



**Birmingham & Solihull Mental Health**  
**NHS Foundation Trust**

**Safeguarding Adults and Children Annual Report**

**April 2023 – March 2024**



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July 2024

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## **1.0 Background/Introduction**

- 1.1 All safeguarding work which is carried out across Birmingham and Solihull Mental Health NHS Foundation Trust (referred to in this report as the Trust) is underpinned by our Trust Values.



- 1.2 This year's annual report provides an overview of safeguarding activity for the period. It summarises the safeguarding work undertaken across the Trust and demonstrates to the Trust Board and external agencies how BSMHFT discharges its statutory duties and responsibilities in relation to Section 11 of the Children Act 2004 and Care Act 2014.
- 1.3 Staff are supported to work in partnership and to respond proportionately and appropriately to safeguarding concerns for children, young people, and adults at risk of harm, who access services across the Trust, in accordance with their statutory duties.
- 1.4 The Trust provides a wide range of mental health services for both children and adults across Birmingham and Solihull which includes rehabilitation, home treatment, community mental health services, assertive outreach, early intervention, inpatient services, day services and mental health wellbeing services.
- 1.5 The Trust works closely with our safeguarding partners serving two Local Authorities, Birmingham and Solihull.
- 1.6 The Trust Safeguarding team works closely with the Designated Safeguarding team at Birmingham and Solihull Integrated Care Board (BSOL ICB) and with the other Heads of Safeguarding across the Integrated care System (ICS). This includes fortnightly attendance at BSOL Safeguarding Collaboration meeting and attendance and contributions to the Health Safeguarding Board for BSOL ICB. This strengthens the health approach to Safeguarding across the ICS, supporting consistency, peer supervision and good practice.

## **2.0 Governance and Accountability Arrangements**

- 2.1 The Chief Nursing Officer/Executive Director of Quality and Safety is the Executive Director for Safeguarding and provides leadership and oversight of safeguarding arrangements across the Trust.

- 2.2 The Deputy Director of Nursing and Quality and the Head of Safeguarding have the strategic responsibility for the safeguarding children and adult functions, supported by the Heads of Nursing and AHPs.
- 2.3 Named Nurses for safeguarding provide the statutory safeguarding functions in line with the Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHSEI, 2019).
- 2.4 The Safeguarding Strategic Plan is routinely presented at the quarterly Safeguarding Management Board (SMB) and to the Integrated Care Board (ICB).

### **3.0 Quality Assurance**

- 3.1 Safeguarding is firmly embedded within the core duties and statutory responsibilities of all organisations across the health system. All NHS funded organisations, including provider collaboratives, are required under statute and regulation to have effective arrangements in place to safeguard children and adults at risk of abuse or neglect. (*Safeguarding children, young people, and adults at risk in the NHS: Safeguarding Accountability and Assurance Framework NHSEI, 2022.*)
- 3.2 Providers must demonstrate safeguarding is embedded at every level in their organisation with effective governance processes evident. Providers must assure themselves, the regulators, and their commissioners that the safeguarding arrangements are robust and are working. (*Safeguarding children, young people and adults at risk in the NHS: Safeguarding Accountability and Assurance Framework NHSEI, 2022.*)
- 3.3 These arrangements include:
- Identification of a named nurse and named doctor for safeguarding children and young people.
  - Identification of a named lead for adult safeguarding and a Mental Capacity Act (MCA) Lead.
  - Provision of an executive lead for safeguarding children, adults at risk and prevent.
  - An annual report for safeguarding children, adults and children in care to be submitted to Trust Board.
  - A suite of safeguarding policies and procedures that support the local multi-agency safeguarding procedures.
  - Safe recruitment practices and arrangements for dealing with allegations against people who work with children or adults.

- Effective training of all staff commensurate with their role and in accordance with the following procedures (These procedures are due to be renewed):
    - Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019.
    - Looked After Children: Roles and Competencies of Healthcare Staff 2020
    - Adult Safeguarding: Roles and Competencies for Health Care Staff 2018.
  - Effective safeguarding supervision arrangements for staff working with children, families, or adults at risk of abuse or neglect.
  - Effective safeguarding supervision for the Trust's safeguarding team.
  - Effective arrangements for engaging and working in partnership with other agencies.
  - Developing and promoting a learning culture where all staff are aware of their personal responsibilities for safeguarding and information sharing.
- 3.4 The Head of Safeguarding provides evidence against these requirements through submission of the Section 11 and Care Act 2014 compliance audit to the children safeguarding partnerships and adult safeguarding boards for both Birmingham and Solihull.
- 3.5 Safeguarding activity is monitored and assurance provided to the Safeguarding Management Board (SMB) with oversight by the Chief Nurse/Executive for Safeguarding.
- 3.6 Safeguarding activity is monitored and reviewed by BSOL ICB via the submission of data and quarterly updates on the safeguarding strategic plan.

#### **4.0 Assurance Framework**

- 4.1 The Trust has an internal assurance process. This includes a quarterly Safeguarding Management Board (SMB) which reports to the Quality, Patient Experience and Safety (QPES) committee. The SMB has a performance and quality assurance role and monitors the annual work plan and safeguarding risk register. The frequency and function of SMB has recently been reviewed and proposals made to move meeting frequency to bi-monthly in future.
- 4.2 The function of the trust SMB has been reviewed by the new Head of Safeguarding and recommendations made for improvement which will include reporting cycles. The Head of Nursing and AHP for each directorate attends SMB to ensure that safeguarding priorities are embedded at an operational level and this feeds back to their local clinical governance committee.

- 4.3 There is now attendance from the Safeguarding Named Nurses from the safeguarding team at all the local Clinical Governance Committees (CGCs). This is to improve recognition, reporting and governance processes for safeguarding across the Trust.

## **5.0 Partnership Working and System Learning**

- 5.1 The Trust is committed to working in collaboration with all partners to protect adults and children from harm. As part of these arrangements, the Trust is represented at Birmingham and Solihull Safeguarding Adult Boards and Safeguarding Children Partnerships to cover the two local authorities where the Trust provides services.
- 5.2 Trust representatives attend all relevant board and partnership meetings, sub-groups and committees and contribute to partnership and system wide strategic development regarding local priorities, accountability, and for assurance purposes. These priorities and deliverables are incorporated into the Trust's safeguarding business and progress and updates are reported to the SMB.
- 5.3 The Trust appointed a new Head of Safeguarding who started in post in June 2023 and reviewed the structure of the safeguarding team. As a result, the safeguarding team is now aligned into workstreams of adults at risk, children and young people, domestic abuse and quality and improvement.
- 5.4 This structure has improved consistency and accountability in relation to aligning our Trust priorities to those of the Boards and Partnerships. The appropriate members of the team, according to their workstreams attend all the relevant subgroups across the partnership.
- 5.5 The Trust has been actively involved in the planning and delivery of safeguarding conferences hosted by the Boards and Partnerships, working in partnership with our colleagues across the system to ensure collaboration and effective joint working whilst keeping a focus on mental health.
- 5.6 **Safeguarding Adult Board's (SAB) priorities and how BSMHFT have delivered these locally:**

### **Birmingham Safeguarding Adults Board (BSAB):**

- We have aligned the safeguarding priorities for the Trust with the Birmingham (BSAB) priorities. Making Safeguarding everyone's business is key to our Think Family approach.
- We have recently reviewed our level 3 training content to ensure themes such as professional curiosity, judgement and accountability are

embedded into the training to enhance the knowledge and skills of our staff.

