

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

**THURSDAY 24 OCTOBER 2019**

<b>Title:</b>	<b>SAFEGUARDING ANNUAL REPORT 2018-19</b>
<b>Responsible Director:</b>	<b>Lisa Stalley-Green</b>
<b>Contact:</b>	<b>Maria Kilcoyne</b>

<b>Purpose:</b>	The purpose the Annual Safeguarding Report 2018-19 is to inform the Board of Directors of safeguarding activity within the Trust during this period and to provide assurance of compliance with statutory and regulatory requirements.
<b>Confidentiality Level &amp; Reason:</b>	Confidential – Commercial
<b>Strategy Implementation Plan Ref:</b>	#4 Meet regulatory requirements and operational performance standards, in line with agreed trajectories
<b>Key Issues Summary:</b>	<p>This report provides the following information:</p> <ul style="list-style-type: none"> <li>• Executive summary including highlights, improvements and priority next steps (page 3-5)</li> <li>• Local and organisational context to safeguarding at UHB.(section1)</li> <li>• Summary of key achievement in 2018-19 (section 1.7)</li> <li>• Summary of plans for 2019-20 (1.8)</li> <li>• Summary of Learning and Development in relation to safeguarding within the Trust and key changes in 2019-20. (Section 2)</li> <li>• Summary of all safeguarding risks (section 3)</li> <li>• Contractual requirements were achieved throughout 2018-19</li> <li>• Safeguarding activity relating to safeguarding children and adults (sections 4 and 5 respectively)</li> <li>• Conclusion (section 6)</li> </ul>
<b>Recommendations:</b>	The Board of Directors is asked to receive this report and note the findings.

<b>Signed:</b> Lisa Stalley-Green	<b>Date:</b> 3 <sup>rd</sup> October 2019
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

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### Executive Summary

#### I. Summary of Key highlights in 2018-19 include:

- **Establishment a new safeguarding staffing structure based on need:** During 2018-19 a new safeguarding structure was designed reflecting the needs of the organisation and the scale and complexity of the services it provides. Safeguarding was recognised as an area of growth and the newly designed team has utilised all of the previous safeguarding expertise and investment across both predecessor organisations. The emphasis at all times during the team re-design has been on ensuring that the required leadership, advice and support is easily accessible to frontline services. The Safeguarding Team is positioned corporately and is overseen closely by the Chief Nurse and managed by a Deputy Chief Nurse, reflecting the importance of the safeguarding agenda within the organisation. The new structure was implemented in April 2019.
- **Establishment of a refined governance structure to support safeguarding** The Trust is committed to continuous improvement of safeguarding practice within the organisation and to a culture of testing out the effectiveness of safeguarding arrangements focusing on audit, learning and improvement. The Trust has established a new Safeguarding Board that reports to the Care Quality Group and this drives internal governance arrangements. There are safeguarding operational groups in place driving the adult and child work plans and improvement agendas. Terms of Reference and Reporting templates have been revised to provide greater clarity and transparency in relation to safeguarding. There is additional external reporting in place including that completed as part of our safeguarding contractual requirements.
- **Harmonisation of Safeguarding Policies–** the Trust has completed finalisation of the Safeguarding Adult and Children and Domestic Abuse Policies.
- **Harmonisation of safeguarding procedures and processes-** alignment of safeguarding procedures and processes across all sites is in progress and has to some extent been limited by different IT systems. Assessing the impact on safeguarding of other organisational changes in relation to documentation/ system changes remains ongoing.
- **Maintenance of all safeguarding services throughout the period of safeguarding team transition.** Throughout transition to the new organisation there has been no disruption to safeguarding services throughout the Trust

and it has been an absolute priority that front line staff have known how to access advice and support and that consistency and organisational memory has been maintained.

- **Maintain and strengthen key partnerships at a time of change** (both our own re-organisation and new arrangements for social work services to children in Birmingham in 2018-19 had potential to impact on services). All key partnerships have been maintained throughout the transition with the Trust with consistent attendance at external partnership meetings and contributions to multiagency working at operational and strategic levels.

## II. Summary of Key improvements in 2018-19

- **Review of the safeguarding learning and development offer in line with the new priorities around the wider definition of exploitation across the workforce.** The safeguarding education resources have been reviewed in view of new intercollegiate standards introduced for adults and children in 2018-19. Educational reporting for safeguarding has been aligned and a new safeguarding Training Needs Analysis developed for the whole Trust for 2019-20.
- **Introduction of 'Redthread'** in the QEHB and BHH Emergency Departments – 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 assault, exploitation or domestic abuse.
- **Review of Learning from Serious Case Reviews, Domestic Homicide Reviews and Learning Lessons Reviews** – The Trust completed a significant review of learning from reviews dating back to 2011 to see whether there was evidence that learning was embedded in practice. This is driving further focussed improvement work.
- **Audit** – The Safeguarding Team have an annual audit programme to test out the effectiveness of safeguarding arrangements and this focuses on the compliance and quality of assessments and information shared at transitional points in patients journeys through our services.
- **MCA and DOLS** -Increased the number of patients where DOLS is applied for, particularly on the QEHB site and increased the percentage of cases where Mental Capacity Assessment is appropriately documented prior to DOLS submission throughout the Trust.

## III. Next steps and Priorities for 2019-20

- Agree and launch the safeguarding team offer for operational staff
- Agree strategic priorities for safeguarding (see appendix 1)
- Review all safeguarding risks
- Increase staff knowledge and application of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS).

- Prepare for the implementation of Liberty Protection Safeguards (LPS) which will replace DOLS in 2020 with the formation of a Steering Group to oversee implementation
- Increase technical assistance to safeguarding - achieve full implementation of FGM IS (delayed in 2018-19 due to technical issues).
- Continue the alignment of procedures/ processes across all sites.
- Maintain audit activity to test out the effectiveness of safeguarding arrangements.
- Evaluate the impact of safeguarding training on practice.
- Establish a safeguarding alert system on PICs, similar to the one used on i-care/ concerto and continue the work around flagging for Additional Needs in PICS. This will allow for tracking and monitoring of DOLS on the QEHB site.
- Establish a clear domestic abuse improvement plan driven by the Domestic Abuse Steering Group
- Ensure that the Trust has processes in place regarding the devolvement of Child Death Review Processes.

## **Section 1 Safeguarding General Introduction**

### **1.0 Background and context**

In April 2018 University Hospitals Birmingham NHS Foundation Trust (UHB) Queen Elizabeth Hospital Birmingham acquired, as part of a merger, Birmingham Heartlands Hospital, Good Hope Hospital and Solihull Hospital making the Trust one of the largest teaching hospital trusts in England. The Trust also runs services at Birmingham Chest Clinic and a variety of community based satellite clinics.

Geographically the trust spans part of South Staffordshire, Birmingham and Solihull and will see and treat patients from further afield at times.

The Trust provides:

- Maternity Care
- Paediatric and Neonatal Care
- Emergency and Trauma Services
- Sexual Health Services for Birmingham and Solihull
- Community Services including paediatrics; community children's nursing; district nursing and therapies.
- Medical and Surgical Services
- Critical Care
- Elderly care services
- End of life care.

The Trust has 2274 beds with 115 of these being paediatric beds.

The Trust admits 32,834 children (0-18 years) annually.

Emergency Department attendances are 272,381 with 79,927 children (0-18) seen in ED annually.

There are 9,697 new births annually.

**1.1** The Trust is seeing increasing numbers of patients with additional vulnerabilities where skilled safeguarding assessment and intervention is required. This can be attributed to the following factors:

- Increase in numbers of patients living into old age with multiple health issues including forms of dementia and increased frailty
- Impact of prolonged periods of austerity on support services for the most needy
- Recognised health, wealth and social inequalities for the population of Birmingham – particularly children and families in Birmingham as highlighted in this linked report that mean that children in the City may require additional support to remain safe and achieve their potential. [Birmingham Public Health Strategy Green Paper 2019](#)
- The 'young' footprint of Birmingham with a population of 330,000 children.
- The acknowledged increase in activity at Emergency Departments that is being seen nationally
- Increased recognition of contextual safeguarding issues including exploitation and trafficking.

**1.2** The overall organisational safeguarding approach is underpinned by the firm belief that every child and adult has the fundamental right to live a life free from harm or abuse. The Trust has a 20,000 workforce and it is a priority that all members of the workforce are fully engaged in the safeguarding agenda and can confidently advocate for the rights of patients in their care and recognise and respond to safeguarding needs. Each staff member must have access to appropriate safeguarding education, skill development and advice and support in order to perform their role well.

Adult and child safeguarding in NHS organisations are statutory and regulatory requirements.

**1.3** The Trust is accountable for delivery in relation to safeguarding requirements and this is monitored closely by Local Safeguarding Children and Adult Boards, CCGs and the CQC.

Statutory requirements relate to:

- Children Act 1989
- Children Act 2004- specifically section 11
- Safeguarding Vulnerable Groups Act 2006
- The Care Act 2014

**1.4** In June 2018, the government announced that all local authorities would need to make arrangements to replace their Local Safeguarding Children Boards by September 2019. Instead of each locality having access to a Local Safeguarding Children Board, the government wants each locality to have access to a team of Safeguarding Partners, who will work collaboratively to strengthen the child protection and safeguarding system. The Safeguarding Children Partnership arrangements will be led by three statutory partners: Social Care; Health (CCG) and Police. The partners will have equal accountability for ensuring that local safeguarding arrangements are effective.

