

Item 3.iv

Report to:	Board of Directors	Date: 05 September 2024
Report from:	Jennifer Whisken, Deputy Chief Nurse Penny Martin, Safeguarding Operational Lead Afua Tobigah, Safeguarding Operational Lead	
Executive Sponsor:	Maura Screaton, Chief Nurse	
Principal Objective/ Strategy and Title:	Annual Safeguarding Report 2023/ 2024	
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:	To approve	

1. Executive Summary

- 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.
- 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 achieved the target of 90% and above.
- Adult and Children Safeguarding Level 3 mandatory training compliance for staff Band 7 and above has increased in response to the continuation of a hybrid approach of face-to-face training, eLearning and bespoke training as requested by staff. Compliance with Level 3 training has increased to 70% for Safeguarding Adults and to 69% for Safeguarding Children in Quarter 1, 2024.
- A Deputy Safeguarding Educational Lead was funded via Annual Operational Planning for 2024/2025 to further support Trust wide safeguarding education and training in meeting intercollegiate safeguarding guidelines. Interviews were conducted in August with anticipated start date early November 2024.
- Royal Papworth Hospital (RPH) participated for the sixth 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 2024 and shared at the Safeguarding Committee in August 2024.

- Areas of good practice reported in the NHS Benchmarking Learning Disability Improvement Standards Survey include staff confidence to identify reasonable adjustments for patients and flexibility for patients with hospital appointments.
- Areas for improvement reported include the involvement of patients planning Trust services and the involvement of young people and adults in delivering awareness training to staff.
- 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 1 is an eLearning package that was introduced in November 2023. Current compliance with this training is 67%.
- 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.
- The Fundamentals of Care Board reviewed progress on actions following review of Regulation 13, Safeguarding Service Users from Abuse, and Improper Treatment in March 2023. Improvements noted include a revamp and launch of the safeguarding intranet site, a step-by-step guide that is routinely provided during Adults and Children Safeguarding Level 3 training and plans for chaperone training to be delivered using a virtual platform.
- 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 including regular representation, data submissions, audit and contribution at keynote meetings.
- The highest activity reported for the safeguarding team is Cystic Fibrosis (CF), safeguarding referrals, scoping enquiries, benefits and advice respectively.
- There have been two child deaths under 18 years old at Royal Papworth Hospital Trust in February 2024 which is a rare occurrence. The safeguarding team notified the Child Death Overview Panel (CDOP).
- The importance of supporting staff with the processes involved in event of a child death was a learning outcome of the debrief following the child deaths. Training has therefore been arranged for RPH staff by the Child Death Review Manager in September 2024.
- Inpatient and outpatient activity of patients under 18 years was less than 1% of Royal Papworth's total activity. The longest stay for a patient under 18 years was 38 days.

- Services who have transition from childhood to adulthood in place at RPH include Acute Congenital Heart Disease, Cystic Fibrosis, Transplant and Ataxia Telangiectasia, Immunology and Lung Defence services.
- The Safeguarding Team have continued to use DATIX reporting as a method of escalating concerns, the key safeguarding themes reported in DATIX are mainly pressure area care and referral to local authorities. Other themes include concern for care home, reports of poor care from another referral, mental capacity and domestic abuse.
- Over the last year RPH have implemented changes to the recording of Mental Capacity Assessment forms available on the Lorenzo Electronic Patient Record (EPR) to ensure this is in line with latest guidance and statutory duty.
- Delirium and dementia are one of the Quality Account Priorities for 2024/2025. A Trust wide Audit for Delirium and Dementia Environmental Audit were undertaken with respective action plans in place for 2023/2024.
- There have been no Prevent incidents since the last annual safeguarding report. Royal Papworth Hospital are now included in the scoping for new information programme.
- The Serious Violence 'the duty' Health is a new statutory requirement for trusts that is being implemented to strengthen referral pathways and to promote serious violence and services across RPH. It is particularly important to upskill frontline staff and for staff to attend training which is being organised by the ICB.
- The Trust has signed up to the Domestic Abuse and Sexual Violence Charter and are awaiting NHSE resources. RPH have workforce and safeguarding representation at national meetings.
- DN840 Domestic Abuse Policy has been written and is available for staff and patients. Work is ongoing to fully embed routine enquiry of domestic abuse with patients attending RPH.
- New statutory guidance was issued in December 2023, Working Together to Safeguard Children - A guide to multi-agency Working to help, protect and promote the welfare of children (December 2023). The changes introduced by this new guidance are being addressed by the Safeguarding Partnership and Royal Papworth Hospital.
- The key changes are in the way the Safeguarding Partnership works together and the introduction of a lead practitioner role. The Safeguarding Partnership has a Task and Finish Group to address these changes by December 2024.
- RPH received a visit from NHSE in March 2024 for a Spotlight on Safeguarding at RPH. The feedback received was positive following the presentation by RPH safeguarding team to NHSE which included two patient stories.

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 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.

2.3. The Safeguarding Team at Royal Papworth Hospital (RPH) is comprised of the Operational Safeguarding lead 1.0WTE; 1.0 WTE Social Work and Discharge Team Leader and 2.6 WTE social workers. There are 1.4 WTE Social Care Co-ordinators who arrange social or intermediate care for patients who require this on discharge. The coordinators also perform an essential gatekeeping role to ensure that safeguarding referrals are triaged and passed to the most appropriate member of staff. Given the unpredictable nature of the work, they provide a vital check point. The social care coordinators also manage the training administration for Level 3 safeguarding training.

2.4. The ongoing pressures on this team due to unpredictability and increased demands of the wider Integrated Care System (ICS) and safeguarding training requirements have been noted by the executive team. There has been an investment in the team with the creation of a new 0.5 WTE Deputy Safeguarding Educational Lead. Interviews for the post were conducted in August with anticipated start date early November 2024.

2.5. Please note current changeover of staff and recruitment pipeline below:

Post	Reason for vacancy	Recruitment Status	Notes
Operational Safeguarding lead	Retirement of current post holder 06/09/24	Filled – 22/05/2024	Interim post holder becomes substantive on 9/09/2024
Social Work and Discharge Team Leader	Recruitment of post holder to Operational Safeguarding lead	Interviews held 29/07/2024 Appointment offer	3 months’ notice period
Deputy Safeguarding Educational lead	New post	Interviews 12/08/2024 Appointment offer	2 months’ notice period

2.6. There has been succession planning for the experienced Safeguarding Operational Lead who retires in September 2024. The seconded Safeguarding Operational Lead was successfully appointed to the substantive role in May 2024, allowing for transition into the lead role and handover before September’s retirement.

2.7. Named 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.

2.8. There have been changes in personnel within the Trust's organisational safeguarding structure to include Named Nurse for Children. In November 2023 Royal Papworth Hospital's new Named Nurse for Child Protection commenced the role.

2.9. It has been challenging to replace the Named Nurse with interest in Learning Disabilities and autism. This current vacancy is covered and supported by the safeguarding team until a replacement is appointed to. The safeguarding team are also looking for expressions of interest within the membership of the Delirium and Dementia Group for a Dementia Lead for the Trust.

2.10. To support the high-pressured environment surrounding safeguarding work, every member of RPH staff in the safeguarding and social work team is provided with clinical supervision which occurs 6-weekly with an external clinical supervisor (commenced in July 2023) under contract with RPH. This has been successful and has proved invaluable support to staff in dealing with the demands on the social workers managing safeguarding cases and the emotional impact it has on them.

3. Education and training

3.1. Safeguarding is everyone's responsibility. Education is crucial to equip and empower staff with knowledge and skills for safeguarding to be embedded into day-to-day working practice.

3.2. 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.

3.3. Preventing Radicalisation, Basic Prevent Awareness is 96.34%, above 90% target for 2023-2024 and Preventing Radicalisation, Prevent Awareness is 87.02% slightly under 90% target as shown in **Table 1** below for 2023-2024.

