

Agenda Item 03.iv

Report to:	Board of Directors
Report from:	Jennifer Whisken Deputy Chief Nurse Afua Tobigah Safeguarding Operational Lead
Executive Lead:	Maura Screaton Chief Nurse
Principal Objective/ Strategy and Title:	Annual Safeguarding Report 2024/ 2025
Regulatory Requirement and Board Assurance Framework Entries:	CQC - Regulation 13, Safeguarding Service Users from Abuse, and Improper Treatment
Equality Considerations:	Equality has been considered but none believed to apply
For:	For approval

1. Executive Summary

The Safeguarding Annual Report from 1 April 2024 to 31 March 2025 provides a comprehensive overview of safeguarding activities and associated patient outcomes, governance and regulation, staff education and training at Royal Papworth Hospital (RPH).

The report reflects the Trust's commitment to protecting vulnerable adults and children, aligning the care of patients with national frameworks, statutory responsibilities, local and system priorities through a model of enhanced partnership working across Cambridge and Peterborough Integrated Care System (ICB).

1.1.Key Messages to note:

- The Safeguarding Team have a fixed session on the Trust Induction Programme, which has promoted awareness of safeguarding responsibilities with emphasis on 'safeguarding being everyone's responsibility.' This has been supported with safeguarding responsibilities added to all staff job descriptions.

- The compliance rates by competency of Level 1 and Level 2 Safeguarding Children are below target of 90% at 85.61% and 84.45% respectively. The compliance rates by competency of Level 1 and Level 2 Safeguarding Adults are below target reported at 87.57% and 85.32% respectively for 2024-2025.
- Safeguarding Adults (Board level) training compliance is 100% and Safeguarding Children (Board level) training compliance is 100% as of March 2025.
- Adult and Children Safeguarding Level 3 mandatory training compliance for staff Band 7 and above has improved from 68% to 75% in June, an increase of 8.7% over 12 months.
- Compliance mandatory training data indicates priority areas to target for improved safeguarding training access and delivery. Compliance will be monitored through divisional performance meetings with Executive Directors and with request for service/divisional improvement plans where necessary.
- The Safeguarding Team has made considerable progress in recruitment during 2024-2025 including the appointment of Deputy Safeguarding Educational Lead and Social Work Team Lead in November 2024.
- New ways of working have been implemented to deliver Safeguarding level 3 Training combining adults and children. The previous hybrid model of pre-learning followed by face-to-face training, has been replaced with a full-day in-person training session to manage demand and meet target. The change introduced in June 2025 has improved staff engagement, facilitated deeper discussion, and ensured a greater consistency in learning outcomes.
- Royal Papworth Hospital have been fully engaged with the Integrated Care Board (ICB) in developing Oliver McGowan Mandatory training for learning disability and autism. Part A is an eLearning package and current compliance with this training is 81%.
- Several interventions are proposed for the safeguarding committee to consider whilst access to release for Tier 2/ Part B Oliver McGowan training remains challenged, much of the action planning in house supports mitigations towards potential staff knowledge and skills gap.
- During the last 12 months there has been zero referrals to the Learning Disabilities Mortality Review (LeDeR) involving the death of a patient with learning disability and/ or autism.
- During 2024–2025, Royal Papworth Hospital continued to strengthen its support for patients with learning disabilities and/or autism (LDA) with the use of patient alerts, hospital passports, and early involvement of carers and advocates during treatment and discharge planning. In addition,

improvements were also noted in identifying LDA patients through inpatient board rounds and referral processes.

- Royal Papworth Hospital received positive recognition from the *Learning from Lives and Deaths – People with a Learning Disability and Autistic People (LeDeR)* Programme, coordinated by the Cambridgeshire & Peterborough Integrated Care System.
- A Dementia Vision has been developed for patients attending RPH through a multi-disciplinary Task and Finish group and a plan of action for the introduction of the dementia vision is currently being devised.
- Quarterly activity reporting to the Safeguarding Committee had been reviewed with safeguarding now reported separately from social work activity, to provide clarity for statutory safeguarding activity and reporting.
- The highest activity reported for the safeguarding team is self-neglect, learning disability and autism, mental capacity assessments and children safeguarding referrals.
- There have been 2 notifiable incidents to the Local Authority Designated Officer (LADO) from RPH. The first case required no further action, whilst the second case is ongoing with appropriate safeguards in place.
- Two Deprivation of Liberty Safeguards (DoLs) applications were submitted during 2024-25; both applications were later withdrawn as the patients regained capacity prior to authorisation.
- A clear serious violence pathway has now been embedded within the revised DN 307 Safeguarding Adults Policy, enabling staff to identify, respond to, and escalate concerns in line with statutory responsibilities under the Crime and Policing Act (2022).
- Inpatient and outpatient activity of patients under 18 years was less than 1% of Royal Papworth Hospital's total activity. The longest stay for a patient under 18 years was 48 days.
- Royal Papworth Hospital reviewed and updated its Modern Slavery and Human Trafficking Statement in line with Section 54 of the Modern Slavery Act 2015 in October 2024. This statement reaffirms the Trust's commitment to ensuring there is no modern slavery and/ or human trafficking in its supply chains or any part of its business.
- All safeguarding policies are UpToDate following review of policies in line with best evidence and statutory requirements. Of note DN168 Chaperone Policy has been revamped and published, with the development of a chaperoning

training programme available via a virtual platform in support of Regulation 13, Safeguarding Service Users from Abuse, and Improper Treatment.

- The key safeguarding themes reported in DATIX are communication within teams regarding handover between Royal Papworth Hospital when a patient is repatriated to the local hospital and communication between providers regarding the discharge of a patient with complex needs.
- Collaboration across the Tissue Viability Nurse Team, Critical Care and Safeguarding Teams has led to improvements for inter-hospital safeguarding patient handovers in relation to pressure ulcers.
- There are two Risk assessments on the RPH Risk Register which are Risk 3461 Safeguarding Children and Adult Level 3 training compliance and Risk 3644 Deprivation of Liberty Safeguards (DoLS).
- Patients that transition from childhood to adult services is highest for Acute Congenital Heart Disease (ACHD), followed by Cystic Fibrosis (CF) and Transplant. The Transition Steering Group has been launched this year to provide governance oversight. The ambition is to develop a Transition Clinical Guideline and to produce a Transition pathway that is transferable across all RPH departments.
- A gap Analysis of RN01172 Safeguarding Children, Young People and Adults at risk in the NHS – Safeguarding Accountability and Assurance Framework Version 4 has enabled strategic planning and prioritisation for RPH.
- A key development this year was the introduction of a Domestic Abuse Safe Enquiry prompt within the inpatient admission form on the patient electronic record to ensure that clinical staff routinely ask patients, in a safe and private manner, whether they feel safe at home and/ or are experiencing any form of domestic abuse.
- There has been one Prevent incident reported since the last annual safeguarding report that that did not meet the threshold. The management of the Prevent case at RPH was commended by Cambridge and Peterborough ICB for excellence in multi-professional partnership working.
- The safeguarding team celebrated the achievements at the 2024 Royal Papworth Staff Awards, where three members were recognised for their outstanding contributions in the categories of Inclusion, Student/ Apprentice of the year and Collaboration.

- There have been improvements to the documentation of Mental Capacity Assessment on Lorenzo Electronic Patient Record (EPR) to ensure this is in line with latest guidance and statutory duty.
- Royal Papworth Hospital has maintained active engagement in Cambridgeshire and Peterborough Board enabling the sharing of learning and alignment of system priorities. Key meetings and contributions from the safeguarding team enable RPH to benchmark against other providers and contribute to shared learning across the system.
- Priorities for 2025–2026 reflect the Trust’s ongoing commitment to safeguarding excellence and continuous improvement in patient care and staff support, and to capturing both the patient and carer experience.

2. Introduction

2.1. Adult and children safeguarding in the context of this annual report means to work with an individual to protect their right to live in safety, free from abuse, harm, and neglect. This can include both initiative-taking and reactive interventions to support health and well-being with the engagement of the individual and their wider community.

2.2. This annual report will cover the following areas:

- Safeguarding roles, structure and governance
- Safeguarding key activities and associated patient outcomes
- Notifiable safeguarding incidents
- DATIX reporting and Risk Register
- Safeguarding education and training including compliance
- Learning disability and autism
- Care of the patient with dementia and delirium
- Mental capacity assessment and Deprivation of Liberty Safeguards
- Transition of patients from paediatric to adult services
- Areas of focus include pressure ulcers, serious violence duty, domestic abuse, Prevent and modern slavery
- Safeguarding policy updates
- Safeguarding audit
- Safeguarding frameworks and guidelines
- Partnership and system engagement
- Safeguarding priorities for 2025-2026

3. Safeguarding team, roles, structure and governance

3.1. The Executive Lead for safeguarding is the Chief Nurse and the strategic safeguarding lead is the Deputy Chief Nurse. The Safeguarding Operational Lead

acts as the Trust Mental Capacity Assessment and Prevent Lead, and the Domestic Abuse Lead professional.

RPH has a Named Nurse and Doctor for Safeguarding Children and a Deputy Safeguarding Lead for Education.

The Safeguarding Team at RPH also comprises 0.8 WTE Social Work Team Leader and 2.6 WTE social workers (includes 1 0.8 WTE vacancy) and 2.0 WTE Social Workers. There are 2.6 WTE Social Care Co-ordinators who arrange social or intermediate care for patients on discharge of which 15 hours are dedicated to safeguarding. The coordinators also perform an essential gatekeeping role to ensure that safeguarding referrals are triaged and passed to the most appropriate member of staff.

