Agenda item	xxx/20			
Report	Quality Compliance Report			
Executive Lead	Director of Nursing			
√ *tick only those applicable*	**Link to strategic pillar:**		**Link to CQC domain:**	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners		Responsive	√
	Our governance		Well Led	√
√ *tick / input only those applicable, usually only one*	**Report recommendations:**		**Link to BAF / risk:**	
	For assurance	√	BAF1, BAF4	
	For decision / approval		**Link to risk register:**	
	For review / discussion			
	For noting			
	For information			
	For consent			
Presented to:	Initial summary presented to Quality Operational Committee 10/11/2020			
Dependent upon (if applicable)**:**	N/A			
Executive summary:	The paper provides an update on progress with the CQC Improvement Plan to 27 November 2020			

The programme remains on track to provide sufficient evidence to support the case to request the lifting of the identified Section 31 regulatory conditions by March 2021.

92% of transactional actions have been completed, which is a 3% increase on the October position, meeting the key milestone of completion of transactional actions by the due date of December 2020.

62% of the Section 29a Areas of Improvement have been addressed - an increase of 7% in month.

Phase 2 of the programme formally commenced in October with an in-depth focus on six key themes identified through the regulatory notices – *safe staffing, training, safeguarding, end of life care, deteriorating patient and governance.*

	The approach taken in November has been to: a) Review all off track actions b) Review all actions to be submitted to the Quality Operational Committee in line with the assurance process (Green to Blue) c) Have a specific focus across all care groups and corporate areas on the theme of Safeguarding.
Appendices	Appendix 1: Summary of off track actions Appendix 2: CQC Improvement Plan – Safeguarding Progress

1.0 Introduction

1.1 The purpose of this Report is to provide the Board of Directors with an overview of the progress made across the CQC Improvement Programme through the November cycle.

1.2 The first phase of the CQC Improvement Action Plan has been to work through the >400 actions across the care groups and corporate areas.

1.3 A key element of this work has been to challenge clinical colleagues in their approach and thinking around the safety and quality of care they provide to all patients.

1.4 The programme works in conjunction with the reporting requirements to CQC for the Section 31 regulatory conditions.

2.0 November Cycle progress

2.1 We remain on track to consider the feasibility for submitting an application to the CQC to have a number of Section 31 regulatory conditions lifted by the end of March 2021.

Table 1 below provides a summary.

NHS
The Shrewsbury and
Telford Hospital
NHS Trust

S31 Condition	Date Issued	Key metrics used	Current status (metrics)	Target for removal request (metrics)	Timeframe for target to be met	Commentary
Condition 1 & 2 / ED - both sites / Sepsis screening & deteriorating medical condition	Nov-19 (Variation)	Sepsis Audit Tool	Completion of the Sepsis Screening Tool and Sepsis 6 Bundle consistently >95%	>95% compliance for next 2 months Jan-21	Feb-2021	140 Patients are audited each week
Conditions 3 & 4 / ED - both sites / Reporting of paediatric triage and left without seen	Nov-19 (new)	% compliance with recording of Paediatric Triage Time and Triage within 15 minutes	Range 70-80% compliance; average time 12 minutes	85% compliance for 3 months, Feb-21	Mar-2021	All Paediatric patients
Conditions 5 & 6 / ED - both sites / Mental health risk assessments	Nov-19 (new)	2 x daily audit	No of patients undergoing a mental health assessment	>90% compliance for 3 months Feb-21	Mar-2021	Evidence being considered for potential lifting of the condition as per plan
Conditions 7 & 8 / ED - PRH / Environmental risk assessments & reporting	Sept-18	Environmental checks – both sites	100% compliance for both sites consistently in Sept	Dec-20	Jan-2021	Evidence is being collected to support the case for removal of the condition
Condition 9 / Adults 15 minute triage	Apr-19	% Compliance with recording of Triage Time within 15 minutes	Average of 21 mins across both sites in Sept 20	80% compliance for 3 months, Apr-21	May-2021	Further work around surge / escalation
Condition 10 / ED / Patient acuity	Apr-19	Spot checks for 2 x hourly safety huddles to identify patient acuity	Weekly monitoring via matrons exemplar audit	Dec-20	Jan-21	Evidence is being collected to support the case for removal of the condition
Condition 11 / ED / Patient pathway	Apr-19	Continuous monitoring of patient status by senior nursing	Streaming and triage protocol in place and being monitored	Dec-20	Jan-21	Evidence is being collected to support the case for removal of the condition
Condition 12 / ED / Qualified & competent staff	Nov-19	% training compliance	Monthly training % figures >80% for majority of metrics	>90% across all domains March 21	Mar-21	

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Our Vision: To provide excellent care for the communities we serve

Table 1

2.2 Table 2 illustrates when the remaining conditions are expected to be lifted.

S31 Condition	Date Issued	Key metrics used	Current status (metrics)	Target for removal request (metrics)	Timeframe for target to be met	Commentary
Condition 13, 14, 15 & 16 / All wards & departments / De-escalation & interventional holds	Nov-19 (new)	Weekly audit of patients who require restraint interventions including – no safe holds, no chemical restraint, % compliance with checklist / Data	% compliance with checklist currently variable	90% compliance for 3 months	Jun-21	
Conditions 17 & 18 / All wards & departments / Deteriorating patient management & monitoring	Nov-19 (variation)	Daily spot check on the response to observations recorded on VitalPac for patients who trigger NEWS>5	>90% compliance on both sites for Sept for escalation and following clinical guidelines	90% compliance for 3 months	May-21	
Conditions 22 & 23 / All wards & departments / Clinical risk assessments & care planning	Jun-20 (new)	Nursing Quality Assurance Metrics Framework tool – 10 sets of notes in every adult inpatient areas we audited each month	15 safety areas out of 19 achieved about 90% compliance, with a further 3 achieving above 80% compliance through Sept	3 months >90% Jun 21	Jul-21	
Condition 24 / All wards & departments / Suitably qualified & competent staff (particularly safeguarding, MCA, DoLS)	Jun-20 (new)	Mental Capacity Act & DoLS safeguards Audit - monthly	Audits through September indicate further support required to ensure staff understand the decision making re the need to complete a MCA assessment, accurately complete DoLS documentation	Feb-21	Feb-21	Linked to Section 29A issued 16/10/2020
Condition 25 / Trust-wide / Learning from incidents	Jun-20 (new)	Evidence of learning opportunities across the Trust	Evaluated as part of exemplar baseline audits	Consistent evidence of learning from incidents. No regulation 28 reports	May-21	
Condition 21 & 26 / Provide a report within 5 days of condition - completed		Requirements from the Trust in relation to reporting against all the imposed conditions			Dec-20	Evidence is being collected to support the case for removal of the condition

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Table 2

2.3 Table 3 illustrates that good progress continues to be made to address the 403 actions identified within the CQC Improvement plan across the care groups and Corporate areas. 92% of actions are now reported as complete as at 27 November. This is a 3%

increase on the October position representing 369 actions.

