| Report to: | Public Board of Directors | Agenda item: | 17.1 |
|---|---|---|---|
| Date of Meeting: | 1 September 2021 | | |

| Title of Report: | Children's Safeguarding Annual Report |
|---|---|
| Status: | For Noting |
| Board Sponsor: | Antonia Lynch, Chief Nurse |
| Author: | Mike Menzies, Named Nurse Safeguarding Children and Young People |
| Appendices | Appendix 1: Maternity Safeguarding Annual report<br>Appendix 2: Safeguarding Children Key Performance Indicators |

| 1. | Executive Summary of the Report |
|---|---|

This report provides an overview of safeguarding children activity undertaken within the Trust between 1 April 2020 and 31 March 2021.

The Safeguarding team wish to highlight the following achievements to the Committee including:

- Support for the Emergency Department Care Quality Commission (CQC) improvement plan re: actions completed include a review of the nurse safeguarding role in the Emergency Department (ED) and the use of the safeguarding screening tool for any children presenting to the Trust. These identified risks have been removed from the risk register.

- The safeguarding team are working with the Trust and Bath, Swindon and Wiltshire (BSW) partners on a COVID-19 response to ensure that child centred safeguarding activity remains a focus within the Trust.

- Successfully completing and delivering a virtual MS teams Level 3 safeguarding children and maternity training package.

- Ongoing support of multi-agency safeguarding work with partners, fully engaging with the new Safeguarding Partnership arrangements and embedding learning from Serious and Local Case Reviews with trust staff.

- Increased support from the safeguarding midwives with attending child protection conferences, core groups etc. during the period of social isolation.

Going forward the children Safeguarding team will be focusing on the following issues in 2021/22:

- To ensure the Safeguarding team continue to respond to the challenges of COVID-19, including supporting a robust Trust and BSW-wide recovery plan

- To continue to work with the adult safeguarding team on implementing the Liberty Protection Safeguards (relevant for 16 and 17 year old children)

- To develop a joint children's and adults safeguarding strategy

- To support the development of safeguarding supervision across the adult areas of the Trust

- To continue working on raising staff awareness of Early Help Agenda so children get the right support at the right time.

| 2. | Recommendations (Note, Approve, Discuss) |
|---|---|

For noting and discussion.

| 3. | Legal / Regulatory Implications |
|---|---|

As a NHS provider, the Trust is required to comply with legislation and statutory guidance, this includes:

- Children Act 1989

- Children Act 2004

- Working Together to Safeguard Children 2018

- Care Quality Commission Fundamental Standard 13: Safeguarding Service Users from Abuse and Improper Treatment - Health & Social Care Act 2008 (Regulated Activities) Regulations 2014:Regulation 13

- Safeguarding Children & Young People: Roles and Competences for Health Care.

| 4. | Risk (threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc) |
|---|---|

The safeguarding team wish to highlight the following risks to the Committee (details in the report itself):

- **Safeguarding Children Training Level 2 and Level 3**
  In relation to Level 2 training the compliance has remained between 84%-85%, with action plans in place to continue to address compliance improvement.

  In relation to Level 3 training the compliance has remained at 73% Trust-wide and dropped to 68% in Maternity Services in Q4 2021. A number of training sessions were cancelled at the beginning of the COVID-19 pandemic. Once restarted the numbers were reduced significantly due to social distancing requirements and changing the training from face to face to a virtual platform. Additional sessions were added in during 2020/21 and further sessions are set up from 2021/22 both in children's and maternity Level 3 training to ensure there are sufficient places for those either out of date or approaching their renewal date. The National Level 3 e learning package has been successfully tested and is now available for staff who require an update. The highest risk is for new starters or those who have not yet received Level 3 training and these staff are prioritised for training. The risk to the Trust remains low.

- **Implementation of Safeguarding Supervision**
  The risk is low and an action plan is in place to address the issues in the main areas where supervision remains a challenge: Emergency Department, maternity and the paediatric ward. All smaller team supervision remained effective in 2020/21 with good compliance as described in section 5 of the report.

  In relation to COVID-19 requirements, all 1:1 supervision with identified leads has continued and the safeguarding team have provided business as usual ad hoc consultations for the Trust. All group supervision is now facilitated primarily by MS teams and face to face with safe social distancing. The training of additional supervisors is booked for Q2 2021/22 and will positively influence the compliance in the Trust.

- **Use of Maternity Pregnancy Management note on Millennium**
  It has been noted by the safeguarding team that, since the introduction of the Pregnancy Management note in early 2019, midwives have been using this to document safeguarding concerns rather than expected processes of creating a safeguarding note and safeguarding alert. This was placed on the risk register and action was taken to establish the extent of the problem and ensure that safeguarding information is kept separate from general obstetric documentation. Following communication of the correct process for documenting safeguarding concerns shared with all midwives and managers, an audit of 160 maternity Millennium records was carried out. This demonstrated that midwives are now using the correct process to communicate and document safeguarding concerns, and the risk has been removed from the risk register.

| 5. | Resources Implications (Financial / staffing) |
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None.

| 6. | Equality and Diversity |
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The Trust safeguarding arrangements reflect the ethnic, social, religious and sexual diversity of patients and families.

| 7. | References to previous reports |
|----|----|

N/A

| 8. | Freedom of Information |
|----|----|

Public

# Safeguarding Children & Young People Annual Report

# 2020-21



**Mike Menzies**
**Named Nurse Safeguarding Children & Young People**

**Contents**

## 1.   Introduction

Safeguarding children – the action we take to promote the welfare of children and protect them from harm is everyone's responsibility.  Everyone who comes into contact with children and families has a role to play.  Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system and by every individual agency playing their full part, working together to meet the needs of our most vulnerable children (Working Together, 2018).

All NHS providers are expected to comply with legislation and statutory guidance, this includes:

- Children Act 1989;
- Children Act 2004;
- Working Together to Safeguard Children 2018
- Care Quality Commission Fundamental Standard 13: Safeguarding Service Users from Abuse and Improper Treatment - Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13
- Safeguarding Children & Young People: Roles and Competences for Health Care Staff (Intercollegiate Document 2019).

This report provides an overview of safeguarding children activity undertaken within the Trust between 1 April 2020 and 31 March 2021.

The aim of this report is to provide assurance that safeguarding children activity:

- Meets national and local safeguarding standards
- Demonstrates a model of continual improvement
- Identifies existing or potential risk in relation to statutory responsibilities.

The structure of this report incorporates all safeguarding children standards and performance indicators for key providers of health services for 2020-21.

## 2.   Governance and Commitment to Safeguarding Children

Local Safeguarding Children Boards (LSCBs) are the key statutory mechanism for agreeing how organisations will co-operate to safeguard and promote the welfare of children.  The LSCBs have changed and each local authority have set up new safeguarding  partnership arrangements in line with the recommendations in Working Together 2018, and have combined both children and adults boards.  From October 2019 onwards the local authorities are now known as:

BaNES:    B&NES Community Safety & Safeguarding Partnership (BCSSP)
Wiltshire:   Safeguarding Vulnerable People Partnerships (SVPP)
Somerset: Somerset Safeguarding Children Partnership

The Trust is represented at the BaNES and Wiltshire Operational Board by the Executive Lead for Safeguarding, the Chief Nurse or a nominated deputy.  Attendance at the BaNES Board during 2020-21 was 100%; attendance at the SVPP Board attended by our health partners at Great Western Hospitals NHS Foundation Trust and Salisbury NHS Foundation Trust was 100%.

The Safeguarding Team represents the Trust at the following partnership sub groups:

**BaNES (BCSSP)**
Exploitation Sub-Group, Community Safety Partnership, Joint Training and Workforce Development Sub Group and the Early Intervention Sub Group.

**Wiltshire (SVPP)**
The Named Midwife attends the Early Intervention Sub Group, and the Domestic Violence lead attends the Domestic Abuse Sub Group supported by the Named Nurse and Named Midwife for safeguarding.

The Chief Nurse is the Executive Director responsible for safeguarding, a nominated Non-Executive Director acts as a safeguarding champion on the Board. In the absence of the Chief Nurse, the Deputy Chief Nurse holds delegated authority for safeguarding children.

Further monitoring against the Safeguarding Children: Standards and Performance Indicators for Providers of Health Services occur through the Clinical Outcomes and Quality Assurance reports that are submitted to the Clinical Commissioning Groups (CCG) on a quarterly basis. The CCG Designated Nurse for Children provides supervision and oversight to the Named Nurse and Named Midwife for Safeguarding Children and Young People within the Trust.

**Children and Young People's Safeguarding Committee**
The Children and Young People's Safeguarding Committee has been chaired by the Chief Nurse. A report of the meeting is submitted and presented to the Clinical Governance Committee quarterly, drawing attention to any issues that require adding to the Trust Risk Register.

**Care Quality Commission (CQC)**
The CQC undertook an unannounced inspection of the Emergency Department (ED) in January 2021. The visit identified a reduction in training compliance for safeguarding children training.

The safeguarding team are working in collaboration with the ED, providing additional training to achieve compliance. All staff now have a booked training date. Staff who are already trained to Level 3 safeguarding training have access to an update via the e learning for health Level 3 safeguarding children course. This continues to be reported through the Safeguarding Committee structures.

**Section 11 Audits**

**BaNES Section 11 Audit**
The Named Nurse completed a Section 11 audit with BaNES Community Safety Safeguarding Partnership in Q4 as part of their 3 yearly cycle of Quality Assurance measures. This was ratified by the Chief Nurse before returning to the safeguarding partnership. The audit focused primarily on partner agencies safeguarding response to COVID-19. The 4 sections include: Multi-Agency Safeguarding Arrangements, Threshold/Continuum of Need, Engaging with Children and Young People, and Training and Workforce Development.

An action plan has been created for each section where appropriate and progress will be reported through the safeguarding governance structures. There were no significant risks to

the Trust and the action plan focusses on improving the quality of referrals to children's social care and engaging with children and young people.

**Joint Targeted Area Inspection (JTAI)**
The JTAIs are 6 monthly themed joint inspections of the multi-agency response to abuse and neglect across England and provide a mechanism to deep dive and assess how agencies work together in relation to planned themes. The Named Nurse is meeting bi-monthly with the BaNES JTAI preparation group to ensure that the Trust and partners are prepared for any future JTAIs. There were no local JTAIs in 2020/21.

**Child Protection Information Systems (CPIS)**
CP-IS is a national programme that shares information for children subject to Child Protection Plans, Looked After Children and pregnant people whose babies are subject to Child Protection Plans with the local authority where the children and families live, if they present to the Trust unscheduled care settings (Emergency Department and Urgent Care). There is an effective, interim process in place and IT are working on a full electronic solution which should be in place by Q1 2021-22.

**COVID-19 Requirements for Safeguarding**
The safeguarding team have attended regular COVID-19 safeguarding risk review meetings with the local Designated Nurses for Safeguarding (BSW CCG) throughout 2020-21 alongside other health providers. This provides a conduit for updates, in addition to ensuring the Trust safeguarding team are appraised of any further local, regional and national changes.

**Wiltshire Safeguarding Vulnerable People Partnership (SVPP) Covid-19 Safeguarding Impact Review**
The Safeguarding team responded to a request from Wiltshire SVPP in Q4 to examine the Trusts COVID-19 safeguarding response and provide a review of how Trust systems and processes have responded to COVID-19 restrictions and guidance from a safeguarding Think Family perspective. This review was completed with the support of the adult safeguarding team, to reflect the holistic safeguarding approach.

The key themes focussed on:
a) Vulnerable children and vulnerable maternity clients continue to be seen face to face as much as possible. Any children who are deemed vulnerable continued to be seen in clinic and maternity cases were seen face to face.
b) Adult and children's safeguarding team converted training to a digital platform
c) Safeguarding supervision has been converted to a virtual platform
d) The report highlighted the need to continue to monitor the number of children who are not being brought to appointments
e) There is an increase in children presenting to the Trust with complex mental health issues during the COVID-19 period. Action plans are in place to support these issues.

**Safeguarding Children Audits 2020/21**
Safeguarding children audits are included in the Trust Clinical Audit Programme. During this period the following audits were undertaken:

- Knowledge and Skills Audit

- Multi Agency Cuckooing Audit (where children or adults were in involved in County Lines)

- Multi Agency Child Sexual Exploitation Audit
- Maternity audits (see maternity report).

Audit reports and action plans were submitted to the Children and Young People's Safeguarding Committee in 2020/21 and are monitored through the audit action tracker and forward plan process.

## 3. Policies, Procedures and Guidelines

During 2020/21 a number of policies have been written or revised to meet local or national requirements. The following policies and protocols have been written or updated in this period:

- Section 85 Policy
- Escalation Policy
- Chronology Guidance where there are Safeguarding Concerns
- Discharge Planning Guidance where there are Safeguarding Concerns
- Did Not Wait Guidance for the Emergency Department.

## 4. Appropriate Training, Skills and Competences

Despite the challenges COVID-19 presented in 2020/21, there has been a consistent focus on Level 2 and Level 3 Safeguarding Children training from the safeguarding children team with support from the departmental educational leads, Education Centre and Human Resources (HR) Business Partners across the Trust, to ensure compliance in achieving the 90% standard.

Table 1 shows compliance figures for all levels of training during 2020-21 for all staff including maternity.

| Subject | Compliance Requirement | Q1 2020/21 | Q2 2020/21 | Q3 2020/21 | Q4 2020/21 |
|---|---|---|---|---|---|
| Safeguarding Children Level 1 | 90% | 85.62% | 85.99% | 87.20% | 86.65% |
| Safeguarding Children Level 2 | 90% | 84.79% | 84.34% | 85.50% | 84.80% |
| Safeguarding Children Level 3 | 90% | 73.22% | 72.51% | 73.80% | 73.83% |

Table 1 Training Compliance Figures (Including Maternity)

Maternity Services Only Compliance Figures

**See Maternity report (Appendix 1)**

The Level 2 Safeguarding Children training compliance for the Trust ranges from 84.3%-85.5%. The Named Nurse is working closely with the Education Department to identify and address the areas that require support to meet the 90% compliance. The Named Nurse has revised both the Level 1 and Level 2 e learning so these can be utilised to increase and sustain the compliance to 90%.

The current Level 3 Safeguarding Children compliance has ranged from 73.22% to 73.83% in Q4 and the Named Nurse has met with the compliance manager in the Education Department quarterly and worked closely with the HR Business Partners, operational managers and practice development leads in each area to identify staff requiring training. This has enabled those staff who require training to access the in house Level 3 safeguarding training days facilitated by the safeguarding children team, or newly agreed national level 3 e learning package.

In March 2020/21, all face to face training was cancelled and was converted to virtual, via MS teams in Q4 in line with Trust guidelines, including the delivery of the Level 3 safeguarding children training. This has had an impact on the compliance with Level 3 training throughout the year. The safeguarding team have defined an action plan, including additional and ad hoc sessions, and successfully tested the use of the National Level 3 e learning package to support staff compliance. The highest risk relates to new starters who have never had safeguarding training; this staff group have been identified and additional training sessions have been developed to meet their needs. Demand and capacity has been modelled for 2021/21 to ensure there are sufficient sessions for staff who are out of compliance or nearing their update deadline.

19 Level 3 training sessions were delivered to 210 staff in the year 2020-21.

## 5. Effective Supervision and Reflective Practice

The safeguarding team provided quarterly one to one supervision with 38 identified leads across the Trust in 2020-21; 20 in Maternity Services and 18 across other Children's facing workforce. Current compliance is:

- Named Nurse 1:1 92% (18 leads); and
- Named Midwife 1:1 94% supported by the Named Nurse and Specialist Safeguarding Midwife (20 leads).

The safeguarding team uses a database to ensure robust recording which is monitored through the Children and Young People's Safeguarding Committee.

The challenges have been in embedding group supervision in the larger teams namely: Maternity Services, paediatric ward and the Emergency Department.

Group supervision now runs virtually each quarter and is embedded in Maternity community services. In the Bath Birthing Centre, challenges remain in staff accessing group supervision and action plans are in place to address this (see Maternity report).

On the paediatric ward, virtual sessions have been successfully trialed and will commence weekly in 2021/22. In the ED, there are now 2-3 virtual supervision sessions a month for all nursing staff, including Emergency Nurse Practitioners.

In the smaller teams the compliance rates are as follows (standard 90%):

- Paediatric Therapies 78%
- Paediatric Consultants 95%
- Paediatric Diabetes Team 90%
- Integrated Sexual Health Team 68%

- Royal National Hospital for Rheumatic Diseases Centre for Pain Services 69%.

Fourteen additional supervisors were identified to support the supervision process across the Trust, however the planned training was postponed due to COVID-19 restrictions and is rescheduled for Q2 2021/22.

The COVID-19 restrictions affected group supervision sessions with all sessions cancelled initially. Currently all supervision sessions are managed virtually via MS teams. All 1:1 supervision and ad hoc consultations with the safeguarding children team have continued virtually and face to face (in line with social distancing guidance) and have not been affected by the COVID-19 restrictions. Action plans are in place in 2021/22 to continue to support the most challenging areas of the Bath Birthing Centre.

The supervisors continue to be supported by the safeguarding team and the Supervision Implementation Group. Supervision remains a low risk on the Trust risk register.

## 6. Effective Multi Agency Working

The Trust actively engages in supporting our external partners in the following:

- Working with the Multi Agency Safeguarding Hub (MASH) within BaNES;
- Supporting Trust representation at the Domestic Abuse Multi-Agency Risk Assessment Conference (MARAC) in both BaNES and Wiltshire;
- BaNES Multi-Agency Joint Targeted Area Inspection (JTAI) preparation group;
- BaNES Operational Exploitation Meeting which highlights those most vulnerable to the Trust;
- Health Information Sharing Group ( BaNES CCG lead) to ensure robust information sharing, systems and process between health partners in the area;
- Drug and Alcohol Working Group with local partners;
- Sexual Health Information Sharing Group with local partners;
- Paediatric Mental Health Group;
- Safeguarding partner agency meetings in both BaNES and Wiltshire;
- Wiltshire Contextual Safeguarding Group.

## 7. Reporting Serious Incidents

There have been no Serious Incidents reported or investigated by the Safeguarding Children team in 2020/21.

## 8. Engaging in Serious Case Reviews (SCRs)

### BaNES LSCB SCR (Brooke/Button)
This is a case related to Child Sexual Exploitation where the Named Nurse represented the Trust. The SCR has been completed and the report is published, but not for wider sharing. There was no significant risk to the Trust. The Trust have returned the single agency action plan to the local BaNES Safeguarding Partnership and all actions are completed as the Trust are fully engaging with the BaNES CCG Health Information Sharing Group.

