

Report to:	Board of Directors	Agenda item:	15a
Date of Meeting:	6 September 2023		

Title of Report:	Children's Safeguarding Annual Report
Status:	To discuss and approve
Board Sponsor:	Antonia Lynch, Chief Nurse
Author:	Mike Menzies, Named Nurse Safeguarding Children and Young People
Appendices	Appendix 1: Maternity Safeguarding Annual Report

1. Executive Summary of the Report

This report provides an overview of safeguarding children activity undertaken within the Trust between 1 April 2022 and 31 March 2023.

The Safeguarding Children and Maternity team wish to highlight the following achievements to the Board including:

- Trust employing Associate Director for Vulnerable People to strengthen and support the Safeguarding agenda internally and across partner systems.
- Safeguarding team away day examining Safeguarding Strategy.
- Successfully completing and delivering 29 Level 3 safeguarding children and maternity training sessions to 404 staff (virtually initially, then face to face in January 2023).
- 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 for operational staff in attending child protection conferences, core groups etc.
- Successful inclusion of the RUH Maternity Service in the 'Hold on Pain Eases' (HOPE) Box pilot.

In 2023/24 the safeguarding children team will focus on the following objectives:

- To develop the Safeguarding Adults and Children Strategy to complement the Vulnerable Peoples Strategy.
- To continue working with the adult safeguarding lead and partners on the implementation of the new Liberty Protection Safeguards (due in late 2024 and relevant to 1-17year olds).
- Focus on the safeguarding walkabouts in both children's facing and maternity areas, and align these with Bath, North East Somerset, Swindon and Wiltshire Integrated Care Board quality assurance visits.
- To continue working on raising staff awareness of Early Help Agenda so children get the right support at the right time.
- To continue to work with GP leads in Bath and North East Somerset and Wiltshire re information sharing related to local review learning regarding an invisible father and risks/support required holistically.

2.	Recommendations (Note, Approve, Discuss)
	For noting and discussion.

3.	Legal / Regulatory Implications
	<p>As a NHS provider the Trust is required to comply with legislation and statutory guidance, this includes:</p> <ul style="list-style-type: none"> • 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)
	<p>The safeguarding team wish to highlight and update on the following main points to the Trust board:</p> <ul style="list-style-type: none"> • Safeguarding Children Level 2 training All actions related to this are now completed, with level 2 training being delivered by e learning and support across the Trust to ensure that staff continue to complete this as part of mandatory training. This will continue to be monitored as part of the quarterly safeguarding reporting process. • Safeguarding Children Training Level 3 Level 3 training compliance has increased from 78.07% in Q1 to 82.36% in Q4 across the Trust and 79.91% in Q1 to 82.42% in Q4 in Maternity Services only. 29 Level 3 safeguarding children and maternity sessions were delivered virtually, then returning to face to face in January 2023, to 404 staff. Systems are well established, with enough places available to increase compliance to over 90%, with trust wide support for staff to access the training. <p>The safeguarding team have focused on the implementation of additional competences at Level 3 for specialist groups outlined in the Intercollegiate Document (an increase from 8 to 12-16 hours every 3 years and initial starters having 16 hours of training in the first year instead of 8). A working group has met to examine the systems required for recording, monitoring and reporting and further work is required to implement these requirements into the new Learn Together platform for all training in the Trust. The risk to the Trust is low.</p> <ul style="list-style-type: none"> • Implementation of Safeguarding Supervision All actions related to safeguarding supervision have been completed including: embedding supervision across the relevant areas of the Trust, restarting supervision in Bath Birthing Centre and a pilot for supervision for Emergency Department Paediatric medical leads planned for 2023/24.

- **Operational Staffing Levels in Maternity Services**

Staffing levels within Maternity Services is on the risk register. The Maternity Safeguarding team are supporting the Lotus team, who care for vulnerable pregnant women/birthing people. Providing operational support is impacting the Maternity Safeguarding teams ability to meet their safeguarding functions in the Trust. This has been added to the risk register and the team are being supported by the wider Safeguarding team. The risk remains low to the Trust.

5. Resources Implications (Financial / staffing)

The safeguarding team have completed a demand/capacity business case for additional staff in 2022/23 to support the following areas:

1. Domestic Violence lead across the Trust. Previously matched funded by the RUH and partners at 0.8 WTE Band 6. Discussions continue with BSW ICB and partners re ongoing funding and support for the role.
2. Increase of Maternity Safeguarding Specialist Midwife hours Band 6 from 0.5 WTE to 0.9 WTE agreed.
3. The need for a Mental Capacity Lead in the Trust.
4. The need for a Mental Health Lead in the Trust.
5. Discussions continue between senior level staff and the Associate Director for Vulnerable People re costings and banding.

6. Equality and Diversity

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

7. References to previous reports/Next steps

Annual Safeguarding Children report 2021/22.

8. Freedom of Information

Public.

9. Sustainability

Nil.

10. Digital

Nil.

Safeguarding Children & Young People Annual Report

1 April 2022-31 March 2023



Mike Menzies
Named Nurse Safeguarding Children & Young People

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1. Introduction

This report provides an overview of safeguarding children activity undertaken within the Trust between 1 April 2022 and the 31 March 2023.

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
- Highlights 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.

2. Governance and Commitment to Safeguarding Children

The local safeguarding partnerships are as follows, with the main arrangements being with BaNES Community Safety and Safeguarding Partnership (BCSSP).

The Chief Nurse is the Executive lead responsible for safeguarding within the Trust and a nominated Non-Executive Director is a safeguarding champion. The Deputy Chief Nurse is the nominated deputy lead for safeguarding children. The Trust have employed an Associate Director for Vulnerable People to lead on the wider safeguarding and vulnerability agenda within the Trust in Q4 2023. Attendance at the BCSSP Board during 2022-23 was 75%. The Trust has senior representation at relevant sub groups for both partnerships.

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 newly created BaNES Swindon and Wiltshire Integrated Care Board (BSW ICB) on a quarterly basis. The BSW ICB (BaNES locality) Designated Nurse for Children provides supervision and oversight to the Named Nurse and Named Midwife for Safeguarding Children and Young People within the Trust. The Designated Doctor for Safeguarding in BSW ICB provides quarterly supervision to the Named Doctor for Safeguarding.

Vulnerable Peoples Assurance Committee (VPAC)

The internal safeguarding governance processes have been reviewed in 2022-23 with all safeguarding groups reporting into the newly created Joint Operational Safeguarding and Prevent Group, then to the Vulnerable Peoples Assurance Committee (VPAC) where assurance reports highlighting risks, mitigations and any other concerns are discussed. Summary highlights are reported to the Quality Governance Committee and Trust Board.

Care Quality Commission (CQC)

The Emergency Department (ED) was visited by the CQC for an unannounced inspection on the 4 January 2021. The visit highlighted the drop in compliance for safeguarding children training for staff, noting how the pandemic had increased the pressure on their service and reduced the amount of time staff had to complete their training. An action plan is in place and all staff requiring training are booked onto

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one of the regular or ad hoc training dates. In Q4 2023 all levels of safeguarding children training (1, 2, and 3) were meeting the 90% target.

BaNES Section 11 Audit

The Named Nurse completed a Section 11 audit in 2021 with BaNES Community Safety Safeguarding Partnership, as part of their 3 yearly cycle of Quality Assurance measures. The audit focused primarily on partner agencies' safeguarding response to COVID-19. An action plan has been created for each section where appropriate and progress will be reported through the Safeguarding Committee. There was no significant risk to the Trust.

