

## Board of Directors' Meeting 12 September 2024

<b>Agenda item</b>	<b>Included in Board Information Pack</b>		
<b>Report Title</b>	Adult, Children & Maternity Safeguarding Annual Report 2023/24		
<b>Executive Lead</b>	Hayley Flavell, Executive Director of Nursing		
<b>Report Author</b>	Kathy George, Head of Adult Safeguarding Teresa Tanner, Lead Nurse for Children & Young People Safeguarding Sally Burns, Lead Midwife for Maternity Safeguarding		
<b>CQC Domain:</b>			
<b>Safe</b>	√	<b>Link to Strategic Goal:</b>	<b>Link to BAF / risk:</b>
Effective	√	Our patients and community	921
Caring	√	Our people	
Responsive	√	Our service delivery	<b>Trust Risk Register id:</b>
Well Led	√	Our governance	
		Our partners	
<b>Consultation Communication</b>	Children & Maternity Safeguarding Operational Meeting: June 2024 Adult Safeguarding Operational Meeting: June 2024 Safeguarding Assurance Committee: June 2024 Quality & Safety Assurance Committee: June 2024		
<b>Executive summary:</b>			
<b>Executive summary:</b>	<p>Adult, Child &amp; Maternity safeguarding arrangements in NHS organisations are statutory and regulatory requirements. The Trust is accountable for delivery in relation to safeguarding requirements and this is monitored closely by Local Safeguarding Children and Adult partnerships, Integrated Care Board and the CQC.</p> <p>The Trust has continued to see increasing numbers of patients with additional vulnerabilities where skilled safeguarding assessment and intervention is required.</p>		
<b>Recommendations for the Board:</b>	This report is provided <b>for Information only</b>		
<b>Appendices:</b>	N/A		

## 1.0 Background and Context to Organisational Safeguarding responsibilities

- 1.1 Geographically the Trust covers Shropshire, Telford and Wrekin and Powys Local Authorities.
- 1.2 The Trust provides:
- Maternity Care
  - Paediatric and Neonatal Care
  - Emergency and Trauma Services
  - Medical and Surgical Services
  - Critical Care
  - Elderly Care Services
  - End of Life Care
- 1.3 Covid 19 arrangements continued to impact at the beginning of 2023 requiring the safeguarding team to maintain the statutory functions in line with guidance and to work collaboratively with partners to manage the impact of the pandemic on the most vulnerable children and adults.
- 1.4 The Trust continues to see increasing numbers of patients with additional vulnerabilities where skilled safeguarding assessment and intervention is required. This can be attributed to the following factors:
- Increases in numbers of patients living into old age with multiple health issues including forms of dementia and increased frailty.
  - Impact of prolonged periods of austerity on support services for the most needy
  - Recognised health wealth and social inequalities within the population of Telford & Wrekin
  - The 'younger' footprint of Telford & Wrekin
  - Increase recognition of contextual safeguarding issues including exploitation and trafficking
  - There has been an increase across Shropshire of families with large sibling groups and children under 5 being removed for reasons of neglect. As such the Trust has worked with Shropshire Children's Services to understand the role of Safeguarding Children & Maternity Services in these families
- 1.5 Adult and child safeguarding arrangements in NHS organisations are statutory and regulatory requirements. The Trust is accountable for delivery in relation to safeguarding requirements and this is monitored closely by Local Safeguarding Children and Adult partnerships, Integrated Care Board and the CQC. Statutory requirements relate to:
- The Children Act 1989
  - The Children Act 2004- specifically section 11
  - Safeguarding Vulnerable Groups Act 2006
  - The Care Act 2014
  - Mental Capacity Act 2005

Whilst the safeguarding frameworks for adults and children are managed separately, nationally they are often inter-linked, for example in domestic abuse; concerns

regarding Exploitation; 'Think Family' and the impact of adverse childhood experiences on health and life chances.

The Trust reflect this in its local arrangements for safeguarding with close working between the adult, children and maternity safeguarding teams and a co-ordinated approach to safeguarding education for the workforce.

- 1.6** The Trust has key policy documents which support the delivery of effective safeguarding. These include:
- Safeguarding Adults, Children and Maternity Policies and Procedures
  - Raising Concerns Incorporating Whistleblowing Policy
  - Recruitment Policies
  - Managing Allegations Policies

Safeguarding policies are reviewed and updated annually and are easily accessible to frontline staff via the Safeguarding Intranet Pages.

## **2.0 Safeguarding Learning and Development**

This report provides a summary of 2023/2024 of Safeguarding for Adults, Children and Maternity.

It is a priority for the Trust that all members of our organisation are fully engaged in the safeguarding agenda and can confidently advocate for the rights of patients in their care and recognise and respond to safeguarding needs. Each staff member must have access to appropriate safeguarding education, skill development and advice and support to perform their role well.

### **2.1 Trust In- House Safeguarding Training**

The Trust currently previously had a CQC Section 29A warning notice in relation to Adult Safeguarding Level 3 and MCA/DoLS training this was lifted early 2023. Ongoing works to support compliance are underway with mitigations in place where levels remain below the compliance targets.

Safeguarding education is the foundation of safeguarding competence within the workforce. Increased Trust activity and acuity levels over winter and early spring 2023/24 have impacted on staff availability to attend their planned training, particularly refresher training programmes.

All safeguarding training delivered within the Trust is based on the requirements specified within the Intercollegiate Safeguarding Competences for Health Care Staff for Adults and Children, the latest versions of which were produced in 2018 and 2019 respectively. This guidance specifies the content and levels of competence that health care staff should achieve.

The children's workforce including maternity services receives additional training at Level 3. Staff working in the Emergency Department, and on the designated adult wards across the Trust who care for patients that are 16-17 years of age are also expected to complete Level 3 safeguarding training. These wards have achieved this compliance since quarter 1 2023.

All Named Professionals receive Level 4 training, some of this is gained through the Regional Named Professionals Network (of which the Lead Nurse for Safeguarding Children is the Co – Chair) and the National Child Protection Network and the Association of Child Protection Professionals of which the Trust is a member. All Trust Named/Lead Safeguarding Nurses/Midwife have undertaken NHSE Safeguarding Leadership training.

There is an annual review of the Safeguarding Training Needs Analysis. Additionally, the Divisions now report their training compliance into the respective Trust Safeguarding Operational Groups on a quarterly basis. The Prevent Training Needs Analysis has been refreshed in line with the updated Prevent: Training and Competencies Framework (DHSC 2022).

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

The table below illustrates the compliance rates across the Shrewsbury and Telford Hospital NHS Trust at the end of Quarter 4 2023 -2024

Category of Safeguarding Training	Q1	Q2	Q3	Q4
Safeguarding Level 1 Adults and Children	100%	97%	93%	94%
Safeguarding Level 2 Adults	95%	95%	96%	95%
Safeguarding Level 2 Children	94%	95%	96%	95%
Safeguarding Level 3 Children	88%	92%	92%	92%
Safeguarding Level 4 Training	100%	100%	100%	100%
Safeguarding Level 3 Adults	91%	91%	90%	90%
Safeguarding Level 4 Adults	100%	100%	100%	100%
MCA/DOLS	82%	79%	78%	81%
Prevent – WRAP	93%	93%	93%	96%

There are education packages incorporating learning from local and national reviews as well as internal incidents and cover all risk factors for children including contextual risks, exploitation, modern day slavery, forced marriage, domestic abuse, female genital mutilation, and radicalisation. The adult safeguarding team provides practice-based training in the use of the Mental Capacity Act, including the applications to general care and the completion of the assessment. Face to Face interactive refresher workshops are in place for those staff who completed their original foundation training compliance in Adult safeguarding level 3. The workshops include MCA, Making Safeguarding Personal, Domestic Abuse and Modern Slavery currently.

Additionally, the Adult safeguarding team and have provided training support to the Ministry of Defence in respect of MCA. Adult safeguarding level 3 packages, all developed in-house, have been shared with other providers across the region.

The Safeguarding Children Team have continued to provide Level 3 training to the Ministry of Defence, Community Children’s Nurses within Shropshire Community Health Trust, Paediatric Staff from Robert Jones and Agnes Hunt Trust and Shropdoc, this maintains our compliance for Multi Agency training. Our in-house training packages and resource materials have also been shared with local providers on the recommendation of the ICB lead. During the year, the IITCSE\* report recommended that Child Sexual Exploitation Training is renewed for certain groups of staff and this will be implemented during 2024/2025

## 2.2 Training Compliance by Staff Groups at end Qtr 4.

Training & Level	Staff numbers requiring training	Staff numbers compliant	Staff numbers to complete	% compliant	% compliance by Staff Groups			
					Medical staff	Nursing & Midwifery	AHPs	Other
AS L1 (excluding induction)	7974	7309	665	94%	88%	97%	97%	93%
AS L2	5262	4687	575	95%	87%	97%	98%	94%
AS L3	3534	2851	683	89%	83%	91%	90%	81%
AS L4	2	2	0	100%				
MCA & DoLS	4868	3555	1313	81%	75%	82%	86%	81%
Prevent Level 1	4195	3917	278	96%	92%	100%	100%	96%
Prevent Level 3	4186	3908	278	93%	84%	94%	94%	93%
Prevent Level 4-5	1	1	0	100%				
CL1 (excluding induction)	7959	7422	537	95%	90%	97%	97%	95%
CL2	5138	4636	502	95%	89%	96%	97%	95%
CL3Core	733	606	127	90%	86%	92%	N/A	69%
CL3Spec	889	796	93	92%	88%	93%	75%	89%
CL4	3	3	0	100%				

The staff groups requiring the most focus in relation to Safeguarding training compliance is now the medical teams, however, there has been a marked improvement over the year with a full diary of further training dates, Many of the wards have also made marked progress with both Adult and Children safeguarding as shown in the next section of this report.

## 2.3 Safeguarding Conference

The safeguarding team had another very successful Conference in November 2023 with some incredibly thought-provoking speakers. This year the conference was opened to external

agencies and partner organisations and was very well received by everyone who attended, with an overall attendance of over 80 delegates. Additionally this provided a small income stream for the Trust which supported the safeguarding teams to provide the delegates with branded safeguarding notebooks and pens.

## 2.4 Safeguarding Newsletter

The team ordinarily produces a quarterly Joint Safeguarding newsletter this allows for the sharing of Safeguarding topics and both local and national learning across Adults, Children and Midwifery services. The Newsletters for quarter 4 have been impacted upon by safeguarding team capacity and workload.

