

## Annual safeguarding summary report from sub-group / committee reporting to Quality and Risk 2022/2023

Name of Committee	<b>Safeguarding Committee</b>
Year Ending	<b>2022/ 2023</b>
	<p><b>1. Executive Summary</b></p> <ul style="list-style-type: none"> <li>• In the context of this annual report, adult and children safeguarding 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.</li> <li>• There has been a staffing shortfall in the safeguarding and social work team due to unforeseen absenteeism which has been mitigated by an interim safeguarding operational lead appointment in November 2022. To support the high-pressured environment surrounding safeguarding work, a clinical supervisor was appointed in April 2023 to provide safeguarding supervision for the safeguarding and social work team.</li> <li>• Safeguarding competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plans and three-yearly refresher training. The compliance rates for competency of Level 1 and Level 2 Safeguarding Adults and Children have reached the target of &gt; than 90%.</li> <li>• Safeguarding compliance with Level 3 training has increased by 12 % from April to 43% in July 2023 in response to the introduction of a hybrid approach of new face-to-face training as requested by staff.</li> <li>• Royal Papworth participated for the fifth year running in the NHS Benchmarking Learning Disability Improvement Standards Survey. Findings from Year 5 of the national benchmarking exercise (2021/22) were published in June 2023 and will be shared at the Safeguarding Committee in August 2023.</li> <li>• An internal self-assessment was conducted in line with the Care Quality Commission (CQC) Regulation 13, Safeguarding Service Users from Abuse, and Improper Treatment in March 2023. An action plan based on recommendations from the review was formulated and improvements have been achieved across patient care pathways. The Fundamentals of Care Board has reviewed progress on actions allowing a review of the RAG rating from Red to Amber.</li> <li>• As a tertiary hospital, the safeguarding team have worked in effective partnership with all other services across Peterborough and Cambridge to provide a collaborative safeguarding service for children and adults.</li> <li>• There has been one report to the Learning Disabilities Mortality Review (LeDeR) following the death of a patient who was admitted to RPH following a cardiac arrest.</li> <li>• There have been 15 admissions of children to RPH. Some admissions have</li> </ul>

included significant safeguarding concerns; 2 cases involving contextual safeguarding. There have been 4 social care referrals for children and a child death due to a result of contextual safeguarding.

- The Safeguarding team have continued to use DATIX reporting as a method of escalating concerns, the key themes reported in DATIX are pressure area care and referral to Local Authority Safeguarding.
- The most reported safeguarding incidents are CDOP (Child Death Overview Panel). These scoping enquiries are made to all health care providers in the Integrated Care Board following a child death. Of the 10 referrals only one referral related to patient care was known to us at Royal Papworth Hospital in line with national guidance, this was reported to the Local Authority where the child was resident.
- Outside CDOP reporting the most common concerns are self-neglect, domestic abuse, and financial abuse. There have been 4 referrals to the safeguarding team local to where the patients live made by the team at Royal Papworth Hospital. These included an emergency care arrangement for a patient's relative with care and support needs. An allegation of organisational abuse against another hospital and ambulance crew; a patient's relative with dementia needing support and a Child in Need referral for a child with autism on behalf of an adult patient.

## **2. Safeguarding team, roles, and structure at Royal Papworth Hospital**

2.1. One of the most important principles of safeguarding is that it is everyone's responsibility. Each professional and organisation must do everything they can to ensure that patients are protected from abuse, harm, and neglect.

2.2. The Safeguarding Team at Royal Papworth Hospital (RPH) is comprised of 2.6 WTE social workers and 1.0 WTE Safeguarding Lead who manages the team.

2.3. There has been long-term sickness within the Safeguarding Team from July 2022 to present. The shortfall in staffing of the team was mitigated by the appointment of an interim safeguarding lead in November 2022 until June 2023 to cover staff absence.

2.4. Named staff in designated safeguarding roles are responsible in providing assurance to stakeholders on the Safeguarding Committee. The Safeguarding 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.

2.5. There have been changes in personnel within the Trust's organisational safeguarding structure which is illustrated in the following link for '[who's who](#)'. The Chief Nurse is the Executive Lead for Safeguarding, the Deputy Chief Nurse is the Strategic Lead for Safeguarding, and the Safeguarding Lead is the Operational Lead for Safeguarding.

2.6. There are planned step downs and replacements for Named Nurse for Children, Dementia Lead Nurse and Nurse with interest in Learning Disabilities and autism.

### 3. Education and training

3.1. 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.

3.2. Preventing Radicalisation, basic prevent awareness is > 90% target at 96.8% and Preventing radicalisation, prevent awareness is marginally below target at 88.19%.

