

**Adult Safeguarding Annual Report**

**1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022**



**Debra Harrison**  
**Named Nurse, Adult Safeguarding**

## Contents

<b>1. Introduction</b>	<b>3</b>
<b>1. Governance and Corporate Standards</b>	<b>3</b>
<b>2. Legislation (Policies and Procedures)</b>	<b>4</b>
<b>3. Pressure Ulcers acquired in the RUH</b>	<b>5</b>
<b>4. Mandatory Training</b>	<b>5</b>
<b>5. Safer Recruitment</b>	<b>6</b>
<b>6. Safeguarding Adult Reviews (SARs)/Domestic Homicide Reviews (DHRs)</b>	<b>6</b>
<b>7. Organisational Risks</b>	<b>7</b>
<b>8. Achievements 2021-22</b>	<b>7</b>
<b>9. Objectives for 2022 – 2023</b>	<b>8</b>
<b>10. Concluding Comments</b>	<b>8</b>

**Appendix 1: Executive Summary, Annual Report-Learning Disabilities and Autism**

**Appendix 2: Executive Summary, Annual Report-Domestic Violence and Abuse**

**Appendix 3: Executive Summary, Annual Report-Mental Health**

## 1. Introduction

All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens. We are committed to safeguarding adults at risk by working in partnership with other agencies to ensure any identified risk or concern is responded to without delay. Our focus is protecting people and reducing risks.

The Trust has an identified Named Nurse, Adult Safeguarding, Specialist Practitioner, Adult Safeguarding, and Liaison Nurse for Learning Disabilities and this team reports to the Chief Nurse as the Executive Lead for Adult Safeguarding. Funding for an Independent Domestic Violence Advisor continues for another year. There continues to be an increased collaborative approach with the Children's Safeguarding Team, particularly around the Think Family and Community approach and delivery of training programmes.

## 1. Governance and Corporate Standards

The Bath and North East Somerset (B&NES) Community Safety and Safeguarding Partnership (BCSSP) and Wiltshire Safeguarding Vulnerable People Partnership (SVPP) are the key statutory mechanism for agreeing how relevant organisations in each local area will cooperate to promote the welfare of adults at risk and safeguard them from the risk of being abused.

The Deputy Chief Nurse represents the Chief Nurse for the Trust at both the BCSSP and Safeguarding Vulnerable People Partnership (SVPP). The Trust also has senior representation at relevant sub groups for both Partnerships.

Monitoring against the Quality Schedule Key Performance Indicators occurs through the Clinical Outcomes and Quality Assurance reports that are submitted to the Clinical Commissioning Groups (CCG) on a quarterly basis. The Clinical Commissioning Groups Adult Safeguarding Designated Nurses provide supervision and oversight to the Trust's Named Nurse, Adult Safeguarding.

The Trust is compliant with the Corporate Standards as set out in the Quality Schedule 2017-19 (Section 5) in relation to Executive leadership at Board level and named persons with responsibility for safeguarding adults, female genital mutilation, sexual abuse, domestic violence, modern slavery (human trafficking), Prevent, the Mental Capacity Act and Deprivation of Liberty Safeguards. The safeguarding team maintains a database for adult safeguarding and deprivation of liberty safeguards referrals, concerns and enquiries and the data is submitted on a quarterly basis to the CCG and the Trust's Vulnerable People's Assurance Committee (VPAC).

When the Trust identifies services or departments where there may be issues that compromise the safety of adults with care and support needs, the adult safeguarding team are involved with the monitoring processes.

## Vulnerable People's Assurance Committee

The internal safeguarding Governance processes have been reviewed in 2021/22 with all safeguarding groups reporting into the VPAC, where assurance reports: highlighting risks, mitigations and any other concerns are discussed. Summary highlights are reported to the Quality Governance Committee and the Board of Directors.

Author : Debra Harrison, Named Nurse Adult Safeguarding	Date: 16 August 2022
Document Approved by: Vulnerable Peoples Assurance Committee (VPAC)	
Quality Governance Committee	Page 3 of 8

## 2. Legislation (Policies and Procedures)

The adult safeguarding team has ownership of 13 Trust policies. The policies are all up to date and reviewed at least 3 yearly or when there are changes in legislation. The Adult Safeguarding Policy also makes reference to any SVPP or BCSSP policy and procedure guidance.

