LESS PAIN
MORE INDEPENDENCE
LIFE-CHANGING CARE

NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Vulnerabilities Annual Report 2025 - 2026

Transition to Adult Services

Learning Disability and Autism Service

Dementia and Mental Health Service



BIRMINGHAM SAFEGUARDING ADULTS BOARD

BIRMINGHAM Safeguarding Children PARTNERSHIP

Birmingham and Solihull Integrated Care System
Caring about healthier lives

Foreword

At the Royal Orthopaedic Hospital NHS Foundation Trust (ROH), The Vulnerabilities Team has established itself as a specialist, inclusive service that promotes equitable access to healthcare and positively enhances the journey of patients through ROH. This supports the Trust's vision to deliver excellent specialist orthopaedic care, underpinned by safety, dignity and respect.

The Trust remains dedicated to fulfilling its statutory vulnerabilities duties in line with NICE Guidelines, The Mental Capacity Act (2005), LeDeR, The Health and Social Care Act (2022), The Care Act (2014), The Equality Act (2010), The Autism Act (2009), The Down Syndrome Act (2022), All our Health (2024) and The Mental Health Act (1983, 2007). We recognise that people who use our services may require specific adjustments that, if not met, can impact negatively on their experience. We are committed to early identification of vulnerability and offering timely, effective support.

The Vulnerabilities Team encompasses Mental Health, Dementia, Learning Disability, Autism and Transition to Adult Services. Through proactively empowering patients and families, working to remove barriers, providing tailored support plans, offering reasonable adjustments and multi-agency collaboration, the team has demonstrated their commitment to providing outstanding care and reducing inequalities in health.

It is important to recognise the hard work and dedication of the Royal Orthopaedic Hospital (ROH) staff, volunteers and community for being receptive, willing to listen, and work collaboratively to implement change and achieve positive outcomes.

The Vulnerabilities Annual Report highlights the progress made in 2025–2026 in strengthening our vulnerabilities offer, underpinned by the Royal Orthopaedic Hospital's core values: Respect, Compassion, Excellence, Openness, Pride, and Innovation.

The report also recognises the ongoing challenges, including financial pressures, workforce demands, and the complexities of providing a specialist vulnerabilities service in line with evolving local and national agendas.

Vulnerabilities Annual Report 2025-2026

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Executive Summary

The Royal Orthopaedic Hospital (ROH) Vulnerabilities Annual Report provides a comprehensive overview of the Trust's enhanced support of particular patient groups across inpatient and outpatient services. Covering the period from 1st April 2025 to 31st March 2026, the report highlights our ongoing commitment to providing equitable access to mainstream healthcare and reducing inequalities in health.

During 2025–2026, the Vulnerabilities team managed, or provided advice and support on, 3110 notifications. All three teams within Vulnerabilities have seen increased activity and reduced staffing over the course of the year. It should also be noted that this figure does not capture additional activity, including emails, telephone calls and care planning.

Learning Disability and Autism – focus has been on increasing the use of Hospital Passports, improving practice around mental capacity assessment and consent, and overcoming obstacles to providing accessible information to patients and families.

We recognise the health inequalities that a patient with a learning disability and/ or autism diagnosis may experience when accessing mainstream services and are committed to mitigating these unfair and avoidable barriers to provide inclusive, effective and timely care to live longer and healthier lives.

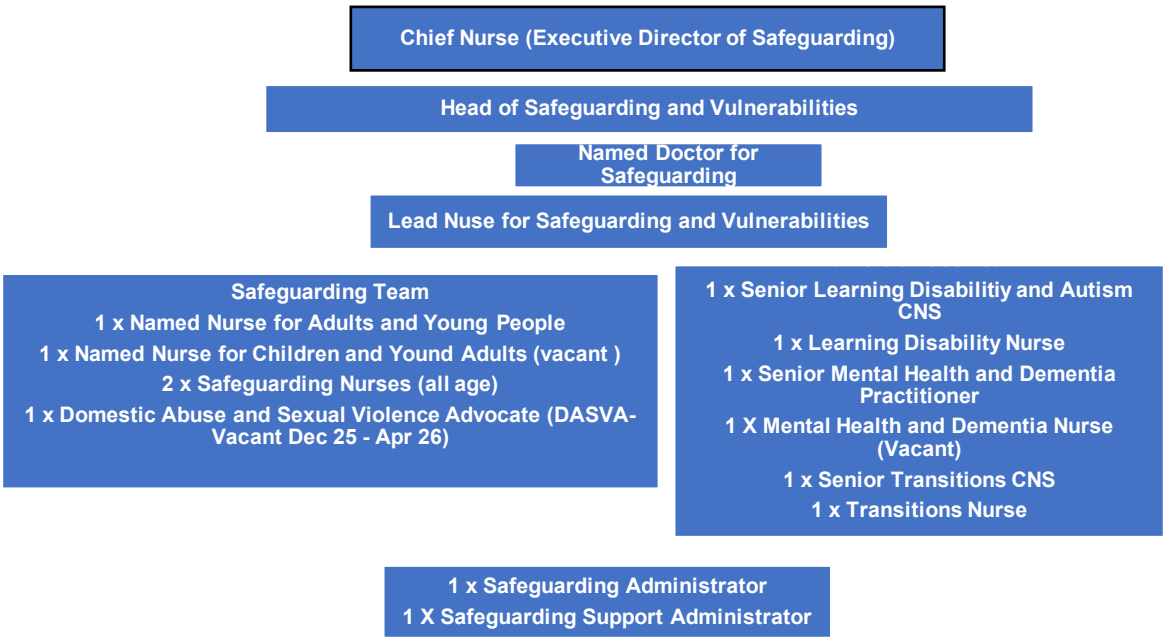
Dementia and Mental Health – suicidal ideation has accounted for the majority of emergent work, with the Senior Dementia and Mental Health Practitioner receiving 81 notifications following disclosures from patients. There has been a big focus on helping staff to address factors that increase the risk of mental health deterioration such as pain, long wait times, and other contextual factors.

