

THE STATE HOSPITALS

CHILD AND ADULT PROTECTION ANNUAL REPORT

TO

THE CLINICAL GOVERNANCE COMMITTEE

1 October 2022 until 30 September 2023

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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. Staff from all disciplines within the hospital have clearly defined responsibilities. We work in accordance with the relevant statutory frameworks and our practice is underpinned by local policies and procedures, primarily The State Hospital Keeping Children Safe Policy, and The State Hospital Adult Support and Protection Policy.

As we have worked to recover from the impact of the Covid-19 pandemic, the business of the Child and Adult Protection Forum has continued and the group has continued to meet via Teams to ensure that the priorities continue to be addressed and issues of child and adult protection remain at the forefront of work within The State Hospital.

Statistics contained within the report are based upon the 12 month reporting period dating from 1 October 2022 until 30 September 2023.

(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'. 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 inquiries and a requirement upon each local authority to introduce multi-agency Adult Protection Committees (APC) 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 The State Hospital.

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 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, and including, 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 TSH Corporate Parenting Plan (CPP) 2021 – 2023 has been published on the hospital website and will be reviewed and refreshed in the coming weeks as we consider our progress and prepare our new plan for 2024 – 2026. Care experienced young people are identified upon admission by multi-disciplinary assessment in conjunction with Health Records colleagues. Individual Corporate Parenting 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.

At the present time, there are only two 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.

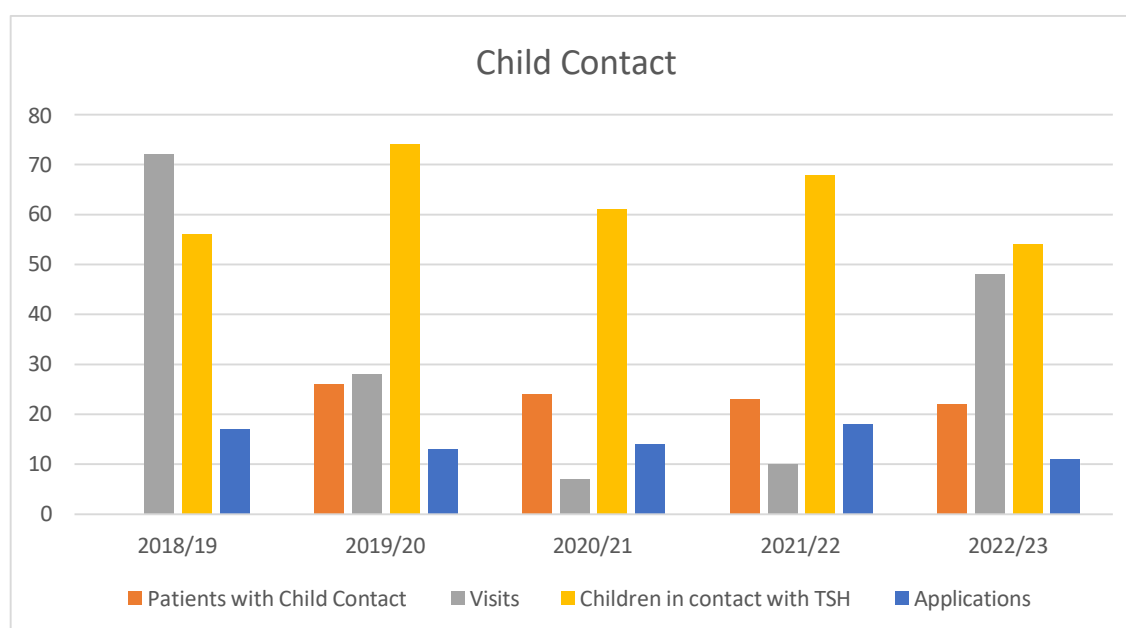
2 Summary of Core Activity for the last 12 months

(i) Keeping Children Safe

The Covid-19 pandemic had a significant impact upon the Keeping Children Safe agenda. Most notably there had been a sustained reduction in the frequency of child visits to the hospital as a result of health, safety and infection control measures. However, this 12 month period has seen a considerable increase in child contact visits as we continue to recover from the impact of the pandemic.

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 currently 26 parents within the patient group. Of these, 6 have some form of contact with their own child aged under 16 years and 14 have contact with adult children.
- In total, 22 patients are authorised to have some form of child contact. This represents a reduction in last year's figures and is a consequence of patients having moved on and children becoming adult visitors.
- There were 48 child visits to the hospital during the reporting period which represents a significant increase in numbers when compared to the previous year (10). Social Work continue to work with families to discuss child contact and provide support.
- 11 child contact applications were received during the reporting period which is a reduction from the previous year's activity.
- 14 children were removed from the authorised child visitor list in the reporting period. 10 were removed as a result of patient transfers. In two cases, the child transitioned to adult visiting arrangements and one patient sadly died resulting in two children no longer visiting the hospital.
- At the end of the reporting period 54 children were approved to have some form of contact with a State Hospital patient.
- 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.

