

Board of Directors' Meeting 14 December 2023

Agenda item	Report for Board Information Pack		
Report Title	Safeguarding Annual Report 2022-23		
Executive Lead	Hayley Flavell, Executive Director of Nursing		
Report Author	Teresa Tanner: Lead Nurse for Safeguarding Children & Young People Kathy George: Head of Adult Safeguarding, MCA & Prevent Lead Sally Burns: Lead Midwife Safeguarding		
CQC Domain:	Link to Strategic Goal:		Link to BAF / risk:
Safe	√	Our patients and community	2047, 1354, 1481
Effective	√	Our people	
Caring	√	Our service delivery	Trust Risk Register id:
Responsive	√	Our governance	
Well Led	√	Our partners	
Consultation Communication	<i>Children & Adult Safeguarding Operational Groups (June 2023)</i> <i>Safeguarding Assurance Committee (June 2023)</i> <i>Quality Operational Committee (June 2023)</i> <i>Quality & Safety Assurance Committee (September 2023)</i>		
Executive summary:	<p>This report provides an update in relation to adult, children and maternity safeguarding across the Trust in 2022-23</p> <ul style="list-style-type: none"> The report provides an update in safeguarding training, good progress has been made with nursing/midwifery training compliance on many of the wards with a focus now being on medical and specialist nursing staff compliance. Prevent level 3 is now at 92% compliance against the National Target of 85%. Activity is presented alongside the themes and trends in relation to safeguarding concerns raised by the Trust or against the Trust <p>All CQC safeguarding Section 31 conditions against the Trust were removed in February 2022. In relation to the previous 29A Warning notice, the only remaining action is in relation to achieving safeguarding training compliance. Adult safeguarding training compliance at Level 3 reached its target compliance of 90% at the end of March 2023</p>		
Recommendations for the Board:	This report is provided for information only .		
Appendices:	None		

1.0 Background and Context to Organisational Safeguarding responsibilities

- 1.1 Geographically the Trust covers Shropshire, Telford and Wrekin and Powys Local Authorities.
- 1.2 The Trust provides:
- Maternity Care
 - Paediatric and Neonatal Care
 - Emergency and Trauma Services
 - Medical and Surgical Services
 - Critical Care
 - Elderly Care Services
 - End of Life Care
- 1.3 Covid 19 arrangements continued to impact at the beginning of 2022-23 requiring the safeguarding team to maintain the statutory functions in line with guidance and to work collaboratively with partners to manage the impact of the pandemic on the most vulnerable children and adults.
- 1.4 The Trust continues to see increasing numbers of patients with additional vulnerabilities where skilled safeguarding assessment and intervention is required. This can be attributed to the following factors:
- Increases in numbers of patients living into old age with multiple health issues including forms of dementia and increased frailty
 - Impact of prolonged periods of austerity on support services for the most needy
 - Recognised health wealth and social inequalities within the population of Telford & Wrekin
 - The 'younger' footprint of Telford & Wrekin
 - Increase recognition of contextual safeguarding issues including exploitation and trafficking
- 1.5 Adult and child safeguarding arrangements in NHS organisations are statutory and regulatory requirements. The Trust is accountable for delivery in relation to safeguarding requirements and this is monitored closely by Local Safeguarding Children and Adult partnerships, Integrated Care Board and the CQC. Statutory requirements relate to:
- The Children Act 1989
 - The Children Act 2004- specifically section 11
 - Safeguarding Vulnerable Groups Act 2006
 - The Care Act 2014
 - Mental Capacity Act 2005

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

exploitation; 'Think Family' and the impact of adverse childhood experiences on health and life chances. The Trust reflect this in its local arrangements for safeguarding with

close working between the adult and child safeguarding teams and a co-ordinated approach to safeguarding education for the workforce.

1.6 The Trust has key policy documents which support the delivery of effective safeguarding. These include:

- Safeguarding Adults, Children and Maternity Policies and Procedures
- Raising Concerns Incorporating Whistleblowing Policy
- Recruitment Policies
- Managing Allegations Policies

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

2.0 Safeguarding Learning and Development

This report provides an annual summary of Safeguarding for Adults, Children and Maternity.

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

2.1 Trust In- House Safeguarding Training

The Trust currently 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.

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. An updated version of the Intercollegiate document is due later in 2023.

The children's workforce including maternity services receives additional training at Level 3. Staff working in the Emergency Department, and on the designated adult wards across the Trust who care for patients that are 16-17 years of age are also expected to complete Level 3 safeguarding training. This has proved difficult at times as these ward footprints have moved during the last 12 months.

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. All Trust Named/Lead Safeguarding Nurses/Midwife have undertaken NHSE Safeguarding Leadership training.

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

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

The table below illustrates the compliance rates across the Shrewsbury and Telford Hospital NHS Trust at the end of Quarter 4 2022-23

Category of safeguarding training	Q1	Q2	Q3	Q4
Safeguarding Level 1 Adults % Children	93%	95%	96%	97%
Safeguarding Level 2 Adults	83%	87%	88%	94%
Safeguarding Level 3 Adults	61%	75%	84%	90%
Safeguarding level 4 Adults	100%	100%	100%	100%
MCA & DoLS	77%	80%	82%	84%
Prevent – BPAT	81%	87%	92%	90%
Prevent – WRAP	77%	87%	87%	92%
Safeguarding Level 2 Children	85%	90%	89%	93%
Safeguarding Level 3 Children	78%	79%	81%	83%
Safeguarding Children Level 4	100%	100%	100%	100%

The new LMS (Learning Management System) was introduced in April 2022. There were some initial issues with compliance reporting during the initial implementation stage, however this appears to be resolved.

There are education packages incorporating learning from local and national reviews as well as internal incidents and cover all risk factors for children including contextual risks, exploitation, modern day slavery, forced marriage, domestic abuse, female genital mutilation, and radicalisation. The adult safeguarding team provides practice-based training in the use of the Mental Capacity Act, including the applications to general care and the completion of the assessment.

Additionally, the Adult safeguarding team were approached by, and have provided training support to the Ministry of Defence in respect of MCA and Shropdoc for Adult Safeguarding level 3. The Safeguarding Children Team have continued to provide Level 3 training to the Ministry of Defence, Community Children’s Nurses within Shropshire Community Health Trust, Paediatric Staff from Robert Jones and Agnes Hunt Trust and Shropdoc, this maintains our compliance for Multi Agency training. Our in-house training packages and resource materials have also been shared with local providers on the recommendation of the ICB lead.

2.2 Training Compliance by Staff Groups

Training & Level	Staff numbers requiring training	Staff numbers compliant	Staff numbers to complete	% compliance	% compliance by Staff Groups		
					Medical staff	Nursing & midwifery	Other
AS L1 (excluding induction)	6315	6130	185	97%	92%	99%	97%
AS L2	3888	3659	229	94%	83%	97%	94%
AS L3	2628	2356	272	90%	71%	94%	92%
AS L4	2	2	0	100%			
MCA & DoLS	3608	3032	576	84%	71%	88%	84%
Prevent Level 1	3305	3027	278	92%	92%	100%	90%
Prevent Level 3	4047	3588	459	89%	86%	94%	90%
Prevent Level 4	1	1	0	100%			
CL1 (excluding induction)	6312	6111	201	97%	90%	98%	97%
CL2	3820	3533	287	93%	90%	98%	97%
CL3	1191	993	198	83%	75%	86%	79%
CL4	3	3	0	100%			

The staff groups requiring the most focus in relation to Safeguarding training compliance is now the medical teams, however, there has been a marked improvement over the year with a full diary of further training dates, which it is anticipated will bring this staff group to full compliance within 2023-24. Many of the wards have also made marked progress with both Adult and Children safeguarding as shown in the next section of this report.