### Care Act (2014) Section 42-Allegations against the Trust

To reflect the safeguarding principle of transparency and accountability, 36 allegations against the Trust, were referred for consideration under Section 42 of the Care Act 2014 by B&NES Local Authority.

The allegations consisted of:

- Staff conduct including rough handling and use of restraint
- Neglect/omissions of care including unsuccessful discharges; potential hospital acquired pressure ulcers; unexplained bruising/wounds; medication errors.

In the six cases relating to staff conduct, where there was an identified staff member, HR Business Partners and in one case, Staffing Solutions, were involved. A formal conduct investigation was completed in one case and informal action taken in the other cases with an emphasis on focused learning and reflection particularly in relation to caring for patients with dementia.

Of the 30 safeguarding allegations against the Trust relating to care, 17 of these related to discharge processes raised by patients, families and care providers with a particular emphasis on:

- Inadequate care provision on discharge
- No or sub-standard verbal and written handovers to patients, family and care providers re current care needs and care arrangements for discharge;
- No or sub-standard information sharing re the ongoing management of health issues including diabetes and pressure ulcers;
- No or sub-standard information sharing re bruising and pressure damage;
- Issues pertaining medication including the provision of medication, information re changes to usual medications and details of new medications.

The Specialist Practitioner Adult Safeguarding is working with the Head of Site Management, Head of Patient Discharge and the Head of Therapies to transform the Trusts discharge processes. The work focusses on 3 key strands of transformation:

- 1) Communication with people and their families in discharge planning
- 2) Provision of medication for discharge
- 3) Take home information on discharge including Discharge Summaries.

In relation to the safeguarding outcomes for the 36 allegations:

- 16 were unsubstantiated
- 4 were partially substantiated
- 5 were substantiated
- 1 was inconclusive

- 5 did not meet the threshold for further safeguarding enquiries and no outcome recorded
- 5 are still under the safeguarding process.

Learning identified in relation to the partially substantiated and fully substantiated allegations is primarily around discharge planning, ensuring plans identify and facilitate adequate care on discharge, improving communication with care providers, improving documentation provided to care providers in relation to care needs and wound management. This learning is being implemented through the Patient Experience Discharge Focus Group which will look at patient experience and communication in relation to discharge.

In relation to the allegations which did not meet the threshold for further safeguarding enquiries, it was considered that the actions and learning already implemented by the RUH following initial internal investigations was appropriate and no further investigations were required. In relation to two of the allegations it was considered a proportionate response would be to follow up via PALS.

All the 36 allegations resulted in initial information gathering, internal investigation or Section 42 Enquiries completed by the safeguarding team.

