


Board of Directors' Meeting 7 October 2021

Agenda item	248/21			
Report	Safeguarding Annual Report			
Executive Lead	Hayley Flavell, Director of Nursing			
	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	√
	Report recommendations:		Link to BAF / risk:	
	For assurance	√	8	
	For decision / approval		Link to risk register: 1354, 1481, 2047, 2014	
	For review / discussion			
	For noting			
	For information			
For consent				
Presented to:	Board of Directors			
Dependent upon:	N/A			
Executive summary:	<p>This report outlines the Annual Safeguarding Children and Adults Report for 2020/2021.</p> <p>Key highlights in 2020/2021 include:</p> <ul style="list-style-type: none"> • An increase in the number of Deprivation of Liberty Safeguards (DoLS) applications made for patients in our care. • Improvements in the monthly Safeguarding audits • Ongoing work to improve compliance with Level 3 Adult Safeguarding and MCA/DoLS training <p>Priorities for 2021/2022 are outlined in the Annual Report and include ongoing delivery of safeguarding training compliance, preparing for the implementation of Liberty Protection Safeguards (LPS) which will replace DOLS in April 2022 and delivering the safeguarding audit programme.</p>			
Appendices	Appendix 1: Safeguarding Annual Report 2020/2021			
				

1.0 Background

The Shrewsbury and Telford Hospital NHS Trust safeguarding teams provide safeguarding services within the acute Trust covering the Shropshire, Telford & Wrekin and Powys local authorities.

The Trust provides the following services:

- Maternity Care
- Paediatric and Neonatal Care
- Emergency and Trauma Services
- Medical and Surgical Services
- Critical Care
- Elderly care services
- End of life care

The Trust has 700 beds with 36 of these being paediatric beds. The Trust admits 10,903 children (0-18 years of age) annually. The Emergency Department attendances last year were 103,199 of which 15,579 were under 18 years of age. There were 4308 births in 2020/21.

2.0 Organisational Safeguarding Responsibilities

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, CCG's and the CQC.

Statutory requirements relate to:

- Children Act 1989
- Children Act 2004- specifically section 11
- Safeguarding Vulnerable Groups Act 2006
- The Care Act 2014

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 and child safeguarding teams and a co-ordinated approach to safeguarding education for the workforce. It is hoped that going forward Maternity Safeguarding may also be part of the combined Corporate Safeguarding Team.

The Covid-19 arrangements required the safeguarding team to maintain the statutory functions in line with social distancing requirements and to work collaboratively with partners to manage the impact of the pandemic on the most vulnerable children and adults. During 2020/21 the Trust has continued 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:

- Increase in the number of patients living into older age with multiple health issues including dementia and increased frailty. Shropshire has an above average population of over 65 year olds and a below average of under 24 year olds
- Recognised health and social inequalities in the population of Telford and Wrekin

- The Young footprint associated with Telford and Wrekin. 83% of the population are under the age of 64 years, with 44,300 children under the age of 18 years,
- Increased activity at Emergency Departments that is being seen nationally
- Increased recognition of contextual safeguarding issues including exploitation and trafficking

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

These are reviewed annually and updated in line with any national changes in legislation and easily accessible to frontline staff via the Safeguarding Intranet Pages. The safeguarding children (with maternity) and adult policies have undergone a review and refresh.

3.0 Safeguarding Learning and Development- Ensuring our Workforce are Skilled, Knowledgeable and Effective

The Trust has a workforce of over 6000 and it is a priority 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 in order to perform their role well.

3.1 Trust In- House Safeguarding Training

Safeguarding education is the foundation of safeguarding competence within the workforce. This section of the annual report outlines the Trust position in relation to safeguarding education. The Trust is committed to ensuring all staff have the appropriate level of safeguarding training.

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. Safeguarding adult and child training is combined for the majority of our workforce who require skills in both areas if they are to operate effectively. 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. The children's workforce including maternity receives additional training at Level 3.

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 also the National Child Protection Network and the Association of Child Protection Professionals of which the Trust is a member. Additional training support is provided by NHSE/I.

Commissioners and the Care Quality Commission monitor compliance rates with safeguarding training closely as an indicator of both workforce competence and organisational commitment to the safeguarding agenda. The Trust currently has a CQC Section 31 imposed condition in relation to Level 3 Children Safeguarding for training and a Section 29A warning notice in relation to Adult

Safeguarding Level 3 and MCA/DoLS training and is working to achieve compliance with these training requirements:

- Staff in the designated adults areas who will be caring for 16 and 17 year olds will be compliant to Level 3 Safeguarding Children Training by end of Q2 2021
- Safeguarding Adults Level 3 training and MCA/DoLS training compliance to be achieved by end of Quarter 3 2021/22
- There is regular review of the safeguarding training needs analysis and quarterly reporting against this.