3.4. The compliance rates by competency of Level 1 and Level 2 Safeguarding Children have met target of 90% at 91.48% and 90% respectively as shown in **Table 1** below for 2023-2024.

3.5. The compliance rates by competency of Level 1 and Level 2 Safeguarding Adults have met target greater than 90% at 91.92% and 90.09% respectively as shown in **Table 1** below for 2023-2024.

3.6. 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.

3.7. Safeguarding Adults (Board level) training compliance is 60.84% and Safeguarding Children (Board level) training compliance is 61.19% for 2023-2024 as shown in **Table 1** below. At the time of writing this report, the overall Board Safeguarding Adults and Children training compliance is 87%. Dates are in place for remaining training to be completed.

3.8. Level 3 Trust wide safeguarding training compliance for Safeguarding Children is 54.31% and for adults 54.7 % as shown in **Table 1** below for 2023-2024.

3.9. There has been notable improvement for Quarter 1, June 2024 for Level 3 safeguarding training compliance for staff band 7 and above; compliance with training has increased to 70% for Safeguarding Adults and to 69% for Safeguarding Children. This includes achieving 50% face-to-face requirements.

3.10. Thoracic Medicine and Ambulatory Care, and Nursing Clinical have the highest compliance rates for level 3 safeguarding training compliance followed by Cardiology and Surgery, Transplant and Anaesthetics (STA) division.

3.11. The safeguarding training package developed last year to incorporate the Integrated Care Board key priorities for Adult and Children has been well received by staff because it has afforded greater accessibility using a hybrid approach to learning involving pre-reading material followed by face-to-face expert teaching and bespoke training sessions arranged by the safeguarding team.

Table 1 – Safeguarding training compliance April 2023 to March 2024

Competency	Mar-24	Feb-24	Jan-24	Dec-23	Nov-23	Oct-23	Sep-23	Aug-23	Jul-23	Jun-23	May-23	Apr-23	MEAN / AVERAGE
Safeguarding Children - Level 1	90.52%	91.19%	91.18%	91.11%	91.27%	91.78%	91.89%	92.47%	92.16%	92.40%	91.43%	90.38%	91.48%
Safeguarding Children - Level 2	89.08%	89.64%	89.71%	89.80%	89.74%	90.38%	90.16%	91.12%	90.72%	90.93%	89.96%	88.83%	90.00%
Safeguarding Children - Level 3	66.95%	63.59%	63.17%	63.25%	63.43%	57.55%	54.64%	50.14%	50.28%	43.50%	39.49%	35.76%	54.31%
Safeguarding Children (Board Level)	76.00%	77.78%	76.47%	68.00%	60.00%	56.00%	56.00%	56.00%	52.00%	52.00%	52.00%	52.00%	61.19%
Safeguarding Adults - Level 1	91.64%	91.77%	91.52%	91.45%	91.62%	92.03%	92.35%	92.78%	92.41%	92.95%	91.93%	90.53%	91.92%
Safeguarding Adults - Level 2	89.65%	89.86%	90.05%	90.21%	90.03%	90.25%	90.15%	90.57%	90.47%	91.46%	90.01%	88.40%	90.09%
Safeguarding Adults - Level 3	67.99%	64.61%	63.64%	63.71%	63.61%	57.71%	54.79%	50.28%	50.42%	43.91%	39.89%	35.86%	54.70%
Safeguarding Adults (Board Level)	72.00%	74.07%	68.00%	68.00%	60.00%	56.00%	56.00%	52.00%	56.00%	56.00%	56.00%	56.00%	60.84%
Preventing Radicalisation - Basic Prevent Awareness	96.07%	96.31%	96.80%	97.11%	95.92%	96.38%	96.14%	96.36%	96.63%	96.80%	96.21%	95.35%	96.34%
Preventing Radicalisation - Prevent Awareness	86.78%	87.07%	87.08%	86.52%	86.39%	87.04%	87.71%	88.43%	88.04%	88.19%	87.00%	83.97%	87.02%

3.12. Key actions/ next steps to increase level 3 safeguarding compliance:

- Continue to provide level 3 current training, 4-hour pre learning and 4-hour face to face as requested by staff to increase compliance and continue to offer additional dates to target/ meet with groups of staff unable to attend scheduled dates.
- Consideration to development of 4-hour pre learning with two 2-hour face to face sessions, to support attendance by medical staff particularly with clinics and surgery competing demands on time to be released for training.
- Encouraging staff to attend external training such as Cambridgeshire Safeguarding Partnership Board and ICB which is provided free of charge

- Safeguarding compliance is monitored and reported at Divisional Performance Meetings and the Safeguarding Committee.
- An intercollegiate document is expected to be published in September 2024 to add clarity on safeguarding training and processes, who should receive training i.e., not all pharmacists require Level 3 training. A training needs analysis is under review so that training for different staff groups is fit for purpose.
- All health care staff working with adults and children who engage in assessing, planning, implementing and evaluating patient care needs should receive level 3 safeguarding training. This is currently recorded on the Risk Register due to limitations of manpower to deliver level 3 training.
- An Authority To Invest Request (ATIR) was agreed at Investment Committee following the annual operational planning round for 2024/2025 by the Chief Nurse for a Deputy Safeguarding Educational Lead post 0.5 WTE to support improvement in level 3 Trust wide safeguarding training compliance in line with intercollegiate guidance.

3.13. Named Doctor, Named Nurse, Operational Safeguarding Lead and Patient Transition Lead for Transplant attended Level 4 Safeguarding training 2023-2024 as recommended for their respective operational and strategic roles at RPH. The level 4 training was delivered by Bond Solon Wilmington Professional. The Executive Lead for Safeguarding/ Chief Nurse and Strategic Lead for Safeguarding/ Deputy Chief Nurse have undertaken Level 4 Safeguarding Training.

3.14. The Oliver McGowan Mandatory Training on Learning Disability and Autism training has been co-produced, trialled and independently evaluated. This training needs to be delivered in 2 parts – Part 1 is an eLearning package which was introduced to Royal Papworth in November 2023. Current Trust wide compliance for this part of the training is 67.08% at June 2024.

3.15. Cardiology and Nursing Clinical have the highest compliance rates for Oliver McGowan Training Part 1 followed by Thoracic Medicine and STA.

3.16. The Oliver McGowan Mandatory Training Part 2 will be co-delivered by trainers with 'lived experience' of learning disability and autism. It will consist of either a whole day face to face training for staff who deal with patients with Learning Disability and Autism or a 1-hour interactive online session.

3.17. Each Integrated Care Board (ICB) is being supported to develop training capacity. Royal Papworth Hospital have been fully engaged with the ICB in developing this:

Project has 7 phases as detailed below:

Phase 1: Steering Group mobilising

Phase 2: Executive approval for Oliver McGowan package

Phase 3: Options appraisal for training mechanics (expert training network chosen)

Phase 4: Develop expert training network

Phase 5: Build capacity for train the trainer for tier 1 and tier 2

Phase 6: Contracting to identify and appoint lead training network from providers.