**1.5** While the safeguarding frameworks for adults and children are managed separately, nationally they do often link, crossover or can run concurrently, for example in domestic abuse; concerns regarding exploitation; 'Think Family' and the impact of adverse childhood experiences on health and life chances. The Trust reflects this in its local arrangements for safeguarding with a combined safeguarding adult and child team and a coordinated approach to safeguarding education for the workforce.

**1.6** The Trust has key policy documents which support the delivery of effective safeguarding. These include:

- Safeguarding Adults and Children Policies and Procedures
- Raising Concerns Incorporating Whistleblowing Policy
- Recruitment Policies

These are reviewed and updated regularly and easily accessible to frontline staff via the Safeguarding Intranet Pages.

The safeguarding Children and Adult Policies have already been aligned since the merger of the organisation.

## **Section 2 Safeguarding Learning and Development –ensuring our workforce are skilled, knowledgeable and effective**

**2.0** Safeguarding education is the foundation of safeguarding competence within the workforce. This section of the annual report outlines the Trust position in relation to safeguarding education.

**2.1** All safeguarding education delivered within the Trust is based on the requirements specified in the Intercollegiate Safeguarding Competences for Health Care Staff for Adults and Children, the latest versions of which were produced in 2018 and 2019 respectively. This guidance specifies the content and levels of competence that health care staff should achieve. Safeguarding adult and child training is combined for the majority of our workforce who require skills in both areas if they are to operate effectively. There is a heavy emphasis on the 'Think Family' approach to safeguarding which promotes the consideration of the safeguarding needs of the whole family and not just the patient receiving care from the Trust. The children's workforce receives additional training at Level 3.

**2.2** Commissioners and the Care Quality Commission monitor compliance rates with safeguarding training closely as an indicator of both workforce competence and organisational commitment to the safeguarding agenda. There is an annual review of the safeguarding training needs analysis and quarterly reporting against this.

Training figures are reported externally as a key performance indicator to the CCG as part of our contractual arrangements and are also required as assurance against statutory safeguarding requirements for safeguarding boards.

The table below illustrates the compliance rates across UHB at the end of quarter 4 2018-19.

Category of safeguarding training	Number of staff in the cohort at the QE	Percentage Compliance QE	Number of staff in the cohort for HGS	Percentage compliance HGS	Number of staff across the organisation	Percentage compliance UHB
Safeguarding Level 1 adults & children	10048	100%	10067	99%	20115	99%
Safeguarding Level 2 adults & children	5723	94%	5354	97%	11077	95%
Safeguarding Children Level 3	216	93%	1143	95%	1359	93%
Prevent	406	92%	10045	95%	10451	95%

- Despite high levels of compliance achieved across the organisation the Trust has completed a deep dive into the patterns where compliance is compromised and is completing a piece of work to improve the access and monitoring for medical staff within the organisation.
- The Trust has completed a review of the Training Needs Analysis for all staff cohorts for 2019-20.
- All training packages have been reviewed and updated to ensure that they reflect all recent changes in legislation and the latest best practice. Training includes reference to adverse childhood experiences and learning from local and national reviews.
- Alignment of the Corporate Induction and Safeguarding Mandatory Update is completed with other packages to be aligned in 2019-20.
- The safeguarding team have negotiated increased time for safeguarding sessions at induction and this will now incorporate significantly more competency based training in use of the Mental Capacity Act including the applications to general care and completion of an assessment.
- The mandatory update safeguarding offer has also been re-negotiated and increased.
- All training is interactive, engaging, designed to meet the needs of an audience with varying learning styles and based around genuine safeguarding scenarios that staff can relate to. Agile teaching packs have also been developed to support training delivery on MCA and DOLS in the clinical areas.
- Education packages incorporate learning from local and national reviews and internal incidents and cover all risk factors for children including contextual risks, exploitation, modern day slavery, forced marriage, domestic abuse and female genital mutilation.

- MCA training is now a requirement for nursing and consultant staff within divisions. Midwives are 88% compliant with MCA training and it is a requirement for paediatric and obstetric consultants too as they have contact with patients aged 16 plus where MCA is applicable.

**2.3** In 2019-20 the Trust will have significant challenges in relation to:

- A substantial increase in staff who require Prevent Training and a new requirement to update Prevent training at 3 yearly intervals
- Increase in numbers of staff now requiring level 3 safeguarding training for adults during 2019-20, with the onward requirement for update.
- Maintaining the skills of a sizeable, multi-site workforce that includes volunteers – safeguarding training requires a minimum update at 3 yearly intervals with increasing numbers of staff required to update more frequently.
- Ensuring medical staff are fully engaged and able to access the safeguarding education offer.
- Increase access to staff at QEHB to online e-learning via moodle.

There are plans in place to address these issues.

There are also plans to explore how safeguarding reflection and learning can be captured more effectively in staff portfolios (for registered staff).

#### **2.4 Multi –Agency Training**

The Trust accesses multi-agency training for the workforce via the safeguarding boards.

There are feedback mechanisms in place to ensure that this information is regularly reported from both Solihull and Birmingham LSCBs so that it can be added to Trust training records..

Training is offered on site on a multi-agency basis wherever possible – eg Fabricated and Induced Illness Training and Strengthening Families has been offered on a multi-agency basis during 2018-19.

In November 2018 the Adult Safeguarding team held another very successful conference which ran across Heartlands, Good Hope & Solihull sites. The event was entitled “True Partnership Working” the aim of the conference was to raise awareness of multiagency working processes and of how other agencies safeguard vulnerable at risk adults. The conferences were open to any clinician at Band 5 and above. Speakers included West Midlands Police, West Midlands Fire Service, Birmingham & Solihull Local Authority and RAID.

The conferences were formally opened by Cherry Dale Chair of BSAB and closed by Lorraine Longstaff Lead Nurse for adult safeguarding for the first event and then for the next 2 closed by Margaret Garbett Director of Nursing. The conferences were well attended; the number of people reached by the conference was over 170.

A similar event was held on the QE site for 70 attendees. The programme included learning lessons from domestic homicide reviews and local audits, a workshop on domestic abuse, self-neglect, substance misuse, updates on Prevent and an introduction to the work done by the Youth Violence Intervention Team, Redthread.

The day evaluated well with Champions returning to their wards with resources to share with their teams

### **Evaluation**

All safeguarding education and training is evaluated with positive results and further work planned to look more critically at the impact that training has on safeguarding practice. All sessions are evaluated via questionnaires circulated to participants following safeguarding sessions.

Evaluation data is centrally analysed and used to inform changes to educational packages.

A selection of comments from standardised evaluation report include:

*"Eye opener and well presented – enjoyed the session"*

*"I thought today was fantastic, learnt a lot really informative"*

*"Well presented and balanced training"*

*"Great trainer and the new videos were brilliant"*

*"Superb trainer"*

*"Good passionate speaker – easy to listen too"*

*"Training helped revalidate social and safeguarding knowledge – very interactive which I liked"*

*"Very well presented"*

*"Very good teacher – enthusiastic and passionate"*

*"Very well led session and so easy to follow"*

*"Useful training with a well-informed teacher"*

*"Lecturer very passionate – she made the topic interesting and engaging"*

### **The Conference Evaluation included the comments below:**

*"Great to hear about other agencies/partners and not just focus on health", "amazing day",*

*"should be mandated",*

*"it was better than a National conference I had attended",*

*"always a pleasure to attend this study event – well done",*

*"passionate, knowledgeable and enthusiastic speakers",*

*"empowered with more information gained".*

### **Establishing the impact of training the Trust measures:**

- Compliance with the safeguarding children policy and procedures.
- The number and quality of safeguarding children referrals
- Audit activity in relation to safeguarding children including information sharing at points of transition and compliance with expectations in relation to safeguarding assessment.
- Staff self – report increased confidence in relation to responding to safeguarding issues following training at 'Walk Arounds' and interviews completed by the safeguarding team.
- The Trust is currently looking at other ways to evaluate the impact of safeguarding training on practice.

## Section 3 Safeguarding Risks

**3.0** Safeguarding risks are currently reviewed at UHB Safeguarding Board on a monthly basis. The Head of Safeguarding is the identified risk owner and is responsible for the review of actions to mitigate risks.

**3.1** The details of each risk are included in the table 1. As the outstanding actions are completed the current score will be reviewed by the risk owner to ensure appropriate progress is being made.

**Table 1**

Risk	Title	Current Score	Outstanding Actions
4255	Failure to adequately assess safeguarding risks of 16-18 year olds in ED	9	<ul style="list-style-type: none"> <li>Regular audit and re-audit of the attendance of 16 - 18 year olds to ensure the safeguarding assessment is completed and risks are identified.</li> <li>Increased safeguarding support in the ED through Training, supervision and Paediatric Liaison.</li> </ul>
4312	Lack of Named Doctor for Child Protection across the Trust	12	<ul style="list-style-type: none"> <li>Establishment of Peer review for Acute Doctors involved in child protection work Due 30/07/19.</li> <li>Paediatrics to be asked to review the resource/ resilience of Named Doctor role. Due 30/07/19</li> </ul>
4315	Identification and assessment of Domestic Abuse of Patients and Staff	12	<ul style="list-style-type: none"> <li>Review and agree draft domestic abuse procedure. Due 30/07/19.</li> <li>Launch of new procedure. Due 30/07/19</li> </ul>
4314	Failure to adhere to the safeguarding children procedure	8	<ul style="list-style-type: none"> <li>Undertake a review of the safeguarding procedures across sites and implement a single safeguarding children procedure. Due 30/07/19.</li> <li>Review the safeguarding children information available on the Trust intranet across all sites. Due 30/07/19</li> </ul>
4299	Transition from old DOLS to the new Liberty protection safeguards (LPS) and ability to remain compliant	12	<ul style="list-style-type: none"> <li>Ensure that the Trust is appraised of the most up to date legal requirements in relation to MCA and DOLS through membership of networks and can scope impact on current resources.</li> <li>Establishment of a steering group to ensure organisational preparedness. Ongoing</li> </ul>
3564	Failure to apply and understand the mental capacity act & deprivation of liberty safeguards	9	<ul style="list-style-type: none"> <li>MCA and DOLS training incorporated into the Trust Induction Package for all clinical staff. Completed 30/06/19.</li> <li>Cross site audit to identify and understand the variation in the DOLS submission rates across sites. Due 31/07/19.</li> </ul>

**3.2** When the current score reaches the target then the risk will be accepted and the controls will be reviewed 6 monthly (see table 2).