3.2. The Safeguarding Committee meetings are scheduled quarterly and chaired by the Chief Nurse. The Committee reports to the Quality and Risk Committee to assure that patients who attend RPH are safeguarded, and that staff are suitably skilled and supported, and the Trust has discharged its duties outlined in legislation to safeguard and co-operate with other agencies to protect patients at risk from harm, abuse, and neglect.

3.3. There have been changes in personnel within the organisational safeguarding structure to include the appointment of a Deputy Safeguarding Educational Lead and Social Work Team Lead in November 2024.

3.4. Each professional and organisation must do everything they can to ensure that patients are protected from abuse, harm, and neglect. A decision was therefore taken at the Safeguarding Committee for safeguarding responsibilities to be added to all staff job descriptions.

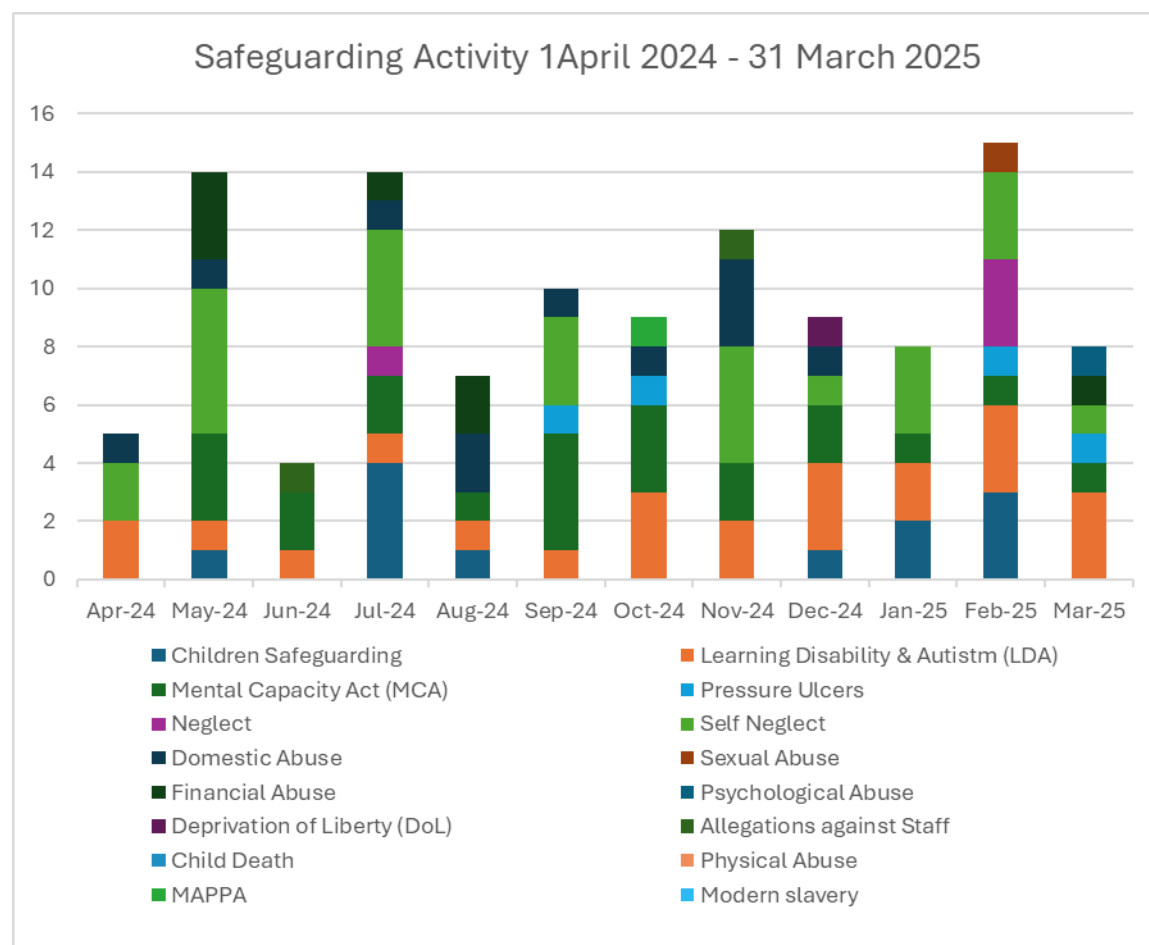
3.5. The safeguarding team celebrated multiple achievements at the 2024 Royal Papworth Staff Awards to include:

- *Winner of the Inclusion Award*, in recognition of commitment to promoting equality, diversity, and inclusion across the organisation.
- *Highly Commended* in the *Student/Apprentice of the Year* category for dedication, learning, and impact as a developing professional.
- *Highly Commended for Collaboration*, acknowledging exceptional ability to work across teams and improve patient care pathways.

4. Safeguarding Activity

4.1. During the last 12 months, from 1st April 2024 to 31st March 2025 there have been several important themes emerging from activity under the Safeguarding team as illustrated in **Chart 1** and **Table 1**.

Chart 1 Safeguarding Activity 1 April 2024 – 31 March 2025



4.2. The highest activity for the safeguarding team is self-neglect, learning disability and autism, mental capacity assessment and children safeguarding referrals according to figures shown in **Table 1**.

- Self-Neglect of patients attending RPH is reported most months with exception of June and August, demonstrating a recurring and widespread safeguarding patient care concern.
- Learning Disability and Autism (LDA) and Mental Capacity Assessment (MCA) issues are consistently reported throughout the year, indicating the ability of staff to identify concerns.

Table 1 Safeguarding Activity 1 April 2024 – 31 March 2025

Safeguarding Activity 2024/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Totals
Children Safeguarding	3	5	0	6	14
Learning Disability & Autism (LDA)	4	3	8	8	23
Mental Capacity Assessment (MCA)	6	4	9	3	22
Pressure Ulcers	1	0	2	2	5
Neglect	1	1	0	3	5
Self-Neglect	7	4	7	7	25
Domestic Abuse	2	4	5	0	11
Sexual Abuse	1	0	0	1	2
Financial Abuse	3	3	0	1	7
Psychological Abuse	0	0	0	1	1
Deprivation of Liberty (DoL)	0	0	0	0	0
Allegations against Staff	1	0	1	0	2
Child Death	0	0	0	0	0
Physical Abuse	0	0	0	0	0
MAPPA	0	0	1	0	1
Modern slavery	0	0	0	0	0

- Learning disability and autism-related safeguarding is a requirement for patient care throughout the year, reflecting continued support needs and vulnerabilities within this patient group, and the need for reasonable adjustments to be put in place in partnership with the patient and carer/ family.
- Sexual abuse, psychological abuse, and deprivation of liberty concerns are rarely recorded, which may indicate underreporting, limited recognition, and/ or fewer referrals.
- Safeguarding concerns are noticeably lower in September and October, with fewer issues recorded across all categories, which may reflect seasonal or operational variations.

- Domestic abuse, financial abuse, and allegations against staff appear sporadically, without a clear monthly pattern, suggesting that these may be more incident-driven.
- The patterns highlight the importance of maintaining good safeguarding awareness and practice from all staff across the Trust, particularly where consistent themes emerge and where data suggests a lack of visibility.
- A key change in safeguarding activity reporting has been the introduction of separation of statutory safeguarding responsibilities from broader social work activity. While the themes and nature of concerns remain closely aligned, including self-neglect, mental health, domestic abuse, and complex discharge planning; this separation ensures that the safeguarding data presented in this report reflects only those cases managed under statutory safeguarding frameworks.
- The change has since improved clarity, enhanced governance oversight, and ensured alignment with national reporting standards. By distinguishing safeguarding-specific work, the Trust is better positioned to monitor performance, identify trends, and provide assurance regarding its statutory duties to protect adults and children at risk.
- Most Children safeguarding referrals are patients transitioning from child to adult services.
- The remaining children safeguarding referrals include welfare grants provided to facilitate admission; children of patients experiencing domestic abuse with referral to social services; foster care placement to allow for the carer hospital admission, support and advice for parental childcare and guardianship to social services due to a carer deceased.
- The safeguarding team have presented patient stories at Safeguarding Committee across the reporting period to include:
 - Patient story involving a complex patient discharge whereby the patient had a hoarding disorder and required home oxygen on discharge in a safe environment
 - Patient story involving the need to arrange childcare/ foster care placement to facilitate a patient's hospital admission

4.3. Notifiable Incidents

The Local Authority Designated Officer (LADO) role, as mandated by *Working Together to Safeguard Children*, provides oversight and coordination in cases involving allegations made against staff and/ or volunteers who work with children.

There have been 2 notifiable incidents to LADO from RPH:

- One case notified to LADO required no further action. As a result of this case, a recommendation was made to develop a standard chronology template for documenting safeguarding allegations to support consistent and robust record-keeping.