Within Children's Safeguarding, this year has seen the production of a regular (often weekly) Safeguarding Round Up, which has been sent out to both Emergency Departments, all in Paediatrics and designated adult wards. This 'Round up' has incorporated national safeguarding news, training and more locally lessons learned from Case Reviews.

## 2.5 Training compliance by ward

### Quarter 4 Safeguarding Adult Level 3, MCA and DoLS Training by Ward (Nursing Training)

1st January – 31 <sup>st</sup> March 2024			
Location	Jan 24	Feb 24	Mar 24
Accident & Emergency Department (PRH)	80	80	88
Accident & Emergency Department (RSH)	90	91	88
Acute Medical Unit (AMU) (PRH)	94	91	91
Acute Medical Unit (AMU) (RSH)	88	90	86
Acute Orthopaedic Trauma Unit (AOTU) (RSH)	91	91	96
Day Case Ward (PRH)	100	100	100
Day Surgery - Short Stay (RSH)	96	100	100
General Outpatient Department (PRH)	67	89	91
General Outpatient Department (RSH)	100	100	100
ITU/HDU (PRH)	100	97	98
ITU/HDU (RSH)	96	98	94
Oral Department (PRH)			
Oral Department (RSH)			
Outpatients ENT (PRH)	100	100	100
Outpatients ENT (RSH)	100	100	100
Ward 10 - Frail and Complex	100	94	85
Ward 11 Nephrology (PRH)	92	100	100
Ward 14 - Gynaecology	88	88	88
Ward 15/16 Stroke Unit (PRH)	96	97	90
Ward 17 - Respiratory (PRH)	95	95	90
Ward 18 - Escalation (Now Ward 29 RSH)	89	89	91
Ward 19	98	96	98
Ward 20 Cataract Suite (RSH)	100	100	100

Ward 21/22 - Postnatal/Antenatal (PRH)			
Ward 22 - Short Stay (RSH)	100	93	90
Ward 23 - Neonatal	94	96	98
Ward 23 - Oncology & Haematology	90	93	90
Ward 24 - Delivery Suite (PRH)	95	92	88
Ward 24 - Respiratory (RSH)	88	88	88
Ward 25 - Colorectal and Gastroenterology	86	83	84
Ward 26 - Endo/Medicine (RSH)	82	82	80
Ward 27 (RSH)	68	71	78
Ward 28 Medicine & Frailty (RSH)	86	86	80
Ward 31 - Discharge Lounge (RSH)			
Ward 33/34 – SAU (RSH)	79	86	84
Ward 35 Nephrology (RSH)	67	71	75
Ward 36 - Elective Orthopaedic (Now Ward 5 PRH)	100	100	100
Ward 37 - Surgical (RSH)	86	86	81
Ward 4 - Trauma & Orthopaedics (PRH)	85	90	91
Ward 6 - CCU/Cardio (PRH)	97	97	94
Ward 7 - Endo/Cardio (PRH)	100	100	100
Ward 8 - Head & Neck (PRH)	94	88	94
Ward 9 Medicine (PRH)	95	95	95
Wrekin Midwife Unit	97	96	93

Level 3 safeguarding adults training was introduced in January 2020. The target of 90% was achieved in March 2023. All clinical staff of band 5 and above are required to undertake Level 3 training. Medical staff are also expected to undertake the training. An on-line training Trust specific level 3 e-learning package was launched in January 2022 to supplement the available adult safeguarding training offer but access to this has been impacted upon by the LMS implementation. Works are ongoing to introduce the e-learning modality.

Adult Safeguarding and MCA training for wards is reported monthly via the ward dashboards and reviewed as part of the monthly Nursing Quality Metrics Assurance Meetings.

### Adult Safeguarding Level 3 Training Dashboard

MCA & DoLS Training Dashboard			
1st January- 31 <sup>st</sup> March	Jan 24	Feb 24	Mar 24
Location			
Accident & Emergency Department (PRH)	72	70	75
Accident & Emergency Department (RSH)	66	67	65
Acute Medical Unit (AMU) (PRH)	96	93	97
Acute Medical Unit (AMU) (RSH)	82	83	81
Acute Orthopaedic Trauma Unit (AOTU) (RSH)	86	88	91
Day Case Ward (PRH)	76	82	78
Day Surgery - Short Stay (RSH)	86	88	88
General Outpatient Department (PRH)	57	82	92
General Outpatient Department (RSH)	83	82	90
ITU/HDU (PRH)	91	96	96
ITU/HDU (RSH)	94	98	93

Oral Department (PRH)			
Oral Department (RSH)	100	100	100
Outpatients ENT (PRH)	85	85	85
Outpatients ENT (RSH)	33	33	67
Ward 10 - Frail and Complex	69	66	
Ward 11 Nephrology (PRH)	75	78	74
Ward 14 - Gynaecology	81	77	88
Ward 15/16 Stroke Unit (PRH) Structure	56.9	57.1	76
Ward 17 - Respiratory (PRH)	85	82	83
Ward 18 Escalation (RSH Now Ward 29)	81	85	85
Ward 19	89	93	95
Ward 20 Cataract Suite (RSH)	79	77	73
Ward 21 – Postnatal / 22 Antenatal			
Ward 22 - Short Stay (RSH)	91	77	82
Ward 23OC	73	76	81
Ward 24 - Delivery Suite (PRH)	71	73	76
Ward 24 - Respiratory (RSH)	73	67	68
Ward 25	63	60	67
Ward 26 - Endo/Medicine (RSH)	64	64	68
Ward 27 (RSH)	55	56	60
Ward 28 Medicine & Frailty (RSH)	72	69	70
Ward 34 SAU & 33SS	73	73	79
Ward 35 Nephrology (RSH)	88	88	89
Ward 36 Supported Discharge (Now Ward 5)	96	96	100
Ward 37 - Surgical (RSH)	62	57	57
Ward 4 - Trauma & Orthopaedics (PRH)	69	71	69
Ward 6 - Coronary Care Unit (PRH)	60	65	72
Ward 7 - Endo/Cardio (PRH)	73	77	83
Ward 8 H&N	89	92	96
Ward 9 Medical (PRH)	91	94	94
Wrekin Midwife Led Unit	68	74	74

### Quarter 4 Level 3 Children's Safeguarding Designated Adult Wards

Training compliance is reported monthly via the ward dashboards and monitored at the Nursing Quality Metrics Assurance meetings. The footprint of the wards requiring this level of training has changed during the last quarter and therefore the training compliance changes with it. There has been discussion with the training department about how best to record the Level 3 training compliance as there are 2 variations, Core, which is 6-8 hours over a 3 year period, this also includes the Safeguarding Adult, MCA, DoLS and Prevent components and Specialist which is 12-18 hours over 3 year period.

Safeguarding Children's Level 3 core - Training Dashboard			
Location	Jan 24	Feb 24	Mar 24
Accident & Emergency Department (PRH)			
Accident & Emergency Department (RSH)	100	100	100
Acute Medical Unit (AMU) (PRH)	97	97	100
Acute Medical Unit (AMU) (RSH)	90	90	92
Acute Orthopaedic Trauma Unit (AOTU) (RSH)	91	86	91
Day Case Ward (PRH)	100	100	100
Ward 14 - Gynaecology	94	94	94



Ward 19	100	100	100
Ward 21 – Postnatal / 22 Antenatal			
Ward 23 - Neonatal			
Ward 24 - Delivery Suite (PRH)			
Ward 25	81	88	84
Ward 34 SAU & 33SS	76	84	88
Ward 4 - Trauma & Orthopaedics (PRH)	85	85	82
Ward 7 - Endo/Cardio (PRH)	100	100	100
Ward 8 H&N	100	95	95
Ward 9 Medical (PRH)	89	89	89

Level 3 Specialised is for those wards who see Children and Young People all the time, i.e. Paediatrics, Obs & Gynae and Emergency Department.

Safeguarding Children's Level 3 specialised - Training Dashboard			
1 <sup>st</sup> January – 31 <sup>st</sup> March 2024	Jan 24	Feb 24	Mar 24
<b>Location</b>			
Accident & Emergency Department (PRH)	83	79	86
Accident & Emergency Department (RSH)	91	87	88
Acute Medical Unit (AMU) (PRH)			
Acute Medical Unit (AMU) (RSH)			
Acute Orthopaedic Trauma Unit (AOTU) (RSH)			
Day Case Ward (PRH)			
Ward 14 - Gynaecology			
Ward 19	100	98	99
Ward 21 – Postnatal / 22 Antenatal	96	97	96
Ward 23 - Neonatal	91	87	89
Ward 24 - Delivery Suite (PRH)	91	91	90
Ward 25			
Ward 34 SAU & 33SS			
Ward 4 - Trauma & Orthopaedics (PRH)			
Ward 7 - Endo/Cardio (PRH)			
Ward 8 H&N			
Ward 9 Medical (PRH)			
Wrekin Midwife Led Unit	93	95	95

Overall, as a Trust compliance for all Levels of Safeguarding Children training have been compliant since Q1 2023

## 2.6 Understanding the Impact of Training

The Trust uses the following measures to gauge the impact of training on staff behaviour and outcomes for patients.

- Compliance with the safeguarding children and adult policy and procedures.
- Staff report increased confidence in relation to responding to safeguarding issues following training at 'Ask 5 Audit' and interviews completed by the safeguarding team.
- Going forward it is understood that the Ask 5 audit may need to be changed due to capacity within the Quality Team. The safeguarding teams are reviewing pre and post

training questionnaires as a possibility of capturing the data utilising Mentimeter as an interactive medium, this will require a small funding stream and the team are currently reviewing funding sources.

### 3.0 Safeguarding Risk

Safeguarding risks are currently reviewed at the Trust Operational Safeguarding Group and the Safeguarding Assurance Committee on a monthly basis. The Deputy Chief Nurse is the identified risk owner and is responsible for the review of actions to mitigate risks

The details of each risk are included in the Risk Register Table (table 1) As the outstanding actions are completed the current score will be reviewed by the risk owner to ensure appropriated progress is being made. This table illustrates the safeguarding risk position at the end of Quarter 4 2023-2024 with actions to mitigate.