2.3 Safeguarding Conference

The safeguarding team have secured funding and are in the process of planning for a second Trust Safeguarding Conference to be held in November 2023, to coincide with National Adult Safeguarding Week. It is anticipated there will be places for 125 delegates available to both Trust staff and external partners.

2.4 Safeguarding Newsletter

The team produces a quarterly Safeguarding newsletter this allows for the sharing of Safeguarding topics and both local and national learning across Adults, Children and Midwifery services. The Newsletters are accessible on the Safeguarding intranet for staff to access.

2.3 Training compliance by ward

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

Level 3 safeguarding adults training was introduced in January 2020. The target of 90% was achieved in March 2023. All clinical staff of band 5 and above are required to undertake Level 3 training. Medical staff are also expected to undertake the training. An on-line training Trust specific level 3 e-learning package was launched in January 2022 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 Level 3 Training Dashboard			
1st January to 31st March 2023			
Location	Jan-23	Feb-23	Mar-23
Accident & Emergency Department (PRH)	80.4	79.6	81.1
Accident & Emergency Department (RSH)	96.6	98.3	96.5
Acute Medical Unit (AMU) (PRH)	100	100	100
Acute Medical Unit (AMU) (RSH)	93.5	94.7	96.4
Acute Orthopaedic Trauma Unit (AOTU)	100	100	100
Day Case Ward (PRH)	100	100	100
Day Surgery - Short Stay (RSH)	100	95.7	95.8
General Outpatient Department (PRH)	100	100	100
General Outpatient Department (RSH)	100	100	100
ITU/HDU (PRH)	100	97.7	97.6
ITU/HDU (RSH)	100	100	100
Outpatients ENT (PRH)	100	100	100
Outpatients ENT (RSH)	100	100	100
Ward 10 - Frail and Complex	90.5	90.5	89.5
Ward 11 Nephrology (PRH)	100	100	100
Ward 14 - Gynaecology	87.5	87.5	87.5
Ward 15/16 Stroke Unit (PRH) Structure	97.1	97.1	96.9
Ward 17 - Respiratory (PRH)	100	100	100
Ward 19	93.3	95.5	97.8
Ward 20 Cataract Suite (RSH)	100	100	100
Ward 22 - Short Stay (RSH)	100	95	94.7
Ward 23OC	95.2	95.8	96
Ward 24 - Delivery Suite (PRH)	90	93.2	93.3
Ward 24 - Respiratory (RSH)	100	100	100
Ward 25	95.5	95	100
Ward 27 (RSH)	100	100	100
Ward 28 Medicine & Frailty (RSH)	100	100	100
Ward 34 SAU & 33SS	90.6	87.1	86.7
Ward 35 Nephrology (RSH)	84.6	93.3	100
Ward 36 Supported Discharge	100	100	100
Ward 37 - Surgical (RSH)	90.5	90.9	86.4
Ward 4 - Trauma & Orthopaedics (PRH)	90.5	90.5	90.5
Ward 6 - Coronary Care Unit (PRH)	96.3	96.3	96.3
Ward 7 - Endo/Cardio (PRH)	100	100	100
Ward 8 H&N	90.9	100	100
Ward 9 Medical (PRH)	100	100	95

Wrekin Midwife Led Unit	73.5	75.8	78.8
Ward 21 - Medicine (RSH)	100	100	90
Ward 21 - Postnatal	92	92.3	91.7
Ward 22 - Antenatal	88.9	90.3	92.9
Ward 32 - Endo/Medicine (RSH)	90	90	100

MCA & DoLS Training Dashboard			
1st January to 31st March 2023			
Location	Jan-23	Feb-23	Mar-23
Accident & Emergency Department (PRH)	81	75.9	76.5
Accident & Emergency Department (RSH)	87.8	88	88.9
Acute Medical Unit (AMU) (PRH)	95.8	95.8	95.7
Acute Medical Unit (AMU) (RSH)	87.7	81.4	84.7
Acute Orthopaedic Trauma Unit (AOTU)	88.9	89.2	80.5
Day Case Ward (PRH)	85	76.2	73.9
Day Surgery - Short Stay (RSH)	97.3	82.5	80.5
General Outpatient Department (RSH)	85.7	81	85.7
ITU/HDU (PRH)	97.9	100	100
ITU/HDU (RSH)	95.2	100	98.4
Oral Department (RSH)	100	100	100
Outpatients ENT (PRH)	100	100	90.9
Outpatients ENT (RSH)	100	100	100
Ward 10 - Frail and Complex	78.4	82.1	82.9
Ward 11 Nephrology (PRH)	88.5	96.3	96.2
Ward 14 - Gynaecology	92.6	92.9	88.9
Ward 15/16 Stroke Unit (PRH) Structure	70.6	73.5	75
Ward 17 - Respiratory (PRH)	97.2	94.6	94.3
Ward 19	66.7	80	78.7
Ward 20 Cataract Suite (RSH)	94.1	100	100
Ward 22 - Short Stay (RSH)	94.1	91.9	89.2
Ward 23OC	80	85.7	87.2
Ward 24 - Delivery Suite (PRH)	80.5	79.3	80.2
Ward 24 - Respiratory (RSH)	91.1	83.1	84.6
Ward 25	97.5	95	84.6
Ward 27 (RSH)	91.4	90.6	84.8
Ward 28 Medicine & Frailty (RSH)	100	96.8	96.7
Ward 34 SAU & 33SS	93	92.7	90.6
Ward 35 Nephrology (RSH)	85.7	79.3	86.2
Ward 36 Supported Discharge	88.9	85.2	88.5
Ward 37 - Surgical (RSH)	83.3	79.5	75.7
Ward 4 - Trauma & Orthopaedics (PRH)	78	81.4	81
Ward 6 - Coronary Care Unit (PRH)	91.4	89.5	81.1
Ward 7 - Endo/Cardio (PRH)	90.9	87.9	86.7
Ward 8 H&N	90	90.9	95.2
Ward 9 Medical (PRH)	91.2	89.5	85.3
Wrekin Midwife Led Unit	83	80.4	87
Ward 21 - Medicine (RSH)	75	77.8	72.2
Ward 21 - Postnatal	75.5	79.2	80.4
Ward 22 - Antenatal	74.3	67.5	47.1
Ward 32 - Endo/Medicine (RSH)	85.7	70.8	73.9

Level 3 Children’s Safeguarding Designated Adult Wards

Level 3 Safeguarding Children Training was introduced to the designated adult areas in 2021 and as such has been very well received by staff that are achieving compliance.

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 and therefore the training compliance changes with it. There has been discussion with the training department about how best to record the Level 3 training compliance as there are 2 variations, Core, which is 6-8 hours over a 3 year period, this also includes the Safeguarding Adult, MCA, DoLS and Prevent components and Specialist which is 12-18 hours over 3 year period.