2.4 6 actions remain in progress with a number paused due to external extenuating circumstances beyond our control. Seven actions remain off track but with a plan for delivery in place. A summary of the off track actions is attached at Appendix 1.

2.5 A number of actions are currently being worked up for presentation to the Quality Operational Committee in December for approval as embedded (circa 20). If approved will be presented to the Quality and Safety Assurance Committee for endorsement.

Action Plan Summary by Area

Total Number of Actions

Group	Scope	Total Actions	Embedded	Complete	In Progress	Off Track	Not Yet Started	Percentage Complete
Trustwide	Trust Wide	122	2	109	6	4	1	91%
Urgent and emergency care	Urgent and emergency care	157	7	134	14	2	-	90%
Medical care	Medical care	25	-	25	-	-	-	100%
Scheduled Care	Surgery	37	-	36	1	-	-	97%
	End of life care	10	-	8	1	1	-	80%
	Outpatients	2	-	2	-	-	-	100%
	Critical Care	3	-	3	-	-	-	100%
Women & Children	Maternity	34	1	31	2	-	-	94%
	Children and Young People care	13	-	11	2	-	-	85%
Total		403	10	359	26	7	1	92%

Table 3

2.6 Table 4 illustrates the current position with regards to the Section 29a areas for improvement. As at 27 November, 18 areas have been addressed with the associated actions (62%) completed. This is an increase of seven areas in month.

Section 29a Improvement Areas status

Total Number of S29a Areas for Improvement

Section 29A Notice	Area of inspection	Date	Improvement required	Total S29a Areas	Embedded	Complete	In Progress	Percentage Complete
Section 29A 2018 Part 1 - Wards Risk Assessment	Medical care	Aug-18	17/01/2019	1	-	1	-	100%
Section 29A 2018 Part 2 - Staffing	Critical Care	Aug-18	17/03/2019	4	-	4	-	100%
	Urgent and emergency care	Aug-18	17/03/2019	6	-	2	4	33%
Section 29A March 20	Urgent and emergency care	Nov 19 to Feb 20	31/05/2020	10	1	5	4	60%
Section 29A June 20	Medical care	Jun-20	31/08/2020	3	-	2	1	67%
Section 29A July 20	End of life care	Jul-20	30/09/2020	5	-	3	2	60%
Total				29	1	17	11	62%

Table 4

2.7 To further progress this work the proposal to move to phase 2 of the improvement programme was approved and formally commenced in October.

3.0 Phase 2

3.1 Phase 2 of the programme focusses entirely on 'what good looks like' and the

measures that will substantiate the improvements made and demonstrate the positive outcomes for patients

3.2 To facilitate this in a meaningful way we are focussing on key themes of Improvement. Table 5 illustrates the thematic approach for Phase 2. The six themes in the blue box relate to the key areas of concern identified through the Section 29a Warning Notices following the CQC Inspections and Quality Visits between 2018 and 2020.
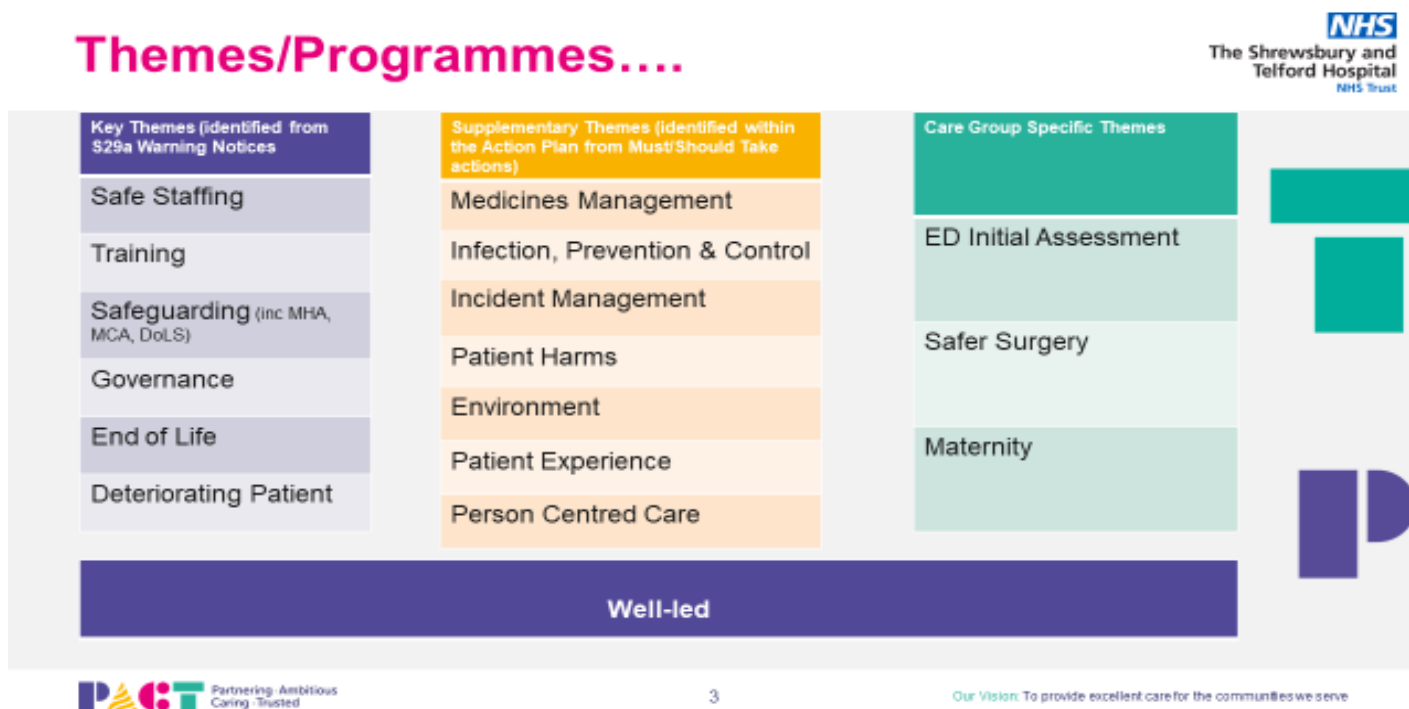

Themes/Programmes….

