

SAFEGUARDING ANNUAL BOARD REPORT 2022

Author
Annmarie Milliken
Head of Safeguarding

Contents

EXECUTIVE SUMMARY	3
INTRODUCTION	4
STRATEGIC GOALS AND SAFEGUARDING	4
GOVERNANCE ARRANGEMENTS	5
SAFEGUARDING AUDITS	7
SAFEGUARDING REFERRALS	8
PREVENT AND RADICALISATION REFERRALS	11
SAFEGUARDING CONCERNS - ORGANISATIONAL ABUSE	12
PERSONS IN A POSITION OF TRUST – MANAGING ALLEGATIONS	13
SAFEGUARDING RESTRAINT INCIDENTS	14
LOOKED AFTER CHILDREN	16
SERIOUS CASE REVIEWS	16
SAFEGUARDING SUPERVISION	17
SAFEGUARDING TRAINING	18
COMPLAINTS	19
POLICIES AND PROCEDURES	20
DATIX DASHBOARDS – SAFEGUARDING	20
SAFER RECRUITMENT	21
WHISTLEBLOWING & FREEDOM TO SPEAK UP	22
NATIONAL UPDATES	22
CONCLUSION	23

EXECUTIVE SUMMARY



At Priory we are always committed to creating the safest and most supportive services that we can. A fundamental part of this is having the highest standards around our practice, policy and training around Safeguarding. We have focussed in the last year on investing in expertise, Safeguarding leadership training and refining our reporting and learning systems.

As the Executive Lead for Safeguarding I am very pleased with the progress that we have made, the way we are making training real for our colleagues and the mechanisms that we are creating to understand and learn. We have engaged with external opportunities to develop the way that we operate and are continuously looking outward for ways to improve what we do.

This annual report will outline what we have done, what we have learned and what we are doing to enhance our Safeguarding work.

A handwritten signature in black ink, appearing to read 'Colin Quick', written in a cursive style.

Colin Quick, Chief Quality Officer, Chief Nurse and Director of Infection Prevention and Control

1 INTRODUCTION

- 1.1 Priory is committed to the principles of safeguarding all children and adults who may be at risk. All staff are inducted on the ethos that safeguarding is everyone's business within Priory (including permanent, bank, agency, students, contractors and volunteers) thus ensuring colleagues are aware they have a duty to recognise and action when they suspect or know abuse is taking place. This process is in compliance with Priory policies and procedures interlinked with governing legislation and statutory guidance. It is by having these policies and procedures in place Priory can be assured that those working with Priory collectively support service users to ensure they are free from harm, abuse and neglect and when such incidents occur, they are treated seriously and managed effectively.
- 1.2 The aim of this report is to provide assurance to the Priory UK Board and our partners that we deliver safe and effective interventions to service users which offer person centred care and support encompassing the principles of safeguarding. Making Safeguarding Personal and Think Family are approaches that are enshrined within Priory practice. This report will reflect key safeguarding activities, including recognised developments, trends and challenges during the year across Priory Adult Care and Healthcare divisions, incorporating children and adult safeguarding from the period 1 January 2022 to 31 December 2022.

2 STRATEGIC GOALS AND SAFEGUARDING

- 2.1 Safeguarding is everyone's business; it can be seen in every part of Priory as a leading service provider of health and social care services. When looking at Priory's Strategic Goals, we are able to see clear links to safeguarding and its underlying principles.

<p>2.2 To cover the entire service user journey from acute to least intensive support</p>	<p>Least restrictive practice is at the heart of Priory practice. By utilising a person centred approach in every aspect of the business, intervention is targeted to each individual meeting their needs and outcomes.</p>
<p>To offer evidence-based clinical pathways to patients and service users, focusing on the areas where we deliver best in class</p>	<p>With safeguarding being an intrinsic part of the evidence-based working practices within Priory, the pathways within services showcase commitment to ensuring service users are safe whilst in our care. This is bolstered by links between Healthcare and Adult Care divisions to ensure the needs of individuals are met utilising the expertise within the organisation.</p>
<p>To provide outstanding career development opportunities so that we can be the employer of choice in the health and social care sector</p>	<p>Priory deliver high class safeguarding training to all of Priory staff at the level they require. We have an established programme of learning and development to meet the needs of Priory colleagues and our service users which continues to be reviewed and developed.</p>
<p>To be in the top quartile for measured outcomes for all service users</p>	<p>In ensuring 'Think Family' and 'Making Safeguarding Personal' are underpinning all safeguarding practice within Priory, we ensure the voice of the service users we support is central to practice, capturing desired outcomes throughout an individual's journey.</p>
<p>To be the leader in digital healthcare for health and social care</p>	<p>Priory utilise and seek to expand on their use of digital solutions to support safeguarding.</p>

	This covers data entry, learning, audits and questionnaires with Priory colleagues and service users both target recipients for these.
To embed a culture of openness, inclusion and trust where people feel they belong	Priory are committed to ensuring a safe, open and transparent culture within all of its services that is aligned to safeguarding. Priory seeks to ensure service users and colleagues are enabled and supported to speak up should they have concerns without fear of repercussion.
To focus on sustainable funding and growth that supports our service users and uses resources effectively	Safeguarding puts individuals at the centre of their journey and as a health and social care organisation we work to support the individual to learn and develop, to build up skills and knowledge they require to keep themselves safe.

3 GOVERNANCE ARRANGEMENTS

- 3.1 Priory takes its responsibility and accountability for safeguarding seriously, and as such there is clear reference within the safeguarding policies that a 'Board to Floor' approach is utilised within the organisation. This approach is bolstered by Priory services connecting to procedures within their local area and incorporate this into the overall safeguarding governance within every service.
- 3.2 February 2022 saw the introduction of a new post for Priory; Named Nurse for Safeguarding Children, Looked after Children and Transitions. This brought Priory specialist knowledge and expertise within this area to support the ongoing developments and alignment to safeguarding children.
- 3.3 February 2022 also saw a change in Regional Safeguarding Leads moving from the Operations Directors (Healthcare) to Regional Quality Improvement Leads. Moving these roles into the Nursing and Quality Team incorporated it into the quality and assurance framework overseen by the Chief Quality Officer and Executive Lead for Safeguarding.
- 3.4 May 2022 saw a change in safeguarding leadership with a new Head of Safeguarding and Named Professional for Adults joining Priory bringing specific leadership, guidance and support.
- 3.5 November 2022 saw a change within Adult Care, creating similar alignment to Healthcare bringing the roles of Regional Safeguarding Lead to sit with the Associate Directors of Quality and Assurance. Scotland and Northern Ireland maintain using the Operations Director as Regional Child and Adult Protection Lead to support continued progress and high quality work with strong links with the Regional Safeguarding Leads and Divisional Safeguarding Lead. This change brought the role of Regional Safeguarding Lead into direct oversight and management of the Director of Quality and Divisional Safeguarding Lead. This has created direct leadership and guidance providing better governance to drive quality improve and assurance of systems and processes.
- 3.6 The developments within the Adult Care and Healthcare divisions have supported improved oversight of the regions, with assurance and accountability clear with lines of reporting and escalating.
- 3.7 Each safeguarding committee reviews its Terms of Reference and attendee list annually. Ongoing developments are occurring to explore Expert by Lived Experience involvement within safeguarding committees.

- 3.8 The above structure changes across Priory show an ongoing commitment for visible and accessible leadership to support and guide staff in the complex area of safeguarding with a full overview available via Figure 1.
- 3.9 Development of the Safeguarding Committees within each division has commenced to ensure these are fit for purpose. Each Committee ensures they have full overview of the safeguarding activity within their respective divisions, with direct oversight of high level incidents and compliance. Safeguarding is now represented within the monthly Quality Assurance pack to ensure full and consistent oversight driving quality in this area. Each division ensures clear reporting and oversight which will be further bolstered with the development and implementation of a cross divisional Safeguarding Committee. Please refer to Figure 1 for visual structure overview.

