

Safeguarding Team

Annual Report

2020/21



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1. Foreword

It is my pleasure to introduce the Safeguarding Annual Report for 2019/20. It summarises the work undertaken within the Trust in respect of safeguarding, planned developments and our plans moving forward into 2021/22.

Sections 9, 10 and 11 also outline the work undertaken around mental health, learning disabilities and dementia, which are aligned to the safeguarding team and the Chief Nurse and Head of Safeguarding's portfolio. It is acknowledged that these areas are not just about safeguarding but they do recognise the links with the increased vulnerabilities of these client groups.

This report provides assurance to the Trust, its patients and their families and our partner agencies that we see safeguarding as a key priority and ensure that all our staff are aware that 'safeguarding is everyone's business' and we all have a role to play in ensuring our patients and their families receive outstanding care.

Julie Hogg
Chief Nurse

2. Introduction

Sherwood Forest Hospital NHS Foundation Trust (SFHFT) has a statutory responsibility for ensuring that the services provided by their organisation have safe and effective systems in place which safeguard adults, children and young people at risk of abuse, neglect and exploitation.

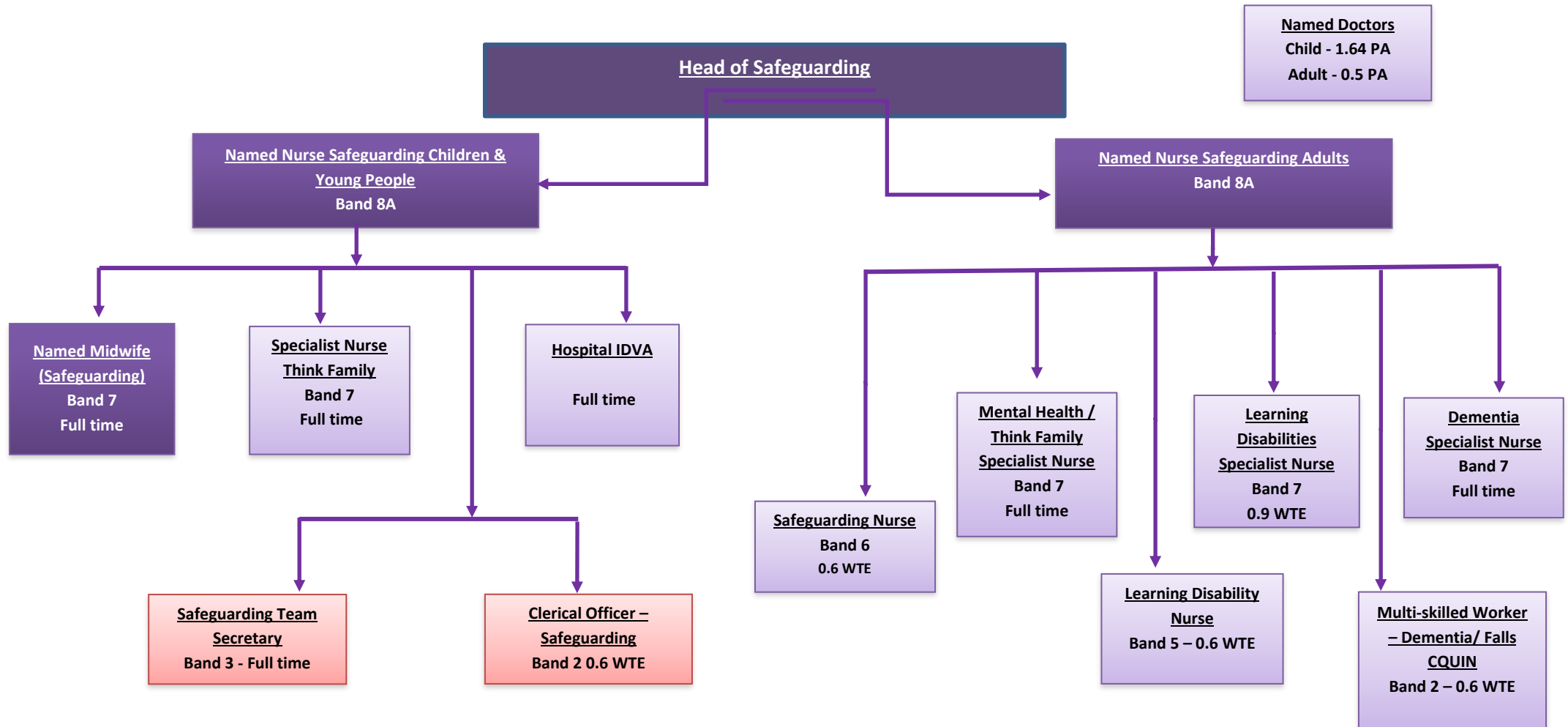
The aim of this report is to summarise the safeguarding activity within Sherwood Forest Hospital Foundation Trust (SFHFT) during the period 2020/21. This activity was analysed against set objectives which are in line with Nottinghamshire Safeguarding Adult Board (NSAB) and Nottinghamshire Safeguarding Children Partnership (NSCP) reporting requirements and National/Legal requirements e.g. Care Act 2014, Children Act 1989/2004 and set actions for the next year (2021-2022).

Furthermore, the report aims to:

- Provide assurance to the Trust board that the Trust is fulfilling its safeguarding obligations
- Assure service commissioners & regulators e.g. CQC and NHS Improvement that the Trust's activity over the year has developed in terms of preventing abuse and reducing harm; as well as embedding MCA/DOLs into clinical practice using the model of 'Making Safeguarding Personal' and ensuring that the 'Voice of the Child' is heard
- Appraise the Trust staff & managers regarding the activity and function of the safeguarding team and the support it provides to operational and clinical service delivery
- Ensure that patients, service users and carers know that safeguarding of children and adults is a Trust priority

The report will also provide an overview of developments within the safeguarding arena both locally and nationally over the last 12 months. Highlighting how these developments have impacted upon the service provided by the Trust and how we work as a partnership to ensure the patients and their families within accessing services within Nottinghamshire are protected.

1. Think Family Safeguarding Team Structure & Functions



4. Key National Themes

Contextual Safeguarding

Contextual Safeguarding is an approach to understanding, recognising and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse beyond their front doors.

CSE (Child Sexual Exploitation) and CCE (Child Criminal Exploitation)

CSE and CCE continue to be a priority for SFHFT. The safeguarding team has undertaken a lot of work around CSE over the past 3 years and work has continued over the last 12 months. The team have raised further awareness of CSE and introduced CCE across the organisation, strengthening the resources available and training across all areas.

Since its launch in January 2018 the Emergency Department (ED) and Urgent Care Centre (UCC) CSE screening/risk assessment tool has been extremely successful. It is now fully embedded within the ED/UCC triage process and results show a significant increase in referrals to social care due to identified concerns around children at risk of exploitation. SFH are one of very few acute hospitals that undertake routine screening for CSE for all children presenting to ED/UCC over the age of 10. The tool forms part of the routine safeguarding documentation audit undertaken within ED/UCC.

As an organisation SFHFT continue to provide representation at the Multi Agency Sexual Exploitation (MASE) group and the Concerns Network. This ensures oversight of CSE and CCE at a local level, sharing information with other agencies to protect vulnerable children/young people. Children/young people identified at risk are flagged within the Trust Sexual Health Services and ED, enhancing information available to staff aiding effective and safe risk assessments.

The safeguarding team had hoped to further its work around CCE across the organisation in 2020-2021 however the COVID pandemic meant that some of the planned work had to be put on hold. This will be a key focus in 2021-2022.

Moving forward in 2021-2022 there will be a key focus on county lines and criminal exploitation. This work will include looking at tools available to support staff in identifying CCE and workshops. This work will also include introducing the concept of trauma informed practice.

