

THE STATE HOSPITALS

CHILD AND ADULT PROTECTION ANNUAL REPORT

TO

THE CLINICAL GOVERNANCE COMMITTEE

1 October 2021 until 30 September 2022

Table of Contents

1	Core Purpose of Child and Adult Protection in The State Hospital	3
2	Summary of Core Activity for the last 12 months	6
3	Comparison with Last Year's Planned QA/QI Activity	9
4	Performance against Key Performance Indicators	10
5	Quality Assurance Activity	11
6	Quality Improvement Activity	11
7	Stakeholder Experience	12
8	Planned Quality Assurance/Quality Improvement for the next year	13
9	Next review date	13

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 Policy, and The State Hospital Adult Support and Protection Policy. Other local policies and procedures are also relevant.

Covid-19 has continued to have a significant impact upon the work of the hospital and in relation to the business of the Child and Adult Protection Forum. The group 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 2021 until 30 September 2022.

(i) Child Protection

The State Hospital has clear roles and responsibilities to ensure that children are safe and that their interests are paramount in relation to decisions made at The State Hospital which may affect them. Protecting children means recognising when to be concerned about their safety and understanding, when and how to share these concerns, how to investigate and assess such concerns and fundamentally what steps are required to ensure the child's safety and well-being. 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.

In fulfilling our duties, The State Hospital engages with a variety of stakeholders and is a partner in the South Lanarkshire Child Protection Committee which provides guidance and supports the governance of our activities.

(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 Operations.

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 and the current plan (2021 – 2023) was presented to the Board in December 2021 before being submitted to the Scottish Government. 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.

In March, the Child and Adult Protection Forum provided feedback to the Scottish Government Corporate Parenting Team on our progress in relation to incorporating the United Nations Convention on the Rights of the Child (UNCRC) within our work in The State Hospital. In reviewing and reflecting upon our services it was noted that we were able to demonstrate our commitment to meeting our responsibilities in the following ways:

- We proactively consider children's rights in service planning, engaging with and undertaking consultation with relevant stakeholders (including children and young people and parents/carers) (Article 4).
- We ensure that the services we provide for children and young people conform to established national standards and provide high quality services and staffing (Article 4)
- We have a skilled and competent workforce committed to upholding children's rights. Training on children's rights, encompassing GIRFEC and SHANARRI, is available to our staff and is provided for those in senior, managerial and practitioner roles (Article 4)

- With reference to policy and service delivery, we take our commitment to children's rights into account in decisions on resource allocation (Article 4)
- We use a range of measures to seek children and young people's views about matters that affect them and always consider the child's views in determining what is in the child's best interests (Articles 3 and 12)
- We signpost children and young people who want to make a complaint, and/or those acting on their behalf, to clear and transparent complaints processes (Article 3 and 12)
- Information sharing is proportionate and appropriate and complies with the Data Protection Act while recognising a child's right to privacy (Article 16)
- We seek and take account of children and young people's views prior to making decisions in child protection and other processes (Article 12)
- We take measures to ensure that no form of cruel, inhuman or degrading treatment to children is tolerated in our services (Article 37 (a)).
- We seek and take account of children and young people's views prior to making decisions that affect them (Article 12)
- We provide support to children and young people who experience complex family circumstances (e.g. young carers; children who have a parent in prison / hospital) (Article 18)
- Our management team is informed of their duties and fulfils their responsibilities as corporate parents (Article 18)

At the present time, there are three 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

