Royal Berkshire NHS
NHS Foundation Trust

Safeguarding Annual Report 2015/16

The Safeguarding Team

An ‘Oscar’ received for services provided for people with learning disabilities

Executive Summary

The Royal Berkshire NHS Foundation Trust (RBFT) is proud of its approach to safeguarding. It has an experienced safeguarding team representing the different specialties of vulnerable adults, children, people with a learning disability, people with mental health problems and maternity. Together the team provides a cohesive approach to training and support of staff to ensure the needs of vulnerable people are met. In line with national guidance on multi agency working the safeguarding team represent the Trust on a variety of partner agency groups. They also work with individual patients to support 'making safeguarding personal' and coordinate a planned multi-disciplinary and multiagency agency approach where the principles of empowerment and autonomy enshrined in the Mental Capacity Act (MCA), 2005 are balanced with the responsibility to safeguard.

There have been achievements and improvements in safeguarding since the publication of the Francis and Lampard inquiries, the reports related to child sexual exploitation in Rotherham, Oxford and Cambridge University Hospitals (Myles Bradbury) and the focus on female genital mutilation as child abuse. However the essence of good safeguarding is continuous learning, quality improvement, professional curiosity and challenge. We are already working with our partners to implement the recommendations from the CQC inspection of health providers, child safeguarding and looked after children report for Wokingham CCG, May 2016 and Ofsted Inspection reports for West Berkshire, Wokingham and Reading Local Authorities Children's Services and LSCBs published in May 2015, February 2016 and August 2016.

The RBFT has obligations under the Children Act 1989 and 2004, Care Act 2014, MCA, 2005, Mental Health Act (MHA), 1983 and other relevant legislation and guidance in order to ensure it provides safe effective and well led services which safeguard the vulnerable. Compliance with Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework, July 2015 and CQC regulation 13 Safeguarding Service Users from Abuse and Improper Treatment, 2014 are the standards that we employ to focus on our declared aim of 'promoting the safety and well-being of all children, young people and adults' who have contact with our services. Training, audit and review of against those standards are the cornerstones of our assurance mechanisms; we have submitted our annual safeguarding standards self-assessment which includes our Section 11 of the Children Act 2004 to our commissioners.

Challenges include training all staff in all aspects of safeguarding, consistency of knowledge and application in practice of the MCA, MHA, Deprivation if Liberties (DoLS), best interest assessments and consent, transition for children to adult services including Child and Adolescent Mental Health Services (CAMHS), a year on year increase in activity for vulnerable groups, elderly patients living with dementia and adults with learning difficulty who are delayed in hospital, high numbers of mental health patients of all ages with complex psycho-social needs in the acute setting, an increase in the number of these patients delayed in hospital and self-harm and suicide prevention. Monitoring the impact of health and social care budget cuts and workforce sufficiency on services to children, families and vulnerable adults and gaps in services for disabled children are emerging themes.

Patricia Pease, Associate Director of Safeguarding, September 2016

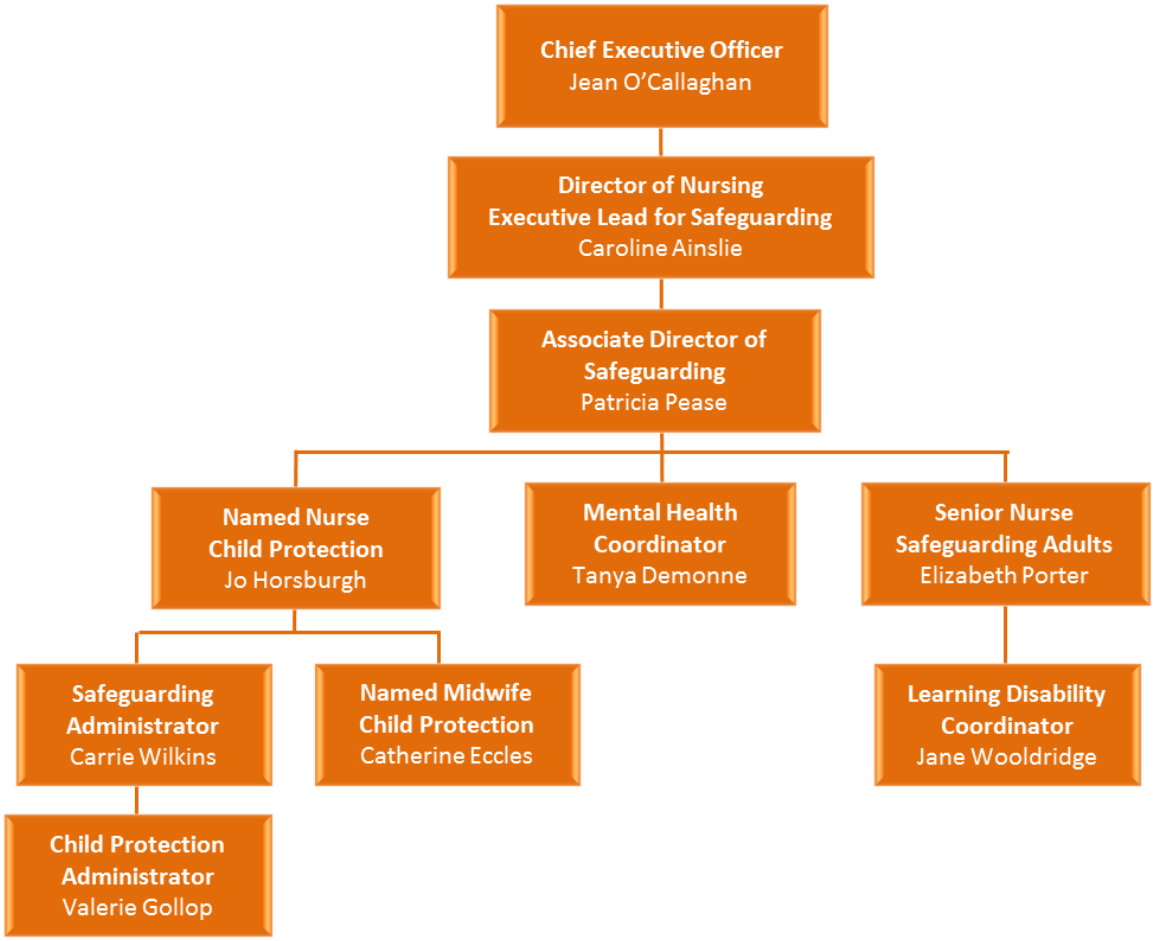
Introduction

This is the annual safeguarding report for the Royal Berkshire Foundation Trust (RBFT) it covers all areas of safeguarding work across the Trust and through multiagency working and sets out our priorities for further work

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect (CQC 2016). Safeguarding at the Royal Berkshire Hospital is fundamental to high-quality health care. Safeguarding is everybody's responsibility.