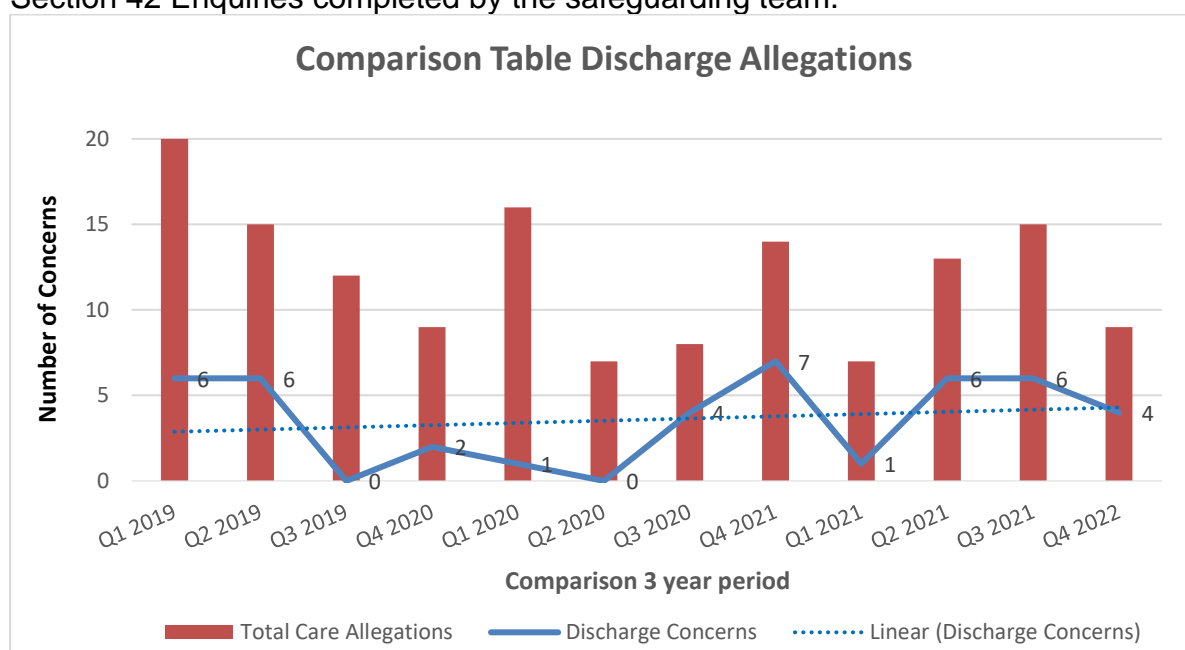


Table 1: Total allegations by quarter inclusive of reported discharge concerns

### 3. Pressure Ulcers acquired in the RUH

Following screening by the Specialist Tissue Viability Nurse safeguarding referrals to the local authority were completed for 5 category 3 and 4 potentially avoidable hospital acquired pressure ulcers.

The safeguarding team has representation at the Pressure Huddle Meetings and at the Serious Incident Panel Meetings.

### 4. Mandatory Training

Trust Mandatory Training compliance rates are listed in the table 1 and 2. Compliance rates continues to improve for Prevent and Adult Safeguarding. Divisions are held to

account via the monthly Executive Performance Reviews with a mandate to achieve expected Mandatory Training Compliance.

Additional training dates have been offered for Level 3 training that has been poorly attended. The Chief Nurse has written to the Divisional Directors of Nursing detailing those who are non-compliant with an expectation that all staff have a scheduled date by the end of August 2022.

Subject	Target Compliance %	Q1 %	Q2 %	Q3 %	Q4 %	Staff No. Trained
Level 1 Adult Safeguarding	90%	86.80%	85.66%	84.85%	84.41%	5611
Level 2 Adult Safeguarding	90%	85.52%	83.31%	83.00%	83.40%	3738
Level 3 Adult Safeguarding	90%	49.22%	58.14%	60.16%	57.03%	73
Prevent awareness	90%	94.33%	93.78%	94.09%	93.98%	6247
Prevent WRAP 3	80%	88.57%	87.32%	87.93%	88.38%	3993

Table 2: Mandatory Training Compliance 2021-22

Subject	Target Compliance %	2019-2020		2020-2021	
		%	<i>trained</i>	%	<i>trained</i>
Level 1 Adult Safeguarding	90%	87.6%	5359	87.3%	5583
Level 2 Adult Safeguarding	90%	85.9%	3379	85.5%	3558
Level 3 Adult Safeguarding	90%	41%	57	47.7%	62
Prevent awareness	90%	95.5%	5840	94.4%	6038
Prevent WRAP 3	80%	86.7%	3487	88.6%	3771

Table 2: Training Comparison previous 2 years

### Prevent Awareness and WRAP Training Compliance

Training compliance is on target and is available by eLearning only using materials developed by NHS England. The annual Prevent Self-Assessment has been completed.

### 5. Safer Recruitment

The Disclosure and Barring Policy has been ratified and published, the policy sets out the requirements of the Trust to check for criminal records obtained through the Disclosure and Barring Service (DBS).

### 6. Safeguarding Adult Reviews (SARs)/Domestic Homicide Reviews (DHRs)

During 2021-2022 the adult safeguarding team has completed Agency Involvement Summaries and Chronologies for 6 notifications for consideration of Safeguarding Adult Reviews (SARs), 3 for BaNES Community Safety and Safeguarding Partnership (BCSSP) and 3 for Wiltshire Safeguarding Vulnerable People Partnership (WSVPP).

Of the notifications received by BCSSP one has met the criteria for a SAR and a learning event will be held later this year; two are waiting further information. The key themes continue to be related to alcohol dependency, mental health, self-neglect and the use of the Mental Capacity (amended) Act.