FGM (Female Genital Mutilation)

The Serious Crime Act 2015 introduced mandatory reporting by regulated professionals. In order to ensure compliance with legislation, and to provide assurance to the board that SFHFT colleagues are competent and confident to recognise and respond appropriately, FGM remains a key focus in Safeguarding Think Family Induction training. This has ensured all staff starting employment at the Trust have the knowledge and skills to recognise and report FGM as per legal and safeguarding processes.

SFHFT have guidelines for FGM focusing on Recognising, Reporting and Safeguarding, as well as the Management of Women who have undergone FGM. Patient information posters and mandatory reporting posters have been placed in areas across the organisation to support both patients and staff in recognising and know how and where to seek help and advice. Whilst distributing this information the safeguarding team talked to staff on wards/departments about FGM asking questions around their understanding of FGM and whether they would know where to get support should they identify or have disclosure of FGM. The results were positive with most staff having an awareness of FGM as well as an understanding of the safeguarding surrounding this issue and identifying the safeguarding team as a key source of support.

Every year in the run up to the school summer holidays, an 'iCare' is sent out to remind colleagues that the summer is referred to as 'cutting season', and is when risk is highest for girls in danger of FGM being performed. It is imperative that all colleagues remain vigilant for signs and indicators of FGM to ensure that an urgent response via police and Children's Social Care is initiated in the event a girl presents to SFHFT with trauma as a result, so this year's 'iCare' will reflect this.

The Named Midwife provides assurance for the Trust and leads upon any statutory responses to identified risks or cases from a safeguarding perspective.

Moving forward through 2021/2022 FGM will remain a key focus of Think Family Safeguarding and domestic abuse training delivered across the trust.

Modern Slavery

Modern Slavery was introduced as a separate category of abuse in the relation to adults at risk under the Care Act in 2014. It involves the recruitment, movement, harbouring or receiving of children, or adults through the use of force, coercion, and abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the United Kingdom. They may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

The Modern Slavery Act 2015 identifies Modern Slavery as a national and local priority. Local safeguarding adult boards require assurance that staff are required to be able to identify and respond appropriately to potential modern slavery and know when and where to refer concerns. SFHFT staff will work with survivors of modern slavery. Think Family safeguarding training includes information on modern slavery.

The Trust produced its annual modern slavery statement as required under section 54 of the Modern Slavery Act 2015, which set out the steps taken to identify and address its modern slavery risks.

During 2021-2022 SFHT will continue to develop our annual position statement in relation to Modern Slavery and be alert to any new or increased modern slavery risks within operational activity and supply chains.

There will be a continued focus on staff understanding and responding to any concerns or disclosures of Modern Slavery.

Any emerging or heightened risks in the organisation due to Covid-19 will be risk assessed and escalated.

MCA/DoLs

The response to the 360 assurance report from 2019/20 has been finalised through the Trust Audit Committee and no outstanding actions remain. A separate and dynamic work plan relating to the issues of MCA/DoLs has been created and is being proactively monitored. During 2021/22 this will be led by the Lead Practitioner for MCA/DoLs/LPS, who was appointed at the end of this reporting period

An audit process was commenced during the year which allows the performance relating to MCA/DoLs to be shared with key clinical staff. Reporting to divisional governance forums was initiated during the year which has enabled trends around MCA compliance to be shared

The Trust is cognisant of the likely implementation of Liberty Protection Safeguards, which is intended to come into force in Spring 2022, being a replacement for DoLs. Whilst the Code of Practice has not been published yet, the Trust is nonetheless engaging in regional forums to help identify the potential delivery and impact of this

The MCA e learning package which was introduced last year was successfully promoted at divisional level and now forms part of a mandatory training package

Moving into 2021/22 particular emphasis will be placed on further development of audit activity, and on preparation for the introduction of Liberty and Protection Safeguards. The MCA/DoLs/LPS lead practitioner will play a pivotal role in further embedding safe legal frameworks into clinical practice

Making Safeguarding Personal (MSP)

This remains a key driver, and is a Safeguarding Board fundamental principle. The team continues to enhance person centred care and to seek assurance on safeguarding practice to promote the delivery of excellent care and treatment for the safeguarding of adults who have needs for care and support.

The newly implemented role of Lead Practitioner for MCA/CoLs/LPS has this as a key part of her agenda to add another layer of assurance re the individuals interests being at the core of service delivery

Through 2021/22 SFHT will continue to develop and embed an approach to its work that is person led.

MSP will be a focus within the safeguarding audit programme to review how we will consolidate progress and improvements.

MSP will continue to be of the part the 'Think Family' safeguarding priorities.

Domestic Abuse

Following a review of the Trusts current Domestic Abuse service provision and ways to improve the quality of care delivery provided to survivors of domestic abuse SFH commissioned a Hospital Independent Domestic Violence Advocate (HIDVA) in partnership with Nottinghamshire Women's Aid. The pilot was for an initial 12 months but due to the success of this role we have continued this commission for a further 3 years. Work during 2020/21 has remained focused on the Independent Domestic Violence Advocate (IDVA) being based within the Trust Safeguarding Team during core hours of service delivery to develop:

- Support for the recognition and response of staff where there are concerns/disclosures of domestic abuse,
- The transition of care to primary care and the engagement with wrap around services for survivors and /or families where there is an identified need/risk,
- Improvement in the health outcomes for survivors and/or families including the voice of survivors (adult/child).

During 2020-2021 we have seen a significant increase on SFH staff seeking support in the relation to their own experiences of domestic abuse. We believe this is due to the significant work the safeguarding team have done in relation to DV and the implementation of the HIDVA role. The Trust will continue to strengthen its approach to supporting staff that are affected by domestic abuse and the confidence in staff and managers seeking support for their health and wellbeing.

5. Safeguarding Activity

Safeguarding Children and Adults – (Quality Schedule)

The following targets for 2020/21 were achieved as specified below:

To provide outstanding care

- **Implementation of a Safeguarding Think Family audit plan, which will focus on being able to bench mark safeguarding standards set out in the Markers of Good practice and SAAF and be responsive to the priorities as set out by the NSAB and NSCP.**

Where possible audit work has been undertaken but due to COVID some of the audits have had to be moved forward to the 2021/2022 work plan.

- **Develop and implement the organisational legislative responsibilities to Liberty Protection Safeguards (LPS).**

To Promote and support health and wellbeing

- **Safeguarding priorities during 2020/2021 will continue to ensure where there are safeguarding concerns adults, children and carers are recognised as partners in the outcomes they wish to happen. This will focus around Making Safeguarding Personal and the Voice of the Child.**

This has been evidence through safeguarding referral and Domestic Abuse audits. Work will continue on this and be evidenced through the Think Family Audit plan.

- **Further embed the integrated hospital Independent Domestic Violence Advocate (IDVA) role.** Work has been undertaken to promote the HIDVA role across the organisation with staff readily accessing support from across a range of areas. During covid-19 the hospital IDVA has supported significantly especially with the significant concerns nationally around the increase in domestic abuse during this period as a result of people being at home constantly with limited access to essential services where disclosures would usually occur.

To maximise the potential of our workforce

- **Focus during 2020/2021 on how organisationally SFHFT supports the health and wellbeing of its workforce particularly in relation to domestic abuse and mental health.** Staff have continued to access support from the hospital IDVA with evidence of referral to both external and internal support options. The Named Nurses and HIDVA have worked in collaboration with the Human Resource department and managers to support staff across the organisation with concerns around domestic abuse and staff mental health issues. During covid-19 workforce safety has remained a top priority of the Trust and we have worked to keep the systemic safety nets in place where we are asking staff to stay at home or work in different environments/ patterns of work.

To continually learn and improve to achieve better value.

- **Continue to embed organisational learning through mandatory training, serious incidents and adult/child reviews.** Lessons Learnt training has continued to be delivered through Mandatory Training albeit via e-learning rather than face to face

due to the changes in training delivery as a result of the COVID pandemic. The training focused on back to basics as a result of a number of internal incidents where the basics of safeguarding were recognised.

