UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 24 OCTOBER 2019

Title:	SAFEGUARDING STRATEGY 2019-20
Responsible Director:	Lisa Stalley Green
Contact:	Maria Kilcoyne Head of Safeguarding 0121 424 9235

Purpose:	To present the Board of Directors with the safeguarding strategy for 2019-20. To seek agreement from the Board with the proposed strategy and implementation plan.
Confidentiality Level & Reason:	NA
Strategy Implementation Plan Ref:	#4 Meet regulatory requirements and operational performance standards, in line with agreed trajectories #1 Increase alignment of corporate and clinical services across UHB
Key Issues Summary:	• To outline the planned strategy in relation to safeguarding for the Trust during 2019-20.
Recommendations:	The Board of Directors is asked to: Receive and agree the proposed safeguarding strategy and agree the strategy and implementation plan.

Signed: Lisa Stalley-Green	**Date:**	3rd October 2019

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UHB Safeguarding Strategy 2019-20
Author: Maria Kilcoyne

1.0 Introduction

This strategy outlines the organisation approach to safeguarding including priorities for 2019-20.

Safeguarding our patients is of the highest priority to the organisation.

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 strategy applies applies to all Trust employees, bank workers and volunteers.

2.0 Purpose

The purpose of the strategy is to define the safeguarding direction for the organisation and to ensure that there is a clear articulation of safeguarding priorities and plans for the next 12 months. Section 6 details the implementation plan and a quarterly report will be provided to the CCG in relation to this strategy as part of the Trust contractual requirements.

3.0 Evidence supporting strategy vision and priorities for 2019-20

This strategy is based on:
- The legislative requirements in relation to safeguarding
- The organisational and local context
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3.1 Legislative Context

As a regulated NHS organisation the Trust must comply with a raft of safeguarding legislation including:
- The Children Act 1989
- The Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- The Mental Capacity Act 2006
- The Care Act 2014

The Trust benchmarks against legislative requirements and is scrutinised in relation to safeguarding arrangements by CQC, CCG and Local Safeguarding Boards.

In 2020 there are further legislative changes anticipated with the withdrawal of Deprivation of Liberty Safeguarding and the introduction of Liberty Protection Safeguards. It is essential that the Trust has plans in place to manage this change in legislation and has been able to assess the impact of this change on organisational resources.

3.2 Local Context

The Trust acknowledges that along with other NHS providers they are 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.

The Trust is fully engaged in in a range of learning processes supporting safeguarding improvement. The strategy reflects the learning from a range of safeguarding reviews that the Trust has participated in.

3.3 Organisational context

The Trust now has a workforce of 20,000 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.

As a newly merged Trust, considerable time has been spent at the start of 2019-20 focussing on safeguarding structure and governance arrangements.

Both predecessor organisations had separate safeguarding teams, safeguarding policies, procedures and arrangements. The alignment of these is essential to meet the statutory requirements of the new organisation.

As divisional re-structuring takes place our workforce will increasingly be expected to work across all sites and there is recognition of the importance of a clearly joined up and fully aligned approach to safeguarding across the whole o the organisation that makes it easy for all of our staff to take the correct steps to safeguard patients.

In 2018 the Trust was inspected by CQC who raised concerns with the consistency in the use of the mental capacity act and the use of deprivation of liberty safeguards(DOLS) within the organisation and increasing the access of training for staff in relation to the mental capacity act and the organisational monitoring of DOLS has been a focus in 2018-19 and will continue to be so in 2019-20.

The strategy also acknowledges that achieving the right safeguarding outcomes is essential for our patients and a priority for the Trust.

4.0 Vision and Strategic Priorities

The Safeguarding Strategy outlined below seeks to articulate the organisational vision, strategic priorities, commitment and approach to safeguarding delivery for a twelve month period.