3.3. The compliance rates by competency of Level 1 and 2 Safeguarding Adults and Children have reached the target of > than 90%, Level 3 is below target, however, has increased to 43.5% as at end of June 2023 - detailed in Table 1 below:

**Table 1 – Prevent Radicalisation, Safeguarding Adults and Children Level 1, 2 and 3 Competency**

CSTF REQUIREMENTS (EXC STARTERS IN LAST 3 MONTHS)	AS AT 30.06.2023			AS AT 31.05.2023		
	No. Required	No. Compliant	% Compliant	No. Required	No. Compliant	% Compliant
Preventing Radicalisation - Basic Prevent Awareness	813	787	96.80%	817	786	96.21%
Preventing Radicalisation - Prevent Awareness	1160	1023	88.19%	1154	1004	87.00%
Safeguarding Adults - Level 1	1973	1834	92.95%	1971	1812	91.93%
Safeguarding Adults - Level 2	1663	1521	91.46%	1662	1496	90.01%
Safeguarding Adults - Level 3	353	155	43.91%	351	140	39.89%
Safeguarding Children - Level 1	1973	1823	92.40%	1971	1802	91.43%
Safeguarding Children - Level 2	1664	1513	90.93%	1663	1496	89.96%
Safeguarding Children - Level 3	354	154	43.50%	352	139	39.49%
<b>Grand Total</b>	<b>30197</b>	<b>26683</b>	<b>88.36%</b>	<b>30158</b>	<b>26311</b>	<b>87.24%</b>

3.4. Level 3 safeguarding training is for registered health care staff who engage in assessing, planning, intervening, and evaluating the needs of patients where there is a safeguarding concern.

3.5. A new safeguarding training package has been developed to incorporate the Integrated Care Board key priorities for Adult and Children. This is in response to staff requesting face-to-face training and to increasing compliance of level 3 safeguarding training. This was implemented in April 2023 and is being delivered by the safeguarding operational lead using a hybrid approach to learning involving pre-reading material followed by face-to-face expert teaching.

3.6. At the time of writing this report the introduction of face-to-face training has had a positive impact on compliance levels. Current compliance has increased to 43% in July 2023 with month on month continued improvement expected with the change to face-to-face for level 3 training.

3.7. Both the Interim Safeguarding Lead and Deputy Chief Nurse attended Level 4 –

Executive Leadership in Safeguarding training on 13<sup>th</sup> June 2023 as recommended for their respective operational and strategic roles at RPH. The level 4 training was delivered by Bond Solon Wilmington Professional.

#### **4. Learning disabilities and autism.**

4.1. Royal Papworth Hospital has continued to participate with self-assessments for delivery and data collection for NHS Learning Disabilities Improvement Standards. This is the fifth year the hospital has been involved in this process to better understand the care and experience of patients (last data collection in November 2022).

4.2. Performance against the learning disability improvement standards below is measured to cover:

- Respecting and protecting rights
- Inclusion and engagement
- Workforce
- Specialist learning and disability services

4.3. The first three 'universal standards' apply to all NHS Trusts and the fourth 'specialist standard' applies specifically to Trusts that provide services commissioned exclusively for people with a learning disability and/or autistic people.

4.4. A Trust's compliance with these standards demonstrates it has the right structures, processes, workforce, and skills to deliver the outcomes that people with a learning disability, autistic people, their families, and carers expect and deserve as well as commitment to sustainable quality improvement.

4.5. Progress reported (2021-22) to improve the experience for patients with learning disabilities and/or autism is detailed below for each standard against the findings from the Year 4 National Benchmarking exercise 2020/21 in relation to the improvement standards.

Respecting and protecting rights:

- Royal Papworth Hospital published the Care of Patients with Learning Disability and Autism Policy in 2020 which has been reviewed in July 2023.
- The Trust has established a system to monitor incidents reported through Datix affecting people with Learning Disabilities. Lessons and themes from this are reported through the Joint Safeguarding Committee.
- At Royal Papworth Hospital, it is important to ensure that patients who are vulnerable have their rights protected and respected. This is undertaken in a variety of ways through consistent and responsive individualised care planning. Patients who are learning disabled and/or autistic are supported through this process by ensuring staff recognise and respond to the patients' individual requirements on admission to its services. This will include providing adjustments by working closely with the patient and their nominated carer/guardian/significant other to enable the person to feel safe and empowered to make decisions about their care wherever possible. Not in all cases can we assure the use of hospital passports, however, good communication between the patient, significant other (where deemed appropriate and consented for) with care staff can ensure care arrangements are in place to protect and respect the rights of our patients.

Inclusion and engagement:

- We have developed some communication resources for patients with Learning Disabilities which are available for staff use: <https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/5-good-comms-standards-easy-read.pdf>
- The Trust recognises that a low stimulus area for patients with learning disabilities and/or autism is recommended however it has been challenging to identify a dedicated space whilst remaining sensitive to requirements versus the availability of suitable space. The Trust can support individuals on a case-by-case basis if patients' needs are identified earlier in the patient pathway.