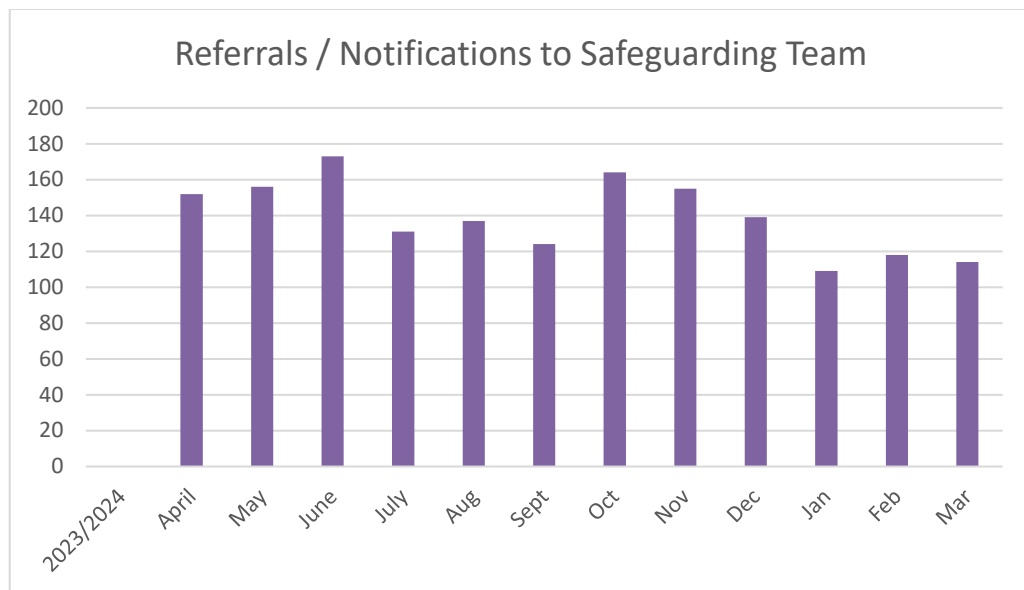
Risk	Title	Residual Risk Score	Outstanding Actions
921	There is a risk that Staff will not have the skills and knowledge to keep vulnerable patients safe as they have not completed their MCA / DOLS training	2 ( low)	MCA training is available via identified eLearning modules to achieve level 2, face to face is ongoing for identified targeted staff

**Risk Mitigation:** Whilst the training compliance remains below the target level of 90% we are now in a situation whereby staff having previously completing their training are now requiring MCA refresher training. A full programme of Foundation training for new starts and refresher workshops is available through LMS with additional dates and venue capacity increases to meet demand. Additionally, MCA is a target area for all Divisions who report into the monthly Trust Adult Safeguarding Operational group meetings. Ongoing monthly MCA audits evidence that staff are aware of how to and when to apply the MCA in respect of DoLS. Ongoing monitoring and compliance oversight will continue.

### 4.0 Safeguarding Activity Report

#### 4.1 Children's Safeguarding Referrals

One of the key indicators that we look at is the number of children that the Trust has referred to social care due to concerns identified through contact with the Trust. Many children are notified to the Safeguarding Team automatically, children who are on Child Protection Plans and those who are Looked After. Others notified are children and young people for whom staff feel there are safeguarding concerns, either by reason of their attendance at hospital or by disclosure.

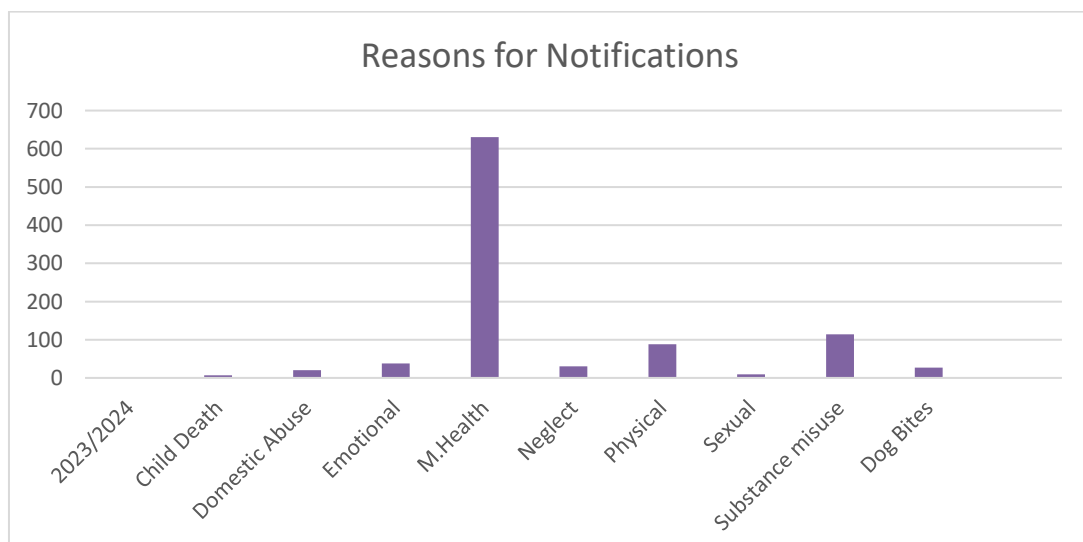


The Safeguarding team amended the data to record those children who had been notified to them as a team, rather than those referred. This includes children who are Looked After or on Child Protection Plan and who may not have any new safeguarding concerns.

Since November 2021, Shropshire Social Care, Compass and an Early Help manager together with the Safeguarding Children Team have triaged the referrals made to Shropshire. This has resulted in many referrals being 'No further action' or passed to either Early Help or BeeU (CAMHS) as the most appropriate agency.

1. The weekly Health Triage has continued to be highly successful for referrals to Shropshire Social Care, the meeting now includes referrals from West Midlands Ambulance Service. The team is able to triangulate whether children referred by paramedics were actually seen in hospital and were there safeguarding concerns.

## 4.2 Reasons for Safeguarding Children Notifications



Mental Health has consistently remained the highest reason for referral to children's social care. However, many of these young people do not become an 'open' case to social care as long as BeeU, as the most appropriate service are working with the family. Only a minority of young people who present with mental health illness require social care input.

During 2022/2023 the Safeguarding Team noticed an increase in children and young people attending the Emergency Department with dog bites, in various degrees of seriousness. To this end a joint Standard Operating Procedure is in place which was jointly produced with West Mercia Police, Telford and Shropshire Social Care. A 7-minute brief has also been published for staff during 2023/2024

Any child or young person who presents with a dog bite, has a referral to social care and notification to the police. This brings us in line with many other Trusts across the country. We are seeing on average ten dog bites per month.

#### **4.3 Safeguarding of 16 & 17 year olds**

During the year, the safeguarding team continue to receive daily information regarding the inpatients in this age group and which ward they were being cared for. The notes are reviewed by the safeguarding team to ensure that the young person has been asked where they prefer to be cared for and the Safeguarding Checklist has been completed.

This practice of ensuring that the 16/17 year olds are given choice of where to be cared for, by appropriately trained staff is now embedded into the Trust. Our audit activity evidences this.

#### **4.4 Safeguarding Advice Support and Supervision**

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

During the last 12 months drop in sessions for group supervision continued to be offered for staff on the Children's ward as well as the Emergency Department, due to the combined acuity and capacity in both the Emergency Department cross site and the Children's ward, the majority of these sessions were not very well attended if at all. Peer Review for Emergency Department medical staff and Paediatric medical continue to be very well attended.

#### **4.5 Learning Lessons from Externally Commissioned Safeguarding Reviews**

Since the change from Serious Care Reviews, the Trust has been involved in more scoping of cases and rapid reviews. Many of which have not progressed to full CSPR rather than Local Learning Reviews.

Some published learning includes Learning Briefings on: Non-Accidental Injury, Domestic Abuse and Substance Misuse. Guidance on Professionals working with young people who self-harm and Professional Curiosity.

Both Telford and Shropshire Local Authorities have Case Reviews ongoing, and the Trust has been involved with many of the action plans

Key themes for both are Neglect, Domestic Abuse and Information Sharing.

### **Managing Allegations against staff who work with children and referrals to the Local Authority Designated Officer (LADO)**

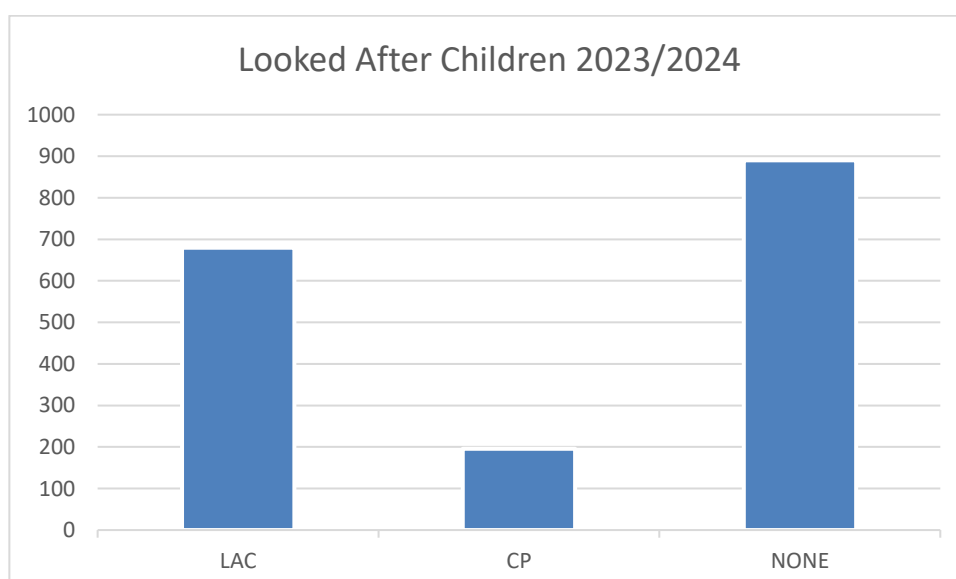
Where allegations are made that a member of staff is unsuitable to work with children or has harmed a child the Trust is required to make a referral to the Local Area Designated Officer. It is a key way in which we protect children our care by ensuring that we have robust mechanisms to address any risk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

Each month the Safeguarding Adult and Children Leads meet with HR and discuss cases that have come to the attention of HR and whether they meet the criteria for a referral to the LADO. There were no cases open to LADO as of the end of Q4 2023/2024

There have been some who have been open to LADO but who were referred by Social Care themselves following arrests by police and intervention by social care of staff, who as parents have been accused of neglect or harming their own children. All of these have now been closed.

## **4.6 Looked After Children**

There continues to be a high number of Children who are Looked After attending the hospitals for reasons such as routine appointments as well as emergency attendance.