Training figures are reported externally as a key performance indicator to the CCG 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 2020-2021

Category of safeguarding training	Number of staff in the cohort	Percentage of compliance
Safeguarding Level 1 Adults & Children	5683	98%
Safeguarding Level 2 Adults	3472	90%
Safeguarding Level 2 Children	3622	88%
Safeguarding Children Level 3	790	85%
Safeguarding Adults Level 3	2055	32%
Prevent Level 1	5683	80%
Prevent Level 3	3597	82%

Level 3 safeguarding adults training was introduced at the Trust in 2019-20. The target of 90% was not achieved due to disruption in training as a result of the Coronavirus Pandemic. All clinical staff of band 5 and above are required to undertake Level 3 training. Bands 6, 7 and 8 were prioritised in the first instance. An on-line training package for Health education, England, has also been available to the full staff cohort.

The Trust has completed a review of the Training Needs analysis of all staff cohorts for 2020-21. There are education packages incorporating learning from local and national reviews and internal incidents and cover all risk factors for children including contextual risks, exploitation, modern day slavery, forced marriage, domestic abuse and female genital mutilation. The adult safeguarding team now incorporates significantly more practice based training in the use of the Mental Capacity act, including the applications to general care and the completion of the assessment. The training is used to support and promote a Trust culture of 'Think Capacity'

3.2 COVID 19 – Impact on Training

In 2020-21 the Trust faced significant challenges in relation to:

- Decreased access to face to face training due to social distancing requirements and staff availability for release from the clinical areas.
- Increased reliance on e-learning provision in some areas, where available
- Increase in numbers of staff now requiring level 3 safeguarding training for adults during 2020-21, with the onward requirement for update

Maintaining the skills of a sizeable, multi-site workforce that includes volunteers – safeguarding training requires a minimum update at 3 yearly intervals with increasing numbers of staff required to update more frequently. Compliance in respect of adult safeguarding training is reflected in the Safeguarding Risk register and mitigation plans are in place.

All safeguarding education and training is evaluated with positive results and further work is planned to look more critically at the impact that training has on safeguarding practice. Sessions are evaluated via questionnaires circulated to participants following safeguarding sessions. Evaluation data is analysed by the teams and used to inform changes to educational packages.

3.3 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.

4.0 Safeguarding Risks

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 2020-21 with actions to mitigate

Table 1 Safeguarding Risks

Risk	Title	Score	Outstanding Actions
2015	There is a risk of delay in undertaking Child Protection Skeletal Surveys due to a lack of Radiology staff who can undertake and report on these investigations	12	There is still limited paediatric radiologists within SaTH to enable primary reporting of skeletal surveys prior to being reported by a tertiary centre
2047	There is a risk that staff will fail to ensure that Children and Young people are safeguarded from abuse and harm due to them not having the knowledge and skills to recognise CYP who are at risk as they do not have the training required	8	Nursing staff on the designated adult wards will be completing Level 3 Safeguarding Children training before the end of September 2021
1354	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	12	MCA/DoLS training is a mandatory every 3 years. Compliance with the legislation is low however, improvements have been made recently. MCA training is available via identified eLearning modules to achieve level 2, face to face is ongoing for identified targeted staff

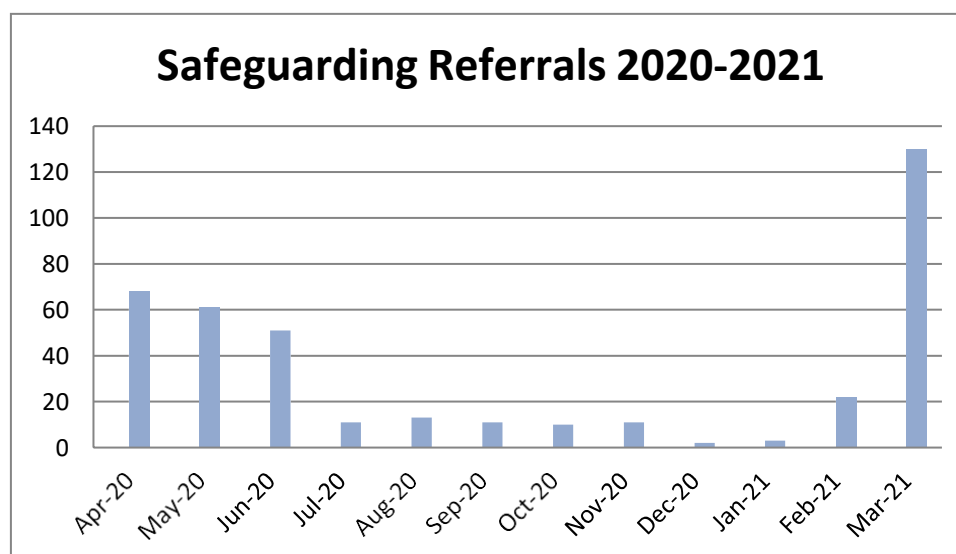
1481	There is a risk that staff will fail to ensure that vulnerable patients are safeguarded from abuse and harm due to them not having the knowledge and skills to recognise patients who are at risk as they do not have the training required	12	The Trust has mandatory 3 yearly training for Adult and Child safeguarding, domestic abuse and prevent training as part of the national requirements. With the introduction of the Intercollegiate document patient facing staff are required to completed Adult Level 3 safeguarding training. Risk merged with CRR1256
2014	There is a risk that Safeguarding Policies do not reflect current best practice, national policy and legislation	8	All Safeguarding Policies to be annually reviewed (or more frequently if significant legislation changes) and ratified at Safeguarding Assurance Committee
2113	Lack of safeguarding supervision embedded in Maternity	12	Trajectory in place to monitor those accessing supervision. Review to be undertaken in Q1 2021