Safeguarding Children’s Level 3 - Training Dashboard			
1 st January 2023- 31st March 2023	Jan -23	Feb -23	Mar-23
Location			
Accident & Emergency Department (PRH)	83.1	86.3	84.93
Accident & Emergency Department (RSH)	93.9	95.35	93.1
Acute Medical Unit (AMU) (PRH)	93.75	93.55	93.55
Acute Medical Unit (AMU) (RSH)	95.56	87.76	90.2
Acute Orthopaedic Trauma Unit (AOTU) (RSH)	94.44	95	95
Day Case Ward (PRH)	66.67	90.91	92.31
Ward 14 - Gynaecology	88.89	85.71	88.89
Ward 19	100	98.63	95.89
Ward 21 - Postnatal	77.55	77.08	80.43
Ward 22 - Antenatal	71.43	70	82.35
Ward 22 - Short Stay (RSH)	88.89	80	78.95
Ward 24 - Delivery Suite (PRH)	79.31	76.09	75.68
Ward 25	86.36	85	88.89
Ward 34 SAU & 33SS	71.88	70.97	70
Ward 4 - Trauma & Orthopaedics (PRH)	95.24	95.24	95.24
Ward 7 - Endo/Cardio (PRH)	90	94.74	100
Ward 8 H&N	81.82	84.62	83.33
Ward 9 Medical (PRH)	88.89	89.47	83.33

Going forward the Nursing staff in the Critical Care Units at PRH and both Day Surgery Units will be required to do Safeguarding Children Level 3 training.

2.2 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.

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

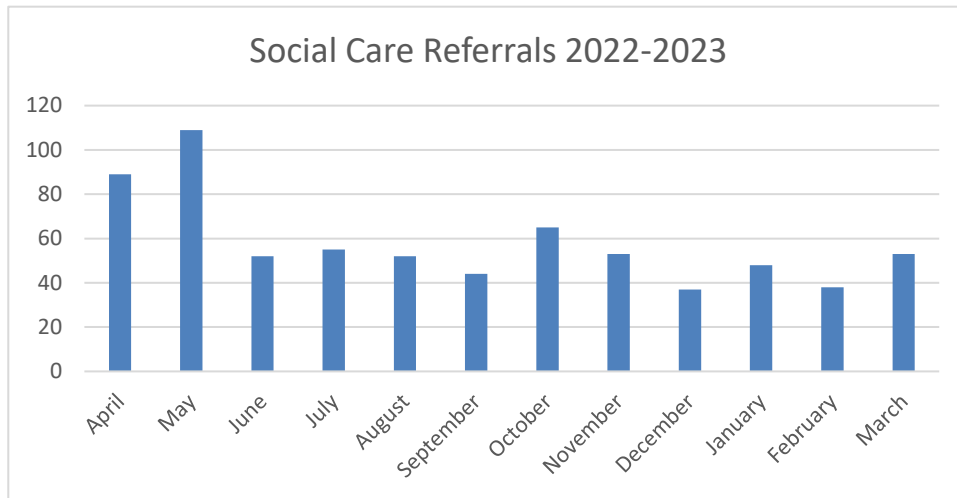
The details of each risk are included in the Risk Register Table (table 1). As the outstanding actions are completed the current score will be reviewed by the risk owner to ensure appropriated progress is being made. This table illustrates the safeguarding risk position at the end of Quarter 4 2022-23 with actions to mitigate.

Risk	Title	Residual Risk Score	Outstanding Actions
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.

4.0 Safeguarding Activity Report

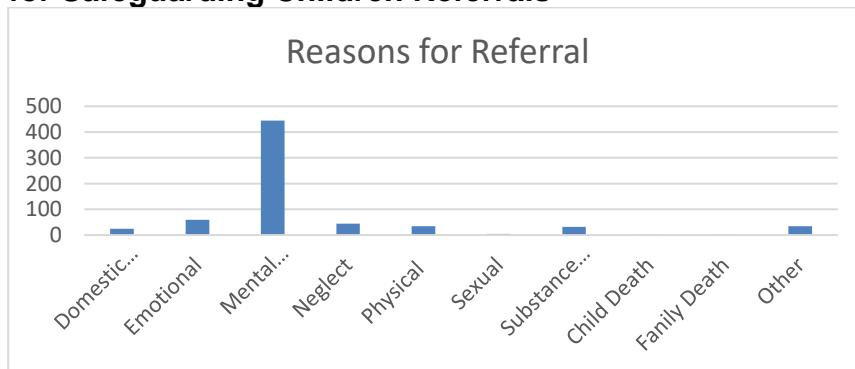
4.1 Children's Safeguarding Referrals

One of the key indicators that we look at is the number of children that the Trust has referred to social care due to concerns identified through contact with the Trust.



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

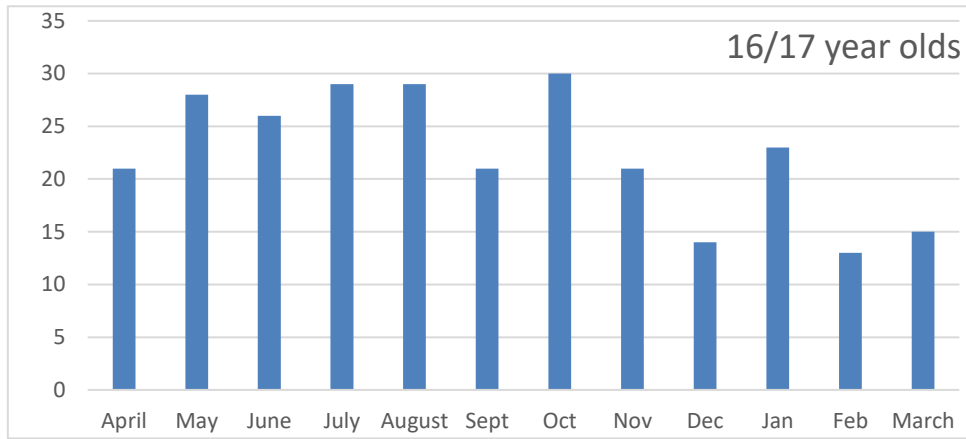
4.2 Reasons for Safeguarding Children Referrals



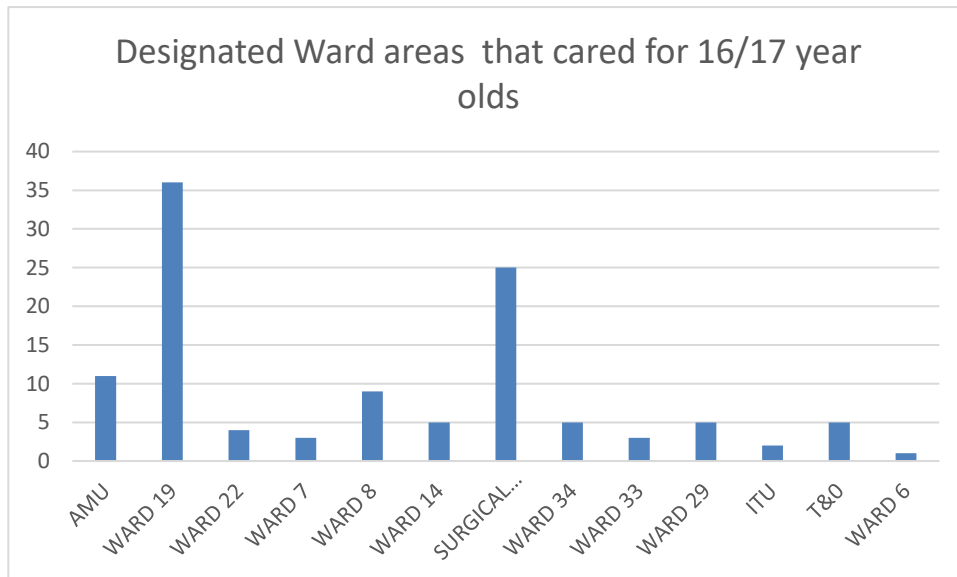
Mental Health has consistently remained the highest reason for referral to children's social care.