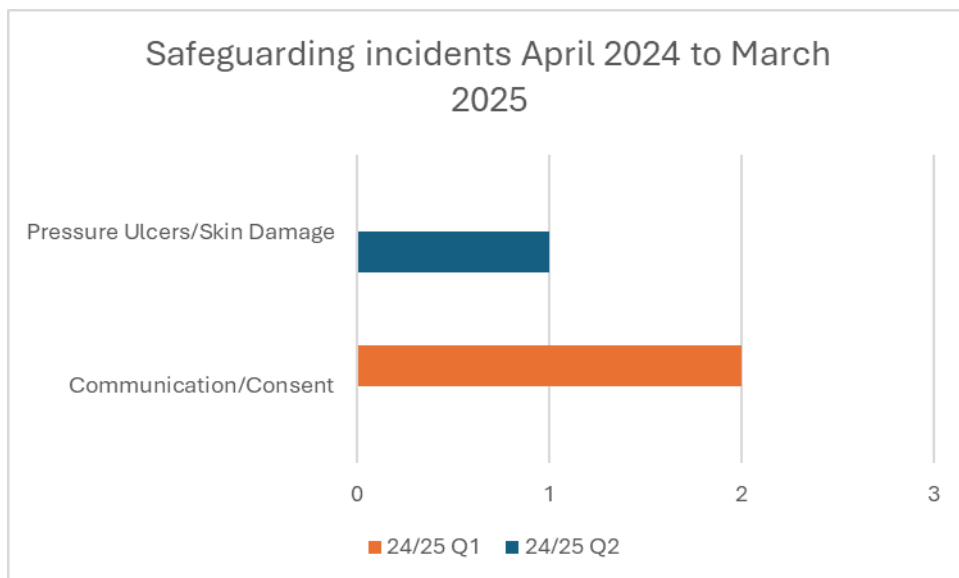
- The second LADO case remains open with appropriate support and safeguards in place.

4.4. DATIX Reporting and Risk Assessments

The Safeguarding Team review all DATIX incidents where safeguarding concerns are attributable to RPH and any external providers where a safeguarding area of concern has been highlighted.

The key safeguarding themes reported by DATIX attributable to RPH is shown in **Chart 2.**

Chart 2 RPH Patient Safeguarding Incidents by Category April 2024 - March 2025



- Themes to note are communication within teams regarding handover between Royal Papworth Hospital when a patient was repatriated to their local hospital. This resulted in lack of information about a category 2 pressure ulcer, and communication between providers regarding the discharge of a patient with complex needs.
- There were two external incidents of safeguarding concerns attributable to other providers which Trust staff recognised and reported via the Datix system. These have been shared with the referring organisations for investigation.
- One related to concerns about a patient admitted with a fracture of no known cause and the second where a patient with learning difficulties was admitted

from residential care with large area of moisture associated skin damage and category 2 pressure ulcers.

- Collaboration across the Tissue Viability Nurse Team, Critical Care and Safeguarding Teams has led to improvements for inter-hospital safeguarding patient handovers in relation to pressure ulcers.

4.5. Risk Register

There are two Risk assessments on the RPH Risk Register.

- **Risk 3461 Safeguarding Children and Adult Level 3 training compliance**

High Risk/ rating 12. Mitigations are outlined *under section 4 – education and training*.

- **Risk 3644 Deprivation of Liberty Safeguards (DoLS)**

High Risk/ rating 8. The current delays in the processing of Deprivation of Liberty Safeguards (DoLS) authorisations are part of a wider national issue affecting local authority supervisory bodies across the country. While Royal Papworth Hospital has not directly experienced significant delays, discussions have taken place at a system level following challenges raised by Cambridge University Hospital.

As a result, the Cambridgeshire and Peterborough Integrated Care Board (ICB) has escalated this concern as a national issue, as a systemic risk. The advice provided clarified that although the delays stem from the local authority, the legal risk of breaching a person's human rights ultimately sits with the hospital where the individual is admitted; as such, Trusts have been advised to record this as a formal risk and, where applicable, mitigate it by closely monitoring mental capacity assessments and ensuring all necessary safeguards are in place.

5. Safeguarding education and training

5.1. Education is crucial to equip and empower staff with knowledge and skills for safeguarding to be embedded into day-to-day working practice.

Acquiring knowledge, skills and expertise in adult and children safeguarding should be seen as a continuum. Training needs to be flexible, encompassing different learning styles and opportunities. RPH ensures all staff can access safeguarding training, support and expert advice via the safeguarding team and specialist named roles.

5.2. Trust-Wide Training Compliance (April 2024 to March 2025) is shown in **Graph 1** for Safeguarding Adult and Children Level 1, 2 and 3 training

- The graph illustrates an upward trajectory for level 3 safeguarding training (light and dark green) compliance, and a slightly downward trajectory for levels 1 & 2 safeguarding training (blue, orange and purple).

Graph 1 Trust safeguarding training level 1,2, 3 compliance 2024 - 2025

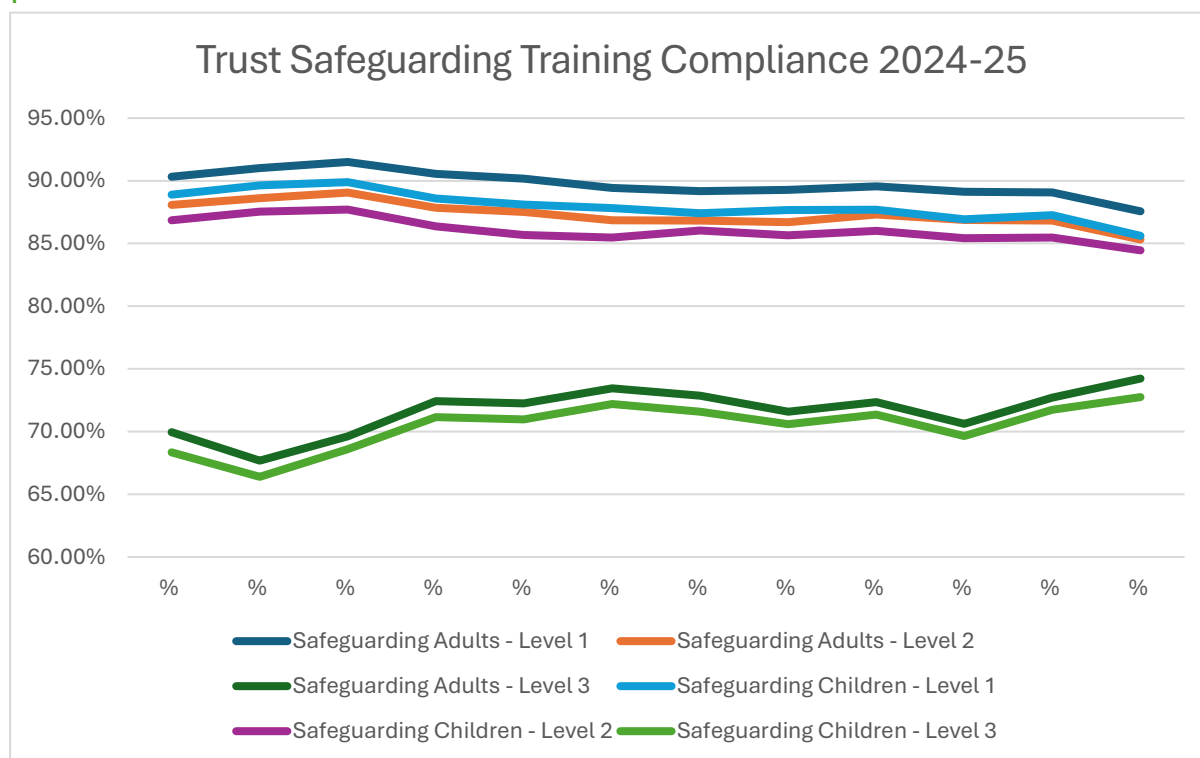


Table 2 Safeguarding Training Compliance at Royal Papworth Hospital
1 April 2024 to 31 March 2025

Training Category	Mar 2025	Feb 2025	Jan 2025	Dec 2024	Nov 2024	Oct 2024	Sep 2024	Aug 2024	Jul 2024	Jun 2024	May 2024	Apr 2024	Mean/Average
Preventing Radicalisation - Basic Prevent Awareness	90.38%	92.55%	91.71%	92.88%	91.49%	92.27%	93.58%	94.44%	94.18%	94.83%	95.47%	93.51%	93.11%
Preventing Radicalisation - Prevent Awareness	85.75%	86.78%	86.63%	86.92%	87.87%	86.75%	86.58%	86.22%	86.65%	87.21%	86.49%	85.80%	86.64%
Safeguarding Adults - Level 1	87.57%	89.06%	89.12%	89.57%	89.29%	89.17%	89.44%	90.17%	90.56%	91.50%	91.01%	90.32%	89.73%
Safeguarding Adults - Level 2	85.32%	86.83%	86.87%	87.31%	86.71%	86.82%	86.85%	87.51%	87.86%	89.06%	88.62%	88.08%	87.32%
Safeguarding Adults - Level 3	74.23%	72.70%	70.60%	72.34%	71.58%	72.85%	73.46%	72.24%	72.43%	69.61%	67.68%	69.94%	71.64%
Safeguarding Adults - Level 4	78.00%	79.25%	80.10%	81.00%	82.50%	83.75%	84.60%	85.20%	86.00%	86.75%	87.50%	88.00%	83.55%
Safeguarding Adults - Board Level - Level 3	100%	100%	100%	100%	100%	100%	100%	100%	50.00%	83.33%	85.71%	85.71%	92.06%
Safeguarding Children - Level 1	85.61%	87.25%	86.92%	87.70%	87.68%	87.42%	87.81%	88.10%	88.59%	89.89%	89.63%	88.89%	87.96%
Safeguarding Children - Level 2	84.45%	85.48%	85.43%	86.00%	85.66%	86.03%	85.48%	85.68%	86.35%	87.70%	87.55%	86.85%	86.06%
Safeguarding Children - Level 3	72.75%	71.73%	69.63%	71.35%	70.59%	71.58%	72.19%	70.97%	71.16%	68.60%	66.39%	68.35%	70.44%
Safeguarding Children - Board Level - Level 3	100%	100%	100%	100%	100%	100%	100%	100%	50.00%	50.00%	50.00%	50.00%	83.33%