Due to the condition laid down by the CQC and the inability to admit young people whose attendance is purely mental health, there have been occasions where young people have been left in the EDs for many hours whilst awaiting decisions or new placements from their Local Authority. These children & young people are quickly escalated to the ICB as well as the child's own Local Authority.

Whilst these figures are high (680) for Looked After Children, the majority are either Shropshire or Telford & Wrekin children.

#### 4.7 Capacity of the Safeguarding Children Team:

The Lead Nurse for Safeguarding Children has taken partial retirement in March 2024. This now means that there is 1 day per week where the cover is one Specialist nurse, and at times when the nurse is on leave, there is no one site to cover. Adult and Midwifery colleagues can sign post but nothing more. Will be added to the Risk Register as the capacity of the team was noted in a Peer Review in 2021

#### 4.8 Maternity Safeguarding:

Governance arrangements for maternity services report through to the Children and Maternity's Safeguarding Operational Group and then through to Safeguarding Assurance Committee. This is reported through the Maternity Governance monthly meetings, the following month.

Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed by the woman and her maternity team. The 'Think Family' model is followed to ensure the woman and her family are at the centre of the management process, to ensure effective and efficient communications. Training regarding Trauma Informed practice is being rolled out and the increasing emphasis of offering families an Early Help Assessment to assist maternity staff to assess what support can be offered to individual families and to promote early interventions. Training for maternity and neonatal staff is offered on a regular basis by the two main Local Authorities.

#### Training:

In relation to Maternity Services at the Princess Royal Hospital, previous CQC inspections have highlighted that the Trust must ensure that staff complete mandatory training, including training on safeguarding of vulnerable children and adults.

Maternity & Neonatal safeguarding training for 2023/2024:

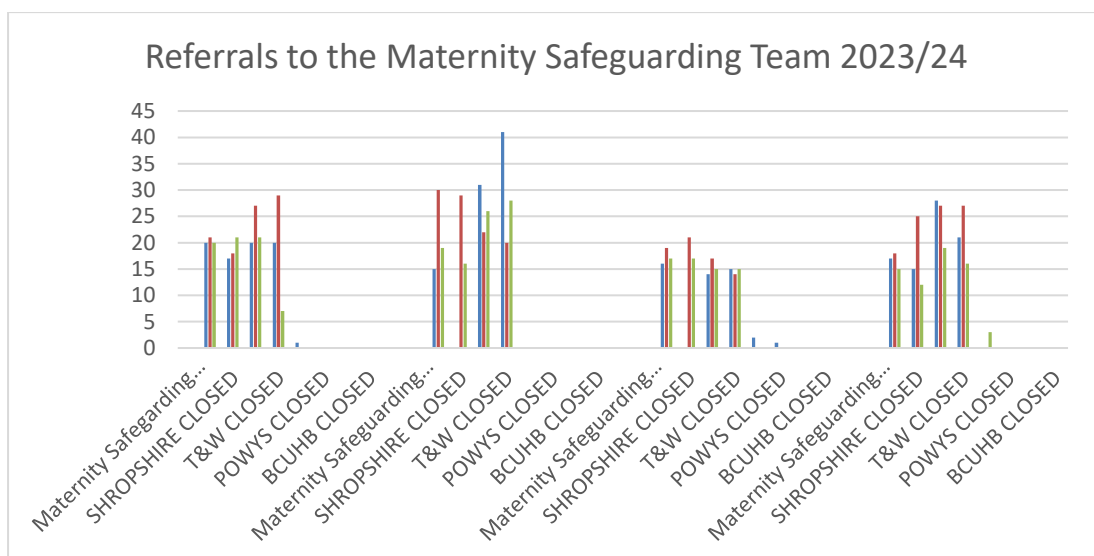
Category of safeguarding training	Q1	Q2	Q3	Q4
Safeguarding Level 1 Children	98%	99%	95%	97%
Safeguarding Level 2 Children	91%	96%	94%	92%

Safeguarding Level 3 Children	78%	93%	93%	94%
Safeguarding Level 1 Adults	98%	98%	93%	95%
Safeguarding Level 2 Adults	92%	95%	94%	95%
Safeguarding Level 3 Adults	91%	95%	94%	90%
Safeguarding Level 4 Children	100%	100%	100%	100%

A significant increase in maternity safeguarding training has been achieved in the past year. It is also noted that this has been maintained in each Quarter of 2023/24. Regular reminders to all maternity and neonatal staff to attend their mandatory safeguarding training are communicated via midwifery/neonatal managers, matrons and the senior midwifery management team. Detailed breakdown of training percentages of all areas of the midwifery, neonatal and medical staff are also provided, to assist managers and to target areas as required. There has been a level of discrepancy with the neonatal safeguarding training figures and this is being monitored monthly.

The 'ASK 5' audit which was commenced in 2020-21 and is completed by the Corporate Quality Team asks 5 members of staff on each ward questions around safeguarding to ensure compliance and triangulation of assurance to the safeguarding policies. In March 2023, information and assurance was received from the Quality Matron that the outcome in maternity was 100% compliance. This was presented to the monthly Safeguarding Assurance Meeting in Quarter 3

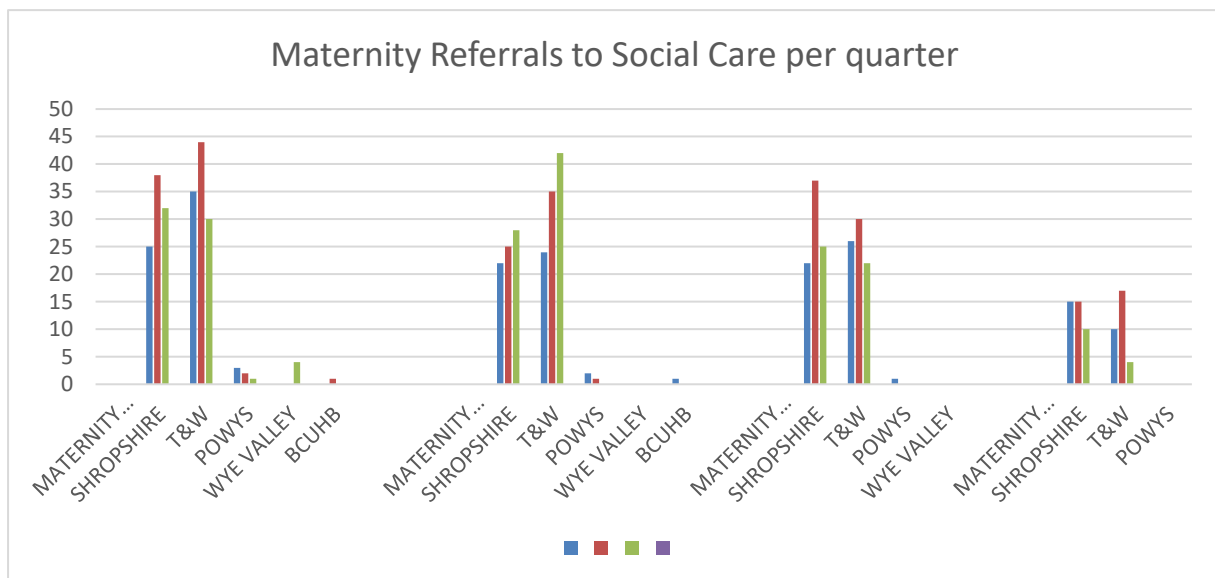
### Referrals to the Maternity Safeguarding Team 2023/24:



Once referrals are received, the Maternity Safeguarding team triages each referral within 2-3 working days. The outcome is recorded on the woman's Badgernet Maternity Information System. All referrals are required to be followed up by a home visit by the Community Midwife (CMW) and the antenatal management plan reflects this advice. If minor safeguarding concerns are identified, the CMW is requested to offer an Early Help Assessment to assess the individual families safeguarding needs.

The families that have significant safeguarding concerns, are discussed at the monthly Maternity Safeguarding Multi-Disciplinary Meeting for each Local Authority: Telford & Wrekin and Shropshire. Those women who live in or choose to deliver at other maternity units, are discussed in bi-monthly safeguarding meetings. These include Hereford; Wrexham; Powys; Dudley and Wolverhampton

### Maternity Referrals to Social Care 2023/24:



T&W = Telford & Wrekin Local Authority  
BCUHB – Wrexham Maelor Maternity

There has been a reduction in the number of referrals to Social Care over the year. This will continue to be monitored monthly.

The introduction of Early Help Assessments may be the rationale, but it is too early to evidence.

Details of the reasoning for the referral are beginning to be collated in the data, to show the rationale for the referral and this data will be provided from 2024/25.

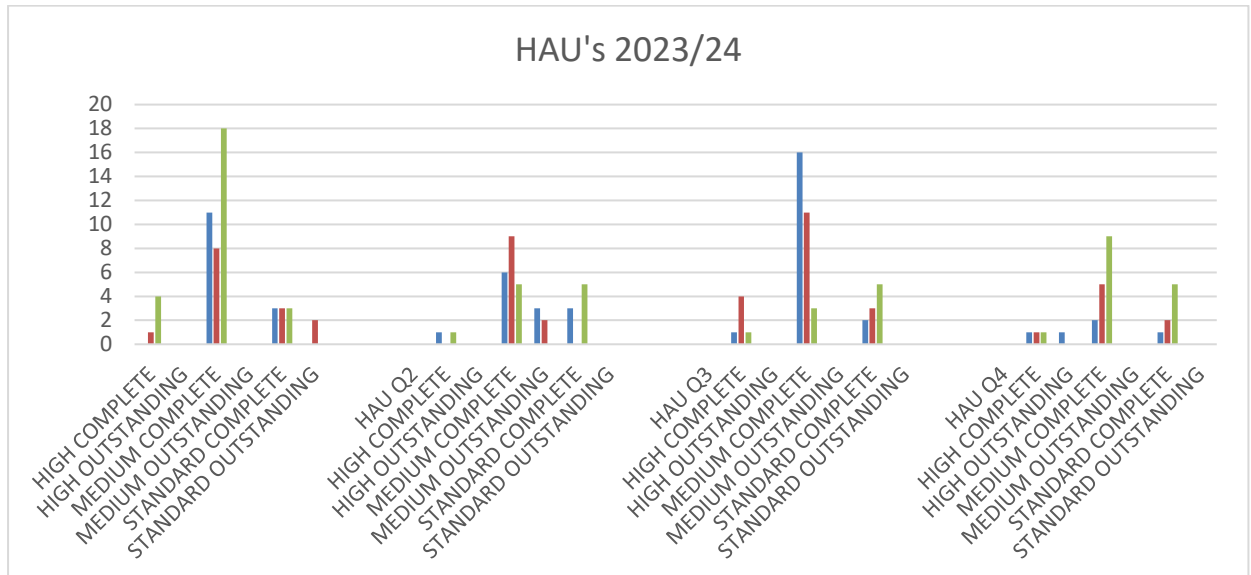
**Harm Assessment Units** – information from the police to the maternity safeguarding team, notifying of domestic abuse involving a pregnant woman, that the police have been asked to attend.