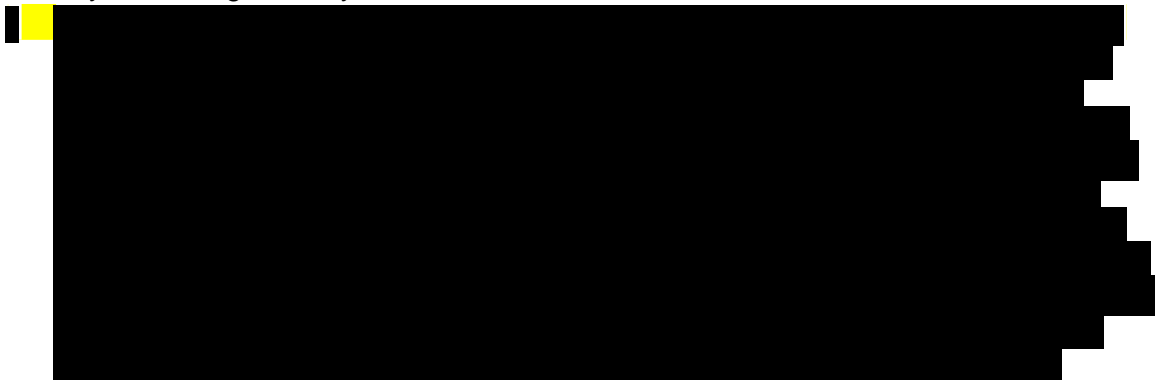
(i) Keeping Children Safe

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

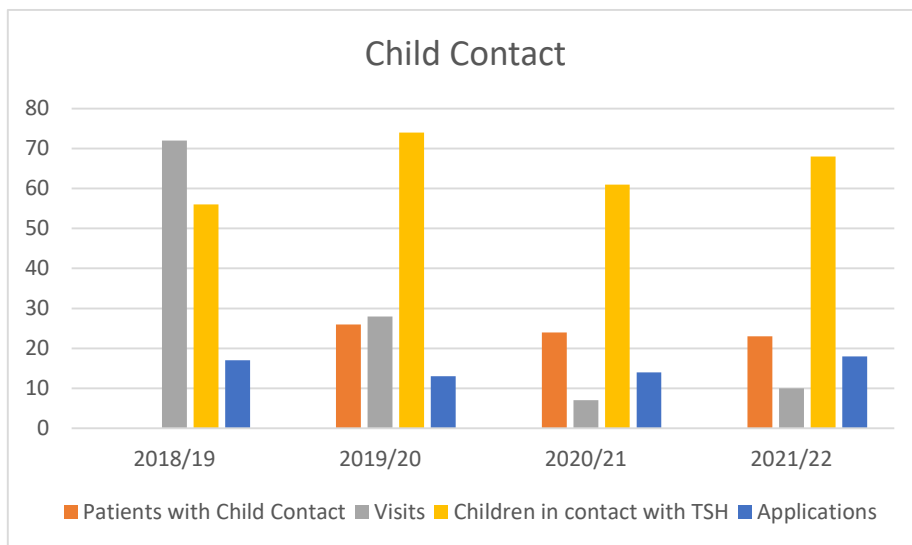
The following represents many of the key performance headlines and achievements of the past 12 months:

- 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).
- There are 29 parents within the patient group. From these, 7 have some form of contact with their child. A further 10 have contact with adult descendants.
- In total, 23 patients are authorised to have some form of child contact. These figures are broadly consistent with previous years.
- There were 10 child visits to the hospital during the reporting period which represents a small increase in numbers when compared to the previous year. However, numbers are yet to recover to pre-pandemic rates. Infection control measures, travel costs and the provision of video visits have contributed to fewer on-site visits taking place. Social Work are engaging with families to discuss child contact and provide support.

- 18 child contact applications were received during the reporting period which represents a small increase.
- 13 children were removed from the list in the reporting period as a result of patient transfers, the child transitioning to adult visiting and one family not sustaining contact.
- At the end of the reporting period 68 children were approved to have some form of contact with a State Hospital patient. This is an increase of 5 when compared to the previous reporting year.
- 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.



- New National Guidance for Child Protection has been published and incorporated into the new Keeping Children Safe Policy.



