



**Birmingham Women's  
and Children's**  
NHS Foundation Trust

# **Birmingham Women's and Children's Hospital**

## **Safeguarding Annual Report 2017/18**



**Chairman** Professor Sir Bruce Keogh **Chief Executive Officer** Sarah-Jane Marsh

**By your side**

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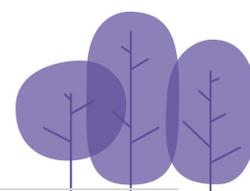
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## **Section 1 Executive Summary**

### **Introduction – who we are and what we do**

Birmingham Women's and Children's NHS Foundation Trust (BWC) brings together the expertise of Birmingham Children's and Birmingham Women's Hospitals and is the first Trust of its type in the UK.

**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 each year, we pride ourselves on the commitment of our 6,000 strong team, working tirelessly to provide the very best treatment and support to our women, children and families.

In collaboration with agencies across Birmingham, we fully recognise our safeguarding responsibility and statutory duties, as defined by Section 11 of the Children Act 2004.

### **Our Safeguarding Priorities – what we have focused on this year**

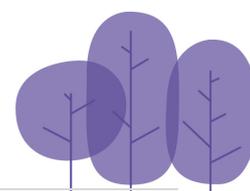
Over the last 12 months we have brought together Adult and Children's Safeguarding Practitioners from the Children's Hospital, Women's Hospital and Forward Thinking Birmingham into one integrated team, providing an opportunity for shared learning, access to a wider pool of knowledge, and enhanced skills, expertise and flexibility. We also recruited a Head of Safeguarding in 2017, to set out our future safeguarding priorities.

We have incorporated the Birmingham Women's and Children's Early Help Lead into the Safeguarding team to reflect the city-wide agenda and the Birmingham Safeguarding Children's Board's stipulation for all agencies to recognise when Early Help is needed, complete Early Help assessments and provide support as part of a coordinated Early Help plan.

We now want to develop the role further by improving pathways from Birmingham Women's and Children's Hospital to external organisations, working collaboratively to ensure children are benefitting from a seamless service across the Birmingham footprint.

A process has been effectively developed to identify those children and young people who attend our Emergency Department who would benefit from having attendance information shared with their Health Visitor or School Nurse.

The BWC Safeguarding team now includes Adult Safeguarding Practitioners providing broader expertise to support families across the safeguarding agenda, including vulnerable adults.



We have reviewed the way we work with colleagues in the Multi Agency Safeguarding Hub to improve our service offer, providing information quickly to help partners make the right decision about the support a child might need

The Safeguarding team has taken responsibility for Prevent and the Head of Safeguarding is the BWC Prevent Lead. This is aligned to other organisations and recognises Prevent as part of the wider safeguarding agenda.

### **Measuring our progress - What we have achieved**

We have reviewed our safeguarding governance during the last 12 months and made changes to make sure we have a safe process to monitor what we do, how we do it and what impact it has.

We have worked with our colleagues in Forward Thinking Birmingham (FTB) to address concerns about safeguarding training, referrals and documentation, offering bespoke and flexible training and supervision sessions. We are seeing the impact of this through increased numbers of trained staff

Over the last 12 months we have:

- Put a new safeguarding organisational structure in place;
- Improved communication between our Women's Hospital Neonatal Unit and our Children's Hospital Neonatal Surgical Unit, to ensure good information sharing about babies transferred between the two units;
- Improved the safeguarding supervision offer to Women's Hospital Neonatal Unit staff, with supervision offered routinely to all staff;
- Developed a domestic abuse pathway and offer domestic abuse training across the whole Trust.

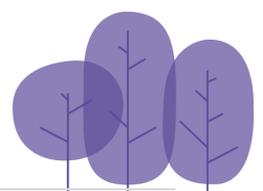
We monitor our performance against key indicators - as agreed with our commissioners - on a monthly basis. This regular review helps us to identify areas of good practice and areas of improvement.

We continue to work closely with our colleagues in the Patient Advice and Liaison and Complaints teams to support early intervention and resolution if parents or carers are concerned about safeguarding practice. We make ourselves visible and accessible to our own staff, patients and partners from other organisations to provide opportunity for feedback so we understand how to improve our service.

We have received 8 safeguarding complaints during the last 12 months and have recognised that we sometimes struggle to have the difficult conversations with families about safeguarding concerns, and we can get it wrong. We have addressed this in our training plan, to help staff feel more confident to have difficult conversations in the right way.

### ***Quality of Request for Support and Early Help referrals***

Our Request for Support referral outcome data suggests we are able to recognise when a child needs help as 59% of our referrals are accepted for support by Children's Social Care and 8% go on to have an Early Help assessment.



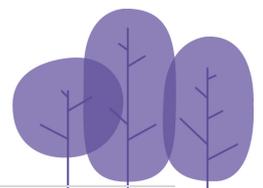
### **Looking Ahead - challenges and focus for the next year (2018/19)**

Developing Early Help practice remains a priority for 2018/19. We want to see an increase in Early Help assessments completed, with associated Early Help plans as needed. If we effectively identify children requiring additional support as per Right Help Right Time and initiate Early Help assessments, we should see a reduction in the number of Request for Support referrals with the outcome for an Early Help assessment.