- Learn lessons from the COVID19 pandemic and where possible use the learning to inform the way forward in terms of working with children, young people and vulnerable adults.

Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHRs) and Child Safeguarding Practice Reviews (CSPRs)

SFHT has a statutory requirement to engage in any multi-agency Child Safeguarding Practice Reviews (CSPR's), Safeguarding Adult Reviews (SAR's) or Domestic Homicide Review's (DHR's) where we have had involvement in the care of the victim, perpetrator or their family, if relevant.

Domestic Homicide Review (DHR)

There have been 3 DHR requests for year 2020/2021. SFHT had minimal contact with 2 of these cases and no contact with one.

Safeguarding Adults Review (SAR)

Sherwood Forest Hospitals received 4 requests for information for year 2020-2021. In one case there was no involvement from this Trust

Child Safeguarding Practice Reviews (CSPR).

There has been 2 CSPR during 2020/2021 for which SFHT had involvement. There was no specific learning for SFHT however there is still one review on-going where there is potential learning for all agencies.

6. Working with Partners

Nottinghamshire Safeguarding Adults Board

There have been no changes to the structures for the safeguarding adult's board. The Trust continues to be represented on the strategic level Safeguarding Adults Board.

The Safeguarding Adults board reviewed its strategy and agreed its strategic priorities, building upon the agreements from the previous year.

Strategic Priorities

- **Prevention**
To continue to identify and reduce risks of abuse and neglect to adults in Nottingham.
- **Assurance**
That appropriate arrangements are in place and continue to develop within and between agencies to safeguard adults in Nottingham as effectively as possible.
- **Making Safeguarding Personal (MSP)**
To continue to promote person centred and outcome focused work within and between agencies.
- **Working arrangements for the safeguarding partnership in Nottingham**
To have Board arrangements in place that member organisations see as effective and efficient.

Moving into 2021/2022 SFHT will continue to support and play an active part in the responses and developments against the NSAB strategic priorities. We will align these to our own internal priorities and they will inform the way in which we work both as a health provider and a member of the multi-agency forums within Nottinghamshire.

Nottinghamshire Safeguarding Children Partnership (NSCP)

SFHT continue to engage with the Nottinghamshire Safeguarding Children Partnership – ensuring representation to the relevant groups and partnerships. We continue to play an active part in multi-agency audits and developments and use the information from these to influence the way forward for safeguarding children in SHFT. The aim of this partnership is to work to safeguard and promote the welfare of children and young people at risk in Nottinghamshire. This partnership works to the Nottingham and Nottinghamshire Multi-Agency Safeguarding Children procedures.

Joint Nottinghamshire Health Partnership Meeting

The Named Nurse and Named Midwife for Safeguarding Children represent SFHFT at this group. The aim of this meeting is to provide a forum to discuss, share and facilitate learning and developments within local safeguarding practices, as well as to identify gaps and ways of overcoming obstacles.

Nottinghamshire MASE (Multi-Agency Sexual Exploitation) Meeting

The Named Nurse for Safeguarding Children represents SFHFT at the county MASE.

The aim of this group is to have oversight of individual young people who are on the police CAROSE list or subject to CSE strategy meetings, particularly where there is a high risk or a concern that existing plans may not be decreasing the level of risk. Where appropriate to provide scrutiny, challenge and guidance. The panel also shares intelligence and information relating to CSE activity, to inform mapping and analysing the profile of CSE in the County, generate intelligence for investigations and identify any trends or problem locations and ensure they are dealt with. This also includes oversight of known perpetrators within the County, particularly where they may be targeting multiple children.

Safeguarding Adult Health and Social Care Liaison Meeting

The pandemic affected the working arrangements of social care colleagues, but the process of meetings to discuss s 42 enquiries between the Trust and social care has been able to continue, albeit less consistently initially than was previously the case. The process became more stable later in the year, with a clear plan to continue regular and proactive discussions to ensure appropriate scrutiny of cases, and that they are considered at what is agreed to be the most suitable level

Female Genital Mutilation (FGM) Steering Group

The Named Midwife for Safeguarding Children is a member of the FGM Steering Group.

Child Death Overview Panel (CDOP)

The Named Midwife for Safeguarding Children is a panel member of the CDOP.

Nottinghamshire Multi-Agency Safeguarding Hub (MASH)

The Named Nurse for Safeguarding Adults and the Named Nurse for Safeguarding Children attend the MASH Health Partnership meeting.

MARAC Steering Group

The Named Nurse Lead for Safeguarding Adults represents Sherwood Forest Hospitals NHS Foundation Trust at the Nottinghamshire MARAC steering group.

The Hospital IDVA represents the Trust at the North and South Nottinghamshire MARAC and attends the Derbyshire MARAC as required. Work involves close liaison with partner agencies including Domestic Abuse Police Teams and IDVA services for both Counties.

Moving forward in 2021/2022 we will continue to review how we engage with our partners and how we disseminate information/outcomes within the Trust.

7. Multi Agency & Internal Audits

SFHT have not been involved in any Multi Agency Audits during 2020/2021.

360 Assurance – Safeguarding March 2021

This review was commissioned to provide independent assurance over the systems and processes the SFH has in place for safeguarding adults and children and whether they ensure that the Trust is able to meet its statutory requirements.

The audit opinion was one of Significant Assurance. It was concluded that with the exception of the specific weaknesses identified by the audit in the areas examined, the risk management activities and controls are suitably designed, and were operating with sufficient effectiveness, to provide reasonable assurance that the control environment was effectively managed during the period under review.

Areas for improvement identified:

1) Training

Mandatory training compliance for safeguarding children at level two and three is under 90% as at Quarter 3 2020-2021.

Compliance for the level one or level two mandatory training was found to be at 57% for Trust Board members.

Rated Medium Risk

Risk: If the Trust does not comply with the training requirements for safeguarding adults and children then staff and Non-Executive Board members might not understand their responsibilities leading to non-compliance with the Trust statutory requirements.

Action:

- Trust to increase training compliance for safeguarding children level two and three to over 90%. To be undertaken through recommencing face to face training and promotion of the virtual training available.
- Trust Board to receive Board specific training and comply with mandatory training requirements for safeguarding adults and children.

Implementation date:

31 December 2021

2) Governance

The Terms of Reference for the Safeguarding Steering Group require 75% attendance from all members. For the meetings held from August 2019 to August 2020 there was no attendance by the Named Doctor for Adults, the Named Doctor for Children in Care and the Rapid Response Liaison Psychiatry Service. There was also poor attendance (less than half the meetings attended) by the Named Doctor for Children, and tissue viability and therapy services.

Rated: Medium Risk

Risk: If the Trust does not have the key members attending the Safeguarding Steering Group then an overarching understanding of the key issues might not be identified and discussed.

Action:

- Safeguarding Steering Group to review the Group membership and clarify it reflects the needs of the Group.
- Identify who is to represent each role within the membership and escalate to the Quality Assurance and Safety Cabinet if members are not meeting their responsibility of 75% attendance

Implementation date:

30 September 2021

3) Monitoring

The Safeguarding Adults and Safeguarding Children and Young People Policies do not reflect the monitoring of compliance with the Policies in practice that is currently undertaken.

Rated: Low Risk

Risk: If the Trust policies for safeguarding adults and children are not approved by the appropriate group or committee then responsibility for ensuring the alignment to statutory regulations is not clear.

Action: Trust policies for safeguarding adults and safeguarding children and young people to clearly identify a consistent responsible committee or group for policy approval.

Implementation date:

Safeguarding Adults Policy - 30 June 2021

Safeguarding Children Policy - 30 April 2022

The actions from this review will be monitored through the safeguarding steering group and presented as part the safeguarding quarterly report.

Internal Audits

Domestic Abuse Risk Assessment Audit

A Domestic Abuse Quality Assurance referral audit was undertaken during 2020/21. This was a local audit at Sherwood Forest Hospitals by the Safeguarding team to help provide assurance to the Trust that DASH (Domestic Abuse Stalking and Harassment) risk identification referrals were compliant with NICE QS 116 published 2016.