**Somerset SCR Family B**

The Named Midwife and Named Nurse responded to a rapid review request where two young children were harmed in the care of their parents. As unborn babies, they were both known to Maternity Services and the paediatric team. The Rapid Review chronology was completed and the National SCR Panel agreed this met the criteria for a Serious Case Review. A draft report has been produced by the lead reviewer and the recommendations from this have been agreed and finalised.

An action plan specific to the Trust has been developed; the final action is now completed as the safeguarding walkabouts have restarted in Q4 2020/21. There is no significant risk to the Trust and we are fully engaged with the processes.

**Rapid Review Requests**

The Safeguarding Team has responded to 6 Rapid Review requests in line with the new Working Together to Safeguard Children 2018 arrangements; 4 from BaNES BCSSP, 1 from Wiltshire SVPP and 1 from Somerset Safeguarding Partnership.

The 4 BaNES rapid review requests did not meet the criteria for Serious Practice reviews and will be managed as local learning events. Two were related to knife attacks on young people and will be combined as a joint learning event and audit in 2021/22. One related to injuries received by a 7 week old baby and will be managed as a local learning review, focusing on good practice. No risk to the Trust was identified as all expected safeguarding processes were followed. For the final rapid review request please see Maternity report.

The single Wiltshire request did not meet the criteria for a Serious Practice Review and was managed as local learning event in 2020/21. An action plan has been created reviewing processes for referring young people to local drug and alcohol services.

The Rapid Review request from Somerset Safeguarding Partnership was for a young person who sadly died whilst in foster care. The Trust responded and had no information to share for the young person and any members of the family. We will await the outcome of the review to integrate any learning into Trust processes, training and supervision.

**Wiltshire Domestic Homicide Review (DHR)**

The Named Nurse responded to a request for information from Wiltshire Local Authority investigating the homicide of a 17 year old. The Trust had no information related to the victim and only minimal contact with the alleged perpetrator. The report has been completed and is awaiting national ratification before returning to partner agencies. There is no significant risk to the Trust.

## 9.   Safer Recruitment and Retention of Staff

The Disclosure and Barring Policy has been ratified and published; the policy sets out the requirements of the Trust on checks of criminal records obtained through the Disclosure and Barring Service (DBS).

## 10.   Managing Safeguarding Children Allegations Against Members of Staff

There have been no Safeguarding Allegations against members of staff reported within the Trust in this period.

## 11.   Engaging Children and their Families

The Trust welcomes feedback from children and their families.  A number of systems have been established to incorporate feedback; Friends and Family feedback for the whole family is encouraged across the workforce.  Children aged 16 plus are encouraged to complete Friends and Family feedback independently.  Specialist nurses in the diabetes team run parents' evenings to engage families in sharing experiences and feedback.  The safeguarding team work closely with the Patient Advisory Liaison Service within the Trust to support ongoing issues of a safeguarding nature with young people, families and carers.

## 12.   Organisational Risks

There are 7 risks in relation to Safeguarding Children on the Trust risk register, each is clearly defined with controls and action plans in place to reduce risk.  (2 were closed, see below.)

Risks that remain open are related to:

- **Safeguarding Children Level 2 and Level 3 training compliance**
  There are action plans for both Level 2 and Level 3 training.  In relation to Level 2 training the compliance has remained at 84.3%-85.5% for the year.

  In relation to Level 3 training, the compliance has remained at 73% Trust wide and dropped to 68% in Maternity Services in Q4 2021.  A number of training sessions were cancelled at the beginning of the COVID-19 pandemic.  Once restarted, the numbers were reduced significantly due to social distancing requirements and changing the training from face to face to a virtual platform.  Additional sessions were added in during 2020/21 and further sessions are set up from 2021/22 both in children's and maternity Level 3 training to ensure there are sufficient places for those either out of compliance or coming out of compliance.  The National Level 3 e learning package has been successfully tested and is now available for staff who require an update.

  The highest risk relates to new starters or those never had training before and these staff are identified as a priority.  It is anticipated that these measures will ensure the Trust returns to pre COVID-19 compliance of just below 90%.

  The risk remains low to the Trust.

- **Implementation of safeguarding supervision**
  Action plans are in place to address the issues in the main areas where supervision remains a challenge: Emergency Department (ED), Maternity and the paediatric ward (see Section 5).

  In relation to COVID-19 requirements, all 1:1 supervision with identified leads has continued and the safeguarding team have provided business as usual ad hoc consultations for the Trust.  All group supervision is now facilitated primarily by MS teams and face to face with safe social distancing.  The training of additional supervisors is booked for Q2 2021/22 and will positively influence the compliance in the Trust.

  The risk remains low to the Trust.

- **CP-IS implementation process**
  The Named Nurse has followed up with the Emergency Department and Maternity Services, and CP-IS is fully integrated using the interim Summary Care Record application route. The IT team are developing the electronic solution which is scheduled be in place in Q2 2022. CP-IS remains on the risk register until the electronic solution is implemented and quality assured. The current risk is low as the interim process is working effectively.

- **Reviewing nurses role in the Emergency Department**
  This has been removed from the risk register, after ratification from the ED Clinical Governance and Safeguarding Children Committees, as the reviewing nurse role continues to review and action between 80-90% of under 18s presenting within 72 hours and all within 5-7 days.

- **Use of the safeguarding children screening tool in the Emergency Department**
  The screening tool rates have remained consistently between 85-90% and this has been removed from the risk register after ratification from the ED Clinical Governance and Safeguarding Children Committees. This is reassessed weekly and contingencies are in place to review the risk if the rate falls to consistently below 80%.

- **Management of paediatric patients that fail to attend appointments across the Trust**
  The risk remains low to the Trust as all the safeguarding team actions are complete and the feedback from staff is positive, including contact with the team to support concerning cases. The Named Nurse is working with Children's facing areas to assess the compliance with the Was Not Brought Policy in 2021/22.

- **Use of the Pregnancy Management Note on Millennium Maternity**
  (see Maternity report Appendix 1)

Actions related to the risks are reviewed at the Children and Young People's Safeguarding Committee and reported through the Operational Clinical Governance Committee.

13. **Achievements 2020/21**

- The safeguarding team working with the Trust and BSW partners on a COVID-19 response to ensure that child centred safeguarding activity remains a focus within the Trust.

- Continued embedding of the supervision model across the Trust. Named Leads requiring 1:1 supervision remain consistently over 90% compliance for the Trust. Focus remains on Maternity, Emergency Department and the paediatric ward in supporting the group supervision agenda. All supervision is now delivered virtually.

- The children's safeguarding team are part of the Health Information Sharing Group in BaNES ensuring robust process are in place for flagging young people at risk of harm and sharing information between health partners. This includes sexual health services sharing attendances of young people with GPs and school nurses (with consent).

- Continued support of the Safeguarding Children and Adults Operational Committee Governance with Joint Safeguarding Children's Operational meetings continuing virtually and plans for this to report into a newly formed Vulnerable People's Assurance Committee.

- Supporting work in the Emergency Department related to use of the safeguarding screening tool now at 85-90% and removed from the risk register.

- Supporting the reviewing nurse role in the Emergency Department with 80-90% of under 18s being reviewed within 72 hours. This has been removed from the risk register.

- Development and delivery of a virtual Level 3 safeguarding children and maternity training package in line with COVID-19 requirements.

- Restarting the paediatric mental health group with safeguarding partners.

- Multi agency work with partners improving the referral systems to local drug and alcohol services for children and young people.

## 14. Objectives for 2021/22

- To develop a joint Adult and Children's Safeguarding Strategy.

- To ensure the Safeguarding team continues to respond to the challenges of COVID-19, including supporting a robust Trust and BSW-wide recovery plan.

- To support the development of reflective safeguarding supervision across the Trust.

- Annual Safeguarding Team Workshop.

- To work with partner agencies and Designated Nurses across the new Partnership arrangements and CCGs on SMART reporting, audit, policy development and work plan priorities. This includes more narrative in reporting on how we are ensuring outcomes are improving for children and families.

- To work closely with the Adult Safeguarding lead on the implementation of the new Liberty Protection Safeguards.

- To continue working on raising staff awareness of Early Help agenda so children and families get the right support at the right time.

- To re-embed the safeguarding walkabouts in both children's facing and maternity areas.

## 15. Concluding Comments

This report has focused on the key safeguarding activity improvements and risks within the organisation.

**References**
Intercollegiate Document*: Safeguarding Children and Young People, Roles and Competences for Health Care Staff* , London RCPCH, 2019

Working Together to Safeguard Children, London, DSCF, 2018

**Appendix 1: Maternity Safeguarding Annual Report 2020-2021**

**1.    Governance and Commitment to Safeguarding Children**

**Maternity Safeguarding Committee**
The meetings continued to be held quarterly in line with the Children and Young People's Safeguarding Committee, to review new maternity specific policies, completed audits and information Safeguarding Committees.  The meetings are chaired by a Maternity Matron.

**The Community Lotus Team**
The Lotus team continue to caseload the women with complex social factors managed by the Specialist Perinatal Mental Health Midwife.  The Bath area Lotus midwives provide continuity of carer to selected women on their caseload.  More Midwives have been recruited to the team in the Trowbridge, Paulton and Bath areas.  These Midwives have received 1-1 support from the Safeguarding Midwives and will be having supervision quarterly going forward.

**Perinatal Mental Health**
The Named Midwife continues to work closely with the Specialist Perinatal Mental Health Midwife to support the ongoing development of the perinatal mental health service.  In the next year there will be a new dedicated mental health service introduced for new, expectant and bereaved people.  The Bath, Swindon and Wiltshire area will be an early implementer of this service.

New, expectant or bereaved mothers will receive help and support for mental health problems through dozens of new dedicated hubs which are being set up across the country.

**Safeguarding Children Audits (Maternity)**
Safeguarding children and maternity audits are included in the Trust Clinical Audit Programme.  During the period the following audits were undertaken:

- Multi-agency Early Help Assessment Audit with BaNES Community Safety and Safeguarding Partnership

- Multi-agency Under 1s with Parental Substance Abuse Audit with Wiltshire Safeguarding Vulnerable People Partnership

- Maternity Spot Check Safeguarding Audit with a focus on domestic abuse routine enquiry

- Audit of Women with Complex Social Factors (Maternity)

- Audit of the use of the pregnancy management note in Maternity.

Audit reports and action plans were submitted to the Maternity Services Safeguarding Committee and then the Children and Young People's Safeguarding Committee in 2020-21, and are monitored through the audit action tracker and forward plan.

**2.    Policies, Procedures and Guidelines**

No new Maternity policies and protocols have been written or updated in this period.

## 3. Appropriate Training, Skills and Competences

The Trust training and compliance figures are listed in the tables below. In line with the revised intercollegiate document introduced in January 2019, all maternity care assistants (MCAs) should be trained at Level 3 safeguarding children. This led to Maternity Services' compliance dropping below 90% in 2019-20. Plans to ensure that MCAs are booked onto the training were then delayed due to the COVID-19 pandemic. Training was suspended in March 2020. This had the effect of further reducing the compliance figures due to new starters and staff whose compliance has expired not being able to access training. Face to face training did recommence over the summer months, however, due to the need for social distancing measures, the numbers of staff that could be trained in each session were low. Face to face training was again suspended in December 2020 and the training presentation was, therefore, adapted so that it could be delivered via MS Teams. In March 2021 the first MS Teams maternity Level 3 training was delivered.

| Subject | Compliance Requirement | Q1 2020/21 | Q2 2020/21 | Q3 2020/21 | Q4 2020/21 |
|---|---|---|---|---|---|
| Safeguarding Children Level 1 | 90% | 83.11% | 86.71% | 89.4% | 84.83% |
| Safeguarding Children Level 2 | 90% | 83.21% | 82.26% | 86.92% | 82.16% |
| Safeguarding Children Level 3 | 90% | 76.37% | 72.8% | 74.9% | 68.19% |

Table 1 Maternity Services Only Compliance Figures

Compliance at the end of the year for Level 3 maternity is 68.19%. In order to bring this back up to over 90% the Named Nurse and Named Midwife have booked in 23 Level 3 safeguarding children training days up until the end of December 2021, 10 of which are maternity specific. The training will continue to be delivered via MS Teams until we have further guidance about the lifting of social distancing and there is currently the capacity to train 14 members of staff on each session. Communication has been sent out to all line managers to ask them to ensure that any staff whose compliance has expired, or will expire before the end of 2021, have booked onto one of the available sessions.

## 4. Effective Supervision and Reflective Practice

The Named Nurse and Specialist Safeguarding Nurse continue to support the Named Midwife to embed the supervision agenda alongside the supervisors' network. Safeguarding supervision compliance is monitored through the maternity and children's safeguarding committees and remains on the Trust risk register.

The maternity compliance for the quarterly 1:1 safeguarding supervision with the 20 identified leads has been consistently above the 90% compliance target for the year 2020-21 and has been achieved with the support of the whole safeguarding team.

Group supervision remains a challenge within maternity, due to the restrictions on face to face contact during the COVID-19 pandemic. This has been particularly challenging within the acute maternity setting. The safeguarding team continued to be available for any ad hoc or face to face supervision consultations as required and a plan is in place to re-embed safeguarding supervision across maternity as we enter the COVID-19 recovery period.

There is also a plan for reporting compliance with group safeguarding supervision over the next year that has been agreed on discussion with the Designated Nurse. Going forward this will be reported 6 monthly rather than quarterly, as the majority of midwives attend this supervision twice a year. This is because the women with complex social factors are under the care of the Lotus team midwives who have quarterly 1-1 safeguarding supervision.

The training of further supervisors planned for the end of March 2020 was postponed due to the COVID-19 guidance. This is now planned for July 2021 and will be delivered via MS Teams.

## 5. Multi-Agency Working

- The Named Midwife is an accredited trainer for the Wiltshire Graded Care Profile 2 and is disseminating multi-agency training to identified leads and members of the safeguarding team.

- The Named Midwife has attended multi-agency Five to Thrive training in Wiltshire and is now a champion for this trauma-informed practice.

- The Named Midwife for Safeguarding is involved in the Best Start in Life Sub Group. This is a multi-agency group that meet to ensure that services for children from conception to school age are cohesive and affective, with a particular focus on early help.

- The Named Midwife for Safeguarding is a member of the BaNES Early Intervention Sub-group.

- The Named Midwife for Safeguarding has been involved in multi-agency safeguarding audits with both BaNES and Wiltshire Safeguarding Partnerships.

- The Named Midwife for Safeguarding has joined the Somerset Mendip area pre-birth tracking meetings that were set up early in 2020. These are monthly meetings attended by representatives from health and social care in order to monitor the progress of unborn babies on either Child in Need or Child Protection plans. The Named Midwife has set up similar meetings in the Wiltshire area and will be setting them up in BaNES in the next year.

## 6. Reporting Serious Incidents

There have been no Serious Incidents reported or investigated by the Safeguarding Children team in 2020/21 (Maternity).

## 7. Engaging in Serious Case Reviews (SCR)

**Somerset Serious Case Review Family B** (see main report).

**Somerset Rapid Review request**
In Q4 2019-20 the Named Nurse and Named Midwife responded to a Rapid Review request for information related to a child that died in the care of his father. The case was discussed at the National Safeguarding Chid Practice Review Panel who decided that this met the threshold for a local Serious Practice (Case) Review. The Trust was informed that the timeline for the review was outside of the period of time that midwives were giving care. The focus is on domestic abuse and its impact on children. The review will be published following completion and shared via the usual process. The only issue identified for the Trust Maternity Services was staff not following usual processes for contacting the safeguarding

team with issues raised in labour. This had already been recognised and actioned by the Named Midwife and added to the Trust risk register.

**BaNES Rapid Review Request**
There was a rapid review request at the end of Q3 with regard to an incident involving a woman who delivered at home having not accessed any NHS antenatal care. Consequently no risk to the Trust was identified. This will not be going to serious practice review. The Trust is awaiting to hear if this will proceed to a local learning review.

8.    **Organisational risks**

- **Use of the Pregnancy Management Note on Millennium records (1978)**

    It has been noted that since the introduction of the pregnancy management note in early 2019, midwives have been using this to document safeguarding concerns rather than creating a separate safeguarding note. In addition to this there is no safeguarding alert generated and sent to the safeguarding midwives and often no flag placed on the woman's Millennium record.

    This was placed on the risk register and action was taken to establish the extent of the problem and ensure that safeguarding information is kept separate from general obstetric documentation. Following communication of the correct process for documenting safeguarding concerns shared with all midwives and managers an audit of 160 maternity Millennium records was carried out. This demonstrated that midwives are now using the correct process to communicate and document safeguarding concerns, and the risk has been removed from the risk register.

**Maternity safeguarding Achievements 2020-21**

- The Named Midwife is a designated trainer supporting the implementation of the GCP2 in Wiltshire and also a Five to Thrive champion for the Royal United Hospitals NHS Foundation Trust.

- Continuation of full support and care via the Lotus team for women with complex social factors during the COVID-19 pandemic.

- Increased support from the safeguarding midwives with attending child protection conferences, core groups etc during the period of social isolation.

- The Named Midwife has gained the letter of competence from the Faculty of Sexual and Reproductive Health, to fit the Nexplanon contraceptive implant for Lotus team women and has fitted 5 implants since being trained in August 2020.

- The Named Midwife was involved in the delivery of an NHS England webinar on domestic abuse support for pregnant women during the COVID-19 pandemic.

**Maternity Safeguarding Objectives 2020/21**

- To continue working on raising staff awareness of Early Help Agenda so children get the right support at the right time.

- To re-embed safeguarding supervision across maternity in the COVID-19 recovery period in both the community and acute settings.

- To increase the compliance of Level 3 safeguarding training back to the required level across the Trust in the COVID-19 recovery period by continuing to deliver both generic and maternity specific training for new starters, maternity care assistants and maternity staff coming out of compliance.

- To carry out safeguarding walkabouts in the community birthing centres along with the new domestic abuse support practitioner, in order to provide assurance that maternity staff are aware of the Trust safeguarding processes and policies.

- To work with the Domestic Abuse Support Practitioner to ensure that routine enquiry about domestic abuse becomes fully embedded within maternity, ensuring that all people coming through the RUH maternity service are asked about domestic abuse at every safe opportunity.

- To continue as part of the Best Start in Life working group in order to improve outcomes for children from conception to aged 5.

- To continue to work with the IT lead midwife to improve the recording and storage of maternity safeguarding information.

- To continue to attend the pre-birth tracking meetings in Somerset and Wiltshire and to set up these meetings in the BaNES area so that babies on Child in Need and Child Protection plans are effectively safeguarded.

- To work with the other members of the children's and adults safeguarding teams to ensure that people with complex social factors coming through the RUH maternity services receive holistic individualised care that supports all of their needs and ensures that their babies are effectively safeguarded.