In relation to Maternity Services at the Princess Royal Hospital, previous CQC inspections have highlighted that the Trust must ensure that the Harm Assessment Unit (HAU) notifications need to be managed as there was a significant backlog. For the 2022-23 year



the HAUs have been monitored on a monthly basis to gain assurance to the Trust Board. As assurance has been evidenced and has been maintained over the past year, it has been agreed that for 2023/24 period, the reporting of HAUs completion will be quarterly and if assurance maintained, then for 2024/25 this will be reported biannually.

**2023-24 Annual Data for Harm Assessment Units:**

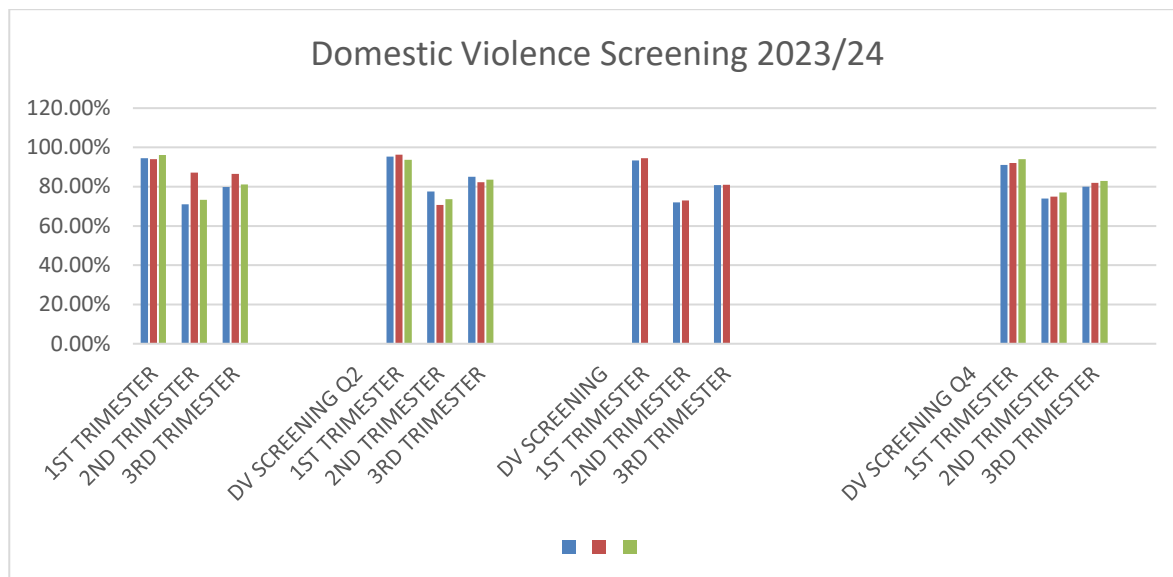


No outstanding HAUs have been reported this year. Shropshire Local Authority have reviewed and amended the way in which it now reports Harm Assessment Units, and these are now re-named as 'Pitstop'. This remains daily police led triage meeting with social care and health represented by Shropcom. The information shared to maternity is being monitored to ensure the same level of relevant safeguarding information is being shared with maternity safeguarding team.

**Domestic Abuse Screening in each trimester of pregnancy:**

All women are asked/screened for Domestic Abuse in pregnancy as research informs us that domestic violence can commence or/and escalate in pregnancy, as pregnancy does not protect the unborn from harm. This data is collated from the Midwifery Information System (Badgernet). The data below, shows and improvement in the number of women being screened for domestic violence in 2023/2024. All maternity staff are offered training in the complexities of domestic abuse, to support them to ask women if they are safe. The training is multi-agency with facilitators including the local MARAC co-ordinator, the Hospital Independent Domestic Violence Advisor, and the Lead Midwife for Safeguarding.

## 2023/24 data for Domestic Violence screening in Maternity:



Every month the data is challenged, and it shows that of all women that have birthed each month, 100% have been screened at least once in their pregnancy or post birth.

This is an increase in the screening prevalence. The challenge is to continue this improvement with each woman being asked once in each trimester of pregnancy.

### **Safeguarding Supervision:**

Safeguarding Supervision is offered to all Midwifery Led Units on a weekly/monthly basis, as they carry safeguarding caseloads. This provides assurance to the maternity safeguarding team and if any support is required for the midwives, the maternity safeguarding team can advise, for example, if an escalation to other agencies required. During 2023/24, this has been formalised. The Maternity Safeguarding team offer monthly group or 1:1 safeguarding supervision to maternity and neonatal staff/teams. This is diarised and awareness raised at MLU huddles. Initial feedback has been positive.

### **Development of Maternity Safeguarding Service:**

1. To support all maternity staff in this process, all maternity safeguarding guidelines have been reviewed and ratified during the past year.
2. Following the outcome of thematic reviews from Rapid Reviews and Learning from Child Safeguarding Practice Reviews (LCSPs), neglect has been the overarching common theme. In response to this, Neglect assessment tools, for all health and social care professionals, from both Shropshire and Telford & Wrekin Safeguarding Partnerships have been added to the reviewed maternity Safeguarding Guideline and cascaded to all staff. They are also available via the Trust's intranet safeguarding page.

3. Following national recommendation, the maternity team, will be developing the Hope (Hold On Pain Eases) Box service. This is a supportive service for those women who are not discharged home with their babies, as a Court has directed. Their baby is discharged to foster care. The Hope boxes may include baby labels, cot labels, cuddly toy and memorable items for both the woman and her baby.

This is to support women and young people who will need extra support as this will have an impact on their emotional and mental well being.

The Director of Midwifery has supported this initiative and funding has been agreed from Maternity. Governance is being progressed and the service will launch in the Autumn 2024.

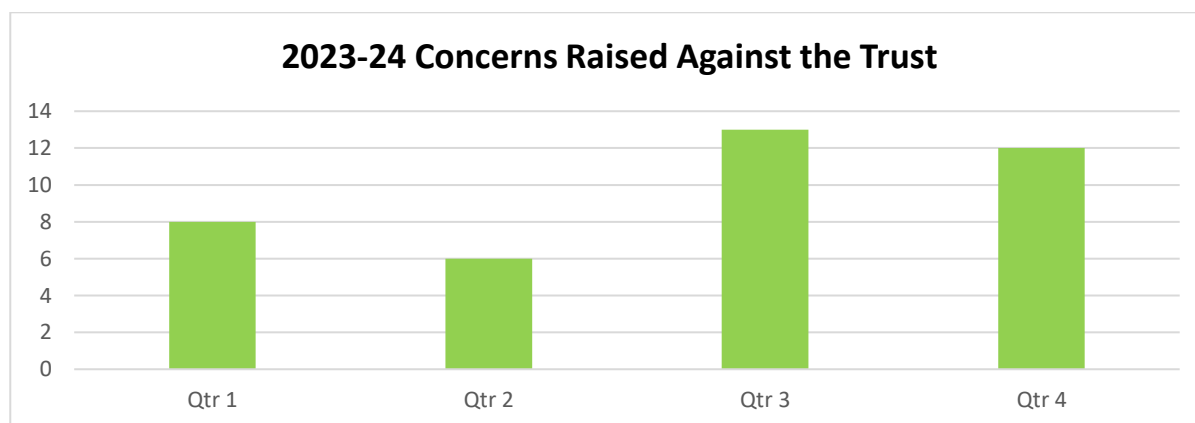
## 4.9 Adult Safeguarding

Throughout 2023-24 the focus for the adult safeguarding team has been continuing its work to support the Trust to meet a number of key targets in response to the CQC Inspection report. One of the key continuing focuses has been the continued promotion of a Trust wide culture of 'Think Capacity', supporting training and embedding good practice in compliance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This support is being delivered by an increased level of team visibility across both sites.

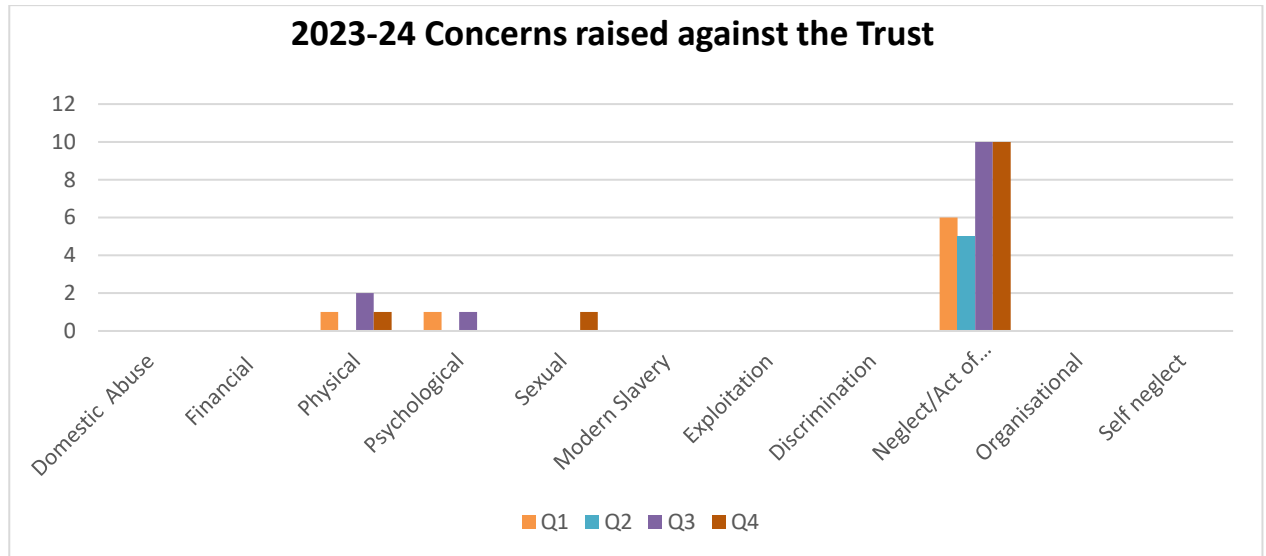
## 4.10 Adult Safeguarding Concerns and Deprivation of Liberty Safeguards (DoLS)

### Concerns raised against the Trust

A total of thirty-seven safeguarding concerns were raised against the Trust in 2023-24. Of these 11 were self reported by the Trust.