At outpatient appointments and post-discharge, the practitioner provides referral on and signposting to community, statutory and voluntary services. This holistic approach ensures that the complex relationship between physical and mental health is addressed at every stage of care.

Transition to Adult Services – the reasonable adjustments required by young people leaving children's healthcare services and entering adult environments can be many and varied. A lot of work has gone into making ward staff aware of barriers that can be hard to spot, for example many young patients are less likely to ask for pain relief without encouragement. The new Transitions policy and pathway has resulted in a significant increase in notifications received during the last quarter of the year, rising from an average of 50 per month in Q.3 to 120 per month in Q.4.

The team provides evidence-based expertise and guidance to staff, pre-admission care planning, face-to-face support during outpatient visits, and dedicated assistance for young people and their families during inpatient stays. This service is available for Children and young people from 12 to 24 years old.

Safeguarding and Vulnerabilities Team Structure



Vulnerabilities Leadership Transition and Service Development (2025–2026)

Following the retirement of the previous Head of Service (Safeguarding Lead Nurse) in March 2025, the Senior Named Nurse assumed the position of Interim Head of Safeguarding and Vulnerabilities and undertook a review of the vulnerabilities structure and roles to bring them in line with other NHS providers. This was supported by our Safeguarding Executive-Chief Nurse.

The Lead Nurse for Safeguarding and Vulnerabilities post was vacant between April and August 2025 and recruited to in September, strengthening the operational line management of the safeguarding and vulnerabilities team.

During 2025–2026, the Safeguarding Team faced several challenges related to recruitment and vacant posts, which increased pressure on existing staff and necessitated careful prioritisation of workload and responsibilities. Despite these constraints, services were effectively streamlined to ensure support remained focused on the most vulnerable and at-risk patients. There was no adverse impact on patient care, with the team maintaining safe practice and continuing to meet statutory responsibilities throughout the period.

Governance and Accountability

Vulnerabilities governance and assurance are overseen by the Safeguarding and Vulnerabilities Committee, chaired by the Chief Nurse, which meets bi-monthly. During the year, the Interim Head of Safeguarding and Vulnerabilities undertook a review of the committee, including its core membership, reporting arrangements, annual workplan, audit programme, quality reporting, and terms of reference. This review, initiated at the request of the Chief Nurse, aimed to strengthen the prioritisation of exception reporting, including risks, incidents, audits, and relevant policies and procedures.

Vulnerabilities Governance Structure



A bi-monthly quality report is produced by the Safeguarding and Vulnerabilities Team, providing committee members with insight into Vulnerabilities activity across the Trust. This includes partnership updates, patient stories, mandatory training compliance, risks, audits, and policy development.

This information is escalated quarterly through exception reporting by the Chief Nurse to the Quality and Safety Committee and is overseen by the Trust's Executive Board, including the approval of new policies and procedures.

In addition, the Head of Safeguarding and Vulnerabilities presents a quarterly report to Divisional DMB meetings. The Learning Disability and Autism and the Transition Clinical Nurse Specialists submit bi-monthly reports to the Children's and Young People's Board. The Senior Dementia and Mental Health Practitioner reports bi-monthly to the Falls and Dementia Working Group.

Risks

Vulnerabilities risks are regularly reviewed in collaboration with the Trust's Risk Officer and the Head of Safeguarding and Vulnerabilities. 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 Vulnerabilities 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.

There were no new vulnerabilities risks added to the register during 2025-26, with a total of four risks remaining from the previous year.

Incidents

Vulnerabilities incidents are recorded and tracked through the Trust's electronic reporting system Ulysees. Each incident is reviewed and actioned by the Head of Safeguarding and or

Safeguarding Lead Nurse, any trends are reported via the safeguarding and vulnerabilities committee.

It should be noted that the current incident reporting form does not have an option to categorise the person affected as being in the Transition age range. The Learning Disability and Autism Team worked with governance to allow staff to state whether the incident they are reporting relates to a patient with a learning disability and/or autism, but the field is not mandatory. Therefore, the data for both services is presumed to be incomplete.

