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NHS Foundation Trust

Safeguarding Annual Report 2025 - 2026



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Birmingham and Solihull Integrated Care System
Caring about healthier lives

Foreword

At the Royal Orthopaedic Hospital NHS Foundation Trust, safeguarding is fundamental to our commitment to delivering safe, high-quality, compassionate and inclusive care. We are committed to ensuring that children, young people and adults at risk are protected from harm, abuse and neglect, and that safeguarding is embedded in everything we do.

The Trust remains dedicated to fulfilling its statutory safeguarding duties, in line with Section 11 of the Children Act 2004 and the Care Act 2014. Our staff are committed to upholding their responsibilities in protecting individuals who may be at risk of abuse or neglect.

Our safeguarding approach supports the Trust's vision to deliver excellent specialist orthopaedic care, underpinned by safety, dignity and respect. We recognise that people who use our services may be vulnerable due to health needs, disability, age, or personal circumstances, and we are committed to early identification of risk and timely, effective intervention.

The Safeguarding Annual Report highlights the progress made in 2025–2026 in reviewing team structures and responsibilities, supported by enhanced multi-agency collaboration and 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 safeguarding in line with evolving local and national agendas.

Safeguarding Annual Report 2025-2026

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Executive Summary

The Royal Orthopaedic Hospital (ROH) Safeguarding Annual Report provides a comprehensive overview of the Trust's safeguarding work for adults, young people, and children across inpatient and outpatient services. Covering the period from 1st April 2025 to 31st March 2026, the report highlights our ongoing commitment to protecting vulnerable individuals and ensuring safety remains central to all we do.

Over the past year, the safeguarding team has reorganised senior roles following the retirement of the previous Head of Service. The new structure now provides clear strategic and operational leadership, supporting key focus areas and ensuring alignment with the Trust's safeguarding priorities.

During 2025–2026, the safeguarding team managed, or provided advice and support on, 1,177 safeguarding notifications. While there was a slight reduction in overall volume, there was a notable increase in case complexity. The decrease in safeguarding children case numbers is largely attributed to reduced patient flow within Children's Outpatient Services for patients under 16 at the Royal Orthopaedic Hospital (ROH). It should also be noted that this figure does not capture additional activity, including emails, telephone calls, or face-to-face safeguarding advice and support.

Safeguarding Children - The safeguarding team has focused on challenges related to children not being brought to appointments and on improving family engagement with our services, a key quality priority accepted by our Trust and led by the Head of Safeguarding and Vulnerabilities. Parental/carers decisions and actions play a significant role in whether children attend appointments, and repeated non-attendance can be an important safeguarding concern. Addressing these issues also helps to reduce health inequalities that children may experience when accessing care and may highlight potential indicators of neglect, one of the most prevalent forms of abuse nationally.

Accessible safeguarding information (leaflets) provided to patients and parents at ROH improved understanding and engagement, reduced complaints, and supported families feeling informed and included, in line with Birmingham Children's Trust priorities.

A total of 170 children attending ROH were identified as being involved with social services (Child Protection, Child in Need, or Child in Care), representing a 41% increase from the previous year and reflecting improved recognition of children's lived experiences by staff.

The safeguarding team provided direct support and developed individualised care plans for 58 Children in Care, 30 children subject to Child Protection Plans, and 19 on Child in Need Plans. Engagement with multi-agency processes also increased, with attendance at 16 strategy discussions (up 53%) and participation in 84 local authority meetings (up 35%).

Safeguarding adults – The safeguarding team has focused on the key principles of making safeguarding personal and risk enablement when supporting adults with care and support needs who are at risk of abuse and neglect. Concerns are fully explored with patients, as well as the outcome they would like, before any Care Act (2014) referral is made on their behalf. Safeguarding planning is more likely to be successful if the person at the centre is made to feel empowered by those attempting to help them. The use of a new safeguarding risk assessment tool supports decision-making in high-risk cases that may warrant referral on without consent.

The safeguarding team has focused on supporting the rights and freedoms of patients under the Mental Capacity Act and Deprivation of Liberty Safeguards by improving the standard of

documentation, training, oversight, developing patient information leaflets, and reintroducing planning activity for the Liberty Protection Safeguards. Patients should be empowered to be in control of the decisions that affect them, including those who have been assessed as lacking capacity. Recording the patient's voice at the beginning, and right through, their healthcare journey enables staff to make Best Interests decisions according to the Statutory Best Interests Checklist (S.4 MCA 2005).

The safeguarding team continues to experience a rise in domestic abuse disclosures which is now the most common cause for referral into our service. The team provide specialist support, risk assessment and safety planning.

This year, the Domestic Abuse Lead (Head of Safeguarding) was invited to attend a round table discussion at the House of Lords, in recognition of the Trust's successful implementation of domestic abuse support and care pathways. The recognition highlights the Trust's innovative approach to safeguarding, its commitment to providing patient and staff support, and its leadership in embedding best-practice domestic abuse processes within an hospital setting.

