NHS
The Shrewsbury and Telford Hospital
NHS Trust

> **1.0** .**Background and Context to Organisational Safeguarding Responsibilities**
>
> ## SAFEGUARDING ANNUAL REPORT 2021/2022

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 require 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.

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

1.5 The overall organisational safeguarding approach is underpinned by the firm belief that every child and adult has the fundamental right to live a life free from harm or abuse. The Trust has a large workforce, 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.

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, CCGs and the CQC.

1.6 Statutory requirements relate to:

- Children Act 1989
- 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 and child safeguarding teams and a co-ordinated approach to safeguarding education for the workforce.

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

2.0 Safeguarding Learning and Development

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 in order to perform their role well.

2.1 Trust In- House Safeguarding Training

Safeguarding education is the foundation of safeguarding competence within the workforce. 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.

Specialist areas that are mandated to undertake Level 3 Safeguarding Children training are those in Women and Children and the Emergency Departments. The adult wards across the Trust who are designated to care for young people aged 16 and 17 years are also expected to complete Level 3 Safeguarding Children training to Core level.

All Trust clinical front facing staff Band 5 and above undertake Level 3 Adult Safeguarding training

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) the National Child Protection Network and the Association of Child Protection

Professionals of which the Trust is a member. Both the Lead Nurse and Lead Midwife for Safeguarding Children have undertaken NHSE/I Leadership in Safeguarding (2 day course in September 2021) the Specialist Nurse for Safeguarding Children completed the same training in February 2022. The Head of Adult Safeguarding has also undertaken this training prior to commencement in post.

The Trust currently has a CQC 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:

- There is regular review of the safeguarding training needs analysis and quarterly reporting against this. Additionally the Divisions now report their training compliance into the respective Trust Safeguarding Operational Groups, also on a quarterly basis
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2.2 Training Compliance

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 for the year 2021-22

Category of safeguarding training	Q1	Q2	Q3	Q4
Safeguarding Level 1 Adults & Children	98%	98%	98%	94%
Safeguarding Level 2 Adults	90%	89%	81%	84%
Safeguarding Level 2 Children	88%	81%	89%	84%
Safeguarding Level 3 Children	97%	83%	85%	76%
Safeguarding Children Level 4	100%	100%	100%	100%
Safeguarding Level 3 Adults	48%	54%	62%	60%
MCA & DoLS	74%	76%	77%	79%
Prevent – BPAT	84%	84%	84%	82%
Prevent – WRAP	83%	82%	81%	79%

Note: the Q4 data includes the medical staffing cohort for the first time across the Trust including designated adult ward areas for caring for children. This has had an impact on the overall training compliance with a notable drop at end of Q4.

The introduction of the new LMS (Learning Management System) in April 2022 should make compliance easier to recognise and the required target gained. Staff compliance will be added to the appraisal documentation going forward and managers will have the ability to 'sign off' staff who are compliant. It will be a 'live' system. However, it is recognised that in the beginning of the LMS, data will not be accurate until the system embeds.

Training & Level	Staff numbers requiring training	Staff numbers compliant	Staff numbers to complete	% compliant	Outstanding: by staff groups	
					Medical staff	Other
AS L1 (excluding induction)	6024	5698	326	94.58%		
AS L2	3732	3141	591	84.16%		
AS L3	2733	1629	1104	59.60%	551 (49.90%)	553 (50.09%)
AS L4	1	1	0	100%		
MCA & DoLS	3517	2783	734	79.12%	285 (38.82%)	449 (61.17%)
Prevent Level 3	3811	3026	785	79.40%	253 (32.33%)	532 (67.77%)

The staff groups requiring the most focus in relation to Safeguarding training compliance are now the medical teams and specialist nurses with many of the wards having made real progress with both Adult and Children safeguarding as shown in the next section of this report.

The Trust has completed a review of the Training Needs analysis of all staff cohorts, this is reviewed and amended Quarterly. A new Prevent specific Training analysis was also introduced. 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, 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.

Work is ongoing to support an upward training trajectory through provision of additional training resources such as Trust specific e-learning module for Level 3 safeguarding (released in February 2022) MS teams training and face to face training provision. A Medical staff training package was introduced in September 2021.

2.3 Safeguarding Conference

In November 2021 the team facilitated a Trust Inaugural Safeguarding Conference with over 65 delegates attending. The Conference focussed on domestic abuse for differing perspectives with external speakers and was very well received. The agenda covered: Older People including LGBTQ+, Honour based Violence and Forced Marriage, Domestic Homicide (a survivor's story) and West Mercia Women's Aid and Shropshire Domestic Abuse Service. It is proposed that a further Conference will be held in November 2023.

2.4 Safeguarding Newsletter

A quarterly Safeguarding newsletter has been introduced to share Safeguarding topics and local and National learning across Adults, Children and Midwifery services. The Newsletter is accessible on the intranet for staff to access and with the implementation of the new LMS, staff will be able to use the Newsletter towards their Safeguarding Compliance.

2. 5 Training Compliance by Ward

Adult Level 3, MCA and DoIs Training by Ward (Nursing Training)

Level 3 safeguarding adults training was introduced in January 2020. The target of 90% has not yet been 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. 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 and supplements the available adult safeguarding training offer.

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 Training Level 3

Location	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Accident & Emergency Department (PRH)	22.6	21.1	25.4	46.4	49.1	46.7	49.1	50.8	53.2	58.3	62.1	71.4
Accident & Emergency Department (RSH)	51.8	47.5	74.6	81.5	83.6	81.7	87.3	89.2	90.8	89.4	98.5	100
Acute Medical Unit (AMU) (PRH)	100	100	100	95.7	95.7	91.7	82.1	78.6	79.3	79.3	86.7	93.1
Acute Medical Unit (AMU) (RSH)	71.8	74.3	80.6	91.9	94.4	86.8	82.9	82.1	86.1	88.9	91.9	91.9
Day Case Ward (PRH)	81.8	90	100	90.9	91.7	91.7	84.6	92.3	91.7	90.9	100	100
Day Surgery - Short Stay (RSH)	90.9	95.5	95.7	95.7	95.7	90.9	90.9	95.5	95.2	95.5	91.7	91.7
General Outpatient Department (PRH)	100	100	100	100	100	100	100	100	100	100	100	100
General Outpatient Department (RSH)	72.7	72.7	75	90.9	81.8	81.8	90	81.8	80	100	100	100
ITU/HDU (PRH)	37.8	41.9	52.3	47.8	55.6	54.8	52.4	69.6	69	71.1	71.1	77.8
ITU/HDU (RSH)	58.5	60.7	57.1	55.8	54.9	53.8	68.8	76.5	73.7	68.3	75.9	83.6
Outpatients ENT (PRH)	60	80	80	100	100	100	80	80	80	83.3	83.3	80
Ward 10 - Frail and Complex	78.6	91.7	100	92.3	92.3	86.7	85.7	70.6	60	75	76	76
Ward 11 Nephrology (PRH)	62.5	85.7	93.3	93.3	92.3	92.3	91.7	100	100	91.7	85.7	85.7
Ward 14 - Gynaecology	0	7.1	13.3	42.9	66.7	57.1	64.3	69.2	58.3	63.6	61.5	68.8
Ward 15/16 Stroke Unit (PRH)	12.5	35.25	73.7	72.2	65.95	67.3	71.85	73.2	73.8	70.55	55.9	57.6
Ward 17 - Respiratory (PRH)	45.8	45.8	78.3	75	91.3	84.6	88	92	88	84	85.2	92.3
Ward 19	25.4	33.9	63.8	68.4	69.1	67.9	65.5	69.8	73.1	70.2	76.4	77.8

Ward												
Ward 20 Cataract Suite (RSH)	33.3	42.9	50	50	42.9	42.9	57.1	57.1	50	50	57.1	57.1
Ward 21 - Medicine (RSH) (previously frailty)	53.8	-	-	-	-	-	100	100	100	100	66.7	70
Ward 21 - Postnatal	3.3	17.9	19.2	28	33.3	33.3	28	30.4	36.4	32.1	40.7	52
Ward 22 - Antenatal	23.3	28.6	32.1	33.3	37	39.3	39.3	45.2	50	57.1	55.2	55.6
Ward 22 - Orthopaedics	76.2	76.2	81	90.9	90.9	90.5	95	95	100	100	100	100
Ward 22 - Respiratory (RSH)	70	73.7	76.5	76.5	73.3	68.8	73.3	77.8	88.2	81.3	86.7	92.9
Ward 22 - Short Stay (RSH)	52.6	84.2	84.2	84.2	88.9	88.2	92.9	93.3	93.3	91.7	92.3	84.6
Ward 23OC	33.3	26.3	26.3	35	35	38.1	47.6	52.4	61.9	66.7	63.2	61.1
Ward 24 - Delivery Suite (PRH)	68.3	67.2	66.1	67.9	66.1	66.7	69.6	72.7	75.5	67.8	67.2	64.9
Ward 24 - Endo/Medicine (RSH)	85.7	93.1	93.3	93.1	90	90	86.2	90	90	90	85.7	85.7
Ward 25	29.6	57.7	73.1	73.1	77.8	80.8	87.5	87.5	87.5	87	95.7	100
Ward 26	19	47.4	40	72.2	65	59.1	56.5	77.3	81	85	77.3	83.3
Ward 27 (RSH)	90.5	89.5	88.2	87.5	88.9	80	88.2	75	75	66.7	65.2	68.2
Ward 28 Medicine & Frailty (RSH)	57.1	57.7	57.7	75	78.3	69.2	51.6	56.7	60.6	81.3	83.3	93.1
Ward 32 Cohort (RSH)	50	50	50	75	66.7	58.8	70.6	84.6	78.6	68.8	64.7	70
Ward 34 SAU & 33SS	63.6	62.5	57.1	69.7	67.6	63.9	62.2	66.7	69.7	62.9	64.9	65.8
Ward 35 Nephrology (RSH)	76.9	83.3	71.4	73.3	78.6	78.6	80	80	88.2	93.3	93.8	93.3
Ward 36 Supported Discharge	38.9	-	88.9	87.5	100	90	90	100	100	100	100	100
Ward 4 - Trauma & Orthopaedics (PRH)	81.3	88.2	87.5	87.5	92.9	87.5	81.3	81.3	72.2	70	62.5	60.9
Ward 6 - Coronary Care Unit (PRH)	53.3	50	51.7	58.6	60.7	60	63	69.2	72	69.6	81.3	84.8
Ward 7 - Endo/Cardio (PRH)	40	40	43.8	41.2	37.5	41.2	47.1	57.1	71.4	84.6	85	86.4
Ward 8 H&N	75	70	92.3	92.3	92.3	92.3	92.9	92.9	92.3	100	100	100
Ward 9 Medical (PRH)	76.9	-	55.6	70.6	70.6	69.2	66.7	76.9	78.6	61.1	52.6	47.4