There has been a rise in the number of Transition incidents in Q.4 following the launch of the new Transition pathway and increased notifications coming from outpatient clinics.

While incident reports were highest for patients with dementia and/or a mental health condition, the Senior Dementia and Mental Health Practitioner supported 81 patients for suicidal ideation alone which demonstrates significant under-reporting.

Service	Number of incidents
Transition to Adult Services	12
Dementia and Mental Health	11
Learning Disability and Autism	4
Total	27

Vulnerabilities Policies

The Vulnerabilities Team is responsible for the oversight, review, and ongoing development of three Trust-wide policies, with clear allocation of responsibilities across the team to ensure ownership and accountability:

- Mental Health Act Compliance Policy
- Transition Policy
- Learning Disability and Autism Policy

In the reporting period, two brand new policies were developed. One (Transition) has been approved and launched. The other (Mental Health and Dementia) is expected to be finalised in May 2026.

Training and Events

The in-house learning disability and autism training has been removed from the Trust's Core Mandatory Training programme following rollout of Oliver McGowan Mandatory Training in Learning Disability and Autism Awareness (OMMT). Target compliance is 93% for e-learning, and 63% for tiers 1 and 2.

Row Labels	Oliver McGowan Mandatory Training on Learning Disability & Autism Part 1 - e-learning	Oliver McGowan Part 2 Tier 1: Virtual Training	Oliver McGowan Part 2: Tier 2
Accredited	1179	275	629
Not accredited	121	223	153
Grand Total	1300	498	782
	90.69%	**55.22%**	**80.43%**

Learning Disability Week was marked on 16 June 2025 under the theme "Do you see me?", focusing on being seen, heard and valued. An information stand outside Café Royale

generated good engagement from staff and patients. The Transitions Team also delivered *Care Certificate Programme* sessions covering consent, independence and autonomy, reasonable adjustments, and procedures at ROH.

The Transitions Roadshow, themed “My voice matters”, took place in September 2025 and generated interest and valuable conversations with staff, young people and families. Charitable funding supported the purchase of wellbeing and stress-reduction resources for young people, which were showcased at the roadshow alongside a mindful craft activity.

Over the past year, Dementia Tier 2 training has enhanced staff knowledge, skills and confidence in recognising delirium and cognitive decline. It has improved understanding of dementia progression and unmet needs, strengthened compliance with the Mental Capacity Act, and supported more consistent, person-centred and dementia-friendly care across the Trust. The training has contributed to safer care, earlier recognition of risk, and improved patient and carer experience.

At the time of writing, 94.60% of staff have completed Dementia Awareness Tier 1, an increase from last year. 69.57% have completed Dementia Tier 2, which continues to be rolled out across all wards and departments.

Staff Feedback following Dementia Tier Two Training

‘Thank you, the training was a really positive experience with lots, of good discussion and learning points – would definitely recommend to other colleagues.’

‘Very enjoyable course exceeded any other Dementia training I have ever attended throughout my nursing career’.

‘I feel more confident caring for patients with Dementia’.

A bespoke mental health training session was provided by an external trainer to give staff the necessary knowledge, skills and confidence for meeting the mental health needs of patients when in contact with ROH. The training helped to support staff competency in: -

1. Recognising anxiety, distress, or agitation
2. Identifying risk of self-harm or suicidal ideation
3. De-escalation techniques
4. Early intervention approaches
5. Safe and compassionate communication

The Dementia and Mental Health Practitioner delivered a training session on Safeguarding Champions Day September 2025. The focus was on supporting staff to recognise the difference between certain patient behaviours and actual mental health crises.

Learning Disability and Autism

The Learning Disability and Autism Team experienced staff challenges across the 2024 – 2025 and 2025 – 2026 years with the clinical nurse specialist taking a year out for maternity leave leaving no registered learning disability nurse (RNLD) in post. To mitigate this risk the maternity leave was partially covered by a band 6 RNLD on a fixed term contract. The team is currently made up of a band 7 Learning Disability and Autism Clinical Nurse Specialist 0.8 WTE and a band 6 Learning Disability Liaison Nurse 0.73 WTE.

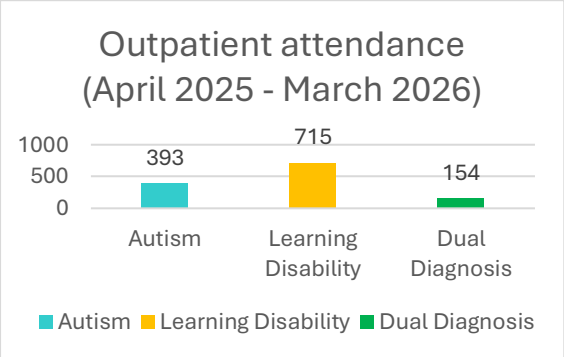
The Learning Disability and Autism Team have continued to provide outstanding support for patients and staff and maintain service expectations with operational management and

oversight provided by the Lead Nurse and the Head of Service for Safeguarding and Vulnerabilities.