- The compliance rates by competency of Level 1 and Level 2 Safeguarding Children are below target of 90% at 85.61% and 84.45% respectively as shown in **Table 2** as of March 2025.
- The compliance rates by competency of Level 1 and Level 2 Safeguarding Adults are below target reported at 87.57% and 85.32% respectively as shown in **Table 2** as of March 2025.
- Level 3 safeguarding training for adults and children is for registered health care staff who engage in assessing, planning, intervening, and evaluating the needs of patients where there is as safeguarding concern.
- Safeguarding Adults (Board level) training compliance is 100% and Safeguarding Children (Board level) training compliance is 100% as of March 2025, as shown in **Table 2**.
- Level 3 Trust wide safeguarding training compliance for Safeguarding Children is 72.75% and for adults 74.23% as of March 2025, as shown in **Table 2**.
- Adult and Children Safeguarding Level 3 mandatory training compliance for staff Band 7 and above has improved as of June 2025, from 68% to 75%, an increase of 8.7% over 12 months as shown in **Chart 3**.
- Level 4 Safeguarding people training compliance is 78% reported in March 2025. There are five members of staff required to complete level 4 Safeguarding People. The deputy safeguarding educational lead is the remaining staff member to complete level 4 training and awaiting availability of training dates.

5.3.Safeguarding has been formally embedded into the Trust's Induction Programme since March 2025. New staff receive an overview of safeguarding principles, safeguarding team structure and safeguarding escalation patient pathways.

5.4.Developing an organisational culture where all staff are aware of their personal responsibilities for safeguarding and information sharing. Currently, lessons were being cascaded through 'Message of the Week', the quarterly Safeguarding Committee meeting membership and Safeguarding Level 3 training. Improvement was required around training, offering safeguarding supervision to clinical staff and sharing lessons to front line staff through educational visibility rounds.

5.5. Developing and promoting a learning culture to ensure continuous improvement and competency, and the need for safeguarding supervision for all staff had been identified. The Safeguarding Team have now received training on the provision of safeguarding supervision.

5.6. Level 3 Safeguarding compliance

Safeguarding Level 3 training is required to comply with the guidelines established by the Intercollegiate Document: Adult Safeguarding – Roles and Competencies for Health Care Staff (2nd Edition, 2024). The document outlines that healthcare organisations have a responsibility to ensure that service users are safeguarded, and that staff are appropriately trained and supported to perform this duty.

The guidance reflected in the CSTF recommends that Level 3 Safeguarding Adults/Children training be provided to all healthcare staff who engage in assessing, planning, delivering, or evaluating care for adults where safeguarding concerns may arise, in accordance with their role. This includes a requirement for a minimum of eight hours of safeguarding training every three years.

Training comprises a four-hour facilitated session delivered by SMEs, in addition to four hours of self-directed learning as part of the Safeguarding Passport programme.

Level 3 safeguarding training is delivered once monthly to all RPH staff with spaces for up to 40 people per session; this equates to 480 spaces per annum. Effective from June 2025, level 3 safeguarding training has been offered to band 5 staff and above.

As of June 2025, the overall Level 3 safeguarding training compliance rate at Royal Papworth Hospital (RPH) has improved from 68% to 75%; with 387 staff across the Trust identified as requiring Level 3 safeguarding training; an 8.7% increase over 12 months. This shows an improving overall compliance despite increasing staff numbers as illustrated in **Chart 3**.

Chart 3 Trust Level 3 Safeguarding Compliance from May 2024 to May 2025

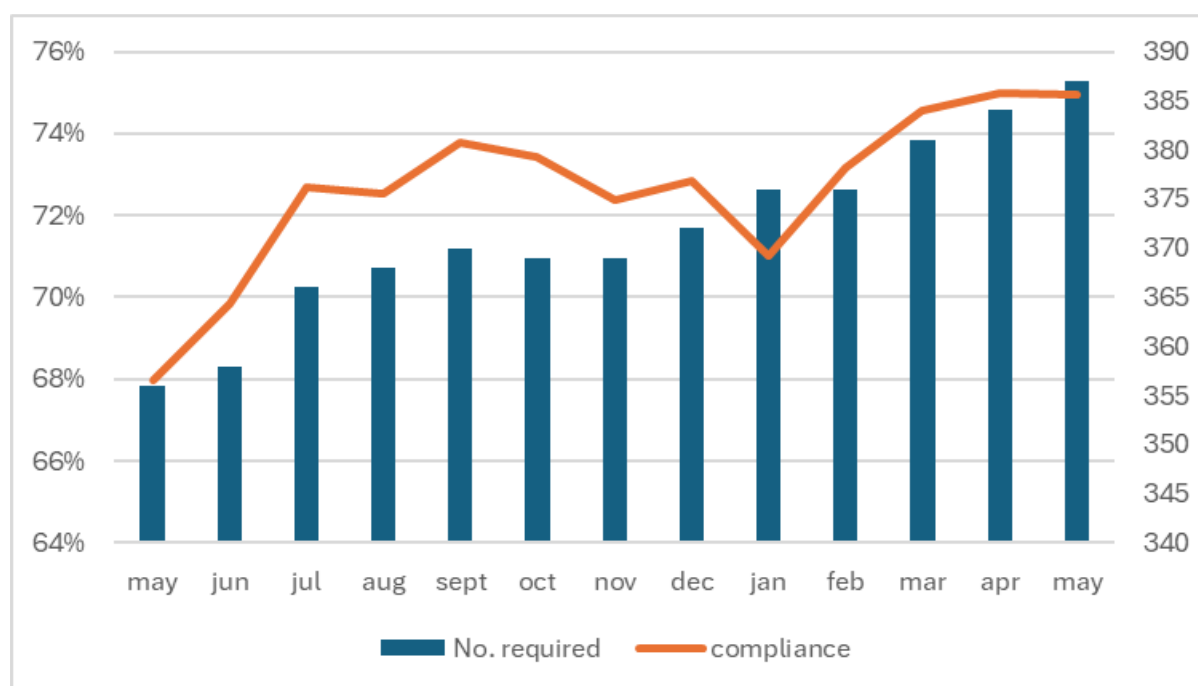


Table 3 - Trust Safeguarding Level 3 Compliance per division as of June 2025

Department	No. required	Compliant	Compliance
Cardiology	89	68	76%
Nursing Clinical	85	71	84%
Nursing Corporate	14	11	75%
Surgery, Theatres & Anaesthetics	116	74	64%
Thoracic Medicine	71	62	88%

Table 4 - Trust Safeguarding Level 3 Compliance per professional group as of June 2025

Profession	No. required	Compliant	Compliance
Add Prof Scientific and Technic	18	16	89%
Allied Health Professionals	53	41	77%
Healthcare Scientists	56	46	82%
Medical (consultants)	91	40	44%
Nursing and Midwifery Registered	187	157	84%

- The highest compliance for level 3 safeguarding training per division is Thoracic Medicine and Nursing Clinical as shown in **Table 3**.
- Compliance data above indicates priority target areas for improved training access and compliance for Surgery, Theatres and Anaesthetics (STA), Nursing Corporate and Cardiology, and for Professional group Medical (consultants) average 56% non-compliance with total 91 allocated staff as shown in **Table 4**.
- Poor compliance is noted on Datix Risk ID3520 – current rating 9, High Risk.

5.7.Steps to reach compliance / mitigations

A Deputy Safeguarding Educational Lead was appointed in December 2024 to support direction in best patient care, training delivery and compliance. The post is also supported through the Safeguarding Committee and identifies direct reporting and escalation lines to the Deputy Chief Nurse and Chief Nurse.

Identified gaps in the previous training offering, alongside responses to staff feedback in mechanisms for training delivery and competence assessment has

resulted in a revised programme. This now comprises a full-day (8 hours) 'one-stop-shop' face-to-face session covering both Adult and Children safeguarding, commenced in June 2025.

Additionally, in response to further scrutiny of allocation and interpretation of the Intercollegiate Guidance, re-mapping of staff allocation is being undertaken. It is proposed the scope of allocation will increase to include all clinical staff Band 5 upwards (currently B7 upwards). A temporary drop in overall compliance rates is therefore anticipated once the data is migrated to ESR. To mitigate this, training has been made available proactively to Band 5 and 6 nurses and Allied Health Professionals (AHPs), allowing their compliance to be retrospectively recorded once the mapping is complete, providing a more accurate reflection of true compliance levels.

It is anticipated that a full 12-month monitoring will be required to stabilise and assess compliance figures accurately.