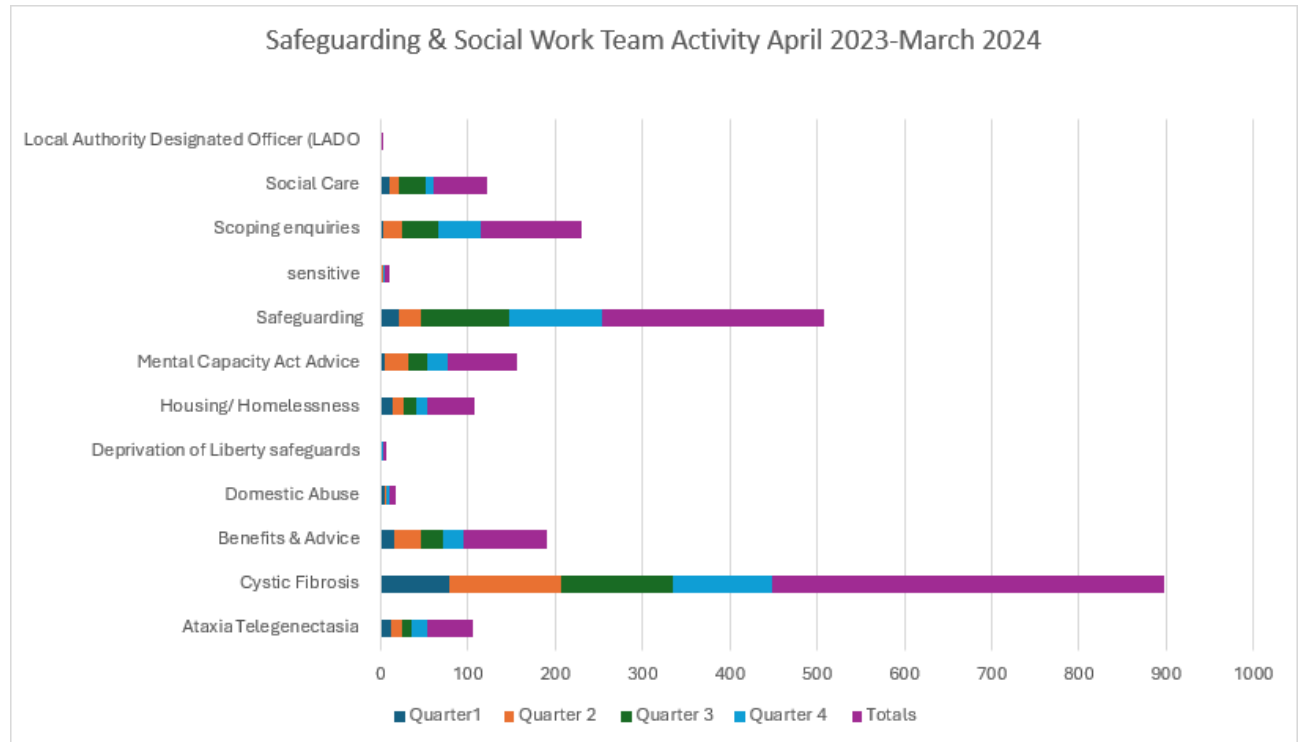
Phase 7: Rollout

3.18. RPH are currently ending Phase 5. The Project is essentially 'on hold' until further notice as there is no project lead in post within the ICS.

4. Safeguarding activity

4.1. During the last 12 months, 1st April 2023 to 31st March 2024 there has been several important themes emerging from activity under the Safeguarding team.

Bar Chart 1 – Safeguarding and Social Work Activity April 2023 to March 2024



4.2. The highest activity for the safeguarding team is Cystic Fibrosis (CF), safeguarding referrals, scoping enquiries, benefits and advice.

4.3. Cystic Fibrosis (CF) and Ataxia Telangiectasia (AT)

The social work service provided to Cystic Fibrosis (CF) and Ataxia Telangiectasia (AT) are part of the service specification. Routinely working with extremely vulnerable patients allows the social work team to proactively support patients in line with the safeguarding principles of proportionality, in other words proactive psychosocial support that prevents escalation of concerns which reduces risk to patients.

Table 2 – Safeguarding Activity April 2023 to March 2024

Safeguarding activity 2023-24	Quarter1	Quarter 2	Quarter 3	Quarter 4	Totals
Ataxia Telegenectasia	11	13	12	17	53
Cystic Fibrosis	79	128	128	114	449
Benefits & Advice	15	31	26	23	95
Domestic Abuse	5	1	0	3	9
Deprivation of Liberty safeguards	0	1	0	2	3
Housing/ Homelessness	14	12	14	14	54

Mental Capacity Act Advice	4	28	22	23	79
Safeguarding	20	26	101	107	254
sensitive	1	2	0	2	5
Scoping enquiries	2	22	41	50	115
Social Care	9	12	31	9	61
Local Authority Designated Officer (LADO)				1	1
Child Death	1			2	3
Professionals Meetings		2		3	5

4.4. Scoping Enquiry

Scoping enquiry asks the safeguarding team whether the patient is known to us at RPH under an information sharing agreement. This is routinely carried out by the wider Safeguarding Partnership to establish if the hospital has any knowledge relevant to:

- Child Death Overview Panel (CDOP)
- Safeguarding Adult Reviews (SARS)
- Prevent / Chanel Panel (considers Prevent referrals)
- Prevent sits alongside safeguarding duties on professionals to protect people from a range of other harms such as substance abuse, involvement in gangs and physical and sexual exploitation. Prevent is one part of the government's overall counter-terrorism strategy.

4.5. Over the last 12 months we have seen a significant increase in scoping enquiries. This in part is due Prevent scoping requests becoming routine practice. Previously the RPH safeguarding team was not routinely asked about Prevent or Chanel enquiries. Scoping requests are time sensitive and are dealt with by the Duty Social Worker (9-5 Mon.-Fri.).

4.5. Child Death.

There have been two child deaths at Royal Papworth Hospital Trust. A child death is a rare occurrence at RPH. The two inpatient deaths were under 18 years old and occurred within the same month, February 2024.

4.6. The circumstances were different for each child; the first death that occurred was a known transplant patient and receiving end of life care under the care of the transplant team. The second child death was an emergency hospital transfer to the ECMO Service on Critical Care and sadly passed away overnight following admission to RPH.

4.7. The safeguarding team notified the Child Death Overview Panel (CDOP) of the child deaths. The importance of supporting staff with the processes involved in event of a child death was a learning outcome of the debrief following the child deaths.

4.8. There was acknowledgement of the huge impact a child death can have on staff and the importance of providing timely staff support which was put in place following the death with respect to the different circumstances.

4.9. Learning from child deaths

- Information Sharing: a key issue identified following the child death incident was about information sharing. There were concerns from staff about how much information they could share with the Police. In July 2024 Royal Papworth Hospital confirmed approval for Tier 2 information sharing with the CCC Multi-Agency Safeguarding Hub (MASH), supporting enhanced communication and safeguarding practices.
- A flow chart of the process and steps to take for staff in the event of a child death has been placed in the children safeguarding policy so to be more readily available for staff to reference.
- The safeguarding team are also producing a 'What happens when a child dies in hospital' to support staff and to help them be better prepared for the legal and emotional challenges a child death can pose.
- There are some changes introduced by Working Together 2023 in the Child death process and training has been arranged for RPH staff by the Child Death Review Manager in September 2024.

4.10. Sensitive Information - when sensitive information is shared with the Trust, this is recorded and shared on a need-to-know basis. The use of Alerts to indicate such importance and sensitive information has not always been fully understood across the Trust. There has also been an issue with the lack of integration between the Lorenzo EPR used in the main hospital wards and Metavision used on Critical Care Area.

4.11. The use of a Message of the Week to highlight the use of safeguarding alerts and an enhanced handover between CCA and the ward was communicated Trust wide in June 2024 to ensure that this information is shared with those that need to know.

4.12. Benefits and Advice

Requests for this type of service can be vital for inpatients especially when there is a significant impact on their engagement with treatment. An example is support with benefit applications, assisting with the completion of Department of Work and Pensions forms such as Personal Independence Payments, Universal Credit, Disabled Student Allowance and writing supporting letters.

4.13. Patients who are worried about their financial situation can struggle to engage with treatment, and these patients can be supported to reduce health inequalities. In these situations, the social work and safeguarding team provide support. Other less urgent referrals may be signposted to community resources such as Citizen Advice. Provision of such advice helps build trust and rapport with the patient, and patient engagement with their treatment.

4.14. Social Care referrals indicate the support given in situations where there are complex care issues that do not meet the threshold for safeguarding. This is in line

with Cambridgeshire and Peterborough Safeguarding Partnership Board priority of looking at Vulnerable people who do not meet statutory threshold for services. During the period the team supported 61 cases of more complex social care needs.