Safeguarding Children Audits

Safeguarding children audits are included in the Trust Clinical Audit Programme and are reported, and monitored through the safeguarding governance processes. During this period the following audits were undertaken.

- Multi-Agency under 1s assurance audit
- Knife crime audit

Working group on 16-17 year old children being admitted Trust-wide

The Named Nurse is supporting a working group examining a proposal for 16 and 17 year olds to be admitted across the Trust instead of to the paediatric ward. This will continue in 2023/24. The risks are related to provision of Level 3 training and supervision for those areas that children will potentially be admitted to, and ensuring that processes for children's mental health review are robust.

Paediatric Mental Health working Group

The group meet quarterly to discuss and share current issues between the Emergency Department, Paediatric ward safeguarding team and Children and Adolescent Mental Health (CAMHS) partners. A pilot project examining cases and themes for young people presenting has also been started, to share collective reflections and learning. There are plans for future meetings with CAMHS, Paediatric ward, Safeguarding team and BSW ICB mental health leads to examine data and trends for presentations to inform future partnership working for these vulnerable young people.

3. Policies, Procedures and Guidelines

During 2022/23 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:

- Delayed Discharge Guidelines for Young People Where There Are Safeguarding Concerns
- Bruising and injuries to non-mobile babies and children in line with new BSW guidelines.

4. Appropriate Training, Skills and Competences

Table 1 shows compliance figures for all levels of training during 2022/23 for all staff including maternity.

Subject	Compliance Requirement	Q1 2022-23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Safeguarding Children Level 1	90%	84.10	82.23%	84.00%	84.37 %
Safeguarding Children Level 2	90%	83.83%	82.94 %	84.27 %	83..27 %
Safeguarding Children Level 3	90%	78.07%	80.87 %	81.45%	82.36 %

Table 1: Training Compliance Figures (Including Maternity)

The current Level 3 Safeguarding Children compliance ranged from 78.07% in Q1 to 82.36 % in Q4 Trust-wide. The safeguarding team have defined an action plan, including additional and ad hoc sessions, and continued with a mixture of virtual sessions, converting back to face to face in Q4 2023. There were 2-3 sessions per month ensuring there were enough spaces to meet the needs of those requiring Level 3 training. Level 1 and 2 training is accessed via the e learning platform.

The safeguarding team have focused on the implementation of additional competences at Level 3 for specialist groups outlined in the Intercollegiate Document (an increase of 8 to 12-16 hours every 3 years and initial starters having 16 hours of training in the first year instead of 8). A working group has met to examine the systems required for recording, monitoring and reporting, further work is required to implement these requirements into the new Learn Together platform for all training in the Trust.

The safeguarding team delivered 29 full day sessions to 404 staff during 2022-23. These were by MS Teams (virtual) until December 2022, with face to face/ classroom training recommencing in January 2023.

5. Effective Supervision and Reflective Practice

The safeguarding team provided quarterly one to one supervision with 39 identified leads across the Trust in 2022/23; 22 in Maternity and 17 across other children's facing workforce. Current compliance is:

- Children's facing leads supervision: 95% (17 leads)
- Maternity leads: 97.5% (22 leads).

Group supervision is embedded across the children's facing workforce with regular supervision being facilitated for the Paediatric Medical team, Chronic Fatigue team, Bath Centre for Pain Services, Emergency Department nursing staff, Sexual Health staff, Community Maternity teams, Children's Therapies teams, Paediatric Diabetes team and paediatric ward nursing staff. Pilot projects are commencing in Q4 in Bath Birthing Centre and supervision for Emergency Department medical staff in Q1 2023/24.

Additional supervisors were trained in 2022/23 to sustain the supervision agenda. 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:

- Domestic abuse Multi-Agency Risk Assessment Conference (MARAC) in both BaNES and Wiltshire.
- Domestic Violence Safeguarding Partnership sub groups.
- BaNES Operational Exploitation meeting which highlights those most vulnerable to the Trust.
- Drug and Alcohol Working Group with local partners.
- Paediatric Mental Health Group.
- Safeguarding partner agency meetings in both BaNES and Wiltshire.
- Wiltshire and BaNES Contextual Safeguarding Group.
- Planning for Joint Targeted Area Inspections (JTAI) working group.
- Multi-Agency Sexual Health Risk Assessment working group.
- BSW under 1s assurance group.

7. Reporting Serious Incidents

There have been no serious incidents reported or investigated by the Safeguarding Children team in 2022/23. The Safeguarding Children team have supported an investigation completed by the Paediatric Diabetes team and an action plan has been created with a focus on increased safeguarding supervision to monthly, which has been implemented successfully.

8. Engaging in Child Safeguarding Practice Reviews (CSPRs)

Rapid Review Requests

The safeguarding team has responded to 9 Rapid Review requests for information from the Trust; 2 from BaNES BCSSP, 4 from Wiltshire SVPP and 3 from Somerset Safeguarding Partnership. The first BaNES Rapid Review request did not meet the criteria for any follow up, there was no risk to the Trust and all safeguarding actions were completed as expected. For the second Rapid Review, there was no information from the Trust to share, therefore no individual action plan or risk to the Trust. Subsequently, this progressed to a Local Serious Practice Review, and the

learning from this will be shared across partners in 2023/24. With regards to the 4 Wiltshire Rapid Reviews, in two cases there was no information to share and no risk to the Trust. One of the cases (see maternity report) did not meet the criteria for a Serious Practice Review and learning has been shared across Maternity Services. For the final SVPP case there was significant information to share for the Rapid Review. The safeguarding team supported the Trust clinical team in attending the Practice Review Group Meeting. This did not meet the criteria for a Serious Practice Review and learning from the multi-agency Practice Review Group meeting has been shared across Partners. There were no information to share from the 3 Somerset requests.

Action plans have been created as appropriate, with a focus on disseminating learning into practice.

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 3 safeguarding allegations against members of staff reported within the Trust in this period. Appropriate actions and investigations in these cases were taken as expected.

11. Engaging Children and their Families

Children aged 16 plus are encouraged to complete Family and Friends' 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 3 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 and one in Maternity.

- **Safeguarding Children Level 2 training**
All actions have now been completed and discussions underway to remove this from the risk register in Q1 2023.
- **Safeguarding Children Level 3 Training Compliance**
There are action plans for Level 3 training, to support the Level 3 training needs in the Trust with a particular focus on the additional competences in the Intercollegiate Document increasing from 8 hours to 12-16 hours every 3 years (see section 4). The risk remains low to the Trust.

- **Implementation of Safeguarding Supervision**

Action plans are in place to address the issues. All actions are now complete with pilot projects in place for supervision in Bath Birthing Centre and with paediatric medical leads in the Emergency Department (see section 5). The risk remains low to the Trust.

13. **Achievements 2022/23**

- Trust employing Associate Director for Vulnerable People to strengthen and support the Safeguarding Agenda internally and across partner systems.
- Continued embedding of the supervision model across the Trust. Risk action plan completed.
- Delivery of 29 safeguarding Level 3 training sessions to 404 staff, with successful transition back to face to face training.
- Team away day to develop safeguarding strategy.
- Developing and embedding working understanding of the new BSW ICB systems.
- Project 28 drug and alcohol working group completion.
- Support of the Oxford Health CAMHS appreciative enquiry development day.
- Team support for BCSSP development day.