- Making Safeguarding Personal (MSP) is a theme that we have reintroduced and reinforced into the refreshed Level 3 Adult Safeguarding Training – and is embedded within the teaching sessions we are developing.
- Learning through development and assurance is another area where we are seeking to improve quality, and this is embedded within the plans to do site visits and reviews in 2024/25.

#### Solihull Safeguarding Adult Board (SSAB)

- We have developed teaching sessions on financial abuse and self-neglect which have been delivered to a site as a pilot and we will continue to develop this approach of additional safeguarding training for teams face to face in the clinical area in 2024/25.
- The Named Nurse for Safeguarding Adults attends and actively participates in audit sessions with SSAB and contributes to the priority setting for SSAB.
- SSAB have developed a number of guidelines in relation to safeguarding
  - Safeguarding Practice with Autistic People
  - Mental Capacity and Executive FunctionMembers of the safeguarding team were actively involved with the production of these guidelines and we have received positive feedback on our contributions.
- Our continued ambition in 2024/25 is to make safeguarding everybody's business; through continuing to improve awareness of safeguarding across the Trust, ensuring a sound safeguarding culture which translates into frontline practice that benefits our service users, their families whilst also supporting our staff.

#### **5.7 Local Safeguarding Children Partnership priorities and how we have delivered these locally:**

- Neglect is a priority for both children's partnerships in Birmingham and Solihull.
- We have revised and refreshed our level 3 training to ensure a focus on childhood neglect, exploring the signs of neglect, barriers to identification and social / cultural factors with an additional focus on mental health and how this may impact upon parenting capacity. Multiagency resources (neglect toolkits and strategies) and 7- minute briefings are shared as part of the training.

## 5.8 **Domestic abuse and violence in families:**

- Consideration of the impact of Domestic Abuse (DA) on children is a theme that runs through all of our training. Children being seen as victims in their own right and the Domestic Abuse Bill is specifically highlighted during the DA Training and it is also reinforced through our Think Family approach.
- We have a dedicated safeguarding hub on line at BSMHFT for staff to access and there is a section specifically on DA and Children, with a video for staff to watch with information on the signs and indicators.
- The Domestic Abuse policy specifically references DA and Children who are victims in their own right following changes to the Domestic Abuse legislation.
- We have developed two 7-minute briefings on DA and Routine Enquiry and how to recognise DA in acutely unwell service users to support our staff with their knowledge and skills in recognition and reporting.

5.9 The Trust's safeguarding team is engaged and participates in all relevant sub-groups including serious case review subgroup, quality and audit, neglect, domestic abuse and children, children out of sight and invisible to services.

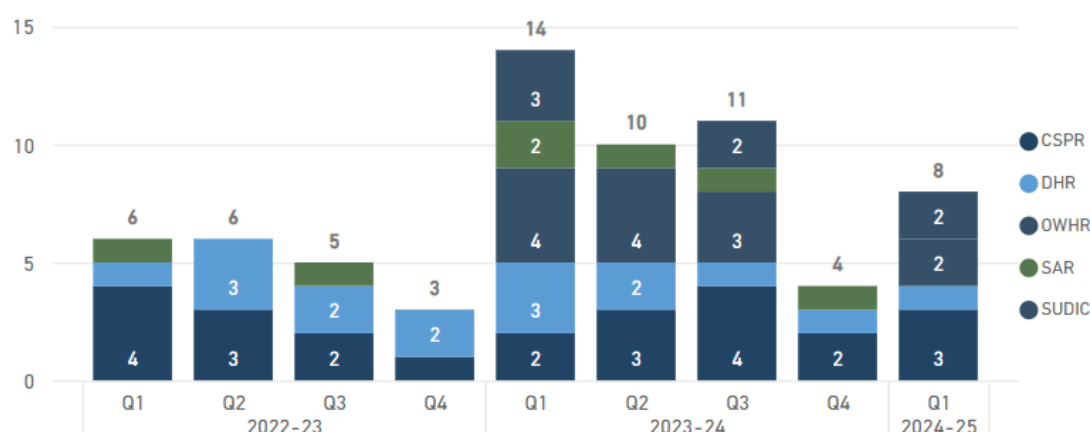
5.10 This informs our safeguarding practice across the trust and ensures we are present and engaged in the multiagency system wide approach to safeguarding, working with our partners in Police, Social Care and Education, ensuring our service users (and the Trust) are represented locally and BSMHFT is a contributing member to multiagency safeguarding work across our system.

5.11 Named Nurses and professionals contribute to multi-agency audits in the local safeguarding adult boards and safeguarding children's partnerships. Learning from these audits is presented at SMB and any relevant actions and subsequent learning is cascaded appropriately trust wide.

5.12 The Trust safeguarding team has supported safeguarding adult reviews; child safeguarding practice reviews; domestic homicide reviews; Offensive Weapons Homicide Reviews (OWHRs) as part of the pilot) and SUDICS.



Scoping Requests Received by External Review Type by Financial Quarter (2022-23 Q1 / 2024-25 Q1)



- 5.13 The Named Nurses attend the Joint Agency Response (JAR) meetings which are triggered following the sudden, unexpected death of an infant in childhood (SUDIC) when the Trust has information to share. Any relevant learning is acted upon locally with the relevant teams, and Trust wide when appropriate.
- 5.14 Birmingham was a pilot for Offensive Weapons Homicide Reviews (OWHR) and the safeguarding team worked closely with the Designated Safeguarding team at Birmingham and Solihull Integrated Care Board (BSOL ICB) to ensure appropriate information sharing. The purpose of these reviews is to ensure that when a homicide takes place, local partners identify the lessons to be learnt from the death, to consider whether any action should be taken as a result, and to share the outcome. The pilot is running from April 2023 to October 2024, but the last one received by BSMHFT as part of the pilot was January 2024 to allow time to complete the process. We are anticipating that once the pilot is over that OWHRs will become statute and Health will be expected to be part of this.

## 6.0 **Safeguarding Training Compliance**

- 6.1 The Trust has a training needs analysis (TNA) in place which is based on the Intercollegiate Document, Safeguarding Children and Young People: Roles and Competencies for Health Care Staff Fourth edition (2019) and Adult Safeguarding Roles and Competencies for Health Staff First edition: August (2018). The TNA outlines the levels of training staff require to be compliant and frequency of training.
- 6.2 The training plan incorporates safeguarding children, adults, domestic abuse and Prevent training. The aim of the training is to support effective safeguarding practice. There are a variety of training opportunities including in house face-to-face, webinar, e-learning and external training opportunities from the Safeguarding Adult Boards and Safeguarding Children Partnerships.

