

THE STATE HOSPITALS

CHILD AND ADULT PROTECTION ANNUAL REPORT

TO

THE CLINICAL GOVERNANCE COMMITTEE

1 October 2020 until 30 September 2021

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1 Core Purpose of Child and Adult Protection in The State Hospital

The protection of children and adults from harm remains a key priority for The State Hospital, with clearly defined responsibilities for staff from all disciplines. The legislative background is underpinned by local policies and procedures. These primarily include The State Hospital Keeping Children Safe Operational Policy and Procedures, and The State Hospital Adult Support and Protection Policy. Other local policies and procedures are also relevant.

This reporting period has been significantly impacted by the Covid-19 global pandemic which has had an enormous effect on the work of the hospital and in relation to the business of the Child and Adult Protection Forum. The group has adapted to these challenges and has continued to meet via Teams to ensure that the business priorities continue to be addressed and issues of child and adult protection remain at the forefront of work within The State Hospital.

Statistics are based upon the 12 month reporting period dating from 1 October 2020 until 30 September 2021.

(i) Child Protection

Key areas of work which require careful consideration and assessment to ensure the wellbeing and protection of children include:

- When children are part of families visiting our patients.
- Patient outings to family homes, or other venues, with children present.
- Other forms of patient contact with children such as video contact, telephone, letters, gifts and photographs
- Multi-agency risk assessment and management of those patients with an offending history which suggests that they may present a risk of harm to children.
- Multi-agency risk assessment and management of those patients who are parents or guardians of children and have a history of substance abuse.
- Risk assessment of all proposed suspension of detention outings, in terms of potential risk arising from inadvertent or planned contact with children in a community setting.
- Multi-agency information sharing and robust reporting, recording and investigation of child protection concerns.
- Every child is assessed and reviewed on an individual basis.
- The core principle - that the welfare of the child is paramount - is fully embedded into practice and remains the primary consideration.

(ii) Adult Protection

The Adult Support and Protection (Scotland) Act 2007 (the Act) provides measures to identify and protect 'adults at risk of harm'. This legislation applies to all private, care and public settings in Scotland, with the partial exception of Scottish prisons whereby only visitors are subject to the legislation and prisoners are excluded.

The primary responsibilities under the Act have been placed upon the local authority, which must make enquiries if it knows or believes that an adult is at risk of harm. If necessary, the local authority must also intervene to protect the adult at risk's wellbeing, property or financial affairs.

Other key responsibilities include a requirement upon public bodies to co-operate with Council Officer enquiries and a requirement upon each local authority to introduce multi-agency Adult Protection Committees with an independent chair. The South Lanarkshire

Council APC is well established, and is part of the governance arrangements in relation to adult protection activity within TSH.

Within The State Hospital, all of the Social Workers and Mental Health Officers have completed South Lanarkshire Council's Adult Protection training and are authorised to carry out all statutory roles and functions as Council Officers under the Act.

The safeguards introduced by this legislation are in addition to the safeguards which have been incorporated into the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000. In practice, Council Officers work closely with clinical teams to ensure that appropriate protective measures are in place to minimise any risk of harm to any patient who is considered to be an 'adult at risk'.

Examples of instances where this legislation may apply include harmful interactions between patients, allegations of inappropriate or neglectful staff conduct and harmful behaviours by members of a patient's family or other third parties.

Types of harm include:

- financial and material
- psychological and emotional
- physical
- sexual abuse
- neglect
- self harm
- hate crime

(iii) The Child and Adult Protection Forum

An integrated approach to Child and Adult Protection at the State Hospital is now embedded into practice with work and priorities overseen and driven by the Child and Adult Protection Forum. The meetings are held bi-monthly and are chaired by the Director of Nursing and Allied Health Professionals.

The purpose of The State Hospital's Child and Adult Protection Forum (CAPF) is to:

- Act as a dedicated resource for the Hospital, assess our risks in relation to Keeping Children Safe and Adult Protection, prioritise them, and develop a plan of work to mitigate the risks and monitor its impact.
- Discuss and critically appraise national, regional and local reports and proposals on Keeping Children Safe and Adult Protection and make recommendations, as appropriate, to the Board or Organisational Management Team.
- Have responsibility to develop, approve and monitor compliance with operational policies and procedures with regard to Keeping Children Safe and Adult Protection.
- Ensure all staff are fully aware of the risks associated with child and adult protection in our setting, the management strategies to manage those risks and their individual responsibility to protect children and adults at risk of harm.
- Ensure the establishment and maintenance of robust information sharing protocols and procedures between all health and social care professionals with regards to child and adult protection.
- Continue to maintain relevant links with South Lanarkshire Council's Child and Adult Protection Committees and sub-groups, and any other appropriate regional or national bodies.