14. **Objectives for 2033/24**

- To continue work on children and adults safeguarding strategy in line with Vulnerable Peoples strategy.
- To continue working with the adult safeguarding lead and partners 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 refocus on the safeguarding walkabouts in both children's facing and maternity areas, and align these with BSW ICB quality assurance visits.

15. **Concluding Comments**

This report has concentrated on the key safeguarding activity improvements and risks within the organisation. Whilst it has provided an opportunity to capture key activity, it is by no means a full report of achievements of the safeguarding children team and others in the organisation. It is appropriate to acknowledge the achievements of the safeguarding children team, the support of the Executive lead for safeguarding, the safeguarding activities of staff and the very positive direction of travel.

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

Maternity Safeguarding Annual Report 2022/23

1. Governance and Commitment to Safeguarding Children

Maternity Safeguarding Committee

The meetings are held quarterly and report into the Joint Safeguarding Operational Group and VPAC by exception. This ensures robust governance of new maternity specific policies, completed audits, risks and mitigations, and safeguarding highlights. The meetings are chaired by the Deputy Director for Maternity or 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 and community midwifery sisters. These midwives received quarterly safeguarding 1-1 supervision from the safeguarding midwives.

Perinatal Mental Health

The Named Midwife continues to work closely with the Specialist Perinatal Mental Health midwives to support the ongoing development of the Perinatal Mental Health service. In 2022/23 there has been a new dedicated Mental Health service introduced for women who have experienced birth trauma and/or loss of a baby. This is called the Ocean Service and is run by one of the Perinatal Mental Health Midwives. The Bath, Swindon and Wiltshire area are early implementers of this service.

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.
- Maternity Spot Check Safeguarding Audit with a focus on domestic abuse routine enquiry.
- Audit of the Use of the Pregnancy Management Note in Maternity.
- BaNES Public Health multi-agency safer sleep audit.

Audit reports and action plans were submitted to the Maternity Services Safeguarding Committee and the Vulnerable Peoples Assurance Committee. These are monitored through the audit action tracker and forward plan.

2. Policies, Procedures and Guidelines

The following policies and guidelines have been written, updated or supported by the maternity safeguarding team during this period, having been ratified via the maternity and VPAC Governance processes.

- Guidelines for Midwives Caring for Pregnant Migrant, Asylum Seeking and Refugee Women.
- Royal United Hospitals Bath NHS Foundation Trust Baby Abduction Policy
- Guideline for midwives working with pregnant women who misuse substances. The previous maternity cannabis guidelines have now been amalgamated into this guideline.

3. Appropriate Training, Skills and Competences

Maternity Services safeguarding mandatory training compliance is detailed in Table 1.

Subject	Compliance Requirement	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Safeguarding Children Level 1	90%	90.23 %	90.58 %	89.27 %	89.77 %
Safeguarding Children Level 2	90%	88.43 %	89.52 %	88.93 %	89.57 %
Safeguarding Children Level 3	90%	79.91 %	85.14 %	82.33 %	82.42 %

Table 1: Maternity Services mandatory training compliance

Compliance with Level 3 training has improved from 79.91% at the end of Q4 2021/22 to 82.42% at the end of Q4 2022/23. To achieve compliance of 90%, face to face sessions in the Education Centre are booked until the end of December 2023, 4 of which are maternity specific. The Education and Quality Improvement Lead Midwife is supporting the processes for staff who meet the increased requirements of Level 3 training namely: newly qualified midwives to achieve the required 16 hours in the first year of employment and for other midwives to undertake 12-16 hours of Level 3 training every 3 years.

4. Effective Supervision and Reflective Practice.

Maternity compliance for the quarterly 1:1 safeguarding supervision with the 22 identified leads has been consistently above the 90% compliance target and has been achieved with the support of the whole safeguarding team.

Group supervision is now well embedded across the community maternity teams, but remains a challenge within the acute maternity setting. The Maternity 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 for the midwives working on Mary Ward and Bath Birthing Centre throughout 2023/24.

5. Multi-Agency Working

- The Named Midwife for Safeguarding is involved in the Best Start in Life and Early Help Sub Group in BCSSP.

- Support of the pre-birth tracking meetings in Somerset, with meetings facilitated now in Wiltshire and planned for BaNES in 2023/24.
- The Named Midwife for safeguarding is involved in a pilot project in Wiltshire 'Dads Matter Too'. This project provides looks to connect with and support hard to engage fathers with unborn babies or under 1 year old with social care involvement.
- HOPE (Hold on Pain Eases) Boxes Pilot Scheme in Maternity. The Trust maternity service has been chosen as a pilot site for the new HOPE Boxes that will be offered to mothers and babies that are separated following the birth via the family court process. 4 sets of boxes have been given to families in 2022/23.
- Southwest Safeguarding Midwives Network - The Named Midwife for Safeguarding attends these quarterly meetings on MS Teams. They are a useful forum to gain advice and support from safeguarding midwives working in NHS Trusts across the South West region.
- Sharing information Regarding Safeguarding (SIRS) about fathers with GPs. The Named Midwife for Safeguarding is working in collaboration with BaNES area GP safeguarding leads to determine how to implement the routine sharing of any information known to GPs about safeguarding risks associated with fathers of unborn babies. A proposal has been developed and this will be piloted with the Bath Lotus team caseload for 6 months.

6. Reporting Serious Incidents

There have been no serious incidents reported or investigated by the Safeguarding Children team in 2022/23 (Maternity).

7. Engaging in Child Safeguarding Practice Reviews (CSPRR)

Wiltshire Rapid Review Requests

The Trust received a request for information in Q2 for a rapid review of a case involving a baby that died at home aged 8 weeks in the Wiltshire area. The conclusion by the panel was that no Serious Practice Review was required. The baby had been sleeping in a nest bed on the sofa in the lounge and the death is thought to be a Sudden and Unexplained Death in Infancy. Subsequent learning on safe sleep guidance was shared across Maternity services and partners from the local review process.

Organisational risks

Operational Staffing Levels in Maternity Services

Staffing levels within Maternity Services is on the risk register. The Maternity Safeguarding team are supporting the Lotus team, who care for vulnerable pregnant women/birthing people. Providing operational support is impacting the Maternity Safeguarding team's ability to meet their safeguarding functions in the Trust. This has been added to the risk register and the team are being supported by the wider Safeguarding team. The risk remains low to the Trust.

Maternity safeguarding Achievements 2022/23

- Increased support from the safeguarding midwives with attending child protection conferences, core groups.
- Continued successful transition of maternity Level 3 safeguarding training from virtual to face to face.
- Collaborative introduction of pre-birth tracking meetings in Wiltshire.
- Compliance with Routine Domestic Abuse Enquiry by midwives continues to improve.
- Successful inclusion of the Trust Maternity Service in the HOPE Box pilot.
- Embedding of group safeguarding supervision in the community maternity teams.
- Steps have been taken towards a proposed SIRS project to share safeguarding information about fathers with GPs.

Maternity Safeguarding Objectives 2023/24

- To continue to embed safeguarding supervision across maternity in both the community and acute settings.
- 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 and to support these meetings in the BaNES area so that babies on Child in Need and Child Protection plans are effectively safeguarded.
- To continue to work with GP leads in BaNES and Wiltshire re information sharing related to local review learning regarding an invisible father and risks/support required holistically.