(ii) Adult Support and Protection

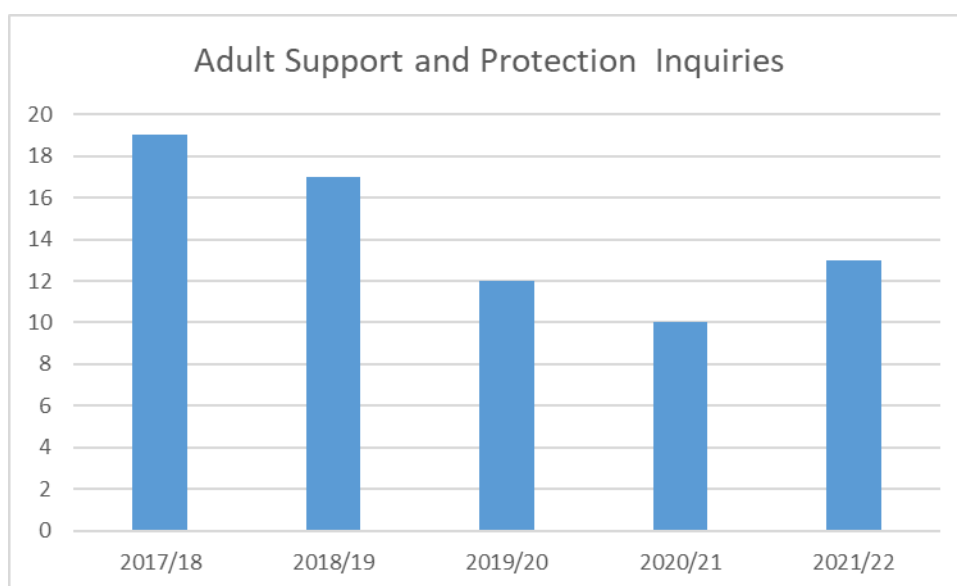
Similarly, to Keeping Children Safe, Adult Support and Protection has been impacted by the effects of Covid-19 and there have been reduced figures in terms of activity in the past 12 months. Positively, all referrals and inquiries have been able to proceed in accordance with the policy and procedures 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:

- 13 Adult Protection inquiries were undertaken during the reporting period. This represents an increase from the previous year. The ongoing impact of Covid-19,

ward closures and patients being nursed in smaller groups has contributed to lower figures than was the case pre-pandemic.

- Of the 13 inquiries undertaken, 7 related to patients with a diagnosed intellectual disability.
- Of the 4 ID patients named within referrals, 3 were based outwith the ID service.
- The most common source of harm noted was patient/patient interactions which accounted for 7 inquiries, with 5 referrals relating to patient/staff interactions and one pertaining to financial harm with an external source.
- The breakdown of inquiries by hub is as follows: Iona, 6, Mull, 3, Arran, 3 and Lewis, 1.
- DATIX reports continue to be screened by social work for possible adult protection issues.
- The majority of the referrals required no further action following completion of inquiries under the ASP legislation. However, some inquiries were complex and were subject to additional investigation with the support of external partners.
- 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.



(iii) Training

- The e-learning modules on Learnpro for Keeping Children Safe training and Adult Support and Protection are now well established
- 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	465	448	17	96.3%
ASP Level 1 Online Module - Refresher	465	368	97	79.1%
ASP Level 2 – Training	472	338	129	72.8%
KCS Level 1 Online Module	465	445	20	95.7%
KCS Level 1 Online Module - Refresher	465	360	84	77.6%
KCS Level 2 - Training	464	368	96	79.3%

Over the last 12-months, a total of 6 Keeping Children Safe Level 2 training courses were scheduled for delivery, with capacity to train 72 staff. Two courses were cancelled due to staffing pressures and inability to release staff to attend. Of the 4 courses that were delivered during this period, the attendance levels were low, with only 30 attendees, and uptake on available places was only 41.7%.

Over the last 12-months, a total of 6 Adult Support & Protection Level 2 training courses were scheduled for delivery, with capacity to train 72 staff. Four courses were cancelled due to staffing pressures and inability to release staff to attend. Of the 2 courses that were delivered during this period, the attendance levels were low, with only 17 attendees. Overall uptake on available places was only 23.6%.

Social Work have maintained links with the Nursing Practice Development Team and are able to support inputs being delivered during the induction of new staff. This should mitigate some of the issues in relation to the release of nursing staff from the wards to attend training.

Feedback from delivered sessions continues to be positive. Training materials continue to be reviewed and updated to reflect legislative changes, emerging significant case reviews and experiences within The State Hospital.

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
KCS Policy to be reviewed	Achieved	Policy has been reviewed following publication of new National Guidance.
Further migration of Child and Adult Protection related templates etc from word based docs to RiO.	In Progress	Work is now progressing with Rio Oversight and Development Group (ROAD) to address these issues.
Continuing to deliver KCS and ASP Level 2 Training and promote attendance.	In Progress	ASP and KCS Level 2 Training dates has been delivered where possible and future dates agreed through to April 2023. The CAPF will continue to engage with

		departmental leads to promote participation and consider opportunities to increase attendance.
KCS Level 2 Training to be updated in context of new national guidance.	Achieved	Key features of new national have been incorporated into learning materials.
Continue to promote use of video visits as a means of supporting child contact.	Achieved	Work will continue with patients and families to support contact via video visits.
Learning from 'near misses' and Keeping Children Safe and adult protection incidents.	Achieved	Relevant issues continue to be discussed at the Child and Adult Protection Forum and any learning shared.
To prepare and submit Corporate Parenting report to Scottish Government as per requirements.	Achieved	Corporate Parenting Plan 2021 – 2023 was completed and submitted to Scottish Government Corporate Parenting Team.