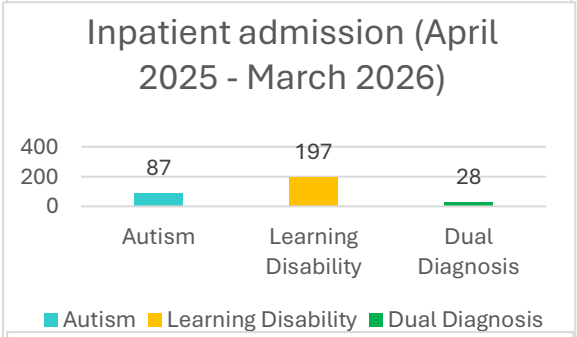
Activity

The Learning Disability and Autism Team's core activity includes duty and inbox management, responding to notifications, developing bespoke care plans, forward planning, patient and family contact, and MDT liaison.

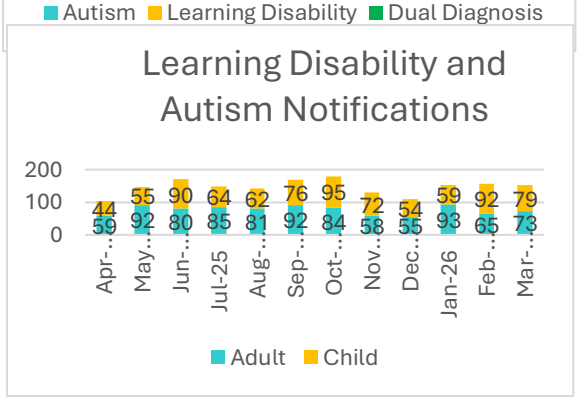
Business Intelligence data was requested for patient activity between April 2025 and March 2026. Data relies on manual recording of patient needs on Lorenzo PAS, with no specific 'autism' category; 'other difficulty/disability' is currently used. The Trust has recognised this risk, with the new Electronic Patient Record (EPR), launched from June 2026, expected to address it.



Please note outpatient data only covers outpatient clinic appointment attendances and does not illustrate physiotherapy, orthotics, imaging or hydrotherapy. The average age of a patient with a learning disability who attended the ROH as an inpatient or outpatient between April 2025 and March 2026 was 18. The average age of a patient with a diagnosis of autism was 21.



Due to significant gaps in the recording of patient ethnicity it is not possible to look at this in great detail. The data that is recorded shows the majority of patients are either 'White British'/ 'White Irish' or 'Not specified'.



A total of 1759 learning disability and autism notifications were received by the team, to notify us of patients who had a diagnosis of learning disability and/ or autism and the support or adjustments they may need.

The Aurora system went live across the Learning Disability and Autism service in June 2025. Prior to this, data was collected manually via Excel, with this area of risk recorded on the risk register.

Between April 2025 and March 2026 1308 patients either had a hospital passport or were given one when they attended an appointment.

Partnership Working

The Learning Disability and Autism Team's core values and priorities, set out in the Trust's Learning Disability and Autism Strategy, are aligned with national legislation, regulatory standards, professional guidance and system expectations.

Key frameworks include the NHS Ten-Year Health Plan for England (2025), NHS Long Term Workforce Plan (2023), Down Syndrome Act (2022), Health and Social Care Act (2022), LeDeR Policy (2021), Learning Disability Improvement Standards (2018), Accessible Information Standards (2018) and Mental Capacity Act (2005).

The Learning Disability and Autism CNS support Trust compliance through review, consultation and project work. Examples include responding to the Government's Down Syndrome Act consultation and contributing to the Trust working group reviewing implementation of the Accessible Information Standards.

ROH participates annually in the NHS Benchmarking Network's Learning Disability Improvement Standards benchmarking. The eighth round was completed in March 2026, with the full report due in autumn 2026.

The team also works across the Integrated Care System (ICS) to support clear pathways, effective partnership working, timely information sharing, coordinated responses and shared learning. Close working with the local LeDeR team helps share good practice, which informs the wider system annual report.

Concerns, complaints and compliments

Five complaints relating to learning disability and autism were received by PALS between August 2025 and March 2026. All were resolved locally, with the Learning Disability and Autism Team supporting patients and families and sharing learning across the Trust.

Key themes included communication, staff awareness, operational planning, lack of awareness of the service, and reasonable adjustments not being considered. The Lead Nurse for Safeguarding and Vulnerabilities and Learning Disability and Autism CNS have also developed a clear process to support PALS with capacity and consent queries.

The Learning Disability and Autism Team were involved in one Court of Protection case with the team ensuring ongoing adjustments are in place for hospital attendance taking into account the patient and whole family needs.

Complaint example:

Following a complaint being made the learning disability and autism team arranged a meeting with the family and clinical area concerned where the complaint could be discussed and addressed. Actions were shared with the wider team with the family invited to be involved in ongoing projects in the Trust around systems and accessibility.