Safeguarding Children Monitoring Form

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
		April/ May/ June	July/ August/ September	October/ November/ December	January/ February/ March	Total/ Average
Workforce Safeguarding Training - Core Standard 3 (Not Midwifery)	Addt. Info					
Safeguarding children training Level 1 uptake	<i>Number</i>	5607	5749	6010	5931	
	<i>Percentage</i>	84.1%	82.8%	84.0%	84.4%	83.8%
Safeguarding children training Level 2 uptake	<i>Number</i>	3796	3918	4147	4119	
	<i>Percentage</i>	83.8%	82.9%	84.3%	84.3%	83.8%
Safeguarding children training Level 3 uptake	<i>Number</i>	591	613	628	663	
	<i>Percentage</i>	78.1%	80.9%	81.5%	82.4%	80.7%
Safeguarding children training Level 4 uptake	<i>Number</i>	3	3	3	3	
	<i>Percentage</i>	100.0%	100.0%	100.0%	100.0%	100.0%

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
		April/ May/ June	July/ August/ September	October/ November/ December	January/ February/ March	Total/ Average
Domestic Violence/ FGM / CSE/ Modern Trafficking and Slavery training uptake <i>Not currently collected but would be obtained through Level 3 records.</i>	<i>Number</i>	591	613	628	663	
	<i>Percentage</i>	78.1%	80.9%	81.5%	82.4%	80.7%
Prevent Level 2 training uptake (Children only provider e.g CAMHS)	<i>Number</i>	6261	6457	7158	6601	
	<i>Percentage</i>	93.9%	93.0%	83.3%	93.9%	91.0%
WRAP Level 3 training uptake (Children only provider e.g CAMHS)	<i>Number</i>	4046	4168	4372	4363	
	<i>Percentage</i>	88.5%	87.6%	88.6%	88.7%	88.3%
Workforce Safeguarding Supervision - Core Standard 4						
Supervision received by Acute Named Dr from Designated Doctor <i>N/A</i>	<i>Percentage</i>	0.0%	100.0%	100.0%	100.0%	75.0%
Supervision received by Acute Named Nurse from Designated Nurse	<i>Percentage</i>	100.0%	100.0%	100.0%	100.0%	100.0%

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
		April/ May/ June	July/ August/ September	October/ November/ December	January/ February/ March	Total/ 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	3	3	2	2	3
	Percentage	100.0%	100.0%	100.0%	100.0%	100.0%
Safeguarding supervision received by Clinical ED/MIU staff	Number	6	5	4	6	5
	Percentage	Not collected	Not collected	Not collected	Not collected	N/A
Safeguarding supervision received by Sexual Health - N/A	Number	1	1	1	1	
	Percentage	No data currently	No data currently	No data currently	No data currently	N/A
Safeguarding supervision received by Community Midwifery team n/a	Number	4	7	3	4	
	Percentage	No data currently	Not collected	Not collected	Not collected	N/A
Safeguarding supervision received by Acute Midwifery team - N/A	Number	0	0	0	0	
	Percentage	0%	0%	Not collected	Not collected	0.0%

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
		April/ May/ June	July/ August/ September	October/ November/ December	January/ February/ March	Total/ Average
Safeguarding supervision received by Vulnerable/specialist midwives -N/A	<i>Number</i>	12	12	11	13	
	<i>Percentage</i>	100.0%	100.0%	95.0%	93.0%	97.0%
Safeguarding supervision received by Paediatricians - N/A	<i>Number</i>	1	1	1	1	
	<i>Percentage</i>	100.0%	100.0%	100.0%	100.0%	91.3%
Safeguarding supervision received by Health Visitors N/A	<i>Number</i>	N/A	N/A	N/A	N/A	
	<i>Percentage</i>	N/A	N/A	N/A	N/A	N/A
Safeguarding supervision received by School Nurses N/A	<i>Number</i>	N/A	N/A	N/A	N/A	
	<i>Percentage</i>	N/A	N/A	N/A	N/A	N/A
Safeguarding supervision received by FNP - N/A	<i>Number</i>	N/A	N/A	N/A	N/A	
	<i>Percentage</i>	N/A	N/A	N/A	N/A	N/A
Safeguarding supervision received by other staff e.g. community and acute therapy staff	<i>Number</i>	1	1	1	1	
	<i>Percentage</i>	100%	100.0%	100.0%	100.0%	77.5%

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
		April/ May/ June	July/ August/ September	October/ November/ December	January/ February/ March	Total/ Average
Chronic Fatigue/ME team	<i>Number</i>	1	1	1	1	
Paediatric Diabetes Team	<i>Number</i>	1	1	1	2	
	<i>Percentage</i>	87.5%	87.5%	87.5%	87.5%	
Adherence to Child Protection Process - Core Standard 5						
CP Strategy Meetings invited to <i>all data available.</i>	<i>Number</i>	1	3	0	5	9
CP Strategy meetings attended	<i>Percentage</i>	100.0%	100.0%	0.0%	100.0%	75.0%
ICPCs / RCPC's invited to	<i>Number</i>	22	23	27	30	102
ICPCs / RCPC's attended	<i>Percentage</i>	0.0%	0.0%	0.0%	0.0%	0.0%
ICPC / RCPC's reports requested	<i>Number</i>					0
ICPC / RCPC's reports completed / provided	<i>Percentage</i>					N/A
CP Core Groups invited to - <i>data not currently available.</i>	<i>Number</i>					0
CP Core Groups attended	<i>Percentage</i>					N/A

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
		April/ May/ June	July/ August/ September	October/ November/ December	January/ February/ March	Total/ Average
Clinical Safeguarding Children Activity - Core Standard 5 & 10						
Children attending hospital departments for sexual assault or related concerns	<i>Number</i>	0	2	0	0	2
Children presenting ED/MIU checked against list of children subject to a child protection plan <u>prior</u> to being seen by a clinician (CPIS)	<i>Number</i>	not collected at present	not collected at present	not collected at present	not collected at present	0
	<i>Percentage</i>	system to be defined	not collected at present	not collected at present	not collected at present	N/A
Children presenting that are subject to FGM-IS	<i>Number</i>	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)	<i>Number</i>	system to be defined	system to be defined	system to be defined	system to be defined	0
Children admitted due to substance / alcohol misuse	<i>Number</i>	24	25	21	28	98
Children admitted due to self-harm / overdose / self-poisoning	<i>Number</i>	87	84	98	109	378

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
		April/ May/ June	July/ August/ September	October/ November/ December	January/ February/ March	Total/ Average
Referrals to Children's Social Care (triage, MASH) From ED and rest of Trust excluding maternity	<i>Number</i>	341	292	285	316	1234
Referrals accepted by Children's Social Care (triage, MASH)	<i>Percentage</i>	not collected at present	not collected at present	not collected at present	not collected at present	N/A
Referrals for Early Help / CAF / HER	<i>Number</i>	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)	<i>Number</i>	0	0	0	0	0
Children not brought to appointments	<i>Number</i>	not collected at present	awaiting data from BIU	awaiting data from BIU	awaiting data from BIU	0
	<i>Percentage</i>	data to be included in future	data to be included in future	data to be included in future	data to be included in future	N/A
Midwifery Specific Safeguarding Metrics - Core Standard 5 & 10						
Referrals to the children's social care for unborn infants - Child Protection	<i>Number</i>	44	78	39	64	225
Referrals to the children's social care for unborn infants - Early Help	<i>Number</i>	3	1	6	5	15