**Appendix 2: Safeguarding Children:  Quarterly Performance Indicators for Safeguarding Children Standards 2020-21**

| Workforce Safeguarding Training - Core Standard 3 (Not Midwifery) | Addt. Info | Quarter 1 April/ May/ June | Quarter 2 July/ August/ September | Quarter 3 October/ November/ December | Quarter 4 January/ February/ March | Total/ Average |
|---|---|---|---|---|---|---|
| Safeguarding children training Level 1 uptake | *Number* | 5399 | 5378 | 5488 | 5549 | |
| | *Percentage* | 85.6% | 86.0% | 87.2% | 86.7% | 86.4% |
| Safeguarding children training Level 2 uptake | *Number* | 3545 | 3485 | 3564 | 3581 | |
| | *Percentage* | 84.8% | 84.3% | 85.5% | 84.8% | 84.9% |
| Safeguarding children training Level 3 uptake | *Number* | 495 | 496 | 502 | 505 | |
| | *Percentage* | 73.2% | 72.5% | 73.8% | 73.83% | 73.3% |
| Safeguarding children training Level 4 uptake | *Number* | 4 | 4 | 4 | 2 | |
| | *Percentage* | 100.0% | 100.0% | 100.0% | 40.0% | 85.0% |

| | | Quarter 1 April/ May/ June | Quarter 2 July/ August/ September | Quarter 3 October/ November/ December | Quarter 4 January/ February/ March | Total/ Average |
|---|---|---|---|---|---|---|
| **Domestic Violence/ FGM / CSE/ Modern Trafficking and Slavery training uptake** *Not currently collected but would be obtained through Level 3 records.* | *Number* | 495 | 496 | 502 | 505 | |
| | *Percentage* | 73.2% | 72.5% | 73.8% | 73.8% | 73.3% |
| **Prevent Level 2 training uptake (Children only provider e.g CAMHS)** | *Number* | 5899 | 5908 | 5995 | 6038 | |
| | *Percentage* | 93.6% | 94.5% | 95.2% | 94.4% | 94.4% |
| **WRAP Level 3 training uptake (Children only provider e.g CAMHS)** | *Number* | 3612 | 3604 | 3723 | 3771 | |
| | *Percentage* | 86.4% | 87.2% | 88.9% | 88.6% | 87.8% |
| **Workforce Safeguarding Supervision - Core Standard 4** | | | | | | |
| **Supervision received by Acute Named Dr from Designated Doctor *N/A*** | *Percentage* | 100.0% | 100.0% | 0.0% | 100.0% | 75.0% |
| **Supervision received by Acute Named Nurse from Designated Nurse** | *Percentage* | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

| | | Quarter 1<br>April/<br>May/<br>June | Quarter 2<br>July/<br>August/<br>September | Quarter 3<br>October/<br>November/<br>December | Quarter 4<br>January/<br>February/<br>March | Total/<br>Average |
|---|---|---|---|---|---|---|
| **Supervision received by Named Midwife/Safeguarding Midwife from Designated Nurse- *N/A*** | *Percentage* | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| **Supervision sessions received by Safeguarding Specialist Practitioner** | *Number* | 1 | 1 | 1 | 1 | 1 |
| | *Percentage* | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| **Safeguarding supervision received by Clinical ED/MIU staff** | *Number* | no data available | no data available | 8 | 5 | |
| | *Percentage* | no data available | no data available | not defined | not defined | #DIV/0! |
| **Safeguarding supervision received by Sexual Health -*N/A*** | *Number* | 1 | 0 | 1 | not available | |
| | *Percentage* | 68.0% | 60.0% | not defined | not defined | 64.0% |
| **Safeguarding supervision received by Community Midwifery team *n/a*** | *Number* | no data available | no data available | no data available | no data available | |
| | *Percentage* | no data available | no data available | no data available | no data available | #DIV/0! |
| **Safeguarding supervision received by Acute Midwifery team -N/A** | *Number* | no data available | no data available | no data available | no data available | |
| | *Percentage* | no data available | no data available | no data available | no data available | #DIV/0! |

| | | Quarter 1<br>April/<br>May/<br>June | Quarter 2<br>July/<br>August/<br>September | Quarter 3<br>October/<br>November/<br>December | Quarter 4<br>January/<br>February/<br>March | Total/<br>Average |
|---|---|---|---|---|---|---|
| Safeguarding supervision received by Vulnerable/specialist midwives - N/A | Number | 14 | 14 | 18 | 17 | |
| | Percentage | 94.0% | 94.0% | 90.0% | 94.0% | 93.0% |
| Safeguarding supervision received by Paediatricians -N/A | Number | 1 | 0 | 2 | 1 | |
| | Percentage | 86.0% | 65.0% | 93.0% | 90.0% | 83.5% |
| Safeguarding supervision received by Health Visitors N/A | Number | | | | | |
| | Percentage | | | | | #DIV/0! |
| Safeguarding supervision received by School Nurses N/A | Number | | | | | |
| | Percentage | | | | | #DIV/0! |
| Safeguarding supervision received by FNP - N/A | Number | | | | | |
| | Percentage | | | | | #DIV/0! |
| Safeguarding supervision received by other staff e.g. | Number | 0 | 1 | 0 | 2 | |

| | | Quarter 1 April/ May/ June | Quarter 2 July/ August/ September | Quarter 3 October/ November/ December | Quarter 4 January/ February/ March | Total/ Average |
|---|---|---|---|---|---|---|
| **community and acute therapy staff** | *Percentage* | 78.0% | 78.0% | 78% | 90.0% | 81.0% |
| **Paediatric Diabetes Team** | *Number* | 1 | 1 | 2 | 1.0% | |
| | *Percentage* | 100.0% | 100.0% | 89.0% | 100.0% | |
| **Adherence to Child Protection Process - Core Standard 5** | | | | | | |
| **CP Strategy Meetings invited to** *all data available.* | *Number* | 5 | 5 | 2 | 6 | 18 |
| **CP Strategy meetings attended** | *Percentage* | 100.0% | 20.0% | 100% | 100.0% | 80.0% |
| **ICPCs / RCPC's invited to** | *Number* | 83 | 44 | 14 | 39 | 180 |
| **ICPCs / RCPC's attended** | *Percentage* | 0 not currently working with any families | 0 not currently working with any families | 0 not currently working with any families | 0 not currently working with any families | #DIV/0! |
| **ICPC / RCPC's reports requested** | *Number* | | | | | 0 |
| **ICPC / RCPC's reports completed / provided** | *Percentage* | | | | | #DIV/0! |

| | | Quarter 1 April/ May/ June | Quarter 2 July/ August/ September | Quarter 3 October/ November/ December | Quarter 4 January/ February/ March | Total/ Average |
|---|---|---|---|---|---|---|
| **CP Core Groups invited to - *data not currently available.*** | *Number* | | | | | 0 |
| **CP Core Groups attended** | *Percentage* | | | | | #DIV/0! |
| **Clinical Safeguarding Children Activity - Core Standard 5 & 10** | | | | | | |
| **Children attending hospital departments for sexual assault or related concerns** | *Number* | 0 | 0 | 0 | 0 | 0 |
| **Children presenting at A&E/ED/MIU checked against list of children subject to a child protection plan <u>prior</u> to being seen by a clinician (CPIS)** | *Number* | not collected at present | not collected at present | not collected at present | not collected at present | 0 |
| | *Percentage* | system to be defined | system to be defined | system to be defined | system to be defined | #DIV/0! |
| **Children presenting that are subject to FGM-IS** | *Number* | not collected at present | not collected at present | not collected at present | not collected at present | 0 |
| **Hospital admissions due to deliberate injury or non-accidental injury (NAI) (age under 18 years) excluding self-harm, ,overdose, self-poisoning)** | *Number* | system to be defined | system to be defined | to be defined in Q4 | system to be defined | 0 |
| **Children admitted due to substance / alcohol misuse** | *Number* | 9 | 27 | 32 | 24 | 92 |

| | | Quarter 1 April/ May/ June | Quarter 2 July/ August/ September | Quarter 3 October/ November/ December | Quarter 4 January/ February/ March | Total/ Average |
|---|---|---|---|---|---|---|
| **Children admitted due to self-harm / overdose / self-poisoning** | *Number* | 61 | 88 | 122 | 98 | 369 |
| **Referrals to Children's Social Care (triage, MASH) From ED and rest of Trust excluding maternity** | *Number* | 232 | 305 | 283 | 275 | 1154 |
| **Referrals accepted by Children's Social Care (triage, MASH)** | *Percentage* | not collected at present | not collected at present | not collected at present | not collected at present | #DIV/0! |
| **Referrals for Early Help / CAF / HER** | *Number* | not collected at present | not collected at present | not collected at present | not collected at present | 0 |
| **Referrals to Children's Social Care for Female Genital Mutilation (FGM)** | *Number* | 0 | 0 | 0 | 0 | 0 |
| **Children not brought to appointments** | *Number* | not collected at present | not collected at present | not collected at present | not collected at present | 0 |
| | *Percentage* | data to be included in future | data to be included in future | data to be included in future | data to be included in future | #DIV/0! |
| **Midwifery Specific Safeguarding Metrics - Core Standard 5 & 10** | | | | | | |
| **Referrals to the children's social care for unborn infants - Child Protection** | *Number* | 70 | 50 | 57 | 58 | 235 |

| | | Quarter 1 April/ May/ June | Quarter 2 July/ August/ September | Quarter 3 October/ November/ December | Quarter 4 January/ February/ March | Total/ Average |
|---|---|---|---|---|---|---|
| Referrals to the children's social care for unborn infants - Early Help | *Number* | 5 | 1 | 1 | 4 | 11 |
| Referrals to the children's social care for pregnant women under 18 years old | *Number* | 0 | 0 | 0 | 0 | 0 |
| Midwifery referrals to the Family Nurse Partnership, (by Local Authority Area) | *BANES Number* | 10 | 10 | 8 | 9 | 37 |
| | *SWINDON Number* | 0 | 0 | 0 | 0 | 0 |
| | *WILTSHIRE Number* | 9 | 10 | 14 | 13 | 46 |
| Unborn infants subject to a child protection plan | *Number* | 38 | 41 | 33 | 28 | 140 |
| Pregnant women under 18 years subject to a child protection plan | *Number* | 1 | 0 | 0 | 0 | 1 |
| ICPCs / RCPC'S invited to | *Number* | 32 | 37 | 27 | 27 | 123 |
| ICPCs / RCPC's attended | *Percentage* | 100.0% | 94.6% | 100.0% | 88.8% | 95.9% |

| | | Quarter 1 April/ May/ June | Quarter 2 July/ August/ September | Quarter 3 October/ November/ December | Quarter 4 January/ February/ March | Total/ Average |
|---|---|---|---|---|---|---|
| **ICPC / RCPS's reports requested** | *Number* | 30 | 37 | 27 | 27 | 121 |
| **ICPC / RCPC's reports completed / provided** | *Percentage* | 93.8% | 100.0% | 100.0% | 100.0% | 98.4% |
| **CP Core Groups invited to** | *Number* | | | | | 0 |
| **CP Core Groups attended** | *Percentage* | | | | | #DIV/0! |
| **Safeguarding Children Governance - Core Standard 6 & 7** | | | | | | |
| **The number of serious incidents related to children. Reported by Local Authority area -** | *BANES Number* | 0 | 0 | 0 | 0 | 0 |
| | *SWINDON Number* | 0 | 0 | 0 | 0 | 0 |
| | *WILTSHIRE Number* | 0 | 0 | 0 | 0 | 0 |
| **From the number of serious incidents reported above, how many included safeguarding. Reported by Local Authority area -** | *BANES Number* | 0 | 0 | 0 | 0 | 0 |
| | *SWINDON Number* | 0 | 0 | 0 | 0 | 0 |

| | | Quarter 1<br>April/<br>May/<br>June | Quarter 2<br>July/<br>August/<br>September | Quarter 3<br>October/<br>November/<br>December | Quarter 4<br>January/<br>February/<br>March | Total/<br>Average |
|---|---|---|---|---|---|---|
| | *WILTSHIRE*<br>*Number* | 0 | 0 | 0 | 0 | 0 |
| **Provide Safeguarding Risk Register (either separate or on organisational risk register)** | *Number* | | | | | 0 |
| **Active SCRs (under investigation)** | *Number* | 2 | 2 | 0 | 0 | 4 |
| **Workforce Safer Recruitment/Allegations - Core Standard 8 & 9** | | | | | | |
| **Allegations made against staff** | *Number* | 0 | 0 | 0 | 0 | 0 |
| **Looked After Children (LAC)** | | | | | | |
| **Health Assessments carried out - Initial 0-5 years old** | *Number* | | | | | 0 |
| **Health Assessments carried out - Review 0-5 years old** | *Number* | | | | | 0 |
| **Health Assessments carried out - Initial 5+ years old** | *Number* | | | | | 0 |
| **Health Assessments carried out - Review 5+ years old** | *Number* | | | | | 0 |
| **Initial Health Assessments - Total to be completed** | *Number* | | | | | 0 |
| **Initial Health Assessments completed within 28 days of going into care** | *Number* | | | | | 0 |
| | *Percentage* | | | | | #DIV/0! |

| | | Quarter 1 April/ May/ June | Quarter 2 July/ August/ September | Quarter 3 October/ November/ December | Quarter 4 January/ February/ March | Total/ Average |
|---|---|---|---|---|---|---|
| **Initial Health Assessments completed within 28 days of notification** | *Number* | | | | | 0 |
| | *Percentage* | | | | | #DIV/0! |
| **Initial Health Assessment Appointments offered within 28 days of notification** | *Number* | | | | | 0 |
| | *Percentage* | | | | | #DIV/0! |
| **LAC in Care** | *Number* | | | | | 0 |
| **LAC in Care over 12 months** | *Number* | | | | | 0 |
| **LAC in Care over 12 months who are up to date with Health Assessments** (1 assessment for >6 and 2 for <6 years old) | *Number* | | | | | 0 |
| | *Percentage* | | | | | #DIV/0! |
| **LAC in Care over 12 months not up to date with Health Assessments** | *Number* | | | | | 0 |
| **LAC in Care over 12 months not up to date with Health Assessments: Declined** | *Number* | | | | | 0 |
| **LAC in Care over 12 months not up to date with Health Assessments: Out of Area** | *Number* | | | | | 0 |
| **LAC in Care over 12 months not up to date with Health Assessments: Other Reason** | *Number* | | | | | 0 |
| **Initial Adoption Medicals** | *Number* | | | | | 0 |
| **Update Medicals** | *Number* | | | | | 0 |

| | | Quarter 1 April/ May/ June | Quarter 2 July/ August/ September | Quarter 3 October/ November/ December | Quarter 4 January/ February/ March | Total/ Average |
|---|---|---|---|---|---|---|
| **Requests for Health Assessments from other areas for children placed in Local Authority area: 0-5 years** | *BANES Number* | | | | | 0 |
| | *SWINDON Number* | | | | | 0 |
| | *WILTSHIRE Number* | | | | | 0 |
| **Requests for Health Assessments from other areas for children placed in Local Authority area: 5+ years** | *BANES Number* | | | | | 0 |
| | *SWINDON Number* | | | | | 0 |
| | *WILTSHIRE Number* | | | | | 0 |
| **Requests for Health Assessments from other areas for children placed in Local Authority area: Initial Health Assessment 0-5 years** | *BANES Number* | | | | | 0 |
| | *SWINDON Number* | | | | | 0 |
| | *WILTSHIRE Number* | | | | | 0 |
| **Requests for Health Assessments from other areas for children placed in Local Authority area: Initial Health Assessment 5+ years** | *BANES Number* | | | | | 0 |
| | *SWINDON Number* | | | | | 0 |
| | *WILTSHIRE Number* | | | | | 0 |
| **Requests for Health Assessments from other areas** | *BANES Number* | | | | | 0 |

| | | Quarter 1 April/ May/ June | Quarter 2 July/ August/ September | Quarter 3 October/ November/ December | Quarter 4 January/ February/ March | Total/ Average |
|---|---|---|---|---|---|---|
| **for children placed in Local Authority area: Review Health Assessment 0-5 years** | *SWINDON Number* | | | | | 0 |
| | *WILTSHIRE Number* | | | | | 0 |
| **Requests for Health Assessments from other areas for children placed in Local Authority area: Review Health Assessment 5+ years** | *BANES Number* | | | | | 0 |
| | *SWINDON Number* | | | | | 0 |
| | *WILTSHIRE Number* | | | | | 0 |

| Report to: | Public Board of Directors | Agenda item: | 17.2 |
|---|---|---|---|
| Date of Meeting: | 1 September 2021 | | |

| Title of Report: | Annual Adult Safeguarding Report |
|---|---|
| Status: | To Note |
| Board Sponsor: | Antonia Lynch, Chief Nurse |
| Author: | Debra Harrison, Named Nurse Adult Safeguarding |
| Appendices | Appendix 1: Dashboard<br>Appendix 2: Annual Audit<br>Appendix 3: Learning Disability Annual Report<br>Appendix 4: Domestic Abuse Annual Report<br>Appendix 5: Mental Health Annual Report |

| 1. | Executive Summary of the Report |
|---|---|

This report provides the Committee with an overview of activities relating to adult safeguarding, including domestic violence and abuse and people with learning disabilities within the Royal United Hospitals Bath NHS Foundation Trust (RUH) from April 2020-March 2021

Safeguarding Achievements:

- Delivery of Level 3 adult safeguarding training via Microsoft Teams and development of a workbook to support the training
- Reviewed content of Level 1 e-learning module
- Reviewed Adult Safeguarding Policy
- Participated in the Trust's paperless inpatient records project
- Trust representation at six Safeguarding Adult Reviews and attended one associated learning event
- Participated in the Bath Improvement System as Wave 4 (October 2019) and have two improvement projects in place; One relating to involving patients (where possible) in safeguarding (Making Safeguarding Personal) and reviewing the readmissions of patients with a learning disability within 30 days of hospital discharge

Learning Disability Achievements

- Increased the knowledge and skills of clinical staff in relation to autism by securing training which is delivered by Bristol Autism Specialist Service
- Developed action plan to ensure compliance with the NHS Improvement Standards for patients with learning disabilities and/or autism
- Recruited an Acute Learning Disabilities Liaison Nurse

Domestic Abuse Achievements

- Recruited a lead for Domestic Abuse for 1 further year (funded for 1 year)
- Development of training programmes for specific clinical areas including Microsoft Teams packages at different levels to raise awareness of Domestic Abuse

- Targeted information for relevant clinical staff and clients as part of the national and local campaign (16 Days of Action) to raise awareness of Domestic Violence and Abuse
- Links have been established with other Domestic Abuse support agencies including; the police, Multi Agency Risk Assessment Conferences (MARAC) Coordinators, DHI (Drugs and alcohol support services), Next Link and Libra refuges and Splitz-Domestic Abuse Services in Wiltshire
- Trust representation at the Mendip (Somerset) BANES and Wiltshire MARAC.
- Trust representation at National Maternity Safeguarding Network meetings
- Trust representation at the Wiltshire Safeguarding Vulnerable People Partnership (SVPP) Domestic Abuse sub-group meeting
- Dates have been confirmed with Birth Centres to perform a safeguarding walkabout with Named Midwife for Safeguarding to ensure maternity staff are aware of the safeguarding processes and how to make a referral

Mental Health Achievements

- Departmental wide teaching in the Emergency Department as part of the Emergency Department Mental Health Theme of the Month
- A Mental Health Observation Chart is being trialled in the Emergency Department
- Development of a Mental Health Awareness e-Learning module
- Delivery of Mental Capacity training for Discharge Liaison Nurses and Therapists
- The Trust supported a very complex patient admission to Sycamore Ward (Hillview) including training to staff

**The impact of COVID-19 pandemic on Safeguarding procedures**
There were no changes at any time, to the legal requirements for Adult Safeguarding and the Mental Capacity (Amended) Act 2019 in the Coronavirus Act 2020.