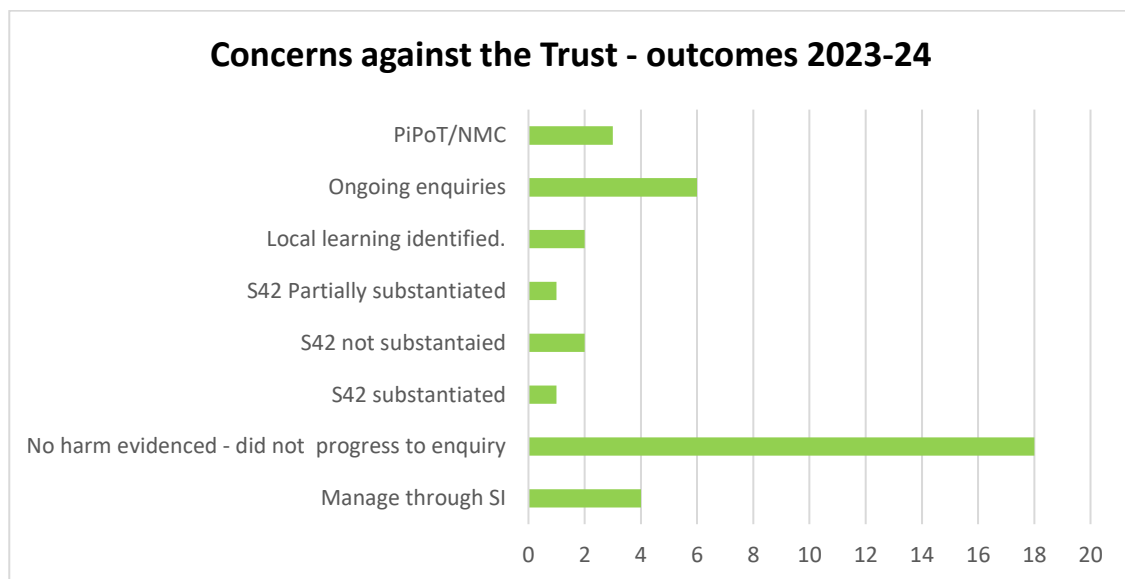


In respect of themes and trends the majority of all concerns raised against the Trust were for Neglect and Acts of Omission, primarily in relation to Pressure Ulcers.



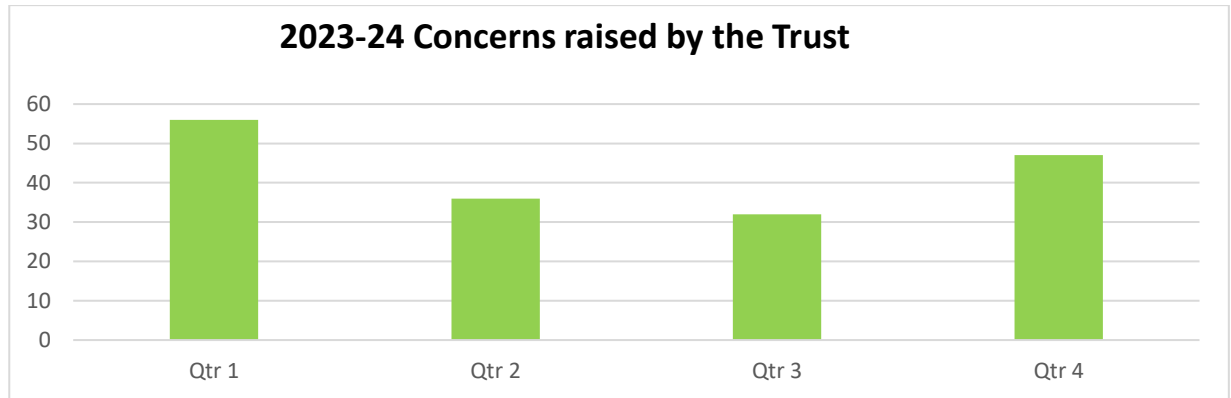
### Concerns against the Trust outcomes

4 concerns progressed to section 42 enquiry. A number of concerns were closed to safeguarding by the respective Local Authorities after lateral checks identified no harm caused by the Trust.

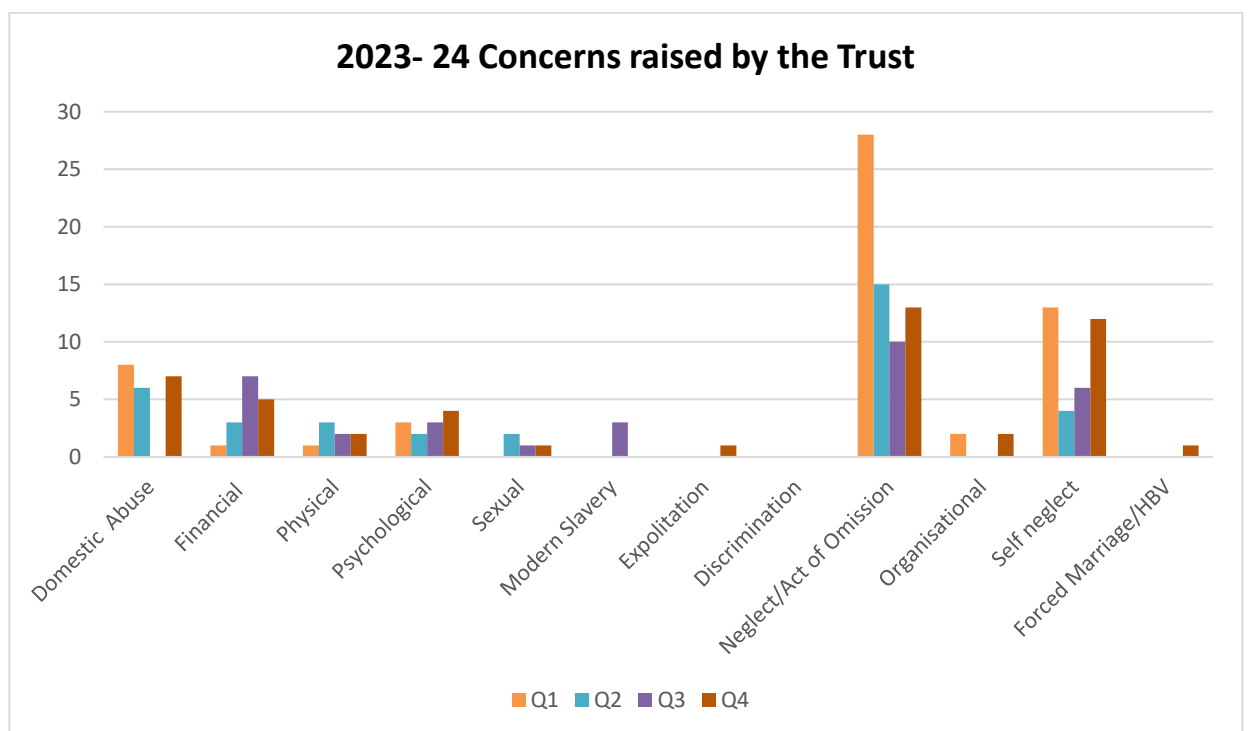


### Concerns Raised by the Trust

A total of 178 concerns were raised by Trust Staff over the year.



The summary chart below identifies the categories of adult safeguarding concerns raised by Trust staff

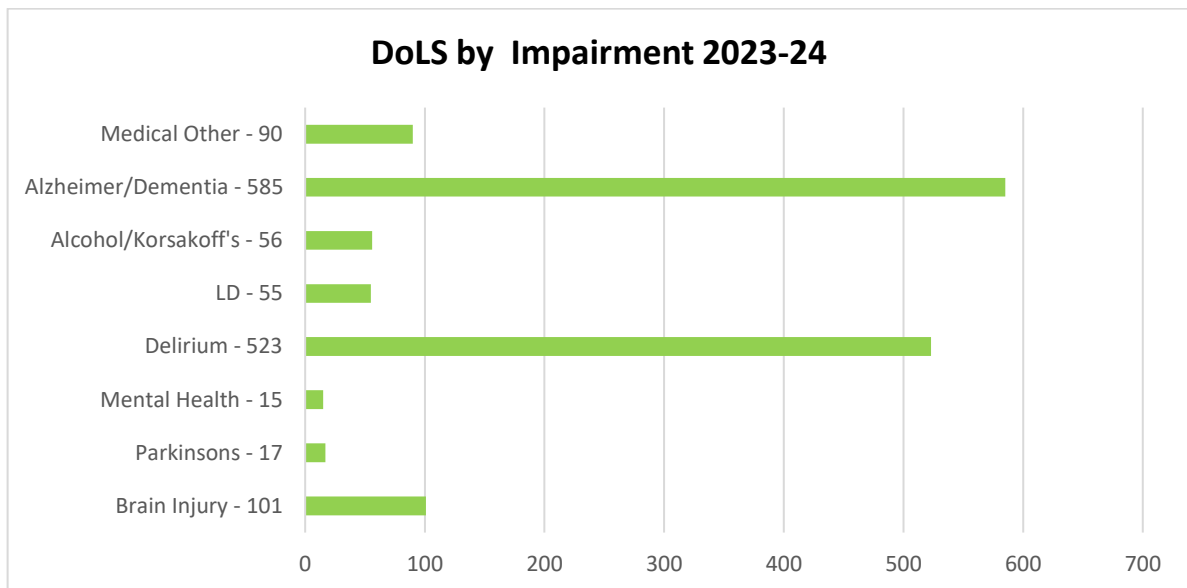


Notably in Q4 staff within the Trust identified one case of Forced Marriage and Honour Based Violence, two in relation to Modern Slavery and one of criminal exploitation. The concerns raised evidence how Trust staff understand the types of adult safeguarding abuse and harm and how to respond appropriately.