Workforce:

- Delivery of Oliver McGowan training, named after Oliver McGowan whose death shone a light on the need for health and social care staff to have better training in learning disabilities and autism and elements of this will be introduced at Royal Papworth Hospital later this year.
- Health Education England is working with partners to arrange trainers' training that will prepare people with a learning disability and autistic people to co-deliver the online interactive and face to face sessions of The Oliver McGowan Mandatory Training on Learning Disability and Autism.
- Each Integrated Care Board is being supported to develop training capacity. Those sessions are available for 2023.

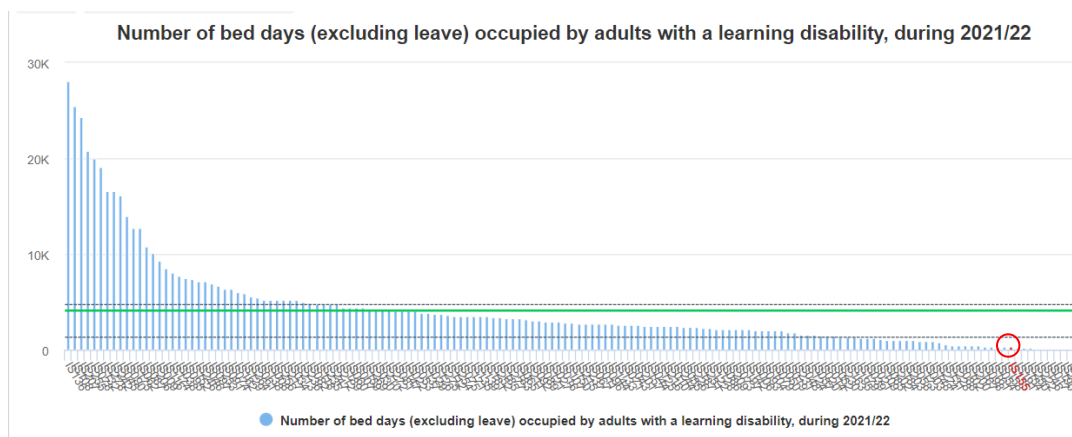
4.6. Royal Papworth has delivered care to 11 patients who have a Learning Disability or Autism in the last 12 months. These patients with learning disabilities are identified by the Safeguarding team through the inpatient board round and referral process. Once identified the team has ensured that the patients are supported appropriately. Reasonable adjustments were made but not always recorded on Lorenzo by ward staff. Consideration needs to be given to how best to have consistent data and the use of the ALERT of learning disabilities and autism on Lorenzo and subsequent reasonable adjustment form completed.

4.7. 2021-22 Data for patients with learning disabilities and autism. The numbers of patients attending RPH with Learning Disabilities and Autism are low. Data submission for the NHS England Learning Disability Improvement Standards collection occurred in Jan 2023 for the reporting year 2021/22 (which is the most recent reporting year).

4.8. There has been one report to Learning Disabilities Mortality Review (LeDeR) following the death of a patient who was admitted to RPH following a cardiac arrest, until that point the patient was not known to the Trust. This LeDeR was submitted to Derbyshire ICB in January 2023, we are awaiting the lessons learnt. We have two members of staff trained in LeDeR. Any learning from LeDeR is shared at the Safeguarding Adults Board.

4.9. A Safeguarding Adult Review carried out following a LeDeR review within the ICB highlighted the need for more consistent use of hospital passports ensuring that essential information regarding the professionals involved and legal status is included. This is being addressed within the Cambridge and Peterborough ICB. RPH have updated their hospital passport and it is currently going through an approval process

**Chart 1 –Total number of bed days (excluding leave) occupied by patients with a learning disability during 2021/22**



**Sample Information**

	Lower Quartile	Mean	Median	Upper Quartile
All Organisations	1,317.5	4,128.3	2,730.0	4,794.0

Total number of responses: **161**

**Your Response**

Submission	Response
Royal Papworth Hospital NHS Foundation Trust	297.0

Chart 1 above shows the ‘total number of bed days (excluding leave) occupied by patients with a learning disability during 2021/22’ (there were 161 national responses from NHS Trusts). Royal Papworth Hospital is close to the far right of the chart (highlighted by small red circle; the green line represents sample mean).

**5. Care Quality Commission Regulation 13 – Safeguarding service users from abuse and improper treatment**

5.1. An internal self-assessment was conducted in line with the Care Quality Commission (CQC) Regulation 13 on 23<sup>rd</sup> March 2023.