Specific to medical staff, ongoing strategies for improved engagement and awareness are being deployed, including direct steer from the Named Doctor for Safeguarding, these include:

- Named Doctor for safeguarding and Deputy Medical Director championing the importance of Safeguarding Level 3 training with Consultant colleagues and all medical staff.
- "Golden hour" 15-minute targeted sessions for consultants to increase engagement.
- Direct requests at medical induction for staff with existing competence to share that with RPH to enable records update.
- Initiative-taking enrolment by training teams into training sessions for non-compliant medical staff as part of the onboarding process.
- Consideration consultant appraisals should be aligned to Agenda for Change appraisal approach, non-signing without evidence of mandatory training compliance.
- Targeted contact with medical staff for six months' advance notice of competence renewal.
- Engagement with governance groups such as the Medical Education and Training Committee (METC) to support oversight and accountability.
- Further development of Safeguarding Champions for each ward/area to support disseminating Safeguarding messages and how to book onto training.
- Compliance with Safeguarding Level 3 will be monitored through divisional performance with Exec Directors with request for service/divisional improvement plans where necessary.

6. Learning Disability and Autism (LDA)

6.1. Learning disability is defined by Mencap as ‘a reduced intellectual ability and difficulty with everyday activities, for example household tasks, socialising or managing money which affects someone for their whole life.’

Autism is defined by the National Autistic Society as ‘a lifelong developmental disability which affects how people communicate and interact with the world. More than one in 100 people are on the autism spectrum and there are around 700,000 autistic adults and children in the UK.’

6.2. Statutory and regulatory requirements

The Equality Act (2010) imposes a duty to make ‘reasonable adjustments’ for disabled persons. Reasonable adjustments are defined as ‘changes to practice and processes which are implemented to prevent any disabled persons from being at a disadvantage, whether by virtue of a physical feature of the premises or a process that places people with a disability at a disadvantage.’

The Health and Care Act (2022) introduced a requirement that all regulated health and social care service providers ensure their staff receive training on learning disability and autism which is appropriate to the person's role. Furthermore, the Government Mandate (2022-23) to NHS England focused on improving services for people with learning disabilities and on supporting them in the community to reduce reliance on mental health inpatient care.

6.3. During 2024–2025, Royal Papworth Hospital continued to strengthen its support for patients with learning disabilities and/or autism, in line with NHS Improvement standards and national priorities.

Notable progress has been achieved with the use of patient alerts, hospital passports, and early involvement of carers and advocates during treatment and discharge planning. In addition, improvements were also noted in identifying LDA patients through inpatient board rounds and referral processes.

6.4. The Trust reported zero LeDeR referrals this year and continues to monitor and respond to deaths of patients with learning disabilities in accordance with national policy.

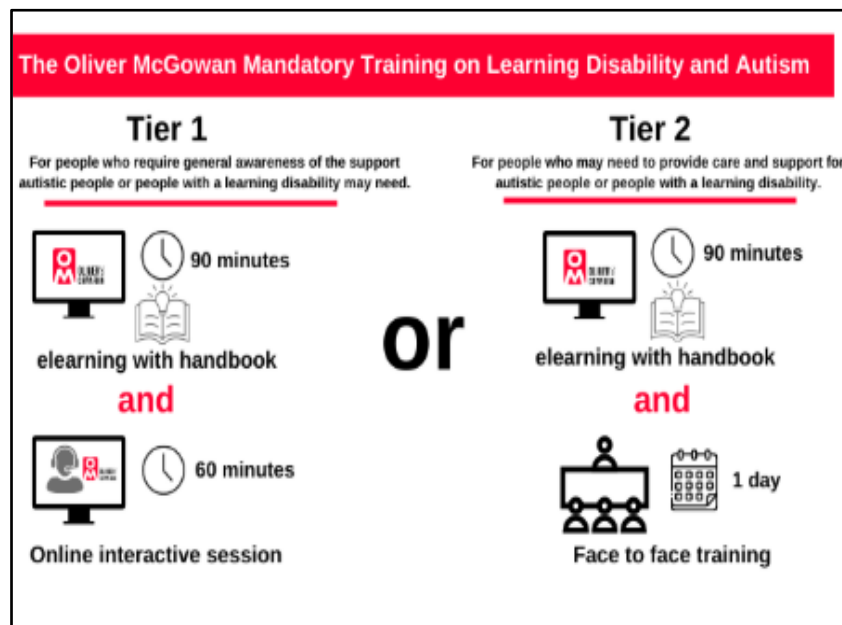
6.5. Autism and Learning Disability – Baseline Assessment and Progress

A baseline assessment was completed in line with RPH commitment to improving care for autistic adults and individuals with learning disabilities. Key actions were aligned with the learning disability improvement standards: Respecting and Protecting Rights, Inclusion and Engagement and Workforce identified as part of assessment to inform an action plan. Progress against these actions are reported to and monitored through the Safeguarding Committee.

In alignment with NICE Clinical Guideline [CG142] on supporting autistic adults, Royal Papworth Hospital has made noteworthy progress in the following areas:

- Staff knowledge and awareness:

- Targeted communications delivered via team meetings.
 - Active participation in Learning Disability Awareness Month (March 2025), including a public-facing information stand to promote engagement and visibility.
- Mandatory training compliance:
The Trust continues to embed the Oliver McGowan Mandatory Training (the government's preferred training for autism and learning disability). Training compliance is monitored by the Safeguarding Committee, with plans in place for a 3-year renewal cycle to ensure sustained staff competency.
- Training delivery is blended, and all identified staff must complete a digital learning module (Part A), followed by either a live virtual session (Tier 1 Part B) or a full-day, face-to-face session (Tier 2/ Part B) as shown in the diagram below:



- Guidance is that Oliver McGowan Training is intended to be repeated every three years. It is not yet clear from central bodies if PART A and PART B must be repeated, or whether PART B can be replaced by an accepted evaluation of competence after the first intervention. Statutory guidance on the intervention remains in draft form until September 2025.
- In June 2025, we have identified and mapped staff groups to relevant tiers of the training and have rolled out part A (digital learning) in full. Staff have been active in completing Part A.
- Several interventions are proposed for the safeguarding committee to consider whilst access to release for PART B Oliver McGowan training remains challenged/ awaiting availability of places for RPH staff to attend; much of the action planning in house supports mitigations towards potential staff knowledge and skills gap.

- Staff Allocation:

Part A (digital learning) completion: 1,417 staff (81.14%)

June 2025: Total completions:

Outstanding: 361 staff (18.86%)

- Inclusive patient and carer engagement:
Public-facing resources, including leaflets and signposting to local support services, are available via the Patient Advice and Liaison Service (PALS) and the Trust intranet, supporting both patients and carers.

6.6. Royal Papworth Hospital received positive recognition In Quarter 4, 2025 from the *Learning from Lives and Deaths – People with a Learning Disability and Autistic People (LeDeR)* programme, coordinated by the Cambridgeshire & Peterborough Integrated Care System

The patient's carer described the care provided by RPH clinicians and healthcare professionals as “*excellent.*”

The LeDeR reviewer commended the hospital for:

- High-quality, person-centred care delivered by a range of professionals.
- Effective communication between RPH and the patient's GP, particularly around medication changes and blood tests.
- Strong interagency collaboration with Cambridge University Hospitals (CUH) during the patient's final admission, especially concerning the management and treatment of her Atrioventricular Septal Defect (AVSD).

Table 5 - Learning Disability and Autism activity within the hospital

1 April 2024 – 31 March 2025

April 2024- March 2025	Admissions	Unique patient Admissions	outpatients	Unique patient attending OP
Learning Disability and Autism	65	39	313	79
All patients	25,809	19,046	127,731	45,922
Percentage	0.15%	0.20%	0.25%	0.17%

Admissions and outpatient activity of patients with LDA was less than 1% of Royal Papworth Hospital's total patient activity as illustrated in **Table 5**.

7. Care of the patient with dementia and delirium

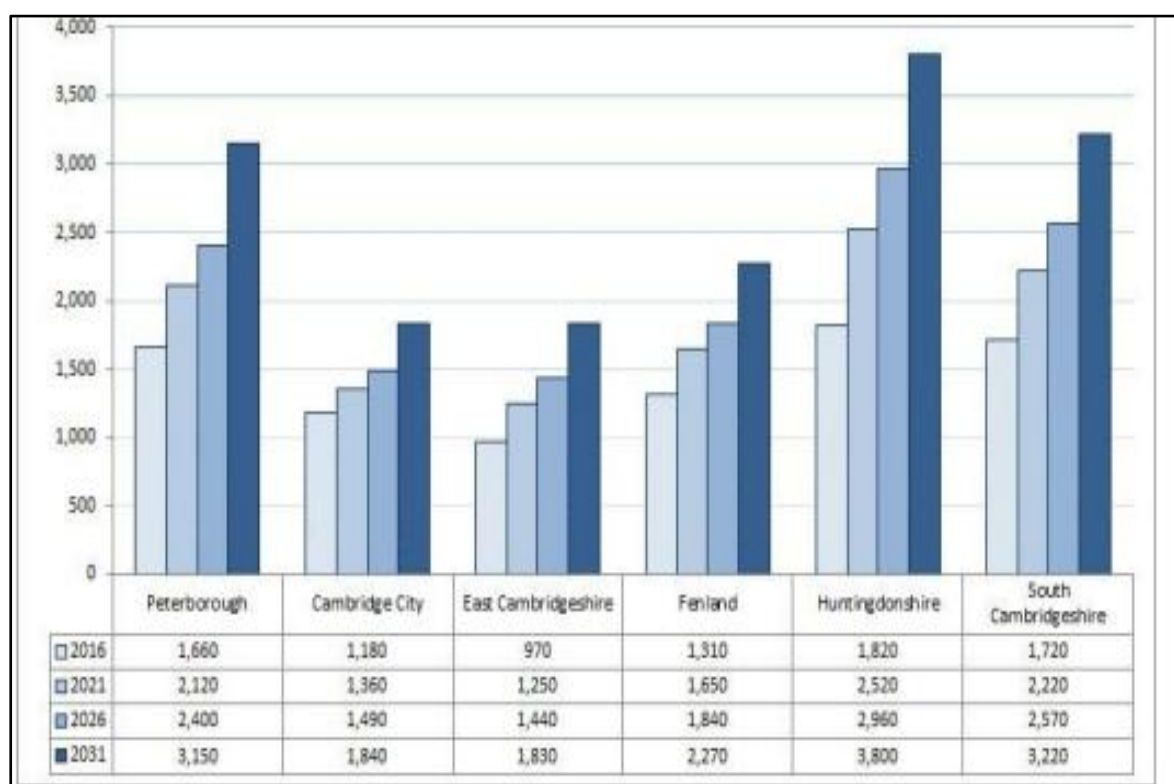
7.1. Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning. There are different causes of dementia with Alzheimer's disease and vascular being the most common.