**Table 2 – Accepted Risks**

ID	Opened	Specialty	Risk Title	Initial Score	Current Score	Target Score	Date Accepted
3563	31/03/15	Safeguarding	Failure to adhere to the Trusts Clinical Holding (restraint) policy	12	9	6	05/04/19
The risk has been discussed at the adult safeguarding steering group on the 9th April 2018 and it was agreed to accept the current status and felt that all appropriate actions/steps have been taken or will be on going							
3906	30/09/16	Safeguarding	Cessation of the Paediatric Health Visiting Liaison Service	16	8	4	05/04/19
This risk is to be reviewed on the basis of proposed transformation of services across the whole Trust. A plan will be developed that identifies risk around the resilience of services based on inconsistencies in process. At the moment we are content that outcomes are at an acceptable level.							

**3.3** A risk relating to **Failure to follow the Sudden Unexpected Death in Childhood Protocol** was transferred to the Paediatrics risk register after agreement from the Divisional Head Nurse (Division2). There are currently no risks recorded against this risk.

**3.4** A closed risk in relation to Information Sharing and Information Governance related to IT referral systems is currently being re-considered.

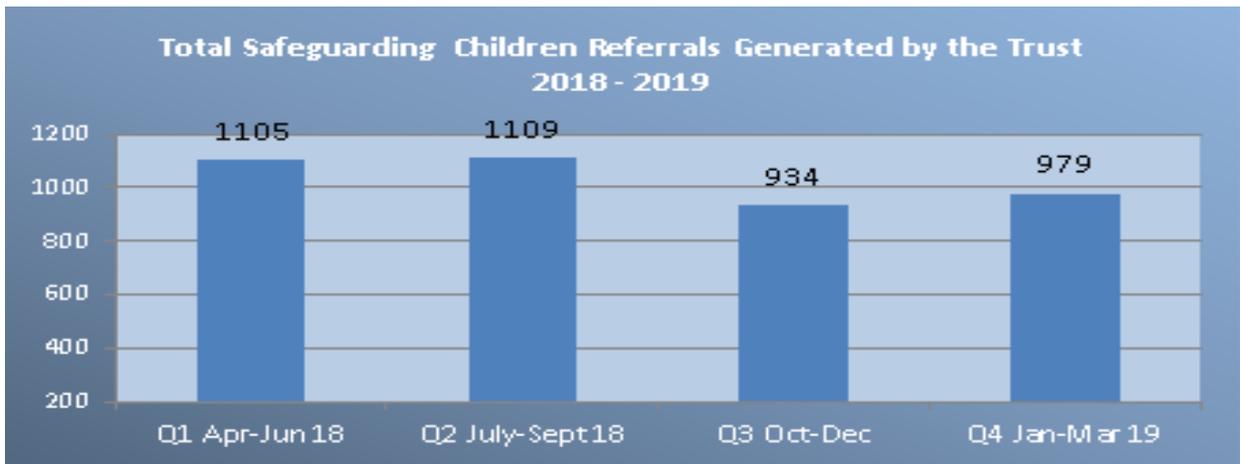
## Section 4 Safeguarding Children

### 4.0 Safeguarding Children Activity across all sites/ departments

One of the key indicators that we look at is the number of children that the Trust has referred to social work services due to concerns identified through contact with the Trust.

**4.1** During the course of 2018 -19 the trust generated **4,127** referrals for children where safeguarding concerns were identified.

**4.2** The graph below illustrates the number of safeguarding children referrals per quarter during 2018-19.

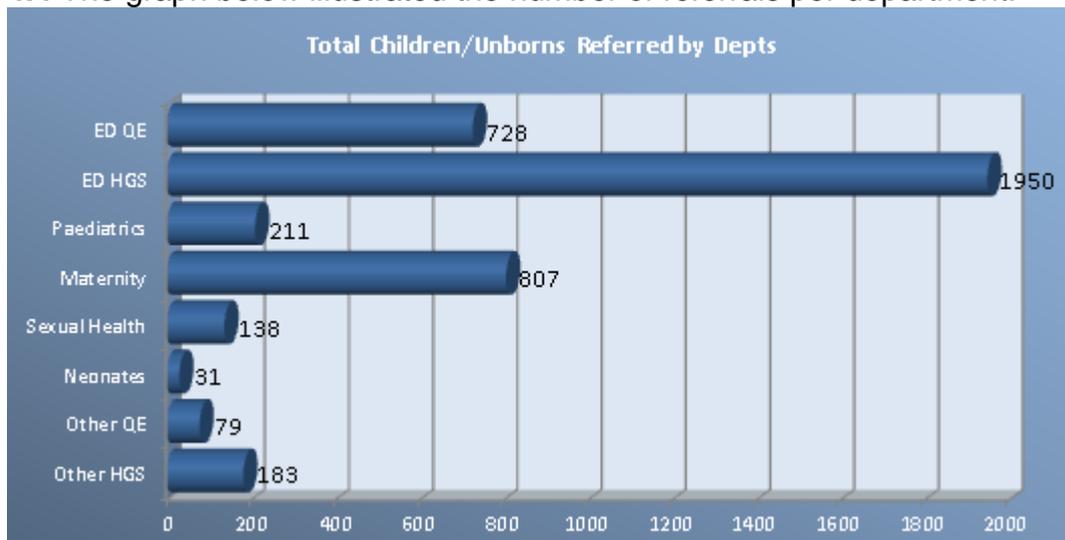


4.3 The graph below illustrates the number of safeguarding children referrals generated per site over the 4 quarters of 2018-19.



Although the numbers of referrals on the QE site have reduced over 4 quarters of 2018-19 all attendances to the ED on the QE site are reviewed and checked to see if safeguarding concerns have been correctly identified and are rectified if necessary which provides the Trust with a high level of assurance that safeguarding concerns have been appropriately identified.

**4.4** The graph below illustrated the number of referrals per department.



It should be noted that referral rates are highest in the Emergency Departments and Maternity services and although referral rates look comparatively low in Paediatrics and Neonates these departments have a very significant and complex safeguarding workload generated by referrals completed in other departments.

#### **4.5 Reasons for referrals**

Across the Trust the most common reason for referral to social work services relates to concerns regarding neglect. This may relate to the presentation of the child, omissions in care including failure to attend appointments or to parental presentations indicating that parents may be unable to care adequately for children due to substance misuse, domestic abuse or mental health issues.

The exception to this, is adolescents, where the most common reason for referral to social work services involves concerns regarding emotional abuse. Emotional abuse is the category used when children and young people present with self-harm or report forms of emotional abuse.

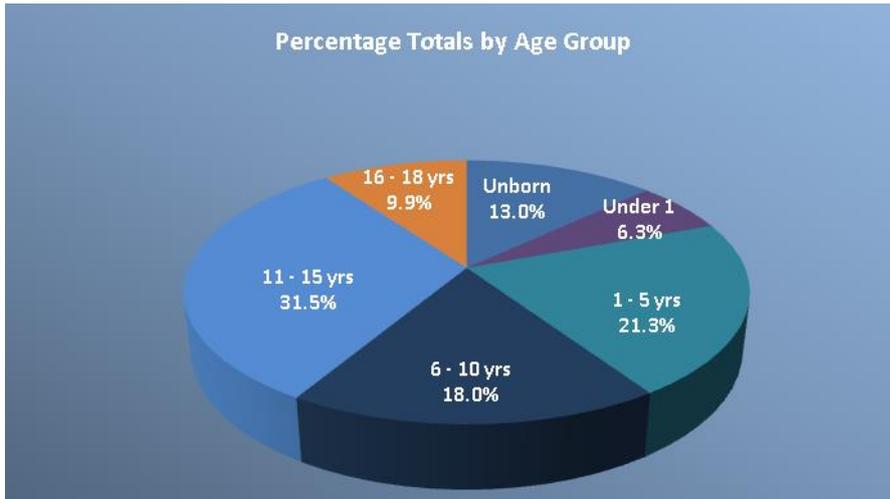
Data from BHH, Solihull and Good Hope indicated a significant rise (25%) in deliberate overdoses during quarter 4 2018-19.

The Trust completes around 9 -12 child protection investigations for suspected non-accidental injury each quarter.

Other concerns regarding physical injuries are reported due to the involvement of young people in assaults. The Trauma Centre at the QEHB means that young people with very significant injuries from weapons including gun shots and stabbing are often nursed on that site.