Following the ongoing requirements to adhere to social distancing implemented in March 2020, the team have been predominantly working remotely and the team continued to monitor referrals and communications. Referrals have not reduced during the pandemic and the top 3 referral concerns remain as prior to the pandemic, these being: neglect, self-neglect and domestic abuse.

A number of the safeguarding allegations against the Trust relating to care have been related to the discharge process with concerns raised by families and care providers. The restrictions on visiting and the changes to the discharge processes may have impacted this, in that, family members were not always able to visit and see the changes to their family members as a result of the admission and care providers were not able to assess patients on the wards as was the practice pre COVID-19. Communication and coordination was also have been impacted by the reliance on using phone calls and other virtual methods for contact families and carers rather than face to face.

| 2. | Recommendations (Note, Approve, Discuss) |
|---|---|
| To note the 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 behaviour)
- Counter Terrorism and Borders Act 2019 (Prevent)
- Modern Slavery Act (2015)
- Criminal Justice and Courts Act (2015)
- Clinical Commissioning Groups Quality Schedule 2019-20

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

**Risks:** There is one risk on the risk register: 1672-Securing 1:1 support for patients with Learning Disabilities. The Trust needs to make reasonable adjustments to support patients with a learning disability and for those with highly complex needs. Patients with learning disabilities may be supported by staff from their own care homes and the risk pertains to staff not employed by the Trust, delivering care in our wards. Work continues to address this issue, with the support of the Designated Safeguarding Nurses for Banes, Wiltshire and Swindon Clinical Commissioning Group (BSW, CCG)

Risk for consideration but not currently on the register:

1. The need for the Trust to be compliant with the new expectations and responsibilities associated with the Liberty Protection Safeguards will be added to the risk register, this will be implemented by April 2022. Scoping is under way to look at options for compliance but this cannot be finalised until the Code of Practice and Regulations have been published.
2. The risk is detailed in the financial section (section 5) in relation to funding an Independent Domestic Violence Advisor, the post holder supports an extremely high risk group of people and post COVID-19, it is anticipated nationally that there will be an increase in people experiencing domestic abuse or violence and presenting to the Trust.

**Opportunities**
The response to COVID-19 has remained unchanged from a safeguarding and mental capacity perspective, however it has presented opportunities to look at alternative ways of delivering training to the hard to reach groups of staff such as bank staff. The safeguarding team moved from face to face to e-learning modules to maintain staff knowledge and acknowledged that this does not always suit everyone's learning style. The team are reviewing alternative digital options. This will also be explored in relation to developing models for safeguarding supervision.

| 5. | **Resources Implications (Financial/Staffing)** |
|---|---|

Funding for the Domestic Violence and Abuse Practitioner post by the Clinical Commissioning Group continues to be awarded on an annual basis this means that it

is difficult to contemplate new initiatives or projects as it is uncertain that the funding will be available to continue to monitor and evaluate new practices.

Liberty Protection Safeguards (LPS), replacing DoLs comes into force in April 2022. Detail regarding the LPS has yet to be released, however this is likely to signal significant additional clinical work and is likely to require investment.

| 6. | Equality and Diversity |
|---|---|
| Ensures compliance with the Equality Delivery System (EDS). | |

| 7. | References to previous reports |
|---|---|
| Last report presented July 2020. | |

| 8. | Freedom of Information |
|---|---|
| Public. | |

# Adult Safeguarding Annual Report

# 1 April 2020 – 31 March 2021



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

# Contents

# 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 Safeguarding Administrator who reports to the Chief Nurse as the Executive Lead for Adult Safeguarding. There is an identified non-Executive who has the role of safeguarding champion at Board level.

Funding for a Specialist, Domestic Violence and Abuse Practitioner continues for another year. There continues to be an increased collaborative approach with the Children's Safeguarding Team, particularly for the Think Family and Community approach and delivery of training programmes.

# 2. Governance and Corporate Standards

The Bath and North East Somerset (BaNES) 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 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 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 Group 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 Quality Governance Committee.

The Patient Advice and Liaison Service (PALS) and Complaints team notify the Adult Safeguarding Team if there is a suspicion of abuse, neglect or harm within the body of complaints. The Adult Safeguarding Team has requested notification of all 72 Hour Reports completed in relation to serious or adverse incident reporting in the Trust. Where incidents relate to the care provided by the Trust, this is logged through the

incident reporting route and dealt with either by the performance management process or Root Cause Analysis methodology. The Trust safeguarding team will refer any safeguarding concerns relating to care or conduct at the Trust to the Virgin Care Adult Safeguarding Team.  The Virgin Care Adult Safeguarding Team is responsible for completing a Threshold Tool for the local authority safeguarding chair to decide whether the case meets the criteria for a Section 42 Safeguarding Enquiry.

**Safeguarding Adult Committee (SAC)**
The Safeguarding Adult Committee (SAC) and Children's Safeguarding Committee (CSC) has been a joint meeting since July 2019 and continues to provides assurance to the Board that the Trust has a robust framework in place for providing an environment, working practice, suitably skilled workforce and procedures that will ensure that appropriate actions are taken if any member of staff has concerns about the welfare of an adult with care and support needs or child experiencing abuse or neglect. The joint committee is structured so that the mid-section of the meeting is used to discuss issues that meet a Think Family agenda and the business of the two committees is discussed either side of the joint meeting.

The joint safeguarding team and Deputy Chief Nurse have proposed a new structure to the joint safeguarding committee governance, which links in reporting structures for Learning Disability, Mental Health and Mental Capacity alongside Children and Adults Safeguarding Operational Groups, ensuring that any risks and highlights of each group is reported to a Vulnerable Peoples Assurance Committee (VPAC).  VPAC will highlight the risks, issues and mitigations through the Clinical Governance route to the Trust board.  The changes will ensure that each part of the structure have clear lines of reporting and the Clinical Governance Committee and Trust Board will have sight of the appropriate wider safeguarding risks and actions.  This process was ratified at the April 2021 Clinical Governance Committee and further work is being undertaken to refine the details of the various structures

**The impact of COVID-19 pandemic**
There were no changes at any time, to the legal requirements for Adult Safeguarding and the Mental Capacity (Amended) Act in the Coronavirus Act 2020.

Following the ongoing requirements to adhere to social distancing implemented in March 2020, the team have been predominantly working remotely and the team continued to monitor referrals and communications. Referrals have not reduced during the pandemic and the top 3 referral concerns remain as prior to the pandemic, these being: neglect, self-neglect and domestic abuse.

A number of the safeguarding allegations against the Trust relating to care have been related to the discharge process with concerns raised by families and care providers.

The restrictions on visiting and the changes to the discharge processes may have impacted this, in that, family members were not always able to visit and see the changes to their family members as a result of the admission and care providers were not able to assess patients on the wards as was the practice pre COVID-19. Communication and coordination was also have been impacted by the reliance on using phone calls and other virtual methods for contact families and carers rather than face to face.

**Learning Disabilities**
See Annual Report attached at Appendix 3.

### 3.    Legislation (Policies and Procedures)

The Adult Safeguarding Team are responsible for 13 Trust policies.  The policies are reviewed at least 3 yearly or when there are changes in legislation.  The adult safeguarding team also make reference to any SVPP or BCSSP policy and procedure guidance.  All Trust policies and SVPP and BCSSP policies are available on the intranet.  The Human Resources (HR) team are responsible for polices relating to the recruitment and employment of staff and the Adult Safeguarding Team liaise closely with the Deputy Director for People (the Trust's Allegation Officer).  Any allegations against staff are referred into the safeguarding process and are triaged by the Local Authority.

The Criminal Justice and Courts Act (2015) is taken into consideration where there is an allegation against staff and wilful neglect or ill treatment will be considered as part of the HR review and ongoing investigation.

To reflect the safeguarding principle of transparency and accountability, 40 allegations were made against the Trust, the majority of which were referred by the Adult Safeguarding Team for consideration under Section 42 of the Care Act 2014 by BaNES Local Authority.

The allegations consisted of:

- 9 relating to staff conduct
- 31 relating to care incidents such as falls, unexplained bruising/wounds, hospital acquired pressure ulcers and unsuccessful discharges

Of the 40 cases

- 20 did not meet the threshold for further safeguarding enquiries (50 %)

Of the 20 cases that did meet the threshold for a Section 42 Enquiry:

- 4 cases were unsubstantiated
- 1 cases were partially substantiated
- 4 cases were substantiated
- 2 cases were inconclusive and
- 9 are still under the Local Authority safeguarding processes.

### 4.  Activity

All safeguarding concerns raised by the Trust staff (actual or suspected cases of abuse or neglect) are reviewed by the Adult Safeguarding Team and concerns are then referred to the relevant Local Authority who determine whether the concerns meet their organisational thresholds for safeguarding or if they can be managed through other alternative care options.  The numbers of referrals received by the Adult Safeguarding Team is shown in Table 1.

|  | BaNES | Somerset | Wiltshire | S Glos | Other | Total |
|---|---|---|---|---|---|---|
| **2018-2019** | 372 | 103 | 430 | 27 | 26 | **958** |
| **2019-2020** | 352 | 108 | 421 | 32 | 40 | **953** |
| **2020-2021** | 577 | 109 | 356 | 18 | 24 | **1,084** |

Table 1: The numbers of referrals received April 2018 – March 2021

## Multi Agency Safeguarding Hub (MASH)

The local Hubs are well established and the figures above include requests for information made to the Trust as part of the information gathering under Section 42 processes.

## Retrospective Review of Patients

The Safeguarding Team also received 17 requests from Local Authorities for a retrospective review of patients' admissions. This usually consists of completing a chronology and case summary or a Section 42 8A Enquiry Report for presentation at a safeguarding review meeting. All of the retrospective requests related to community cases where the person had recently been in hospital and were not allegations against the Trust.

## Domestic Abuse

From April 2020 until November 2020 there was no Independent Domestic Violence Advisor (IDVA) in post. There has been a minimal reduction in referrals for Domestic Abuse, however it should be noted that the national picture in relation to Domestic Abuse in COVID-19 showed an increase in activity (See Domestic Abuse Annual Report). Table 2 below shows the comparison between 2018 to and 2021

The funding has once again been secured for a fixed term of 1 year and the Trust will be directly employing the Domestic Abuse Lead for the next financial year.

| Local Authority | 2018/2019 | | 2019/2020 | | 2020/2021 | |
|---|---|---|---|---|---|---|
|  | No of Referrals | MARAC Referrals | No of Referrals | MARAC Referrals | No of Referrals | MARAC Referrals |
| B&NES | 104 | 4 | 79 | 4 | 80 | 1 |
| Wiltshire | 99 | 5 | 102 | 1 | 76 | 3 |
| Somerset | 23 | 1 | 29 | 1 | 23 | 0 |
| South Glos | 4 | 0 | 4 | 0 | 5 | 0 |
| Other | 11 | 0 | 15 | 2 | 13 | 0 |
| **Total:** | **241** | **10** | **229** | **8** | **197** | **4** |

Table 2: The numbers of DV Referrals and MARAC Referrals

## 5. Mental Capacity Act (2007) & Deprivation of Liberty Safeguards

The Named Nurse, Adult Safeguarding is also the lead for compliance with the Mental Capacity (Amended) Act 2019 and Deprivation of Liberty Safeguards at the Trust.

The number of Deprivation of Liberty Safeguards (DoLS) applications made to the Local Authorities are shown in Tables 3 and 4.

|  | Banes | Wiltshire | Somerset | S. Glos | Other | Total |
|---|---|---|---|---|---|---|
| **2018 – 19** | 282 | 315 | 106 | 23 | 12 | 738 |
| **2019 – 20** | 252 | 336 | 83 | 32 | 7 | 710 |
| **2020 – 21** | 249 | 276 | 64 | 22 | 13 | 624 |

Table 3: Yearly Comparison of Deprivation of Liberty Safeguard's Applications by Local Authority

| Applications | Banes | Wiltshire | Somerset | S. Glos | Other | Total |
|---|---|---|---|---|---|---|
| **Received** | 249 | 276 | 64 | 22 | 13 | 624 |
| **Authorised** | 1 | 2 | 1 | 0 | 0 | 4 |
| **Percentage** | 0.40% | 0.73% | 1.56% | 0.00% | 0.00% | 0.64% |

Table 4: Comparison of Deprivation of Liberty Safeguard's Applications Received against Applications Assessed for April 2020 - March 2021

The combined activity undertaken by the Trust Safeguarding Team in relation to safeguarding concerns and Deprivation of Liberty Safeguards Authorisation applications this year is 1,708, the previous year's activity was 1,663.

The Trust, as the Managing Body for DoLS, completes their responsibilities under the DoLS framework by assessing and applying for an authorisation.

The Local Authorities are the Supervisory Bodies for DoLS and have the responsibilities for arranging the independent assessments and hold the risks for any unauthorised DoLS. The Local Authorities granted authorisation for 4 applications out of the 624 submitted by the Trust. To have the deprivation of liberty authorised, the Local Authorities must complete their assessments and agree that the patient has been deprived of their liberty while receiving care and treatment in hospital.

The Named Nurse, Adult Safeguarding is scoping the implications for the Trust in preparation for the implementation of the Liberty Protection Safeguards which come into effect in April 2022, in addition to reviewing training to improving the quality of the Mental Capacity Assessments completed by the Trust.

## 6. Pressure ulcers acquired in the Trust

Following screening by the Specialist Tissue Viability Nurse (TVN), 6 avoidable hospital acquired category 3 pressure ulcers and 1 category 4 pressure ulcer were reviewed under the safeguarding process. An overview of learning for each case has related to improving documentation and Mental Capacity Assessments where patients are declining to be repositioned. The actions would be monitored by the Tissue Viability Steering Group and supported by the MCA Working Group. The Trust Safeguarding Team raised safeguarding concerns with the relevant Local Authorities in relation to the community acquired category 3 and 4 pressure ulcers where appropriate.

## 7. Training

Trust training figures and compliance rates are listed in the table 5. Compliance continues to improve for Prevent and Adult Safeguarding; compliance reports continue to be analysed by the team and areas that are flagging as red for compliance are contacted and the managers are offered additional training at ward or department level to improve compliance.

Over the following year work will be undertaken to deliver appropriate training for senior medical staff with a focus on Mental Capacity Assessments particularly in relation to serious medical treatment alongside safeguarding.

| Subject | Target Compliance % | Q1 % | Q2 % | Q3 % | Q4 % | Staff No. Trained |
|---|---|---|---|---|---|---|
| Level 1 Adult Safeguarding | 90% | 85.6% | 86.4% | 87.3% | 87.3% | 5583 |
| Level 2 Adult Safeguarding | 90% | 85.7% | 85.4% | 85.5% | 85.5% | 3558 |
| Level 3 Adult Safeguarding | 90% | 46.3% | 60.5% | 59.0% | 47.7% | 62 |
| Prevent awareness | 90% | 93.5% | 94.4% | 95.0% | 94.4% | 6038 |
| Prevent WRAP 3 | 85% | 86.4% | 87.2% | 88.7% | 88.6% | 3771 |

Table 5: Training Compliance 2020-21

**Prevent awareness and WRAP Training Compliance**
Training compliance is on target and is available by e-learning only using materials developed by NHS England. The annual Prevent self-assessment has been completed. This audit demonstrates the Trust's compliance with the Prevent training competency framework and that the Trust has a policy and procedures in place for Prevent duties. The 4th edition of the Prevent Competency Framework is due for publication and has been aligned with the Safeguarding Adults: Roles and Competencies for Health Care Staff (2018). The team will need to scope current training provision against the new framework.

## 8. Safer Recruitment

The Disclosure and Barring Policy has been ratified and published; the policy sets out the requirements of the Trust on checks of criminal records obtained through the Disclosure and Barring Service (DBS).

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

During 2020-2021, the adult safeguarding team has participated in 5 Safeguarding Adult Reviews and no Domestic Homicide Reviews

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

## 10. Organisational Risks

1672-Securing 1:1 support for patients with learning disabilities. The Trust needs to make reasonable adjustments to support patients with a learning disability and for those with highly complex needs. Patients with learning disabilities may be supported by staff from their own care homes and the risk pertains to staff not employed by the Trust, delivering care in our wards. Work continues to address this issue, with the support of the Designated Safeguarding Nurses for Banes, Wiltshire and Swindon Clinical Commissioning Group (BSW, CCG).

**Potential risks under review**

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 until April 2022. 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 regulations is published.
2. Funding for additional staff will be required to ensure that the Trust will be compliant with the Liberty Protection Safeguards Code of Practice and associated regulations.
3. Funding for the Independent Domestic Violence Advisor is agreed annually by the Clinical Commissioning Group. As the post holder supports an extremely high risk group of patients and post COVID-19 easing, it is anticipated nationally that there will be an increase in people experiencing domestic abuse or violence will present to services including the Trust the uncertainty of funding each year does not allow for service continuity and development
4. Compliance with training is under scrutiny by the safeguarding team particularly levels 1 and 2.

## 11. Achievements 2020-21

- Delivery of Level 3 adult safeguarding training via Microsoft Teams and development of a workbook to support the training.
- The adult safeguarding adult team adapted ways of working in light of the COVID-19 pandemic to ensure patients, families and staff received the specialist assessment, intervention and support required.
- Reviewed content of Level 1 e learning module.
- Reviewed Adult Safeguarding Policy.
- Participated in the Trust's paperless inpatient records project.

## 12. Objectives for 2021 - 2022

- To refresh the training needs analysis for Levels 1, 2 and 3 adult safeguarding training to meet the refreshed Intercollegiate Competency Framework (due September 2021).

- To develop an action plan in relation to the delivery of supervision for adult facing care provision within the Trust.

- 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 review the Liberty Protection Safeguards Code of Practice and Regulations (still to be published) and develop and deliver an action plan for the Trust to meet the responsibilities and expectations laid down in the Code and Regulations.