- 6.3 In 2022 it was identified when reviewing the Adult Safeguarding Intercollegiate Document 2018 and Children Safeguarding Intercollegiate document 2019 that there was a large number of staff who were not correctly aligned to the appropriate level of safeguarding training. Compliance was re-mapped to job role rather than Agenda for Change banding to meet this standard. An additional 1,147 individuals required Safeguarding Adults level 3 and an additional 1,108 individuals required Safeguarding Children Level 3. Training compliance initially dropped in Q4 2022/23 to Safeguarding Adults L3 65% and Safeguarding children L3 65%.
- 6.4 To meet the increased demand, additional in-house face to face and webinar training sessions were provided and an e-learning option was created to provide additional training opportunities. Staff were required to be fully compliant by December 2023.
- 6.5 Training figures for the last year are as below:

Safeguarding Training 2023/24 Compliance Target 85%	Q1	Q2	Q3	Q4
Safeguarding Children L1	94%	95%	94%	91%
Safeguarding Children L2	86%	92%	94%	94%
Safeguarding Children L3	81%	86%	87%	84%
Safeguarding Children L2 Priority Services	83%	91%	95%	97%
Safeguarding Children L3 Priority Services	83%	89%	90%	83%
Safeguarding Adults L1	95%	95%	95%	92%
Safeguarding Adults L2	87%	93%	95%	98%
Safeguarding Adults L3	77%	84%	87%	87%
Prevent	95%	95%	95%	94%

- 6.6 Compliancy for Safeguarding Children Level 3 reached target (85%) again in Q2 2023/24 and for Safeguarding Adults Level 3 compliancy reached target (85%) in Q3 2023/24. There was a slight dip in Q4 for Safeguarding Children Level 3 due to resource issues in the team.
- 6.7 Level 1 and Level 2 Safeguarding Adult and Children training is completed via an online package and remains compliant.
- 6.8 Level 3 Safeguarding Adult and Children training is delivered face-to-face, by webinar and via online learning. Compliance is monitored regularly by the Head of Safeguarding. Reports are provided at the quarterly Safeguarding

Management Board (SMB) and compliance improved over the year in line with the trajectory.

- 6.9 The Trust is compliant with WRAP (Workshop to Raise Awareness of Prevent) training.
- 6.10 The safeguarding adult boards and safeguarding children's partnerships also provide multi-agency training. Trust staff are encouraged to attend.
- 6.11 The feedback received from delegates who attended the BSMHFT safeguarding training is positive.



## **7.0 Safeguarding Supervision**

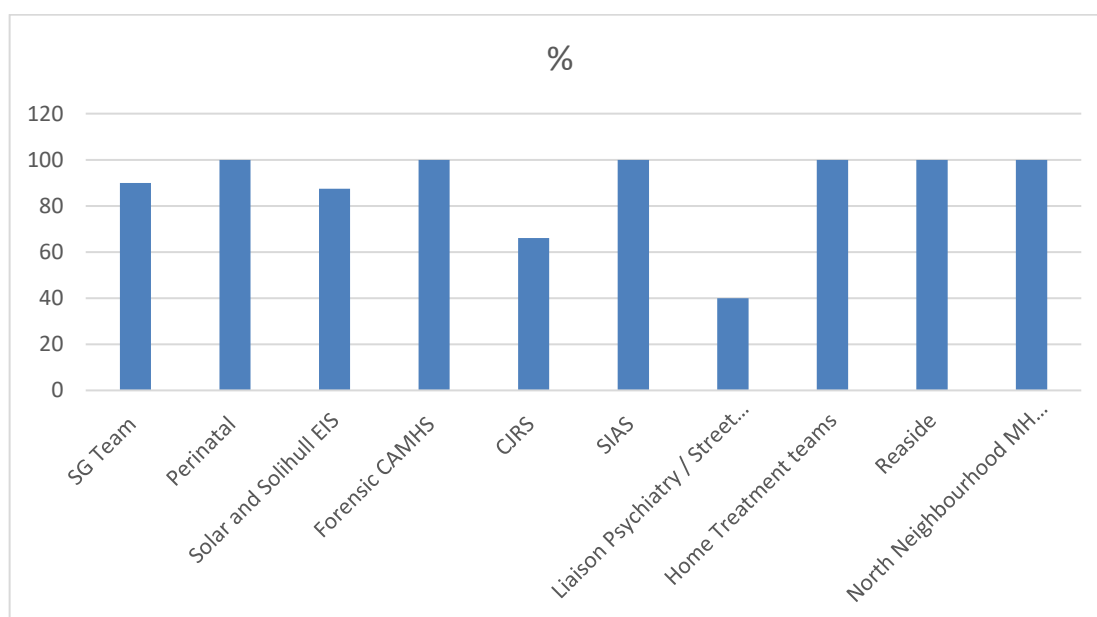
- 7.1 All staff who come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about safeguarding or child protection issues. This responsibility also applies to staff working primarily with adults. Staff in these settings need to be aware that any adult may pose a risk to children due to their health or behaviour. Staff working in services being delivered to 16 and 17-year-olds also need to have understanding and awareness as outlined. To fulfil these responsibilities, it is the duty of healthcare organisations to ensure that all health staff have access to appropriate safeguarding/ child protection training, learning opportunities, safeguarding/child protection supervision and

support to facilitate their understanding of the clinical aspects of child wellbeing and information sharing.

- 7.2 Whilst there is currently no statutory guidance around adult supervision, it is recognised as good practice to attend adult supervision sessions.
- 7.3 The Care Act (2014) requires organisations to ensure that skilled and knowledgeable supervision should be focused on the person and not the process. Legislation recognises that dealing with situations involving abuse and neglect can be stressful and distressing for staff. Safeguarding supervision processes should have demonstrable benefits to the work of the organisation, the quality of service and the morale of the workforce which in turn should keep a focus on the service users we care for at the Trust.
- 7.4 Safeguarding supervision is an accountable process and an opportunity for support, challenge, learning and reflective discussion around safeguarding cases. It provides protected time to think, explain and understand safeguarding concerns, help practitioners to cope with the emotional demands of the job and help workers identify unknown issues or offer a new view on complex issues.
- 7.5 We know that these cases can be challenging, stressful and emotionally difficult and therefore it is important that we provide our staff access to conversations where they can seek support and advice about how to manage often very complex cases. Having a safe space to talk is an important way to support staff and in turn the service users and patients we care for at the Trust.
- 7.6 The Trust is committed to embedding a culture of Safeguarding Supervision and in 2022 funded Safeguarding Supervision training with an external provider for 32 staff members within BSMHFT. Following the success of the course, a further two cohorts were funded and a further 26 professionals signed up for the training throughout summer 2023.
- 7.7 There was a subsequent review via a smart survey to all the practitioners who attended the training, as the initial plan had been they would go on to deliver safeguarding supervision in their own clinical areas. However, Safeguarding supervision needs to be underpinned by sound safeguarding knowledge and delivered by professionals who are both appropriately trained and confident in their application of knowledge. The majority of those who had received the training were not delivering the supervision in their areas, but it did enhance their understanding of safeguarding and reflective practice and they were able to utilise this in clinical supervision and regular management supervision which is positive.