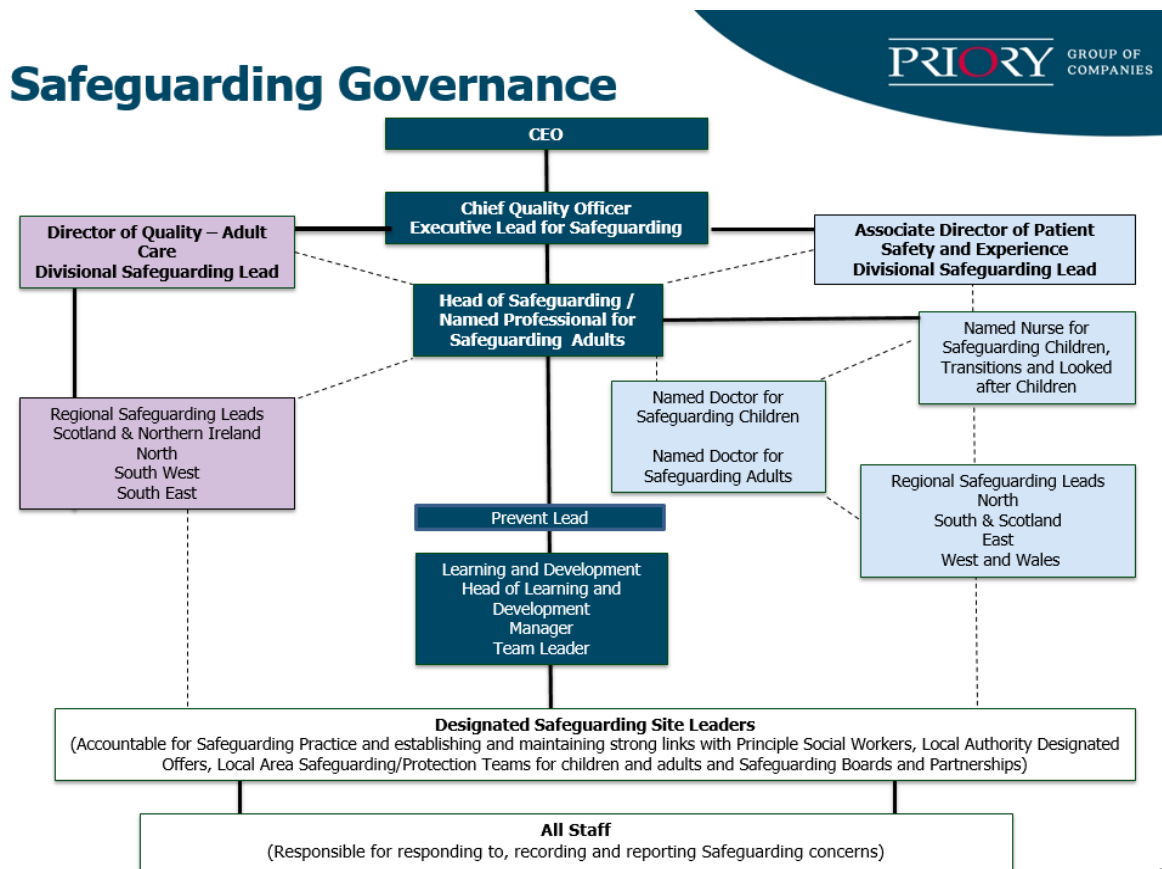


Figure 1: Safeguarding Governance Structure

4 SAFEGUARDING AUDITS

4.1 As a commitment to engage service users within Priory alongside our colleagues, each year both divisions commence a safeguarding audit. This looks at three different areas.

- Service user experience
- Designated Safeguarding Lead understanding
- Priory colleagues Understanding

4.2 **Overall finding from Healthcare audit:**

- 62 sites completed the Designated Safeguarding Lead audit
- 1161 staff completed the Safeguarding Survey from across all sites
- 524 patients completed the Safeguarding survey covering the majority of sites

Top Highlights

- Designated Safeguarding Lead audit:
 - 98% of sites record all safeguarding incidents on Datix.
 - 98% of sites have a process in place for escalating high risk, high profile concerns to Senior Management.
 - 100% of sites feel they have a good working partnership with their regulatory body
 - 97% of sites feel that their safeguarding process takes into account of individuals personal and cultural views/characteristics and attributes
 - 100% of sites felt they were able to correctly identify and explain the safeguarding ethos of risk enablement and positive risk taking,
- Staff Audit:
 - 94% of staff are able to identify who their overall site lead is for Safeguarding.
 - 98% of staff feel supported to be able to recognise safeguarding incidents
- Patient Audit:
 - 97% of patients said the information provided to them about safeguarding was clear and easy to understand.
 - 90% of service users felt they could talk to staff about things that were upsetting them at present

4.3 **Overall findings from Adult Care Audit:**

- 204 services completed audit in full, 4 services partially completed and 2 services did not complete the safeguarding audit
- 1599 staff completed the safeguarding survey from across Adult Care
- 914 service users completed the safeguarding survey

Top Highlights

- **Designated Safeguarding Lead Audit**
 - 98% of all sites record all safeguarding incident son Datix
 - 96% of services feel their safeguarding process takes account of an individual's personal and cultural views/characteristics and attributes
- **Staff Audit**
 - 99% of staff who responded felt supported to be able to recognize safeguarding incidents
- **Service User Audit**
 - 91% of service users said the information provided to them about safeguarding was clear and easy to understand
 - 99% of service users felt they could talk to staff about things that were upsetting them at present

4.4 Areas for development

- Information accessibility: Work is ongoing to ensure all sites have access to accessible and meaning information to support service users going through a safeguarding process.
- Increase visibility of Safeguarding Senior Leadership
- Introduction of a new safeguarding log with triangulation between Datix and record including electronic and paper
- Inclusion of safeguarding as an agenda item within governance meetings
- Decrease felt barriers for service users by supporting family engagement during safeguarding incidents

4.5 All above areas of development are in action with progression made and reportable to the respective Safeguarding Committees.

5 SAFEGUARDING REFERRALS

5.1 Safeguarding practice evolves, incorporating current evidence based practice to ensure that individuals who are supported by Priory receive the best possible care. Alongside understanding safeguarding incidents within a specific year, it is important to have an overview of incidents over a period of time to support trend analysis. Figure 2 shows the rate of safeguarding incidents over a three year period. There is a sharp rise in referrals during over 2020 and 2021 which is in line with expectations and the impact Covid-19 had on safeguarding vulnerable individuals. In 2022, we are able to see 21.7% reduction in safeguarding incidents.

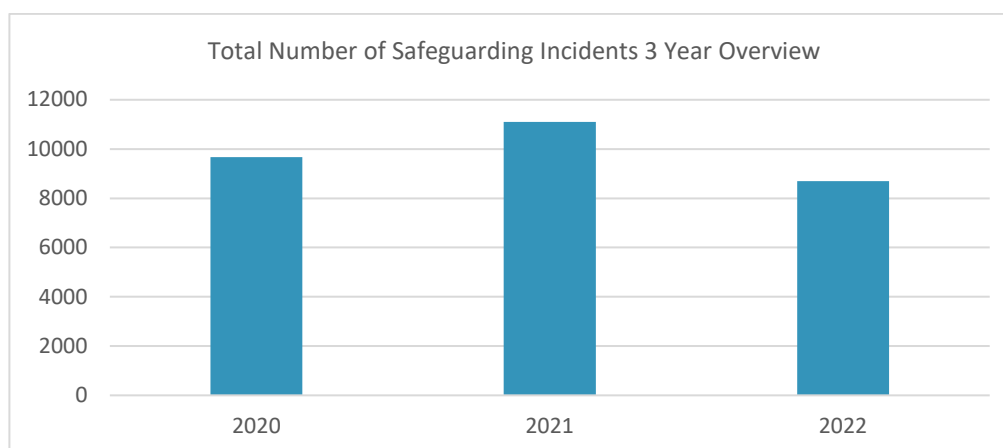


Figure 2: Safeguarding Incidents Three Year Overview

**Figure 2 is inclusive of Adult Care and Healthcare divisional data, excluding children and education services which relocated to Priory Aspris July 2021.*

5.2 The total number of safeguarding referrals raised across Priory in 2022 were 7408, with Healthcare totalling 4711 safeguarding concerns raised and Adult Care 2697. Figure 3 highlights the yearly referral rates across both divisions separating incidents related to children and adults. As Priory services have substantially more adult provision, as expected, there is a significantly higher proportion of adult safeguarding incidents being reported. Children and young people's services makes up a total of 17% of safeguarding incidents raised therefore seen within proportionate to the number of services Priory have overall.

