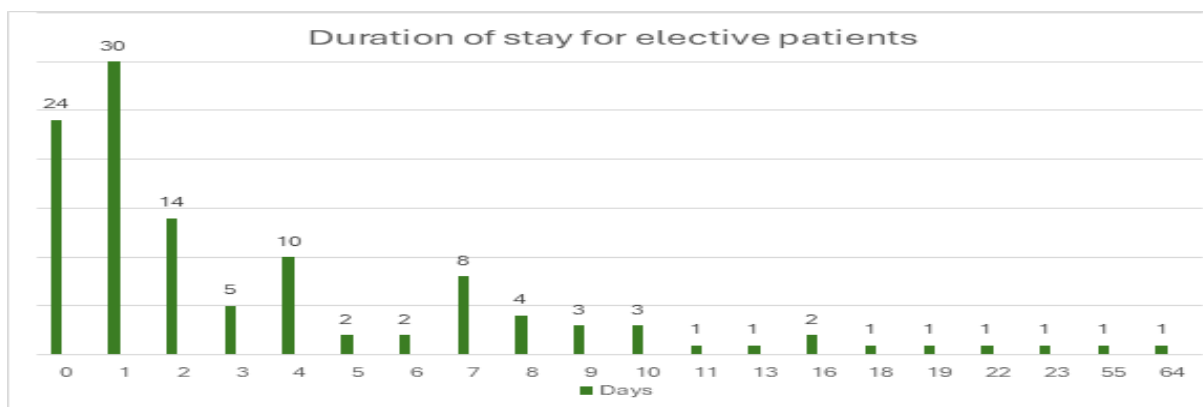
Business Intelligence Reporting

A request was submitted to the Business Intelligence (BI) team in April 2025 to request the data of how many patients with 'specific learning disability' or 'other difficulty/disability' recorded on PAS under patient needs have been an inpatient at the ROH between April 2024 and March 2025.

The data below shows number the number of inpatient cases for elective and day case procedures between April 2024 and March 2025.



Graph 2 below highlights the duration of stay a patient with learning disabilities and autism have. The average stay for elective patients is 5.5 days. The data highlights the importance of making sure that patients have the learning disability and autism team oversight and that the patients' reasonable adjustments are in place, especially for patients who have longer hospital stay.



Governance & Partnership Working

ROH is responsible for ensuring that its structures and processes meet the necessary legislative requirements, including those outlined in The Health and Social Care Act (2022), The Children’s Act (2004), The Care Act (2014), The Accessible Information Standards (2018), The LeDeR Policy (2021), and the Learning Disability Improvement Standards (2018).

The Learning Disability Team follows a structured process for reporting and addressing risks, which forms a key part of the wider service improvement strategy. Risks are identified through various means, including incident reporting and participation in Trust-wide meetings such as the Safeguarding Committee. The Learning Disability Team provides a monthly quality report, reviewed at the Safeguarding Committee, to offer an overview and assurance regarding our activities.

Incidents involving learning disabilities and autism at ROH are reviewed by the Learning Disability Team in collaboration with the Safeguarding Lead Nurse and Senior Named Nurse. Historically, incidents were not categorised by the presence of learning disabilities or autism, making it difficult to track and address concerns. However, this year, we have worked with Governance to develop a more effective reporting system. This new system includes a specific question related to learning disabilities and autism, allowing better identification of issues and classification where appropriate. While most incidents are addressed at the departmental level, more complex cases are escalated for additional oversight in governance meetings. These incidents are analysed for trends and patterns, helping to improve the service and report findings to the Quality and Safety Committee.