#### **4.6 Age of children referred.**

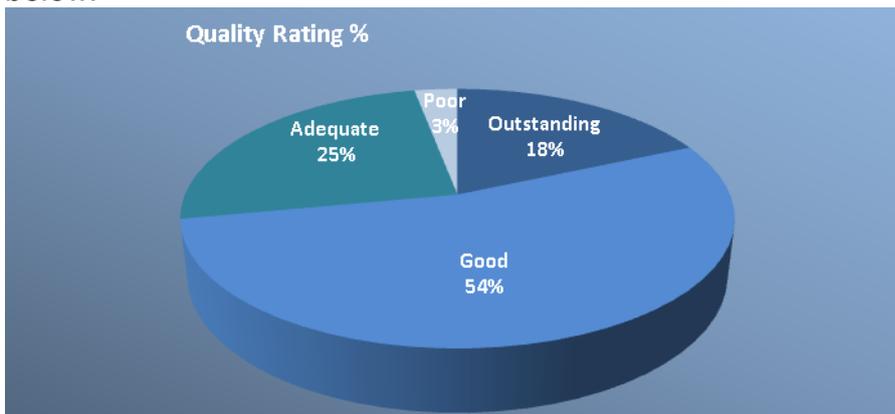
The graph below illustrates the percentages of children referred to social work services from particular age groups (please note that this data is drawn from BHH, Solihull and GHH only but will be available for comparative reporting from QE from the end of quarter 1 2019-20).



#### 4.7 Quality of referrals

As the information shared in safeguarding children referrals is important in ensuring children receive appropriate and proportionate assistance the quality of information shared is monitored across the organisation and is subject to audit across all sites.

Data from the audit completed during quarter 4 2018 -19 is illustrated in the graph below.



Where referrals have been identified as poor in quality there are feedback mechanisms in place. Quality of information shared in referrals features in in house safeguarding training.

#### 4.8 Feedback from referrals

Across the Trust feedback from child safeguarding referrals is a problematic area with data indicating that between **45% and 50%** of referrals each quarter the outcome remains unknown. In the past this has not been resolved by discussions with the Local authority but success has been achieved if dedicated resource has been allocated to chasing the outcomes of referrals but this has not been possible during 2018-19 due to staffing issues. This is an aspiration for 2019-20.

## 4.9 Safeguarding Advice Support and Supervision

During normal working hours the Trust operates a safeguarding helpline for staff requiring support with safeguarding children issues.

Safeguarding Supervision for staff involved in safeguarding children is a statutory and contractual responsibility and is provided to key areas in line with the Trust Supervisory Framework. All supervision is provided by specialist safeguarding staff who have undergone additional recognised and accredited supervision training. The compliance with requirements for safeguarding supervision amongst the children's workforce is reported quarterly as a KPI.

The table below illustrates compliance with safeguarding supervision requirements for the children's workforce in 2018-19.

Staff Group	Compliance	Standard to be achieved
<b>Acute Overall</b>	<b>94%</b>	<b>Target achieved</b>
Paediatric Nurses	89%	Daily supervision from safeguarding nurse on wards with visits to GHH as required.
Maternity Specialist Midwives	92%	Quarterly session
Maternity Community Midwives	92%	Target 85% Quarterly session – under discussion with the community teams to improve uptake.
NCOT	100%	Quarterly sessions
NNU discharge planner	100%	Quarterly Sessions
NNU	100%	Weekly session x 2 sites
Chest Clinic	100%	Quarterly session
ED	100%	Quarterly Sessions per site
ED at QEHB	85%	Weekly sessions
Clinical Nurse specialists (paeds)	80%	Quarterly session- some staff were offered sessions but could not attend during quarter 3
Sexual Health Services	85%	Bi-weekly sessions
<b>Community Overall</b>	<b>90%</b>	<b>Target achieved</b>
LAC	50%	Quarterly session – Small team one nurse cancelled due to extreme work pressure and has been booked for early Qtr 1.
Special School Nurses including YOT	100%	Quarterly session
Community Paed Nurses	100%	Quarterly session
Safeguarding Nurse Team overall children	100%	Quarterly session
Safeguarding Nurse team overall – adult	100%	1 exemption due to lack of availability of the supervisor due to sickness.

#### 4.10 Section 11 compliance

In 2004 the Children Act was published creating the legal duty for NHS organisations to cooperate with safeguarding arrangements. The legal responsibilities for NHS organisations are highlighted in section 11 of the act.

The Trust completes an annual detailed self-reported audit against the seven domains of section 11. A summary of the findings and actions related to section 11 is illustrated below.

Section 11 domain	Compliance with expectations
Leadership and accountability.	Compliant with all elements –evidence of clear executive leadership, identified specialist leads for child safeguarding and governance structure.
Policies and Procedures	Compliant with all elements. Safeguarding Children Policy in place and approved but some procedural alignment ongoing due to the newly merged organisation. Work in progress and being tracked.
Recruitment and Selection.	Compliant with all elements but alignment of Recruitment and DBS policies required and due for September 2019
Training and Development	Compliant with expectations but additional actions identified for 2019-20 Training needs analysis and training plan required completion due to new intercollegiate guidance and this is now agreed and in place. Staff survey to capture the impact of training on practice planned for 2019-20. Safeguarding reflection form to be introduced to drive independent reflection and learning.
Complaints allegations and whistleblowing	Compliant however additional action identified: HR to receive training in 2019 to re-fresh them on LADO processes and Managing Allegations.
Information Sharing	Compliant Good evidence of information sharing in safeguarding referrals and engagement in MASH. Variation in alert systems across the Trust that make frontline staff aware of safeguarding concerns highlighted in electronic records. Review required of Safeguarding Flagging Procedure for Electronic Records. Review the access staff have to safeguarding information in records across the whole Trust.
Listening to children/ young people	Good evidence of innovation in this area to capture views of children and young people. Evaluation based on outcome not always evident and the paediatric proforma to be amended to include the outcome. Outcomes from safeguarding referrals are not reported back in 50% of cases and work planned to address this.

#### 4.11 Learning Lessons from externally commissioned safeguarding reviews

The Trust has developed a standard operating procedure to ensure that learning from externally commissioned reviews is scrutinised at the internal Safeguarding Board and that there is a clear plan for dissemination developed.

During quarter 3 HGS completed a comprehensive review of learning from Serious Serious Case Reviews/Learning Lessons Reviews and Domestic Homicide Reviews dating back to 2011. This was commissioned by the CCG. We reviewed evidence of implementation of recommendations and also considered whether there was evidence that learning was embedded in practice.

During the time frame reviewed the HGS sites had completed **39** internal management reviews (IMRs) with over **140** recommendations.

The review found good evidence to support initial implementation of recommendations and audit activity has focused on how embedded the learning is in current practice. Areas identified where further work is required to ensure that learning is embedded are listed below along with a brief summary of improvement actions:

<b>Further work required to embed learning</b>	<b>Improvement Actions</b>
1. Ensuring there is consistent consideration of the safeguarding needs of children when adults (particularly males) present with mental health crisis or substance misuse issues	Already included in training, supervision and audit. Exploring with the ED whether the assessment can be incorporated electronically. Messages to clinical staff to be circulated via handover.
2. Ensuring that the safeguarding assessment of 16-18 year olds is completed in line with requirements.	Continue audit with feedback to the ED at regular intervals. On site support for ED staff via Paediatric Liaison staff situated in the ED.
3. Further audit of the Did Not Attend/ Was Not Brought to Appointment Policy for 0-18 year old children.	Audit remains pending due sickness in the safeguarding team during 2018-19.
4. Ensuring peer review is in place for the paediatric medical staff involved in safeguarding work.	TOR refreshed and schedule template developed. Named Doctor cover being discussed and agreed currently due to sickness.
5. Ensuring that there is consistent transfer of the safeguarding information held in maternal records to the infants at birth.	Technical solution being explored by the Named Midwife. Ongoing quarterly audit with remedial action in place.
6. Ensuring safeguarding assessment booklet is used consistently in NNU.	Review completed of the assessment versus the new IT system. Training scheduled NNU leaders 2019 to drive use of the assessments. Weekly supervision provided by the safeguarding team to oversee safeguarding assessment.
7. Ensuring that escalation of cases where there is a professional disagreement between agencies is tracked and monitored in maternity	Escalation processes are highlighted in training and supervision sessions and there is central database and reporting in place with oversight from the Named MW and Head of Safeguarding.

#### **4.12 Managing Allegations against staff who work with children and referral to the Local Area Designated Officer (LADO)**

Where allegations are made that a member of staff is unsuitable to work with children or has harmed a child the Trust is required to make a referral to the Local Area Designated Officer. It is a key way in which we protect children in our care by ensuring that we have robust mechanisms to address any risk that may emerge in our workforce.

During the course of 2018-19 the Trust submitted **17** LADO referrals across the Heartlands, Good Hope and Solihull sites. 1 was to Solihull with 16 going to Birmingham.

LADO processes allow for triangulated information sharing between health, social care and police which informs assessment of transferable risk to the workplace.

These cases are all subject to Human Resource management processes in addition to LADO processes.

Outcomes from the LADO referrals are illustrated in the table below:

Staff member suspended/ excluded from duties	Staff member restricted duties following risk assessment	No alteration to working pattern following risk assessment	Staff member not at work due to sickness	NMC referral or referral to Professional body	No further action
3	6	2	5	2	1
Police investigation	Police charge	Police conviction	Outcome awaited	DBS referral	
10	1	1	3	3*	

\*Under the Safeguarding Vulnerable Groups Act (2006) a Disclosure and Barring Service (DBS) referral must be completed by providers of regulated activity if certain conditions are met.