Safeguarding Children Activity across all Sites /Departments

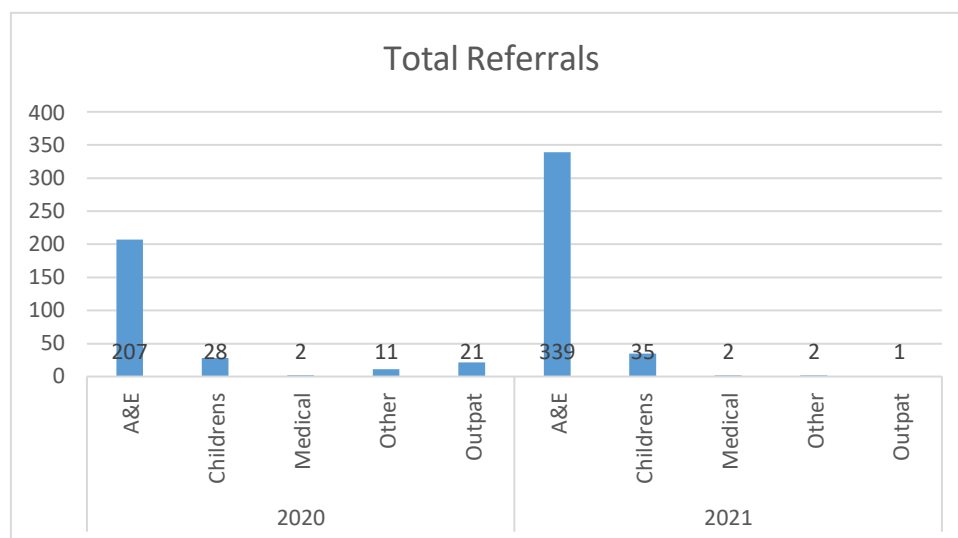
5.1 Children's Safeguarding Referrals

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.

During the first 3 months of the first wave of Covid-19 the number of children in ED was captured who had a concerning attendance, not necessarily requiring a formal referral. For this reason the Quarter 1 referrals are considerable higher (as they were not true referrals). The number of pre-birth referrals averaged 10 per month.



The number of Referrals by Department are shown for 2020/2021:



During the course of 2020-2021 the Trust generated 393 referrals for children where safeguarding concerns were identified.

5.2 Safeguarding of 16 & 17 year olds

During the year, the safeguarding team received daily information regarding the inpatients in this age group and which ward they were being cared for. The Safeguarding team would make contact with the ward and confirm there were no safeguarding concerns. Since February 2021, this daily informatics has included all the under 18 year in patients. The Safeguarding Team are now visiting the wards where these young people are and recording in the notes.

5.3 Reasons for Safeguarding Children Referrals

Across the Trust the most common reason for referral to social work services relates to concerns regarding neglect. This may relate to the presentation of the child, omissions in care including failure to be brought to appointments or to parental presentations indicating that parents may be unable to care adequately for children due to substance misuse, domestic abuse or mental health issues.

Nationally there has been an increase in abusive head trauma in the under one year olds during the Covid-19 pandemic. This has been reflected in the cases seen on the children's ward. As a result of this the National ICON* information was shared with Maternity, Paediatrics and the Emergency Departments.

Following a CQC focused inspection of mental health care for Children and Young People cared for at the Trust a decision was made by the Director of Nursing to referral all patients attending or admitted with self-harm to social care. A decision made by the Trust to amend the Safeguarding Children Guideline and include Deliberate Self Harm in young people came under the category of significant harm, although does not meet the local Threshold guidance for the Local Authorities. This meant that from March 2021 the number of referrals to Social Care included all young people who had attended the Emergency Department with Mental Health concerns, and led to a large increase in referrals.

5.4 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 CCG.

During 2020/2021 the Safeguarding team had commenced 'Drop in' sessions for staff on both the Children's Ward and the Emergency Department, to discuss cases they had been involved with, to ask questions and for any advice and support to be given. This started as face to face but is now via Teams and has generated an increased staff attendance.

Paediatric Medical staff have also continued with their monthly peer review, cases of child protection are discussed as are complex child protection medicals that are carried out in the paediatric department.

The Named Professionals for Safeguarding Children also continue to attend the Regional Safeguarding Professional Network and optimise this group for their own supervision alongside formal supervision from other Safeguarding Professionals. In the maternity department, safeguarding supervision is on the risk register as it has not yet been fully embedded. A review of this risk is currently being undertaken and a new safeguarding supervision framework will be introduced in 2021/2022.