The Shrewsbury and Telford Hospital NHS Trust

Key Themes (identified from S29a Warning Notices	Supplementary Themes (identified within the Action Plan from Must/Should Take actions)	Care Group Specific Themes
Safe Staffing	Medicines Management	
Training	Infection, Prevention & Control	ED Initial Assessment
Safeguarding (inc MHA, MCA, DoLS)	Incident Management	
Governance	Patient Harms	Safer Surgery
End of Life	Environment	
Deteriorating Patient	Patient Experience	Maternity
	Person Centred Care	
Well-led		

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Table 5

3.3 The yellow box indicates the supplementary themes that have been identified within regulatory reports but are not subject to a regulatory sanction.

3.4 The improvement areas within the green box relate to specific care group improvement actions only.

3.5 One Section 29a theme will be the focus each month for the monthly cycle of Confirm and Challenge meetings, allowing for a 'deep dive' and increased focus on the associated actions, the collection of evidence and data to support the metrics

3.6 The timetable has been agreed to meet the timeframe of regulatory reporting requirements and to provide the Executive and Board of Directors with an opportunity to review and challenge improvement progress.

3.7 A Deep Dive will be carried out on the following themes:

November: Safeguarding, Mental Capacity Act, Mental Health Act, Deprivation of Liberty Safeguards – to meet the reporting Requirement to demonstrate significant improvement by February 2021 following the Section 29a Warning Notice October 2020

December: End of Life – to demonstrate continuing improvement following the

Section 29a Warning Notice July 2020

January: Deteriorating Patient – to provide evidence to support a possible application to lift a Section 31 condition by March 2021

The themes of Safe Staffing, Training and Governance are ongoing through each month

3.8 Appendix 2 provides a summary of the Safeguarding focus for November.

4.0 Risks and actions

4.1 A number of risks to delivery of the programme are identified within the Quality Compliance Plan on a Page in the Trust *Getting to Good* programme supported by the monthly progress Highlight Report.

4.2 The issue - *'Impact of COVID second wave and winter pressures impact on staff's resilience and capacity'* within the Quality Compliance Plan on a Page is the main cause for concern currently as care group teams are increasingly managing the impact of the pressures the organisation is now experiencing. This is coupled by staff self-isolating or personally affected by Covid-19 resulting in a reducing ability to fully engage with the programme.

5.0 Conclusion

5.1 Good progress continues to be made against the transactional actions

5.2 Evidence is being collated to demonstrate circa 20 actions are sustainable and embedded into business as usual processes.

5.3 The programme has successfully transitioned into the transformational second phase and has been positively accepted by all care groups and corporate areas.

Director of Nursing
November 2020

Appendix 1 - Summary of 'Off Track' Actions

Action	Resp. Lead	Due date	Mitigation	Revised completion date
Trust-wide Paediatric working group, chaired by Dep COO (A Wallace) feeds into Exec Paed Stakeholder group (inc MD/DoN) to review Paediatric Services and future service model	Care Group/MD	Sept 20	The Trust wide working group was paused due to COVID but has now been reinstated and will need to provide Trust Wide guidance around Paediatric support for ED from specialist services. In addition ECIST are supporting with an improvement event with participation from ED and Women's and Children's relating to how Paediatrics were triaged in ED and transferred to the PAU. Benchmarking against Patient First standards, identify triggers for action and agree response and Trust Wide support requirements.	To be agreed with Care Group/MD
Review staffing and skill mix of Pharmacy support to ED, and implement improvement plan	Chief Pharmacist	Sept 20	To be included within the ED Staffing Business Case – 2 x 8a Pharmacists required for each site to support medicines reconciliation and admission avoidance	In line with business case submission
SLA to be drafted and agreed with hospice.	Care Group Director/Assistant COO	July 20	Memorandum of Understanding has been drafted and shared with the Hospice – awaiting final feedback and will go through the appropriate governance route. Current agreement remains in place.	January 2021
Services to ensure effective Workforce plans are developed and associated business cases presented to executives for approval in a timely manner. Any risks escalated where necessary.	Care Group Triumvirate	Sept 20	Workforce plans in place across all care groups but awaiting additional information prior to submitting via the Innovation and Investment Committee. All groups working closely with Workforce to identify and agree staffing establishments and recruitment plans	Will vary depending on care group – all plans to be submitted in line with 2020/21 timeline
Care Groups to ensure IPC mandatory training compliance in line with trust targets.	Care Group Triumvirate	August 20	Compliance across care group not yet at required Trust target. Trajectories in place but impacted on by the in-year change requiring hand hygiene training to increase from every three years to annually	March 2021
Develop daily report for moves out of hours	Deputy COO	Sept 20	Highly complex programme of work, there is an available report but this cannot be validated as being absolutely accurate. Policy re moves after 22.00 required.	December 2020
The service must have an electronic system which accurately identifies and tracks end of life and palliative care patients.	Ass. Coo SC/End of Life Lead	August 20	An electronic referral system is in place for wards to refer EOL patients. Whilst the trust does not have an electronic system specifically to track the EoL patients, these patients can be identified by using the 'no obs' list on VitalPAC although this method was not accepted by the CQC. Swan signage used across the organisation. Issue linked to the End of Life Strategy work.	Ongoing

Appendix 2

Quality Compliance Report

10 December 2020

Improvements – focus on Safeguarding

In response to the Section 29a Warning Notice received on 16 October 2020 in relation to Safeguarding a comprehensive action plan has been agreed. Good progress has been made to date:

Safeguarding Policies:

- Adult Policy – this has been reviewed in line with national guidance. Final comments have been received and will be approved through the Trust Safeguarding Operational Group and endorsed by the Safeguarding Assurance Committee in December 2020 – additional appendices include Prevent Policy, MCA/DoLS Policy & Managing Allegations Policy

- Children's Safeguarding Policy – this has been reviewed in line with national guidance and has been fully ratified via the Trust Safeguarding Assurance Committee on 11 November 2020

Training:

- Level 2 Safeguarding Training compliance continues to make steady progress (as per data). Additional Level 3 Safeguarding Training has been sourced to compliment the current face to face and Teams training offer.