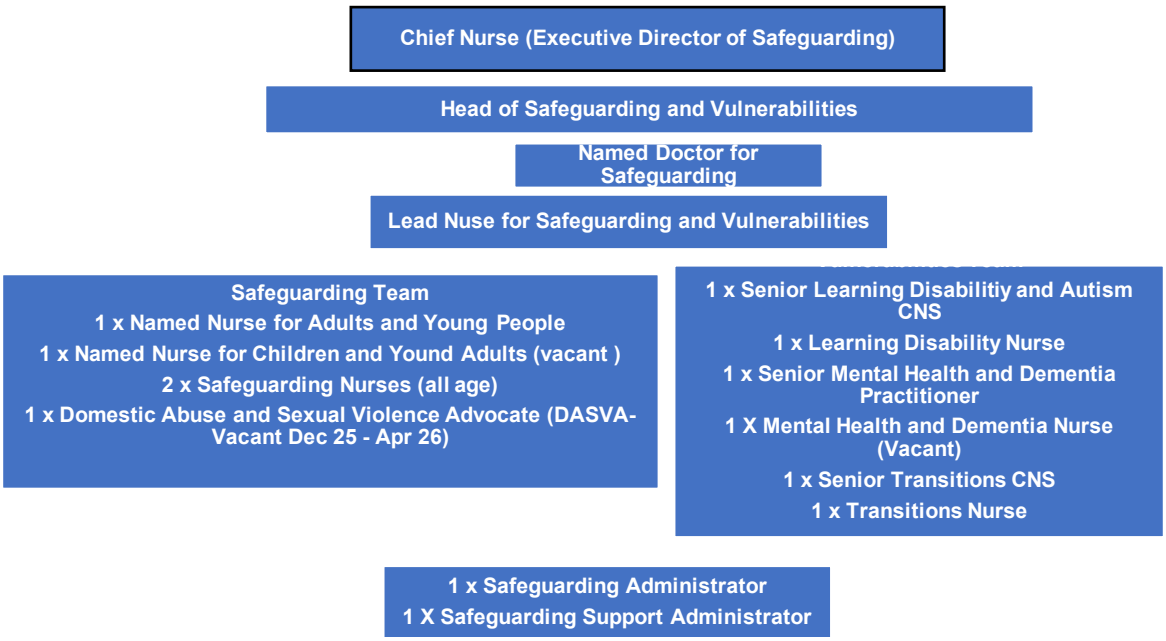
Mandatory safeguarding training compliance across the Trust has historically met required standards; however, this year we have seen a decline, with compliance falling just below the target. This was addressed at divisional level, with a training needs analysis completed and an action plan implemented to restore adherence. The rollout of the new learning management system is expected to further support and sustain compliance in 2026–27.

The Trust's strong partnership working is a key strength demonstrated through active engagement with the Birmingham Adults Safeguarding Board, Birmingham Children's Partnership, and BSOL ICB, as well as a range of multi-agency forums. The CQC inspection of the Trust's children's safeguarding processes awarded a 'Good' rating, demonstrating the effectiveness of strong multi-agency partnerships and reinforcing a culture of collaboration, shared accountability, and high-quality safeguarding across services.

Key achievements during the reporting period include: the successful restructure of the Safeguarding team following the retirement of the previous Head of Service; annual review and updating of all safeguarding audits and policies; active monitoring and reduction of risks on the risk register; improvements in timely information sharing and scoping requests; development of comprehensive health plans for children and vulnerable adults; introduction of accessible safeguarding information to enhance patient and family understanding; restructure of the Safeguarding Committee, including core membership and reporting; creation of an exploitation health risk assessment tool, endorsed by Birmingham Children's Trust and supported by the Exploitation Health Reduction Group via BSOL ICB, for use across Birmingham and Solihull health services; and national recognition of the Trust's domestic abuse support pathways, highlighted by an invitation to a House of Lords roundtable event.

Key challenges continue to include staffing pressures within the Safeguarding team, improving mental capacity documentation, managing the increasing complexity of safeguarding cases, maintaining training compliance, navigating multiple IT systems that do not fully integrate, and meeting the growing demand for multi-agency reviews and information-sharing requests.

Safeguarding and Vulnerabilities Team Structure



Safeguarding 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 safeguarding 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; following appointment in September, the role was designated to focus on the Trust's strategic responsibilities for MCA and DoLS including LPS readiness and operational line management of the safeguarding and vulnerabilities team.

In 2025, a long-awaited post for a Named Nurse for Children and Young People was created within the safeguarding team to meet statutory requirements, with the post holder due to take up the role in April 2026. The position will focus on ensuring the health needs of children and young people are met, including engaging with parents and carers when children are not brought to appointments (a potential indicator of neglect), equipping staff with the knowledge and skills to recognise and respond to indicators of exploitation, as well as supporting children in care and care-experienced young adults aged 18–25. The post holder will work closely with the existing Named Nurse, who specialises in safeguarding for adults and young people, to support a seamless transition in safeguarding from children to adult services at ROH.

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 safeguarding responsibilities throughout the period.

The Trust's Named Doctor for Children and Adults attend weekly meetings with the Head of Safeguarding, alongside the Lead and Named Nurses. These meetings provide a forum to discuss high-risk cases, share safeguarding concerns that may impact patient safety, offer feedback on guidance, policies, and procedures, and disseminate key information to medical colleagues.

Local Partnership Arrangements

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

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

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

Additional external meetings attended by the Head of Safeguarding and or Safeguarding Lead Nurse

- NHSE National Safeguarding Children Health Network
- Birmingham and Solihull ICB – Domestic Abuse Health Meeting
- Birmingham and Solihull ICB -MCA and DoLS Group
- Birmingham and Solihull ICB – Exploitation Health Reduction Group

Governance and Accountability

Safeguarding 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.