6.0 Section 11 Compliance

In 2004 the Children Act was published ensuring the legal duty for NHS organisations to co-operate with the safeguarding arrangements. The legal responsibilities for NHS organisations are highlighted in section 11 of the Children Act 2004. The Trust completes an annual detailed reported audit against the seven domains of the Section 11. A summary of the findings and actions related to section 11 is illustrated below:

Section 11 Domain	RAG Rating	Compliance with Expectations
Leadership and accountability	Green	Compliant with all elements. There is evidence of clear executive leadership, identified specialist leads for child safeguarding and governance structure.
Policies and Procedures	Green	Compliant with all elements. The Safeguarding Children Policy and Procedure is in place with supporting procedures and SOPs.
Recruitment and Selection.	Yellow	Work needs to be completed to be compliant with this. Safer Recruitment training is being launched by the Recruitment Department.
Training and Development	Green	Compliant with expectations but additional actions identified for 2020 – 2021 with regards to Level 3 training on designated adult wards

Complaints allegations and whistleblowing		Compliant, Policies in place
Information Sharing		Compliant, The Trust can demonstrate good evidence of information sharing in safeguarding referrals and engagement with all local authorities SaTH has single alert system on SEMA and access to CP-IS for the Emergency Department, Maternity and Children's Ward
Listening to children/ young people		Good evidence of innovation in this area to capture views of children and young people.

7.0 Learning Lessons from Externally Commissioned Safeguarding Reviews

Safeguarding Operational Group is informed of all Internal Management Reports, sign off recommendations and receive reports on implementation and themes and ensure that these drive the safeguarding strategies and work plans.

There has been an increase in Child Safeguarding Practice Reviews, which has also been the national trend and linked to Abusive Head Trauma in young children during lockdown. As stated above the ICON information was distributed across relevant areas of the Trust as a response to the learning from these case reviews.

8.0 Managing Allegations against staff who work with children and referral to the Local Area 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.

During the course of 2020-2021 the Trust submitted or were notified of 4 LADO referrals in relation to our own staff across the sites.

Nurse	Doctor	Midwife	HCA	Porter	Volunteer
0	2	0	1	1	0

Local Authority Designated Officer (LADO) processes allow for triangulated information sharing between health, social care and police which informs assessment of Persons in Positions of Trust (PIPOT). These cases are all subject to Human Resource management processes in addition to LADO process and there will be an individual risk assessment in place to determine:

- Whether the allegations mean that there is a transferable risk to the work place
- Where a staff member needs to be excluded from the workplace pending
- further investigations to protect patients / staff
- Whether they can remain at work in a non-patient facing role
- Whether professional bodies should be notified
- Whether notification to the Disclosure and Barring Service is required

Under the Safeguarding Vulnerable Groups Act (2006) a Disclosure and Barring Service (DBS) referral must be completed by providers of regulated activity if certain conditions are met.

Cases where there is no requirement for the Local Area Designated Officer (the person in a position of trust does not work with children) the Trust will follow an internal person in position of Trust process.

The Safeguarding Leads for Children and Adults meet with HR on a monthly basis to discuss any cases.

9.0 Child Protection Information Sharing (CPIS)

The Child Protection Information Sharing (CPIS) system is a system that enables Local Authorities to flag children that are subject to child protection or looked after children plans on the summary care record (SCR). A check on SCR alerts health staff that the child has a plan and sends an automated message to the social work team that the child has accessed a health care setting.

The system is currently licensed for use in Emergency Care and the maternity settings. It was successfully implemented across the Emergency Departments in 2015-2016 and in some maternity settings and the Children's ward.

10.0 Safeguarding Children Audit Activity 2020 - 2021

There is an annual audit programme in place for safeguarding children. Record Keeping is completed by the Paediatric Medical team each year. Section 11 is undertaken each year and Safer Recruitment Training remains the one area that has required improvements for some time, The Recruitment Department has been working on Safer Recruitment Training for staff, the requirement is that at least one person on an interview panel has undertaken this training. This training has been scheduled to start in 2021. A Self-Assessment Audit is carried out every two years and is next due in 2022.

Going forward there will be an increase in audit activity with audits being undertaken in respect of activity through the Emergency Department and the quality of referrals to social care.

The 'ASK 5' audit which was commenced in 2020/2021 has now been continued by the Corporate Quality Team, and asks 5 members of staff questions around safeguarding to ensure compliance and triangulation of assurance to the safeguarding policies.

11.0 Maternity Safeguarding

The Maternity Safeguarding service currently sits within the Division of Women's and Children. Governance arrangements for maternity services report through to the Children's Safeguarding Operational Group and then through to Safeguarding Assurance Committee.

Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed by the women and their maternity team. The 'Think Family' model is followed to ensure the woman and her family are at the centre of the management process.