The team will continue to review any general actions from SARs or DHRs and bring to the attention of the VPAC.

## 7. Organisational Risks

1. Compliance with the implementation with the Mental Capacity Act (amended) 2019 in relation to implementing the responsibilities and duties relating to the Trust becoming the Responsible Body for Liberty Protection Safeguards has been delayed. The Trust lead for the Mental Capacity Act compliance will continue to focus training on assessing mental capacity and will be able to fully assess the risks to the Trust once the Code of Practice and associated regulations are published in spring 2022.
2. Compliance with the Use of Force Act 2018. The Chief Nurse has Executive lead for this legislation and has commissioned a Task and Finish Group to address the following:
  - a. Development of a Trust Policy
  - b. Development of a Standard Operating Procedure
  - c. Identification and reporting of the use of chemical, physical and mechanical restraint
  - d. Learning from reported incidents
  - e. Development of a Training Needs Analysis and training programme for relevant staff.
3. Lack of recurrent funding to the Health IDVA role, funded by BaNES and Wiltshire CCG/Public Health. This year Wiltshire has reduced its contribution by 50%, the Trust has resourced the shortfall through vacancies in safeguarding service.

## 8. Achievements 2021-22

- Continued delivery of Level 3 adult safeguarding training via Microsoft Teams and review of the workbook to support the training
- Delivery of safeguarding awareness training to overseas nurses as part of their induction programme
- Delivery of bespoke safeguarding awareness training to Emergency Department (ED)
- Reviewed and updated content of Level 2 e learning module
- Reviewed the Mental Capacity Act Policy
- Participated in the Trust's Paperless in patient Records Project

- Completed Agency Involvement Summaries and Chronologies for 6 notifications for consideration of Safeguarding Adult Reviews and attended 1 associated learning event
- Representation for the Trust on the Bath and North East Somerset (BaNES) Liberty Protection Safeguards (LPS) Project Board
- Representation for the Trust on the BaNES Community Safety and Safeguarding Partnership Quality and Performance sub group
- Named Nurse, Adult Safeguarding assumed role for Trust Lead, Prevent, due to the previous lead leaving the Trust.

## 9. Objectives for 2022 – 2023

- To develop an Adult Safeguarding Supervision Policy and an action plan in relation to the delivery of supervision for adult facing care provision within the Trust.
- Identify Safeguarding Champions and reintroduce the Lead Practitioner Network
- To continue to work on promoting vulnerable patients' wishes in relation to Mental Capacity Assessments and discharge planning for patients with complex needs
- To respond to the Liberty Protection Safeguards Code of Practice and Regulations consultation
- Develop and deliver an action plan for the Trust to meet the responsibilities and expectations laid down in the Code and Regulations
- Submit business cases for specialist staff to enable the Trust to meet compliance with regulations as a Responsible Body for LPS

## 10. Concluding Comments

This report highlights the increase in the number of safeguarding allegations against the Trust in relation to the sub-standard discharge of patients requiring ongoing care and support. Common themes have been identified and the safeguarding team is involved in transformation work being undertaken to address the key issues.

The adult safeguarding adult team continue to strive for best practice for patients and their families.



## Appendix 1

<b>Report to:</b>	<b>Quality Governance Committee</b>	Agenda item:	14
<b>Date of Meeting:</b>	16 <sup>th</sup> August 2022		

<b>Title of Report:</b>	<b>Learning Disability and Autism Service Annual Report 2021-2022</b>
<b>Status:</b>	<b>To Note</b>
<b>Board Sponsor:</b>	<b>Antonia Lynch, Chief Nurse</b>
<b>Author:</b>	<b>Lois Mitchell, Specialist Practitioner, Learning Disability and Autism</b>
<b>Appendices</b>	<b>Nil</b>