5.3 In total during 2022, Priory had 8 hospitals providing services to children and young people. As of 2023, this has reduced to 7 with the closure of Kent House. Kent House's location was the main contributory factor to its closure as the location was rural which impacted on recruitment and

retention of specialist CAMHS trained staff. These factors impacting directly on the sustainability of the service.

- 5.4 Priory services have seen an increase in children with complex mental health and behavioural challenges being referred into its services and a reduction in lesser acute referrals. NHS England are working towards modernising mental health services available to children and young people within the community providing accessible services so that more children and young people can be supported at home. Priory have five specialities within CAMHS and from this, 86% of all safeguarding incidents related to children and young people were reported in Acute, PICU and Long Stay Units. This demonstrates a clear link to the changes being made within NHS England and the noted referrals received into Priory services and young people being admitted into Priory services.

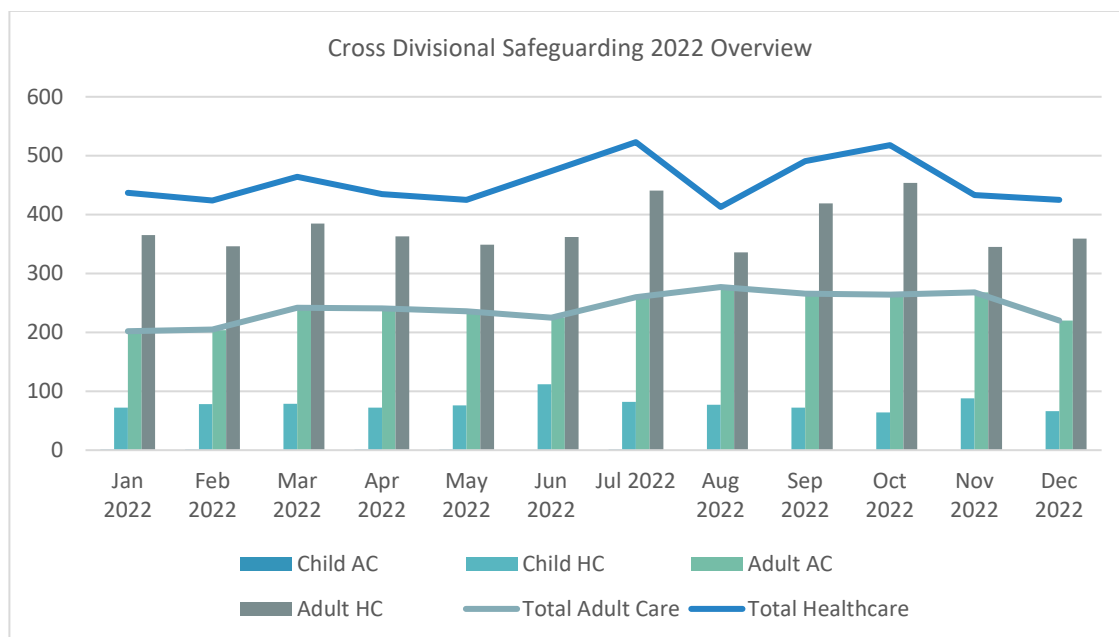


Figure 3: Cross Divisional Safeguarding Referrals

- 5.5 In looking at the data available in figures 4 and 5, the top 3 types of harm within the concerns being raised;

Healthcare

- Physical Abuse 35%
- Psychological Abuse 19%
- Sexual Abuse 18%

Adult Care

- Physical Abuse 52%
- Neglect & Acts of Omission 23%
- Psychological 8%

- 5.6 On review of the sexual abuse data, 52% of the concerns raised across Healthcare and Adult care combined are historical abuse or concerns which occurred out with the service user being in the care of Priory. A further 43% of concerns raised were incidents within Priory services where service users presented with sexualised disinhibition and were being supported to manage these behaviours. 5% of the sexual abuse data refers to allegations against staff members, of which 1.5% were upheld.

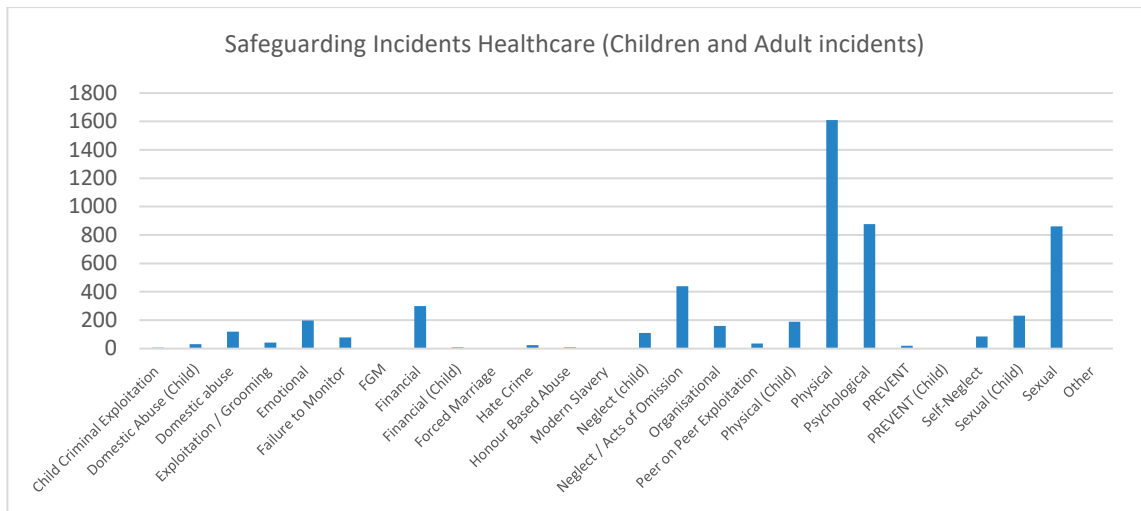


Figure 4: Healthcare Safeguarding Incident Type

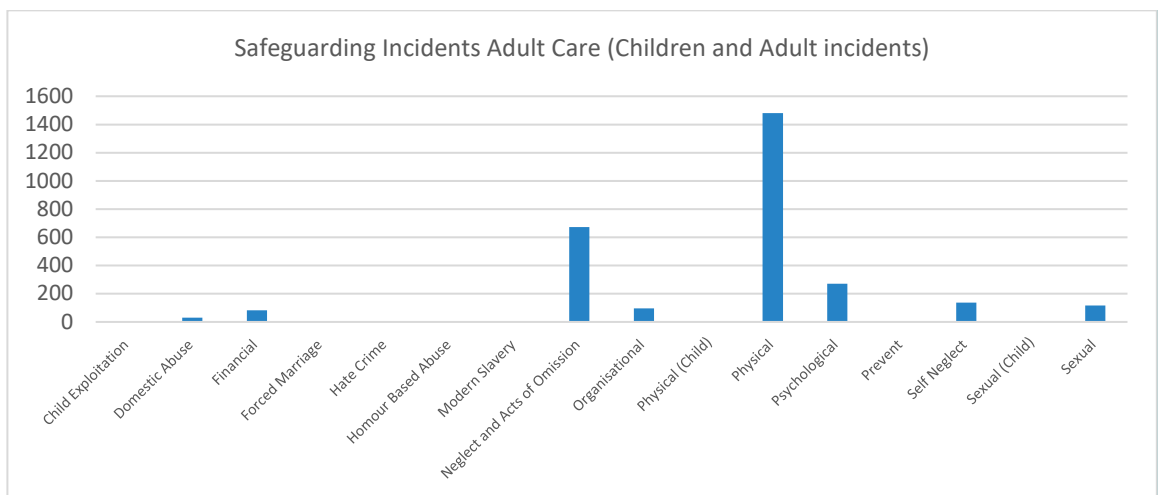


Figure 5: Adult Care Safeguarding Incident Type

5.7 Using figure 6 (below), it can be seen that the service lines with the highest safeguarding incident rates are the Acute 51% and Specialist Services 42% service lines. This information underpins what would be expected from the information known in regards to the complexities for service users who Priory support within these services. For the Acute services within Healthcare this also provides an indication to the high volume of service users utilising these services, rapid admission and discharge with a significantly higher proportion of service users receiving these services than other service lines in Healthcare.