Safeguarding Governance Structure



A bi-monthly quality report is produced by the Safeguarding and Vulnerabilities Team, providing committee members with insight into safeguarding 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, while the Named Nurse submits a bi-monthly report to the Children's and Young People's Board.

External Monitoring

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

Risks

Safeguarding 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 safeguarding risks is conducted with the Chief Nurse and Risk Officer, providing strategic oversight and ensuring continued alignment with Trust priorities.

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

As a result of strengthened governance and targeted action, the number of safeguarding risks has been reduced to 6.

Incidents

Electronic Reporting System: Safeguarding incidents are recorded and tracked through the Trust's electronic reporting system Ulysees.

Between 2025–2026, a total of 223 incidents were reported under the safeguarding category. This figure also reflects wider safeguarding activity, as staff across the Trust record incidents relating to Deprivation of Liberty Safeguards (DoLS) applications, Local Authority referrals, and MARAC referrals.

Each incident is reviewed and actioned by the Head of Safeguarding and or Safeguarding Lead Nurse, any trends are reported via the safeguarding committee.

Complaints and feedback

Between 2025–2026, three complaints were received and managed by the Head of Safeguarding. All were resolved locally. A common theme identified was a lack of clarity regarding the safeguarding process. In response, and to support learning and improvement,

the Head of Safeguarding invited the complainants to attend the quarterly Safeguarding Champion Day to share their experiences. This was positively received by all attendees.

During the reporting period, the Safeguarding Team received 17 examples of positive feedback from patients and a further 13 from staff and safeguarding partners, including BSOL ICB, Social Services, and other providers. This feedback was shared via emails, cards, and letters. It is also recognised that verbal feedback is received frequently, although this is not routinely recorded.

Safeguarding Policies

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

- Managing Allegations Against Staff (PiPoT) Policy
- Prevent Policy
- Mental Capacity Act (MCA) Policy
- Deprivation of Liberty Safeguards (DoLS) Policy
- Safeguarding Supervision Policy
- Domestic Abuse Policy for Patients and Families
- Staff Domestic Abuse Policy
- Safeguarding Children, Young People, and Families Policy
- Safeguarding Adults at Risk Policy

In the reporting period, three policies were reviewed, updated, and approved in line with their scheduled review dates, ensuring that all safeguarding policies remain current and up to date.

Training and compliance

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

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

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

Level 2 and 3 Safeguarding Training is delivered face-to-face monthly by members of the Safeguarding Team. All staff attending Safeguarding Level 3 training are provided with an in-house Trust booklet, which can be used as a refresher resource within their departments. The booklet is designed to equip staff with key internal and external guidance on how to recognise and respond to safeguarding concerns for both children and adults.

Prevent training within the Trust is delivered via e-learning and face-to-face sessions. Level 3 Prevent WRAP training is delivered in person, with sessions provided monthly. Prevent training was reviewed and amended according to the current Home Office Prevent duty e-learning training.

An annual Safeguarding Training Needs Analysis was completed to ensure ongoing relevance and effectiveness. Additionally, the Head of safeguarding provides a monthly compliance report to the Governance Department.

Training compliance is reported externally as a Key Performance Indicator (KPI) as part of contractual obligations.

	KPI	April 25	May 25	Jun 25	July 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
SG Adult Level 2	85%	92.66	92.73	93.35	93.30	92.13	92.59	92.60	93.57	94.18	94.73	94.45	94.27
SG Children Level 2	85%	92.06	92.06	92.59	92.85	91.75	92.37	92.37	82.48	93.79	94.73	94.45	94.20
SG Children Level 3 inc MCA and DoLS	85%	85.69	85.74	84.86	85.89	80.39	81.47	83.83	82.48	84.62	87.50	86.13	85.86
SG Level 4	100%	80	80	80	80	80	80	80	100	75	75	80	80
Prevent Awareness	90%	90.13	93.48	91.31	91.42	90.54	91.31	92.07	91.96	93.10	94.27	94.22	94.43
Prevent WRAP 3	90%	84.41	90.64	83.25	85.06	77.68	79.89	82.39	85.19	87.46	90.18	90.87	91.58

The Safeguarding Team continues to receive positive feedback on mandatory training. This year, the Safeguarding Lead Nurse reviewed and updated the MCA and DoLS training to incorporate case studies reflecting lessons learned across the Trust from the annual MCA and DoLS audit.

Feedback examples

“Many elements of the presentations I will take away, very well presented”

“Session great aid memoire, confident presenter, trainer engaging knowledgeable and kept to time, thanks”

“The safeguarding booklet will be a great tool to use as a refresher”

“Holistic approach to safeguarding, more aware of correct procedures to follow “

“Informative, good update on current changes, really good presenter, will still need help from SG team however “

Session was excellent and well structured

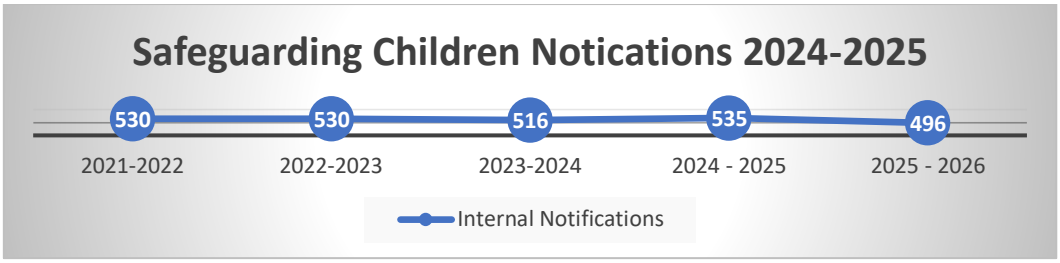
“Step back and review” – made me aware to allow time to think about the risks. Use of professional curiosity, very engaging trainer

“Relevant and great scenarios”

Looking ahead, the Head of Safeguarding plans to redesign Level 3 training packages in line with the launch of the new Learning Management System, enabling staff to access training online and further support compliance.