- Level 3 Safeguarding Training - The plan is that as a minimum band 6,7 and above nurses and consultants will receive training with an aim to be compliant by end of March 2021. As a Trust the aim is to get as close to 90% as possible for all patient facing staff by March 2021.

- **NB: the Safeguarding Team are being approached by other organisations to observe the training provided in SaTH as it is deemed good practice**

Improvements – focus on Safeguarding

Additional actions:

- First phase of the update to the safeguarding Intranet site has been completed and received positive feedback

- Work underway with Maternity service to develop a 'checklist' to determine whether a pregnant women may lack capacity – to implement a process of 'standard authorisation' for those patients due to give birth and who have a known mental health or learning disability condition – **this will be deemed as proactive best practice**

- Safeguarding – the theme of November in line with Phase 2 of the CQC Improvement Programme

- Metrics being developed in conjunction with Safeguarding team and CQC Improvement Programme, including the identification of a new category within Datix to improve reporting

- There have been no further incidents relating to safeguarding since the S29a Warning Notice received in October 2020.

- Adult Safeguarding week – w/c 16 November 2020. Daily communication via Facebook and Twitter

- Safeguarding Conference planned for 15 June 2021 – already much interest shown and excellent line-up of speakers booked

Actions

There were a total of 63 actions associated to this theme in the QIP 1 plan.

Speciality Lead - Kathy George Adult Safeguarding Lead Nurse, MCA Lead and Prevent lead

- Adult Safeguarding and Adult Safeguarding guidance and Procedures in draft. Final comments amendment made to go to Safeguarding Operational Group and then Safeguarding Committee in December for ratification.

- Adult Safeguarding Supervision Framework in draft. Final comments amendment made to go to Safeguarding Operational Group and then Safeguarding Committee in December for ratification.

- Prevent policy in draft. To be reviewed at Safeguarding Operational Group before moving to Safeguarding Committee for ratification in December

- 1st Draft MCA policy and guidance part complete – to take 1st draft to Safeguarding Operational Groups then Safeguarding Committee in December

- Adult Lead Nurse is working with the Childrens Lead Nurse to look at amalgamating a Managing Allegations against staff in a Position of Trust policy. Aim is to take 1st draft to Safeguarding operational groups in December

- Lead Nurse continues to be visible on ward areas to operationalise education and policy support

- Safeguarding Operational group reporting to Safeguarding Committee commences in Dec 2020

- Working alongside Mental Health Lead to identify pathways and support for wards with MHA and MCA interface

- To develop MCA Task and Finish group which will feed into Safeguarding Operational group – to develop a Trust standardised MCA suite of documentation

- MCA & DoLS training on trajectory to meet compliance by end Q4

Our Progress….

Speciality Lead - Kathy George Adult Safeguarding Lead Nurse, MCA Lead and Prevent lead
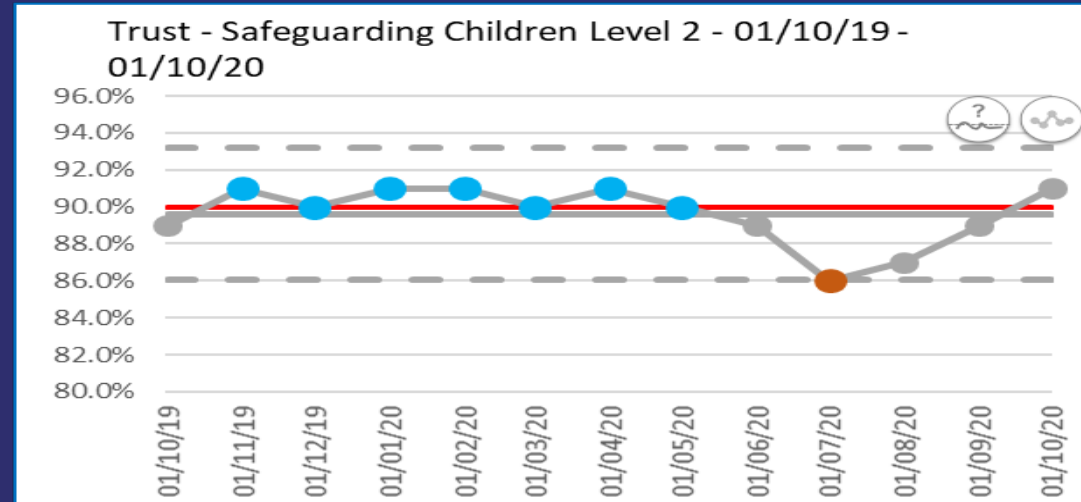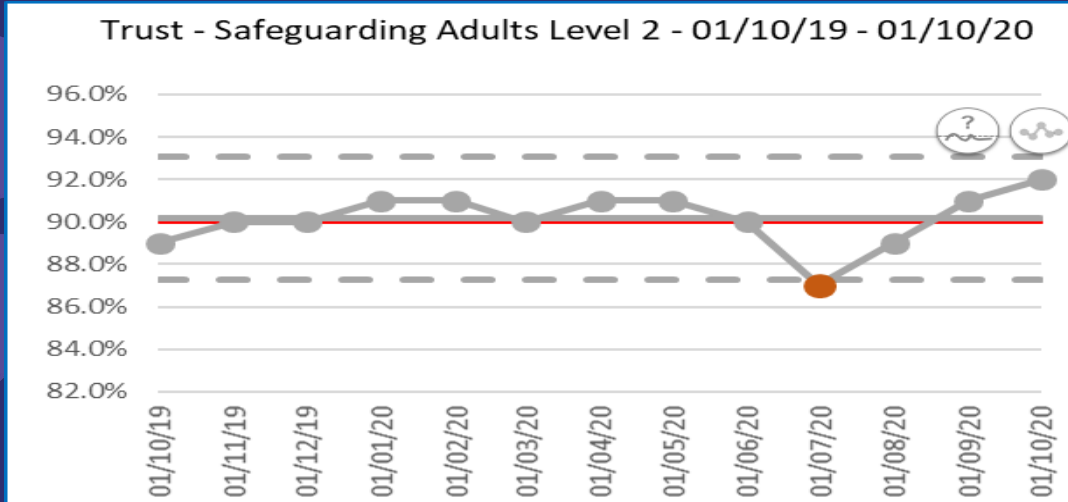
- Current MCA training package and DoLS Prompt form shared with another Provider who contacted requesting information.

