

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS**

THURSDAY 25 OCTOBER 2018

Title	SAFEGUARDING ADULTS AND CHILDREN ANNUAL REPORT 2017/18 FOR UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
Responsible Director:	Lisa Stalley Green Executive Chief Nurse
Contact:	Maria Kilcoyne, Head of Safeguarding Ruth O’Leary, Lead Nurse for Safeguarding

Purpose:	To present a summary of the work undertaken by the safeguarding children and vulnerable adults teams at UHB and attached annual reports to the Board of Directors
Confidentiality Level & Reason:	Confidential – clinical
Medium Term Plan Ref:	Strategic Aim 1: Always put the needs and care of patients first
Key Issues Summary:	A summary of the annual reports for 2017/18 on safeguarding adults and children.
Recommendations:	The Board of Directors is requested to receive the annual reports

Signed: Lisa Stalley Green	Date: 16 October 2018
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BOARD OF DIRECTORS**

THURSDAY 25 OCTOBER 2018

**SAFEGUARDING ADULTS AND CHILDREN
ANNUAL REPORT 2017/18**

PRESENTED BY THE EXECUTIVE CHIEF NURSE

1. Introduction

1.1 For the duration of 2017-18, both organisations of University Hospitals Birmingham NHS Foundation Trust (UHB and HEFT) were separate legal entities, therefore the full safeguarding annual reports have been prepared separately and are appended to this summary report.

1.2 This summary includes assurance in relation to the compliance, with the statutory and regulatory safeguarding requirements for children and adults and also includes details of how Safeguarding Arrangements will work in the new organisation and information regarding priorities for 2018-19.

1.3 Statutory requirements related to safeguarding are detailed in the legislation listed below:

- Children Act 1989
- Children Act 2004 - specifically section 11
- The Care Act 2014

Regulatory requirements are set by from Local Safeguarding Children and Adult Boards, CCGs and the CQC.

1.4 The appended reports will illustrate how statutory and regulatory requirements are met by:

- Ensuring there is sufficient specialist capacity to support safeguarding in all areas of business
- Developing safeguarding capability across the whole workforce through the safeguarding education and learning programme
- Ensuring there are clear and accessible safeguarding policies and processes
- Testing the effectiveness of safeguarding arrangements through audit and quality assurance measures (including statutory reviews)
- Contributing to effective partnership arrangements

1.5 It should be noted that although both QEH and HGS are large acute providers their specific services differ considerably.

- HGS provision includes significant paediatric, neonatal and maternity services (which are not provided by QEH).
- QEH provides Sexual Health Services for the City.

These differences have influenced how the strategic safeguarding priorities have been set and how the safeguarding teams have developed in each of the predecessor organisations.

1.6 Both QEH and HGS have had their own integrated Adult and Child Safeguarding Teams consisting of staff with specialisms in safeguarding adults and children.

The teams are managed within Corporate Nursing and have been overseen by the Interim Chief Nurse (QEH) and Director of Nursing at HGS.

As one corporate nursing team is formed in 2018-19 it will bring together the safeguarding teams and give greater distinction to the works streams for safeguarding adults and children. There will be clearly defined lines of accountability to the Executive Chief Nurse.

1.7 The Safeguarding Team for the Trust currently comprises of a safeguarding lead for the Queen Elizabeth Hospital (QEH) and a safeguarding lead for Heartlands Hospital, Good Hope Hospital and Solihull Hospital (HGS) with registered nurse staffing within the teams as shown in Table 1:

Table 1: Safeguarding staff across the Trust

	Safeguarding Adults (WTE)	Safeguarding Children (WTE)
QEH	3.5	2
HGS	3.5	7.5

Table 1: Safeguarding staff across the Trust

- 1.8 There is a strong commitment to partnership working throughout the Trust with multi-agency meetings taking place throughout the sites and Trust safeguarding children staff working in the Multi-Agency Safeguarding Hubs for Solihull and Birmingham.