NHS benchmarking involves using specific standards to measure and compare the quality of care provided by different NHS organisations for people with learning disabilities, autism or both. The data for 2025 submission was gathered between January 2025 and March 2025. We are currently waiting for publication of the latest report which will be shared within the safeguarding committee as well as any actions relating to those standards which will be monitored within that committee. The learning disability and autism team continue to be involved in the benchmarking project against the learning disability improvements standard (2018) The LD benchmarking was completed by the Safeguarding Lead Nurse with involvement from LD team

Risks

The Learning Disability & Autism Team continues to address ongoing risks related to information sharing and patient flagging both locally and nationally. Despite these challenges, the team remains optimistic and committed to overcoming communication

barriers. Several measures have been put in place to mitigate risks associated with inconsistent reporting and data recording.

Challenges:

- ROH uses multiple patient systems that do not automatically communicate with one another.
- The current flagging system for internal diagnoses requires manual input, which increases the possibility of human error.
- The digital team is still working to fully implement the LD reporting system, Aurora.
- The Reasonable Adjustment Flag project has faced delays and is currently on the Trust's risk register under the responsibility of the Digital Team.
- External NHS pressures, such as reducing long patient waiting times, have led to surgery dates being set with very short preparation time.

Improvements:

- The Learning Disability Team reviews each individual LD notification to ensure that every patient receives a care plan with tailored adjustments for their needs.
- "How-to" guides have been developed to assist staff in correctly adding patient needs and diagnoses into the Patient Administration System (PAS). These guides are available in the 'Vulnerabilities Folder' on the intranet.
- The Learning Disability & Autism Team is working closely with the Digital Team to ensure that the Aurora system is fully functional and reflects the needs of the service.
- To improve visibility, the Vulnerabilities Team has introduced the practice of adding green paper to patients' medical records as a visual indicator of vulnerability.

Our Key Achievements

- ❖ The Communication toolkit has been developed, launched and embedded across all ward and departments.
- ❖ The LD team now have allocated learning disability and autism champions in all ward and department areas.
- ❖ The LD team have created, launched and embedded an easy read information leaflet about the learning disability and autism service.
- ❖ The LD team have created, launched and embedded a training booklet to complement the Oliver McGowen training.

The Communication Toolkit was created by the Learning Disability and Autism Team, with invaluable input and feedback from CASBA, ROH patients, and ROH staff. We extend a heartfelt thank you to the Royal Orthopaedic Charity for their generous support and funding of this resource. A 'How to Use' guide for the toolkit is available on the intranet, internet, and social media platforms. We are also grateful to the Communications Team for their assistance in supporting and promoting this tool.

To ensure widespread use and understanding, the Learning Disability and Autism Team shares updates and distributes a bimonthly newsletter with Learning Disability Champions.

The team also shares local and national updates in relevant forums, including the NHS England Learning Disability Nurse Symposium and the Birmingham Autism and ADHD Partnership Board, to help promote best practices.

The leaflet, developed with input from CASBA, is distributed in key areas such as the Preoperative Assessment Unit, Outpatients, the Children and Young People's Department, and College Green.

Additionally, the training booklet has been added to ESR for staff to acknowledge. A special thank you goes to the Communications Team for their editing, support, and promotion of this resource.

Training & Events

- ❖ The team successfully delivered our second Vulnerabilities Champions Day earlier on this year
- ❖ This day was an opportunity to honour our learning disability champions and welcome facilitators with lived experience to deliver talks and insight
- ❖ We are proud to place people with a disability and/or autism at the centre of our training and events
- ❖ We have received exceptional feedback from staff about the training and events we provide

The Learning Disability Team has had another dynamic year focused on delivering and enhancing various training programs and events to ensure all staff at the Trust are equipped to provide high-quality care to patients living with disabilities and autism. In line with national guidelines from NHS England, our training programs are tailored to meet the unique needs of learning disability patients, aiming to provide staff with the knowledge and skills applicable to their specific roles and areas of expertise.

A key focus has been the Oliver McGowan Mandatory Training (OMMT), which is the government's preferred training program. OMMT is designed to be co-produced and co-delivered by trainers with lived experience. We are proud to have successfully secured and facilitated the OMMT program at ROH. In collaboration with the Safeguarding Lead, the Learning Disability Team has worked closely with Learning & Development to roll out this training to all internal and bank staff members.