- Support and lead on the implementation of any Scottish Government recommendations as appropriate.
- Receive reports on Keeping Children Safe and Adult Protection issues or incidents that occur in the Hospital (including near misses), consider the reports and make recommendations on learning and improving practice.
- Consider opportunities for the audit of clinical practice in Keeping Children Safe and Adult Protection, as well as research and development, ensuring wide dissemination of any relevant findings.
- Report annually to the Clinical Governance Committee on activities related to Child and Adult Protection in the Hospital and beyond.

(iv) Corporate Parenting

The State Hospital has Corporate Parenting responsibilities for all patients up to and including the age of 25, who were looked after by their local authority at any point up to their 16th birthday. The aim is to support care experienced young people to feel healthy and safe, to take responsibility for their future wellbeing, and to achieve the best possible outcomes.

The first TSH Corporate Parenting Plan (CPP) was published in February 2018, covering a 3 year reporting period. Care experienced young people are identified upon admission by multi-disciplinary assessment in conjunction with Health Records colleagues. Individual plans are developed in conjunction with the relevant local authority and community health services to meet TSH Corporate Parenting duties. These plans contain a mix of immediate needs requiring to be met in TSH, and extended needs following transfer.

During the reporting period, the Child and Adult Protection Forum has provided feedback to the Scottish Government Corporate Parenting Team on our progress to date which will form part of the national review of Corporate Parenting. The second TSH Corporate Parenting Plan 2021 - 2023 has been developed and is to be submitted to the Board for consideration prior to being shared with the Scottish Government.

At the present time, there are four patients within The State Hospital for whom there are Corporate Parenting duties. For these patients, there has been ongoing communication between The State Hospital and the relevant local authority in order to promote their needs and rights as care experienced young people.

2 Summary of Core Activity for the last 12 months

(i) Keeping Children Safe

As previously indicated, Covid-19 has had a significant impact upon the Keeping Children Safe agenda. Most notably there has been a considerable decline in child visits to the hospital as a result of health, safety and infection control measures. However, The State Hospital have continued to meet their commitments in respect of this area of work.

The following represents many of the key performance headlines and achievements of the past 12 months:

- Child Contact Assessments, Reviews and Child Protection Summaries are now completed and stored in RiO and fully accessible to Clinical Teams.
- All patients have a Child Protection Summary accessible in RiO from the point of their Admission Case Conference.
- Keeping Children Safe paperwork being stored in RiO has improved accessibility for ward staff.

- Security staff alert Social Work when child visits are planned and have taken place which facilitates follow up of feedback forms and contributes to the child contact review process.
- Issues pertaining to Child and Adult Protection and Child Contact are routinely discussed at Clinical Team meetings and form part of the Care Programme Approach (CPA).
- For those patients who are parents, 4 have some form of contact with their child. In total, 24 patients are authorised to have some form of child contact which is broadly consistent with previous years.
- There were only 7 child visits to the hospital during the reporting period which represents a significant decrease in numbers when compared to the previous reporting period. This is directly attributable to the need to pause child contact visits in the context of the Covid-19 pandemic.
- 14 child contact applications were received during the reporting period.
- 15 children were removed from the list in the reporting period as a result of patient transfers or a transition to adult visiting.
- At the end of the reporting period 61 children were approved to have some form of contact with a State Hospital patient. This is a decrease of 13 when compared to the last reporting year.
- Existing data systems enable the breakdown of contact type over visits, gifts, telephone contact, mail, possessions and remote access video contact.
- Child visitors are routinely supported to make the transition to adult visitors. However, where it is in their best interests they may continue to be supported as child visitors beyond the age of 16 years.
- No patients under the age of 18 years were admitted to the hospital in the reporting period.
- National and regional reports and guidance produced on child protection issues continue to be reviewed and applicability considered in the Hospital where appropriate.

(ii) Adult Support and Protection

Similarly to Keeping Children Safe, Adult Support and Protection has been impacted by the effects of Covid-19 and there have been reduced figures in terms of activity in the past 12 months. Positively, all referrals and inquiries have been able to proceed in accordance with the policy and procedures and no patient has been negatively impacted as a consequence.