- To review the provision of continuity of care for people with Learning Disabilities.

## 13. Conclusion

This report identifies the key safeguarding activity, risks and improvements over the last 12 months.

**Appendix 1**

# Safeguarding Adult Monitoring Form

| | Provider | Royal United Hospitals Bath NHS Foundation Trust | | | | | |
|---|---|---|---|---|---|---|---|

| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total / Average | NOTES |
|---|---|---|---|---|---|---|---|
| | | April / May / June | July / Aug / Sept | Oct / Nov / Dec | Jan / Feb / March | | |
| **Demographic Information** | **Addt. Info** | | | | | | |
| **Male** | *Number* | 79 | 77 | 92 | 86 | | |
| **Female** | *Number* | 128 | 149 | 104 | 136 | | |
| **Age 18-25** | *Number* | 7 | 5 | 7 | 18 | | |
| **Age 26-35** | *Number* | 18 | 22 | 12 | 22 | | |
| **Age 36-60** | *Number* | 49 | 56 | 43 | 41 | | |
| **Age 60 and over** | *Number* | 133 | 142 | 134 | 141 | | |

Author : Debra Harrison, Named Nurse Adult Safeguarding
Document Approved by:  Antonia Lynch, Chief Nurse
Agenda item 17.2

Date: 25 August 2021
Version: Final
Page  15 of 67

| | | | | | | |
|---|---|---|---|---|---|---|
| **Additional Needs: Drugs** | *Number* | 20 | 8 | 2 | 2 | |
| **Additional Support Needs: Alcohol** | *Number* | 29 | 31 | 19 | 13 | |
| **Additional Support Needs: Mental Health** | *Number* | 65 | 37 | 52 | 51 | |
| **Additional Support Needs: LD** | *Number* | 12 | 6 | 5 | 7 | |
| **Additional Support Needs: How many children on a plan** | *Number* | unknown | unknown | unknown | unknown | |
| **Clinical Safeguarding Adult Activity - Core Standard 2 & 7** | | | | | | |
| **New Category 3 & 4 Pressure Ulcers (hospital acquired)** | *Number* | 1 | 0 | 0 | 4 | |
| **Pressure Ulcers assessed against adult safeguarding criteria and screening tool applied** | *Number* | 1 | 0 | 0 | 4 | |
| **Adult attending hospital departments for sexual assault or related concerns** | *Number* | data not available | 3 | 1 | 1 | These figures have been supplied by the Business Intelligence Unit RUH |
| **Adult presenting at A&E/ED/MIU checked** | *Number* | data not available | data not available | Data not available | Data not available | Currently no mechanism to collect people who are on a Safeguarding Plan |

| against list of adult subject to an Adult Protection Plan | Percentage | 0.00% | 0.00% | 0.00% | 0.00% | | |
|---|---|---|---|---|---|---|---|
| Number of adults presenting that are subject to FGM | Number | 0 | 3 | 2 | 1 | | These figures have been supplied by the Business Intelligence Unit RUH |
| Adult admitted due to self-harm / overdose / self-poisoning | Number | 80 | 210 | 203 | 217 | | These figures have been supplied by the Business Intelligence Unit RUH |
| Referrals to Adult's Social Care (triage / MASH) | Number | 0 | 0 | 0 | 0 | | |
| Referrals to Adults Social Care (triage / MASH) | Percentage | 0.00% | 0.00% | 0.00% | 0.00% | | |
| Referrals to MARAC by IDVA | Number | 0 | 0 | 0 | 1 | | |
| Number of adults referred into adult safeguarding | Number | 207 | 226 | 196 | 222 | | This is the number of concerns raised with the Trust team not the LA safeguarding teams |
| Number of adults accepted into adult safeguarding | Number | Unknown | unknown | Unknown | Unknown | | The Trust do not often receive outcome of triage/threshold tool |
| Adults seen in ED / MIU who are suspected of being trafficked / exploited | Number | 1 | unknown | unknown | 2 | | Data not collected centrally this figure is by referral to Trust safeguarding team |

Author: Debra Harrison, Named Nurse Adult Safeguarding
Document Approved by: Antonia Lynch, Chief Nurse
Agenda Item:17.2

Date: 25 August 2021
Version Final
Page 17 of 67

| Workforce Safeguarding Training - Core Standard 3 | | | | | | |
|---|---|---|---|---|---|---|
| **New Staff joining the organisation and have received Level 1 awareness training - adults within 3 months.** | *Number* | data not collected | Data not collected | Data not collected | Data not collected | |
| | *Percentage* | 0.00% | 0.00% | 0.00% | 0.00% | |
| **Safeguarding adult training level 1 uptake** | *Number* | 5399 | 5405 | 5495 | 5583 | |
| | *Percentage* | 85.6% | 86.4% | 87.3% | 87.3% | **Chart 1** |
| **Safeguarding adult training level 2 uptake** | *Number* | 3506 | 4046 | 3510 | 3558 | |
| | *Percentage* | 85.7% | 85.4% | 85.5% | 85.5% | **Chart 1** |
| **Safeguarding adult training level 3 uptake** | *Number* | 57 | 75 | 75 | 62 | |
| | *Percentage* | 46.3% | 60.5% | 59.0% | 47.7% | **Chart 1** |
| **Safeguarding adult training level 4 uptake** | *Number* | 1 | 1 | 1 | 1 | |
| | *Percentage* | 100% | 100% | 100% | 100% | **Chart 1** |
| **Domestic Abuse and Violence/ FGM / Modern** | *Number* | 3506 | 4046 | 3510 | 3558 | |

Author: Debra Harrison, Named Nurse Adult Safeguarding
Document Approved by:  Antonia Lynch, Chief Nurse
Agenda Item:17.2

Date: 25 August 2021
Version Final
Page  18 of 67

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Trafficking and Slavery training uptake** | *Percentage* | 85.7% | 85.4% | 85.5% | 85.5% | | |
| **Prevent Level 2 training uptake** | *Number* | 5899 | 5908 | 5983 | 6038 | | |
| | *Percentage* | 93.5% | 94.4% | 95.0% | 94.4% | | |
| **WRAP Level 3 training uptake** | *Number* | 3612 | 3604 | 3715 | 3771 | | |
| | *Percentage* | 86.4% | 87.2% | 88.7% | 88.6% | | |
| **MCA DoLS training for all relevant staff** | *Number* | 3612 | 4046 | 3510 | 3558 | | |
| | *Percentage* | 86.4% | 85.3% | 85.5% | 85.5% | | |
| **Workforce Safeguarding Supervision - Core Standard 4** | | | | | | | |
| **Supervision received by Named Dr from Designated Doctor** | *Number* | N/A | N/A | 0 | 0 | | |
| **Supervision received by Named Nurse from Designated Nurse** | *Number* | 1 | 1 | 1 | 1 | | |
| | *Number* | 2 | 3 | 2 | 3 | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Supervision sessions received by Safeguarding Specialist Practitioner** | *Percentage* | 100% | 100% | 100% | 100% | | **Chart 2** |
| **Safeguarding supervision received by Clinical ED/MIU staff** | *Number* | N/A | N/A | N/A | N/A | | |
| | *Percentage* | - | - | - | - | - | **Chart 2** |
| **Safeguarding supervision received by Sexual Health** | *Number* | 0 | 0 | 0 | 0 | | Undertaken by named nurse children safeguarding |
| | *Percentage* | - | - | - | - | - | **Chart 2** |
| **Safeguarding supervision received by other community and acute therapy staff** | *Number* | N/A | N/A | N/A | N/A | | |
| | *Percentage* | - | - | - | - | - | **Chart 2** |
| **Adherence to Adult Protection Process - Core Standard 8 & 9** | | | | | | | |
| **Initial Adult Strategy/planning Meeting Discussions invited to** | *Number* | 2 | 3 | 0 | 3 | | **Chart 3** |
| **Initial Adult Strategy Meetings attended** | *Number* | 2 | 3 | 0 | 3 | | |
| | *Percentage* | 100% | 100% | 100% | 100% | | **Chart 3** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Section 42 reports requested | *Number* | 4 | 1 | 4 | 7 | | Chart 4 |
| Section 42 reports completed / provided | *Percentage* | 100% | 100% | 100% | 7 | | Chart 4 |
| Review Meetings invited to | *Number* | 3 | 4 | 3 | 1 | | Chart 5 |
| Review Meetings attended | *Number* | 3 | 4 | 3 | 1 | | |
| | *Percentage* | 100% | 100% | 100% | 100% | | Chart 5 |
| Review Meeting reports requested | *Number* | 4 | 3 | 3 | 1 | | Chart 6 |
| Review Meeting reports completed / provided | *Percentage* | 100% | 100% | 100% | 100% | | Chart 6 |
| **Multi-Agency Working - Core Standards 8 & 9** | | | | | | | |
| Attendance at LSAB Board Meetings | *Number* | - | 2 | 0 | 1 | | |
| Active SARs (under investigation) | *BANES Number* | 1 | 1 | 3 | 2 | | |
| | *SWINDON Number* | - | 0 | 0 | 0 | | |
| | *WILTSHIRE Number* | - | 1 | 0 | 0 | | |

Author: Debra Harrison, Named Nurse Adult Safeguarding
Document Approved by: Antonia Lynch, Chief Nurse
Agenda Item:17.2

Date: 25 August 2021
Version Final
Page 21 of 67

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Number of cases escalated using the LSAB escalation policy** | *BANES Number* | 0 | 0 | 0 | 0 | | |
| | *SWINDON Number* | - | - | - | - | | |
| | *WILTSHIRE Number* | 0 | 0 | 0 | 0 | | |
| **Active DHR's (under investigation)** | *BANES Number* | - | - | - | - | | |
| | *SWINDON Number* | - | - | - | - | | |
| | *WILTSHIRE Number* | - | - | - | - | | |
| **Reporting Serious Incidents - Core Standard 10** | | | | | | | |
| **The number of serious incidents related to adult, Reported by Local Authority Area** | *BANES Number* | 10 | | | | | Banes / Swindon and Wiltshire CCG's have now merged into BSW CCG |
| | *SWINDON Number* | **4** Somerset & South Glos | 8 | tbc | 21 | | |
| | *WILTSHIRE Number* | 0 | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **From the number of serious incidents reported above, how many included safeguarding? Reported by Local Authority area** | *BANES Number* | 1 in total across BSW CCG | 0 | tbc | 3 | | Banes / Swindon and Wiltshire CCG's have now merged into BSW CCG |
| | *SWINDON Number* | | | | | | |
| | *WILTSHIRE Number* | | | | | | |
| **Duty of Candour - Core Standard 11** | | | | | | | |
| **Cases where Duty of Candour applied** | *Number* | 14 | 8 | 0 | 21 | | |
| **Workforce Safer Recruitment/Allegations - Core Standard 12 &13** | | | | | | | |
| **Allegations made against staff** | *BANES Number* | 0 | 0 | 3 | 1 | | |
| | *SWINDON Number* | - | - | - | - | | |
| | *WILTSHIRE Number* | 1 | 3 | 0 | 0 | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Allegations made against provider including hospital acquired pressure ulcers** | *BANES Number* | 3 | 1 | 6 | 5 | | |
| | *SWINDON Number* | - | - | - | - | | |
| | *WILTSHIRE Number* | 1 | 3 | 1 | 6 | | |

| Name of Organisation: | Royal United Hospitals Bath Foundation Trust (RUH) | Date completed: | 20/05/2021 | Completed by: | June Thompson, Specialist Practitioner Adult Safeguarding |
|---|---|---|---|---|---|

| Question | Response/Evidence | RAG Rating |
|---|---|---|
| **1. Governance** | | |
| ▪ Does your organisation have a board level lead for safeguarding adults? | Chief Nurse | |
| ▪ How does your organisation support the LSAB and its LSAB sub-groups? | Representation at Board level by the Chief Nurse or Deputy Chief Nurse.<br><br>Members of the Trust Adult Safeguarding Team attend each relevant sub group. | |
| ▪ Does your organisation have a named Adult Safeguarding professional?<br>▪ Does this person have protected time and a job description? | Named Nurse, Adult Safeguarding.<br><br>This is a full time post and has a job description. | |
| ▪ Do you have safeguarding adult's policy, procedures and guidelines?<br>▪ When were these last reviewed?<br>▪ How does your organisation communicate this to your workforce? | Adult Safeguarding Policy is in place and last reviewed July 2020 to be compliant with the Care Act 2014.<br><br>Staff guidance has been adapted for use by the Trust from the Wiltshire LSAB staff guidance.<br><br>Access to the BaNES and Wiltshire's Safeguarding websites has been hyperlinked into the Trust intranet Adult Safeguarding page. | |

Author: Debra Harrison, Named Nurse Adult Safeguarding
Document Approved by: Antonia Lynch, Chief Nurse
Agenda Item:17.2

Date: 25 August 2021
Version Final
Page 25 of 67

| | | Communication is via Workplace (electronic platform) the Safeguarding newsletter and training programmes.<br><br>The team has refreshed their intranet pages in relation to safeguarding and related subjects such as learning disabilities, mental health, mental capacity and DoLS. | |
|---|---|---|---|
| ▪ | Does your organisation have a policy for managing visits by celebrities, VIPs and other official visitors? | Yes | |
| ▪ | Has your organisation been involved with any inspection related to safeguarding adults? If yes, please give details | No | |
| ▪ | Have you submitted an annual safeguarding report to the CCG which has been reviewed internally by senior management? | The Annual Report will be submitted to the Trust Board in September and to the CCG by September as per schedule. | |

| How does your organisation ensure all the following are assessed against safeguarding criteria?:<br>▪ Complaints/PALs contacts<br>▪ Adverse & serious incidents<br>▪ Performance management cases<br>▪ Category 3 and 4 pressure ulcers | The safeguarding team works with the PALs/Complaints Team and has previously provided bespoke training. The PALs contacts are shared with the team on a monthly basis.<br><br>The safeguarding team is automatically alerted via Datix of certain incidents and has a standing invite to every serious incident professional review.<br><br>The safeguarding team liaises with the Deputy Director for HR who undertakes the Allegations Officer role or the HR Business Partners for any performance management cases.<br><br>All multiple category 2, category 3 and 4 pressure ulcers are validated by the Trust Tissue Viability Nurses who will complete their screening tool and refer to the Trust Adult Safeguarding Team. | |
| **2. Training , Skills & Competences** | | |
| ▪ Do you have a training strategy which includes a matrix that identifies the safeguarding adults training needs for all staff inc. volunteers?<br>▪ Do staff receive refresher/update training every 3 years? | There is a training needs analysis in place that includes volunteers. All training programmes are reviewed annually by the team.<br><br>All staff receive update training every 3 years, either by face to face sessions or through e-learning programmes. | |
| Does your training strategy include awareness raising for:<br>▪ Domestic Violence<br>▪ Human trafficking & modern slavery<br>▪ Forced marriage<br>▪ Female Genital Mutilation | All are included. | |

| | | |
|---|---|---|
| ▪ Who provides the safeguarding adults training in your organisation? | The Named Nurse, Adult Safeguarding and the Specialist Practitioner, Adult Safeguarding. | |
| ▪ How do you monitor the impact of the training on practice and outcomes? | The number of referrals made to the team, CQC inspection feedback, and ids included as part of the Trust Accreditation Scheme. The Specialist Practitioner under takes case notes audits reviewing referral processes. | |
| **3. Managing Adult Safeguarding Concerns** | | |
| ▪ Are adults at risk referred to advocacy services when necessary? How do you monitor/record this? | Referrals are made to the local advocacy by the wards and departments and recorded in their clinical records. The referral process has now changed so that the referral is made through the patient's electronic patient record so that we have clearer and more easily accessible data. | |
| ▪ Are there opportunities for staff and volunteers to debrief and reflect following safeguarding concerns? | All staff are offered an opportunity by the safeguarding team when there has been a safeguarding concern and this is also offered where a serious incident has occurred (via Employee Assistance Programme or Trauma Risk Management (TRiM). This is also offered to students if they are involved in the incident. | |
| ▪ Do you have robust systems that allow you to accurately record, monitor and report all safeguarding activity? <br> ▪ Do you have a process for assessing and addressing safeguarding risks? | The Adult Safeguarding Team maintains a database with links to records that are generated by the team. <br><br> Trends in allegations against the Trust are monitored and a quarterly report is presented to the Trust Joint Safeguarding Committee. | |
| ▪ How do you check/audit records for accuracy, relevance and timeliness? How often do you do this? | An audit of the safeguarding records is planned on an annual basis. | |
| **4. Safe Recruitment & Retention of Staff** | | |

| | | |
|---|---|---|
| ▪ Does your organisation have a safe recruitment policy that is reviewed annually? | The recruitment and DBS policies are reviewed as per all Trust policies on a 3 yearly cycle unless there are any changes required meanwhile. | 🟩 |
| ▪ Does your recruitment policy include volunteers, charity fund raisers or celebrities? | Yes | 🟩 |
| • Do all job descriptions include a statement on the roles & responsibilities to safeguarding adults? If not, why not? | Yes | 🟩 |
| • How do you gain assurance that any contracted services or individuals follow safe recruitment processes? | All contractors are managed by the Estates and Facilities departments and clinical agency staff are all managed through the Trust's Staffing Solutions team. | 🟩 |
| Do all your staff, including volunteers, who have contact with adults at risk (i.e. regulated activity) have an enhanced DBS check?<br>▪ What number and % are outstanding?<br>▪ How are you addressing this? | The Trust has commenced the plan to retrospectively DBS check all staff who have never a DBS check, over the next 3 years.<br>Non-clinical staff who have never had a DBS will be asked to complete a 'Self-Declaration' Form.<br><br>Management Board decision continues with last year's decision to maintain current practice as compliant with NHS Employers requirements. | 🟧 |
| **5. Managing Safeguarding Adult Allegations against Staff** | | |
| ▪ Does your organisation have a process in place for the management of allegations against staff? | Yes | 🟩 |
| ▪ How does your organisation promote zero tolerance to abuse? | This is detailed in the Employee Code of Conduct. | 🟩 |
| ▪ Does your organisation report allegations to a designated officer who will support investigations? | Yes, this could be the Allegations Officer or one of the HR Business Partners. | 🟩 |

| | |
|---|---|
| ▪ How do you ensure that all your staff know how to report a concern about a member of staff? | There are the following policies:<br><br>Managing Conduct and Raising Concerns (Whistle blowing) there are also Freedom to Speak Up Guardians identified in the Trust.<br><br>There is a confidential telephone line and e mail address for staff to use if they do not want to raise concerns via their line manager.<br><br>All this is included in the Adult Safeguarding Induction and update training and available on the Trust intranet. |
| ▪ Are all allegations reported to the CCG? If not, why not?<br>▪ How is this reported? | By direct contact by the Named Nurse, Adult Safeguarding or Specialist Practitioner, Adult Safeguarding. |

| 6. Multi-Agency Working | | |
|---|---|---|
| ▪ Does a senior manager (executive) from your organisation, who has decision-making authority, regularly attend the Partnership meetings?<br>▪ Does a nominated deputy attend in their absence? | Yes.<br><br>Yes. | |
| ▪ How does your organisation ensure that staff adhere to statutory information sharing guidance? | Follow information governance policy and procedures and have to complete training on an annual basis. | |
| ▪ Has your organisation been requested by the Partnership to complete an audit or report (e.g. Individual Management Report)?<br>▪ If yes, what was requested and was this completed within the required timeframes? If not, why not? | Serious Adult Review (SAR) – Individual Management Report (IMR) completed.<br><br>All were completed on time. | |
| ▪ Has progress against subsequent single agency action plans been reported to the CCGs & Partnership? | No actions identified for the Trust from the SARs, awaiting response from 1 SAR. | |
| ▪ How does your organisation demonstrate that you have engaged with/implemented multi-agency recommendations from any Safeguarding Adults reviews (SAR's) you have been involved with? | The safeguarding team review the overarching actions and attended learning events to inform practice at the Trust if necessary. | |
| ▪ Can your organisation demonstrate that learning has been adopted from both national & local SAR's? | Learning and recommendations are and will be discussed at the Joint Safeguarding Committee to decide how to disseminate actions or learning to the Trust. Local SARs, once published, are available via links to the local safeguarding partnership web sites on the Trust intranet safeguarding web page. | |

| 7. | Engaging Adults and their Carers/Families | | |
|---|---|---|---|
| ▪ | How does the organisation ensure that service users and their carers/family are actively engaged in the safeguarding process? | Using the 'Making Safeguarding Personal' approach, patients and family are invited to participate in any safeguarding review meetings and offered the opportunity to discuss if they do not wish to attend the meetings. | |
| ▪ | How does the organisation ensure that the voice of the adult at risk is heard at both clinical and Board level? | Through the Executive Lead at Board level should there be a patient story that needs to be shared. At a clinical level, patient feedback is given to teams via compliments, Friends and Family feedback and complaints. A toolkit is being designed to support teams to use co-production when designing services/service changes. | |

**Appendix 3**

# Learning Disability Annual Report 2020-21

*Authors*

Holly Wilson, Acute Learning Disabilities Liaison Nurse

Carolyn Johnson, Safeguarding and Learning Disabilities Support Worker

# Contents

## 1. Introduction

This report is to provide assurance that there are measures in place to provide equitable access to acute care for patients with a learning disability and to report on the activity of the Learning Disability Liaison Nurse and Learning Disability Support Worker service. This report covers the period from April 2020 – March 2021.