The main areas that were reviewed were to determine if the assessment was-

1. **Person centred** - this links with the Trusts Think family core safeguarding values and putting the patient at the heart of decision making. The NICE guidelines highlight that the victim needs to be involved in decision making and aware of the process.
2. **The Assessment content** - this section looked directly at answers to questions within the DASH form and additional supporting evidence. This information was also relevant to determine whether additional pathways were followed in order to safeguard the wider family as appropriate.
3. **Outcome** - was the correct category of risk identified for the victim? And if high risk was a subsequent, was a referral made to the MARAC.
4. **Documentation** - the nursing and medical documentation was reviewed, as Trust assurance needs to be provided, that as well as a referral being made, it is also communicated to the multi-disciplinary team. The safeguarding risk has been identified, documented and this correlates with the referral information.

Areas of best practice highlighted - In 100% of assessments consent was documented and 80% had a clear rationale as to why consent had not obtained if necessary. 80% of referrals had provided full details about alleged perpetrator. Out of the identified cases, where a referral to MARAC was appropriate, 100% were completed. 80% of the medical and nursing records reviewed had provided evidence of the referral.

Areas of improvement identified - 50% of referrals identified the needs of the survivor. With our core value of 'Making Safeguarding Personal' this will require improvement so that early on in the survivors 's journey we can be aware of the support they want.

There were potential missed opportunities for identified children linked to either the survivor or perpetrator to be referred to the MASH; however 66% were referred to children services appropriately. 40% of referrals did not have the degree of risk calculated correctly; there were however, no missed referrals to MARAC.

Work has been undertaken with staff around the importance of Making Safeguarding Personal and professional curiosity. This has been included within the trust Induction training.

Safeguarding Adult - Referral Audit.

The aim of this audit was to provide assurance to the Trust and external stakeholders that social care referrals were compliant with Sherwood Forest Hospitals (SFH) Safeguarding Adults Policy 2018 and the Care Act 2014. These documents were reviewed and used as a guideline of best practice in the referrals.

Overall findings were that the reason for the referral was clearly identified and the category of abuse. There was evidence that the documentation and referral information correlated with each other and that the patient's mental capacity was documented.

Areas for improvement are that the patient's wishes were not asked for or reported. Risk factors were not always made clear and body maps or clinical photography was not provided as supporting evidence where physical abuse was suspected.

Work has been undertaken across the Trust but specifically within ED (as the main area for referrals) around improving the quality of referrals, risk assessment and analysis. This work will continue throughout 2021/22.

MCA/DoLS

The Trust has utilised its safeguarding team to support clinical areas in their implementation of MCA/DoLS processes. An MCA/DoL audit was implemented during the year, with feedback on outcomes being shared with relevant divisional colleagues and at local governance meetings. The Trust was mindful of the need to identify specific resources to support this agenda, and to prepare for the planned introduction of Liberty Protection Safeguards early in 2022. To that end a proposal was made to introduce a specific band 7 post which was agreed. The new lead practitioner for MCA/DoLS/LPS commenced the role on 1st April 2021

Previous actions identified by the 360 Assurance in the previous year have all been met and signed off

Moving forward in 2021/2022 the safeguarding team will continue to carry out a programme of audit and oversee the implementation of learning throughout the Trust, and to prepare for the introduction of LPS

8. Divisional Activity and Progress

The data below highlights the activity we are able to evidence its relevance and responses. Moving into 2021/22 we will continue to review the data, review the evidence and information obtained and use the information to analyse what we do and what we need to develop further. This information is provided on a quarterly basis to the Trust Quality Cabinet for overview and assurance.

Safeguarding Adult Referrals

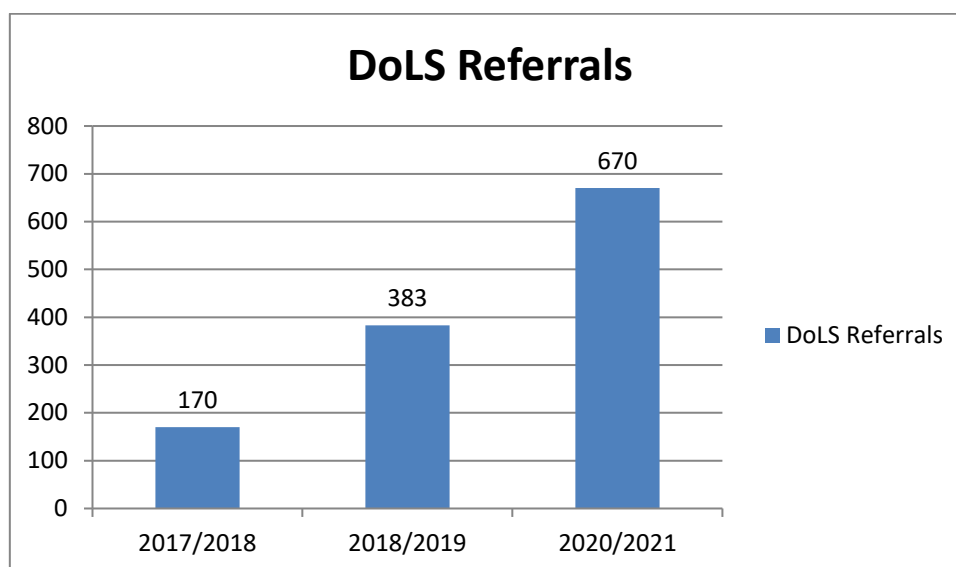
	2018 - 2019	2019 - 2020	2020-2021
Adult Social Care Referrals	127	208	445
MARAC Referrals	109	62	62

In 2020/21, the number of MARAC referrals was identical to the previous year, but is still a lower figure than two years ago. It is clear in practice that staff does take responsibilities seriously, as a number of these are made on professional judgement rather than on the score from the risk assessment. This is consistent with key external partners who are not seeing an increase, despite the perception that an increase may result from the COVID19 19 pandemic throughout the year. The IDVA working within the team will be aiming to further analyse data, and how this relates to service delivery during the coming year.

There has been a significant increase in MASH referrals made. It is not entirely clear why this is the case, and it could be a combination of factors, including a reflection of additional staff training and awareness, as well as increase concerns about people presenting as vulnerable relating to general concerns during COVID19 19 restrictions. The MASH team have raised concerns that a significant proportion of referrals made do not actually meet threshold. The figure that does meet threshold is consistent with the average of all referrals across the county. In response the Trust has continued to support that individual practitioners must be the people to form a view on whether a referral is required, whilst working with ED, from which the vast majority of referrals are made, to identify more clearly if the potential referral is likely to meet threshold. Additional reference materials have been shared with clinical staff, with more practical support offered to ascertain whether the referral should be made, or whether other routes of support may be more appropriate

Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DOLs)