#### 4.13. Redthread

Redthread started working within BHH and QEHB EDs during 2018.

The service is for children and young people aged 11-24 years and aims to disrupt and disengage them from involvement in violence/ crime in order to minimise the risk of harm.

The criteria for referral is:

- Weapon related injury
- Assault with intent to do serious harm
- Concerns that incidents or individuals are gang affiliated
- Concerns or disclosures of sexual violence
- Concerns of criminal or sexual exploitation

The table below summarises activity of Redthread to children and young people presenting to our services.

	Cases Opened and Ongoing	Safety Planning	Signposted to other services	Under 18 years of Age	Over 18
BHH	46	72	32	55	94
QEHB	60	37	32	35	94

22% of referrals in quarter 4 were for females and 78% for males.

Reasons for referral to Red Threads are cited in the table below.

Assault	Risk of harm	History of Assault	CSE, sexual violence or criminal exploitation	Domestic violence	Other	Gang affiliation /affected by gangs
72%	10%	6%	4%	4%	3%	1%

Redthread reported at the end of quarter 4 that they had:

Managed to contact 70% of the eligible young people referred to them by our Trust and were able to report the following outcomes for patients:

100% of the young people who finished their work Red Threads reported feeling safer after the intervention.

80% of the young people we completed work which saw their risk of harm from others reduced after our intervention.

Redthread have worked to ensure that staff in the organisation understand their criteria and know how to contact them.

There are weekly meetings with the Safeguarding staff on both sites to ensure that there is structured information sharing and a joined up approach to safeguarding interventions.

#### **4.15 Child Protection Information Sharing (CPIS) Project**

This is a system that enables Local Authorities flag children that are subject to child protection or looked after children plans on the summary care record.

A check on SCR alerts health staff that the child has a plan and sends an automated message to the social work team that the child has accessed a health care setting.

The system is currently licensed for use in unscheduled and maternity settings.

It was successfully implemented across EDs in 2015-16 and is embedded with regular compliance audits in place indicating over 90% compliance across all sites.

It is newly implemented in the Paediatric Assessment Areas at BHH and GHH (going live in December 2018) and audit indicates that further work to embed checks is required.

NHSE has announced plans for phase 2 which will include outpatient settings.

#### **4.16 Safeguarding Children Audit Activity 2018-19**

There is an annual audit programme in place for safeguarding children.

Below is a table identifying key audits and learning from them.

<b>Audit</b>	<b>Findings</b>	<b>Actions</b>
Audit of compliance with use of CPIS	90% compliant at BHH, GHH, Solihull.	Non-compliance due to system failure issues at BHH, Solihull and GHH. Continue to monitor and report in 2019-20.
Audit of the quality of information shared in referrals for safeguarding children.	Reduction in referrals deemed to be poor quality – down to 3%.	Continue to monitor. Align sampling across all sites. Targeted input to individuals and areas where poor quality information sharing is identified.
Audit of compliance with transfer safeguarding information at birth from maternal to child record.	Compliance rates poor with transfer of the birth plan 30%. Compliance rates better with the requirement to add the safeguarding alert to electronic records – 80%.	Re-launch of requirements (flow chart). Senior Maternity team Briefed. Added to the Risk Register in Maternity. Ongoing teaching including individual sessions. Re-audit planned.
Audit of cases where children were admitted with non-accidental injuries for investigation	There was good documented evidence of appropriate assessment of previous safeguarding concerns/ alerts. Referrals were completed appropriately when staff had concerns about mechanisms of injury/ lack of explanation. Health not always included in strategy meetings. Only 30% of the cases had the required checks completed with other acute providers.. The Named Consultant for the child should be more easily recognisable in the child's records. Good evidence of information sharing with community staff. The ETTO letter was not always completed by a SpR (or senior). There was good evidence of safeguarding supervision taking place. Management of discharge was complicated by social care delivering messages to families that were not agreed with health.	Liaison with medical staff regarding written communication at discharge. Revision of documentation to ensure lateral checks with other acute providers is completed for every case. Partnership issues addressed. Shared with clinicians. Use of the family leaflet explaining safeguarding processes promoted. Re-audit planned in 2019-20.
Paediatric Liaison Audit BHH, GHH.	500 cases reviewed. Criteria for early help required further embedding at GHH. No safeguarding cases were missed at either site.	Findings shared with clinical teams and PLS staff. Re-audit planned in 2019-20.
Audit of compliance with DA guideline in Maternity.	Reduced compliance with routine enquiry being completed more than once.	Revision to training Reminders to staff through supervision sessions. Shared with clinical teams.
Audit of the assessment of 16- 18 year olds in the ED (BHH, GHH and Sol).	Adult documentation completed in 20% of cases. Where correct assessment documentation was used the safeguarding assessment was not completed in 52%.	Joint audit with Psych liaison to be completed 2019-20. Information shared with the clinical teams in Ed. Automated child assessment set up on clinical systems in ED.

	Psych Liaison assessment was completed for all young people presenting with self-harm and mental health presentation.	
Audit of adult male attendances at ED with mental health crises to see if there was consideration of child safeguarding.	60% of records reviewed demonstrated no documented evidence that males were asked about children/ contact with children leading to potential missed opportunities to safeguard.	Feedback to the clinical teams. Included in training and supervision and for re-audit in 2019-20.
Audit of paediatric documentation.	Poor evidence that safeguarding alerts were checked in a specific area and added to the assessment documentation.	Clinical staff informed and action plan formulated. Audit for repeat in 2019-20.

#### 4.17 Learning from complaints and incidents.

No complaints have highlighted issues with care provided to children in the Trust.

Complaints do highlight concerns with communication post safeguarding referral which leave families confused, frustrated and angry.

#### Incidents have illustrated issues with:

Safety planning for discharge when children are undergoing investigation – subject to RCA processes currently.

#### 4.18 Safeguarding children priorities for 2019-20

Priority	Deadline
Establish team working -team away days scheduled in quarter 1.	July 2019
Safeguarding Children Procedure to be aligned	July 2019
Audit programme for safeguarding children to be agreed for 2019-20	April 2019
Improve the consistency of assessment for: 16-18 year olds Children of male parents who may present in mental health crisis, with substance misuse or because of domestic abuse.	March 2020
Improve the response from social care in relation to outcomes to referrals	March 2020
Prepare for Child Protection Information System roll out Phase 2.	March 2020
Implement FGM Information System delayed during 2018-19	July 2019
Work with clinical teams in paediatrics to improve communication with families once a safeguarding referral has been made.	November 2019
Work with staff at QE to establish safeguarding alerts on PICs in line with those used on I-care/ concerto on the other sites	December 2019

Improve the ‘Think Family’ approach to safeguarding children of male patients.	September 2019
Ensure that the Trust can meet the new requirements in relation to Child Death Review	September 2019

## Section 5 Safeguarding Adults: Authors: Lorraine Longstaff & Ruth O’Leary – Lead Nurses Adult Safeguarding

The achievements in relation to adult safeguarding at UHB during 2019-20 are outlined below.

### 5.1 Collaboration and multi-agency working:

The University Hospital Birmingham NHS Foundation Trust in the past year has continued to strengthen links with multiagency colleagues. The Trust is represented and contributes to the work of both Birmingham and Solihull Safeguarding Adult Boards and their sub groups.

The adult safeguarding team has also been working regularly and closely with:

- Birmingham & Solihull Women’s Aid
- RSVP
- West Midlands Police
- BSMHFT Psychiatric Liaison Team
- Modern Day Slavery Regional Network
- Birmingham LGBT

We have also been working closely with the West Midlands Fire service to help improve outcomes and learn from fire deaths – new on line referral process developed for “safe and well checks” and this is proving of benefit to patients and staff and had positive feedback from the fire prevention officers, they are also now invited to the operational groups too.

### 5.2 Safeguarding Adults – Continuous focus on iimprovement

The Trust has reviewed the Terms of Reference, Membership and reporting schedule for the UHB safeguarding adults operational group.

This group will drive operational engagement and delivery of safeguarding adult improvement plans in 2019-20. This group will be chaired by the Lead Nurses for Adult Safeguarding with attendance from Associate Directors of Nursing/ their deputies and key Trust personnel. Membership includes external agency partners in the membership in recognition of the importance in partnership working in achieving the best safeguarding outcomes for our patients.

Standard agenda items include:

- Reports relating to the number, location and themes of adult safeguarding incidents,
- Learning Lessons and ensuring they are effectively embedded in practice
- Progress on safeguarding adults education programmes,

- Testing out the effectiveness of partnership working
- Prevent
- HR issues relating to safeguarding
- Risk register
- Update from dignity team
- Audit

### 5.3 Policies and procedures –

UHB has an up to date safeguarding adult policy and procedure in place which is aligned to the CQC regulatory standards and reflects the Care Act, the SSAB & BSAB policies and Pan West Midlands. The policy is available on the intranet sites and the procedure has been uploaded on to the safeguarding adult web page. We have also continued to promote and raise awareness of a number of key policies that fall under safeguarding such as missing person, domestic abuse, self harm, enhanced observation and clinical holding policy.

### 5.4 Adult Safeguarding Activity - Adult Safeguarding data Acute Hospital

It is important to note that the 2018 – 2019 data is representative of the whole of the Acute Trust. This report would normally show a comparison and analysis but the adult safeguarding team have been unable to do this for this annual report as there were differences in how the activity was recorded and categorised across our sites.