5.2. The self- assessment identified good practice as detailed below:

- Good safeguarding practice observed on the day of inspection, no concerns noted.
- Significant evidence of staff considering patient safety concerns on wards e.g., patient one-to ones where applicable, and use of the Trust SafeCare system.
- Vulnerable patients placed near to the nursing station to aid visibility.
- Good awareness of EDI – equality, diversity, and inclusion.
- All patients treated with respect and dignity (F&F Test).

5.3. The self-assessment identified shortfalls in safeguarding knowledge, skills and bridging the theory to application gap in the areas assessed. Consequently, an action

plan based on recommendations was drafted and progress has been monitored since March 2023. Progress has been made in response to the recommendations of the review. These include:

- Introduction of face-to-face level 3 safeguarding training in April 2023.
- One-to-one support provided by the safeguarding and social work team to complete MCA on case-by-case basis when staff are completing for the first time. Staff can complete mental capacity assessment (MCA) as presented on Lorenzo.
- Bespoke MCA training for matrons by the safeguarding operational lead.
- Greater oversight of mandatory training by Heads of Service/ divisions who record and report safeguarding training compliance at monthly divisional performance meetings.
- RPH have collaborated with the ICB regarding the introduction of the Safeguarding Dashboard which has enabled tracking RPH performance against other organisations.

5.4. Following the 2021-2022 annual safeguarding report, the Integrated Care Board (ICB) for Safeguarding has become fully established. Royal Papworth Hospital have been working in partnership with the ICB Board from the onset alongside other acute hospital and community health care settings to improve the quality of safeguarding for children (an individual who is under 18 years) and adults (an individual who is 18 years and over).

5.5. Royal Papworth Hospital has been represented at all relevant meetings to ensure compliance with its responsibility and accountability within the safeguarding arena.

## **6. Mental health/ mental capacity, deprivation of liberty/ liberty protection safeguards - activity**

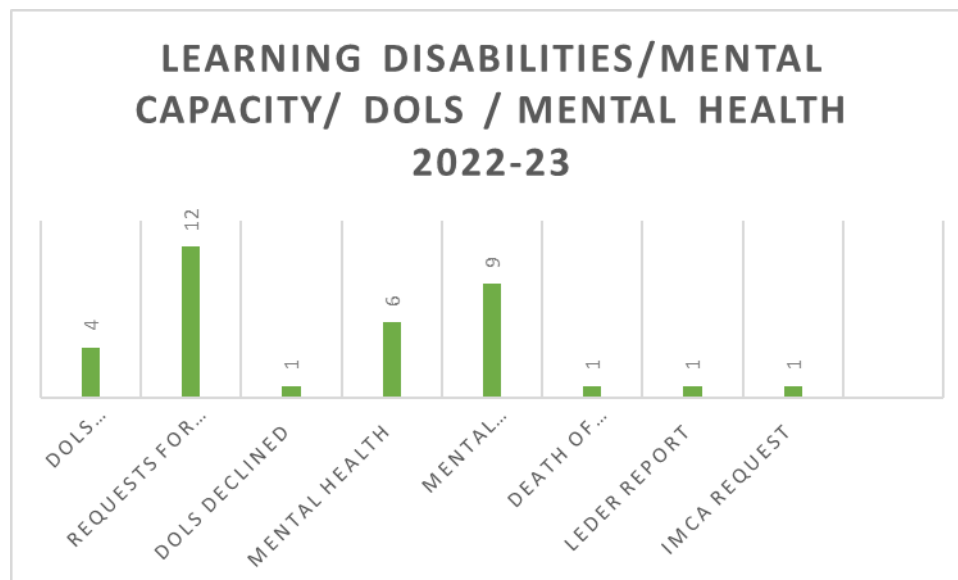
6.1. Royal Papworth has focused on issues around holistic well-being including mental health and mental capacity. An audit was initiated by the Integrated Care Board in collaboration with community services, and hospitals, within the Peterborough, Cambridgeshire localities. The results of our independent audit have supported Royal Papworth in identifying deficits (noted below) in professionals' understanding in this subject, and therefore will provide us with the foundations to influence change at RPH.

- The overhaul data across the piece indicated that the issues in Royal Papworth were not in isolation to this hospital.
- The below data has provided evidence of the lack of understanding of the application of Mental Capacity Assessments and its relevance to the Deprivation of Liberty Application.
- It demonstrates that requests for Deprivation of Liberty are frequently made without a Mental Capacity Assessment being made, which is an incorrect process.

6.2. The Government made the decision in 2022 to not pursue the introduction of Liberty Protection Safeguards. As a result Royal Papworth Hospital maintains its focus of promoting skills and knowledge of Mental Capacity Assessment and Deprivation of Liberty.

6.3. Any concerns regarding mental health are forwarded to the mental health team within RPH. A close working relationship is maintained as there is often a mental health element found within safeguarding concerns.