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 safeguarding training for 2020/2021 was as follows:

- Children (Level 3) 91%
- Adults (Level 2) 95%
- Adults (Level 3) 37% (this training was initiated in February 2021)

12.0 Governance and Assurance Children and Maternity Safeguarding

Alongside a Joint Trust Safeguarding Strategy which will be reviewed in Q1 2021/2022, the Children's Safeguarding Work plan has been developed. 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.

These meetings take place monthly and also discuss:

- Training
- Referrals, themes and trends
- Child Safeguarding Practice Reviews
- Safeguarding Activity
- Safeguarding Risk Register and Mitigation

The CSOG in turn reports to the monthly Safeguarding Assurance Committee chaired by the Director of Nursing.

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.

ADULT SAFEGUARDING

13.0 Adult Safeguarding Activity 2020/21

Throughout 2020-2021 the focus for the adult safeguarding team has been working to support the Trust to meet a number of key targets both in response to the CQC Inspection report but also as a refresh of the service provided. One of the key focuses has been to develop and promote a 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, a review of training provision in respect of the Trust offer for MCA & DoLS and Level 3 Adult Safeguarding. There have been a number of challenges that have impacted on meeting identified training targets. For the early part of 2020 the post of Lead Nurse for Adult Safeguarding was vacant and the function of the team was wholly met by two full time Band 6 specialist nurses, in addition the Covid-19 pandemic has impacted on the ability of staff to access training provision.

In June 2020 a Lead Nurse was seconded into the Trust to support both the team and the Trust, this post has subsequently been successfully appointed to and the Trust now has a Head of Adult Safeguarding. The team had additional support from a part-time nurse trainer, with a part-time administrator joining the team at the end of March 2021.

There has been a significant programme of work including five new Adult Safeguarding Policies and Processes, redesign of the Adult Safeguarding staff intranet site (ongoing), along with a review and refresh of the training offer.

14.0 Governance and Assurance Arrangements Adult Safeguarding

Alongside a Trust Safeguarding Strategy (currently under review) an Adult Safeguarding Work plan has been developed along with a Trust Safeguarding Assurance Tool and a Training Needs Analysis which are regularly reviewed as standing agenda items within the Trust Adult Safeguarding Operational Group meetings. In respect of governance a monthly Adult Safeguarding Operational Group (SOG) was implemented in December 2020, this is attended by the Divisions and representation from the CCG. The Adult Safeguarding Operational Group reports into the Monthly Safeguarding Assurance Committee chaired by the Director of Nursing. 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 CCG Head of Adult Safeguarding.

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

- Restrictive Interventions meetings
- Rapid Review meetings
- Divisional Clinical Governance meetings
- HR liaison meetings
- Safe Medicine Group
- Pressure Ulcer Review Panel

15.0 Audit

The team undertake a monthly audit, this commenced in July 2020 and is ongoing. This audit reviews the quality of the Mental Capacity Assessments in relation to Deprivation of Liberty Safeguards (DoLS) and the DoLS authorisation documentation. The audit is identifying continued improvement in the quality of the assessments and documentation commensurate with the roll out of the MCA Training which has an emphasis on MCA & DoLS in practice.