The following represents many of the key performance headlines and achievements of the year's Adult Support and Protection activity:

- 10 Adult Protection inquiries were undertaken during the reporting period. This represents a slight reduction from the previous year. The impact of Covid-19 is likely to have played a significant part in the reduced figures. An increase in activity has been noted following the cessation of Covid related ward restrictions and increased patient mixing.
- Of the 10 inquiries undertaken, 4 related to a single patient.
- The main source of harm noted was patient/patient interactions which accounted for 8 inquiries, with 3 referrals relating to patient/staff interactions.
- The main categories of harm noted were psychological (6) and physical (3). Patient / patient interactions accounted for 8 inquiries with 2 referrals related to patient / staff interactions.
- The breakdown of inquiries by hub is as follows: Iona, 4, Mull, 1, Arran, 4 and Lewis, 1.
- Existing data collection systems provide detail on the sources, locations, categories and outcomes for each referral.

- DATIX reports with the patient to patient, adult protection, or discrimination fields continue to be screened by social work for possible adult protection issues.
- If considered necessary ASP activity will progress following scrutiny of DATIX reports.
- All of the referrals required no further action following enquiries under the ASP legislation. However, some inquiries are complex and were subject to additional investigation or monitoring. In a small number of instances these additional steps were extensive before the Council Officers were satisfied that the patients should no longer be considered as 'adults at risk'.
- There is evidence of clinical staff working in a pro-active manner to avert risk and maintain patient safety.
- Ongoing education and awareness sessions for staff continue to be of key importance.
- Similar to Child Protection, positive and productive links with South Lanarkshire Council's Adult Protection Committee have been established. This takes the form of:
 - Attendance at the Adult Protection Committee by the Director of Nursing and AHPs/Mental Health Manager.
 - Support with the review and endorsement of our local policy and procedure.
 - Support for our training initiative.
 - Attendance at pan-Lanarkshire seminars on Adult Protection.
 - Providing our local KPIs on referrals to provide pan-Lanarkshire statistics and comparisons.
 - Contribution to the SLC Annual Report on Adult Protection.

(iii) Training

- The level 1 and level 2 e-learning modules on Learnpro for Keeping Children Safe training and Adult Support and Protection are now well established, with a 2 year refresher requirement for level 2.
- Half day Workshop sessions on Keeping Children Safe and Adult Support and Protection continue to be rolled out across the hospital and are currently facilitated by the social work service with support from both nursing and Learning Centre staff.
- Figures received from the Learning Centre for the review period demonstrate workforce training in these areas as follows:

| Module | Target staff group | Total staff completed | Non completions | % Compliance |
|---------------------------------------|---------------------------|------------------------------|------------------------|---------------------|
| ASP Level 1 Online Module | 471 | 446 | 25 | 94.7% |
| ASP Level 1 Online Module - Refresher | 446 | 347 | 99 | 77.8% |
| ASP Level 2 – Training | 472 | 368 | 124 | 78% |
| KCS Level 1 Online Module | 471 | 445 | 26 | 94.5% |
| KCS Level 1 Online Module - Refresher | 445 | 349 | 96 | 78.4% |
| KCS Level 2 - Training | 472 | 389 | 83 | 82.4% |
| Safeguarding from Harm | 672 | 653 | 19 | 97.2% |

- Feedback has been very positive from training sessions and training materials have been updated to reflect legislative changes, emerging significant case reviews and experiences within The State Hospital.
- All Social Workers are now trained as Appropriate Adults.

3. Comparison with Last Year's Planned QA/QI Activity

| Future areas of work stated in previous report | Achieved / In Progress / Not Achieved | Progress to Date |
|--|---------------------------------------|---|
| ASP policy to be reviewed | Achieved | Next due to be reviewed in 2024 |
| KCS policy to be reviewed | In progress | Covid-19 significantly delayed the publication of national guidance critical to the policy. This was published in September 2021 and the policy is now being reviewed in this context. Review to be completed by January 2022. |
| Further migration of Child and Adult Protection related templates etc from word based docs to RiO. | Not Achieved | Joint work with e-health department will recommence once capacity normalizes in relation to Covid-19 and RiO update project. |
| Continuing to deliver KCS and ASP Level 2 Training in the context of Covid-19 | Achieved | ASP and KCS Level 2 Training have been adapted for delivery via Teams and sessions have recommenced both online and in-person where appropriate. |
| Update KCS and ASP Level 2 Training materials to include recent practice developments, statutory changes, public inquiries and more TSH specific practice scenarios. | Achieved | Training materials for both sessions has been reviewed and updated. |
| Continue to work with PCIT and clinical teams to develop use of Video Visits as part of child contact arrangements. | Achieved | Patients are making use of this facility. This continues to be promoted as a positive means of maintaining child contact. |
| Learning from 'near misses' and Keeping Children Safe and adult protection incidents. | In progress | Regular focus on 'near misses' and learning from incidents at CAPF. This remains a key aspect of the work of the CAPF. |
| Implement and report on Corporate Parenting Plan and provide update to SMT as required, report annually to the Board and 3 yearly to the Scottish Government | In progress | Corporate Parenting Plan 2021 – 2023 has been submitted to Corporate Management Team and will be submitted to the Board prior to being shared with Scottish Government. |
| | | |