**Bar chart 1 - Mental health/ mental capacity, deprivation of liberty/ liberty protection safeguards 2022-2023**



## 7. Delirium and dementia

7.1. Royal Papworth has a Delirium and Dementia Working Group which provides guidance on service development of Enhanced 1:1 Care. Enhanced care are levels of care that are based on the monitoring and support patients require rather than the location they are in; they were first described in Comprehensive Critical Care and subsequently developed and updated by the Intensive Care Society.

7.2. The Delirium and Dementia Working Group activities in last 12 months include:

- A Delirium diagnosis to trigger a referral to AHPs in the same manner as a stroke (physio, SaLT, OT).
- Investigate liaising with CINTRA (language service group) in full to translate the Delirium patient information into more languages than only English to comply with NICE Guidelines.
- Working closely with the Risk Manager regarding DATIXES involving confusion, delirium and a meeting will be arranged.
- Look at safeguarding reports to learn more about impact of delirium.
- Increase staff awareness and arrange a date for delirium awareness in the atrium, inviting company representatives with relevant equipment.
- Invite all staff groups to ensure that there is representation across the care team including health care support workers.



**8. Transition from childhood to adulthood**

8.1. A workstream has been developed between the Integrated Care Board and the ICS Safeguarding Lead Nurse to develop a policy and pathway for Transition from Childhood into Adulthood. This will also include Adverse Childhood Experiences which are reflective of research that has identified a negative impact on physical, psychological health and well-being for future years on individuals that have experienced abuse.

8.2. Children. Since the last report there has been 15 admissions of children reported. Some of these have included significant safeguarding concerns; 2 cases involving contextual safeguarding. Contextual safeguarding includes addressing the following safeguarding concerns - child sexual exploitation, child criminal exploitation, county lines, child trafficking, children affected by gang activity and harmful sexual behaviour (where this is outside of the family home and missing children).

8.3. Contextual safeguarding looks at how we can best understand these risks, engage with children and young people, and help to keep them safe.

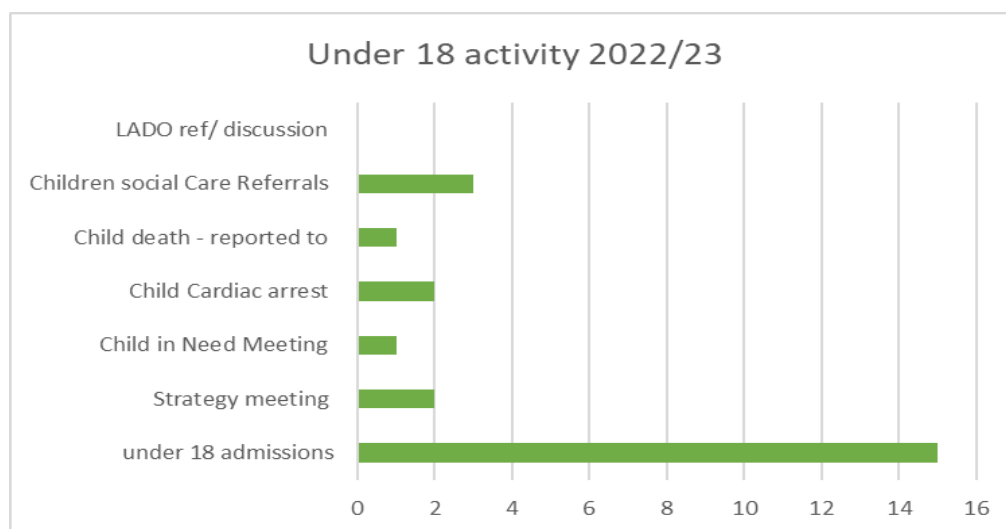
8.4. There have been 4 social care referrals for children. There has been a child death due to a result of contextual safeguarding. The safeguarding team attended all relevant strategy meetings associated with this incident.

8.5. A Strategy Meeting was convened under Suffolk’s Sudden Unexpected Collapse or death in infancy. Childhood or Adolescence (SUDIC) Protocol (0-18 years) on 12 January 2023.

8.6. CDOP has been actioned following the death and the case was referred to the coroner. Recommendations would be to improve timely communication between Critical Care and the Safeguarding Team for the team to represent RPH effectively. The Safeguarding Team were informed of the admission by the police and some information requested at the strategy meeting the team had not been aware of.

8.7. Good practice identified was communication between the Communication Team, Critical Care, and the Safeguarding Team around the death. The case had high local media interest. Support was offered to the family by the Safeguarding Team after being made aware of the complex family social background.

**Bar chart 2 – RPH children information**



### 9. The Prevent Programme

9.1. The Prevent Programme is about safeguarding our communities from the threat of terrorism by stopping people from supporting it or becoming terrorists themselves.