In total **1740** adult safeguarding concerns were reported to date **Q1** (444), **Q2** (399), **Q3** (459) & **Q4** (438).

Rates of Safeguarding Adult Activity over a 3 year period.

Quarter	2016 - 2017	2017- 2018	2018 - 2019
<b>Q1</b>	307	284	444
<b>Q2</b>	283	342	399
<b>Q3</b>	320	310	459
<b>Q4</b>	273	333	438
<b>Totals</b>	<b>1183</b>	<b>1269</b>	<b>1740</b>

The data in the table above includes all cases raised with the safeguarding team as a concern. As the table above illustrates the safeguarding adult activity has increased significantly year on year over a 3 year period.. This is likely to be attributable in part to enhanced assessment and identification skills in the workforce due to increased access to safeguarding adult training and advice and support.

The table below illustrates the number of the concerns above that led to social work referrals due to safeguarding adult concerns during 2018-19

Quarter	Number of Safeguarding Adult referrals to Social work services
Qtr 1	411
Qtr 2	367
Qtr 3	417
Qtr 4	407
<b>Total</b>	<b>1602</b>

**Adult Safeguarding reporting per Division as follows:**

<u>Division</u>	<u>Q1</u> <u>Apr – June</u> <u>2018</u>	<u>Q2</u> <u>July - Sept</u> <u>2018</u>	<u>Q3</u> <u>Oct – Dec</u> <u>2018</u>	<u>Q4</u> <u>Jan – Mar</u> <u>2019</u>	<u>TOTALS</u> <u>2018-2019</u>
<b>1</b>	12	6	6	17	<b>41</b>
<b>2</b>	3	5	4	5	<b>17</b>
<b>3</b>	177	152	178	149	<b>656</b>
<b>4</b>	18	21	27	33	<b>99</b>
<b>5</b>	23	13	16	26	<b>78</b>
<b>A</b>	12	8	19	13	<b>52</b>
<b>B</b>	15	15	25	20	<b>75</b>
<b>C</b>	159	151	164	146	<b>620</b>
<b>D</b>	25	28	20	29	<b>102</b>
<b>Totals</b>	<b>444</b>	<b>399</b>	<b>459</b>	<b>438</b>	<b>1740</b>

**5.5 Adult Safeguarding advice calls**

A key function of the Safeguarding Team is providing advice and support to front line staff to enable effective safeguarding.

In total we have had **1400** advice calls to the safeguarding team during the year. **Q1** (211), **Q2** (350), **Q3** (402) & **Q4** (437). The team will receive advice/support calls from a wide range of staff for example housekeepers, junior ward staff, ward managers, consultants and Head Nurses. Reason for referral are again varied but in general relate to the safeguarding concern, assurance that they are following the process, capacity and decision making and DOLS.

**5.6 Deprivation of Liberty (DOLS) applications:**

The adult safeguarding team are able to evidence that year on year we are seeing an increase in the number of DOLS applications across the organisation and would suggest that there are a variety of reason for this such as – Increased staff

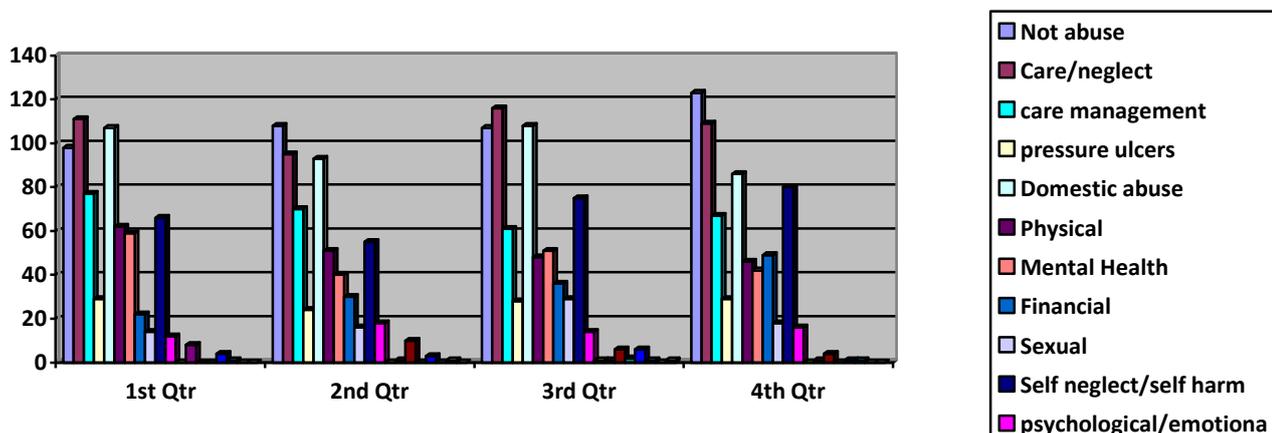
awareness and understanding of the DOLS process, outcomes from audits and sharing practice, CQC visit and their findings – action plan developed and monitored. We have also identified that there is a higher reporting on the QE in comparison to the other sites and the safeguarding team are planning to undertake a “deep dive” audit during Q2 2019 to understand possible reasons for this and share practice. Detailed reports are completed quarterly and circulated to the members of the AS operational group, Head Nurses and champions. Copies are also uploaded onto the AS intranet page

<u>DOLS applications</u>	2016 - 2017	2017-2018	2018 -2019
Q1	112	144	190
Q2	123	144	235
Q3	121	150	297
Q4	147	183	313
Totals	<b>503</b>	<b>621</b>	<b>1035</b>

A key achievement during 2018-19 was altering systems across sites to ensure that the mental capacity assessment is clearly documented as part of the the DOLS process. This has been achieved in 99-100% of cases where a DOLS application is made.

### 5.7 Themes

The high proportion of the reported safeguarding alerts and activity fall into the category of care/neglect, care management, Domestic abuse, physical abuse, and financial abuse. We are also seeing more cases where there are concerns about human trafficking/modern slavery. See the graph below:



### 5.8 Dissemination of Lessons Learned related to Safeguarding

Monthly divisional reports have been developed and these are copied to Senior Divisional Nurses (ADNs) for them to share with Matrons and Sisters and would be discussed at the quality and safety meetings. Lessons learnt within Divisions are then reported back to the bi-monthly safeguarding adult steering group.

The safeguarding adult web pages on the intranet provide a valuable resource for front line staff. The Adult Safeguarding team is responsible for ensuring the site is up to date. Staff have access to various resources and information such as; audit results, newsletters, training, procedures for reporting, mental capacity assessment forms, links to NMC, equality and diversity, factsheets, links to external agencies, and toolkits to support practice

The safeguarding adult scorecard links to the DOH 6 principles of safeguarding these are: Empowerment, Protection, Proportionality, Partnerships, Accountability and Assurance. The scorecard is reviewed quarterly at the safeguarding adult steering group. Copies are distributed to all Head Nurses, Matrons and sisters for them to share with junior members of their teams and also uploaded onto the safeguarding adult website.

Ensuring that learning from /safeguarding incidents/ SARs and DHRs are learned across the organisation this is a real challenge given the complexity and size of the organisation. Action plans are monitored via the Adult Safeguarding Operational Group.

A variety of newsletters are used to disseminate messages to the workforce.

### **5.9 Adult Safeguarding Activity Data community setting:**

The community scorecard remains in place and the safeguarding team continue to monitor and review this each quarter with senior the divisional team. The reporting has been variable this year and have seen a slight drop in the number of concerns raised, it is unclear as to the reason for this however work continues to raise awareness via our community adult safeguarding champions and team leaders. Main themes reported care and support, skin integrity/pressure ulcers, self- neglect

<b>Quarter</b>	<b>2016 - 2017</b>	<b>2017 - 2018</b>	<b>2018 - 2019</b>
Q1	23	23	21
Q2	27	21	20
Q3	29	30	39
Q4	19	41	19
<b>Total</b>	<b>98</b>	<b>115</b>	<b>99</b>

### **5.10 Governance and Assurance**

The Operational Safeguarding Group report to the UHB Safeguarding Board which in turn reports to Care Quality providing high level scrutiny to the safeguarding adult arrangements within the Trust. A detailed organisational safeguarding scorecard/activity report is provided for our commissioners and LSAB's which shows a breakdown of safeguarding activity by the individual Divisions. The report identifies key lessons learned, emerging themes and is supported by the use of case studies, which reflect on the application of the key safeguarding principles in practice. "Hot spot" areas are monitored and reviewed to ensure that actions are taken to mitigate any risks. See table below which has a summary of reports and various assurance tools, monitoring that is currently in place

Requirement/report	Frequency	Who to
Adult Safeguarding Activity - Scorecard	Quarterly	Adult Safeguarding Steering Group, Head Nurses, Clinical Leads, Matrons.
Adult safeguarding report	Monthly	Reported to Trust Safeguarding Group Bi-monthly
UHB Safeguarding Annual Report	Annual	Trust Board, Local SABS
Audit programme - monitoring staff knowledge, understanding of Adult Safeguarding, MCA/DOLS and various policies associated with safeguarding such as clinical holding & Enhanced Observation (specials)	Quarterly	Adult Safeguarding Steering Group, Head Nurses, Matrons, Adult Safeguarding Champions
Implementation of action plans from case reviews DHR's, SAR's, SILPS.	Quarterly or as requested by Local SABS	Adult Safeguarding Steering Group, Local SABS (as requested)
Assurance reports to LSAB's	As requested by LSAB's	LSABS & Adult Safeguarding Steering Group
CCG contractual requirements in relation to Adult Safeguarding	Quarterly	CCG, Adult Safeguarding Steering Group
Safe recruitment practice & HR process (DBC-CRB checks) Disciplinary procedures	Quarterly	Adult Safeguarding Steering Group, Site Head Nurses
Hearing the Voice of the patients/Service users/Carers that access HEFT Services	Quarterly	Quality & Safety Meetings Adult Safeguarding Steering group
Safeguarding Adult Assurance Reports for Safeguarding Adult Boards	Annually	Operational Safeguarding Adult Group and Safeguarding Board. Internal and External.