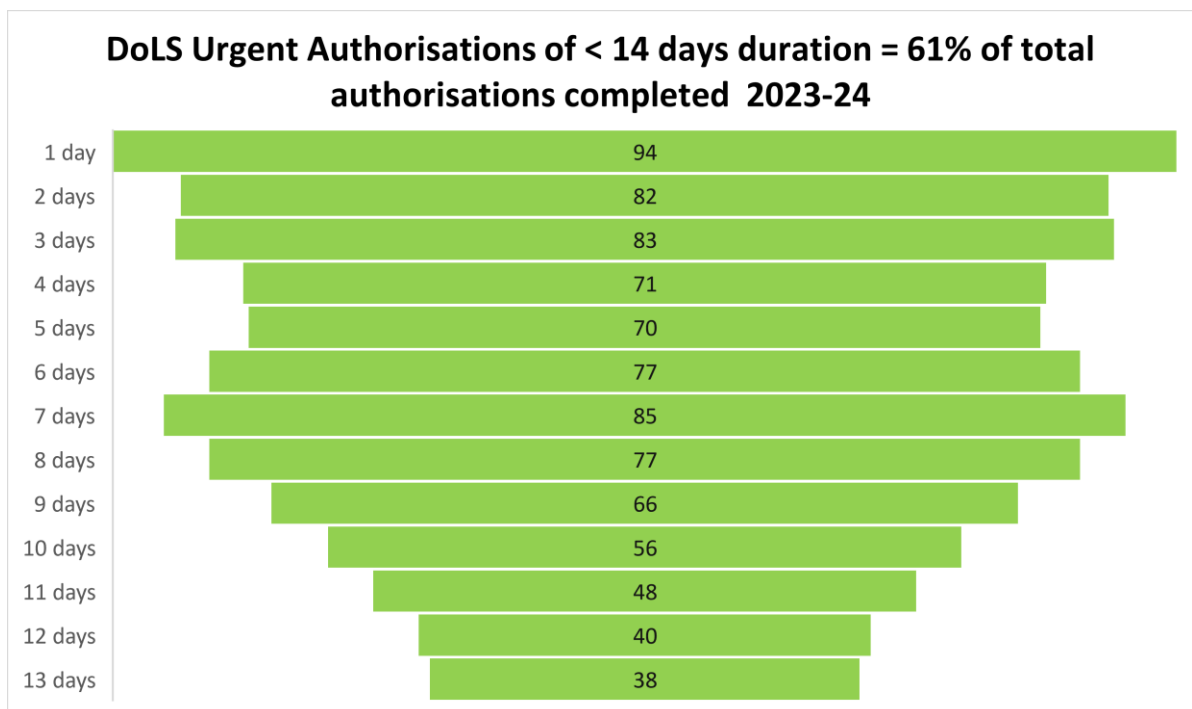
### Deprivations of Liberty Safeguards

The total number of Deprivation of Liberty Safeguards Authorisations completed by the Trust was 1442 . When considering the impairment behind the reason that people are not

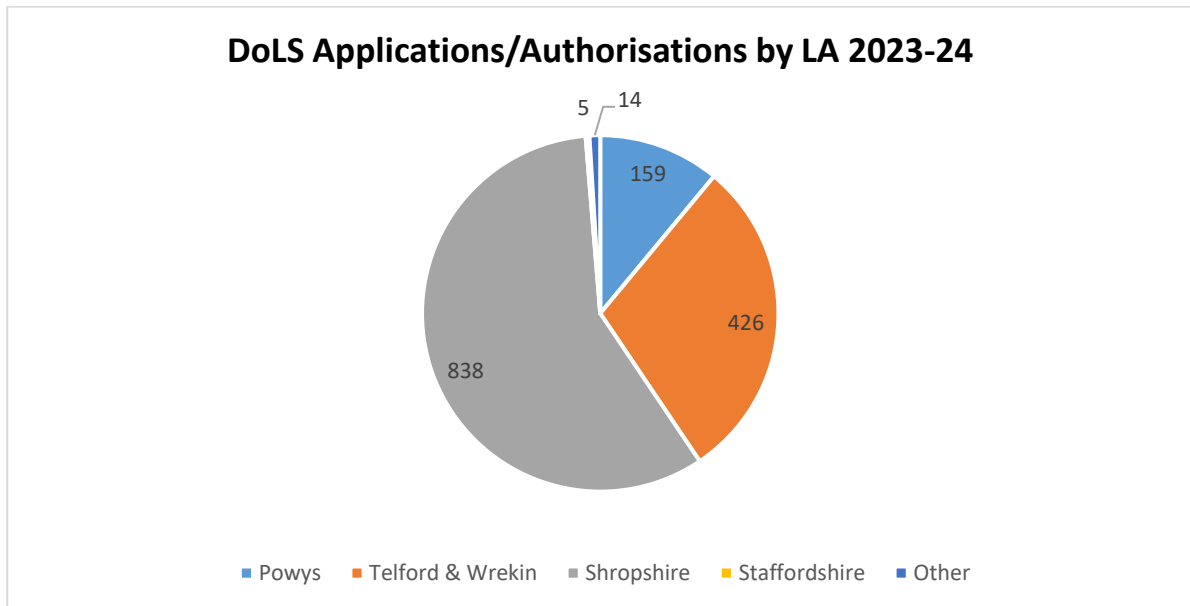
able to consent to their care and care Dementia and Alzheimer's was primary cause (585) followed by Delirium (523)



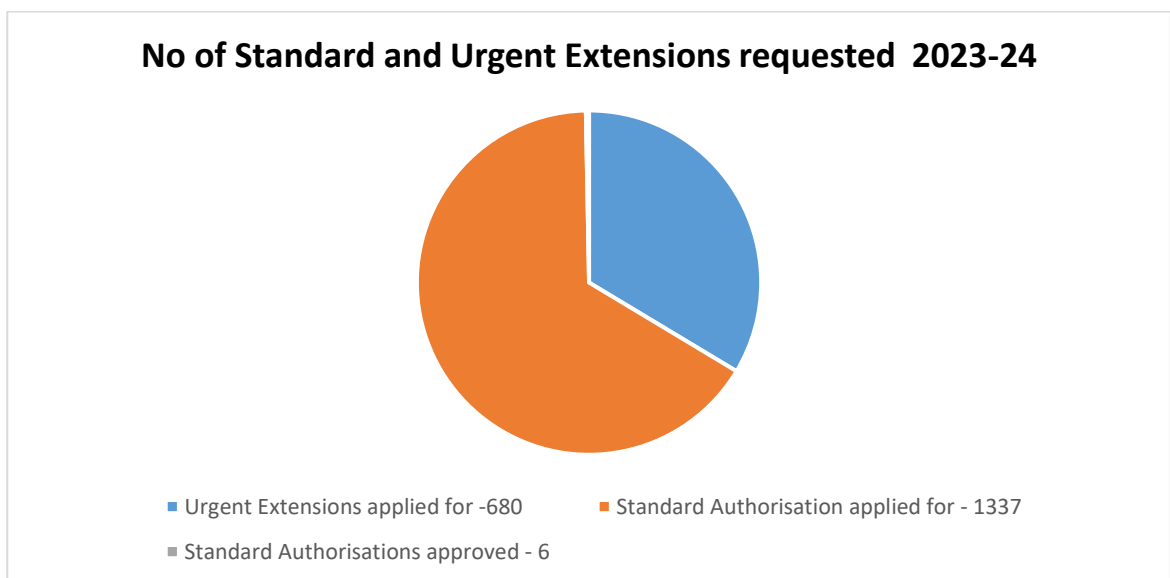
When considering the length of time each DoLS application was required for, analysis of the data identifies that 62% of the total applications across both sites were for a period of 14 days or less, with 39% being for 7 days or less and 23% were in relation to Deprivations in force for 84 hours or less



## Deprivation of Liberty Authorisations recorded by Supervisory Body



## Recorded Standard and Urgent Extension Authorisation requests

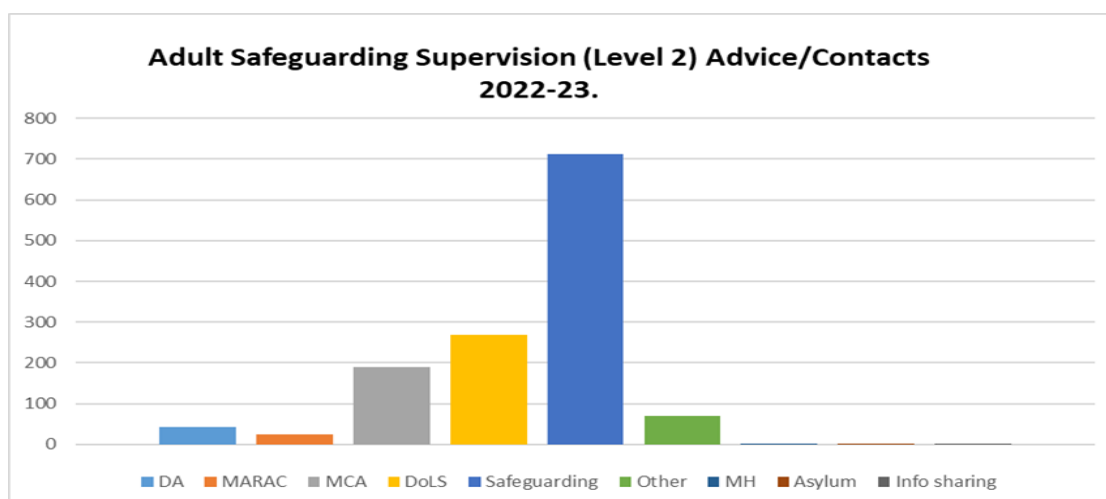


All six of the standard authorisations resulted from escalation to the respective Supervisory Bodies by the Trust.

#### 4.11 Adult Safeguarding Supervision/Advice and Corridor Contacts

The team deals with and responded to 1448 formally logged advice calls/contacts in 2023-24. These contacts are managed in line with the Trust Adult Safeguarding Supervision Framework Level 2 provision.

##### Contacts by Type



Individual nurses within the Adult Safeguarding team continue to access 1: 1 line management/safeguarding supervision along with peer supervision. The Head of Adult Safeguarding access both management and external supervision commensurate with the role

#### 4.12 Safeguarding Adult Reviews and Domestic Homicide Reviews

The Trust has been represented at Domestic Homicide Review decision making meetings across both Shropshire and Telford and Wrekin over the year.

The Trust submitted a total of 5 SAR referrals to both the Shropshire Safeguarding Community Partnership and Telford and Wrekin Partnership during 2023-24.