Trust Safeguarding Activity 2025-2026

During 2025–2026, the safeguarding team managed, or provided advice and support on, 1,177 safeguarding notifications for children and adults. While there was a slight reduction in overall volume, there was a notable increase in case complexity. The decrease in safeguarding children case numbers is largely attributed to reduced patient flow within Children’s Outpatient Services for patients under 16 at the Royal Orthopaedic Hospital (ROH). It should also be noted that this figure does not capture additional activity, including emails, telephone calls, or face-to-face safeguarding advice and support.



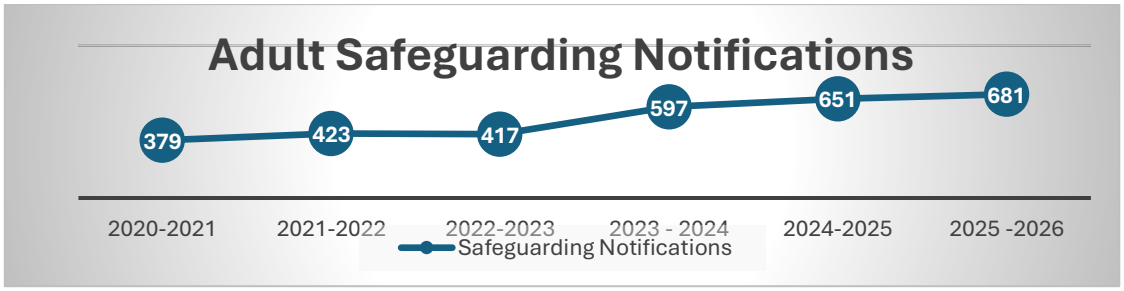
There was a decrease of 7.3% in safeguarding notifications received for children in 2025-2026, this is largely attributed to a decrease in activity across paediatric departments at ROH. Despite this decrease 170 children who attended ROH were identified as being involved with social services either through Child protection, child in need or child in care. This is a 41% increase compared to last year. This evidences improvements across the Trust with staff recognising a child lived experiences.

The safeguarding team provided direct support and developed individualised care plans for 58 children in care, 30 children subject to child protection plans, and 19 children on child in need plans. The team also attended 16 strategy discussions, representing a 53% increase, and participated in 84 local authority meetings, an increase of 35%.

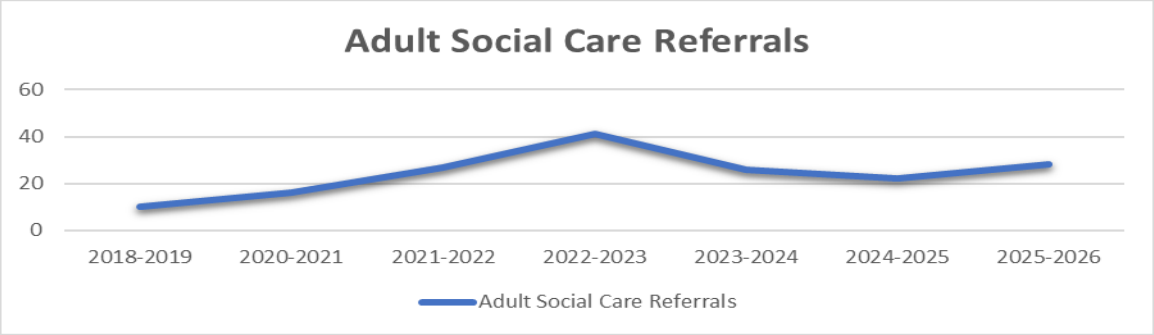
In 2025–2026, a total of 496 child safeguarding notifications were received, identifying a range of concerns. These included but not limited to:

- 58 children in care
- 76 children in need
- 36 children identified as being not registered as home educated or missing in education
- 5 children identified as being at risk of witnessing or experiencing domestic abuse
- 10 children in receipt of early help
- 1 suspected non-accidental injury

The largest reporting category for safeguarding children continues to be "Was Not Brought to Appointments." There were 148 cases when children are not brought to their appointments, it can lead to unmet health needs and may also signal underlying safeguarding concerns. While there are a variety of reasons why appointments may be missed, it is essential to recognise that, in some cases, this may be an indicator of increased risk of abuse or neglect. This pattern has been highlighted in numerous safeguarding reviews. Our key focus area this year has been for long wait listed children and the impact on health and social care needs.



An increase of 4.6% in safeguarding adults' activity in 2025-2026



This year, the number of Adult Social Care referrals completed by the Safeguarding Team increased to 29, up from 19 the previous year a 22% increase with the largest reported concern being neglect or self-neglect. 44% of outcomes were provided to the safeguarding team within 5 working days of the referral being made. Section 42 Adult Safeguarding Concerns made up 75% of referrals, with 36% of these being taken forward as Section 42 Safeguarding Adults Enquiries.