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
		April/ May/ June	July/ August/ September	October/ November/ December	January/ February/ March	Total/ Average
Referrals to the children's social care for pregnant women under 18 years old	<i>Number</i>	1	1	0	0	2
Midwifery referrals to the Family Nurse Partnership, (by Local Authority Area)	<i>BANES Number</i>	11	13	15	9	48
	<i>SWINDON Number</i>	0	0	0	0	0
	<i>WILTSHIRE Number</i>	17	20	14	13	64
Unborn infants subject to a child protection plan	<i>Number</i>	28	26	26	28	108
Pregnant women under 18 years subject to a child protection plan	<i>Number</i>	0	0	0	0	0
ICPCs / RCPC'S invited to	<i>Number</i>	21	23	20	27	91
ICPCs / RCPC's attended	<i>Percentage</i>	85.7%	100.0%	95.0% One report shared, but conference not attended as already handed over to HV	100.0%	95.2%

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
		April/ May/ June	July/ August/ September	October/ November/ December	January/ February/ March	Total/ Average
ICPC / RCPS's reports requested	<i>Number</i>	21	23	20	27	91
ICPC / RCPC's reports completed / provided	<i>Percentage</i>	100.0%	100.0%	100.0%	100.0%	100.0%
CP Core Groups invited to	<i>Number</i>				0	0
CP Core Groups attended	<i>Percentage</i>					N/A
Safeguarding Children Governance - Core Standard 6 & 7						
The number of serious incidents related to children. Reported by Local Authority area -	<i>BANES Number</i>	0	0	0	0	0
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	0
	<i>WILTSHIRE Number</i>	0	0	0	0	0
From the number of serious incidents reported above, how many included safeguarding. Reported by Local Authority area -	<i>BANES Number</i>	0	0	0	0	0
	<i>SWINDON Number</i>	N/A	N/A	N/A	N/A	0
	<i>WILTSHIRE Number</i>	0	0	0	0	0

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

		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
		April/ May/ June	July/ August/ September	October/ November/ December	January/ February/ March	Total/ Average
completed within 28 days of notification	<i>Percentage</i>	N/A	N/A	N/A	N/A	N/A
Initial Health Assessment Appointments offered within 28 days of notification	<i>Number</i>	N/A	N/A	N/A	N/A	0
	<i>Percentage</i>	N/A	N/A	N/A	N/A	N/A
LAC in Care	<i>Number</i>	N/A	N/A	N/A	N/A	0
LAC in Care over 12 months	<i>Number</i>	N/A	N/A	N/A	N/A	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)	<i>Number</i>	N/A	N/A	N/A	N/A	0
	<i>Percentage</i>	N/A	N/A	N/A	N/A	N/A
LAC in Care over 12 months not up to date with Health Assessments	<i>Number</i>	N/A	N/A	N/A	N/A	0
LAC in Care over 12 months not up to date with Health Assessments: Declined	<i>Number</i>	N/A	N/A	N/A	N/A	0
LAC in Care over 12 months not up to date with Health Assessments: Out of Area	<i>Number</i>	N/A	N/A	N/A	N/A	0
LAC in Care over 12 months not up to date with Health Assessments: Other Reason	<i>Number</i>	N/A	N/A	N/A	N/A	0
Initial Adoption Medicals	<i>Number</i>	N/A	N/A	N/A	N/A	0

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

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

Report to:	Public Board of Directors	Agenda item:	15b
Date of Meeting:	6 September 2023		

Title of Report:	Safeguarding Adults Annual Report
Status:	For noting
Board Sponsor:	Antonia Lynch, Chief Nurse
Author:	Rachel Burns, Named Professional Adult Safeguarding
Appendices	Appendix 1: Safeguarding Adult Annual Report

1. Executive Summary of the Report

The Safeguarding team was strengthened in 2022/23 with the recruitment of a new Named Professional for Adult Safeguarding and an Associated Director for Vulnerable People. It is acknowledged that the vulnerable people's agenda requires expert leadership to safeguard the most vulnerable. As such, a Vulnerable People Strategy is being co-produced to include the mental health, learning disabilities, neuro-divergence and domestic violence.

In 2022/23 the internal safeguarding governance processes were reviewed and strengthened with all safeguarding groups reporting into the newly created Joint Operational Safeguarding and Prevent Group, reporting to the Vulnerable Peoples Assurance Committee (VPAC) where assurance reports highlighting risks, mitigations and any other concerns are discussed. Summary highlights are reported to the Quality Governance Committee and Trust Board.

In August 2022, the CQC carried out an unannounced focused inspection with specific focus on the safety and quality of care within the Medicine Division.

The visit highlighted that a significant number of staff were not compliant with safeguarding training, the completion and recording of Mental Capacity Act assessments and Best Interest decisions were not always completed robustly or in a timely way. This led to variance in the identification and review of patients who may be deprived of their liberty. An action plan is in place focusing on these key areas, these will remain a focus over the next year 2023/2024.

With regards to safeguarding activity the Trust received 53 allegations against the Trust.

Of the 53 allegations: 46 (87%) relate to issues pertaining to care received
 7 (13%) relate to issues pertaining to staff conduct

Of the 53 allegations: 19 went through to Section 42 enquiries by B&NES Local
 Authority (Care Act 2014).

Of the 19 cases that went through to Section 42 enquires the safeguarding outcomes are:

- 9 were fully substantiated
- 3 were inconclusive

- 2 were partially substantiated
- 2 were unsubstantiated
- 3 are still under the safeguarding process.

The themes of the allegations raised predominately refer to discharge arrangements in terms of timeliness, completeness of arrangements (e.g. domiciliary care package) and communication with carers, family prior and care providers prior to discharge. Management of pressure damage, sub-standard information and sharing re bruising and pressure damage. The Director of Nursing for Operations is leading a work stream to standardise and improve the discharge process to improve patient outcomes.

All the 53 allegations resulted in initial information gathering, internal investigation or Section 42 Enquiries completed by the safeguarding team.

There were 7 allegations against staff, 3 of these relate to agency workers. All were investigated against Trust policy and outcomes included, escalating to the agency, no further action or supportive frameworks.

Mandatory training did not meet the standards expected by the Trust in 2022/23, however significant work has been undertaken since April 2023 to achieve compliance which is vastly improved with further work required to achieve sustainable compliance.

There was a significant increase in the number of Deprivation of Liberty Safeguard applications from the Trust to the Local Authority in comparison to last year. This reflects the growing complexity of patients admitted to the Trust.

The Safeguarding adult team wish to acknowledge the following achievements including:

- Successful safeguarding team away day, which involved the initial drafting of a Safeguarding Team Strategy 2023-2026.
- Reverted back to face to face delivery of Level 3 adult safeguarding training, increasing frequency of training sessions in order to increase compliance.
- The design and delivery of Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training sessions across the Trust.
- Implementation of audits to review the robustness and appropriateness of mental capacity assessments and DoLS.
- Representation of the Trust on the B&NES Community Safety and Safeguarding Partnership Quality and Performance sub group.