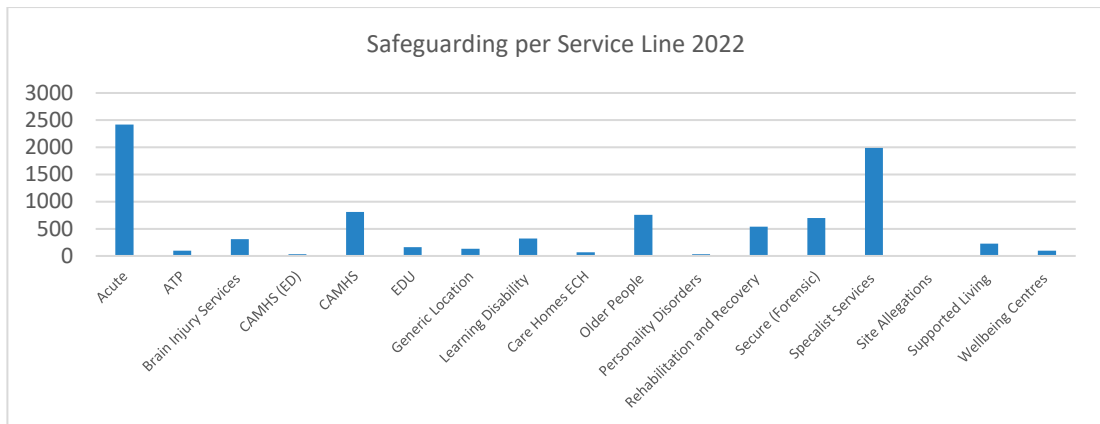


Figure 6: Safeguarding Incidents per Service Line

5.8 In May 2022, an agreed systems change occurred within Datix, in removing the 'not yet known' option when inputted and confirming if an incident was safeguarding related. This was to provide better clarity to incidents with answers now being 'yes' or 'no' available. This has significantly improved the decision making required within incidents which is displayed in figure 7. Having only yes or no as options within Datix benefits the safeguarding process allowing actions to occur swifter. The option of 'not yet know' created a system where incidents could fall through the safeguarding process.

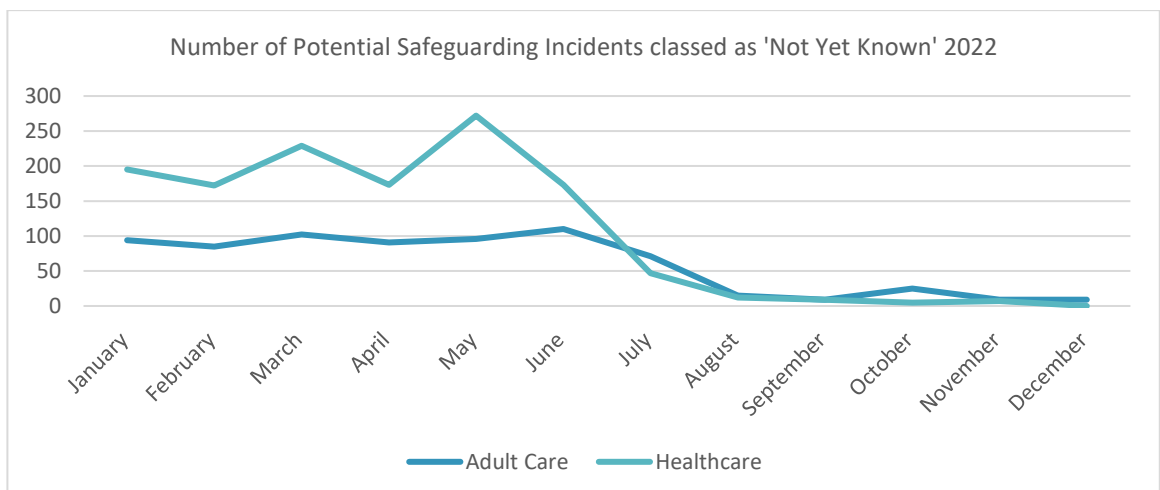


Figure 7: Safeguarding Incidents 'Not Yet Known'

6 PREVENT AND RADICALISATION REFERRALS

- 6.1 Across both the Healthcare and Adult Care divisions, continued work is required to ensure Prevent referrals are escalated via the informal processes whilst being inputted onto Datix. When Prevent data from the Prevent Lead is compared and contrasted to that from Datix, it does not align and highlights a systems process issue.
- 6.2 Datix informs us over 2022, there was one Prevent referral, although Priory Prevent Lead supported five Prevent escalations during quarter 4 of 2022 alone, four in October and one in December.

- 6.3 With this knowledge, work will be undertaken to focus of escalation with safeguarding which will include prevent to ensure escalations occur alongside the incident reporting system input. This will be done utilising a Prevent 7 Minute Briefing, a Lunch and Learn focused on raising a Prevent referral alongside a Standard Operating Procedure (SOP) for Safeguarding Escalation to ensure better understanding for all staff and appropriate data recording and escalation is in place.
- 6.4 The rate of referrals received by the Prevent Lead for Priory have been consistent over 2022 with no unexpected increases in reported. It was noted one referral related to radicalisation relating to the war in Ukraine.

7 SAFEGUARDING CONCERNS - ORGANISATIONAL ABUSE

- 7.1 It is essential that as part of the systems and processes within Priory, we establish and maintain links between each Healthcare and Adult Care sites where Organisational Abuse referrals are raised to ensure we understand the learning and input rapid change to support the service users in our care.
- 7.2 Although there is currently clear lines of escalation with safeguarding concerns, in 2023, the safeguarding reporting systems will include clear lines of organisational abuse escalation. All such concerns will be escalated to those in safeguarding leadership roles who will monitor progress, reporting this into their respective Safeguarding Committees to ensure there is a standardised accountability and assurance framework within Priory. As organisational abuse concerns can impact significantly on the operations of Priory, it is essential that this practice becomes embedded to ensure ongoing assurance.
- 7.3 Across Priory, in 2022 there were 255 Organisational Abuse referrals raised across 146 sites and services within the Divisions combined. This breaks down as 178 from within Healthcare and 77 within Adult Care.
- 7.4 At this current time, there are challenges to understand of these incidents how many were upheld/substantiated but this is a priority development area for Priory Safeguarding which will progress during 2023 where a process within Datix will be built upon.
- 7.5 Across the Group, the sites with the highest number of Organisational Abuse concerns were;

- **Priory Hospital Woodbourne – 20 (7.8%)**

From the 20 incidents recorded as organisation abuse, on review only 5 were correctly reported. Security; lack of searches resulted in drugs and banned and restricted items within the hospital and access keys not being removed from staff upon termination of employment. In addition to this, bugs were found in food items on one occasion due to lack of processes within kitchen environment and on a number of occasions medication for patients were low on supply impacting on administration equating to the wider viewpoint due to this trend being identified. 3 incidents were not upheld after investigation. 12 incidents are incorrectly identified as organisational abuse with the majority of these meeting the criteria for neglect/acts of omission.

- **Priory Hospital East Midlands – 17 (6.6%)**

From 15 incidents recorded as organisational abuse, on review of these 6 were correctly reported, 1 of which was submitted against another organisation. These incidents included security checks not being completed properly, risk assessments prior to leave not being completed and patient information being discussed openly in front of other patients. 2 incidents were not upheld after investigation and a further 9 had been incorrectly identified as organisation abuse.