### 5.11 Audit

The impact of the implementation of policies and procedures and staff education programmes needs to be measured and UHB have a robust audit programme, which has been gathering data related to adult safeguarding across UHB during the last year. The Adult Safeguarding team have undertaken a number of audits and below is an overview of 2 particular sample audits that were completed.

Audit 1	Methodology	Site	Sample
Staff knowledge of the safeguarding adult procedure and application to practice.	Structured interviews within the clinical areas.	BHH, Sol & GHH	Random sample. 144 staff participated. 70 registered nurses and 74 HCAs

## Results

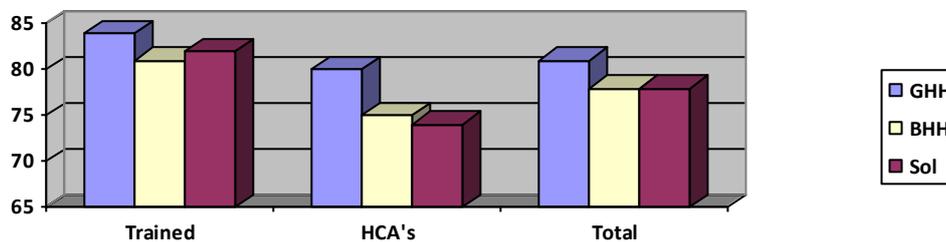
There were **22** staff that scored top mark of 10

Overall percentage of correct answers was 81%:

Good Hope hospital = 81% (Trained 84% & HCA's 80% )

;Heartlands Hospital = 78% (Trained 81% & HCA's 75%);

Solihull hospital = 78% (Trained 82% & HCA's 74%)



## Outcome & key findings

The results have identified that there is a varied knowledge and understanding across the acute hospital sites that participated.

There were however 22 staff (9 trained & 13 HCA's) only scored between 5 & 6. Main gaps centre on Making Safeguarding Personal (MSP) and defining care and support needs. Less than half of the staff knew what 'Making Safeguarding Personal' meant in practice and 49 staff able to define care and support. The face to face audit enabled safeguarding team to do on the spot teaching and also on the BHH site the adult safeguarding nurse gave out copies of the MSP practice guide. It was also identified that a number of B6's that were questioned were reliant on their ward manager and when asked what they would do in their absence they were unsure as to their responsibility around the process. This was fed back to the ward teams at the time of the audit.

## Recommendations that were put in place as a result of the audit

- Report and learning shared using a variety of methods such as present to SA steering group, discussed and shared at the adult safeguarding champions meetings. Cascaded to the ADNs and matrons/SWS
- Results included the AS newsletter
- Raised awareness of the terminology/definition of "care and support"
- Continued to promote and raise awareness of the AS team and contact numbers
- Continue with the AS training Level 2 & 3 which does include MSP
- Recirculate the MSP practice guide for staff
- For the next audit team to consider if the question around MSP & care and support should be revised so that it is clearer for the staff

<b>Audit 2</b>	<b>Methodology</b>	<b>Site</b>	<b>Summary of Findings</b>
Audit of the quality of referrals to adult social care, including the use of Making Safeguarding Personal	Quarterly audit. Review of documented referrals.	QEHB	Audit of the quality of referrals has shown an improvement in the identification of care and support needs in patients being referred and a consistently good understanding of the need for patient consent to safeguarding referral.
<b>Audit 3</b>	<b>Methodology</b>	<b>Site</b>	<b>Summary of Findings</b>
Compliance with the Mental Capacity Act (2005) for DoLS applications	Quarterly audit. Review of records.	QEHB	Audit of compliance with the Mental Capacity Act (2005) identified in Q1 that only 16% patients had mental capacity assessments recorded on PICS with submission for DoLS , 12.7% of which needed prompting by the safeguarding team to do so. By Q4, following a programme of education, training and ward visits this had increased to 198 out of 199 (99.5%) with only 23 (11.5%) requiring prompting. This increase in the number of completed MCAs and decrease in the number who needed prompting alongside a dramatic increase in the number of DoLS applications being made evidences a good improvement in the understanding of DoLS and MCA across the Trust

### **Recommendations that were put into place as a result of the audit findings (audit 2 and 3)**

- To continue to promote Making Safeguarding Personal via mandatory training
- To continue programme of ward visits to support staff
- To continue to educate around MCA and DoLS
- To develop champions further around MCA to provide ward based support for clinical staff

The audit programme for 2019-20 will be planned across all sites and teams and coordinated by a single lead.

### **5.12 Role of the Adult Safeguarding Champions**

During the last year the adult safeguarding team have continued to promote and support the champions. A number of successful study days were held across the sites and evaluated well; various topics have been included and have had speakers from our external partner agencies attend too.

## 5.13 Equality and Diversity

The highlights for patients and staff in 2018/2019 included

### Learning Disability Working Group

The Trust has set up a “Care of people with Learning Disability” working Group, one of the key priority identified by the group is to look at ways of implementing the learning disability improvement and the Accessible Information Standards. It is recognised that Trust must have mechanisms to identify and flag patients with learning disabilities, autism or both from the point of admission through to discharge; and where appropriate, share this information as people move through departments and between services.

After the successful completion of ‘ Communication box ‘ pilot at Heartlands, Solihull and Good Hope hospital sites to support patients who have a communication, funding has been identified to launch Communication Boxes at HGS to compliment what is already in place on every ward and department at QEHB.

In addition;

- Deaf/blind information has been allocated to many of the Communication boxes at QEHB. More still to be distributed to the wards
- Hearing aid (Pink boxes) are available for patients to ensure their hearing aids are kept safe and secure whilst they are not being worn.
- See Me Care Bundle for hearing and vision loss is in the process of being developed and will be rolled out in 2019.
- Accessible Information Standard modules continue at QEHB. Total: 817 staff completed Module 1 (Information) and 778 staff completed Module 2 (Towards Excellence). It is envisaged that this training will be launched at HGS sites in 2019.

### Learning Disabilities

- Training continues in QEHB (Emergency Department and on various programmes such as NADP and Advanced Enhanced Care).
- Following on from the Learning Disability quality check in ED which took place in November 2017, an Always event was held in January 2019 which was attended by senior sister from ED and Named Nurse for Learning Disabilities. The Always Event Framework has created guidelines and a toolkit for implementing Always Events across the NHS and there are now 106 sites committed to the programme. Always Events are those aspects of patient experience that are important to everyone and we must aim to perform them consistently for all of our patients. Next steps for us a Trust are to see where we are going to start and what our project will be. The project may be something that patients/families/carers have identified that worked well and we need to ensure that happens for all patients and embed it into the organisation.
- New proforma sheet for reviewing patients with LD to ensure the following are captured; Capacity assessments completed and documented, Health

Facilitation Team involvement, DOL'S in-situ, IMCA involvement, Communication needs assessed and met.

- The Trust is looking at the LeDer programme (review of deaths of people with learning disabilities) to improve the flagging/data collection for learning disabilities to expand the protected characteristics data collection.

During 2018/2019 the Trust undertook and participated in a whole series of internal and external engagement events/meetings that cover many staff and patients groups for example Patient Experience Group, Mental Health and wellbeing group, Pan Birmingham Faith group, LGBT & BAME networks, Care of people with learning disability

The Trust has launched four new staff networks: Carers, Women's, Young Person's and Mental Health and Wellbeing. These networks were launched in March 2019 and the meetings are open to all staff to attend.

A number of external events included: - NHS Regional Equalities Network Meetings, NHS Equality & Diversity Council Listening Events, Stonewall Workplace Equality Index seminar, WRES seminar, EDS2 Refresh Workshop – NHS Equality & Diversity Council, Trans Day of Remembrance – Birmingham LGBT Centre.

### **Transgender Awareness Week**

The Trust supported Transgender Awareness Week in November 2018 to help raise the visibility of transgender and gender non-conforming people, and address the issues the community faces through the Trust staff network groups. Also, on daily Staff notice: Intheloop useful resources were shared to help better understand gender issues to educate and advance advocacy around the issues of prejudice, discrimination, and violence that transgender people face, use social media like Twitter and Facebook to show their support and made their pledges and shared with staff

### **International Women's Day - Leadership**

To mark International Women's Day in March an inspirational leadership lecture was delivered by Guest speaker Francesca Martinez titled 'Finding your voice', drawing on her own experience as a disabled woman, and leader, offering an insight into her own journey whilst encouraging leaders and women at UHB to find their voices – and make it heard. Francesca Martinez is an English comedian, writer and actress with cerebral palsy, but prefers to describe herself as "wobbly".

The event was opened by Trust Chief Nurse, Lisa Stalley-Green, Lisa spoke about her own experiences as a leader in the NHS and why empowering women at UHB is vital.