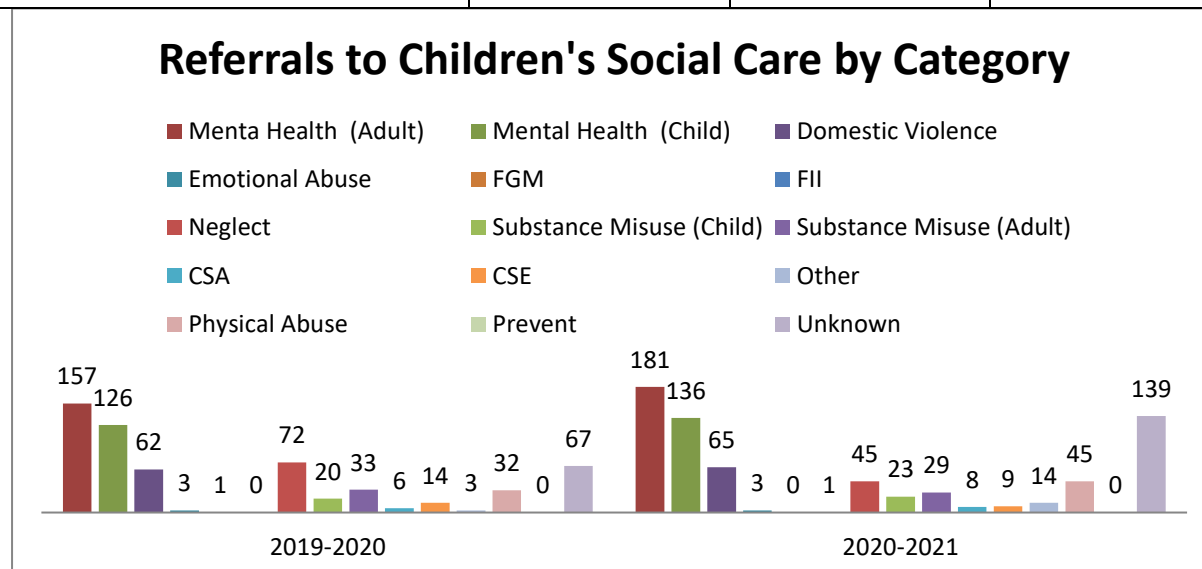
Following the 360 Assurance review, there has been a concerted effort to enhance the compliance of clinical areas ensuring that requirements around the legal frameworks in respect of DoLs is met. It is clearly reflected in the following figures that this process has seen significant improvement over the year



Safeguarding Children Social Care Referrals

2020/2021 has seen an increase in referrals to children's social care being made by staff across the Trust. This increase is aligned to the work undertaken by the safeguarding team around referrals; around recognising and responding to safeguarding concerns. This also however could be as a result of predicted increase in referrals due to the impact of COVID.

Safeguarding Children and Young People Referrals to Children's Social Care.			
	2018-2019	2019 -2020	2020-2021
Total number of referrals made	629	596	698



Adult Deliberate self-harm remains the main reason for referral with deliberate self-harm in children coming in second. This demonstrates staffs recognition of the impact parental mental health has on the child, positively reflecting the 'Think Family' model. However this also potentially evidences the significant impact of COVID on the mental health of our community.

Safeguarding Children Supervision

Safeguarding children supervision is a formal process of professional support and learning which enables practitioners to develop knowledge and competencies and assume responsibility for their own practice in a safe and supportive environment.

Safeguarding children have a robust process and policy in place for safeguarding supervision, which includes a programme of quarterly group and one to one supervision across targeted areas throughout the Trust. The areas targeted are those where safeguarding children activity is likely to be higher, eg sexual health services, specialist paediatric nursing services, ED and Urgent Care and Midwifery. However, the safeguarding team also provides direct safeguarding supervision to ward leaders within paediatric wards/departments and to Safeguarding Children Champions across the organisation, as well as ad hoc supervision where necessary.

A Peer Review Group is run by the Named/Designated Doctors and meets monthly. The group is meant for paediatric medical staff to review specific safeguarding cases, and review documentation and medical reports that has been produced as part of the safeguarding process.

The Named Nurse provides quarterly safeguarding supervision for the safeguarding specialist nurse and the Named professionals receive safeguarding supervision 3 monthly via the Designated Safeguarding Professionals within the CCG.

Safeguarding Training

The safeguarding training has been developed in line with Learning and Development support; therefore, the safeguarding teams currently facilitate:

- Safeguarding level 1, 2 and 3 for both children and adults.
- A Safeguarding champion's network is in place, with each department nominating Safeguarding Champions for their area. The Champions are supported by the Safeguarding Team. Specific training has been provided to give the Champions a wider base of knowledge to enable them to support staff in their area.
- All the training has been reviewed in line with National developments and also includes themes from safeguarding referrals.

The Trust target for training is **90%** compliance; however the national target is **80%**.

During the pandemic all training across the organisation has been either reduced or suspended in line with the wider COVID-19 surge plan, this in turn has seen an impact on all safeguarding training compliance. Moving forward the aim is to see these rates increase once mandatory training is back up and running.

Mandatory Training Data Overview

Safeguarding Training Level	2019/2020	2020/2021
SGA	98%	96%
MCA Level 2	98%	97%
SGC Level 1	94%	89%
SGC Level 2	95%	83%

SGC Level 3	97%	80%
Prevent (Basic Awareness)	98%	96%
Prevent WRAP	98%	99%

Non Mandatory Training

Activity	2019-2020	2020-2021
DV Training	107 - Full Day 66 - Half Day	33 – Full Day 12 Half Day

(NB. Figures relate to number of attendees)

Domestic Abuse Training

To Support the Trusts assurance to the NICE quality standard 116 for recognising and responding to domestic violence and abuse, focused domestic abuse training to embed responses to disclosure/suspicions of domestic abuse and to improve assessment of risk has continued to be a core part of safeguarding training programme during 2020-2021. This training consists of a full day Domestic Abuse training alongside a half day DASH assessment training event delivered by Womens Aid. Unfortunately due to the COVID pandemic a lot of these sessions had to be cancelled to support the Trusts COVID surge plan.

PREVENT

Prevent is part of the Governments counter-terrorism strategy known as CONTEST. Raising awareness of the health sectors contribution to the Prevent strategy is crucial as we are best placed to identify individuals who may be groomed into terrorist activity. All clinical staff within the Trust are required to attend PREVENT WRAP (Workshop to Raise Awareness of Prevent) training, this is being provided through induction for new starters to the organisation and through Mandatory training for existing staff across the Trust, this is a one off face to face session and thereafter staff are required to undertake a yearly update which is achieved through an online eLearning training package. Non clinical staffs are required to undertake Prevent Basic Awareness training; competency is gained from completing the online Channel course 3 yearly.

SFHT has continued to reach 99% compliance with Prevent WRAP training which one of the highest compliance rates is across the country. To maintain these high rates Prevent WRAP forms part of the New Safeguarding Think Family Induction training. This means all new staff to the Trust will gain compliance immediately from induction. For existing staff updates will be provided yearly via the Trust Mandatory training programme.

Compliance for Prevent basic awareness has also reached 96% during 2020/21. Basic awareness is delivered through mandatory training via ELearning.

Safeguarding Children Level 1

Training is completed using E-Learning delivery through induction and mandatory training programmes.

Safeguarding Children Level 2

Training is a component of mandatory update training which consists of a face to face 40 minutes session, due to COVID this training was delivered via an ELearning package.

Safeguarding Children Level 3

Safeguarding Children level 3 training compliance is gained through staff evidencing completion of a full day's level 3 training every three years. This can be through available internal or external courses.

Over the past 3 years the safeguarding team delivered a full day Think Family face to face training event, which saw successful completion for all staff requiring this level of training. The aim in Q1 2020-21 was to move to a half day refresher training event. However due to COVID-19 this had to be suspended and therefore staff were advised of alternative ways of gaining compliance through ELearning or other external training sessions.

The Safeguarding induction day continues to be delivered face to face with the appropriate social distancing measures in place. This provides level 3 competencies and assurance that all new staff to the organisation have the required safeguarding knowledge and skills within the first 6 weeks of starting employment with SFH.

The figures highlight that Level 3 safeguarding children training has shown a decrease (80%). This potentially is due to the lack of available in house training, as this was the main way staff chose to gain their compliance at this level previously. However due to the impact COVID-19 has had on delivery of in house training it is difficult to say that compliance wouldn't have seen a decrease even if such a course was available.

From the 1st April 2021 Level 3 Safeguarding training compliance (for both children and adults) will be gained through the yearly trust mandatory training programme. This will include face to face safeguarding adults/children (ELearning for Medics), MCA and PREVENT delivered via ELearning. The combination of these 3 elements on a yearly basis will ensure staff meet the intercollegiate requirements over a 3 year period and will hopefully increase compliance rates across the organisation.