Our vision	All patients and families in contact with our services are safeguarded effectively and proportionately.			
Strategic priorities	Safeguarding needs of our patients are reliably and consistently identified throughout the organisation.	Clinical staff feel confident and competent to respond to safeguarding need.	Practitioners have access to advice and support in relation to safeguarding.	Partnership working is robust at every level and ensures that information and health expertise is available to partners
Purpose	Safeguarding needs of our patients are reliably and consistently identified throughout the organisation	Clinical staff feel confident and are competent to respond to safeguarding need.	Safeguarding advice and support is accessible and useful to clinical staff and they feel supported in their work.	We are valued by our partners for our contributions to the multi-agency safeguarding arrangements and these contributions help our patients
Operational plans	- Review governance arrangements for safeguarding - Review audit programme - Ensure safeguarding assessments are embedded in IT templates wherever possible.	- Review of Learning and Development training Needs Analysis - Review and revision of all Training Resources. - Review evaluation processes	- Alignment of policies and procedures - Review of advice and support model - Review Team Structure	- Review all attendances and contributions to safeguarding groups. - Maintain MASH membership where commissioned to do so.

Measures	The organisation is assured of effective safeguarding of patients.	Training compliance monitoring. Staff evaluation.	Data monitoring and reporting. Staff satisfactions measures.	Quality Monitoring (MA)

Cross cutting enablers
Multi-agency strategies/monitoring   **Trust quality monitoring and reporting.**   **Trust educational plans in relation to mandatory and roles specific training for staff.**   **Intercollegiate documents – Safeguarding Competences for Health Care Staff 2018 ad 2019 for adults and children respectively.**

5.0 Statement of commitment

5.1 Our commitments to patients:

- We will identify safeguarding need consistently.
- We will listen to our patients, both adults and children
- We promote the wishes and feelings of our patients during the safeguarding process
- We promote the principle of partnership in safeguarding working with children, adults and families – doing 'with' and not 'to'.
- Where we identify additional needs we will consider the safeguarding implications
- We aim to deliver the highest quality safeguarding assessments, documentation and interventions.
- We will use technology to help us make comprehensive safeguarding assessments.
- We will ensure that we share appropriate information with partner organisations to assist with safeguarding processes with agreed timeframes.
- We will demonstrate safe decisions and plans for discharge for our patients.
- We will advocate for our patients, promote their best interests and the wellbeing of children and families
- We promote use of tested evidence bases in safeguarding practice
- To promote a safeguarding culture embedded in practice
- We use appropriate safeguarding tools to enable early identification of safeguarding risk
- We work in collaboration with Trust staff and partner agencies to regularly evaluate and reassess the effectiveness of safeguarding processes and procedures
- We work closely with our midwifery services to ensure that safeguarding risks are recognised at the earliest interval to protect one of our most vulnerable patient groups: newborn babies
- We promote a working environment conducive to professional challenge to enhance safeguarding practice and effective outcomes for adults and children.
- To recognise any pattern/ significant prevalence of safeguarding concerns across our Trust and respond appropriately
- We have clear policies and procedures for safeguarding
- We have a safeguarding audit programme and test out the effectiveness of our arrangements
- We will ensure that the Mental Capacity Act is embedded in practice to protect rights of patients.

- We will ensure that DOLS is used appropriately where it is indicated.
- We are considered a credible partner within our wider multi-agency team through our contributions to work with the Safeguarding Adult Boards and Safeguarding Children partnerships.
- We will use the Birmingham Hospital alliance to drive consistency in safeguarding practice and pathways across the local health economy
- We can demonstrate that we learn from patient and family feedback
- We work closely with the patient experience team to understand the experience of our patients and their families.
- Learn from safeguarding complaints, re-evaluate safeguarding processes and plan necessary changes, as indicated
- Patients and families assist in the planning of our services
- Plans for safeguarding are focussed around the needs of the patient.

5.2 Our commitment to our workforce
- Our workforce will be supported with the appropriate safeguarding education that reflects up to date developments in safeguarding
- Education and development in safeguarding is linked to safeguarding competences prescribed for healthcare staff
- Education will be provided in a variety of formats including e-learning and face to face training
- Our workforce will be skilled in identification of safeguarding need
- Our workforce will be confident in: how to respond to safeguarding need and use the safeguarding process.
- Our workforce knows how to access advice and support in relation to safeguarding.
- Our workforce can apply the Mental Capacity Act to their practice.
- Our workforce can identify when DOLS is required and initiate the process
- Staff will be able to access timely safeguarding advice support and safeguarding supervision from safeguarding team specialists
- We develop and celebrate safeguarding expertise in our workforce.
- We develop interest and expertise in safeguarding and promote learning placements within the safeguarding team
- We will help prepare staff for difficult conversations with families as part of the safeguarding education offer.
- To work collaboratively with staff and consult with them regarding changes in safeguarding procedure and process to promote best possible safeguarding outcomes
- To build skill and resilience in the workforce to have confidence that safeguarding duties can be carried out 24/7
- To support staff to be confident in discharging their safeguarding duties
- To promote safeguarding as a core skill within all levels of the workforce
- To respond appropriately to any specific recognised needs/ patterns of safeguarding concerns in our Trust and equip staff to deal with these effectively