## 2. Background

In 2015, NHS England committed to the programme of 'Transforming care for people with learning disabilities'. This was a commitment to improve services for people with learning disabilities and/or autism, who display challenging behaviors including those with a mental health condition. The overriding aim is to enable people to live in the community with support that meets their needs, close to home.

The following National Institute for Clinical Excellence (NICE) guidelines (NG) relating to people with Learning Disabilities have been published. The Trust is not yet fully compliant with the guidance and is part of the Learning Disabilities Work plan 2019-22:

- NG11: Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (May 2015);

- NG54: Mental health problems in people with learning disabilities : prevention, assessment and management (Sept 2016);

- Learning disabilities and behaviour that challenges: service design and delivery (March 2018);

- NG96: Care and support of people growing older with learning disabilities (April 2018).

## 3. Service

The learning disability service is now to be provided by one band 7 Learning Disability Liaison Nurse (LDLN) 4 days per week (0.8 WTE) and one band 4 Safeguarding and Learning Disability Support Worker 4 days per week (0.8 WTE). During 2020-21 there was no LDLN in post between May 2020 and December 2020. This meant the service was running at a very limited capacity during these times. There is currently no Learning Disability Liaison cover after 4.30pm, overnight or during bank holidays and weekends. North Bristol Trust, as well as other trusts outside of Bath and North East Somerset, Swindon and Wiltshire are operating a 7 day LDLN service.

Referrals are received by the LDLN via the following routes:

- Staff in wards and departments identify that the patient has a learning disability and refer by telephone or e mail.

- Staff complete an Initial Risk Assessment on Millennium (the Trust electronic patient record system). If the patient has a learning disability, or suspected learning disability, an automatic referral is generated to the LDLN.

- Community teams refer by telephone or e mail.

Patients already known to the service have a flag to identify that they have a learning disability on the electronic patient record (Millennium). This provides a visible alert for staff on their patient list.

The LDLN updates the Clinical Site Team daily so that any inpatients with a learning disability are included on the site office patient safety board. The LDLN also liaises with the weekend matron regarding the most vulnerable patients where appropriate.

The wider Adult Safeguarding team respond to any urgent queries or concerns in the LDLNs absence.

## 4. Policies

The Trust has a policy entitled 'Supporting Adults with a Learning Disability'. The policy reflects national recommendations and gives pathway guidance for people with a learning disability accessing acute care at the Trust. It also provides examples of reasonable adjustments that can be made to support their hospital stay. This policy is due for review and is a priority for 2021-22.

## 5. Documentation

Hospital staff are reminded and encouraged to make use of 'Passports to Hospital Care' at the following opportunities:

- When referring patients on Millennium;
- During LDLN ward visits and patient reviews;
- During training sessions and e-learning training updates;
- Within the policy (Supporting Adults with a Learning Disability).

Part of the Bath and North East Somerset (BaNES), Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) learning from deaths work plan is a focus on the hospital passport and this is being reviewed throughout BSW to improve and promote its use. The LDLN have worked with BASS (Bristol Autism Service), BANES commissioning team and local specialist LD service to roll out an Autism specific hospital passport to highlight the needs of people with Autism in acute and mental health services.

There is additional Trust documentation to support patients with a learning disability (Learning Disability Specific Needs Document). This has been reviewed and amended to reflect current guidance. The hospital is to become paperless during 2021-22 and the LDLN has been working with the lead professional for this project to ensure the correct assessment and referral documents will be available electronically.

## 6. Quality, Audit and Assurance

### i) Audit:

Following an interim report published by CQC during 2020 regarding the inappropriate use of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) during COVID-19, an audit of the Trust Treatment Escalation Plan (TEP)/ DNACPR forms has been undertaken. The audit is still in its early phase and following the audit, which took place on a small sample of patients known to have a Learning Disability a comparison audit on general patient records will take place to identify any learning, improvements or common themes. The results and any associated action plans of this audit will be available for 2021-22 annual report.

The Trust internal audit programme for 2021/2022 has been reviewed to include an audit of DNACPR.

Softer signs of deterioration, a tool designed to identify deterioration in individuals who may not be able to communicate or refuse physical observations has been selected for quality accounts. The tool will be rolled out across the Trust alongside NEWS2 to try and improve health outcomes for individuals where clinical assessment may be challenging. This tool is already successfully used across other Trusts and a Trust wide roll out will be one of the priorities for 2021-22 alongside the Trust wide deteriorating adult patient work stream.

### ii) Mortality Reviews:

During 2020/21 Trust deaths of patients with a known learning disability are notifiable to the LeDeR Programme.  This is a national programme that is being rolled out under the NHS England footprint in line with transforming care partnerships. The Trust made 14 notifications to the LeDeR programme from April 2020-March 2021 (Table 1)

Under this programme, which is based at Bristol University, all deaths of people with a learning disability over the ages of 4 are being reviewed.  The Trust participates in this review by notifying the LeDeR Programme of the known deaths of patients with a confirmed diagnosis of learning disability.

The LDLN attends the Trust Mortality Surveillance Group.  This group has developed processes for the implementation of Structured Judgement Reviews (SJRs).  All patient deaths with a confirmed or a suspected diagnosis of Learning Disability are subject to a SJR. The LDLN receives a copy of all completed SJRs and use learning outcomes to improve Trust wide learning and inform priorities.

LeDeR reviewers have started to request SJRs as part of their review and assurance process.  Learning from LeDeR newsletters and reports have been shared in the Trust safeguarding newsletter, and included where appropriate in ward communications and training.

From June 2021-22, reporting to LeDeR will also include patients with an Autism diagnosis that do not also have a Learning Disability. Previously only those who

had both Autism and a Learning disability (dual diagnosis) were notifiable to LeDer. The Trust has just amended the SJR criteria to reflect this change.

Learning from the reviews is led by the Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG). For 2021-22, the priority affecting the Trust is to review the patient Hospital Passport as there are several versions currently in use.

### iii) LeDeR notifications for April 2020-March 2021

**Table 1**

| Notification to LeDeR | 2020/21 |
|---|---|
| April | 1 |
| May | 0 |
| June | 4 |
| July | 0 |
| August | 0 |
| September | 2 |
| October | 2 |
| November | 0 |
| December | 0 |
| January | 3 |
| February | 1 |
| March | 1 |
| **Total** | **14** |

### iv) Work plan:

The LDLN work plan was previously reviewed at the Safeguarding Adults Committee. Under a new structure the LD work plan and steering group has now become the Learning Disabilities Operational Group which will report into the Vulnerable Patients Assurance Committee (VPAC). The Vulnerable Assurance Committee provides oversight and assurance to Trust Board.

The work plan would also benefit from the development of a patient led group and adopting the initiative of "ask, listen, do" to ensure the Trust can demonstrate they are engaging and seeking the expertise of people with Learning Disabilities, their families and carers and this is brought through to Board level.

During Quarter 3 the Trust participated in the 2020-21 National Health Service England and Improvement (NHSE&I) Learning Disabilities and Autism National Standards benchmarking programme. The publishing of the 2019-20 results have been delayed due to the COVID-19, however a summary of the 2018-19 results are available (see Appendix 1). Results of the 2020-21 benchmarking exercise are due to be published in the coming months.

## 7.    Autism

During 2020-21 Autism training which is delivered across the Trust by Bristol Autism Spectrum Service (BASS) which was affected by COVID-19. The full day, face to face course was replaced by a virtual half day course. Individual practitioners from across the Trust continued to book onto the course and this was taught at a maximum capacity of 15 participants. Between April 2020 and March 2021 three courses were hosted.

The service for people with Autism who do not have a Learning Disability is under review and development within this area is necessary to better understand their specific needs and barriers in accessing acute care. The LDLN meets quarterly with a local Autism forum for LDLNs across various Trusts to map out the support required for individuals with Autism within acute care. The LDLN has also linked with local Autism advocacy groups.

## 8.    Training

Training is provided to ensure staff have the skills to care for people with autism and know how to support people with a learning disability whilst they are in hospital.  This is delivered as part of the mandatory training programme for clinical staff via the Level 2 Adult Safeguarding e-learning package. There are also two external e-learning modules available for staff to access. Due to social distancing restrictions, no face to face sessions have taken place. This year, training will be enhanced by implementing the national Learning Disability and Autism mandatory training programme, this should be available later this year.

The LDLN has supported the apprenticeship programme for the Trainee Nursing Associates (TNA) and allied health professionals to gain experience, knowledge and skills on one day placements. It is the Trusts ambition to host placements for student nurses on the Learning Disability branch who are registered with the University of the West of England (UWE). This would mutually beneficial for the learners and the Trust.

## 9.    Activity

Table 2 details the activity from April 2020 to March 2021 which records patient information and attendances.

The number of hospital inpatients referred to the LDLN was 307. The total figure includes patients with a confirmed or suspected diagnosis of Learning Disability and/or a formal or suspected diagnosis of Autism.

All referrals are logged onto a database, all patients have an individual electronic file where all contact and important information is available and we record all patient contact.

**Inpatient referrals to the Learning Disability Liaison Service 2018-2021**

The comparison figures for the last 3 years are recorded in table 2 below

**Table 2**

| Referrals | 2018/19 | 2019/20 | 2020/21 |
|---|---|---|---|
| April | 14 | 37 | 15 |
| May | 22 | 29 | 35 |
| June | 27 | 27 | 19 |
| July | 28 | 19 | 23 |
| August | 28 | 21 | 32 |
| September | 13 | 18 | 22 |
| October | 25 | 19 | 22 |
| November | 27 | 17 | 23 |
| December | 29 | 36 | 23 |
| January | 26 | 30 | 33 |
| February | 19 | 25 | 31 |
| March | 18 | 39 | 29 |
| **Total** | 276 | 317 | 307 |

Outpatient referrals have been recorded since December 2020 and are highlighted in Table 3 below

**Table 3**

| No. of outpatient Referrals | 2020/21 |
|---|---|
| April | N/A |
| May | N/A |
| June | N/A |
| July | N/A |
| August | N/A |
| September | N/A |
| October | N/A |
| November | N/A |
| December | 3 |
| January | 8 |
| February | 5 |
| March | 12 |
| **Total** | 28 |

Outpatient activity has been recorded since December 2020 due to the changes in patient pathways and the volume of complex cases seen in outpatients. Outpatient referrals range from providing advice and reassurance through to complex care co-ordination and planning for individuals particularly with behaviours that challenge, who may require multiple investigations under anaesthetic and are unable to access healthcare services in the typical way. The LDLN are working with the Divisions to improve the co-ordination of peoples care with complex needs who require sedation and best interest planning, some of which may require the Trust to make an application to the Court of Protection for the most complex care plans. The team are in the process of supporting the hospital to develop consistent pathways and named medical professionals who have become very experienced in supporting and managing the needs of the most complex patients.

It is well documented that people with Learning Disabilities require consistent and well planned care to improve health outcomes. This is a challenge in an acute hospital setting where consultants and doctors may regularly rotate and staff teams are not experienced in meeting the needs of patients with Learning Disabilities.

For complex elective admissions, we are working towards a pathway where the same senior anaesthetist and admission wards will create an experienced team, who can support a patient with complex needs. This will improve the accessibility of services for people with Learning Disabilities who require a number of reasonable adjustments to be made for their care and hospital treatment.

## 10. Patient Experience

The Trust participated in the NHS Improvement Benchmarking which included seeking patient feedback (results awaited).

The interview panel for the Learning Disability Nurse and support worker roles include people with Learning Disabilities and/ or Autism.

There is a range of easy read information available on the learning disability intranet site. Requests for accessible information are recorded on the patient electronic record, and interpreters (e.g. British Sign Language) can be arranged via the Trust intranet patient experience section.

An application was submitted and approved by Friends of the RUH Charity for funding to provide distraction and calming activities to be used for patients with Learning Disabilities. The LDLN has liaised with carers and therapists to identify the best items to purchase and sensory equipment for all departments has been bought as well as a device to support blood taking for patients who have anxieties or needle phobia, this is hugely prevalent in patients with LD.

## 11. The impact of COVID-19

The pandemic has put a lot of the strategic work on hold. The multi-agency steering group that had previously been established with associated work streams had to be paused. There are a number of areas where improvements have been identified and these are now being taken forward. The Trust will develop an overarching strategy to

demonstrate how they will take forward the NHSE&I National Standards for Learning Disability and Autism (see Section 6, iv) and embed them into practice at the Trust. This will help set out some of the main objectives for improving patient care and the timescales in which these will be achieved.

During the pandemic, people with Learning Disabilities were identified at a high clinical risk of mortality from COVID-19, and we saw an increased number of patients being admitted particularly from December 2020. The LDLN service spent time making accessible COVID-19 resources including the roll out of a COVID-19 passport to support the original hospital passports. All resources were made available on the Trust website.  There were particular challenges with regards to swab testing access to hospital which required focussed attention.

During the pandemic, the Care Quality Commission (CQC) published an interim report relating to the inappropriate use of DNACPR stating this was disproportionately affecting disabled people and people with Learning Disabilities. The LDLN team were also alerted to every TEP which provided an opportunity to assess the appropriateness of the TEP and advocate for the patient. The LDLN worked collaboratively with the palliative care team and contributed to shared communications for end of life care and visiting. Exemptions were in place for visitors of vulnerable people, which was at the discretion of each ward leader and the LDLN team provided an important role in ensuring this was applied consistently by identifying those with Learning Disabilities.

COVID-19 proved to be a challenging and anxiety provoking time for people with LD and their families, especially with regards to hospital admission.  Three key challenges included a) inability to care for people in a side room and provide a calm environment b) reduced visiting c) the LDL team did not carry out face to face assessments.

The situation provided valuable learning which is being applied to improve the experience of people living with LD, not least as the pandemic continues to impact.

## 12.  Risk Register

Support by paid carers for patients with complex needs remains on the Trust Risk Register, there are 2 key areas of work that need attention over the next year;

1. The legal aspects of funding and managing 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.
2. There are carers that are funded (or part funded) by Continuing Health Care (CHC) but this is not easy to identify or understand what process is in place to recharge to the CHC team. The Designated Safeguarding Nurse for BSW (BaNES Locality) is supporting the service to establish the correct processes and protocols.

### 13. Achievements 2020-2021

- Increased the funding and resource for the Learning Disability Liaison Nurse role.
- Continued to provide some Autism and LD awareness training virtually to Trust staff.
- Developed action plan to ensure compliance with the NHS Improvement Standards for patients with learning disabilities and/or autism.
- Introduced a multi-agency operational group to monitor the delivery against the Improvement Standards.
- Through the Bath Improvement System (BIS), introduced a driver looking at readmissions data for people with Learning Disabilities to identify themes as to why people with a Learning Disability are more likely to be readmitted to hospital following a discharge.
- Extended activity to Outpatients in response to changing patient pathways.

### 14. Objectives for 2021-2022

- Develop a strategy (2021-23) for caring for patients with a Learning Disability and/or Autism that underpins the Trust Values and True North incorporating the Learning Disability National Standards.
- Improve the identification and flagging of people with Learning Disability/Autism.
- Audit use of TEP/DNACPR documentation and develop actions plans.
- Roll out the Softer Signs of Deterioration Tool for ED and inpatient areas.
- Continue to develop Accessible Pathways at an operational level for complex patients.
- Act on the outcomes of the readmission data for patients with a Learning Disability.
- Submit business case to increase the Learning Disability Liaison Service to enable a 7 day service.

### 15. Summary

This report highlights the progress within the Trust in relation to the following;

- The activity of the Learning Disability Service and progress with the work plan and service developments.
- Referral processes and reasonable adjustments made for patients with a learning disability.
- Highlights some of the operational level adjustments that need to be addressed to improve access to acute for people with Learning Disabilities and or Autism.
- Delivery of staff training;
- Ongoing work to improve the service and health outcomes of people with learning disabilities.

Some of the barriers that remain are as follows:

- Capacity of the LDLN service to deliver all improvement targets as well as patient support.

- Not having a named medical professional for complex patients with LD or a consistent medical/ nursing team during admission due to staff ward rotations.

- Not all patients are accurately flagged or identified as having a Learning Disability and or Autism and therefore do not have access to the specialist Learning Disability Liaison Nurse or Safeguarding and Learning Disability Support Worker.