4. Performance against Key Performance Indicators

1. Key performance indicators

| | <i>Improvement Indicator</i> | <i>Outcome Measures</i> | |
|-----|-------------------------------------|--|--|
| 1. | Child Contact Assessments | To be completed within 31 days of application being received | 14 applications received and all assessments completed within timescales. |
| 2. | Child Protection Summaries | All patients to have a Child Protection Summary by Admission Case Conference | This was achieved for all admissions. |
| 3. | Child Protection Summaries | All patients to have a Child Protection Summary updated in line with Intermediate and Annual CPA Review Meetings | 200 Child Protection Summaries were completed in relation to 202 CPA meetings which took place achieving compliance of 99%. |
| 4. | Child Protection Referrals | Initial Referral Paperwork to be completed within 1 day of concerns arising | No referrals received. |
| 5. | Adult Protection Referrals | Referrers to receive initial response within 24 hours | This was achieved in all cases. |
| 6. | ASP Inquiries | Initial inquiries to be completed within 5 working days | Achieved in 80% of cases. Two inquiries were extended to take account of the circumstances and needs of the patient involved. |
| 7. | Training – ASP Level 1 | 100% Target completion rate for target group. | 94.7% achieved. This is a 1.6% reduction from the previous period. |
| 8. | Training – ASP Level 2 | 100% Target completion rate for target group. | 78% achieved. This is an increase of 0.2% from the previous period. |
| 9. | Training – KCS Level 1 | 100% Target completion rate for target group. | 94.7% achieved. This is a reduction of 0.5% from the previous period. |
| 10. | Training – KCS Level 2 | 100% Target completion rate for target group. | 82.4% achieved. This is a reduction of 2.6% from the previous period. |

Departmental leads continue to encourage staff uptake of online learning modules and these continue to be completed at a high level.

The cessation of face to face training as a result of infection control measures commuted with difficulties in securing the release of ward based nursing staff to attend planned workshops and overall staffing pressures as a result of the pandemic continue to influence attendance at the workshops for both Keeping Children Safe and Adult Support and Protection. It has been proposed that some tailored sessions could be offered to nursing staff as part of their Saturday morning development sessions.

Delivery of these modules has now commenced via Teams in the context of Covid-19 and this has resulted in improved uptake over recent months. Training dates have been scheduled through 2022 and it is anticipated that there will be an improvement in these areas over the next 12 months.

For all new nursing staff, ½ day briefing sessions are incorporated into the induction plan. Input into these sessions has continued in collaboration with the Nursing Practice Development team.

5. Quality Assurance Activity

Performance across key areas of business are routinely monitored by the Child and Adult Protection Forum supported by data from Social Work, Clinical Effectiveness and Learning and Development.

The Social Work Team Leader meets with the Director of Nursing on a monthly basis to discuss current child and adult protection activity.

Training figures are produced on a quarterly basis by the Learning and Development team and passed to the CAPF for discussion. Departmental leads assume responsibility for addressing any deficits within their remit.

The Social Work Team Leader and the Director of Nursing participate in the Lanarkshire child and adult protection business meetings and committees with regular updates provided to CAPF of developments pertinent to The State Hospital.

Policy and guidance in relation to child and adult protection are developed in collaboration with external partners who provide assurance that our policies and procedures are aligned with local and national practice.

The Social Work Team Leader has participated in a South Lanarkshire Council led audit of Adult Support and Protection Activity providing a detailed response in relation to activity and practice within The State Hospital.

The Scottish Government was provided with a detailed response in respect of Corporate Parenting activity within The State Hospital and we continue to engage with the National Corporate Parenting team and partner agencies in relation to our responsibilities in this respect.