Children in care service

SFHFT community paediatric services provide the initial health assessments for Looked after Children including children with a plan for adoption. These assessments are statutory and timescales are reportable. The clinical team see approximately 200 children and young people per year including unaccompanied asylum seekers (UASC), children placed from other areas (OLAC) in Nottinghamshire and hold responsibility for Nottinghamshire children placed in other local authority areas (OOA). These numbers have been gradually increasing year on year (187 referrals in Q1-Q3 2019-2020).

Adoption Medical Advisor services for Adoption East Midlands, (regional adoption agency) are also provided and this is a complex area including attendance at Adoption panel, review/recommendations regarding adult health, prospective adopter meetings and implications for health of the child. A Consultant Paediatrician vacancy was filled in Nov 2019 allowing a second medical advisor to join the team. We are anticipating the final Consultant Community Paediatrician vacancy to be staffed from Oct 2021.

Within the service there is also a Named Dr for children in care to support the Trust. This role is described in the intercollegiate competencies document and a required position. The team works

with partner agencies in social care and other children in care health teams (NUH and NHCT); there is good cross County and cross Provider liaison and joint working.

One of the consultants also holds the post of Designated Dr for children in care (working closely with the Designated Dr CIC based at NUH, sharing responsibilities geographically) and the Designated Nurse for children in care, working with the CCGs across Nottingham and Nottinghamshire CCG. This is a statutory responsibility.

On-going issues are with the provision of timely assessments and managing vacancies; the service has been under internal scrutiny and there are regular commissioner meetings. This is also a national issue and currently there is no adequate way to bench mark against neighbouring services. We are completing a project funded by NHSE to create and use a database for reporting on health and health assessments of children in care. Quality measures and audit, creation of local pathways and continued liaison and raising awareness/training about children in care remains an important part of the work but has been adversely affected by the Covid 19 pandemic and capacity.

Impact of the COvid-19 pandemic have included managing the clinical needs for children in care as robustly as possible; we were one of the first services to return to face to face assessments. Regular meetings and joint working with social care colleagues and keeping up with national policies has been important. We wrote specific contingency/surge plans and liaised with colleagues at NUH and NHCT. One of the consultants also holds the national role of representative for Looked After Children at the RCPCH and was involved in national guidance and support for children in care. There is already an increase in child safeguarding as predicted by the 'hidden harm' agenda and this will translate to an increase in need and complexity of children in care and medical needs.

9. Learning Disability

From April 2020 to April 2021, work continued with flagging and alerts on both the System 1 and Medway operating systems. When someone with a suspected or known LD arrives on the Trust premises, the aim is to check that they have appropriate notifications on all available systems. The aim is to allow for the level of learning disability to be recorded alongside other vital information and also to document any reasonable adjustments that may be required for the person.

Front of house plans continue to be in place for ED staff, provided by the LD specialist nurse. This is a snapshot document in a traffic light format of people with LD who may have complex needs, and is an action plan of what needs to be completed in terms of meeting this persons needs, who needs to be informed of their admission, other important information and how any reasonable adjustments that the person requires can be supported.

Training

The training of Sherwood Forest Hospitals Foundation Trust staff continues on a twice monthly basis of new inductees to the Trust. This may change with the national mandatory training on Autism and Learning Disabilities for all NHS staff (which will be named in memory of Oliver McGowan), however this is currently still being considered nationally before the standards can be agreed.

The aim of the training is to improve care for people with autism and learning disabilities in mainstream hospitals using case studies and ensuring all staff understand the needs of patients with Learning Disabilities and Autism. The LD specialist nurse continue to try and help hospital staff to differentiate between a learning disability and a learning difficulty, the latter of which can include dyslexia, dyscalculia and so on within the LD training packages currently in place. There has been a steady percentage of staff completing the LD mandatory work book which has focused on Reasonable Adjustments for LD patients for this financial year.

Mandatory Training Data Overview

Activity	Q1 2020 -2021	Q2 2020-2021	Q3 2020-2021	Q4 2020-2021
LD Training	84%	85%	87%	85%

Among the measures announced as part of the Government's response to the consultation in November 2019 was a commitment to pursue the introduction of mandatory training on learning disabilities and autism for all NHS staff in England. Trials continue to be taking place and the LD nurse specialist is awaiting information on how this will be set out so this can be facilitated within the Trust.

MCA/Best interest

Throughout the year, the LD specialist nurse continued to give advice and support for the LD population regarding any new policies and procedures to ensure the Trust is catering for this group. In accordance with best practice guidelines, the LD nurse promotes that people with learning disabilities are offered consistent, individual-centered support through their entire hospital stay/visit. The LD nurse continues to be a conduit of communication between the LD teams in the community and the hospital. The LD nurse continues to remind ward staff of the importance of

ensuring that traffic light documents are utilised and promotes these being used in the hospital for LD patients.

The Specialist nurse continues to ensure that ward staff are working to the Mental Capacity Act framework and ensures interactive best interest meetings are taking place if required to formulate best interest decisions. The LD nurse also continues to ensure that if a patient is being deprived of their liberties that the appropriate DoLs applications are made for the patient.

ReSPECT

A learning disability on its own is never a reason not to perform CPR, although there may be other comorbidities which mean that CPR or other treatment would not be in the persons Best Interest. It is these co-existing conditions that require citing and not the individual's learning disability.

The LD nurse specialist continues to incorporate in the LD training session about ReSPECT and reminding staff that terms such as "learning disability" and "Down's syndrome" should never be a reason for issuing a DNACPR order or be used to describe the underlying, or only, cause of death.

LD figures

From April 2020- April 2021 according to LD flags of patients with a learning disability on system 1, there has been a gradual increase in inpatients. It is anticipated this is due to the Covid-19 pandemic and the nature of the LD client group having additional health needs.

Learning Disabilities Referrals/flagged patients

	Q1 2020-2021	Q2 2020-2021	Q3 2020-2021	Q4 2020-2021
LD flagged patients to LD specialist nurse	72	110	132	169

LeDer - Learning Disability Mortality Review

For the past year, the national pandemic in the form of Covid-19 has meant that the learning disability population are a particular risk group due to the multiple co-morbidities of this cohort of patients and added health needs. Due to this, there has been a large push by the LD specialist nurse on ensuring that patients with LD are fast tracked out of hospital in a safe and timely manner due to the risks of patients contracting Covid 19 in hospitals.

In terms of this year, there have been 28 recorded deaths of LD patients. This has increased from 13 for the year 2019-2020.

The LD nurse ensures that patients with a learning disability placed on a Respect pathway that this is appropriate and the reason for this is not indicative of their learning disability. The LD nurse continues to work with Local Area Contact (LAC) for the Learning Disabilities Mortality Review (LeDeR) Programme to ensure the trust works in accordance with national guidance for the LeDer programme.

Analysis

Since commencing post, the specialist nurse has focused on benchmarking current service provision and gaps against national standards. The specialist LD nurse has taken the lead on NHSE & NHS Learning Disability Improvement Standards project which reflects the strategic objectives and priorities described in national policies and programmes, in particular those arising from Transforming care for people with learning disabilities –next steps and the Learning Disabilities Mortality Review (LeDeR) programme.

People with a learning disability or autism should receive the same degree of protection and support with managing COVID-19 as other members of the population. This may mean providing additional support including by making reasonable adjustments. The LD specialist continues to ensure that these adjustments are being made for learning disability patients.

The LD nurse has been present throughout the year and has been a point of contact to ensure that the trust is working towards national standards for learning disability patients and has attended and co-ordinated best interest meetings between care providers, carers and the wards and has been working alongside the bereavement and PETs teams to promote positive working between the local community teams and care providers.