We have recognised an emerging issue for some of our most vulnerable children who are brought to our Emergency Department, often by the police, as it is recognised as a place of safety. This issue has been highlighted to commissioners and the BSCB Chair with the intention of establishing the scale of the issue and how it can be addressed.

Over the summer of 2018, we plan to ask staff to complete a survey to understand how well our service is currently working, what issues there are and what we need to do to improve.

Safeguarding practice is difficult, and staff need the right support, so we are committed to working with colleagues to develop training that equips our staff to have the difficult conversations in the right way and improve outcomes for children by ensuring they get the right help at the right time.



## **Section 2 Introduction-Who we are and what we do**

Birmingham Women's and Children's NHS Foundation Trust brings 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.

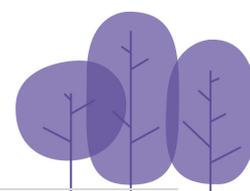
With more than 384,000 visits from patients each year, we are a busy Trust and pride ourselves on the commitment of our 6,000 strong team, which works tirelessly to provide the very best treatment and support to our women, children and families.

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.

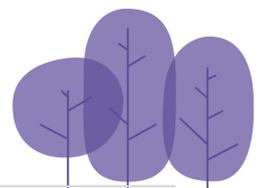
Home to the country's leading teaching centres, we're passionate about nurturing and developing the skills of our present and future workforce, along with investing in the very best training and education to foster life-long learning.

Safeguarding the children and families underpins all of our work, in collaboration with families and all other agencies across Birmingham that work with children. We understand our safeguarding responsibility and statutory duties, as defined by Section 11 of the Children Act 2004, and have effective systems and processes in place to meet those duties. We do that by;

- Having good relationships with our commissioners to understand what we are commissioned to do to ensure safe and effective safeguarding practice
- Our Chief Nurse is our Executive Lead for Safeguarding and represents Birmingham Women's and Children's Hospital on Birmingham Safeguarding Children's Board. The Chief Nurse chairs the BWC Safeguarding committee and ensures everyone at BWC understands their safeguarding responsibility.
- We actively listens to children and young people to understand their experience of safeguarding, using patient stories, patient liaison staff and engagement events. This feeds back into practice through training, staff supervision and quality improvement
- We have formed good relationships with safeguarding colleagues in other organisations, including health, social care and third sector services, to ensure a good foundation for effective information sharing and communication.
- We have a Designated Doctor, Named Doctor and Named Nurse and Named Midwife in our organisation who provide expert advice about safeguarding practice



- We have refreshed our training package in 2018 to bring it up to date and make it as relevant and accessible as possible. We do not want our staff to attend safeguarding training to 'tick a box'. We have developed a training plan that delivers what staff need to know and what they have told us they want to know, working with other organisations such as Women's Aid to bring expertise into BWC
- We provide safeguarding supervision to all our staff, some on a 3 monthly basis and others when they need it after a difficult case or where they need some extra support. We have set up weekly safeguarding drop in sessions on our main corridor which will hopefully make us more accessible when we are needed most
- We have updated our safeguarding induction offer to all of our new starters, having a whole afternoon to talk to staff about child and adult safeguarding responsibilities, including Prevent
- Since merging BCH and BWH, alongside the formation on FTB, we need to review and align all of our policies. This is a significant piece of work and we plan to complete it during Summer 2018.
- We sometimes have allegations made about our staff and need to share this with our Local Authority Designated Lead (LADO) as all of our staff are in a Position of Trust. The Head of Safeguarding takes the lead for these allegations, working well with the LADO team in Birmingham.



### **Section 3 Our Safeguarding Priorities- What we have focused on this year**

#### ***An Integrated Safeguarding Team***

BWC recruited a Head of Safeguarding in 2017, to set the safeguarding priorities for BWC, to be delivered by a newly integrated safeguarding team formed from the existing BCH, BWH and FTB teams.

During the past 6 months we have brought together the BCH, BW and FTB Adult and Children's Safeguarding practitioners into one integrated safeguarding team. This has provided an opportunity for shared learning, access to a wider pool of knowledge, skill and expertise and increased flexibility in terms of workforce capacity.

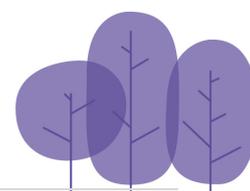
The two Safeguarding Team Leaders, one based at BCH and the other at BW, have recently taken the Named Nurse role as per Working Together (2015), and provide expertise and leadership to their teams.

The integration of the two teams has been a significant change for team members and some have found it challenging, so it is a work in progress to get to a place where all staff recognise the value of working together as an integrated team. There will need to be more work with the team to support them in this process of change and this will be a priority for 2018.