The Safeguarding Team Structure

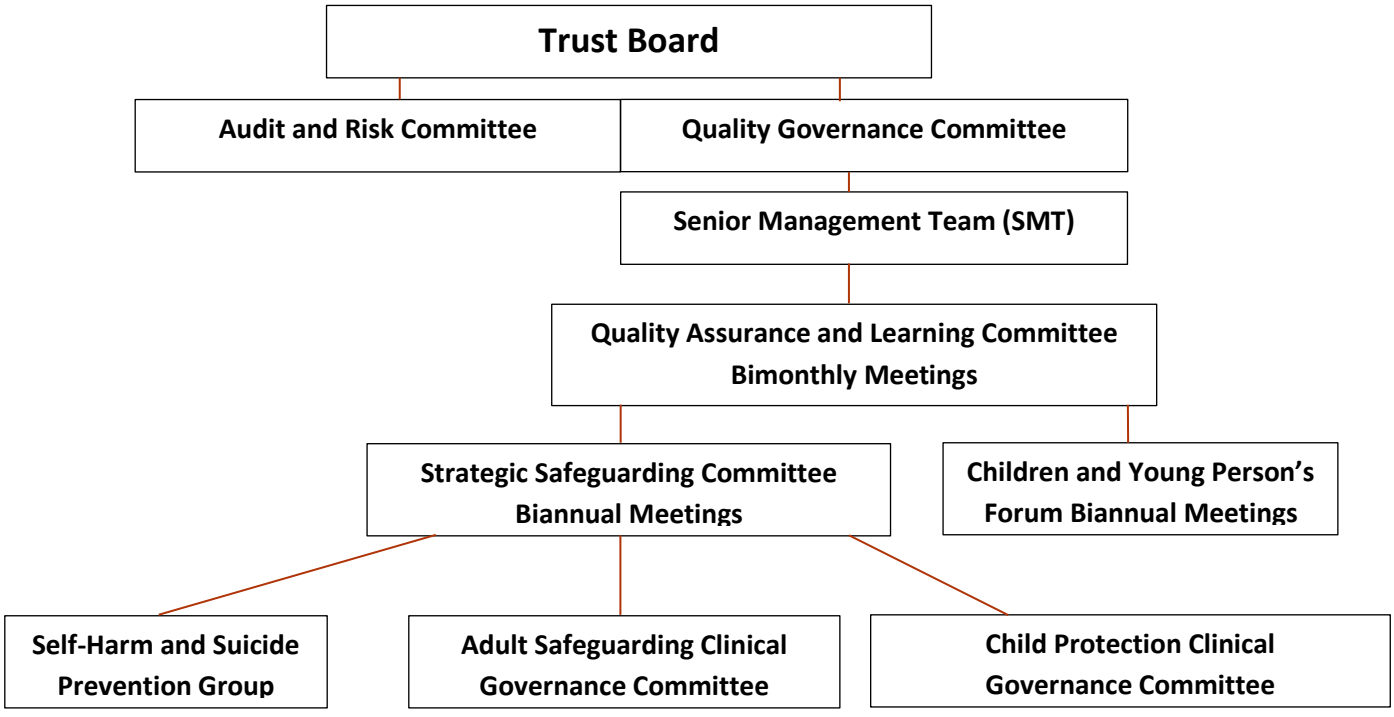
The safeguarding team structure (nursing and administration) and lines of responsibility and accountability for the RBFT is shown on the diagram below:



Adult Safeguarding: Medical Leads	• Dr Chris Danbury Urgent Care Group • Dr Kim Soulsbury Planned Care Group • Dr Sane O'Hanlon Networked Care Group
Child Protection: Medical Leads	• Dr Ann Gordon, Named Doctor Child Protection • Dr Niraj Vashist, Designated Doctor Looked After Children • Child Protection Examinations provided y a team of Paediatricians based at Dingley Specialist Children's Centre
Child Death	• Patricia Pease, Designated Healthcare Professional Child Death
Human Resources	• Suzanne Emmerson-Dam, Designated HR Officer Safe Recruitment & Allegations Management
Sexual Health	• Janice Burnett, Nurse Consultant
Transition	• Polly Schofield, Lead Nurse Transition

The Safeguarding service is accountable to the RBFT SMT and Board, Berkshire West CCG, Reading, West Berkshire and Wokingham Local Safeguarding Children Boards (LSCBs), Berkshire West Safeguarding Adult Board (SAB) and participates in Mental Health, Learning Disability, Strategic Disability and Transition partnership meetings.

Safeguarding Governance Committee Structure



The Strategic Safeguarding Committee, chaired by Caroline Ainslie, meets twice a year. The Trust has a non-executive Director with a responsibility for safeguarding and mental health.

Safeguarding quality indicators are reported monthly to the Board and CCG. A bi-monthly safeguarding and mental health report including key performance indicators is submitted to the Board as part of the Quality and Learning Committee report.

Multidisciplinary child protection clinical governance is held every 2 months; this is chaired by the Named Nurse for Child Protection. Safeguarding Adult Clinical Governance is held every 3 months chaired by Dr. Chris Danbury. The Mental Health Coordinator chairs a quarterly Suicide and Self Harm Prevention Group, which reports by exception to the Health and Safety Committee.

The Children and Young People's Committee monitors work streams to benchmark and improve the quality and safety of Trust services for children: this group meets every 6 months.

The safeguarding nursing team meets monthly to discuss operational safeguarding issues and prepare performance reports; agendas and minutes are kept for these meetings.

Statistics/Activity - The table below sets out indicative statistics for the RBFT for information and background.

	2013/14	2014/15	2015/6	Comment
Population number served	1,000,000	1,000,000	1,000,000	↔
% of population under 18 years	20%	24%	24%	↔
Number of adult attendances to ED	83,298	87,288	89,711	↑3%
Number of attendances by under 18s to ED	26,686	27,864	29,087	↑4.5%
No of over 65s attending ED	22,644	24,569	25,635	↑ 4.5%
No of mental health attendances at ED all ages	2169 (from July)	2810	2809	↔
Number of adult admissions	80,766	84,434	90,933	↑ 7.7 %
Number of admissions to paediatric wards	7,146	7181	7607	↑ 6 %
Number of under 18s admitted to adult wards			550	Validated data
No over 65s who were admitted	32,821	35142	39515	↑12.5%
No over 75s admitted for >72 hrs	5,301	5288	5451	↑3 %
No over 75s admitted for >72 hrs with cognitive issues	1602	1483	1195	↓ 19%
Number of in-patients with a learning disability	227	289	315	↑9 %
No of patients admitted because of mental health issues		798	1596	↑100%
Number of babies born	5,689	5681	5596	↓ 1.5 %
Number of under 18s attending out-patient clinics	65,296	62,767	62,437	↓ 0.5 %
Number of under 18s attending clinics providing sexual health services	2,959	2016	2356	↑17%
Number of employees	Approx. 5000	Approx. 5000	5360	Validated data

Training

Training is reported monthly to the CCG as part of the quality schedule. A Trust annual training plan for child and adult safeguarding 2016/17 has been completed. At the end of September 2016 safeguarding training was at or above the expected and agreed level with the exception of:

- Safeguarding Children Level 1 Training – 93% against a target of 95%
- Enhanced MCA and DoLS – 69% against a target of 80%
- Conflict resolution training for Emergency Department staff compliant at 80%, however trust wide uptake as 61%

All training programmes are regularly reviewed to ensure they include learning from serious case reviews and changes to national policy and guidelines.

Safeguarding Adults training

Level 1 training has been reviewed and amended with reference to the Learning and Development sub group of the SAB to reflect the Care Act 2014.

Safeguarding Children training

Levels 1 and 2 have been reviewed and amended. A review of level 3 training against 'Intercollegiate document, Child Protection Roles and Competencies for Health Staff, 2010' including the number of hours of update training annually for specialist groups is underway.

Child Sexual Exploitation (CSE) Training

CSE has been embedded into safeguarding children training at all levels. Four CSE one hour updates at level 3 are available annually. The Department of Sexual health holds a one hour CSE case study peer review bimonthly. All staff can access E learning via the CSE intranet pages.

Domestic Abuse

Domestic abuse is raised in adult and all levels of child safeguarding mandatory and statutory training, specific domestic abuse training is available for maternity staff. Level 3 days for the children's workforce include clear guidance for staff who are working closely with children and families on how to support and refer to other agencies where there are parental risk indicators.

Prevent (Anti-terrorism Training)

Prevent awareness forms part of the level one training for all staff and is included in adult and child safeguarding training. 1 hour Wrap training is delivered to selected staff the focus this year is to paediatric staff. An E learning has also been promoted for use with in the Trust.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs).

MCA and Dols Training continue to form part of the core mandatory training day and induction training for patient facing staff. Multidisciplinary Enhanced MCA training was delivered on a monthly basic throughout 2015 and continues throughout 2016, compliance figures for the identified staff groups is 69% at the end of August 2016. This training has been well evaluated by participants.

Mental Health Training

The Mental Health Coordinator (MHC) continues to provide training to staff on the Mental Capacity Act, the Mental Health Act, mental health disorders, stigma, and the processes in place within the hospital to ensure good patient care. The MHC provides training to Emergency Department (ED) Senior House Officers, ED Middle Grades and Health care assistants at induction. In 2016 the MHC secured a mental health training day for ED nurses, allocated two mental health champions in ED and is working with ED practice educators for them to be able to provide teaching for staff. In May 2016 our staff attended a 136 protocol interagency workshop; the MHC was a panel member.

Allegations and Safer Recruitment training

A bespoke training programme for investigating safeguarding concerns and allegations for 11 senior managers was designed and delivered, April 2016. 66 staff have received Safer Recruitment training in the last 2 years. This was reviewed against lessons learnt from Saville and Bradbury. Work is underway to determine the number of managers (numerator) who should receive Safer Recruitment training.