4.3 Safeguarding of 16 & 17 year olds

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



And most of these are being cared for on the Children’s Ward (Ward 19 at PRH) With designated adult wards being in the main clinical specialities as it should be.



4.4 Safeguarding Advice Support and Supervision

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

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

Learning Lessons from Externally Commissioned Safeguarding Reviews

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

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

Telford have Rapid Reviews ongoing

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

Action plans are in process for all

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.

Each month the Safeguarding Adult and Children Leads meet with HR and discuss cases that have come to the attention of HR and whether they meet the criteria for a referral to the LADO.

Nurse	Doctor	Midwife	HCA	Porter	Volunteer
0	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 into 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 ongoing within Children's to recruit ward clerks who will be able to do the checks on the children admitted to the ward

4.5 Maternity Safeguarding:

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

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

Training:

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 2022/2023:

Category of safeguarding training	Q1	Q2	Q3	Q4
Safeguarding Level 1 Children	96%	96%	99%	99%
Safeguarding Level 2 Children	85%	80%	87%	92%
Safeguarding Level 3 Children	94%	92%	89%	81%
Safeguarding Level 1 Adults	59%	60%	85%	99%
Safeguarding Level 2 Adults	83%	70%	78%	93%
Safeguarding Level 3 Adults	59%	60%	85%	89%
Safeguarding Level 4 Children	100%	100%	100%	100%

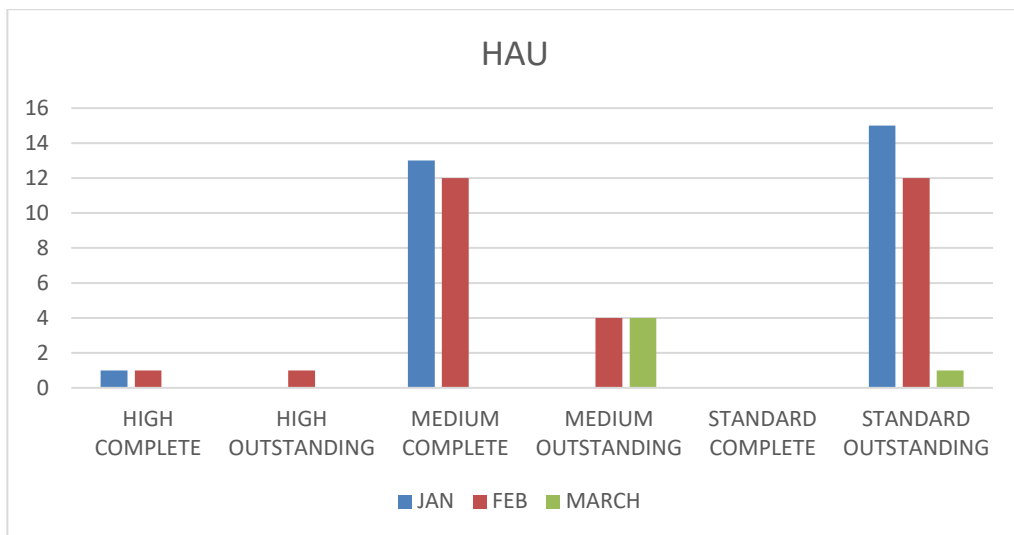
A significant increase in maternity safeguarding training has been achieved in the past year. However, there has been a noted decrease in Safeguarding Children Level 3, in Quarter 4. In discussion with the SaTH education team and the midwifery specialist midwife for training, the rationale for this is that in Quarter 4, the Learning Management System changed from recording staff attending this training 3 yearly to annually. Regular reminders to all maternity staff to attend their mandatory safeguarding training are communicated via midwifery manages, matrons and the senior midwifery management team. Detailed breakdown of training percentages of all areas of the midwifery, neonatal and medical staff are also provided, to assist managers and to target areas as required.

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

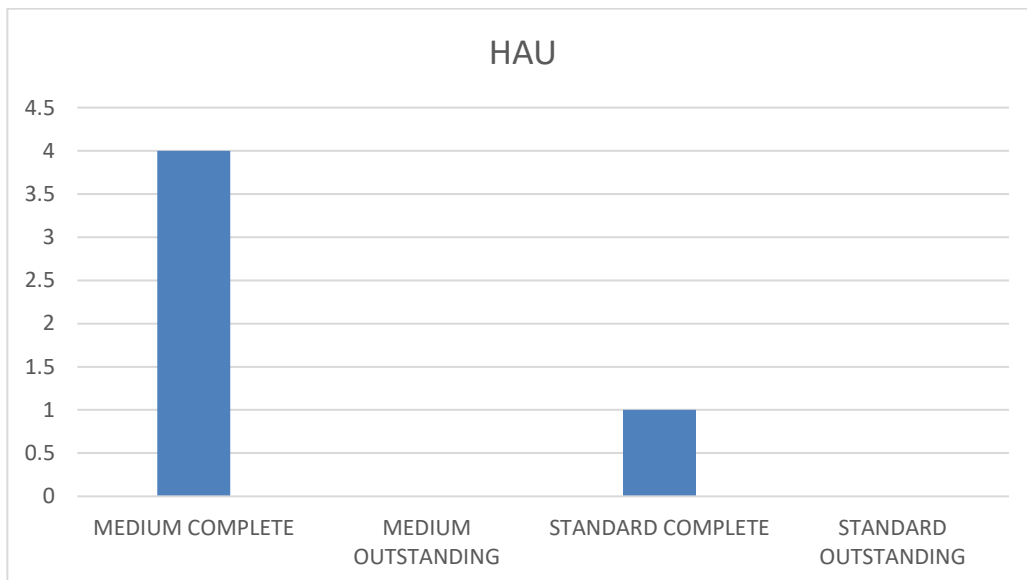
Harm Assessment Units – information from the police to the maternity safeguarding team, notifying of domestic abuse involving a pregnant woman, that the police have been asked to attend.

In relation to Maternity Services at the Princess Royal Hospital, previous CQC inspections have highlighted that the Trust must ensure that the Harm Assessment Unit (HAU) notifications need to be managed as there was a significant backlog. For the 2022-23 year the HAU's have been monitored on a monthly basis, to gain assurance to the Trust Board. As assurance has been evidenced and has been maintained over the past year, it has been agreed that for 2023/24 period, the reporting of HAU's completion will be quarterly and if assurance maintained, then for 2024/25 this will be reported biannually.

2021-22 Q4 data for HAU's:



2022-23 Q4 data for HAU's:

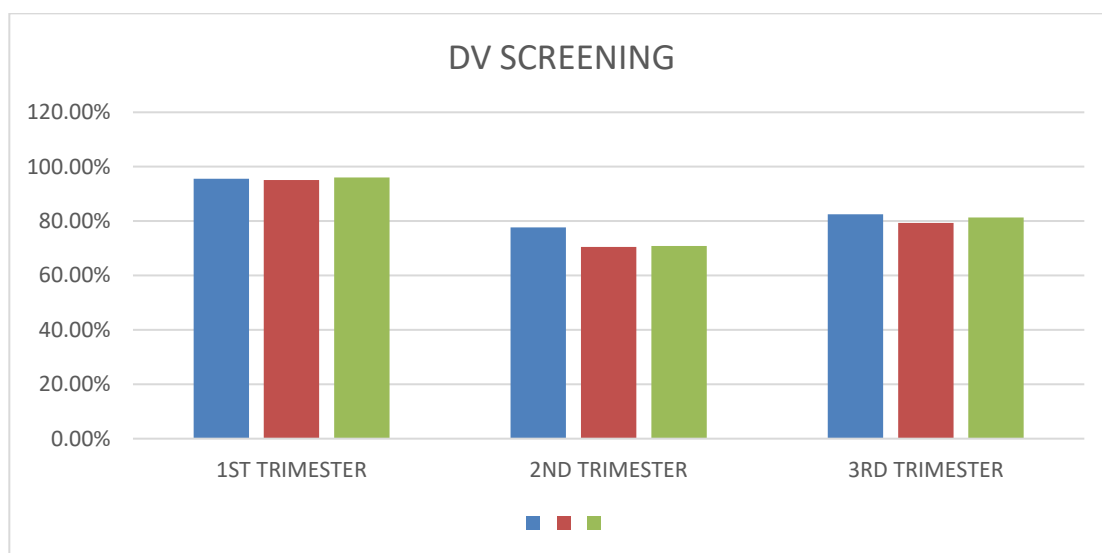


Domestic Abuse Screening in each trimester of pregnancy:

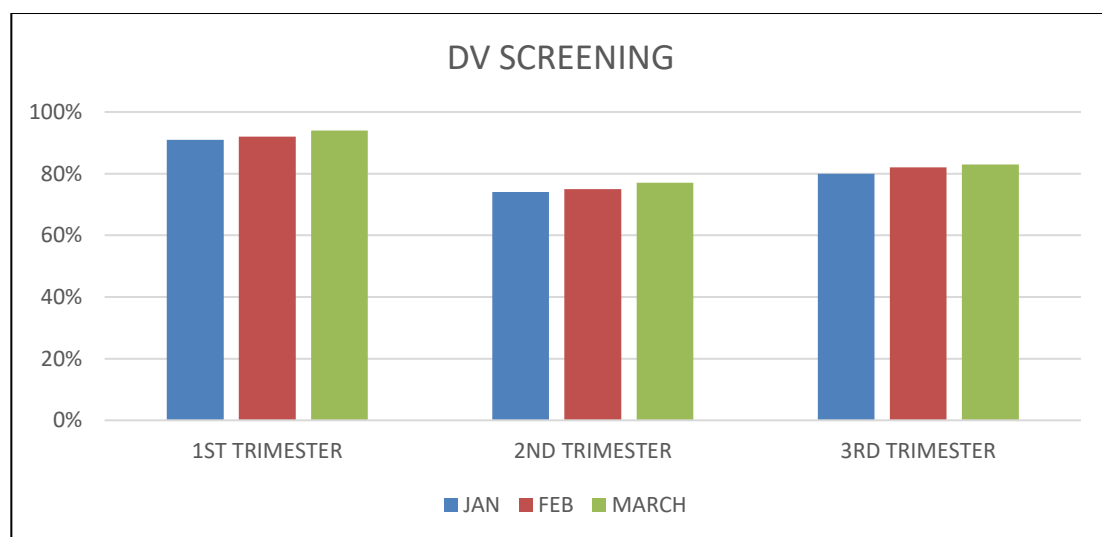
All women are asked/screened for Domestic Abuse in pregnancy as research informs us that domestic violence can commence or/and escalate in pregnancy. This data is collated from the Midwifery Information System (Badgernet). This data below, shows and improvement in the number of women asked between Quarters 4 of the 2021-22 and 2022-23. All maternity staff are offered training in the complexities of domestic abuse, to

support them to ask women if they are safe. The training is multi-agency with facilitators including the local MARAC co-ordinator, the Hospital Independent Domestic Violence Advisor and the lead Midwife for Safeguarding & Domestic Abuse.

2021-22 Q4 data for Domestic Abuse:



2022-23 Q4 data for Domestic Abuse:



Safeguarding Supervision:

Safeguarding Supervision is offered to all Midwifery Led Units on a weekly/monthly basis, as they have caseloads that have safeguarding concerns. This provides assurance to the maternity safeguarding team and if any support is required for the midwives, the maternity safeguarding team can advise, for example, if an escalation to other agencies required. In development, there are plans to offer safeguarding supervision to all maternity staff. This will involve raising the awareness of safeguarding supervision with the development of

posters, information on social media and a 'trolley dash' on the maternity wards as an opportunity to ask and questions.

Development of Service:

1. A substantive 0.8 WTE band 7 Safeguarding Specialist Midwife has been appointed and commenced in post 05.09.22.

2. To support all maternity staff in this process, all maternity safeguarding guidelines have been reviewed and ratified during the past year, including new guidance:

'Pregnant Women with a Learning Disability'.

'Maternity staff responding to police enquiries' Standing operational Procedure.

Guideline in development. 'Women choosing to freebirth (unassisted birth)' Guidance.

3. Following the outcome of thematic reviews from Rapid Reviews and Learning from Child Safeguarding Practice Reviews (LCSPR's), neglect has been the overarching common theme. In response to this, Neglect assessment tools from both Shropshire and Telford & Wrekin Safeguarding Partnerships have been added to the reviewed maternity Safeguarding Guideline and cascaded to all staff. They are also available via the Trust's intranet safeguarding page.

4. The monthly Maternity safeguarding meeting (previously known at the SSWAN meeting), has been reviewed and the Terms of Reference update with all relevant agencies. This has resulted in improved attendance and improved efficiency at the meetings, with outcomes known so safeguarding assurance gained and evidenced, to support and safeguard families in our care.

5. Following national recommendation, the maternity team, will be developing the Hope Box service. This is a supportive service for those women who do not take their babies home with them: for example; their baby is discharged to foster care. The Hope boxes may include baby labels, cot labels and cuddly toy. This is to support women and young people who will need extra support as this will have an impact on their emotional and mental health.

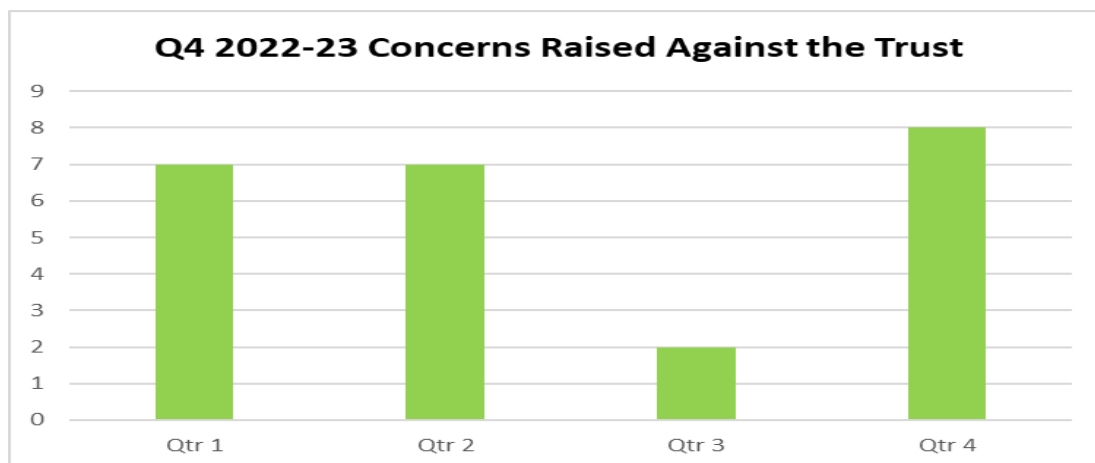
4.5 Adult Safeguarding

Throughout 2022-23 the focus for the adult safeguarding team has been continuing its work to support the Trust to meet a number of key targets in response to the CQC Inspection report. One of the key continuing focuses has been the continued promotion of a Trust wide culture of 'Think Capacity', supporting training and embedding good practice in compliance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This support is being delivered by an increased level of team visibility across both sites.