Trends and Age Cohorts

The largest proportion of safeguarding cases reported involved individuals aged 75 years and over. This is reflective of the increased vulnerabilities associated with an ageing population, including more complex care and support needs. Notably, there has been a rise in safeguarding referrals within the 18-24 age group compared to the previous year. This may highlight emerging needs within this demographic, potentially linked to earlier onset of health conditions or increasing dependency on care services.

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

Activity analysis

- 71 vulnerable adults where multiple risks were identified.
- 219 adults disclosed domestic abuse concerns.
- 17 MARAC referrals
- 3 high risk hoarding concerns.
- 2 adult exploitation concerns
- 2 modern day slavery NRM referrals
- 4 care leavers/ are experienced people identified.
- 6 Stalking and harassment concerns
- 27 FGM mandatory reporting
- 68 adult patients who had multiple did not attend appointments.
- 4 Position of Trust concerns
- 98 Mental Capacity concerns
- 65 DoLS applications

Partnership Information sharing

All NHS agencies and organisations are requested to participate in statutory reviews. The level of input and involvement required will be shared if the individual is known to the Trust.

Statutory reviews are vital processes for learning and improvement, and all health providers are required to provide and share relevant information. Safeguarding Adult Reviews (SARs),

Child Safeguarding Practice Reviews (CSPRs), Domestic Homicide Reviews (DHRs) and Domestic Abuse Related Death Reviews (DARDR).

Between 2025 and 2026 the Safeguarding team received the following scoping requests:

SAR – 6
CSPR/Rapid Review – 5
DHR/DARDR – 10

All scoping requests for information sharing were returned before expected deadline.

Safeguarding Children – Voice of the child

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

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

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

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

As part of its statutory obligations, NHS organisations and agencies are required to comply with Section 11 duties. To provide assurance to Local Safeguarding Partnerships, the Head of Safeguarding and Vulnerabilities completed the Trust's annual Section 11 audit for 2025–2026.

The audit confirmed that the Trust met all Section 11 requirements, achieving ratings of either good or outstanding, with comprehensive evidence submitted to support the scoring.

An action plan was developed by the Head of Safeguarding to address areas requiring further improvement, including:

- Leadership and Accountability: Recruitment of a Named Nurse for Children and Young People.
- Safer Recruitment: Full review and consultation on the Trust's Recruitment and Selection Policy.
- Learning and Development: Provision of access to external supervision for the safeguarding team.
- Complaints, Whistleblowing and Managing Allegations: Introduction of a bi-annual report from the Patient Experience and Complaints Team to the Safeguarding Committee, alongside an annual audit by the Head of Safeguarding to assess staff awareness of managing allegations against staff procedures.
- Listening to and Working with People: Strengthening processes to ensure the child's voice is consistently captured within documentation and incorporated into care planning.

The action plan and progress are monitored by the safeguarding committee and Chief Nurse.

Internal Audits completed in 2025-2026 for safeguarding children and young people were:

- Exploitation Awareness Audit
- Safeguarding Documentation Audit
- Neglect Awareness Audit
- Children's Social Care Referrals Audit (Section 47 and 17)
- Annual benchmarking promoting the health and wellbeing of looked after children (NICE, 2020)
- Child Maltreatment: When to suspect maltreatment in under 18s (NICE, 2009)
- Persons in a Position of Trust (PiPoT) Awareness

Positive findings from this year's audits demonstrate a clear improvement in the recording of the child's voice within documentation, with all safeguarding concerns accurately documented in patients' records. Additionally, 97% of staff were able to identify indicators of neglect and understood the correct assessment and reporting procedures. All staff (100%) could describe exploitation and identify its different forms, while 87% reported feeling confident in recognising and supporting victims. Furthermore, 89% of social care referrals from the Trust met local authority thresholds, and outcomes for 82% of referrals were received within five working days.

All audits are presented at the bi-monthly safeguarding committee and core members are given an opportunity to provide feedback. The Chief Nurse upwardly shares outcomes of audits to the Quality and Safety Committee and Named Doctor shares learning with the Trust medical team.

Child safeguarding case example – Who is accompanying me?

Patient was highlighted as on a Child in Need plan due to ongoing domestic abuse (DA). The Child is under the care of our spinal team at ROH and orthotics for spinal bracing. A Safeguarding care plan was created requesting voice of child and who the patient attended with, this was placed in patients notes and shared with internal teams providing treatment.

During an orthotics appointment the patient attended with Mum and a 'stepdad', no names or any other information was gathered at the time. A description of the male in attendance was shared with social worker to escalate possible risky adult who is involved in child's life, this prompted targeted DA work and a Claires law to be competed with mum for new partners to ensure safety in household. Learning has been shared with orthotics in relation to the importance of gathering the names and relationship of adults who accompany children to health appointments for documentation and future tracking/escalation. Learning was also shared in through supervision sessions across the trust.

Domestic Abuse – response and recognition

Domestic abuse continues to be the most frequently reported category of concern referred to the safeguarding team. During this reporting period, a total of 228 safeguarding notifications were received relating to domestic abuse.

The sustained increase in disclosures reflects the ongoing commitment of ROH staff in undertaking routine enquiry within targeted outpatient departments. This approach has supported the creation of a safe environment, enabling patients to feel confident in sharing their experiences and receiving an appropriate and supportive response.