- **Priory Hospital Cheadle Royal – 15 (5.8%)**

From the 15 incidents recorded as organisational abuse, on review only one was correctly recorded as such. This incident focused on the use of sodium valproate and female patients. One patient was admitted with no pregnancy test provided to assure the hospital this medication was

safe. An assumption was made due to the age of the patient, that they could not in fact be pregnant. It turned out the patient was pregnant with steps to change medication when this was known. On review, it was felt that age misconception played a major factor in the decision making as it was felt if the patient had been younger, they would have been asked to take a pregnancy test. Systems have been reviewed across Priory to ensure all women who are on this medication are checked for pregnancy to ensure safe administration of medication. 5 organisational abuse allegations were not upheld and another 9 were incorrectly labelled as organisational abuse.

- 7.6 With this information, it can be seen that organisational abuse is over reported within Priory. Developments within safeguarding training have occurred to provide focused learning on this particular safeguarding area to ensure continued improvement to knowledge and skills which will positively impact on practice.

8 PERSONS IN A POSITION OF TRUST – MANAGING ALLEGATIONS

- 8.1 As a Health and Social Care organisation, Priory is committed to ensuring the workforce knowledgeable and highly skills to ensure the delivery of health and social care services is that of quality, compassion and person centred.
- 8.2 Work is progressing with implementing an operations policy Persons in a Position of Trust – Managing Allegations which will support the process across both divisions when allegations are made against a Priory colleague, contractor/agency, student or volunteer.
- 8.3 Across Adult Care, 75 services out of 211 have raised allegations against staff totalling 147 reported incidents. The sites with the highest number of allegations made against staff were;
- **Collinson Court** – 6
1 allegation was upheld. 1 allegation was unfounded. 4 allegations were to be managed by service and not through statutory services with staff training, coaching and support were put in place to mitigate further incidents.
 - **Glebe House** – 6
2 allegations were upheld with positive culture reinforcements implemented within the service. Alongside this, 4 allegations were not upheld.
 - **Highfields** – 5
5 allegations upheld. All related to medication errors with additional training and competencies support staff during medication administration.
 - **Priory Supported Living North Yorkshire** – 5
2 allegations upheld with staff supported with additional training and competencies to support medication administration. 2 allegations not upheld.
- 8.4 Across Healthcare, 38 sites out of 64 have raised allegations against staff totalling 164 incidents. The sites with the highest number of allegations made against staff were;
- **Priory Hospital Woodbourne** – 19
12 incidents upheld with the main focus of these being staff falling asleep on night shift. The hospital has implemented changes overnight to support staff remaining awake during night hours. 7 incidents were not upheld.
 - **Priory Hospital Cheadle Royal** – 15
5 incidents were upheld and a further 10 not upheld.
 - **Priory Hospital Burton Park** – 13
11 incidents were upheld with the recording these being staff asleep during night when allocated observations. Hospital has since implemented processes to ensure staff are alert during night time hours. 2 incidents were not upheld.
 - **Priory Hospital Llanarth Court** – 11
8 incidents were upheld and a further 3 incidents were not upheld. Processes have been bolstered within the hospital to ensure observations both during the day and at night are followed correctly and support is in place to limit the risk of staff falling asleep during night hours.

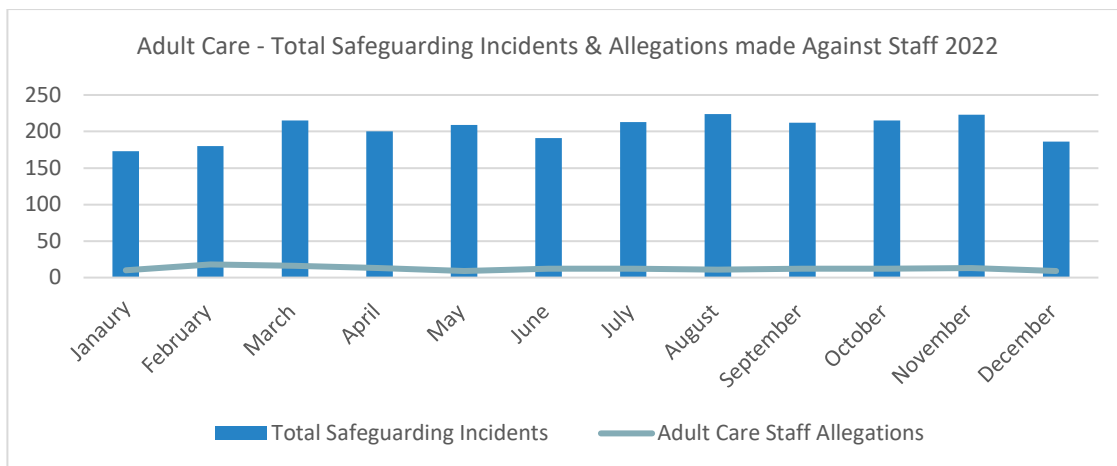


Figure 8: Adult Care - Allegations Made Against Staff

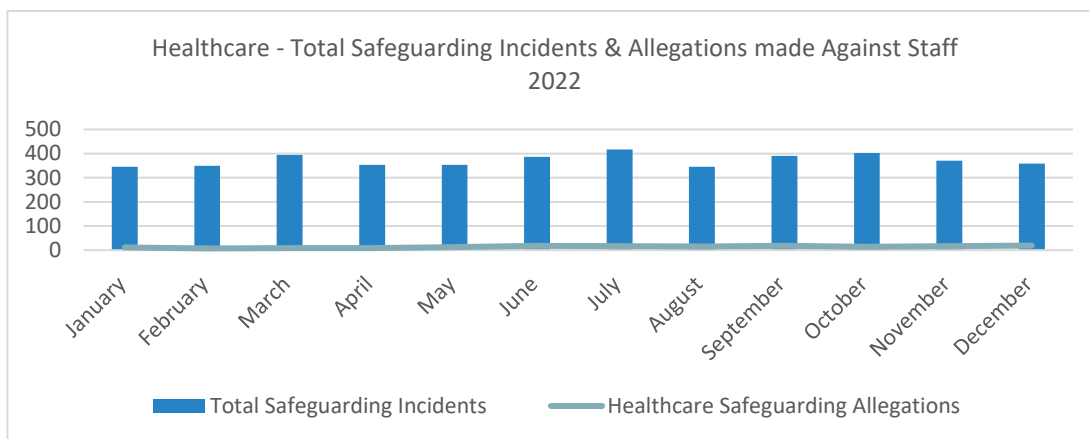


Figure 9: Healthcare - Allegations Made Against Staff

8.5 It can be seen that when comparing safeguarding concerns and that on allegations made against colleagues in figures 8 and 9, allegations against colleagues is a small proportion of safeguarding concerns.

8.6 All allegations against colleagues are taken seriously and fully investigated. Priory have a clear process in place to ensure investigations are completed in all circumstances. There are no circumstances an investigation would not take place when concerns are raised. In understanding the complexities in working within the health and social care sector, Priory utilise all available options when allegations are made against staff including augmentation to normal working including change of shift and non-patient/service user facing roles as an interim measure, additional training and competencies to support colleagues and as required full Human Resource processes including suspension and disciplinary potentially leading to dismissal.

9 SAFEGUARDING RESTRAINT INCIDENTS

9.1 Restraint is only used when necessary and proportionate in line with training and best practice guidelines. Work has been ongoing to deliver gold standard Reducing Restrictive Intervention (RRI) training within Priory Healthcare and this can be seen within the work completed to achieve BILD (British Institute for Learning Disabilities) certification.

- 9.2 Priory is passionate about the training that is delivered, seeking to ensure it is the highest of standards. Priory have gained accreditation for both PROACT-SCIPr-UK® and Reducing Physical Intervention training with BILD Act Standards having achieved certification for delivery of both of these restrictive intervention models. Priory Adult Care and Priory Healthcare are training centres within this speciality.
- 9.3 Safeguarding training is interlinked within both of these accredited training models with Priory able to demonstrate clear training requirements within the safeguarding area. From the start of a colleagues journey within Priory there is clear safeguarding training expectations for all. Staff induction has been bolstered to ensure clear safeguarding information is passed to colleagues on day one to ensure awareness and safe practice. PROACT-SCIPr-UK® and Reducing Physical Intervention are safeguarding focused; supporting staff to make clear links between interventions and safeguarding including the impact on using non-approved holds.
- 9.4 Within year 2022, from a total of 7408 incidents overall for safeguarding, 564 of these were restraint incidents that were classed as being safeguarding related. 71% of these incidents occurred within Healthcare and 29% of incidents within Adult Care. Across both divisions, 58% of these restrained incidents were referred to external safeguarding of which 2% were upheld. Processes including retraining were utilised to ensure continued support for Priory colleagues and staff to maintain safety when utilising restrictive practices.
- 9.5 Violence and aggression altercations between service users within the Healthcare Division is the main reason for the utilisation of restrictive practice interventions to be utilised which additionally resulted in a safeguarding concern being raised.