Table1: Overall compliance with the Mental Capacity Act in relation to DoLS

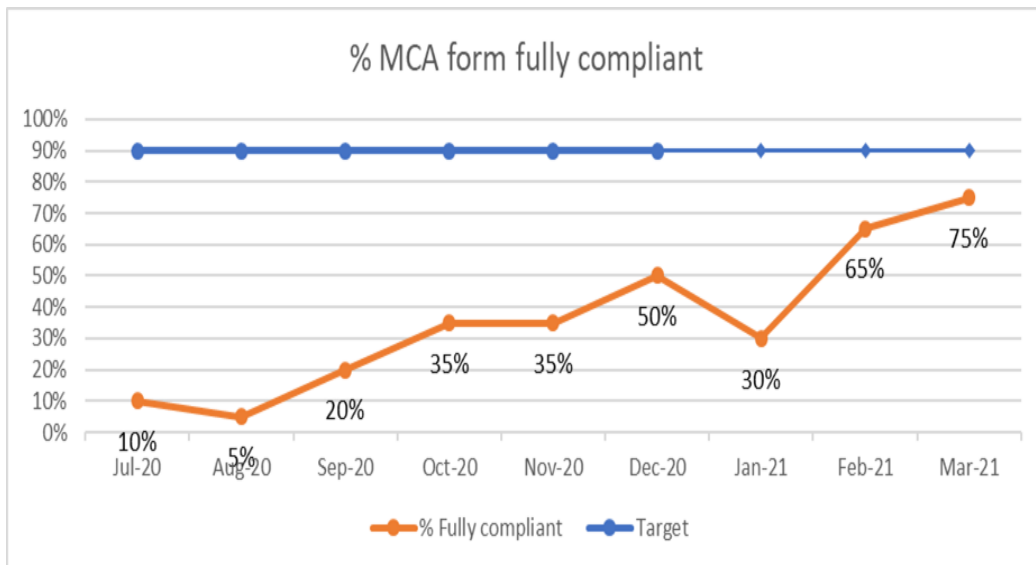
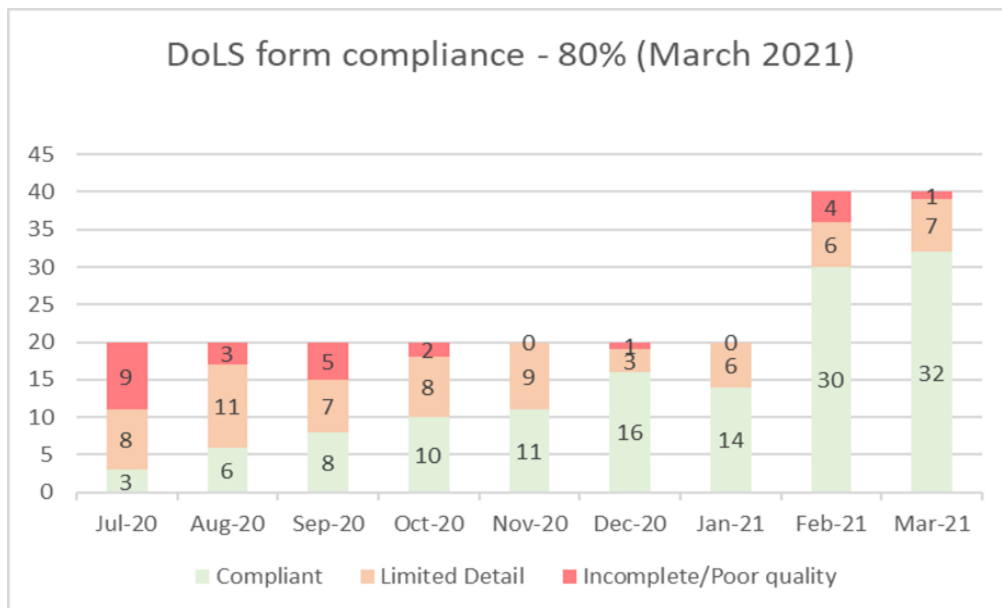


Table 2: Deprivation of Liberty Safeguards Form 1 – Request for Standard and Urgent Authorisation.



External Audit MCA/DoLS

In Quarter 3 of 2020, MIAA (Trust External Auditors) were commissioned to undertake an audit of the Trust's corporate framework in which to monitor compliance with MCA / DoLS, which focused on the following:

- Policies and procedures
- Training compliance
- Oversight of patient records and the application of DoLS
- Governance reporting

The Audit identified that at the time of reporting in December 2020 there were a number of areas for improvement which the Trust was progressing, with an overall recommendation that the Trust continue to progress the actions of the Safeguarding Work Plan and to undertake a cycle of audit to ensure that compliance with legislative requirements is achieved, maintained and sustained.

The Audit identified 2 specific risks in relation to MCA and DoLS. One High Risk and One medium risk.

High Risk	Training compliance for MCA & DoLS
Medium Risk	MCA/DoLS was not cited in the annual clinical audit plan

Planned Joint Audits

A joint Trust and CCG Safeguarding Audit is scheduled to take place in 2021/22 and a clinical audit proposal has been submitted. The proposal is to review the patient records of those patients who are or who have been subject to a DoLS authorisation. This will allow the Trust to determine if they have also been assessed for Mental Capacity in other areas of care i.e. specific treatments, and to audit those capacity assessments and best interest decisions for the purposes of evidencing patient/family involvement and engagement in the decision making process.

16.0 Training

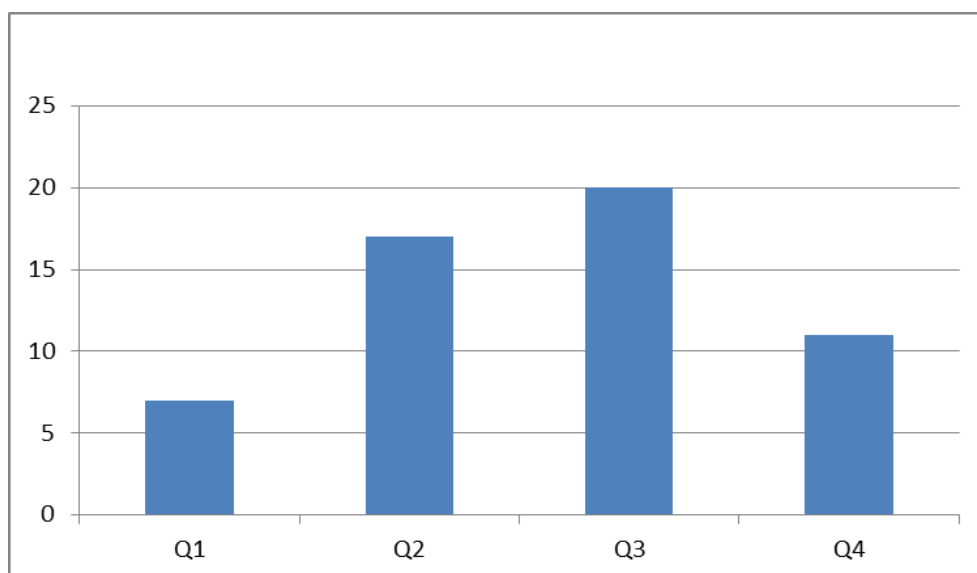
The Trust commenced its Level 3 Adult Safeguarding Training in February 2020; this was subsequently suspended due to the impact of COVID-19 before recommencing in May 2020. The Trust has taken the decision to train its entire clinical facing staff to Level 3 (all Registered nurses and midwives, medical staff). In addition it was identified that all front facing staff would undertake the Trust MCA & DoLS. This was also subsequently suspended due to COVID-19 before restarting in the early summer of 2020.