The safeguarding adult team will be focusing on the following areas in 2023-2024:

- To implement the Safeguarding Adults Strategy, ensuring it is aligned with the Vulnerable Peoples Strategy.
- To complete a training needs analysis and extend the scope of delivery of Level 3 training across the Trust.
- To advertise and appoint a named Doctor for Adult Safeguarding in the Trust.
- To introduce and embed adult safeguarding supervision across relevant areas of the Trust.

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2.	Recommendations (Note, Approve, Discuss)
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For noting and discussion.

3.	Legal / Regulatory Implications
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As a NHS provider the Trust is required to comply with legislation and statutory guidance, this includes:

- | |
|--|
| <ul style="list-style-type: none"> • 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) |
|--|

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
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The adult safeguarding team wish to highlight and update on the following main risks to the Trust board:
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Mental Capacity Act (MCA)/DoLs Lead Professional

The need for a designated role to provide strategic leadership and expert guidance within the Trust across services in relation to the MCA. To lead on the development and monitoring of quality performance standards in relation to the MCA and start to prepare the Trust for implementation of Liberty of Protection Safeguards (LPS).
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Independent Domestic Violence Advisor role

No current designated role within the Trust.
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5.	Resources Implications (Financial / staffing)
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The safeguarding team are completing a demand/capacity business case for additional staff in 2023/24.

6.	Equality and Diversity
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The Trust safeguarding arrangements reflect the ethnic, social, religious and sexual diversity of patients and families.
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7.	References to previous reports/Next steps
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Annual Adult Safeguarding Report for 2021/22 Quarter 1, 2, 3, 4 (2022/23) Adult Safeguarding reports, Quality Governance Committee.
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8.	Freedom of Information
Public.	

9.	Sustainability
Nil.	

10.	Digital
Nil.	

Adult Safeguarding Annual Report

1 April 2022 – 31 March 2023



Rachel Burns
Named Professional Adult Safeguarding

1. Introduction

This annual report reflects the arrangements to safeguard and promote the welfare of adults at risk within Royal United Hospitals Bath NHS Foundation Trust, for the period from 1 April 2022 to 31 March 2023. The report concentrates on key safeguarding activity and risks within the organisation in line with the statutory requirements of the Care Act 2014.

2. Governance and Corporate Standards

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

The Chief Nurse is the Executive lead responsible for safeguarding within the Trust and a nominated Non-Executive Director is a safeguarding champion. The Trust have employed an Associate Director for Vulnerable People (January 2023) to lead on the wider safeguarding and vulnerability agenda within the Trust.

Clinical Outcomes and Quality Assurance reports are produced quarterly and submitted to BaNES, Swindon and Wiltshire Integrated Care Board (BSW ICB). These reports monitor adult safeguarding activity against the Quality Schedule Key Performance Indicators.

The BSW ICB (BaNES locality) Designated Nurse for Adults provides supervision oversight to the Lead Professional Safeguarding.

Vulnerable People's Assurance Committee (VPAC)

The internal safeguarding governance processes have been reviewed and strengthened in 2022-23 with all safeguarding groups reporting into the newly created Joint Operational Safeguarding and Prevent Group, then to the Vulnerable Peoples Assurance Committee (VPAC) where assurance reports highlighting risks, mitigations and any other concerns are discussed. Summary highlights are reported to the Quality Governance Committee and Trust Board.

Care Quality Commission (CQC)

The CQC carried out an unannounced focused inspection on 22 August 2022 with specific focus on the safety and quality of care within the Medicine Division.

The visit highlighted that a significant number of staff were not compliant with safeguarding training, the completion and recording of Mental Capacity Act assessments

and Best Interest decisions were not always completed robustly or in a timely manner. This leads to variance in the identification and review of patients who may be deprived of their liberty. An action plan is in place focusing on these key areas, these will remain a focus over the next year 2023/2024.

3. Legislation (Policies and Procedures)

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

During 2022/23 the following policy has been updated:

- Domestic Abuse Policy updated with the new definition of domestic abuse (Domestic Abuse Act 2021).

4. Safeguarding Activity

To reflect the safeguarding principle of transparency and accountability, the Trust received 53 allegations against the Trust.

Of the 53 allegations: 46 (87%) relate to issues pertaining to care received
 7 (13%) relate to issues pertaining to staff conduct

Of the 53 allegations: 19 went through to Section 42 enquiries by B&NES Local Authority (Care Act 2014).

Of the 19 cases that went through to Section 42 enquires the safeguarding outcomes are:

- 9 were fully substantiated
- 3 were inconclusive
- 2 were partially substantiated
- 2 were unsubstantiated
- 3 are still under the safeguarding process.

The themes of the allegations raised about the Trust predominately refer to discharge arrangements in terms of timeliness, completeness of arrangements (e.g. domiciliary care package) and communication with carers, family prior and care providers prior to discharge. Management of pressure damage, sub-standard information and sharing re bruising and pressure damage.

Outcomes of safeguarding investigations have been shared with staff members via governance/quality meetings and significant learning is incorporated within Level 3 training programme.

In relation to the allegations which did not meet the threshold for further safeguarding enquiries, it was considered that the actions and learning already implemented by the

RUH following initial internal investigations was appropriate and no further investigations were required.

All the 53 allegations resulted in initial information gathering, internal investigation or Section 42 Enquiries completed by the safeguarding team.

5. Allegations against Staff (conduct)

As part of the overarching safeguarding legislative framework, the Trust has a statutory responsibility with regards to managing allegations against staff conduct, around neglect/acts of omission.

During 2022/2023 there were 7 cases relating to staff conduct; 3 were in relation to agency staff. All of which were investigated accordingly with outcomes such as, escalating to employing agency, no further action and supportive frameworks.

6. Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs)

Safeguarding Adult Reviews (SARs) take place after an adult dies or is seriously injured, and abuse or neglect is thought to be involved. The reviews look at lessons that can help prevent similar incidents from happening in the future.

During 2022-2023 the adult safeguarding team has completed Agency Involvement Summaries and chronologies for 6 notifications for consideration of Safeguarding Adult Reviews (SARs), 3 for BaNES Community Safety and Safeguarding Partnership (BCSSP) and 3 for Wiltshire Safeguarding Vulnerable People Partnership (WSVPP).

Of the notifications received by BCSSP, one has met the criteria for a SAR and a learning event will be held later this year; 2 are waiting further information. The key themes continue to be related to alcohol dependency, mental health, self-neglect and the use of the Mental Capacity (amended) Act.

Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victim Act 2004. There is one outstanding DHR which was undertaken and 2 further requests that we have provided information for.

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

7. Pressure Ulcers acquired in the RUH

Following screening by the Specialist Tissue Viability Nurse safeguarding, referrals to the Local Authority were completed for 9 category 3 and 4 potentially avoidable hospital acquired pressure ulcers.

No. Incidences	Safeguarding outcome	Comments
7	Fully substantiated	3 upheld

No. Incidences	Safeguarding outcome	Comments
		1 partially upheld 3 closed following Part C of investigation. Local Authority assured of learning
1	Unsubstantiated	Closed following Section 42 Enquiry. No evidence of any neglect/omissions of care re pressure area care.
1	Closed at threshold stage	Information provided Pressure Ulcer developed at home not within hospital.