The following positive feedback has been received via a variety of communications:

- "What an invaluable service"
- "Thank you so much, the whole hospital has been fantastic, but I don't think that would have been in place had you not made initial contact and provided us with such reassurance. You made sure that *** was at the centre of everything, and I was also listened to. As a parent you don't always get that."
- "The last admission was great, we couldn't have asked for anything more. You've been brilliant. He finally feels listened to and he was comfortable to stay overnight on his own. Thank you so much"
- "Thank you so much. Appreciate your support and understand so much!! We feel so alone and vulnerable at times, so your call has meant so much."

As part of the re-development of the Learning Disability and Autism Strategy, patients, families/carers were asked to share their views on their experiences and the changes they would like to see. This has helped to shape the strategy which will be launched in April 2026.

Internal monitoring

The Learning Disability and Autism Team attend a variety of meetings across the Trust including:

- ABLE Network
- PEEG (Patient Engagement and Experience Group)
- Accessible Information and Patient Communication Group
- Health Inequalities task and finish group

These meetings either feed into Safeguarding Committee, Children and Young People's Board or are upwardly reported other appropriate forums to ensure oversight.

The Learning Disability and Autism Team have completed the following audits during the reporting period:

- Staff awareness of learning disability and autism
- Documentation
- Communication toolkit

Positive findings from these included:

- Assurance that staff have awareness of reasonable adjustments
- Evidence that patients overall have a positive experience
- 88% of patients had a learning disability notification in their notes

Areas that require improvement:

- Patient flagging and recording of diagnoses
- Evidence of patient voice
- Evidence of use of care plans

Patient stories

Autism
The learning disability and autism team were made aware of an autistic patient via the safeguarding team as they had numerous was not brought (WNB) to physiotherapy appointments. The LD CNS investigated the patient's health plan and found that he was discharged from physio due to anxiety and not attending. He had attended a review with the consultant and had been referred for an MRI but had raised concerns about having a scan. LD CNS contacted the patient and his mom who spoke on loudspeaker to have a group call. He had a lot of questions and required some reassurance. These were taken back to the MRI lead who supported in ensuring clear answers were provided. A plan was put in place to enable a successful scan and positive experience: Photographs of the area were sent, alternative headphones offered, prewarning of sounds/ beeps, reassurance, family to support in the room, share realistic timings and give him the option to go for a walk if there are delays. This case shows the importance of individualised, person-centred care and sharing of information.

Learning disability
The Learning Disability and Autism Team supported the admission of a 22-year-old patient with learning disabilities and complex health needs who was admitted for left knee arthroscopy and tibial tubercle osteotomy. Reasonable adjustments were identified and implemented such as straight to ward side room admission and accompanying parent to reduce anxieties around noise, people, and allowing space for transferring via hoist. Discussion was had with the anaesthetist and medical teams around use of a pre-med, previous use and advising of the patient's history of removing cannulas. It was agreed that the cannula would be covered/ wrapped in theatre to avoid risk of causing upset to the patient. This patient was due in whilst wearing masks were mandatory due to the rise in influenza cases, however it was noted that this patient is deaf in one ear and communicates via reading people's lips. Clear masks were sought and encouraged for supporting staff. This patient had a successful admission with positive experience and outcome. This case shows the importance of implementing reasonable adjustments, thinking logically and sharing information.

Reasonable adjustments Reasonable adjustments are key to accessing healthcare and having a positive patient experience. They are gathered by staff and documented on the learning disability and autism notification or in the patient's hospital passport.

This infographic depicts examples of reasonable adjustments that were requested by patients, families/ carers or support teams and implemented by the Learning Disability and Autism Team between April 2025 and March 2026



Infographic made by CoPilot AI tool

Our Key Achievements

- Service continuity in the absence of the Learning Disability and Autism CNS
- Launch and embedding of aurora (internal safeguarding and vulnerabilities database)
- Bimonthly newsletter shared with Learning Disability and Autism Champions
- Learning Disability and Autism Strategy renewed (2026-2029) with input from patients, parents and experts by experience.
- Creation of a training leaflet to complement the Oliver McGowan Mandatory Training
- Development of a pathway to appropriately support a learning disability nursing student

Challenges

- Patient engagement in benchmarking, feedback and coproduction
- Staff engagement in benchmarking and audit
- OMMT engagement due to funding and release of staff
- Resources and time to develop easy read information
- Operational barriers (waiting lists, appointments)
- Governance processes (e.g. around Learning from Deaths and collating data on incidents affecting patients with a learning disability and/ or autism)

- Team resilience

Priorities

- Engaging and capturing patient voice for co-production and service improvement
- Flagging (RADF) implementation
- Continuing the rollout of OMMT building on the great progress made to date
- Relaunch of Learning Disability and Autism champion's network
- Development of a clear pathway for access to and development of easy read information
- Improvement in recording direct case involvement in addition to TCI planning

These priorities are in line with those outlined within the Learning Disability and Autism Strategy 2026-2029.

Dementia and Mental Health

The Mental Health and Dementia Team comprises 1 WTE Band 7 Senior Dementia and Mental Health Practitioner and 1 WTE Band 6 Dementia and Mental Health Practitioner.