People with dementia can lose interest in their usual activities and may have problems managing their behaviour or emotions. Aspects of their personality may change, and they may lose empathy. A person with dementia may see or hear things that other people do not (hallucinations).

The NICE guidelines (NG97) for Dementia: assessment, management and support for people living with dementia and their carers state that providing care and support is complex, because of the number of people living with dementia and the variation in the symptoms each person experiences. Areas that pose challenges for services and practitioners may include coordinating care and support between different services, what support carers need, and how this should be provided, and staff training.

There is a rising trend of dementia diagnoses with Cambridgeshire and Peterborough. Data presented in **Chart 4** below illustrates how within the local population, dementia diagnosis is projected and trending upwards.

Chart 4 Dementia Prevalence in Cambridgeshire and Peterborough



Graph taken from Cambridgeshire and Peterborough All Age Dementia Strategic plan 2018 – 2023. Dementia: Everybody's Business: better outcomes for people living with dementia and their carers

7.2. NHS Dementia Guide (2020)

People who are living with dementia are entitled to be free from abuse and neglect. The Care Act (2014) provides Local Authorities with a duty to safeguard vulnerable adults which includes those living with dementia.

Patients and their families and/ or carers with dementia should expect safe individualised care, and to be treated with respect, and well informed whilst attending Royal Papworth Hospital.

Patients who are vulnerable and those who require reasonable adjustments are identified daily in the Site Safety Briefing and during the Daily Board Rounds and reasonable adjustments as required are put into practice.

An audit using the Kings Fund Environmental Assessment Tool looking at 'Is your ward dementia friendly?' was undertaken in 2024.

The recommendations from this were to:

- Develop a Dementia Vision to include key priorities, including the physical environment with the aim of improving the quality of life for people living with dementia and their carers while in our care.
- Provide staff and volunteers with dementia awareness training which to include the impact of the physical environment on people with dementia.
- To improve the physical environment of wards and departments ensuring there were dementia friendly spaces.
- To provide hospital volunteers with training to enable them to engage in activities with patients providing support and interaction.

7.3. Ongoing improvement

Improving care for dementia patients and their families and carers formed one of the Trust quality priorities in 2024/25. This improvement work will continue through 2025/26 with focus on improvements as listed below.

- The Dementia audit for 2024/25 is currently in progress and being led by the Clinical Audit and Improvement Manager.
- A Dementia Vision has been developed for patients attending RPH through a multi-disciplinary Task and Finish group and a plan of action for the introduction of the dementia vision for RPH is currently being devised.
- Through the Task and Finish group, workstreams have been identified as part of the dementia vision for the Trust that will deliver on areas such as education and training as well as improving overall care for dementia patients and their families.
- Royal Papworth Hospital is collaborating with Cambridge University Hospitals to better understand patient pathways for patients with dementia and how as a campus, the hospitals can work together to support patients and their families.

7.4. Delirium objectives 2024/2025

Delirium (sometimes called an 'acute confusional state') is a clinical syndrome characterised by a disturbance of consciousness, perception, or cognitive function; it has an acute onset and a fluctuating course. This deterioration of cerebral functions represents a response to one or more pathophysiological stressors.

Delirium is a widespread syndrome, which is associated with serious adverse consequences including increased risk of dementia and death. In Royal Papworth Hospital delirium affects approximately one in five patients in Critical Care and one in twenty on the wards.

Review and update of DN626 Guideline for the Prevention Recognition and Management of Delirium and incorporate any guidance update from:

- **NICE Guideline 103** Delirium: prevention, diagnosis and management in hospital and long-term care (July 2010, updated Jan 23)
- **NICE Guideline 83** Rehabilitation after critical illness (Sept 2009, reviewed June 2018)

A new delirium guidance was completed, published, and launched trust wide; included in the guidelines was a clear monitoring and auditing section to audit compliance that will include monitoring of the new guidelines with action plans for improvement to be monitored by the Delirium Group 2024/2025.

Progress of the Delirium Group includes:

- DN626 Guideline for the Prevention Recognition and Management of Delirium – updated and approved. With NICE Guidelines 103 and 83 now incorporated into DN626 Guideline for the Prevention Recognition and Management of Delirium.
- These guidelines aim to support all clinical staff in recognising risk factors for delirium and supporting safe care and management and are to be used as the basis for education and training for staff.
- Delirium medical representative has been appointed.
- Delirium bundle launched on patient Electronic Patient Records (EPR) in Q4 2025 with audit timeline in planning. In addition, consideration is being given to an audit of delirium medication throughout the Trust (pharmacy).

8. Mental Capacity and Deprivation of Liberty Safeguards (DoLs)

8.1. Audit and Findings

Two Deprivation of Liberty Safeguards (DoLs) applications were submitted during the reporting period; both were later withdrawn as the patient's regained capacity prior to authorisation.

A system-wide audit of Mental Capacity Act (MCA) practices was conducted by the ICB. This identified shared challenges across acute and community providers, as listed below:

- Inconsistent and/ or absent documentation of mental capacity assessments.
- DoLS applications submitted without completed or valid MCA assessments.
- Poor recording of best-interest decisions and lack of evidence regarding involvement of patients, families, and advocates.

8.2. Actions in response to the findings:

- Level 3 safeguarding training content was updated to include detailed case examples illustrating good MCA practice, common pitfalls, and the legal framework for DoLS.
- Matrons /band 7 were provided with additional face-to-face training through MCA Masterclasses delivered by the safeguarding team.
- Key findings and learning points from the ICB audit were circulated through Safeguarding Committee.
- Monitoring of MCA documentation quality has been added to the internal audit plan for 2025–2026.

9. Transition from Childhood to Adulthood

9.1. Activity of year 2024-2025.

In the UK, a child is legally defined as anyone under the age of 18. The definition applies to child safeguarding meaning individuals are considered vulnerable and need protection from harm.

- Inpatient details for 2024/25 (some patients are seen more than once in the year; each attendance will count as one) is shown below:
- Longest stay for patients under 18 years of age is 48 days

Data for patients under 18 years of age for 2024-25

Inpatients (all ages)	Inpatients (under 18's)	Percentage
25,885	40	0.15%

- Outpatient details for 2024/25 (some patients are seen more than once in the year; each attendance will count as one).

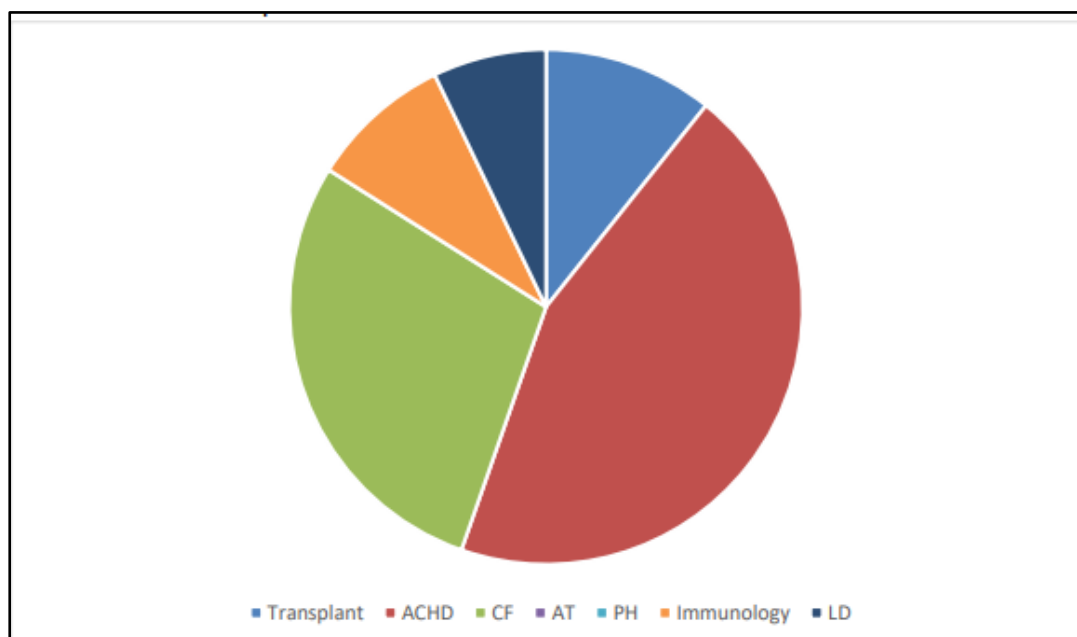
Outpatients (all ages)	Outpatients (under 18's)	Percentage
136,620	239	0.17%

9.2. Data has been collated from most departments that transition patients from paediatric to adult services as shown in the **Pie Chart** below. The data represents the number of patients that have moved across to adult services in the year 2024 to 2025. Services include:

- Acute Congenital Heart Disease (ACHD) - 25 patients
- Cystic Fibrosis (CF) - 16 patients
- Transplant - 6 patients
- Ataxia Telangiectasia (AT) – 3 patients
- Pulmonary Vascular Disease Unit – 3 patients
- Immunology - 5 patients
- Lung Defence - 4 patients

Patients that transition from childhood to adult services is highest for ACHD, followed by CF and Transplant as illustrated in the **Pie Chart** per service area below.