5.3 Our commitment to partners

- We will provide information to support safeguarding investigations within agreed timeframes
- We will support multi-agency developments to enhance information sharing – eg Multi-Agency Safeguarding Hubs
- We will support multi-agency process/ meetings where decisions about safety planning are made.
- We will provide suitable health expertise to support the work of the Safeguarding Adult Boards and the Safeguarding Children Partnerships
- We will promote multi-agency learning for key staff within the organisation
- We will work in a collaborative manner with other health providers and with the CCG to improve safeguarding practice.
- We undertake a wide variety of safeguarding reviews as part of partnership working and can demonstrate we are open and committed to learning from these reviews and to dissemination of this learning.
- We will provide assurances regarding safeguarding as requested

5.4 Our safeguarding team will:

- Support best safeguarding practice throughout the organisation and ensure that policies and procedures are in place, up to date and monitored
- Be approachable and accessible providing safeguarding advice and support
- Recognise the distress that safeguarding can cause to frontline clinical staff and the impact this can have
- Determine and define the educational offer for safeguarding and deliver the training.
- Develop expertise in the workforce through education, advice, support and supervision
- Support clinical teams with complex safeguarding cases.
- Provide safeguarding supervision as required to clinical staff
- Test out the effectiveness of safeguarding arrangements and determine safeguarding audit priorities, based on evidence from reviews and incidents and leading audit activity. disseminated
- Complete safeguarding reviews as part of partnership processes (SCR, SPRs, SARs and DHRs) and lead on the dissemination of learning
- Ensure that appropriate data collection is in place and provide a variety of assurance to support internal and external governance arrangements around safeguarding
- Provide specialist health input to the Statutory and Non- statutory partnership arrangements.

5.5. Our governance arrangements provide oversight, scrutiny and challenge in relation to:

- Safeguarding resource
- Safeguarding activity
- Safeguarding compliance with statutory and regulatory requirements
- Safeguarding improvement workplans
- Safeguarding learning
- New safeguarding developments
- Areas of safeguarding risk
- Areas of good safeguarding practice.

- There is monthly reporting to the safeguarding board
- There is quarterly reporting to the Care Quality Group
- There is a minimum of an annual report to the Trust Board on the effectiveness of safeguarding within the organisation.

6. Safeguarding Strategy Implementation Plan

Quarter 1 report in relation to the Safeguarding Strategic Implementation Plan			
Action	**Plan**	**Status Quarter 1**	**Rag rated**
Harmonise safeguarding policies from both pre-existing organisations.	• Review all policies and revise, producing combined versions of policies for Child and Adult Safeguarding with linked procedures.	Aligned and in place Safeguarding Children Policy Safeguarding Adult Policy Domestic Abuse Policy	
Develop a single safeguarding team structure to work across the Trust	• Re-design the Safeguarding team Structure • Agree the structure and implement changes	Agreed and new structure implemented in April 2019	
Bring the teams together. Team away day – safeguarding children. Joint work plan meeting with the safeguarding adult team	Plan team away day for the safeguarding children team	Completed	
Agree governance structure, reporting cycle and reporting templates	• Establish safeguarding board and operational groups for adults and children. • Agree terms of reference, membership and reporting.	Agreed and in place	
Establish a work plan for safeguarding adults and children	• Produce work plans to in safeguarding adult and child	Work plans in place with monitoring.	
Review safeguarding learning and development needs Trust	• Produce a Trust wide Training Needs based on new intercollegiate requirements for adults/ revised requirements for	Training Needs analysis and plan in place and agreed. Reporting schedule – quarterly to Safeguarding	