Conflict management training and training in physical restraint

Security Staff are trained in physical restraint; in February 2016 all achieved their qualification in Caring Intervention level 3 Control and Restraint. Conflict management training is available and mandatory for all clinical staff and includes breakaway techniques. This training has been reviewed to ensure that a range of trainings and delivery methods appropriate to different specialty staff needs are available. This includes understanding of the application of the Mental Capacity Act. Restraint and treatment is discussed in Level 1 adult safeguarding training and Level 3 child protection training.

Transition training

Transition of young people to adult services is an area of focus for the safeguarding team during 2016/17. Training for the Ready, Steady, Go! Transition toolkit. Transition Awareness training and RBFT Transition Plan, training will be delivered as part of the CQUIN in 20161/7

Learning Disability

A DVD shown at core induction, there are raising awareness sessions for RNs and HCAs as part of nurse/HCA induction. A communication session is delivered on 1:1 day for care crew teams. LD awareness is included in junior doctor induction

Ongoing Challenge/Risks:

- **Training all of our staff in all aspects of safeguarding**
- **Consistency of knowledge and application in practice of the Mental Capacity and Mental Health Acts and Deprivation of Liberties Safeguards**

Safeguarding Audit

A comprehensive self-audit has been completed for the CCG in September 2016. The audit is RAG (Red, Amber, Green) rated; there are 8 "amber" areas for improvement in 2016/17. The other 42 areas are green for compliance. Programmes of work and/or action plans are in place for each amber.

Additionally the Safeguarding Team coordinates an agreed audit program that includes single and multiagency audits monitored through our internal governance systems and the quality and performance sub groups of the LSCBs and SAB.

Safer Recruitment and Allegations Management

Key Achievements

- A full and thorough review of the Managing Safeguarding Concerns and Allegations Policy has been undertaken.
- Design and delivery of specific Managing Safeguarding Concerns and Allegations Training Programme.
- Regular review of live concerns or allegations to ensure appropriate and timely management of cases.
- Action plan in relation to recommendations from the NHS Lampard/Savile report, completed in June 2016. As a result governors are now Disclosure and Barring Service (DBS) checked. DBS checks for all volunteers are undertaken as part of their pre-employment check. Staff requiring DBS checks on a 3 yearly basis have been reviewed and prioritised. These checks will commence in Quarters 3 and 4 2016/17 as resources allow.
- A gap analysis and action plan against the lessons learnt following the Myles Bradbury case (October 2015) at Cambridge University Hospitals NHS Foundation Trust has been completed. This included a review of our Chaperoning Policy. A presentation to raise awareness of the case and learning from it was circulated through specialty clinical governances and to all out patient departments in June 2016.

Summary of Cases

In the financial year 2015/16 a total of 11 allegations were made; 3 relating to children and 8 relating to vulnerable adults. Over the same period a total of 5 concerns were raised; 2 relating to children and 3 relating to vulnerable adults. All bar 3 of the allegations/concerns related to Trust employees; the other related to a student, a volunteer and an agency worker. One of the allegations related to historical issues. In comparison with the previous year the number of allegations increased from 8 to 11 and the number of concerns rose from 4 to 5.

Key Areas of Work for 2016/17

- To ensure that concerns/allegations lessons learnt exercises are conducted as cases close.
- To review the Recruitment and Selection Policy.
- To review the content of the Safer Recruitment Training Programme and the number of staff to be trained.
- To agree a process for the review of 3 yearly DBS checks for staff/volunteers.

Ongoing Challenge/Risks:

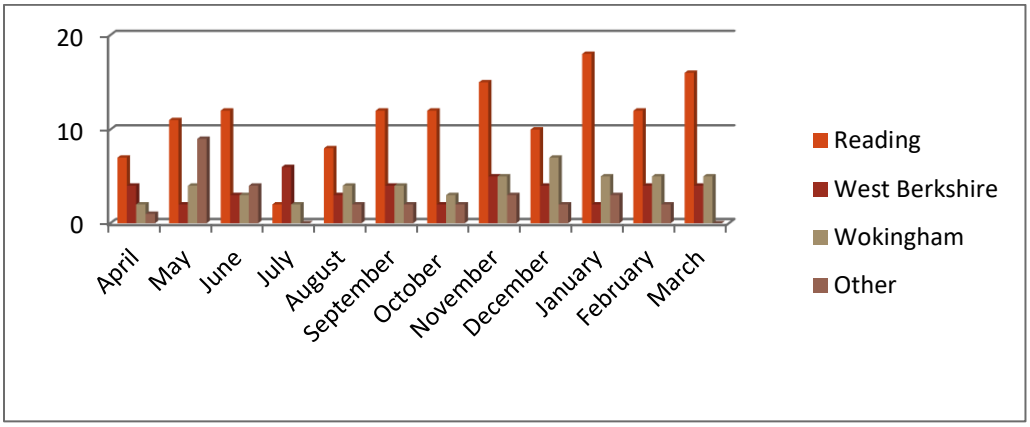
- **Capacity which has prevented the lessons learnt exercises following concern/allegation investigation being undertaken.**
- **Capacity to release clinical managers to undertake safer recruitment training**
- **Affordability/resource implications of implementing 3 yearly DBS checking**

Child Protection and safeguarding

Key achievements

- CQC report following a review of health services for children looked after and safeguarding, in Wokingham, May 2016 described RBFT leadership and management of safeguarding activities as strong with clear governance and accountabilities, with good engagement by senior managers and safeguarding staff in the work of the LSCB.
- The Named Nurse continues to meet regularly with partner agencies, where good strong relationships develop and feedback on our service has been invited and valued.
- An audit of the process for children who are not brought for health appointments demonstrated this was being followed and used effectively in all specialties.
- The annual audit of child protection referrals to Local Authorities identified staff referring appropriately, engaging with child protection thresholds, demonstrating more confidence in raising concerns and using more effective information sharing.
- New pathway process for notifications to Heath Visitors and School Nurses for children who attend ED agreed with BHFT following decommissioning of CH-IS in primary care, this will audited by December 2016.
- Level 3 Multi-agency Child protection training has been embedded, delivered and has adapted to the changing safeguarding environment. Partner agencies teach on the day and are invited to participate. The evaluations have been positive.
- RBFT was an active participant in 2 partnership reviews with Reading LSCB. Learning has been disseminated through the Trust.
- A pilot of a CAMHS Urgent Response Service has been commissioned, is fully recruited to enable 8-8 Mon-Fri; 10-6 Sat and Bank holidays plus in place from September 2016
- Following the establishment of a task and finish group the monthly audit of young people attending adult ED with mental health issues being discussed with Children's Social Care has improved.

Fig 1: referrals to local authority per month 2015/16 from RBFT:



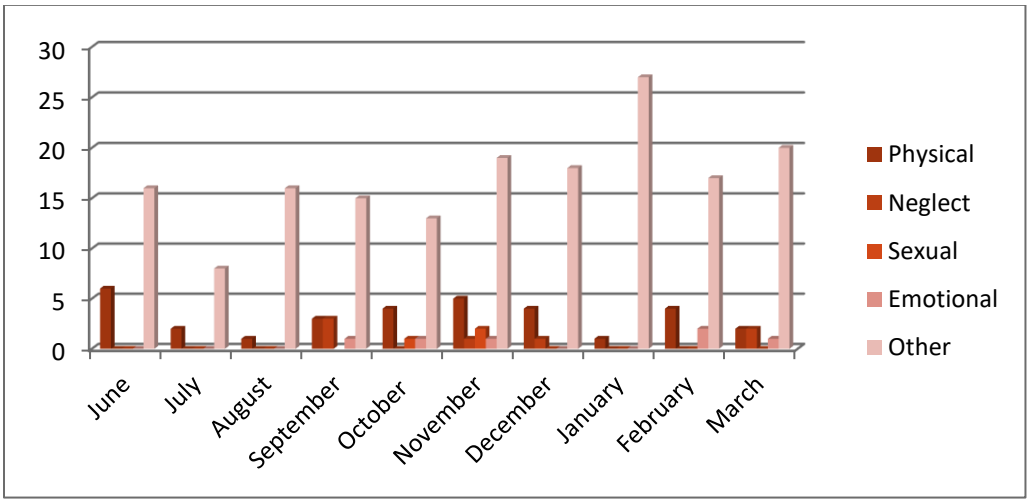


Figure 2: Referrals by category of abuse per month 2015/16 from RBFT

"Other" abuse is child protection referral for risk factors such as mental health concerns, domestic abuse, substance misuse, Female Genital Mutilation (FGM) and parenting concerns.