MCA and DoLs Training Compliance

Location	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Accident & Emergency Department (PRH)	63.2	63.7	65.4	90.8	89.7	88.8	89.6	91.3	91.3	91.1	88.9	87.5
Accident & Emergency Department (RSH)	90.1	90.6	88.1	88.6	88.8	87.1	88.8	88.2	87.9	89	92.4	92.6
Acute Medical Unit (AMU) (PRH)	91.5	93.2	93.3	95.6	97.8	97.8	95.9	95.8	95.8	96	94.1	94
Acute Medical Unit (AMU) (RSH)	92.4	93.8	93.9	94.1	95.4	92.4	93.4	93.4	93.2	94.5	91.2	86.7
Day Case Ward (PRH)	100	100	100	100	100	100	100	100	100	100	100	95.2
Day Surgery - Short Stay (RSH)	100	100	100	100	100	100	100	100	97.4	97.4	97.4	100
General Outpatient Department (PRH)	95.7	95.7	95.7	92.3	96	95.8	100	95.7	95.5	95.7	95.7	95.5
General Outpatient Department (RSH)	100	95.5	95.8	95.5	91.7	92.3	92	92	91.7	86.4	87	81.8
ITU/HDU (PRH)	21.3	24.4	32.6	40.8	47.9	51.1	57.4	75.5	75.6	73.5	78	86
ITU/HDU (RSH)	21.1	23	37.7	40.4	51.8	52.6	66	69.6	74.2	70.8	76.6	83.3
Outpatients ENT (PRH)	58.3	75	83.3	77.8	81.8	80	83.3	81.8	81.8	84.6	84.6	81.8
Outpatients ENT (RSH)	75	75	75	100	100	100	100	100	100	100	-	-
Ward 10 - Frail and Complex	93.3	96.9	94.1	91.2	90.9	91.2	80.6	80	73.5	66.7	66.7	64.1
Ward 11 Nephrology (PRH)	89.3	88.5	96.2	96	100	100	100	100	100	96	96.2	96.2
Ward 14 - Gynaecology	42.3	48	57.7	58.3	56.5	60	66.7	69.6	68.2	70	78.3	88.9
Ward 15/16 Stroke Unit (PRH)	79.75	82.2	85	85.45	84.5	83.35	85.6	86	83.35	82.5	86.4	87.7
Ward 17 - Respiratory (PRH)	69.2	71.8	79.5	78	79.5	81.6	80	87.5	86.5	85	90.5	92.7
Ward 19	100	100	100	100	100	100	20.5	22	24.4	28.2	31.3	31.7
Ward 20 Cataract Suite (RSH)	25	33.3	37.5	40	44.4	30	44.4	33.3	30.8	38.5	45.5	45.5
Ward 21 - Medicine (RSH) (previously frailty)	92.3	-	-	-	-	-	100	100	100	75	66.7	70
Ward 21 - Postnatal	76.9	79.6	74.5	77.8	81.3	77.6	77.3	82.2	81.8	82.4	86.5	87.5
Ward 22 - Antenatal	63.6	68.3	67.4	67.5	71.8	70.3	74.4	72.1	73.8	76.9	75	76.9
Ward 22 - Orthopaedics	69	76.2	79.1	82.2	82.2	88.1	92.7	90.2	85.4	89.5	89.7	87.2
Ward 22 - Respiratory (RSH)	87.2	89.5	91.4	89.2	87.5	86.1	86.1	87.2	83.3	83.8	88.9	82.1
Ward 22 - Short Stay (RSH)	81.8	78.8	81.3	81.8	81.3	80.6	86.2	83.3	82.1	80	81.5	92.9
Ward 23OC	54.5	55.9	70.6	69.4	70.6	70.3	75	80	82.9	87.9	88.2	85.3
Ward 24 - Delivery Suite (PRH)	89.9	88.5	88.8	88.3	88.5	88	85.3	86.5	84.5	83.1	87.3	85.1

Ward 24 - Endo/Medicine (RSH)	92.9	97.6	97.6	95.1	90.2	90.5	87.8	88.1	85.7	88.1	83.3	87
Ward 25	87.8	91.1	91.1	97.7	97.7	97.7	100	100	100	100	100	97.4
Ward 26	63.9	63.6	69.2	81.1	77.5	72.1	72.1	78.6	76.9	77.1	77.5	79.5
Ward 27 (RSH)	77.1	77.1	77.1	77.8	79.5	80	71.1	77.1	85.3	78.4	80	89.5
Ward 28 Medicine & Frailty (RSH)	78.3	85.1	87.2	85.4	87.2	78.6	74.4	83.3	86.4	88.4	90	94.7
Ward 32 Cohort (RSH)	95.5	95.2	88	95.7	92.3	83.3	77.4	81.5	80.8	89.3	89.7	87.5
Ward 34 SAU & 33SS	70.5	78.7	82.3	88.7	86.7	83.3	84.4	85.9	83.3	85.5	85.3	85.3
Ward 35 Nephrology (RSH)	96.3	100	92.6	90	89.7	90	90.3	90	87.9	84.4	85.3	90.3
Ward 36 Supported Discharge	71.4	-	100	100	100	95.2	95.2	95	87	87	91.3	91.3
Ward 4 - Trauma & Orthopaedics (PRH)	91.2	94.4	97.1	97.1	93.9	94.1	94.1	94.1	94.1	91.4	81.6	87.5
Ward 6 - Coronary Care Unit (PRH)	79.5	80.6	86.1	80	77.1	83.8	83.3	94.1	88.2	90.3	90.2	88.1
Ward 7 - Endo/Cardio (PRH)	92	92	92.3	92.3	92.3	89.3	82.8	76.9	80	82.6	88.2	90.3
Ward 8 H&N	95.2	94.1	95	95.2	95.2	95.2	95.5	100	100	100	94.4	94.1
Ward 9 Medical (PRH)	86.2	-	80.5	82.5	81	82.9	84.4	81.3	78.1	73.7	76.3	78.4

Level 3 Children's Safeguarding Designated Adult Wards

Level 3 Safeguarding Children Training was introduced to the designated adult areas in April 2021 and has been very well received by staff that are achieving compliance with the aim of having all areas compliant by Dec 2021. Although this target was not achieved and releasing staff during the pandemic remained problematic progress has been made across many of the clinical areas.

This training is also required by all the permanent medical staff within those designated areas. This is being achieved by the full day safeguarding training that was initially conducted to comply with the adult safeguarding level 3 training and now incorporates children at level 3.

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 due to ward re-configuartions.

Location	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Accident & Emergency Department (PRH)	62.5	61.8	68.8	83.3	85.1	86.5	84.7	85.3	91.9	91.8	87.8	87.7
Accident & Emergency Department (RSH)	79.5	80.2	81.5	86.7	90.8	89.9	91.6	92	95.3	93.1	91.9	90.9
Acute Medical Unit (AMU) (PRH)	-	8.3	34.8	52.2	52.2	79.2	80	76.9	81.5	81.5	82.1	89.7
Acute Medical Unit (AMU) (RSH)	-	20	22.2	27	27.8	57.9	81.6	91.7	90.9	88.2	82.9	81.1
Day Case Ward (PRH)	-	-	0	0	100	100	100	100	100	100	100	-

Ward 14 - Gynaecology	-	-	-	-	-	0	0	17.4	27.3	40	43.5	59.3
Ward 19	97	97	98	98	99	100	96.7	97.8	96.6	94.6	96.7	96.7
Ward 21 - Postnatal	82.7	81.6	83	84.4	85.4	85.4	84.1	88.9	88.6	80.4	80.8	77.1
Ward 22 - Antenatal	84.1	82.9	83.7	87.5	89.7	89.2	82.1	74.4	71.4	79.5	87.5	76.9
Ward 22 - Orthopaedics	-	4.8	52.4	86.4	86.4	85.7	95	95	100	100	100	88.2
Ward 22 - Short Stay (RSH)	-	10.5	10.5	47.4	50	94.1	92.9	86.7	86.7	83.3	92.3	92.3
Ward 24 - Delivery Suite (PRH)	91.1	91	90	92.2	91	90.7	90.5	90.5	87.3	83.1	86.1	78.4
Ward 25	-	0	7.7	11.5	11.1	50	62.5	62.5	66.7	69.6	69.6	70.8
Ward 34 SAU & 33SS	-	15.6	22.9	27.3	44.1	75	78.4	77.8	78.8	71.4	67.6	60
Ward 4 - Trauma & Orthopaedics (PRH)	-	-	6.3	6.3	14.3	12.5	62.5	75	77.8	71.4	62.5	68
Ward 7 - Endo/Cardio (PRH)	-	-	0	5.9	6.3	52.9	58.8	64.3	78.6	84.6	-	40.9
Ward 8 H&N	-	-	-	-	-	-	-	30	38.1	76.9	81.8	80

*With the move of Cardiology Ward 7 recently changed speciality and the staff moved over from Ward 24 which previously had not been a designated ward so has not been required to complete the training. Ward 7 remains part endocrinology and as such will still be caring 16/17 year old young people with diabetes**

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.