### 5.0 Safeguarding Audits

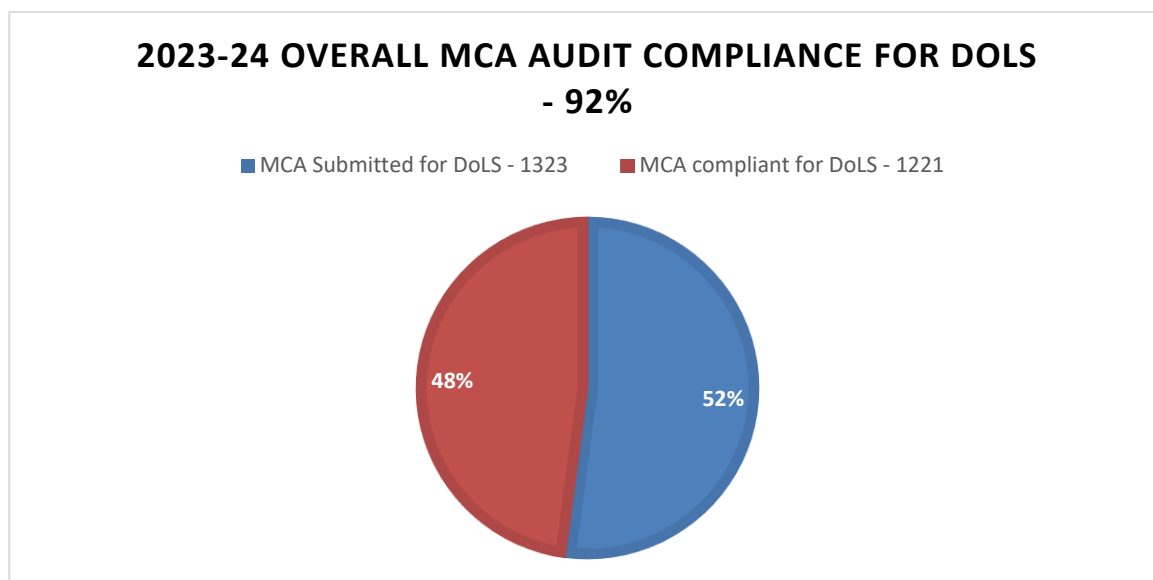
#### 5.1 Safeguarding Adults Audits

##### 5.1.1 MCA/DoLS Compliance Audit

Following a sustained level of compliance with the Mental Capacity Act in respect of the Deprivation of Liberty Safeguards it was decided to routinely include the audit within the Monthly Trust Adult safeguarding Activity Report effective from October 2023. This has allowed the audit sample to include the total DoLS for each month across both sites rather than the previous sample size of 20 per site per quarter.



When combining the total MCA audit data across the year the overall compliance for Mental Capacity Assessment in respect of the Deprivation of Liberty Safeguards was 92% (target level 90% compliance)



The Trust MCA and DoLS audit continues to be identified as exemplar practice at both ICB and NHSE regional level and there continues to be several requests for the sharing of the audit tool from other organisations.

### 5.1.2 **Safeguarding Concern Quality Audit**

A joint Trust and ICB Safeguarding Audit Tool went live at the end of Q4 and will report to the Safeguarding Operational Group in May 2023. This is anticipated to be an ongoing audit which will monitor the quality of the concerns being raised by Trust staff and identify any improvements required to both the Trust concern referral form and training support.

An external audit considering MCA and Dols was undertaken by MIAA in December, there were no significant concerns identified in relation to either Adult Safeguarding or MCA & DoLS

### 5.1.3 **ASK 5 Audit**

The 'ASK 5' audit which was commenced in 2020-21 is completed by the Corporate Quality Team, and asks 5 members of staff on each ward questions around safeguarding to ensure compliance and triangulation of assurance to the safeguarding policies.

Month	Staff knew where to find an Adult Safeguarding Concern form	Staff able to name at least 5 out of the 10 types of safeguarding	Staff knew at what age does the Mental Capacity Act come into effect	Staff able to name at least 2 out of the 5 principals	Staff knew how to contact the Trust Adult safeguarding team in hours	Staff knew who to contact out of hours
Jul-21	94.9	81.8	79.6	64.2	90.5	80.3
Aug-21	94.9	94.9	69.4	76.5	94.9	93.9
Oct-21	97.6	90.2	80.5	87.8	97.6	84.1
Feb-22	100	100	89.1	87	100	93.5
May-22	94	94	78	97	99	84
Aug-22	93	99	70	82	87	75
Dec-22	98.1	88.7	86.8	98.1	98.1	88.7
Apr-23	95.8	98.6	88.9	83.3	69.4	94.4
	↓	↑	↑	↓	↓	↑

April 2023 Data – Ask 5 Adult Safeguarding								
Service	Staff knew where to find an Adult Safeguarding Concern form	Staff able to name at least 5 out of the 10 types of safeguarding	Staff knew at what age does the Mental Capacity Act come into effect	Staff able to name at least 2 out of the 5 principals	Staff knew how to contact the Trust Adult safeguarding team in hours	Staff knew who to contact out of hours	Average	Total responses
Acute Medical Unit (AMU) (RSH)	100	100	100	100	100	66.7	94.4	3
PRH DSU	100	100	100	100	50	100	91.7	2
Ward 10 - Frail and Complex	100	100	100	0	0	100	66.7	3
Ward 11 Nephrology (PRH)	100	100	100	100	50	100	91.7	2
Ward 14 (PRH)	100	100	100	100	33.3	100	88.9	3
Ward 16 - Acute Stroke Unit (PRH)	75	100	100	75	50	100	83.3	4
Ward 17 (PRH)	100	100	100	33.3	33.3	66.7	72.2	3
Ward 18 E (RSH)	100	100	100	100	100	100	100	2
Acute Orthopaedic trauma unit	100	100	100	100	100	100	100	1
Ward 21 (RSH)	100	100	100	100	100	100	100	1
Ward 22 - Short Stay (RSH)	100	100	100	100	100	75	95.8	4
Ward 23OC	100	100	100	100	100	100	100	2
Ward 24 - Endo/Medicine (RSH)	100	100	80	95	80	100	92.5	20
Ward 25	100	100	33.3	100	66.7	100	83.3	3
Ward 27 (RSH)	100	100	100	100	100	100	100	1
Ward 28 Medicine & Frailty (RSH)	100	100	80	100	100	100	96.7	5
Ward 34 SAU & 33SS	100	100	100	100	100	100	100	3
Ward 35 Nephrology (RSH)	100	100	100	100	100	100	100	1
Ward 36 (PRH)	66.7	100	100	33.3	0	100	66.7	3
Ward 37 (PRH)	100	66.7	66.7	100	100	66.7	83.3	2
Ward 7 - Endo/Cardio (PRH)	0	100	100	0	0	100	50	1
Ward4 (PRH)	100	100	100	0	0	100	66.7	2

## 6.0 Governance and Assurance Arrangements

In respect of Adult Safeguarding governance, a monthly Adult Safeguarding Operational Group (SOG) is attended by the Divisions and representation from the ICB. The Adult Safeguarding Operational Group reports into the Monthly Safeguarding Assurance Committee chaired by the Director of Nursing.

The Adult Safeguarding Work plan along with the Trust Safeguarding Assurance Tool and a Training Needs Analysis are regularly reviewed as standing agenda items within the Trust Adult Safeguarding Operational Group meetings. The Risk Register is reviewed monthly and safeguarding themes and trends are also reported on a monthly basis with an additional quarterly formal review being undertaken jointly with the ICS Head of Adult Safeguarding.

The Safeguarding team are represented and contribute to a number of Trust internal governance processes including;

- IROG
- RALIG
- Divisional Clinical Governance meetings
- HR liaison meetings
- Safe Medicine Group
- Pressure Ulcer Review Panel

External to the Adult Safeguarding Team continue to represent the Trust at a number of sub-groups, these play a central role in providing the respective Shropshire, Telford & Wrekin Safeguarding Partnership Boards with evidenced assurance that safeguarding systems across the partnerships are sound and effective. The subgroups also work to identify and highlight areas which require improvement.

In respect of governance there is a monthly Children's Safeguarding Operation Group (CSOG) chaired by the Deputy Chief Nurse with attendance from the CCG. The CSOG in turn reports to the monthly Safeguarding Assurance Committee chaired by the Director of Nursing. The Children's Safeguarding Work plan has been developed and is reviewed regularly at these meetings.

The Safeguarding team are represented and contribute to a number of Trust internal governance processes including;

- Paediatric, Maternity and Emergency Department Clinical Governance meetings
- HR liaison meeting

Externally, the Safeguarding Children Team are members of various Safeguarding Partnership sub- groups. The subgroups play a central role in providing the respective Telford and Wrekin and Shropshire Safeguarding Partnership Boards with evidenced assurance that safeguarding systems across the partnerships are sound and effective. The subgroups also work to identify and highlight areas which require improvement.

The subgroups attended by the Trust during Quarter 4 were:

Team	Telford and Wrekin Partnership Board	Shropshire Partnership Board
Adults	Safeguarding Adult Review Panel x 2  Adult Review, Learning & Training group x 1  DHR panel meetings x 1  MARAC (as required – monthly)	Learning & Development System Group  SAR meetings x 1  DHR panel meetings x 1  Adult Statutory Review Group x 1  Safeguarding Practice Oversight group x 2  MARAC (as required – monthly )

Children	Partnership Development Group Rapid Reviews x 5 CSPR subgroup CSE Panel (weekly) MARAC (monthly) Death Reviews DAPP	Safeguarding Children Training Pool Assurance and Improvement System Group Quality and Performance Group Domestic Abuse Strategic Priority Group MARAC (Monthly) Early Help Focus Group Compass Steering Group Rapid Review DAPP
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## 7.0 Key Priorities Moving Forward

- The Safeguarding teams continue to work with the Divisions to achieve the required training compliance with increased team visibility throughout the Trust to support staff in meeting their safeguarding responsibilities.
- To provide additional support, a Safeguarding Champions network for Trust staff was re launched in November 2023 and will continue with quarterly meetings schedules for 2024-25.
- The Trust is to launch a separate Adult Safeguarding Procedure and a Deprivation of Liberty Safeguards Policy and Procedure in July 2024. The DoLS policy has been developed in collaboration with Shropshire CC, Shropshire, Telford, and Wrekin ICB and will change the way in which the Trust manages the DoLS process, allowing for effective monitoring of levels of restriction. This will require ongoing operational support by the adult safeguarding team across both sites as system change is embedded. Regular audit and oversight processes will be put in place to support monitoring and reporting. Should LPS be brought forward for implementation in future the new way of working will support the Trust in adjusting its working practices to accommodate changes.
- To implement the changes to Safeguarding Children Training as advised from the Independent Inquiry into Telford Child Sexual Exploitation (IITCSE) report