- 7.8 The safeguarding team undertook a review of the offer for safeguarding supervision Trust wide and identified priority areas for supervision. These included our level 3 workforce who primarily work directly with children and young people under the age of 18yrs as well as some areas predominantly working with adults. We extended our offer of supervision throughout 2023/24 to include targeted forensic adult services and neighbourhood mental health teams, to promote our Think Family Approach and to support our adult facing staff with early help and safeguarding concerns.
- 7.9 The Trust had not previously been able to report its compliancy figures in relation to safeguarding supervision. A trajectory for improvement was discussed with BSOL ICB and it was agreed that BSMHFT should be at 85% compliancy by Q4 2023/24 with a view to this increasing in 2024/25.

**7.10 Graph illustrating Safeguarding Supervision Compliance across identified teams within BSMHFT for Q4 2023-2024:**

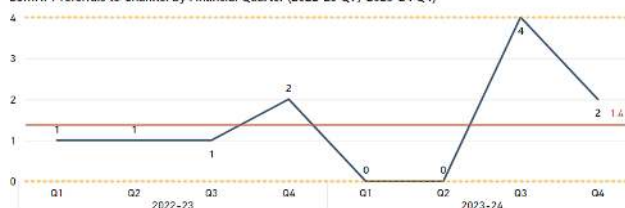


- 7.11 This illustrates that target compliance of 85% was achieved across all teams in Q4 with the exception of urgent care, Liaison Psychiatry, and the Criminal Justice Recovery Service (CJRS). The graph also demonstrates an increased offer of supervision to Adult Forensic services and to the North Neighbourhood Mental health Teams. This offer will be increased for both areas in Q1 2024-2025.
- 7.12 The safeguarding team will continue to work with teams to ensure a high-quality offer of safeguarding supervision is delivered to the key teams and services.

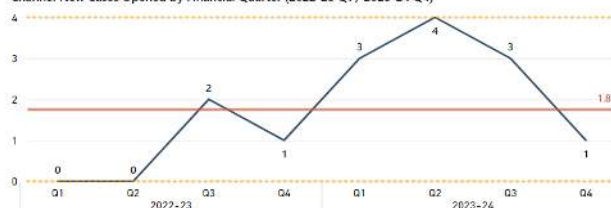
## **8.0 Prevent Duty**

- 8.1 The Counter Terrorism and Security Act (2015) places a legal duty on NHS Trusts to consider the Prevent strategy when delivering their services.
- 8.2 Trust Executive Lead – The Chief Nurse takes overall delegated accountability from the Chief Executive for ensuring the Trust has effective systems and processes in place to ensure the Trust meets its duties in relation to Prevent.
- 8.3 The Head of Safeguarding is the Prevent Lead for the Trust. They are responsible for the development and review of the Prevent policy for the Trust. They are also responsible for ensuring that appropriate training provision is made available to staff within the Trust.
- 8.4 Prevent requires healthcare organisations to work with partner organisations to help prevent terrorism, and to safeguard and protect vulnerable individuals who may be at greater risk of radicalisation. This makes safety a shared responsibility.
- 8.5 NHS Trusts are required to train staff to have knowledge of Prevent and radicalisation and how to spot the vulnerabilities that may lead to a person being radicalised. Prevent training is part of the wider safeguarding training requirement.
- 8.6 The purpose of Prevent is for staff to identify and report concerns where they believe children, young people or adults may be vulnerable to radicalism or exploiting others for the purpose of radicalisation.
- 8.7 The Trust Prevent facilitator submits a quarterly return to NHS England via NHS Digital and to the local BSOL ICB.
- 8.8 The Trust Prevent facilitator attends Channel and represents the Trust at Prevent Operational Groups for Birmingham and Solihull and associated Prevent Delivery Groups. The Head of Safeguarding attends any strategic Prevent Executive Boards or meetings as necessary.
- 8.9 A quarterly report on Prevent is submitted to the Trust Safeguarding Management Board and any concerns would be escalated appropriately through the governance route.
- 8.10 **Prevent and Channel data including comparative data from the previous reporting period.**

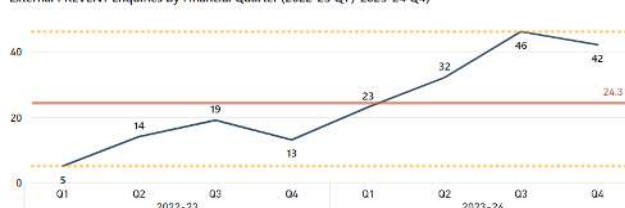
BSMHFT referrals to Channel by Financial Quarter (2022-23 Q1 / 2023-24 Q4)



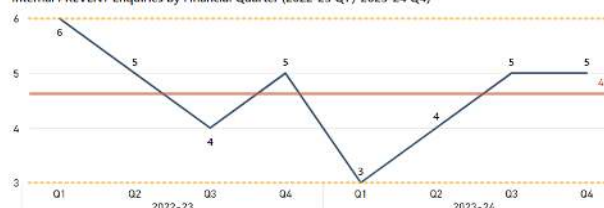
Channel New Cases Opened by Financial Quarter (2022-23 Q1 / 2023-24 Q4)



External PREVENT Enquiries by Financial Quarter (2022-23 Q1 / 2023-24 Q4)



Internal PREVENT Enquiries by Financial Quarter (2022-23 Q1 / 2023-24 Q4)



8.11 Overall, Prevent enquiries from West Midlands Police have increased during the last two quarters, there is no particular reason for this. Traditionally Prevent enquiry rates fluctuate.

8.12 The table below show the summary of concerns which have been raised over the last year.

Concerns related to Prevent:
Incel opinions expressed at school
Pro -Taliban comments to airport police
Threats to bomb school
Social media support for Hamas
Sibling of an offender under the Terrorism Act
Informed ambulance staff they are able to make a bomb
Threats to stab Mosque attendees
Extreme right wing views including Islamophobia and homophobia
Expressed desire to join Chechnya suicide squad
Nazi memorabilia in home
Visited Pakistan and publicly stated 'I am the Taliban'
Obtained prison officers address whilst in prison
Intrusive thoughts to kill Muslim males.

8.13 Compliance with training is good. The Home Office have released a new face to face training package, this is currently being piloted. Members of the Health Safeguarding Board have discussed this and currently there are no plans to make face to face training mandatory within health.

## 9.0 **Domestic Abuse**

9.1 The cross-government definition of domestic violence and abuse is:

*Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but not limited to:*

- *Psychological and emotional abuse*
- *Physical abuse*
- *Violent or threatening behaviour*
- *Controlling or coercive behaviour*
- *Economic / financial abuse*
- *Sexual abuse*

9.2 The definition includes honour-based abuse, female genital mutilation and forced marriage and it is clear that victims are not confined to one gender, religion, or ethnic group.

9.3 The Domestic Abuse Act 2021 sees children under 18 as victims of domestic abuse where they see, hear, or experience the effect of domestic abuse.

9.4 The Trust includes domestic abuse awareness into the Level 3 Safeguarding Adults and Children Training.

9.5 The Domestic Abuse Policy was updated to reflect the changes in the Domestic Abuse Act 2021.

9.6 The Safeguarding Team are supporting the sexual safety workstream at BSMHFT.

9.7 The Head of Safeguarding represents the Trust at multi-agency Strategic Domestic Abuse Boards across Birmingham and Solihull and the Named Nurse for Domestic Abuse acts as deputy.