Moving into next year the priorities from a learning disability perspective:

- **Oversee mandatory training of all NHS staff as directed by the government of Learning Disabilities and Autism (in memory of Oliver Magowan) for all NHS staff.**
- **Continue to audit Respect documentation and Mental Capacity in respect of Learning Disabilities.**
- **Continue to audit LD care plan to ensure its effectiveness for both staff and patients.**
- **Ensure the new LeDeR policy is embedded, ensuring that all LD and Autism deaths receive a SJR and these are reported to LeDeR.**

10. Dementia

Sherwood Forest Hospitals NHS Foundation Trust is committed to improving the care for people living with dementia and their family/carers who access hospital services.

The Trust's Dementia Strategy 2020-2023 provides a clear vision for the Trust's development of dementia care that fosters a collaborative approach to provide outstanding services. It is our responsibility to provide people living with dementia the very best standard of care that is equitable, accessible, and community-focused from diagnosis to end of life.

The continued aim is to provide outstanding care to all our patients, the Trust need's to continue to maximize the potential of our workforce, by continuously learning and improving, choosing to adopt evidence-based practice utilising information and digital technology whilst using research being innovative and improving for the benefit of the local community.

Aims that were set for 2020/21, and the achievements reached were greatly impacted as 2020-2021 has been an unusual year, the unexpected Covid-19 pandemic impacting greatly on many services in the NHS; this, in turn, has affected the potential achievements related to targets set for the year, so consideration should be given to this when reviewing the performance.

1. The aims for 2021/22 will continue to focus on the assessment of patients during their hospital stay; to see the completion target for dementia screening, in patients over 75 years of age and above achieve the national target of 90%.

Despite the pandemic impact, there have been some significant changes made to the process of completing the dementia assessment. Data has not been required to be provided externally for the whole year, we as a Trust have continued to monitor compliance which has remained poor, particularly during the two waves of the pandemic. Following a discussion it was agreed in Feb 2021 that nursing staff would assist in the process of completion of the assessments, this process commenced March 2021 and the aim for this coming year will be to achieve the target of 90% completion.

2. Mandatory training will provide insight into some of the lessons learned as part of a review of incidents and expressions of concerns or complaints identified with the approach that by learning from incidents to improve the experience for our patients.

Mandatory training initially took a significant blow when all training was put on hold, with the challenge of social distancing it was decided that dementia would become part of the workbook part 2. This was produced electronically and with some amendments, 3 packages have been produced for the forthcoming year focusing on adults, paediatrics, and maternity.

3. The focus on identification on electronic systems of individuals with a confirmed diagnosis will continue, and working alongside the coding department will ensure that the correct information is added to both medical and nursing notes.

The adding of alerts allowing easier identification of a dementia diagnosis continues to require considerable work and will remain as one of the aims for the forthcoming year

4. The Trust has identified that there is a need to have a greater awareness of Working Age Dementia and the support needed by both the person with the diagnosis and the careers who support them. By education and raising awareness to the Trust will support this group of patients and have the knowledge and skills to be able to care for them should they require hospital admission for an acute illness.

Information relating to this topic was added to the mandatory workbook so by the end of this next financial year all staff will have an awareness of this group of individuals, an alternative newly diagnosed information pack is now available, which

was requested by the local carers group and has age-appropriate literature taking into consideration their needs differ greatly from that of the elderly.

5. There is written evidence that supports the identification and treatment of hearing loss as a way to improve the cognitive decline caused by dementia. In collaboration, the audiology department and our commissioners will develop a pathway for all newly diagnosed patients to undergo an audiology assessment as part of their diagnosis pathway.

Unfortunately, this area has not progressed fully so will also be added to the aims for 2021-2022.

6. The Trust will utilize the learning from the report with Health-watch to improve outcomes for patients newly diagnosed with dementia.

All patients newly diagnosed now receive a folder that has various pieces of literature and included in that are the contact details for the dementia specialist nurse who is available for advice and signposting. Discussions are currently underway with the CCG looking at the post-diagnosis dementia pathway; this is in the embryonic stage and will be part of the 2021-2022 aims.

7. The Trust will continue to work with Integrated Care System to improve the overarching care of patients living with dementia and their families and carers. The work with the ICP continues, with the current focus on achieving Tier 1 training to all ancillary staff who work on 1 of our 3 sites, all clinical and admin staff who are employed by SFHFT already receive this training as part of their induction.

A Dementia Team work plan is in place and this continues to be an evolving document that provides both realistic and achievable targets that are monitored and updated to providing evidence of what has been achieved and the project's needs, with the consistent aim to maintain pace and drive. A gap analysis has been undertaken and the deficits identified have formulated a 3-year work plan in line with the 2021-2023 Dementia Strategy.

This year's aims have been set and are listed below

1. The aim for 2021/22 will focus on the registered nurse's ability to complete the assessment of patients during their hospital stay; to see the completion target for dementia screening, in patients over 75 years of age and above achieve the national target of 90%, through the collaborative approach between nurses and doctors.
2. The focus on identification on electronic systems of individuals with a confirmed diagnosis will continue, recognising the enormity of this mission, a review of the resources necessary to achieve this will be required.
3. The following ambition will be reinvigorated with the aim being once we return to the new normal a plan to implement the process will be in place. There is written evidence that supports the identification and treatment of hearing loss as a way to improve the cognitive decline caused by dementia. In collaboration, the audiology

department and our commissioners will develop a pathway for all newly diagnosed patients to undergo an audiology assessment as part of their diagnosis pathway.

4. As the post-diagnosis dementia pathway review is in the embryonic stage at the time of generating this report the aim in 2021-2022 will be to progress this work, anticipating that by year-end a pathway will be in place and patients and carers will be receiving the benefits from the new provision.
5. The Integrated care partnership's shared aim is to ensure that all organisations involved provide Tier 1 dementia training for all employees, whilst at SFHFT many of our staff have achieved this as part of their induction, the group of staff that currently do not receive any training are the ancillary staff. There were plans in place pre COVID-19 to deliver on their induction but as the pandemic began these were put on hold, in 2021-2022 we will revisit this and look to achieve the target set by the ICP.
6. Volunteers play a huge role in the support of many of our services in the organisation, their lead has identified that they would like to expand their knowledge of dementia, we have agreed that this will involve them undertaking the dementia friend's session; this can be a face to face or online process. To be able to facilitate these sessions individuals need to undertake the Alzheimer's Society champion's course, as soon as there are places available to book, several individuals have expressed a desire to support.
7. Delirium continues to have a significant impact on our patients, as dementia is one of the predisposing factors associated with this, 2021-2022 will see the introduction of online delirium training for medical, nursing, and healthcare assistants.
8. Champions are an essential support component to the dementia service, following a review of these roles in the organisation an agreement has been made to amalgamate dementia with falls, manual handling, and enhanced patient observation. As a group that naturally enhances each other, the plan for the upcoming year is to develop a cohesive group that will support the champions in the role and provides them with the skills and knowledge to enhance the care they deliver whilst assisting their colleagues with the same endeavour.

Looking forward to the forthcoming year, the dementia team is no longer part of the safeguarding team and is now working alongside the EPO matron, the falls teams, and several members of the practice development team. This will facilitate a greater collaborative approach and increased visibility in the clinical areas.