Table 1: Pressure Sores: Safeguarding Outcomes 2022/2023

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

8. Applications for Deprivation of Liberty Safeguards (DoLS)

The adult safeguarding team review, manage and administer the DoLS process for the Trust. Each application is reviewed and sent to the patients Local Authority. The team review applications prior to admissions to ensure:

- A relevant mental capacity assessment is documented
- Accurate, appropriate and comprehensive DoLS application

There were 746 DoLS applications made during the year (2022/2023), an increase of 212 from the previous year (2021/2022).

9. Appropriate Training, Skills and Competences

Table 2 highlights compliance with mandatory training.

Subject	Target Compliance %	Q1 %	Q2 %	Q3 %	Q4 %
Level 1 Adult Safeguarding	90%	84.6%	85.7%	84.9%	84.9%
Level 2 Adult Safeguarding	90%	83.0%	83.4%	83.1%	83.4%
Level 3 Adult Safeguarding	90%	57.2%	58.2%	60.2%	67.27%
Prevent awareness	90%	93.91%	93.91%	94.1%	94.2%
Prevent WRAP 3	80%	88.50%	88.50%	88.0%	88.7%

Table 2: Mandatory Training Compliance 2022-23

Safeguarding Adult Training is an intrinsic part of professional practice and is core business for all health care organisations.

All adult safeguarding training delivered within the Trust is based on the requirements specified within the Intercollegiate Safeguarding Competencies for Health Care Staff for Adults (2018). This guidance specifies the content and levels of competences that health care staff should achieve. There is an emphasis on the 'Think Family' approach to safeguarding which promotes the consideration of the safeguarding needs of the whole family and not just the patient receiving care from the Trust.

Safeguarding Adult Level 1 and 2 training

Level 1 and Level 2 training are being delivered by e-learning. Compliance will continue to be monitored as part of the quarterly safeguarding reporting process.

Level 3 training compliance has increased from 47.7% at the end of 2020/2021 to 67.27%. This remains a priority focus, systems in place (frequency and trajectories) are being established to provide assurance that there are enough places available to increase compliance to over 90%, with Trust-wide support for staff to access the training.

A training needs analysis will be completed in 2023/2024 which will result in a significant increase of staff numbers required to complete Level 3 mandatory training. These requirements are significant because of the relationship between safeguarding and holistic care and ensuring that safeguarding is reflected in healthcare's legal and ethical duties.

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.

10. Safer Recruitment

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

11. Organisational Risks

The adult safeguarding team wish to highlight and update on the following main risks to the Board of Directors:

- **Mental Capacity Act/DoLs Lead Professional**

The need for a designated role, which the Trust does not have, to provide strategic leadership and expert guidance to clinicians/services in relation to Mental Capacity Assessment (MCA). The post holder will be required to lead on the development and monitoring of quality performance standards in relation to the MCA and start to prepare the Trust for implementation of Liberty of Protection Safeguards (LPS).

- **Independent Domestic Violence Advisor role**

No current designated role within the Trust.

12. Achievements 2022-2023

- Successful appointment and induction of the Professional Lead for Adult Safeguarding.
- Successful appointment of Associate Director for Vulnerable People to strengthen and support the Safeguarding agenda internally and across partner systems.
- Increasing safeguarding training compliance across all levels, with Level 3 being the most significant. Established robust systems to monitor compliance with clear trajectories of achieving and maintaining compliance for 2023/24.
- Continue to align where possible the adult and child agenda to focus on the 'Think Family' agenda.
- Representation for the Trust on the BaNES Community Safety and Safeguarding Partnership Quality and Performance sub group.
- Development of bespoke MCA & DoLS training in response to CQC Action plan. The training is face-to-face and scenario based, and will continue to be rolled out across the Trust in 2023/24.

13. Objectives for 2023 – 2024

- To develop an Adult Safeguarding Supervision Policy and an action plan in relation to the delivery of supervision for adult facing care provision within the Trust.
- Explore the introduction Safeguarding Champions to help to share learning and embed safeguarding principles.
- To implement the Safeguarding Strategy that will set out the strategic approach to ensure safe and effective services for safeguarding adults and children are in place for the next 3 years. The main objectives are to encourage continuous improvement in compliance with national and local policies, developing and implementing systems for quality monitoring that are robust, auditable and effective and raising the awareness of safeguarding making it 'everyone's business'.
- Review of safeguarding data management processes to ensure that more robust systems are in place.
- To undertake a training needs analysis against job role to widen the application of the Intercollegiate Document, Adult Safeguarding Roles and Competences for Health Care Staff (2018). This is likely to increase the number of staff required to undertake Safeguarding Level 3 Training.
- To appoint a Named Doctor for Adult Safeguarding.

14. Concluding Comments

This report highlights the progress and key adult safeguarding activity improvements and identified risks in the organisation. The 'Think Family' approach ensures that safeguarding is everyone's business. Training compliance and keeping safeguarding on the agenda will continue to be a priority, so the impact on adults is clearly understood by all staff groups to identify and respond to concerns/disclosures in line with legislative and professional responsibilities.

Work to embed safeguarding and the Mental Capacity/Deprivations of Liberty Safeguards into clinical practice will continue, as will promoting a culture of 'making Safeguarding Personal' and ensuring the voice of adults at risk is heard within care delivery.

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

References: *Adult Safeguarding: Roles and Competencies for Health Care Staff* London RCPCH, *First edition: August 2018*

Appendix 1

Safeguarding Adult Monitoring Form 2022 - 2023

Provider

Royal United Hospitals Bath NHS Foundation
Trust

		Quarter 1 April / May / June	Quarter 2 July / Aug / Sept	Quarter 3 Oct / Nov / Dec	Quarter 4 Jan / Feb / March	Total / Average	NOTES
Demographic Information	Addt. Info						
Male	<i>Number</i>	75	74	76	88	313 total 78 av	
Female	<i>Number</i>	96	112	143	130	481 total 120 av	
Age 18-25	<i>Number</i>	11	10	11	10	42 total	
Age 26-35	<i>Number</i>	14	15	12	18	59 total	
Age 36-60	<i>Number</i>	39	41	55	46	181 total	
Age 60 and over	<i>Number</i>	107	120	141	144	512 total	

Additional Needs: Drugs	<i>Number</i>	2	9	7	11	29 total	
Additional Needs: Alcohol	<i>Number</i>	14	19	26	18	77 total	
Additional Needs: Mental Health	<i>Number</i>	44	53	51	42	190 total	
Additional Support Needs: LD	<i>Number</i>	4	15	7	7	33 total	
Clinical Safeguarding Adult Activity - Core Standard 2 & 7							
New Category 3 & 4 Pressure Ulcers (hospital acquired)	<i>Number</i>	3	3	0	3	9	
Pressure Ulcers assessed against adult safeguarding criteria and screening tool applied	<i>Number</i>	3	3	0	3	9	
Adult attending hospital departments for sexual assault or related concerns	<i>Number</i>	2	2	0	0	4	These figures have been supplied by the Business Intelligence Unit RUH.
Adult presenting at Emergency Department (ED)/Minor Injury Unit (MIU) checked against list	<i>Number</i>	data not available	data not available	Data not available	Data not available		Currently no mechanism to collect people who are on a Safeguarding Plan.