4.15. Mental Capacity Assessments

Mental Capacity assessments (MCA) and the additional support needed by patients with Learning Disabilities and Autism continues to be a focus for the safeguarding team activity. MCA is a key area the new Deputy Safeguarding Educational Lead post will prioritise and support across the Trust.

4.16. There were 79 referrals to the team during the year, many staff reported a lack of confidence of in carrying out a Mental Capacity Assessment. MCA is included in medical staff training, and for non-medical staff MCA, it is included in RPH safeguarding level 3 training.

- Furthermore, we have included learning from local Safeguarding Adult Reviews (SAR) regarding mental capacity into our training.
- Mental Capacity Act templates within the Trust EPR has been updated in the last 12 months in line with current guidance. The wider Safeguarding Partnership has also had a focus on this topic and the creation of a workstream to focus on practice improvements.

4.17. Duty to Refer¹ supporting patients who are facing homelessness is important not only in terms of their health and welfare, but it can also help to address some health inequalities. This continues to be a key feature in safeguarding team activity. During 2023-2024 the team made 10 referrals to the relevant Housing Authorities.

5. Learning disabilities and autism

5.1. Royal Papworth Hospital has continued to participate with self-assessments for delivery and data collection for NHS Learning Disabilities Improvement Standards. This is the sixth year the hospital has been involved in this process to better understand the care and experience of patients with learning disabilities and autism.

5.2. 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.

Performance for 2023-2024 against the learning disability improvement standards below is measured to cover:

5.2.1. Respecting and protecting rights:

- Royal Papworth Hospital takes its responsibilities to respect and protect the rights of those patients who are vulnerable. It is important to ensure that patients who are vulnerable have their rights protected and respected.
- This is undertaken in a variety of way through consistent and responsive individualised care planning. Patients who have a learning disability or who

¹ Requirement for certain public bodies (including Hospitals)to refer people who are homeless or at risk of homelessness under the Homeless Reduction Act 2017

have autism are supported through this process by ensuring staff recognise and respond to the patients' individual requirements on admission to its services. These reasonable adjustments are required by law and are frequently made but not consistently recorded.

- Providing reasonable 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. Recognising the family and carers expertise in managing the person in the hospital environment can be empowering and this featured as a patient story at the Safeguarding Committee
- The use of hospital passports is encouraged as these patients held records can significantly improve communication between the patient, significant other (where deemed appropriate and consented for) and care staff.
- Learning from a local Safeguarding Adult Review (SAR)- "Mark" published by Cambridgeshire and Peterborough Safeguarding Adult Partnership Board in December 2022, noted that *'It is important that documents such as hospital passports are kept up to date for informing health professionals about patients with complex social and health needs'*
While the passport is a patient held record – staff need to check that the information is up to date. We are creating a staff guide to prompt staff re checking that they are up to date.
- The Papworth version of the passport has been updated to include information any DOLs (Deprivation of Liberty)/ court of protection order and lasting power of attorney welfare involved as well as contact details for professionals involved.

5.2.2. Inclusion and engagement:

- 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.
- A quiet area offering lower stimulus is provided on the Day Ward.
- As a regional and national centre, we recognise the financial impact for families of people with learning Disability or Autism. The use of charitable funds to provide financial to support families to allow them to stay locally to provide support, reduce stress and anxiety has been invaluable.

5.2.3. Workforce

- HEE 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 (ICB) is being supported to develop training capacity. The ICB and its partners are currently working on the details of how this will be delivered.

- The eLearning package is the first part of both Tier 1 and Tier 2 of the Oliver McGowan Mandatory Training and is now live.
- Further detail provided in section 3- education and training.

5.2.4. Specialist learning and disability services – does not apply to RPH

5.3. 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. Learning disability and autism activity is low as shown for April 2023 to March 2024 in **Table 3**.

Table 3 - Learning Disability and Autism activity within the hospital April 2023-March 2024

April 2023- March 2024	Admissions	Unique patient Admissions	outpatients	Unique patient attending OP
Learning Disability and Autism	55	32	264	83
All patients	24,213	17,684	123,304	46,268
Percentage	0.22%	0.18%	0.21%	0.17%

5.4. Patients with learning disabilities and/ or Autism are identified by the safeguarding team through the inpatient Board Round and referral process. Improvements have been noted in the identification of these patients as well as the recording of alerts for these patients.

5.5. RPH provides governance and oversight ward-to-board for patients with learning disabilities through Safeguarding Committee, Quality and Risk Committee, Patient Experience and Carer Group.

5.6. An action plan is being developed from the results of the data collection for NHS Learning Disabilities Improvement Standards received in July 2024 by the safeguarding team and deputy chief nurse with plans to present at the next Safeguarding Committee in November 2024.

5.6.1. Areas of good practice include:

- No serious harm reported, no complaints.
- Staff confident to identify reasonable adjustments for patients.
- Good representation and reporting to LeDeR.
- Flexibility for patients with appointments.
- OM mandatory training in place; staff report ability to deliver safe care to patients with learning disabilities.

5.6.2. Areas for focus/improvement include:

- Explore with staff (third of respondents) who are unsure about involvement of patients/ carers with decision-making in their care.
- Involvement of patients planning Trust services.
- Involve young people and adults in delivering awareness training to staff.
- Monitor the rates of use of DNACPR decisions for people with learning disabilities.

5.7. During the last 12 months there has been zero referrals to Learning Disabilities Mortality Review (LeDeR) for the death of a patient with learning Disability and Autism. We have two members of staff trained in LeDeR. Any learning from LeDeR is shared at the Safeguarding Adults Board.

5.8. Future planning for patients with learning disabilities and autism:

- We remain committed to hear the voice of our patients with learning disabilities and/or autism through patient stories. There is clear need for a continued proactive approach to make accessible these stories and to embed that learning across the Trust. For example, at the June Trust Board, the safeguarding operational lead shared a patient story of a patient with autism.
- We monitor patients with a learning disability and autism on 'Access Plan' waiting lists and report quarterly to the Joint Safeguarding Committee. There is however a need to review the patient referral pathway to ensure patients with a learning disability and/or autism are identified *as standard* to allow for the adequate provision of appropriate support on admission, e.g. allocation of low stimulus area.
- The development of an icon for Learning Disability and Autism has been ruled out by the provider of our current electronic patient record Lorenzo as the developer Dedalus is no longer supporting the development. The contract for Lorenzo expires in June 2027. The ability to easily flag presence of patients with additional needs is an important function to be included in any new Electronic Patient Record.
- The ICB is rolling out Learning Disability Alerts across the system which will help provide a more seamless service for patients from within the region.
- The use of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) for patients with Learning Disability or Autism is being audited this year. The results will be shared with the safeguarding committee along with the ReSPECT steering group.
- The Trust will consider the contribution of patients with a learning disability and/or autism to the Patient Experience Strategy which is currently being reviewed.
- The Trust recognises that autism and learning disability is underdiagnosed in adults and children. There may be a delay of up to 2 years from referral to a formal diagnosis of autism. In the Transition Workstream (Section 9), the use of a patient held 'Transition passport' is planned to support personalised care planning and delivery.

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

6.1. An internal self-assessment was conducted in line with the Care Quality Commission (CQC) Regulation 13, March 2023.

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:

- Chaperone training – led by ICB Designated Nurse Safeguarding Children. Plans for chaperone training to be delivered using a virtual platform with competency sign off by the manager. Currently awaiting confirmation from the Education team to go LIVE.
- Named Nurses for Safeguarding Adults and Children in ICB has plans to share revised ICB role profiles for named nurse roles in safeguarding adults and children.
- Safeguarding Lead attended Team Meetings with Safeguarding “who is who” presentation.
- Day held in RPH Atrium for March 2023 to raise Safeguarding Team profile.
- Safeguarding Team posters have been updated.
- Safeguarding Intranet site was revamped to include correct links.
- A step-by-step guide is routinely handed out during the Safeguarding level 3 training for adults and children.
- Introduction of face-to-face level 3 safeguarding training for adults and children is ongoing, and dates are published up until December 2024.
- Bespoke MCA training is a constant delivery area for the safeguarding team. Last year training was arranged for groups of doctors including Critical Care and occupational therapists.
- Safeguarding quarterly reports now include breakdown by professional groups for safeguarding training compliance, to support targeted improvement plans and compliance for divisions / heads of service; safeguarding mandatory training compliance is reported at monthly performance meetings with executive directors.
- Royal Papworth Hospital continue to work in partnership with the ICB Board 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).