A review of the safeguarding team members professional development has highlighted the need for the majority to have opportunity for further learning and a plan has been developed to facilitate this. Safeguarding Practitioners in the team have identified areas of specialist practice development, including supervision, teaching, ethics and the law, and have developed a plan for 2018/19 to ensure the team has the expertise required to deliver an expert and excellent service across the organisation. We are also developing knowledge and skills in specific practice areas such as child exploitation, gangs and substance misuse. The communities that our children and young people live in are constantly changing, as are the risks children face, so we need to be up to date and have evidence based practice that is relevant for our local community and referenced against local, regional and national priorities.

The Head of Safeguarding is liaising with colleagues from Birmingham Community Healthcare Trust (BCHC) to consider the possibility of 'swapped secondments', providing safeguarding staff from each organisation to spend a period of time in another organisation to support their learning and understanding of children and families from a broader context. This will be particularly beneficial to some BCH staff who have spent a number of years working within the hospital, to increase their understanding of the wider determinants that impact on children's outcomes and also professional decision making.

We continue to work with Julie Taylor, our Professor of Child Protection and over the last year we have supported a retrospective case note review of all paediatric non-accidental injuries over a 5 year period from 2012. The review was completed in April 2018 and the team intend to support further development of this research.



## Early Help

We have made a significant change since January 2018 by incorporating the BWC Early Help Lead into the Safeguarding team. This reflects the citywide agenda, as a priority for BSCB, for all agencies to recognise when early help is needed, complete early help assessments and provide support as part of a coordinated early help plan.

BCH has led the way in embedding this into an acute hospital setting. By incorporating the Early Help Lead into the Safeguarding team we are clear in our recognition of safeguarding practice across the Right Help Right Time continuum, supporting early intervention when risk or harm is identified.

<b>Universal</b>	<b>Universal Plus</b>	<b>Additional</b>	<b>Complex and Significant</b>
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<b>Number of Early Help assessments completed by Birmingham women's and Children's Hospital between April 2017 and March 2018</b>	55
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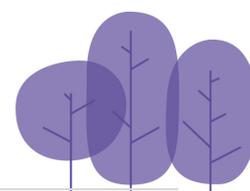
We now want to develop the role further by improving Early Help pathways from BWC to external organisations, working collaboratively to stop children getting lost between services.

### **Information Sharing from ED**

The Paediatric Liaison Service was decommissioned in March 2017 with direction from the Director of Public Health that the service was no longer needed.

We disagreed, and continue to do so on the basis that information sharing with community health colleagues about Emergency Department (ED) attendance associated with safeguarding concern will keep children safe and improve their outcomes. It will also support early intervention and prevention that will potentially reduce the impact on BWC in the longer term.

In recognition of the above we have developed an internal process to effectively identify the children and young people who attend ED that would benefit from having their attendance information shared with their Health Visitor or School Nurse. We have done this in collaboration with other acute Trusts in the city and BCHC colleagues. We are nearly there, having established the process, agreed the documentation and triage criteria and have the support of ED colleagues. We are now working on our IT systems to make the process as efficient as possible and hope to have it established by summer 2018.



## ***Adult Safeguarding***

From 1/4/18 the BWC Safeguarding team have taken responsibility for Adult Safeguarding within FTB, following the end of the contract with WHCT. This provides an opportunity to improve the previous adult safeguarding provision by integrating it with the wider team, specifically the FTB children's safeguarding practitioners currently in the BWC Safeguarding team.



During 2018 BWC Safeguarding team will be up skilled in relation to adult safeguarding, with the intention of working towards all the safeguarding practitioners feeling confident across the safeguarding spectrum, for children, young people and adults, against the Right Help Right Time continuum of need from Early Help to complex needs and high risk.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training has been incorporated into Level 2 Adult Safeguarding training, delivered to all relevant staff as per the training needs analysis. The two Adult Safeguarding practitioners now provide expertise in relation to MCA and DOLS across the Trust.

## ***Birmingham Multi Agency Safeguarding Hub (MASH)***

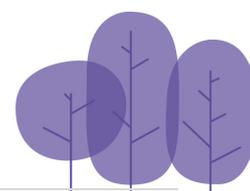
We are working with colleagues from Birmingham community Healthcare NHS Trust and the CCG Designated Nurse team to review the new Multi-Agency Safeguarding Hub (MASH) health model and ensure the BWC offer that supports the model is fit for purpose and adds value.

We currently provide a safeguarding nurse on a daily basis, to be the health representative supporting strategy meetings in MASH. In the 4 years since the development of MASH there have been changes in the ways it functions, significantly the development of Children's Advice and Support Service (CASS). We have reviewed the way we support MASH, alongside colleagues from across the health sector, and propose a significantly different way of providing health information to inform decision making about risk, as well as providing expert opinion to strategy meetings when we are actively engaged with children and young people being discussed.

The new model should be in place by summer 2018.