9.8 The safeguarding team are involved in appropriate meetings across Birmingham and Solihull which includes 'DA offer for Children' and BAFGM and associated working groups.

9.9 The Named Nurse for Domestic Abuse is supporting a review of the Birmingham Domestic Abuse Strategy, ensuring that the BSMHFT Domestic Violence and Abuse workplan aligns to this.



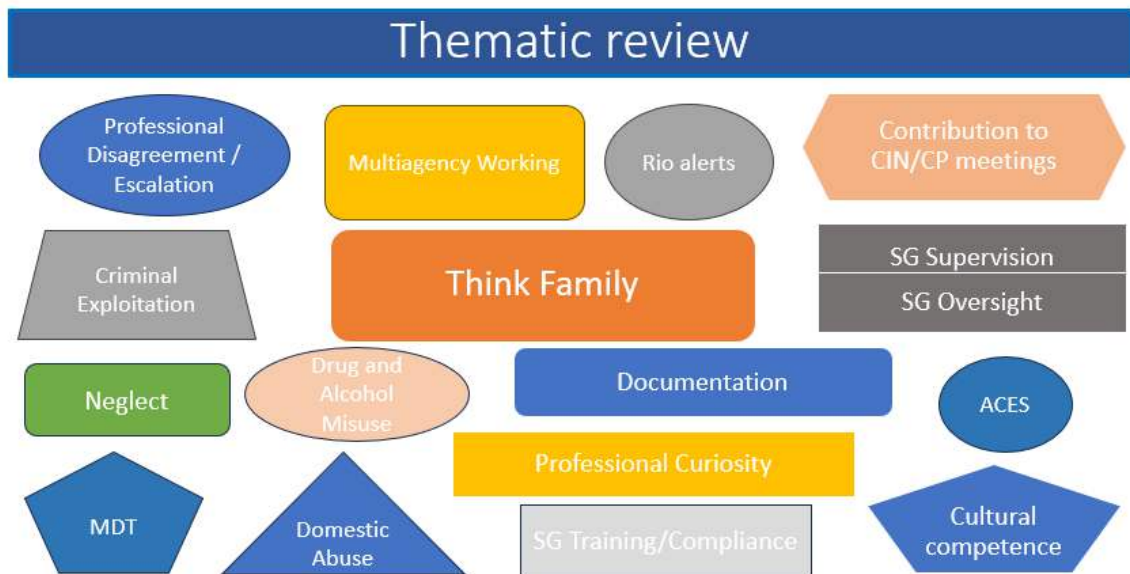
- 9.10 In 2022 the Safeguarding team commissioned Women and Theatre to produce a short video on domestic abuse. This was finalised in 2023 and is now used in Level 3 adult safeguarding training and is central to an activity completed within the training on routine enquiry. This also links to Think Family. This video evaluates consistently well.

#### **10.0 Multi-Agency Risk Assessment Conference (MARAC)**

- 10.1 In 2021 BSOL ICB commissioned a central team, the Interpersonal Violence Team (IVT) to deliver the health function to the Birmingham and Solihull MARACs.
- 10.2 The IVT was set up to alleviate the pressures on provider teams, ensure information was communicated to the victim's GP and ensure consistency of attendance. This was a system wide improvement piece of work.
- 10.3 The Trust moved over to the BSOL IVT model March 2024 and a memorandum of understanding was agreed to ensure clear expectations of the working model.
- 10.4 The Safeguarding team continue to receive key information in relation to MARAC and due to increased capacity, that the move to the IVT model brings, are able to follow up the concerns about our service users more robustly with Trust teams. This also informs our delivery of targeted safeguarding supervision if hot spots or particularly challenging cases are identified.
- 10.5 The Head of Safeguarding and the Named Nurse for Domestic Abuse were successful in securing the substantive funding for an Independent Domestic Violence Advisor (IDVA) in February 2024 working in partnership with Birmingham and Solihull Women's Aid. This will build upon the work already started in 2023/24 when a fixed term post was introduced.
- 10.6 IDVAs provide emotional and practical advice, guidance, and support to help women who are victims of domestic abuse. There are plans for 2024/25 in relation expanding the role of the IDVA to include a pilot drop-in clinic on female acute wards, targeted training for staff and confidential support to female staff who are experiencing domestic abuse.
- 10.7 The Trust Named Nurse for Domestic Abuse chairs Birmingham MARAC meetings and sits within both Solihull and Birmingham MARAC Governance processes. They also represent the Trust at Birmingham and Solihull MARAC Governance Committee.

## **11.0 Domestic Homicide Reviews (DHRs)**

- 11.1 Community Safety Partnerships are legally required to carry out a Domestic Homicide review (DHR) as part of the Domestic Violence, Crime and Victims Act (2004). A Domestic Homicide Review (DHR) is a locally conducted multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have resulted from violence or neglect by:
- A person to whom he or she was related, or with whom he or she was or had been in an intimate personal relationship, or:
  - A member of the same household as himself or herself.
  - This may also include deaths by suicide when the victim is believed to have been experiencing domestic abuse.
- 11.2 DHRs were introduced by Section 9 of the Domestic Violence, Crime and Victims Act 2004 and came into force 13 April 2011.
- 11.3 During the reporting period there have been no new DHRs commissioned by the Community Safety Partnerships, however BSMHFT has supported the process by completing and returning 8 scopes.
- 11.4 The Safeguarding team has incorporated the learning from previous DHRs into safeguarding training and dedicated domestic abuse training will continue to be developed and delivered during 2023/24.
- 11.5 The Safeguarding team undertook thematic analysis of all the learning from DHRs and this was presented to SMB and Internal Clinical Governance Committee (CGC) and QPESC (Quality, Patient Experience and Safety Committee).
- 11.6 The themes identified (see picture below) support the safeguarding team in the development of 7-minute briefings, make improvements to training and support safeguarding supervision sessions across the Trust to ensure we are a learning organisation which is responsive to the needs of our staff and service users.



## 12.0 Safeguarding Adults

12.1 The Care Act (2014) defines safeguarding as “protecting an adult’s rights to live in safety free from abuse and neglect”.

12.2 Adult safeguarding duties apply to an adult, aged 18 or over, who:

- Has needs for care and support, (whether or not the local authority is meeting any of those needs) and
- Is experiencing, or at risk of, abuse and neglect and
- As a result of their care and support needs, is unable to protect themselves from the risk or experience of abuse and neglect.

12.3 An adult at risk may be a person who:

- Are elderly and frail due to ill health, physical disability, or cognitive impairment.
- Has a learning disability.
- Has a physical disability and or sensory impairment.
- Has mental health needs.
- Has a long-term illness or condition.
- Misuses substances or alcohol.
- Is a carer.
- Is unable to demonstrate capacity to make a decision as is in need of care and support.

12.4 A Named Doctor for Safeguarding Adults was appointed in September 2023, providing two PAs (8 hours) per week to work with the Safeguarding team to support and promote the provision of effective services to safeguard services users of BSMHFT and to support adherence to the relevant legislative frameworks.