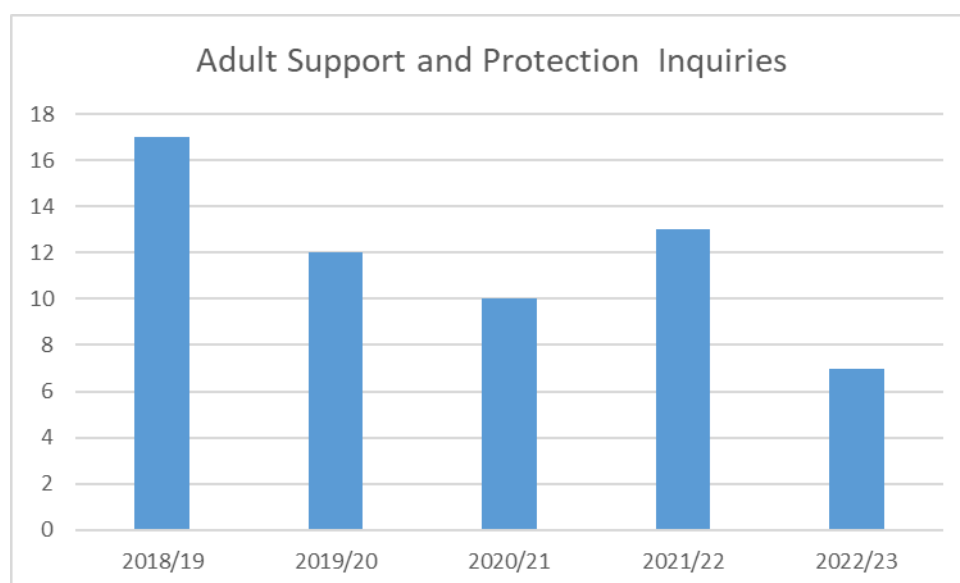


(ii) Adult Support and Protection

Adult Support and Protection issues continue to be regularly monitored and reviewed. Over the past 12 months there has been a reduction in figures in terms of activity. In spite of challenges presented by the continued impact of Covid-19 and staffing challenges across the site, 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:

- 7 Adult Protection inquiries were undertaken during the reporting period. This represents a reduction from the previous year.
- Of the 7 inquiries undertaken, 5 related to patients with a diagnosed intellectual disability.
- Of the 5 ID patients named within referrals, 2 were based outwith the ID service at the time of referral. Since the new Clinical Model has been implemented all have returned to the ID service.
- The most common source of harm noted was patient/patient interactions which accounted for 5 inquiries, with 2 referrals relating to patient/staff interactions.
- The breakdown of inquiries by hub is as follows: Iona, 6, and Lewis, 1.
- DATIX reports continue to be screened by social work for possible adult protection issues and adult protection remains a standing item on the Duty of Candour agenda.
- All referrals required no further action following completion of inquiries under the ASP legislation. The most common outcome was an amendment to the patient care in order to promote patient safety.
- 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 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 | 2021/22 Compliance | 2022/23 Compliance |
|---------------------------------------|---------------------------|---------------------------|
| ASP Level 1 Online Module | 96.3% | 97.6% |
| ASP Level 1 Online Module - Refresher | 79.1% | 82.7% |
| ASP Level 2 – Training | 72.8% | 81% |
| KCS Level 1 Online Module | 95.7% | 97.8% |
| KCS Level 1 Online Module - Refresher | 77.6% | 85.1% |
| KCS Level 2 - Training | 79.3% | 81% |

Over the last 12-months, a total of 10 Keeping Children Safe Level 2 training courses were scheduled for delivery, with capacity to train 120 staff. 9 courses were delivered with one cancelled. Of the courses that were delivered during this period a total of 70 staff attended and uptake on available places was 58% - a considerable improvement on the previous year.

In the reporting period a total of 12 Adult Support & Protection Level 2 training courses were scheduled for delivery, with capacity to train 144 staff. All 12 courses were delivered with a total of 74 staff in attendance. Overall uptake on available places was 52% and over 4 times as many staff participated in comparison to the previous year.

Social Work have continued to maintain positive links with the Nursing Practice Development Team and are able to support training inputs being delivered during the induction of new staff.

Feedback from delivered sessions continues to be positive. Training materials have continued 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 |
|--|--|--|
| Further migration of Child and Adult Protection related templates etc from word based docs to RiO. | In Progress | <p>Restricted Documents for Child and Adult Protection have been tested and added to RiO.</p> <p>Additional work on RiO to support improved monitoring of Video Visits has been completed.</p> <p>Amendments have been made to Child Protection Summaries to support improved data monitoring.</p> |
| Continue to deliver KCS and ASP Level 2 Training and | Achieved | The CAPF will continue to engage with departmental leads to promote participation |

| Future areas of work stated in previous report | Achieved / In Progress / Not Achieved | Progress to Date |
|---|--|---|
| promote attendance. | | and consider opportunities to increase attendance. Feedback will be provided to Organisational Management Team to address emerging issues. |
| Monitor and review the uptake of video visits. | In Progress | Additional work on RiO to support improved monitoring of Video Visits has been completed. This should allow greater monitoring via the CAPF in the coming months. Ongoing work in relation to Digital Inclusion will significantly enhance monitoring and review capabilities. |
| 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. |