## ***Prevent***

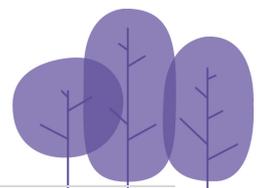
The Safeguarding team has taken responsibility for Prevent from December 2017, the Head of Safeguarding being the BWC Prevent Lead. This is aligned to other organisations and recognises Prevent as part of the wider safeguarding training. The BWC safeguarding team now deliver Prevent training on Induction, updates being available via the national e learning module.



We have established relationships with local and regional Prevent leads, accessed training and attended local and regional forums to ensure we fully understand the Prevent agenda from a Birmingham perspective as well as the national priorities.

We are now represented on the Birmingham Channel meetings, providing information to partners as required to support safe decision making. We have established relationships with Prevent in Place colleagues to ensure we work collaboratively when there are Prevent concerns about mental health patients

Prevent, like all safeguarding, is an area that is constantly changing in terms of risk so we are committed to providing the right information to our staff and equipping them with the skills and knowledge to escalate concerns when they are identified.



## **Section 4 Measuring our progress -What we have achieved**

### ***Governance***

We have reviewed our safeguarding governance during the last 12 months and made changes to ensure we have a safe process to monitor what we do, how we do it and what impact it has.

The BWC Safeguarding committee is chaired by the Chief Nurse who holds us to account for safeguarding practice across the organisation. Information is then shared across the Trust through operational meeting and link worker forums, to ensure safeguarding information gets to staff on the ground, and as importantly the staff have a means of getting information about the day to day reality of safeguarding to the Head of Safeguarding and Chief Nurse.

We have increased our visibility as a team, seeking every opportunity to support colleagues understanding of what we do and how we can most effectively support them in their safeguarding responsibility. A senior member of staff recently reported nurse managers were feeling well informed and well supported in safeguarding practice. This is how we want all our staff to feel .

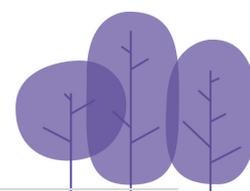
### ***Care Quality Commission (CQC) Review of Forward Thinking Birmingham***

The CQC visited Forward Thinking Birmingham (FTB) in July 2017 and identified a number of concerns about safeguarding practice. We have worked with our colleagues in FTB to address concerns about safeguarding training, referrals and documentation, offering bespoke and flexible training and supervision sessions, and we are now seeing the impact through increased numbers of staff trained.

### ***Our April 2017 Section 11 findings***

Our Section 11 Peer challenge identified a number of areas for development, all of which we have worked on over the last 12 months.

- We recognised the need for a new safeguarding organisational structure to reflect our newly integrated Trust and this has been put in place
- We identified the need for improved communication between our Neonatal Unit at BW and our Neonatal Surgical Unit at BCH, to ensure good information sharing about babies transferred across the units. This continues to be an area of challenge, linked to different systems for information recording and different documentation. A planned review of the process will take place during June 2018 to ensure this issue is addressed and new processes developed to improve communication pathways
- We needed to improve the safeguarding supervision offer to Birmingham Women's Hospital Neonatal Unit staff and this has been done, with supervision offered routinely to all staff on the unit.
- Our peer reviewers recognised the need for us to develop a domestic abuse pathway and offer domestic abuse training across the Trust. A new pathway is now in place, a new online training package is available for all staff and we are working with Women's aid to deliver bite size training sessions for staff which have been well attended and evaluated



## **Performance Data**

We monitor our performance against key indicators, as agreed with our commissioners, on a monthly basis. This regular review helps us to quickly identify areas of practice that are going well and those that need some support.

The integration of BCH, BWC and FTB staff previously employed by Worcestershire Health and Care Trust has created a challenge in terms of accurate reporting and data, but we have worked hard with Education Team colleagues to recognise the problem and improve our systems to put it right. We are now more confident about our safeguarding training figures, referrals and other key data that evidences impact.

## **Serious Case Reviews, Learning Lesson Reviews and Domestic Homicide Reviews**

We provide reports on a regular basis for Serious Case Reviews (SCR's), Learning Lessons Reviews (LLR's) and Domestic Homicide Reviews (DHR's), to support the process of identifying how we improve our safeguarding system. In addition to full reports completed we also provide scoping reports and chronologies as requested, for Birmingham and other areas, to support decision making about the need for a SCR.

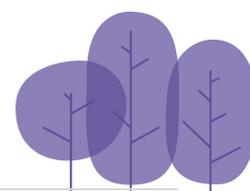
	SCR reports completed 1/4/17-31/3/18	LLR reports completed 1/4/17-31/3/18	DHR reports completed 1/4/17-31/3/18	SAR reports completed 1/4/17-31/3/18
Birmingham Women's Hospital	0	0	2	1
Birmingham Children's Hospital	2	0	1	0

Most of these reports have included an action plan for BWC, learning from the case regarding what we need to change and improve in our practice. There have been some system wide recommendations, including how we manage information sharing with GP's, and some individual practice issues that have been addressed through training and specific support packages. A recent domestic homicide review identified practice issues in relation to how we manage cases of domestic abuse but in this case the recommended actions had already been implemented as a result of the 2017 Section 11 peer review. This is evidence of how system wide quality improvement processes can work together.