7. Mental capacity and deprivation of liberty safeguards (DOLs)

7.1. 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.

7.2. Mental Capacity Assessment

- Focus on mental capacity assessments, requires improvement with education of MCA principles - a presumption of capacity, individuals being supported to

make their own decisions, unwise decisions, best interests and less restrictive options.

- MCA is covered in level 3 safeguarding training and bespoke training is provided to professional groups upon request.
- All MCA referrals are processed through Lorenzo which has proved to be a more robust system.
- ICB is leading new MCA documentation to reflect current case law.
- MCA Audit planned for 2024 to collate data to inform improvement plans.
- Proposal for a standalone MCA policy to support educational awareness and competence is being considered.
- Clinical case involving MCA was presented by the safeguarding team to the Clinical Ethics Committee (December 2023); key actions agreed and actioned included MCA – Message of the Week, linking in with ReSPECT Steering Group supporting patients with Learning Disabilities.
- Staff story shared at committee meetings where MCA was undertaken well.
- 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.
- Over the last year RPH have implemented changes to the recording of Mental Capacity Assessment forms available on Lorenzo Electronic Patient Record (EPR) to ensure this is in line with the latest guidance. These changes ensure that the functional test (can they make a decision) is carried out before the diagnostic test (is the inability to make a decision caused by an impairment of/ or disturbance in the functioning of, a person's mind or brain?). This is in line with judicial rulings.

8. Delirium and dementia

8.1. 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.

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

8.2.1. Quality Account priorities for 2024/2025 – the setting and production of a quality account for delirium and dementia has been developed and agreed.

8.2.2. Policies have been reviewed and updated for DN626 - Guidelines for the Prevention, Recognition and Management of Delirium in alignment with NICE guidelines.

DN684 – Guidance to Provide 1 to 1 Care (Specialling) is currently under review and will be shared at the next Safeguarding Committee.

8.2.3. Governance - monthly review of Datix, theming incidents and review with action planning. Main DATIX themes are:

- 5 Capacity issues with discharging patients from Critical Care (CCA) to ward as the CCA environment can lead to delirium.
- 2 unwitnessed falls without injury.
- 2 incidents related to assessment and handover of patients CCA to ward.
- 2 patient behaviour incidents, where staff received support.
- Monthly review of risks related to delirium and 1 to 1 patient care.

8.2.4. One risk on Risk Register 991 (rating 12):

- If patients develop delirium, then there is a risk of physical or emotional injury related to staff dealing with patients who have developed delirium and have become violent or aggressive .There is a risk of injury to the patient because of staff response to delirium.
- Mitigations include Crisis Intervention Team in place to provide team support when a patient with delirium becomes violent and aggressive. Delirium Guidelines to provide guidance on patient management with delirium.
- Alcohol audit tool and dementia screening tools used to assess patients prior to admission for procedures.
- Availability of Psychiatrist to support the management of a patient with delirium.

8.2.5. Quarterly Safeguarding reports are submitted to the Safeguarding Committee.

8.2.6. Delirium awareness raised with organising two stands in RPH atrium for:

- Equipment that can support delirium management.
- Educational event held on national Delirium Day (2023).

8.2.7. AHP task and finish group has been set up to include non-pharmacological delirium management

8.2.8. Trust wide Audit and respective action plans are in place for:

- Delirium Audit (2023/24).
- Dementia Environmental Audit (2024).

9. Transition from childhood to adulthood

9.1. There are two workstreams that have been developed by the Integrated Care Board which are Transitional Safeguarding and Preparing for Adulthood Special Education Needs Disabilities (SEND).

9.2. Transition work in the hospital is being led by the Lead Nurse for Cystic Fibrosis and the named Nurse for Safeguarding Children.

9.3. The Deputy Designated Nurse for Children leads the Transitional Safeguarding Group within the Safeguarding Partnership.
 The Deputy Designated Nurse for Safeguarding People and Health Serious Violence Lead Chairs the Transitional Safeguarding Partnership Board priority workstream.

9.4. Admissions of under 18's to Royal Papworth Hospital

- Inpatient details for 2023/24 (some patients are seen more than once in the year; each attendance will count as one).
- Longest stay for patients under 18 years of age is 38 days.

Inpatients (all ages)	Inpatients (under 18's)	Percentage
22,779	130	0.57%

- Outpatient details for 2023/24 (some patients are seen more than once in the year; each attendance will count as one).

Outpatients (all ages)	Outpatients (under 18's)	Percentage
106,443	425	0.39%

All under 18 patients receive support to allow parent and/ or other to stay to provide support. A main concern that had been raised for under 18's was a complex transition of under 18 years under the transplant team who had been a child in need. Three meetings of professionals involved were attended. The patient later decided to move, and his care was transferred to another centre.

9.5 Paediatric to adult transition update:

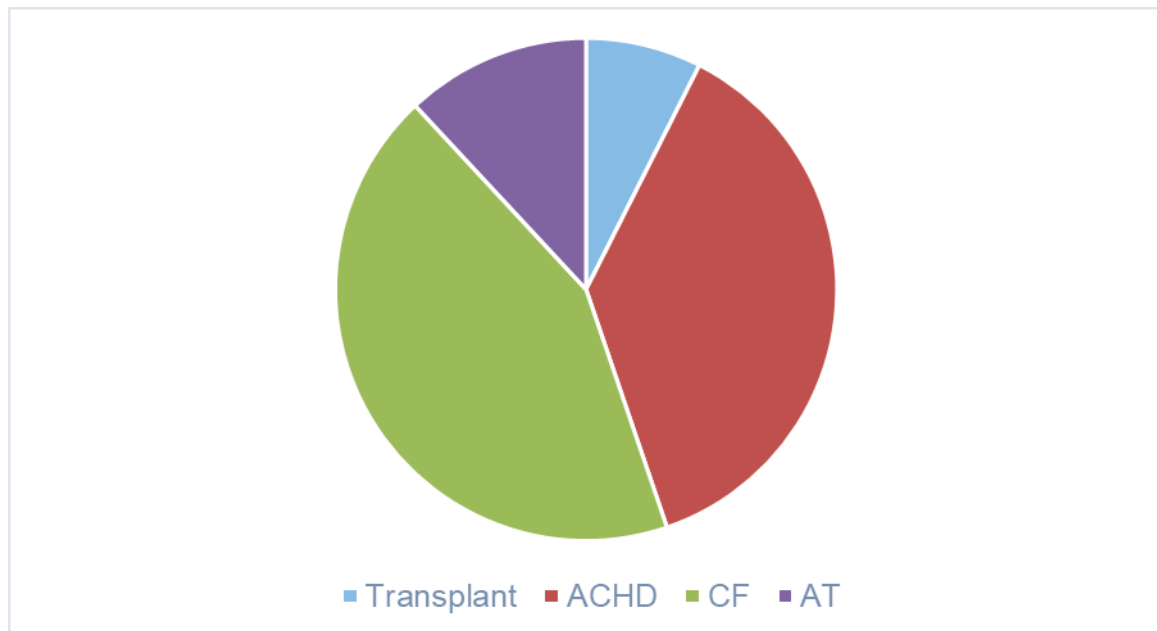
Activity for 1st April 2023 to 31st March 2024

- Data collated from most departments that transition patients from paediatric to adult services.
- The data represents the amount of patients that have moved across to adult services in the year 2023-2024.