Key Areas of Work for 2016/17

- Continue working with Information Management and Technology (IM&T) Services to ensure Child Protection Information Sharing (CP-IS) is fully integrated into EPR. September 2016 major upgrade of EPR will allow our electronic patient record to link directly with CP-IS when it is introduced.
- Named Midwife and Named Nurse for Child Protection undertaking qualitative research to understand staffs' knowledge of child safeguarding with reference to the competences set out in the Intercollegiate Document (2014).

Ongoing Challenge/Risks:

- **The numbers of children and young people with mental health problems at risk from self-harm and suicidal ideation attending ED have risen in the last year**
- **A rise in the number of < 16s being admitted to the paediatric unit and 16/17 year olds to ED Observation Bay, Acute Medical Unit or Short Stay Unit requiring admission to Tier 4 Child and Adolescent Mental Health Service bed and delayed in the Royal Berkshire hospital**
- **The Trust does not have an adolescent or young person inpatient facility so that young people aged 14-18 years are either admitted to a paediatric or adult ward.**

Maternity Child Protection

Key achievements

- Kick clinic continues to provide an improved service for Reading maternity patients who misuse substances. It is an opportunity for patients to access maternity care and complete key-work sessions with staff from the iRiS partnership (adult drug and alcohol treatment service, Reading) who also contribute to the vulnerable pregnancy meetings chaired by Named Midwife for Child Protection.
- Multiagency vulnerable pregnancy meetings have an agenda which is sent securely to agencies prior to the meeting so they can bring proportionate information. From April 2016 professionals from Reading Multi-Agency Safeguarding Hub (MASH) have attended.
- A safeguarding supervision guideline developed by the Named Midwife for Child Protection has been approved and implemented. The Named Midwife and Poppy Team midwives are offered supervision at least every 3 months. The Named Midwife has formally moved to join the safeguarding team and is co-located with them.
- Attendance at Child Protection Conferences for unborns has remained high throughout the year despite pressure on staffing within community midwifery. There were 67 child protection conferences held for unborn babies and 54 (80.6%) of these were attended by a midwife. There were 57 babies born whilst subject to Child Protection Plans between April 2015 and March 2016.
- Flagging of electronic records is in place for women who have an unborn baby subject to a child protection plan and for high risk victims of domestic abuse. Alerts 'pop up' when a patient's records are accessed; staff have to acknowledge this before returning to the patient record. Multi-Agency Risk Assessment Conference (MARAC) flags for residents of Reading, West Berkshire and Wokingham are used for all high risk victims for six months after they were last discussed at MARAC an information sharing forum for the highest risk domestic abuse cases.

Key Areas of Work for 2016/17

- Establishment of the Poppy Team is increasing which should improve access to this service for local women particularly in West Berkshire. Community midwifery services have been reviewed providing a more streamlined management structure. Working patterns will be reviewed over the coming year to ensure services are able to adapt to meet patients' needs.

- Named Midwife for Child Protection to consider setting up group supervision/ reflective sessions for ward staff to facilitate level 3 updates and provide regular updates.

Ongoing Challenge/Risks:

- **Maintaining compliance/ staff competence for Level 3 Safeguarding Children Training**
- **Capacity of the Named Midwife to provide 1:1 supervision for increased Poppy Team and group supervision for other staff groups and newly qualified midwives.**
- **Significantly increased load now all three local authorities in Berkshire West hold a DARIM (Domestic Abuse Repeat Incident Meeting) alongside MARACs.**

Looked After Children (LAC) Initial Health Assessments

The RBFT was commissioned to provide the Doctors to run Initial Health Assessment (IHA) clinics in 2014. The clinics have the capacity to see 6 children in 2 clinics per week. In April 2016, we took over providing the administration and chaperoning of IHA clinics from BHFT.

Statutory Requirement

The Initial Health assessment should result in a health care plan being available at the time of the child/young person's first LAC review (28 days).

Key achievements

CQC report following a review of health services for children looked after and safeguarding, in Wokingham, May 2016 described our IHAs and healthcare plans for children placed within area as 'of a good standard'.

Key Areas of Work for 2016/17

Continue working with partner agencies to have shared data, information and understanding of issues for individual children coming into care to report to Corporate Parenting Boards

Ongoing Challenge/Risks:

- **Performance against statutory requirements**
- **Timely IHAs for Out of Area children (placed by our LAs in other areas)**
- **Poor quality IHAs from other areas**
- **Fluctuation in numbers of LAC**
- **Numbers of Unaccompanied Asylum Seekers coming through Kent to be distributed across local authorities**
- **Timely notification from Children's Social Care (CSC) and receipt of British Association for Fostering and Adoption (BAAF) forms and consent**
- **Data validity and conformity between CSC, RBFT and Berkshire Healthcare Foundation Trust (BHFT)**

Female Genital Mutilation (FGM)

The Trust had an FGM task and finish group during 2015/6 led by Dr Ann Gordon (Named Doctor for Child Protection). The group ensured that the Trust was complaint with mandatory reporting of FGM to the Health and Social Care Information Centre (HSCIC). All processes and guidance are on a new intranet page (Clinical Care/F/Female genital Mutilation).

Due to the adverse impact that FGM has on the physical and emotional health, safety and wellbeing of girls and women, it was identified as an area for priority work by the three Local Safeguarding Children Boards in the West of Berkshire. A sub group of the LSCBs was established and RBFT had representation on that group. A launch event of the work and updated guidance and support documents can be found on their website. Work is planned for 2016/17 to explore commissioning a clinic in the Reading area following the model of the Oxfordshire Rose clinic.

Child Death

49 deaths of Children and Young People < 18 years were reported to the Berkshire Child Death Overview Panel (CDOP) in 2015/16. 17 of those deaths were unexpected where 'the death of an infant or child which was not anticipated as a significant possibility for example, 24 hours before the death; or where there was an unexpected collapse or incident leading to or precipitating the events which led to the death'.

22 Children and Young People < 18 years resident in Berkshire West died 01/04/15-31/03/16

- 7 neonatal deaths due to extreme prematurity, chromosomal, genetic, congenital anomalies
- 6 expected due to chronic medical conditions, chromosomal, genetic and congenital anomalies or malignancy
- 1 expected child death waiting to go to inquest and CDOP
- 8 unexpected child deaths

Rapid Responses were initiated for all unexpected child deaths and for the case of a still birth where the baby was born unexpectedly at home. The 2015-16 Rapid Response audit demonstrated good multiagency practice in the quality of the services offered to children and families in Berkshire West, following the unexpected death of a child.

Coroner classification/CDOP category:

- 0 deliberately inflicted injury, abuse, neglect, suicide, deliberate self-inflicted harm
- 1 trauma and other external factors – 2014/15 presented in 2015/16
- 1 malignancy
- 0 acute medical or surgical condition
- 3 chronic medical condition, chromosomal, genetic & congenital anomalies
- 1 perinatal/neonatal event
- 2 Sudden Unexpected Deaths in Infancy (SUDI) – one 2014/15 presented 2015/16
- 1 death classified by the Coroner but not yet reviewed by CDOP
- 1 death waiting to go to inquest

Key achievements from Rapid Response audit and CDOP case review include:

- The Rapid Response Protocol for Unexpected Child Death reviewed regularly to include learning from individual cases to better support frontline practioners in all agencies
- Training about CDOP and Rapid Response process delivered to Reading Children Social Care Team Managers
- Learning from the Warwick Training Programme in Unexpected Child Deaths has been disseminated and influenced practice
- Building on previous work - continuous learning and quality improvement about the early recognition of neonatal & paediatric sepsis and escalation in all settings
- Out of area death following 2013 Reading Festival, inquest conclusion natural causes, a rare metabolic disorder (MCAD), led to learning and festival medical facilities improvement
- Multiagency case review meetings arranged for all cases has improved learning opportunities
- Unexpected deaths child deaths where there was contact with acute health services were reviewed at a Paediatric Morbidity & Mortality and unexpected full term neonatal deaths were reviewed at a Neonatal Morbidity and Mortality meetings
- Where concerns were identified about practice by an NHS health service providers the case was considered against Serious Incident Requiring Investigation (SIRI) criteria – 0 reported
- Where any case did not reach SIRI criteria local root cause analysis (RCA) investigations conducted for learning – 1 RCA has been completed and submitted to the Coroner.
- One Youth Offending critical learning review completed presented to the LSCB case review sub group and submitted to the Coroner.