Feedback from staff who have attended training:

So interesting. informative and thought provoking. Upsetting but very important issues. The day has made me want to do more training

Highlighted groups that suffer domestic abuse other than young females

A yearly conference would be fantastic. Very enjoyable day

Honour based violence is a subject that is becoming more relevant – very interesting

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 2022 with actions to mitigate.

Risk	Title	Residual Risk 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	SLA in progress with Alder Hey Hospital Trust to complete secondary reporting and in some cases primary reporting when no one available in SaTH
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 and medical staff on the designated adult wards to completed Level 3 Safeguarding Children training.
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 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	Identified staff to complete Adult Level 3 safeguarding training.
2113	Maternity supervision is not embedded across maternity meaning staff are not supported/advised in relation to safeguarding	9	Maternity Safeguarding framework review and supervision in place via teams meetings and face to face
2114	Robust maternity safeguarding workforce not in place due to staff members leaving	9	8A Safeguarding Midwife in place now full time and band 6 post out to advert.
	Risk Removed from Risk Register Q4		
2014	There is a risk that Safeguarding Policies do not reflect current best practice, national policy and legislation		All Safeguarding Policies are reviewed annually and this is included in the annual reporting cycle for Safeguarding Operational Groups and Safeguarding Assurance Committee to ratify

4.0 Safeguarding Activity

4.1 Children's Safeguarding

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.
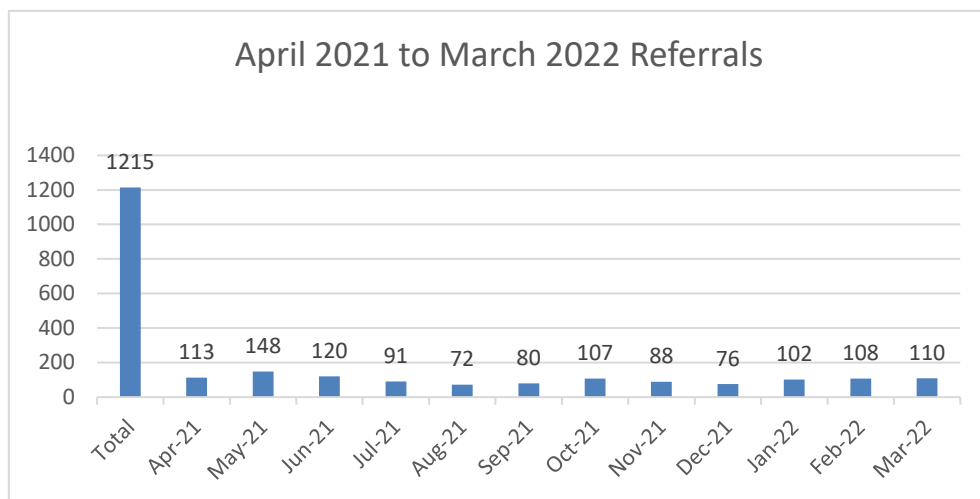
There was a large increase of children being referred around the beginning of the year following the CQC focused inspection of CYP mental health at the Trust, as a consequence the Trust made the decision to refer all children and young people who self- harm to social care. This has received some challenge from both Telford and Shropshire Social Care.
Shropshire Social Care have conducted some audits and have implemented a pilot of weekly Health Triage, whereby referrals to Shropshire (non-urgent) are reviewed at a weekly triage with members of staff from Compass (Shropshire Front Door Social Care) Early Help and the Safeguarding Children Team. This has improved the offer to families for Early Help in a timelier manner and has reduced the number of contacts that were 'opened' by social care and closed with no further action.
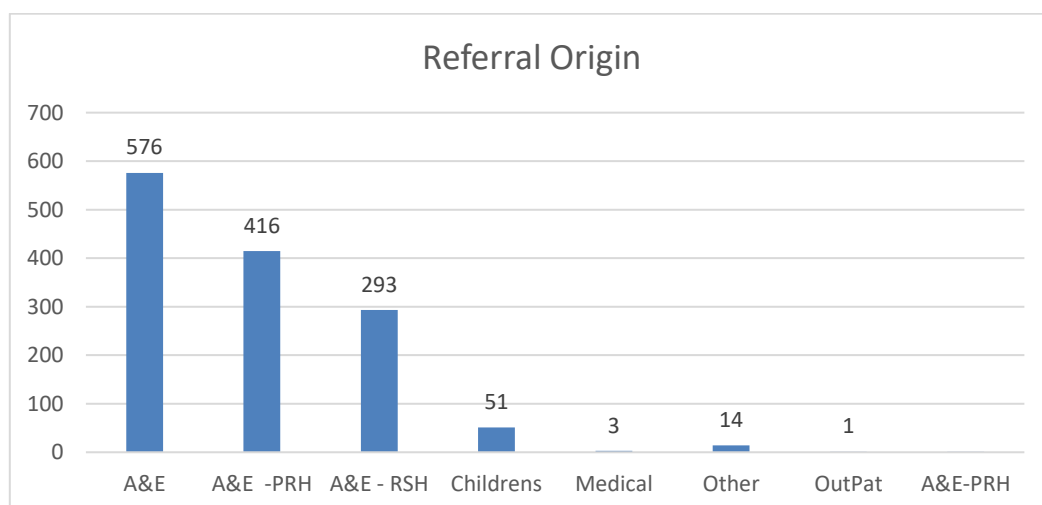
Safeguarding of 16 & 17 Year Olds

During the year, the safeguarding team continued to receive daily information regarding the inpatients in this age group and which ward they were being cared for. There are on average around 40 patients aged 16/17 year olds per month across each site. The Safeguarding team review the notes of any young person who is an in-patient on an adult ward.

Reasons for Safeguarding Children Referrals

During the last year the main reason for referrals to Social Care has continued to be Mental Health of young people.
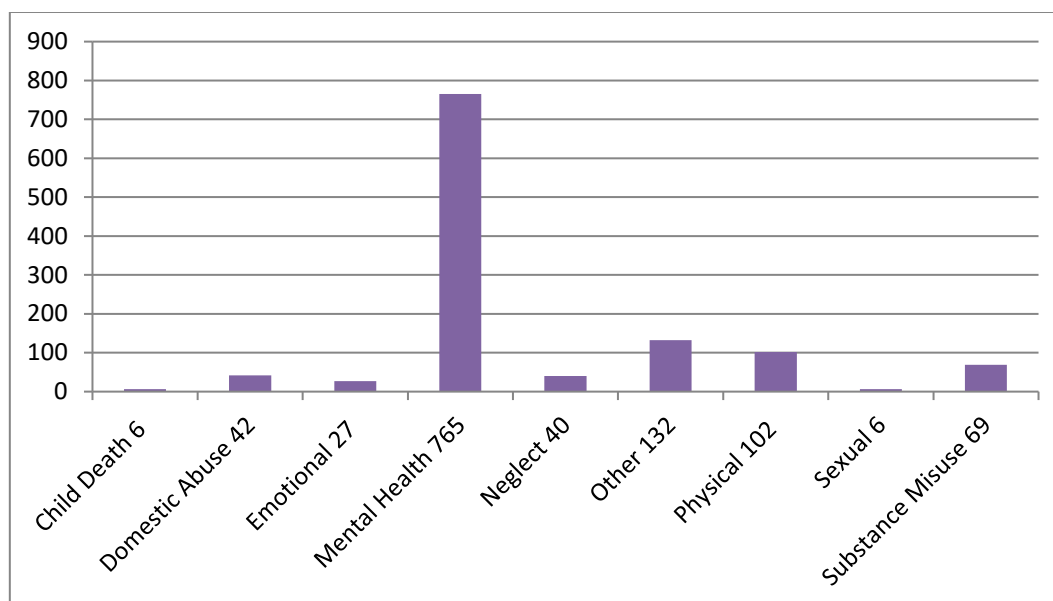
Safeguarding Advice Support and Supervision

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.

Drop-in sessions continue to be offered to both the Children's ward and the Emergency Department on a monthly basis, uptake has been impacted by the pandemic which has made it difficult to release staff.

The Peer Reviews that are offered monthly to Paediatrics and Quarterly to the ED have been very well attended. The Medical staff from Obstetrics and Gynaecology have also been offered a quarterly Peer Review as part of their governance process, this was taken up at the beginning of 2022 and occurs on a quarterly basis. Peer Review allows the medical staff (although can be offered to all staff) to talk about cases and to have some peer oversight and challenge.

Safeguarding Supervision has also been offered to the designated adult wards that are caring for the 16/17 year olds. The first one was in October 2021 and was both well attended and well supported and continues on a quarterly basis.

Safeguarding Supervision uptake in maternity is improving by offering the following by the maternity safeguarding team:

- Monthly via MST's to all maternity staff;
- Visits to the Midwifery Led Units in the Community and from April 2022,
- Monthly face to face and MST's for the Neonatal unit. This has been received in a very positive way, with excellent feedback and safeguarding assurance gained and guidance offered to staff. More than 30 members of staff have accessed this in this quarter and it is increasing.

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.