Table 3: Adult Safeguarding Training Compliance 2020/2021

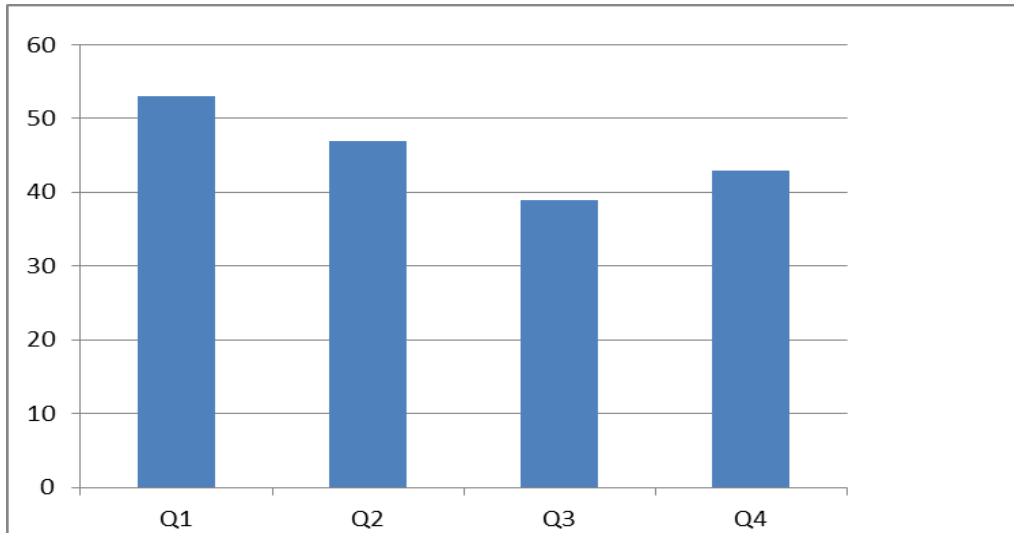
Training	Q1	Q2	Q3	Q4	CCG Target	Trust Target	Narrative
Level 1 Adult safeguarding	79%	80%	100%	97%	100%	100%	
Level 2 Adult Safeguarding	90%	91%	91%	90%	85%	90%	
Level 3 Adult Safeguarding		10%	18%	32%	85%	90%	Level 3 training data only became available in Q2
Prevent Level 1	72%	75%	78%	80%	85%	85%	The Trust Prevent training figures remain the target. A trajectory for all staff groups to undertake their mandatory training requirements has been escalated to the Divisions
Prevent Level 3	82%	89%	82%	82%	85%	85%	
MCA & DoLS	20%	49%	59%	67%	85%	90%	

17.0 Adult Safeguarding Concerns and DoLS 2020/2021

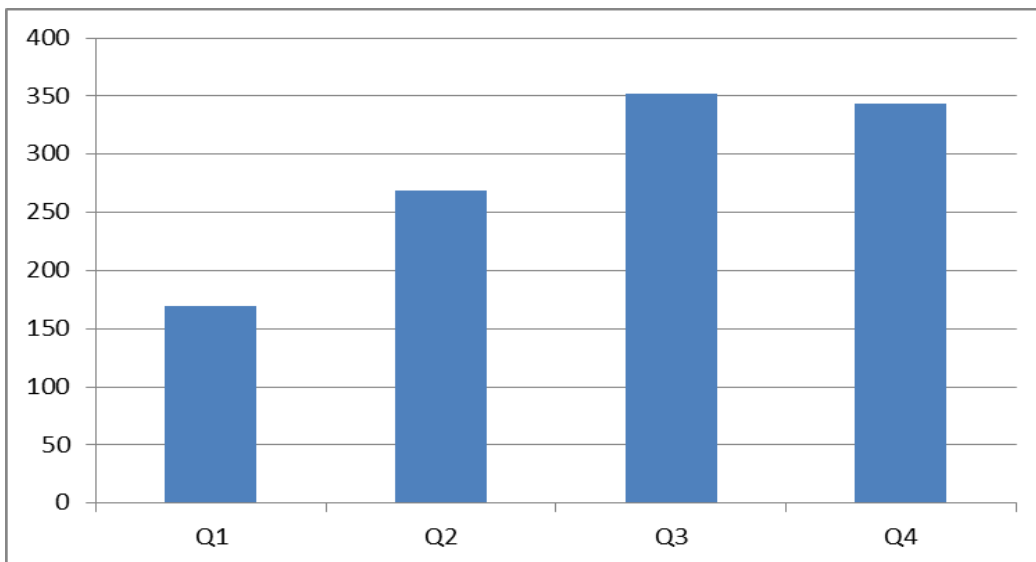
The number of Safeguarding referrals across the Trust in 2020/2021 are shown in Table 4.