Modifiable factors identified for learning and improvement included:

- Antenatal steroids and neonatal temperature
- Smoking, co-sleeping, alcohol, prone sleeping, low birth weight
- Previous domestic violence and other safeguarding concerns
- Medical procedure regarding intubation

Characteristics within families that put children at greater risk identified:

- Overcrowding, multiple siblings, animals
- Deprivation, parents unemployed and on benefits
- Elective Home Education
- Vulnerable teenage mother
- Prematurity

Ongoing Challenge/Risks:

- **Provision of joint home visit and immediate family support – unexpected death**
- **Quality of life issues for children with complex/chronic conditions**
- **Berkshire wide approach to SUDI protocol update**
- **Supporting schools following an unexpected death**
- **Knowledge, skills, competence and confidence of multi-agency frontline managers and practioners who rarely encounter unexpected child death**

Sexual Health

- Clinical delivery in the hub at 21a Craven Rd provides open access from 7am – 7pm Mon to Fri and Saturday mornings. There are satellite clinics in Thatcham and Wokingham.
- There are 10 specific outreach clinics for young people across the three LA's of Berkshire West, provided in educational and non-educational settings. Staff work with multi agency partners to deliver holistic care from these venues.
- Expanded outreach team to include a specialist outreach nurse for boys and young men.
- 2015 – 16 the outreach posts dealt clinically with 214 vulnerable cases who would otherwise not have accessed mainstream delivery.
- Designated sexual health outreach nurse for young people and nurse consultant have the lead roles in managing CSE issues. The outreach nurse is the key front line member of staff exposed to, and dealing with, operational issues and the clinical care of young people affected by, or at risk of CSE.
- Safeguarding process - all young people under the age of 16 (and anyone under 18 with vulnerabilities identified during history taking) have a full safeguarding assessment carried out at time of consultation. Work undertaken to update the assessment tool in line with best practice. This included consideration of young people's views on the clinical approach to information gathering and recognition of their desire for a 'conversational approach' and 'enquiring tone' to be adopted to enable wider conversations. The assessment tool has been rolled out across the Trust.

Key achievements

Child Sexual Exploitation (CSE) information sharing and governance

- Provision of equal input across all three Berkshire West local authorities which involves:
    - Preparation for and monthly attendance at each of the CSE operational group meeting in all 3 unitary authorities.
    - Attendance at each locality strategic group meeting, approx. every 3 months.
    - Attendance at CSE workshops, review meetings, audit and challenge meetings
- Internal CSE Information Sharing processes have been finalised used to guide practice.
- The arrangements for the exchange of information, Information Sharing and Assessment Protocol, embedded within Berkshire Child Protection Procedures to which all LSCB statutory partner agencies, including the RBFT are signatories

- Work undertaken by the CSE task and finish group has been completed. CSE is now embedded into the Trust Child Protection Clinical Governance agenda as a standing item
- A thematic review in readiness for any OFSTED inspection has been undertaken and shared with all LSCB CSE strategic groups.

Ongoing Challenge/Risks:

- **Management of CSE continues to be a challenge in relation to capacity**
- **Review of Berkshire Information Agreement not yet approved by all LSCBs**

Safeguarding Adults

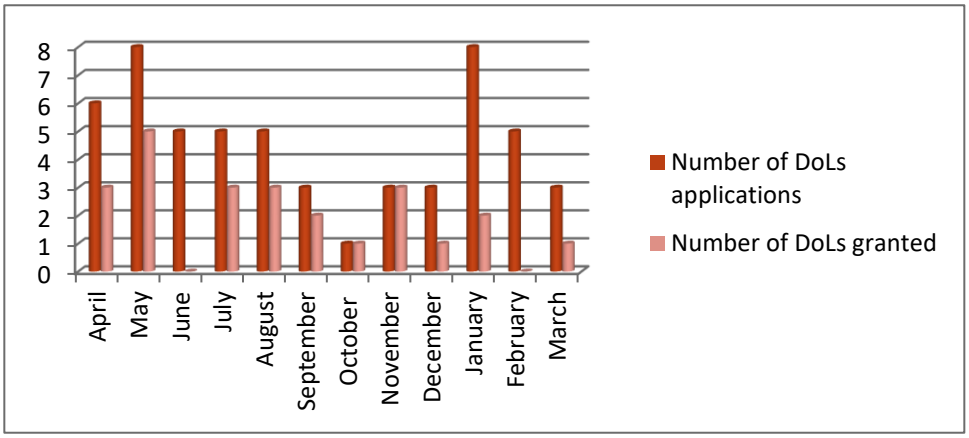
Key achievements

- Safeguarding (adults) clinical governance has been established this year and the safeguarding team welcome three new medical clinical leads one from each care group.
- Safeguarding concerns are now raised via the Datix incident reporting system this assists in giving feedback to the individual who raised the concern where available, and means that only one reporting mechanism is used for reporting concerns
- As a result of learning from a Safeguarding Adult Review (SAR) the fire service has provided training and information concerning referrals for assessments as part of safe discharge planning an Occupational Therapists (OT) and is working with a volunteer from the fire service who comes in to Elderly care once a week to pick up referrals, there is a plan to extend
- The Lead Nurse adult safeguarding is part of the review team for two current SARs

Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

One of the key findings of the CQC inspection published in June 2014 (http://www.cqc.org.uk/location/RHW01/reports) highlighted that knowledge of the Mental Capacity Act was not sufficient. The CQC recommended that the RBFT must "increase staff knowledge of Deprivation of Liberty Safeguards (DOLs) and the Mental Capacity Act (MCA) through necessary training to improve safeguarding". The safeguarding team has worked with support of the CCG to improve staff knowledge and competence around the MCA and DoLS. The number of DoLS applications is a key performance indicator report to the CCG as part of the Quality Schedule and in the integrated Board report monthly.

Fig 3: Deprivation of Liberty Safeguards applications for 2015/16.



Adult safeguarding concerns

All concerns raised by our staff about potential harm or abuse outside of the Trust are reviewed by the local authority and if necessary investigated through the Safeguarding process.

There is a fact finding exercise carried out by the Safeguarding Nurse (Adults), if substantiated they are passed to the local authority, approx. 50% are due to pressure damage, in the majority of cases there is poor discharge documentation.

Concerns reported within the Trust are investigated under our Managing Safeguarding Concerns and Allegations Policy.

Fig 4: Adult Safeguarding alerts raised in 2015/16

	Concerns raised by the Trust where harm occurred outside the Trust.	Concerns raised against RBFT	Concerns reported by RBFT where harm alleged to have occurred within RBFT
April	7	1	0
May	11	0	1
June	10	2	1
July	16	3	0
August	20	1	1
September	20	3	1
October	25	2	1
November	17	2	1
December	22	6	4
January	24	1	1
February	19	2	0
March	26	9	0

Prevent (anti-terrorism)

There was 1 possible Prevent concern discussed with outside agencies related to a patient. Appropriate action was taken there was no further involvement or action for the Trust.

Ongoing Challenge/Risks:

- **Year on increase in activity for vulnerable groups with multiple co-morbidities and complex psycho-social problems**
- **Elderly patients living with dementia delayed in hospital**
- **Increasing and maintaining workforce knowledge of the Mental Capacity Act and DoLS**
- **Supporting patients and the staff caring for them where there is homelessness or other external service/resource issues beyond our control**

Mental Health Service Provisions

Activity

Activity data provided by the RBFT ED department shows that on average 250 people per month attended with a primary mental health presentation in 2015/16, 56% were subsequently admitted. This sharp rise from the previous year (in 2014/15 admissions were approximately 28%) has been attributed by the CCG to the use of the ED Observation Unit.