Summary of domestic abuse activity and actions taken:

- 228 cases in total: 222 adults and 6 children
- Gender breakdown: 197 females and 31 males
- 18 cases involved staff members
- 17 referrals to MARAC
- 30 referrals to IRIS
- 9 referrals to the Black Country Stalking and Harassment Service
- 60 referrals and signposting to WAID
- 4 referrals to Adult Social Care – Care and Support Needs identified
- 6 referrals to Children's Social Care – As per the Domestic Abuse Act (2021)

This data highlights both the prevalence of domestic abuse and the proactive measures taken to ensure appropriate safeguarding interventions and multi-agency support.

The Trusts Domestic Abuse and Sexual Violence Advocate (DASVA) funded by Royal Orthopaedic Charities (2-year fixed term role) provided direct support to 98 patients and staff. This involved risk assessments, safety planning, trauma informed discussions, signposting and liaising with other agencies. The DASVA role was vacant as of December 2025.

The DASVA provided our 34 domestic abuse champions across the Trust with bespoke training as part of their annual refresher training. We would like to take this opportunity to thank the Rape and Sexual Violence Project, IRIS project, National Centre of Domestic Violence (NCDV) and Walsall Council Reducing Parental Conflict Champion for delivering training.

In May 2025 the Head of Safeguarding (Domestic Abuse Lead) for the Trust was invited to attend the House of Lords at Westminster Domestic Abuse round table event, hosted by Professor Lord Patel of Bradford OBE and the Domestic Abuse Commissioner Dame Nicole Jacobs organised by Cygnet Health.



The roundtable discussion focused on establishing a "gold standard" for addressing domestic abuse (DA) within health and social care, encompassing staff, service users as victim/survivors and also individuals causing harm.

The analysis of the domestic abuse roundtable discussions reveals a persistent and multifaceted challenge within health and social care. Achieving a "gold standard" response necessitates a paradigm shift, moving from fragmented, inconsistent approaches to a unified, trauma-informed, and system-wide strategy across the health and social care sector. Further information can be found in the Cygnet Health report: Improving Lives Together "*On Shifting Sands: Unifying the Health and Social Care Response to Domestic Abuse"*

Domestic Abuse case example

The patient disclosed a history of physical, emotional and financial abuse perpetrated by her ex-husband, including incidents of non-fatal strangulation. A DASH Risk Assessment was completed with a score of 14, indicating a high level of risk. Given the high-risk indicators, Our DASVA completed lateral checks with West Midlands MARAC and it was confirmed that the case had previously been heard at Birmingham MARAC. The DASVA requested a MARAC-to-MARAC transfer to Derby to ensure continuity of safeguarding and risk management planning. Relevant Information was shared with the patient's GP in Derby, with a request for ongoing monitoring, any appropriate support and oversight, as the patient remained living in the community. The patient had an allocated Independent Domestic Violence Advocate from Find the Glow in Derby. Our DASVA continued to support the patient during her hospital appointments, ensuring that she felt safe and that appropriate safety measures were in place, including a safety plan within the patients medical notes.

The patient and the perpetrator share three children. The abuse had a significant impact not only on the patient but also on the children within the family. Due to ongoing safety concerns, the patient and her two younger children left the family home in Birmingham and relocated to a confidential address in Derby, unknown to the perpetrator. Liaison with Birmingham Children's Services confirmed that the family was known to them and that the case had been transferred to Derby Children's Services. Further checks with Derby Children's Services confirmed that the family was open to their services. Support was also provided to the patient's older daughter, who accompanied the patient to her hospital appointment. The daughter continues to reside with the alleged perpetrator (father) and disclosed ongoing emotional abuse by her father, alongside difficulties with her mental health. Our DASVA signposted her to local domestic abuse support services and information was shared with her GP requesting further support and oversight.

This case highlights the importance of a Think Family Approach to safeguarding. Domestic abuse has a profound impact beyond the primary victim, affecting children and adult children within the wider family system. A coordinated, multi-agency response was essential to ensure holistic support, effective risk management and robust safety planning. Collaboration between health services, DASVA, IDVA, GPs, MARAC, and local authorities enabled effective information sharing and strengthened the overall safeguarding response.

Safeguarding Adults – Making safeguarding personal

Safeguarding adults means to take action to stop or prevent abuse happening to a person aged over 18 years. Where that person has care and support needs, the Care Act (2014) places a legal responsibility on statutory agencies to investigate and address the abuse in a way that is driven by the outcome that the adult wishes to achieve. This principle is known as Making Safeguarding Personal (MSP).

At our Trust, we are committed to supporting individuals to live free from fear of abuse, while respecting their autonomy. We:

- Engage with individuals compassionately, with respect for their unique perspective and lived experience
- Take all allegations of abuse seriously and without judgement
- Offer to support the person in the way they would like, to achieve the outcome that they want
- Are open and honest about our duty to safeguard in some circumstances without consent, for example if there is risk of harm to the wider public
- Make safeguarding plans that are in the best interests of the person if they lack capacity to direct them

The Royal Orthopaedic Hospital plays an active role as a Birmingham Safeguarding Adults Board BSAB) partner agency. We work with collaboratively with local providers to prevent abuse and neglect or take action to safeguard where abuse is already occurring. This collaboration ranges from assessing risks, reviewing care and support needs and

empowering our patients to attending sub-groups and professional forums where we contribute to quality assurance activity, audit and professional education.