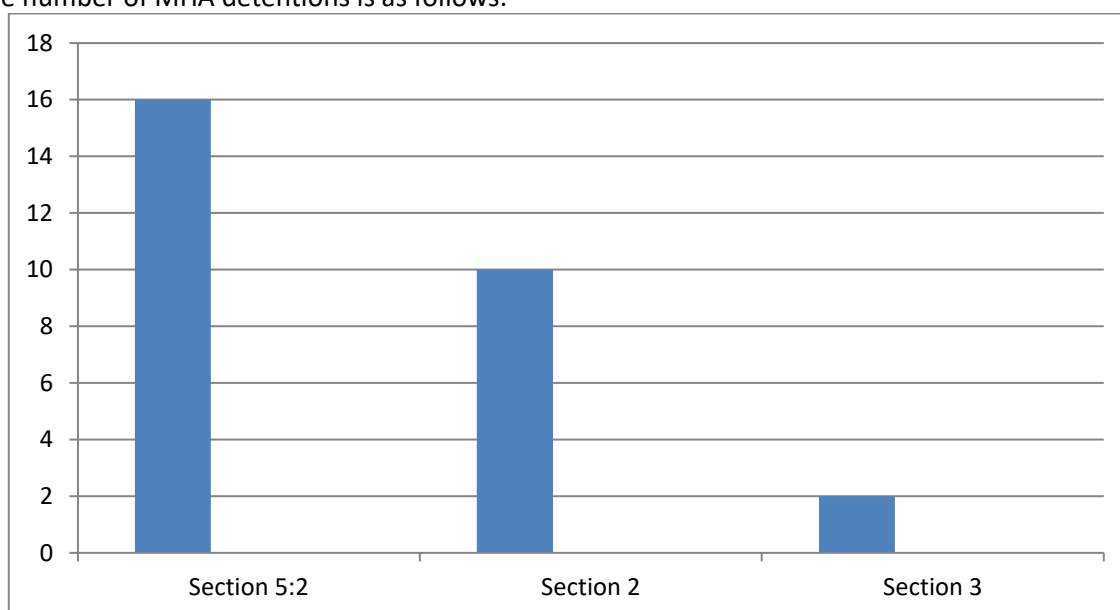
11. Mental Health

The current post holder has been in post since January 2021 and has consulted with the previous post holder to ensure information shared is accurate. Much of the focus for the year was to respond to what were seen to be the key issues at the commencement of the year. A brief strategic overview of priorities for the year was set early last year. Key elements considered there are referred to below.

The Trust has been able to address issues around mental health act implementation after the 360 audit undertaken identified a number of issues about compliance. Actions taken included the creation and shared implementation with Nottinghamshire healthcare a protocol and Service Level Agreement re the management of Mental Health Act requirements. This was initiated successfully, and there has been consistent review with the MHA office of each case whereby SFHFT has been the detaining authority. There have been no deficits identified on any occasion. There has been a quarterly report from the MHA office and this has showed complete consistency with the details generated within the Hospital.

Each detention is reviewed by the Nurse Specialist, with any issues fed back to the relevant clinician or manager. This normally related to minor details such as completing the correct paperwork, and giving appropriate rationale for the decision to detain. The Post holder has liaised with Matrons and ward leaders with regards to using the amended MHA paperwork and ensuring they are aware of who they can contact for support. The post holder has identified that there needs to be further meetings/training with ED senior staff as there are some misunderstandings around the use of the Mental Health Act in ED and the framework that should be followed.

The number of MHA detentions is as follows:



There has been an increase in the number of patients being detained under the Mental Health act during the last year. We can surmise that with Community Mental health teams and GP surgeries not offering face to face appointments during the covid-19 pandemic, patients experiencing a mental health crisis have attended ED to be seen instead.

Whilst there was a good relationship, for the most part, between Emergency Department (ED) staff and Rapid Response Liaison Psychiatry (RRLP), it was also felt that there were areas for further consideration. Since her commencement, the post holder has been able to build up a good relationship with RRLP and is able to act as a link between Nottinghamshire Healthcare and SFHT.

As identified last year, work has continued with Nottinghamshire Healthcare in order to establish a data sharing arrangement. It has now been agreed between both organisations that key performance data will be shared and bi monthly strategy meetings to discuss data, development and strategic performance will be held. The SLA for RRLP has now been shared with SFHT after it was requested last year. This will ensure operational requirements are fulfilled and Opathways are followed. RRLP are hopeful that they will be able to recommence the Mental Health awareness training for Emergency medicine staff.

The request for the post holder to access RiO was made in January 2021 and has just been granted access. This will hopefully alleviate issues around access to information and ensure any enquires relating to patient care are dealt with in a timely and effective manner.

The post holder continues to make progress in reaching out to wards to support staff as they deal with patients who have presented with mental health issues. This has been particularly difficult during the Covid-19 pandemic. Whilst there are variances between wards as to the level of contact they have sought, this partly reflects differing levels of awareness amongst staff as to the availability of the post holder and the rationale for seeking support. This is seen as an issue for further development through the following year. The contact has variously been around advice re MHA status and issues, management advice representing behaviours, support re staff understanding and proactive management, liaison with other services, and relationship to safeguarding issues. There is a plan in place to introduce LD/MH Champions onto various wards to provide advice and signposting around mental health and/or learning disabilities to staff members. The recruitment process for these roles will take place soon and will be an excellent opportunity for any staff member who has a specialist interest in these areas.

The post holder and Named Nurse for adults have met with the Deputy Chief Nurse to discuss mental health strategic development. This will explore trust values and how they can meet the needs of staff and patients experiencing mental health difficulties and how the trust can support them.

There has continued to have been considerable involvement of the Mental Health Nurse Specialist in respect of Children and Young People. The crisis service still operates, primarily by phone on a 24 hour basis and is seen to be successful, however there has been some concerns raised by ward staff and ED staff about young people not being assessed face to face.

A draft copy of the CAMHS SOP was received. CAMHS are still pushing to be reinstated at KMH which will enable the assessments to be face to face. They are still under considerable pressure re: staffing levels and are continuing the recruitment process.

From a safeguarding perspective the Named Nurse for Safeguarding Children maintains oversight of cases working closely with the Mental Health Specialist nurse as needed.

The Specialist Mental Health Nurse has quarterly meetings with CAMHS and SFHT Paediatric staff to discuss concerns, pathways and good practice.

12. Conclusion

The integrated safeguarding team has continued to progress the safeguarding agenda significantly within the Trust during 2020/21. The 'Think Family' approach ensures that safeguarding is everyone's business and the impact on adults, children and families is clearly understood by all staff groups to identify and respond to concerns/disclosures in line with legislative and professional responsibilities.

Work to embed the Mental Capacity Act/Deprivation of Liberty Safeguards into clinical practice will continue, as will promoting a culture of 'Making Safeguarding Personal' and ensuring the 'Voice of the Child' is heard within care delivery at Sherwood Forest Hospitals.

13. Priorities for 2021/2022

COVID-19 is having a detrimental impact on the safety and lives of both adults and children. For many home may not be a safe place and the weeks or months of self-isolation may be a dangerous and deeply difficult time, with routes to support and safety being shut down or limited.

The impact of Covid 19 raised concern both nationally and locally of safeguarding and domestic abuse increasing significantly for adults and children. The Trust recognises it is paramount that safeguarding remains a top priority within our care and service delivery and that we work to keep the systemic safety nets in place and implement recovery plans within different patterns of working over the coming months.

In acknowledging the work that has already taken place and seeks to strengthen our approach to 2021-2022 the integrated safeguarding team have set targets alongside the Strategic objectives of the Trust, these will be:

To provide outstanding care

- Continue to implement the Safeguarding Think Family audit plan, which will be responsive to the priorities as set out by the NSAB and NSCP.
- Review key elements of safeguarding assurance processes.
- Develop and implement the organisational legislative responsibilities to Liberty Protection Safeguards (LPS).

To Promote and support health and wellbeing

- Safeguarding priorities during 2021/2022 will continue to ensure where there are safeguarding concerns adults, children and carers are recognised as partners in the outcomes they wish to happen. This will focus around Making Safeguarding Personal and the Voice of the Child.
- Review and further development of the Domestic Abuse work plan in light of the new Domestic Abuse Bill and further embed the integrated hospital Independent Domestic Violence Advocate (IDVA) role.

To maximise the potential of our workforce

- Continue to support the health and wellbeing of the SFHFT workforce particularly in relation to domestic abuse and mental health.

To continually learn and improve to achieve better value.

- Continue to embed organisational learning through mandatory training, serious incidents and adult/child reviews.
- Learn lessons from the COVID19 pandemic and where possible use the learning to inform the way forward in terms of working with children, young people and vulnerable adults.