2. Safeguarding Activity from April 2017 - March 2018

- 2.1 The safeguarding referrals received by the Safeguarding Team are shown in Table 2, incorporating in the QEH figures, those referrals received through Umbrella Sexual Health Clinics, although these are considerably fewer than through the hospitals.
- 2.2 The safeguarding activity across the Trust is summarised within this report, with full detail being available in the annual reports from QEH and HGS which are appendices. It should be noted throughout, that this summary is provided to provide a high-level overview across the Trust. Prior to the formation of the wider Trust, reporting methods, data collected and analysis carried out varied between QEH and HGS and therefore the tables are intended for the provision of information and not specifically to create comparisons between sites. It is intended to harmonise reporting going forward to provide comparative data.

Table 2: Safeguarding activity across the Trust

Safeguarding Adult Activity	QEH	HGS
Total cases raised as a concern with the safeguarding teams.	1087	903 (1384 total incidents)
Safeguarding referrals to Social work Services	708	784 (119 other routes)
Advice Calls	415	233
Safeguarding Children Activity	QEH	HGS
Safeguarding referrals to Social work Services Concerns	830	2978
Advice Calls	25	1810

- 2.3 QEH and HGS have both seen an increase in referral rates and advice calls over the last year. The continuing education and training of staff is likely to have contributed to the increased activity.

Table 3 shows the number of patients who, during the year, were subject of a Deprivation of Liberty Safeguards (DoLS) application. DoLS only applies to adult patients.

Table 3: Number of DoLS applications across the Trust

Deprivation of Liberty Safeguards	QEH	HGS
Applications Made	316	305

3 Safeguarding Adult Reviews, Serious Case Reviews and Domestic Homicide Reviews

3.1 The Trust has contributed information to a number of Serious Case reviews, Safeguarding Adults Reviews and Domestic Homicide reviews during the reporting year, as shown in Table 4 below. More details regarding these cases is available in the full report. Learning for both QEH and HGS the implementation of domestic abuse training package in targeted areas including the Emergency Departments and Sexual Health Services following domestic homicide reviews.

Learning specific to HGS included:

- Focused improvements to cross border communication between health visitors and midwives.
- Introduction of an agreed method of recording professional disagreements in the Multi-Agency Safeguarding Hub.
- Increasing oversight of cases in escalation with social workers.
- Improving the consistency of the safeguarding response for young people 16-18 years
- Ensure the 'enhanced observation' bundle is utilised in ED & assessment areas, to drive consistency re managing self-harm, missing person and enhanced observation

The audit programmes for safeguarding adults and children reflect the common themes identified in SCRs.

Table 4: Number of scoping exercises for each review type

Scoping Exercises	QEH	HGS
Serious Case Review	9	12
Safeguarding Adult Review	5	7
Domestic Homicide Review	6	8

4 PREVENT Awareness and Health WRAP 3 Training

4.1 In terms of targeted Health WRAP 3 training, table 5 shows the training percentages and the number of PREVENT referrals made in the Trust

Table 5: Percentage staff trained (Health WRAP 3) and the number of PREVENT referrals made in the Trust.

	QEH	HGS
Health WRAP 3	90%	92%
PREVENT Referrals to panel/	1	5

CTU gateway		
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5 Adult and Children Safeguarding Training Level 2

- 5.1 Table 6 shows the percentage number of staff trained to Level 2 based on 3 yearly compliance requirements. This training includes Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

Table 6: Percentage compliance with level 2 training

	QEH	HGS
3 yearly compliance	94%	93%

6 Training for Safeguarding - Level 3 Adults

- 6.1 Level 3 safeguarding training is delivered to staff identified from robust training needs analysis, table 7 shows the percentage compliance with level 3 training.