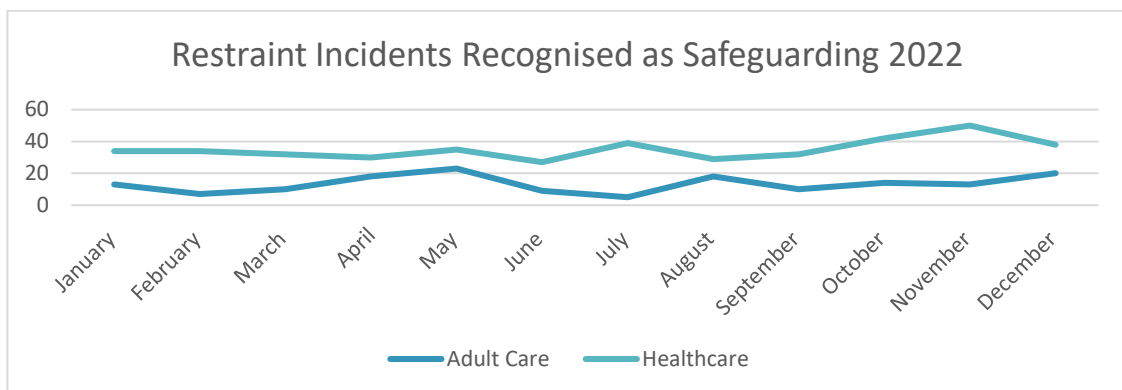


Figure 10: Restraint Incidents Recognised as Safeguarding

- 9.6 Across Healthcare, there a 123 Reducing Restrictive Intervention trainers;
 - North 40 trainers
 - South 23 trainers
 - East 24 trainers
 - West 36 trainers
- 9.7 Two Train the Trainer courses were held in 2022 with a total of 30 Priory Colleagues qualifying as instructors over the year.
- 9.8 Continued work continues across both divisions within restrictive interventions with Adult Care recruiting PROACT-SCIPr regional instructors.
- 9.9 As part of the continued process of assurance and accountability; reducing restrictive intervention leads are part of their division’s respective safeguarding committee. This supports Priory’s commitment to ensure safe practice is encompassed in all aspects of the business.

- 9.10 Priory also have in place a cross divisional Restraint Reduction Committee which supports joint divisional learning, quality assurance and accountability.

10 LOOKED AFTER CHILDREN

- 10.1 Priory is committed to ensuring the health and wellbeing outcomes for Looked After Children are achieved. It is known that children and young people who are looked after children or care experienced are faced with many health inequalities and challenged. Priory has shown commitment to this by the appointment of the Named Nurse of Safeguarding Children, Looked after Children and Transitions who supports focused work to enhance patient experiences for those who are looked after including previously looked after children.
- 10.2 Support offered to colleagues includes access to the newly formed Child and Adolescent Learning and Exchange Forum which sits every 6 weeks and allows dedicated time with expert colleagues including the Named Nurse and Designated Doctor. Specific information is being developed alongside Priory systems to ensure staff have additional awareness and alert to the needs of looked after children and care experienced children.
- 10.3 Ongoing work is required to look at the Health and Wellbeing indicators of Looked After Children and care experienced children and young people to ensure these are recorded and available on Care Notes. Part of this ongoing development is focused on enhancing Care Notes to ensure the correct information is being sought, this include inoculation dates, dental and optical check-ups plus any individualised health needs.
- 10.4 Focused learning sessions are in place to support colleagues growing awareness in this specialist area ensuring Priory colleagues are knowledge and skills to identify additional health needs in children and offer Priory assurance that the children and young people in its care have fair and equal access to health facilities and treatment.
- 10.5 It is important to note that not all health appointments can be completed by Priory colleagues, but as part of Priory's responsibility and duty of care to looking after and care experienced children and young person, it is important health appointments are completed when required by the most appropriate professional.

11 SERIOUS CASE REVIEWS

- 11.1 Within Safeguarding, Serious Case Reviews are broken down to different categories;
- Safeguarding Adult Reviews (SARs)
 - Child Safeguarding Practice Reviews (CSPRs)
 - Child Death Overview Panel (CDOP)
 - Domestic Homicide Reviews (DHR)
- 11.2 Due to the significance of these reviews; the impact on the service, the business and the learning, it is essential that Priory have a full and accurate overview.
- 11.3 It is essential that as part of the safeguarding systems and processes that all Priory services are responsive to any communication including requests for information to ensure Priory contribute to these processes and timescales with deadlines being achieved.
- 11.4 A number of the Domestic Homicide Reviews are currently sitting with the Home Office awaiting final signoff, with Figure 10 showing two DHRs dating back to 2017.
- 11.5 All current safeguarding reviews have occurred within Healthcare.

Division	Site	Incident	Date of Death	Date of Last Priory Involvement	Type of SCR	Process Owner
HC	Priory Hospital North London	Former inpatient killed his mother. Upon discharge, no contact with service user took place	27/04/2018	13/04/2017	DHR	Easy Sussex Council
HC	Priory Hospital Southampton	Former service user killed his mother. Service user took his own life prior to trial taking place.	01/07/2019	August 2017	DHR	Winchester City Council
HC	Priory Hospital Highbank	Physically frail young person died of complications arising from CV19	09/04/2020	02/04/2020	CDOP	Rochdale Borough Council
HC	Priory Hospital Middleton St George	Male adult service user died shortly after discharge	04/04/2020	28/02/2020	SAR	Leeds City Council
HC	Priory Hospital Cheadle Royal	Female adult with a history of eating disorder.	03/08/2020	2020	SAR	Bury Integrated Safeguarding Partnership
HC	Priory Hospital Woodbourne	Concerns raised about service user care and treatment.	N/A	January 2021	SAR	Coventry Children's Partnership
HC	Priory Hospital Bristol	Service user was a CAMHS inpatient in late 2019	N/A	December 2019	CSPR	Oxfordshire County Council
HC	Priory Hospital Cheadle Royal	Service user was a CAMHS inpatient. Service user took his own life several months after discharge	23/04/2021	21/10/2020	CSPR	East Sussex Council
HC	Priory Hospital Woking	Service user was briefly an inpatient. Found deceased – possible overdose. History on abusive relationships	12/01/2022	11/05/2021	DHR	Dorset Police
HC	Priory Hospital Hayes Grove	Service user died of a possible overdose.	13/05/2022	11/05/2022	DHR	Bromley DVHR

12 SAFEGUARDING SUPERVISION

- 12.1 As part of Priory's ongoing commitment to safeguarding, safeguarding supervision continues to be embedded into culture and practice across both divisions. Safeguarding supervision has been embedded within ongoing managerial/clinical supervision and can be seen to be well established within the Supervision Policy. With system developments underway, this will support the capturing of supervision data to ensure it is accurate and reflective of the number of supervisions undertaken within Priory with Priory colleagues.
- 12.2 To support the continued progression of supervision, new forms and additional guidance has been created to support across Priory, with a focus of reflective practice specifically related to safeguarding in all areas of supervision.
- 12.3 Regional Safeguarding meetings within Healthcare now incorporate time to facilitate supervision and reflective practice. With additional supervision available from the Safeguarding Senior

Leadership Team; Regional safeguarding Leads, Named Nurse for Safeguarding Children and Head of Safeguarding. This supports visible and accessible leadership and aids the continued development of Designated Safeguarding Leads for Sites.

- 12.4 Safeguarding Senior Leadership meetings have been established across both visions to ensure all practitioners regardless of position within the organisation have access to supervision and dedicated space to explore safeguarding. This practice works in line with good practice.