During the last 12 months there have been a number of Rapid Reviews across both Shropshire and Telford and Wrekin. There are currently 5 that have been undertaken by Telford and Wrekin that have led to more formal Case Reviews, and several Partnership Learning Events for practitioners who were actively involved in the cases. When the local reviews are completed any learning for the Trust is disseminated via the Assurance Group, Governance meetings and embedded into safeguarding training. Currently the emerging themes are around Invisible Men, Information Sharing and Hidden Neglect with Disguised Compliance.

The report following the Independent Inquiry into Telford Child Sexual Exploitation is due for publication in Quarter 1 of 2022, the Trust is aware that it will be mentioned in the report as the process of Maxwellisation was completed in March 2022

Managing Allegations against staff who work with children and referrals 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.

Over the year there have been referrals for the staff groups mentioned below. All cases have been closed with no further ongoing referral to Professional Bodies. There has been a case involving a member of medical staff who was on a temporary contract based at RSH who was referred to the GMC following his conviction for offences against children. The Dr had his contract terminated at the time of his arrest 2 years ago.

Nurse	Doctor	Midwife	HCA	Porter	Volunteer
2	0	0	0	0	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. This is embedded into the Emergency Departments however work is being done to completely embed in to Children's Assessment Unit at PRH. Over 90% of the senior staff on the children's ward have now received their smart card and training into how / when to use it and check the CP-IS. Work is now being done by the ward manager to ensure all the computers are able to have smartcard access via USB. Work is on ongoing within Children's to recruit ward clerks who will be able to do the checks on the children admitted to the ward.

4.2 Maternity Safeguarding

The Maternity Safeguarding service was transferred to the Corporate Division in September 2021. As the Named Midwife, there is a professional accountability to the Director of Midwifery and monthly 1:1's have been arranged to ensure effective communications are maintained. Governance arrangements for maternity services report to the Children's Safeguarding Operational Group and then to Safeguarding Assurance Committee. The Named Midwife also attends senior midwifery managers meetings e.g., maternity governance to ensure safeguarding is on the agenda and updates, learning and feedback is shared. There is also a Safeguarding support midwife in place within the team.

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. With this as the focus, the monthly MDT Supporting and Safeguarding Women with Additional Needs (SSWWAN)'s Terms of Reference meeting have been reviewed with all relevant internal and external agencies. This has resulted in: women being discussed earlier in their pregnancy (from 24 weeks to 16 weeks pregnant) and that there is a social worker present, which supports safeguarding information sharing and assurance within the MDT.

Following the external Maternity Safeguarding Review by Sherwood Forrest NHS Trust in April-May 2021, the recommendations have resulted in thirteen actions being developed. They are all on target with eight completed and the other outstanding Actions in progress, and monitored via monthly meetings
The Actions in progress are:

- Maternity aspects on the Risk Register - **Delivered but not yet evidenced**.
- To review and adopt the updated Safeguarding Supervision framework and the Named Midwife to lead and implement this new framework - **Delivered but not yet evidenced.**
- Processes are in place for maternity safeguarding to provide responses to multi-agency partnerships. **Delivered but not yet evidenced.**
- Audit Programme to be developed and presented at Division. **Delivered but not yet evidenced.**
- Named Midwife and Divisional Governance to develop and undertake audit. **Delivered but not yet evidenced.**

In August 2021 a new Maternity Information System (Badgernet) was implemented. It supports the data collection for safeguarding issues, including Routine Enquiry screening in each trimester, which was at 40% in February 2021, now between 70% and 90%. This information will be collated and shared at the monthly safeguarding meetings.

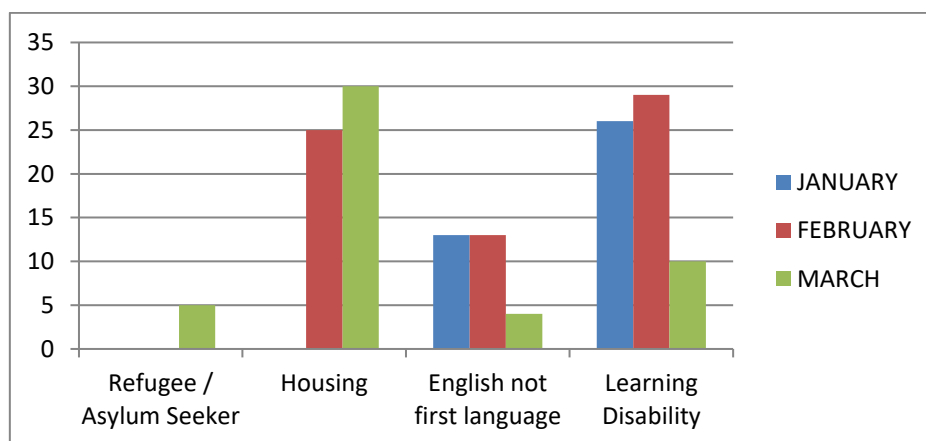**Maternity Activity Safeguarding Data:**

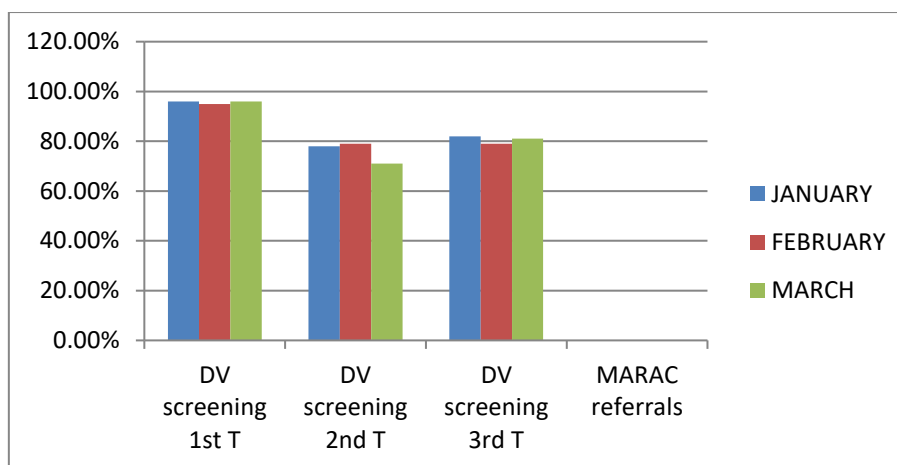**Booking Data**
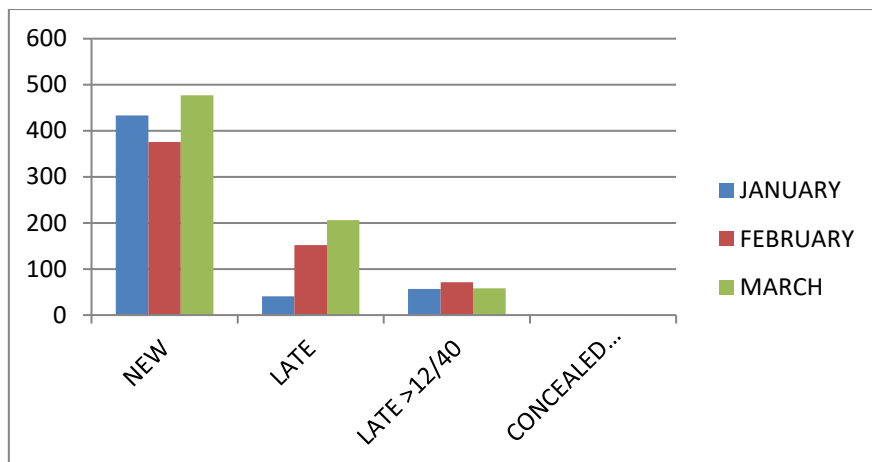
Age of Mother
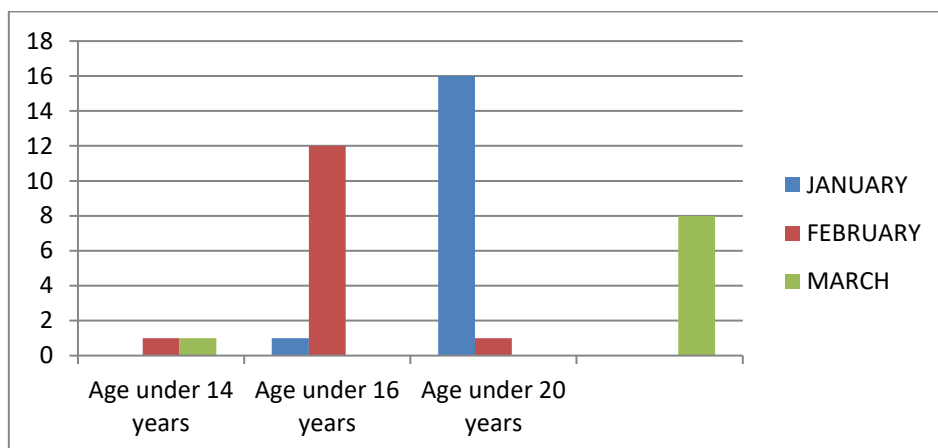
There have been 2 Surrogate pregnancies

There continues to be a steady rate of families for whom they are seeking asylum, or do not have English as their first language. There are also a small number of mothers who have a learning disability.