Pie Chart of Services – Transition from Childhood to Adulthood



9.3. Transition Steering Group

There are plans for further data collection to be collated accurately from other departments across the trust as requested by the Transition Steering Group Chair. The Transition Steering Group was set up this year and has governance oversight of monitoring transition from childhood to adulthood.

As a steering group, the ambition is to develop a Transition Clinical Guideline that encompasses recommendations from NICE clinical standards along with previous research into transition and to produce a Transition pathway that is transferable across all RPH departments. Further discussions are planned within the steering

group for the development of a Transition Page on the Intranet which will direct patients to the relevant departments, including videos with an insight into each team.

Plan for Deputy Safeguarding Educational Lead to be part of the Transition Steering Group.

It is recognised that further work is required in exploring patient outcomes and patient experience in relation to transition. This will be further addressed throughout 2025/26.

10. Areas of Focus

10.1. Pressure Ulcers

The safeguarding and Tissue Viability Nurse teams received notable increases in pressure ulcer-related referrals highlighting an area of concern for further scrutiny, action planning and indication for improved staff awareness and education around safeguarding thresholds.

Due to safeguarding complaints against RPH mostly by another NHS health care provider. The learning response of RPH involved a Pressure Ulcer management focus for inter-hospital handovers. Pressure ulcer concerns graded 3 and above for patients admitted from other Trusts were to be communicated at handover. DN522 Pressure Ulcers has been updated with safeguarding guidance to clarify when to refer.

Critical care and safeguarding teams have collaborated to ensure that safeguarding for pressure ulcers is included on each patient handover for any patient being transferred to and from RPH. To also include pressure ulcer care to be part of clinician-to-clinician telephone calls when patients are transferred to and from RPH.

10.2. Serious Violence Duty

In January, a significant step was taken in strengthening the Trust's response to the Serious Violence Duty. A data protection impact assessment (DPIA) is specific to serious violence was developed and formally approved at the Information Governance Steering Group. As a result, a clear serious violence pathway has now been embedded within the revised Safeguarding Adults Policy, enabling staff to identify, respond to, and escalate concerns in line with statutory responsibilities under the Crime and Policing Act 2022.

The Trust continues to build internal awareness and expertise:

- Two serious violence champions remain actively engaged with the ICB-led serious violence network, ensuring local intelligence, best practice, and strategic developments are reflected in Trust practice.
- Four members from Safeguarding Team of the safeguarding team attended specialist serious violence training on Domestic abuse and Animals organised by the Cambridgeshire Serious Violence Duty programme.

- Serious violence is also explicitly discussed within the Level 3 safeguarding training package, raising awareness among clinical staff of risk indicators, referral pathways, and the importance of multi-agency collaboration.

10.3. Domestic Abuse and Violence

Progress has continued following the ratification of the Trust's Domestic Abuse Policy in May 2024. The policy provides a clear framework for recognising, responding to, and referring concerns about domestic abuse across the organisation.

The Operational Safeguarding Lead and Head of Employee Relations attend the Quarterly National Domestic Abuse and Violence Webinars, ensuring the Trust remains informed of national developments and best practice. Online seminar outputs and learning are shared with the Freedom to Speak Up Guardians and disseminated via the Safeguarding Committee. Key resources – such as sexual safety training materials and national templates – have directly informed the work of the Sexual Safety Task and Finish Group.

Domestic Abuse Safe Enquiry

Work has continued to embed a culture of safe enquiry across clinical pathways. This includes:

- Safe enquiry question on admission forms
A standardised question has been added to the inpatient admission form:
"Are you experiencing any difficulties within your personal relationships or with anyone you are living with?"
This enables frontline staff to make safe, routine enquiries in a non-judgmental manner, helping to identify potential safeguarding concerns at the earliest opportunity.
- Preadmission team engagement and training
In October 2024, two targeted training sessions (30 minutes each) were delivered to the Preadmission Team. These sessions provided:
 - An overview of domestic abuse and its relevance to healthcare
 - An explanation of the safe enquiry approach
 - Guidance on how to respond safely and sensitively to disclosures
- Awareness campaigns
A Message of the Week was circulated across the Trust during Domestic Violence Awareness Week (18–24 November 2024). This supported internal awareness-raising, reinforced key safeguarding messages, and signposted staff to further training and resources.

Next steps

- Formal launch of the Domestic Abuse Policy with preparations currently underway for a launch. The launch will be supported by communication

materials and a renewed focus on awareness and accountability across services including use of the screens in the Atrium.

- Training expansion
Plans are in development to extend domestic abuse training across the organisation, aligned with the Recognise, Respond, Refer framework. This includes tailored content for both clinical and non-clinical staff to build competence and confidence in managing disclosures.

10.4. The Prevent Programme

- The Prevent Programme is about safeguarding our communities from the threat of terrorism by stopping people from supporting it or becoming terrorists themselves.
- There has been one Prevent incident since the last report at Royal Papworth Hospital which is included in the scoping for new information programme.
- Following specialist advice the case did not meet the threshold for National reporting and the relevant action required was undertaken.
- The management of the Prevent case was commended by Cambridge and Peterborough ICB for RPH excellence in multi-professional partnership working.
- Compliance with Prevent is monitored quarterly via submission of a return to NHS England with required reporting template introduced for Quarter 1 2024-2025.

10.5. Modern Slavery Statement

- Royal Papworth Hospital reviewed and updated its Modern Slavery and Human Trafficking Statement in line with Section 54 of the Modern Slavery Act 2015 in October 2024. This statement reaffirms the Trust's commitment to ensuring there is no modern slavery and/ or human trafficking in its supply chains or any part of its business.
- Key actions that were undertaken:
 - Reference to modern slavery and exploitation was strengthened in the updated Safeguarding Adults Policy (DN307).
 - Staff were reminded of how to recognise and report potential indicators of modern slavery during Level 3 safeguarding training sessions.
- The updated Modern Slavery Statement is publicly accessible via the Trust's website and will be reviewed annually as part of the Trust's safeguarding governance.

11. Policies

11.1. All safeguarding policies are UpToDate following a rigorous review of policies in line with best evidence and statutory requirements, as detailed below:

DN168 Chaperoning

- Updated to clarify the responsibilities of staff acting as chaperones, explicitly defining the scope and limitations of the role. A mandatory refresher training cycle every three years was introduced in partnership with safeguarding and education teams, and the policy now includes guidance for chaperoning patients with communication difficulties and/ or complex needs.

DN307 Adults Safeguarding

- Revised to strengthen the response to allegations against staff, incorporating PIPPOT (People in Position of Trust) and the Local Authority's safeguarding thresholds. A new section on modern slavery was included, and clearer alignment with the Mental Capacity Act was made through updated assessment prompts and guidance.
- The updated policy also clarifies safeguarding roles and responsibilities across clinical teams and governance structures. Prior to its revision, an internal information-sharing impact analysis was conducted to assess the implications of introducing new reporting mechanisms. This ensured organisational alignment and governance approval.
- Following this, a new section was included on the use of the Cambridgeshire Constabulary Information Sharing Portal, enabling direct sharing of serious violence concerns with the police. This supports the Trust's duties under the Serious Violence Duty and ensures secure multi-agency communication.

DN721 Immediate Care and After Death

- Following the death of a child in February 2024 last year, the Safeguarding Team supported a review of internal processes to clarify the distinction between expected and unexpected deaths in children and young people under 18, as well as to strengthen notification procedures.
- This work informed updates to policy ensuring that it reflected statutory requirements with support for staff to respond appropriately. The policy now clearly states that all child deaths must be reported to the Child Death Overview Panel (CDOP) within 24 hours, regardless of the cause. It also highlights the need for an immediate Joint Agency Response (JAR) in the case of an unexpected death, involving health and police partners. In addition to external notifications, internal reporting pathways to the safeguarding team, the Medical Examiner, and other relevant clinicians have been clarified.

12. Safeguarding Audit

12.1 Audit Cycle Progress

The following Clinical Audits completed and planned for the Safeguarding Team in 2024/2025 are shown in **Table 6**.