<b>1. Executive Summary of the Report</b>
<p>This report provides the Board with an overview of activities relating to the Learning Disability and Autism Service within the Royal United Hospitals Bath NHS Foundation Trust (RUH) from April 2021 - March 2022</p> <p><u>This report highlights the progress within the Trust in relation to the following:</u></p> <ul style="list-style-type: none"><li>• The activity of the Learning Disability Service and progress with the work plan and service developments</li><li>• Referral processes and reasonable adjustments made for patients with a learning disability</li><li>• Highlights some of the operational level processes currently in place as well as those needed to improve access to acute health care for people with Learning Disabilities and or Autism</li><li>• Ongoing work to improve the service and health outcomes of people with learning disabilities.</li></ul> <p><u>Some of the barriers that remain are as follows:</u></p> <ul style="list-style-type: none"><li>• Capacity of the LD/A service to deliver all improvement targets as well as patient support</li><li>• Not having a named medical professional for complex patients with LD or a consistent medical/ nursing team during admission due to staff ward rotations</li><li>• Not all patients are accurately flagged or identified as having a Learning Disability and or Autism and therefore are not identified to the LD/A Service in a timely manner</li></ul> <p><u>Quality Account:</u> Copy of report regarding changing the QA from 'Softer Signs of Deterioration' toolkit, to Streamlining the Quality Account alongside the national Learning Disability Improvement Standards for NHS Trusts (NHSE, June 2018) which the trust already benchmarks against annually is available on request.</p> <p>Full report available on request</p>

<b>2. Recommendations (Note, Approve, Discuss)</b>
To note the report
<b>3. Legal / Regulatory Implications</b>
To be compliant with: <ul style="list-style-type: none"> <li>• Care Quality Commission, Fundamental Standard 13, Safeguarding Service users from abuse and improper treatment-Health and Social Care Act (2008) (Regulated activities)</li> <li>• Mental Capacity Act 2005 including Deprivation of Liberty Safeguards 2007,</li> <li>• Care Act 2014</li> <li>• Serious Crimes Act 2015 (Controlling and coercive behaviour)</li> <li>• Clinical Commissioning Groups Quality Schedule 2021-2022</li> </ul>
<b>4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)</b>
There are currently 2 risks on the risk register related to the Learning Disability and Autism Service. <ol style="list-style-type: none"> <li>1. The legal aspects of funding carers that are not on agreed framework (as usually social care staff so not on the agreed framework used by the Trust Staffing Solutions service) and the actual cost to the Trust of paying carers is unknown as charged to individual ward budgets</li> <li>2. Staffing resources for Learning Disability and Autism Service</li> </ol>
<b>5. Resources Implications (Financial / staffing)</b>
At this time there is funding for 1 full time specialist practitioner and 30 hours funding for band 3 support worker. This staffing is insufficient to meet the needs of both inpatients and outpatients which impacts service delivery for patients and also prevents the trust being able to deliver on all NHSI standards for Learning Disabilities. Consequently the poorer health outcomes for patients with Learning Disabilities are unable to be mitigated both strategically and operationally to the standard desired due to lack of resource to combat this innovatively.
<b>6. Equality and Diversity</b>
Ensures compliance with the Equality Delivery System (EDS)
<b>7. References to previous reports</b>
Presented at Quality Governance Committee 2021
<b>8. Freedom of Information</b>
Public

## Appendix 2

<b>Report to:</b>	<b>Quality Governance Board</b>	<b>Agenda item:</b>	<b>14</b>
<b>Date of Meeting:</b>	<b>16<sup>th</sup> August 2022</b>		

<b>Title of Report:</b>	<b>Annual Domestic Abuse Report 2021-22</b>
<b>Status:</b>	<b>To Note</b>
<b>Board Sponsor:</b>	<b>Antonia Lynch, Chief Nurse</b>
<b>Author:</b>	<b>Vivienne Cutler, Health Independent Domestic Violence Advisor</b>
<b>Appendices</b>	<b>Nil</b>

### 1. Executive Summary of the Report

This report covers the activity of the Health Independent Domestic Violence Advisor for the period of April 2021-March 2022

The total number of referrals received over the period 1<sup>st</sup> April 2021- 31<sup>st</sup> March 2022 is 223. The number of referrals for the same period in 2020 – 2021 was 197 which represents an increase in referrals of 26 (8.57% increase).