The Royal Orthopaedic Hospital welcomes patients from across England, Wales, and Scotland. The safeguarding team continues to work with colleagues from all local authority areas to preserve safety and freedom of choice for patients that require our services.

Audits

The following audits were completed between 2025-2026 in relation to adult safeguarding:

- Domestic Abuse Routine Enquiry
- Neglect Awareness
- Mental Capacity Act & Deprivation of Liberty Safeguards Documentation
- Persons in a Position of Trust (PiPoT) Awareness
- Safeguarding Adults Documentation
- Safeguarding Adults Referrals

Over the course of the year the Safeguarding Team have been proud to report many improvements in practice identified by our audit programme. Targeted work identified in the previous year has yielded positive results, such as the relaunch of neglect and self-neglect recognising and reporting guidance leading to 92% of staff demonstrating knowledge of the correct routes for reporting neglect and self-neglect. This is reflected in the increased number of referrals for neglect and self-neglect received by the Safeguarding Team.

Adult safeguarding case example- My wishes

Following a home visit by the Royal Orthopaedic Community Service team, the patient was alerted to the safeguarding team due to visible signs of self-neglect. The patient gave full consent for safeguarding involvement.

Conversations were held with the patient, ensuring the voice of the adult was captured including wishes and feelings in relations to proposed interventions, multi-agency working was completed by the safeguarding with the GP and social services ensured that support was being offered to the patient. The patient was reviewed as a follow up by the safeguarding team during one of their outpatient appointments at ROH where it was established that previous concerns had improved in relation to the self-neglect and the patient continued to work with adult social care and had support in place from professionals in acute and primary health .

The Mental Capacity Act (MCA) and Safeguarding Practice

The safeguarding team have focused heavily on MCA practice during 2025-2026:

- Update of the MCA DoLS Documentation audit tool to identify new areas that require improvement
- Reviewed and amended MCA and DoLS training to reflect new documentation, new assessment process and introduction of LPS
- Redesign of MCA assessment and Best Interests decision making forms to support clear documentation and accountability in line with current application of the law
- Introduction of a six-month re-audit to allow for greater oversight of the current MCA DoLS action plan
- Production of an MCA leaflet for patients/carers
- Establishing processes for clinicians to show clear accountability for following the Best Interest process and setting out where safeguarding support would be indicated

- Review of Trust systems, processes and resource in order to produce a Liberty Protection Safeguards (LPS) readiness report and action plan ahead of the new MCA Code of Practice consultation in 2026

Complexity in Deprivation of Liberty Decision-Making

The Royal Orthopaedic Hospital provides care to patients who may have to be deprived of their liberty when they lack capacity to make choices about personal risk. MCA and DoLS practice are well embedded, with restrictive practices and enhanced observations care plans reviewed daily and in accordance with the principles of the Mental Capacity Act (2005).

Inpatients staff continue to face complexity in deprivation of liberty due to rates of post-operative delirium. The Safeguarding Team highlights all episodes of chemical restraint and the need for clear guidance for our clinicians. Staff are encouraged to respond to suspected post-op delirium proportionately, recognising that the law allows for a period of initial monitoring and resolving of symptoms before deeming the patient to be deprived of their liberty.

Challenges and Future Priorities for MCA and DoLS

MCA: The quality of MCA assessments continues to be variable, necessitating continued oversight from the safeguarding team. More peer support and role modelling could be taking place within the clinical teams in order to improve documentation.

DoLS: In October 2025 the Department for Health and Care announced that the Liberty Protection Safeguards will be brought into effect. All Doctors, Nurses and Therapists working across Inpatient services will be responsible not only for recognising and reporting a potential deprivation of liberty, but for assessing each case and deciding for themselves whether or not to authorise.

Staff working in clinics will require increased awareness of deprivation of liberty, as LPS authorisations are likely to cover attendance at planned healthcare appointments.

MCA and Dols case – Deprivation of Liberty and Treatment Access

A patient was identified to the Safeguarding team due to confusion post operatively, there was no known diagnosis that impacted impairment of the brain and was suspected to be caused by delirium. The patient had fluctuating mental capacity requiring enhanced levels of observation due to being falls risk so a Deprivation of Liberty Safeguards application was made to the patients local authority.

For discharge planning a best interest meeting was held with the wider MDT and family members as there was no Lasting Power of Attorney in place and the patients delirium had not resolved within a prolonged period, the patients voice was included to capture wishes and feelings to inform part of the meeting by the safeguarding team who also acted as an advocate for the patient within the best interest meeting as the patient declined to attend. It was agreed that the patient was to be referred to their local hospital for a rehabilitation placement and a request for long term social worker allocated for oversight in review of care and support needs in the community. This highlights the importance of communication between professionals and relatives to ensure all needs of the patient are considered.

The Trust MCA Lead (Lead Nurse for Safeguarding and Vulnerabilities) has developed a LPS readiness report and action plan which identified three key areas:

- RECRUITMENT – current staffing model in safeguarding and vulnerabilities does not support the resources required to manage the transition

- TRAINING – six-element training course required for all staff who will be involved in LPS; training of key staff to be Approved Mental Capacity Professionals.
- SYSTEMS – current digital systems do no support efficient application and oversight of deprivation of liberty. The integration of a new EPR system must support the implementation of LPS.