- 12.5 The Named Doctor works closely with the Head of Safeguarding and the Named Doctor for Safeguarding Children and Young People to achieve staff and service developments and meet key Trust targets.
- 12.6 An additional band 7 safeguarding facilitator was recruited to, specifically to work in the adult safeguarding workstream and support the delivery of safeguarding practice at BSMHFT.
- 12.7 The safeguarding team have increased their visibility by providing face to face support through safeguarding supervision and additional training and development in response to incidents or specific issues related to quality and safety.
- 12.8 The Safeguarding team have provided significant enhanced support to the North Acute inpatients.
- 12.9 The safeguarding team are providing safeguarding supervision to Reaside Hospital including the forensic community team. The offer and provision of bespoke support will continue to grow and develop over the forthcoming year of 2024/25.
- 12.10 The safeguarding team have devised and delivered bespoke teaching packages which include back to basics on adult safeguarding, financial abuse, self-neglect and adultification with other topics being planned for 2024/25.
- 12.11 The Safeguarding Team have an improved process for cascading pertinent safeguarding information via comm's and have an agreement with them for monthly content via the colleague briefing.

### **13.0 Safeguarding Adult Reviews (SARs)**

- 13.1 Under the Care Act 2014, there is a statutory requirement under Section 44 to undertake Safeguarding Adult Reviews (SARs).
- 13.2 A SAR is a multi-agency review process which seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented harm or a death from taking place.
- 13.3 The purpose of a SAR is not to apportion blame. It is to promote effective learning and improvement to prevent future deaths or serious harm occurring again.
- 13.4 A SAR is commissioned when there is reasonable cause for concern about how Safeguarding Adult Board (SAB) members or other agencies providing

services worked together to safeguard an adult if:

- The adult dies and the SAB knows or suspects the death resulted from abuse or neglect.
- Whether or not it knew about or suspected the abuse or neglect before the adult died.
- The adult is still alive and the SAB knows or suspects that the adult has experienced serious abuse or neglect.

- 13.5 The Named Nurse for Adult Safeguarding is a member of the SAR subgroup in Solihull; however, provider organisations are not invited to be members on the Birmingham SAR subgroup.
- 13.6 BSMHFT have two outstanding SARs awaiting publication. There are no outstanding actions for the BSMHFT Safeguarding Team for these.
- 13.7 From April 2023 - March 2024, the Safeguarding Team have completed five requests for information (scopes), In the same time period, BSMHFT Safeguarding team made two SAR referrals, one to Birmingham and one to Solihull. However, it was felt that neither met the criteria for a SAR.
- 13.8 SAR professional guidance is available on the Trust Safeguarding pages through a link to the Birmingham and Solihull Safeguarding Adult Board websites. Cases for SAR consideration are submitted by the Trust Safeguarding Adult Lead.
- 13.9 The Safeguarding team undertook thematic analysis (see image below) of all the learning from SARs which has been presented to SMB, CGC and QPES. This supports the response from the safeguarding team in relation to improving and delivering training, 7-minute briefings and providing safeguarding supervision to ensure we are a learning organisation to improve the safety of our service users and development of staff.

## Themes from SARs



### 14.0 Safeguarding Children:

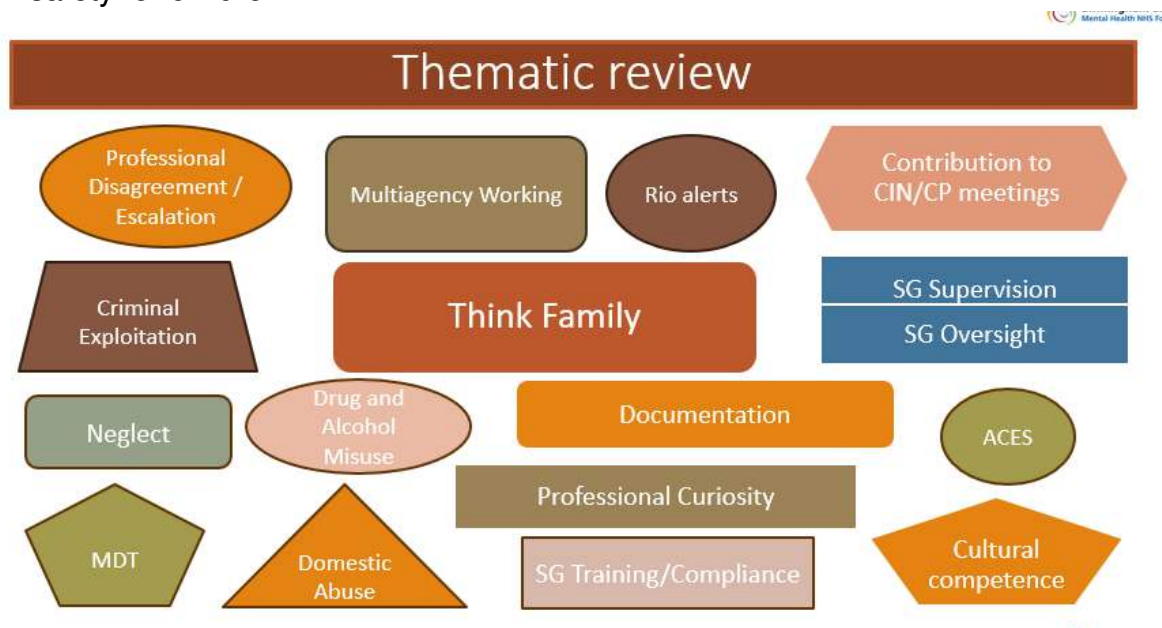
- 14.1 All staff within health services have a key role to play in safeguarding and promoting the welfare of unborn babies, children, and young people. Children are defined by the Children's Act (1989) as those being under the age of 18.
- 14.2 All staff who come into contact with children and their families have a responsibility to safeguard and promote the welfare of children and should know what to do if they have concerns about a child.
- 14.3 This responsibility also applies to staff working at the Trust who work primarily with adults who are our service users but have dependent children who may be at risk of abuse or neglect due to their parent/carer health or behaviours.
- 14.4 Many families can experience challenges in bringing up their children and parenting capacity can be influenced or compromised through parental mental illness, learning disability, substance misuse, and domestic violence. In some circumstances staff may have limited or no contact with children. However, in these circumstances practitioners must ensure a Think Family approach to keep a focus on children and the wider family.
- 14.5 The Head of safeguarding and the children's work stream staff members attend leaders assemblies, partnership subgroups and multiagency audit days as appropriate to ensure BSMHFT is represented across BSOL ICS.
- 14.6 The safeguarding team implemented an oversight / escalation tracker to improve oversight of the most complex child protection cases. There were 53 complex cases in 2023/24 where additional support was given to teams in the Trust.