	<b>Q1 Apr – Jun</b>	<b>Q2 Jul – Sep</b>	<b>Q3 Oct – Dec</b>	<b>Q4 Jan - Mar</b>	<b>Total</b>
<b>Wiltshire</b>	32	26	17	18	93
<b>B&amp;NES</b>	27	26	22	15	90
<b>Somerset</b>	5	6	8	5	24
<b>South Glos</b>	2	0	2	0	4
<b>Other</b>	3	7	0	2	12
<b>Total</b>	<b>69</b>	<b>65</b>	<b>49</b>	<b>40</b>	<b>223</b>

The Trust has two up to date policies relating to Domestic Abuse:

- Domestic Abuse Affecting Staff (Perpetrators and Victims) Policy;
- Domestic Abuse Policy.

The Health Independent Domestic Violence Advisor (HIDVA) will take the opportunity to promote and publicise these policies at training and supervision sessions.

#### • Achievements since April 1<sup>st</sup> 2022

The HIDVA has:

- Updated the how to make a referral for domestic abuse concerns and circulated within the Trust.
- Worked with B&NES Domestic Abuse Services (Southside) to agree a procedure whereby any high risk cases identified at the RUH can be referred directly into their service
- Updated the Trust's intranet page
- Developed virtual training programmes to meet specific clinical areas needs

- Participated a national and local campaign (16 Days of Action) to raise awareness of Domestic Violence and Abuse and the Trust
- Has developed information for relevant clinical staff and patients
- Continues to attend maternity supervision sessions in order to maintain an HIDVA presence
- Established links with other Domestic Abuse support agencies
- Commenced chairing the B&NES MARAC meetings on a monthly basis
- Attends National Maternity Safeguarding Network meetings
- Represents the Trust at the Wiltshire Safeguarding Vulnerable People Partnership (SVPP) Domestic Abuse sub-group meetings
- Linked with the Employee Assistance Programme (EAP), to discuss future training to EAP, Occupational Health and Human Resources (HR) on how to support Trust staff who may be experiencing domestic abuse.
- Assembled additional resource packs for staff/students with information about domestic violence and abuse
- Successfully completed the Safelives Independent Domestic Abuse training
- Developed prompt for domestic abuse enquiry to the antenatal appointment documentation on Millennium
- Developed workbook to support Preceptorship programme for midwives
- **Objectives for 2022-2023**
  - To participate in the development and delivery of a training package on the Complex Trio alongside Alcohol Liaison and Mental Health Liaison Team
  - Review training currently offered for all staff
  - Roll out workbook for all preceptorship and Overseas Nurses
  - Continue working with the Employee Assistance Programme (EAP), to develop future training to EAP, Occupational Health and Human Resources (HR) on how to support Trust staff who may be experiencing domestic abuse
  - Undertake a Midwifery Routine Enquiry about Domestic Abuse (due December 2022)
  - Explore the potential to develop 'Listening Lounges' with the Chaplaincy Service for staff experiencing domestic violence or abuse.
  - Update the Trust's Domestic Abuse affecting Staff (Perpetrators and Victims) Policy.
  - Attend ED supervision sessions in order to offer advice and guidance as required
  - Develop resources that will safely advertise the domestic abuse services available in the Trust in other key languages.

Full report available on request

**2. Recommendations (Note, Approve, Discuss)**

To note this report

**3. Legal / Regulatory Implications**

To be compliant with:

- Care Quality Commission, Fundamental Standard 13, Safeguarding Service users from abuse and improper treatment-Health and Social Care Act (2008) (Regulated activities)
- Mental Capacity Act 2005 including Deprivation of Liberty Safeguards 2007,
- Care Act 2014
- Serious Crimes Act (2015) Controlling and Coercive Behaviours

**4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)**

A year's funding by Bath and North East Somerset (BaNES), Wiltshire and Swindon Clinical Commissioning Group (BSW CCG) and BSW Public Health Services for 0.8 WTE post was agreed until March 2023.

Requirement for ongoing funding for this post is on the Trust Risk Register

**5. Resources Implications (Financial / staffing)**

The lack of continued funding for this vital post is on the Trust's Risk Register not only as supports some of the most vulnerable patients that present to the Trust but also it is highly likely that there will be a statutory requirement for all clinical staff to receive training on Domestic Violence and Abuse

Business case for ongoing funding has been completed and signed off by the Deputy Chief Nurse, now awaiting next steps in business planning processes

**6. Equality and Diversity**

Ensures compliance with the Equality Delivery System (EDS)