Recommendations from all reviews are embedded into training, and action plans are reviewed at the BWC Safeguarding Committee as part of the overarching safeguarding work plan.

## **Learning from Complaints and Compliments**

We work closely with our colleagues in Patient Liaison and Complaints to support early intervention and resolution if parents or carers are concerned about our safeguarding practice.



Safeguarding conversations with families can be difficult and we have recognised a theme from the 8 safeguarding complaints received over the past 12 months that we don't always get these conversations right. So we have incorporated the challenge of difficult conversations into training to help staff understand and feel confident about not only what they have to do but how they talk to families about the actions needed.

We have embedded BSCB Signs of Safety and Well-being Practice Framework across Birmingham Women's and Children's Hospital, as a tool to support our staff to have effective conversations with families about what is going well, what they are worried about and what needs to happen to improve the situation.

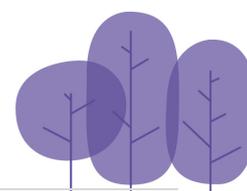
What are we Worried About?	What is Going Well?	What needs to Happen?
<p><b>What</b> has happened , <b>what</b> have you seen ,that makes you worried about this child/ young person ?</p> <p><b>When</b> you think about <b>what</b> has already happened to .....<b>what</b> do you think is the worst thing that could happen to .....because of this problem ?</p> <p><b>Are there</b> things happening in .....s life or family that make this problem harder to deal with ?</p>	<p><b>What</b> do you like about .....<b>what</b> are his/her best attributes ?</p> <p><b>Who</b> are the people that care most about .....?<b>What</b> are the best things about how they care for .....?</p> <p><b>Who</b> would .....say are the most important people in his/her life ?</p> <p><b>How</b> do they help .....grow up well ?</p> <p><b>Has there</b> been times when this problem has been dealt with or was even a little better? <b>How</b> did that happen?</p>	<p>Having thought more about this problem now , <b>what</b> would you need to see that would make you satisfied that the situation is at a 10 ?</p> <p><b>What</b> would .....need to see that would make them say this problem is completely sorted out ?</p> <p><b>What</b> do you think is the next step that should happen to get this worry sorted out ?</p>

We actively seek feedback from our colleagues within BWC and other organisations to understand how we can improve our service. We understand we are part of a wider system across Birmingham that works to keep children and young people safe, and prioritise good relationships with partners that support good interagency practice.

### **Quality of Request for Support and Early Help referrals**

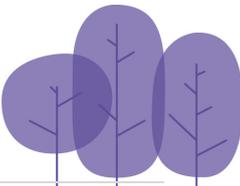
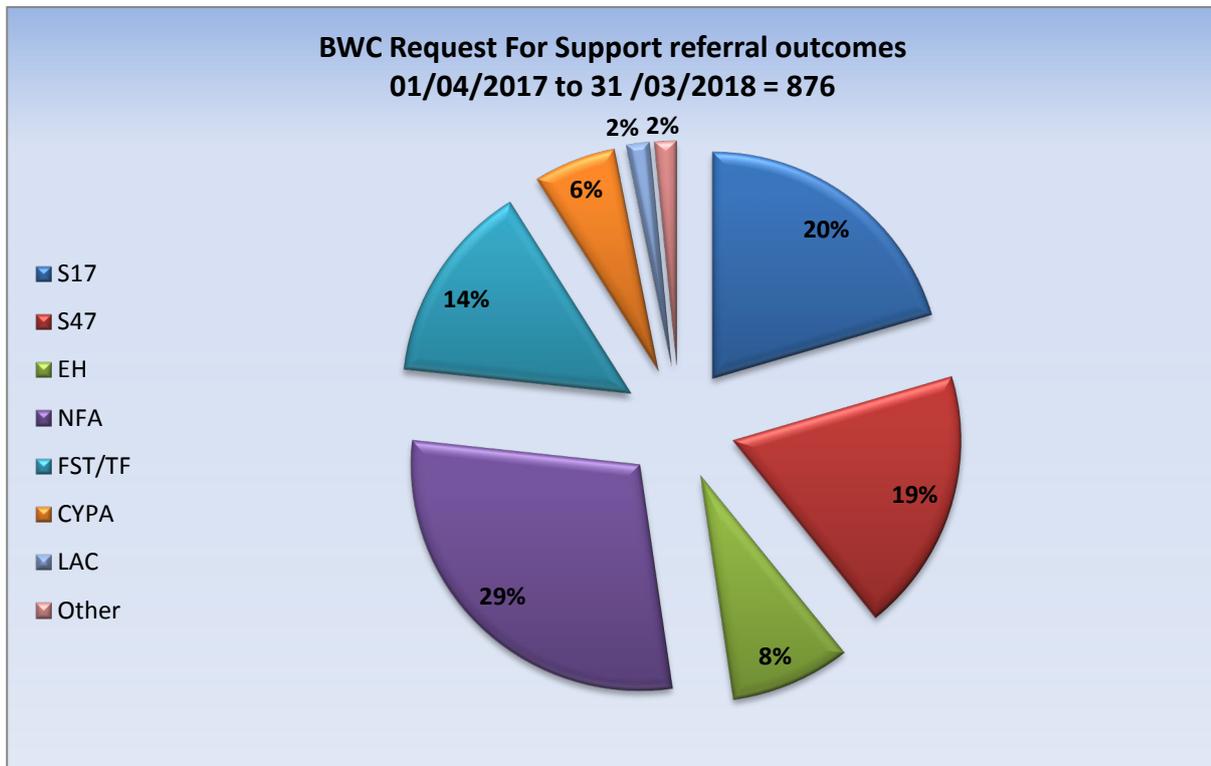
We routinely audit our Request for Support referrals to Birmingham's Children's Advice and Support Service on a monthly basis, using any emerging themes to inform training and supervision sessions. We use the audit results to understand what help staff need to ensure they are making the right referral for a child, asking for the right help, in a meaningful and child centred way.