Table 7 Percentage compliance with Level 3 Adults training

	QEH	HGS
3 yearly compliance	100%	94%

7 Training for Safeguarding - Level 3 Children

- 7.1 Level 3 safeguarding training is delivered to staff identified on a robust training needs analysis. Table 8 shows compliance with training.

Table 8 Percentage compliance with Level 3 Children's training

	QEH Percentage	HGS percentage
3 yearly compliance	93%	92%

8 Safeguarding Supervision

Safeguarding supervision is delivered to staff throughout the organisation. Rates of compliance with the supervisory framework are detailed in the table below:

	QEH percentage	HGS percentage
Children's Services	85%	96%
Adults	100%	100%

9 Achievements for Safeguarding 2017/18

- 9.1 **Trust-** Compliance with The Care Act 2014- 'Making Safeguarding Personal' (MSP) is embedded within the Trust
- 9.2 **Trust-** Continue to work with other agencies to ensure the sharing and use of best practice and the provision of an individualised approach.
- 9.3 **Trust-** Child Protection Information System (CPIS) embedded into the Trust Emergency Departments (ED).

- 9.4 **QEH-** Increased compliance with the Mental Capacity Act 2005- improved awareness on mental capacity assessments and Deprivation of Liberty Safeguards (DoLS)
- 9.5 **QEH-** Safeguarding training packages have been reviewed in line with national and local guidance
- 9.6 **QEH-** Safeguarding supervision processes and procedures now embedded .
- 9.7 **HGS** – maintenance of safeguarding children audit programme
 - HGS Adults** – Collaboration & multiagency working
 - Joint training events with external colleagues
 - Successful adult safeguarding conferences

10 Risks

Adults

- 10.1 **HGS** and **QE** non-compliance of fully documented mental capacity assessments recent audit undertaken show areas of focus needed.

HGS application and understanding of clinical holding “use of restraint” – Included within MCA & DOLS training and Moodle package also developed. Risk discussed at the safeguarding steering group

Children

- 10.2 **QEH-** failure to follow Sudden Unexpected Death in Children (SUDIC) processes- guidance has been reviewed and is now robust with new resources for staff including flowchart
- 10.3 **HGS** – failure to adhere to Information Governance requirements in relation to interagency sharing of information. Communications sent to staff to ensure that where emails are required these are sent securely. Team nhs.net accounts established in areas required to make significant numbers of referrals.
- 10.4 **HGS** – failure to adhere to requirements in relation to therapeutic holding and restraint. Moodle package developed and accessed by staff in paediatrics. Training for staff in paediatrics from mental health providers which support de-escalation.
- 10.5 **HGS** – de-commissioning of the Paediatric Liaison Service. New notification criteria developed and introduced. This includes notification to community services of children requiring safeguarding or early help. Monitoring in place.

11. Patient Stories

Patient Story Safeguarding Adult Case Study-August 2018

Situation	Allegations and issues raised.	Actions Taken	Lessons learnt evidence of practice changed.
82 year old male, brought in by	Initially, nursing staff caring for the patient	The safeguarding was closed by the	By visiting and assessing the

<p>ambulance with burns to both arms and abdomen.</p> <p>The patient had been found at home by his carers, slumped over the cooker hob.</p> <p>Ambulance crew and carers were also concerned that on a previous visit, they had found a lit cigarette on the carpet.</p> <p>Nursing staff completed a safeguarding referral for concerns of self-neglect.</p>	<p>felt that he lacked capacity and had contacted the safeguarding team for advice on mental capacity assessment and deprivation of liberty safeguards (DoLS).</p> <p>When visited and assessed by the allocated social worker, the patient was deemed to have full capacity.</p> <p>The patient had informed the social worker that he had been making a bacon sandwich before having a fall onto the cooker.</p>	<p>social worker, for a care management route.</p> <p>The social worker advised that the patient was happy and managing well with his existing package of care.</p> <p>The patient agreed for the social worker to refer to the fire service for safe and well checks for fire safety in the home.</p>	<p>patient, a decision about capacity was made. This enabled the social worker to obtain the patient's consent and wishes for how to proceed with the safeguarding.</p> <p>Safeguarding referrals aren't always the most suitable course of action, however in this case it led to the appropriate plan being actioned.</p> <p>By involving the fire service, it highlights the importance of involving external agencies in order to take an holistic approach to patient care.</p>
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Patient Story Safeguarding Child Case Study-July 2018