Throughout the reporting period, the Band 6 post remained vacant. Consequently, the Senior Practitioner undertook all pre-admission assessment, planning and liaison, alongside direct support, assessment and coordination with staff during inpatient admissions.

To mitigate associated risks, ROH has introduced a mental health risk assessment tool, providing a structured and defensible approach to decision-making and safety planning.

Dementia Provision

The 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.

Dementia screening performance within the trust has remained consistently high over the past year, with compliance rates at or above 90% for eligible patients throughout the reporting period.

The Butterfly Scheme continues to be used across the hospital, supporting early recognition of cognitive impairment, reducing distress and confusion, and improving dignity, communication and safety. It promotes person-centred, dementia-friendly care, reduces risks such as falls and harm, and supports safeguarding principles and national dementia strategies.

Mental Health Provision

Mental and physical health are closely linked, with around 1 in 5 adults in England experiencing a common mental health problem, and around 1 in 3 adults with a physical health condition also experiencing one. Rates are continuing to rise.

At ROH, patients may present with anxiety, depression, serious mental illness (SMI), or situational distress related to pain, trauma, surgery or fear. Mental wellbeing directly affects

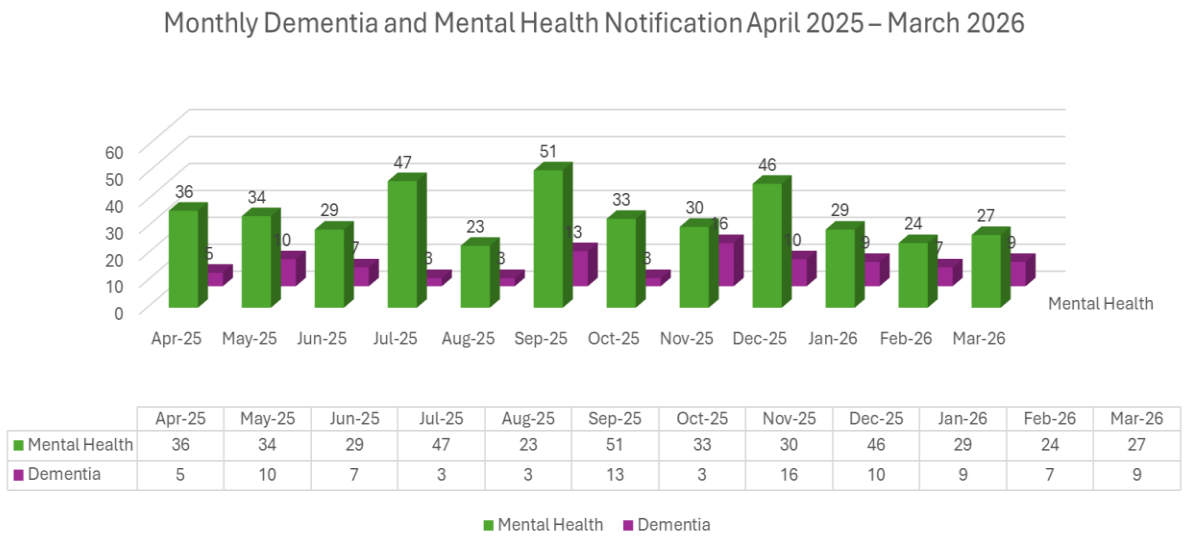
physical health, treatment engagement, recovery and long-term condition management, while people with chronic physical health conditions are at increased risk of anxiety and depression.

Although ROH is not a mental health provider, it has a responsibility to maintain patient safety and support psychological wellbeing throughout the patient journey. Mental Health and Dementia Practitioner plays a key role in bridging physical and mental health needs within the acute orthopaedic setting through timely assessment, support, risk management and liaison with external mental health services.

For example, when a patient disclosed suicidal intent linked to unmanaged chronic pain, Mental Health and Dementia Practitioner coordinated an immediate Community Mental Health Team response, supporting crisis de-escalation, risk management and ongoing care, helping to prevent harm and ensure continuity of mental health support.

Dementia and Mental Health Activity Summary

During the reporting period the Dementia and Mental Health Service received a total of 504 notifications which is an increase of 40% in comparison to 2024 – 2025 notifications of 358.



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Mental Health	36	34	29	47	23	51	33	30	46	29	24	27
Dementia	5	10	7	3	3	13	3	16	10	9	7	9

Mental Health Dementia

Patient stories

Mental Health
A patient admitted following day surgery disclosed low mood and recurring periods of self-neglect when overwhelmed. She lives alone in a second-floor flat without lift access, with physical and mental health difficulties making stairs challenging, and felt her housing situation contributed to her distress. Assessment identified low mood and withdrawal, with a preference for sitting in a darkened room as a trauma-related coping strategy. This was agreed as a reasonable adjustment for future admissions. Recent bereavement and changes to community mental health services also contributed to her presentation. The patient reported distress at being described as a “complex patient” and felt assumptions were made based on her diagnosis rather than engaging with her directly. She emphasised that she generally manages well with her long-standing mental health condition and that her current difficulties were situational rather than a mental health crisis.