13 SAFEGUARDING TRAINING

- 13.1 The provision and delivery of safeguarding training remains a priority for Priory across the organisation ensuring that all staff are provided with the correct level of training according to their roles and responsibilities. Priory Safeguarding Training Matrix has been developed around and in accordance with the Intercollegiate Safeguarding Guidance Documents (Children 2019, Adults 2018) and NHS England Prevent Training and Competencies Framework (2022).
- 13.2 These standards can also be seen within Priory’s Preferred Supplier List for Agency Staffing ensuring Priory have assurance that all staff working with service users is safeguarding trained.

We are able to see there has been an increase in Group compliance during 2022, moving from 80% to 89.1%.

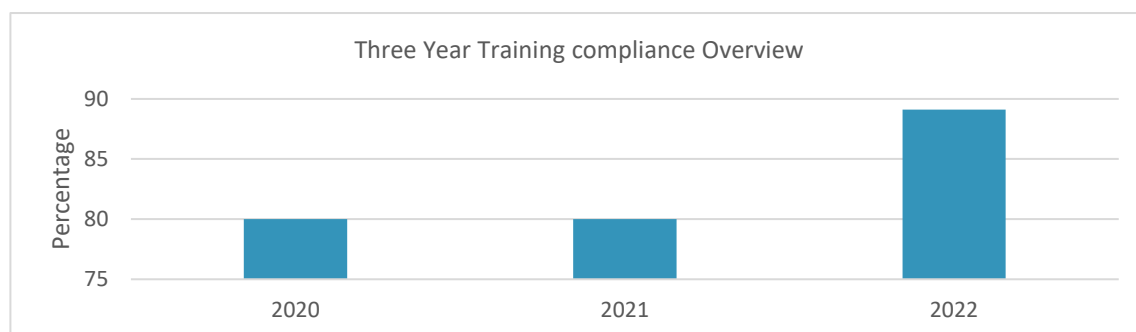


Figure 11: Training Compliance Three Year Overview

Compliance target on all courses is 90%				
Course	Level	Adult Care	Healthcare	Group
eLearning – Children	1/2	90.9%	89.1%	89.1%
eLearning – Adult	1/2	88.8%	94.9%	90.6%
Safeguarding Combined: Children and Adults	3	84.4%	80.2%	82%
Advanced Safeguarding	4	78%*	Not currently Compliance rated	
Priory Prevent	2	93%	91.3%	92.1%

*Adult Care review their Advanced Safeguarding compliance against Registered Managers having completed the training course. Although others within the site may have also completed this, Registered Managers completing this alongside delegates displays ownership at leadership level, accountability and is gold standard. Work will be undertaken within Healthcare to implement this across all services.

- 13.3 Over 2022, in total 977 courses were delivered at Safeguarding Level 3 – Safeguarding Combined: Children and Adult with 13,996 Priory colleagues trained.

- 13.4 A total of 45 Safeguarding Level 4 – Advanced Safeguarding were delivered with 567 Priory colleagues trained which supports to continued investment in safeguarding leadership across Priory services.
- 13.5 November 2022 saw the first cohort of Priory Board members attend Board Level Safeguarding training supporting Priory’s commitment to the training matrix within the Safeguarding Intercollegiate Documents. A follow up session sits March 2023 with a second cohort.
- 13.6 Throughout the year, it has averaged that each training session has 65% attendance. Overall, this equates to 7533 non attendees being recorded over; 7363 non attendees for Combined Safeguarding and 170 non attendees for Advanced Safeguarding. As part of the systems and processes within Learning and Development, a tracker is used to monitor reasons for non-attendance. Within Safeguarding these are
- Did not turn up – No explanation given (77%)
 - Other 7% (includes bring on leave, logging in too late, completed a night shift)
 - Site emergency / needed at site (5%)
- 13.7 In Quarter 4 of 2022 the Priory Board reviewed the Safeguarding Training Proposal paper and agreed to the following changes:
- Safeguarding training would be brought in line with a 3 year training cycle
 - Safeguarding level 3 refresher training would be stopped in-between the 3 year cycle
 - The incorporation of 7 Minute Briefings and Lunch and Learns into Priory colleagues learning set
 - Development of specific Domestic Abuse training
 - Development of Adverse Childhood Experiences and the Impact on Adult Safeguarding training course.
- 13.8 Ongoing Training Developments
- Alongside the developments noted within 13.5, in 2023, a further Board Level Safeguarding training will take place
 - March 2023 will see colleagues from Adult Care and Healthcare undertake cross divisional Level 5 safeguarding training ‘Leadership in Safeguarding – An Operational and Strategic Overview into Safeguarding Practice ‘

14 COMPLAINTS

- 14.1 During 2022, 7.4% of complaints were safeguarding related totalling 73 complaints.
- 14.2 The majority of these were held within Healthcare, at 83% of the 73 complaints.
- 14.3 When a complaint has a safeguarding element within it, a dual process is followed to ensure the safeguarding processes is adhered to. This includes recorded the alleged harm/abuse, informing regulators and making referrals and required.
- 14.4 Due to the importance of being able to identify safeguarding within complaints, this specific element is explored as part of the Advanced Safeguarding training to support colleagues to be aware of dual processes and how these can work side by side.

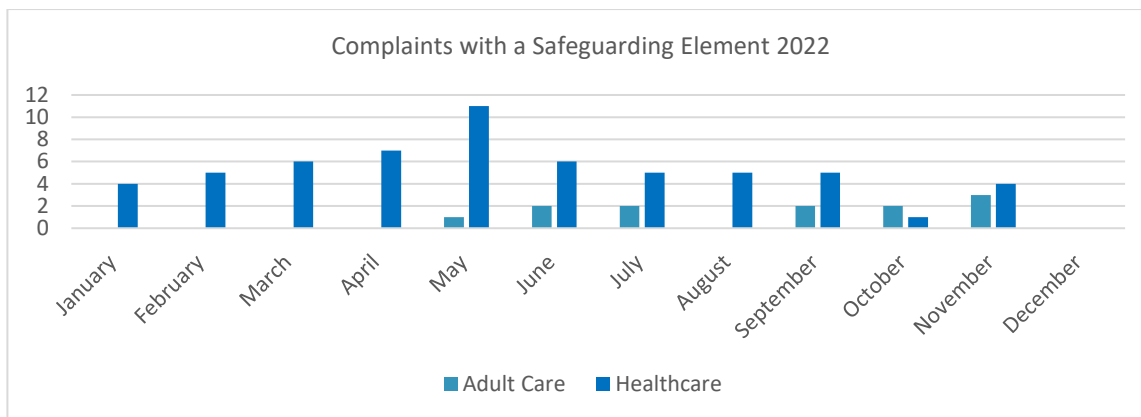


Figure 12: Complaints

15 POLICIES AND PROCEDURES

- 15.1 Safeguarding related policies are on an annual review cycle displaying Priory’s commitment to enshrining safeguarding into every day working practice. The policies ensure there is an underpinning policy and process to support Priory colleagues that in terns supports service user/patient safety.
- 15.2 There continues to be a commitment from the safeguarding policies to underpin the principle to ‘Making Safeguarding Personal’ which Priory continues to work towards as best practice within the area of safeguarding.
- 15.3 A working group has been established to further develop the Sexual Safety Policy. This will be ongoing throughout 2023 with the expectation of updating the policy and producing supportive guidance for this specific area. Overall, patient safety remains a priority for Priory.
- 15.4 A working group has been developing specific Domestic Abuse policies for Priory. This has been joint between the Safeguarding Leads and Human Resources as it requires consideration from a service user perspective and Priory colleague perspective. It is expected that two separate policies on domestic abuse which will cover supporting service users and support staff as their group can be victim or perpetrator of domestic abuse.
- 15.5 Work is ongoing to creating a Persons in Position of Trust – Managing Allegations policy which will align Priory with the expectations with the accountability and assurance framework for safeguarding. It is expected this policy will be in its final version ready for ratification within quarter one 2023.

