



PARTNER AGENCY ANNUAL STATEMENT 2017-18

This statement should be used to outline how you have delivered your safeguarding responsibilities as an organisation during 2017-2018.

This year we are focussing on the drive to ‘Make Safeguarding Personal’. When completing the statement, please therefore consider the local standards we have produced around MSP:

<https://www.bsab.org/media/Making-SafeguardingPersonal-LEAFLET-Oct-17.pdf>

Use the statement as an opportunity to tell the citizens of Birmingham about any good work you have been doing, but also about any challenges you face. We will then share all of the final statements on the board website, so that we can collectively understand and learn from the different approaches to safeguarding going on across the city.

1. YOUR ORGANISATION

Tell us something about the kind of organisation you are and the work you do

We are Birmingham Women’s and Children’s NHS Foundation Trust – proud to bring together the expertise of Birmingham Children’s Hospital and Birmingham Women’s Hospital.

Our Trust is the first of its type in the UK, formed in February 2017 to drive forward our commitment to providing the highest quality, world-class care that women, children and families want, and deserve.

Uniting our hospitals means more seamless care; more investment to make greater advances in our specialist treatment and world-leading neo-natal and fetal work. Importantly, it also gives us a greater voice in shaping the future of family-centred care.

We have a clear mission, vision and goal for what we want to achieve.

Our mission is to provide outstanding care and treatment, to share and spread new knowledge and practice, and to always be at the forefront of what is possible.

Our vision is to be a world-leading team, providing world-leading care.

Our goal is to be the best place to work and be cared for, where research and innovation thrives, creating a global impact.

With more than 384,000 visits from patients each year, we are a busy Trust and pride ourselves on the commitment of our 6,000 strong team, which works tirelessly to provide the very best

treatment and support to our women, children and families.

Every day our UK and globally-respected surgeons, doctors, nurses, midwives and allied healthcare professionals provide some of the most advanced treatments, complex surgical procedures and cutting-edge research, to improve care today and develop even better care for the future.

Home to the country's leading teaching centres, we're passionate about nurturing and developing the skills of our present and future workforce, along with investing in the very best training and education to foster life-long learning.

Birmingham Women's Hospital

Birmingham Women's Hospital is a centre of excellence, providing specialist services to more than 50,000 women, men and their families every year from our city, the wider region and beyond.

We are one of only two dedicated women's hospitals in the UK, with the busiest single site maternity unit, delivering more than 8,200 babies a year.

We offer a full range of gynaecological, maternity and neonatal care. Our Fertility Centre is one of the best in the country. Our fetal medicine centre receives regional and national referrals and we are home to the West Midlands Regional Genetics Laboratory - the largest of its type in Europe.

We're also proud to be an international centre for education, research and development with a research budget of more than £3 million per year.

Birmingham Children's Hospital

Birmingham Children's Hospital is the UK's leading specialist paediatric centre, caring for sick children and young people up to the age of 16. Rated as 'Outstanding' by the CQC in February 2017, we are world leader in some of the most advanced treatments, complex surgical procedures and cutting-edge research and development.

We have a national liver and small bowel transplant centre and are a global centre of excellence for complex heart conditions, the treatment of burns, cancer and liver and disease. We are a nationally designated specialist centre for epilepsy surgery and boast a paediatric major trauma centre for the West Midlands. Alongside this our fantastic Paediatric Intensive Care Unit is rated 'Outstanding' by the CQC.

We are also home to one of the largest Child and Adolescent Mental Health Services in the country, with a dedicated inpatient Eating Disorder Unit and Acute Assessment Unit for regional referrals of children and young people with the most serious of problems (Tier 4) and our Forward Thinking Birmingham community mental health service for 0-25 year olds.

Forward Thinking Birmingham

Forward Thinking Birmingham (FTB) is the provider of mental health services for people up to the age of 25 in Birmingham. Our mental health service offers support, care and treatment for all 0-25s through one organisation, making it easier to access the right support at the right time.

FTB is a partnership of four organisations that have come together to support children, young people and families in Birmingham, also working with a number of organisations in the voluntary and community sector.

Birmingham Women's and Children's NHS Foundation Trust is committed to safeguarding all of the children, young people, women and families that we work with. We do this in partnership with Birmingham Safeguarding Childrens and Adults Boards, and our partner agencies across the city, to support individuals and families in accessing the right help at the right time and achieving the very best outcomes.

2. CITIZEN VOICE

What are the people who use your services saying to you about safeguarding - what are their thoughts, priorities and concerns? Try to use their words wherever possible.