Monmouth Mental Health Activity within the ED Observation Unit Audit October 2016 showed:

- 48% of mental health patients were high complexity/resource intensive

- 10% of the mental health patients had a LOS of 2+ days. - 'These tend to be patients that are in crisis (psychotic, manic, suicidal or self-harming) which require psychological assessment and treatment, continuous observation and sometimes one-on-one care.' 'mental health patients staying in the unit longer than for a day due to delays in onward referral/discharge planning and to difficulties with coordinating social care packages outside of the hospital'.

- The overall review highlighted a number of wider system issues across mental health services and their configuration within the Berkshire area

- Some of the key system issues observed indicate a need to review services and staff resourcing in order to:

1. Better meet mental health patients' needs in the community and avoid admissions to A&E and the Observation unit for patients in crisis who could be better cared for under specific mental health services

2. Assist RBFT to be better equipped/resourced to meet the high influx of mental health patients attending A&E – various system/pathway configurations and staffing options could be explored.

South Central Ambulance Service (SCAS) activity data 1st February – 30th July 2016 showed:

Royal Berkshire Hospital (RBH) received 202 mental health patients; Wexham received 62 and Frimley 23 by ambulance from the 7 Berkshire CCGs. The RBH appears to receive considerably more patients from Berkshire than other acute trusts.

Fig 5: Mental Health presentations to ED 2015/16

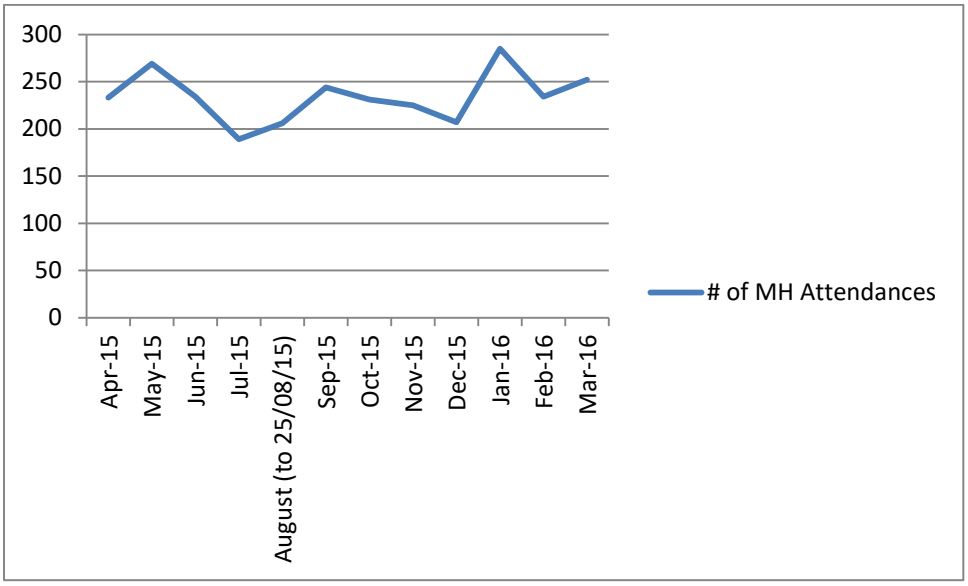
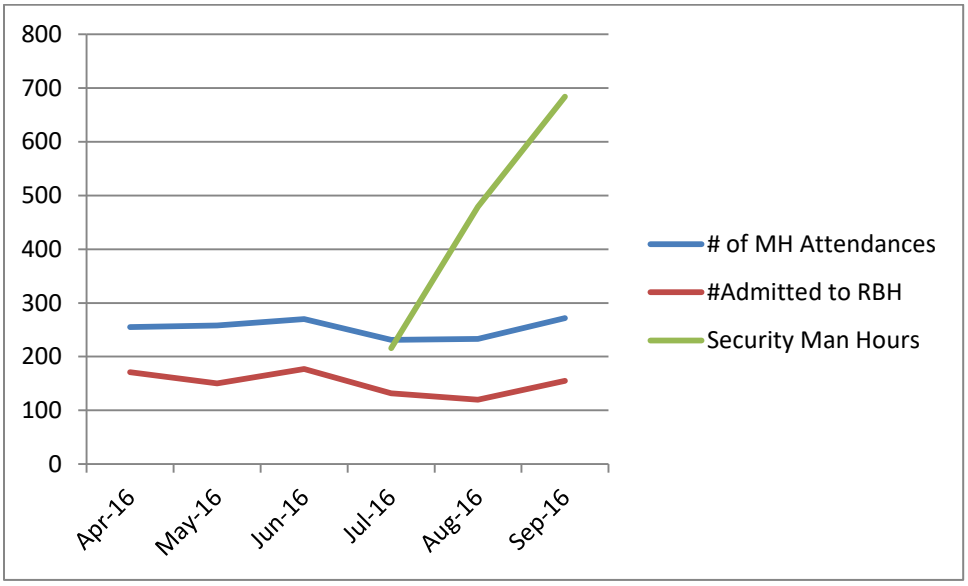


Fig 6: Mental Health presentations to ED April – September 2016 including security man hours



Mental Health Act Detentions

There were 12 patients detained under the Mental Health Act to the Trust during 2015/16, in comparison to 32 detentions the previous year.

NB whilst a number of these patients were detained to the RBH as they required treatment for both their mental and physical disorder, there were a number of patients who had no physical disorder and were awaiting a mental health placement.

Key achievements

Liaison Psychiatry in A&E – Psychological Medicine Service (PMS)

There continues to be a high level of support for patients presenting with mental health needs. The team works collaboratively with the Emergency Department (ED) staff to ensure that those with mental health needs are adequately assessed, treated and signposted as necessary. ED and PMS attend weekly operational meetings in order to achieve a collaborative way of working.

Older People Mental Health Liaison and PMS

The OPMHLT became part of the PMS earlier this year together they continue to deliver high standard assessments across the hospital.

Suicide and Self Harm Prevention

The Suicide and Self Harm Prevention Group and action plan works towards a zero tolerance of suicide attempts within the Trust. The group has been instrumental in:-

- Overseeing the Trust wide roll out of the ligature audit
- Drafting the paper that gained Executive approval for funding for compliance works to the multi-story car park
- Regular audits of the Adapted Australian Triage Tool (AATT)
- Working alongside the Samaritans who now provide support within the ED, as well as training for hospital staff
- Development and approval of the Mental Health Policy and associated guidelines

The Mental Health Coordinator attends the Suicide Prevention and Intervention Network, a nationwide network aims to work collaboratively across the Thames Valley to create and support local suicide prevention plans and strategies led by Public Health/CCGs/H&WBs.

Section 136 of the Mental Health Act Audit

The Police can use a section 136 to take a person to a place of safety from a public place if they assess that they have a mental illness and are in need of care. A place of safety can be a hospital. The section 136 can last for up to 72 hours. Correct procedures need to take place including: a S136 form being completed by police; the S136 being recorded on the Electronic Patient Record (EPR); a report being received by the Mental Health Coordinator (MHC) from Thames Valley Police (TVP)

There continues to be some discrepancy between the monthly figures that TVP report to us, and the completed forms and records of S136 reported on EPR.

Reattenders project and follow up clinic

The MHC has worked successfully with BHFT and other agencies to develop client case management plans for top 20 reattenders to reduce the number of unnecessary visits to the RBH. BHFT data demonstrating reductions in Quarter 3 & Quarter 4 of 48% and 52% is encouraging, frequent attenders make up 1% of patients attending ED.

Berkshire Mental Health Crisis Care Concordat

The Trust contributes to and to date has delivered all improvements in care on time. The key areas of focus for 2016/17 are:

- Review the mental health training needs analysis.
- Review the resilience of Trust security arrangements to manage the consistently high number of patients with a mental health disorder who are triaged as a red risk.
- To look at the needs within maternity for training and support.
- Review of the Suicide Prevention action plan, this will include any outstanding actions, incidents/near misses during 15/16, and the ligature audit to be undertaken.
- Agree and approve the Mental Health Policy and associated guidelines.
- Work with the BHFT PMS to ensure continuous improvement in patient/staff experience, patient safety and outcomes.
- To ensure that a governance system for patients that have been 'flagged' on the electronic patient record system and have a crisis/admission avoidance plan is in place

Ongoing Challenge/Risks:

- **No reduction in the number of mental health patients of all ages presenting to ED and being admitted, increase in complexity**
- **Lack of robust community services for patients who are in crisis, leading to individuals attending ED with no physical health needs**
- **Shortage of beds in mental health hospitals, patients being delayed in the acute setting**
- **Will lead to an increase in number of patients detained to Royal Berkshire Hospital under the Mental Health Act**
- **Shortage of Approved Mental Health Professionals (AMHPs)**
- **Risk of errors on out of hour section papers, due to staff's lack of expertise and knowledge of the MHA, increasing the likely hood of a patient appealing**
- **Capacity of the security services and nursing teams to provide a safe environment for high risk patients**
- **Increase use of rapid tranquilisation protocol to manage challenging behaviour**
- **Increase in absconders, self-harm and suicide attempts**

Learning and Complex Disabilities

There were 315 in-patients with learning and complex disabilities supported during 2015/16. Very few patients required no input at all and a number of patients required significant input. Those who are having planned medical interventions often require input from the Learning Disability Coordinator (LDC) prior to admission. The LDC provides support to hospital staff involved with the patient who request advice with strategies in order that the patient receives the most effective care and best outcomes.