Services include:

- Acute Congenital Heart Disease: 25 Patients
- Cystic Fibrosis: 29 Patients
- Transplant: 5 Patients
- Ataxia Telangiectasia: 8 Patients

Activity for Paediatric to adult transition services 2023-2024



9.6. Outcomes

- Further data to be collated from other departments within the Trust which has been requested.
- Continued data collection from those departments that have already provided the previous year's figures.

9.7. Future actions/plans:

- Transition Steering Group aim to hold their first meeting in September/October 2024.
- Administrative support has been provided for these meetings.
- Named Nurses to be identified from all groups that transition patients to provide appropriate correspondence.
- NHS Grant submitted for Transition Services and the development of Transition Website.
- Audit outcomes of these patients at 1yr post transition to adult services.
- It has been identified that there are also small number of patients, paediatric to adult transition in Immunology, Lung Defence and the Respiratory Sleep and Support Centre.
- The Named Nurse will communicate and collaborate with the Immunology, Lung Defence and the Respiratory Sleep and Support Centre teams to provide support and ensure that the data is captured for these services.

10. The Prevent Programme

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

10.2. There has been no Prevent incident since the last report. Royal Papworth Hospital are now included in the scoping for new information programme.

10.3. Compliance with prevent is monitored quarterly via submission of a return to NHS England. Recent changes to the reporting template were introduced for Quarter 1 2024-2025.

11. Serious Violence Duty

11.1. A new Responsibility/ Statutory Duty for Trusts. The Serious Violence 'the duty' Health is a statutory requirement that is being implemented to strengthen referral pathways and to promote serious violence and services across RPH, it is therefore particularly important to upskill frontline staff and for staff to attend training in this area.

11.2. The Duty purpose is to strengthen working together and share data to prevent and reduce serious youth violence. Multiple training opportunities have been offered with two members of staff attending from the Trust. Currently there is no further training available. This is an area for improvement.

11.3. A new Serious Violence Health Lead was appointed within the ICB – the post specialises in serious violence and the lead gave a presentation on Serious Violence Duty to the Safeguarding Committee on 5 February 2024.

11.4. Organisation referrals can be made to EMBRACE (for younger people, BOBBY Scheme, Mind CPSL (cope and recover from crime). Any victim of crime can contact these organisations, and where appropriate they would liaise with other organisations.

11.5. A Serious Violence Champion has been nominated for RPH; communications for serious violence duty and advertisement of the services available are being planned for cascade across the organisation. Training has been organised by ICB with monthly meetings to support staff. Royal Papworth Hospital has trained two champions to participate in this work stream.

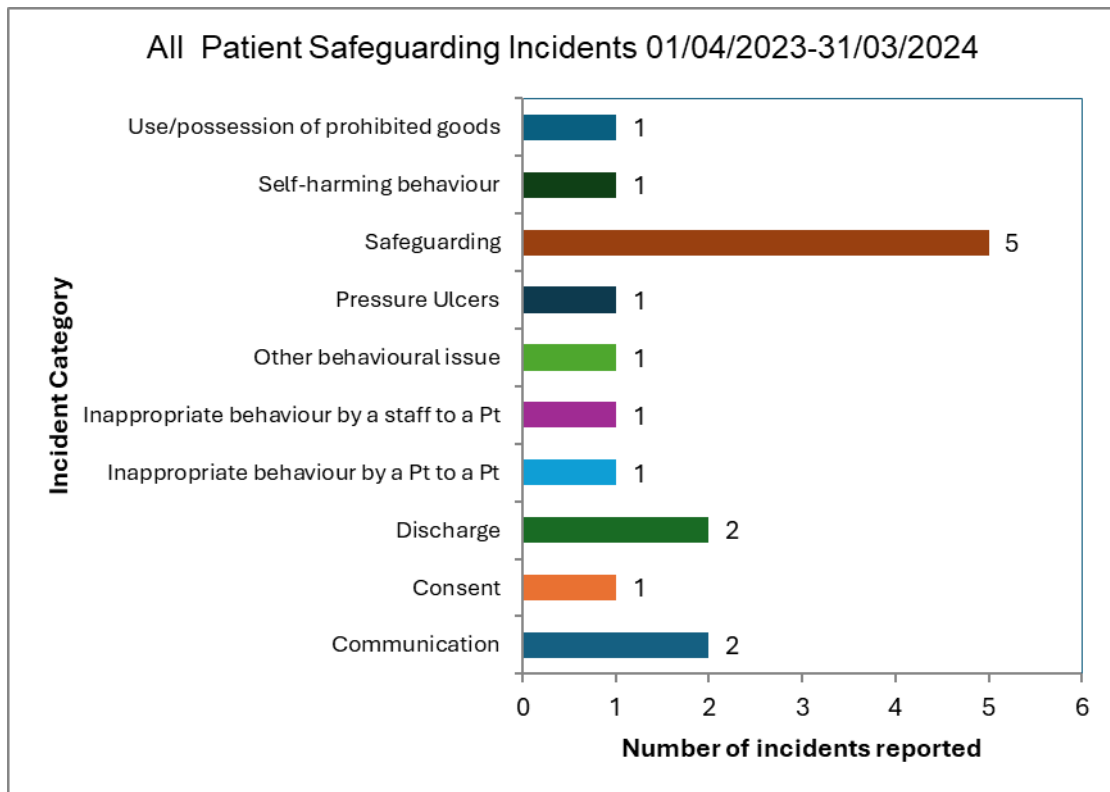
12. DATIX reporting

12.1. The Safeguarding Team respond to all DATIX incidents implicating safeguarding concerns and/ or when they have been allocated as investigators.

12.2. The key safeguarding themes reported by DATIX as shown in **Bar Chart 2** are referral to local authorities. Other themes include concern for care home, reports of poor care from another referral, mental capacity and domestic abuse.

12.3. To track themes more closely across DATIX we need to review current use of safeguarding reporting to ensure categories are more consistent moving forward.

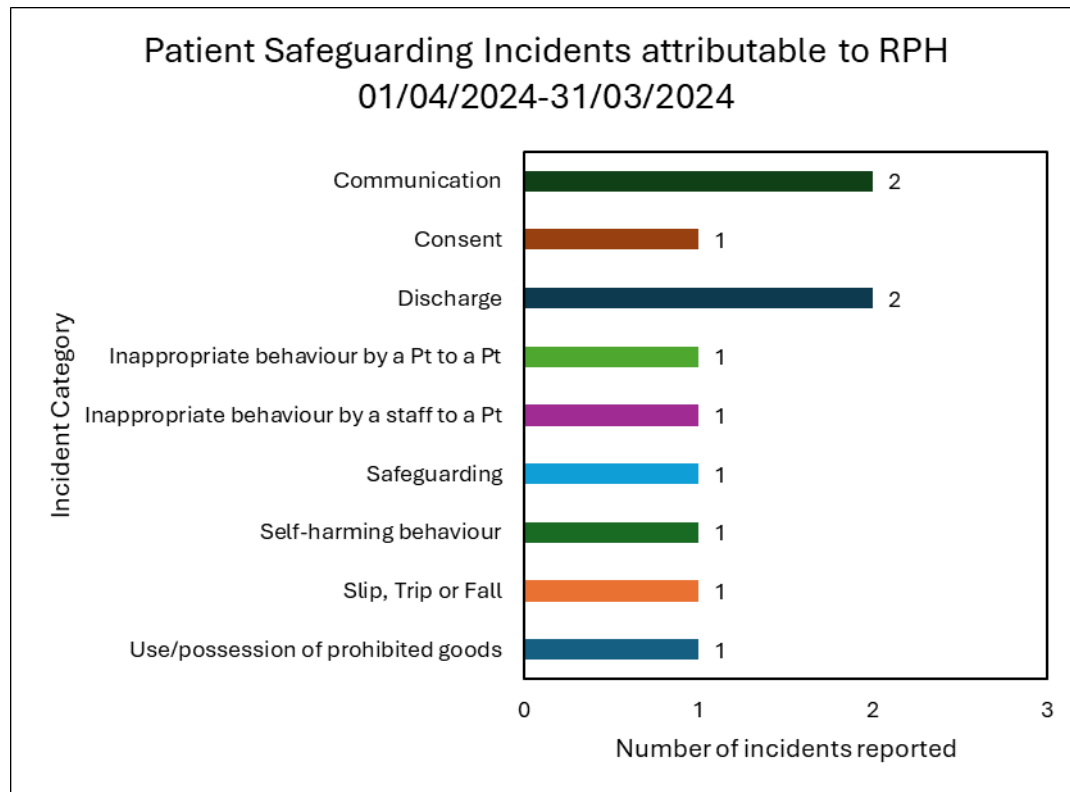
Bar Chart 2 – All Safeguarding Incidents Reported via RPH Datix Incident Reporting System April 2023 - March 2024