6. Quality Improvement Activity

As noted, the Adult Support and Protection Policy and Guidance has been reviewed and updated to take account of national developments and shared learning.

The State Hospital Corporate Parenting Plan 2021 – 2023 has been developed and will be submitted to the Board prior to being given to the Scottish Government Corporate Parenting Team.

Training materials have continued to be updated and developed to ensure they provide up to date information and practice guidance. The Social Work Team Leader participated in the Fearless Presentation program led by the Learning and Development Team to support online delivery of training and the development of training materials suitable to this format.

A member of the Social Work team has been supported to commence the Post Graduate Certificate in Adult Support and Protection with the aim of improving expertise within The State Hospital.

The Social Work Team Leader has offered to provide additional training slots and development sessions to staff who may find it difficult to attend the regularly scheduled inputs.

7. Stakeholder Experience

i) Keeping Children Safe

A key element of the KCS policy is ensuring that the views of key stakeholders, patients, carers and children are heard, recorded and form a crucial element of the decision making in relation to child contact within The State Hospital. In all assessments of child contact these views have been noted within the assessment paperwork. The only circumstance in which the views of the child are not explicitly recorded are when the child is unable to communicate their views. Efforts are made to support younger children to engage within the process including visual aids to support communication and to ascertain their views where appropriate.

Over the reporting period one family declined to participate in the assessment processes for child contact, expressing the view that this was unnecessarily intrusive. They were offered the opportunity to register a formal complaint but declined to do so.

Although visits have been limited in this review period, feedback from those attending the Family Centre – patients and their families - has been very positive in terms of the overall experience, the environment and the input from the supporting staff. One family praised the use of video visiting as an intermediate step towards direct face to face contact.

ii) Adult Support and Protection

Underpinning interventions in relation to Adult Support and Protection are key principles which include having regard to the adult's past and present wishes, supporting their participation and considering the views of others. From the outset of inquiries, patients involved in these processes are offered access to advocacy services to assist them in expressing their views which are recorded and form a critical part of the investigation.

In this reporting period, Council Officers have engaged with Speech and Language services in relation to supporting a patient with communication needs. The inquiry stage was extended over a longer period to support the patient's communication and coping style and involved the use of Talking Mats and environmental considerations. The outcomes of this inquiry were subsequently fed back to the wider clinical team who were very supportive of the measures taken to promote the patient's meaningful inclusion in the process.

iii) Training

All staff participating in Level 2 Keeping Children Safe and Adult Support and Protection training are invited to submit feedback regarding their experiences. Feedback has been very positive in terms of content, relevance and presentation. Some staff who engaged in learning via Teams have commented that they would prefer a classroom based experience but accept that this has not been possible due to infection control issues. However, others have expressed the view that they may have been unable to attend in person and that, therefore, Teams provided with the opportunity to participate. Positively, both classroom based learning and online approaches are now established and delivery can vary according to the needs of the participants and the current level of infection control measures.

8. Planned Quality Assurance/Quality Improvement for the next year

| Planned Activity | Action Required |
|--|--|
| KCS Policy to be reviewed | Awaiting feedback from Lanarkshire Child Protection Committee representative in light of new national guidance. Review to be completed by January 2022. |
| Further migration of Child and Adult Protection related templates etc from word based docs to RiO. | Joint work with e-health department will recommence once capacity normalizes in relation to Covid-19. |
| Continuing to deliver KCS and ASP Level 2 Training and promote attendance. | ASP and KCS Level 2 Training dates has been delivered and future dates agreed through to April 2022. The CAPF will continue to engage with departmental leads to promote participation. |
| KCS Level 2 Training to be updated in context of new national guidance. | Work has commenced in this respect and will be completed following KCS policy review. |
| Continue to promote use of video visits as a means of supporting child contact. | Those families with existing child contact have been offered advice and support. New applicants will be informed of this option at point of assessment. |
| Learning from 'near misses' and Keeping Children Safe and adult protection incidents. | Regular focus on 'near misses' and learning from incidents at CAPF continues to be a key piece of work and will continue. |
| To prepare and submit Corporate Parenting report to Scottish Government as per | Corporate Parenting Plan 2021 – 2023 has been submitted to Corporate Management Team and will be submitted to the Board prior to being shared with Scottish Government. |

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| requirements. | |
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9. Next review date

Next year's Annual Report to the Committee on Keeping Children Safe and Adult Protection is scheduled for November 2022.