- MCA monthly audit identifying improvements in quality of Dols paperwork. MCA issues identified and training and support is adjusting to meet ward/departments needs with additional bespoke ward paperwork training underway

- Adult safeguarding Level 3 training and training review undertaken. New e-learning in development to support training target requirements, to include MS Teams by end Q3

- Adult Lead has linked with medical education to scope supporting Junior doctors with additional MCA and DoLs training. Awaiting response

- Links to consultant training being developed

- New database implemented October – includes advice call logs

- Review of web pages completion in readiness for launch of adult safeguarding week. Ongoing review will progress once policies completed

- Datix reviewed with new mental capacity category available to staff

- Adult safeguarding week w/c November 16th. Social media daily tweets and Facebook messaging with chatterbox summary planned for end of week

- Funding sourced to support a joint Adult and Children's Safeguarding Conference 15th June 2021. Agenda being finalised

Improvements – focus on Safeguarding

Additional actions:

- First phase of the update to the safeguarding Intranet site has been completed and received positive feedback

- Work underway with Maternity service to develop a 'checklist' to determine whether a pregnant women may lack capacity – to implement a process of 'standard authorisation' for those patients due to give birth and who have a known mental health or learning disability condition – **this will be deemed as proactive best practice**

- Safeguarding – the theme of November in line with Phase 2 of the CQC Improvement Programme

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- Adult Safeguarding week – w/c 16 November 2020. Daily communication via Facebook and Twitter

- Safeguarding Conference planned for 15 June 2021 – already much interest shown and excellent line-up of speakers booked

Our Progress…. Trust

Trust - Safeguarding Adults Level 2 - 01/10/19 - 01/10/20

Trust - Safeguarding Children Level 2 - 01/10/19 - 01/10/20

Trust - MCA, DOLS & MHA - 01/10/19 - 01/10/20

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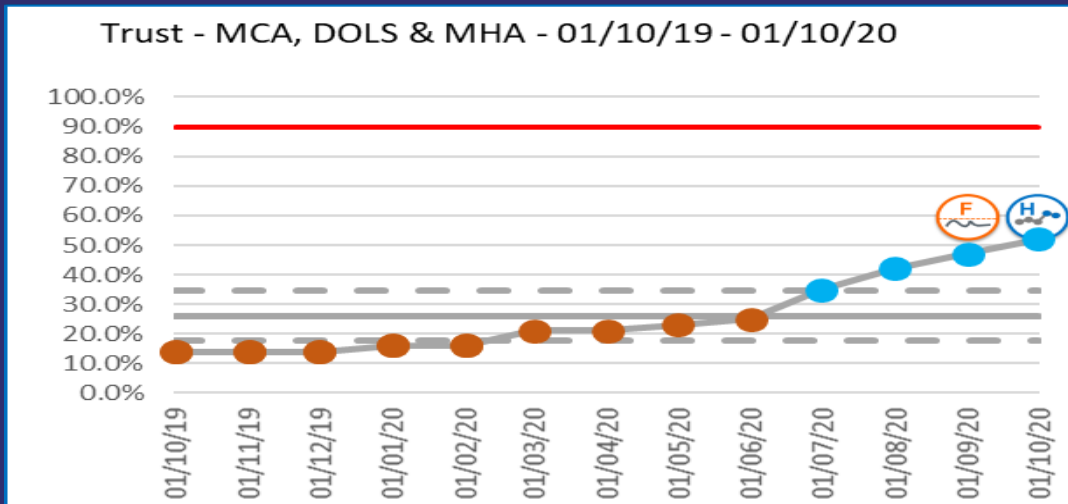
Safeguarding, MCA, DoLS Training Compliance Improvement – Trust

Performance:

- *Safeguarding Adults Level 2* – common cause variation. Variation indicates inconsistently passing or falling short of 90% target until August 2020 then continued upward trajectory being above the 90% since September.
- *Safeguarding Children Level 2-* common cause variation. Variation indicates consistently above the 90% target until July 2020 but upward trajectory meeting the target in October.
- *MCA/DOLS & MHA – special cause improvement on upward trajectory with an expectation that 90% target will be met by March 2021.*
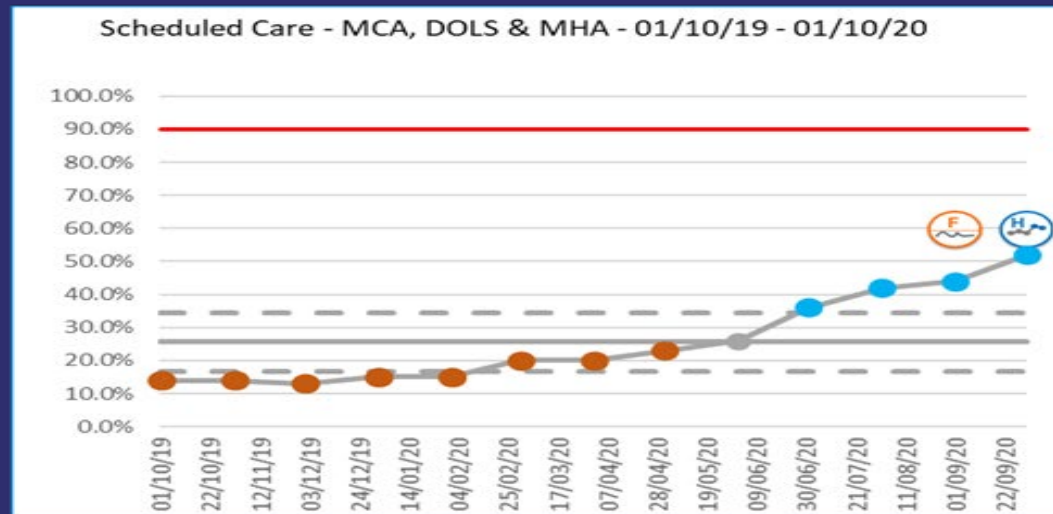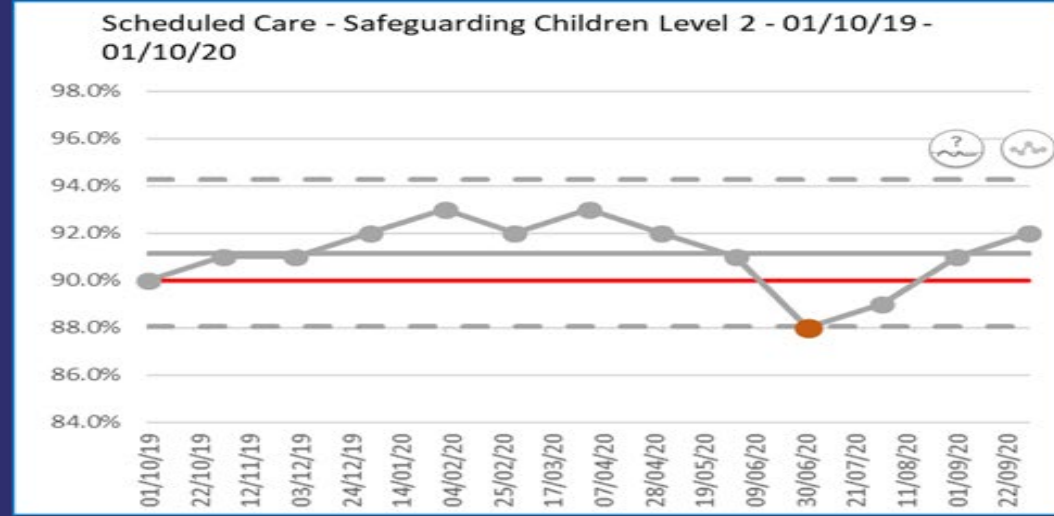
Our Progress…. Unscheduled Care
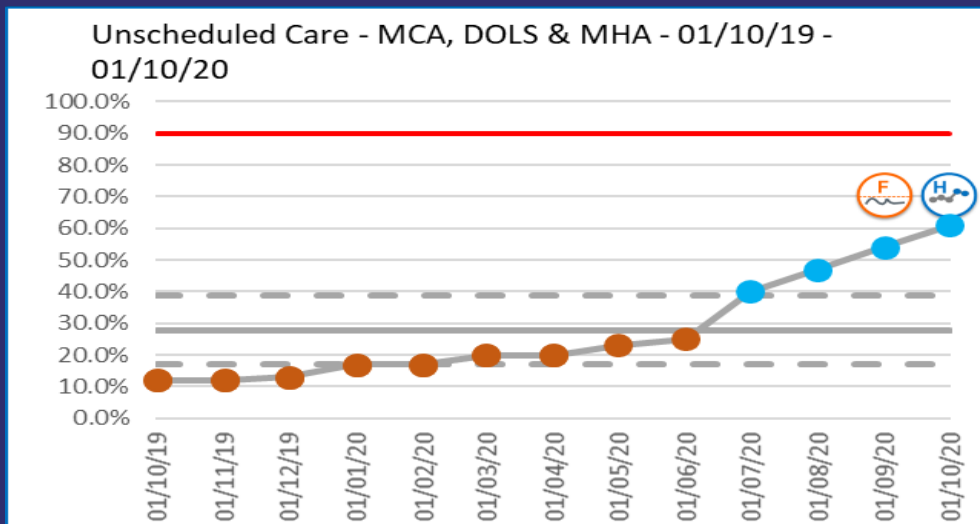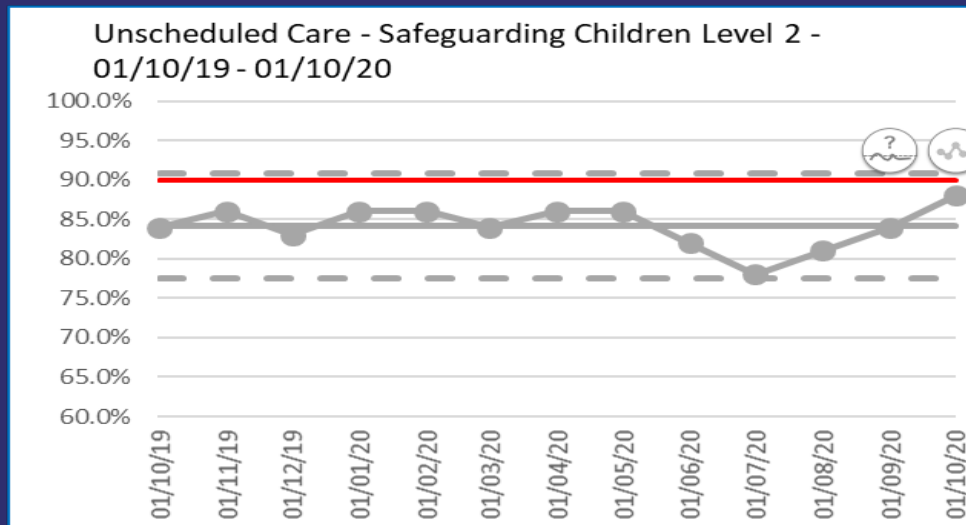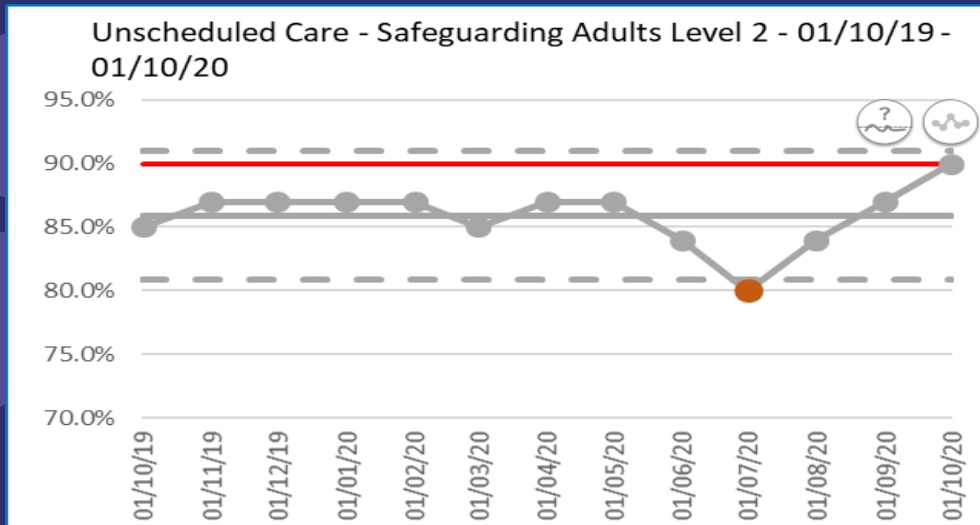
Safeguarding, MCA, DoLS Training Compliance Improvement – Unscheduled Care