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 | 11 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 | 184 Child Protection Summaries were completed in relation to 187 CPA meetings achieving compliance of 98.4%. |
| 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 60% of cases. Inquiries were adapted and extended to take |

| | Improvement Indicator | Outcome Measures | |
|-----|------------------------|---|--|
| | | | 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. | 97.6% achieved. This represents a 1.3% increase from the previous period. |
| 8. | Training – ASP Level 2 | 100% Target completion rate for target group. | 81% achieved. This is an increase of 8.2% from the previous period. |
| 9. | Training – KCS Level 1 | 100% Target completion rate for target group. | 97.8% achieved. This is an increase of 2.1% from the previous period. |
| 10. | Training – KCS Level 2 | 100% Target completion rate for target group. | 81.6% achieved. This is a 1.7% increase from the previous period. |

There has been a concerted effort to improve the delivery of face to face training over the past 12 months with collaboration between Social Work, Nursing Practice Development, the Learning Centre and heads of departments. We have seen a significant improvement in the number of staff being trained over the past 12 months which, within the context of ongoing staffing challenges, is a positive achievement.

Training rates will continue to be monitored via the Child and Adult Protection Forum with feedback provided to relevant departments and the Organisational Management Team in relation to any emerging areas of concern.

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 every two months by the Learning and Development team and passed to the CAPF for discussion. Departmental leads assume responsibility for addressing any deficits within their remit with communication to the Organisational Management Team as required.

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.

6. Quality Improvement Activity

Training materials continue to be updated and developed to ensure they provide up to date information and practice guidance. Developments arising from emerging national guidance on Child Protection have been integrated into the Keeping Children Safe Level 2 training with similar developmental work ongoing in relation to Adult Support and Protection.

A member of the Social Work team successfully completed the Post Graduate Certificate in Adult Support and Protection with the aim of improving expertise within The State Hospital. Additional recruitment has taken place with a new team member having previously achieved the award.

The Social Work Manager has liaised with colleagues across the high secure services as they seek to develop their child contact procedures. Our experience and learning has been welcomed as they seek to improve their service delivery.

Approaches to enhancing the breadth of child contact have also been considered. Work is set to commence to produce child friendly versions of relevant information and the CAPF has supported further exploration of the Storybook Dads initiative to further develop parental relationships.

Further to engagement with the Lanarkshire Adult Protection Committee, The State Hospital were able to be included in the rollout of the Adult Support and Protection Decision Making Tool. This is a web or App based program designed to support practitioners across the multi-agency workforce and provides accessible guidance and good practice information in relation to adult protection issues. This has now been made available to all staff within The State Hospital.

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 reflect the views of the child within the assessment paperwork.

As noted, there has been a significant increase in the number of child contact visits which have taken place over the past 12 months. This is a positive development and visitors have commented upon the welcome they receive, the friendliness of supervising staff and the positive atmosphere within the Family Centre. The increase in child visits has, on occasion, created difficulties for adult visitors booking visits. Child visits are prioritised and cannot proceed at the same time as adult visits due to well-established safeguarding protocols. The Person Centred Improvement Team have worked with nursing colleagues to support additional visits over the weekend to try and ensure equitable access.

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. These views are recorded and form a critical part of the inquiries and subsequent interventions.

iii) Training

As noted, there has been a significant improvement in the number of staff who have participated in face to face training over the past 12 months. This provides increased opportunity for discussion of practice related matters. Feedback in relation to the quality of the training has been very positive and staff have also highlighted developmental and practice issues which have been fed back to the relevant professional groups via the Child and Adult Protection Forum.

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. | <p>ASP and KCS Level 2 Training dates has been delivered and future dates agreed through to April 2023.</p> <p>The CAPF will continue to engage with departmental leads to promote participation.</p> <p>Training will be offered via in-person, Teams and by in-reach to ward staff to promote participation.</p> <p>Training materials will be reviewed on an ongoing basis to ensure they remain current and relevant to the service.</p> |
| Monitor and review the uptake of video visits. | <p>Continue to work with families to offer and support video visits.</p> <p>Additional work on RiO to support improved monitoring of Video Visits has been completed. This should allow greater monitoring via the CAPF in the coming months.</p> <p>The current video visit platform will be changing in the coming months. Work will be required to support families during this transition.</p> |
| Develop and publish the State Hospital Corporate Parenting Strategy 2024-2026. | Engage with Who Cares Scotland, relevant stakeholders and groups to develop the new strategy for the hospital. |
| Develop child friendly literature in relation to The State Hospital. | Engage with partner agencies, stakeholders and professional groups to develop and publish information on the hospital and child contact in accessible, child-friendly formats. |

9. Next review date

Next year's Annual Report to the Committee on Keeping Children Safe and Adult Protection is scheduled for November 2024.