We ensure staff know how to identify a safeguarding concern, how to discuss the concern with a family or carer and what to do to ensure the child's needs are met. We work with the BSCB Right Help Right Time guidance to support staff in knowing the level of need and what support is required.



Universal	Universal Plus	Additional	Complex and Significant
We support all children and young people who we see at BWC, responding to their health need but also recognising the child within their family, community and wider social context	When children are assessed as having an additional need that can be addressed by ourselves or health colleagues from other organisations, we share information to ensure the need is met. We have developed our information sharing process within ED to ensure relevant information is shared with community health colleagues	When families have needs that require a multi-disciplinary approach we use the Signs of Safety framework to talk to families about what is going well, what they are worried about and what help they need, completing Early Help assessments if required	We refer children to Social Care when we recognise they are at significant risk of harm or have experienced significant harm.

Our Request for Support referral outcome data suggests we are able to recognise when a child needs help as 59% of our referrals are accepted for support by Children’s Social Care and 8% go on to have an Early Help assessment.



## **Section 5 Looking Ahead- challenges and focus for the next year (2018/19)**

We have made a lot of changes during the past year which we believe put the BWC safeguarding team in a good position to effectively support BWC staff in their safeguarding role.

This period of significant change has been challenging and we now need to focus on embedding new practice against our agreed strategic priorities.

### ***Early Help***

Developing Early Help practice was a priority for 17/18 but we have more to do so it will remain a priority for 18/19.

Early Help has been a development area for Birmingham Safeguarding Children's Board, the definition, expectation and scope of practice for partners being interdependent on the local authority model and strategic direction defined by BSCB. We have worked with BSCB and Social Care colleagues to develop a working model that is aligned and makes sense operationally.

Our priority for 18/19 is to see an increase in the number of Early Help assessments completed, with associated Early Help Plans as needed, coordinated by ourselves or partners as appropriate. This will be dependent on having clear pathways for children identified as requiring a plan during their stay at BWC but discharged before the plan can be agreed and delivered.

If we effectively identify children requiring additional support as per Right Help Right Time and initiate Early Help assessments, we should see a reduction in the number of Request for Support referrals with the recommendation for an EH assessment. This will be a marker of improved outcomes for children and will be monitored over the next 12 months.

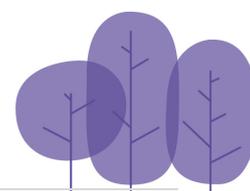
### ***Ensuring children with challenging behaviour get the right help***

We have recognised an emerging issue for some of our most vulnerable children. It is evident that some children with challenging behaviour are brought to our Emergency Department, often by the Police, as it is recognised as a place of safety and the children are often perceived as needing a health assessment. For many of these children, once they have arrived at ED, they become stuck in a system that struggles to identify whether their need is related to their mental health, their social situation or a physical concern. In addition, if their need is recognised to be primarily related to their social situation, Social Work colleagues often struggle to identify appropriate placements resulting in long stays in the Emergency Department or inappropriate admissions.

This issue has been highlighted to commissioners and the BSCB Chair with the intention of establishing the scale of the issue and how it can be addressed. This will be a priority area for 18/19.

### ***Courageous Conversations***

We have recognised through feedback from staff, partner agencies and families that we don't always have the right conversation in the right way about safeguarding issues.



Safeguarding practice is difficult, and staff need the right support, so we are committed to working with colleagues to develop training that equips our staff to have the difficult conversations in the right way.

### ***Understanding how effective we are***

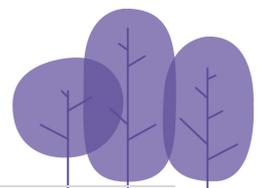
We need to be confident that our safeguarding service is providing the right help to our colleagues. It is not the safeguarding team who 'do safeguarding', it is everyone who works in Birmingham Women's and Children's Hospital Trust. It's always said, because it is true, that safeguarding is everyone's business.