Performance:

- *Safeguarding Adults Level 2* – common cause variation. Variation indicates inconsistently passing or falling short of 90% target. The target of 90% compliance was achieved in October 20.
- *Safeguarding Children Level 2-* common cause variation. Variation indicates inconsistently passing or falling short of 90% target but the upward trajectory is close to achieving the target in October 20.
- *MCA/DOLS & MHA – special cause improvement on upward trajectory with an expectation that 90% target will be met by March 2021.*
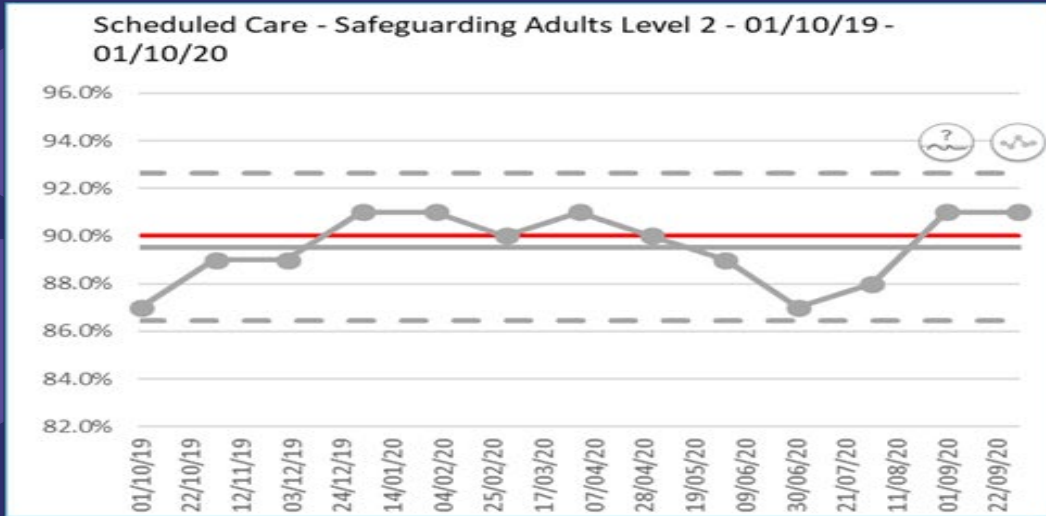
Commentary:

- Dips in performance from May to July 2020 for adult/children's safeguarding related to COVID impact on ability to release staff for training.
- Ongoing challenges in ability to release staff for face to face training in light of operational pressures/staffing

Issues:

- Work required on data quality to ensure data is fully accurate and reflects current position

Our Progress…. Scheduled Care

Scheduled Care - Safeguarding Adults Level 2 - 01/10/19 - 01/10/20

Scheduled Care - Safeguarding Children Level 2 - 01/10/19 - 01/10/20

Scheduled Care - MCA, DOLS & MHA - 01/10/19 - 01/10/20

Safeguarding, MCA, DoLS Training Compliance Improvement – Scheduled Care

Performance:
- *Safeguarding Adults Level 2* – common cause variation. Variation indicates inconsistently passing or falling short of 90% target.
- *Safeguarding Children Level 2-* common cause variation. Variation indicates inconsistently passing or falling short of 90% target
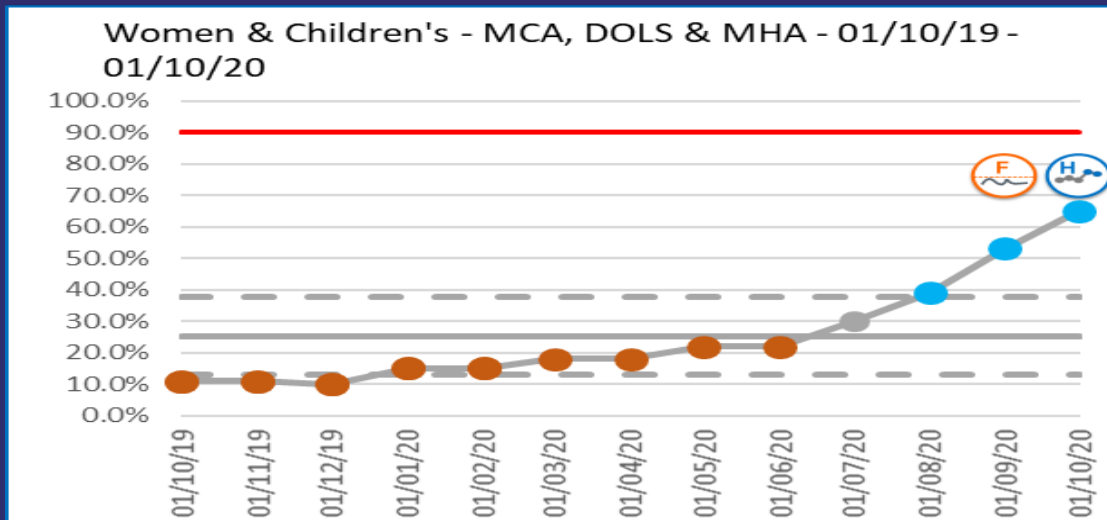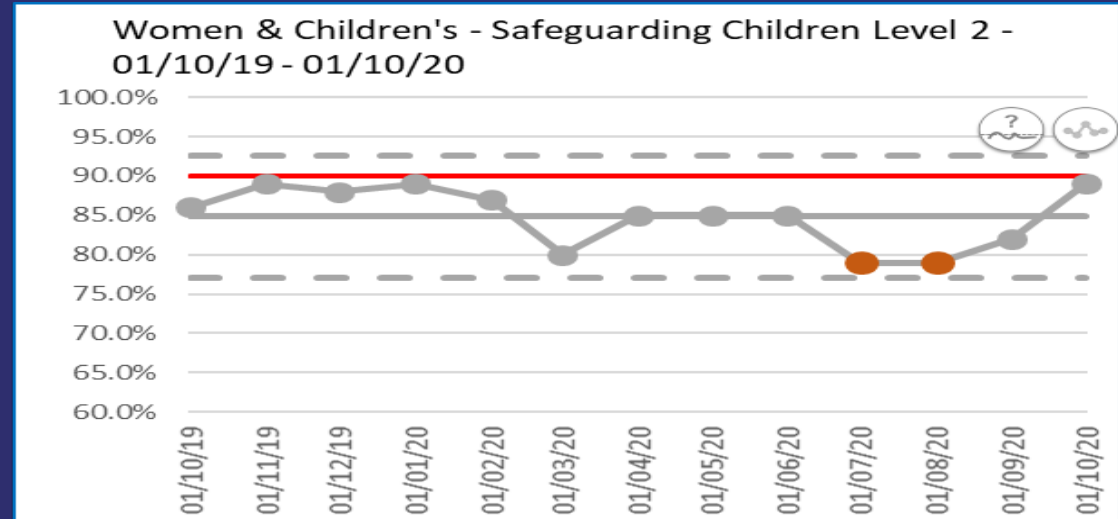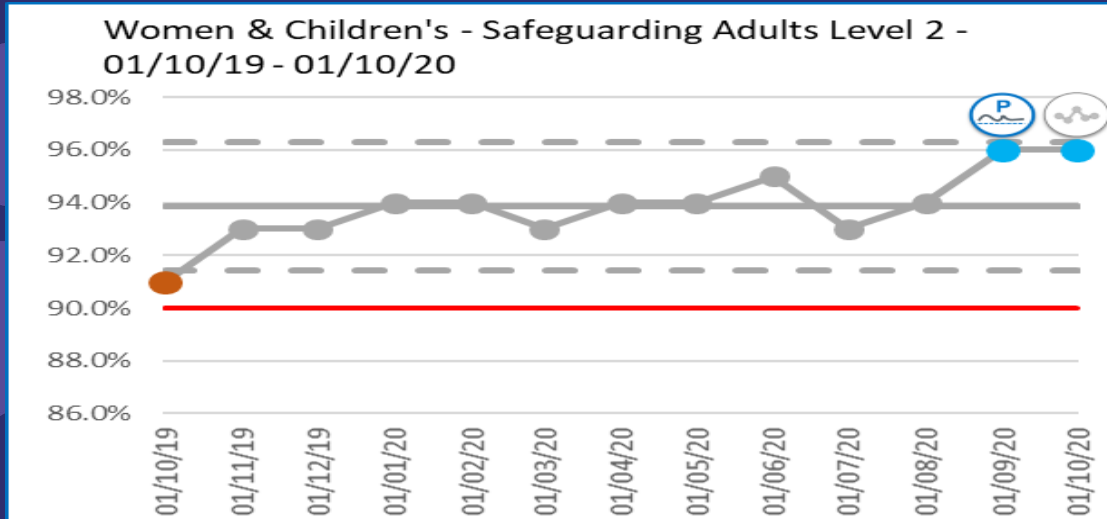- *MCA/DOLS & MHA – special cause improvement but variation indicates consistently falling short of target*