Alongside OMMT, the Learning Disability Team provides additional internal training on learning disabilities as part of the mandatory training program. Our learning disability liaison nurses recently reviewed this training to ensure its relevance, effectiveness, and alignment with the needs of our staff. We are dedicated to ensuring all materials are up-to-date and meet the diverse needs of the staff audience. We are also proud to include videos and voiceovers from former ROH patients with learning disabilities and/or autism, who have graciously co-produced this work with our team.

The 2025 Vulnerabilities Champions Day was a time of recognition for staff and patients and brought together conversations about important topics such as reducing stress for patients in hospital and communication barriers. We welcomed Arts UK a charity that provides

therapeutic support for people in hospital and in the community, CASBA a learning disability advocacy group, and a former ROH patient with lived experience.

Our training and communications work runs through everything we do, from publicising our events and projects, to keeping staff informed of the latest learning disability news. We will continue to deliver training about disabilities and autism by people with disabilities and autism, to ensure their voice is heard and showcase their capabilities.

Influencing Change

The learning disability and autism team are committed to continual service evaluation and improvements to ensure that the service is effective and responsive. The Learning disability team continue to update training and changes to practice are made accordingly. Our overriding priority is to reduce health inequalities and support the lives of people living with a disability and autism. This can be reflected in our ongoing work such as the team's participation to the LeDeR (Learning from Lives & Deaths) review panel. The learning disability team continue to sit on the local monthly LeDeR Review Oversight Panel (Birmingham and Solihull). Themes that are discussed within this forum are fed back via the bimonthly Vulnerability Quality Report for awareness via the safeguarding committee.

Reasonable Adjustments

Reasonable adjustments are changes that the Equality Act (2010) mandates that must be put in place to ensure all people can access the care and services they need. The Accessible information standard (2018), NHS Long term plan (2019) and learning disability improvement standards (2018) highlight the necessity of appropriate adjustments being put in place to allow access to health and social care services.

Whilst reasonable adjustments are unique to the individual, some examples that the learning disability and autism team have put in place during 2024/25 are:

- ❖ Preparing patients for admission by showing them around the hospital, using videos or pictures
- ❖ Earlier admission times arranged to reduce waiting times
- ❖ Use of reflection room for appointments and supporting many best interest meetings.
- ❖ Sharing needs ahead of clinic appointments weekly (forward looks
- ❖ The LD team continue to utilise the aurora system as part of the forward looks process
- ❖ Adapting environment to suit patient's needs.
- ❖ Booking patients into a more suitable clinic. For example, alternative areas for appointments to held, longer appointments, appropriate times of an appointment and combining appointments
- ❖ Sharing needs and admission plans cross services.
- ❖ Arranging parent/carer support

Patient story- understanding behaviour

The learning disability and autism team were made aware of a failed appointment where a 60-year-old patient with learning disabilities attended ultrasound, became overwhelmed and had to leave. The patient's anxieties were shown in behaviour such as refusal and shouting. The learning disability liaison nurse contacted the patient's carers to gain more information about the patient and to develop a plan ensuring better support for appointments. A new appointment was made and the learning disability liaison nurse supported in clinic to ensure the patient's voice was heard. Staff were given reassurance around behaviours that the patient presented and supported to understand the communication behind these. The appointment went well with a new plan made for repeat scan using sedation. This case demonstrates the importance of proactive planning where possible.

Patient story-multi-service approach to care

The father of an autistic 45-year-old who is under the young adult hip service contacted the learning disability and autism team as following the patient's annual health check the GP had raised some queries regarding pain management and the plan for hip pain management moving forwards. The learning disability and autism team liaised with the consultant and reviewed the outcome of previous clinics. Despite the plan for management being documented this wasn't in a way which was clear for the patient or their family. The consultant was able to work with the learning disability and autism team to rewrite a clear letter to the family and the GP outlining the plan moving forward and offer reassurance.