In January 2026, the annual MCA and DoLS audit was completed including revised questions following improvements identified in the previous year. This year's findings demonstrated the following:

Where we have improved:

- Capacity assessments were reviewed in 93% of cases (up from 64%)
- Recording evidence of Best Interests decision making in 76% of cases (up from 47%)
- The rationales for deprivation of liberty were clearly recorded
- Restrictive care plans were reviewed regularly

Where we can improve:

- Ceasing the use of out-of-date assessment forms
- Recording evidence that there is a disturbance of the mind or brain
- Making the outcomes of capacity assessment clearer
- Assessing capacity to consent to restraint (this will be key when LPS is introduced)

Safeguarding Supervision

Safeguarding supervision across the Trust is primarily delivered bi-monthly within outpatient departments through group sessions, with a focus on areas experiencing higher safeguarding activity. Sessions include agenda items covering internal and external updates, learning, case discussions, and reflective practice. All members of the Safeguarding team have completed supervision training, and oversight of supervision across the Trust is provided by the Safeguarding Named Nurse.

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

The Trust has robust arrangements for managing allegations against staff, including monthly review by the Head of Safeguarding and HR to assess cases against the LADO referral threshold.

Staff subject to allegations are provided with appropriate internal and external support, with line managers ensuring regular wellbeing check-ins and access to Occupational Health where required.

Over the past year, the Head of Safeguarding has advised on four PiPoT cases, working with HR and line managers to ensure allegations are appropriately investigated and staff supported throughout.

The first Managing Allegations Against Staff awareness audit provided assurance that staff understand how to escalate concerns and the PiPoT process. It also identified limited understanding of the distinction between professional misconduct and managing allegations procedures. Clear guidance will be developed with HR to address this gap.

Safer Recruitment and Disclosure and Barring Service (DBS)

Safer recruitment remains a key safeguarding control, supporting the safe appointment of staff and protecting children, young people and adults at risk.

During 2025–2026, the Trust has continued to strengthen safer recruitment in line with NHS Employment Check Standards and national guidance. This includes consistent pre-employment checks, DBS clearance where required, improved oversight of recruitment documentation and ongoing assurance of staff suitability.

The Trust continues to meet its Section 11 safeguarding responsibilities, with safeguarding embedded throughout recruitment, including role design, shortlisting, interviews, references, DBS checks and induction.

All staff receive role-appropriate safeguarding training in line with national guidance, supporting ongoing competence and a culture where safeguarding concerns can be raised safely.

These arrangements provide assurance that recruitment processes remain robust, consistent and aligned with NHS safeguarding expectations.

Key Achievements 2026-2027:

- CQC inspection of children's services at ROH – safeguarding recognised as demonstrating good practice.
- Creation of an exploitation health risk assessment tool, endorsed by Birmingham Children's Trust and supported by the Exploitation Health Reduction Group via BSOL ICB, for use across Birmingham and Solihull health services.
- Invitation to the House of Lords domestic abuse roundtable in recognition of the Trust's effective domestic abuse practices and support pathways.
- The Trust's Head of Safeguarding (Domestic Abuse Lead) was invited to attend a domestic abuse roundtable at the House of Lords, Westminster, in recognition of the Trust's nationally recognised work in this area.
- Completed a review of Mental Capacity and DoLS training to ensure staff competency and compliance.

Key Challenges 2026-2027:

- Staffing pressures within the Safeguarding team
- Improving mental capacity documentation
- Managing increasing complexity of safeguarding cases
- Maintaining training compliance
- Navigating multiple, non-integrated IT systems
- Meeting growing demand for multi-agency reviews and information-sharing requests

Safeguarding Priorities 2026-2027

- Strengthen the safeguarding team by improving workforce capacity, supporting retention, and restructuring roles to meet statutory requirements, particularly considering proposed cuts within the ICB and NHS England.
- Increase compliance with mandatory training across the Trust by expanding accessible e-learning packages and reducing reliance on face-to-face delivery.

- Maintain a strong focus on reducing risks for children, young people, and adults accessing Trust services who may be experiencing abuse or neglect.
- Embed sexual safety principles in safeguarding practice.
- Improve the standard of Mental Capacity Act assessment and documentation through standardised documentation, strengthened training and increased audit activity at ward level.
- Make sure the Trust is “LPS ready” when LPS replaces the Deprivation of Liberty Safeguards. Engage with the consultation on a new MCA code of practice, maintain professional networks, engage staff across Inpatient services.
- Address challenges associated with multiple electronic record systems by embedding safeguarding requirements into Electronic Patient Records (EPR), ensuring staff have easy access to key information to support safe, effective care and improved information sharing.

Conclusion

The Royal Orthopaedic Hospital’s Safeguarding Team remains committed to ensuring the Trust meets its safeguarding duties and responsibilities. Adopting a whole-system approach across both acute and community services, the team continues to promote safe, effective, and responsive safeguarding practice. This annual report evidence strong compliance with statutory and regulatory requirements, alongside adherence to both internal and external safeguarding standards.

Looking ahead, the team will continue to strengthen and build on current initiatives to ensure safeguarding arrangements remain robust, effective, and fully aligned with the Trust’s values and priorities.

The Safeguarding 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 safeguarding remains central to our work, reinforcing the principle that safeguarding is everyone’s responsibility.

LESS PAIN
MORE INDEPENDENCE
LIFE-CHANGING CARE

NHS
The Royal
Orthopaedic Hospital
NHS Foundation Trust