Commentary:
- Dips in performance April/June 2020 for adult/children's safeguarding assumed related to COVID impact and Corporate training decisions
- Ongoing challenges in freeing staff for face to face training in light of operational pressures/staffing;
- Previous year decisions on 'pushes for training' can result in significant numbers of staff training being out of date and requiring refreshing

Issues:
- Work required on data quality to ensure data is fully accurate and reflects current position
- Clarity on availability/modes of training and requirements for different levels of staff groups/bands and roles (and accessibility of that information)

Our Progress…. Women and Children

Safeguarding, MCA, DoLS Training Compliance Improvement – Women& Children

Performance:
- *Safeguarding Adults Level 2* – common cause variation. Variation indicates consistently above 90% target
- *Safeguarding Children Level 2-* common cause variation. Variation indicates inconsistently falling short of 90% target, although on upward trajectory since September 2020
- *MCA/DOLS & MHA – special cause improvement but indicates consistent upward trajectory since July 2020*

Commentary:
- Focus and continued push on completion of safeguarding training and data showing significant improvement
- Datix for last 12 months reviewed and showing relatively low and static levels reported
- Safeguarding Children policy reviewed and now in line with national standards
- Undertaking "ask 5" audit in maternity safeguarding and paediatrics to check understanding of e-learning and processes amongst staff which will report to governance meetings

Our Progress…. Workforce

Workforce

Care Group reconciliation processes:

- Starting Position -Oct 2019 – L2 Adults and Children 89% and 89% - MCA&DOLS and Prevent level 3 not reported

- Intercollegiate Guidelines not implemented

Actions Taken

- Safeguarding leads developed an efficient and clear offering to staff to complete safeguarding training

- Workforce Committee (WC) reviewed reporting options and Safeguarding training separated from core mandatory modules to give better oversight to WC and Board

- Significant focus on MCA and DOLS, which was added to standard 3 yearly safeguarding day as well as putting on stand alone MCA/DOLs training and e-learning

- Newsletter to all staff incorporating a flow chart to help them be clear about what level of safeguarding training they required, how often and what the individual components were. Communications campaign via a variety of streams.

-

- Workbooks produced as an alternative for staff completing level 2 Adults level 1 and for Prevent level 1 & 3

- Safeguarding leads trained and supported the safeguarding leads in delivering training over MS Teams

- Key aspect of the improvement journey was the understanding and agreement around medical staff and a new process has been agreed whereby the Medical Leadership Team has oversight and ownership of the requirements for all medical staff

- Data reconciliation processes put in place with Unscheduled and Women's and Children's Care Groups

- Current Position - Nov 2020 – L2 Adults and Children 92% and 91% - MCA&DOLS 52% Prevent level 3 82%

Next Steps

- Currently working towards achieving level 3 Safeguarding for Adults across the organisation in line with national guidance. There is a requirement that all staff members for which this is applicable are compliant by end March 2021.

- Implementation of learning into practice is being reviewed to see the impact of learning on patient outcomes

- Key future developments include the implementation of the 'passport' system linked to staff appraisal and review which ensures active involvement in safeguarding responsibilities at an appropriate level for every member of staff. This will improve the transfer of learning into practice and the development of high functioning and self-supporting communities of practice on the front

Patient Experience feedback - Safeguarding

Feedback re ED and Safeguarding

As a Safeguarding Team We rarely get feedback after making referrals
however we have had a recent case in RSH ED
where staff contacted the Safeguarding team for
advice in respect of a presentation of a young man
with a learning difficulty who they identified what
was believed to be financial abuse.

The safeguarding specialist nurse attended and
met with him to gain his views and during conversation
she was able to identify further concerns about possible
modern slavery which is now being investigated.

This evidences that ED staff are picking up concerns
and seeking specialist advice and support. The young
man concerns is now being assisted by social services and police

Partnering · Ambitious
Caring · Trusted