Table 6 - Safeguarding Team Registered Audits in 2025/2026

Audit	Measurement	Purpose	Improvements	Progress
July 2025 (completed) Mental Capacity Assessment and Best Interests Assessment	Standards from MCA policy and methodology per Cambridgeshire and Peterborough ICB Audit	Requested by ICB to benchmark against Cambridgeshire and Peterborough providers	Improve compliance with relevant standards, improve documentation and practices for mental capacity processes	Completed and submitted to Safeguarding Committee Q1 2025/2026
October 2025 Chaperone Audit	Compliance with standards set out in Trust Chaperone Policy (DN168)	Monitor RPH compliance with national and local chaperone guidelines	New Audit for RPH– baseline assessment	Planned for Q3 2025 – 26 Audit results / planned agenda for Safeguarding Committee Dec.2025
February 2026 External Safeguarding Referral Audit	The referral the safeguarding team complete to local authorities to ensure understanding of thresholds and pathways	ICB request to hospital providers	Improve compliance with safeguarding referral pathways	Planned for 2026 Quarter 4

13. Safeguarding frameworks and guidelines

13.1. RN01172 NHS England's Safeguarding Accountability and Assurance Framework – gap analysis summary

During the reporting year, the safeguarding team undertook a comprehensive gap analysis against NHS England's Safeguarding Accountability and Assurance Framework (RN01172). This assessment enabled the identification of strengths and areas requiring development, with clear actions aligned to each domain.

- **Leadership and Governance:**
Royal Papworth Hospital has named professionals in place for both adult and children's safeguarding, including a newly appointed Named Nurse for Child Protection. The Chief Nurse continues to act as the Executive Lead, ensuring representation at Board level. A substantive Operational Safeguarding Lead was appointed in September 2024, and recruitment for a Deputy Safeguarding Lead (Education) who is also the name nurse

- **Safe Recruitment and Allegations Management:**
The Safeguarding Adults Policy was updated to include local processes for managing allegations against staff, aligning with PIPPOT and LADO protocols. The Children's Policy is being revised to mirror this approach and ensure clear processes are in place for all staff groups. There are plans to write a standalone allegation against staff procedure, this task would be undertaken directly with the workforce. The Chief nurse also requested that the recruitment team look at the recruitment of nurses to confirm if safeguarding is part of the process, we have included safeguarding responsibilities in all job descriptions.
- **Training and Competency:**
While Level 1 and 2 safeguarding training compliance exceeded 90%, Level 3 remains an area for improvement, particularly among some senior medical staff groups (refer to section - 5).
- **Consent and Information Sharing:**
Policy DN306 covers consent in line with national guidance. For children's safeguarding, updates are being made to ensure compliance with the ICO's 10-step guide on information sharing. Staff have been supported to navigate these principles via targeted training and documentation resources.
- "Developing an organisational culture where all staff are aware of their personal responsibilities for safeguarding and information sharing."
- Currently, lessons were being cascaded through 'Message of the Week,' Safeguarding Committee and Safeguarding Level 3 training. Improvement was required around training, offering safeguarding supervision to clinical staff and sharing lessons to front line staff through education rounds.
- "Developing and promoting a learning culture to ensure continuous improvement."
- As above, the need for safeguarding supervision for all staff had been identified. The Safeguarding Team have now received training on delivering safeguarding supervision.

13.2. Advocacy and NICE Guidance

In line with **NICE Guidance NG227: Advocacy services for adults with health and social care needs**, Royal Papworth Hospital has reviewed its current approach and identified six key actions to strengthen advocacy provision. These actions have been reviewed, and the associated action plan has been amended accordingly. Progress against these actions will be monitored and reported through the Safeguarding Committee.

As part of this work, Royal Papworth Hospital has enhanced its focus on advocacy and person-centred care. Key developments include:

- Integration of advocacy principles into **Level 3 Safeguarding Training**, supported by real case examples shared across medical and nursing staff groups.
- Promotion of awareness around the role of **Independent Mental Capacity Advocates (IMCAs)**, including support available for families and carers.
- Inclusion of advocacy rights in revised policies and safeguarding communications to staff.
- Commitment to **equitable access** and targeted support for vulnerable patient groups, aligned with safeguarding legislation and quality improvement objectives.

14. Partnership and System Engagement

14.1. Royal Papworth Hospital has maintained active engagement in Cambridgeshire and Peterborough Board enabling the sharing of learning and alignment of system priorities.

Key meetings and contributions from the safeguarding team enable RPH to benchmark against other providers and contribute to shared learning across the system.

Meetings attended include:

- MCA Steering Group (ICB-led) – contributing to the development of local Standard Operating Procedures and identifying training needs.
- LeDeR Steering Group (Cambridgeshire and Peterborough ICS) – feedback and assurance on care for patients with learning disabilities/ autism.
- Prevent Panel Engagement – liaison with anti-terror police and ICB Prevent Lead following a referral.
- Transitions Working Group.
- Safeguarding Adults Boards (SABs) Peterborough Safeguarding Adults Board meeting (SAB – attending meetings and informing priorities on MCA, self-neglect, and safeguarding data).
- Safeguarding Adult Reviews - contributing information through scoping, even when individuals were not under the care of RPH. RPH has contributed to one patient Serious Adult Review (SAR).
- Adult Quality Effectiveness Group (QEG).
- Children Quality Effectiveness Group – submission of Data.
- Child Death Conference- attended Safeguarding Lead and Named Safeguarding Nurse for Children.
- Safeguarding Supervision funded by ICB – Social Work Team Leader, Senior Social Worker, and Deputy Safeguarding Educational Lead.
- Serious Violence training – four members from Safeguarding Team includes Domestic abuse and animals.

15. Safeguarding priorities for 2025–2026

15.1. Improvement of safeguarding training compliance includes all levels

Level 1 and 2 safeguarding training compliance and Level 3 safeguarding training uptake (adults and children) for Band 5 staff and above will be improved by:

- Implementing identified compliance actions
- Targeting specific staff groups and departments
- Monitoring progress through training dashboards
- Compliance with all safeguarding training will be monitored through divisional performance with executive directors with request for service/ divisional improvement plans where necessary

15.2. Safeguarding standalone Children Policy (currently combined with adults)

In response to recommendations from the Designated Nurse for Cambridgeshire ICB during a recent visit, the deputy safeguarding educational lead will lead a Task and Finish Group to undertake a comprehensive review and rewrite the Safeguarding Children Policy. This work will:

- Clarify roles and responsibilities across the organisation
- Include a clear safeguarding pathway
- Ensure alignment with Intercollegiate Guidance on safeguarding training and supervision requirements
- Be delivered against an agreed timescale and monitored through the safeguarding governance framework

15.3. Expansion of safeguarding supervision

To meet Intercollegiate Guidance standards, the safeguarding team will expand safeguarding supervision for frontline clinical staff who work with children. This will include:

- Identifying eligible staff
- Scaling up supervision capacity
- Embedding supervision as a standard part of safeguarding assurance

15.4. Safeguarding Champions – visibility and training

The Deputy Safeguarding Education Lead will take forward a programme to enhance:

- Visibility of safeguarding champions across clinical areas
- Access to ongoing training, networking, and development
- A role in promoting safeguarding culture and practice locally

15.5. System Change: Direct external safeguarding referrals by clinical staff

Following ICB recommendations, the feasibility of enabling clinical staff to make

statutory safeguarding referrals directly (with safeguarding team support) will be explored and supported. This aligns with best practice and will:

- Reduce reliance on third-hand information
- Promote consistency with other NHS trusts
- Require stakeholder engagement, confidence building, and policy review,
- Be discussed and ratified through the Safeguarding Committee

15.6. Domestic Abuse Policy – staff and patients

Planned launch for the newly published Domestic Abuse Policy covering both patients and staff, ensuring dissemination via internal comms, training, and safeguarding champions.

15.7. Review of internal safeguarding referral template

A review of the internal safeguarding referral process and template will be undertaken to:

- Provide clarity on referral pathways
- Distinguish clearly between safeguarding and social work referrals
- Streamline the process for clinical staff while maintaining safeguarding oversight.

16. Conclusions

- Safeguarding every patient attending Royal Papworth Hospital continues to be a strategic and operational priority with emphasis placed on the integration and embedding of safeguarding as ‘everyone’s’ responsibility’ across the entire organisation.
- The 2024–2025 Safeguarding Annual Report for Royal Papworth Hospital highlights significant achievements including improved training compliance, enhanced safeguarding governance, and strengthened partnerships across the Integrated Care System. The Trust has made notable progress in embedding safeguarding responsibilities across all roles, updating policies, and responding to key challenges such as domestic abuse, pressure ulcers, and mental capacity assessment documentation.
- Looking ahead, priorities for 2025–2026 reflect the Trust’s ongoing commitment to safeguarding excellence and continuous improvement in patient care and staff support, and to capturing both the patient and carer experience across the safeguarding pathway.
- The next step for the safeguarding team is to develop an Implementation Plan for the 2025-26 Priorities and acquire sign off by the Safeguarding Committee with subsequent monitoring, and support for its delivery across the organisation.

- External engagement and collaboration across the integrated care system by RPH's safeguarding team is paramount especially with the recent NHS financial reset from April 2025 and the newly published 10 Year Health Plan (July 2025).
- Royal Papworth Hospital has a significant role to support its system partners with new ways of working for how safeguarding teams in other provider organisations can best collaborate efficiently, effectively, and safely whilst at the same time being required to work within an NHS financial envelope that provides value for money.

Recommendation:

The Board of Directors are asked to approve the annual safeguarding report