4. Performance against Key Performance Indicators

Key performance indicators

	Improvement Indicator	Outcome Measures	
1.	Child Contact Assessments	To be completed within 31 days of application being received	18 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	192 Child Protection Summaries were completed in relation to 195 CPA meetings which took place achieving compliance of 98.5%.
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 70% of cases.

			Four inquiries were adapted and extended to take account of the circumstances and needs of the patients involved and to support their meaningful involvement.
7.	Training – ASP Level 1	100% Target completion rate for target group.	96.3% achieved. This is a 1.6% increase from the previous period.
8.	Training – ASP Level 2	100% Target completion rate for target group.	72.8% achieved. This is a reduction of 5.2% from the previous period.
9.	Training – KCS Level 1	100% Target completion rate for target group.	95.7% achieved. This is an increase of 1% from the previous period.
10.	Training – KCS Level 2	100% Target completion rate for target group.	79.3% achieved. This is a reduction of 3.1% from the previous period.

Delivery of face to face training has continued to present significant challenges over the past 12 months. Covid restrictions have played a significant part and current staffing challenges have meant that it has been extremely difficult for staff to be released to engage in these sessions. We require to be mindful of the importance of this training and the potential risks of not achieving our stated aims. The CAPF are considering options to target 'hard to reach' staff groups and directly input to them in a more flexible way to try and address the current issues.

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 Manager meets with the Director of Nursing on a monthly basis to discuss current child and adult protection activity and are a standing item within Social Work team meetings.

Training figures are produced on a quarterly basis by the Learning and Development team and passed to the CAPF for discussion. The Learning and Development team have also committed to providing monthly updates of headline figures to assist with monitoring. Departmental leads assume responsibility for addressing any deficits within their remit.

The Social Work Manager participates 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.

We have continued to engage with The Scottish Government Corporate Parenting Team and submitted our local plan within the reporting period. We engaged with the national team in relation to our commitments to uphold the United Nations Convention on the Rights of the Child. 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 Keeping Children Safe Policy has been updated in line with the newly published national guidance and following collaboration with key stakeholders and specialists in this field.

The State Hospital Corporate Parenting Plan 2021 – 2023 has been submitted to the Scottish Government Corporate Parenting Team and an update will be provided on our progress in 2023.

Training materials have continued to be updated and developed to ensure they provide up to date information and practice guidance. Developments arising from the new national guidance on Child Protection have been integrated into the Keeping Children Safe Level 2 training.

A member of the Social Work team is currently working towards the Post Graduate Certificate in Adult Support and Protection with the aim of improving expertise within The State Hospital.

The Social Work Team 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. All assessments of child contact seek to include the views of the child within the assessment paperwork.

Child visits have shown a slight increase in this review period and feedback from those attending the Family Centre – patients and their families – has continued to be very positive in terms of the overall experience, the environment and the input from the supporting staff. The Person Centred Improvement Team continue to support child contact visits and are now able to offer a range of visiting times to better accommodate families.

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.

As noted, in a number of inquiries patients were supported to engage in inquiries over an extended period in order to take account of their individual circumstances including communication needs and coping strategies. Work has involved liaison with Speech and Language Therapist and significant support from advocacy services in order to promote the meaningful involvement of the patient.

iii) Training

Whilst there have been significant challenges in respect of the delivery of Level 2 Keeping Children Safe and Adult Support and Protection training, the overall feedback from participants has been very positive. We hope to develop

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

Planned Activity	Action Required
Further migration of Child and Adult Protection related templates etc from word based docs to RiO.	Social Work staff are engaging with the Rio Oversight and Development Group to achieve this.
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 2023. The CAPF will continue to engage with departmental leads to promote participation. Training will be offered via in-person, Teams and by in-reach to ward staff to promote participation.
Monitor and review the uptake of video visits.	Continue to work with families to offer and support video visits. Develop improved feedback and monitoring of this form of contact.
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.

9. Next review date

Next year's Annual Report to the Committee on Keeping Children Safe and Adult Protection is scheduled for November 2023.