Key achievements

Patient experience

The LDC represents the Trust on the Learning Disability Partnership Boards (LDPB) and the LDPB health sub groups for Reading, Wokingham and West Berkshire. The presence of the LDC at these meetings is valuable in terms of people using our services and their carers feeling able to discuss issues that have affected them when they have been patients. It is also useful for people to discuss concerns they may have before coming to hospital.

The Enter & View team, part of Reading Healthwatch, continues to visit the Royal Berkshire Hospital every 3 months or so to talk with in-patients with a learning disability about their experiences. The team consists of two people with a learning disability and a supporter.

The Enter & View team participated in the Patient Standing Conference in November 2015. They presented their findings using a paper roll and lively explanations to describe the experience of patients with a learning disability. The group had identified that very few staff are able to communicate with patients using sign language.

Two members of the Wokingham LDPB came to the hospital in September 2015 to do some filming with medical photography for a DVD to illustrate what it was like coming to hospital to have an x-ray. The DVD can be shown to people with a learning disability who might be anxious coming to hospital and it is hoped to make more films featuring a variety of departments.

A patient with a learning disability has been involved in filming for the Quality Time Research Project which is looking at patient experience in ED. The patient described the positive care she had received in ED and compared that with some poor communication. The LDC supported the patient to enable her to take part.

Familiar carers

RBFT continues to fund 1:1 familiar carers for in-patients with a learning disability who require that level of support to make them feel less anxious and more likely to comply with medical and nursing interventions in the hospital environment. Social care will not fund this type of support when an individual is in hospital as their responsibility for funding only applies to people who have been assessed as eligible for funding at home or in the community.

Audit of the use of 'Information about me' folders in Acute Medical Unit (AMU)

A snapshot audit was in AMU during February 2016 which highlighted that 'Information about me' folders were not routinely being given to the carers or family members of patients with a learning disability to complete. As a result a large batch of folders was supplied to AMU and information flyers about the folders put up. The importance of using the folders about the unique needs of those patients with a learning disability is highlighted in every training session for Registered Nurses and Health Care Assistants. The audit will be repeated 2016/17.

Changing Places toilet

Work is now underway with the conversion of an existing toilet in a public area to a Changing Places toilet. A hoist and a changing plinth suitable for adults is incorporated into a Changing Places toilet so that disabled

people can be assisted by their carers in using the toilet and being changed. This has been funded by the League of Friends. The facility is expected to be completed by Christmas 2016.

Transition clinics

The LDC attends the neuro-rehabilitation transition clinics to meet young people and their parents who are about to start using adult services within the Royal Berkshire Hospital. This provides an opportunity to explain what they can expect in adult services and to reassure young people and their families that reasonable adjustments will be made for them. There are 3 -4 clinics each year.

Planned work for 2016 / 2017

Payment process for familiar carers needs to be redesigned in such a way that it is straightforward for staff in clinical areas and delays in payment are avoided.

Maintaining a high profile with the family carers agenda

Ongoing Challenge/Risks:

- **Year on increase in activity for this vulnerable group**
- **Patients with LD being delayed in hospital waiting for appropriate social care placements**
- **Affordability of funding familiar carers**
- **Increasing and maintaining workforce knowledge of the Mental Capacity Act, consent and best interest assessments**

Carers

A Trust Carers group was established in 2015/6. The purpose of the group is to improve the experience of visiting the Royal Berkshire Foundation Trust for carers. This includes when the person being cared for is admitted or attends an outpatient appointment or the carer themselves is the patient. During 2015/6 the group developed a charter, the carers orange booklet was updated, and a carer's survey initiated. Carer's week 2016 was marked at the hospital with a stand outside the staff restaurant all week. Orange booklets were given out to staff members and carers who passed the stand. From September 2016 the group has been led by the Head of Patient Experience.

Ongoing Challenge/Risks:

- **Staff awareness of the rights of carers, orange booklet and survey**
- **The Trust recognises that we need to improve the support we give to carers, this has been identified in our Quality Account for 2016/17**

Transition

In December 2015, a Lead Nurse for Transition (0.6wte) was appointed at the Royal Berkshire NHS Foundation Trust (RBFT) to carry out a 12 month pilot of the nationally recognised transition programme 'Ready Steady Go' in 2 cohorts of patients; diabetes and neurodisability. The post was funded by the Thames Valley Strategic Clinical Network (TVSCN) and formed part of a Thames Valley wide project to develop transition services for young people with long term conditions.

Key Achievements 2015/16

- Transition Policy and Guidelines complete (approved January 2016)
- Trust Transition Steering group has been established.
- Ready Steady Go (RSG) Pilot completed January 2016. Successful pilot with approx. 100 young people now on the RSG programme.
- *RBFT Transition Plan* developed by steering group to support RSG and encourage compliance with transition planning.
- Improved cross agency working for Special Educational Needs and Disability (SEND) transition services : following a pan-Berkshire joint agency conference in April 2016, representatives for adult and child social care, special schools and SEND local Authority teams have agreed to work together to adopt the principles of the RBFT transition pathway. This will mean young people with SEND will only have to navigate one transition pathway for all services.

Plan for 2016/17

Roll out RBFT Transition Plan and RSG to all of Paediatrics and adult services

The 'Ready Steady Go' pilot project ended in January 2016 and has been fully evaluated. The pilot involved hard work and determination on the part of the lead clinicians and good engagement from the transition steering group. There have been some challenges in implementing the new paperwork, however, throughout the project, the lead clinicians have been positive about developing their transition services and believe that rolling out the newly developed RBFT Transition Plan, would benefit their patients in the long term.

The transition nurse post continues to be funded by the TVSCN and has been extended to March 2017. The nurse will be spending the 1.5-2 days per week based at the RBFT working to embed the new RBFT transition plan and deliver training across the trust and the remaining 1.5-2 days working for the TVSCN to support 4 other trusts to develop their transition services (Oxford University Hospitals, Wexham Park, Stoke Mandeville and Milton Keynes). A Transition CQUIN has been agreed for 2016/17 which will ensure transition is embedded in practice for paediatrics and those specialties to whom children transition.

Ongoing Challenge/Risks:

- **Funding for the transition nurse post ends in March 2017**
- **Preparation, readiness and capacity to engage for Ofsted inspections of SEND**

Disabled Children and Young People

Dingley Child Development Centre provides multi-disciplinary specialist paediatric neurology/epilepsy and community paediatric services, a child protection medical service and initial health assessment service for looked after children resident in Berkshire West. They also provide tertiary services including assessment of visual impairment and spasticity and a botulinum service. The specialist paediatric inpatient therapy services are provided by the team based in Dingley. BHFT are selling the land where Dingley is located, it will need to be vacated early in 2017. Respite care for children with complex health needs is provided by BHFT at Ryeish Green in July 2016 they notified the CCG that they were no longer able to sustain provision.