- 14.7 The safeguarding supervision offer was reviewed and strengthened during 2023/24 and we were able to report compliancy data. This offer will continue to be reviewed and strengthened in 2024/25.
- 14.8 A review of all the learning and actions which resulted from the National review was undertaken to provide assurance that all learning had been appropriately identified and acted upon across various services.
- 14.9 BSMHFT had identified that they were not always aware of children and families subject to child protection plans. This was also a finding in the National Review and subsequent Joint Targeted Area Inspection (JTAI).
- 14.10 A safeguarding process has been introduced at the Trust in relation to Initial Child Protection Conferences (ICPC) for both Birmingham and Solihull. In May 2023 an Internal Case Conference Pathway was written, which was initially managed by the Named Nurse for Safeguarding Children and a Safeguarding facilitator and subsequently delegated to a safeguarding administrator when the process was finalised.
- 14.11 An 'open door' policy is offered by the Trust Safeguarding team for queries to support practitioners and managers at each stage of the process and safeguarding alerts are added to RiO by the safeguarding administrative staff.
- 14.12 The importance of participation is promoted within safeguarding supervision sessions, training and when an invitation arrives.
- 14.13 There is continued work underway to ensure the Trust is notified of children subject to child protection plans and have relevant information relating to Review Child Protection Conferences (RCPC) consistently from both Solihull and Birmingham Children's services.

## **15.0 Child Safeguarding Practice Reviews (CSPRs)**

- 15.1 A CSPR takes place after a child is seriously injured and abuse or neglect is thought or known to be involved. It looks at lessons that can be learned to help similar incidents from happening in the future. The reviews are recommended at a local level and then reviewed by the national panel that decides if learning should be disseminated at a local or national level.
- 15.2 Birmingham and Solihull Children Partnership CSPR sub-groups are attended and represented by a member of the Safeguarding team and reviews are supported by the Safeguarding team and clinical teams who are involved with the case, to support the process.

- 15.3 From April 2023 - March 2024, the Safeguarding Team have completed 11 CSRP requests for information (scopes). Only one of these progressed to a CSRP with learning and actions for BSMHFT. This was an out of area request.
- 15.4 A rapid review meeting is held in all cases to gather facts about the case, ensure immediate safety of any children involved, consider potential for any safeguarding improvements, and decide on next steps. The Safeguarding team have participated in 10 Rapid Review meetings.
- 15.5 There have been 3 CSRs published during 2023/24 from incidents which took place in 2022. The Head of Safeguarding and the Head of Communications were actively engaged in media meetings prior to publication.
- 15.6 The Safeguarding team undertook thematic analysis (see below image) of all the learning from CSRs and this was presented internally to SMB and CGC and QPES. These themes support the team to ensure their training, supervision and 7-minute briefings are responsive to the learning identified and best supports the development of our staff which in turn should improve safety for children.



- 15.7 The Safeguarding Management Board receives updates on all learning reviews and actions are monitored by the Local Safeguarding Children Partnerships.

## 16.0 Launch of Think Family Trust Wide

- 16.1 Learning from National reviews including Children Safeguarding Practice Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews has



shown that children and other adults who live with or have contact with individuals who suffer from mental illness can suffer significant harm and their needs can be overlooked unless they receive the right support at the right time.

- 16.2 The National Review of Child Protection arrangements following the tragic death of Arthur Labinjo-Hughes in Solihull over lockdown concluded that services needed to improve their ability to adopt a Think Family approach.
- 16.3 The “Think Family Approach” was launched by the BSMHFT Safeguarding Team in November 2023. This was a campaign which was shared and profiled across all of the Trust’s internal communications channels.
- 16.4 The Think Family approach also supports adult service users who might also be at risk from other members of their family (for example through domestic abuse or financial abuse) or from others outside of the family.
- 16.5 The Think Family Approach involves:
  - Asking service users about their family and recording accurately in medical records.
  - Talking to and involving where appropriate, family members, friends, and carers.
  - Considering the impact of mental illness (and substance abuse if this is a feature) on children and families.
  - Working in partnership with other professionals to form a full picture of need.
  - Accepting that an individual’s issues often exist within a context of wider vulnerabilities and always being curious about this.
- 16.6 The Trust Safeguarding Team developed a simple Think Family Standard which breaks down what clinical teams need to do so that Think Family is embedded in their everyday good clinical practice.
- 16.7 Adopting a Think Family approach means that we can work together with service users, families, and other professionals towards the best possible outcomes for our service users.
- 16.8 A suite of materials were produced and made available to Trust staff which includes:
  - Colleague briefing article (the colleague briefing is a weekly briefing from the Executive)
  - Think Family standard
  - Leaflets and posters
  - Six-minute video on the Think Family approach

- Short power-point outlining the concept of Think Family for all staff.
- Featured as part of one of the weekly staff communication sessions delivered online by member of the Trust Board.

16.9 The Safeguarding team will monitor the uptake of the guidance, support a Think Family approach through reflective supervision and offer targeted support through local clinical governance committees.

16.10 There needs to be continued messaging in relation to Think Family in order for it to fully embed into everyday practice. The Safeguarding team will be including Think Family as part of the key lines of enquiry (KLOE) for the Safeguarding assurance visits planned for 2024/25.

16.11 The Trust's Think Family approach was presented externally at the Solihull practitioners event and the BSOL ICB Health Safeguarding Board in 2024 and received positive feedback on the work being undertaken at BSMHFT.

"Think Family-Look Closer- See More"

## **17.0 Engaging with Experts by Experience and Think Family**

17.1 The safeguarding team worked with our Participation and Engagement Team and invited EBE's to tell us what the most important things they wanted mental health teams to understand in respect of their families. We facilitated a group, and collated their responses and used it to inform/shape our Think Family Standard and approach.

17.2 Each mandatory training session attendee at Level 3 receives the collated responses in form of a power point. This information is also available on our safeguarding hub for staff to access.

17.3 We have applied for the Trust Quality Mark in relation to the work we did with the recovery college and the Think Family approach.

## **18.0 Learning from External Reviews**

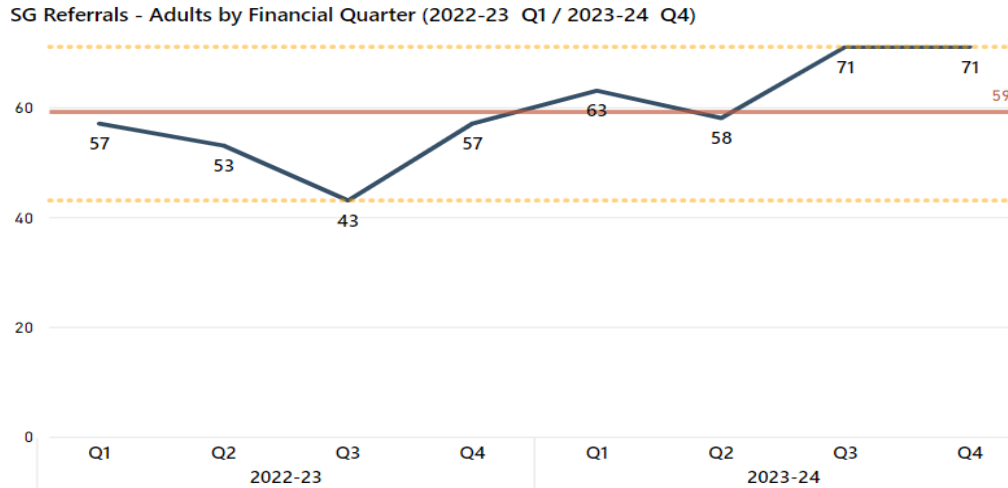
18.1 BSMHFT Safeguarding team participates in external reviews, such as DHR, SAR and CSPR. Learning from these reviews - which includes our own single agency learning and wider lessons - is important to continually develop practice and to reduce the risk of similar issues arising in the future.