### **LGBT conference**

The Trust celebrated LGBT History Month on 25 February 2019 with a conference. It was held in partnership with the University of Birmingham and was well attended by Trust and University staff and as well as many external partners from neighbouring Trusts and private sector organisations.

A number of important topics were debated including the need for visible signs of LGBT inclusion through the Trust and University in order to create a culture of acceptance. These can include rainbow lanyards, rainbow badges and pledges on the wall for all to see in patient and staff areas. One of the panel members spoke about LGBT and faith and the need for more BAME LGBT+ staff from across both organisations to feel safe and supported in the workplace if they are be their true selves. A medical student at the University of Birmingham, spoke of the need for medical students to familiarise themselves with the unique needs of LGBT+ patients in order to address the health inequalities experienced by LGBT+ people.

The Trust has made significant progress with LGBT+ inclusion and have recently been ranked amongst Stonewall's top 100 inclusive employers. However there is still more work to be done. Since the conference, the Trust inclusion team has begun looking into obtaining rainbow NHS pins for those staff who would like to wear this on their uniform. The pin can be worn by any staff member, after making a pledge to support LGBT inclusion and speak up if they see LGBT+ inclusion being denied.

### **New carers' service launches**

As part of the newly launched carer's service, there are now two carer co-ordinators across all four UHB hospital sites. Their role focuses on ensuring carers receive all the support they need while in hospital. Our staff will want to make sure carers are offered the support they need and feel they are recognised as partners in care and their expertise to help deliver the best care to our patients is valued.

The Care Co-ordinators undertake the wards to meet staff to promote and support staff to access the carer's service

### **5.14 Domestic Abuse**

Domestic Abuse is a major issue in the City of Birmingham and surrounding areas with increasing rates of reported domestic abuse and declining third sector hostel placements available.

The Trust is signed up to the West Midland Domestic Abuse Prevention Strategy 2018-23 and has completed a report on progress made to date.

- The Trust has ratified a Domestic Abuse Policy in October 2018 and is combining and aligning the procedural approaches across site currently.
- Safeguarding training delivered at level 2 and 3 includes domestic abuse.
- During 2018 -19 the Trust identified **876** adults and **686** children who were affected by Domestic Abuse.
- The Trust has an identified lead within the senior safeguarding team and a dedicated specialist domestic abuse midwife.
- The Trust has a Domestic Abuse Steering Group to drive improvement in practice across the organisation and to embed learning from Domestic Homicide Reviews.
- The Trust has established routine enquiry regarding domestic abuse in maternity and monitors the effectiveness of this through regular audits.
- The Trust is seeking to embed selective/ targeted enquiry in the Emergency Department Settings and is seeking to standardise the Domestic Abuse questions recommended in NICE guidance.

- There is organisational commitment to support staff who experience domestic abuse and the safeguarding team provide advice and support to Human Resource staff where they identify or suspect staff are suffering due to abuse.
- Audit activity in relation to domestic abuse indicates that safeguarding to appropriate agencies could be improved in some areas.

A comprehensive assessment of how well the learning from Domestic Homicide Reviews had been embedded throughout the Trust resulted highlighted the need for further work in relation to the issues in the table below:

Key Learning	Further actions to embed learning
Ensure that adults presenting with Domestic Abuse are consistently signposted to appropriate services to support them in line with the local pathway.	<p>Communications to all staff regarding signposting and review of leaflets available to staff was completed.</p> <p>There is to be further discussion about DA support services on site. Red Threads can provide this for patients upto the age of 15 years.</p>
The use of the NICE DA questions is routine where required.	Already incorporated into training and supervision. Exploring whether these can be added to the ED assessment documentation- dependent on IT support.

In previous years Birmingham Women’s Aid have run clinics on site at Birmingham Heartlands Hospital, however this service was lost due to funding cuts.

The Trust is keen to explore an Independent Domestic Abuse Advocate model within the Trust to increase support to patients experiencing domestic abuse.

This model has been successfully used in Acute Trusts throughout the UK .

The **patient story** below is an example of how one patient who disclosed domestic abuse was assisted by the Trust staff and safeguarding processes:

A 54 year old lady attended Out-patient Burns Unit. She received treatment for self-inflicted burns to her forearm. She was seen monthly as an out-patient for burns assessment. It was noted that she was initially very withdrawn and made no eye contact with staff. She told the burns Dr that her husband hurt her and he *'controls me and belittles me'* and that he *'tracks where I am'*. She told Dr that she was not allowed to bring friends around to their home and that the abuse happened every day. She also disclosed how she was subjected to sexually and physical abuse (e.g. hitting her with a broken bottle) towards her. In total the patient had lived through 16 years of domestic abuse, sexual, physical and coercive.

She had longstanding mental health issues supported by a CPN in the community.

She was asked about children (to see if there was a need to consider their safety) and stated that she had 2 adult children who live away from home but were aware of the issues facing the patient.

Clinical staff sought advice from the Safeguarding Team.

They were advised to ask the patient how she wished to proceed whether she wanted to speak to the Police, if she wanted to return home and whether she would accept a safeguarding referral and support from Women's Aid.

The patient declined police, was sign posted to Women's Aid and did agree for the Dr to contact her CPN to arrange further review.

At her next appointment she was admitted. After 3 days in hospital she made further disclosures of abuse and stated that she wished to have a safeguarding referral.

This case highlights:

- The fact that many people will suffer years of abuse before being willing to disclose or asking for help, even then accepting help may take further time.
- Relationships formed with clinical staff are key for many patients in making disclosures of domestic abuse.
- Admission to hospital can provide a safe space for victims of abuse to disclose.
- Clinical staff require support when assisting patients with safeguarding issues and in this instance they wrote a very comprehensive referral with support from the safeguarding team.
- The patient was appropriately involved in decision making in line with the Care Act and the principles of making safeguarding personal.
- Appropriate support was put in place prior to discharge from hospital.

### **5.15 UHB Patient Experience Group:**

The Trust Executive Chief Nurse has established an operational Patient Experience Group (PEG) and the first meeting was held in January 2019. The purpose of the PEG is to provide an objective review of the Trust's patient experience, to monitor the feedback received from patients via trends, themes and quantitative data and determine the strategies and measures required to improve or maintain consistently high patient experience across all sites. PEG will receive regular reports relating to:

- Customer Care Benchmarking
- End of Life, Bereavement and Chaplaincy
- Observations of Care
- Service user inclusion
- Volunteering
- Carers

The membership of group includes Trust staff and Vice Chairs of the PCCCs, Young Persons' Council and Faith Advocacy Group. The meetings are held monthly

### **Healthwatch Project**

Healthwatch Birmingham undertook a Birmingham-wide investigation around NHS hospitals waiting rooms and waiting times in A&E and outpatients areas e.g. clinics running behind, people not being able to get a seat and standing for hours, with no access to food and drink.

The Trust Patient Experience Team facilitated the Healthwatch Birmingham to visit outpatient and A&E areas at Good Hope, Heartlands, Queen Elizabeth and Solihull Hospitals, (one day each site) in December 2018 to talk to patients, families, carers who were attending appointments/services in these areas. The visits formed part of a city wide investigation with an overarching report plus individual site feedback.

Themes from patient experience are explored and links with safeguarding made for involvement in reviews where necessary.

### 5.15 Priorities for adult safeguarding 2019 – 2020:

Below is a copy of the Safeguarding teams work plan which identifies the key priorities. We will also continue to work in partnership with our Local Adult Safeguarding Boards.

Priority	Deadline
Adult Safeguarding procedure to be developed for UHB	July 2019
Domestic Abuse procedure to be developed for UHB	July 2019
Review and monitor Domestic Abuse improvement action plan	Ongoing
Ensure safeguarding adult operational group Terms of reference, membership, agenda and reporting is fit for purpose	April 2019
Review and agree Trust wide safeguarding adult reporting template	April 2019
Maintain audit activity and align audit tools	June 2019
Develop an adult supervision procedure	July 2019
Review safeguarding adult resources	July 2019
Benchmark against NICE guidance in relation to MCA	July 2019
Ensure mechanisms are in place to track evidence of implementation of recommendations from DHRs and SARs	July 2019
Review the Managing Allegations/ PIPOT procedure and align.	July 2019
Maintain Partnerships	On-going
Work with IT specialists to develop technical solutions to flag adults with additional needs including tracking patients where DOLS application is made and identification of patients with learning disability	September 2019 (MCA/DOLS) December (LD)

## 6. Conclusion

- The Safeguarding Team structure for UHB and the governance and reporting arrangements have been agreed and implemented for the start of 2019-20.
- The Trust has prioritised learning from safeguarding cases and is reviewing how well learning is embedded.

- There is a clear work plan in place to deliver against the priorities for 2019-20 which is informed by learning reviews, audits, incidents and proposed changes in legislation (LPS).
- The evidence suggests that safeguarding activity in all areas is growing and this is likely to be due to a combination of increased awareness and expertise in our workforce and increased need in our population.
- There is evidence of strong partnerships and multi-agency working throughout all areas within the organisation.
- The Trust has mechanisms to audit and test out the effectiveness of safeguarding arrangements across adult and child services.
- There is ongoing work to embed the Mental Capacity Act in practice and to ensure that there is consistency in appropriate use of the DOLS process. With plans to ensure we are ready to implement the new legislation for LPS in October 2020.
- There are increased staff cohorts for safeguarding training for Prevent and new training requirements for the level 3 adult workforce in 2019 and 20 and plans are in place to address these new obligations. We anticipate that these will be challenging for the Trust.