of adult subject to an Adult Protection Plan	<i>Percentage</i>	0.00%	0.00%	0.00%	0.00%	-	
Number of adults presenting that are subject to Female Genital Mutilation (FGM)	<i>Number</i>	1	1	0	0	2	These figures have been supplied by the Business Intelligence Unit RUH.
Adult admitted due to self-harm / overdose / self-poisoning	<i>Number</i>	177	201	179	102	659	These figures have been supplied by the Business Intelligence Unit RUH.
Referrals to Adult's Social Care (triage / Multi-Agency Safeguarding Hub (MASH))	<i>Number</i>	44	50	44	40	178	This number indicates requests from MASH for information.
Referrals to Adults Social Care (triage / MASH)	<i>Percentage</i>	100%	100%	100%	100%		
Referrals to Multi-Agency Risk Assessment (MARAC) by Independent Domestic Violence Advisor (IDVA)	<i>Number</i>	N/A	N/A	N/A	N/A	N/A	
Number of adults referred into adult safeguarding	<i>Number</i>	171	186	219	218	794	This is the number of concerns raised with the Trust team not the LA safeguarding teams
Number of adults accepted into adult safeguarding	<i>Number</i>	N/A	N/A	N/A	N/A	-	The Trust do not often receive outcome of triage/threshold tool
Adults seen in ED / MIU who are suspected of being trafficked / exploited	<i>Number</i>	unknown	unknown	unknown	Unknown	-	Data not collected centrally this figure is by referral to Trust Safeguarding Team

Workforce Safeguarding Training - Core Standard 3							
New staff joining the organisation and have received Level 1 awareness training - adults within 3 months.	<i>Number</i>	See level 1 update					
	<i>Percentage</i>	0.00%	0.00%	0.00%	0.00%		
Safeguarding adult training level 1 uptake	<i>Number</i>	5635	5744	5963	5880		
	<i>Percentage</i>	84.52%	82.75%	83.31%	83.64%		
Safeguarding adult training level 2 uptake	<i>Number</i>	3707	3809	3971	3972		
	<i>Percentage</i>	82.91%	81.53%	81.78%	82.34%		
Safeguarding adult training level 3 uptake	<i>Number</i>	59	64	70	74		
	<i>Percentage</i>	57.84%	61.54%	66.04%	67.27%		
Safeguarding adult training level 4 uptake	<i>Number</i>	1	1	1	1		
	<i>Percentage</i>	100%	100%	100%	100%		
Domestic Abuse and Violence/ FGM / Modern Trafficking and Slavery training uptake	<i>Number</i>	5635	5744	5963	5880		

	<i>Percentage</i>	84.52%	82.75%	83.31%	83.64%		
Prevent Level 2 training uptake	<i>Number</i>	6261	6457	6681	6601		
	<i>Percentage</i>	93.91%	93.03%	93.34%	93.90%		
WRAP Level 3 training uptake	<i>Number</i>	4046	4168	4381	4363		
	<i>Percentage</i>	88.50%	87.36%	88.54%	88.66%		
MCA DoLS training for all relevant staff	<i>Number</i>	5635	5744	5963	5880		
	<i>Percentage</i>	84.52%	82.75%	83.31%	83.64%		
Workforce Safeguarding Supervision - Core Standard 4							
Supervision received by Named Dr from Designated Doctor	<i>Number</i>	0	0	0	0	0	
Supervision received by Named Nurse from Designated Nurse	<i>Number</i>	-	-	-	-	-	
	<i>Number</i>	-	-	-	1		

Supervision sessions received by Safeguarding Specialist Practitioner	Percentage	100%	100%	100%	100%		
Safeguarding supervision received by Clinical ED/MIU staff	Number	N/A	N/A	N/A	N/A		
	Percentage	-	-	-	-	-	
Safeguarding supervision received by Sexual Health	Number	0	0	0	0		
	Percentage	-	-	-	-	-	
Safeguarding supervision received by other community and acute therapy staff	Number	N/A	N/A	N/A	N/A		
	Percentage	-	-	-	-	-	
Adherence to Adult Protection Process - Core Standard 8 & 9							
Initial Adult Strategy/planning meeting discussions invited to	Number	4	5	4	5	18	
Initial Adult Strategy Meetings attended	Number	4	5	4	5	18	
	Percentage	100%	100%	100%	100%		

Section 42 reports requested	<i>Number</i>	4	4	4	7	19	
Section 42 reports completed / provided	<i>Percentage</i>	100%	100%	100%	100%		
Review Meetings invited to	<i>Number</i>	4	2	2	5	13	
Review Meetings attended	<i>Number</i>	4	2	2	5	13	
	<i>Percentage</i>	100%	100%	100%	100%		
Review Meeting reports requested	<i>Number</i>	4	2	2	5	13	
Review Meeting reports completed / provided	<i>Percentage</i>	100%	100%	100%	100%		
Multi-Agency Working - Core Standards 8 & 9							
Attendance at Local Safeguarding Agency Board Meetings	<i>Number</i>	-	-	-	-	-	Jointly with children safeguarding for BCSSP
Active SARs (under investigation)	<i>BANES Number</i>	3	2	2	2	9	Banes / Swindon and Wiltshire CCG's have now merged into BaNES Swindon and Wiltshire Integrated Care Board (BSW ICB)
	<i>SWINDON Number</i>	-	-	-	-	-	
	<i>WILTSHIRE Number</i>	-	-	-	-	-	

Number of cases escalated using the LSAB escalation policy	BANES Number	N/A	N/A	N/A	N/A	N/A	Banes / Swindon and Wiltshire CCG's have now merged into BaNES Swindon and Wiltshire Integrated Care Board (BSW ICB)
	SWINDON Number	N/A	N/A	N/A	N/A	N/A	
	WILTSHIRE Number	N/A	N/A	N/A	N/A	N/A	
Active DHRs (under investigation)	BANES Number	0	0	0*	0*	0	Banes / Swindon and Wiltshire CCG's have now merged into BaNES Swindon and Wiltshire Integrated Care Board (BSW ICB) * Currently participating in 1 DHR for Somerset/Ceredigion. Chronology and Agency Reports completed and attending the DHR panel
	SWINDON Number	0	0	0	0	0	
	WILTSHIRE Number	0	0	0	0	0	
Reporting Serious Incidents - Core Standard 10							
The number of serious incidents related to adult,	BANES Number	-	-	-	-	-	Banes / Swindon and Wiltshire CCG's have now

Reported by Local Authority Area	SWINDON Number						merged into BaNES Swindon and Wiltshire Integrated Care Board (BSW ICB)
	WILTSHIRE Number						
From the number of serious incidents reported above, how many included safeguarding? Reported by Local Authority area	BANES Number	0	0	0	0	0	Banes / Swindon and Wiltshire CCG's have now merged into BaNES Swindon and Wiltshire Integrated Care Board (BSW ICB)
	SWINDON Number						
	WILTSHIRE Number						
Duty of Candour - Core Standard 11							
Cases where Duty of Candour applied	Number	0	0	0	0	0	Named Professional for Adult Safeguarding reviewing data capture.
Workforce Safer Recruitment/Allegations - Core Standard 12 &13							
Allegations made against staff	BANES Number	0	1	0	1	2	
	SWINDON Number	0	0	0	0	0	
	WILTSHIRE Number	2	1	1	0	5	

Allegations made against provider including hospital acquired pressure ulcers	<i>BANES Number</i>	4	10	4	6	24	
	<i>SWINDON Number</i>	0	0	0	0	0	
	<i>WILTSHIRE Number</i>	9	1	4	6	20	