Domestic Abuse

Is screened at each trimester by the midwife whenever it is safe to do so

Harm Assessment Unit

With the commencement of a seconded safeguarding support midwife, in January 2022, there are no outstanding data actions, including the mitigated risk of the reporting of outstanding harm assessment unit reports. This data continues to be collated on a monthly basis, with no outstanding features (this was previously included in the Section 29A Warning Notice received by the Trust in 2020)

Referrals to Social Care
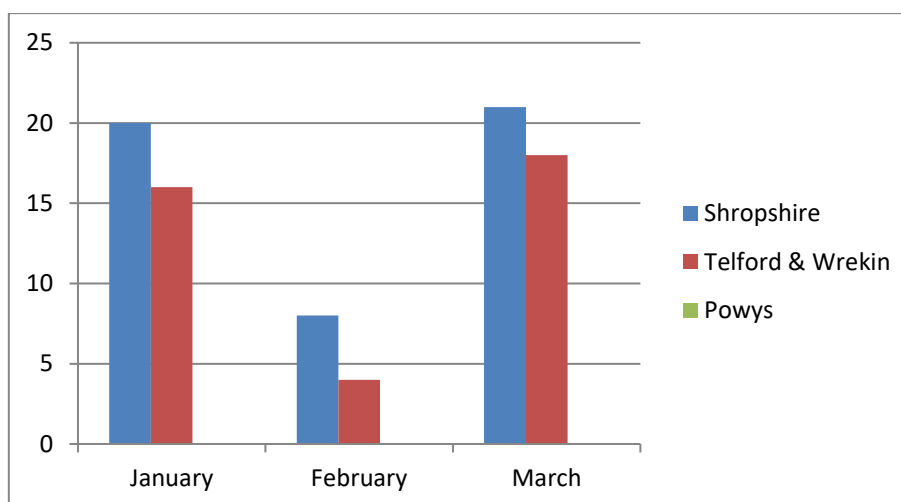
Most referrals to Telford & Wrekin and Shropshire Children's Social Care, are very similar, month by month. The noted reduction in February is exceptional, but the data will be monitored.

Safeguarding meetings
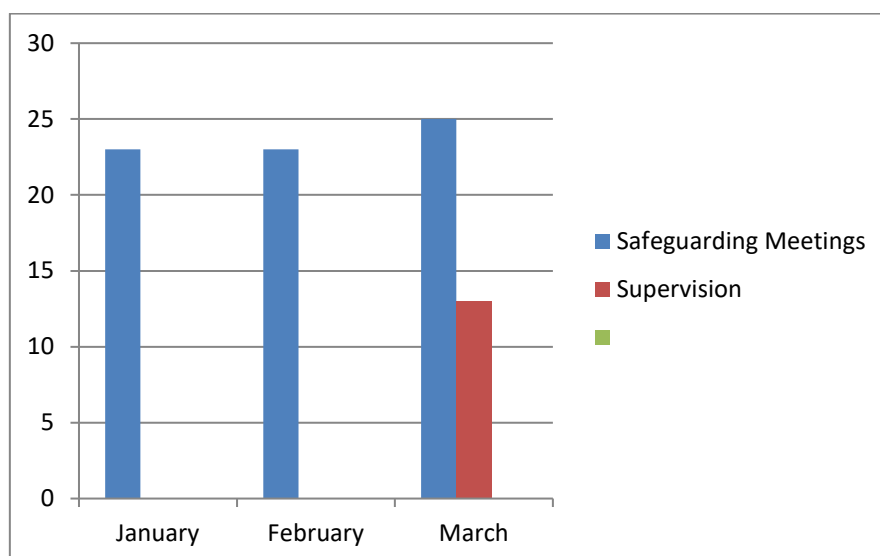
Midwifery continues to have a SWWAAN meeting monthly (Supporting Women with Additional Needs) for each Local Authority.
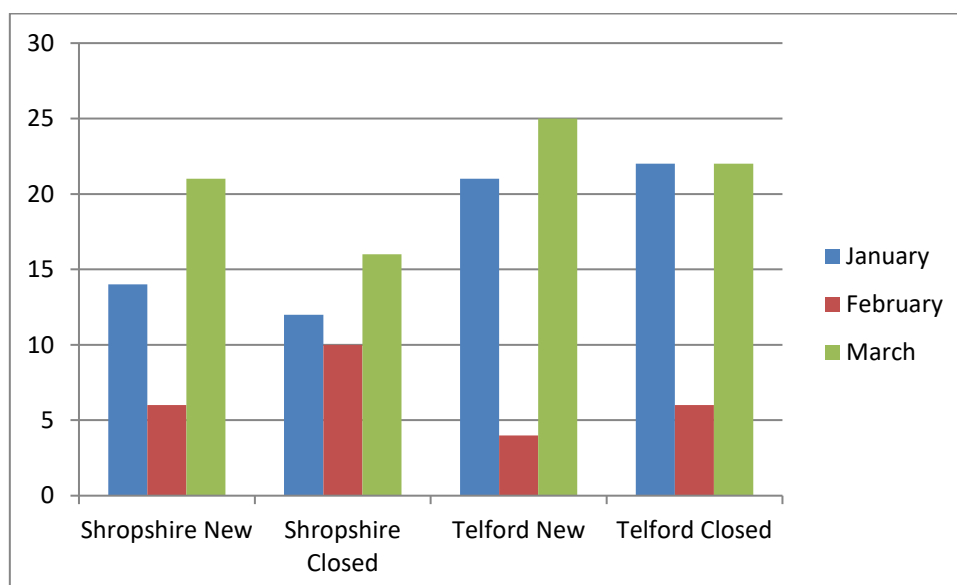
Maternity Safeguarding Training

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. Face to face Safeguarding Children's Level 3 training has been recommenced in 2022, with 4 hour sessions being offered to all maternity and obstetric staff. Adult Level 3 Safeguarding training commenced across maternity in 2021.

Maternity safeguarding training for 2021/2022 was as follows:

| Category of safeguarding training	Q4
Safeguarding Level 1 Adults	96%
Safeguarding Level 2 Adults	95%
Safeguarding Level 3 Adults	54%
Safeguarding Children Level 1	98%
Safeguarding Children Level 2	95%
Safeguarding Children Level 3	84%

4.3 Adult Safeguarding

Throughout 2021-22 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 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. There continue to be challenges that have impacted on meeting identified training targets. in particular the ongoing impact of the Covid-19 pandemic continues to impact on the ability of staff to access training provision.

4.3.1 Adult Safeguarding Concerns

Concerns raised against the Trust
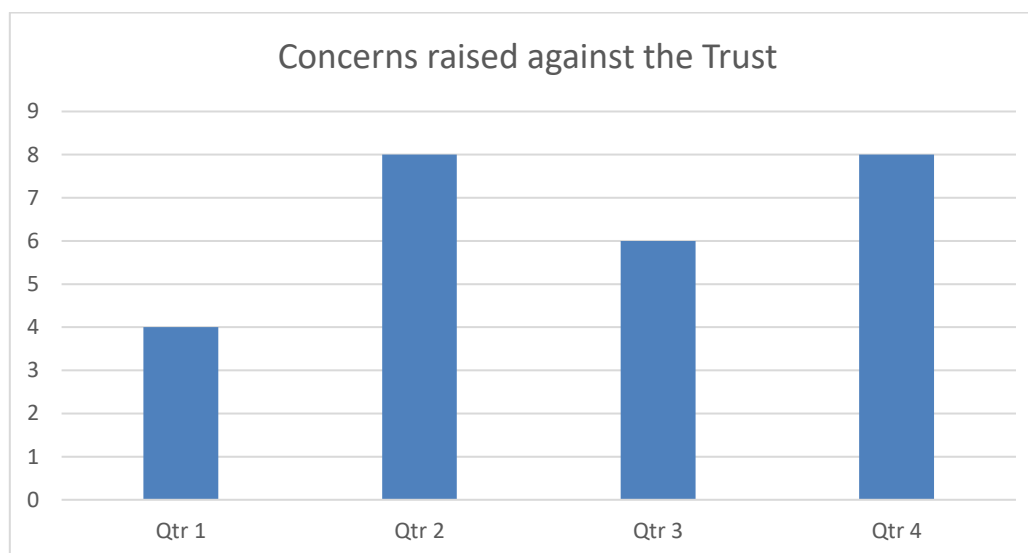
There was a total of 26 concerns raised against the Trust for the year 2021/2022. Not all converted to full Care Act section 42 or other enquiry requests. A number are self-referrals made by the Trust. Of the 26 concerns raised two went through to Section 42 enquiries, one of which was substantiated and the other enquiry remains ongoing. Eight were managed through the Serious Incident process with agreement of the respective local authorities. The remainder were either closed as unsubstantiated or were closed by the Local Authorities after initial information sharing.

The themes and trends in respect of referrals raised against the Trust are shown:

**Annual Summary 2021/22 - Concerns raised against the Trust**
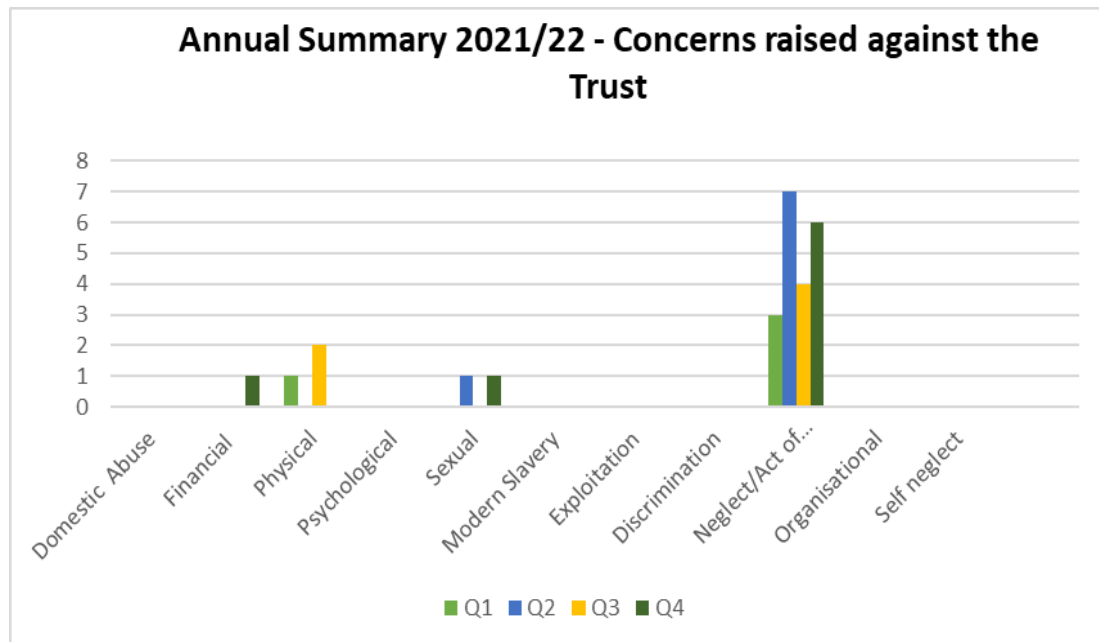
The Neglect and Acts of Omission concerns reflect concerns about acquired pressure ulcers and/or discharge and communication issues. Of the discharge issues identified none went to through to section 42 enquiry.