## 16. References

Building the Right Support 2015
*https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf*

Confidential Inquiry into the premature deaths of people with a learning disability (CIPOLD 2013
*http://www.bris.ac.uk/cipold/*

Independent review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust April 2011 to March 2015 2016
https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2015/.../mazars-rep.pdf

NICE guideline 2015: (*NG11) Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges*

NICE guideline 2016 (NG54): *Mental health problems in people with learning disabilities: prevention, assessment and management*

Trust policy: Supporting Adults with a Learning *Disability:http://webserver.ruh-bath.nhs.uk/staff_resources/governance/policies/documents/clinical_policies/blue_clinical/Blue_7027.pdf*

Transforming care
*https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf*
*Addendum:*

**Appendix 1**

**Performance against the learning disability improvement standards:**
**Findings from the NHS benchmarking network exercise**

**Introduction**
In June 2018 NHS Improvement launched the national learning disability standards for NHS Trusts.  The 4 standards are:

- Respecting and protecting rights
- Inclusion and engagement
- Workforce
- Specialist learning disability services

The first 3 standards should be met by all Trusts and the 4th is specifically for Trusts that provide services commissioned exclusively for people with learning disabilities, autism or both.

The initial national Benchmarking took place between September and December 2018, to gather data against the 4 standards. The benchmarking exercise was repeated over 3 years. In March 2021 the findings from the benchmarking process (for 2019-20) were provided to the Trust in a bespoke report. The delay in providing this data was largely due to the COVID-19 pandemic. Since then, another audit has taken place and results are due in September 2021 and the outcomes will be used to prioritise LD work programmes.

The Trust participated in the benchmarking process to identify service improvements required for people with learning disabilities, autism or both. Equally, compliance with standards identifies areas where we are delivering high quality services.

Over a million people in England have a learning disability and there is evidence that they often experience poorer access to healthcare than the general population.

Organisations have a duty to make reasonable adjustments for people with learning disabilities and / or autism to ensure they have good access to healthcare.

*The NHS Long Term Plan* (2019) commits the NHS to ensuring that all people with a learning disability, autism or both can live happier, healthier, longer lives.

**Project Process and Data Collection**
There were 3 components to the benchmarking process:

1. An Organisational Survey
2. A Staff Survey
3. A Service user / Patient Survey

**Participation**

208 organisations from across England registered for the project, of these 137 were acute services. 208 organisations completed the organisational survey, 205 surveyed their staff, and 190 surveyed service users/patients. The Trust participated in all 3 components of the project.

## The 2019 Report Findings

### Standard 1 - Respecting and protecting rights

**Areas where the Trust is performing well**
- Service users in hospital have access to statutory and/or general advocacy services.
- The Trust ensures it has representation at the local Learning Disabilities Mortality Review (LeDeR) strategy group.
- Trust makes reasonable adjustments for appointment time and appointment letters, visiting exceptions in place (due to COVID-19) specific COVID-19 guidance available, Reasonable Adjustments Policy in place, triage priorities in place for patients with LD and or Autism.

**Areas Requiring Improvement**
- The Trust does not have identified low stimulus waiting areas or changing places toilet facilities. A changing places application has been submitted as part of the HIP2 improvements taking place across the Trust. Head of estates is leading on this piece of work and feeding into the Learning Disability Committee group.

- The Trust does not currently hold a list of people with learning disabilities waiting for assessment and/or treatment, and so does not have policies to regularly contact service users with updates.

- Waiting times for this group of patients are not monitored or reported to the Board.

- The Trust does not have service delivery outcome measures or data in order to understand how effective our services are for people with learning disabilities.

- Opportunity for home visits for people with a LD instead of an outpatient appointment needs to be explored.

- The Trust does not routinely conduct post incident reviews and debriefs following incidents where restrictive interventions have been used.

### Standard 2 - Inclusion and engagement

**Areas where the Trust is performing well**
- The organisation has a forum to engage the views of patients and carers (the patient and carer experience group).

**Areas requiring improvement**
- The Trust should increase opportunities for people with learning disabilities to meet and engage with services so that their views are heard.
- Equality Impact Assessments should be completed to identify the impact on people with learning disabilities when any service changes are considered.
- The Trust should review its complaints process to make adjustments for people with learning disabilities.
- The Trust does not currently have a process for home visits for people with learning disabilities instead of outpatient appointments.

**Standard 3 - Workforce**

**Areas where the Trust is performing well**
- The Trust employs people with learning disabilities - 86% of trusts employ people with a Learning Disability, the RUH employs 27 WTE.
- The organisation has clearly identified leads to improve services for people with a learning disability.
- The organisation has a Board level lead for monitoring and assuring the quality of services for people with a learning disability.
- The organisation provides training for staff to help them support people with learning disabilities including communication modification and safeguarding.

**Areas requiring improvement**
- The number of designated learning disability liaison nurses employed by the Trust is below average.
- The Trust induction programme does not invite people with a learning disability to contribute to staff training.

**References**
- National learning disability improvement standards for NHS Trusts (2019) https://www.england.nhs.uk/wp-content/uploads/2020/08/Learning_disabilities_standards_benchmarking_report_FINAL.pdf

- The NHS long term plan (2019) https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

**Domestic Violence and Abuse**

**Annual Report 2020-2021**

*Author*

Vivienne Cutler, Domestic Violence and Abuse Practitioner

**Contents**

## 1.    Introduction

This report provides assurance that there are measures in place to provide equitable access to support for patients experiencing domestic abuse at the Trust and to report on the activities of the Royal United Hospitals Bath NHS Foundation Trust Domestic Violence and Abuse Practitioner (DVAP). This report covers the period from the November 2020 to 31 March 2021 as the post for DVAP was vacant until November 2020 and the safeguarding team were only able to offer a limited response to the referrals.

## 2.    Background

In November 2020 the Trust appointed the Domestic Violence and Abuse Practitioner (DVAP) to support patients experiencing domestic abuse within the Trust.  In addition to patient support, the remit of the post holder is to raise awareness of domestic abuse within relevant clinical areas, to deliver training to staff, review Trust policies relating to Domestic Violence and Abuse and to represent the Trust at the B&NES, Mendip and Wiltshire Multi Agency Risk Assessment Conferences (MARACs).

A subsequent year's funding by Bath and North East Somerset (BaNES), Wiltshire and Swindon Clinical Commissioning Group (BSW CCG) and BSW public health service was agreed until March 2022.

## 3.    Service

The DVAP provides a service for 30 hours a week covering Monday to Thursday. The role provides intensive, one-to-one support to people experiencing, or who have experienced, domestic abuse (men and women) presenting at the Trust and associated Birthing Centres, prioritising those who are at medium to high risk of harm. This support extends for a time limited period (up to 4 weeks) after discharge from hospital.

The DVAP will refer onto appropriate domestic abuse support services if support is still required after this time.

Referrals are received by the DVAP via the following routes:

- Safeguarding Harm Event via the Trust's electronic patient record system (Millennium).
- Safeguarding Alert - by Midwives (Millennium).
- Telephone, should staff not have access to Millennium.
- Or by email, currently the patients are not able to self-refer.

Referrals from 9 November 2020- 31 March 2021 are shown in table 1

**Table 1**

| Date | Wilts | Banes | Somerset | South Gloucestershire | Other | **TOTAL** |
|------|-------|-------|----------|----------------------|-------|-----------|
| November | 1 | 3 | 0 | 1 | 0 | **5** |
| December | 3 | 7 | 1 | 0 | 1 | **12** |
| January | 4 | 9 | 3 | 0 | 0 | **16** |
| February | 9 | 6 | 3 | 0 | 0 | **18** |
| March | 9 | 12 | 2 | 1 | 3 | **27** |

The total number of referrals received from November 2020-March 2021 was **78**

On receipt of the referral the DVAP will:

- Contact the patient and complete a "Safelives" Domestic Abuse, Stalking and Harassment Risk Assessment (DASH).

- Identify any risks during the assessment and a safety plan will be formulated with the patient. The risk assessment score also determines whether the case should be presented at the relevant MARAC.

- If the patient is considered high risk, a referral will be submitted to MARAC and the DVAP will present the case at the MARAC meeting.

- The patient's record will be updated on the Maternity safeguarding note on Millennium for the women who are pregnant.

## 4. Policies

The Trust has two policies relating to Domestic Abuse:

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

The Domestic Abuse Affecting Staff (Perpetrators and Victims) Policy provides information of the support available and recourses to victims/survivors of domestic abuse, and to perpetrators of domestic abuse. The policy also provides guidelines to managers on how to support their staff who are victims and perpetrators of domestic abuse.

This policy is currently being updated to include circumstances where staff may experience domestic abuse which is pertinent given the change in working arrangements. The policy provides information to enable managers to support and signpost staff and a staff guide is also being produced so that they can directly access support services available in their local community.

The Trust Domestic Abuse Policy outlines the aims of the Trust to improve detection of, and support for, patients who disclose that they are experiencing domestic violence

or abuse, and to improve staff understanding of, and response to, patients who are experiencing domestic violence or abuse. This policy has been updated to ensure all staff have current information about the newly appointed role of the DVAP.

Amendments made to both policies will be published subject to ratification.

The Trust will take the opportunity to promote and publicise these policies at training and supervision sessions.

## 5. Staff Domestic Abuse Awareness

Due to COVID-19 social distancing measures the DVAP has developed a training package suitable to be delivered via Microsoft Teams (MST). This training will enable staff to identify and refer patients who are experiencing domestic abuse, and the domestic abuse support available. Training and supervision has already been delivered to the following:

- Emergency Department (ED) – nurses, foundation year trainees and middle grade doctors
- Midwives working in the Trust including the supporting birth centres.
- Maternity supervision sessions (via MST) in order to offer advice and guidance as required.

Support and advice has also been provided to the Riverside Sexual Health Clinic Team, Mental Health Liaison Team (AWP) and the Pain Team as requested. Further training and awareness of the role of the DVAP will be delivered face to face to other areas within the Trust as soon as social distancing restrictions are lifted by attending morning handovers or team meetings.

There has been a national and local campaign (16 Days of Action) to raise awareness of Domestic Violence and Abuse and the Trust participated by sending out information for relevant clinical staff and patients.

The Domestic Violence and Abuse website on the Trust Intranet includes information on services available at national and local levels. This includes people who identify as lesbian, gay, bisexual, and transgender+ (LBGT+) and those who have experienced honour based violence (HBV).

## 6. Patient Information

The Trust DVAP receives requests for patient information and completes a case search and submits information to the:

- Fortnightly North and West Wiltshire and Mendip MARAC meetings.
- Weekly B&NES MARAC meetings.
- Presents all cases that are referred by the Trust to the B&NES, Mendip and N&W and E&S Wiltshire MARAC meetings.

### 7.    Achievements:

Achievements/progress include:

- Work is in progress with updating the Trust's Domestic Abuse affecting Staff (Perpetrators and Victims) Policy.

- How to make a referral for Domestic Abuse concerns has also been updated and circulated within the Trust.

- The Domestic Violence and Abuse web page, on the Trust's intranet, is also in the process of being updated including a current and up to date Domestic Violence and Abuse directory.

- Developed virtual training programmes to meet specific clinical areas has been achieved including packages at different levels to raise awareness of Domestic Abuse.

- Participated a national and local campaign (16 Days of Action) to raise awareness of Domestic Violence and Abuse and the Trust has targeted information for relevant clinical staff and patients.

- Attends supervision sessions and covering domestic abuse concerns.

- Established links with other Domestic Abuse support agencies including; the police, MARAC Coordinators, DHI (Drugs and alcohol support services), Next Link and Libra refuges and Splitz-Domestic Abuse Services in Wiltshire.

- Represents the Trust at the Mendip (Somerset), BANES and Wiltshire Multi Agency Risk Assessment Conferences (MARAC). Updates client's record as appropriate.

- Attends regular National Maternity Safeguarding Network meetings.

- Attends the Wiltshire Safeguarding Vulnerable People Partnership (SVPP) Domestic Abuse sub-group meeting (via MST).

- 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.

### 8.    Objectives for 2021-2022

<u>Training:</u>

- Continue to deliver training to Emergency Department (ED) – nurses, foundation year doctors, middle grade doctors and Midwives working in the Trust including the supporting birth centres. Deliver training to Riverside Sexual Health Clinic.

- Ensure that Maternity Support Workers (MSWs) and Health Care Assistants (HCA) all have access to training in routine enquiry about domestic abuse so that they feel confident to carry this out and know what action to take on disclosure. This will be achieved by attending PROMPT mandatory training days and level 3 training.

- Support the development and delivery of a training package on the Complex Trio alongside Alcohol Liaison and Mental Health Liaison Team.

Audits:

- Audit ED safeguarding harm events for domestic abuse to identify gaps in knowledge with a view to developing future training programmes.

- Undertake audit for the Midwifery Routine Enquiry about Domestic Abuse at every contact

Staff:

- Meet with the Chaplaincy team to explore the use of 'Listening Lounges' for staff experiencing domestic violence or abuse.

Patients:

- Develop resources that will safely advertise the domestic abuse services available in the Trust in other key languages.

- Develop resources for patients who experience domestic violence or abuse who have learning disabilities or sensory impairment (hearing loss).

- Work with the IT lead Midwife to explore if a prompt about domestic abuse enquiry could be added to the antenatal appointment documentation on Millennium.

Information:

- Support the ED domestic abuse lead to further develop the ED web page as a resource for staff.

- Regularly attend the Trust Birthing Centres to offer supervision alongside the Named Midwife for Safeguarding to discuss patients they have worked with who are affected by domestic abuse.

## 9.    Summary

This report highlights the progress made in a short period of time within the Trust in relation to:

- The activity of the Domestic Violence and Abuse Practitioner

- Patient information available within the Trust

- Staff resources available in the Trust

- Delivery of staff training on how to identify and refer patients who are experiencing domestic violence and abuse

- Information relating to domestic violence and abuse to support staff that can be accessed when experiencing domestic violence or abuse within the Trust

- Future objectives to improve service provision to patients and staff experiencing domestic violence and abuse

## 10. References

- ONS (2016), March 2015 Crime Survey for England and Wales (CSEW)
- Domestic violence and abuse: multi-agency working. NICE guideline PH50 (2014)
- Domestic violence and abuse https://www.nice.org.uk/guidance/ph50
- Quality standard [QS116] Published: 29 February 2016

**Appendix 5**

**Mental Health Annual Report 2020 – 2021**

**<u>Author:</u>**

**Julia Peacock**
*Mental Health Project Coordinator*

**Contributions from:**

**Zara March**
*Specialist Perinatal Mental Health Midwife*

**Fiona Beech**
*Consultant Emergency Medicine*

# Contents

## 1. Introduction

This report provides an update to the Board on the activities relating to patients with Mental Health needs between April 2020 and March 2021.

The Mental Health Act provides a legal basis on which to detain, assess and treat those with, or suspected of having a mental illness/disorder and allows for the compulsory treatment of a mental illness.

The Royal United Hospitals Bath NHS Foundation Trust (RUH) is registered with the Care Quality Commission (CQC) for the regulated activity of assessment or medical treatment of a person detained under the Mental Health Act 1983 (as amended in 2007).

## 2. Background

The RUH coordinates the Joint Trusts Operational Mental Health Group which is chaired by the Deputy Chief Nurse and attended by senior members of staff from the RUH and Avon and Wiltshire Mental Health Partnership (AWP). The purpose of the Operational Mental Health Group is to provide a forum for identification and resolution of on-going operational and interface issues relating to the provision of mental health care within the RUH. This group has an operational Work Plan and the implementation is monitored within this meeting.

AWP is commissioned by the Bath and North East Somerset (BaNES) Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) to provide mental health liaison services to the RUH. A locality based mental health liaison team are based within the RUH.

## 3. Policies and Guidelines

*The Safe and Supportive Observation Policy* is available on the Trust's intranet. This policy is used to identify when a ward may need extra staff to support a patient. The policy includes the process for requesting extra staff, guidance for the level of observation needed, expectations for all staff including specialist mental health staff and paperwork to record care given.

*The Mental Health Act Policy; Care of Adults detained under the Act* is available on the Trusts intranet. The aim of the policy is to support staff in the effective implementation of the Mental Health Act, to ensure patients detained under the Act receive care and treatment lawfully and that they are able to exercise their rights at all times.

*Managing Clinically Challenging Behaviour Guidelines;* is available on the Trust intranet. The purpose of the policy is to support staff in managing patients with challenging behaviours on the wards and departments.

## 4. 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. The Trust has two named responsible clinicians.

*Key Administrative Responsibilities:*
- 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.

## 5. Patients Detained under the Mental Health Act

The RUH site team is responsible for overseeing the operational delivery of the Mental Health Act requirements in relation to detained patients, including maintaining a database which logs all records of patients detained under a section of the Mental Health Act. Table 1 provides details of patients detained in 2018-2019 and 2019-2020.

**Table 1: Patients detained under the Mental Health Act 2019-2020 and 2020-2021 (please see addendum for the explanation of various sections for detaining patients under the Mental Health Act)**

| Admitted under section 17 leave (2019/20) | Detention under Section 2 (2019/20) | Detention under Section 3 (2019/20) | Detention under Section 5(2) (2019/20) | Detention under Section 37/41 (2019/20) |
|---|---|---|---|---|
| 18 | 20 | 6 | 16 | 0 |
| 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 |

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 were no manager or tribunal appeal hearings for 2020–2021.

## 6. Adult Mental Health Liaison Service

The RUH Adult Mental Health Liaison Service (MHLS) is provided by AWP clinicians as a jointly commissioned service by the BSW CCG. The service is for people who are aged 18 years and over, there is no upper age limit. The service is provided to all (as deemed appropriate) individuals who attend or who are admitted to the RUH, regardless of home address, GP registration or accommodation status.

The team is split into 2 sub teams: Adults of Working Age (AOWA) and Older Adults (OA). The AOWA service operates between 08:00 to midnight seven days a week and the OA service operates between 9:00 to 17:00 seven days a week.

Out of hours, mental health support is delivered by the BaNES Intensive Service (midnight–8 am), which provides a crisis response and home treatment service within the community as well as supporting the Emergency Department.

*Mental Health Liaison Service Aims:*
- To provide a comprehensive psychosocial assessment service throughout all clinical departments of the RUH.
- To take the lead in undertaking, managing and evaluating clinical risk in relation to the care and treatment of people with mental health needs in the RUH.
- To contribute to effective, holistic and person centred care delivery within the RUH
- To provide expert mental health advice, information, support, supervision and sign posting for RUH staff.
- To act as an effective communication channel between the range of secondary mental health services (including those not provided by AWP) and the RUH.
- To contribute to the review, evaluation and further development of mental health services within the RUH.