**7. References to previous reports**

Previously discussed at the Vulnerable People's Assurance Committee August 2022

**8. Freedom of Information**

Public



### Appendix 3

<b>Report to:</b>	<b>Quality Governance Committee</b>	<b>Agenda item:</b>	<b>14</b>
<b>Date of Meeting:</b>	<b>16th August 2022</b>		

<b>Title of Report:</b>	<b>Mental Health Annual Report 2021 – 2022</b>
<b>Status:</b>	<b>To Note</b>
<b>Board Sponsor:</b>	<b>Antonia Lynch, Chief Nurse</b>
<b>Author:</b>	<b>Julia Peacock, Mental Health Coordinator</b>
<b>Appendices</b>	<b>Nil</b>

#### **1. Executive Summary of the Report**

This report demonstrates compliance with Mental Health Act requirements and details the activity of the Mental Health Coordinator, Mental Health Liaison Team and Child and Adolescent Mental Health Service supporting the delivery of mental health care in the Trust

#### **Service Level Agreement**

The Mental Health Act service level agreement provides clinical and administrative support for patients detained at the RUH under the Mental Health Act. AWP are the provider of clinical and administrative services. This agreement is in place to ensure the RUH meets all the administration requirements under the Mental Health Act.

This includes provision of, the Responsible Clinician role, medical scrutiny of Section papers and training for Clinical Site Team and administrative support for patients wishing to appeal against their Section or advisory support.

#### *Key Clinical Responsibilities:*

- to provide an appropriate clinician to undertake the Responsible Clinician Role for patients detained under a section of the Mental Health Act. Dr William Bruce Jones and Dr Matt Jelley are the named responsible clinicians for the RUH.

#### *Key Administrative Responsibilities:*

- to provide administrative support 8:30–5:00pm
- to undertake scrutiny of section papers – to ensure the section is legal.
- to provide training when required for the site team with the administration of Section papers

The service level agreement also stipulates a single point of contact (dedicated phone number) is available for the Psychiatric teams to enable them to ask for advice and plan care with the RUH Acute Physician on call. This supports the physical needs of patients in local mental healthcare settings (Hillview and Ward 4), ensuring their physical care needs are met without an unnecessary attendance to the RUH emergency department

Patients detained under the Mental Health Act 2020-2021 and 2021-2022

Admitted under section 17 leave (2020/21)	Detention under Section 2 (2020/21)	Detention under Section 3 (2020/21)	Detention under Section 5 (2) (2020/21)	Detention under Section 37/41 (2020/21)
13	26	8	18	0
Admitted under section 17 leave (2021/22)	Detention under Section 2 (2021/22)	Detention under Section 3 ((2021/22)	Detention under Section 5 (2) (2021/22)	Detention under Section 37/41 (2021/22)
6	18	4	20	0

Patients who are detained under the Mental Health Act have the right to appeal to the hospital manager against their detention at any time. There was one tribunal held in 2021–2022.

#### Child and Adolescents Mental Health Liaison Service

The Child and Adolescents Mental Health Service (CAMHS) Liaison Service is provided by B&NES Oxford Health and was launched within the hospital in October 2017. Prior to this CAMHS operated an in reach service only. The service is available to all children and young people up to the age of 18 admitted to the Emergency Department, Maternity Services and the Children’s Ward, where there are concerns about their mental health and/or deliberate self-harm.

#### *CAMHS Liaison Service aims:*

- to provide comprehensive bio-psycho-social assessment, formulation and provision of mental health care for patients referred to the team
- to work collaboratively with RUH staff to facilitate a safe discharge
- support and training to general hospital staff relating to child and adolescent mental health
- to support the paediatric ward in the management of patients with mental health needs and input on discharge planning
- to develop repeat attenders care plans in conjunction with the Emergency Department

Full report available on request

## **2. Recommendations (Note, Approve, Discuss)**

To note this report

## **3. Legal / Regulatory Implications**

Mental Health Act (1983)

## **4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)**

Nil



<b>5.</b>	<b>Resources Implications (Financial / staffing)</b>
	Nil
<b>6.</b>	<b>Equality and Diversity</b>
	Ensures compliance with the Equality Delivery System (EDS)
<b>7.</b>	<b>References to previous reports</b>
	Last report presented at Quality Governance Committee 2021
<b>8.</b>	<b>Freedom of Information</b>
	Public