Concerns relating physical and/or sexual assault have all had Local Authority and Police involvement and subsequently closed to both the Police and Local Authority Safeguarding team with no further action for either the Trust or the workers. None have progressed to the Position of Trust processes. A financial concern was raised against the Trust however this was incorrectly categorised at source and was closed by the Local Authority with no further action in respect of the Trust.

The number of concerns raised by the Trust in relation to Safeguarding concerns are shown:

Concerns raised by the Trust
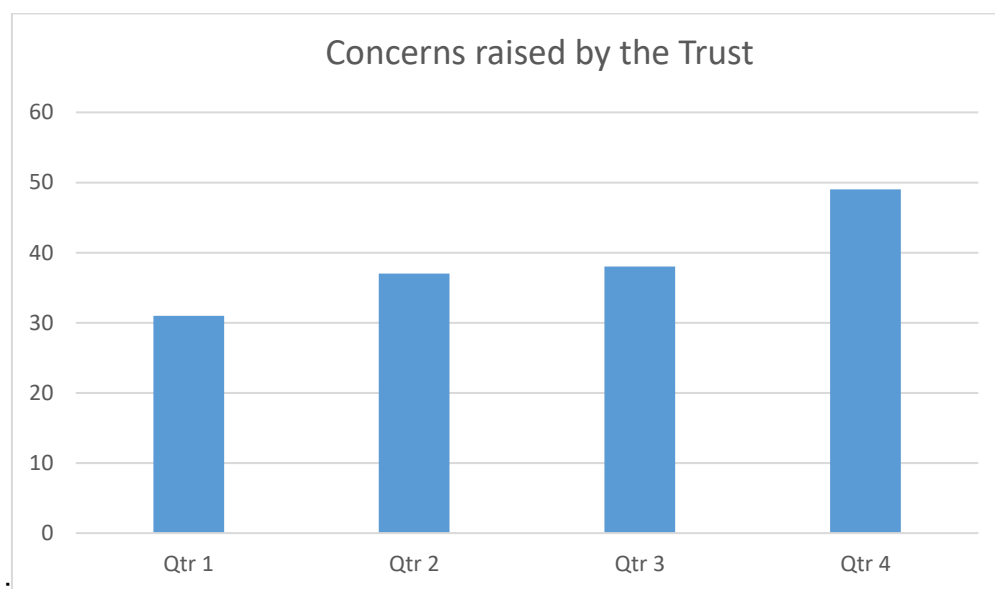
The summary chart below identifies the categories of adult safeguarding concerns raised by Trust staff
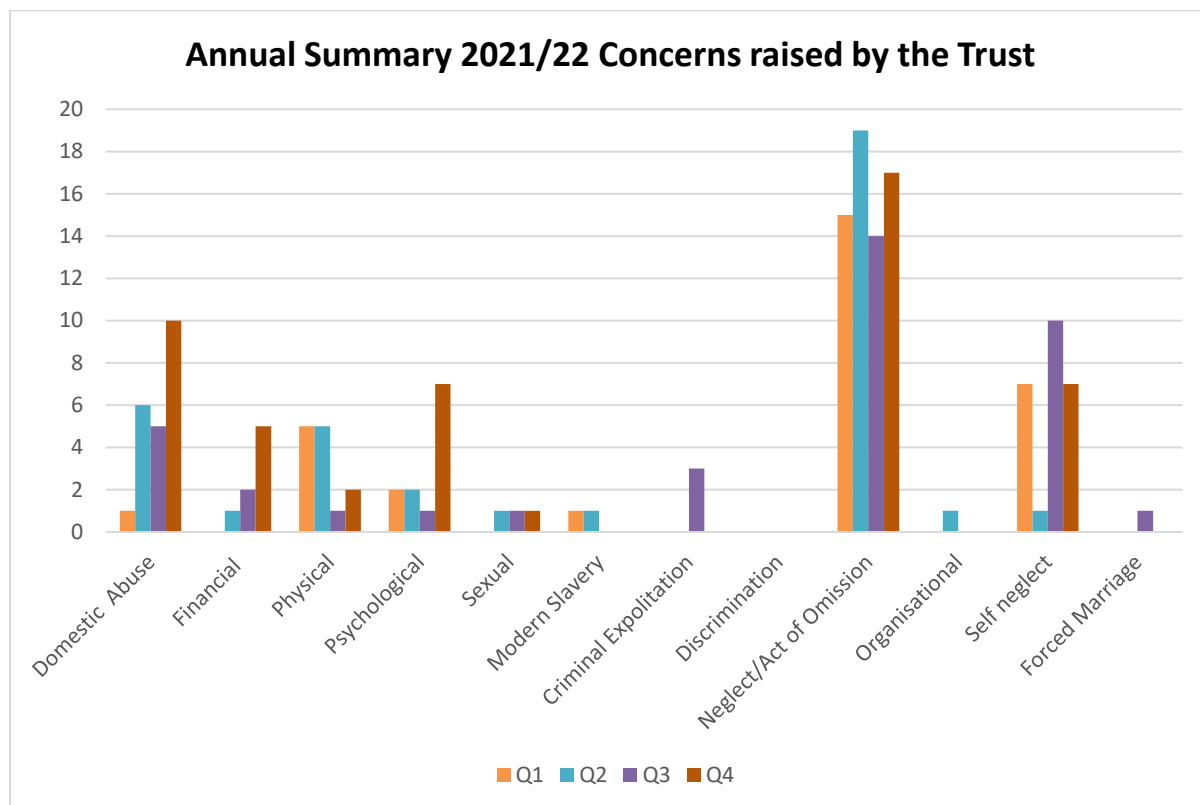
There are a number of concern raised by Trust staff that did not meet Care Act compliance, In all cases feedback is provided to the referrer, however despite the concerns not meeting the safeguarding criteria appropriate steps were taken in each case to ensure our patients were discharged safely, signposted in respect of support services or appropriate onward referrals made.

4.3.2 Deprivations of Liberty

The number of Deprivation of Liberty Safeguards Authorisations increased over 2021-22 The increase was in response to increased staff awareness and understanding following the training provided in respect of MCA and DoLS across the Trust.

Toal DoLS Urgent Authorisations 2021-22
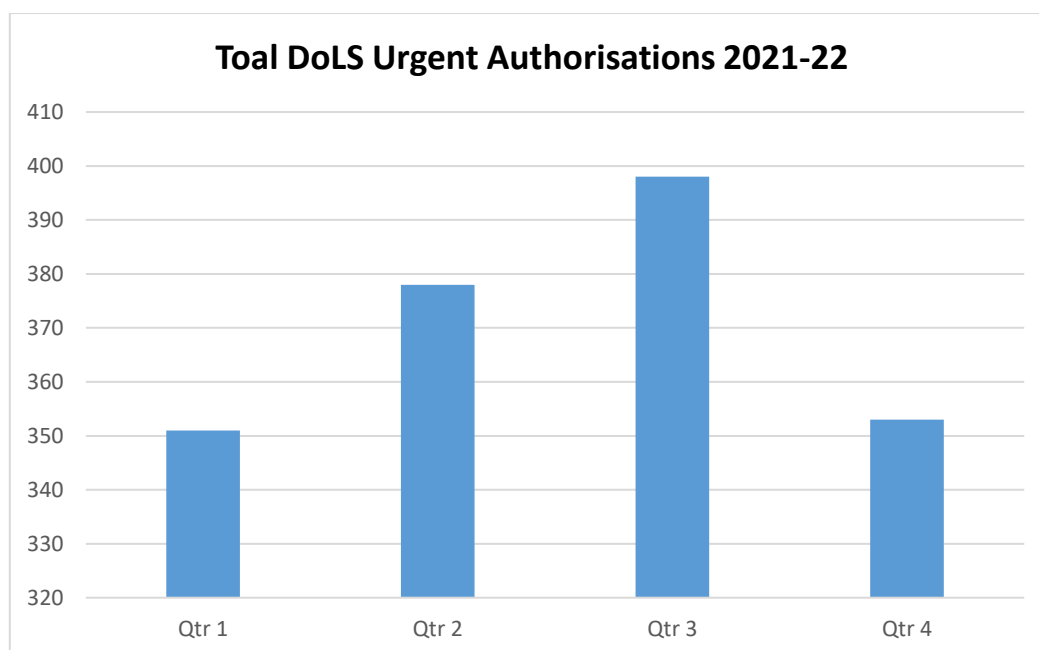
4.3 3 Safeguarding Adult Reviews and Domestic Homicide Reviews

Two Shropshire Safeguarding Adult Reviews (SAR) scoping and learning reviews have been undertaken with Trust inputting into these, actions have yet to be identified by the Partnership Board. The Trust undertook scooping for two Domestic Homicide Reviews in 2021-22 but had no further involvement into either case.