Hospital Passports

A hospital passport is a national tool designed to provide essential information about a patient's needs and the reasonable adjustments they require. This document gives hospital staff vital insights into the individual's preferences, communication styles, and any other specific requirements. The passport can be completed by the patient, or their parent or carer. It is available in hard copy in outpatient areas and can also be downloaded and printed by staff from the internal intranet.

'Capturing Voice' – Patient Experience & Feedback

- The Learning Disability Team actively works to use patient feedback to transform and improve services.
- Patients have expressed that the Royal Orthopaedic Hospital (ROH) is an "amazing" place.
- We ensure that the voice of patients is heard by including them in our training programmes.
- We have proudly been recognized as a Disability Confident Leader.

Challenges:

- One of the main challenges for the Learning Disability Team is engaging patients with learning disabilities and autism in formal feedback. Patients often feel anxious or reluctant to participate in traditional feedback methods.
- To address this, the Learning Disability Team is part of the Patient Engagement and Experience Group (PEEG), which focuses on influencing and improving services across the Trust. This group has been a valuable support system, and some of the positive changes we've celebrated together include:
 - The creation of the new Learning Disability & Autism Service Easy Read leaflet.

- The introduction of a new Visual Timetable for the Children & Young Person’s Department.
- Promoting the inclusion of voices from all learning disability and autism patients by empowering them to share their inpatient experiences during panel discussions.

What People with Learning Disabilities and/or Autism Say About Their ROH Experience:

- “Thank you for being there with us throughout; I couldn’t have done this without you!”
- “I no longer feel worried about coming into this hospital.”
- “I didn’t like how much I had to repeat myself at my pre-op appointment. I wish they could streamline the medical questionnaires to avoid repetition. As an autistic person, I found this very stressful.”
- “We wouldn’t want to go anywhere else!”
- “I wouldn’t have come into hospital if it wasn’t for your team.”
- “Please look at my hospital passport and admission plan, it contains lots of useful information about me!”
- “The learning disability nurse made our daughter’s hospital stay much more manageable! Thank you so much for your support and kindness in meeting our daughter’s needs!”

Learning Disability and Autism Priorities for Adults and Children 2025-2026

The Learning Disability and Autism Team at the Royal Orthopaedic Hospital is committed to driving forward improvements and enhancing care for both children and adults with learning disabilities and autism. In line with national best practices and the Trust’s vision, the following priorities have been outlined for 2025-2026:

Learning Disability and Autism Priorities for Adults and Children 2025-2026	
1	Communication toolkit snapshot audit
2	Learning Disability and Transition to adult services to streamline services
3	Easy-read posters

Conclusion

As we look ahead to 2025-2026, our commitment to improving the lives of individuals with learning disabilities and autism remains as strong as ever. The priorities outlined above reflect our continued dedication to enhancing communication, streamlining the transition process for young people moving to adult services, and ensuring that all information is accessible. We understand the importance of collaboration, listening to feedback, and adapting our services to meet the diverse needs of those we care for.

Our ongoing efforts will focus on making tangible improvements, whether through refining our communication toolkit, enhancing the transition process, or creating easy-read resources to support our patients and their families. We remain dedicated to fostering an inclusive environment where everyone receives the care and support, they deserve.

With the continued collaboration of our staff, patients, families, and external partners, we look forward to making meaningful progress and achieving these priorities in the coming year, ensuring that people with learning disabilities and autism receive the best possible care and services.

LESS PAIN

MORE INDEPENDENCE

LIFE-CHANGING CARE



The Royal
Orthopaedic Hospital
NHS Foundation Trust

Vulnerabilities Annual Report 2024-2025

Transition to Adult Services

Learning Disability and Autism Service

Dementia and Mental Health Service

Vulnerabilities Champions