12.4. **Bar Chart 2** shows all incidents reported by RPH staff that have been highlighted as being a safeguard concern, this includes incidents under the safeguarding category where there are concerns raised about external agencies, domestic abuse and housing. Staff have actively reported these, and the incidents have been escalated by the Trust Safeguarding Team. The number of incidents reported for the year are consistent with last year and themes remain similar.

12.5. **Bar Chart 3** displays patient safeguarding incidents that have been reported and met the criteria as being safeguarding incidents occurring at RPH. These exclude incidents that were shared with Safeguarding for information only. They were no or low harm events.

Bar Chart 3 RPH Patient Safeguarding Incidents by Category April 2023 - March 2024

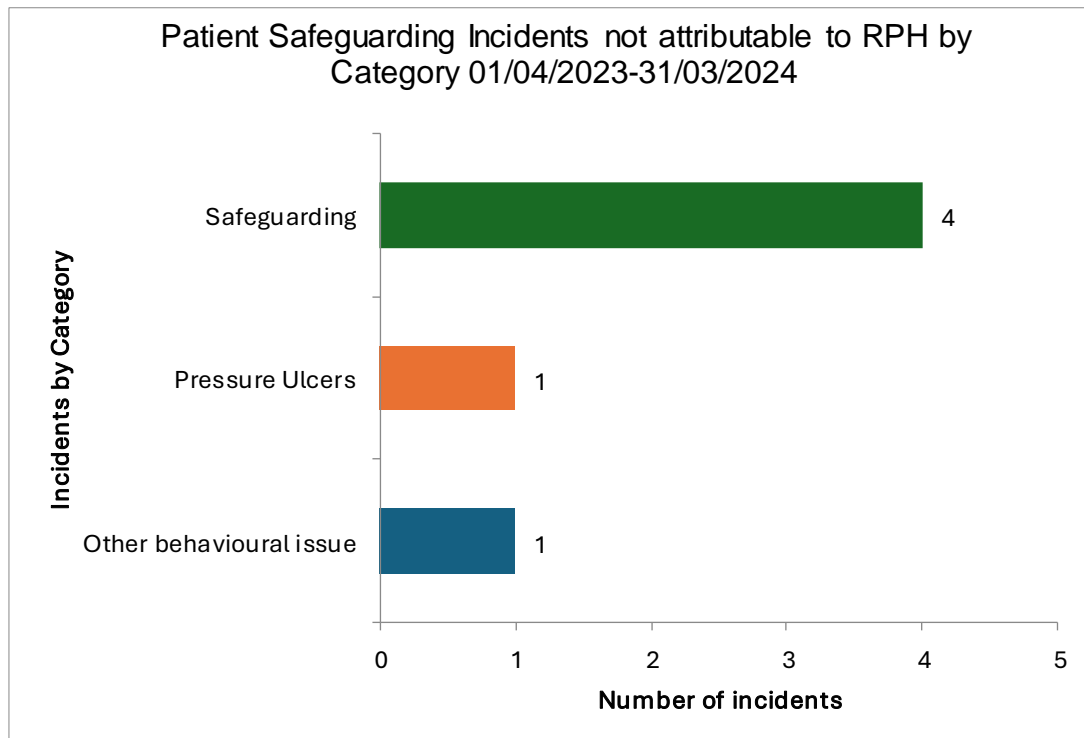


12.6. Themes to note are communication within teams regarding planning for admission and discharge to community with packages of care. Mental Capacity Assessment (MCA) and ensuring staff are aware of such responsibilities has been highlighted in two of the incidents.

These incidents were reported for learning purposes and the number of incidents where safeguarding has been highlighted for information demonstrates an increasing reporting culture to raise concerns before a safeguarding incident occurs.

12.7. **Bar Chart 4** displays six incidents which Trust staff recognised and reported safeguarding concerns via the Datix system.

Bar Chart 4 Safeguarding Incidents reported by Trust staff Not attributable to RPH by Category, April 2023 - March 2024



12.8. Four of the incidents relate to homelessness and poor living conditions of vulnerable patients, concerns over domestic abuse and a patient admitted with injuries from a community setting.

12.9 Risk Register

There are two Risks on RPH Risk Register:

Risk 3520 Safeguarding Children and Adult Level 3 training compliance – current rating 12. Mitigations in place to include:

- Hybrid safeguarding training, face-to-face, eLearning and bespoke training sessions provided by the safeguarding team
- Additional educational resource – new post Deputy Safeguarding Educational Lead has been approved to further support Trust wide safeguarding education and training in meeting intercollegiate safeguarding guidelines. Interviews were conducted in August with anticipated start date early November 2024.

Risk 991 Patients who develop delirium – current rating 12 (please refer to **section 8.2.4**)

13. Audit, survey, and policy updates

13.1. The Safeguarding and Social Work Team on a AHP day raised awareness of mental capacity by having a stand in the Atrium October 2024. Staff participated in

completing a mental capacity quiz to test their knowledge and individual teachings in the Atrium were organised by the safeguarding team and AHPs.

13.2. New statutory guidance was issued in December 2023, Working Together to Safeguard Children - A guide to Multi-agency Working to help, protect and promote the welfare of children (December 2023). The changes introduced by this new guidance are being addressed by the Safeguarding Partnership and Royal Papworth Hospital.

13.3. The key changes are in the way the safeguarding partnership works together and the introduction of a lead practitioner role. The Safeguarding Partnership has a Task and Finish Group to address these changes.

The action plan is due to be completed by December 2024.

1. Multi-agency expectations for all practitioners
 - This new chapter in the guidance highlights how positive outcomes for children depend on strong multi-agency working.
2. Working with parents and families
 - The updated guidance sets out four principles that professionals should follow when working with parents and carers.
3. Clarifying the roles and responsibilities of safeguarding partners
 - The updated guidance outlines new roles and responsibilities relating to the three safeguarding partners (the local authority, the police and the health service).
4. The role of education and childcare providers
 - Safeguarding professionals should work closely with education and childcare settings to share information, identify and understand risks of harm, and ensure children and families receive timely support.
5. Multi-agency practice standards
 - Looks at role of lead practitioner, how social care assessments are carried out.
6. Learning from Serious safeguarding incidents
 - Changes to the Child Safeguarding Practice Review (CSPR) to be agreed by CSPR subgroup.
7. Child Death Overview Panel
 - Factual updates have been made to reflect the latest legislation and guidance.

13.4. DN810 Care of Patients with Learning Disabilities and Autism Policy was reviewed and updated.

13.5. DN270 Safeguarding Children and Young Adults policy was reviewed and updated.

13.6. A new DN840 Domestic Abuse Policy was written and published.

13.7. DN307 Safeguarding Adults and DN168 Chaperoning are due for renewal with a timeline for September 2024 for ratification by the Chair of the Safeguarding Committee.