The number of concerns raised by the Trust in relation to Safeguarding concerns in Table 5.



The number of Deprivation of Liberty Safeguards for 2020/2021 are shown in Table 6. Overall, there was an increase in the number of DoLS referrals made by the Trust throughout the year.



18.0 Subgroups of the Safeguarding Partnership Boards attended by the Trust

The subgroups 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.

Subgroups are a vital part of the Safeguarding Partnership Boards and attendance is also a requirement of the Care Act 2014. The number of groups reduced in response to COVID-19 and moved to the Microsoft Teams platform.

The subgroups attended by the Trust during the year were:

Telford and Wrekin Safeguarding Partnership Board

- Adult Exploitation
- Safeguarding Adults Review (SAR) Panel
- Quality and Review
- Adult Learning Training and Review

Shropshire Safeguarding Partnership Board

- Assurance and Performance Systems Group

19.0 Safeguarding Adult Reviews and Domestic Homicide Reviews

A number of Safeguarding Adult Reviews (SAR) scoping and learning reviews have also been undertaken with Trust inputting into these. There were no Domestic Homicide Reviews during 2020/2021 which required Trust involvement.

Learning from the SAR's and learning reviews along with any identified actions for the Trust are taken to the Adult Safeguarding Operational Group. The learning is rapidly incorporated within the Trust Training packages which remain under continual review

20.0 Looking Forward

There will be a continued drive to meet training compliance with increased team visibility throughout the Trust to support staff in meeting their safeguarding responsibilities. To provide additional support there is work underway to establish a Safeguarding Champions network with a number of staff having expressed interest across all clinical areas.

The Adult Lead is working to support the Trust meet its statutory obligations in respect of the implementation of the forthcoming Liberty Protection Safeguards (LPS). At the time of writing this Annual Report, the Code of Practice is anticipated for release and consultation later in 2021/2022. The Lead will provide regular updates to both the Safeguarding Operational Group and the Safeguarding Assurance Committee. A LPS Steering Group is being set up to ensure the Board are fully cited on the statutory responsibilities, workforce planning and reporting.

21.0 Priorities for 2021-2022 for the combined Safeguarding Adult, Children & Maternity Teams

The Trust is committed to improving child and adult safeguarding processes across the organisation and aims to safeguard all children and adults who may be at risk of harm.

Processes will continue to be developed to empower, be person centred, preventative and holistic. We will continue to deliver the safeguarding agenda encompassing a multi-agency and partnership approach. The governance arrangements for child and adult safeguarding will continue and we will ensure that systems are in place to allow for effective monitoring and assessment to implement

actions to address concerns raised by the CQC inspection in respect of safeguarding and to ensure we are fully compliant with national and regulatory expectations in relation to our statutory safeguarding responsibilities.

The known influences and policy drivers that are likely to be the focus of the safeguarding team for the forthcoming year are:

- To continue to provide attendance at Local Safeguarding Partnership (LSP) sub-groups to develop practices and contribute to the development of multi-agency training strategy and procedures.
- To continue to provide in-house local guidance to complement LSP procedures, protocols and practice guidelines and develop robust processes for the roll-out and delivery of LPS.
- To ensure that SaTH adheres to the recommendations for staff training in child protection/adult safeguarding procedures
- Continue to work in partnership with local health and social care colleagues to keep children, young people and adults with a care and support need safe.
- To participate in Child Death Overview Panels, Safeguarding Adult Reviews, Child Learning Reviews and Safeguarding Practice and Domestic Homicide Reviews if required.
- To continue to work with Human Resource department in ensuring DBS checks and "Managing Allegations against Staff" policy and process are adhered to
- To continue to ensure that staff adheres to the training programmes and training figures continue to increase.
- To achieve our improvements in relation to the Section 31 conditions in relation to safeguarding and successfully apply for the removal of these conditions to the CQC
- To ensure that we achieve the Trust training compliance for Safeguarding (both Adults and Children) and in line with the intercollegiate document
- To continue to be an active member of the West Midlands Regional Named Nurse for Safeguarding network.
- To meet the CQC recommendations following the CQC/Ofsted LAC review and the CQC comprehensive inspection

In summary, safeguarding remains a priority for the Trust supported by the Director of Nursing as the Executive Lead. It has been a challenging year with the pandemic however there have been some noticeable sustained improvements in all areas.