Not only hearing but listening to and learning from the experiences of the people who use our services is really important to us as a Trust, not least in relation to safeguarding. In May 2017 a pregnant lady with a diagnosis of Autism and Learning Disabilities agreed to share with us her experience of the care and support she received during the antenatal period. She was supported to share her story in her own words by Birmingham Women's and Children's Patient Advocacy Liaison service (PALS).

Talking about the staff she encountered she said:

"I found them to be really helpful and they are very good at taking your stress away as well.

"Their attitude is good and the way they treat you is good so I haven't had any problems at the moment in terms of them. They always say if you are worried about anything come back."

Talking about her understanding of the role of the safeguarding team in relation to her and her baby she said:

"They're looking into what support I might need and what support the baby might need. And whether or not I will be able to cope or not. That's what they've said. I believe I can but because of my Autism and my learning disability and the fact I was ill last year, as a result of that my son was not living with me, that's what they're seeing, so they're wondering, yeah and that's what they're wondering but I have not had any problems so

for me it's just a case of going with the flow really. They've put it down as a Child in Need not a Child Protection so I'm alright there."

Despite a positive experience of the staff she encountered and having a good understanding of the outcome the team was working towards; ensuring the best care for mum and baby, this was clearly an anxious time for mum-to-be. Travel was something that caused her anxiety, and to ensure she knew exactly where she was going she often paid for a taxi even though it was expensive. This allowed her to avoid the panic she experienced if she didn't know where she was going, which would sometimes result in her not getting there.

She expressed a concern in relation to Social Care and their expectations and that this made her anxieties worse. She was also worried about being on her own in labour and was worried that, without any help, she would forget things she needed. She described herself as, "quite isolated really".

We embed feedback such as this in training to help our staff understand what safeguarding means to our patients, how they feel about their situation, how they describe their concerns and what we can do to support them.

3. PERSONAL STORIES

Please give one (or more) example of how you have worked with an individual who may have been at risk of abuse or neglect in some way. Tell their story. Try to illustrate the personal experience of that individual. What did it feel like for them? What were they saying, thinking and feeling?

NB: Please do not include identifiable information for any individuals concerned

Birmingham Women's Hospital Story

We worked with a 61-year-old lady who had been referred by her GP and required investigations and potential surgery. The patient had been diagnosed with a significant learning disability in childhood and lived in a care home, her elderly father had previously been her sole carer but his deteriorating health meant she needed to move into a care home.

The patient had limited capacity so a 'Best Interests' Meeting was arranged to ensure the right decision was made for her care. The Safeguarding Nurse invited the medical staff, the care home manager, the patient's father, Social Worker and GP, along with a Learning Disability Adult Social worker to attend the meeting. The patient also attended the meeting, supported by her carers, and her father was able to join the meeting by phone.

Throughout the meeting the patient was given time to communicate and express herself. Reasonable adjustments were made to support communication including the use of pictures and equipment. There was a discussion about the need for a Deprivation of Liberty Safeguard for any planned overnight admissions at the hospital and the GP shared information that helped hospital doctors in their medical decision making.

A Mental Capacity assessment was completed during the Best Interests meeting and the patient was assessed as having limited capacity for that specific decision regarding treatment.

Forward Thinking Birmingham (FTB)

A Mental health practitioner had concerns about one of his patients being vulnerable to financial abuse from his family. The patient did not receive his benefits directly and the FTB staff member

was concerned that there was no account of how some of the money was being spent. The FTB Practitioner discussed his concerns with the patient to find out whether the patient had any worries about his money and how he wanted to spend it.

The FTB Practitioner completed a Mental Capacity Assessment with the Patient to understand whether the patient had capacity to make their own decisions about their money and the assessment outcome was that the patient did have capacity.

Working together with the patient the practitioner then supported them to open their own bank account and transfer their benefits into that account. They also supported the patient to have a discussion with his family member who had previously been accepting the benefits on his behalf. This discussion was positive and the family member was supportive of the patient opening his own account – they were also able to give more insight into what the benefits had been spent on, and from their account no further concerns were raised regarding potential financial abuse.

Both the patient and family member were happy with the new arrangement and appreciated the support provided by the FTB Practitioner.

4. DELIVERING MSP

Looking at our local MSP standards, we are expected to hear the person, understand them, respect their choices and be honest with them. How easy has it been for your organisation to actually deliver this vision in practice, and to balance some of the risks involved? If you have made it work, how did you do it? And how do you know it's working?