13.8. Section 11 (s11) of the Children Act 2004 places a statutory duty on key organisations to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children. The Section 11 Audit is designed to support statutory organisations to review and reflect honestly on their safeguarding practice and assure themselves they are fulfilling their statutory duties. The Section 11 Audit took place March to June 2023 followed by the challenge day in October 2023. From the Section 11 report, the addendum, and the challenge day several recommendations were made. These recommendations form the 'Section 11 Action plan' which the Children's Quality Effectiveness Group (QEG) has governance and oversight.

13.9. The results of the ICB audit for Mental Capacity carried out 2022-2023 led to the development of the Mental Capacity Task and Finish Group and contributed to the training programme for Safeguarding Adults Partnership Board Conference November 2023 where there was an excellent presentation from Ian Brownhill of 39 Essex Chambers about mental capacity. The training was attended by five Royal Papworth Hospital staff, Operational Safeguarding lead, Interim Operational Safeguarding, the Named Doctor for Child Protection and two night matrons

13.10. The Safeguarding Operational Lead conducted an internal audit of the methodology of safeguarding referrals into the safeguarding team in January, February and March 2024. This accounted for 323 referrals The largest number of referrals to the team was by email.

- email is by far the most significant referral method into the team. 61% accounting for the scoping requests. Critical Care referrals are usually via email as they do not routinely use Lorenzo.
- The planned CF and AT reviews are arranged via emails and self-referrals from these patient groups.
- Lorenzo accounts for 22.9% of referral and is the preferred method of referral but the referrals are sometimes of poor-quality causing difficulty to triage referrals.
- The remaining 15 % are face-to-face referral or via the Board Round or because of a telephone call. The Board Round acts as a safety net for referrals. This is an insecure method as there is no written referral.

14. Areas of Progress

14.1. Good practice of sharing patient stories, for example a story to Quality and Risk Committee of an autistic patient and making reasonable adjustments to support patient's care and experience was presented in June 2024.

14.2. Areas of improvement include recording safeguarding alerts and raising awareness through communication as a Message of the Week and incorporation into adults and children safeguarding level 3 training.

14.3. Increasing attendance at ICB external meetings has led to improvements in Multi Agency communication and working.

14.4. The social work team introduce themselves and assess patient needs when a patient with learning disability and /or autism has been referred. All patients are identified on the Board Round in the clinical area, the notes are checked to see if there is an alert recorded and any reasonable adjustments.

14.5. The input and output of RPH safeguarding partnership are included in quarterly safeguarding reports to the Safeguarding Committee.

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 has developed and implemented a Domestic Abuse Policy, led by RPH's Domestic Champion.

14.6. RPH continues to be involved with the Health and Serious Violence Group. This was established in December 2022 by the Home Office and requires local councils and local services to share and work collaboratively on interventions that reduce serious violence.

14.7. RPH received a visit from NHSE in March 2024 for a Spotlight on Safeguarding at RPH. The feedback was very positive following the presentation by RPH safeguarding team to NHSE which included two patient stories.

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

14.9. The following internal and external meetings have been attended by the RPH safeguarding team:

1. Adult Quality Effectiveness Group
2. Adults Safeguarding Partnership Board
3. Children's Quality Effectiveness Group
4. Clinical Ethics Committee
5. Child Sexual Abuse Workstream
6. Fundamentals of Care Group
7. Head of Safeguarding
8. Health Executive Safeguarding Group
9. Health and Serious Violence Group
10. Mental Capacity and Deprivation of Liberty Steering Group
11. Mental Capacity Workstream
12. Safeguarding Children Partnership Board
13. Safeguarding Committee Meeting
14. Safeguarding Adult Reviews
15. National Domestic abuse and Sexual Safety
16. Oliver McGowan Implementation Group

14.10. The Oliver McGowan Mandatory Training on Learning Disability and Autism

has been co-produced, trialled and independently evaluated, and introduced to Royal Papworth in November 2023. There has been excellent collaboration with the safeguarding, education and workforce teams at RPH working in partnership with the ICB.

14.11. The safeguarding and social work team had two staff winners in the RPH Staff Awards in 2023. The awarded categories were for Compassion and Leadership. A tremendous achievement demonstrating expertise, hard work and commitment of the safeguarding and social work team to delivering outstanding care to patients attending RPH.

15. Areas of focus for the safeguarding team

15.1. Intercollegiate safeguarding guidelines

- RPH plans to deliver training to meet intercollegiate safeguarding guidelines and expand its current training with the support of a newly appointed Deputy Safeguarding Education Lead where the delivery of level 3 safeguarding training will be central to the role. We will continue to review all roles at RPH with respect to their requirements for safeguarding training.

15.2. Domestic abuse

- A new Domestic Abuse Policy has been written for RPH and was ratified at the Safeguarding Committee on 5 February 2024
- RPH has signed up to the Sexual Safety Charter. It is expected that signatories will implement all ten commitments in 2024.
- We have two representatives - one from Safeguarding and one from Workforce attending National Domestic Abuse and Sexual Violence Leadership Quarterly Webinars to help with its implementation at RPH.

15.3. Health and Serious Violence

- RPH continues to be involved with the Health and Serious Violence Group. This was established in December 2022 by the Home Office and requires local councils and local services to share and work collaboratively on interventions that reduce serious violence.
- This is an area for improvement for example to engage Champions with meeting attendance. There has been minimal uptake with offer of free training and pathway design projects in the ICS. It is important that there is reference to information sharing and the plan for RPH to work with their Information Governance team to embed the police intelligence form and implement a Data Protection Impact Assessment.

15.4. Audit Cycle Priorities for 2024/25 are shown in **Table 4**.

- Timelines and owners for the audits listed will be prioritised and agreed by September 2024.

Table 4 - Clinical Audit Priorities for 2024/25

Audit	Measurement	Who, purpose	Improvements
RESPECT and Learning disability	The use of Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) for patients with Learning Disability and/or Autism	For quality and assurance Ambulatory Care and safeguarding Team	To improve support and advice for patients, information for patients and education for staff
Self-neglect Audit	Re-audit: therefore, the same standards and methodology should be used as the previous audit.	Requested by ICB, following a previous audit	Improve compliance with relevant standards
Mental Capacity Assessment and Best interest Assessment	Re-audit: therefore, the same standards and methodology should be used as the previous audit.	Requested by ICB, following a previous audit	Improve compliance with relevant standards, improve documentation and practices for mental capacity processes.
Internal Safeguarding Referral Audit	Compliance with standards within Safeguarding policy DN207 'The safeguarding process'.	Internal	Improve compliance with relevant standards and identify areas for improvement in relation to the safeguarding process.
Chaperone implantation review	See separate project summary – audit compliance with standards set out in Trust Chaperone Policy (DN168)	Internal	Improve compliance with standards outlined in the Trust policy, improve documentation and training.
External Safeguarding Referral Audit	This is the referral the safeguarding team complete to local authorities. To ensure understanding of thresholds and pathways .	ICB Request	Improve compliance with relevant standards
Internal Safeguarding notes	A regular audit cycle (possibly quarterly) to look systematically and objectively at samples of practice and measuring against quality practice standards both local and national. A random selection of cases to be reviewed.	Internal - Gap analysis to inform level 3 Safeguarding training	Improve compliance with relevant standards, analysing the quality of documentation with a view to ascertaining how effective our safeguarding practice is in improving outcomes for our patients.

16. Summary of Monitoring

16.1. We will continue to carry out audits, surveys, complete benchmarking, measuring effectiveness, and monitor areas requiring improvement.

16.2. We at RPH will continue to evaluate our processes e.g., referral to the safeguarding team and ensure robust systems are in place to prevent harm and set goals for continual improvement to attain excellence within safeguarding practice. We will continue to educate, use reflective practice, and learn together with our teams and the ICS to reduce the theory practice gap using serious adult reviews, child practice reviews and homicide reviews.

17. Governance and oversight

17.1. 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.

17.2. Safeguarding Committee meetings are scheduled quarterly.

<p>Recommendation: The Board of Directors is asked to approve this Annual Report.</p>