16 DATIX DASHBOARDS – SAFEGUARDING

- 16.1 Utilising dashboards has become standard working practice within Priory, providing access to accessible and meaningful information to support the business develop within quality and assurance. Safeguarding has been part of this and continues to grow and develop in line with Priory developments and National developments.
- 16.2 Safeguarding dashboards are used to inform safeguarding leads on the activity within their respective site(s) which is then escalated to the Regional Safeguarding Meeting where regional trends and learning are explored.

17 SAFER RECRUITMENT

- 17.1 Priory utilise a web based online service for processing all Disclosure and Barring Scheme (BDS) checks, including national differentials including Scotland, Wales and Northern Ireland. This process is used for new and renewal checks.
- 17.2 Human Resources are leading on work to ensure every job advert and job description have safeguarding statements embedded within it.
- 17.3 Looking at figures 13 and 14, we are able to see that organisationally Priory are above 85% compliance in this area which is positive.

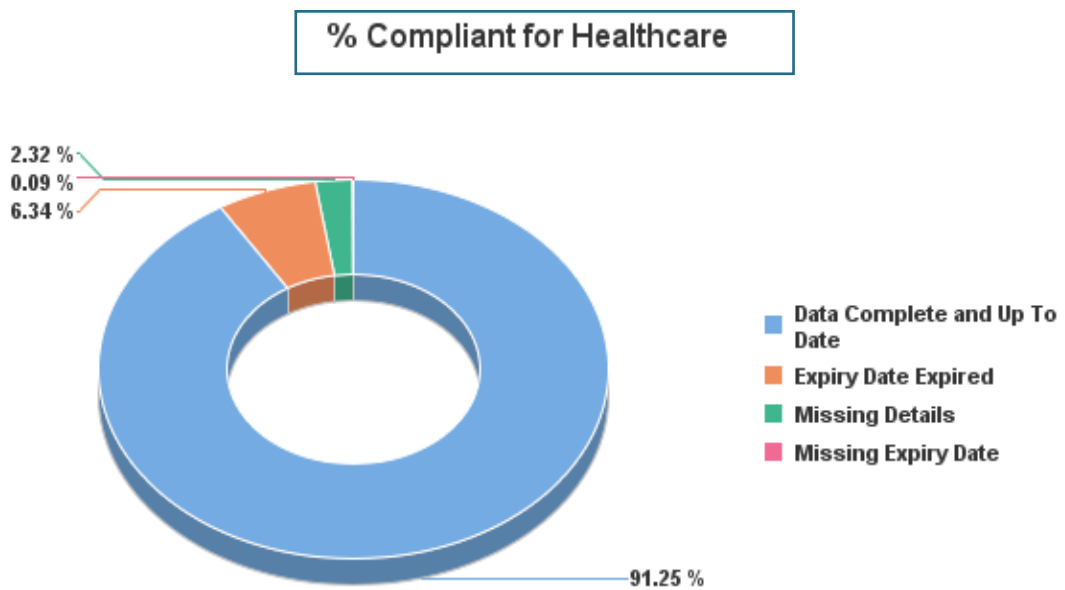


Figure 13: Healthcare - DBS Compliance

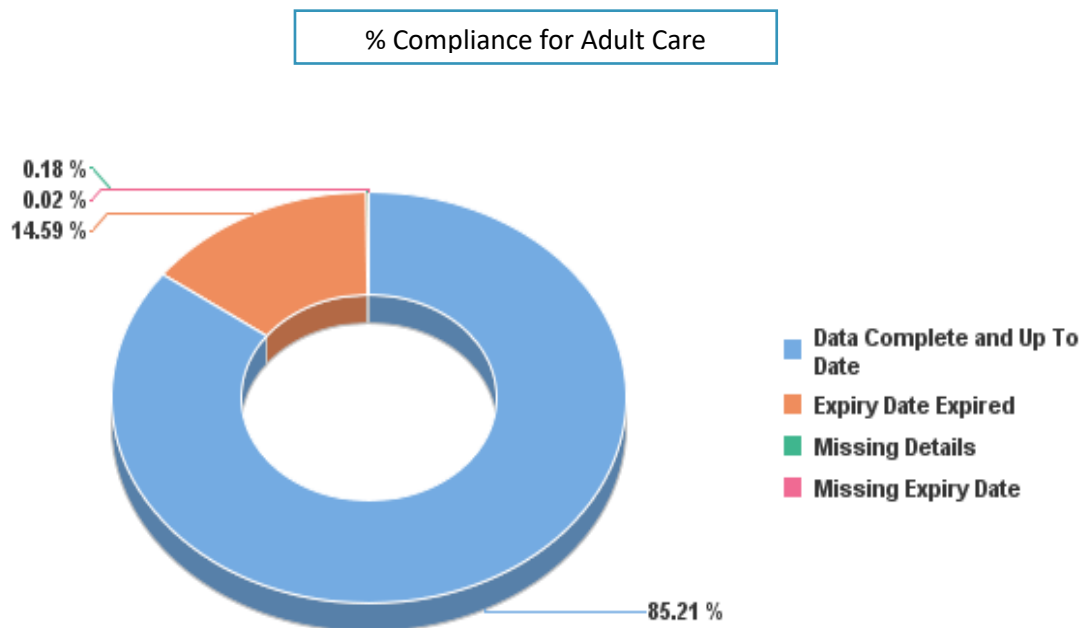


Figure 14: Adult Care - DBS Compliance

18 WHISTLEBLOWING & FREEDOM TO SPEAK UP

- 18.1 Priory promote a culture where speaking up is integral to colleagues practice and ensures that there are many pathways for colleagues to achieve this. Accessibility to managers and leaders within services across Adult Care, Healthcare and Central Services, access to those in leadership roles and in addition to this Whistleblowing which is visible and clearly identifiable via visual signage in all services.
- 18.2 Development work continues with implementing 'freedom to speak up' with a Freedom to Speak up guardian appointed within Priory. This role supports and drives the work to ensure this is embedded across all of Priory. Priory continue to via freedom to speak up as integral to its core business in regards to ensuring a safe organisation.

19 NATIONAL UPDATES

- 19.1 Priory is an organisation that seeks to continue to grow and develop positively to better understand the needs of those who use our services. 2022 saw 3 significant updates to safeguarding which inform and influence practice and decision making. Priory has responded to developing training as seen in Section 13 and bolstering visible and supportive leadership which can be seen via the recruitment of specific safeguarding roles.
- The Child Safeguarding Practice Review Panel – Child Protection in England: National review into the murders of Arthur Labinjo-Hughes and Star Hobson (2022)
 - Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework (V3:2022)
 - NHS Prevent training and competencies framework (2022)

20 CONCLUSION

- 20.1 Safeguarding children and adults at risk is everyone's business. Those who use Priory services, their families and significant others (including other professions) expect every individual to be safe within our services, to be free from harm, abuse and neglect. It is with this expectation, alongside our underpinning legislation, guidance and policies, that Priory work to ensure that every service user is safe and has a positive experience of our services. Everyone within Priory has a responsibility to ensure service user / patient safety and we achieve this by advocating for the rights of those who use our services.
- 20.2 Priory is a continuously evolving organisation, seeking to aim for gold standard, best practice in all areas; safeguarding is no different. Priory continue to develop quality assurance standards and align these with processes. Priory seek to build staff confidence within what is a highly complex area to ensure all colleagues have the knowledge and skills to 'see/hear, Think, Do'.
- 20.3 From the moment an individual starts within the recruitment process with Priory, they are automatically starting on their safeguarding process by joining disclosure and barring checks to check their suitability to be employed within the sector, moving on to their initial induction which includes safeguarding and then formalised training.
- 20.4 The use of learning events such as those explored in Section 10 support the continued growth of Priory. Priory are able to show they actively take part of any serious case review, we are able to demonstrate the commitment to the process and seek to bring the learning to help improve systems, processes and practice. Both Healthcare and Adult Care continue to establish learning processes where safeguarding will continue to be a key feature of these, thus allowing a wide overview of learning from these events.
- 20.5 The Priory Safeguarding Leadership will continue to drive forward improvements in the systems and practices to ensure good practice is embedded and service users receive the best possible service. As we work to improve visible and accessible leadership, support will continue to be available for all staff and Designated Safeguarding Leads through site visits, drop in sessions, group and 1-1 supervision and improved communication.