Working on the basis that the BWC staff are the safeguarding team's service users, we plan to ask them to tell us how we are doing, so we can understand how well our service is currently working, what issues we have and what we need to do to improve.

We want to be a visible team, who are approachable, with recognised expertise, delivering support in an appropriate way. This is challenging across a large multi-site organisation so we need to know what is working well and what can be done better.

We will complete our survey during 2018 and use the findings to provide the basis for our service development over the next 12 months.

**The BWC Safeguarding team will continue to work with colleagues over the next 12 months to reduce the number of children and young people who are at risk of experiencing significant harm and those that have experienced harm, by recognising who they are, intervening early and ensuring they get the support they need.**



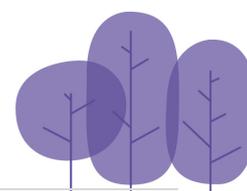
## Appendix 1

### Supplementary Safeguarding Information for the Annual Report

Please also provide the below data for the period 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018, in relation to Safeguarding Training, Quality Assurance and Engagement and consultation with Children and Young People

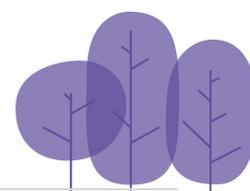
#### **Single Agency Training Delivered 2017/18:**

Children's Safeguarding Training we have delivered by Title/Topic	Size of your workforce that requires children's safeguarding training	Proportion of workforce trained in each topic	Course evaluation available? (Yes/No)
Child Protection Level 1	3264	94%	Yes
Child Protection Level 2	1477	81%	Yes
Child Protection Level 3	2446	86%	Yes
Adult Safeguarding Level 1	1513	73%	Yes
Adult Safeguarding Level 2	955	63%	Yes
Domestic abuse and young people – young people in abusive relationships	This training is available to all BWC staff as an opt in. We have delivered one session which was fully subscribed so plan to deliver more during 18/19	98 attendee's	Yes
Understanding Substance Misuse in young people	This training is available to all BWC staff as an opt in. We have delivered one session and plan to deliver more during 18/19	39 attendee's	Yes



## Safeguarding Quality Assurance and Audit Activity 2017/18:

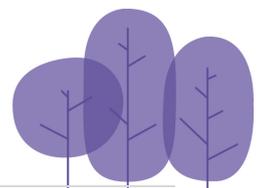
Safeguarding Audit Theme or Quality Assurance Activity we have undertaken by Topic/Title	Summary of Methodology i.e. Employee Survey, dip sample, case file audit, Customer Survey etc.	Outcome (Summary of key findings / learning)	Have the findings been acted upon? (Yes or No)
<a href="#">Non accidental injury (NAI)</a> Audit in collaboration with University of Birmingham	Case file audit	Audit completed April 2018 , findings not yet available	N/A
Safeguarding Supervision Audit	Staff survey	The audit has been valuable in validating the benefits of supervision, evidencing areas of good practice, service gaps, required areas of improvement and lessons learned.	Yes
Request for Support referrals quality audit	Audit of referral forms	Consent was gained, demographic information is accurate and complete and copies sent to BWC safeguarding team as per process.  Staff need support to use Right Help Right Time framework for their assessment of need. Support is needed to articulate degree of harm and risk and what needs to change.	Yes
Record Keeping Audit	Case notes review monthly		Yes
Maternity liaison/Cause for Concern Audit	Quarterly audit to quality assure communication between Midwifery & Health Visiting services	The Audit demonstrates an overall decrease in evidence of effective communication.	Yes
Domestic Abuse Audit	Yearly Audit against Maternity Domestic Abuse Guideline Standards.  Retrospective Case note	The audit demonstrates an increase in Routine Enquiry being asked & Maternity Liaison cause for concerns completed.	Yes



	review	Domestic Abuse Integrated Care Pathway required updating	
Mental Capacity Assessments	Staff survey	Overall improvement in staff knowledge recognition & response.  Staff to continue to develop competence/confidence in their role/ability to document capacity assessments.	Yes
Learning Disabilities/Difficulties	Staff survey	Overall knowledge of identifying a Learning Disability and/or Difficulty.  Staff to utilise Lorenzo flagging system to enable extra time for supporting patients with additional needs including reasonable adjustments.	Yes

### Consultation and Engagement with Children and Young People 2017/18:

Safeguarding Consultation or engagement events we have undertaken by Tile/ topic	Summary of Methodology i.e. Focus Group, Survey, face to face	Outcome( Summary of key findings/learning)	Have the findings been acted upon? (Yes or No)
<p>We have not held any specific safeguarding engagement events with children or young people but work with individuals to understand personal experiences in our service from a safeguarding perspective. We document some of these patient stories and submit them routinely to commissioners and our Safeguarding Committee.</p>			