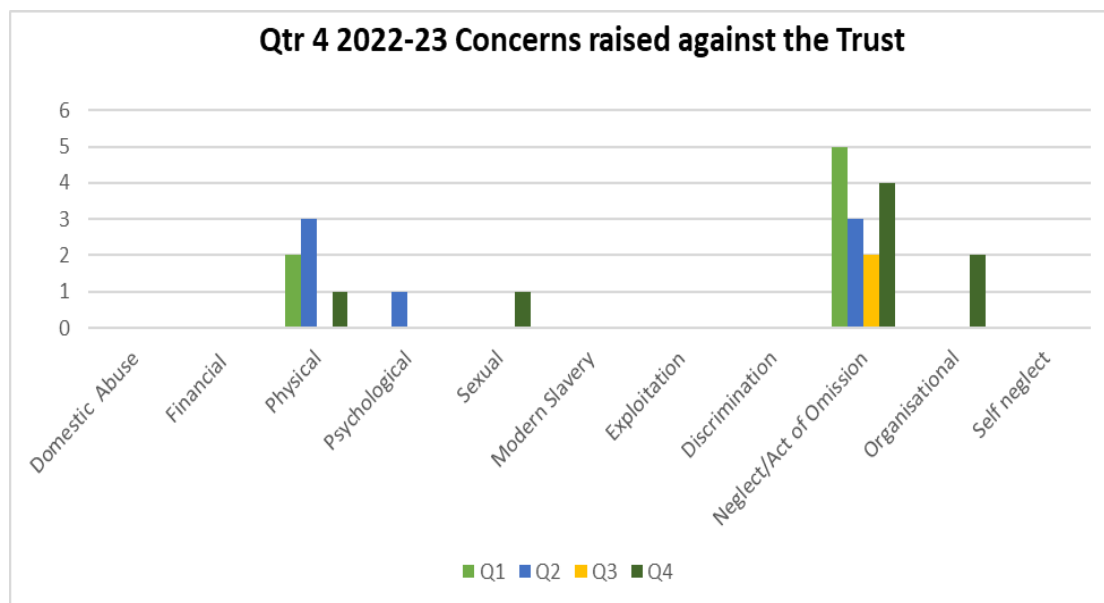
4.5.1 Adult Safeguarding Concerns and Deprivation of Liberty Safeguards (DoLS)

There were a total of 8 safeguarding referrals raised against the Trust in Q4. None of these went on to a request for a full safeguarding enquiry by the respective local authorities and 3 of these were Trust self referrals. One of the cases was considered as a

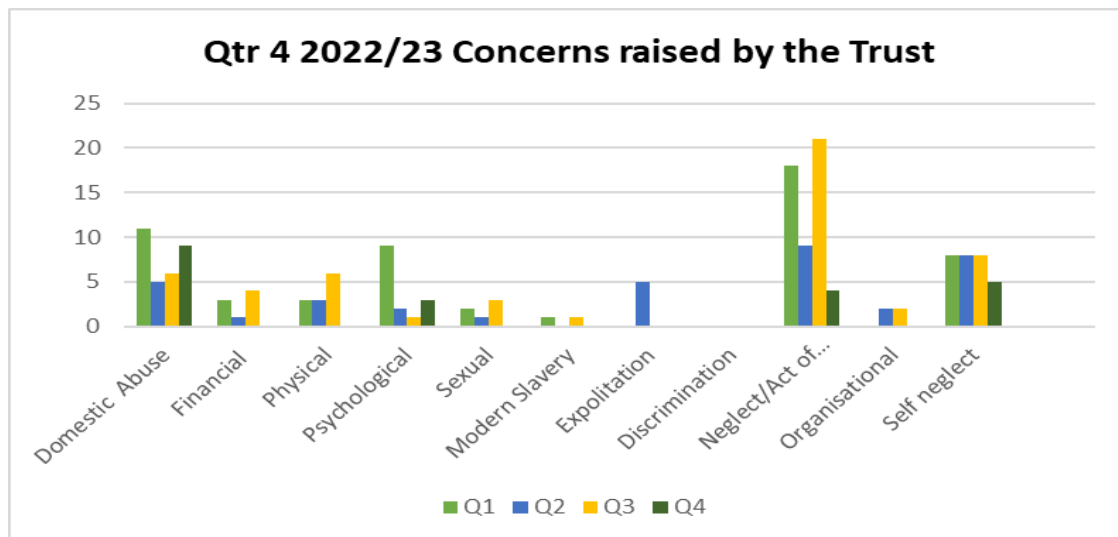
position of trust concerns but after discussion with the local authority was determined not to be the case



The themes and trends in respect of referrals raised against the Trust for Q4 are shown below:

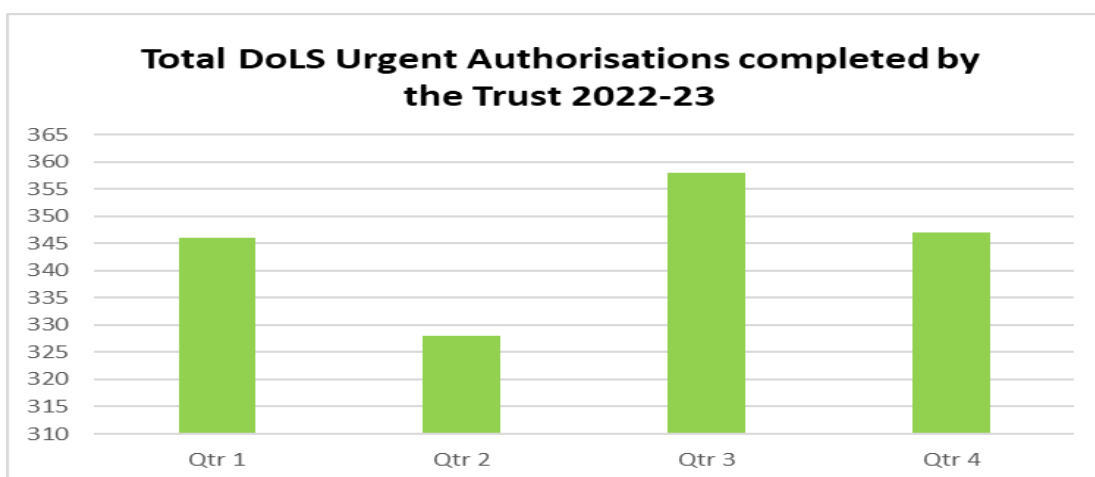


The number of concerns raised by the Trust in relation to Safeguarding concerns are shown below. The summary chart below identifies the categories of adult safeguarding concerns raised by Trust staff.