Learning from the SARs 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

5.0 Safeguarding Audits

5.1 Safeguarding Adults Audits

5.1.1 MCA/DoLS Compliance Audit

The MCA/DoLS audit was completed monthly following the CQC imposing a Section 31 condition on the Trust's registration in 2020. Following the removal of the condition in February 2022 the final monthly audit was undertaken in February 2022, reviewing the quality of the Mental Capacity Assessments in relation to Deprivation of Liberty Safeguards (DoLS) and the DoLS authorisation documentation.

The audit continued to identify a sustained 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. As a result the audit will now be completed on a quarterly basis as a monitoring basis, with the first quarter scheduled to be presented to the Adult Operational Group in June 2022.

Table1: Overall compliance with the Mental Capacity Act in relation to DoLS as at Feb 2022

MCA forms fully compliant (90% Feb 2022)

73% 75% 89% 84% 87.00% 91.00% 89% 91% 89% 90% 89% 96% 87% 90%
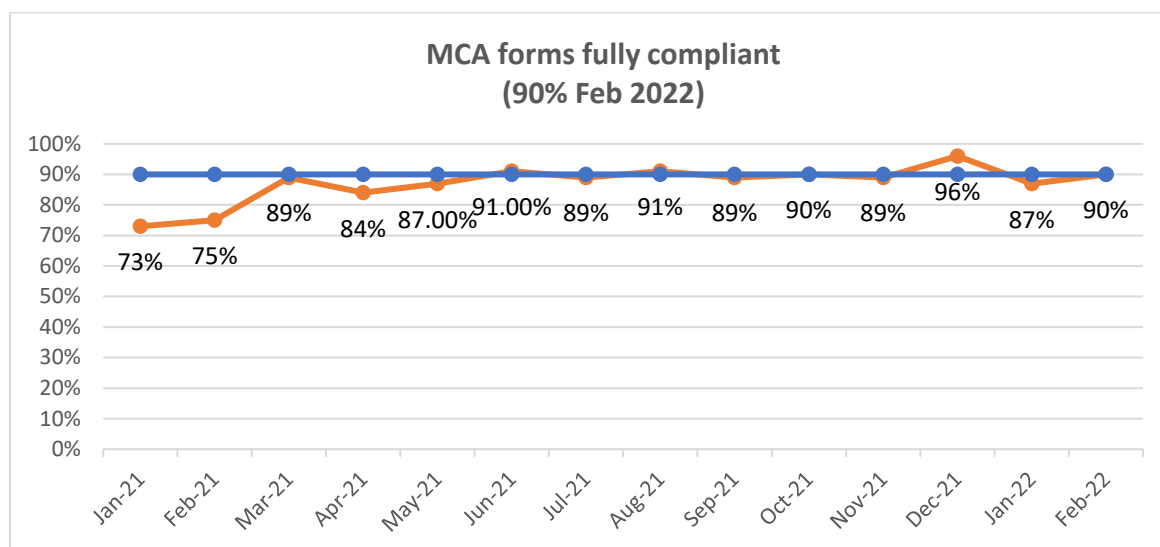
Table 2: Deprivation of Liberty Safeguards Form 1 – Request for Standard and Urgent Authorisation.

DoLS form compliance - 94% (Feb-2022)

Compliant Limited Detail Incomplete/Poor quality
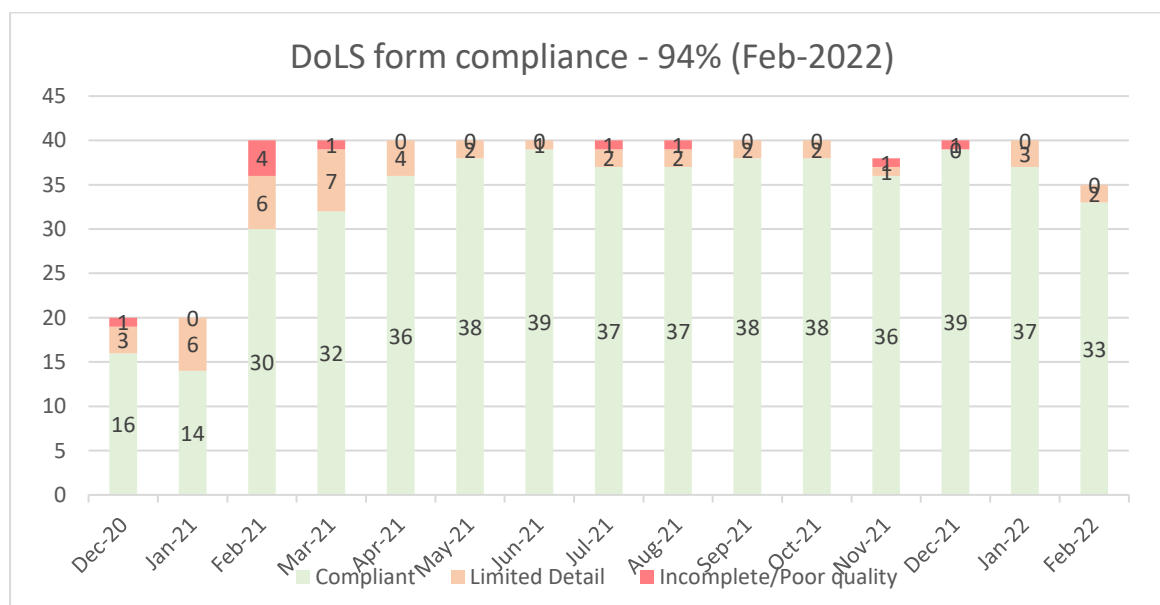
The audit and audit journey was presented to the pan Shropshire Mental Capacity Act Operational Group with the following feedback shared:

An excellent presentation on your MCA and Dols Audit and the impact it has had at the Multi-agency MCA Operational Group this afternoon. I was particularly pleased that the ADASS/LGA implementation lead for LPS across the West Midlands described the work you have done as "brilliant."

5.1.2 ASK 5 Audit

The 'ASK 5' audit which was commenced in 2020/2021 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-21	100	100	89.1	87	100	93.5

5.1.3 Care Act 2014 Compliance Audits

Both Shropshire and Telford and Wrekin's Safeguarding Partnership Boards have each required a Care Act 2014 Compliance Audit for 2021-22 to be completed.

The overall outcome for the Shropshire Board Care Act Audit graded the Trust as outstanding overall with four of the six required elements recorded as outstanding with the remaining two as good. Similarly, the Telford and Wrekin Audit detailed the same information and outcome albeit in a different format.

5.2 Safeguarding Children Audits

The Safeguarding Children and Maternity audit programme was developed following the Peer Reviews for Maternity and Children and commenced in Quarter 3. Results are included below.

### 5.2.1 Safeguarding Checklist on in patients on the children's ward.

40 Case Notes of inpatients on the Children's Ward were audited by the safeguarding team.

Most staff did also document if there were safeguarding concerns.

There were only 4 which weren't completed and all of these were children who had been admitted during the night. This was mentioned to the day staff who then completed the form. There were 6 forms that were not signed by the staff member. A reminder has gone out to staff how to complete them

5.2.2 Safeguarding Checklist for 16/ 17 year olds as in patients.
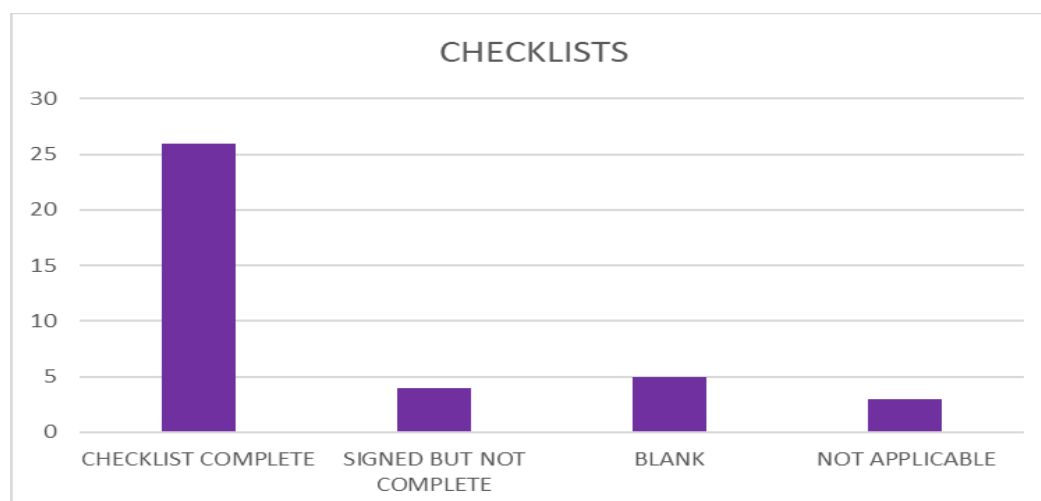
38 young people were admitted to in patient beds over the last quarter, the first table shows to which wards.
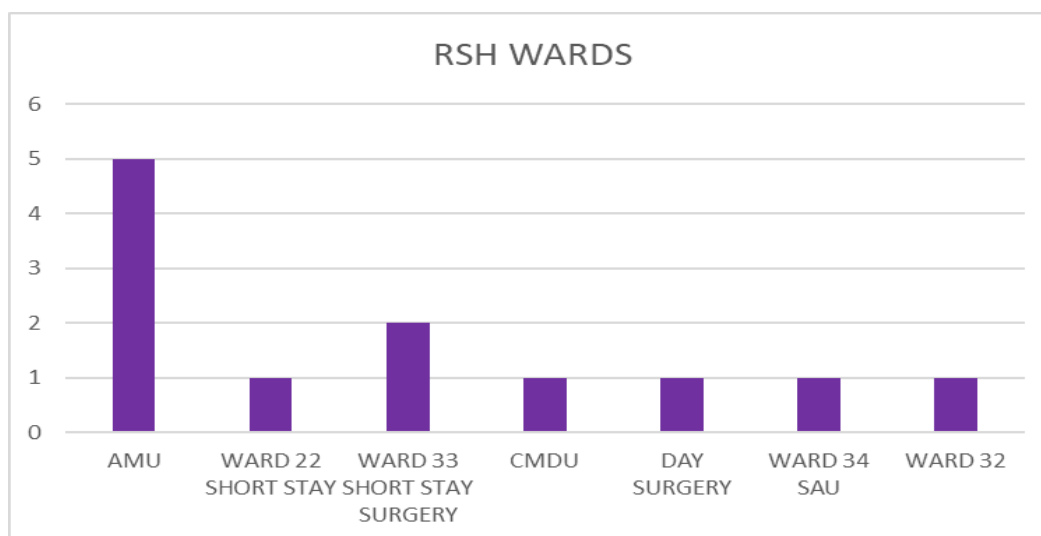
The safeguarding checklist was reviewed for its' completion.