Our safeguarding practice is based on 'Making Safeguarding Personal' principles, hearing the person, respecting their choices, understanding them and honesty.

All of our staff are trained to be patient focussed and to use every opportunity and means to hear the voice of the patient. This is embedded in our safeguarding training and supported by the safeguarding team. We make adjustments to support communication, work closely with our Learning Disability Leads, engage with advocacy services and liaise with other agencies to ensure we understand what the patient is saying about their care and their decisions.

We work with our patients and support their decisions, as opposed to 'doing to', ensuring we are accepting the right for individuals to manage their own risk. Our patients all have individual care plans that are developed with them to reflect their wishes.

We work with other agencies to understand what the risks are and how patients can be supported in their decisions in addition to offering support to reduce risk. This can be challenging in some cases, particularly where children are also involved. Our staff are trained in child protection so understand when intervention is required to ensure children are safe.

Our staff are expected to be non-judgemental and accepting of difference. The safeguarding team provide support and supervision to staff when difficult situations arise whereby staff struggle to accept the decisions that some patients make for themselves.

We expect all staff to be honest with patients about safeguarding concerns and decisions unless it will put the individual at additional risk of harm. BWC staff know they need consent to make referrals and share information about patients.

We actively seek out feedback from patients to understand their experience of safeguarding practice in our organisation. We receive information from Patient Advice and Liaison, Complaints, Friends and Family Feedback, incidents and staff supervision. All of this feedback informs our practice development and is shared our teams through training and supervision sessions.

5. SOCIAL ISOLATION

One of our priorities as a partnership is to promote safer, more resilient communities. Part of this is about reducing social isolation: can you share any examples of where you have done this with the individuals you support? What makes your approach work, and why?

We work with many individuals who are socially isolated, providing support often alongside partners, as part of a multi-agency plan.

Some of our most isolated patients have no recourse to public funds, are fleeing domestic abuse, are homeless, substance dependent, have mental health issues or have learning difficulties.

To provide effective care we support staff to recognise social isolation and develop a care plan that addresses the concern. We work on the basis of early identification and early intervention for all safeguarding concerns, getting the right help as soon as possible to prevent problems escalating.

We provide support alongside partners such as the No Recourse to Public Funds Team, Women's Aid, Change Grow Live (CGL), Rape and Sexual Violence Project and 'Can Do' to ensure a joined up approach to providing help. We have made 26 referrals to 'Can Do' during 2017/2018.

We regularly work with advocacy services, to ensure patient's wishes, beliefs and views are taken into account when jointly planning their care.

6. THE CHALLENGES AND RISKS IN BIRMINGHAM

What do you think our biggest risks and challenges as a city are? What do we need to do better in order to directly improve the quality of life for our most vulnerable citizens?

It is acknowledged that whilst Birmingham is primarily a young city, the older population is growing rapidly. An estimated 10,000 adults suffer with dementia and many require support from Adult Social Care and the NHS. This increasing demand has a knock on impact on both adult and children's services, the latter is due to the shift in priorities that occurs to meet the emerging need.

It is also acknowledged that there are a significant number of young adults who have learning disabilities and/or suffer from mental illness where resources have been significantly reduced over recent years.

Birmingham is a city with high levels of deprivation and need, facing increasing funding challenges in delivery of services to our most vulnerable citizens.

The transition from children’s services to adult services also presents many challenges, particularly around child exploitation and the support needed by exploited young people when they turn 18. This is a priority area that needs a multi-agency response to ensure these young adults get the support they need.

The development of our Forward Thinking Birmingham mental health services for 0-25s is an innovative approach to reducing the impact of transition to adulthood whilst also needing access to support from services at a key time of development.

Supporting our most vulnerable citizens and managing risk has become increasingly challenging. The public have high expectations of the NHS; the introduction and increased awareness of the Making Safeguarding Personal agenda encourages more people to access support to enable them to live independent lives through choice and control, safely and free from abuse.

We need to ensure that staff across all agencies have the right skills to meet these challenges and organisations support staff in developing their safeguarding skills to reflect changing need. Organisations need to continue to work in partnership. The work of Birmingham Safeguarding Adults Board is essential in bringing partners together to have the right conversations that will ensure we make the best use of the resources we have to deliver the best outcomes for our citizens.

As a partnership we can support the development of tolerant, accepting, caring, communities that will work with statutory services to create environments that safeguard our most vulnerable adults.

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Organisation:	Birmingham Women’s and Children’s NHS Foundation Trust
Chair/Chief Executive sign off:	
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