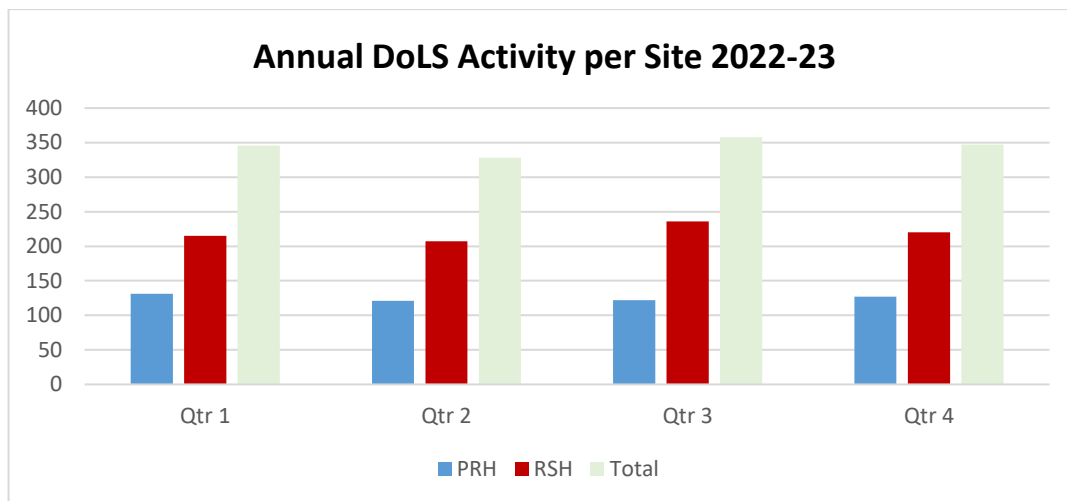


There continue to be a number of concerns raised by Trust staff that did not meet Care Act compliance. In all cases feedback is provided to the referrer, however despite the concerns not meeting the safeguarding criteria appropriate steps were taken in each case to ensure our patients were discharged safely or signposted in respect of support services.

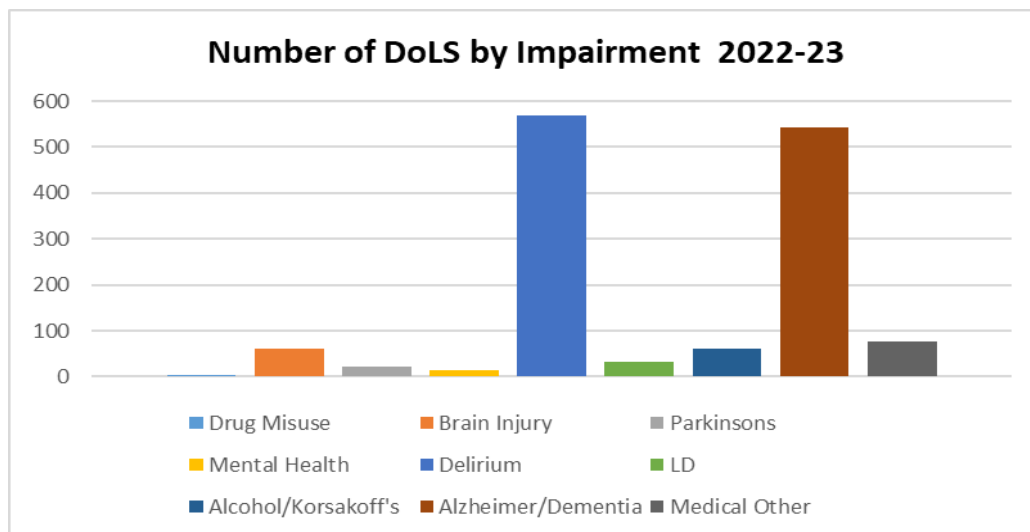
The number of Deprivation of Liberty Safeguards Authorisations completed by the Trust are shown below



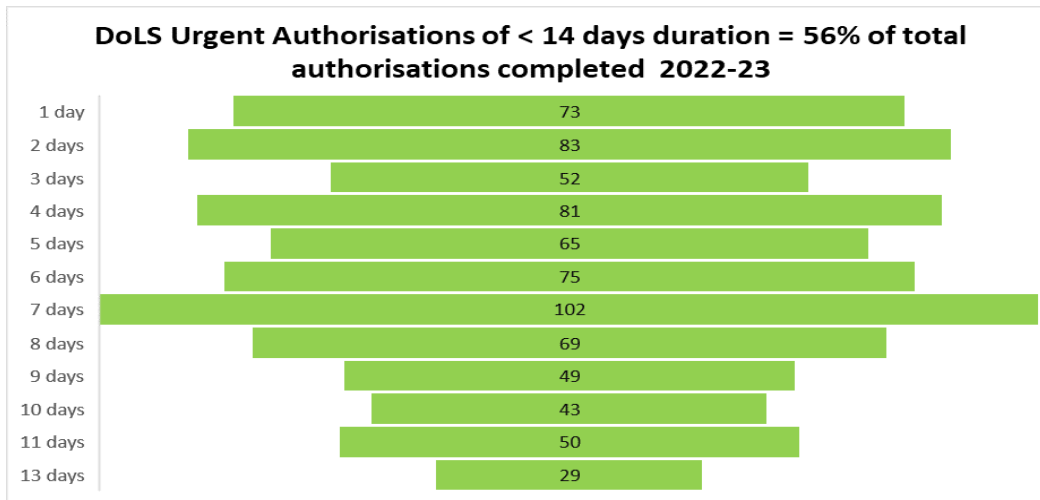
The DoLS data, split by site is identified below



When considering the impairment behind the reason that people are not able to consent to their care and care arrangements it is notable that delirium is the primary cause



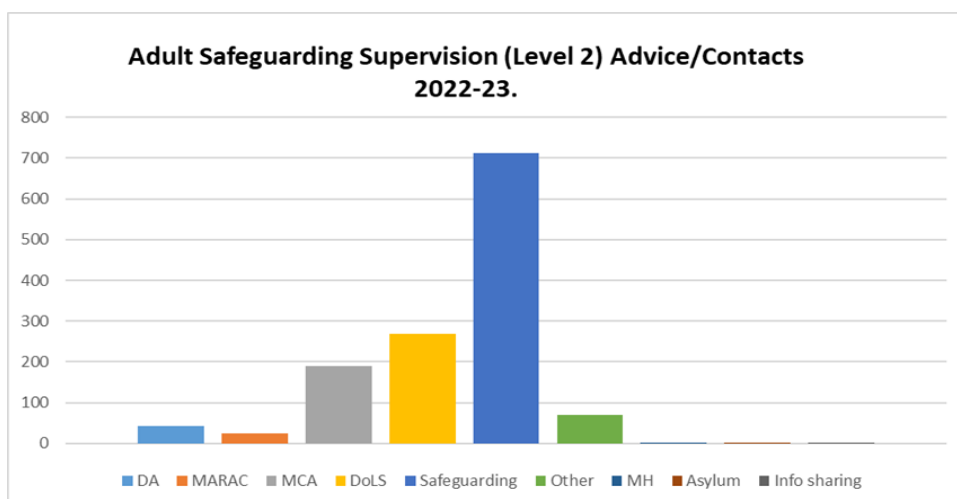
The length of time each DoLS application was required for 56 % of the total applications across both sites were for a period of 14 days or less.



4.5.2 Adult Safeguarding Supervision/Advice and Corridor Contacts

The team deals with and responded to 1300 formally logged advice calls/contacts in 2022-23 . These contacts are managed in line with the Trust Adult Safeguarding Supervision Framework Level 2 provision.

Contacts by Type



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

Safeguarding access both management and external supervision commensurate with the role

4.5.3 Safeguarding Adult Reviews and Domestic Homicide Reviews

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

The Trust submitted 3 SAR referrals to the Shropshire Safeguarding Community Partnership during 2022-23, two of which were recommended for full Safeguarding Adult Review by the Shropshire Safeguarding Partnership Board Chair

5.0 Safeguarding Audits

5.1 Safeguarding Adults Audits

5.1.1 MCA/DoLS Compliance Audit

The Q4 audit, completed in February 2023 identified a continued and sustained improvement in the overall compliance of the Mental Capacity Assessments completed in relation to DoLS.