9.2. There has been one Prevent incident since the last report. Action was taken promptly, including liaison with anti-terrorist police. The Safeguarding Team were praised for their early intervention by the Designated Nurse of the Integrated Care Board. The safeguarding team presented a staff story at the Safeguarding Committee in May 2023 to share learning across the Trust from the prevent incident.

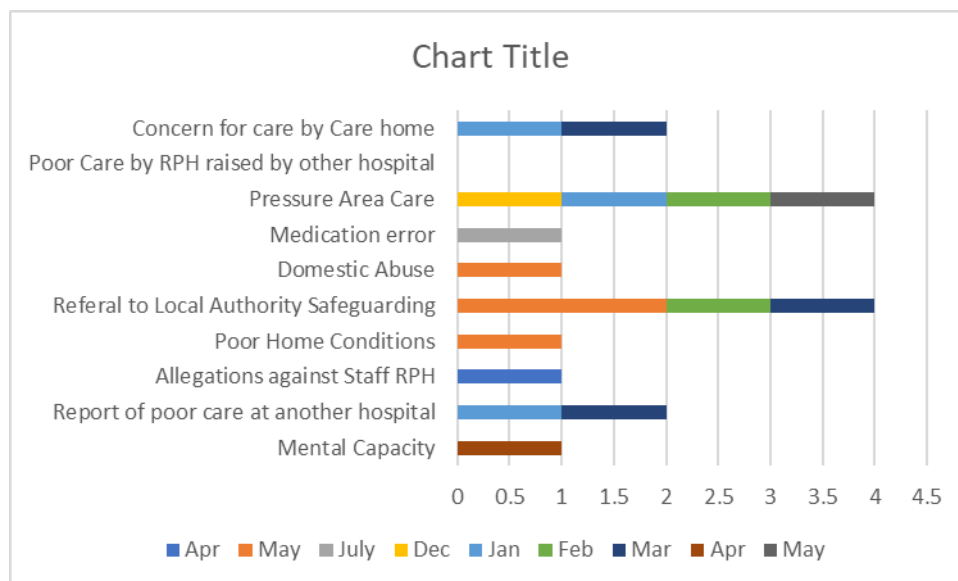
9.3. The compliance rates for Prevent Basic awareness on-line e-learning training is presented in Table 1, page 3.

### 10. DATIX reporting

10.1. The Safeguarding team have continued to use DATIX reporting as a method of escalating concerns which have either been raised by the Safeguarding Team, and/or they have been allocated as investigators.

- Incidents where category of risk was supplied identified 2 No Harm; 7 Low Risk 2 Medium Risk; 0 High Risk

#### **Bar chart 3 – Themes reported in DATIX**



10.2. There have been 4 referrals made into Local Authority Safeguarding Adults – included an emergency care arrangement for a patient's relative with care and support needs. An allegation of organisational abuse against another hospital and ambulance crew; a patient's relative with dementia and a Child in Need referral for a child with autism on behalf of an adult patient.

- There have been 2 referrals received from Local authority Safeguarding adults in relation to patient care at Royal Papworth Hospital. Both cases were raised through Peterborough City Hospital in January 2023. One was for a moisture-

associated skin lesion after repatriation from RPH. The referral instigated was followed up by a Root Cause analysis; social care were made aware of the outcome.

- The second referral that had been raised was a Transcatheter aortic valve implantation (TAVI) patient who was at risk of falls. Adult social care were informed of the findings following the relatives concern for post discharge care.

## 11. Safeguarding themes

11.1. There has been a range of themes following the Safeguarding Report for 2022/2023. These are detailed below; self-neglect and domestic abuse continue to be the most prominent themes in 2022 and 2023.

11.2. The Safeguarding and Social Work Team raised awareness of domestic abuse by having a stand in the Atrium in March 2023. Staff participated in completing a domestic abuse quiz to test their knowledge about the realities and prevalence of domestic abuse.

11.3. CDOP enquiry requests made to RPH from the ICB as to whether we knew the patient and/or the family. These are not occurrences for RPH.

<b>Themes across Safeguarding</b>	<b>2022-2023</b>
Self-Neglect	11
Homeless	9
Duty to refer	3
Hoarding	1
Staff Safeguarding concern	2
Undefined	11
Domestic Abuse	11
IDVA offered	4
IDVA Accepted by their service	3
Sensitive	4
Substance misuse	1
Psychology referrals	3
Historical Abuse	1
Sexual Abuse	1
Contextual Safeguarding	2
Financial Abuse	4
Stabbing of Adult	1
CDOP Enquiries/Investigations (Child Death Overview Panel)	10
SARS Scoping Enquires (Safeguarding Adult Reviews)	3
No Next of Kin concerns	3
Inappropriate referrals into team	17

11.4. Inappropriate referrals to the Safeguarding Team, refer to situations whereby the clinician did not know where to refer their concern too, hence it came to Safeguarding in appropriately. The safeguarding team have communicated to clinical team's referral criteria and referral processes.