Following assessment by the Mental Health and Dementia Practitioner, no mental health crisis was identified. The patient was reassured, signposted appropriately and discharged home.
Key learning: Individualised, trauma-informed assessment is essential. Staff should avoid assumptions based on diagnosis, use respectful language, involve patients in decisions and consider reasonable adjustments to support emotional safety.

Dementia

A patient admitted for planned surgery had the procedure cancelled due to concerns regarding capacity, dementia-related behaviours and care needs. The patient lacked capacity to consent, with no LPA or prior Best Interest Meeting in place. During admission, his wife reported increased evening agitation/aggression, concerns about managing his care at home and difficulties accessing mental health support, compounded by language barriers.
The Mental Health and Dementia Practitioner liaised with the Older Adults CMHT, prompting Consultant Psychiatrist review and medication adjustments, resulting in improved stability and increased community support. The Safeguarding and Vulnerabilities Team and Domestic Abuse and Sexual Violence Advisor (DASVA) also provided support to address safety and wellbeing concerns.
Surgery will be rescheduled with early involvement of safeguarding, capacity assessment and Best Interest decision-making to ensure a safe, coordinated and lawful admission.

Key Achievements

- ROH staff are promoting a culture where mental health is treated equally to physical health.
- The mental health risk assessment tool launched for frontline staff to manage deteriorating mental health needs.
- With too many care staff not receiving dementia-specific training, the Senior Dementia and Mental Health Practitioner was invited to take part in Alzheimer's society round table event. It was a huge chance to make dementia training mandatory, ensuring more people living with dementia receive quality care, delivered by a well-trained and well-supported work force.
- Attending the joint launch of the 'Creating a Mentally Healthy City' Strategy and the Mental Health, Learning Disabilities and Autism Provider Collaborative's 'Five-Year Strategy for Mental Health'. The event brought together partners and leaders committed to strengthening mental health and wellbeing across Birmingham.
- Continuity of high-quality dementia training provision in the context of Trust-wide cost pressures.
- Achieving service continuity despite the long-term band 6 vacancy.

Challenges

- Delivering the service with one member of staff in post, which increases clinical risk, responsibility and emotional burden particularly in high-risk mental health situations.
- Successfully encouraging staff to recognise the need to complete incident forms when they have significant concerns about a patient's mental health.

- Lack of SLA agreement between ROH and Birmingham and Solihull Mental Health Foundation Trust.
- Aurora internal reporting data collection system is not providing accurate reporting data therefore requiring manual input.

Priorities for 2026-2027

- Recruitment to Band 6 Dementia and Mental Health Practitioner post.
- To continue embedding the Butterfly Scheme across the Trust.
- Approval of the new Mental Health and Dementia policy that sets out the minimum safe processes for identifying and escalating mental health concerns for orthopaedic patients whilst there is no in house psychiatric liaison service and no service level agreement with an external provider.
- Delivery of ongoing dementia and mental health training for staff to ensure compliance with progressing regulations.
- Ensure staff submit mental health incident forms consistently as accurate incident reporting aligns with national safety standards and frameworks in mental health care, supporting the ROH to meet regulatory requirements and inspections.
- Formalise a service level agreement with external mental health specialist to provide ad hoc support for patients with complex deteriorating mental health needs that require assessment.

Transition to Adult Services

The ROH Transition Team supports young people to remain at the centre of their transition to adult services, promoting independence, confidence and involvement in decisions about their care.
The team comprises 0.9 WTE Band 7 Transition CNS and 0.6 WTE Band 6 Transition Nurse. The CNS has been on internal secondment since January 2026; despite this, the team continues to provide transition support.

The Transition to Adult Services Policy launched in January 2026, developed by the Transition CNS. It is the Trust's first transition policy and applies to all young people aged 12–24, providing clear pathways and procedures aligned with national transition recommendations.

Activity 2025-26

The service received 847 notifications between 1st April 2025 and 31st March 2026. The Aurora system for Transition went live at the end of June 2025. Prior to this there was no facility to access reporting therefore not all data is available within this report. The reporting functions are also still being developed, and some information collation is still reliant on a local system.

Between August 2025 and March 2026, the service supported a consistent number of young people. Increased notifications from January 2026 coincided with the new Transition Policy, which extended the age range from 12 to 24 years and clarified available support.

'Case loaded' patients received direct Team input, including face-to-face support, advocacy, telephone or email contact, and attendance at Scoli School. While case-loaded numbers

remained consistent, significantly more young people received service information, contact details and signposting.

	August 2025	September 2025	October 2025	November 2025	December 2025	January 2026	February 2026	March 2026
Notifications	47	70	54	56	50	89	150	95
Case loaded	17	26	17	25	14	23	23	13

Voice of the Child and Young Person

Capturing the voice of the child and young person is a central priority because it directly affects outcomes, safety and long-term engagement and adherence with care. Throughout 2025/26, the team actively sought and recorded feedback and views through:

- Direct patient and family contact
- Feedback questionnaires
- Discussion with young people and families at Scoliosis school sessions
- Engagement with patients and visitors at the Transition Roadshow held at ROH
- Case-specific involvement during admissions
- Group discussions with young students

Findings have been fed back to senior leaders, divisional managers, clinical teams, Safeguarding Committee and the Children's and Young People's Group to support shared learning and service improvements.