The MCA Training continues to have an emphasis on MCA & DoLS in practice

Table1: Overall compliance with the Mental Capacity Act in relation to DoLS at February 2023

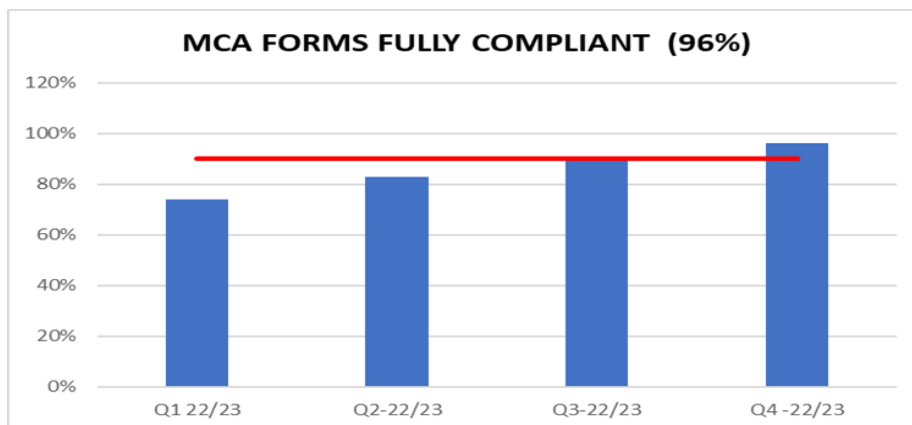
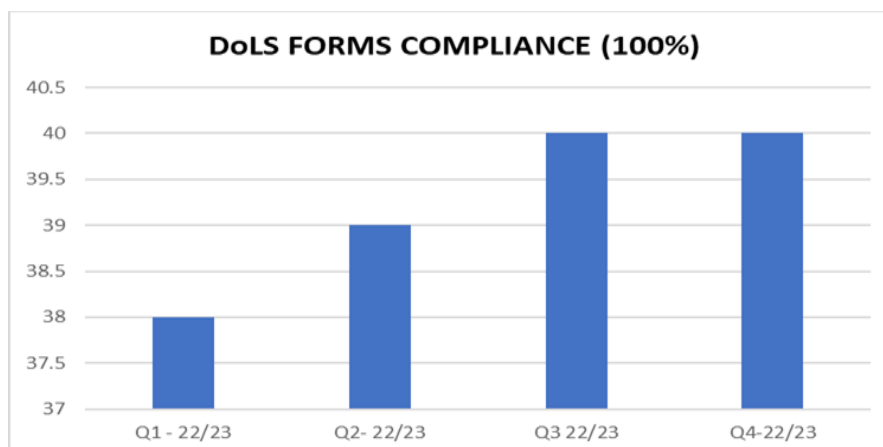


Table 2: Deprivation of Liberty Safeguards Form 1 – Request for Standard and Urgent Authorisation.



The Trust MCA and DoLS audit has been identified as exemplar practice at both ICB and NHSE regional level and there have been a number of requests for the sharing of the audit tool by a number of other organisations, including out local provider Trusts and also more widely including:

- Countess of Chester Hospital NHS Foundation Trust
- Surrey and Sussex NHS Healthcare Trust
- NHS Bath and NE Somerset, Swindon and Wiltshire CCG
- The Dudley Group NHS Foundation Trust
- Sherwood Forrest Hospitals NHS foundation Trust
- Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- NHS Leicester, Leicestershire, and Rutland ICB
- The Trust Audit tool was also requested by NHSE to share in their weekly Shout out newsletter.

5.1.2 Safeguarding Concern Quality Audit

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

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

5.1.3 Safeguarding Assurance Visit by the ICS

The ICB Head of Safeguarding has undertaken Safeguarding Assurance visits to 5 wards across the Trust during July and September 2023 . The formal report was presented to the Safeguarding Operational Group in November with positive feedback and no significant learning or actions identified.

5.1.3 ASK 5 Audit

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

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

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

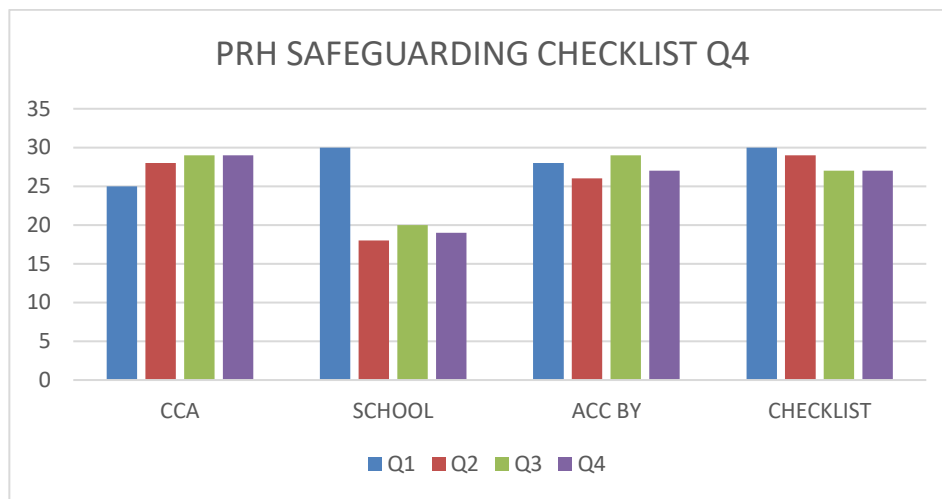
5.1.4 Self Neglect Multi Agency Case File Audit

The Trust has participated in a SSCP multi agency case file audit for 3 cases in relation to self neglect. No immediate concerns were raised in respect of Trust safeguarding practice and processes and the formal report is awaited and will be brought to the Trust Safeguarding Operational Group.

5.2 Safeguarding Children Audits

Safeguarding the ED.

Children's Emergency Department (ED) notes are audited each quarter. School is consistently the one question that is not always asked and should be. Staff in ED are aware and are also doing spot checks.



6.0 Governance and Assurance Arrangements

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

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

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

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

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

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

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

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

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

The subgroups attended by the Trust during Quarter 4 were:

Team	Telford and Wrekin Partnership Board	Shropshire Partnership Board
Adults	Safeguarding Adult Review Panel x 3 Adult Review, Learning & Training group DHR panel meetings x 3 MARAC (as required – monthly)	Self-neglect Strategic priority group Learning & Development System Group SAR meetings x 1 MARAC (as required – monthly)
Children	Partnership Development Group Rapid Reviews x 5 CSPR subgroup CSE Panel (weekly) MARAC (monthly) Death Reviews	Safeguarding Children Training Pool Assurance and Improvement System Group Quality and Performance Group Domestic Abuse Strategic Priority Group MARAC (Monthly) Early Help Focus Group Compass Steering Group Rapid Review

7.0 Key Priorities Moving Forward

- The Safeguarding teams continue to work with the Divisions to achieve the required training compliance with increased team visibility throughout the Trust to support staff in meeting their safeguarding responsibilities.
- To provide additional support a Safeguarding Champions network for Trust staff was established in 2022-23 and will continue with quarterly meetings schedules for 2023-24. A refreshed membership has been identified.
- LPS development will not now go ahead in the lifetime of this Parliament and there are no new dates or information about possible implementation. There has been a recommendation to ensure that MCA practice is embedded across all NHS

organisations and the team will continue to work with all wards and departments to ensure that MCA remains business as usual.

- Initial planning for a second Trust Safeguarding Conference for November 2023 is underway
- Introduction of an Adult safeguarding refresher training programme to maintain training compliance levels whilst providing staff with interactive workshops covering a variety of safeguarding topics. MCA refresher training will include local learning.