18.2 The Safeguarding team undertook thematic analysis of all the learning from CSPRs, DHRs and SARs and this has been presented internally to SMB and CGC and QPES.

- 18.3 Emerging themes are considered, allowing us to be responsive, and as a result policies, guidelines and training have been updated in a timely manner.
- 18.4 A suite of 7-minute briefings have been developed on topics such as neglect, self-neglect, child protection case conferences, routine enquiry into domestic abuse, professional curiosity, capturing the voice of the child, parental substance misuse, bruising in children, child exploitation and hidden men.
- 18.5 The briefings are available on the Trust Safeguarding connect page and are utilised in training and safeguarding supervision and for cascading to teams across the Trust with the expectation they will be used in team meetings, clinical supervision, and management supervision. 7-minute briefings are also disseminated regularly via Trust Colleague Briefings.
- 18.6 Assurance that learning has been embedded into practice is key to providing evidence and this is achieved by audits related to specific areas of practice. There are plans for the safeguarding team to undertake assurance visits to clinical areas in 2024/25 to seek assurance that safeguarding is embedded into clinical practice and to identify areas which may need additional support from the team.

## **19.0 Safeguarding Adult Incident Reporting Data**

- 19.1 All service user safeguarding incidents are reported on the internal incident reporting system (Eclipse). The incidents are robustly reviewed and screened by the Safeguarding team to identify cases where suspected abuse or neglect has been indicated. This supports staff in their decision-making to consider any safeguarding concerns and to make the appropriate local authority safeguarding referrals.
- 19.2 There were 263 adult safeguarding referrals raised by BSMHFT staff in 2023/24 compared to 210 in 2022/23. This year the referral rate is higher which could indicate an increase in Trust staff awareness of safeguarding issues.



19.3 The nature of safeguarding referrals is recorded with physical and psychological abuse being the highest category followed by financial and domestic abuse.

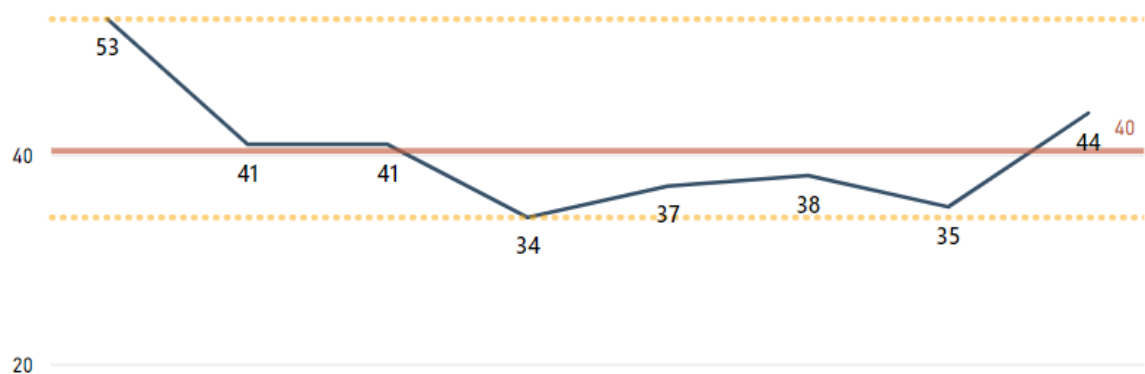
19.4 Acute Care raised the highest number of safeguarding referrals (77) followed by the Dementia and Frailty Team (65).

19.5 In areas where there are low numbers of reporting, the Safeguarding team are doing targeted safeguarding awareness work which will continue to be strengthened in 2024/25.

## 20.0 **Safeguarding Children Incident Reporting Data**

20.1 There were 154 children safeguarding referrals raised by Trust staff in 2023/24 compared to 168 in 2022/23. The overall number of referrals is lower than what would be expected for the size of the Trust which indicates continued promotion of the importance of making safeguarding referrals and reporting these via the eclipse system is needed.

SG Referrals - Children by Financial Quarter (2022-23 Q1 / 2023-24 Q4)



- 20.2 The nature of safeguarding referrals is recorded with emotional abuse being the highest category reported, followed by physical abuse and then neglect.
- 20.3 The main reason for referrals into children's services (both Birmingham and Solihull) is physical abuse, followed by neglect. However, as we are a mental health Trust this may account for why our highest reason for referral is emotional abuse.
- 20.4 Solar, BSMHFT's Emotional Wellbeing and Mental Health Service for Children, Young People and Families in Solihull raised the highest number of safeguarding referrals (41).
- 20.5 In areas where there are low numbers of reporting the Safeguarding team is doing ongoing targeted safeguarding awareness work.

## 21.0 **Investment in the Trust Safeguarding Team**

- 21.1 It was identified through the BSOL ICB Health Safeguarding Board that there was a need for high quality, master's level safeguarding specific study for safeguarding professionals across the ICS.
- 21.2 The School of Nursing and Midwifery at the University of Birmingham introduced a module of study: Safeguarding in Health.
- 21.3 The overall aim of the Safeguarding in Health module is to set the benchmark for health safeguarding provision in Birmingham and Solihull and beyond. It is directed at health professionals with a substantive safeguarding role.
- 21.4 The programme offers an innovative blend of strategic safeguarding, contemporary safeguarding evidence and trends and active application to practice.

- 21.5 Four members of the Trust Safeguarding team were supported to complete the module in 2023/24 with further staff attending in 2024/25.
- 21.6 The Safeguarding team were also supported to attend additional specialist safeguarding supervision training to enhance and develop skill within the team.
- 21.7 BSMHFT will host the safeguarding supervision training in 2024/25 and will share spaces with other provider Trusts across the ICS, working together across the health system to improve the knowledge and skills of the safeguarding practitioners.

## **22.0 Conclusion**

- 22.1 In the reporting period, the Safeguarding team has promoted the importance of safeguarding supervision and Think Family being a standard operating process in all aspects of service delivery and sound clinical practice.
- 22.2 BSMHFT is committed to being a learning organisation and the safeguarding team have progressed and strengthened the training offer through refreshing level 3 training, delivering bespoke training packages to clinical areas and developing a suite of 7-minute briefings which are responsive to learning needs identified in statutory reviews and incidents.
- 22.3 The safeguarding team have increased their visibility and face to face availability to teams across the Trust to improve and strengthen the support offered to staff by the team to build upon good safeguarding practices.
- 22.4 Links between the Patient Safety and Safeguarding teams have strengthened in this period and the safeguarding team have worked more closely with the patient safety team and have been actively involved in relevant meetings and the implementation of the Patient Safety Incident Reporting Framework (PSIRF), where safeguarding is an integral component.
- 22.5 Finally, this report needs to acknowledge and provide focus to the numerous excellent safeguarding achievements which have occurred in this reporting period. There are a great number of committed staff who work impeccably to support and serve our service users and their families and the Safeguarding team would like to acknowledge them all.