Reasonable Adjustments

The Transition Team supports reasonable adjustments to promote equitable access and personalised care, including:

- Support from a parent, carer or friend during appointments and admissions.
- Transition Nurse support for health anxiety and complex care planning.
- Travel support through National Express West Midlands travel codes.
- Appointments and surgery planned around education, exams and school/college commitments.
- Pre-visit tours, longer appointments and access to quiet waiting areas.
- Transition information leaflets and signposting to additional services.
- Advocacy and support throughout inpatient admissions, including pre-admission calls and care planning.
- Side-room accommodation and support from a nominated adult, including in the anaesthetic room.
- Young Person's menus and hygiene packs where required.
- Free parking for the duration of inpatient stays.

Scoliosis School

Throughout 2025 the Transition CNS co-delivered a monthly session to young people awaiting scoliosis surgery and their families. This programme provides pre-operative education including managing expectations around surgery and recovery and emotional preparation. It also provides the opportunity for peer interaction for both young people and their parents/ carers.

Leaflets and Digital Information

Information resources for young people have been reviewed and updated. This includes refreshed online content and revised patient information for young people admitted for surgery.

A Transition to Adult Services Leaflet has been launched across the Trust and is issued to all young people. This has received positive feedback from both young people and staff. Young people can now access dedicated, age-appropriate signposting links to support services through the "Waiting Well" QR code.

The team now have a patient letter available to send to young people who have expressed that they would like further support. This contains information about the Transition service and a QR code for signposting links.

Audit

The Transition documentation audit completed in September 2025 highlighted that some improvements are required in both consistency of documentation of transition planning and evidence of the child/young person's voice. These findings have been shared with clinical teams for learning and improvement. Re-audit is scheduled for September 2026, alongside a staff awareness audit. A comprehensive GAP analysis was conducted, and an action plan is now in progress. Priorities include:

- Standardising reflective transition documentation.
- Improving information availability for young people.
- Expanding reasonable adjustments.
- Strengthening cross-departmental communication.

Feedback

The Transition team continues to receive consistently positive feedback from young people and their families:

- '*Thanks, we will see you on my appointment day take care… You are the very best nurse thanks.'*
- 'Thank *you for everything it's been a pleasure talking with you.*'
- '*You have been amazing thank you so much for all you have done'.*
- 'Thank *you so much for understanding.' .*
- '*Thank you I feel really listened to'*

Key Achievements

- Launch of Transition to Adult Services Policy and pathway
- Engagement of young people to gain feedback and views
- Transition Roadshow held in September 2025
- Update of leaflet and digital information including signposting links and updated online content
- Completion of a GAP analysis and action plan

Challenges

- Implementation of new database which still has limited reporting functions. Some information still held on local spreadsheets
- Dissemination of new policy has been challenging on occasions as staff within the Trust become familiar with new processes

- Engagement of young people in a Youth Forum is challenging due to time pressures, anxiety about group settings and reluctance to attend hospital settings. These difficulties are experienced throughout health care settings.

Future Priorities 2026/ 2027

- Embedding the revised Transition Policy across all clinical areas
- Strengthening documentation and gaining audit assurance
- Improving knowledge and awareness of reasonable adjustments
- Enhancing feedback collection and outcome measurement
- Use The NHSE Framework for Transition (expected 2026) to further inform best practice and future priorities

Conclusion

To achieve their priorities the Vulnerabilities Service request, engagement and support from services across the hospital, particularly those in operational and managerial positions to engage in national rollout programs and have awareness of improvement standards.

As we look ahead to 2026-2027 our commitment to improving lives, health outcomes and reducing health inequalities remains unwavering. Through implementation of strategies and polices the Trust has a clear framework in place to continue to deliver excellent care and focus on areas which require improvement.

Over the last year, the service has significantly enhanced the Trust's capacity to support patients with complex needs. Through the introduction of initiatives, provision of training, and direct specialist support, ROH has strengthened its commitment to safe, effective, and person-centred orthopaedic care. These initiatives contribute to improved regulatory compliance, greater workforce confidence, and a safer, more compassionate environment for patients and carers.

Throughout 2025/ 26, the Vulnerabilities service has continued to champion high-quality, person-centred care at ROH for patients who are more likely to need help to navigate their journey. ROH has one of the most diverse and highly specialised Vulnerabilities services locally, this continues to be a source of pride while recognising the potential to raise our standards further.

The Vulnerabilities Team extends sincere thanks to all staff, partner organisations, external trainers, the Executive Team, and the Trust Board for their continued support and collaboration. Their collective commitment ensures that our vulnerabilities offer remains central to our work, reinforcing our commitment to reduce health inequalities and provide life changing care for all.

LESS PAIN
MORE INDEPENDENCE
LIFE-CHANGING CARE

NHS
The Royal
Orthopaedic Hospital
NHS Foundation Trust