**Table 2: Mental Health Liaison Service referrals 2018-19, 2019-20 and 2020-21.**

| Month | 2018-2019 | 2019-20 | 2021-21 |
|---|---|---|---|
| April | 237 | 229 | 117 |
| May | 250 | 228 | 187 |
| June | 219 | 249 | 189 |
| July | 235 | 264 | 203 |
| August | 244 | 224 | 204 |
| September | 198 | 220 | 182 |
| October | 245 | 230 | 194 |
| November | 232 | 241 | 193 |
| December | 224 | 230 | 156 |
| January | 215 | 246 | 155 |
| February | 204 | 247 | 178 |
| March | 237 | 173 | 228 |
| **TOTAL** | **2740** | **2781** | **2186** |

The above results show a decrease of 21% of referrals for 2020/21 in comparison with the previous year. It is thought that referral numbers are reduced from previous year due to the COVID-19. Although the referral rate decreased, the patients have been more complex. The increased complexity of presentation by the patients, is thought to

be mainly due to the reduction of face to face reviews with care co-ordinators in secondary services, and clinicians working from home in non-essential services.

## 7. Emergency Department

*Mental Health Breaches*
The Emergency Department (ED) breaches relating specifically to mental health patients remain low. The themes of these breaches are discussed during the Joint Operational Mental Health meetings as well as specific cases.  The majority of mental health breaches in the Emergency Department are primarily as a result of delays to further assessment by secondary mental health services, awaiting completion of a Mental Health Act assessment or once a mental health admission has been deemed necessary, allocation of a suitable bed.

*Theme of the month - Mental Health*
The Emergency Department recently had theme of the month about mental health. This included Departmental wide teaching covering mental health along with alcohol liaison, homeless, safeguarding and Learning Disabilities. Along with face to face and virtual training, discussions posters and videos were used to help spread information.

*New Matrix*
A new risk matrix has been released, available on paper and on line, and the Trust is moving towards a paperless inpatient record over the next 12 months.

*New Mental Health Observation Chart*
Mental health observation chart is being trialled, particularly concentrating on patients waiting a long time for assessment/review in the assessment rooms based in ED.

*Absconding guidance*
The Emergency Department have worked closely with the police to create new guidance for absconding patients. This work has been carried out to reduce the number of unnecessary requests to the police and ensure that when the police do have powers to return an at risk patient back to the department they are informed correctly.

*Rapid Tranquilisation guidance review*
RUH clinicians are currently working with AWP staff to review the rapid tranquilisation policy. This project is being led by the lead pharmacist for the Emergency Department and Consultant Psychiatrist from the Acute Hospital Liaison Service.

*Risk*
*Detaining patients to ED Observation ward*
The provision mental health bed provision, at times, results in extended patient stay in the ED. An escalation policy for such patients have been developed and discussions continue about how best to meet these patients Mental Health needs.

## 8. Child and Adolescents Mental Health Liaison Service

The Child and Adolescents Mental Health Service (CAMHS) Liaison Service is provided by B&NES and Oxford Health.  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.

The service operates from 9.00 am-8.00 pm Monday- Friday and 10.00 am-6.00 pm weekends and bank holidays. During these times, a CAMHS liaison practitioner is on site and available to complete assessments in a timely manner. Outside of these hours CAMHS on-call are able to offer urgent/emergency advice when appropriate outside the commissioned liaison hours. CAMHS are not based onsite outside of commissioned liaison hours. If no medical treatment is needed and the young person can potentially be discharged, CAMHS can offer telephone support to facilitate discharge if appropriate. If the young person needs a face to face assessment, they are admitted to the paediatric ward over night for assessment the following day during the liaison hours. This is the current agreed pathway for young people who present out of hours and is in line with NICE guidelines.

*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.

*Risk*
In September 2020 the CAMHS liaison lead role became vacant. A practitioner from the team was appointed to the post however is currently on maternity leave and the service has not been able to identify a replacement. Currently this risk is mitigated by liaising with CAMH's managers if issues need raised.

**Table 3: CAMHS Mental Health Liaison Service Referrals for 2019-2020 and 2020/2021.**

| Month | 2019/20 | 2020/21 |
|---|---|---|
| April | 19 | 18 |
| May | 22 | 28 |
| June | 9 | 26 |
| July | 10 | 31 |
| August | 7 | 33 |
| September | 18 | 28 |
| October | 14 | 41 |
| November | 18 | 41 |
| December | 23 | 35 |
| January | 39 | 26 |
| February | 28 | 28 |
| March | 32 | 48 |
| TOTAL | 239 | 383 |

Perinatal mental health referrals
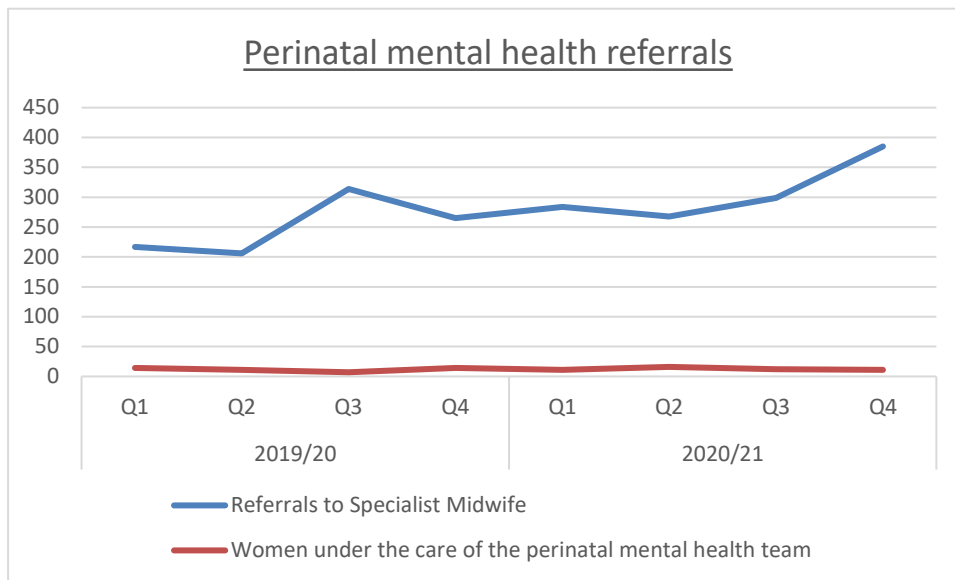
The above shows a 60% increase on last year's total referrals. There is a degree of discrepancy due to last year's figures not including young people who present and already have an open episode (currently under the team) therefore the actual figures for last year are expected to be slightly higher.

## 9. Perinatal Mental Health

The Specialist Perinatal Mental Health Midwife continues to provide specialist support to patients along with managing a team who caseload women who have complex needs, and ensuring pathways, policies, and processes for these at risk women and families are developed and implemented. The specialist Midwife is line manager for a continuity of care team, providing 24 hour care for women with complex social needs in central Bath.

In 2020/21 there were 1,283 women referred to the Specialist Perinatal Mental Health Midwife who were identified as having past or present mental ill health, or at increased risk due to family history. This equates to 25% of women accessing maternity services. This is an increase of 28% compared to 2019/20. There was a reduction in referrals in Q1 and Q2, 2020/21 followed by a continued increase in referrals in Q3 and Q4.



BANES Liaison referrals - 2019/20 vs 2020/21
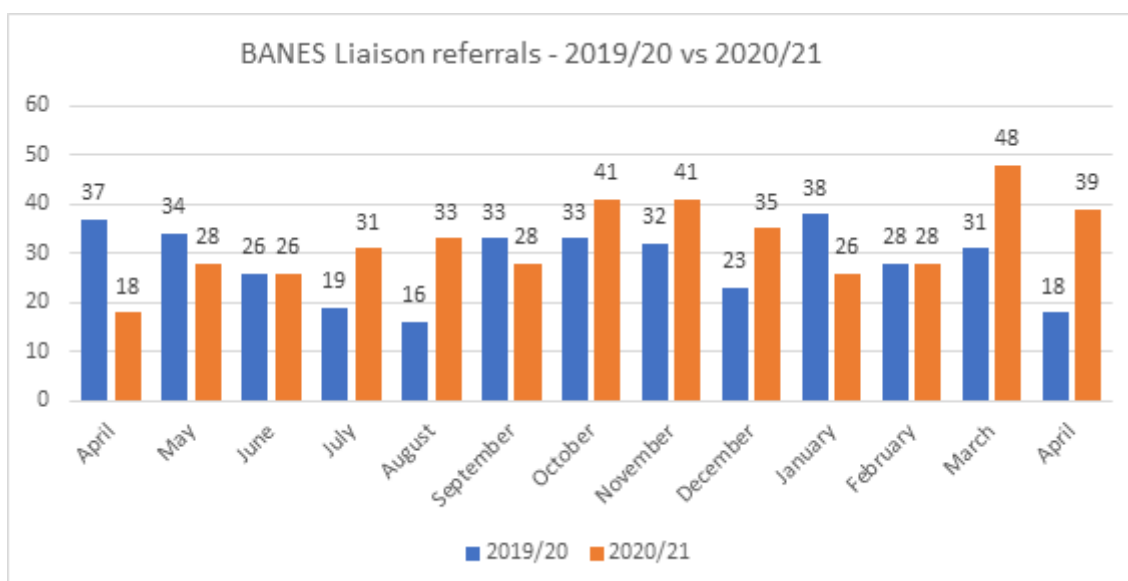
Weekly triage meetings with the BaNES, Swindon and Wiltshire perinatal mental health team and the Somerset perinatal mental health team have taken place virtually throughout 2020/21. There has been an increase in the number of professionals attending the triage meeting to include; Maternity staff, perinatal mental health, Health Visiting, Family Nurse Partnership, Banes and Wiltshire Improving Access to Psychological Therapies service and the Bluebell buddy service.

BaNES, Swindon and Wiltshire were successful in a joint bid for Maternal Mental Health Clinics (MMHC) with a focus on perinatal trauma through loss, bereavement and birth trauma. In Q3 and Q4, the planning process was undertaken to implement the service which will commence in 2021/22.

Whilst the Consultant led complex needs clinic has continued to run throughout 2020/21, there has not been attendance by the Avon and Wiltshire Partnership perinatal Psychiatrist in the past year due to the pandemic and sickness. This is planned to resume in 2021/22.

The Specialist Perinatal Mental Health Midwife delivers training on the mandatory update days for maternity services including the maternity safeguarding level 3 day, the maternity professional day and in Q3 2020/21 introduced training on postpartum psychosis on the maternity PROMPT obstetric emergency day.

## 10. Mental Health Coordinator

The Mental Health Coordinator role continues to be in place and has been extended to 2023. The role remains substantially within AWP with an honorary contract within the RUH and is fully embedded into the RUH systems. The priorities remain to review patients' mental health needs and coordinate access to appropriate mental health support. The aim of the role is to support the wards in managing challenging behaviour, improve parity of esteem and reduce overall costs on agency RMN expenditure.

*Ongoing Review of Request for a 1:1*

In line with the Safe and Supportive Observations Policy, requests for a 1:1 are reviewed by the Mental Health Project Coordinator. The purpose of this is to review the need for the request, give support and advice to the wards in managing any challenging behaviour, help to coordinate care and ensure patients are being treated in the least restrictive practice.

Once the patient is reviewed, if 1:1 is deemed necessary they will be allocated the appropriate member of staff based on the risk level. This may be a 1:1 from the ward team or more specialist mental health staff: AWP HCA or bank/agency RMN.

*AWP HCAs working in the RUH*

There continues to be a service level agreement in place with AWP to use Band 3 mental health trained HCA assistants within the RUH. These staff members support patients primarily with 1:1 care who have a mental health or challenging behaviour need. Members of AWP staff complete an induction with the Mental Health Coordinator prior to working within the RUH. They are offered supervision by the Mental Health Coordinator as well as group peer supervision by AWP.

The induction continues to be available to Band 3 AWP HCAs interested in working within the RUH.

The AWP HCA role continues to provide the below benefits:
- Increased staffing levels to support patients with challenging behaviours
- Provide ongoing specialist mental health support
- Ongoing specialist training for staff recruited to the bank provided through AWP
- Regular staff members working
- Specialist workers in behaviour management
- An increase in therapeutic activities for the patients

**Table 3: Total monthly spend for 1:1 specialist staff and MH Coordinator role for 2018-19, 2019-20 and 2020-2021**

| Month | 2018-2019 £ | 2019-2020 £ | 2020-2021 £ |
|---|---|---|---|
| April | 30,493 | 13,415 | 25,265 |
| May | 17,529 | 24,163 | 16,913 |
| June | 11,644 | 41,717 | 10,011 |
| July | 38,906 | 59,042 | 16,039 |
| August | 18,437 | 47,601 | 34,920 |
| September | 28,850 | 61,280 | 19,593 |
| October | 29,149 | 61,669 | 12,786 |
| November | 14,719 | 34,429 | 11,260 |
| December | 3,922 | 103,639 | 35,825 |
| January | 26,624 | 42,170 | 37,163 |
| February | 3,351 | 42,001 | 21,931 |
| March | 15,818 | 2,328 | 29,580 |
| TOTAL | £239,442 | £533,454 | 271,286 |

The above results show a 34% decrease on cost comparison with the previous year. This demonstrates the effectiveness of the MH Coordinator role in reducing spend on 1:1 support even when there has been an increase in the complexity of patients presenting with Mental Health needs.

**Table 3: Total cumulative spend for 1:1 specialist staff and MH Coordinator role for 2018-19, 2019-20 and 2020-2021**



RMN Nursing Costs
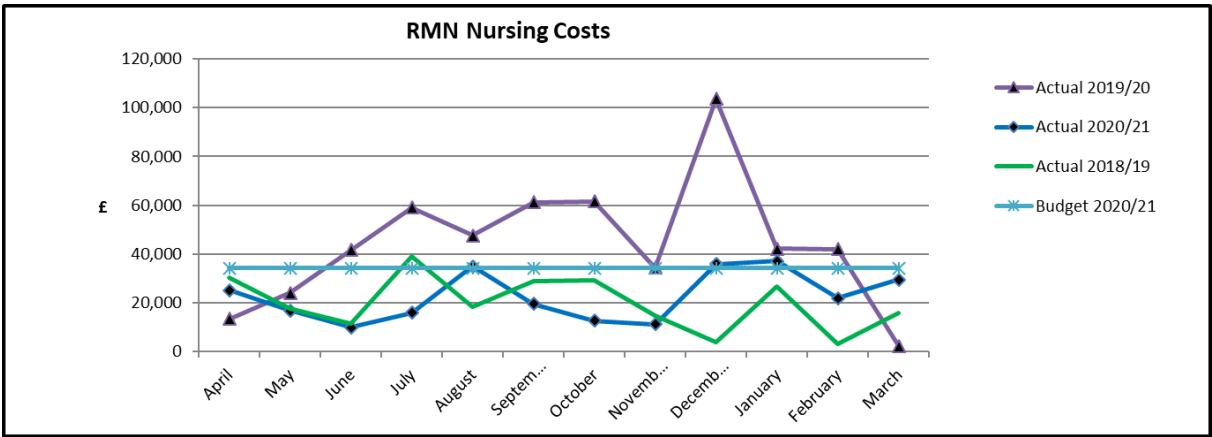
**Impact of COVID-19**

Staffing
At the start of the pandemic the Trust had a decline in RMN requests which remained low into the summer of 2020. At this time patients needing extra support were largely being managed by RUH or AWP HCAs.

**Collaborative Working**

*The Joint Trust Operational Mental Health Group*
The group currently meets bi-monthly and has multi agency representation. During this meeting complaints, compliments, risks and projects are discussed and actions agreed. It also gives opportunity for members of various teams to give updates on their work. The work of the group is currently monitored and directed by the Joint Safeguarding Committee.

*Project with BaNES Commissioners for Drug and Alcohol Services*
The Trust is working with BaNES to reduce the number of deaths from accidental overdose of illicit or prescribed drugs through the sharing of information across Providers. The Trust are working with the Information Governance team to create an information sharing agreement with the drug and alcohol services.

**11. Training**

*Mental Health Awareness – E Learning Module*
A Mental Health Awareness e learning package has been developed for all staff. This module includes what is mental wellbeing, what effects it and how to improve your wellbeing. Common mental health disorders seen in the hospital and information on the Mental Health Liaison Service has also been included.

*Mental Capacity Training for Discharge Liaison Nurses and Therapists*
Training has been delivered by the Named Nurse, Adult Safeguarding and the Mental Health Coordinator to the discharge liaison nurses and Therapists on understanding and carrying out capacity assessments.

*MHA training*
A monthly training session is delivered to the new overseas nurses on the Mental Health Act.

**12. Objectives 2021/22**
- The Mental Health Coordinator and Named Nurse, Adult Safeguarding are working towards achieving compliance with the Mental Capacity Act 2019 (amended) particularly supporting the Trust with the new requirements as a Responsible Body for the Liberty Protection Safeguards scheme (replacing the Deprivation of Liberty Safeguards scheme April 2022).
- The Mental Health Coordinator, Alcohol Liaison Nurse and the Domestic Violence and Abuse Practitioner are working together to develop a training day on 'The Complex Trio'.

- Capacity/Restrictive Practice and gold standards – There will be a focus in the coming year to create an in house training/information package for all the wards in the hospital.

## 13. Summary
This report summarises the key mental health activity and improvements to practice within the organisation for 2020-2021. It has included compliance with the Mental Health Act statutory reporting requirements

*Addendum:*

**Explanation of Sections for detaining patients under the Mental Health Act**

### Section 2
It is designed for people who it is deemed necessary to have an assessment for a mental disorder, and that due to their presentation and possible risks this needs to take place in a hospital setting. This section lasts for up to 28 days. Two doctors and an approved mental health professional decide when a person is put on Section 2.

### Section 3
It allows for the detention of a person for treatment in hospital based on certain criteria being met.

This lasts for up to 6 months. While on Section 3, a senior doctor called a responsible clinician will be in charge of their care and treatment.

### Section 5(2)
If a person came to hospital without being on a Section, they would be an 'informal' or 'voluntary' patient. If they wanted to leave and this was not considered appropriate, the decision would be made to assess them under Section 2 or Section 3. It takes time to carry out an assessment and sometimes a person is placed under Section 5(2) to stop them from leaving.

### Section 17
If a patient is detained to the hospital on a Section 2 or 3 they can be granted Section 17 leave. If a patient who is detained in a mental health unit requires treatment for a physical illness they may be given formal Section 17 leave to attend the RUH for treatment of their physical condition.

### Section 37/41
This is a Hospital Order made by either the Magistrates of Crown Court requiring a person's detention in hospital. Section 41 is a Court Order which prevents a person from being transferred to a different hospital, granted leave or discharged without the Home Secretary being consulted and is made if the court considers it necessary to protect the public from serious harm.