Ongoing Challenge/Risks:

- **No arrangements for relocation of Dingley services**
- **No respite service would impact on children and families and lead to increased admissions and length of stay**

Risk Based Priorities for 2016/17

1. Continue working with partners to reduce unnecessary attendances to ED and delayed transfer of care for patients of all ages who have a mental health or learning disability but no physical disorder, this will include understanding demand
2. In line with the Care Act and the principles of Making Safeguarding Personal new evidence review our approach to ensuring the knowledge and competency of our staff in practice in relation to the Mental Capacity and Mental Health Acts, DoLS, best interest assessments and consent
3. Continue to working with our LSCB and SAB partners on multiagency priorities e.g. neglect, domestic abuse, initial health assessments for looked after children, emotional health and well-being of children, making safeguarding personal
4. Work with multiagency partners to understand demand and develop a disabled children strategy for Berkshire West including transition services
5. Review the current Safer Recruitment Training Programme and to commence the 3 yearly DBS checks
6. Further develop the carers work and strategy within the Trust
7. Review the capacity and resilience of the Safeguarding team in relation to work load and capacity to attend external meetings using a transformational approach
8. Review the safeguarding strategy and governance structures to ensure they are robust

Appendix1

Responding to feedback: Making Safeguarding Personal

The safeguarding team aim to ensure that it is responsive to feedback from both patients and colleagues. Feedback is collated from all training delivered and staff are keen to ensure that the voice of the adult or child is heard, both in training and through supervision.

Feedback about the Mental Health Coordinator

"The safeguarding team is a useful source of advice and professional support in dealing with safeguarding issues, but more recently in dealing with acute Mental Health patients and issues. Tanya has been pivotal in facilitating working relationships between ED and PMS and as a team I know that we value this support.

With her extensive ED background and MH experience she is able to understand the issues and complexities of some patients who attend ED and the issues when they managed in the ED and has been proactive in helping us with the strategies for on-going care.

She has also been very valuable in developing management plans for patients that can enable in-hospital services and community services to work more cohesively in providing suitable care for the patient and is often my first "port of call" when dealing with complex patients or delays for beds.
She has provided teaching for us in ED which I know the team found very useful, however as her role has developed it has been a challenge for her to manage this on an on-going basis."

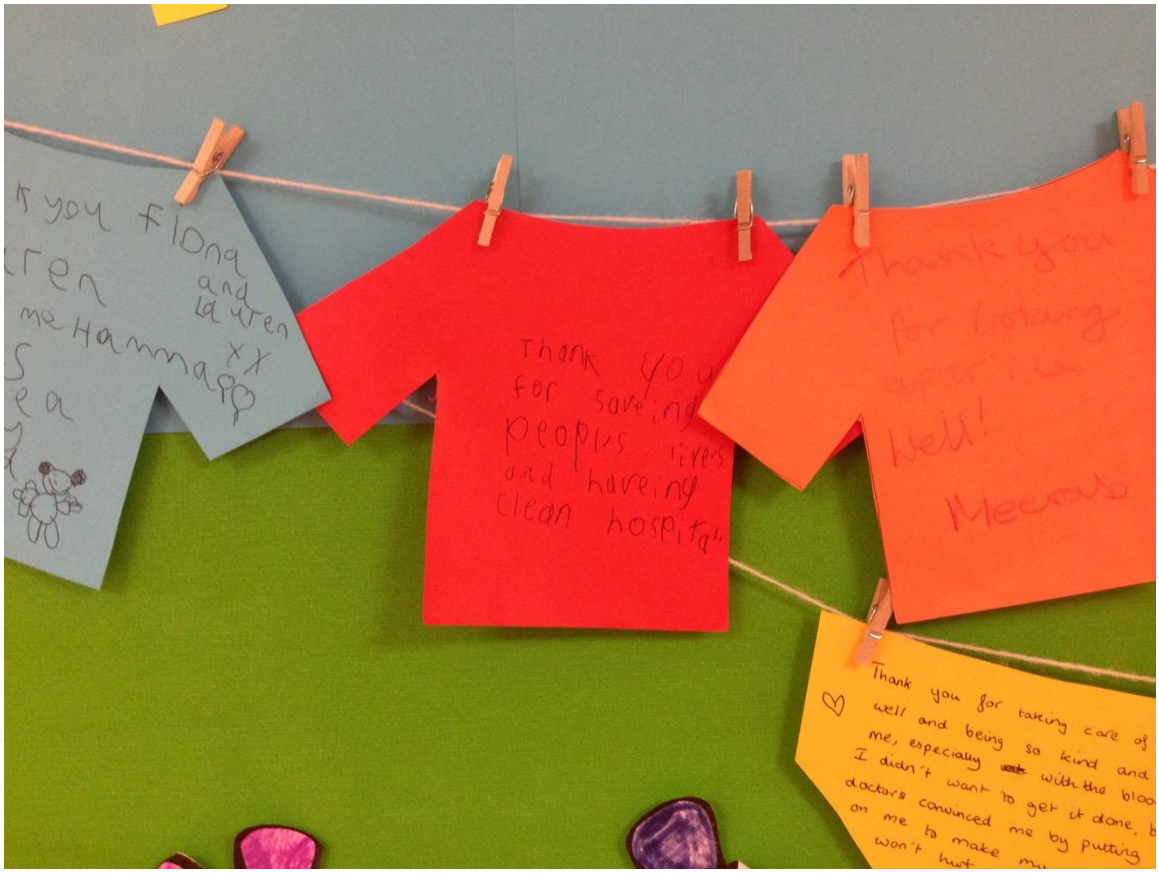
Feedback on training

All safeguarding training is evaluated. The following were evaluations from level 3 CSE training: out of the 19 people who attended: 14 said session was "excellent" and 5 said it was "Good" Free text comments for "What I have learnt" included:

- "Examine more carefully, ask questions and listen".
- "Don't dismiss challenging behaviour as just being stroppy teens!".
- "Really useful session: reminds me what we are looking out for".
- "To use the proforma for questions".
- "Films were excellent in getting messages across".

- “Pay close attention to challenging teenagers”.
- “Take time to listen to the young person”.

Paediatric ward areas use “pants and tops” to encourage children to identify what is good and could be improved for clinical areas.



Patient Story

A new mum emailed the trust to thank the team for caring for her and her new baby. She has given permission for this to be shared [written as emailed].

My name is Samantha and I gave birth to a baby girl, named Emily, on the last 10th of October at 2:42 AM.
My experience at the hospital been amazing and has a huge impact in my life.. Personally I think has changed the life and future of my daughter and myself forever.. I been suffering abused by my husband over the last 3 years, in silence, with fear, thinking of surviving day by day.. Doing and saying what he wanted to hear and see, afraid of he could hurt me really badly.
The situation turned worst after I got pregnant. He never wanted this baby, he used to push me, insult me, taking all my money, bullying me, abused me no mercy.. Until the point to left me homeless nearly 8 months pregnant. When this

happened, his mother had me at hers for few weeks but like he was used to come around to argue and fight to me, she kicked me off too, saying if I wanted a healthy baby I should scape from him.
I hide myself, I did not have where to go, I was desperate.. Nearly to delivery and no place to stay. A friend rescued me and 3 weeks before Emily was born I moved in with her.
After I gave birth, that morning on the 10/10, around 7 o'clock in the morning, a lovely midwife, which I don't know her name, and I will give my life to know it, asked why my husband wasn't there. So I was honest to her and I speak up telling that he was a violent abuser.. She said I should report it, and I got scared, as I was used to living in fear, so I did try to stop it.. But this lady looked into my eyes and told me: "I must to do it, to protect your baby".. That moment was magic to me. I felt my blood running so fast! I understood my attitude should change, I was having my tiny baby in my arms and this gentle lady was the light in the end of the tunnel.
From that all staff was absolute wonderful.. Every single person I met, been concern and bringing all support and help, psychically, emotionally and making me feel safe and free.
I stayed in the Marsh Ward and I would love to give to you all name, which I don't have unfortunately, because you should be so so very proud of the hard work you do daily.
Once out from Hospital, with the Police, Berkshire Women's Aid and NSPCC involved I could put my baby and I in a better place, safe and far away from him.
In fact I presented at the Family Court in Reading a non molestation order and the judge made it and served to my husband.
But I got so much to do still. I just would like to ask if it's possible to get a copy of the report I did at the hospital, as my solicitor requested it to me.

I'm externally grateful for the integral caring, support and attention the staff brings, I can not say thanks enough..
You guys listened to me, believing on me and have changed my life.
I become a free person, enjoying my daughter, all full of love around, giving to her a peaceful and safe life, as every child who came to this world should have..

From NHS choices

"I came to A&E Tuesday evening which was mental health related and I was treated like any other physically unwell patient. I can't appreciate it enough of how well the professionals treated me. Thank you." Visited in December 2015. Posted on 09 December 2015