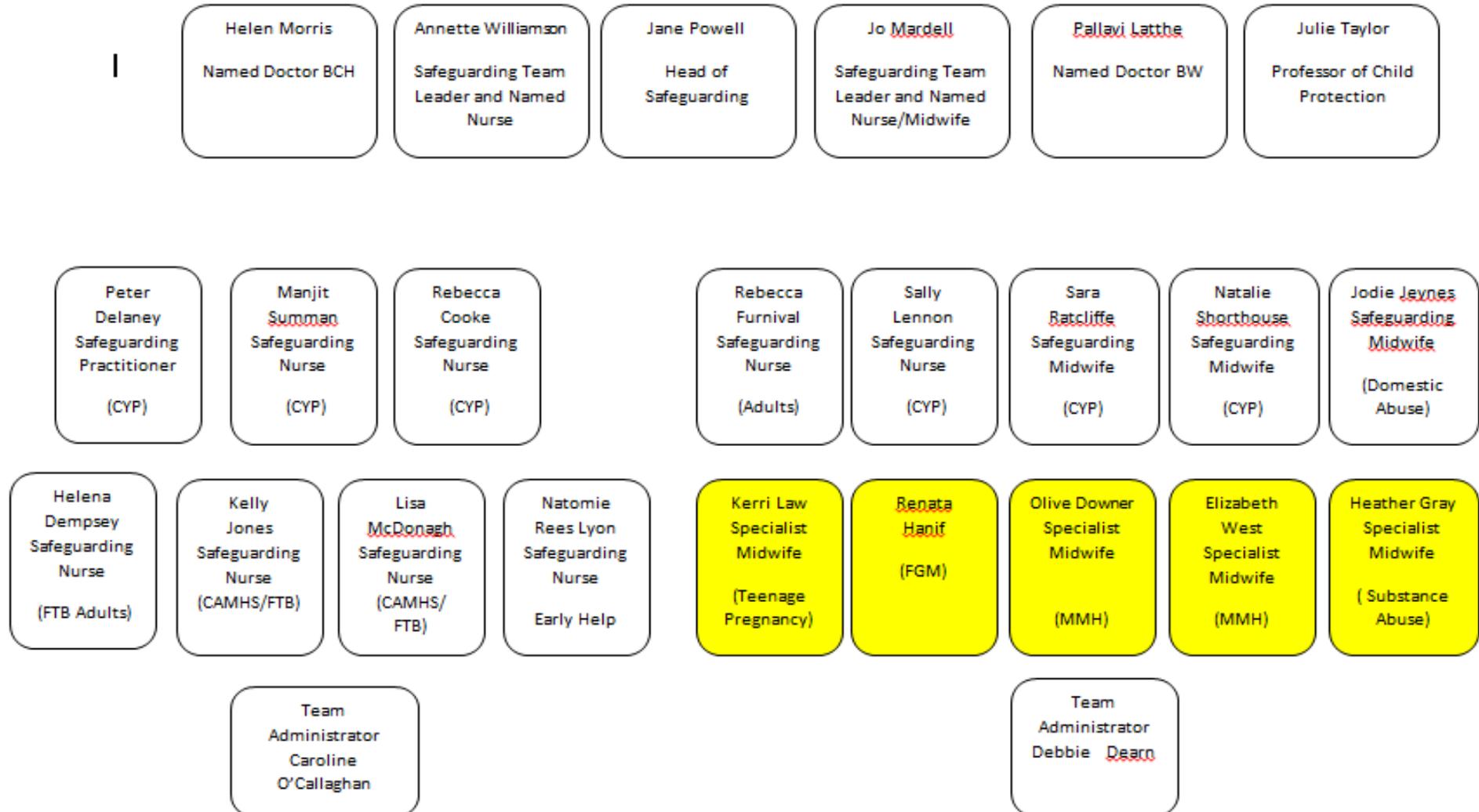


# Birmingham Women's and Children's

NHS Foundation Trust

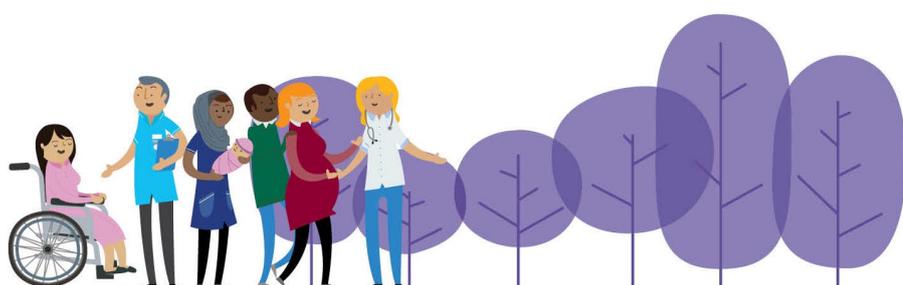
## Appendix 2: Birmingham Women's and Children's Hospital Safeguarding Team Structure

Please note, staff in yellow boxes are Maternity Service staff aligned to the Safeguarding team





**Birmingham Women's  
and Children's**  
NHS Foundation Trust



**Chairman** Professor Sir Bruce Keogh **Chief Executive Officer** Sarah-Jane Marsh

**By your side**