wide	children. • Produce a training plan.	Board.	■
Review learning resources	• Review packages for safeguarding at induction. • Safeguarding adult level 3 • PREVENT • Safeguarding L3 training for ED • Safeguarding L3 for Paeds and Neonates	All packages reviewed and launched. Trust Induction package to go live w/c July 1st 2019.	■
Monitor DOLS applications throughout the Trust	Processes agreed for monitoring and reporting DOLS across the Trust.	Report produced highlighting cross site variation which will be further explored. Compliance with the requirement for documented mental capacity assessment to be present when DOLS application is submitted has increased across all sites.	■
Enhance senior nurse oversight of safeguarding in NNU	Training Plan and resource to be developed for NNU nurses band 7 and above in relation to: Learning from a SCR Oversight of safeguarding actions from supervision Court reports	Plan in place Delivery commenced	■

Quarter 2 Plan			
Strategic aim	**Plan**	**Status Quarter 2**	
Procedures for Safeguarding Children, Adults and Domestic Abuse and Managing Allegations CPIS to be aligned	• Align and agree procedures across site	Draft procedure in place for: Domestic Abuse Safeguarding Children Managing Allegations CPIS Further work in progress regarding adult procedures where differences in IT systems cross site are involved.	■

Agree audit priorities for safeguarding adults and children for 2019-20	• Review of previous audit programme and agreement of priorities for the next 12 months.	Awaiting finalisation	
Replicate good practice in relation to DOLS at QEHB across the Trust.	Complete audit of DOLS processes at QEHB to explore their increased reporting and consider how this can be replicated across sites. Design audit tool and conduct audit. Report findings and consider implications	Completed and reported. For discussion at Safeguarding Children Board.	
Implement new Trust wide Domestic Abuse Procedure	Establish new trust Wide Domestic Abuse Steering Group covering the organisational approach to patients and staff.	Scheduled for September	
Plan and prepare for the implementation of the Liberty Protection Safeguards	Establish a steering group and work programme around this.	Scheduled for September	
Benchmark against safeguarding adult board standards	Completed	Report for Board	
Benchmark against NICE Mental Capacity Act standards	Benchmarking complete and agreed.	Report completed	
Review training plans for areas of exception: MCA – community Prevent – trust wide Safeguarding Adults level 3	Plans in place – to review effectiveness and trajectory	Completed in July 2019	
Identification of live data in relation to children aged 16 and 17	Admission of Children SOP to be devised that includes decision making re admission of 16 and 17 year olds; how their whereabouts can be identified from a central	Completion scheduled for August 2019.	

years across the Trust on (BHH, GHH and Solihull sites)	point and how education will be offered to them and what oversight is necessary to their care.		
Plan for the implementation of new CDOP arrangements	Child death review process change anticipated for 1.10.19.	Work with CCG and LSCP partnership to implement. Awaiting details of implementation by October 2019	
Explore web based referral across all sites and services adults and children.	Meet with the web master team, meet with LA / Children's Trust partners to agree.	September 2019.	

Quarter 3 and 4 plans			
Aim	**Plan**	**Plan for Qtr 3 and 4**	
Pull together safeguarding related themes from complaints/ incidents.	Review complaints in relation to safeguarding children processes to identify key themes	Completion scheduled for October 2019	In progress
Evaluation of safeguarding training to be reviewed.	Evaluation tool devised for Trust induction. Follow up evaluation to be designed.	Evaluation of safeguarding training to be reviewed.	In progress
Summarise and review the implementation of learning from serious case reviews	Present findings from SCRs/ thematic analysis and detail of how work is embedded.	Present to Safeguarding Board for discussion and action.	Not started
Evaluation of safeguarding supervision.	Complete an audit of staff who have given and received safeguarding supervision	Complete by February 2020 and present to the Board for discussion.	Not started

Review delivery against priorities.	Evaluate the effectives of this strategy	Produce a paper/ evidence for discussion March 2020	Not started
Assess and consider how PICS can add to the effectiveness of safeguarding processes	Review use of PICs to support safeguarding and agree requests for PICS development	March 2019.	Not started
Review the impact of new safeguarding related procedures	Test out staff knowledge and use of the procedures	March 2019	Not started