Out of the 38 checklists:

- 26 had all sections ticked, were dated, and signed
- 5 were blank
- 4 were signed but sections not ticked
- 3 were not applicable – these young people were admitted as day case only

This will be re-audited each quarter

There have also been audits in respect of quality of referrals to Social Care.

The MIAA have also audited SaTH in respect of Safeguarding Adults and Children over the last year. All actions for Safeguarding have been completed.

Safeguarding Children were also subject to a Peer Review from University Hospitals Birmingham, many of the suggestions and actions have been implemented with the exception of increasing the capacity of the Safeguarding Children Team to include another Specialist Nurse, Paediatric Liaison Nurse and Full time permanent administration.

5.2.3 Section 11 Audit

The Trust was subject to a Peer Review Challenge for the Section 11 from Shropshire Safeguarding Children Partnership. Two parts of the Section 11 were chosen to be reviewed.

- **Safer Recruitment** – I had marked ourselves as Requiring Improvement. This extract is taken from the reviewer

"I fully disagree that 3.1 Requires Improvement. There is clear evidence that SaTH take recruitment seriously and ensure the right measures and security are in place when recruiting new members of staff. This should be GOOD if not OUTSTANDING as evidenced by Teresa.

I also disagree that 3.2 Requires Improvement. This should be Good perhaps could be Outstanding now. The SaTH clearly have 1 x trained member of staff on an interview panel and adhere to the Safer Recruitment policy/procedure. The SaTH should really increase this to Outstanding in my opinion.

- **Listening to Children and Young People – I had rated this as Good**

The reviewer said

"*From our discussion and information submitted in this audit, I feel this Rating should have been increase to Outstanding as it is clear the SaTH take the children's views very seriously and carry our innovative ideas to gather the feedback from the children.*

5.2.4 ASK 5 Audit

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 on each designated adult ward caring for CYP 16-18 and the Paediatric Ward questions around safeguarding to ensure compliance and triangulation of assurance to the safeguarding policies (see previous training section).

Month	Age which describes a child/young person	Able to provide examples of a child or young person safeguarding concern?	Correct process for a child/young person who may have self-harmed?	Trust process for raising a children's safeguarding concern?	Able to contact the Trust Children's safeguarding team in office hours?	Asking for advice at Bank Holidays, weekends and at night?	Do you know where to access information on how to raise a concern?
Mar-21	50	100	85.7	89.3	96.4	96.4	100
Apr-21	75.4	96.7	95.1	83.6	91.8	85.2	95.1
May-21	93.6	98.1	98.1	96.2	96.8	92.4	97.5
Jun-21	100	100	100	100	100	94.1	100
Jul-21	78	95.1	97.6	97.6	97.6	85.4	97.6
Oct-21	95.9	98	93.9	100	93.9	85.7	98
Jan-22	76	100	100	100	96	96	96
Apr-22	100	96.9	100	96.9	93.8	78.1	93.8

5.3 Maternity Safeguarding Audits

The Safeguarding Children and Maternity audit programme was developed following the Peer Reviews for Maternity and Children and commenced in Quarter 3. The results are included below.

5.3.1. Discharge to Foster Care Guideline:

12 case notes were reviewed and the Transfer to Foster Care Checklist utilised as the audit tool, as the guideline was recently introduced. All staff who completed the paperwork were from the post-natal ward and there was 100% compliance.

On review, it was noted that there were email updates as external agencies had changed their email addresses. These have all been updated on the Discharge to Foster Care Guideline. Feedback has been shared with the post-natal ward and the manager. Ad hoc review of the checklist continues to monitor the standard required and this audit will be repeated on an annual basis and it is part of the annual audit cycle.

5.3.2 Audit of Domestic abuse notifications in maternity:

This is reported monthly in the safeguarding data. All domestic abuse notifications (HAU's) are reviewed by the maternity safeguarding team and actioned by documenting on to the MIS and notifying the woman's CMW, securely. In Q4 there were:

The results show:

January: 16 – 2 High Risk, 14 Medium Risk
February: 13 – 1 High Risk, 12 medium Risk
March: 30 – 2 High Risk, 16 medium risk and 12 Standard Risk

In total : 59, there are no outstanding notifications.

This will continue in the 'normal business' of the maternity safeguarding team and is reported in every quarter of the annual audit cycle.

6.0 Governance and Assurance Arrangements

In respect of governance a monthly Adult and Children's Safeguarding Operational Groups (SOG) are attended by the Divisions and representation from the CCG. The Safeguarding Operational Groups reports into the Monthly Safeguarding Assurance Committee chaired by the Director of Nursing.

The respective Safeguarding Work plans along with the Trust Safeguarding Assurance Tools 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 CCG Head of Adult Safeguarding in respect of Adult Safeguarding Themes and Trends

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

- Rapid Review meetings
- Divisional Clinical Governance meetings
- HR liaison meetings
- Safe Medicine Group
- Pressure Ulcer Review Panel
- Paediatric, Maternity and Emergency Department Clinical Governance meetings

The safeguarding leads 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.

The subgroups attended by the Trust during 2021-22 were:

Team	Telford and Wrekin Partnership Board	Shropshire Partnership Board
Adults	Safeguarding Adult Board Adults Review, Learning and Training subgroup Safeguarding Adult Review Panel Adult Safeguarding Data Subgroup MARAC (monthly)	Learning and Development Group Assurance and Performance System Group MARAC (monthly)
Children	Partnership Development Group Rapid Reviews CSPR subgroup CSE Panel (weekly) MARAC (monthly) Neglect Subgroup	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 Reviews

7.0 Key Achievements 2021-22

- The appointment of a dedicated Safeguarding Trainer has enabled the Safeguarding teams to have increased visibility, accessibility, and support for all Trust staff.
- The training packages are under ongoing review to ensure they are responsive to internal trust learning, local and national learning.
- The introduction of a Trust specific level 3 Adult safeguarding e-leaning Module to support the Trust training offer.
- The introduction of a medical staff training package
- A successful Safeguarding conference was organised by the safeguarding teams and held in November with a focus on Domestic Abuse from several differing perspectives :Older People including LGBTQ+, Honour based Violence and Forced Marriage, Domestic Homicide (a survivor's story) and West Mercia Women's Aid and Shropshire Domestic Abuse Service
- Changes to the existing Safeguarding intranet site have been made with an expansion of the policies on a page section and provision of additional resources.
- The Safeguarding newsletter is released on a quarterly basis and is accessible on the intranet for staff to access
- The MCA and DoLS audit has successfully identified consistent improvement in application of the MCA in respect of DoLS, alongside the quality of the DoLS authorisations applied for by the Trust. In February 2022 the audit changed to a quarterly monitoring audit cycle. A notable increase in the use of Mental Capacity Assessments across all care areas provides a baseline of an embedded 'Think Capacity' culture which will support the Trust move forward with the LPS when implemented.
- An Ask 5 audit in respect of Adult and Children's safeguarding has been introduced with measurable outcomes reported through the Trust internal governance processes
- To provide additional support a Safeguarding Champions network for Trust staff has been established. The initial meeting will take place in April 2022.

Training compliance across Adult Safeguarding, MCA & DoLS remains below the Trust 90% compliance target, affected by the availability of staff to access training as an impact of Covid-19. The Trust remains under the national target compliance of 85% in Prevent. Work is ongoing to support the upward training trajectory through provision of additional training resources such as Trust specific e-learning module for Level 3 safeguarding (released

8.0 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.
- 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). The Draft Code of Practice was released on 17th March 2022 and the consultation will run until 7th July 2022. The Lead will provide regular updates to both the Safeguarding Operational Group and the Safeguarding Assurance Committee. A LPS Steering Group will be set up to ensure the Board are fully cited on the statutory responsibilities, workforce planning and reporting. To date no implementation date has been released by the DHSC, however it is unlikely to be before April 2023.
- To implement any actions that may be identified within the National Review into the Murders of Arthur Labinjo-Hughes and Star Hudson
- To implement any actions from the Independent Inquiry in Telford Child Sexual Exploitation when published later in 2022
- To Children Lead will continue to meet the statutory obligations in respect of the Children Act
- The Safeguarding team will continue to support the Local Safeguarding Adult and Children Partnerships, attending subgroups and participating in child and adult reviews
- To develop and implement an Adult Specific Managing Allegations Procedure for staff working with Adults with Care and Support needs
- To develop and introduce workshop refresher programme to the Adult Safeguarding Level 3 training offer.
- To audit Adult Safeguarding concerns raised by the Trust staff for quality and compliance with the Care Act criteria and Making Safeguarding Personal documents.