11.5. Undefined represents referrals into the Safeguarding Team when practitioners where not able to define what the Safeguarding concern was, or the category it related to.

## **12. Audit, survey, and policy updates**

12.1. This year 2 Joint Targeted Area Inspections have been undertaken; one for Child Exploitation and the second for Child Neglect.

12.2. DN270 Safeguarding Children Policy has been updated, ratified, and published. DN168 Chaperone Policy been submitted for approval to next Safeguarding Committee.

12.3. CQC Regulation 13 self-assessment has been carried out and an action plan is in place. This was reported at next Fundamentals of Care Board in August 2023. The safeguarding team input with assessment and subsequent action planning was provided to support CQC Regulation 17.

12.4. Section 11 has been completed and submitted to the Integrated Care Board.

12.5. Benchmarking has been carried out for Child Sexual Abuse, Self-Neglect and Sexual Assurance Assessments in partnership with the Integrated Care Board. How are we doing?

12.6. A survey what survey is this – provide who what and when? has been completed to highlight the barriers to promoting Safeguarding within the hospital, and why organisations are failing to meet their Safeguarding obligations. This was a wider piece of work carried out with other acute hospitals & community settings. The feedback evidenced that all the domains had issues with staff shortages and staff availability to complete compliance of level 3 Safeguarding Training.

12.7. A Mental Capacity Audit was conducted as part of a wider Integrated Care Board Project.

### **Themes identified:**

- Lack of Professionals understanding of process
- The link between best interest decision and Mental Capacity Assessment (MCA)
- Mental Capacity required before Deprivation of Liberty Application
- Poor documentation
- Templates not being suitable for need
- Lack of evidence that patient and family are involved in decision making
- Lack of evidence to support how reasonable adjustments had been made to support the patient
- Lack of evidence why a decision which had been made, was in the best interest for the patient, & how this decision had been influenced

	<p>Please note these findings are not specific to RPH. The next steps are for the ICB to arrange with Essex Chambers to assist with upskilling the workforce to help with a lack of confidence around MCA. Resources are shared on the Cambridgeshire and Peterborough Partnership Board. The ICB invites partner agencies to capture what actions partner agencies will take regarding these resources. RPH is utilising written learning materials in Level 3 training. There are plans to distribute it to the safeguarding level 3 emailing list.</p>
<p>13. Areas of Progress</p>	<ul style="list-style-type: none"> <li>• The CQC Regulation 13 highlighted significant concerns and gaps in knowledge in Safeguarding. The safeguarding and social work team have worked extremely hard in collaboration with managers to improve the areas where failings were evident at RPH from having a RAG “Red” rating to now having combined RAG ratings of Amber and Green across the fields. At the July FoC Board the safeguarding team will present a case to amend the RAG rating from Red to Amber.</li> <li>• We have accomplished this by introducing face-to-face level 3 safeguarding training accompanied by a pre-e-learning session which requires clinicians to undertake reflective practice and provide examples that demonstrate how the learning is relevant to practice and how practice will change following level 3 training. Staff are asked to identify 3 key areas which have been learnt to influence future practice.</li> <li>• Meetings have been held with all clinical teams to promote level 3 safeguarding training.</li> <li>• A referral system has been introduced to support safeguarding cases for triage and action according to need. Furthermore, the safeguarding team have provided briefings and teaching on the use of Mental Capacity Assessments.</li> <li>• Compliance figures for safeguarding training level 3 have started to increase and are currently, up from 31% at beginning of April to 43% in July 2023. Although this does not seem a significant increase, this was measured against the increase in safeguarding passports. Moving forward dates have been scheduled until October 2023 and each class is steadily filling up to capacity; further dates will be made available in support of staff rosters pending confirmation of room availability.</li> <li>• Bespoke training has been provided to matrons around mental capacity assessments (MCA) to support matrons and their teams with MCAs.</li> <li>• There has been a cultural shift where staff would email individual members of the safeguarding team to make referrals. This previous system held significant risk when members of the team may not be at work. All referrals are now processed through Lorenzo which has proved to be a more robust system. In addition, the safeguarding team have a generic email address to avoid delay that emailing individual staff members may cause.</li> <li>• As a tertiary hospital, we have worked in effective partnership with all other services across Peterborough and Cambridge to provide a collaborative safeguarding service for children and adults. The input and output of RPH safeguarding partnership are included in quarterly safeguarding reports to the Safeguarding Committee.</li> <li>• Royal Papworth Hospital are currently supporting, in partnership with other multi-agency teams, the development of a new People in Positions of Trust policy. RPH is also developing a Domestic Abuse Policy, led by RPH’s Domestic Champion.</li> <li>• Royal Papworth have been part of a group commissioned to address the format of the DASHBOARD which is now embedded in the 23/24 NHS contract.</li> <li>• RPH have been involved with the Health and Serious Violence Task and Finish Group. This was established in December 2022 by the Home Office and</li> </ul>