Situation	Allegations and issues raised.	Actions Taken	Lessons learnt evidence of practice changed.
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<p>A seven week old infant was admitted with an unexplained bruise to the arm. The bruising was considered concerning in the absence of an explanation that was deemed plausible. A referral to social workers was sent and section 47 investigation initiated by them.</p> <p>The child was admitted for the usual medical investigations which included a skeletal survey and head CT.</p> <p>These are the standard tests recommended (based on best available evidence RCPCH 2017) to exclude other injuries when non-mobile infants present with unexplained bruising.</p>	<p>Parents refused to consent to the tests for their baby as they did not think it was likely that there child would have other injuries and they were concerned regarding radiation exposure.</p> <p>The medical view was that the tests were necessary to rule out underlying injuries.</p> <p>Social work assessment yielded no further social concerns.</p> <p>Parents formed the view that Social Workers did not feel that the medical tests were necessary.</p> <p>Family understood the requirement for the referral to social workers to be made but felt thereafter that communication was unsatisfactory and confusing and that they had an unnecessarily protracted stay in hospital.</p>	<p>Involvement of the Designated Doctors for CP to review the medical plan.</p> <p>Escalation policy was followed to ensure that social care were aware of the situation.</p> <p>Legal options were explored (both from a social care and health perspective) but it was not felt advisable to pursue either an assessment or treatment order.</p> <p>Parents provided with detailed information about why the tests were necessary and also about the amount of radiation that would be involved in the tests.</p> <p>Social workers agreed to support the health view that tests were necessary.</p> <p>Parents agreed to the tests after the child had been in hospital for a length of time.</p> <p>Meeting with parents to discuss their experiences of the safeguarding process.</p>	<p>Meeting held with Social Care in July 2018 to ensure a more joined up approach to future communications.</p> <p>Planned educational session to be delivered to the Multi-Agency Practice Forum in Birmingham on the response to non-accidental injuries</p> <p>Patient information leaflets for parents in relation to both the safeguarding processes and skeletal surveys were amended to provide further detail.</p> <p>Ensure a second consultant speaks to a family as early as possible where they refuse tests in a child protection investigation to assist in handling objections and providing the necessary information.</p>
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11. Plans for April 2018 – March 2019

The primary focus for the safeguarding team during 2018 – 2019 will be to ensure the delivery of a robust safeguarding service across the new Trust. This will be evidenced in the harmonisation of safeguarding policies, practices and procedures operating effectively and efficiently in all of the Trust's hospitals and in those settings where services are delivered.

Particular areas of focus will be:

- Establishment a new safeguarding staffing structure based on need.
- Establishment of a refined governance structure to support safeguarding.
- Assessing the impact on safeguarding of other organisational changes in relation to documentation/ system changes.
- Maintenance of all safeguarding services throughout the period of safeguarding team transition.
- Introduction of the FGM RIS (Risk Indicator System) in Maternity Services.
- Maintain and strengthen key partnerships at a time of change (both health re-organisation and new arrangements for provision on children's social work services).
- Develop the learning and development offer in line with the new priorities around the wider definition of exploitation across the workforce.
- Introduction of 'Redthread' in BHH Emergency Department – a service to enhance youth worker support to children and young people between the ages of 11-25 years who have experienced severe violence, sexual exploitation or domestic abuse.

12. Recommendation

The Board of Directors is asked to receive this summary report of the safeguarding annual plans and the individual reports.

Lisa Stalley Green

Executive Chief Nurse

October 2018