	<p>requires local councils and local services to share and work collaboratively on interventions that reduce serious violence. RPH have been a proactive partner of this Task and Finish Group.</p> <ul style="list-style-type: none"> <li>• The following meetings have been attended and all actions from these meetings have been met:             <ol style="list-style-type: none"> <li>1. Adult Quality Effectiveness Group</li> <li>2. Adults Safeguarding Partnership Board</li> <li>3. Childrens Quality Effectiveness Group</li> <li>4. Clinical Ethics Committee</li> <li>5. Child Sexual Abuse Workstream</li> <li>6. Fundamentals of Care group</li> <li>7. Head of Safeguarding</li> <li>8. Health Safeguarding group</li> <li>9. Health &amp; Serious Violence Task and Finish group</li> <li>10. Mental Capacity &amp; Deprivation of Liberty Steering group</li> <li>11. Mental Capacity Workstream</li> <li>12. PiPoT (Persons in a position of trust)</li> <li>13. Safeguarding Children Partnership Board</li> <li>14. Safeguarding Committee meeting</li> <li>15. Serious Safeguarding Adult Reviews</li> </ol> </li> </ul>
<p>14. Areas for development</p>	<ul style="list-style-type: none"> <li>• Safeguarding supervision to be given to the matrons to provide them with the skills to support staff members when the safeguarding team are not available. Aim to have a more robust understanding of Safeguarding across Adults, Children and Young People (suggest 2 hours monthly).</li> <li>• Audit planned regarding quality of referrals received into Safeguarding.</li> <li>• There remains a lack of identification of what constitutes a Safeguarding concern. With increasing compliance with safeguarding training this should support a better understanding and knowledge.</li> <li>• Safeguarding referrals into the Safeguarding Team to be updated to capture additional information and contain open questions to promote a more detailed description of concerns.</li> <li>• Band 5 and above registrants should, in line with the Safeguarding: roles and competences for health care staff, Intercollegiate Document revised in 2021, be receiving Level 3 safeguarding training. It is agreed to target band 7 and above with Level 3 training foremost ensuring all staff have completed level 3, and then in turn introduce to band 5 and above by year end.</li> <li>• Introduction of virtual level 3 training to be implemented to compliment the current face to face delivery and to capture the audience who may have difficulties in attending due to the structure of their work environment e.g., CCA staff, Consultants, Outpatient areas.</li> <li>• Development of training on Domestic Abuse (which now needs to be a stand-alone agenda item) and an accompanying policy undergoing development.</li> <li>• Measure the effectiveness of Safeguarding policies e.g., awareness of where</li> </ul>

	<p>located; how frequently referred to, and the practitioner's understanding. Are policies adhered to or just perceived as guidance; our methodology for this has been raised in Section 11 and is on the ICB DASHBOARD.</p> <ul style="list-style-type: none"> <li>• More safeguarding leadership opportunities to be offered to the Safeguarding team to further develop the necessary knowledge and skills to achieve a level of excellence of the Safeguarding agenda across the organisation.</li> <li>• Repeat audit to measure progress of Safeguarding knowledge, skills, and attitudes, since the CQC regulation 13 was completed in March 2023.</li> <li>• Named Nurse for Safeguarding Children to be more involved in the mechanics of the Safeguarding agenda and dissemination of information and training due to the increased levels of children now presenting at Royal Papworth Hospital with complex safeguarding concerns.</li> <li>• Consideration for a competency framework to train formal chaperones. This will develop confidence in the role and the skills required to challenge appropriately.</li> </ul>
15. Summary of Monitoring	<ul style="list-style-type: none"> <li>• We will continue to carry out audits, surveys, complete benchmarking, measuring effectiveness, and monitor areas requiring improvement.</li> <li>• We will re-evaluate processes e.g., referral to safeguarding team and ensure robust systems are in place to prevent harm, set goals for continual improvement to attain excellence within Safeguarding practice. We will continue to educate, use reflective practice, and learning together with teams and the ICS to reduce the theory practice gap using serious adult reviews, child practice reviews and homicide reviews.</li> </ul>
16. Number of meetings/year	Three Safeguarding Committee meetings have been scheduled from November 2022 - May 2023.
Signed by Chair of Subgroup / committee	Jennifer Whisken Deputy Chief Nurse
Date	17 August 2023